

**Grant Confirmation**

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects** (the "Principal Recipient") on behalf of the Republic of Moldova (the "Grantee"), pursuant to the Framework Agreement, dated as of 16 March 2017, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.
  
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time), available at [www.theglobalfund.org/media/5682/core\\_grant\\_regulations\\_en.pdf](http://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
  
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Moldova
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Strengthening Tuberculosis control and reducing AIDS related mortality in the Republic of Moldova
3.4	Grant Name:	MDA-C-PCIMU
3.5	GA Number:	3623
3.6	Grant Funds:	Up to the amount of EUR 18,507,625 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2024 to 31 December 2026 (inclusive)

3.8	Principal Recipient:	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects 18A Toma Ciorba Street MD 2004 Chisinau Republic of Moldova Attention: Dr. Victor Burinschi Executive Director Facsimile: +37322233887 Email: <a href="mailto:vburinschi@ucimp.md">vburinschi@ucimp.md</a>
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	ICS "PricewaterhouseCoopers Audit" SRL 171/2 Ștefan cel Mare și Sfânt blvd, Infinity Tower, 8th floor MD-2004 Chisinau, Republic of Moldova Attention: Doina Birsan Team Leader Telephone: +40734443838 Email: <a href="mailto:doina.birsan@pwc.com">doina.birsan@pwc.com</a>
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Dumitru Laticevschi Regional Manager Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: <a href="mailto:dumitru.laticevschi@theglobalfund.org">dumitru.laticevschi@theglobalfund.org</a>

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the Grantee and the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Agreement and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.



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

6.1 Personal Data

(1) Principles. The Principal Recipient, acknowledges that Program Activities are expected to respect the following principles and rights (“Data Protection Principles”):

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

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

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

6.2 With respect to Section 7.6 (*Right of Access*) of the Global Fund Grant Regulations (as amended from time to time), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.3 Co-Financing

(1) In accordance with the Global Fund’s Sustainability, Transition and Co-financing Policy (GF/B35/04) (the “STC Policy”), the commitment and disbursement of EUR2,776,144 (the “Co-Financing Incentive”), is subject to the Global Fund’s satisfaction of the Grantee’s compliance with the requirements listed at 6.3(1)(a) and 6.3(1)(b) below (“Co-Financing Requirements”). The Principal Recipient acknowledges and agrees that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to:

- (a) maintain or progressively increase government expenditure on health to meet national universal health coverage goals; and/or

(b) maintain or increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the key costs of national disease plans, as identified in consultation with the Global Fund.

(2) In order to satisfy the Co-Financing Requirements, the Grantee shall, as set out in out in the co-financing commitment letter dated 29 May 2023 (the "Commitment Letter"), unless otherwise agreed in writing by the Global Fund:

(a) fulfil a total minimum co-financing commitment of EUR61,200,529 from 2024 to 2026 (inclusive), comprising investment in: (i) HIV of up to EUR22,681,467; and (ii) tuberculosis ("TB") of up to EUR38,519,062;

(b) fulfil the programmatic commitments (if any) as stipulated in Section 1.3 of the Commitment Letter; and

(c) provide to the Global Fund, by no later than 25 December of each year of the Implementation Period and the year following the end of the Implementation Period, evidence supporting achievement of the Co-Financing Requirements, including: (i) the approved annual budget for HIV and TB for the upcoming year; and (ii) the total expenditure for HIV and TB in the previous fiscal year.

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

6.5 The Principal Recipient shall ensure that:

(1) it and any Sub-recipient or Supplier: (a) complies with applicable Economic Sanctions Law, including by, as applicable, not entering into any agreement or transaction, or engaging in activities with or for the benefit of any sanctioned individual or entity, or involving any sanctioned country or territory, except as permitted under Economic Sanctions Law applicable to the Principal Recipient, any Grant Sub-recipient or Supplier, the Use of Grant Funds or implementation of Program Activities; or (b) engage in, transact or otherwise facilitate any export, transfer or transmission of goods, services, software, technical data or technology in violation of any applicable regulations, laws or legally binding measures. Economic Sanctions Law referred to in this sub-section are defined as follows: "*Economic Sanctions Law*" means any economic or financial sanctions administered by the Office of Foreign Assets Control of the United States Department of the Treasury ("OFAC"), the United States State Department, any other agency of the United States government, the United Nations, the United Kingdom, the European Union or any member state thereof, and/or Switzerland;

(2) it and any Sub-recipients or Suppliers have reasonable controls in place to ensure compliance with sub-section (1) above (including, without limitation, verifying that counterparties are not designated by applicable Economic Sanctions Law before requesting quotations from them and having robust contractual provisions in place with



Sub-recipients and Suppliers regarding compliance with applicable Economic Sanctions Law); and

(3) the Global Fund is promptly notified in writing of any act or omission materially inconsistent with the requirements of this sub-section.

6.6 The procurement of Health Products shall be carried out through the Pooled Procurement Mechanism ("PPM") of the Global Fund, unless the Global Fund directs the Principal Recipient otherwise in writing. The Principal Recipient has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org – PPM registration letter in the form approved by the Global Fund.

6.7 Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund's written approval of a written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent.

*[Signature Page Follows.]*

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

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

**Public Institution - Coordination,  
Implementation and Monitoring Unit of  
the Health System Projects**  
*on behalf of the Republic of Moldova*

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management  
Division

Date: Dec 18, 2023

By: Victor Burinschi

Name: Victor Burinschi

Title: Executive Director

Date: 18/12/2023

**Acknowledged by**

By: Ala Nemerenco

Name: Ala Nemerenco

Title: Chair, Country Coordinating Mechanism of Republic of Moldova

Date: 18. 12. 2023

By: Ruslan Poverga

Name: Ruslan Poverga

Title: Civil Society Representative, Country Coordinating Mechanism of Republic of  
Moldova

Date: 18. 12. 2023



## Schedule I Integrated Grant Description

### A. PROGRAM DESCRIPTION

#### 1. Background and Rationale for the Program

##### I. TB epidemiology and context

The Republic of Moldova is a high-priority country for TB control within the WHO European Region and is among the world's 30 countries with a high burden of multidrug-resistant ("MDR") TB, underscoring the significance of TB as a top public health concern. In 2022, the national reporting system recorded an increase in new and relapse TB cases, reaching 2,122 cases, with an incidence of 68.9 per 100,000 population, compared to 67.1 per 100,000 (2,068 cases) in 2021 and 56.7 per 100,000 (1,759 cases) in 2020.

Notably, the significant drop (38.7%) in notified cases between 2019 and 2020 is attributed to the COVID-19 pandemic's impact on both TB detection and reporting. The pandemic disrupted access to diagnosis and treatment due to lockdowns, restrictions, and concerns about visiting health facilities. This decline resulted in delayed diagnoses, advanced disease stages, increased treatment costs, and prolonged treatment durations, potentially heightening TB transmission in communities.

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

Moldova's TB epidemic is characterized with most notifications from people aged 18-64 years, and higher notification in specific risk groups, including people in prisons, migrants and TB/HIV co-infected persons. While most infections in the general population are being identified as drug sensitive TB cases, MDR-TB has been steadily increasing from 2005 to 2012, where it appears to have stabilized, except for within prison populations. Despite a steadily improving epidemiologic situation, Moldova remains among the world's 30 high MDR-TB burden countries.

There are large geographical variations, with co-infection rates as high as 25% on the Left Bank of the country and 18% in the municipality of Balti. The Eastern region of the country is characterized by the highest TB notification, MDR TB burden and HIV/TB co-infection rates, compared to other territories/zones of Moldova. The TB incidence on the Left Bank of the Nistru River is 105.5, compared to 67.2 on the Right Bank.

##### *Treatment:*

In 2022, enrolment into treatment for laboratory-confirmed rifampicin-resistant ("RR")/MDR TB remains robust, with a 100% enrolment rate. However, for extensively drug-resistant ("XDR") TB, the enrolment rate has increased to 60%. For drug-susceptible TB cases, the treatment success rates continue to show positive outcomes.

The success rate of TB treatment faced challenges during the COVID-19 pandemic. For drug-susceptible TB cases, the treatment success rates, which were relatively high in 2018 at 85% for new and relapse cases, experienced a decline to 79% in the 2020 cohort.

In the realm of drug-resistant (“DR”) TB treatment, progress remains slow, and outcomes are still poor. In the 2019 cohort, only 69% of MDR-TB cases achieved successful treatment. Retreatment cases also encountered less positive outcomes, with a treatment success rate (“TSR”) of 58%. TB/HIV co-infected cases, part of the 2020 cohort, had a treatment success rate of 61%. A more systematic review and account of reasons and focused intervention on improving treatment outcomes is a key priority and will be addressed through proposed set of interventions during the NTCP 2021-2025 implementation.

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

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

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

## **II. HIV/AIDS epidemiology and context**

HIV disease burden is among the highest in Europe and second highest after Ukraine. The SPECTRUM tool estimates the HIV prevalence in the adult general population to be 0.6% (0.3 in women and 0.6 in men). The latest estimated number of people living with HIV (“PLHIV”) in Moldova is 14,589 (*SPECTRUM 2020*). According to national statistics, since 1987 to date, a total of 13,656 people with HIV, 4,437 AIDS cases and 3,879 deaths were cumulatively registered on both banks of the Nistru River. The readjusted prevalence based on new population data is 310 per 100,000. (*National Agency for Public Health 2020*). Despite a decrease in new HIV diagnoses during 2020-2021, likely influenced by reduced testing during the COVID-19 pandemic, 2022 witnessed a significant increase. The country reported 929 newly diagnosed cases, the highest ever registered, indicating potential challenges in diagnosing undetected cases of HIV.

According to the latest Global Aids Monitoring Report (“GAM”) 2022, Moldova’s HIV epidemic continues to be concentrated among key and vulnerable populations (“KVP”), mostly people who inject drugs (“PWID”) and men who have sex with men (“MSM”), with an increasing trend for MSM, and decreasing – for PWID and sex workers (“SW”). Estimated HIV prevalence in general population according to SPECTRUM 2023 is of 0.54% (0.48% for the Right Bank and



0.89% for the left one). Available data suggest the epidemic has transitioned from an epidemic in which the highest rates of transmission were among PWID to an epidemic in which onward transmission to sexual partners of PWID and other KVP has become the main source of new infections. In addition, results of the IBBS 2022 among non-injecting drug users have shown rather high prevalence rates in this group (7.2%), especially among women, requiring prompt actions, with corresponding education, testing, treatment and care interventions.

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

*De facto* structures in Transnistria coordinate the local TB/HIV response and transpose strategic priorities are aligned to the national TB and HIV strategic plans. The current approaches to TB and HIV response have been shaped by an evolving understanding of needed actions and overcoming recurrent bottlenecks since 1st National TB and HIV Control Programs in 1996.

In June 2020, the country coordinating mechanism (“CCM:”) endorsed the next five-year (2021-2025) TB and HIV national strategic plans (“NSPs”). The new NSPs are aligned to progress and lessons learned from former NTCPs and national action plans (“NAPs”) and set robust and opportune goals and objectives aiming to minimize the consequences of the TB and HIV epidemic, and to reduce their burden in Moldova. The 2024-2026 allocation will be implemented to help Moldova address existing bottlenecks, support attainment of set targets and sustain qualitative treatment and prevention services for key affected populations.

## **2. Goals, Strategies and Activities**

### **I. Goals.**

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

### **II. Objectives include the following:**

- (a) Ensure universal access to timely and quality diagnosis and detection of TB (with emphasis on RR/MDR TB) - by rolling out rapid molecular diagnostic testing, improving the quality and coverage of drug-susceptibility testing (“DST”), and promoting active targeted case finding (screening for TB in high risk groups mainly);
- (b) Improve the treatment outcomes of DR TB patients by implementing modified shorter treatment regimens and scaling-up people-centered approaches, comprehensive patient support and follow up activities;
- (c) Reduce TB transmission by scaling up effective preventive treatment and improving infection control;

- (d) Increase early HIV detection, scale up ART and improve HIV care quality, by promoting innovative testing approaches, ensuring access to quality ART, implementing differentiated people-centered models of HIV treatment and care/ ART, and addressing the weak linkages in the HIV care continuum;
- (e) Prevent HIV transmission, by expanding the coverage of innovative prevention interventions among KPs, integrate health service platforms at community level, and remove the dichotomy between HIV prevention and HIV care service continuums;
- (f) Health system strengthening;
- (g) Community system strengthening; and
- (h) Remove human rights and gender barriers and achieve zero discrimination.

**III. Modules and interventions include the following:**

- (a) Differentiated HIV Testing Services: (1) Community-based testing for KP programs; (2) Facility-based testing for KP programs; (3) Facility-based testing outside of key KP and adolescent girls and young women (“AGYW”) programs; and (4) Self-testing outside of KP and AGYW programs;
- (b) DR-TB diagnosis, treatment, and care: (1) DR-TB diagnosis/DST; and (2) DR-TB treatment, care, and support;
- (c) KVP – TB/DR-TB: (1) KVP - Mobile population (migrants/refugees/IDPs); (2) KVP – Others; (3) KVP - People in prisons/jails/detention centers; and (4) KVP - Urban poor/slum dwellers;
- (d) Prevention package for MSM and their sexual partners: (1) Condom and lubricant programming for MSM; (2) Pre-exposure prophylaxis (“PrEP”) programming for MSM; and (3) Sexual and reproductive health services, including sexually transmitted infections (“STIs”), hepatitis, post-violence care for MSM;
- (e) Prevention package for people in prisons and other closed settings: (1) Condom and lubricant programming for prisoners; (2) Harm reduction interventions for drug use for prisoners; and (3) HIV prevention communication, information, and demand creation for prisoners;
- (f) Prevention package for people who use drugs (“PUD”) and their sexual partners: (1) Condom and lubricant programming for PUD; (2) HIV prevention communication, information, and demand creation for PUD; (3) Needle and syringe programs for PWID; (4) Opioid substitution therapy and other medically assisted drug dependence treatment for PWID; and (5) Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD;
- (g) Prevention package for SWs, their clients and other sexual partners: (1) Condom and lubricant programming for sex workers; and (2) Sexual and reproductive health services, including STIs, hepatitis, post-violence care for sex workers;
- (h) Program management: (1) Coordination and management of national disease control programs; and (2) Grant management;
- (i) Reducing human rights-related barriers to HIV/TB services: (1) Eliminating stigma and discrimination in all settings; (2) Ensuring nondiscriminatory provision of health care; (3) Increasing access to justice (HIV/TB); and (4) Legal literacy (“*Know Your Rights*”) (HIV/TB);
- (j) RSSH: Community systems strengthening: (1) Capacity building and leadership development; (2) Community engagement, linkages, and coordination; (3) Community-led monitoring; and (4) Community-led research and advocacy;
- (k) RSSH: Monitoring and evaluation systems: (1) Analyses, evaluations, reviews, and data use; (2) Operational Research; (3) Routine reporting; and (4) Surveillance for HIV, TB, and malaria;



- (l) TB diagnosis, treatment and care: (1) TB screening and diagnosis; and (2) TB treatment, care, and support;
- (m) TB/DR-TB Prevention: (1) Infection prevention and control (“IPC”); (2) Preventive treatment; and (3) Screening/testing for TB infection; and
- (n) Treatment, care and support: (1) HIV treatment and differentiated service delivery - adults (15 and above); (2) HIV treatment and differentiated service delivery - children (under 15); (3) Integrated management of common co-infections and co-morbidities (adults and children); and (4) Treatment monitoring - Viral load and antiretroviral (ARV) toxicity.

### **3. Target Groups/Beneficiaries**

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

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

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

- (a) HIV/AIDS patients;
- (b) PLHIV;
- (c) HIV/AIDS+TB;
- (d) Prisoners; and
- (e) KPs.

#### **B. PERFORMANCE FRAMEWORK**

Please see attached.

#### **C. SUMMARY BUDGET**

Please see attached.

<b>Country</b>	Moldova
<b>Grant Name</b>	MDA-C-PCIMU
<b>Implementation Period</b>	01-Jan-2024 - 31-Dec-2026
<b>Principal Recipient</b>	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects

<b>Reporting Periods</b>	<b>Start Date</b>	01-Jan-2024	01-Jan-2025	01-Jan-2026
	<b>End Date</b>	31-Dec-2024	31-Dec-2025	31-Dec-2026
	<b>PU includes DR?</b>	Yes	Yes	No

**Program Goals, Impact Indicators and targets**

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

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2024	2025	2026
1 TB I-3 TB mortality rate per 100,000 population	Moldova	N: 6.7800 D: P: %	2022 R&R TB system/ Yearly Management Reports, SYME TB/ National civil registration and vital statistics (CRVS) system		N: 5.2500 D: P: %  Due Date: 15-Feb-2025	N: 4.6200 D: P: %  Due Date: 15-Feb-2026	N: 4.0700 D: P: %  Due Date: 15-Feb-2027
<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sectors, incl. the Transnistria region. The baseline: 6.78 per 100,000 population - 209 deaths due to TB, all forms (160 non-HIV and 49 HIV), were registered in year 2022. The total average population of the Rep. of Moldova (3,081,181 people) has been calculated based on the data for 2021, presented by the National Bureau of Statistics (right border - 2,615,199 people) and by the local authorities from Transnistria (left border - 465,982 people). The targets have been set using the targets from the NTP 2022-2025, recalculated to the revised population size figures. Note: The indicator is reported annually for the same reporting year.							
2 TB I-4 RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB patients with RR-TB and/or MDR-TB	Moldova	N: 235.0000 D: 1006 P: 23.36%	2022 R&R TB system/ Yearly Management Reports, SYME TB		N: D: P: 25.48%  Due Date: 15-Feb-2025	N: D: P: 25.23%  Due Date: 15-Feb-2026	N: D: P: 24.98%  Due Date: 15-Feb-2027
<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistria region. The baseline: 23.36 % MDR-TB prevalence among new TB patients rate (235 new TB cases with results of DST to H&R drugs, out of the 1,006 investigated in 2022, were diagnosed with MDR). Given the fact that the baseline data are preliminary and low, in comparison with the last years evolution trend of this indicator, the targets have been calculated starting from the 26% prevalence rate, i.e average indicator rate for the last 3 years, with a 1% annual decrease pace, as per the NTP (2022-2025) provisions. Note: The indicator is reported annually for the same reporting year.							
3 HIV I-4 Number of AIDS-related deaths per 100,000 population	Moldova	N: 15.7100 D: P: %	2022 SPECTRUM estimations	Gender, Age, Gender   Age	N: 13.7100 D: P: %  Due Date: 31-May-2025	N: 12.7100 D: P: %  Due Date: 31-May-2026	N: 11.7100 D: P: %  Due Date: 31-May-2027
<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistria region. For the baseline, we indicate the data for year 2022: 15.71 AIDS-related deaths per 100,000 population, as per the SPECTRUM estimates (year 2023). The targets are calculated by decreasing the mortality ratio value by 1.0 for each year, considering the decreasing dynamic of this indicator, as per the SPECTRUM estimates (year 2023) for the upcoming years: 2024 (10.87 per 100,000); 2025 (9.55 per 100,000); 2026 (8.65 per 100,000).							



4	HIV I-9a Percentage of men who have sex with men who are living with HIV	Moldova	N: D: P: 11.40%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Age	N: D: P: %  Due Date:	N: D: P: 12.00%  Due Date: 31-Dec-2025	N: D: P: %  Due Date:
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 11.4% (65/654), which represents a weighted percentage = social network weights x population weights for each site (41/363 Chisinau and 24/291 Balti). Note: For this indicator, in the IBBS 2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 363) and Balti (sample size- 291). The target is calculated based on the HIV NP (2022-2025) target for this indicator for year 2024 (≤12%), considering the ascending KP (MSM) prevalence tendency in the last years: IBBS 2016/2017 – 9%, IBBS 2019/2020 – 11.4%.							
5	HIV I-10 Percentage of sex workers who are living with HIV	Moldova	N: D: P: 2.70%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Gender, Age	N: D: P: %  Due Date:	N: D: P: 2.50%  Due Date: 31-Dec-2025	N: D: P: %  Due Date:
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 2.7% (26/640), which is a weighted percentage = social network weights x population weights for each site (8/323 in Chisinau and 18/317 in Balti). Note: For this indicator, in the IBBS 2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 323) and Balti (sample size - 317). The target is calculated based on the HIV NP (2022-2025) target for this indicator for year 2024 (≤ 2.5%), considering the descending KP (SWs) prevalence tendency in the last years: IBBS 2016/2017 – 3.9%, IBBS 2019/2020 – 2.7%.							
6	HIV I-11 Percentage of people who inject drugs who are living with HIV	Moldova	N: D: P: 11.40%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Gender, Age	N: D: P: %  Due Date:	N: D: P: 10.00%  Due Date: 31-Dec-2025	N: D: P: %  Due Date:
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transnistria region. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 11.4% (205/1,377), which is a weighted percentage = social network weights x population weights for each site (34/365 Chisinau, 59/357 Balti, 77/333 Tiraspol, 35/322 Ribnita). Note: For this indicator, in the IBBS 2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 365), Balti (sample size - 357), Tiraspol (sample size - 333) and Ribnita (sample size - 322). The target is calculated based on the HIV NP (2022-2025) target for this indicator for year 2024 (≤ 10%), considering the descending KP (PWID) prevalence tendency in the last years: IBBS 2016/2017 – 13.9%, IBBS 2019/2020 – 11.4%.							

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

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2024	2025	2026
1	<p>TB O-5 TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)</p>	Moldova	<p>N: 2064.0000 D: 2580 P: 80.00%</p>	2022 WHO annual report	Gender, Age	<p>N: D: P: 84.05%</p> <p>Due Date: 31-Oct-2025</p>	<p>N: D: P: 86.15%</p> <p>Due Date: 31-Oct-2026</p>	<p>N: D: P: 88.31%</p> <p>Due Date: 31-Oct-2027</p>
	<p><b>Comments</b></p> <p>Responsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysioepneumology. This indicator covers both the civilian and the penitentiary sectors, incl. the Transnistria region. The baseline data - the year 2021: an 80% TB treatment coverage rate registered in 2021, was reported in 2022, as per the WHO global TB report, published yearly at the end of October (please see the link: <a href="https://www.who.int/data/gho/data/indicators/indicator-details/GHO/tuberculosis-treatment-coverage">https://www.who.int/data/gho/data/indicators/indicator-details/GHO/tuberculosis-treatment-coverage</a>). The targets are calculated based on the 2022 baseline data, using a 2.5% annual increase pace, as per the indicator trend of the current grant. Note: In 2024, there will be reported the TB treatment coverage rate registered in 2023; in 2025 - coverage rate registered in 2024; and in 2026 - coverage rate registered in 2025.</p>							
2	<p>HIV O-4a Percentage of men reporting using a condom the last time they had anal sex with a male partner</p>	Moldova	<p>N: D: P: 59.70%</p>	2020 Behavioural surveillance (BSS) or other special survey		<p>N: D: P: %</p> <p>Due Date:</p>	<p>N: D: P: 70.00%</p> <p>Due Date: 31-Dec-2025</p>	<p>N: D: P: %</p> <p>Due Date:</p>
	<p><b>Comments</b></p> <p>Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 59.7% (415 out of 634), which is a weighted percentage = social network weights x population weights for each site (228/363 Chisinau and 187/291 Balti). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 363) and Balti (sample size - 291). The target is calculated based on the HIV NP (2022-2025) target for year 2024 (≥70%), taking into account the indicator's evolution trend in the 2016-2020 years. The next survey is planned to be conducted in the 2024-2025 years. Note: According to the OPTIMA forecasts, among MSM, the HIV epidemics is spreading to a much higher extent, in comparison with the previous years. At the same time, the coverage of MSM with prevention programmes is low, at the moment. Given this, a rapid increase in coverage would be hard to attain, and, subsequently, an increase in HIV prevalence in MSM is anticipated, in the nearest time.</p>							
3	<p>HIV O-5 Percentage of sex workers reporting using a condom with their most recent client</p>	Moldova	<p>N: D: P: 95.60%</p>	2020 Behavioural surveillance (BSS) or other special survey		<p>N: D: P: %</p> <p>Due Date:</p>	<p>N: D: P: 95.00%</p> <p>Due Date: 31-Dec-2025</p>	<p>N: D: P: %</p> <p>Due Date:</p>
	<p><b>Comments</b></p> <p>Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 95.6% (604/640), which is a weighted percentage = social network weights x population weights for each site (316/323 in Chisinau and 288/317 in Balti). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 323) and Balti (sample size - 317). The target is calculated based on the HIV NP (2022-2025) target for year 2024 (≥95%), taking into account the indicator's evolution trend in the 2016-2020 years. The next survey is planned to be conducted in the 2024-2025 years. Note: At the same time, it is important to mention the rather stable epidemics spreading tendency, registered in SWs, in comparison with the previous years, according to the OPTIMA forecasts.</p>							
4	<p>HIV O-6 Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected</p>	Moldova	<p>N: D: P: 94.70%</p>	2020 Behavioural surveillance (BSS) or other special survey		<p>N: D: P: %</p> <p>Due Date:</p>	<p>N: D: P: 95.00%</p> <p>Due Date: 31-Dec-2025</p>	<p>N: D: P: %</p> <p>Due Date:</p>
	<p><b>Comments</b></p> <p>Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdnierster region. For the baseline, we indicate the final data from the IBBS 2020 - aggregated value of 94.7% (946/1,004), which is a weighted percentage = social network weights x population weights for each site (285/313 Chisinau, 290/301 Balti, 164/176 Tiraspol, 207/214 Ribnita). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 365), Balti (sample size - 357), Tiraspol (sample size - 333) and Ribnita (sample size - 322). The target is calculated based on the HIV NP (2022-2025) target for year 2024 (≥95%), taking into account the indicator's evolution trend in the 2016-2020 years. The next survey is planned to be conducted in the 2024-2025 years. Note: At the same time, it is important to mention the decreasing epidemics spreading tendency, registered in PWID, in comparison with the previous years, according to the OPTIMA forecasts.</p>							



5	HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	Moldova	N: 10777.0000 D: 18041 P: 67.18%	2022	HIV case reports/ SPECTRUM estimations	Gender   Age, Age	N: D: P: 71.20%	N: D: P: 73.20%	N: D: P: 75.20%	Due Date: 31-May-2025	Due Date: 31-May-2026	Due Date: 31-May-2027
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistria region. The baseline data - 2022 year: 10,777 PLHIV knew their HIV status, at the end of the 2022 year, out of 16,041 PLHIV estimated by SPECTRUM. Although the HIV NP (2022-2025) target for this indicator is 90% (year 2025), the 2024-2026 targets are calculated by increasing the indicator ratio value by 2.0% for each year, taking into account the indicator's real evolution trend registered in the last years: 2021 (66.40%); 2020 (63.85%); 2019 (64.48%). Note: The data for this indicator is available starting with 31 May of each year.											
6	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Moldova	N: 6012.0000 D: 6833 P: 87.98%	2022	ARV patient records	Gender   Age, Age	N: D: P: 89.00%	N: D: P: 90.00%	N: D: P: 90.00%	Due Date: 31-May-2025	Due Date: 31-May-2026	Due Date: 31-May-2027
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistria region. The baseline data - 2022 year: 6,012 PLHIV on ART have virological suppression (<1000 copies/mL), at the end of the 2022 year. The 2024-2026 targets are calculated by increasing the indicator ratio value by 1.0% for each year, taking into account the evolution trend of this indicator, registered in the last years: 2021 (89.15%); 2020 (85.65%); 2019 (83.74%). To mention that the targets are aligned with the NTP (2022-2025) estimations, with no estimations made for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next NTP (2026-2030) shall be elaborated in 2025, with further target revision. Note: The data for this indicator is available starting with 31 May of each year.											

Coverage indicators and targets										01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator				
<b>TB/DR-TB Prevention</b>												
1	TBP-1 Number of people in contact with TB patients who began preventive therapy	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 1435 D: P: %	2022 NTP reports	HIV status, Provider type, Age, TPT regimen	Yes	Non cumulative	No	N: 2121 D: P: %	N: 2582 D: P: %	N: 3002 D: P: %	
	<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sectors, incl. the Transnistria region. For the baseline, we indicate a number of 1,435 people in contact with TB patients who began preventive therapy in 2022 (right bank only). This figure represents about 14% of the number of contacts with TB positive pulmonary patients, who were eligible for TPT, in 2022. The targets have been calculated, forecasting a gradual increase of the TPT implementation, as per the new treatment schemes used, with a coverage rate of 35% of contacts who require chemoprophylaxis in 2024, 44% - in 2025, and 53% - in 2026. Note 1: The indicator is reported annually for the same reporting year. Starting with 2023, the data shall be collected on the left bank too. Note 2: The disaggregation data are not available, at the moment. It will become available after the Prevention module, SYME TB, is elaborated and implemented (approx. in 2026).											
<b>TB diagnosis, treatment and care</b>												
2	TBDT-1 Number of patients with all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 2120 D: P: %	2022 R&R TB system/ Yearly Management Reports, SYME TB	HIV status, Gender, TB case definition, Age	Yes	Non cumulative	No	N: 2381 D: P: %	N: 2286 D: P: %	N: 2194 D: P: %	
	<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistria region. For the baseline, we indicate a number of 2,120 cases of all forms of TB, new and relapse ones, that were notified in 2022. The targets, for numerator - abs. 2,381 in 2024, abs. 2,286 in 2025 and abs. 2,194 in 2026. The NTP 2022-2025 targets have been recalculated, according to the estimated number of incident cases, all forms of TB, for 2021 (abs. 2,600), as per the WHO Global TB Report, 2022, given: (i) the population size recalculation in the last years; and (ii) the COVID impact on the TB incidence trends. Given the indicator growth tendencies in the post-COVID years, incl. due to NGOs increasing efforts in TB screening, registered in the last years, we are expecting a positive tendency of TB incidence in 2023, and, subsequently, a return to the downward trends, estimated to a 4% annual decrease. Note: The indicator is reported annually for the same reporting year.											

Coverage indicators and targets									01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator			
3	TBDT-2 Treatment success rate-all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 1477 D: 2120 P: 69.67%	2022 R&R TB system/ Yearly Management Reports, SYME TB	HIV status, Gender, Age	Yes	Non cumulative	No	N: D: P: 89.00%	N: D: P: 90.00%	N: D: P: 90.00%
<b>Comments</b>											
Responsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysionpneumology. This indicator covers both the civilian and the penitentiary sectors, incl. the Transdnierster region. The baseline data - the year 2022: 69.67% of people with TB were successfully treated (cured plus treatment completed) among TB cases notified to national health authorities during the reporting time period. The targets are set based on the NTP (2022-2025), with no estimations made for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next NTP (2026-2030) shall be elaborated in 2025, with further target revision.											
4	TBDT-3c Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- community referrals; *includes only those with new and relapse TB	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 131 D: 2120 P: 6.18%	2022 R&R TB system/ Yearly Management Reports, SYME TB/ TB case referrals reports from NGOs		Yes	Non cumulative	No	N: D: P: 14.00%	N: D: P: 16.00%	N: D: P: 16.00%
<b>Comments</b>											
Responsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysionpneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. For the baseline, we indicate the rate of 6.18% - 131 people were referred by NGOs to a health facility for diagnosis, among the total number of people with TB (all forms) notified in the BMU(s), covered nationally - from GFATM (abs. 96) and CNAM sources (abs. 35), in 2022. To note that the 6.18% rate is rather low, since the NGOs have not been working at their full capacity, in 2022, due to certain technical issues. At the same time, in 2021, the indicator constituted 10.11% - abs. 209 (188 - GFATM, 21 - CNAM), despite the introduced COVID-19 restrictions; and in sem.I.2023, as per the preliminary data available, the indicator constituted 10.05% - abs. 112 (102 - GFATM sources, 10 - CNAM). The targets have been set, based on the NTP (2022-2025) goal of attaining and maintaining the rate of 14% for 2024 and 16% for 2025, with no estimations for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next NTP (2026-2030) shall be elaborated in 2025, with further target revision. Note: The indicator is reported annually for the same reporting year.											
5	TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 1975 D: 2120 P: 93.16%	2022 R&R TB system/ Yearly Management Reports, SYME TB	Provider type	Yes	Non cumulative	No	N: D: P: 90.00%	N: D: P: 90.00%	N: D: P: 90.00%
<b>Comments</b>											
Responsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysionpneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. For the baseline, we indicate the rate of 93.16% - a number of 1,975 new and relapse TB patients were tested using a WHO recommended rapid test in 2022. The targets have been set, based on the NTP (2022-2025) goal of attaining and maintaining the rate of >90% for 2024 and 2025, with no estimations for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next NTP (2026-2030) shall be elaborated in 2025, with further target revision. Note: The indicator is reported annually for the same reporting year.											
<b>Drug-resistant (DR)-TB diagnosis, treatment and care</b>											
6	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 399 D: P: %	2022 R&R TB system/ Yearly Management Reports, SYME TB	HIV status, Gender, Age	Yes	Non cumulative	No	N: 523 D: P: %	N: 502 D: P: %	N: 482 D: P: %
<b>Comments</b>											
sectorsResponsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysionpneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. For the baseline, we indicate the number of 399 RR-TB and/or MDR-TB cases, bacteriologically confirmed, that were notified in 2022. The 2024-2025 targets have been calculated based on the data registered in SYME TB, during the last 10 years, and the evolution trend observed. Note 1: The estimated number of RR/TB among notified pulmonary laboratory confirmed in 2021 (abs. 1,000), as per the WHO Global TB Report (2022), is considered unrealistic, since it is not taking into account the number of extra-pulmonary and bacteriologically non confirmed TB cases. In effect, given the 10% rate of extra-pulmonary TB cases and 70% rate of bacteriologically confirmed TB cases, registered in the last years, we obtain an RR-/ MDR TB resistance rate of 56%, which does not reflect the real trends of the last years - a 33% notification rate of RR-TB and/or MDR-TB cases, new and relapse ones, pulmonary bacteriologically confirmed. Note 2: In the NTP (2022-2025), the targets are calculated per 100,000 population and, respectively, cannot be used in our target calculations. Note 3: The indicator is reported annually for the same reporting year.											
7	DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 359 D: 399 P: 89.97%	2022 R&R TB system/ Yearly Management Reports, SYME TB	Treatment regimen, Gender, Age	Yes	Non cumulative	No	N: D: P: 95.00%	N: D: P: 99.00%	N: D: P: 99.00%
<b>Comments</b>											
Responsible entities: PI CIMU HSP/ "Ch. Draganuic" Institute of Phthysionpneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. For the baseline, we indicate a rate of 89.97% - 359 people with bacteriologically confirmed RR-TB and/or MDR-TB notified started on second-line treatment regimen in 2022. The 2024-2025 targets have been calculated based on the NTP (2022-2025), as per the data registered in SYME TB, during the last 10 years, and the evolution trend observed. Note: The indicator is reported annually for the same reporting year.											



Coverage indicators and targets									01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator			
8	DRTB-9 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 320 D: 438 P: 73.06%	2022 R&R TB system/ Yearly Management Reports, SYME TB	HIV status, Treatment regimen, Gender, Provider type, Age	Yes	Non cumulative	No	N: 75.00% D: P: 75.00%	N: 80.00% D: P: 80.00%	N: 80.00% D: P: 80.00%
<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysipneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnier region. The baseline data - RR and/or MDR-TB cohort (year 2020): 63.13% of people with bacteriologically confirmed RR/MDR-TB (including pre-XDR & XDR TB) were enrolled on second-line treatment regimen and successfully treated (cured plus treatment completed), among the laboratory confirmed RR/MDR-TB patients notified to national health authorities in 2020. !!! Important: The baseline has been recalculated, as per the new GFATM indicator definition, due to the fact that SYME TB allows the respective data collection and presentation. The targets have been calculated based on the NTP (2022-2025) estimations, with no estimations made for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next NTP (2026-2030) shall be elaborated in 2025, with further target revision. Note: In 2024, there will be reported the treatment outcome for the 2022 RR and/or MDR-TB cohort; in 2025 - for the 2023 RR and/or MDR-TB cohort; and in 2026 - for the 2024 RR and/or MDR-TB cohort.											
<b>Key and vulnerable populations (KVP) – TB/DR-TB</b>											
9	KVP-1 Number of people with TB (all forms) notified among prisoners; *includes only those with new and relapse TB	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 79 D: P: %	2022 R&R TB system/ Yearly Management Reports, SYME TB		Yes	Non cumulative	No	N: 106 D: P: %	N: 102 D: P: %	N: 98 D: P: %
<b>Comments</b> Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysipneumology. This indicator covers the penitentiary sector only, incl. the Transdnier region. For the baseline, we indicate the number of 79 people with TB (all forms) notified among prisoners in 2022. The targets have been calculated based on the same trends used in the calculation of the TB notification rate (all forms of TB). Also, there has been applied the % share of prisoners in the total number of TB cases. Note: The indicator is reported annually for the same reporting year.											
<b>Treatment, care and support</b>											
10	TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 7857 D: 16041 P: 48.98%	2022 ART patient record database/ Spectrum estimations	Gender	Yes	Non cumulative – other	No	N: 9810 D: 16041 P: 61.16%	N: 10610 D: 16041 P: 66.14%	N: 11653 D: 16041 P: 72.65%
<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnier region. The baseline: 7,857 people who are on ART among all people living with HIV, at the end of the 2022 year. The denominator: number of PLHIV estimated by SPECTRUM (year 2023) for year 2022. The targets are set based on the HIV NP (2022-2025) estimations and SPECTRUM estimates, considering the stable increasing tendency of this indicator, registered in the last years: 2021 - 49,78%; 2020 - 46,48%; 2019 - 38,30%; 2018 - 37,04%; 2017 - 28,08%; 2016 - 24,64%; and 2015 - 21,04%.											
11	TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 7728 D: 15842 P: 48.78%	2022 ART patient record database/ Spectrum estimations	Gender	Yes	Non cumulative – other	No	N: 9685 D: 15842 P: 61.13%	N: 10485 D: 15842 P: 66.18%	N: 11528 D: 15842 P: 72.77%
<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnier region. The baseline: 7,728 adults (15+) who are on ART among all adults living with HIV, at the end of the 2022 year. The denominator: number of PLHIV (15+) estimated by SPECTRUM (year 2023) for year 2022. The targets are set based on the HIV NP (2022-2025) estimations and SPECTRUM estimates.											
12	TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 129 D: 143 P: 90.21%	2022 ART patient record database	Gender	Yes	Non cumulative – other	No	N: 131 D: 143 P: 91.61%	N: 132 D: 143 P: 92.31%	N: 133 D: 143 P: 93.01%
<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sectors, incl. the Transdnier region. The baseline - 129 children (under 15) who are on ART among all children living with HIV, at the end of the 2022 year. The denominator: Unlike the TCS-1.1 (number of PLHIV on ART) and TCS-1b (number of PLHIV (15 and above) on ART) indicators - generated by SPECTRUM, the data for TCS-1c indicator (number of PLHIV (under 15) on ART) are reported, as per the patient record database, since the SPECTRUM estimates are not realistic. The targets are calculated based on the ART patient historical data dynamics in children (under 15).											
<b>Prevention package for men who have sex with men (MSM) and their sexual partners</b>											
13	KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 4934 D: 14600 P: 33.79%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Age	Yes	Non cumulative	No	N: 6570 D: 14600 P: 45.00%	N: 7591 D: 14600 P: 51.99%	N: 9052 D: 14600 P: 62.00%

Coverage indicators and targets										01-Jan-2024	01-Jan-2025	01-Jan-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator		31-Dec-2024	31-Dec-2025	31-Dec-2026
13	<b>Comments</b>											
	Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transnistrier region. The baseline: a 33,79% rate of MSM reached with HIV prevention programs, in 2022. The denominator: the estimated KP (MSM) size, calculated under the IBBS 2020. The targets are set based on the HIV NP (2022-2025) estimations. At the same time, the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision. Note 1: Frequency of KP (MSM) reach: minimum 2 visits every 6 months. KP reached - MSM who received, during the reported period, at least two different services from the package below, one of which is the condom and lubricant distribution. Note 2: Comprehensive package of services: condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, MSM site-mapping, social network scanning, peer to peer communication.											
14	KP-6a Number of MSM who received any PrEP product at least once during the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 352 D: P: %	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	PrEP product, Age	Yes	Non cumulative	No		N: 600 D: P: %	N: 760 D: P: %	N: 920 D: P: %
	<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. The baseline: 352 MSM who received any PrEP product at least once, during the 2022 year. The targets are calculated, based on the number of KPs to be included in ART for PrEP (given the 80% rate of MSM in the total number of KPs to be enrolled in PrEP), as per the HIV NP (2022-2025) estimations. Note: Given the specifics of the MSM group (a lower coverage rate with HIV prevention programs, registered in the last years, compared to other high risk groups, like PWID and SWs), and the novelty of the PrEP service itself (the PrEP activities were only introduced in Moldova in 2019), the dynamics of this indicator is increasing at a slow pace.												
<b>Prevention package for transgender people and their sexual partners</b>												
15	KP-1b Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 71 D: P: %	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Age, Gender	Yes	Non cumulative	No		N: 80 D: P: %	N: 80 D: P: %	N: 80 D: P: %
	<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. The baseline: abs. 71 TG reached with HIV prevention programs, in 2022. The denominator not reported: no estimated KP (TG) size available. The targets (numerator) are set based on the HIV NP (2022-2025) estimations, used in the current 2024-2026 GF application. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation. Note 1: No comprehensive package of services or frequency of KP (TG) reach is described in the national standards for HIV prevention services. Following the comprehensive package definition for MSM, the KP reached are considered to be the TG who received, during the reported period, at least two different services from the package below, one of which is the condom and lubricant distribution. Note 2: Comprehensive package of services: condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, TG site-mapping, social network scanning, peer to peer communication.												
<b>Prevention package for sex workers, their clients and other sexual partners</b>												
16	KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 7764 D: 15800 P: 49.14%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Age, Gender	Yes	Non cumulative	No		N: 8690 D: 15800 P: 55.00%	N: 9639 D: 15800 P: 61.01%	N: 10744 D: 15800 P: 68.00%
	<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transnistrier region. The baseline: a 49,14% rate of SWs reached with HIV prevention programs, in 2022. The denominator: the estimated KP (SWs) size, calculated under the IBBS 2020. The targets (numerator) are set based on the HIV NP (2022-2025) estimations. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision. Note 1: Frequency of KP (SWs) reach: minimum 2 visits every 6 months. KP reached - SWs who received, during the reported period, at least two different services from the package below, one of which is the condom and lubricant distribution. Note 2: Comprehensive package of services: condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, SWs reference from another service, social network scanning, peer to peer communication.												
<b>Prevention package for people who use drugs (PUD) and their sexual partners</b>												
17	KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 16963 D: 27500 P: 61.68%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Gender, Age	Yes	Non cumulative	No		N: 17875 D: 27500 P: 65.00%	N: 19800 D: 27500 P: 72.00%	N: 21450 D: 27500 P: 78.00%
	<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. The baseline: a 61,68% rate of PWID reached with HIV prevention programs, in 2022. The denominator: the estimated KP (PWID) size, calculated under the IBBS 2020. The targets (numerator) are set based on the HIV NP (2022-2025) estimations. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision. Note 1: Frequency of KP (PWID) reach: minimum 3 visits every 6 months. KP reached - PWID who received, during the reported period, at least two different services from the package below, one of which is the needle exchange program. Note 2: Starting with 2024, there will be offered prevention service packages to both IDUs and non-IDUs. Comprehensive package of services: needle exchange and alcohol napkin distribution, condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, PWID mapping, key person contacting, social network scanning, peer to peer communication.												
<b>Differentiated HIV Testing Services</b>												



Coverage indicators and targets										01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator				
18	HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 4084 D: 14600 P: 27.97%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Age	Yes	Non cumulative	No	N: 5585 D: 14600 P: 38.25%	N: 6832 D: 14600 P: 46.79%	N: 8147 D: 14600 P: 55.80%	
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transnistrier region. The baseline: a 27.97% rate of MSM who have received an HIV test, in 2022, and know their results. The numerator: the number of MSM (out of the number of MSM reached by HIV prevention programs) that have received an HIV test, in 2022, and know their results. The denominator: the estimated KP (MSM) size, calculated under the IBBS 2020. The targets (numerator): the number of MSM to receive an HIV test during the reporting period has been calculated out of the number of MSM to be covered by HIV prevention programs, in the same period, based on the testing coverage rate for MSM, set by the HIV NP (2022-2025), as follows: 85% for 2024, 90% for 2025 and 90% for 2026 - for both banks. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision											
19	HTS-3b Percentage of TG that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 62 D: P: %	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Age, Gender	Yes	Non cumulative	No	N: 68 D: P: %	N: 72 D: P: %	N: 72 D: P: %	
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. The baseline - abs. 62 TG have received an HIV test, in 2022, and know their results. The denominator not reported - no estimated KP (TG) size available. The targets (numerator) are calculated based on the same testing coverage rate used for MSM, set by the HIV NP (2022-2025), as follows: 85% for 2024, 90% for 2025 and 2026 (for the right bank only). The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation.											
20	HTS-3c Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 6719 D: 15800 P: 42.53%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Gender, Age	Yes	Non cumulative	No	N: 7387 D: 15800 P: 46.75%	N: 8265 D: 15800 P: 52.31%	N: 9870 D: 15800 P: 61.20%	
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transnistrier region. The baseline - a 42.53% rate of SWs who have received an HIV test, in 2022, and know their results. The denominator - the estimated KP (SWs) size, calculated under the IBBS 2020. The targets (numerator): the number of SWs to receive an HIV test during the reporting period has been calculated out of the number of SWs to be covered by HIV prevention programs, in the same period, based on the testing coverage rate for SWs, set by the HIV NP (2022-2025), as follows: 2024 - 85% for both banks, 2025 - 85% for right bank and 90% for left bank, 2026 - 90% for both banks. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision.											
21	HTS-3d Percentage of people who inject drugs that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 11948 D: 27500 P: 43.45%	2022 NGO Report Forms, Electronic Evidence Registry of high risk groups	Gender, Age	Yes	Non cumulative	No	N: 12638 D: 27500 P: 45.96%	N: 14954 D: 27500 P: 54.38%	N: 16343 D: 27500 P: 59.43%	
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. The baseline - a 43.45% rate of PWID who have received an HIV test, in 2022, and know their results. The denominator - the estimated KP (PWID) size, calculated under the IBBS 2020. The targets (numerator): the number of PWID to receive an HIV test during the reporting period, has been calculated out of the number of PWID to be covered by HIV prevention programs, in the same period, based on the testing coverage rate for PWID, set by the HIV NP (2022-2025), as follows: 2024 - 85%, 2025 - 90%, 2026 - 90% for both banks. The targets (denominator): the next IBBS shall be conducted in 2024-2025, with further KP size estimation revision.											
22	HTS-3f Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 5373 D: P: %	2022 Patient records, National Administration of Penitentiaries	Gender	Yes	Non cumulative	No	N: 5600 D: P: %	N: 5600 D: P: %	N: 5600 D: P: %	
	<b>Comments</b> Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the penitentiary sector, incl. the Transnistrier region. The baseline - 5,373 people in prisons or other closed settings who received an HIV test, during the 2022 year, and know their results. The 2024-2026 targets are calculated based on the assumption of an 80% rate of HIV testing coverage to be expected in the upcoming years, given the 76.8% rate (5,373/7,000*) registered in 2022. *Note: The overall prison population (right bank only), on average, per year, in Moldova, is accounting to 7,000 people.											
<b>TB/HIV</b>												
23	TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 215 D: 235 P: 91.49%	2022 NTP reports/ ART patient record database	Gender, Age	Yes	Non cumulative	No	N: D: P: 90.00%	N: D: P: 90.00%	N: D: P: 90.00%	
	<b>Comments</b>											

Coverage indicators and targets									01-Jan-2024 31-Dec-2024	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator			
23	Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sectors, incl. the Transdnierster region. The baseline: a 91.49% rate of HIV-positive new and relapse TB patients were on ART during TB treatment, in 2022. The targets are calculated based on the HIV NP (2022-2025) target of >90% set for the 2024-2025 years, with no estimations made for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next HIV NP (2026-2030) shall be elaborated in 2025, with further target revision.										
24	TB/HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 192 D: 921 P: 20.85%	2022 NTP reports/ ART patient record database	Gender, TPT regimen, Age	Yes	Non cumulative - special	No	N: D: P: 25.00%	N: D: P: 30.00%	N: D: P: 30.00%
<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sectors, incl. the Transdnierster region. The baseline: a 20.85% rate of PLHIV newly enrolled on ART also started TB preventive treatment (TPT), in 2022. Note: According to our national clinical protocols, the TPT is indicated to the people newly enrolled on antiretroviral therapy only. The targets are calculated based on the HIV NP (2022-2025) estimations for the 2024-2025 years, with no estimations made for 2026. Therefore, the target for 2026 is the same as for 2025. To note that the next HIV NP (2026-2030) shall be elaborated in 2025, with further target revision.											
<b>RSSH: Community systems strengthening</b>											
25	CSS-3 Percentage of health service delivery sites with a community-led monitoring mechanism in place	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: D: P: %	2023 I LIKE VST platform, CLM dashboard reporting by SR	CLM mechanism type	Yes	Non cumulative - other	No	N: D: P: % TBD	N: D: P: % TBD	N: D: P: % TBD
<b>Comments</b>											
Responsible entity: PI CIMU HSP/ Centre for Health Policies and Studies (SR). This indicator covers the civilian sector (right border only). No baseline available - TBD in QI. 2024. No targets available - TBD, based on the results to be obtained in QI. 2024, when the data referring to the activities implemented by SR, during the 2023 year, shall become available.											

Workplan Tracking Measures				
Intervention	Key Activity	Milestones	Criteria for Completion	Country
<b>Comments</b>				



<b>Country</b>	Moldova
<b>Grant Name</b>	MDA-C-PCIMU
<b>Implementation Period</b>	01-Jan-2024 - 31-Dec-2026
<b>Principal Recipient</b>	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects

By Module	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Differentiated HIV Testing Services	€213,593	€329,232	€211,995	€754,821	4.1 %
Drug-resistant (DR)-TB diagnosis, treatment and care	€189,342	€710,380	€1,748,372	€2,648,094	14.3 %
Key and vulnerable populations (KVP) – TB/DR-TB	€510,973	€740,480	€816,835	€2,068,288	11.2 %
Prevention package for men who have sex with men (MSM) and their sexual partners	€283,555	€331,126	€370,577	€985,258	5.3 %
Prevention package for people in prisons and other closed settings	€141,672	€192,160	€183,068	€516,899	2.8 %
Prevention package for people who use drugs (PUD) and their sexual partners	€609,516	€669,167	€708,261	€1,987,044	10.7 %
Prevention package for sex workers, their clients and other sexual partners	€340,799	€389,117	€432,032	€1,161,949	6.3 %
Program management	€668,580	€720,427	€720,427	€2,109,433	11.4 %
Reducing human rights-related barriers to HIV/TB services	€216,785	€246,228	€56,478	€519,490	2.8 %
RSSH: Community systems strengthening	€415,032	€361,989	€166,709	€943,730	5.1 %
RSSH: Monitoring and evaluation systems	€798,082	€522,161	€327,725	€1,647,967	8.9 %
TB diagnosis, treatment and care	€178,067	€233,320	€833,361	€944,748	5.1 %
TB/DR-TB Prevention	€73,826	€111,437	€217,542	€402,804	2.2 %
Treatment, care and support	€522,401	€611,687	€683,011	€1,817,099	9.8 %
<b>Grand Total</b>	<b>€5,162,322</b>	<b>€6,168,911</b>	<b>€7,176,392</b>	<b>€18,507,625</b>	<b>100.0 %</b>

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
1.Human Resources (HR)	€842,282	€905,315	€792,449	€2,540,046	13.7 %
2.Travel related costs (TRC)	€483,907	€291,026	€256,892	€1,031,825	5.6 %
3.External Professional services (EPS)	€569,824	€560,745	€275,622	€1,406,191	7.6 %
4.Health Products - Pharmaceutical Products (HPPP)	€32,977	€337,890	€694,294	€1,065,162	5.8 %
5.Health Products - Non-Pharmaceuticals (HPNP)	€119,075	€567,209	€1,290,376	€1,976,660	10.7 %
6.Health Products - Equipment (HPE)	€56,230	€167,051	€499,568	€722,849	3.9 %
7.Procurement and Supply-Chain Management costs (PSM)	€121,364	€126,892	€298,922	€547,178	3.0 %
8.Infrastructure (INF)	€45,591	€46,761	€11,014	€103,366	0.6 %
9.Non-health equipment (NHP)	€353,144	€299,614	€187,637	€840,395	4.5 %
10.Communication Material and Publications (CMP)	€71,379	€73,132	€70,445	€214,956	1.2 %
11.Indirect and Overhead Costs	€109,856	€112,777	€104,538	€327,171	1.8 %
12.Living support to client/ target population (LSCTP)	€324,764	€386,276	€329,017	€1,040,057	5.6 %
13.Payment for Results	€2,031,927	€2,294,224	€2,365,618	€6,691,769	36.2 %
<b>Grand Total</b>	<b>€5,162,322</b>	<b>€6,168,911</b>	<b>€7,176,392</b>	<b>€18,507,625</b>	<b>100.0 %</b>

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
<b>PR</b>	<b>€3,243,975</b>	<b>€4,475,984</b>	<b>€6,138,562</b>	<b>€13,858,521</b>	<b>74.9 %</b>
Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	€3,243,975	€4,475,984	€6,138,562	€13,858,521	74.9 %
<b>SR</b>	<b>€1,918,347</b>	<b>€1,692,927</b>	<b>€1,037,830</b>	<b>€4,649,104</b>	<b>25.1 %</b>
Center for Health Policies and Studies	€1,918,347	€1,692,927	€1,037,830	€4,649,104	25.1 %
<b>Grand Total</b>	<b>€5,162,322</b>	<b>€6,168,911</b>	<b>€7,176,392</b>	<b>€18,507,625</b>	<b>100.0 %</b>

Source Of Funding	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Approved Funding	€5,162,322	€6,168,911	€7,176,392	€18,507,625	100.0 %
<b>GrandTotal</b>	<b>€5,162,322</b>	<b>€6,168,911</b>	<b>€7,176,392</b>	<b>€18,507,625</b>	<b>100.0 %</b>