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:

☒ **Request Program Continuation**

- Request continuing the implementation of the Global Fund **Tuberculosis** grant(s) **MDA-T-PCIMU and MDA-T-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)	Tuberculosis	**Funding amount as per Program Split**	8 751 802 EURO
Principal Recipient(s)	Public Institution "Coordination, Implementation and Monitoring Unit of the Health System Projects" (IP UCIMP DS) Center For Health Policies and Studies (PAS Center)		
Envisioned grant(s) start date	January 01, 2018	**Envisioned grant(s) end date**	December 31, 2020
Funding amount requested for Program Continuation	8 751 802 EURO	**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 major changes in country's TB epidemiological context, compared to the last TRP review in 2014. Moldova is among the world's 30 high multidrug-resistant TB burden countries[4]. In 2015, the WHO estimated TB incidence and mortality were 152 and 12 per 100,000 population[5], having a slightly decreasing trend compared to the WHO estimates for 2012[6], with 160 and 16.3 per 100,000 population respectively. According to the National TB Control Program (NTP) data, in 2016, there were notified 3,574 TB cases, all forms, or 88.6 per 100,000 population; out of which, 2,847 were new cases (70.6 per 100,000). The mortality rate was 9.4 per 100,000 population (380 patients).

MDR–TB rates maintain a constant trend in the last years, accounting in 2015 to 25.3% among new cases and to 65.5% among retreated cases, as per the national routine surveillance data. The TB/HIV co-infection rate among notified cases reached 8.2% in 2016 vs 5.7% in 2011. There are regional differences in the co-infection rate, reaching 15.7% in the Eastern region and 20.2% in the municipality of Balti.

The Eastern region is characterised by the highest TB notification, MDR burden and HIV/TB co-infection rates, compared to other regions of Moldova.

The prison population and TB notification amongst it remains relatively constant in recent years. In 2015, there were cca 10,000 prisoners and 173 TB cases registered among them - 4.8% of all the

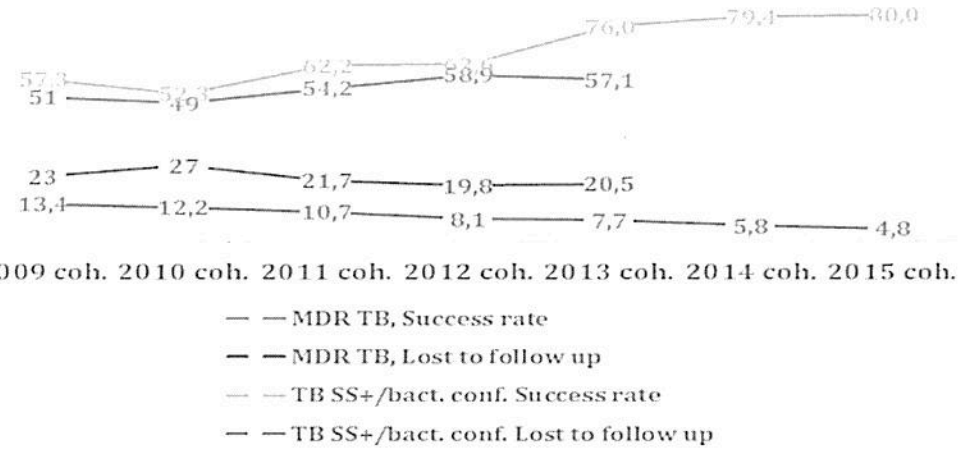
[3]The Applicant will be invited to present Prioritized above Allocation Request (PAAR) during the grant making process.
[4] Use of high burden country lists for TB by WHO in the post-2015 era, Geneva, World Health Organization, 2015, (WHO/HTM/TB/2015.19): 10 (http://www.who.int/tb/publi cations/global_report/high_tb_burdenc ountrylists2016-2020.pdf?ua=1)
[5] Global tuberculosis report 2016, Geneva, World Health Organization, 2016, (WHO/HTM/TB/2016.13): 193, 197
[6] Global tuberculosis report 2014, Geneva, World Health Organization, 2015, (WHO/HTM/TB/2014.08), Key indicators for the WHO European Region : 15, 33

notified TB cases in the country.

Figure 1: Notification of TB rate, mortality TB rate and MDR-TB rate (per 100,000) in the Republic of Moldova within the period 2011-2016

The treatment success rate increased during the last years among both sensitive and drug resistant cases. In 2014, the success rate of new bacteriologic positive cases was 79.9% vs 62.6% in 2012. Among the MDR/RR TB cases, 57% of cases of the 2013 cohort were successfully treated versus 48% of the 2008 cohort[7].

Figure 2: Treatment success rate of new and MDR-TB cases in the Republic of Moldova, during years 2011-2016



Based on mentioned above it is considered that these epidemiological changes can be effectively addressed within the overall scope and scale of the on-going TB grant without changing the strategies.

[7] Global tuberculosis report 2016, Geneva, World Health Organization, 2016, (WHO/HTM/TB/2016.13): 209

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

The 2016-2020 NTP was developed in accordance with the WHO „End TB" Strategy for 2016-2035, other international and national documents in TB control, including the joint assessments made by local stakeholders and external partners, and is ensuring continuity of the previous Programme. The current NTP aims to reducing the TB burden in Moldova. The interventions of the NTP aim to assure: universal access to TB diagnostics, including the M/XDR by using the rapid methods; universal access to treatment, by expansion the use of new drugs, and reducing duration of the treatment regimens; introducing new patient centered models and social support to improve the treatment adherence; community and NGOs involvement in the activities of TB control; strengthening of the Programme management and M&E activities. Implementation of stipulated activities is based on national protocols, guidelines, regulations, and SOPs, which are regularly adjusted to latest international evidence-based recommendations.

The new Program pays greater attention to collaborative activities with other national programmes (HIV/AIDS, alcohol and drug addiction treatment, diabetes mellitus, non-communicable diseases), aiming at preventing and treating TB among the persons with comorbidities and high-risk groups, by promoting integrated medical, psychological and social services, as well as inter-sectorial reference mechanisms.

The Program sets for the extension of interventions to be performed by the NGOs, Community Centers, and other Community actors, focusing on (i) innovative patient-centered approaches for improving case detection, treatment adherence, contract tracing and prevention in poor and disadvantaged communities; (ii) TB and DR-TB case finding, case management and prevention in high-risk and vulnerable population groups: PLWHIV, IDUs and homeless people; (iii) TB, DR-TB and TB/HIV control in prisoners and ex-prisoners, including social support and facilitation of access to services after discharge from prisons, including legal support.

These interventions have been part of the 2011-2015 NTP and NMF grants, some of them being piloted and further extended (i.e.: Community Centers). Therefore, ensuring the continuation of these actions, during the 2018-2020 period, gradually shifting from Donor's funding, as per the provisions of the Sustainability Plan, shall contribute to the realization of a major impact on the evolution of the TB epidemiological situation in the country.

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 mid-term evaluation of the 2011-2015 NTP, performed in February 2013, by a group of WHO international and local experts, highlighted that TB prevention and control, including the MDR-TB, should be considered as public health priorities and should benefit from adequate and coordinated support from the Ministry of Health and other relevant ministries and national institutions[8]. The

[8]Review of the National Tuberculosis Programme in the Republic of Moldova, 4–15 February 2013, Geneva, World Health Organization, 2013, page 4

same message is pertained by the GLC/EUROPE evaluation missions' reports (in 2015 and 2016), the external expert assessment, carried out with the support of the Council of Europe Office in Chisinau[9], and the assessment conclusions of the Working Group established by the MoH, for the purpose of elaborating the 2016-2020 NTP and its Transition Plan 2017-2020.

Although the state and donor funded interventions in the TB control have increased substantially, the outcomes show a rather slow and modest progress (see p.1). The MDR TB burden keeps being a major challenge for the NTP and an obstacle to the efficient disease control[10], in view of (i) the TB clinical, diagnostic aspects and drug treatment response, and (ii) the socio-economic costs supported by patient in part and society as a whole. The main TB patient needs focus on ensuring healthcare, social and psychological assistance, for a successful treatment, while the currently available services cannot assure full coverage of these necessities.

For these reasons, the scope, objectives, interventions, and activities stated in the NFM grants (MDA-T-PCIMU and MDA-T-PAS), take into account the detected challenges and deficiencies, following the evaluation of the previous TB control program (2011-2015), are in line with the scope and objectives of both the 2016-2020 NTP and the WHO Strategy End TB 2016-2035.

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 (RSSH), for both health system and community systems strengthening.

Global Fund investments contribute to strengthening health system to improve access of TB patients to testing and treatment. TGF supports aims at ensuring laboratory investigations, improving quality of provided lab services, and assuring specimen's transportation. A high proportion of TGF total investments focuses on second line drugs, including in-country supply chains and pharmaceutical management; health products and equipment.

The TGF support to RSSH in Moldova target training of health staff, operation of the SYME TB information systems, M&E supervision visits, elaboration of guidelines, orders and standard operational procedures, and conduct of operational research & studies.

At the same time, the TGF contribution to the community systems strengthening aims at promoting and reinforcing community responses and involving communities in service delivery, in order to improve the access of high risk and difficult to reach groups/populations to medical services, treatment adherence and enforce treatment results.

At the same time, Moldova is part of the TB Regional EECA Project (TB-REP) for Health System Strengthening for Effective TB, supported by TGF that will ensure interventions related to increasing political commitment and translating evidence into implementation of patient-centered TB models of care.

Taking into consideration the reduction of donors support, Moldova, continues to strengthen PSM for essential medicines and commodities through transparent and competitive mechanisms for the best value for money, i.e. Law on Medicines, Public Procurement Law etc. A Memorandum of Understanding (MoU) between the MOH and UNDP was signed at the beginning of 2017 on

[9]Vaira Leimane, Joint Tuberculosis Control Plan 2016-2020, page 6-10

[10]National tuberculosis control programme for 2016-2020, http://lex.justice.md/md/367268/

procurement via international mechanisms.

In addition, acknowledging human resource short falls and turnover, the Government of Moldova has approved the health system human resources strategy, aimed at ensuring complex health personnel development and retention.

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[11] 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[12]. The provisions of these conventions have been included in respective National Laws, guaranteeing the rights of women and children. Gender-sensitive approaches are increasingly used during development of different national policies, regulations and programmes, including the disease specific ones. According to the legislation, the access to state guaranteed health services is equal for all citizens, regardless of gender. Epidemiological data recorded and reported by the NTP include disaggregation by sex and age at all levels.

The new 2016-2020 NTP addresses the need to implement education activities of the TB patient in part, by means of the "Charter of TB Patient Rights", and of the population in general, by developing the strategy of advocacy, communication, and social mobilization in TB control, including reduction stigma and discrimination. The development and implementation of the NGOs' monitoring mechanism of the quality of rendered TB services with regard to the respect of TB patient rights – represents a priority.

The National "Child TB" Clinical Protocol, emphasizes the specific children aspects, ensuring the rights to quality TB services, as well as adequate prevention measures. In addition, an important issue related to children, envisaged in the Transition Plan, foresees the implementation of case management in the TB affected children, by promoting de-institutionalization schemes and community involvement models[13].

Coercive isolation represents a measure of last resort, applied in limited cases on both banks of the Nistru river, and requires revision[14].

At the same time, the NFM grants support many specific activities, addressing potential legal barriers to care, communication and stigmatization through innovative patient-centered approaches.

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[11] Committee on Economic, Social and Cultural Rights

[12] OHCHR, CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) http://www.refworld.org/pdfid/4538838d0.pdf

[13] http://moldova.wearelumos.org/sites/default/files/Evaluare-strategica-sistem-protectie-copii-moldova.pdf , pg. 190

[14] http://md.one.un.org/content/dam/unct/moldova/docs/pub/Senior_Expert_Hammarberg_Report_TN_Human_Rights.pdf , pg. 27

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 Republic of 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) from both banks of the River Nistru, and cca 40 percent of members 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.

At the CCM meeting of January 26, 2017, members reconfirmed the dual-track funding approach for the continuation of programs in 2018-2020 with two PRs (PI PCIMU HD and PAS Centre) and three SRs (State Institute of Phthisiopneumology "Chiril Draganiuc", Soros Foundation-Moldova, NGO "AFI"). This mechanism has proved efficiency in terms of programmatic and financial performance: latest ranking attributed by the GFATM for the PCIMU implemented grant was A2 and B1 for the PAS Centre grant.

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.

In order to increase the effectiveness of interventions performed by the non-governmental sector and correlate the outcomes with the NTP indicators, an Implementing Memorandum has been signed between the NTP and the CSOs, including agencies operating in the Eastern Region.

The Local Fund Agent (currently the Price Waterhouse Coopers) acts within the Terms of Reference agreed upon with the GFATM, undertaking, among other, on-site project performance verifications (OSV). External audits are an integral part of the proposed management arrangements.

All these mechanisms were discussed and endorsed under the framework of a genuine country dialog conducted at the technical level – through eight CCM's Technical Working Groups, the Program Oversight Body, and the CCM – at the decisional level.

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

It is important to mention that actually the macro-economic indicators are remaining 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 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[15] .

The share of health sector in the national budget accounted for 13.9% in 2015 (CBTM 2017-2019)[16]. The sectorial public expenditures in 2015 constituted MDL 6,446.1 mln (EUR 308.4 mln) – which represents an increase by MDL 526.8 mln (EUR 25.2 mln), compared to 2014. Thus, the share of public spending in GDP for the health system represents 5.3%, which remains stable for the last several years.

The medium term budget framework for the 2017-2019 period (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.

The budget of the new NTP foresees an increase of the state budget commitments to the TB control activities from both the state budget and the NHIC. The state budget expenditures are expected to increase from MDL 50.92 mln (EUR 2.7 mln) in 2016 up to MDL 72.51 mln (EUR 3.1 mln) in 2020, while the NHIC expenses should increase from MDL 398.88 mln (EUR 18.1 mln) to MDL 468.72 mln (EUR 19.9 mln) in the same period.

The 2015 evaluation confirmed that the Republic of Moldova has met the NFM counterpart financing and willingness to pay requirements, committed for the first year of NFM grant implementation. The overall TB budget execution from planned public sources reached the level of 92.9% (MDL 180.12 mln (EUR 8.6 mln) / MDL 193.96 mln (EUR 9.3 mln)). This represents 136% of commitments towards the GF (MDL 180.12 mln (EUR 8.6 mln) / MDL 132.28 mln (EUR 6.3 mln))[17].
The planned budget allocation for 2016 represents 124% of the TB commitments agreed with the GF. The final data of real TB expenditures for 2016 will be available in the second quarter of 2017.

All the above provided data show that the government fulfilled its commitments for the 2014-2016 period. The perspective data for the 2017-2019 allocation cycle also imply that the country will meet the GF co-financing requirements.

Is your country's 2017-2019 Global Fund allocation for the disease component significantly lower as compared to the current grants' spending level[18]? 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 Global Fund allocations for the next implementation period of the TB grant are 38% lower (EUR 8.7 mln), in comparison with the current grants (EUR 14.1 mln). However, an increase of allocations from national sources is expected to cover the activities under the 2016-2020 NTP, as specified above.

[15] http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=MD&view=chart
[16] http://mf.gov.md/files/files/CBTM%202017-2019.pdf; http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=366969
[17] Average exchange rates for 2018-2020 were calculated using the macro-economic indicators
[18] 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.

In 2015, around 70% of the total expenditures for the NTP were covered by the public budget[19]. Besides the expenditures on staff, running costs of hospitals, TB cabinets and laboratories. Starting with beginning of 2013, the procurement of consumables and reagents for smear microscopy investigations, FLD and drugs for mono- and poly-resistant cases, were fully covered by public and local budgets. Since 2016, 20% of the costs of reagents and consumables for solid culture and DST, and 30% of the costs of SLD have been covered respectively. In 2012, under the NHIC sources, the food support programme for sensitive TB patients in ambulatory treatment started, aiming at increasing treatment adherence and improving treatment results. In 2016, all sensitive TB patients were covered by this support, on the right bank of the Nistru River. In 2017, 40% of MDR-TB cases, new enrolled under ambulatory treatment are also expected to be covered by this type of support.

The authorities of the Eastern Region cover only the staff costs, the running costs of hospitals, TB cabinets and laboratories, the procurement of consumables and reagents for smear microscopy and, partially, the procurement of FLD and drugs for mono- and poly-resistant cases for both, civilian and penitentiary sectors.

At the same time, the procurement of reagents for rapid methods of TB diagnosis, the maintenance costs of the respective equipment, the coverage of courier services for the transportation of sputum and SLD in territories, as well the activities provided by communities' centers, organizations and NGOs are mostly dependent on the overall donor support.

In order to ensure the shift from donor to state financing, the country TB Transition Plan[20] for the 2017-2020 years states that 63% of needs in SLD, 20% of third line drugs, and 55% of reagents for rapid diagnosis of TB will be covered from national sources in 2020. In 2018, Moldova plans to start the support of Community Centers and to contract the NGOs to provide services to TB patients.

The National Transition Plan is seeking to optimize the procurement of drugs, consumables and reagents. A Memorandum of Understanding (MoU) between the MOH and UNDP was already signed at the beginning of 2017, for the procurement of ARVs, drugs for opportunistic infections, tests, reagents to monitor HIV/AIDS patients' treatment, anti-TB drugs and reagents for TB diagnosis, in order to optimize the procurement costs. The MoU aims to ensure the sustainability of the PSM process by improving legislation, capacity building and PSM procedures standardization.

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[21]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)**
(Insert additional lines as needed)		

[19]https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=MD&LAN=EN&outtype=html

[20] Report on Results of applying the risk assessment tool on transition from the Global Fund resources for combating HIV/AIDS, Tuberculosis and Malaria, for the TB component

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

Note: *All funding requests and resulting grants must comply with and follow the application focus[22] and co-financing requirements set forth in the Sustainability, Transition and Co-financing Policy.[23]*

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[24]

Inclusiveness of engagement with key and vulnerable population in the process of developing the Program Continuation Request(for malaria programs see footnote[25])	
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 and vulnerable populations (KAPs), alongside with the community of PLWDs, represent an active constituency of stakeholders in national HIV&TB processes, including the operational and decision-making bodies. The inclusive, transparent, and partnership character of the CCM Moldova ensures several platforms of engagement for KAPs and communities – 8 multisectoral Technical Working Groups (TWGs) operating under the CCM; a committee of KAPs and communities, covering all relevant actors at the national and regional levels, including the Eastern Region of Moldova; and the CCM, where the CSOs account for about 40 % of membership.

The process of program continuation request development had an inclusive character under a genuine country dialogue, which has equally engaged the stakeholders from all CCM

[22] 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.
[23] Sustainability, Transition and Co-Financing Policy, GF/B35/04
[24] 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.
[25] 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.

constituencies – state agencies, bilateral partners and CSOs. The request development process, including the National Plan for the TB&HIV program continuation requests development, were discussed and enforced by all the CCM members at their meeting on January 26, 2017.

Based on the decision of the January CCM meeting, two multisectoral Working Groups for the development of the TB and HIV requests were established, where KAPs and communities were duly represented and shared equal responsibility for the development of requests.

The stakeholders engagement platforms, under the CCM, request a prompt and active communication at all levels. Following the GF invitation for the CCM Moldova to apply for program continuation, dated December 15, 2016, the CCM members and partners were duly informed about the allocated amount, the proposed program split, the GF strategy for program continuation and the application deadlines.

The multisectorial consultation activities included: a national workshop on priorities of the funding request; a KAP committee meeting with the GF Portfolio Manager; online consultations; a 2-day workshop of KAPs and communities with the key state partners on the joint position of the CSOs, related to the sustainability of services in 2017-2019; regular meetings of the WG responsible for the request development; meetings of the CCM's TWGs; and two CCM decision taking meetings.

The above mentioned arrangements have offered the KAPs and communities - the necessary platforms and opportunities to state their position on the quality, content, and delivery of the current programme, to support the grant implementation mechanism, with the selected PRs and SRs, to give feedback and decide on the funding request drafts.

# of reference	Source	Section
8	Review of the National Tuberculosis Programme in the Republic of Moldova, 4–15 February 2013, Geneva, World Health Organization, 2013	3
9	Vaira Leimane, Joint Tuberculosis Control Plan 2016-2020	3
10	National Tuberculosis Control Program 2016 - 2020	3
13	Georgette Mulheir, Kate Richardson, Lina Gyllensten, Iliana Tsankova, et al. Evaluarea strategică a sistemului de protecţie a copiilor în Republica Moldova, Chisinau, 2014 (Romanian version only)	4
14	Thomas Hammarberg, Report on Human Rights in the Transnistrian Region of the Republic of Moldova	4
17	Report on Results of applying the risk assessment tool on transition from the Global Fund resources for combating HIV/AIDS, Tuberculosis and Malaria, for the TB component	6
	GLC/EUROPE mission for the monitoring and evaluation to the Republic of Moldova 18 – 22 May 2015	3
	GLC/EUROPE mission for the monitoring and evaluation to the Republic of Moldova 26 – 30 October 2015	3
	GLC/EUROPE mission for the monitoring and evaluation to the Republic of Moldova May 30 – June 03 2016	3