

MOLDOVA TB/AIDS PROGRAMME

END OF PROJECT REPORT

GFATM GRANT: MOL-102-G01-C-00

**PRINCIPAL RECIPIENT: PROJECT COORDINATION,
IMPLEMENTATION AND MONITORING UNIT**

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CHISINAU

General grant information

Donor:	Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
Principal Recipient:	Project Coordination, Implementation and Monitoring Unit (PCIMU), Ministry of Health, Republic of Moldova
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Closing date:	30 April 2008

ACRONYMS AND ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
CEB	Council of Europe Development Bank project
CCM	Country Coordination Mechanism
CSW	Commercial Sex Workers
DOT	Directly Observed Treatment
DOTS	The internationally recommended strategy for TB control
DOTS Plus	The internationally recommended strategy for MDR TB control
DST	Drug Susceptibility Testing
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
MDR TB	Multidrug Resistant Tuberculosis
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
HIF	Health Investment Fund
IFP	Institute of Phthysiopneumology
IDU	Intravenous Drug Users
LGBT	Lesbian, Gay, Bisexual, Transsexual
MDG	Millenium Development Goal
M&E	Monitoring and Evaluation
MoH	Minister of Health
MSM	Men that have sex with men
MTCT	Mother to Child Transmission
MTR	Mid Term Review
MDR TB	Multi-Drug Resistant Tuberculosis
NBTC	National Blood Transfusion Center
NCHM	National Centre of Health Management
NGO	Non-Governmental Organization
NTP	National Tuberculosis Control Program
OI	Opportunistic Infections
PAD	Project Appraisal Document
PCIMU	Project Coordination, Implementation and Monitoring Unit
PCR	Polymerase Chain Reaction

PHC	Primary Health Care
PLWHA	People living with HIV/AIDS
RDVD	Republican Dermato-Venereal Dispensary
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT	Training of Trainers
VCT	Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory tests
YFHC	Youth Friendly Health Center

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1. COUNTRY PROFILE

Population*: 3572.7 thousands, without Transdnistr region (on 1st of January 2008, National Bureau of Statistics)

Age structure*: 0-14 years: 17.6% (on 1st of January 2008, National Bureau of Statistics)

15-56/61 years: 67.5 % (on 1st of January 2008, National Bureau of Statistics)

57/62+ years and over: 14.9% (on 1st of January 2008, National Bureau of Statistics)

Median age*: total: 35.8 years

male: 34.2 years

female: 37.3 years (on 1st of January 2008, National Bureau of Statistics)

Population growth rate*: - 1.4% (2007, NBS)

Birth rate*: 10.6 births/1,000 population (2007, NBS)

Death rate*: 12.0 deaths/1,000 population (2007, NBS)

Net migration rate per 1 000*: - 0.9 (2007, National Bureau of Statistics)

Infant mortality rate*: 11.3 deaths/1,000 live births (2007, NCHM)

Life expectancy at birth*: total population: 68.8 years (2007, NBS)

male: 65.0 years

female: 72.6 years

Total fertility rate*: 1.26 children born/woman (2007, National Bureau of Statistics)

Literacy*: (age 15 and over that can read and write)

total population: 99.1%

male: 99.7%

female: 98.6%

(2005, National Bureau of Statistics)

World Ranking by 2006 Human Development Index: 114 (HDI 0.694)

Note: * Data without Transdnistr region



2. INTRODUCTION

Principal Recipient - PCIMU of Ministry of Health of Republic of Moldova

The CCM proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was approved in March 2002. The PCIMU Ministry of Health has been chosen as the Principal Recipient for the implementation of a grant totalling US\$ 5,257,941.00 for phase one (first two years of grant) and US\$ 11,719,047.00 for five years. The programme grant agreement was signed on 24 March 2003 in Chisinau between the Global Fund and PCIMU Ministry of Health and the first disbursement was made on 14 May 2003, which is the starting day of the grant implementation in the Republic of Moldova.

In October 2005, CCM submitted to the GFATM the request for continuation of financing for phase two of grant (the next three years). After the examination of the progress obtained during implementation of the grant in the period May 2003 – May 2005, the GFATM approved continuation of financing of the grant until 30 April 2008.

The GFATM grant, Round 1, supported:

- the implementation of the National Programme for Prevention and Control of HIV/AIDS and STIs in Moldova through preventive activities amongst intravenous drug users, commercial sex workers and their clients and youth, prevention of HIV/AIDS/STIs mother to child transmission, provision of specific ARV treatment, assuring the blood safety of medical services and medical interventions and support for National Monitoring and Epidemiological Surveillance on HIV/AIDS/STIs;
- the implementation of the National Programme for control of Tuberculosis through strengthening the laboratory service in TB, treatment of TB and MDR TB, social support of TB patients, training staff, monitoring and evaluation activities and health education.

Implementation of the Global Fund's Grant

This end of project report covers the period from 14 May 2003 through 30 April 2008. The PCIMU conducted the grant implementation with the guidance of the CCM and the Ministry of Health, and partnering with National AIDS Center, Republican Dermato-Venereal Dispensary, National Blood Transfusion Center, Institute of Phthysiopneumology, Medical Service of Penitentiary Department of Ministry of Justice, M&E Unit of National Center of Health Management, PCIMU of Ministry of Education, rayonal medical institutions, Soros Foundation, NGOs, Red Cross Moldova, PAS Center, MSF, AFEW, Carlux and other donor/partner organizations (World Bank, USAID/AIHA, Caritas Luxembourg, KNCV, UNICEF, UNFPA, SIDA Sweden).

3. EPIDEMIOLOGY OF HIV AND TB BEFORE THE PROJECT (2003. MOLDOVA AIDS CONTROL PROJECT. PROJECT APPRAISAL DOCUMENT)

HIV/AIDS/STIs: As in other countries of the region, the prevalence of HIV in Moldova was at a very low level (<0.001%) during the first decade of the epidemic. However, from the mid-1990's HIV/AIDS the prevalence has increased by over 25 times reaching 0.2 percent among adults (15-49 years) by the end of 2001. Injecting drug was the main mode of HIV transmission representing 82 percent of all reported cases. According to the modelling performed by the Bank in 2001, in the

absence of effective interventions, HIV/AIDS prevalence was predicted to reach 1.9 percent by the beginning of 2011, mainly due to intravenous drug use.

In 1990 – 2000 there was an unprecedented growth in the number of cases of syphilis, from 7.1 per 100,000 in 1989 - to 200.1 per 100,000 in 1999. This high level of STIs was indicating high levels of risk behaviours which could have facilitated infection by HIV.

The key challenges in HIV/AIDS and STI control were:

- Young people becoming engaged in drug injecting and sexual risk behaviour in high numbers;
- Underestimation among decision makers of the potential impact of HIV/AIDS/STIs on the society and economy;
- Stigma and discrimination against PLWHA combined with a misperception that HIV/AIDS only hinted “undesirable” populations;
- The serious shortfall in public funding for HIV/AIDS/STIs activities;
- The second-generation surveillance system for HIV/AIDS being not in place, was offering only limited data about the magnitude, location, and progress of the epidemic. Knowledge, attitudes and practices of the vulnerable and highly vulnerable groups were poorly known.
- The infrastructure and capacity to provide HIV/AIDS/STIs-related services were limited in all areas – prevention, treatment, care and support.
- The Harm Reduction Projects targeting IDU in Moldova has been recognized as one of the best in the region. However, its scope needed to be scaled up for larger impact.
- Other outreach programs targeting vulnerable and highly vulnerable groups such as young people, CSWs, prisoners and street children, were either inadequate or nonexistent.

TB: The TB epidemic has seen constant growth over the 1990's due to worsening economic and social conditions that increased susceptibility to disease and reduced access to care, and due to improper identification and treatment of TB patients as well as a shortage of effective anti-TB drugs. According to official data, TB incidence increased by 53 percent during the 1990s, and this trend has accelerated even more in the last couple of years before project. From 62 per 100,000 in 1999, TB incidence rose to 82 per 100,000 in the first half of the year 2001. According to expert opinion, the actual incidence was much higher, around 120 cases per 100,000 in 2001. This put Moldova in the category of a country with a high burden of TB. The TB mortality rate has increased by almost 4 times between 1990 and 2001. At 44 percent, the case detection rate measured by smear microscopy remained low by WHO standards. Prisoners were the most important high-risk group with a TB incidence around 6 percent, or 50 times higher than the country average. In 2001, 15 percent of new TB cases in Moldova were reported in this group. Without interventions TB epidemic was expected to worsen, especially when HIV/AIDS would become generalized, as TB was the most common opportunistic infection of HIV/AIDS.

Key challenges in TB control were:

- Poverty and overcrowding in prisons fueled the epidemic, as undernourished, frequently infected prisoners transmitted TB to other prisoners;
- TB control activities were seriously under-funded. Resource allocation for the TB program only met 15 percent of its needs;
- According to an evaluation by WHO in May 2000, the former National TB Control Program was fragmented and outdated. Its approach to TB management mostly relied on costly long-term in-patient treatment, which was still in place in many areas of the country. The majority of TB cases were detected by X-ray investigation, not by smear microscopy, as recommended by DOTS strategy;

- Critical shortages of drugs, non-standardized regimens and incomplete treatment greatly compromised the program's effectiveness and increased the risk of multi-drug resistant TB (MDR TB);
- A standardized recording and reporting system that allows assessment of individual patient treatment results, as well as overall coverage and quality of the TB program was not yet in place;
- The linkages between HIV/AIDS and TB programs remained weak;
- The infrastructure and capacity to provide TB services were inadequate, especially in prison health facilities.

4. HIV/AIDS COMPONENT

4.1. PROJECT ACCOMPLISHMENTS

Service Delivery Area No. 1: Prevention: Programs for specific groups

Main objective: Decrease vulnerability and behavioural risk of highly vulnerable (IDU) and vulnerable (CSW, MSM, young people, truck drivers, Roma community, trafficked women, soldiers) groups in terms of unsafe injecting and unsafe sexual practice.

The HIV/AIDS/STIs prevention programmes targeted at vulnerable and highly vulnerable groups -, IDUs, CSWs, MSM, truck drivers, migrants, young people, etc. have been scaled up dramatically over the lifetime of the project.

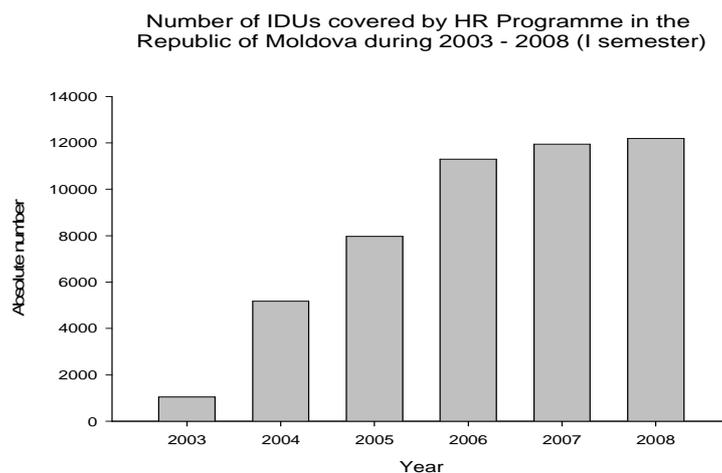
The Soros Foundation-Moldova has been contracted by the program for the implementation of these activities. Soros Foundation managed program activities to be carried out by NGOs and public services (GOs) to prevent the spread of HIV/AIDS among highly vulnerable and vulnerable groups.

Targeted Interventions for Highly Vulnerable Groups (IDUs) – Harm reduction. IDUs have been covered through 14 Harm Reduction projects by the end of Program implementation. At one point the maximum number of projects running simultaneously was 19, implemented by both NGOs and GOs. The services provided through these projects included peer education, needle exchange, condom distribution, information and education, counseling and referral to health services.

A total of 12,081 IDUs including from prison system – 24.16% of the estimated number (50,000 – WB estimation), data with Transnistria, and 108,25% of the registered IDUs (11,160 (in 2007)), data with Transnistria, have been covered during program implementation (figure 1).

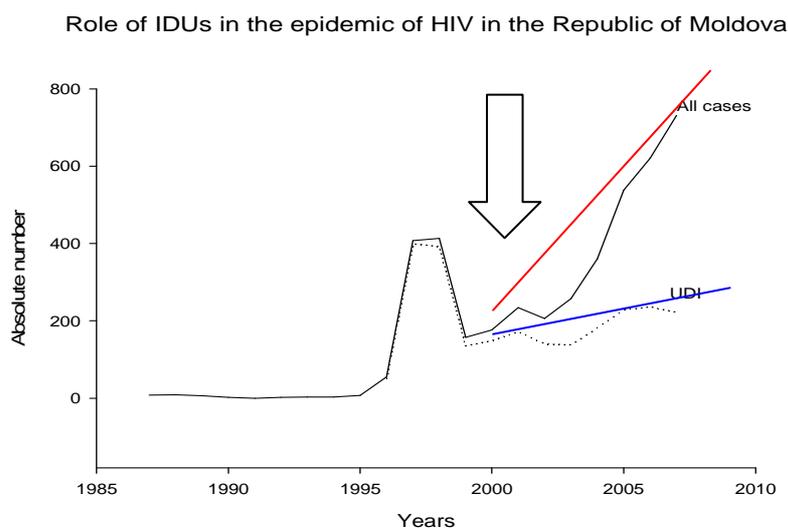
A total of 8,411,984 syringes have been distributed to the beneficiaries during lifetime of the project.

Figure 1



The program has relied heavily on NGOs to enhance and complement the capacity of the state in areas where its direct involvement is likely to be ineffectual, such as prevention interventions targeting vulnerable and highly vulnerable groups. This approach resulted in a successful and efficient implementation of preventive interventions. The NGOs have shaped the epidemic (figure 2).

Figure 2



All 17 Moldova's prisons have been fully covered with HIV/AIDS/STI prevention activities through IEC materials and condom distribution. Six prisons (35.29% or 75% from 8 feasible prisons to introduce HR) have run needle exchange programmes through 19 needle exchange points. The estimated number of covered detainees is about 900 IDUs.

Three substitution therapy projects have been implemented, two of them in the civil sector, in Chisinau through the Republican Narcological Dispensary and in Balti through the City Hospital, and one in prison through the Department of Penitentiary Institutions covering 4 institutions (no. 18 Branesti, no. 15 Cricova, no. 16 Pruncul and no. 7 Rusca). Staff from the Narcology Services in Chisinau and Balti and prisons system has been trained on treatment of drug use with methadone. A total of 343 IDUs, including 88 detainees, have started treatment with methadone during lifetime of the project. One project providing psychological and social support to beneficiaries of substitution treatment with methadone, through self-support groups based on 12 steps program (Minnesota

model), counseling on issues related to drugs and alcohol use, informational materials has been implemented. The project covered 126 beneficiaries (113 males and 13 females).

Targeted Interventions for Vulnerable Groups (CSWs, MSM, truck drivers, migrants, unemployed youth, etc.). HIV/AIDS/STI prevention activities among sex workers and men having sex with men have been implemented during the whole lifetime of the program through one project targeting MSM and a varying number of projects targeting CSWs, including combine projects targeting IDUs and CSWs. These prevention activities included peer education, information, counseling and referral to health services, condom distribution and syringe exchange. A total of 882 commercial sex workers and 758 LGBT benefited from assistance during program implementation.

Since 2005 HIV/AIDS/STI prevention activities started to be implemented for truck drivers, migrants, street children and unemployed youngsters and other vulnerable groups. These activities included peer education, information and education activities, counseling, referrals, distribution of informational materials and condoms, against the approach of each group of beneficiaries. A total of 7,868 truck drivers and have been covered during two years through 2 projects. At the same time HIV/AIDS/STI activities have been implemented through 6 projects to 6,897 street children and unemployed youngsters. Prevention activities targeted at migrants (information and counseling, distribution of informational materials) have been implemented through 3 projects (including one in Transnistria). The interventions targeted at migrants have been mostly supported through World Bank project. The number of beneficiaries covered with HIV/AIDS counseling is about 8,500. The number of beneficiaries covered with information can only be estimated based on the number of informational materials (about 1,200,000 units). distributed in the field mainly through cross border points, airport, train and bus stations in Moldova (including Transnistria) and moldovan communities in two main target countries of moldovan migrants (Russia and Italy).

A total of 2,945,007 condoms have been distributed to IDUs, CSWs, LGBT and other vulnerable and highly vulnerable groups through NGOs.

Other activities implemented through the NGO Facilitator were procurement of harm reduction goods, elaboration and printing of informational materials, strengthening NGOs/GOs capacities through a big number of trainings (on project management, Harm Reduction principals, etc.), ensuring monitoring and evaluation.

The implementation of an Unified Coding of Clients information system has been launched in 2008. The system will connect the network of NGOs and GOs working with persons from vulnerable and highly vulnerable group. Within that system every person will be identified by standard formula, applied in the whole country.

The Harm Reduction Network has been established and supported in order to develop institutional capacity and sustainability of organisations implementing projects based on Harm Reduction strategy. The network includes 28 NGOs implementing HIV/AIDS prevention activities.

Two Forums (one national and one regional) of NGO`s working in HIV/AIDS and TB control were organized. Both Forums aimed at sharing experience and strengthening the role of third sector in the prevention and control of HIV/AIDS/STI and Tuberculosis, identify strengths and weaknesses of NGOs working in the field, exchanging experience between NGOs.

Activities for Youth at Risk.. During one year PCIMU (2006-2007) supported the activity of two Youth Friendly Health Centers established earlier by UNICEF (at the same time PCIMU has established and supported during 18 months 9 YFHC from the IDA Grant funds) aiming at improving access to health services especially for youth and highly vulnerable groups. As originally

foreseen, starting with January 2007 the Youth Friendly Health Centers have been integrated into the local public health institution as functional subdivision of the Family Doctors' Centers (ministerial disposition no. 533 from December 25, 2006 regarding the organisation of Youth Friendly Health Centers' activities) and are supported by the medical institutions.

Peer based education for young people. The UNFPA office in the Republic of Moldova has been contracted by the Programme to provide HIV/STI-related peer based education for young people.

72 peer educators, including 26 Russian speaking young people prevailing from Transnistria region, have been covered with 6 days ToT trainings according to the UNFPA Y-Peer Manual in promotion of healthy lifestyle, safeguarding reproductive health, STIs/HIV prevention and spreading information from peer to peer, as well as personality development. The non-formal classes organized by the trained peers receive very good feedback from their peers.

27 peer educators - trainers of UNFPA have been trained in an International Training of Trainers in development and conduction of trainings for peer educators.

23 peer educators have been trained in Theater - Based Techniques for Youth Peer Education. To be effective, actor/peer educators have received specialized training in both the theatre arts and peer/health education.

Training sessions and RH/FL classes have been held for institutionalized adolescents from schools with "Special Needs". 1,512 institutionalized adolescents, ages 11 -18, from Chisinau and 9 rayons have been covered during 2005-2007 period.

The PRO-HEALTH BCC campaign has been extended to rural regions. The Campaign "Pro Health" was implemented with the support of the Family Planning Association of Moldova and the National Y-Peer Network. The Informational and Educational Campaign „Pro Health" became a tradition since 1997, and represents a massive informative action among adolescents and youth on sexual and reproductive health protection. It promotes a healthy life style and educates a safe and responsible behavior. The campaign program included diverse informative and educational activities, focused on youth understanding the importance of a healthy life style, sexual education and personal responsibility. There were also held informative sessions and round tables for teachers and parents, pointing out the necessity and the methods used during these educational programs for youth. 4,485 adolescents from Chisinau and 8 rayons have been covered with information through 207 sessions conducted during 2005-2008.

Non-formal RH/LSBE classes have been conducted in eighteen summer camps, from 12 rayons for, 551 young people from rural area, aged 12-16 years. The training activities aimed at increasing the young people's awareness on FP/RH, with a special focus on preventing STI/HIV/AIDS and informing the adolescents about healthy life style.

Activities aiming at increasing information about responsible RH behaviour, including HIV/AIDS Prevention among vulnerable young people in prisons settings have been organised. Two three-days training on responsible sexual behaviour, including HIV/AIDS and STIs prevention for about 30 young people serving prison sentences in Rusca (penitentiary institution for women) have been provided by peer educators. Additionally, a six-day training on counseling standards, offering information on HIV/AIDS and STIs prevention, and psychosocial aspects of working with detainees has been held for 20 employees from Rusca prisons settings. Six three-days trainings on responsible sexual behaviour, including HIV/AIDS and STIs prevention have been conducted for about 245 young people serving prison sentences in Lipcani (penitentiary institution for men). The young people trained have been equipped with communication skills and information on effective means of HIV prevention, safe practices and behaviours that minimizes the risk of infection.

Trainings on RH module, including HIV, have been organized in 2005, for teachers from Chisinau and 7 rayons. 470 teachers on LSBE have been trained through 21 two days training courses.

1,150 primary healthcare professionals (family doctors and nurses) from all over the country have been trained in RH/FP counseling, contraceptives technology and HIV prevention, according to a 6-day curriculum developed together with MoH. These professionals have been equipped to offer quality RH/FP counseling, have basic diagnosis skills and are now able to make appropriate referrals. The end beneficiaries are the population of reproductive age in the localities they serve.

In collaboration with WHO, a Workshop for school nurses, pediatricians and pupils on how to build a healthy youth beginning from primary education has been conducted involving 26 persons. The workshop has been designed to assist school nurses and pediatricians in how to offer support to youth and to reorient the school nurses from medical component to the promotion of healthcare.

Two workshops for journalists (from national and local mass-media) have been organised in order to increase knowledge through the mass media. 51 mass media representatives, including from Transnistria, have been trained in SRHR of young people, Reproductive Health issues, HIV/AIDS prevention, methods of knowledge dissemination transmit this kind of to the viewer, reader or auditor.

The Website www.iubire.md, a youth friendly source of information and communication, aimed at promoting a healthy life style for young people especially in terms of reproductive health has been supported. The rubric “Advices” has been relaunched in order to offer to site visitors the opportunity to address questions on Sexual and Reproductive Health issues directly to qualified specialists and get answers in a few days. The talk-show “Your family” (3-4 minute of transmission) on the Radio Station “Noroc”, a radio with large broadcasting coverage in Moldova, has also been supported.

The Guide on RH for Family Doctors (containing the following chapters: Sexual and Reproductive Health, Counselling in Contraception Issues, STIs, including HIV/AIDS, Contraception Methods, Counselling and Contraception in Special Groups (Young people and people at risk groups), etc.) have been printed and distributed to the national network of Family Planning cabinets and to the libraries of the Medical University “N. Testimitanu”, medical colleges from Moldova, to the Woman’s Health Care Centers as well to the FP/RH providers from Transnistria region.

Other preventive interventions for General Population. An HIV/AIDS mass-media education campaign (Dance4Life), targeting young people, has been implemented by AIDS Foundation East-West from IDA/WB Grant.

Two AIDS Communication Campaigns addressing sexual transmission and stigma have been earlier implemented by AIDS Foundation East-West with SIDA Sweden financial support.

With the support of AIDS Center, Republican Dermato-Venereal Dispensary and National Blood Center the program elaborated and printed a set of informational materials (leaflets, posters and pocket calendars) targeting at informing the beneficiaries of mentioned institutions about HIV/AIDS/STIs prevention, HIV test, ARV treatment, blood donation, etc.

Indicators for **SDA 1** are presented in table nr.1:

Table nr.1

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of injecting drug users, including in prisons, benefiting from needle/syringes exchange programs	11,550	12,081

3	Number of injecting drug users, including in prisons, on substitution treatment (with methadone)	290	343
3	Number of sex workers through harm reduction programs	863	882
3	Number of Lesbians, Gay, Bisexual and Transsexual (LGBT) reached by outreach programmes	780	758
3	Number of truck drivers reached by outreach programmes	8,576	7,868*
3	Number of condoms distributed to IDUs, CSWs, LGBT and other vulnerable groups	3,129,478	2,945,007
0	Number of syringes distributed to IDU	N Apl	8,411,984

Note *: The activity has been implemented during years 2005 and 2006, and covered almost all truck drivers and long distance bus drivers (according to the National Scientific Center for Safe Driving, the total number of truck drivers and long distance bus drivers is 8,250 persons: 2,300 - bus drivers and 5,950 truck drivers) within the framework of the mandatory professional trainings (annual and biannual).

Service Delivery Area No. 2: Prevention: Youth Education and Prevention

Main objective: To provide and consolidate educational programmes on sexuality, HIV/AIDS and STIs and drugs in schools through approval of the new school curricula and production of new school books and educational materials offering children the entire volume of knowledge on life skills, including health education.

The Project Coordination Unit of the Ministry of the Education has been contracted for the implementation of the LSBC.

Elaboration of Curriculum. During the implementation of the project the “Life Skills” based curriculum has been elaborated with the participation of foreign and local experts. The curriculum was build around interpersonal communication, children rights, nutrition, hygiene, reproductive health, drug consumption, HIV/AIDS/ITS, and other imported issues. The Curriculum has been provided to Ministry of Education on 6 June 2004 for consideration. The Ministry of Education sent it for expertise and consideration to regional directions of educations, higher education institutions and other interested institutions. On 15 July 2004 the content of Curriculum “Life Skills” has been approved by the Council of Ministry of Education.

Pilot course “Life Skills”. Starting with September 2004 the pilot course has been initiated in 35 schools and 5 kindergartens from all over the country. Teachers involved in the pilot projects have been trained by foreign experts and equipped with materials for the implementation of the course.

Establishment of the Information Resource Center “Life Skills”. A Information Resource Center Life Skills (IRCDV) has been established within the National Youth Education and Family Information Center and intended for organization of working meetings with experts, teachers and other interested persons. The Center has been provided with office equipment and with literature on life skills.

Elaboration of teaching materials for tutors and pupils regarding assimilation and implementation of “Life skills”. A working group elaborated the “Methodological Guide for Implementation of the Curriculum” (“the Guide), which has been distributed to tutors from the pilot institutions. Many informational materials were translated and adapted for preparation of the Guide. Subsequently a tender was announced for elaboration of the “Practical Guide for tutors and pupils”, manuscripts evaluated and agreement signed. The manuals for schoolchildren and the guides for teachers

(“Methodological Guide for Implementation of the Curriculum” and “Practical Guide for tutors and pupils”) have been printed.

Training of teachers. 3,100 teachers were trained in teaching of the LSBC by national trainers. On September 01, 2005 the Life Skills Education started in the 1,495 schools of Moldova for approximately 520,000 children.

During quarter IV of 2005 after the protest of some religious organizations the statute of LSB Programme was changed from compulsory to optional, through the Order of Ministry of Education. According to the data from PCIMU of Ministry of Education, about 80% of pupils continue attending classes.

The subject of the LSB Programme was discussed on TV, radio, in news papers and sociological investigations.

Indicators for **SDA 2** are presented in table nr.2:

Table nr.2

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Young people exposed to HIV/AIDS education in school settings - (Number of school children exposed to HIV/AIDS/STIs education)	580,000	~ 520,000
2	Other: Number of schools with life-skills based HIV/AIDS/STIs programme - (The number of schools with teachers trained and manuals available to implement life-skills based HIV/AIDS/STIs programme)	1,530	1,495
2	Other: HIV/AIDS/STIs and drug addiction prevention books and other IE materials distributed (number of copies) by NGOs funded by SOROS Foundation	331,771	1,377,016
1	Number of people trained to deliver Youth Education - (Absolute number of teachers trained in life-skills based HIV/AIDS/STIs education)	3,140	3,100

Service Delivery Area No. 3: Prevention: Blood safety and universal precautions

Main objective: To prevent transmission of HIV infection and blood transmitted infections during provision of medical assistance requiring transfusion of blood and its components.

The program has increased the capacity of the Blood Transfusion services at both national and regional levels, by supporting procurement of laboratory equipment and supplies of reagents and consumables. Four ELISA stations have been procured for the screening of donor blood for HIV. The program ensured continuous supply of ELISA HIV tests, Treponema Pallidum ELISA test, tests for Hepatitis B and C, universal tips, kits for blood collection and Eppendorf tubes, etc. for Blood Service during program implementation.

During the lifetime of program 373,731 blood tests were carried out.

A set of informational materials (leaflets, posters, pocket calendars, etc) on HIV/AIDS/STIs prevention, blood-donation etc. have been elaborated and printed for blood donors and a short video

clip aiming at sensitizing general population about necessity of voluntary blood donation has been developed for the blood service.

The program has managed the contribution of IDA Grant, as part of Government cofinancing, to the Council of Europe Development Bank (CEB) project aimed at ensuring the Blood Security in Moldova. Within the co-financing of the AIDS related activities under the Blood Security Programme, laboratory equipment has been procured for the National Blood Transfusion Center and for 3 regional Transfusion Centers in Balti, Cahul and Tiraspol (Transnistria). Other equipments (IT equipment, air conditioners, electrical generators, windows for the laboratory facilities, etc.) have been procured in order to ensure efficient functioning of blood transfusion laboratories.

Indicators for **SDA 3** are presented in table nr.3:

Table nr.3

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
2	Number of service points supported - (Number and percentage of blood testing facilities)	3/3 (100%)	3/3 (100%)*
3	Other: Number of blood tests for HIV/AIDS performed - (Absolute number of blood tests for HIV/AIDS realized (sentinel surveillance for blood donors)	370,100	373,731

Note *: the three service points supported are - National Blood Transfusion Center and 2 regional Transfusion Centers in Balti and Cahul.

Service Delivery Area No. 4: Prevention: STI diagnosis and treatment

Main objective: To prevent STIs through the promotion and distribution of condoms to all attending STI service, strengthening the laboratory service and assurance of free treatment of Syphilis and Gonorrhoea.

The program has strengthened the capacity of STIs service laboratories for diagnosis of syphilis using the TPHA method, through procurement of additional equipment for 21 territories, to those purchased in 2003 (with SIDA Sweden support).

The program ensured continuous supply of TPHA tests and Cardioliipin Antigen for MRS reaction for investigation of Syphilis and reactive agents for investigations of Chlamydia infection for Dermato-Venereal services (36 laboratories for Syphilis and 3 for Chlamydia).

The treatment of patients infected with Syphilis has been ensured through continuous procurement of Penicillin and Retarpen, which were distributed to Republican Dermato-Venereal Dispensary and dermatovenereal departments throughout the territory, including for pregnant women and children born from them. A total of 22,137 cases of Syphilis and Gonorrhoea at STI patients have been treated during lifetime of program.

The program ensured prevention of sexually transmitted diseases through systematic supply of condoms for primary prevention of HIV/AIDS and STI, for general population and vulnerable groups. The distribution has been organised free of charge through dermatovenereal departments of medical institutions in all administrative territories, Youth Friendly Health Centers, NGO targeting vulnerable and highly vulnerable groups and within Communication campaigns targeting youth. Also a seminar with the subject „Social marketing of condoms” was organized for the staff of dermatovenereal services.

venereal service from the republic and a marketing action of condoms for youth called „Freedom for love”.

A total of 4,773,600 condoms have been distributed through the dermato-venereal service.

Indicators for **SDA 4** are presented in table nr.4:

Table nr.4

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of STIs patients with Syphilis and Gonorrhoea with comprehensive case management	22,022	22,137
0	Number of laboratories supported for screening STIs (Syphilis/TPHA, Chlamydia) with sufficient diagnosis supplies - (The number of laboratories which realized the screening of STIs (Syphilis/TPHA, Chlamydia) with sufficient diagnosis supplies)	37	39*

Note *: 36 laboratories which realized the screening of Syphilis/TPHA and 3 of Chlamydia

Service Delivery Area No. 5: Prevention: PMTCT

Main objective: To prevent HIV/AIDS mother to child transmission through the promotion for pregnant women presenting to the antenatal clinics the confidential HIV tests, assurance the prophylactic ARV treatment for pregnant women diagnosed with HIV and for children born from them and distribution to the children of milk formula for the first year of life.

Prevention of Mother to Child transmission has been insured by the program through training of health providers in PMTCT and VCT, universal access of pregnant women to Voluntary Counseling and Testing (VCT), prophylactic ARV treatment for HIV pregnant women and to their children, replacement feeding milk formula for children born from HIV+ women, etc.

The training of 400 health providers on prevention of HIV/AIDS transmission from mother to child based on updated PMTCT protocols has been ensured by the program from World Bank grant. In order to improve the access to and quality of pre- and post- HIV test counselling in Moldova in accordance with WHO and UNAIDS recommendations, a pool of 16 national trainers has been trained within TOTs on pre- and post-HIV-test counseling and training methods (World Bank grant) and 180 health professionals involved in pre- and post- HIV-test counselling, such as family practitioners, infectionists, dermato-venerologists, narcologists and others trained within 9 co-trainings (with involvement of trained Moldovan trainers).

The screening of pregnant women (twice during pregnancy) has been ensured through procurement of ELISA equipment and continuous supply of HIV tests. A total of 379,503 tests to HIV have been performed at pregnant women (238,440) and 330 new HIV cases have been diagnosed during program implementation. During last two years of implementation HIV rapid tests for pregnant women have also been supplied.

The prophylactic ARV treatment (short course) for HIV pregnant women and their children has been ensured through continuous supply of drugs. 268 HIV positive pregnant women (including 4 women that have initiated prophylactic ARV in Transnistria within the Department of Infectious Immunology of the Republican Tiraspol Hospital with the support of the Organisation "Doctors without Borders") and 261 children have been covered since the start of the programme. All children

born from HIV+ women have been provided with free replacement feeding milk formula (during 12 months) in order to prevent infection spread through breast alimentation from mother to child.

Indicators for **SDA 5** are presented in table nr.5:

Table nr.5

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	275	268
3	Number of children born from HIV positive pregnant women receiving the specific prophylactic ARV treatment	276	261
0	The number of pregnant women diagnosed with HIV+	184	330
0	The number of investigations to HIV realised at pregnant women	371,967	379,503

Service Delivery Area No. 6 Treatment: Antiretroviral treatment and monitoring

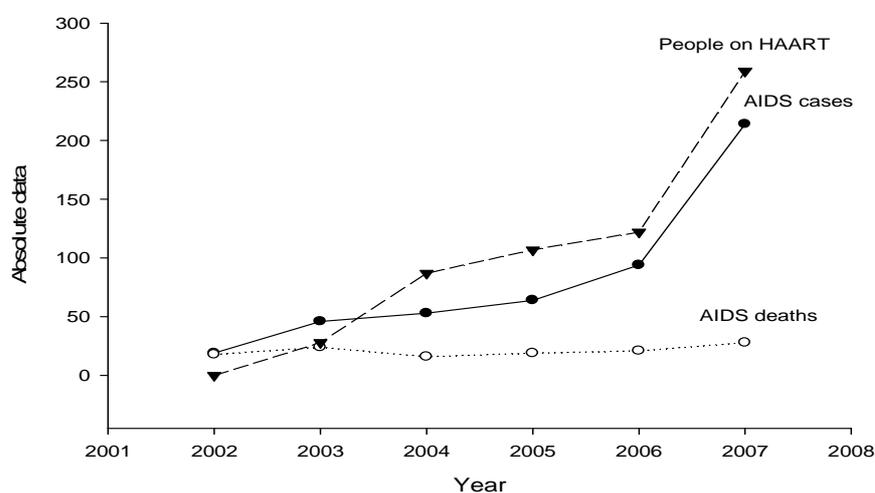
Main objective: To assure the necessity in ARV treatment for all patients with AIDS that will need, including in prisons.

Up to date, evidence based treatment, as well as care and support for persons living with HIV/AIDS (PLWHA) have been made available in an unprecedented manner.

Provision of HAART. Moldova was the first country in the ECA region where HAART was made freely available to all patients with HIV infection who needed it. Treatment is available for patients from all over the country, including prisoners. With HAART, AIDS stopped being a fatal disease. The mortality from AIDS dropped immediately after introduction of HAART. The absolute number of AIDS deaths per year sticks to the same level as the previous years (figure 3). 28 AIDS deaths have been registered during year 2007.

Figure 3

Dynamics of HAART, AIDS and AIDS deaths



The national protocol of antiretroviral treatment for HIV/AIDS patients has been updated according to WHO guidelines and the program ensured systematic supply of ARV drugs of assured quality both with funds from the World Bank and the Global Fund. The procurement of generic drugs decreased substantially the cost of treatment for one patient per year and enabled the program to put on treatment about four times more patients than initially planned.

A total of 659 persons (572 in Moldova and 87 in Transnistria) including 21 children (all of them in Moldova) from both civil and prison sector have started ARV treatment during lifetime of the program. On March 31, 2008, the real number of patients under ARV treatment was 514 (442 in Moldova and 72 in Transnistria) including 20 children (all in Moldova) and 51 detainees (38 in Moldova and 13 in Transnistria).

Following the recommendation of World Bank and Global Fund regarding the decentralization and extension of the ARV to Balti and Transnistria region of Moldova, six teams, three people each (one physician, one nurse, one social worker) have been trained in "Initiation of HAART" by the WHO/AIHA Knowledge Hub in Kiev (from IDA/WB grant). From the six teams 2 were from Chisinau (inpatient, and outpatient), 3 from Transnistria (inpatient, outpatient and one for penitentiary system) and 1 from Balti (outpatient).

In Moldova the ARV treatment is provided by the Republican Dermato-Venereal Dispensary (inpatient) for civilians (including from Transnistria) and the Department of Penitentiary Institutions through Pruncul Prison Hospital (inpatient) for detainees.

In Transnistria the ARV treatment started to be provided in May 2007 with the support of the Organisation "Doctors without Borders". By the end of the program there were two outpatient ARV treatment initiation sites in Tiraspol (covering civilians and detainees) and Ribnita, and one inpatient site in Slobozia. From 2003 to May 2007 patients from Transnistria have started ARV treatment in the RDVD (Chisinau). Part of patients from left bank of river Nistru continued to initiate ARV treatment in RDVD even after May 2007.

The program has supported the integration of palliative care in treatment and care for AIDS patients by providing to the ARV Treatment Department of RDVD a lot of furniture for palliative care wards.

An automobile has been procured by the program for the ARV treatment service in order to ensure follow up of HIV/AIDS patients from regions.

Strengthening Antiretroviral Treatment Adherence. In order to strengthening Antiretroviral Treatment Adherence, the PAS Center has been contracted by the program (within IDA/WB grant) to implement activities aiming at ensuring adherence to ART. Peer to peer counseling has been provided for PLWHA on ARV. Counseling and social support for patients on ARV treatment has been provided through reimbursed travel costs of patients on ARV treatment (for patients from regions, including from Transnistria) traveling to RDVD. A TOT training on "Adherence to ARV treatment" has been conducted by international specialist in order to build local capacities able to ensure high quality trainings for specialist from the field of ARV treatment. A training curriculum on "Adherence to ARV treatment" has also been developed and published. Based on this curriculum and a multidisciplinary approach concept for different regions from Moldova, 63 local specialists from all over the country (infectious disease physicians, medical assistants, psychologists, peer to peer consultants, social workers, etc) have been trained through four local trainings. For the organisation of trainings, counseling sessions and any other activity aiming at increasing adherence to ARV treatment a training room has been provided by Republican Dermato-Venereal Dispensary. The facility has been renovated, furnished and equipped by the program.

Management of Opportunistic Infection (OI). Along with specific antiretroviral treatment opportunistic infections were successfully managed in PLWHA. The protocol of care for OI has been adjusted according to WHO guidelines and the program has ensured continuous supply of drugs. A total of 1,738 cases of opportunistic infections at HIV/AIDS patients have been treated during lifetime of program.

Indicators for **SDA 6** are presented in table nr.6:

Table nr.6

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of people with advanced HIV infection receiving antiretroviral combination therapy	552	659
3	Number of people with HIV/AIDS receiving treatment for opportunistic infections	1,261	1,738
2	Number of Health facilities capable to initiate medical treatment for HIV infected people	2	3

Service Delivery Area No. 7: Prevention: Counselling and testing

Main objective: To assure the counselling and testing of people for HIV/AIDS and monitoring of treatment and health status of HIV people.

The Laboratory Capacities for HIV/AIDS were strengthened. According to EuroHIV¹, compared to the year 2000, - in 2003 Moldova became the country that had the highest increase in the annual number of tests in the region - 135%. Population access to HIV testing certainly increased the number of known HIV infections and provided early access to antiretroviral therapy for HIV-infected individuals.

The epidemiological surveillance of HIV infection has been supported by increasing the capacity of the AIDS services, at both national and regional levels, through procurement of laboratory equipment for ELISA testing (three regional sites), laboratory equipment for AIDS Center and continuous supply of HIV tests (basic and alternative) and consumables for ELISA screening for AIDS Center and AIDS laboratories all over the country. There are 15 laboratories for HIV/AIDS diagnosis set up with sufficient diagnosis supplies during program implementation. The total number of people completing the testing and counseling process, is 1,178,490 (1,271,577 tests performed including PCR tests) including pregnant women.

The program has also increased the laboratory capacity for the follow up of patients within ARV treatment services by supporting procurement of PCR equipment, flowcytometer for CD4/CD8 quantification (in the framework of the extension of ARV treatment services destined to the TB Hospital from Bender, Transnistria, for the monitoring of co-infected patients), ultrasonic diagnostic equipment, etc. including furniture for PCR laboratory.

The program ensured continuous supply of Polymerase Chain Reaction (PCR) supplies for viral load investigations and CD4/CD8 reagents for initiation of ARV Treatment for the Republican Dermato-Venereal Dispensary to assure initiation and follow up of patients on ARV treatment. At the same time reagents for the biochemical and hematological analysers have been supplied for the routine lab testing of patients on ARV treatment.

Indicators for **SDA 7** are presented in table nr.7:

Table nr.7

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	People completing the testing and counseling process, including pregnant women (absolute number)	1,205,380	1,178,490
2	The number of laboratories for HIV/AIDS diagnosis set up with sufficient diagnosis supplies (absolute number)	15	15

Service Delivery Area No. 8: Care and Support: Care and support for the chronically ill and families

Main objective: To assure community based care and support for PLWHA and members of their families.

The Soros Foundation-Moldova has been contracted by the program for the implementation of this activity. Home and Community-based care and support for PLWA was supported in Chisinau, Balti, Tiraspol and Comrat through 6 NGO-run projects offering home and community based care and support to PLWA (the maximum number of NGOs supported to provide services to PLWHA was 7). Assistance has been received by 1,598 PLWHA and members of their families.

Indicators for **SDA 8** are presented in table nr.8:

Table nr.8

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of people living with HIV/AIDS receiving social assistance and support	848	1,598
2	Number of community organizations that received support to assist PLWHA	0/4	6/7

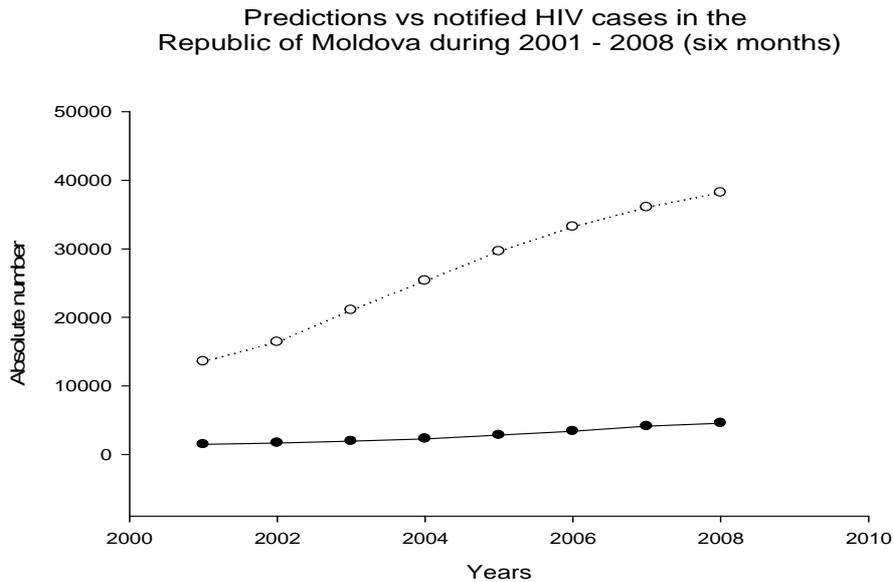
4.2. PROGRESS MEASURED BY IMPACT INDICATORS

1. Evolution of HIV incidence (including Transdnistr region)

The initial assumptions for modeling the epidemic were that there is no net population growth, and that the sexually active population is half of the total population of 4.2 million. The model assumed that there was no migration (which has lead to an underestimation of the rate of increase in HIV) and that the base estimate was of 12,400 HIV infections at the beginning of 2001. It predicted that in the absence of any intervention, epidemic prevalence would increase from 600 per 100,000 adults in 2001 to 1900 per 100,000 by the beginning of 2011.

The graph below (figure 4) illustrates the predicted prevalence for 2001 – 2010 and the registered prevalent cases in 2001 – 2008 (6 months).

Figure 4



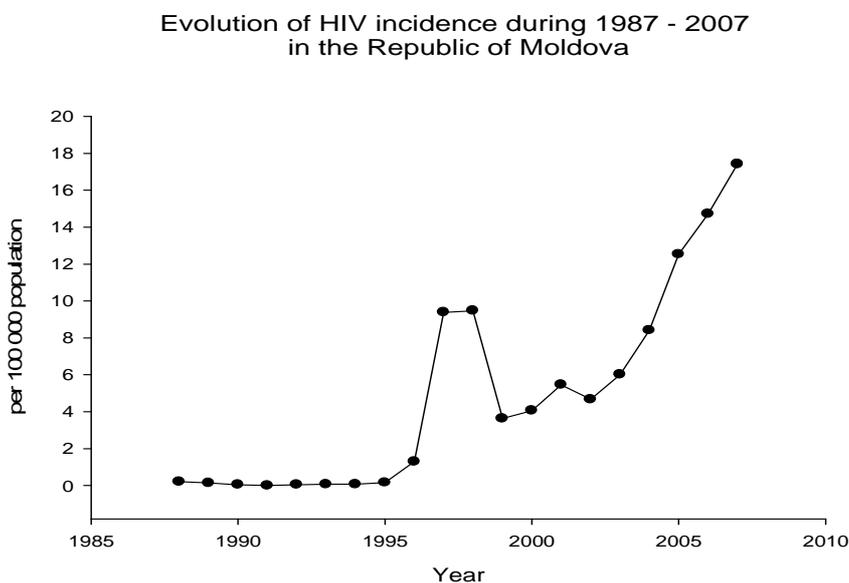
During the lifetime of the program the HIV incidence continued to increase. During last years the annual increasing rate has been stable (18.28% increase 2007/2006, 15.9% increase 2006/2005).

In Moldova without Transnistria the annual increasing rate was less significant than in Transnistria (15.08 increase in Moldova versus 22.69% increase in Transnistria in 2007/2006 and 15.48% increase in Moldova versus 16.59% in Transnistria in 2006/2005).

During 2007 a total of 731 persons were diagnosed HIV positive (from them 412 in Moldova and 319 in Transnistria). In the last 8 years there is a stable increase in the number of newly reported HIV cases (figure 5). Transnistria has a high share of newly reported HIV cases (43.63% in 2007, 42.07% in 2006, 41.83% in 2005, 37.25% in 2004 and 32.28% in 2003) though its total population is much less than Moldova without Transnistria.

By the end of 2007 cumulatively there have been reported 4,131 new HIV cases for both banks of Dniester River, of which about 33% have been registered in 2006-2007.

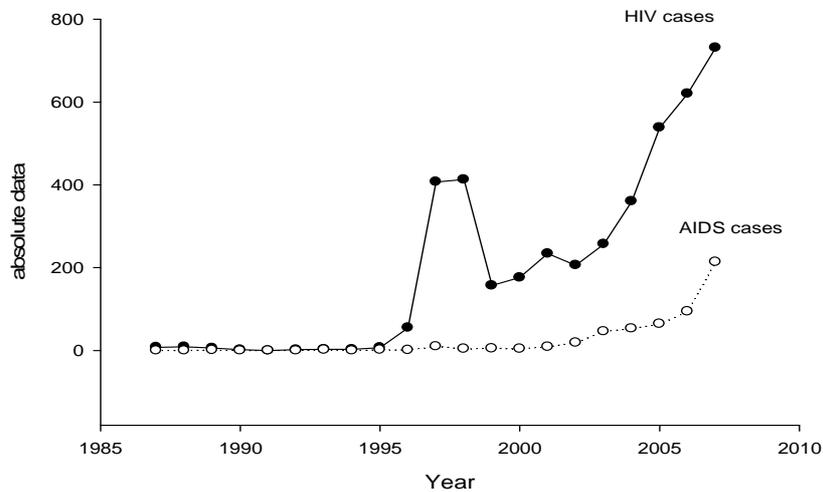
Figure 5



There is also an increase of the incidence of AIDS cases (figure 6). A total of 528 AIDS cases have been registered by the end of year 2007 (214 AIDS cases were registered in 2007). At the same time 155 AIDS deaths were reported by end of 2007 (28 from them in 2007).

Figure 6

Dynamics of HIV and AIDS cases in Republic of Moldova during 1987-2007



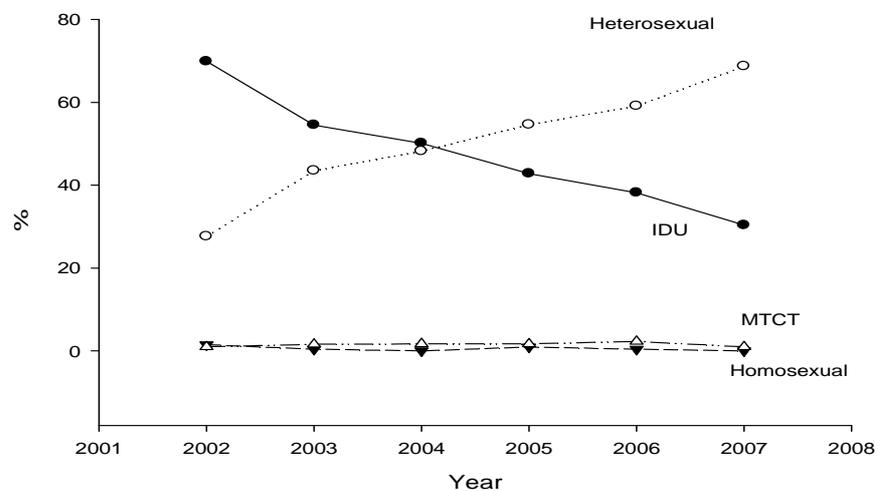
As per initial assumption most of the HIV infections will have occurred among injecting drug users. In reality the share of infections among IDUs began to decline in 2003, both due to stabilizing transmission among IDUs and to the epidemic beginning to spread to the general population (figure 7).

The IDUs represent 30.37% of all infected during 2007, compared to 38.18% in 2006, 42.77% in 2005, 50.1% in 2004 and 55.0% in 2003.

In Moldova the number of IDUs among all new HIV infected during 2007 represents 22.82% compared to 40.12% in Transnistria (where interventions targeted at IDUs started later and have been less intense).

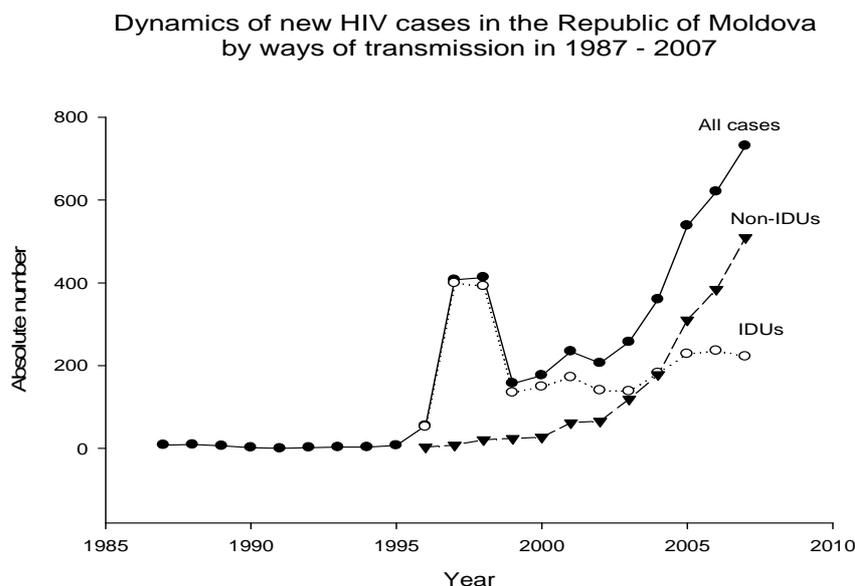
Figure 7

Route of transmission 2002 - 2007



The sexual transmission has increased significantly from 2001 in both relative terms and absolute numbers (figure 8). There is a stable increasing trend of the rate of this route of transmission among newly reported HIV cases. Since 2005, the sexual route of transmission has got the majority. It was the route of transmission for 68.67% of HIV cases registered in 2007 (75.7% - Moldova and 59.56% - Transnistria). Among those, the rate of women reached 55.17% in 2007 (53.52% in Moldova and 57.89% in Transnistria).

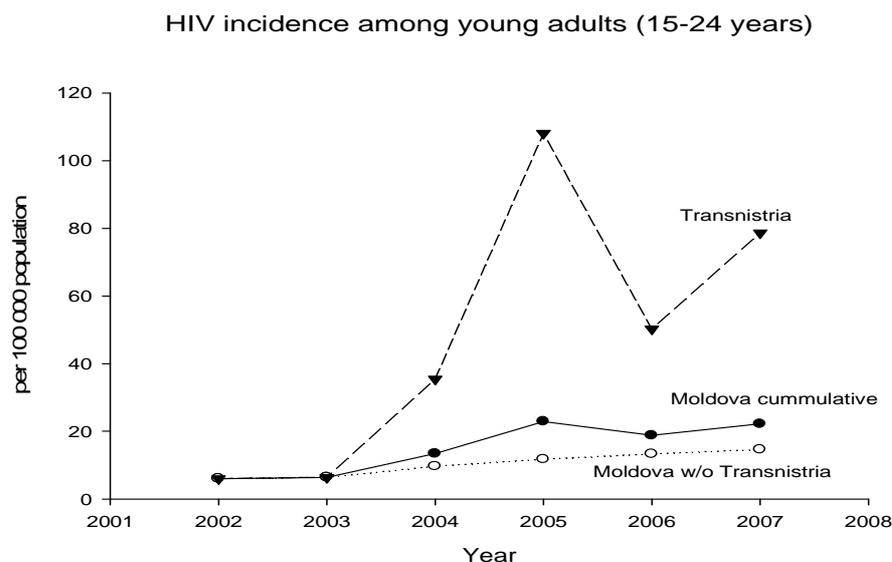
Figure 8



2, Evolution of HIV incidence among young adults (15-24 age group) (including Transnistria region)

The overall incidence in this age group increased from 6 at baseline in 2002 - to 22.20 per 100.000 in 2007 (14.63 per 100.000 in Moldova without Transnistria, and 78.66 per 100.000 in Transnistria) (figure 9). The overall incidence was 6.4 per 100.000 in 2003, 13.42 per 100,000 in 2004, 22.91 per 100,000 in 2005, and 18.79 per 100,000 in 2006. The increasing rate of the indicator was 9.8% in 2007 compared to 2006 in Moldova without Transnistria, and 55.3% in Transnistria for same period. The dynamic of the indicator appears to suggest that the project had an important role in stabilising the transmission of HIV in Moldova without Transnistria, while in the eastern regions of Moldova (Transnistria), which was only partially covered by the project activities, the increase rate is substantially high.

Figure 9

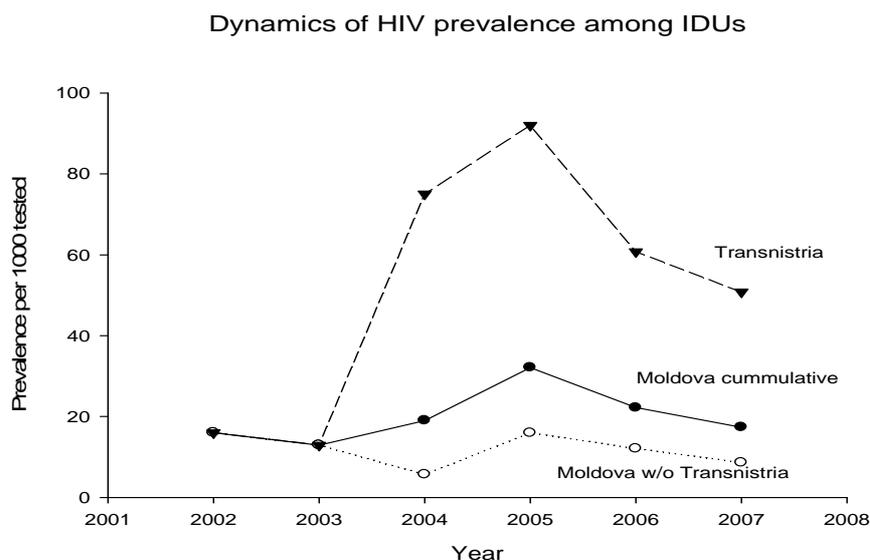


3. Evolution of HIV prevalence among identified intravenous drug users (IDU) on 1 000 tested (including Transdnistr region)

The HIV prevalence among identified intravenous drug users is almost at the same rate as at baseline, 16,0 per 1,000 tested at baseline in 2002 compared to 17.35 per 1,000 in 2007 (8.63 per 1,000 in Moldova and 50.77 per 1,000 in Transnistria). However timely initiation and scale up of harm reduction projects for IDUs in Moldova without Transnistria has resulted in stabilization and reduction of prevalence of HIV (16.0 per 1,000 tested in 2005, 12.10 per 1,000 tested in 2006 and 8.63 per 1.000 tested in 2007) in this highly vulnerable group. In Transnistria, where pragmatic interventions started to be endorsed in late 2005, the trend and the magnitude of HIV prevalence was different (92.0 per 1.000 tested in 2005, 60.74 per 1,000 tested in 2006 and 50.77 per 1,000 tested in 2007) (figure 10).

There is a significant decreasing trend of the HIV prevalence among identified intravenous drug users over the last years. Despite the fact that the aggregated data for Republic of Moldova including Transnistria (32.1 per 1.000 tested in 2005, 22.21 per 1,000 tested in 2006 and 17.35 per 1,000 tested in 2007) continues to be very different from the Moldova without Transnistria, this trend is common for both Moldova and Transnistria.

Figure 10



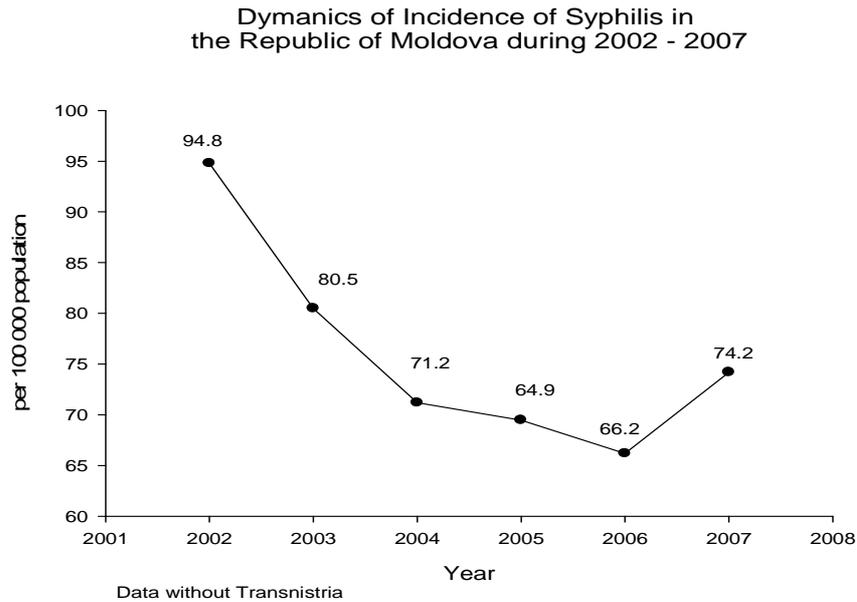
The change of the predominant route of HIV transmission in Moldova since 2005 from IDUs transmission to sexual transmission with spread to the general population mostly affecting young people, made evident the fact that initial targets (reduction of HIV incidence among young adults) were unrealistic.

4. Evolution of Incidence of syphilis (without Transdnistr region)

The incidence of syphilis was very receptive to the programmatic interventions. Rapid scale up of coverage with tests for diagnosis and antibiotics for treatment facilitated effective cure being delivered to large groups of infected patients which reduced the transmission rate. The incidence dropped by 21.73% - from 94.8 per 100.000 at baseline (2002) to 74.2 per 100.000 in 2007 (data without Transnistria) (figure 11).

At the same time in 2007 the decrease is smaller if compared to the last years (26.7% in 2005 and 30.2% in 2006) mostly due to the increasing number of migrants that returned home from abroad (specifically from Russian Federation and other CIS countries) infected.

Figure 11

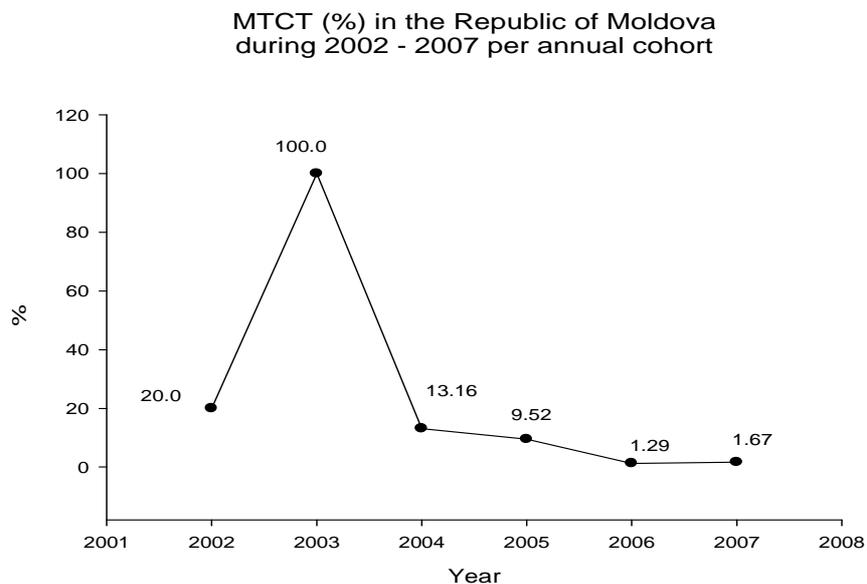


5. Percentage of reduction of mother-to-child HIV transmission (MTCT) (including Transdnistr region)

PMTCT is a success story of the TB/AIDS project and is an achievement with important impact on the project’s policy environment.

In 2002 in Moldova three out of 15 children born from HIV positive mothers were infected (20% of the cohort) which was taken as the baseline level. The vertical transmission reached its maximum (100%) in 2003 (7 children HIV+ from 7 born from HIV+ pregnant women), before the introduction of ARV preventive therapy and substitution of breast-feeding. Early in 2004 the health practitioners were trained in management of cases for reduction of MTCT. Free ARVs and milk formula were made available to the pregnant sero-positive women, which resulted in an important decrease of transmission – to 13.6% (2004). In 2005 the decreasing trend continued toward 9.52% and went below the level of 2% (1.3% in 2006 and 1.67% in 2007) (figure 12).

Figure 12



The main issue in relation to MTCT is that the baseline level of transmission was unknown and the assumption was that it is similar to the one in countries where neither ARV prevention, nor substitution of breast milk are available – at around 30%. A 90% reduction (as initially planned) would have resulted in a level of 3% transmission per cohort which is slightly above the maximal attainable rate of around 2% that is characteristic for countries of Western Europe and North America where the whole range of interventions are available.

The target of the indicator has been modified in 2006 to reflect the actual state of knowledge: to aim at maintaining the level of transmission below 3% per annual cohort

5. TUBERCULOSIS COMPONENT

5.1. PROJECT ACCOMPLISHMENTS TO DATE

Service Delivery Area No. 1: Prevention: Identification of Infectious cases

Main objective: Strengthening the quality of diagnosis of Infectious TB cases. Strengthening the needs of the Microscopic Regional Centres, National and Reference Bacteriological Laboratories in supplies for activity.

The Laboratory Capacities for TB were strengthened at both national and regional levels, through procurement of laboratory equipment, training of involved personnel and supplies of reagents and consumables for microscopic centers and National and Regional Reference Bacteriological Laboratories (Balti, Vorniceni and Bender).

The capacity of National and Regional Reference Laboratories for bacteriological confirmation of the diagnosis, culture and DST investigation (for first and second line) has been increased through procurement of appropriate equipment for culture processing for BK, rapid detection of microbacteria (MGIT Bactec), storage, disinfection and sterilisation, safety cabinets and HEPA filters (for the protection of laboratory staff), etc.

Microscopic centers at rayonal level have been appropriately equipped with microscopes for TB diagnoses.

At the same time the program procured radiological equipped for the Phthysiopneumology service from both civil and penitentiary systems, uninterruptible power supplies for penitentiary system and incinerator for National Phthysiopneumology Institute.

The program ensured continuous supply of:

- consumables and reagents for performance of smear at BAAR for all 57 Microscopic Centers from the civil and penitentiary sector, including from the east regions of the republic;
- consumables and reagents for performance of culture and DST investigations for first and second line antituberculosis drugs, including for rapid investigation;
- X-ray films and reagents for investigations of TB and symptomatic for TB patients to Phthysiopneumology Institute and phthysiopneumology departments throughout the territory, including East regions of the republic (for civil and penitentiary sectors).

The program supported the National Reference Laboratory in insurance of external quality control for bacteriological investigations through supply of boxes for transportation of culture samples to Supra-National TB Reference Laboratory in Germany.

The Reference Laboratories (National and 3 Regional) have been equipped with transport units for the transportation of smear from rayons in order to perform examination of cultures and sensibility to

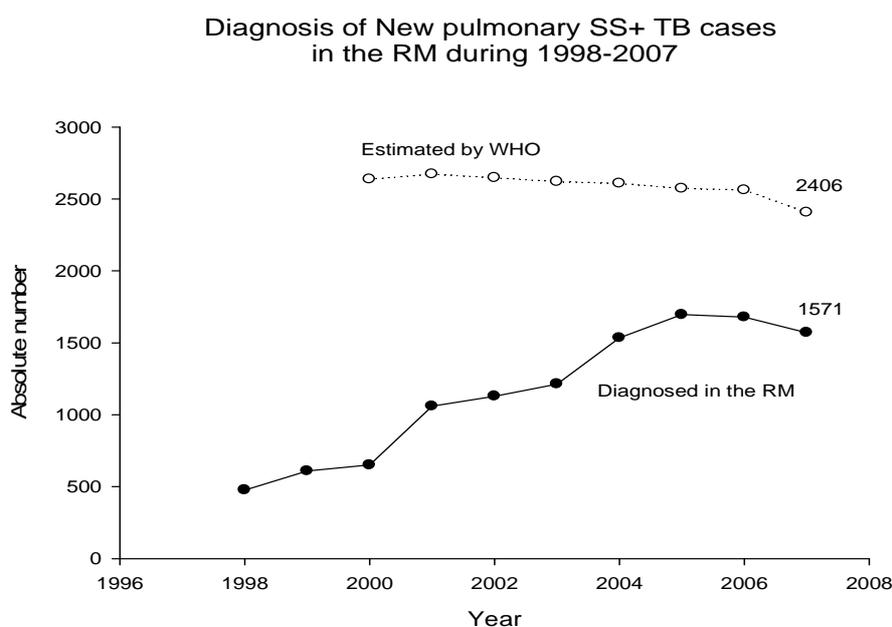
anti-tuberculosis medication. At the same time the National Bacteriological Laboratory has collected cultures for DST investigation for second line antituberculosis drugs from the Reference Bacteriological Laboratories.

A total of 24,753 DST investigations for first line anti-tuberculosis drugs have been realised during lifetime of project. During Q.2.2007, the National Reference Laboratory started to perform DST investigations for second line anti-tuberculosis drugs. 1,522 DST investigations have been realised by the end of project.

The program supported the implementation of a mass-media campaign for Tuberculosis prevention aiming at sensitizing the public opinion about importance of personal hygiene and prophylaxis of lung diseases and tuberculosis, through training of journalists in lungs health and development and distribution / broadcast of informational materials (printed, video and audio).

In 2002-2005, due to continuous provision with consumables and reagents of Microscopic Centres and training/retraining of laboratory personnel, the rate of diagnosis of new pulmonary TB cases with positive microscopy increased as compared to the annual number estimated by the World Health Organization (figure 13). There is a stabilisation during last two years.

Figure 13



Indicators for SDA 1 are presented in table nr.9:

Table nr.9

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number and percentage of new smear positive TB cases detected under DOTS out of the total estimated number of new smear positive TB cases per year.	70%	65.3%*
0	Number of service points supported - (Absolute number of Microscopic Centres and Reference Laboratories with sufficient capacity for DOTS)	61	61**
0	Number of smear microscopy tests realized by all	650,000	729,660

	laboratories		
0	The number of DST investigations realized for first line anti-tuberculosis drugs	16,550	24,753

Note: * - (1,571/2,406) (denominator for year 2007 from WHO TB Budgeting template v3 (February, 2008)).

A total of 483 new smear positive TB cases have been diagnosed in S.I.2008.

Note:** - 57 Microscopic Centres and 4 Reference Laboratories including one National

Service Delivery Area No. 2: Treatment: Timely detection and quality treatment of cases

Main objective: Strengthening the quality of diagnosis of TB cases and efficiency of anti-tuberculosis treatment.

The program supported the implementation of DOTS strategy in the Republic of Moldova as recommended by the WHO. Treatment has been made available for patients from all over the country, including from the penitentiary system and East regions. The program ensured systematic supply, storage and distribution of First line ANTI-TB drugs of assured quality, in the right amount and range. DOTS treatment (directly observed treatment, short course (DOTS) based) has been initiated to a total of 31,257 TB patients (new cases and relapses) during lifetime of the project.

In view of assuring direct observed treatment of TB patients during the second phase (ambulatory) of medication, the program supported, during first two years of implementation, the provision of social support to patients through DOT. In this regard the Red Cross in Republic Moldova has been subcontracted for the implementation of social support activities for TB patients under treatment according to DOTS schemes in ambulatory conditions. During 2 years 4,551 patients have benefited from social support, to which have been distributed 27,056 food parcels and 11,882 hygienic parcels.

In order to increase capacities, medical staff involved in carrying out the DOTS strategy (TB specialists, laboratory personnel, primary health care providers, etc.), including from eastern region and penitentiary system, has been trained/retrained in DOTS. TB doctors from in patient facilities (Chisinau, Vorniceni, Balți and Bender) and out patient facilities from all over the country, including Transnistria, have also been trained in TB MDR and use of SYME TB within the extension of the cohort of MDR TB patient. A total of 409 health services deliverers have been trained/retrained during program implementation.

The program supported the III-d National Phthysiopneumology Congress and the participation of TB specialist (from NTP and TB department of penitentiary institutions) to regional and international trainings, conferences, congresses in TB and Lungs Diseases Control.

The program ensured registration and follow up of patients according to WHO standards by printing DOTS and DOTS Plus treatment records for Phthysiopneumology Institute and phthysiology departments throughout the territory.

The number of TB diagnosed cases and those with standardized treatment, including directly observed in the ambulatory phase of treatment increased significantly as result of project support.

Indicators for **SDA 2** are presented in table nr.10:

Table nr.10

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of people receiving DOTS treatment (directly observed treatment, short course (DOTS) based)	30,330	31,257

3	Treatment Success Rate - Number and percentage of smear-positive TB cases registered under DOTS who are successfully treated	65%	62.5% (278/445 patients) Q I/2007*
0	Population covered by DOTS	100%	100%
3	Number and percentage of patients cared for with directly observed therapy (DOT) during continuation phase.	>80%	79.30%**
0	Other: Number of health service deliverers trained	510	409

Note *. Data for this indicator can not be provided on a monthly base, therefore data for April, 2007 are not available. Intended results at the end December 2007 was 65% and the actual result was 62.3% (1041/1671) - cumulative success rate for 2006.

Note **: 23 from 29 monitored patients (79.30%) in Q.I.2008 (data for this indicator can not be provided on a monthly base, therefore data for April, 2008 are not available).

Intended results at the end December 2007 was >80% and the actual result at the end of December 2007 was 73.00% (219 from 300 monitored patients).

Service Delivery Area No. 3: Prevention: HIV prevention for TB patients

Main objective: Strengthening the capacity of NTP to assure the treatment of patients co-infected with HIV/TB with efficiency anti-tuberculosis and antiretroviral treatment.

Since the beginning of the project a total of 107 co-infected HIV/AIDS patients started the combined HIV and tuberculosis treatment. The beginning of ARV treatment for co-infected TB/HIV people is regulated by National Protocol. Not all coinfected TB/HIV patients are eligible for ARV treatment.

Indicators for **SDA 3** are presented in table nr.11:

Table nr.11

Ind. Categ.	Key indicators	Intended results at the end of project	Actual results at the end of project
3	Number of co-infected TB/AIDS patients under ARV treatment	128	107

Service Delivery Area No. 4: Treatment: Control of drug resistance

Main objective: Strengthening the capacity of NTP to assure the treatment of patients with MDR TB according with WHO standards.

The program assisted the Minister of Health in preparing and transmitting to the Green Light Committee of the World Health Organization the first application for implementation of a DOTS Plus Project, on behalf of Republic of Moldova, for treatment of an initial cohort of 100 TB MDR patients. Later on assistance has been provided for preparation of the second application to GLC for the enrollment of additional 600 MDR-TB patients during 3 years period (2007-2009) and third application for the enrollment of additional 4,150 MDR-TB patients during next 5 years period (2009-2014).

The MoH has also been assisted by PCIMU in the preparation and submission of Application to UNITAID for insuring with second line drugs 150 additional MDR TB patients. The agreement between UNITAID, Global Fund and STOP TB Partnership has been signed on July 25, 2007,

starting the UNITAID initiative to extend the MDR-TB treatment in Moldova by including additional 150 patients on treatment by April 30, 2008.

The program ensured systematic supply, storage and distribution of Second line ANTI-TB drugs of assured quality, in the right amount and range.

The management of second line treatment adverse effects has been supported through supply of pharmaceuticals.

By the end of project DOTS Plus treatment has been initiated to a total of 497 TB patients (including 21 patients putted on treatment in May, 2008).

Soros Foundation-Moldova has been contracted by the program to implement the social assistance for patients on DOTS-Plus treatment in outpatient conditions. Soros Foundation has implemented these activities through the NGO Carlux for both civil and prison sectors. The patients from civil sector are getting social supports during the continuation phase of treatment (18 months) and the patients from penitentiary sector during the whole treatment period (24 months). Since the beginning of the project (august 2006) social assistance has been provided to 284 MDR TB patients on DOTS Plus including 19 from Transnistria and 46 from penitentiary system. On September 30, 2008 the real number of patients under social assistance was 210, from them 19 from Transnistria and 29 from penitentiary system.

The late implementation of social assistance of MDR TB patients on DOTS Plus has been directly caused by delays in implementation of DOTS Plus project in Moldova caused by a 5 months delays in drugs delivery from GLC authorised suppliers. The Social Assistance has been included in the Close-Out Plan of GFATM, Round 1 grant.

Indicators for **SDA 4** are presented in table nr. 12:

Table nr.12

Ind. Categ.	Key indicators	Intended results at the end of December 2007	Actual results at the end of December 2007
3	Number of people with multidrug resistant tuberculosis receiving DOTS-Plus treatment	440	497
3	Number of MDR TB patients on DOTS Plus treatment reached with social assistance (including nutritional programmes)	255	284

Service Delivery Area No. 5: Health systems strengthening

Main objective: Strengthening the capacity of NTP to assure the monitoring of implementation of DOTS Strategy in administrative territories on republic and organization of M&E System for TB and HIV/AIDS/STI Programmes.

NTP M&E capacity. The program has equipped the Phthysiopneumology Institute with a transportation unit and ensured with continuous supply of fuel in view of increasing it's monitoring capacity. At the same time support has been provided for monitoring visits performed by the staff of the Institute of Phthysiopneumology in administrative territories of republic, including the East regions and the penitentiary. The program has provided NTP with continuous office supplies in order to ensure appropriate functioning of the unit.

PCIMU printed the Minister of Health disposition regarding the optimisation of TB prevention and control activities in Moldova.

M&E system. The M&E inception plan, resulting from a consultancy supported by the program in 2003, has endorsed the concept of a Comprehensive National Monitoring and Evaluation System instead of separate systems addressing the monitoring need of each major initiative. By the decision of the Working Group on Monitoring and Evaluation coordinated by the Ministry of Health, a specialized M&E unit was created at the National Centre of Health Management (NCHM).

The National M&E System has been established based on the mentioned above M&E plan and following the UN-“Three Ones” principal. Since 2004 The M&E Unit of NCHM is responsible for the establishment, strengthening and coordination of the M&E System for HIV/AIDS/STI, and Tuberculosis.

The program has supported the procurement of equipment, its maintenance as well as continuous supply of stationery required for the efficient functioning of the M&E Unit of NCHM.

The program supported the implementation of SYMETA - a unified information system for M&E of the TB, AIDS, and STI Programmes through procurement of IT equipment for TB medical institutions from all administrative territories and specialised republican institutions (from IDA/WB). The development of TB soft of SYMETA has been supported by AIHA/USAID.

During IDA/WB grant Mid Term Review (2006) the necessity of developing the soft for AIDS component of SYMETA has been raised and requested budget reallocated from savings (IDA/WB grant). The soft has been elaborated and the implementation started in 2008 with data input at the level of AIDS Center. Shortly after, the implementation of SIME AIDS has been postponed for the second half of year 2008 due to the necessary adjustments of the software to the new legislation (related to the confidentiality of data).

IT personnel for maintenance of SYMETA in Phthysiopneumology Institute, AIDS Center and Republican Dermato-Venereal Dispensary have been supported.

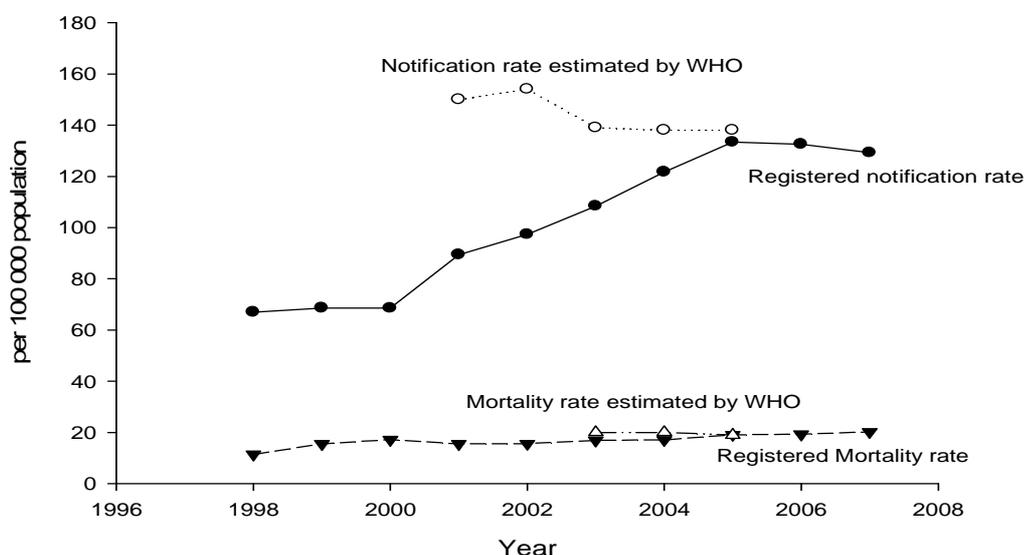
5.2. PROGRESS MEASURED BY IMPACT INDICATORS

1. Evolution of TB cases notification rate

From 2001 to 2005, the total number of cases (new and relapses) increased from 3,820 to 5,632. According to NTP in 2006, for the first time since DOTS implementation in Moldova, the TB notification rate entered into a stabilisation phase. There was a slight decrease during the last two years (2006 and 2007) compared to year 2005 (a 0.67% decrease in 2006 versus 2005 and a 2.49% decrease in 2007 versus 2006). During 2007 a total of 5,315 TB cases (new and relapses) were diagnosed (compared to the 5,468 cases in 2006). The TB notification rate started to decrease from 133.4 per 100000 population in 2005 to 132.5 in 2006 and 129.2 in 2007 (figure 14).

Figure 14

Dynamics of TB indicators (notification & mortality rates)
in the Republic of Moldova during 1998 - 2007



2. Evolution of TB mortality rate

The TB mortality rate in Moldova remains high due to the chronically cases from prevalence most of them with MDR TB. In 2007 the rate was 20.20 per 100,000 population (compared to 19.3 per 100,000 in 2006 and 19.0 per 100,000 population in 2005) (figure 14). There is a 4.66 % increase compared to 2006 (versus a 1.57% increase in 2006 compared to 2005). 830 deaths among TB patients occurred during the year 2007.

At the same time, the WHO estimates that the annual value of the TB mortality rate in Republic of Moldova would be 19 per 100,000 population (787 deaths) (WHO Report 2007: Global Tuberculosis Control, Geneva, page 222).

3. Percentage of New Smear Sputum positive TB cases diagnosed with MDR

Before 2006 the data on TB MDR from all new cases were fragmented and were collected based on investigations performed by Reference Bacteriological Laboratories.

In 2006 NTP, with WHO and USAID/AIHA support, conducted a National Survey on resistance to antituberculosis drugs. The study which included 1,652 TB patients (new case) and 1,227 having relapses, re-treatment or failure of the treatment, pointed out MDR TB as a serious problem in Moldova. For this type of disease the success of the common treatment (with first-line drugs) is less effective than for the sensitive tuberculosis. The prevalence of the anti-TB resistance in the RM extremely increased during the last 10 years. The prevalence of resistant TB increased thrice in 2006, if compared to 1995, while MDR TB increased 10 times. In the performed study there was established that the primary drug resistant TB constituted $43\% \pm 1,7\%$, whereas the primary multi-resistant TB constituted $19,4\% \pm 1,7\%$. The secondary drug resistant TB represented $70,5\% \pm 1,7\%$, whilst the secondary multi-resistant TB made up $50,8\% \pm 1,7\%$. According to the surveillance, the major causes of the huge increase of the drug resistance at TB patients in the last years are: the lack of drugs, the inappropriate and long term treatment that led to the development of the achieved

resistance at more than a half of the patients that were applied treatment between 1997 and 1999, the lack of a rigid control and surveillance of the treatment (appr. 40% patients), as well as the treatment default (appr. 20% patients between 2000 and 2004).

The national survey results have been included in the WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance (Anti-Tuberculosis Drug Resistance in the World report nr. 4, 2008).

Starting with 2008 it is planned to perform routine investigation to TB MDR for all new and retreated TB cases.

4. HIV Seroprevalence among all TB Patients:

In 2007 there have been registered 146 HIV positive TB cases from 5,535 from prevalence. TB continues to be the most frequent opportunistic infection among HIV positive people in Moldova (55 - 60%) and determines the high value of the indicator. The value of the indicator is also determined by the change of route of transmission of HIV from IDUs to general population through sexual transmission.

6. BENEFITS AND TARGET POPULATION

The program benefits the 3.9 million people living in Moldova (including Transnistria), patients with HIV/AIDS, vulnerable and highly vulnerable groups, patients with sensitive TB and multidrug resistance TB. This occurs through decreasing burden of HIV/AIDS/STIs and TB in the population, and reduction in human, social and economic costs.

7. TECHNICAL IMPACT

Current best practices in HIV/AIDS, STIs and TB have been applied in project design.

For the prevention of HIV/AIDS/STIs, the project focused on interventions with evidence of cost-effectiveness such as harm reduction for IDU, peer education for behavioral change, VCT, condoms distribution, syndromic STIs management, MTCT and assurance of blood safety.

For TB control the cost-effective DOTS strategy has been applied for diagnoses and treatment of TB patients and the implementation of DOTS Plus strategy has been launched for control of MDR TB patients.

8. PROJECT SUSTAINABILITY

The project activities are sustainable. The activities are continued and supported from Round 6 GFATM Grant for HIV/AIDS and TB components and from national budget.

The implementation of Round 6 Global Fund Grant for TB Component "Strengthening Tuberculosis control in Republic of Moldova" has started on November 01, 2007. The Round 6 Global Fund Grant for TB Component covers the continuation of interventions initiated within Global Fund Round 1 Grant (TB component).

The implementation of Round 6 Global Fund Grant for HIV/AIDS Component “Scaling up Access to Prevention, Treatment and Care under the National program for Prevention and Control of HIV/AIDS/STI 2006 – 2010” has started on January 01, 2008. The Round 6 Global Fund Grant for HIV/AIDS Component covers the continuation of interventions initiated within IDA/WB and Global Fund Round 1 Grant (HIV/AIDS component).

On June 19, 2008 the Country Coordination Mechanism of National HIV/AIDS/STI Prophylaxis and Control and TB Control and Prophylaxis Programmes approved the application for two components HIV/AIDS and tuberculosis to the Global Fund, 8th round. The application for the TB component has been based on scaling up the management of drug-resistant tuberculosis and the application for HIV/AIDS component has been based on strengthening the health system in view of improving the service delivery to PLWHA and people affected by HIV/AIDS.

Due to insufficient coverage of vulnerable groups including young people with HIV/AIDS prevention activities the necessity of a new application to Global Fund Round 9 for HIV/AIDS/STIs component will be discussed within CCM Technical Working Groups.

9. PROCUREMENT

World Bank procurement guidelines have been applied to the entire Programme, including procurement activities financed by both World Bank and GFATM. The following Bank regulations have been applied: (a) The procurement of goods have been made in accordance with the provisions of Section I of *the Guidelines for Procurement under IBRD Loans and IDA Credits* published by the Bank in January 1995 and revised in January and August 1996, September 1997 and January 1999 (the Guidelines). The Bank’s standard and sample bidding and contracting documents for the procurement of goods have been used for International Competitive Bidding (ICB), International Shopping and National Shopping (ISh and NSh); (b) Consultants hired for training and technical assistance have been employed in accordance with the Bank’s *Guidelines on Selection and Employment of Consultants by World Bank Borrowers* published by the Bank in January 1997 and revised in September 1997, January 1999 and May 2002.

The list of contracts performed under the grant is attached (annex 1. Contract Management).

10. USE OF FUNDS

Grant funds have been disbursed according to the planned disbursements.

By April 30, 2008, a total of 11,701,272 US Dollars have been disbursed (6,351,759 for HIV/AIDS component and 5,054,512 for TB component). The difference of 17,774 US Dollars is the amount committed for the final financial audit of grant funds.

The use of funds by project activities are summarised in the annexe 2 (Appendix 1. Cash Flow).

19,7% from the total grant amount have been disbursed for NGOs activities in HIV/AIDS/ STIs and TB, specifically 27,3% from the total of 6,351,759.08 for HIV/AIDS component and 11,3% from total 5,054,511.92 for TB component.

Regular Financial annual Audit for GFATM grant (including sub-recipients) have been performed and reports submitted to GFATM in time.

11. PROGRAMME MONITORING AND EVALUATION

TB/AIDS program has been periodically monitored through regular supervision visits of the GFATM Country Portfolio Manager. At the same time monitoring and evaluation visit of activities implemented under IDA/WB grant (managed by the same PCIMU) have been conducted by WB Task Manager for AIDS Control Project. The Mid Term Evaluation of the AIDS Control Project has been performed by the WB in April, 2006.

The program has quarterly been monitored by LFA which performed verification of performance indicators against agreed-upon targets and expenses performed to reach the programme objectives and provided recommendation on weaknesses identified and improvements to be made.

During 2007 LFA performed a on-site data verification for the Round 1 HIV/TB Grant. The data verification covered the reported results for six indicators for people reached with services (covering the HIV and the TB components of your Program) and visits to 10 organizations (sub-recipients, sub-sub-recipients, and implementing partners). The data verification ratings for all indicators, which were subject to on-site data verification, has been in the "A" range.

PCIMU has developed a Monitoring and Evaluation (M&E) Plan for the TB/AIDS Programme funded by Global Fund to Fight AIDS, Tuberculosis and Malaria describing the data to be collected, whom it had to be collected by and how it had to be collected, what the baseline were and what was the basic timeline for implementation. The list of indicators has been updated during grant implementation according to planned schedule.

Data on progress, outcome and output indicators has been regularly collected in close collaboration with implementing agencies (TB Institute, RDVD, NBTC, AIDS Center, DPI, sub-recipients, etc.), data analysed and regular quarterly progress update reports have been submitted to the Global Fund, WB, Ministries of Health, Finance, Economy and Commerce. The list of key performance indicators (Actual versus Target) submitted to Global Fund for semester I, 2008 is attached to this report (annex 3).

M&E data have been used by TB/AIDS program stakeholders to measure progress, identify gaps necessary for adjustments, make tactical changes to the project activities, etc.

In addition to quarter progress update (semiannual since 2007) PCIMU prepared and submitted regular Annual Progress Report to the Global Fund and regular progress reports to WB, Ministries of Health, Finance, Economy and Commerce.

All over the lifetime of the project PCIMU performed monitoring visits to the medical institutions (Phthysiopneumology Institute, Republican Dermato-Venereal Dispensary, AIDS Center, National Blood Transfusion Centre, Penitentiary Institutions Hospital, Municipal TB Hospitals Rayonal's Hospitals, etc.), sub-recipients (PCIMU of Ministry of Education, Soros Foundation-Moldova, Red Cross) and NGOs active in HIV/AIDS prevention and TB control. The visits aimed at monitoring: the activities implemented with grant funds and the use of program supplies (equipment, consumables, tests, ARV/STIs/TB drugs) at national and regional medical institution level, sub-recipients, sub-sub-recipients, etc.

The Sub-Recipient Soros Foundation-Moldova (NGO Facilitator) performed regular monitoring visits to NGOs-run projects supported from Global Fund and IDA/WB Grants. The monitoring visits were focusing on monitoring activities implementation, primary evidence (beneficiaries, distribution of consumables and informational materials), use of provided supplies, etc.

The Phthysiopneumology Institute performed regular visits to regional level aiming at monitoring the antituberculosis activities implemented by TB Departments, Primary Health Care Institutions and Penitentiary Institutions.

Moldova has been selected for the Five-Year Evaluation of the Global Fund as part of partnership evaluation countries that focus on grant performance and partnerships to support grant implementation in country.

M&E Studies. Under IDA/WB grant the program has mapped the HIV/AIDS vulnerable groups, procured and delivered to the National AIDS Centre and the National Centre of Health Management of MoH Geographic Information System software. This was addressed in order to present the cartography of infection spread in Moldova, the place and the prevention activities.

The program has supported the elaboration of a National HIV Surveillance Plan (IDA/WB grant). As a result the AIDS Policy framework has been reviewed and improvements suggested and guidance on AIDS surveillance has been offered. The activity has been coordinated with the National AIDS Centre and UNAIDS who have prepared a compilation of existing AIDS legislation, and with the international consultant working on the concept of the AIDS and TB surveillance system.

The rapid expansion of HAART has changed the role of the serological surveillance. It has also the role of linking therapy to those who need it. An international expert has been contracted by the program to assist the country in preparing its plans for serological surveillance (IDA/WB grant). This resulted in a clearer definition of the objectives of serological surveillance and in optimizing its methods, inputs and outputs.

In the context of increasing TB/HIV coinfection, the Evaluation of DOTS implementation in Republic of Moldova has been carried by a national expert contracted by the program (IDA/WB grant).

The program initiated and supported the establishment of the second-generation surveillance in the country. As part of the second-generation surveillance periodic KAP and BSS studies have been conducted during lifetime of the program.

Two KAP surveys between young people (15-24 years old groups) have been conducted in 2006 and 2008 aiming at assessing youth knowledge, attitudes and practices regarding HIV/AIDS (both IDA/WB).

Two HIV/AIDS Behavioural Surveillance and HIV Sentinel Surveillance Studies have been performed in 2004 and 2007 covering IDUs, CSWs and inmates (in 2007 one additional group – MSM has been covered) (both IDA/WB and GFATM grants).

At the same time, the program co-financed the study of HIV/AIDS related knowledge, attitudes and practices of Most at Risk Adolescents (IDUs and adolescents in detention) in the Republic of Moldova, conducted by UNICEF in 2008 (IDA/WB grants).

12. MOLDOVA'S INSTITUTIONAL CAPACITY TO BETTER RESPONDS TO HIV/AIDS, STIs AND TB IN A MULTI-FIELD APPROACH HAVE BEEN STRENGTHENED

In line with the UN-‘Three Ones’ principle, the project has been overseen by the Country Coordination Mechanism (CCM), which has the overall responsibility for coordination of the Moldova TB/AIDS Programme implementation. The CCM was established in March 2002 to act as the project Steering Committee and to apply for funding to implement the proposed programme. The CCM was chaired by the Vice Prime-Minister and by the Minister of Health later on, and included a merged TB National Committee and the HIV/AIDS inter-ministerial Committee, the UN-Theme Group on HIV/AIDS, and NGOs. The CCM is assisted by a Secretariat that organizes meetings and

disseminates relevant information on the progress of activities to its members. The CCM is responsible for periodic briefing to the Prime Minister and the Cabinet on project activities.

In 2005 the CCM was adjusted to reflect the need to involve an increased number of actors. The Minister of Health became the Chair of the CCM (The Country Coordination Mechanism of the National HIV/AIDS/STI Prophylaxis and Control and TB Control and Prophylaxis Programmes was approved through the Government Decision nr.825, from the 3rd of August 2005) (annex 4).

The CCM plays a leading role in coordinating and implementing the country's multisectoral response to the epidemics since its establishment in 2002 and currently counts 22 members: 9 from governmental constituency, 5 – nongovernmental sector, including people living with HIV, 8 – donor, multilateral and bilateral development agencies.

The CCM aims to contribute to the effective implementation of the National Program for Prevention of HIV/AIDS and the National Program on TB Control, acting as a nexus point for coordinating and overseeing donor financing in support of the national commitment and priorities to fight HIV/AIDS/STIs and TB. CCM has assumed oversight responsibilities for programs funded by the World Bank, the Global Fund, USAID, Swedish governments, and UN agencies ensuring harmonized approach towards achieving the national program goals and Moldova's health-related MDGs.

The CCM Secretariat facilities have been equipped and furnished and CCM Secretariat staff (3 persons) has been supported by the program. For the dissemination and exchange of information among stakeholders involved in program implementation, a CCM Web-site has been developed and the CCM News Letter has been continuously printed (25 numbers of CCM News Letters produced by CCM secretariat – 15 monthly and 10 quarterly bulletins).

13. SUMMARY OF PROBLEMS IDENTIFIED DURING PROJECT IMPLEMENTATION

HIV/AIDS

- Interventions were mainly focused on targeting the IDUs. During program implementation, the role of other groups and routes of transmission increased significantly.
- Activities aimed at making ARV treatment available were not matched by activities for ensuring adherence to treatment. Without adherence, in the future, one can expect rapid development and spread of resistance to ARV, and diminishing results from HAART.
- The increasing number of HIV/AIDS cases diagnosed and the rapid extension of ARV treatment required strengthening of M&E system for the follow up of patients.
- The political will was insufficiently strong for the appropriate implementation of one of the major program targeting youth (Life Skills Based Education).

TB

- The unknown MDR TB resistance rate has underestimated the needed interventions based on this component.

Commun

- Massive migration of population, including people with HIV/AIDS, STIs and TB, influenced the treatment results and the follow up of patients.
- The targets for some indicators were unrealistically estimated at the time of project preparation.
- Maintenance of diagnostic equipment procured within the program funds became a big constraint for the medical institutions due to lack of budgeted funds.

14. SOLUTIONS PROPOSED

HIV/AIDS

- The programme needed specific intervention in order to cover more sexually active young people and displaced populations with preventive services. Additional funds from economies have been reallocated for these interventions.
- In the future the interventions need to target general population especially more sexually active young people and mobile populations with preventive services but without decreasing interventions targeting highly vulnerable groups (IDU, CSWs, LGBT).
- HAART needed to be complemented by activities aimed at achieving and maintaining adherence to treatment. Additional funds have been reallocated from economies.
- ARV Treatment needs to be continuously complemented by activities aimed at achieving and maintaining adherence to treatment.
- The rapid extension of ARV treatment will raise a serious issue beyond Global Fund Round 6 HIV/AIDS Grant (2008 – 2012) in terms of sustainability of the treatment. This issue requires the definition of procurement opportunities (national budget, new Global Fund Grant, etc.)
- The targets for some indicators have been revised to reflect the actual state of knowledge (for example the target for prevention of vertical transmission has been corrected: the country should aim at maintaining the level of transmission below 3% per cohort). More attention needs to be given to establishing pre-intervention base line data and intervention targets.

TB

- The MDR TB survey conducted by NTP in 2006 has shown the real situation and allowed to prepare appropriate applications to GLC for MDR TB cohort extension and GFATM round 8 DOTS Plus treatment extension.

Commun

- The program supported the maintenance of procured equipment beyond the warranty period using additional funds from economies. Henceforth national funds should be made available for the maintenance of diagnostic equipment in order to ensure uninterrupted availability of diagnostic services. At the same time national funds should be gradually increased to assure procurement of reagent kits and consumables for HIV/AIDS, STI and TB Service.
- The program supported the development of AIDS soft of SYMETA (an unified information system for M&E of the TB, AIDS, and STI Programmes) with budget reallocated from savings (IDA/WB grant).

15. LESSONS LEARNED

The main lessons learned throughout the course of the project that can be carried forward into any future project are:

- Harmonious partnerships are essential (MOH, PCIMU, MOJ, MOE, donors, UN organisations, NGOs etc) for efficient implementation of HIV/AIDS and TB interventions.
- Quality in programs does not happen by itself. Quality improvement requires that the program is constantly: investing in its staff and systems, improving use of existing resources, and use a “customer orientation” both with clients and staff.
- ***HIV/AIDS***. NGOs have an essential role to play against HIV/AIDS. The involvement of NGOs is an imperative for the success of prevention interventions targeting vulnerable and highly vulnerable groups.
The acceptance and massive involvement of NGOs by Public Sector is one of key success factor of the program.

- **TB.** The quality of DOTS implementation depends not only on equipment, reagents, consumables and drugs but also on human factor (TB doctors and PHC specialists).

ANNEXES:

Annex 1: Project Management Report - PMR 2A: Output Monitoring Report (Contract Management)

Annex 2: Appendix 1. Cash Flow)

Annex 3: On going Progress Update & Disbursement Request (Section 1A (1 & 2))

Annex 4: CCM Bylaws

Annex 1.

Project Management Report - PMR 2A: Output Monitoring Report (Contract Management)
 Project: TB/AIDS Program
 Government of Moldova
 Date: April 30, 2008
 Period from 01.05.03 - 30.04.08

Contract	Description	Actual Progress to Date		Total Planned Cost	Variance	Completion Date
		% of Contract Disbursement	% of Contract Execution			
	Goods					
GF/GD/01	ARV Pharmaceuticals	100,00 %	100,00 %	98 020,00	-0,10	06.10.03
GF/GD/02	Pharmaceuticals for syphilis	20,13 %	20,13 %	5 160,00	-20 475,00	21.08.03
GF/GD/03_a	TB microscopy equipment	100,00 %	100,00 %	40 879,00	0,00	26.11.03
GF/GD/03_b	TB Equipment for stocking and disinfection	100,00 %	100,00 %	9 524,00	0,00	09.12.03
GF/GD/03_c	TB Equipment for processing cultures for BK	100,00 %	100,00 %	12 910,00	0,00	23.10.03
GF/GD/03_d	TB Equipment for sterilisation	99,91 %	100,00 %	170 744,71	-145,29	16.03.04
GF/GD/04	PCR lab. equipment	99,22 %	100,00 %	102 654,00	-810,00	19.07.04
GF/GD/07_a	TPHA lab. equipment	100,00 %	100,00 %	74 400,00	0,00	30.10.03
GF/GD/07_b	Chlamydia lab. equipment	100,00 %	100,00 %	11 520,00	0,00	31.12.03
GF/GD/10	Pharmaceuticals for syphilis	100,00 %	100,00 %	1 231,09	0,00	31.10.03
GF/GD/11	TPHA tests	100,00 %	100,00 %	1 680,00	0,00	08.12.03
GF/GD/12	ARV Pharmaceuticals	100,00 %	100,00 %	29 380,95	0,00	29.03.04
GF/GD/13	CD4-CD8 counting machine	100,00 %	100,00 %	37 945,66	0,00	10.05.04
GF/GD/14	Condoms	100,00 %	100,00 %	22 781,68	0,00	24.05.04
GF/GD/15	HIV test kits for pregnant women	100,00 %	100,00 %	34 560,00	0,00	29.06.04
GF/GD/16	HIV test kits and consumables	101,35 %	100,00 %	19 192,82	256,15	09.08.04
GF/GD/17	HIV confirmation test for pregnant women	100,00 %	100,00 %	9 892,20	0,00	19.05.04
GF/GD/18	Formula for children	28,13 %	28,13 %	1 022,61	-2 612,36	03.09.04
GF/GD/19	X-Ray films	100,00 %	100,00 %	109 289,41	0,00	11.06.04
GF/GD/20_a	VDRL Supplies	100,00 %	100,00 %	6 500,00	0,00	16.08.04
GF/GD/20_b	Chlamydia tests	100,00 %	100,00 %	7 200,00	0,00	16.08.04
GF/GD/20_c	TPHA tests	100,00 %	100,00 %	6 570,00	0,00	16.08.04
GF/GD/21	ELISA lab. equipment	100,00 %	100,00 %	27 840,00	0,00	05.10.04
GF/GD/22	TPHA lab. equipment	101,25 %	100,00 %	46 470,55	572,69	23.09.04
GF/GD/23	Culture media for MBT isolation	106,40 %	100,00 %	78 658,72	4 730,15	05.08.05
GF/GD/24	TB lab. equipment	106,15 %	100,00 %	163 692,18	9 482,80	29.12.04
GF/GD/25_a	TB Lab. Consumables for smears	100,00 %	100,00 %	12 706,00	0,00	16.02.05
GF/GD/25_b	TB Reagents	100,00 %	100,00 %	60 126,00	0,00	16.02.05
GF/GD/25_c	TB consumables	100,00 %	100,00 %	28 539,00	0,00	29.12.04

GF/GD/26	Reagents for Hematological analyser	99.43 %	100,00 %	5 532,12	5 563,64	-31,52	20.08.04
GF/GD/27	ARV Pharmaceuticals	100,00 %	100,00 %	16 262,40	16 262,40	0,00	19.07.04
GF/GD/28	ARV Pharmaceuticals	100,00 %	100,00 %	1 397,22	1 397,22	0,00	25.08.04
GF/GD/29	ARV Pharmaceuticals	100,00 %	100,00 %	234,20	234,20	0,00	25.08.04
GF/GD/30	ARV Pharmaceuticals	100,00 %	100,00 %	15 416,30	15 416,30	0,00	25.08.04
GF/GD/31	IT Echipament for monitoring	100,00 %	100,00 %	9 860,00	9 860,00	0,00	16.11.04
GF/GD/32	Vehicles for monitoring activities	107,72 %	100,00 %	48 655,57	45 167,29	3 488,28	17.02.06
GF/GD/33	ELISA lab. equipment	100,00 %	100,00 %	2 612,40	2 612,40	0,00	11.11.04
GF/GD/34	TB Equipment for rapid detection of MBT	100,00 %	100,00 %	117 914,13	117 914,13	0,00	01.09.04
GF/GD/35	ARV Pharmaceuticals	100,00 %	100,00 %	13 025,56	13 025,56	0,00	15.10.04
GF/GD/36	Reagents for CD4-CD8	100,00 %	100,00 %	2 486,00	2 486,00	0,00	25.10.04
GF/GD/37	Formula for children	99,16 %	100,00 %	8 118,61	8 187,28	-68,67	29.04.05
GF/GD/38 a	Printing of DOTs formularies	99,63 %	100,00 %	3 074,02	3 085,37	-11,35	22.02.05
GF/GD/38 b	X-Ray equipment	100,00 %	100,00 %	958 638,00	958 638,00	0,00	10.08.06
GF/GD/39	Shipping box for infectious substances	107,37 %	100,00 %	2 008,47	1 870,59	137,88	18.05.05
GF/GD/40	Viral load equipment	100,00 %	87,25 %	14 600,00	14 600,00	0,00	15.06.07
GF/GD/41	Second line TB pharmaceuticals	100,00 %	95,00 %	76 187,84	76 187,84	0,00	21.06.05
GF/GD/42	TB pharmaceuticals first line	106,06 %	100,00 %	11 751,25	11 080,01	671,24	31.05.05
GF/GD/43	TB pharmaceuticals first line	100,17 %	100,00 %	169 569,66	169 275,97	293,69	13.07.05
GF/GD/44	Ultrasound equipment	100,00 %	100,00 %	65 000,00	65 000,00	0,00	22.08.05
GF/GD/45	CD4-CD8 counting machine	100,00 %	100,00 %	35 000,00	35 000,00	0,00	26.08.05
GF/GD/46	Office equipment for NTP	100,00 %	100,00 %	2 267,00	2 267,00	0,00	27.09.05
GF/GD/47	Office equipment for NTP	100,00 %	100,00 %	1 918,00	1 918,00	0,00	13.10.05
GF/GD/47 a	Pharmaceuticals for second line treatment adverse effects	99,68 %	100,00 %	925,04	927,98	-2,94	26.10.05
GF/GD/48	Vehicle for DVD	104,57 %	100,00 %	20 791,32	19 882,35	908,97	13.09.05
GF/GD/49	Pharmaceuticals for second line treatment adverse effects	100,00 %	100,00 %	235,89	235,89	0,00	25.10.05
GF/GD/50	HIV test kits and consumables	100,00 %	100,00 %	1 757,18	1 757,18	0,00	11.10.05
GF/GD/51	HIV confirmation tests	100,00 %	100,00 %	3 836,75	3 836,75	0,00	11.10.05
GF/GD/52	Warranty service one year/installation	100,00 %	100,00 %	8 120,00	8 120,00	0,00	02.10.06
GF/GD/53	Spare parts for CD4-CD8 counter	100,00 %	100,00 %	11 860,00	11 860,00	0,00	06.09.05
27/06/05	Storage of TB drugs	110,79 %	100,00 %	11,078,93	10,000,00	1,078,93	29.01.08
GF/GD/54	Protection window for x-ray equipment	98,36 %	100,00 %	6 000,00	6 100,00	-100,00	26.10.05
GF/GD/55	Tests for CD4-CD8	100,00 %	100,00 %	13 034,64	13 034,64	0,00	18.11.05
GF/GD/56	Printing of DOTs formularies	99,99 %	100,00 %	2 796,91	2 797,23	-0,32	05.01.06
GF/GD/57	Printers for viral load	100,00 %	100,00 %	720,00	720,00	0,00	17.03.06
GF/GD/58	TB lab. equipment	100,00 %	100,00 %	28 360,00	28 360,00	0,00	15.05.06
GF/GD/58 a	Incinerator for DDVR	100,00 %	100,00 %	28 360,00	28 360,00	0,00	15.05.06
GF/GD/59	Lab. equipment for AIDS section	100,00 %	100,00 %	5 434,00	5 434,00	0,00	26.12.05

GF/GD/60	Consumables for ELISA testing	100,54 %	100,00 %	7 395,61	7 355,56	40,05	23.10.06
GF/GD/63	Culture media for MBT isolation	100,00 %	100,00 %	11 201,00	11 201,00	0,00	07.04.06
GF/GD/64	Culture media for MBT isolation	100,99 %	100,00 %	103 547,74	102 527,89	1 019,85	07.06.06
GF/GD/65	Culture media for MBT isolation	100,00 %	100,00 %	12 518,00	12 518,00	0,00	26.04.06
GF/GD/66	Culture media for MBT isolation	105,87 %	100,00 %	11 929,53	11 268,19	661,34	19.06.06
GF/GD/67	Consumables for Bactec	100,00 %	100,00 %	76 222,78	76 222,78	0,00	03.02.06
GF/GD/68	Additional cost MDR TB, kit for drugs	100,00 %	100,00 %	325,66	327,48	-1,82	31.01.06
GF/GD/69	Equipment for DVD (morgue, x-ray)	99,61 %	100,00 %	647,66	650,21	-2,55	13.05.06
GF/GD/70	Equipment for DVD (morgue, x-ray)	100,00 %	100,00 %	21 145,97	21 145,97	0,00	15.05.06
GF/GD/71	Syphilis ELISA tests	100,00 %	100,00 %	4 550,00	4 550,00	0,00	21.03.06
GF/GD/72	HIV test kits for surveillance	100,00 %	100,00 %	18 188,00	18 188,00	0,00	21.03.06
GF/GD/73	HIV rapid tests	100,00 %	100,00 %	6 780,00	6 780,00	0,00	13.07.06
GF/GD/74	STI test kits	100,00 %	100,00 %	9 234,00	9 234,00	0,00	07.09.06
GF/GD/75	Hepatitis PCR tests	100,00 %	100,00 %	5 894,00	5 894,00	0,00	12.05.06
GF/GD/76	Equipment for ELISA investigations	100,35 %	100,00 %	54 034,59	53 847,56	187,03	31.07.06
GF/GD/77	Equipment for ELISA investigations	100,00 %	100,00 %	6 780,00	6 780,00	0,00	19.09.06
GF/GD/78	Second line TB drugs	100,00 %	100,00 %	60 431,77	60 431,77	0,00	05.10.06
GF/GD/79	X-Ray films	100,00 %	100,00 %	84 230,04	84 230,04	0,00	20.05.06
GF/GD/80	First line TB drugs	100,00 %	100,00 %	9 188,65	9 221,01	-32,36	22.06.06
GF/GD/81	Surgical face masks	100,00 %	100,00 %	837,74	837,74	0,00	25.04.06
GF/GD/82	Second line TB drugs	100,00 %	100,00 %	15 408,00	15 408,00	0,00	05.10.06
GF/GD/83	First line TB drugs	100,96 %	100,00 %	295 906,91	293 094,37	2 812,54	21.12.06
GF/GD/84	ARV Pharmaceuticals	100,00 %	100,00 %	38 187,40	38 187,40	0,00	28.08.06
GF/GD/85	PCR supplies	100,00 %	100,00 %	47 053,40	47 053,40	0,00	20.07.06
GF/GD/86	ELISA lab. equipment	99,28%	100,00 %	57 525,96	57 943,04	-417,08	27.06.06
GF/GD/89	HIV confirmation tests	100,00%	100,00%	2 021,00	2 021,00	0,00	24.07.06
GF/GD/90	TPHA tests	100,21%	100,00%	3 504,90	3 497,50	7,40	30.06.06
GF/GD/91	Formula for children	99,83%	100,00%	1 312,96	1 315,16	-2,20	29.06.06
GF/GD/92	Teste Chlamydia	101,58 %	100,00 %	1 643,77	1 618,19	25,58	17.07.06
GF/GD/93	Nutritive media for TB	99,82%	100,00%	51 848,50	51 942,00	-93,50	14.02.07
GF/GD/94	Second line TB drugs	100,00 %	100,00 %	21 204,51	21 204,51	0,00	07.08.06
GF/GD/95	HIV test kits and consumables	99,98 %	100,00 %	19 196,24	19 200,00	-3,76	15.08.06
GF/GD/96	STI test kits	99,70 %	100,00 %	9 476,88	9 505,10	-28,22	04.09.06
GF/GD/97	Formula for children	100,72%	100,00%	6 838,16	6 789,44	48,72	29.01.07
GF/GD/98	HIV test kits and consumables	100,84 %	100,00 %	75 956,23	75 323,08	633,15	30.11.06
GF/GD/99	PCR lab. equipment	99,65 %	100,00 %	141 244,09	141 734,62	-490,53	29.11.06
GF/GD/101	HIV test kits and consumables	99,20 %	100,00 %	36 779,24	37 077,23	-297,99	12.09.06
GF/GD/102	Pharmaceuticals for OI	100,72 %	100,00 %	12 542,30	12 452,39	89,91	01.09.06
GF/GD/103	ARV Pharmaceuticals	100,00 %	100,00 %	20 639,30	20 639,30	0,00	11.12.06
GF/GD/104	Safety boxes for the incinerator	100,19 %	100,00 %	13 588,10	13 561,67	26,43	18.10.06
GF/GD/105	Condoms	100,00 %	100,00 %	15 754,68	15 754,68	0,00	10.11.06
GF/GD/106	IT Echipament for monitoring	101,63 %	100,00 %	1 048,71	1 031,94	16,77	09.01.07

GF/GD/107	Reagents for CD4-CD8	100,67%	100,00%	24 200,56	24 040,26	160,30	11.12.06
GF/GD/108	Consumables for viral load	101,11%	100,00%	4 265,92	4 219,23	46,69	23.11.06
GF/GD/109	TPHA tests	101,32%	100,00%	12 172,71	12 013,77	158,94	13.12.06
GF/GD/110	STI ELISA tests for Blood service	100,00%	100,00%	59 981,20	59 981,20	0,00	22.02.07
GF/GD/111	PCR test kits	100,00%	100,00%	25 959,90	25 959,90	0,00	19.01.07
GF/GD/112	Pharmaceuticals for second line treatment adverse effects	101,10%	100,00%	1 274,15	1 260,34	13,81	07.12.06
GF/GD/113	Pharmaceuticals for second line treatment adverse effects	103,10%	100,00%	808,11	783,81	24,30	09.01.07
GF/GD/114	Consumables for Bactes	100,00%	100,00%	78 008,02	78 008,02	0,00	16.07.07
GF/GD/115	Second line TB drugs	100,00%	100,00%	382 003,66	382 003,66	0,00	09.01.08
GF/GD/116	Consumables for ELISA testing	100,88 %	100,00 %	4 102,04	4 066,25	35,79	17.03.07
GF/GD/117	Consumables for ELISA testing	100,47%	100,00%	39 094,14	38 911,64	182,50	15.02.07
GF/GD/118	ELISA lab. equipment	100,25%	100,00%	52 856,17	52 721,76	134,41	19.02.07
GF/GD/119	Computers for ELISA stations	99,58%	100,09%	3 207,36	3 220,78	-13,42	02.03.07
GF/GD/120	Service for X-Ray equipment	98,12%	100,00%	53 180,15	54 197,97	-1 017,82	29.01.08
GF/GD/120-b	TPHA tests	101,99%	100,00%	2 248,65	2 204,71	43,94	24.01.07
GF/GD/122	Consumables for Bactes	100,00%	100,00%	21 786,86	21 786,86	0,00	16.03.07
GF/GD/123	Printing of DOTs formularies	102,10%	100,00%	3 146,60	3 081,88	64,72	25.04.07
GF/GD/124	Consumables for ELISA testing	103,73%	100,00%	409,48	394,74	14,74	19.03.07
GF/GD/125	Consumables for microscopy	81,48%	81,43%	38 297,61	47 012,18	-8 714,57	01.10.07
GF/GD/126_a	Culture media for MBT isolation	99,48%	99,98%	72 662,29	73 040,00	-377,71	11.12.07
GF/GD/126_b	Consumables for microscopy	102,80%	100,00%	66 570,83	64 758,89	1 811,94	05.06.07
GF/GD/127	Consumables for microscopy	108,35%	100,00%	13 624,32	12 574,44	1 049,88	10.09.07
GF/GD/128	Consumables for microscopy	102,66%	100,00%	16 868,51	16 430,83	437,68	11.04.07
GF/GD/129	GD4-CD8 counting machine	100,00%	100,00%	39 528,00	39 528,00	0,00	15.05.07
GF/GD/131	Kalibration kits for Baktec	100,00%	100,00%	713,25	713,25	0,00	13.04.07
GF/GD/132	HEPA Filters	102,92%	100,00%	28 151,12	27 353,74	797,38	19.10.07
GF/GD/133	Ethylic alcohol	100,04%	100,00%	890,25	889,89	0,36	21.05.07
GF/GD/133-a	Printing of educational informational materials	99,80%	100,00%	5 463,82	5 475,00	-11,18	31.05.07
GF/GD/134	Tests for hematological analyser	99,65%	100,00%	10 176,49	10 212,72	-36,23	23.05.07
GF/GD/135	First line TB drugs	100,00%	100,00%	257 957,22	257 957,22	0,00	26.11.07
GF/GD/136	Tests for CD4-CD8	100,00%	100,00%	16 258,30	16 258,30	0,00	16.07.07
GF/GD/137	PCR test kits	101,07%	100,00%	76 264,50	75 457,98	806,52	05.07.07
GF/GD/138	Pharmaceuticals for OI	100,00%	91,31%	38 933,56	38 933,56	0,00	31.03.08
GF/GD/139	Lab. equipment for AIDS section	100,17%	100,00%	8 727,03	8 712,63	14,40	09.08.07
GF/GD/140	Microscope slides	100,96%	100,00%	10 076,30	9 980,04	96,26	21.06.07
GF/GD/141	ARV Pharmaceuticals	100,00%	100,00%	21 857,36	21 857,36	0,00	30.07.07
GF/GD/143	Centrifugation tubes	99,69%	100,00%	17 575,68	17 630,85	-55,17	26.07.07
GF/GD/144	X-Ray films	100,00%	100,00%	126 067,85	126 067,85	0,00	15.08.07

GF/GD/145	Consumables for viral load	102.85%	100,00%	14 454,24	14 053,08	401,16	15.10.07
GF/GD/146	Automatic pipettes	104,22%	100,00%	19 363,23	18 579,38	783,85	25.09.07
GF/GD/147	PCR test kits	101,54 %	100,00%	39 741,25	39 138,84	602,41	13.10.07
GF/GD/148	Pharmaceuticals for second line treatment adverse effects	105,77%	100,00%	3 764,87	3 559,49	205,38	22.08.07
GF/GD/149	Pharmaceuticals for second line treatment adverse effects	104,77%	100,00%	2 436,87	2 325,89	110,98	02.10.07
GF/GD/150	PCR lab. furniture	103,37%	100,00%	5 205,48	5 035,56	169,92	02.10.07
GF/GD/151	Vehicles for monitoring activities	103,96%	100,00%	18 102,82	17 413,89	688,93	24.09.07
GF/GD/152	Second line TB pharmaceuticals	100,00%	100,00%	79 583,97	79 583,97	0,00	22.02.08
GF/GD/153	Printing of educational informational materials	100,00%	100,00%	27 585,86	27 585,00	0,86	07.12.07
GF/GD/154	Syphilis ELISA tests	100,00%	100,00%	21 526,50	21 526,50	0,00	14.12.07
GF/GD/155	HIV confirmation tests	100,00%	100,00%	27 247,30	27 247,30	0,00	29.11.07
GF/GD/156	ARV Pharmaceuticals	100,00%	100,00%	109 470,48	109 470,48	0,00	31.03.08
GF/GD/157	Pharmaceuticals for OI	100,00%	100,00%	1 091,69	1 091,69	0,00	22.10.07
GF/GD/158	HIV confirmation tests	100,00%	100,00%	13 610,40	13 610,40	0,00	29.11.07
GF/GD/159	HIV confirmation tests	100,00%	100,00%	1 950,40	1 950,40	0,00	30.10.07
GF/GD/160	HIV confirmation tests	101,29%	100,00%	30 222,85	29 838,87	383,98	08.12.07
GF/GD/161	HIV test kits for blood service	100,50%	100,00%	89 469,61	89 024,91	444,70	24.04.08
GF/GD/162	MTCT Interventions - milk powder	101,88%	100,00%	48 179,24	47 290,83	888,41	17.12.07
GF/GD/163	Consumables for ELISA testing	105,79%	100,00%	40 084,15	37 891,84	2 192,31	25.04.08
GF/GD/164	Consumables for ELISA testing	101,13%	100,00%	1 179,08	1 165,85	13,23	01.11.07
GF/GD/165	ARV Pharmaceuticals	100,00%	100,00%	16 882,79	16 882,79	0,00	07.04.08
GF/GD/166	Second line TB drugs	UNITAID	100,00 %	0,00	0,00	0,00	26.02.08
GF/GD/167	Second line TB drugs	UNITAID	0,00%	0,00	0,00	0,00	Delivery planned for Q.I.2009
GF/GD/168	HIV rapid tests	102,51%	100,00 %	15 396,15	15 018,54	377,61	25.12.07
GF/GD/169	PCR test kits	102,51%	100,00%	48 747,02	47 551,47	1 195,55	28.01.08
GF/GD/170	Printing of MoH disposition	101,92%	100,00%	2 128,91	2 088,85	40,06	05.12.07
GF/GD/171	Warehousing of Methadone	100,00%	100,00%	6 000,00	6 000,00	0,00	08.04.08
GF/GD/172	Reagents for CD4-CD8	100,00%	100,00%	6 461,80	6 461,80	0,00	28.01.08
GF/GD/173	Consumables for Bactec	94,37%	100,00%	23 385,52	24 780,41	-1 394,89	17.03.08
GF/GD/174	Tests for hematological analyser	99,72%	100,00%	5 228,17	5 243,08	-14,91	28.01.08
GF/GD/175	Tests for hematological analyser	99,77%	100,00%	8 033,80	8 052,45	-18,65	15.02.08
GF/GD/176	Tests for hematological analyser	99,96%	100,00%	6 295,97	6 298,47	-2,50	28.01.08
GF/GD/177	Hematological consumables	99,64%	100,00%	1 291,42	1 296,05	-4,63	20.12.07
GF/GD/178	Hematologica reagents	99,64%	100,00%	9 742,24	9 777,17	-34,93	11.12.07
GF/GD/179	Hematological consumables	103,27%	100,00%	451,17	436,87	14,30	22.02.08
GF/GD/180	PCR test kits	101,13%	100,00%	671,53	664,05	17 715,00	19.02.08
T-GD/003-a	Tests for CD4-CD8	100,00%	100,00%	168,95	168,95	0,00	07.02.08
GF/GD/181	PCR test kits	109,24 %	100,00 %	28 329,10	25 933,66	2 395,44	04.04.08
GF/GD/182	PCR test kits	108,57 %	100,00 %	605,45	557,65	47,80	27.02.08

GF/GD/184	X-Ray equipment	100,00 %	100,00 %	100,00 %	7 450,00	7 450,00	21 600,00	21 600,00	0,00	24.01.08
GF/GD/185	Syphilis ELISA tests	100,00 %	100,00 %	100,00 %	4 583,22	4 583,32	608,72	608,72	-0,10	Planned to be delivered by June 15, 2008
GF/GD/186	IT Equipment for SYMETA	100,00 %	100,00 %	100,00 %	616,96	616,96	295,00	295,00	0,00	10.04.08
GF/GD/187	IT Equipment for SYMETA	101,35%	100,00 %	100,00 %	295,00	295,00			0,00	10.04.08
GF/GD/188	IT Equipment for SYMETA	100,00%	100,00%	100,00%					0,00	09.04.08
GF/SP/01_a	NGO Facilitator									
GF/SP/01_a	NGO facilitator agreement	100,00 %	100,00 %	100,00 %	720 000,00	720 000,00			0,00	28.11.05
GF/SP/04	NGO facilitator agreement	101,59%	100,00 %	100,00 %	687 329,00	676 512,00			10 817,00	31.03.08
GF/SP/02	Subrecipients									
GF/SP/02	Social assistance for TB patients	100,00 %	100,00 %	100,00 %	399 999,40	400 000,00			-0,60	15.10.04
GF/SP/3_a	Curricula development	206,20 %	100,00 %	100,00 %	34 230,34	16 600,34			17 630,00	30.06.05
GF/SP/3_b	Training teachers	100,00 %	100,00 %	100,00 %	629 500,00	629 500,00			0,00	28.07.05
GF/SP/03_c	Printing of textbooks	97,25 %	100,00 %	100,00 %	622 369,66	640 000,00			-17 630,34	31.12.05
GF/SP/03_e	Deprinderi de Viață	86,63 %	100,00 %	100,00 %	609 810,00	703 908,00			-94 098,00	31.12.05
LC/01	Consultants									
LC/01	TB/AIDS/STI project coordinator	49,49%	44,85%	44,85%	20 786,15	42 000,00			-21 213,85	01.05.06
LC/02	TB/AIDS/STI procurement officer	91,41%	91,41%	91,41%	27 421,58	30 000,00			-2 578,42	23.04.08
LC/03	TB/HIV/AIDS accountant	92,49%	92,49%	92,49%	27 746,01	30 000,00			-2 253,99	23.04.08
GF/LC/01	Training in financial management	41,67 %	100,00 %	41,67 %	500,00	1 200,00			-700,00	01.09.03
GF/LC/02	IT consultancy on CVS	100,00 %	100,00 %	100,00 %	2 850,00	2 850,00			0,00	19.07.04
LC/06/GF	IT specialist for monitoring	88,00 %	88,00 %	88,00 %	2 640,14	3 000,00			-359,86	23.05.05
LC/07	TB communication coordinator	48,42%	48,42%	48,42%	6 488,08	13 400,00			-6 911,92	18.09.06
GF/LC/08	Audit of the GF project	95,00 %	100,00 %	100,00 %	7 658,90	8 062,00			-403,10	28.07.05
LC/10	Drug management consultant	98,68%	98,68%	98,68%	7 401,00	7 500,00			-99,00	23.04.08
LC/11	IT specialist for monitoring 1	83,20 %	83,20 %	83,20 %	5 541,14	6 660,00			-1 118,86	24.12.07
LC/12	IT specialist for monitoring 2	33,35%	33,35%	33,35%	2 221,14	6 660,00			-4 438,86	10.08.06
LC/14	IT specialist for monitoring 3	79,42 %	76,57 %	76,57 %	11 150,00	14 040,00			-2 890,00	24.12.07
LC/16/GF	Policy environment screening consultant	267,33%	267,33%	267,33%	8 020,00	3 000,00			5 020,00	23.04.08
LC/17/GF	IT specialist for monitoring	133,33 %	133,33 %	133,33 %	8 000,00	6 000,00			2 000,00	24.12.07
LC/18/GF	Public Health Specialist	133,33 %	133,33 %	133,33 %	8 000,00	6 000,00			2 000,00	24.12.07
LC/19/GF	Consultancy on post contact preventive measures	100,00%	100,00%	100,00%	2500,00	2 500,00			0,00	26.07.06
LC/20/TB	Prevention of professional risks related to HIV infection	100,00%	100,00%	100,00%	8000,00	8 000,00			0,00	06.12.06
LC/21/TB	Implementation of the second generation surveillance system in Moldova	100,00%	100,00%	100,00%	12500,00	12 500,00			0,00	22.11.06
GF/FC/01	MDR TB consultancy	100,00 %	100,00 %	100,00 %	16 170,00	16 170,00			0,00	09.08.04
LC/22/FG	Consultancy to assist preparing of the application to the GLC	100,00 %	100,00 %	100,00 %	3 500,00	3 500,00			0,00	15.08.06
LC/23/GF	TB communication coordinator	66,08%	66,08%	66,08%	5 828,61	8 820,00			-2 991,39	23.04.08

LC/12b/GF	IT specialist for monitoring	4,50 %	4,50 %	300,00	6 660,00	-6 360,00	02.01.07
LC/12b	IT specialist for monitoring	12,12%	12,12%	800,00	6 600,00	-5 800,00	24.08.07
LC/24/GF	Workshop	100,00%	100,00%	1 500,00	1 500,00	0,00	09.10.07
LC/25/GF	POM revision	100,00%	100,00%	3 200,00	3 200,00	0,00	30.08.07
LC/26/GF	Book about TB Hospital Vorniceni	113,27%	100,00%	4 769,28	4 210,54	558,74	24.04.08
LC/27/GF	Documentary movie	49,99%	49,99%	9 975,01	19 955,00	-9 979,99	24.04.08
LC/28/GF	TB Procurement Specialist	1,58%	1,58%	759,52	48 000,00	-47 240,48	27.09.07
LC/29/GF	IT specialist for monitoring	12,01 %	12,01 %	800,00	6 660,00	-5 860,00	24.12.07
LC/30/GF	TB Civil Works Supervisor	2,29%	2,29%	412,50	18 000,00	-17 587,50	27.09.07
LC/31/GF	Consultancy to assist preparing of the application to the GLC	100,00 %	100,00 %	1 500,00	1 500,00	0,00	15.02.08
	Training						
GF/TR/01	Social marketing of the condoms	100,00 %	100,00 %	3 955,00	3 955,00	0,00	19.05.04
GF/TR/02	Freedom for love event	100,00 %	100,00 %	5 219,00	5 219,00	0,00	18.08.04
TR/03	KAP study	100,00 %	100,00 %	73 235,00	73 235,00	0,00	15.08.05
TR/05	National conference of NGO's involved in HIV/AIDS	100,01 %	100,00 %	8 211,44	8 211,00	0,44	15.07.05
TR/06/GF	De-stigmatising TB and HIV for journalists	100,00 %	100,00 %	8 709,00	8 709,00	0,00	21.12.05
TR/07/GF	YFC services (Neovita)	100,00 %	100,00 %	14 969,00	14 969,00	0,00	29.03.06
TR/08/GF	Peer education for youth	100,00 %	100,00 %	256 720,00	256 720,00	0,00	31.03.08
TR/09/GF	YFC services (Iunona)	100,00%	100,00%	12 799,00	12 799,00	0,00	07.07.06
TR/10/GF	Intervention to boosting take-up of condoms	100,00 %	100,00 %	10 100,00	10 100,00	0,00	01.09.06
TR/11/GF	Training for journalists on LSBE	79,54%	100,00 %	8 080,00	10 158,79	-2 078,79	02.03.07
TR/12/GF	Activities for youth	100,00%	100,00%	10 721,00	10 721,00	0,00	21.07.06
TR/13/GF	Mass media campaign for pulmonary	99,99%	100,00%	20858,87	20860,00	-1,13	07.03.07

77. Second line TB drugs, phase II	55 385	502	54 882	55 385	502	54 882	510 000	462 651	47 350
78. Additional costs to TB and MDR TB treatment, phase II	15 385	13 031	2 353	15 385	13 031	2 353	150 000	73 664	76 336
Care Support	15 385		15 385	15 385		15 385	150 000	150 000	
79. Social assistance for TB patients under DOTS plus treatment, phase II	15 385		15 385	15 385		15 385	150 000	150 000	
Project Management and Evaluation	4 615	18 091	-13 475	4 615	18 091	-13 475	185 000	231 727	-46 727
Project Management	4 615	18 091	-13 475	4 615	18 091	-13 475	185 000	231 727	-46 727
80. Computers and Office Equipment							1 901	1 901	
81. Fuel							2 000	1 037	963
82. Office materials - GF							7 200	5 057	2 143
83. 1 year of health devices gold membership ECRI							3 345	3 345	
84. TB/AIDS/HIV Coordinator - GF							16 800	16 338	462
85. Procurement Officer - GF							12 000	10 515	1 485
86. Accountant - GF							12 000	10 996	1 004
87. Office rent							16 800	1 950	14 850
88. Operating Cost - GF		1 004	-1 004		1 004	-1 004	7 200	60 166	-52 966
89. Eventual consultant services							10 754	11 557	-803
90. Staff training							20 000	7 591	12 409
91. Project management, phase II	4 615	17 087	-12 471	4 615	17 087	-12 471	75 000	101 273	-26 273
SYMETA	12 122	6 138	5 984	12 122	6 138	5 984	66 196	63 274	2 922
Supportive Environment	12 122	6 138	5 984	12 122	6 138	5 984	66 196	63 274	2 922
92. IT staff Symeta, phase II	4 726		4 726	4 726		4 726	34 320	37 613	-3 293
93. Staff training Symeta, phase II	4 615		4 615	4 615		4 615	15 000	17 433	-2 433
94. Equipment Symeta, phase II		6 138	-6 138		6 138	-6 138	6 150	7 566	-1 416
95. System maintaining Symeta, phase II	2 633		2 633	2 633		2 633	8 556	663	7 893
96. System development Symeta, phase II	148		148	148		148	2 170		2 170
TOTAL USES	582 501	173 174	409 327	582 501	173 174	409 327	11 719 046	11 701 272	17 774

Consolidated Program (USD Equivalent)

98. Exchange rate (used to translate local currency into USD)

Line item (a)	Current Period		Cumulative for the year			Cumulative for the program life		
	Planned	Actual	Planned	Actual	Variance	Planned	Actual	Variance
99. Total Sources	103	103	103	103		11 724 771	11 724 771	
100. Total Uses	582 501	173 174	582 501	173 174	409 327	11 719 046	11 701 272	17 774

(a) the line items should be the same as the line items in the program budget in Annex A of the Grant Agreement

Signed on behalf of the Principal Recipient:
(signature of Authorized Designated Representative)

Name: Victor Volovei
Title: Executive Director
Date: 02 June, 2008

On going Progress Update & Disbursement Request (Section 1A (1 & 2))

On-going Progress Update and Disbursement Request

GENERAL GRANT INFORMATION

Country:	REPUBLIC OF MOLDOVA
Disease:	HIV/TB
Grant Number:	MOL-102-G01-C-00
Principal Recipient:	Project Coordination, Implementation and Monitoring Unit of the Ministry of Health and Social Protection
Program Start Date:	July 2007
Currency:	USD

PROGRESS UPDATE PERIOD

Progress Update - Reporting Period:	Semester	18
Progress Update - Period Covered:	01 January 2008	30 April 2008
Progress Update - Number:		

DISBURSEMENT REQUEST PERIOD

Disbursement Request - Disbursement Period:	Semester	
Disbursement Request - Period Covered:	#/VALUE/	Select
Disbursement Request - Number:	N/A	#/VALUE/

TERMS AND ACRONYMS USED IN THIS PROGRESS UPDATE AND DISBURSEMENT REQUEST HAVE THE MEANING GIVEN TO THEM IN THE GRANT AGREEMENT RELATING TO THE ABOVE GRANT

Section 1: Programmatic and Financial Progress Update

A. PROGRAM PROGRESS

i. Program Objectives		Objective Description
Objective No.		
1		Prevention of HIV/AIDS and Sexually Transmitted Infections (STIs) among vulnerable groups, prevention of mother-to-child transmission, provision of treatment to PLWHA and strengthening the collaboration between NGOs and government institutions
2		Reduce the burden of the TB epidemic in the country, reduce the mortality rate and prevent resistant and multi-drug resistant (MDR-TB) cases
Select		

iii. Impact / Outcome Indicators	Impact / Outcome	Indicator Description	Baseline (if applicable)		Intended Yearly Targets	Actual Yearly Results	Reasons for deviation and any other comments
			Value	Year			
Impact	Incidence of HIV (reported cases): (Number of HIV cases diagnosed per 100,000 population (cumulative))		12.53	2005	14.00	17.41	A total of 731 new HIV positive cases have been diagnosed in 2007, from them in Moldova 412 (incidence 1.49 per 100,000 population) and 319 in Transnistria (incidence 52.03 per 100,000 population). The increase in HIV incidence in Transnistria is due to the increase in the predominant transmission way and spread to the rest of the epidemic into the general population.
Impact	Incidence of HIV (reported cases): (Number of HIV cases diagnosed per 100,000 population (Moldova excluding Transnistria))		8.53	2005	11.50	11.49	
Impact	Incidence of HIV (reported cases): (Number of HIV cases diagnosed per 100,000 population (Transnistria only))		38.58	2005		52.03	
Impact	Prevalence of HIV infection among IDUs per 1,000 tested: (Number of IDUs diagnosed with HIV per 1,000 tested (cumulative))		19.00	2004	32.00	17.35	The reduction of injector numbers (including in Transnistria) and respectively the wider coverage of IDUs led to the decreasing of the indicator's value compare to the previous year (22.21%).
Impact	Prevalence of HIV infection among IDUs per 1,000 tested: (Number of IDUs diagnosed with HIV per 1,000 tested (Moldova excluding Transnistria))		15.60	2005	12.50	8.63	
Impact	Prevalence of HIV infection among IDUs per 1,000 tested: (Number of HIV cases diagnosed per 100,000 population (Transnistria only))		92.00	2005		50.77	
Impact	Incidence of HIV among young adults (15-24 age groups) (reported cases): (Number of HIV cases diagnosed among young adults (15-24 age groups) per 100,000 population (cumulative))		22.91	2005	26.00	22.20	
Impact	Incidence of HIV among young adults (15-24 age groups) (reported cases): (Number of HIV cases diagnosed among young adults (15-24 age groups) per 100,000 population (Moldova excluding Transnistria))		11.74	2005	15.00	14.63	
Impact	Incidence of HIV among young adults (15-24 age groups) (reported cases): (Number of HIV cases diagnosed among young adults (15-24 age groups) per 100,000 population (Transnistria only))		108.11	2005		75.66	
Impact	Incidence of Syphilis (excluding Transnistria) (reported cases): (Number of diagnosed cases of Syphilis per 100,000 population (excluding Transnistria region))		94.80	2002	66.60	74.20	1 HIV infected infants born from 63 positive mothers (data including Transnistria). The baseline has been updated according to the number of HIV positive children diagnosed during the year 2007 and the year of birth.
Impact	Percentage of infants born to HIV infected mothers who are HIV infected: (Number of infants born to HIV infected mothers who are HIV infected out of total number of infants born to HIV infected mothers)		20.00	2002		1.67%	
Impact	TB cases notification rate (Number of new and relapse TB cases diagnosed annually per 100,000 population (including Transnistria))		98.10	2002	135.00	129.20	Updated according to NTP data. During 2007 a total of 5,315 TB cases (new and relapses) have been diagnosed. NTP considers that the incidence entered into a stabilization phase. There is a slight decrease during the last two years (2006 and 2007) compared to year 2005.
Impact	TB mortality rate (TB patients died per 100,000 population (including Transnistria))		15.60	2002	14.00	20.20	Updated according to NTP data. The value of the indicator remains high due to the chronically cases from prevalence most of them with MDR TB. 530 deaths among TB patients occurred during the year 2007.
Impact	Percentage of New Smeared Sputum positive TB cases diagnosed with MDR: (Proportion of New Smeared Sputum positive TB cases diagnosed with MDR from all New Smeared Sputum positive TB cases investigate per year cohort (including Transnistria))		6.30	2002	13.70	13.3 (VNR 2007)	Updated according to NTP projected data: Euro National Investigation - 13.3% (1,601/204). Final data for year 2007 will be available in Quarter III, 2008.
Impact	HIV Seroprevalence among all TB Patients: (Percentage of TB patients collected with HIV (including Transnistria))		2.36	2005	1.80	2.60	Updated according to NTP data. 146 HIV positive TB cases from 5,535 TB patients from prevalence. TB continue to be the most frequent opportunistic infection among HIV positive people in Moldova (65-68%) and determines the high value of the indicator.

On-going Progress Update and Disbursement Request

PROGRESS UPDATE PERIOD

Grant number:	MOL-102-G01-C-00	
Progress Update - Reporting Period:	Cycle:	Semester
Progress Update - Period Covered:	Beginning Date:	01 January 2008
Progress Update - Number:	18	18
	Number:	30 April 2008
	End Date:	

Objective No.	Service Delivery Area	Indicator Description	Directly Tied?	Level	Baseline (if applicable)		Intended Targets to date	Actual Results to date	Reasons for programmatic deviation and any other comments
					Value	Year			
1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of injecting drug users, including in prisons, benefiting from needle/syringes exchange programs	No	3	1044	Jan-2004	11 550	12 081	143 new beneficiaries have been included in assistance during the semester 1, 2008. A total of 14 projects (including 2 in Transnistria) covering both civilian and penitentiary sector provide prevention activities for IDUs. The projects are funded from both Global Fund and IDA/WB grants. Note: Since April 2008 the interventions for IDUs are covered from Global Fund Round 6 Grant AIDS Component.
1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of injecting drug users, including in prisons, on substitution treatment (with methadone)	No	3	9	Jan-2005	290	343	48 new beneficiaries have been included in the program during reported semester. From the total of project beneficiaries - 255 are in civilian sector (Republican Narcological Dispensary - 241 and Medical Service of Balti Municipality - 14) and 88 in prisons sector. From the total of 343 patients 138 are long term beneficiaries (30 of them in prison sector). The next delivery of methadone (7 kg of Methadone chloride (1% solution)) has been delivered from IDA Foundation in April, 2008. Note: Since April 2008 the support to organisations implementing substitution treatment is covered from Global Fund Round 6 Grant AIDS Component.
1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of sex workers & clients reached through harm reduction programs	No	3	111	Mar-2004	863	882	24 new beneficiaries have been covered by the activities. The activities are provided by five projects from which 2 project are aimed at CSWs (one in Chisinau and one in Balti) and three projects are combined (IDUs and CSWs). Note: Since April 2008 the interventions for CSWs are covered from Global Fund Round 6 Grant AIDS Component.
1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of Lesbians, Gay, Bisexual and Transsexual (LGBT) reached by outreach programmes	No	3	400	Jan-2005	780	758	7 new beneficiaries have been covered by the activities. The activities are provided by one project located in Chisinau which covers beneficiaries from all over the country. Note: Since April 2008 the interventions for LGBT are covered from Global Fund Round 6 Grant AIDS Component.
1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of truck drivers reached by outreach programmes	No	3	40	Jan-2005			According to the National Scientific Center for Safe Driving, the total number of truck drivers and long distance bus drivers is 8,250 persons (2,300 - bus drivers and 5,950 truck drivers). All of them have been covered with training activities during years 2004 - 2005 within the framework of the professional mandatory trainings (annual and biannual). The activity will be recommenced within the Round 6 Grant.

1	Service Delivery Area No. 1 Prevention: Programmes for specific groups	Number of condoms distributed to IDUs, CSWs, LGBT and other vulnerable groups	No	3	85,573	Jan-2004	3 129 476	2 945 007	255 249 condoms (from both Global Fund and IDA/WB grants) have been distributed during the reported semester.
1	Service Delivery Area No. 2 Prevention: STI diagnosis and treatment	Number of STIs patients with Syphilis and Gonorrhoea with comprehensive case management	No	3	4,908	Dec-2002	22 022	22 137	1 461 new cases have been diagnosed during reported semester (882 with Syphilis and 579 with Gonorrhoea).
1	Service Delivery Area No. 3 Prevention: PMTCT	Number of HIV-infected pregnant women and number of children born from HIV-infected pregnant women, receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	No	3	0	Dec-2002	551	529	26 HIV-infected pregnant women and 23 children born from HIV-infected pregnant women have been receiving prophylactic treatment during reported period. From the beginning of project a total of 268 HIV-infected pregnant women & 261 children born from HIV-infected pregnant women have received prophylactic ARV to prevent PMTCT. Children are assured with milk formula.
1	Service Delivery Area No. 4 Treatment: Antiretroviral treatment and monitoring	Number of people with advanced HIV infection receiving antiretroviral combination therapy	No	3	0	Dec-2002	552	659	56 patients (1 child and 55 adults) have started HAART during reported period (the reported data cover quarter I, 2008 only, data for April, 2008 are not available). Total number of patients that started ARV Treatment is 659 from them 638 adults and 21 children. The real number of patients under ARV treatment on March 31, 2008 is 514 (71 patients including one child have passed away and 74 have abandoned the treatment) including 20 children and 51 detainees. The ARV treatment is insured in three facilities: two in Moldova (for civilian and prisoners) and one in Transnistria. The Transnistrian ARV treatment facility (out patient) started to function in August, 2007 within the Department of Infectious Immunology of the Republican Tiraspol Hospital with the support of the Organisation "Doctors without Borders". The last 30% of total ARV order for 2008 has been delivered by the end of the reported period. The ARV lot for 2008 contracted from UNICEF and covered from World Bank and GATM grants, will cover 753 patients including 28 children. □
1	Service Delivery Area No. 4 Treatment: Antiretroviral treatment and monitoring	Number of people with HIV/AIDS receiving treatment for opportunistic infections	No	3	210	Oct-2004	1 261	1 738	A total of 159 HIV/AIDS patients received treatment for opportunistic infections during reporting semester, and 1 738 since the start of the programme. The services provided and the drugs availability permitted the coverage of a bigger number of patients.
1	Service Delivery Area No. 5 Prevention: Counseling and testing	People completing the testing and counseling process, including pregnant women (absolute number)	No	3	117,301	Dec-2002	1 205 380	1 178 490 persons (1 271 577 tests)	90 563 persons (90 240 pers. (97 876 teste) ELISA + 323 pers. (332 teste) PCR)) have been tested during reported semester. According to AIDS Center's data, around 50-60% from them benefited of VCT process.
1	Service Delivery Area No. 6 Care and Support: Care and support for the chronically ill and families	Number of people living with HIV/AIDS receiving social assistance and support	No	3	0	Dec-2002	848	1 598	136 new beneficiaries have been included into the program during reported semester. The services are provided by 6 NGOs (2 in Chisinau and 2 in Balti, 1 in Tiraspol and 1 in Comrat). Note: Since April 2008 the interventions for PLWHA are covered from Global Fund Round 6 Grant AIDS Component.

2	Service Delivery Area No. 1 Prevention: Identification of infectious cases	Number and percentage of new smear positive TB cases detected under DOTS out of the total estimated number of new smear positive TB cases per year.	No	3	39,00%	Dec-2002	NA	483 (new sputum smear positive TB cases diagnosed in S.I.2008)	Q.1.2008 - 391 /Q.2.2008 (April) - 92 Note: The data reported in Semester II, 2007 (61,4% (1 571/2 557) - denominator estimated by WHO in 2007) have been updated as follows: 65,3% (1 571/ 2 406) - Denominator for 2007 has been used from WHO TB budgeting template v3 (February, 2008).
2	Service Delivery Area No. 2 Treatment: Timely detection and quality treatment of cases	Number of people receiving DOTS treatment (directly observed treatment, short course (DOTS) based)	No	3	2,253	Dec-2002	30 330	31 257	2 036 patients have started DOTS treatment during reporting period. □
2	Service Delivery Area No. 2 Treatment: Timely detection and quality treatment of cases	Treatment Success Rate - Number and percentage of smear-positive TB cases registered under DOTS who are successfully treated	No	3	61,90%	Dec-2002	NA	62,5% (278/445 patients) Q.I/2007	62,5% (278/445 patients) – Q.I.2007. Note: data for this indicator can not be provided on a monthly base, therefore data for April, 2007 are not available. □
2	Service Delivery Area No. 2 Treatment: Timely detection and quality treatment of cases	Number and percentage of patients cared for with directly observed therapy (DOT) during continuation phase.	No	3	45,70%	Jan-2004	>80%	79,30%	Q.I.2008 - 23 from 29 monitored patients (79,3%). Note: data for this indicator can not be provided on a monthly base, therefore data for April, 2008 are not available. □
2	Service Delivery Area No. 3 Prevention: HIV prevention for TB patients	Number of co-infected TB/AIDS patients under ARV treatment	No	3	11	Sep-2004	128	107	3 new co-infected patients putted under ARV treatment in semester I.2008.
2	Service Delivery Area No. 4 Treatment: Control of drug resistance	Number of people with multidrug resistant tuberculosis receiving DOTS-Plus treatment	No	3	0	Dec-2002	440	497	138 patients have started DOTS Plus treatment during reported period (including 21 patients putted on treatment in May, 2008). Total number of patients on DOTS-Plus treatment since the start of the project - 497. The last lot of drugs for 50 patients, from the total order for 200 patients ordered from IDA, has been delivered in February, 2008. □
2	Service Delivery Area No. 4 Treatment: Control of drug resistance	Number of MDR TB patients on DOTS Plus treatment reached with social assistance (including nutritional programmes)	Yes	3	0	Dec-2002	255	129	Total number of patients on DOTS plus ever reached with social assistance is 129: 99 patients (including 11 in prison) from the first cohort and 30 patients (all from prison sector) from second cohort. The real number of patients under social assistance in quarter I.2008 was 81 persons and by April 30, 2008 - 75 persons. The late implementation of social assistance of MDR TB patients on DOTS Plus is directly caused by delays in implementation of DOTS Plus project in Moldova caused by delays in drugs delivery not depending on PCU. More than two hundred patients (from civil sector) which are ending the intensive phase of treatment will start the continuation phase in the period of May-June (2008) and will start receiving social assistance then. According to the Close-Out Plan the social assistance component has been extended till August 30, 2008.

Annex. 1/CCM. Nr. 825, Government decision from the 3rd of August 2005 regarding the CCM Bylaws

Nonofficial translation

Regarding the creation of the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes

The Government decides:

1. To create the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes

2. It is approved:

The nominative competence of the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes, according to Annex 1,

The Bylaws for the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes, according to Annex 2

It is established that in case the CCM members are released of their functions, their functions will be held by the new nominated persons without elaborating a new Government decision

Annex Nr. 1
At the Government Decision nr 825
from the 3rd of August 2005

Nominative compenence of the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes

- | | |
|--------------------------------|---|
| 1. Revenco Valerian | Minister of Health and Social Protection, CCM Chair |
| 2. Moldovan-Batrînac Viorelia | Deputy Minister, Ministry of Education, Youth and Sport, CCM Vice Chair |
| 3. Barbă Oleg | State Chancellor, Government of Moldova, CCM Executive Secretary |
| CCM members | |
| 4. Golovin Boris | Deputy Minister, Ministry of Education, Youth and Sport |
| 5. Furculiță Feodosia | Deputy Minister of Finance |
| 6. Eșanu Nicolae | Deputy Minister of Justice |
| 7. Botnari Vladimir | Deputy Minister of Internal Affairs |
| 8. Gheorghită Ștefan | Prime deputy Director AIDS centre, Ministry of Health and Social Protection |
| 9. Brown Edward | Resident representative, World Bank, Chair of UNTG on HIV/AIDS |
| 10. Pouezat Bruno | UN Resident representative in Republic of Moldova |
| 11. Ray Virgilio Torres Flores | UNICEF Resident representative in Republic of Moldova |
| 12. Ursu Pavel | WHO Bureau Coordinator in Moldova |
| 13. Ionașcu Gabriela | UNAIDS Coordinator in Moldova |
| 14. Ursu Victor | director Soros-Moldova Foundation |
| 15. Filatov Vasile | Manager, USAID |
| 16. Volovei Victor | Executive director, PCU of Ministry of Health |
| 17. Lundquist Hans H. | President, Swedish International Development Agency |
| 18. Soltan Viorel | Executive Director, American International Health Alliance in Moldova |
| 19. Kilcevschi Igor | Director, „Credința” Association |
| 20. Fonari Antonia | Director Executive, Resources Centre „Tineri și liberi” (Young and free) |
| 21. Larisa Birca | Director of National Society of Red Cross |
| 22. Gîlcă Boris | UNFPA Coordinator in Moldova |

Annex 2

At the Government decision nr. 825

From the 3rd of August 2005

Bylaws for the Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes

I. General principles

1. The Country Coordination Mechanism for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes, hereinafter the Country Coordination Mechanism, is an intersectorial structure at the national level and reflects Republic of Moldova commitment and priorities in fighting tuberculosis, HIV/AIDS and sexually transmitted diseases.

The goal of the Country Coordination Mechanism is to contribute at the efficient implementation of the activities of the National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes through coordinating, monitoring and disbursing the finances donated by the international organizations as an answer to the country necessities to achieve the Millenium Development Goals.

2. The Activity of the Country Coordination Mechanism is based on European democratic principles and the legislation of Republic of Moldova. The present regulation was developed according to the recommendations of the Global Fund to fight AIDS, TB and malaria.

3. The Country Coordination Mechanism activity is based on a partnership created among state institutions, international and non-governmental institutions respecting the transparency and mutual collaboration.

4. The activity of the Country Coordination Mechanism is intersectorial and interministerial to assure a better participation of the interested parts in the process of monitoring the activities in the prevention and control of HIV/AIDS, sexually transmitted infections and TB control, as well as to establish a consolidated relationship among all stakeholders involved in the elaboration, promotion and implementation of national politics in Tuberculosis, HIV/AIDS/STI field.

5. Country Coordination Mechanism is headed by the President and assisted by the Vice-president.

II. The Country Coordination Mechanism objectives

6. The Country Coordination Mechanism objectives are in line with the general objectives of National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes and suppose to enhance the epidemiological and population health situation through:

Making the Government policy on controlling HIV/AIDS/STI and TB more efficient;

Developing an intersectorial partnership between state, international and nongovernmental institutions for a better control of HIV/AIDS/STI and TB;

Ensuring a mutual efficient dialogue between governmental and nongovernmental organizations from the republic of Moldova and abroad.

7. For achieving its purpose and tasks, the Country Coordination Mechanism:

analyzes the causes and conditions which favor the spread of tuberculosis and HIV/AIDS/STI;

contributes to the development of the national strategies for surveillance, control and prevention of TB and HIV/AIDS, and supervises their implementation;

evaluates and proposes to the Government the provision in the state budget of the necessary funds for the implementation of national strategies in the respective fields;

periodically informs the Government and the competent authorities with regard to undertaken activities and the achieved results;

proposes the measures which must be introduced for the surveillance, control, prevention and reduction of the social impact of cases of infection of TB and HIV/AIDS;

formulates proposals regarding the modification and completion of the legislation, as well as proposals regarding the development of new normative acts for the surveillance, control, prevention and reduction of the social impact of HIV/AIDS cases. The proposals will be forwarded to the competent institutions, which according to the law are responsible for initiating normative bills;

ensures compliance to the conventions, treaties and other international documents signed by Moldova with regard to respect for the rights of people ill of tuberculosis and living with HIV/AIDS;

promotes intersectorial partnership for the development and implementation of national Programmes and ensures transparency in the decision making process;

approves the structure of technical working groups and the heads of specific areas;

approves the CCM Secretariat annual working plan, as well as the working plans of national Programmes for controlling HIV/AIDS/STI and TB developed by the technical working groups;

all other functions in order to accomplish its charter objectives, according to the legislation of Republic of Moldova.

III. Country Coordination Mechanism structure

8. Country Coordination Mechanism is structured in three levels:

Decision making level – CCM members

Coordination level – CCM Secretariat

Operational level – technical working groups

9. CCM – decision making level - represents the highest decision making body. Its members are representatives of ministries, international organizations and institutions, nongovernmental organizations, people infected/affected by HIV/AIDS and through their activity contribute to the development and promotion of health politics in Tuberculosis, HIV/AIDS/STI fields.

10. CCM member – decision making level – can be any institution or person who accepts the founding principles and promotes the idea of CCM capacity building inclusively the implementation of the activities of National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes.

The governmental organizations and the international agencies are represented by delegated persons and the representatives of NGOs, persons infected or affected by HIV/AIDS, charitable organizations, private organizations must be chosen by their own sector based on a transparent and documented process developed individually by each sector. The petition, the motivation letter and the protocol regarding the election process must be submitted to the CCM secretariat.

Exclusion from the CCM is proceeded following a petition to the CCM president. Exclusion from the CCM is approved by at least 2/3 of the votes.

11. The CCM functions as a national group based on consensus. CCM members are equal partners, with full participation and decision making rights, the approval of the resolutions is done having at least 2/3 of the votes. CCM members can delegate their voting right to their authorized representatives.

12. The CCM decision making level meets not less than 4 times a year. The meetings are organized at the initiative of the President of CCM, or the Secretariat of the CCM, or the will of 1/3 of the members of the CCM by informing the Secretariat 1 month in advance. The meetings are chaired by the President of the CCM, in case the President is absent – by the Vice-president. Invited persons also participate in the CCM meetings: as rapporteurs or observers without the right to vote.

13. Coordination Level of the CCM is ensured by the Secretariat of the Council which:

develops the annual work plan of the CCM Secretariat which includes the approximate dates of CCM meetings and activities between meetings. The Secretariat provides logistical support in organizing the meetings of the CCM;

at least 2 weeks in advance, the Secretariat develops the preliminary agenda of the meetings and disseminates it to the members of the CCM for any additional suggestions or changes. After the CCM meetings, the CCM minutes and decisions are disseminated to the CCM members by email;

formulates the resolutions and proposes them for approval during the CCM meetings;

facilitates the exchange of information which pertains to the implementation of national programmes among different partners through the on line bulletin and the informational printed bulletin;

monitors and ensures the regular activity of the technical working groups keeping the minutes for the meetings;

reports annually to CCM members on the activities undertaken and periodically informs the President about the CCM news.

14. The Operational Level is formed of Technical Working Groups that bring together experts from the fields of TB (of 5 persons) and HIV/AIDS (7 persons) representing the state, international and non-governmental sector;

Types of technical working groups in TB:

- a) TB diagnosis;
- b) Management of classic and multidrugresistant TB and TB/AIDS co-infection;
- c) Control of TB infection;
- d) Communication and prevention.

Types of technical working groups in HIV/AIDS:

- a) Epidemiologic and santinel surveillance in HIV/AIDS and STI;
- b) Social services: education and social assistance;
- c) Harm reduction;
- d) Treatment and care of people living with HIV/AIDS;
- e) Communication and prevention.

There is a mixed technical working group: monitoring and evaluation of Tuberculosis, HIV/AIDS/STI.

15. The members of technical working groups meets quarterly in ordinary meetings and upon necessity; Each TWG develops its individual work plan presented to the CCM Secretariat to initiate CCM members on the subjects discussed during the meetings and the undertaken activities. Responsible head and the secretary of the TWG are responsible for documenting the meetings in minutes that are presented afterwards to the CCM Secretariat.

The tasks of the TWG:

- a) Provide technical support in the development of drafts of national strategies and programmes of control of HIV/AIDS/STI and TB;
- b) Provide technical support in the development of proposals for financial support from foreign donors or agencies;
- c) Monitor and evaluate the situation in the field of tuberculosis, HIV/AIDS/STI, identify problems and offers solutions in the field participate in the development of national health strategies in the country.