The Global Fund

PROGRAM CONTINUATION REQUEST COVER LETTER

We, the undersigned Chair, Representative of Civil Society and Representative of Key Populations of the Republic of Moldova Country Coordinating Mechanism (CCM), declare that, after an inclusive country dialogue within the CCM, including civil society partners, key and vulnerable populations, communities and other relevant stakeholders, and in accordance to the CCM Eligibility Requirements[1], made a decision to *(please select one)*:

☒ **Request Program Continuation**

- Request continuing the implementation of the Global Fund **HIV** grant(s) **MDA-H-PCIMU and MDA-H-PAS** for an additional three years under substantially the same goals, strategic objectives and similar programmatic interventions of the current grant(s). We do so with the understanding that no material changes[2] have occurred in the scope and scale of strategic focus, technical approaches/soundness and potential for impact of the investments in a disease program as indicated in the attached "Applicant Self-assessment".
- As part of the assessment for Program Continuation, we understand that opportunities for programmatic adjustments should be identified for reprogramming as appropriate, and that reprogramming of grants can take place at any time throughout the grant cycle to ensure that the program is on track to deliver results and achieve highest impact. We understand that should changes requiring material reprogramming occur in the future, we will immediately notify the Global Fund.
- The CCM also acknowledges that this request will be subject to validation by the Technical Review Panel (TRP) for continued relevance of strategic focus and technical soundness, and that the program objectives have potential to achieve highest impact with available resources.

☐ **Submit a Funding Request (Tailored or Full Review) as the Program Continuation approach does not apply based on the outcome of the "Applicant Self-assessment."**

Place and date:

CCM Chair	Representative of Civil Society at the CCM	Representative of Key Populations at the CCM

Chisinau, March 15, 2017

[1] The CCM may be requested by the Global Fund Secretariat to provide additional documentation to demonstrate that the request has been developed through consultative processes with meaningful engagement of key and vulnerable populations; and with transparent criteria for retaining the existing PR or selecting a new PR. In this case, if the documentation provided by the CCM results in the determination by the Global Fund Secretariat of non-compliance with eligibility requirements(s) 1 and/or 2, as applicable, the Secretariat reserves the right to delay grant signing until such requirements are duly complied with. Please refer to Annex 1 and Guidelines and Requirements for Country Coordinating Mechanisms

[2] Please refer to the Global Fund Operational Policy Note on Reprogramming during Grant Implementation

The Global Fund

APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION

SUMMARY INFORMATION			
Applicant	Republic of Moldova		
Component(s)	HIV	**Funding amount as per Program Split**	7,144,919 EUR
Principal Recipient(s)	Public Institution "Coordination, Implementation and Monitoring Unit of the H System Projects" (IP UCIMP DS) Center For Health Policies and Studies (PAS Center)		
Envisioned grant(s) start date	01.01.2018	**Envisioned grant(s) end date**	31.12.2020
Funding amount requested for Program Continuation	7,144,919 EUR	**Prioritized above allocation request (PAAR)**	N/A[3]

1. Epidemiological contextual updates

Are there any relevant changes in the country's epidemiological context as compared to the previous funding request (e.g. important changes in trends in incidence/notification rates or prevalence, key drivers of the epidemics, emerging high risk behaviors, drug/insecticide resistance, or coverage of interventions in the general population or specific key and vulnerable populations based on the latest surveys or other data sources)?	☐ Yes ☒ No

There are no relevant changes observed in the country's epidemiological context as compared to the previous funding request. Moldova's HIV epidemic continues to be concentrated among key affected populations (KAP), mostly PWID, with an increasing contribution of SW and MSM. HIV prevalence in general population is 0.15%.[4] Available data suggest the epidemic has transitioned from an early concentrated epidemic in which the highest rates of transmission were among PWID to an advanced concentrated one, in which onward transmission to sexual partners of PWID and other key populations has become a source of new infections.[5]

According to latest size estimation there are 30,200 PWID (10,800 - Transnistria), 12,000 SWs (2,000 - Transnistria) and 13,500 MSM (3,800 - Transnistria).[6] The preliminary 2016 IBBS data, show the prevalence is still high in KAP (see table below).

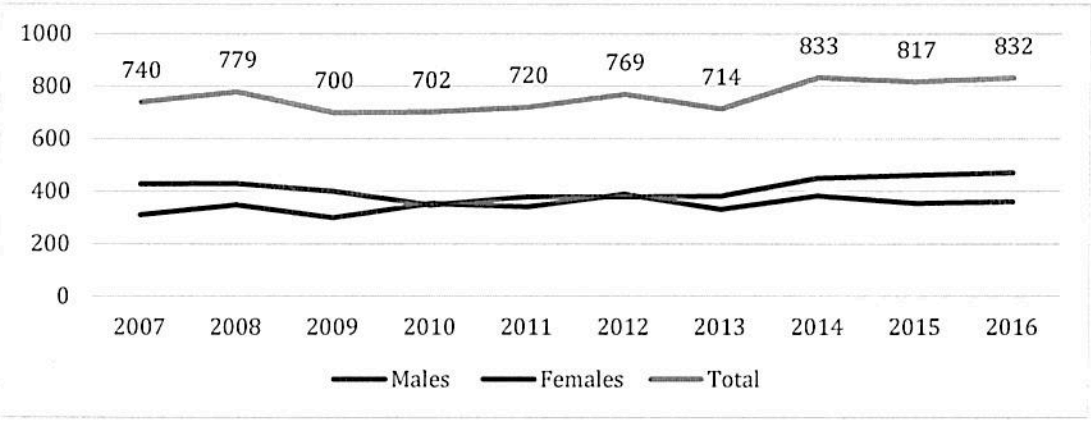
	PWID				SW		MSM	
	Chisinau	Balti	Tiraspol	Ribnita	Chisinau	Balti	Chisinau	Balti
2009	16.4	39.8	23.9	x	11.6	21.5	1.7	0.2
2013	8.5	41.8	12.1	x	6.1	23.4	5.4	8.2
2016	13.9	17	29.1	22.2	3.9	22.3	9	4.1

According to national statistics, 11,042 HIV cases (including 3,511 in Transnistria) were

[3] The Applicant will be invited to present Prioritized above Allocation Request (PAAR) during the grant making process.

[4] DCDH: Annual Epidemic Update 2015
[5] Optimizing Investments in Moldova's HIV Response, 2015, MOH, WB, UNAIDS, GFATM, UNDP, UNSW
[6] TB/HIV/STI Country Coordination Mechanism. Republic of Moldova Progress Report on HIV/AIDS 2010-2011

cumulatively registered by the end of 2016. HIV prevalence constitutes around 180 per 100,000, Transnitria region registering significantly higher rates - 464 per 100,000.[7] A stable number of slightly more than 800 new cases (including 240 in Transnistria) were registered yearly in the past 3 years, with no major changes in the gender distribution.



The predominant mode of HIV transmission remains heterosexual sex that account for 89,1% from new cases. Reported cases on both banks, however, are less than a half (40.3%) from estimated number of PLHIV - 18,226[8] (Right bank – 44.3%, Left bank – 33.9%). About 50% of new diagnosed cases are at AIDS stage. HIV mortality rate shows a stabilization trend with 4.87 in 2015, with significant differences between the right bank (3.99%) and the left one (11.16%). From the total number of deaths, about 70.6 % are HIV related, the main death cause remaining Tuberculosis - 54.3%.

Based on the above, TGF support for next 3 years' cycle will remain focused primarily on KAP. As mentioned, there are limited changes in trends in incidence, prevalence and diseases transmission rates; the coverage of KAP is increased; there are limited geographic shifts in diseases burden. Subsequently, it is considered that these changes can be effectively addressed within the overall on-going grant scope and scale without change in the strategy.

2. National policies and strategies revisions and updates

Are there new approaches adopted within the national policy or strategy for the disease program as compared to the previous funding request (e.g. "treat all" guidelines for HIV, short-term regimens for MDR-TB, shift in interventions from malaria control to pre-elimination, expanded role of the private sector)?	☐ Yes ☒ No

No significant revisions and updates in national policies and strategies have occurred. During 2016, the National HIV Program (NAP) has been updated for the period 2016–2020 and endorsed by the Government (Annex 1). The updated NAP remains focused on key epidemic drivers, aligned to global 90-90-90 strategy and international recommendations towards ending the epidemics, taking into account cost efficiency analyses (Cost-effectiveness[9], Investment case[10]). It is anchored on three key strategies:

(I) Prevention of HIV and STI within PWID, SW, MSM and prisoners through providing access to harm reduction programs and testing for at least 60% of the estimated number of PWID and SW, and 40% - MSM by 2020;
(II) Universal access to treatment, care and support to PLHIV covering 60% from estimated PLHIV with ART by 2020 (tripled from baseline 17%);
(III) NAP management focused on efficiency, management, coordination, resilient and sustainable

[7] DCDH: Annual Epidemic Update 2015
8 UNAIDS 2016, Spectrum performed in 2015
[9] 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, 2015, UNAIDS, INSERM, ANRS, France
[10] Optimizing Investments in Moldova's HIV Response, 2015, MOH, WB, UNAIDS, GFATM, UNDP, UNSW

systems for health, human rights, financial sustainability, evidence generation and M&E systems.

Although, strategic directions of the updated NAP are kept the same, much more ambitious targets were setup to ensure reverse of the epidemic. The updated NAP pays greater attention to synergetic activities with other national programs (TB, HCV, blood security, sexual and reproductive health, drug control), aiming at preventing and treating HIV among people with comorbidities and high-risk groups, by promoting integrated medical, psychological and social services, as well as inter-sectorial linkage of services.

Specific and relevant programmatic adjustments to address revision and updates in national policies and strategies have been already made during the on-going implementation period. In line to WHO recent recommendations, new protocols on treatment and testing are under development. Based on the above, the existing national strategy continue to inform TGF supported program; the proposed continuation of existing grant will remain consistent with the national policies to demonstrate value for money and is in line with the most recent TGF recommendations.

3. Investing to maximize impact towards ending the epidemics

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.	☒ Yes ☐ No

The on-going grant is integral element of the NAP 2016-2020 and fully aligned in terms of scope, objectives, key interventions and target groups. The current HIV grant contributed to extensive NAP coverage exciding its targets for 2016: 49% for PWID, 39.3% for SW and 22.3% for MSM compared to 30.8%, 24.6% and respectively 14.7% in 2014. OST was substantially scaled up under current grant from 2 to 7 civil sites and from 11 to 13 penitentiaries, and retention in treatment increased to 64% compared to 47% in 2014.

2016 preliminary IBBS data, shows a stable trend related to key behavioral indicators. Using sterile syringe has become a norm in PWID (98% used a clean syringe at last injection in 2016). Progress has been seen in adopting safer sexual behaviors in particular groups: in SW the reported condom use with commercial partners at last sex was 88.2% in Chisinau and 85.9% in Balti; condom use by MSM at last anal sex averaged 61% in Chisinau and Balti. According to national statistics, the number of people in ART increased significantly since 2014. By the end of 2016, 4,491 were on ART,[11] with 924 people newly enrolled during 2016 alone. The percentage of PLHIV in ART increased to 24.6% in 2016 from 17% in 2014 from those estimated by Spectrum. ART retention increased from 79% in 2014 to 83.5% in 2016, exceeding national target.

Prevention service in MSM and OST Program went through independent external evaluation in 2015-2016. The evaluations revealed that country made progress in services scale up and quality, including update OST clinical protocol and take-home for stable patients. Although, there were some challenges related to further scale up, diversification of opioid treatments available to patient, capacity building, etc. Part of these issues have already been addressed under current grant, and part are planned by the end of year. Two additional independent evaluations are planned for current year on: (i) HIV cascade and (ii) care and support services for PLHIV.

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. Further continuation and scale-up of ongoing key interventions under the same goal and strategic objectives with reconsideration of approaches to interventions will allow to address needs and

[11] DCDH: Annual Epidemic Update 2015

drivers of the epidemics and reach NAP targets for effective fight against the disease. During the grant making, the reconsidered approaches and challenges that might be raised by mentioned above evaluations will be carefully incorporated in the next 3-year implementation period.

4. Alignment with 2017 – 2022 Global Fund Strategy Objectives 2 and 3

Objective 2 to Build Resilient and Sustainable Systems for Health

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.	☒ Yes ☐ No

The current grant includes an appropriate focus on investments in Resilient and Sustainable Systems for Health, including communities' system, nevertheless continuous efforts are made to address systems for health needs and optimization of existing resources for increased efficiency. With TGF support, Moldova continues strengthening PSM for essential medicines and commodities through consolidation of transparent and competitive mechanisms for the best value for money. An agreement between MOH and UNDP has been signed in 2017 on procurement via international mechanisms – covering majority of national programs, including HIV.[12] At the end of 2016 the Law on Public Procurement was amended to allow online trading based procurements.

Driven by the first 90 of UNAIDS strategy and cost-efficiency considerations, Moldova is currently revising its testing guidelines in line with latest WHO recommendations, including community based and self-testing which contribute to better overall health services quality. The M&E system is sufficient to provide epidemiological and programmatic data, including solid second generation surveillance, qualitative analyses, operational researches, cost-effectiveness studies, etc. pulled together at the MOH for decision-making. For further strengthening, a 12-steps based M&E system assessment[13] is planned this year.

HIV continuum of care promoted by on-going grant is based on collaborative public and community service delivery, well developed, accessible, including in penitentiary system. Further efforts are made for effectiveness, resources optimization, consolidation of integrated, client–oriented, one-stop-shop based and innovative service delivery approaches. NAP 2016-2020 is relying on synergies with other programs as TB, hepatitis, sexual and reproductive health, healthy lifestyle education, blood security etc. for comprehensive response to needs, intersectorial collaboration and integrated service provision.

Acknowledging human resource short falls, the Government approved the health system human resources strategy[14] aimed at ensuring complex health personnel development and retention. Similar strategy is foreseen to address community staff needs.[15] The on-going grant contributes to the strategy and reducing brain-drain through capacity building interventions. To strengthen NAP management, the NAP coordination unit was established[16] and shall be further strengthened to ensure a smooth transition and efficient management of the public resources channeled for HIV response.

The next 3-years continuation will take into account all facets of the provision of quality, accessible, affordable and integrated HIV services. It will include necessary synergy and common actions using NGOs as well. All these actions will further increase programs effectiveness in terms of maximizing impact and boost coverage of HIV services, improve the provision and quality of services and care,

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[12] Memorandum of Understanding between UNDP and MOH on national health procurement system strengthening, January, 31st, 2017

[13] Transition Readiness Assessment, HIV, Moldova, 2016

[14] Government Decision Nr. 452 from 15.04.2016 related to the approval of the strategy of development of human resources in health system 2016-2025

[15] Transition Readiness Assessment, HIV, Moldova, 2016

[16] MOH order No 897 from 18.11.2016 on the coordination of NAP

and save resources (financial, human, etc.).
Objective 3 to Promote and Protect Human Rights and Gender Equality

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.	☐ Yes ☒ No

Moldova adhered to key international conventions and agreements on human rights, including the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the UN standards on health for all people, as suggested by the 22 CESCR Session, art. 12, which states that services are physically and economically accessible, non-discriminatory, informative and qualitative, while providing access to the most vulnerable groups, such as marginalized, people with HIV, disabilities, different ethnicity, women and children, etc.

The provisions of these conventions have been included in respective National Laws, guaranteeing the fundamental rights are respected. Gender-sensitive approaches are increasingly used during development of different national policies, regulations and programs, including the disease specific ones. According to the legislation, the access to state guaranteed health services is equal for all citizens, regardless of gender. The amendments from 2012 of the Law on HIV/AIDS and the Law on Ensuring Equality specifically strengthen non-discrimination guarantees, equal rights of every person and confidentiality safeguards.

The NAP 2016-2020 and current TGF project are built upon principles of gender mainstreaming and human rights evidence-based approach (programmatic data and researches) and ensures no one is left behind. The NAP addresses the needs of key affected populations PWID, SW, MSM, prisoners, PLWH, vulnerable youth having those as the center of all the interventions, targeting their needs as per program objectives, budget and M&E framework. The NAP M&E framework includes gender disaggregated data on all those most affected populations, thus ensuring the HR and gender is quantified and measured. Current grant includes strategic focus on Human Rights, gender sensitive activities for KAPs and community systems strengthening with relevant budget. Recent Gender assessment of the HIV policies[17] reveals achievements and need for further improvements. On-going HR, CSS and Gender sensitive interventions will be embedded into grant-making.

5. Effectiveness of implementation approaches

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.	☒ Yes ☐ No

The current implementation arrangements are sufficiently effective to deliver on the program objectives and anticipated impact. 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 TGF recipient countries. Moldovan CCM proves a functional program oversight mechanism with sufficient level of expertise and a national oversight plan endorsed by CCM members. From the representation point of view, CCM ensures a gender-balanced membership and about 40% membership from the civil society sector, including KAP and PLWH. The CCM applies an efficient Conflict of Interest mechanism, which prevents jeopardising situations in the decision-making process.

At the CCM meeting of January 26, 2017, members reconfirmed the dual-track implementing

[17] Gender assessment of the HIV response in Moldova, UNAIDS& UNODC, 2015

mechanism for continuation of programs in 2018-2020 with two PRs (PI PCIMU HD and PAS Centre), from the state and civil society sectors, as having proven efficiency in terms of programmatic and financial performance (latest rankings attributed by TGF were A1 for both PRs). Governmental PR PCIMU implements health system strengthening-related activities aimed to increase the capacity of National AIDS program, strengthen the national M&E system and ensure program sustainability and provides support aimed at ensuring continuous and uninterrupted ARV treatment & patients' monitoring. Non-governmental PR PAS Center implements the components related to HIV prevention among KAP, ARV care and support, community system strengthening, legal support and prevention programs evaluation (IBBS survey).

In order to build resilient capacities of governmental actors, apart from the two non-governmental SRs (Soros Foundation-Moldova and Positive Initiative), CCM members voted for the nomination of the National Hospital for Dermatology and Communicable Diseases as governmental SR for the continuation period 2018-2020.

To ensure an adequate transition of the managerial arrangements and skills towards state institutions, it was decided during the CCM meeting from the 15th of March, 2017 that the TWG responsible for the development of transition and sustainability plans will develop, consult and promote for approval a working plan on gradual transition from PRs to state institutions by the 15th of June. This plan will be an integral part of the NAP and NTP transition and sustainability plans.

LFA acts within the Terms of Reference agreed upon with the Global Fund, undertaking, among other, on-site project performance verifications (OSV). External audits evaluating grants' programmatic and financial performance are an integral part of the proposed management arrangements.

All the above-mentioned mechanisms were discussed and approved under the framework of an extensive, inclusive and multisectorial country dialog conducted at the technical level – through eight Technical Working Groups operational under CCM, the Oversight Body, and at the decisional level – the CCM.

6. Sustainability, Transition, and Co-Financing

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.	☐ Yes ☒ No

There are no significant changes in domestic or international financing resulting in material impact on funding availability for programmatic interventions and sustainability. The macro-economic indicators remain stable, and the health allocations, including those for the national programmes are increasing in the next period. Thus, the economic indicators such as GDP per capita do not show increasing trend over the last five years, the share of revenue of GDP (excluding grants) is over 30% during last five years that exceeds the benchmark level for LMIC.[18]

The share of sector budget in the national budget accounted for 13.9% in 2015 (CBTM 2017-2019). The sectorial public expenditures for 2015 constituted MDL 6,446.1 mln. (EUR 308.4 mln) or MDL 526.8 mln (EUR 25.2 mln) increase compared to 2014. The share of public spending in GDP for the health system is of 5.3%[19], which remains stable for the last several years. The retrospective data, based on GARPR, show also that the expenditures for the HIV response in 2015 increased with about MDL 12.8 mln. (+9.9%) (EUR 0.6 mln) compared to those from 2014 and were of the total

[18] http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=MD&view=chart

[19] Strategia sectorială de cheltuieli in domeniul ocrotirii sănătăţii, 2017-2019, MS

amount of MDL 141.5 mln (EUR 6.7 mln). The total increases in 2015 are based on the ones of public resources – MDL 44.9 mln (EUR 2.1 mln) versus MDL 32.7 mln in 2014 (EUR 1.75 mln)[20].

The medium term budget framework for the 2017-2019 period (see CBTM 2017-2019), indicates a continuously increasing trend in state budget for the health system up to MDL 8,060 mln (EUR 353.5 mln) in 2019, compared to MDL 7,130 mln (EUR 337.9 mln) in 2017. The state budget also registers a slight increase - up to MDL 3,853 mln (EUR 169.0 mln) in 2019, compared to MLD 3,402 mln (EUR 161.2 mln) in 2017. A 10% increase in allocations for the National Health Insurance Company (NHIC), or up to MDL 7,170 mln (EUR 314.5 mln) (88.97% in 2019), compared to MDL 6,234 mln (EUR 295.4 mln) (87.43% in 2017) is projected.

The budget allocation for the national programs increased to MDL 350 mln (EUR 15.9 mln) in 2016, compared to MDL 250 mln (EUR 12.0 mln) in 2015, and is projected to reach MDL 416 mln (EUR 18.2 mln) in 2019. NAP budget 2016-2020, endorsed by the Government, outlines increasing commitments from public budget: the state budget: from MDL 22 mln in 2016 (EUR 1.0 mln) to MDL 33 mln in 2020 (EUR 1.4 mln) and the NHIC budget: MDL 48 mln in 2016 (EUR 2.1 mln) to MDL 77 mln by 2020 (EUR 3.3 mln)[21].

Moldova met the counterpart financing and WTP requirements under the NFM grants, as per the joint 2015 evaluation (first year of NFM grant implementation).[22] The overall HIV budget execution was of 90%, which was 79% of commitments towards TGF. Budget allocation for 2016 is 107% of the HIV commitments provided to the TGF. The final 2016 data on HIV expenditures will be available at the end of March 2017.

Thus, data informs on the achieved government commitments for the period 2014-2016; and the prospective data indicates on stable increases for the 2017-2019 allocation cycle, along with important planned steps to optimise resources and ensure HIV response efficiency determine country's ability to meet the co-financing requirements. The CCM will continue to monitor the Government's contribution and ensure there is adequate funding from domestic sources to complement the on-going HIV program and ensure a sustainable national response further.

Is your country's 2017-2019 Global Fund allocation for the disease component significantly lower as compared to the current grants' spending level[23]? 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.	☒ Yes ☐ No

The TGF allocation for program continuation is 40% lower (EUR 7.1 mln) in comparison with current grant (EUR 11.5 mln). However, the increase of allocations from national sources is expected to cover the NAP activities. Vital prevention, as well as treatment, care and support services were partially or fully taken over by the Government by the end of 2016. Retrospective expenditure data informs that around 32% of the total budget was covered by public budget: OST costs of PWID owning health insurance policies, MTCT, treatment (HIV testing, including community-based, pre-ART and palliative care, adult ART, pediatric ART, support and retention). Local authorities from Tiraspol allocated around MDL 1.6 mln for HIV testing and pre-ART costs, mostly the infrastructure and health staff costs. Penitentiaries covered minor costs for HR 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 Transnistria region.[24]

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[20] Republic of Moldova Progress report on HIV, January – December 2015 (GARPR 2016), http://aids.md/aids/index.php?cmd=item&id=1515

[21] Average exchange rates for 2018-2020 were calculated using the macro-economic indicators

[22] GF letter dated October 13, 2016

[23] 2017 – 2019 allocation amount stands for 70% or less of the current grants' expenditure level over the last three years calculated by using the last year expenditures multiplied by three.

[24] Republic of Moldova Progress report on HIV, January – December 2015 (GARPR 2016), http://aids.md/aids/index.php?cmd=item&id=1515

Meeting commitment on prevention services is pending. The resources from NHIC were budgeted to cover harm reduction projects since 2015. However, lack of legal basis and necessary purchasing mechanisms delays accessing these funds. At the end of 2016, a draft of specific regulations to use the prophylaxis fund of NHIC was developed and consulted with the civil society. In addition, MOH prioritized the needs to be covered by that fund, which is an important step to launch the process. It is expected to have two harm reduction projects financed by NHIC starting August 2017.

The draft HIV sustainability plan 2017-2020 looks at several possibilities to make the primary prevention programs sustainable – 1) to finance harm reduction projects from NHIC prophylaxis fund and 2) to access the main funds of NHIC which requires the accreditation of prevention services provided by NGOs. 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 accreditation of social services).

The draft sustainability plan aims at looking for efficiencies and optimizations to meet the ambitious targets in the conjuncture when the donor resources are reducing and the budget increases are modest. Optimizations are expected to be produced starting 2018, after the testing guidelines revision and adjustment to the latest WHO recommendations. For the ART, a MOU between MOH and UNDP was signed to ensure the procurements of complex ART needs, as well as PSM sustainability through legislation improvement, capacity building, and procedure standardization.

For the cross-cutting issues, as HR and gender, Moldova is the first country in the region to introduce gender sensitive budgeting into the curriculum of high economic education. The NAP budget costed those interventions on the one hand and aims at creating synergies with other programs, as the ones on Human Rights and gender to ensure the interventions are becoming sustainable.

Moldova adopted the so called 2% Law in 2016, which is an indirect modality the state sustains financially NGOs[25] and represents an alternate source for those. Efforts on LPAs Budgets for community services, social business, and social responsibility will be continuing over next 3-years period. All the proposed measures are envisaged by the HIV sustainability plan, to be approved by CCM and the Government, to ensure its accountability and ownership.

Projected need for a material change leading to a grant reprogramming

Please indicate key timing for program and NSP evaluations/reviews, surveys outcomes, or any other relevant information that may inform the potential need for a material reprogramming[26] from now until the expected end of the new grant(s):

Documents, evaluations, surveys and other relevant information	**Expected availability (month/year)**	**Foresee a need of material reprogramming at that time? (Y/N)**
Mid-term NAP Review	September 2018	N
Other evaluations/surveys that may trigger material reprograming in future? Ex. IBBS?		N

Note: *All funding requests and resulting grants must comply with and follow the application focus[27] and co-financing requirements set forth in the Sustainability, Transition and Co-financing Policy.[28]*

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[25] Legea 2% (Law of 2%) http://www.justice.gov.md/pageview.php?l=ro&idc=214&id=3226

[26] Please refer to the Global Fund Operational Policy Note on Reprogramming during Grant Implementation

[27] Including ensuring interventions that respond to key and vulnerable populations, human rights and gender-related barriers and vulnerabilities for all countries, regardless of income level.

Please complete Annex 1 below to confirm the inclusiveness of engagement with key and vulnerable populations in the process of developing Program Continuation request.

ANNEX 1: INCLUSIVENESS OF ENGAGEMENT WITH KEY AND VULNERABLE POPULATIONS[29]

Inclusiveness of engagement with key and vulnerable population in the process of developing the Program Continuation Request (for malaria programs see footnote[30])	
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?	☒ Yes ☐ No
Were representatives of key and vulnerable populations informed of the amount of allocation available?	☒ Yes ☐ No
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?	☒ Yes ☐ No
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?	☒ Yes ☐ No

The key affected populations, alongside with the community of PLWDs, represent an active constituency in national HIV&TB processes and operational and decision-making bodies. The inclusive, transparent, and partnership approach adopted by 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 Transnistria; CSOs account for about 40% of CCM membership.

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. 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 continuation requests based on the NFM grants currently

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[28] Sustainability, Transition and Co-Financing Policy, GF/B35/04

[29] The Global Fund defines key populations as groups that experience both increased impact from one of the diseases and decreased access to services. It also includes groups that are criminalized or otherwise marginalized. For example, in the context of HIV, key populations include: men who have sex with men, transgender people, sex workers, people who inject drugs, and people living with HIV. The Global Fund also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities. For a complete definition, refer to the following link to the Global Fund website.

[30] Malaria programs where malaria-focused civil society and/or community organizations are not represented in the CCM are requested to indicate if civil society and community organizations engaged in responding to malaria have been informed and consulted under the "Applicant rationale" section.

under implementation, country priorities, objectives of national strategies and provisions of the Transition Plans.

The CCM constituency engagement platforms requested an efficient communication at all levels. Since the GF invitation 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. The consultation activities, with the participation of KAPs and communities, organized under the country dialogue included a national workshop on priorities of funding continuation, KAP committee meeting with the GF Portfolio Manager, online consultations, peer conducted beneficiary satisfaction review, 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.