

Minuta

ședinței GL responsabil de elaborarea cererii de continuare a granturilor HIV oferite de FG pentru perioada 2017-2019

Data: 28 februarie 2017, ora 14:00

Locul: Centrul Social Regional pentru persoanele care trăiesc cu HIV

Participanți:

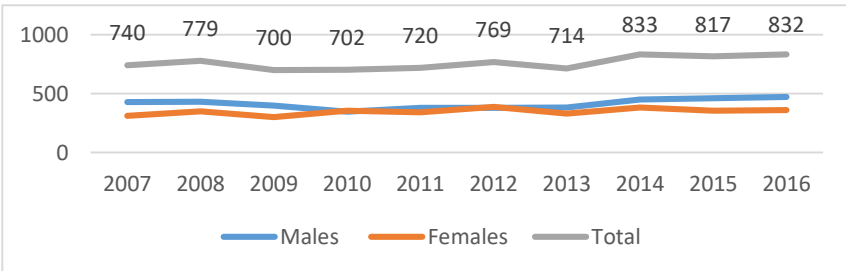
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2. Svetlana Popovici – SDMC
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4. Nicolae Jelamschi - UCIMP
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14. Alexandru Curașov – Inițiativa Pozitivă
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16. Igor Chilcevschii – LPTH (online)
17. Irina Barbiroș – DIP
18. Natalia Mardari – Secretariatul KAP
19. Violeta Teutu – Secretariatul CNC TB/SIDA
20. Adelina Sochircă – Secretariatul CNC TB/SIDA

Obiectivul ședinței: Discutarea și ajustarea primului draft al Cererii de continuare a grantului HIV pentru perioada 2017-2019

În deschiderea ședinței, Violeta Teutu, Secretarul CNC, a salutat participanții, a mulțumit tuturor actorilor pentru munca depusă la etapa de elaborare a proiectului Cererii de continuare a grantului HIV, conform angajamentelor asumate la ședința precedentă, și a menționat că draft-ul cererii a fost remis pentru consultare în grupul de lucru.

În cadrul ședinței din 28.02.17, responsabilii de completarea secțiunilor din Formularul Aplicantului au prezentat variantele de răspuns propuse, iar membrii GL au discutat și ajustat textul în dependență de necesitățile/prioritățile răspunsului național HIV și cerințele/instrucțiunea FG privind elaborarea aplicației (*a se vedea Tabelul de mai jos*).

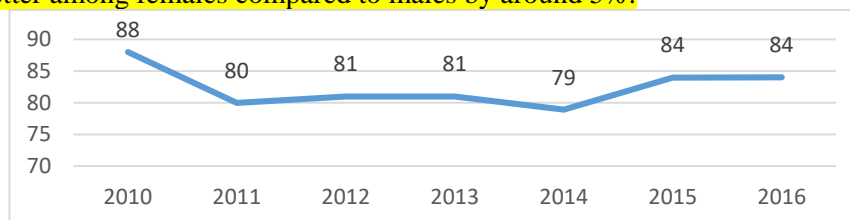
Un alt subiect abordat în cadrul ședinței ține de solicitarea echipei de coordonare a PNHIV privind evaluarea Serviciului psiho-social a persoanelor infectate/afectate de HIV și finanțarea acestuia din cadrul economiilor acumulate în cadrul grantului HIV, gestionat de RP UCIMP.

Secțiunea	Conținut	Propuneri
<p><i>blocul 1 - Epidemiological contextual updates</i></p>	<p><i>Referring to available evidence and inputs from technical partners and key stakeholders, does the current program continue to be relevant, and is it progressing and generally on track to achieve results and impact? Please provide rationale for the appropriateness of continuation of the goals, strategic objectives and key interventions. As relevant, explain the most important challenges being faced and any mitigation measures that have been put in place.</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The curves of new registered cases do not show a declining trend, by the end of 2016, have been cumulatively registered 11,042 new HIV cases (including 3511 in the Left bank), with a stable number of around 800 cases per year on average of newly registered HIV cases in the past 3 years. There are no major changes in the gender distribution of HIV new cases. The trend shows similar increase in males and females. According to administrative statistics, there are no changes in the routes of transmission of HIV; the major route of transmission remains sexual (92.1%). The registered and reported cases, however, are only about half the cases that come from the estimates – 18226 PLWH.</p>  <p>Moldova's HIV epidemic remains concentrated among key populations (PWID, FSW, and MSM) and their sexual partners. Available data suggest that the epidemic has transitioned from an early concentrated epidemic in which the highest rates of transmission were among PWID; to an advanced concentrated epidemic, in which onward transmission to sexual partners of PWID and other key populations has become a source of new infections. The prevalence is still high in the key population (PWID, CSWs, MSMs), according to preliminary data from IBBS 2016: PWID Chișinău – 13.9%, Bălți - ?%, Tiraspol - ?%, Ribnița – 22.2%; CSW – Chișinău - 3.9%, Bălți – 22.3%; MSM – Chișinău – 9%, Bălți – 4.1%, compared to 0.15% in the general population.</p> <p>HIV testing and counselling is a critical component of programs for key populations at all levels of spending as an entry point for ART. However, at current levels of funding, HTC for the general population is not cost effective. In 2015, about 248 thousands people were tested for HIV, among them 83 thousands were tested as blood donors, males representing 53.4% of the total. About 72%</p>	<p>Să fie pus accentul pe faptul că situația epidemiologică rămâne a fi concentrată, prevalența mare în grupurile cheie versus prevalența în populația generală.</p> <p>De făcut trimitere la datele preliminare IBBS (2016) privind prevalența comparativ cu cele din anul 2013</p> <p>Excluderea graficelor și aliniatul privind testarea (sursa testării, structura cazurilor);</p>

of tests are in blood donors and pregnant, prevention programmes representing only 4.5% on the right bank and 2.9% on the left bank. About 50% of new diagnosed cases are AIDS stage.

	Republic of Moldova			Right Bank			Left Bank		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
Prevention	4.2	5.8	2.8	4.5	5.8	3.3	2.9	6.0	0.8
Blood and Pregnant	72.1	68.4	75.4	77.9	74.6	80.9	49.2	39.5	55.9
Clinic	8.4	9.1	7.8	6.1	6.7	5.6	17.5	20.2	15.7
Bureaucracy	14.6	15.9	13.4	10.9	12.3	9.6	29.2	32.8	26.8
Children	0.7	0.8	0.6	0.6	0.6	0.5	1.1	1.6	0.7

The percent of PLWH receiving ART is 24.64% (4491/18226). During 2016 – 924 new cases where enrolled in ART. Adherence rate to ART after 12 months from the initiation in 2016 is 83.54% (797/954) what practically similar to 2015 and 5% higher than in 2014. The adherence rate to ART is better among females compared to males by around 5%.



The PMTCT rate in 2016 is 1.4%.



From the total number of deaths, about 70.6 % are HIV related deaths, among HIV related deaths the main cause of deaths is Tuberculosis - 54.3%.

De introdus și menționat comportamentele de risc;

<p>blocul 2 - National Policies & strategies revisions and updates</p>	<p><i>Does the current grant include an appropriate focus on investments in Resilient and Sustainable Systems for Health (RSSH)? If changes in RSSH investments are needed (in order to maximize reproductive maternal neonatal and child health or other areas) please explain how and when these changes should be addressed.</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The legal framework and health policies demonstrate country's political commitment in responding to the HIV epidemic, including those related to general health policy and HIV/AIDS issues. HIV prevention is an integral part of the National Strategy for Health System Development for 2008 – 2017.</p> <p>The National AIDS Program (NAP) for years 2016-2020 was approved by the Government Decision of 22 October 2016. This program is a continuation of the previous one; however, unlike previous puts the emphasis on the integration of services, expansion of testing with a view to early detection (60% of IDUs and CSWs, and 40% of MSM tested for HIV in 2020). The targets are more ambitious, the coverage of risk groups with prevention services - 60% of IDUs and CSW and 40% of MSM by 2020. The PLWH coverage with HIV antiretroviral treatment by 2020 - at least 60% of the estimated PLWH.</p> <p>The goal of NP - minimizing the consequences of HIV and STIs epidemic by reducing the transmission, as well as the mortality associated with HIV particularly in the key-population.</p> <p>Objective 1. To prevent HIV and STIs transmission, particularly in the key population. The impact targets – prevalence of HIV among key populations:</p> <ul style="list-style-type: none"> ● PWID – not higher than 20%; ● SWs – not higher than 11%; ● MSM – not higher than 5%; ● prisoners – not higher than 3.5%; ● general population not higher than 0.44%. <p>Objective 2. To ensure universal access to treatment, care and support of all people infected with STIs The impact targets:</p> <ol style="list-style-type: none"> a) HIV related death rate per 100 000 people < 3; b) % of adults and children with HIV still alive and known to be on treatment after initiation of antiretroviral therapy <ol style="list-style-type: none"> a. after 12 months – not lower than 80%; b. after 24 months – not lower than 75%; c. after 60 months – not lower than 70%; c) percentage of infants born to HIV infected mothers – not higher than 2%. 	<p>Excluderea obiectivelor Programului național HIV;</p>
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	<p>Objective 3. To ensure an efficient Programme management Impact and outcomes within this objective will be measured using the UNGASS National Composite Policy Index and through mid-term and end-of-project evaluations. The success of this objective will be measured by the extent to which objectives 1 and 2 of the program are achieved.</p> <p>One of the important steps to expand access to testing is the approval of the testing standard within NGOs using rapid tests on saliva. The next step is to review the standard for testing and confirmation of the HIV infection: to maximize testing with rapid tests on capillary blood in medical and non-medical network and to simplify the confirmation algorithm.</p> <p>In addition, the Ministry of Health has expressed the political will and consent for validation of the elimination of HIV transmission from mother to child.</p> <p>It should be noted, that the state fulfills its obligations and assumes a part of activities care, treatment and support of PLWH (ARV procurement, partial financing of social centers, etc.) and prevention programs (partial funding for the OST Program from NHIC funds, developing the financing mechanism for harm reduction, etc.)</p> <p>An important step for the ensuring universal access to ART is the review of the regulatory and legal framework and the introduction of the procurement of ARV drugs through procurement mechanisms of international organizations (UNDP).</p> <p>In order to strengthen the management of National Programme, by the order of Ministry of Health No. 897 of 18.11.2016, the Coordination Unit of the National Programme was created. The role of the Unit is:</p> <ul style="list-style-type: none"> • Ensure the efficient management of the program, • Provision of support for territorial actors, • Coordination with other partners in health sector and other sectors, including other ministries, local authorities, development partners and civil society. 	<p>De specificat noile măsuri planificate în cadrul programului național: revizuirea ghidurilor de testare HIV ș.a.</p>
<p><i>blocul 3 - Investing to maximize impact towards ending the epidemics</i></p>	<p><i>Is there a need for intensifying or modifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations? If changes are needed, please explain how and when they should be best addressed.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>The current TGF project is integral element of the National HIV Program for year 2016-2020 (NAP), endorsed through the Government Decision no. 1164 of 22 October 2016 (see Annex 1) and fully aligned in terms of scope, objectives, intervention, target groups. The NAP responds to HIV epidemics in Moldova and is focussed on key epidemic drivers, is aligned to global strategies</p>	<p>Integrarea informației selectate privind strategiile cheie ale Programului național în secțiunea 2.</p>

<p>on most efficient evidence-based interventions (90-90-90 strategy), international recommendations and cost efficiency analyses (Cost-effectiveness¹, Investment case²) towards ending the epidemics. The NAP is focussed on three key strategies: (i) Prevention of HIV and STI, especially in key affected population focused on preventing further transmission of HIV within key population (PWID, SWs, MSM, prisoners) through providing access to harm reduction programs and testing, which will cover at least 60% of the estimated number of beneficiaries (PWID and LSC, MSM - 40%) by 2020; (ii) Universal access to treatment, care and support to PLHIV focussed on covering 60% from estimated PLHIV with ART by 2020 (triple from baseline 17%); (iii) NAP management focused on efficient management, coordination, financial sustainability, evidence generation and M&E systems.</p> <p>The current HIV grant is constructed around the same NAP three Objectives and key interventions and targets: (i) To increase access to evidence-based HIV prevention focussed on Prevention programs for PWID, SW, MSM; PMTCT in Transnistria (ii) To ensure universal access to comprehensive HIV treatment, care and support focussed on treatment and follow up, care and support; and Health Information System and M&E; (iii) To strengthen community's capacity and ensure program sustainability focussed on community systems strengthening; Removing legal barriers to access and Program management.</p> <p>Under overall NAP targets, the current HIV grant scaled-up prevention services in KAP and results registered by end of 2016 in terms of coverage are above expected NAP targets: 49% (58.5% PWID from targeted under grant) versus 29.5% in 2014; 39.3% (73.9% SW from targeted population under grant) versus 24.6% in 2014; 22.3%(42% MSM from targeted population under grant) versus ... % in 2014. Over grant life OST treatment has been substantially scaled up from 2 to 7 civil sites and from 11 to 13 penitentiaries and retention in OST treatment increased from 47% to 64%.</p> <p>Impact and outcome-level indicators for HIV Objective1 are assessed through second generation sentinel surveillance in key populations. The third round, using the same method, respondent-driven sample (RDS), conducted in 2016, shows a stable trend, with slight decrease or increase versus previous rounds, in all four sites. The key behavioral indicators show that using sterile syringe has become the norm in PWID (98% used a clean syringe at last injection in 2016). Progress has been seen in adopting safer sexual behaviors and reversing trends in particular groups: in SWs in Chisinau, the reported condom use with commercial partners at last sex was 88.2% in</p>	<p>Revizuirea informației p.3 și corelarea acesteia cu informația din p.2 (ideea de bază: grantul curent al FG este aliniat PN în ceea ce privește domeniul de aplicare, obiectivele, intervențiile cheie și grupurile-țintă)</p>
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¹ Cost-effectiveness. Interventions Packages against HIV and HCV infections among People who inject drugs in Eastern Europe and Central Asia. Modeling and Cost-effectiveness study, ... (year), ... (who)

² Optimizing Investments in Moldova's HIV Response, ... (year), ... (who)

	<p>2016 and 85.9% in Balti. Condom use MSMs at last anal sex as receiving partner averaged 61% in Chisinau and in Balti.</p> <p>Impact and outcome assessment for Objective 2 are collected through the national statistics. The number of people who received ARV treatment has significantly increased. By the end of 2016, a total 4,491 were on ART (DCDH: Annual Update³), with 924 people newly enrolled in treatment during 2016 alone. By the end of 2016, the % of PLHIV in ATR from those in follow up increased from 54.6% in 2014 to 65% in 2016. The % of PLHIV in ART from Spectrum estimates show ART coverage to be at 24.6% vs 17% in 2014. The retention in treatment after 12 months of enrolment, increased from 79% in 2014 to 83.5% in 2016, above the national target. HIV mortality rate show a stabilization trend with 3.99 in 2015 vs 3.12 in 2013 (RB).</p> <p>The mentioned result confirms that current HIV grant mix of evidence-based programmatic interventions are strategically focused, technically sound and on track to achieving results and impact. The progress in HIV control, demonstrate further continuation and scale-up of ongoing key interventions under the same goal and strategic objectives and programmatic approaches with reconsideration of business models will allow to address needs and drivers of the epidemics and reach NAP targets for effective fight against the disease. The grant is well performing, with good programmatic and financial performance.</p> <p>The anticipated challenges should be listed together with planned mitigation measures.</p>	
<p><i>blocul 4 - Alignment with 2017-22 GF Strategy Objectives 2&3</i></p>	<p>Objective 2 to Build Resilient and Sustainable Systems for Health</p> <p><i>Does the current grant include an appropriate focus on investments in Resilient and Sustainable Systems for Health (RSSH)? If changes in RSSH investments are needed (in order to maximize reproductive maternal neonatal and child health or other areas) please explain how and when these changes should be addressed.</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The current grant includes an appropriate focus on investments in Resilient and Sustainable Systems for Health, including in communities systems and responses. Limited changes to the grant are required to address health system strengthening needs and to optimize the existing resources for increased efficiency. To improve the access to testing the revision of testing guidelines is required, incl. testing algorithm in health institutions, introducing blood rapid tests on HIV/HepC/Syphilis through NGOs and self testing. There is a need to improve laboratory services through the laboratory reform implementation. On PSM improvement MoH and UNDP currently is running a project of medicines, pharmaceutical products and commodities procurement through the</p>	<p>De pus accent pe aspectul de fortificare a sistemelor integrate în PN și iterarea în grantul FG;</p>

³ DCDH: Annual Epidemic Update 2016

	<p>international mechanisms. 10 National Programs, including HIV and TB programs are part of this pilot initiative aimed at significantly reduce costs of the health products and to increase transparency of public procurements. Building on these positive developments Moldova will continue to strengthen PSM for all procurements by transparent and competitive mechanisms for the best value for money, and improving legal framework (Draft Law on Medicines, Public Procurement Law etc).</p> <p>According to the TRAT the M&E system is sufficient to provide M&E programmatic data, epidemiological data, including solid IBBSs, as well as operational researches and cost-effectiveness studies. Both public and communities data are available for use and decision-making. Still, there is a need to improve M&E systems by impact and results based re-focused approach including revised, standardized and aligned programmatic indicators, consolidation of existent data bases (all data bases); and update and improve the functionality of national soft data base (SIME HIV). HIV services throughout the cascade are well developed, geographically accessible, including penitentiary system and left bank of the river, using collaborative public and community service delivery approaches. For the better and greater effective service delivery and resources optimization, the implementation of innovative and integrated approaches in service delivery is required, for example introducing one-stop-shop model and client-oriented approach. NAP 2016-2020, in its third objective aims at consolidation synergies with TB, hepatitis, sexual and reproductive health strategy, healthy lifestyle education, blood security etc. It is still required to improve the intersectorial collaboration and integrated service provision and delivery.</p> <p>According to the TRA, human resources for health are of big concern. In the same time, the Government approved the health system human resources strategy aimed at ensuring complex health personnel development and retention. For the community staff, the development of a similar strategy is required and is planned. The NAP budget represents comprehensive and well-developed financial framework with all necessary details and information on financial sources and deficit, and is integral part of the workplan to ensure the direct links between programmatic activities and sources of finances. The budget is developed within transparent, inclusive and comprehensive country dialogue process. There is a room for improvement in terms of transparency and better disaggregation of government expenditures on HIV for strengthening financial management for greater transparency and accountability.</p> <p>Objective 3 to Promote and Protect Human Rights and Gender Equality</p> <p><i>Is there a need for intensifying or modifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations? If changes are needed, please explain how and when they should be best addressed.</i></p>	<p>De detaliat fortificarea sistemului medical – măsurile actuale, eforturi continue, perspective + fortificarea implicării comunitare;</p> <p>Revizuirea textului și ajustarea acestuia în baza aspectelor discutate în</p>
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	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Moldova is aligned to UN standards with regard to right to health for all people as suggested by CESCR - 22 Session of the Committee on Economic, Social and Cultural Rights, the Right to the Highest Attainable Standard of Health (Art. 12) ensuring that services are accessible, non-discriminatory, physically and economically accessible, informative and qualitative, while providing access to the most vulnerable groups such as: marginalized, people with HIV, disabilities, different ethnicity, women and children, etc (reference: OHCHR, CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art.12) http://www.refworld.org/pdfid/4538838d0.pdf).</p> <p>The current grant includes an appropriate focus on investments to promote and protect Human Right and Gender equality. NAP 2016 - 2020 is built upon principles of gender mainstreaming and human rights evidence - based approach (programmatic data and researches), includes strategic objective on Human Rights and community systems strengthening and gender sensitive activities for KAPs with relevant budget, currently supported by GFATM. The NAP M&E framework includes gender disaggregated data and proper matrix of indicators on Human Rights and Gender. Recently the Gender assessment of the HIV policies has been conducted and the draft report has been prepared, the recommendations will be used as the basis to improve the successes achieved to date in this area. The current activities on HR, CSS and Gender within GFATM grant need to be supported and improved. The gender sensitive activities will be integrated into the service package within the grant programs for NGOs rather than standalone mini grant program to ensure better use of resources, integration and sustainability.</p>	<p>cadrul ședinței:</p> <ul style="list-style-type: none"> - Accent pe serviciile ce țin de omului / componenta care asigură drepturile populațiilor cheie; - În PN nu sunt specificate intervenții expres privind drepturile populațiilor cheie și aspectele de gender; integrarea serviciilor în sistemul general; - Referire la Planul național al drepturilor omului și sinergia cu alte programe naționale privind asigurarea drepturilor omului; - Schimbarea accentelor pe integrarea dimensiunii de gen și drepturilor omului.
<p><i>blocul 5 - Effectiveness of implementation approaches</i></p>	<p><i>Are the current implementation arrangements effective to deliver on the program objectives and anticipated impact (including the PR and the main SRs)? If major changes to the implementation arrangements are needed, please explain how and when they should be best addressed.</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Moldova has developed a viable mechanism of program implementation and oversight, ensured by an inclusive and multisectorial CCM. The 2014 EPA has ranked the CCM Moldova among the best CCMs established in GF recipient countries – based on six requirements. The 2016 EPA shows a similar trend. The program oversight mechanism proves sufficient level of expertise and a national oversight plan endorsed by CCM. From the representation point of view, the CCM ensures a gender-balanced membership (17 females and 16 males) and cca 40 % membership from the civil society sector, including KAPs and PLWDs. The CCM Moldova applies an efficient Conflict of Interest mechanism, which prevents jeopardising situations in the decision making process.</p> <p>At the CCM meeting of January 26, 2017, members reconfirmed the dual-track funding approach</p>	

	<p>for the continuation of programs in 2018-20 with two PRs. This mechanism has proved efficiency in terms of programmatic and financial performance - the latest rankings attributed by the GF to the HIV grants being A1 for both PRs (PCIMU and PAS). In order to build resilient capacities of governmental actors, needed in the transition period, apart from two nongovernmental SRs (Soros Foundation Moldova and Positive Initiative) selected to implement the NFM grants, at the January 2017 meeting, the CCM voted for the selection of the National Hospital for Dermatology and Communicable Diseases as a SR of grants in 2018-2020.</p> <p>The Local Fund Agent (currently the Price Waterhouse Coopers) acts within the Terms of Reference agreed upon with the GF, undertaking, among other, on-site project performance verifications (OSV). External audits are an integral part of the proposed management arrangements.</p> <p>All these mechanisms were discussed and endorsed under the framework of an inclusive country dialog conducted at the technical level – through eight CCM’s Technical Working Groups, the Oversight Body, and the CCM at the decisional level.</p>	
<p><i>blocul 6 - Sustainability, transition and co-financing</i></p>	<p><i>Are there changes in domestic or international financing (e.g. due to withdrawal of a major donor or significant increase in domestic allocation/funding), resulting in material impact on funding availability for programmatic interventions and sustainability? If yes, describe how these changes impact the country’s ability to meet co-financing (previously referred as ‘willingness to pay’) commitments for the current grant implementation period and if these changes will impact the country’s ability to make and realize future co-financing requirements in the next implementation phase.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Economic indicators such as GDP per capita does not show increasing trend over the last five years, however the share of revenue of GDP (excluding grants) is over 30% during last five years that exceeds the benchmark level for LMIC –</p> <p>http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=MD&view=chart</p> <p>The share of sector budget of the national budget accounted 13.9% in 2015 (CBTM 2017-2019). The sectorial public expenditures for 2015 constituted MDL 6446.1 mln. or MDL 526.8 mln increase compared to 2014. Thus, the share of public spending in GDP for the health system is of 5.3%, which remains stable for the last several years.</p> <p>The medium term budget framework for 2017-2019 (see CBTM 2017-2019) indicates a continued increasing trend in government budget for health up to MDL 8.060 mln compared to MDL 7130 in 2017. The state budget also counts for a slight increase - up to MDL 3.853 mln in 2019 compared to MLD 3.402 mln in 2017. A 10% increase in allocations for National Health Insurance Fund or</p>	<p>Membrii GL au selectat răspunsul NO</p>

	<p>up to MDL 7.170 mln (88.97% in 2019) compared to MDL 6.234 mln (87.43% in 2017) is projected.</p> <p>The budget allocation for the national programs increased to MDL 350 mln in 2016 compared MDL 250 mln in 2015 and is projected to increase to MDL 416 mln in 2019.</p> <p>According to GARPR, the expenditures for the HIV response in 2015 increased with about MDL 12.8 mln. (+9.9%) compared to those from 2014 and were of the total amount of MDL 141.5 mln. The total increases in 2015 are based on the increase of the public resources – MDL 44.9 mln versus MDL 32.7 mln in 2014.</p> <p>For the projected funds, the NAP budget, inclusive part of HIV Program for year 2016-2020 (NAP), endorsed through the Government Decision no. 1164 of 22 October 2016 informs on increasing commitments from public budget: 1) state budget: from MDL 22 mln in 2016 to MDL 33 mln in 2020 and the ones of NHIC: MDL 48 mln in 2016 to MDL 77 mln by 2020.</p> <p>Republic of Moldova met the counterpart financing and willingness to pay requirements under the NFM grants, as per the joint 2015 evaluation (first year of NFM grant implementation). The overall HIV budget execution was of 90%, which was 79% of commitments towards GF. In the same time the spending in 2015 increased with 40% compared to 2014. Budget allocation for 2016 is 107% of the HIV commitments provided to the GF. The GF team prognoses are that if the budget execution remains the same in 2016, over 90% of the commitments would be realized. The final data on HIV expenditures from 2016 will be available at the end of March 2017.</p> <p>All the above provided data informs on the achieved government commitments for the period 2014-2016; and the prospective data indicates on the 2017-2019 allocation cycle which meets the minimum requirements to fully access the co-financing incentives.</p>	
	<p><i>Is your country's 2017-2019 Global Fund allocation for the disease component significantly lower as compared to the current grants' spending level²³? If yes, please provide an explanation on how the scope of the program will be maintained/increased and what are the alternative sources of funding to maintain/increase the current level of coverage.</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The budget of the National HIV/AIDS programme for the period 2016-2020 proposes increases in the total budget of the programmes, especially those from the public budget, made of 1) the state budget (increases of allocations from MDL 22 mln in 2016 to MDL 34 mln in 2020) and 2) NHIC (MDL 48 mln in 2016 to MDL 77 mln by 2020).</p> <p>Vital prevention, as well as treatment, care and support services were partially or fully taken over by the end of 2016. Retrospective expenditure data, GARPR 2016 (made analyses of 2015 data)</p>	<p>De revizuit textul și de îmbunătățit eventual conținutul din perspectiva intervențiilor incluse în Plan de sustenabilitate HIV, perspective de finanțare din partea APL, antreprenorialul social;</p>

informs that around 32% of the total budget was covered by public budget. The costs of substitution therapy for the PWID owning health insurance policies – MDL 1.079 K, MTCT costs – MDL 1.064 K, access to treatment costs (including the ones related to HIV testing, including the communitarian one, pre-ART and palliative care, Adult ART, pediatric ART, support and retention) of about MDL 23 mln were channeled by the above mentioned budget. The local authorities from Tiraspol provided around MDL 16 mln lei for HIV testing and pre-ART and palliative care costs, mostly the infrastructure and health staff costs in 2015. The penitentiary institutions provided minor costs for harm reduction services. All those achievements will be further continued and scaled up in terms of taking over the NAP costs, including the ones to be covered by Eastern region.

For the first objective of the National Programme focused on prevention in key populations, resources from the NHIC were budgeted to cover the harm reduction projects since 2016. Lack of legal basis – of the financial mechanism was an impediment to actually use the resources. At the end of 2016, a draft financial mechanism to use the prophylaxis fund of NHIC was developed and was consulted with the civil society. The MOH prioritized the needs to be covered by that fund. It is expected to have 2 projects of harm reduction financed by the end of 2017 year.

Actually, the draft HIV sustainability plan 2017-2020 fund looks at several possibilities to make the primary prevention programmes sustainable – 1) to finance harm reduction projects from NHIC prophylaxis fund and 2) to access the basis funds of NHIC which requires the accreditation of prevention services provided by NGOs. The accreditation of services is evaluated since the end of 2016, and the design of its implementation (criteria, costs) are in the process of development. Several mechanisms were looked at to cover the support and care services provided by NGOs – state budget and NSIC (national social insurance company, which requires at its turn, the accreditation of social services).

Beyond those increases in the public budget to scale up the taking over, the draft sustainability plan aims at looking for efficiencies and optimization to meet the ambitious targets are met in the conjuncture when the donor resources are reducing and the budget increases are modest. Optimizations of costs are expected to be produced starting 2018, after the testing guidelines will be revised and adjusted to WHO latest recommendations. For the ART, a MOU between MOH and UNDP was signed already at the beginning of 2017 to ensure the procurements of – ARVs, opportunistic infections and tests and reagents to monitor patients treatment aiming at bringing costs optimization. Anecdotal estimations related only to ARVs show decreases of costs up to 25% if the procurement is performed through the international mechanism. The MOU is aiming at ensuring the sustainability of PSM process through improving legislation, capacity building, standardizing the PSM procedures.

	<p>For the cross-cutting issues, as HR and gender, Moldova is the first country in the region to introduce gender sensitive budget programming into the curriculum of higher education. The NAP budget costed those interventions on the one hand and aims at creating synergies with other programmes, as the ones on HR and gender to ensure the interventions are becoming sustainable by the end of 2020.</p> <p>Moldova adopted on the 21st of July the so called 2% Law, which is an indirect modality the state sustains financially the activities of non-commercial and religious organizations. The state gives up on 2% from the income tax of the physical persons and allows those to decide what NGO will benefit from the resources, which can be looked at as an alternate source of funding.</p>	
<p><i>Anexa 1</i> Inclusiveness Of Engagement with key and vulnerable populations</p>	<p><i>Has the process for developing this request been inclusive, including the views of representatives of key and vulnerable populations, particularly those who are the focus of the program?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Were representatives of key and vulnerable populations informed of the amount of allocation available?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>In cases of changes in the implementation contexts (i.e. question 1, 2 and 5 above) or increase/decrease in allocation, were representatives of key and vulnerable populations consulted on how risks on the program quality and sustainability can be mitigated?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Was feedback from representatives of key and vulnerable populations on the quality, content and delivery of the current program taken into account during the assessment process?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The key and vulnerable populations, alongside with the community of PLWDs, represent an active constituency in national HIV&TB processes and operational and decision-making bodies working in this domain. The inclusive, transparent, and partnership character of CCM Moldova ensures several platforms of engagement for KAPs and communities of PLWDs – 8 Technical Working Groups (TWGs) operating multisectorially under the CCM; a committee of KAPs and communities, covering all umbrellas of national and regional actors, including the Eastern region of Moldova; and the CCM where CSOs account for cca 40 % of membership.</p> <p>The process of the development of program continuation request has had an inclusive character under a genuine country dialogue, which equally engaged the stakeholders from all CCM constituencies – state agencies, bilateral partners and CSOs. On January 26, 2017 the CCM endorsed this process, including the National Plan for the development of TB&HIV program continuation requests</p> <p>At the January meeting, CCM approved two multisectorial Working Groups on TB and HIV, where KAPs and communities were duly represented and shared equal responsibility for the development of requests based on the NFM grants currently under implementation, country priorities, objectives of national strategies and provisions of the Transition Plans.</p>	

	<p>The CCM constituency engagement platforms requested an efficient communication at all levels. Since the GF invitation (of 15/12/16) to apply for program continuation, all CCM members and partners were duly informed about the allocation amount, the proposed program split, the GF strategy for program continuation and applying deadlines.</p> <p>The consultation activities, with the participation of KAPs and communities, organized under the country dialogue included a national workshop on priorities of the funding request, KAP committee meeting with the GF Portfolio Manager, online consultations, a 2-day workshop of KAPs and communities with state partners on joint position of the CSOs related to the sustainability of services in 2018-2020, regular meetings of the WG responsible for the request development, meetings of CCM's TWGs and two decision taking meetings of CCM.</p> <p>All these activities have offered the KAPs and communities the needed opportunities to utter their position on the quality, content and delivery of the current program, support the grant implementation mechanism, with selected PRs and SRs, and feedback and decide on drafts of the funding request.</p>	
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În rezultatul discuțiilor:

- membrii GL au agreat conținutul Proiectului de cerere HIV și ajustarea acestuia de către echipa restrânsă de experți (responsabilii de completarea secțiunilor) ținând cont de propunerile discutate în cadrul ședinței;
- echipa restrânsă de experți se va întruni pentru a perfecta varianta finală a Cererii HIV pe data de 3 martie 2017, ora 10:00, Centrul PAS;
- versiunea revizuită a proiectului de Cerere privind continuarea grantului HIV va fi remisă întregului GL, iar varianta finală va fi consultată cu membrii tuturor GTL-urilor și prezentată în cadrul ședinței comune, stabilită pentru data de 7 martie 2017, ora 13:00;
- membrii GL au agreat efectuarea unui studiu de evaluare a serviciilor de suport psihosocial pentru persoanele HIV și membrii familiilor acestora, și finanțarea acestuia din economiile acumulate de UCIMP în cadrul grantului HIV.

Secretariatul CNC TB/SIDA

Martie 2017