



RETROSPECTIVE STUDY

**TO EXPLORE THE ENGAGEMENT OF CIVIL
SOCIETY ORGANIZATIONS ACTIVE
IN THE FIELD OF TUBERCULOSIS
IN THE REPUBLIC OF MOLDOVA**

SEPTEMBER 2022

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Abbreviations

CCM	Country Coordinating Mechanism
DOT	Directly Observed Treatment
DR-TB	Drug Resistant Tuberculosis
GF	The Global Fund to Fight AIDS, Tuberculosis and malaria
HIV	Human Immunodeficiency Virus
KAP	Key Affected Populations
LTFU	Loss To Follow Up
NGOs	Non-governmental organizations
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
TB	Tuberculosis
VST	Video Supported Treatment
WHO	World Health Organization

Executive Summary

Engagement of the civil society in tuberculosis (TB) response in the Republic of Moldova is guided by the END TB Strategy, which emphasizes the important role of non-governmental organizations (NGOs). The current National TB Strategic Plan 2021-2025 stipulates active involvement of the NGOs and of people affected by TB. This retrospective study to explore the engagement of NGOs active in the field of TB in the Republic of Moldova was commissioned by the Center for Health Policies and Studies hereafter referred to as PAS Center. The study was carried out through a literature study, interviews with key informants and an online survey of 13 NGOs active in the field of TB in Moldova.

NGOs are increasingly proactive as members of the Country Coordinating Mechanism and have contributed extensively to the development of the 2021-2025 TB National Strategic Plan, the 2021-2023 Global Fund funding request and the corresponding currently implemented grant. The 2021-2025 national TB strategy includes definitions of NGO-related indicators, monitored starting in 2021 by the National TB Program. NGOs have made important contributions to finding missing people with TB and have surpassed the 2021 national targets for both case finding and providing adherence support. The NGO-relevant indicators will benefit from further fine-tuning and revisions to allow better focus of the NGOs' work and improve the indicators' clarity.

Availability of financing remains a determining factor of NGO's participation in TB response. Thanks to the NGOs engagement in determining the TB strategy, in 2021 the NGOs started covering a boarder range of services. TB NGOs Platform - a body established in 2013, identifies, implements and monitors training and capacity building activities for its members. NGO activities traditionally were related to providing information about TB, finding missing people with TB, and treatment adherence support. Now NGO activities increasingly include advocacy and community engagement. The current NGO models of service provision build on peer support and underline: 1) continuity of services from case finding on to treatment support and, where needed, rehabilitation and reintegration of clients, 2) collaboration with the governmental health providers and 3) human rights awareness and protection.

Provision of Directly Observed Treatment (DOT), given that only medical workers can provide it, remains a less attractive area for the NGOs. At the same time the NGOs initiated and largely implemented Video Supported Treatment (VST), a relatively new activity that was piloted in 2016 and is now rolled out to the whole republic. VST has shown to significantly improve adherence, save time, and decrease out-of-pocket expenses of people with TB, while increasing their satisfaction with the treatment. According to the key informants, further expanding VST provision by NGOs is possible and beneficial.

The NGOs provide services to a broad range of key and vulnerable populations. Geographical locations where NGOs provide services are primarily determined by where the NGOs are based and thus do not fully coincide with the potential needs for NGO TB services. Particularly this may be the case for people with the history of imprisonment, elderly, and key and vulnerable population in some of the districts with a relatively high prevalence of TB, currently not covered by any NGOs. Also, decreasing fragmentation in NGOs' services is important, especially in the districts where only one NGO is providing TB support. Using on the epidemiological and demographic information and on key population size estimations, which are foreseen under the current Global Fund grant, the NGOs will be able to plan their activities more proactively

in terms of scope and geographic coverage, and to predict and address barriers to accessing diagnosis and completing treatment.

While all organizations routinely monitor and evaluate programmatic outcomes that are part of their grant agreements, systems to monitor and improve the quality of overall service provision, including TB activities, that would engage clients and other stakeholders, are not in place at the NGOs.

The largest donor supporting the NGOs activities in TB has been the Global Fund. The proportion of funding allocated to, or in support of the NGOs activities, has been increasing. In absolute numbers the current (2021-2023) grant commitments surpass the 2015-2017 and the 2018-2020 levels, amounting to more than two million Euros for NGO-related activities. The second donor is the Stop TB Partnership, their NGO-related investments through TB REACH in Moldova between 2011-2021 have been more than 2.5 million US Dollars.

Social contracting is possible in Moldova and the Mandatory Health Insurance Fund extends financing to NGOs working in health. Although the process is experienced as difficult and complex by the NGOs, financing to TB NGOs by the Mandatory Health Insurance Fund is a definite achievement and a result of successful NGO-government collaboration. First grants for TB were allocated in 2020 and during 2020-2021 domestic funding for TB NGO activities amounted to approximately 60,000 Euros.

In the past overreliance on the external funding, and the fluctuation of this funding, have led to expanding and then having to shrink the scope of NGOs activities, which underlines the need for transition planning as preparation for graduating out of the Global Fund eligibility. Such transition will be facilitated by the guidelines on standard TB activities, and the standardized package of TB services that can be implemented by NGOs – the documents that are currently in the governmental review pipeline.

Background

Engagement of civil society in Tuberculosis (TB) response in the Republic of Moldova is guided by the END TB Strategy, which emphasizes that non-governmental organizations (NGOs) and civil society organizations play an important role. Their activities may include facilitating access to high-quality TB prevention, diagnosis, treatment and care activities, preventing catastrophic costs and addressing social and individual determinants of health, and thus ensuring universal health coverage. The current National TB Strategic Plan 2021-2025 stipulates active involvement of civil society organizations and people affected by TB.

In 2013 a TB NGOs Platform was created to improve collaboration and to coordinate the civil society TB response. The number of NGO working in TB gradually grew and in 2022 the Platform includes 12 organizations. The 2017 assessment¹ underlined the importance of NGO contributions, at the same time drawing attention to the absence of a results framework to measure progress and allow for measurement of quality, outcome and impact of NGO activities.

This study was commissioned by PAS Center to document the results of the engagement of civil society and give recommendations to guide community system strengthening interventions.

Scope of Work and Objectives

The scope of the retrospective study, covering the period 2009-2021 (subject to information availability), was to explore the engagement of civil society in TB response and the factors influencing NGOs participation. The objectives of the assignment included:

1. Reviewing the activities implemented by the NGOs.
2. Documenting the changes in national TB response triggered by the engagement of the civil society and
3. Assessing their impact of NGOs on the national or local outcomes related to TB.

Methodology

Mixed methods were used to obtain and triangulate the information:

1. Desk review of the available documentation, including the Global Fund (GF) grant documents and all available NGO-relevant reports starting 2004.
2. In-depth interviews of eight specialists engaged in GF oversight, TB and NGO support activities.
3. A survey available between the 4th and the 19th of May 2022, with the invitation to fill in distributed to all (13) NGOs working in TB; responses were obtained from all 13 NGOs.

The performance of the NGOs was compared to the GF grant targets and the availability of national indicators and targets was examined and is discussed in this report.

Findings: NGOs Activities and Coverage

Activities between 2014 and 2021

The 2017 Evaluation Report of NGO grants for TB services in Moldova by La Vincente and Carai¹ gives an account of the numbers of NGOs active in TB and the fields of their work. This

information was supplemented by 2020 and 2021 information, collected through an online survey, as part of this study. The results are in Table 1.

Table 1. TB-related activities by NGOs in Moldova.

Activities	2014*	2015*	2016*	2020	2021
Prevention					
Awareness-raising	3/7	2/9	5/10	11/13	13/13
Information provision	4/7	5/9	6/10	11/13	13/13
Detection					
Screening for TB	1/7	2/9	3/10	10/13	12/13
Contact tracing	4/7	1/9	7/10	6/13	8/13
Sputum collection/transport	0/7	0/9	2/10	2/13	1/13
Referral to services					
Linking with clinics	5/7	5/9	10/10	9/13	10/13
Transportation support and facilitation	2/7	1/9	5/10	9/13	9/13
Accompaniment	2/7	3/9	5/10	8/13	10/13
Treatment adherence support					
Directly Observed Treatment (DOT) support	2/7	4/9	3/10	5/13	5/13
Video Supported Treatment (VST)	N/A	N/A	N/A	2/13	2/13
Adherence counseling	7/7	9/9	10/10	10/13	11/13
Psychological support by a trained psychologist	6/7	6/9	5/10	6/13	9/13
Social and livelihood support					
Food and clothes supplementation	1/7	3/9	3/10	7/13	6/13
Legal support, administrative support	1/7	6/9	8/10	6/13	7/13
Advocacy					
Capacity building	3/7	1/9	1/10	6/13	7/13
Working with institutions/community leaders	4/7	4/9	4/10	10/13	12/13
Community-based					
Community mobilization activities	2/7	3/9	2/10	8/13	9/13
Community involvement activities	1/7	1/9	3/10	7/13	9/13

*Source: La Vincente and Carai 2017

Availability of external funding appears to be one of the main determining factors impacting the continuity and scope of the NGOs' work in TB. In 2015-2016 fewer districts were covered by NGO services, compared to 2014¹, because the intended switch from the GF to government financial support of some of the NGO services, did not take place, thus, many NGOs' activities stopped. This can, to some extent, be seen in Table 1 above where in 2015-16 a smaller proportion of NGOs provided such services as adherence support, advocacy, and community mobilization, than in 2014. According to APMG evaluation (2020) also "in 2018 and 2019, the number of NGOs involved in active case finding among key populations reduced because funding from the Global Fund discontinued and the government did not provide the same level of funding."

Up to 2020 investments in NGO activities were characterized by being scattered and of limited duration. According to Yatsko (2020) only three NGOs were active in TB care in 2020, which is primarily attributed to a lack of funding.²

Our survey results show that at the end of 2020 and in 2021 NGOs started covering a boarder range of services, especially those related to prevention and finding missing people with TB, advocacy and community engagement. According to the interviews, provision of DOT, given that only medical workers can in fact provide DOT, remains a less attractive area of work for the NGOs. Compared to the previous years, a smaller percentage of the NGOs provides treatment adherence support, while a larger percentage facilitates clients' referrals to services by other specialists. At the same time VST is an area where the NGOs lead the implementation and where there are no regulatory hurdles for their service provision.

According to the 2017 assessment, ten NGOs were extending services to 47% of people with TB (around 2,000 persons) who were on treatment in 2016¹, however the 2020 report by the Moldovan Institute for Human Rights³ indicates a different percentage for 2016 and points to a declining trend with 23% of TB patients assisted by NGOs in (891 people) in 2016, 21% (767 people) in 2017 and 17% (613 people) in 2018; the report also expected a decrease in 2019. The information from PAS Center (Table 2), presents yet another set of numbers, while echoing the declining trend between 2016 and 2020.

Table 2. NGO-supported adherence services 2015-2021.

Indicator	2015	2016	2017	2018	2019	2020	2021
Number of people with TB informed/counseled by NGOs to increase TB treatment adherence	734	1,054	867	289	189	142	402

Source: PAS Center reporting

This once again shows the importance of having and using uniform definitions and indicators to monitor and understand the trends, which would be aggregated centrally. The current national TB strategy includes definitions (numerators and denominators) of two such indicators which are monitored starting in 2021 by the National TB Program (Table 3) and according to which the NGOs have already surpassed the 2021 targets. The indicators are discussed in more details later in the report.

Table 3. National TB Program NGO-related indicators.

Indicator	Baseline	2021 target	2021 actual
Proportion of people with TB identified as a result of NGO active case finding activities	2.6% (2019)	10%	12.2%
Proportion of people with TB who start TB treatment (for both Drug Susceptible TB and Drug Resistant (DR)-TB) and receive any form of adherence support from NGOs (including psychosocial support)	15.7% (2019)	10%	17.4%

Out of the 13 NGO respondents to our survey, two indicated that in 2020 and 2021 there were areas where their activities were taken over by another organization, i.e. no activities were per se discontinued. During 2020-2021 the new areas of TB-related work included working with refugees, community engagement in research and development/clinical trials, and operational research to collect evidence for key populations TB programs financing. In 2021/2022 the NGOs also undertook an assessment of TB communities, rights, gender and stigma, which set important baselines.

TB Key Populations and geographic coverage by NGOs

Previous analyses underline that “NGOs are very well placed to conduct active case finding in key populations because of the relationship they have built within their locality, and it is unlikely the governmental health services will be able to take over such activities”.² Between 2016 and 2018 people deprived of their liberty, homeless and people who use drugs accounted for 4-5% of TB notifications (APMG evaluation, 2020). Past assessments¹⁻³ and the GF funding request highlight several TB key populations, covered by NGOs, particularly people released from imprisonment, homeless, and people who use drugs.

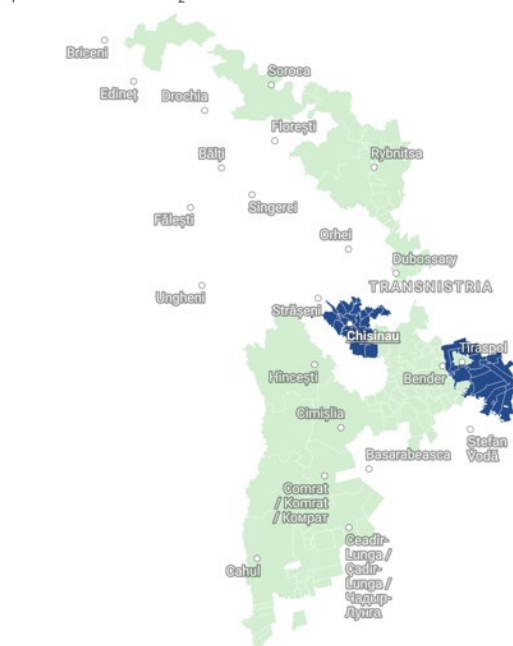
The 2021-2025 National TB Strategic Plan has a renewed list of population groups vulnerable to TB. TB key populations size estimation has not been conducted in Moldova yet, and is planned under the current 2021-2023 Global Fund grant. According to in-depth interviews, it will be carried out, after a revision of the risk groups for screening and the screening algorithm, with support of a technical partner in 2022.

Below we present series of figures with 2021 information which are based on a self-reported survey. The standardized packages of services have not yet been adopted in Moldova at the time of this study, thus there may have been some variance in what different NGOs understood as a service to a particular key population. The key populations for which the information was collected and analyzed include:

- people deprived of their liberty and prison staff;
- people who have a history of imprisonment;
- people who use drugs;
- homeless;
- people with harmful use of alcohol;
- people living with HIV;
- mobile populations;
- trans* people;
- elderly people.

Two NGOs are working on TB in prisons with both people deprived of their liberty and prison staff; seven NGOs work with the people who have a history of imprisonment (Figure 2). Programs include “pre-release interventions and case-management to ensure continuity of care between prison and community care” (source: GF funding request 2020), case finding and treatment support.

Figure 2. Geographic coverage of people with a history of imprisonment, 2021.



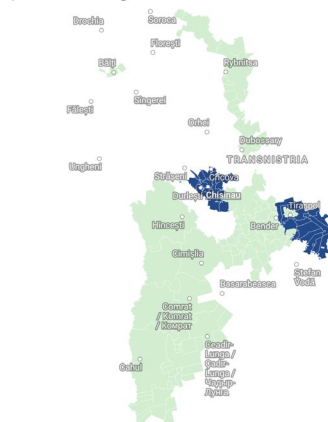
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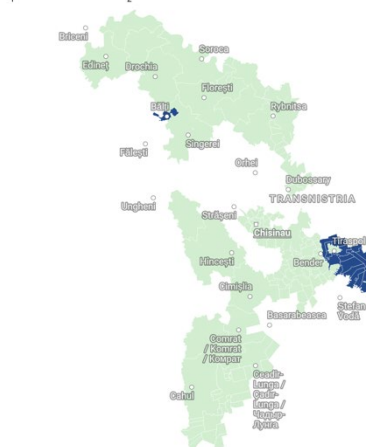
Source: <http://www.anp.gov.md/>

Six NGOs work on TB with people who use drugs, eight - with homeless and 10 - with people with harmful use of alcohol (Figure 3). Information about the geographical distribution of these groups in the country is not available.

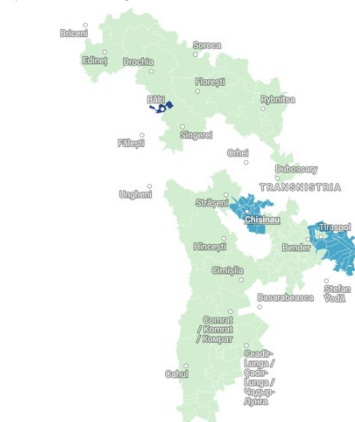
Figure 3. Geographic coverage of homeless, people who use drugs (PWUD) and people with harmful use of alcohol, 2021.



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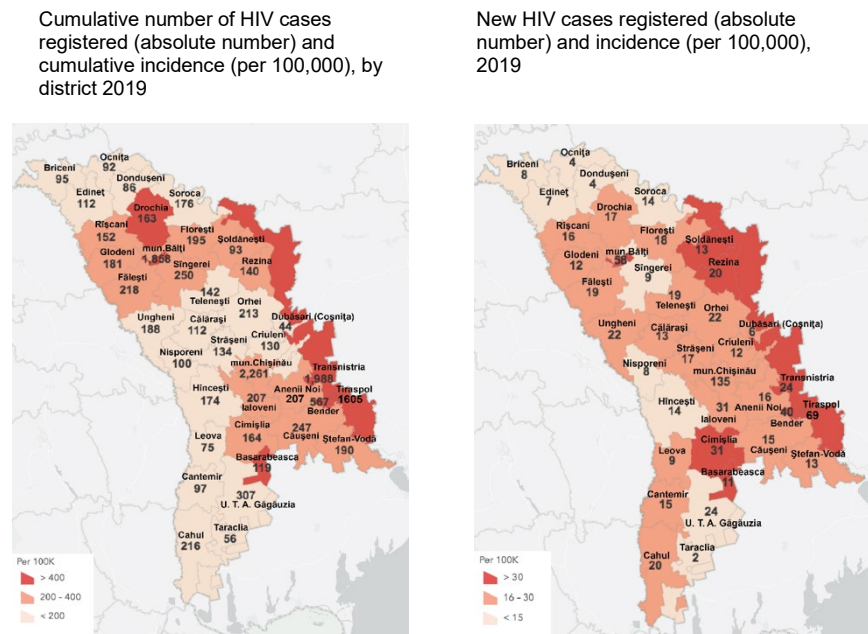
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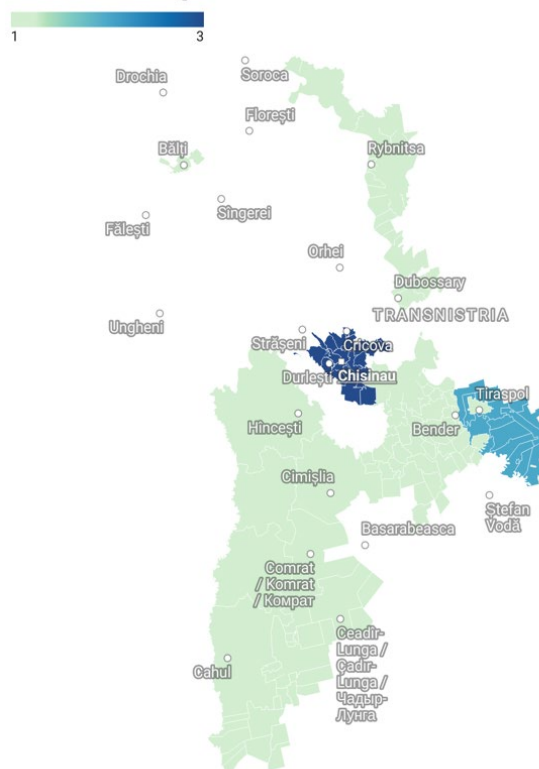
There seems to be a disparity between some of the districts with relatively high numbers of new HIV infections and cumulative numbers of People Living with HIV (PLHIV) and coverage by TB NGOs who work with PLHIV (Figure 4). Districts of Drochia, Soldanesti, Rezina, Basarabeasca, and Grigoriopol with relatively high cumulative HIV incidence or new cases do not have any NGO that reported to be working on TB with PLHIV.

Figure 4 National HIV data 2019 and geographic coverage of NGOs working with PLHIV, 2021.



Source: National Agency of Public Health surveillance data.

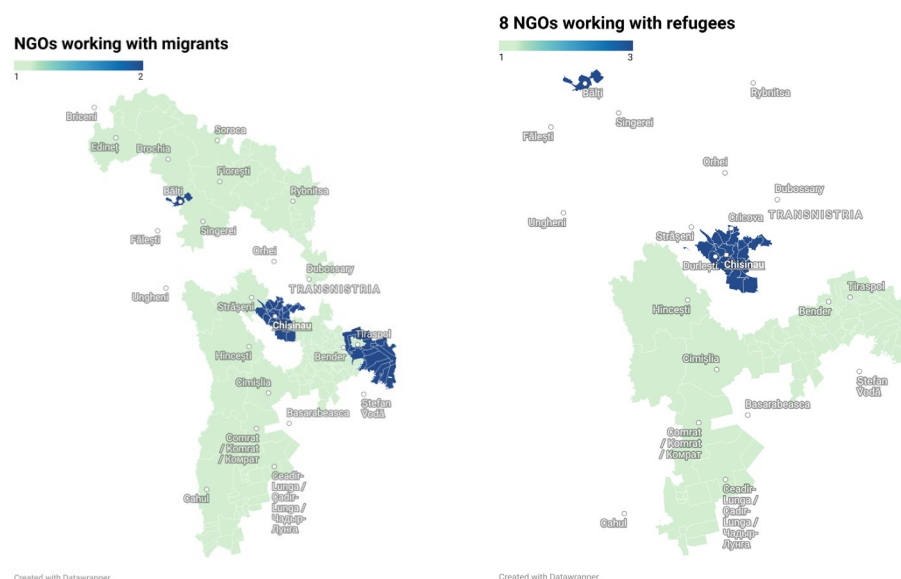
8 NGOs working with PLHIV



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Eight NGOs work with internal and nine with external migrants (Figure 5); eight work on TB with refugees. Information about the geographical distribution of these groups in the country is not available.

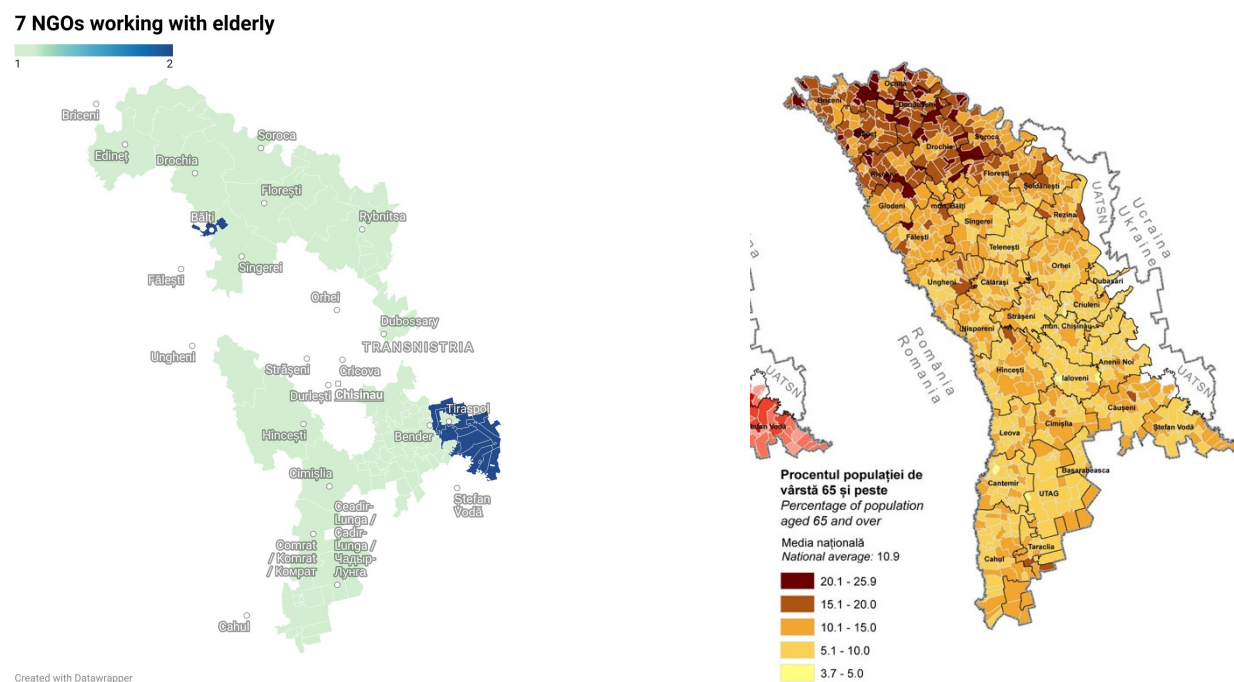
Figure 5. NGOs working with mobile TB key populations, 2021.



Only one NGO addresses TB in trans* population in the districts of Comrat and Ceadir-Lunga.

There is little correspondence between the age map (2014 census), according to which most elderly should be living in the northern districts of the country and the coverage of elderly as a key TB population by NGOs (Figure 6).

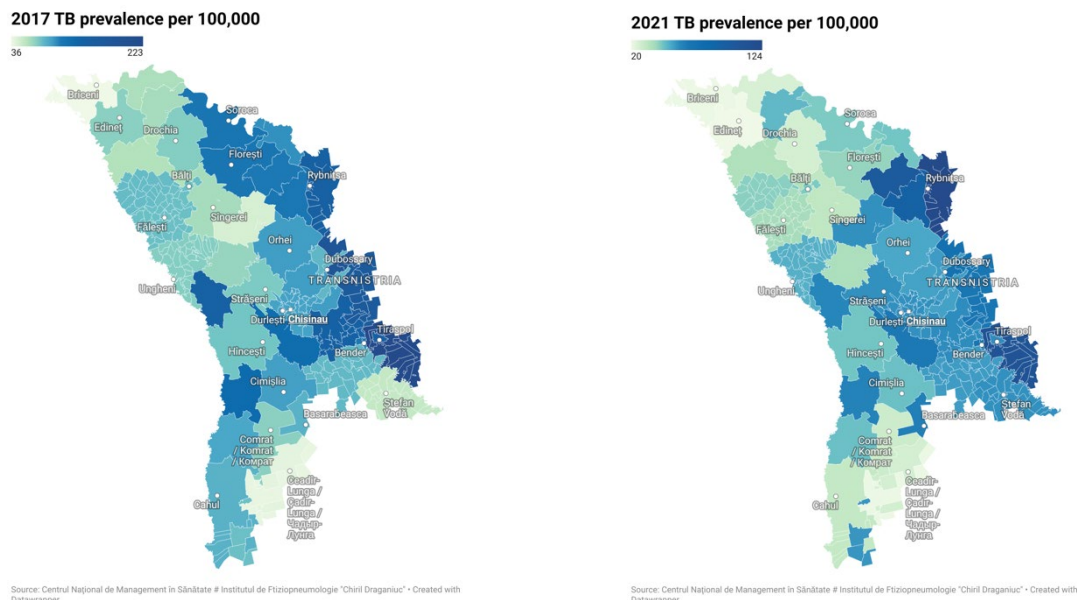
Figure 6. NGOs working with elderly and distribution of elderly people in Moldova, 2021.



Source 2014 census results,; <https://statistica.gov.md/>

Between 2017 and 2021 there has been an improvement of epidemiological situation (Figure 7) and in some of the districts TB prevalence reduced by a half, improvements are noted in the districts of Soroca, Floresti and Gahul, where NGOs have been active in 2017 and in 2021.

Figure 7. TB prevalence in Moldova in 2017 and in 2021, per 100,000 population.

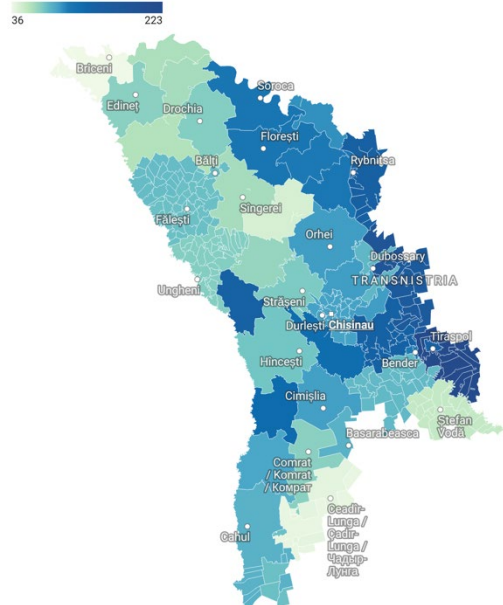


Generally, in terms of geographical coverage, in 2017 NGOs were working in areas with higher prevalence, except districts of Leova, Nisporeni, Ialoveni, Dubosary, Rybnica. At the same time NGOs were active in Stefan Voda and Briceni where the prevalence was relatively not high. This is not considering the scope of the NGOs work and the levels of their financing. Areas covered by NGO TB activities are primarily determined by where the NGOs are based.

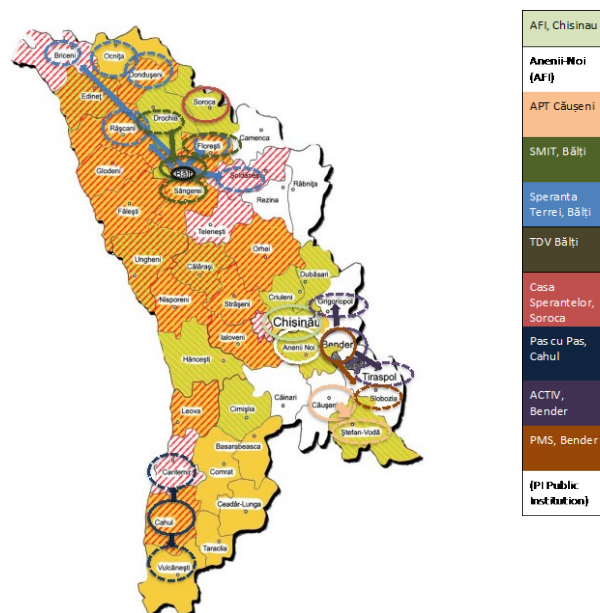
In 2017 (figure 8) and in 2021 (figure 9), NGOs seem to concentrate in the municipality of Chisinau and in the district of Alenii Noi, while the districts of Soldanesti, Rezina, Rybnisa, where prevalence is relatively higher, are covered by only one or two NGOs. These NGOs offer services to a wide range of key populations, including DR-TB patients, PLHIV, migrants, homeless, people who use drugs and persons with harmful use of alcohol.

Figure 8. TB prevalence and NGO activities in 2017.

2017 TB prevalence per 100,000



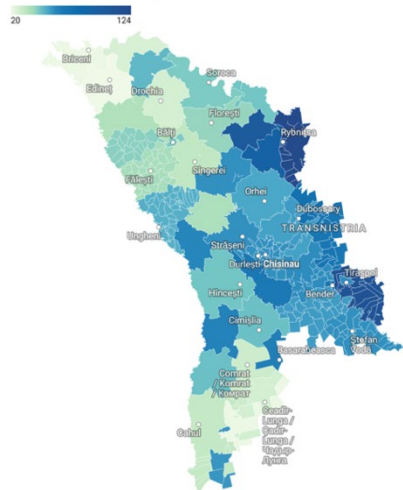
Source: Centrul Național de Management în Sănătate # Institutul de Ftiziopneumologie "Chiril Drăganu" - Created with Datawrapper



source: Geographical mapping of NGO provider and services, La Vincente, 2017

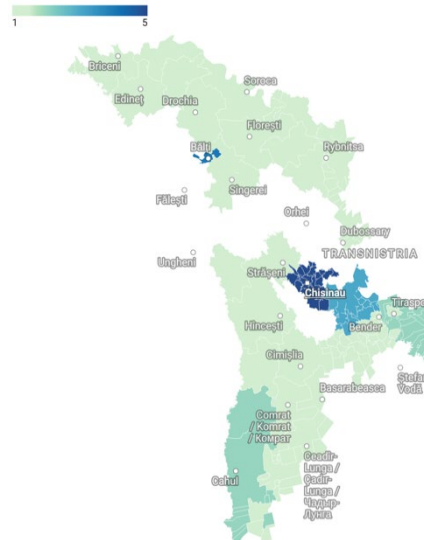
Figure 9. TB prevalence and NGOs working in TB per location, 2021.

2021 TB prevalence per 100,000



Source: Centrul Național de Management în Sănătate # Institutul de Ftiziopneumologie "Chiril Drăganu" - Created with Datawrapper

Numbers of NGOs active per location in 2021

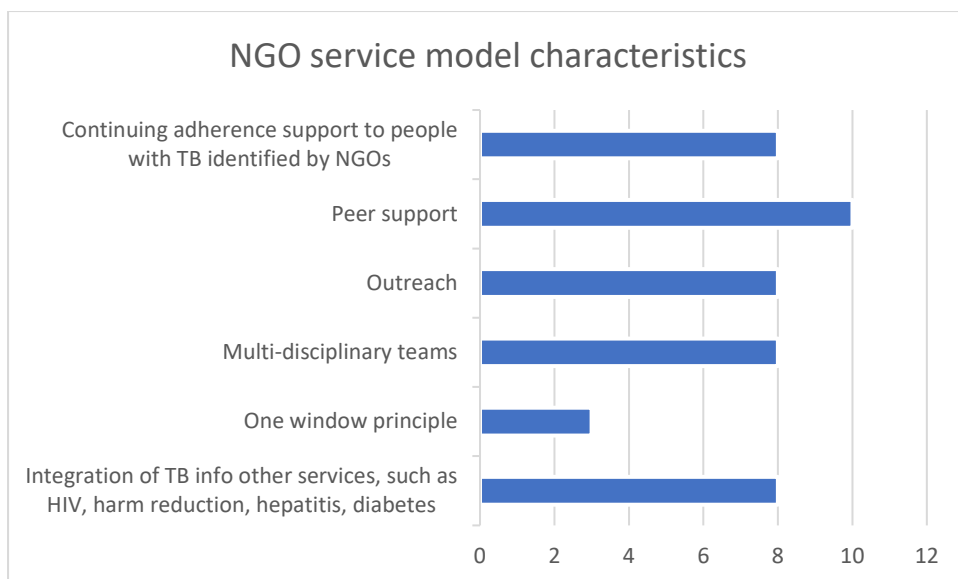


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Summary of the Current Model(s) of Service Provision

The survey of 13 NGOs showed that the most commonly used approach is peer support (10 organizations) and the least common is a one-window approach (three organizations), although eight organizations report integrating TB when providing other services (Figure 10).

Figure 10. NGO service model characteristics.



In their models of service provision NGOs also highlighted the following elements:

- continuity of services between case finding on to treatment support and, where needed, rehabilitation and reintegration of clients;
- collaboration with the governmental health providers;
- human rights awareness and protection.

One organization's differentiated approach is particularly notable, where services per clients group include: *"(1) a mobile team of medical staff conducts search and screening among homeless people in Chisinau and suburbs. Also, if TB is suspected, people are escorted to medical facilities for examination. If necessary, DOT is carried out; (2) outreach workers of harm reduction programs conduct TB screening among people who use drugs and accompany them for X-ray examination at a medical institution (3) outreach work with people with harmful use of alcohol (4) outreach work with risk groups in the city and districts, where adherence activities are carried out by a certified psychologist and a social worker on the basis of the order of the Ministry of Health."* (source: online survey)

Quality of NGO Services

Up to 2020 there was a lack of quality standards for the provision of NGO services in TB, relevant accreditation standards or instructions for organizing interventions in TB.² The same is corroborated by the stakeholder interviews, conducted as part of our study in 2022. While all organizations routinely monitor and evaluate outcomes that are part of their grant agreements, systems to monitor and improve the quality of service provision, including TB activities, that would engage clients and other stakeholders, are not in place.

Availability of Funding

Scattered and limited investment in NGOs, mentioned in several reports, and echoed during our interviews, increases the risks of staff turnover and loss of organizational capacity, as well as a decrease in clients' trust. Yatsko (2020) notes a lack of funding particularly for activities focusing on reducing TB stigma and discrimination, a lack of activities to reduce stigma and discrimination² were also pointed out during key informants interviews. In the past, between 2015 and 2019 the reduction in external funding resulted in shrinking of scale and scope of the NGOs activities while domestic funding was not (easily) accessible, this sends an important

message about transition planning for NGOs even if Moldova is not yet graduating out of the Global Fund eligibility.

External Funding

The largest donor supporting the NGOs activities in TB has been the Global Fund. The amount of the GF funding for TB program activities in the last two grant periods decreased, compared to the 2015-2017 level of funding. However, the proportion of funding allocated to or in support of the NGOs activities has been increasing and in absolute numbers the current grant commitments surpasses the two previous grants (Table 5).

Table 5. GF grants investments in TB and TB NGO interventions.

Budget lines in Euros	2015-2017	2018-2020	2021-2023
Total TB allocation	14,074,136.00	8,751,802.00	9,398,343.00
Grants to TB NGO,	2,024,089.60	1,183,086.77	2,228,538.26
Capacity building activities for TB NGOs	125,287.60	40,893.05	51,175.03
Other investments TB NGO	25,000.00	193,782.18	99,564.62
TB NGOs total investments	2,174,377.20	1,417,762.00	2,379,277.90
TB NGOs investments as percentage of the total grant TB allocation	15.45%	16.20%	25.32%

Source: Allocation Letters

According to the previous assessments, the funding for NGO interventions focused on providing TB screening and adherence support, while activities in the areas of advocacy, human rights or service integration were fragmented or supported sporadically³. A report by APMG (2020) indicated a funding gap of 68% or more than \$US 780,000 in 2020 compared to 2019.

The Stop TB Partnership has been the second largest donor to the civil society in Moldova. The NGO-related investments by TB REACH amounted to more than 2.5 million USD between 2011-2021. Of the three Waves of funding awarded by TB REACH to Moldova, Wave 2, with PAS Center as the recipient, was focused on GeneXpert. Wave 4 mainly went to expanding access to rapid diagnosis of TB and Multidrug Resistant TB, with special emphasis on high-risk groups, and Wave 6 was used to scale-up digital treatment adherence approach through video-supported treatment and related activities, such as coaching the patients on the use of VST and supporting the TB doctors during the roll out of VST.

Domestic funding

Analysis of funding possibilities conducted in 2020⁴ established that there already were several ways for NGOs to access state funding. However, there were prerequisites such as accreditation to provide services but as of May 2022 such standards for accreditation and quality in TB were not yet in place. To date, the Ministry of Health did not extend any funding for NGOs, however, a definite achievement and a result of NGO-government collaboration, is that the Mandatory Health Insurance Fund extended the financing to TB NGOs in the amount of approximately 60,000 Euros (Table 6) during 2020-2021. Information about 2022 funding was not yet available at the time of the study.

Table 6. Government funding for NGOs 2020-2021.

Year	Recipient	Amount, MDL	Activities	Territories
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2020	SMIT	88,400.00	Detection of tuberculosis among the affected key populations in Floresti	Floresti
2021	AFI	599,989.00	Detection of tuberculosis among the affected key populations in the Central region of the Republic of Moldova	Ialoveni, Straseni, Stefan-Voda, Ungheni, Soldanesti
	SMIT	561,353.00	Detection of tuberculosis among the affected key populations in the North region of the Republic of Moldova	Balti, Briceni, Falesti, Riscani, Singerei

Source: PAS Center based on data available at www.cnam.md

Some of the key informants described domestic funding as difficult, unclear, and unattractive. The process of obtaining the funds from the Mandatory Health Insurance Fund was described as complex because, according to key informants, the requirements to the NGOs are almost the same as the requirements for state organizations, e.g. submitting already concluded contracts with suppliers, while NGOs have difficulties meeting such requirements. This is in line with the analyses of domestic funding for HIV NGOs. The 2021 report underlines that the civil society “encounter a number of difficulties, especially in disbursement of installments”⁵. In addition, from the side of the NGOs, there was “non-compliance with deadlines, project implementation and with the data reporting and monitoring process”⁵.

The documents that were initiated and drafted by the NGOs in 2020 such as a guideline on standard TB activities, together with the standardized package of TB services that can be implemented by NGOs, will facilitate domestic funding-related processes. These documents are still pending review and adoption at the time of this study.

Findings: NGO Impact

Contribution to National TB Outcomes

Table 7 describes the contribution of NGOs to case detection in the period from 2016 to 2021.

Table 7. Contribution of NGOs to finding missing people with TB.

Year	Total number of new and relapse cases in the country	Number of people with TB found by NGOs	Contribution of NGOs to finding missing people with TB, in %	Key and vulnerable population that NGO activities focused on
2016	3,570	143	4.0	(no information)
2017	3,353	18	0.5	homeless
2018	3,016	597	19.8	homeless, people who inject drugs (PWID), contacts
2019	2,876	32	1.1	homeless, PWID, PLHIV
2020 (only during 4 months)	1,761	57	3.2	homeless, PWID, PLHIV, contacts, migrants, financially vulnerable

2021	2,067	252	12.2	homeless, PWID, PLHIV, contacts, migrants, financially vulnerable
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Source: APMG TB Evaluation Report 2020, data from NTCF and PAS Center reporting

Fluctuations could be attributed to focusing on different key and vulnerable populations in different years, and the 2020 figures were affected by the COVID-19 pandemic.

In terms of the numbers of people needed to be screened to find one person with TB, based on 2021 information (Table 8), the lowest number is among the homeless people, followed by people living with HIV.

Table 8. Number of people needed to screen to find one person with TB, per key and vulnerable population, 2021

Key and vulnerable population	Homeless	PWID, people with alcohol dependency	Unemployed, day laborers, low-income people	PLHIV	Migrants
Number of persons screened	743	3,466	17,284	76	1,255
People diagnosed with TB	33	43	121	5	16
Number needed to screen to find one person with TB	23	81	143	15	78

Source: PAS Center operational data

Screening among all of the key and vulnerable population, per Table 8, gives prominent results, given that the estimated TB incidence in Moldova in 2020 was 74 per 100,000 population, i.e. in the general population, the number of people needed to screen in order to find one person with TB is more than 1,350.

Changes in National TB Response Triggered by the Engagement of Civil Society

Inclusion of NGOs Activities in National TB Strategy and Relevant Indicators

The NGOs have contributed extensively to the development of the current TB National Strategic Plan 2021-2025, as evidenced by series of meetings of the TB Working Group. The resulting National Strategic Plan, and particularly its objective six, aim to adopt policies and implement measures to reduce the burden of TB, by implementing a people-centered approach, addressing social determinants, adjusting funding mechanisms to the people-centered model at each level of care, and involving NGOs and people affected by TB. This objective corresponds to 51.93% of the total estimated costs for the implementation of the National Tuberculosis Control Program for the five years.

Two indicators that have already been mentioned are 1) the contribution of NGOs to finding missing people with TB and 2) the proportion of people with drug susceptible and DR-TB who received any sort of NGO adherence support. While the first indicator is measurable and meaningful, the second indicator may benefit from adjustments, that could help focus the NGO adherence support on effectively covering key and vulnerable populations, rather than all people with TB, who are undergoing TB treatment. A potential modification could be to measure percentage of Loss To Follow Up (LTFU) among all patients from key and vulnerable populations who received adherence support from the NGOs, which would also speak about

the quality of NGO services. Usually, and given that these are key TB populations, this should not exceed 5%. Previously, there have been insufficient decline of LTFU (source: Global Fund Progress Update, outcomes indicators 2018-2020) especially in Transnistria. This indicator is no longer part of the performance framework of the 2021-2023 GF grant.

Other NGO-related indicators that are part of the national strategy are: (1) developing and implementing of a contracting mechanism under state funds or other financing mechanisms to finance the activities of the civil society organizations; (2) eliminating catastrophic costs due to TB by 2025, with a 2016 baseline value of 2.3% TB-affected households that encountered catastrophic costs. As part of measuring the strategy's success these two indicators also warrant further discussion. As was mentioned above, according to the 2020 analysis of funding possibilities⁴, de jure there are ways for the NGOs to receive state funding to partake in TB response, de facto, and according to the 2022 Communities, Rights, Gender and Stigma assessment relevant "legislation was confusing and created impediments in practical application" of the state funding mechanism. It may not be clear if the first indicator should be considered achieved or not, it may be advisable to review the wording of this indicator.

In relation to catastrophic costs, according to Chiobanu et al 2017⁶ it is important to keep in mind what percentage constitutes a catastrophic cost, which in Chiobanu's study in Moldova was set at 20% of the household income, compared to 40%, established by WHO. Using the more conservative 40% cut-off point, catastrophic costs were reported by 8% of households in Moldova. After excluding the amounts received as patient incentives at least 11% of households would face catastrophic costs (Chiobanu et al, 2017, pp. 38-39). When the achievement of this indicator is reviewed, it is important to revisit the source of the information that was used to establish the baseline, and have a clearer definition of the catastrophic cost, which will both influence the target achievement.

NGOs Participation in the Country Coordinating Mechanism

The chairperson of the TB NGOs Platform has been a voting member of the Country Coordinating Mechanism (CCM) from 2015. Up to 2020 there is no evidence of strategic (innovative, crucial to TB key populations) discussions initiated by NGOs, although they regularly provide updates of their activities and participate in the discussions of the TB Working Group of the CCM. Records of proactive NGO engagements date to 2020 when the NGOs drafted basic standards/framework for, and a manual on NGO engagement in TB response and raised the discussion of the mapping of TB services by type of provider/provider responsibilities and costing of these services.

In 2020 NGOs acted as important sources of information about the health needs in the conditions of COVID-19 pandemic in the locations where they were active. There is evidence of NGOs actively engaging in formulation of the national TB strategy (sources: minutes of the CCM TB Working Group meetings of March 2020, April 2020, Aug 2020, Nov 2020, April 2021). The NGOs pro-actively prepared a position paper on C19RM (a GF grant focused on COVID-19), took part in monitoring the continuity of TB services for patients during COVID-19 emergency measures, advocated successfully for improving communication/coordination between NGOs working in TB and in HIV, advocated for maintaining access of vulnerable populations to TB testing during COVID-19 measures, and assessed the needs to inform a national campaign on TB/human rights (sources: minutes of the CCM TB Working Group meetings of April, June and Sept 2021).

Video Supported Treatment

VST is a relatively new activity that was piloted starting 2016³ and is now rolled out to the whole republic. The NGOs initiated and largely implemented the VST program. In 2017 VST was scaled up to districts and in 2019 a VST platform was ready and TB doctors at project sites were trained. Subsequently, in 2020, VST platform was transferred to the National TB Program (Institute of Phthysiopulmonology) and its operation awaited personal data protection clearances. COVID-19 was the main reason for the breakthrough of VST in Moldova: in 2020 VST was made available in Chisinau and then introduced to most districts through a TB REACH grant and in 2021 VST was rolled out to whole country. VST is now backed up by a guideline for VST implementation approved by the Ministry of Health.

According to published results⁷, VST significantly decreased non-adherence and VST patients spent less money and less time on their treatment and were more satisfied with their treatment. We authors also found “no significant results pertaining to treatment success, patient well-being or patient employment status and some evidence of an increase in treatment side effects.”⁷

Communities Systems Strengthening

The priorities for training of the TB NGOs Platform of non-governmental organizations involved in TB control in the Republic of Moldova for 2021-2023, were defined and approved on May 18, 2021. Table 9 below outlines the current (as of June 2022) status of the implementation of various capacity building activities. TB NGOs Platform receives funding from the Global Fund.

Table 9. Priorities for training of the TB NGOs Platform.

	Training activities / priorities	Date	Responsible	Stakeholders	Monitoring indicator and indicator achievement
Objective 1 . Financial sustainability and diversification of sources					
1	Meeting to discuss progress and barriers in the allocation / assimilation of National Health Insurance Company resources	2021-2023	TB platform / President	NTP, TB NGO	Meetings held
2	Implementation of standard operating procedures in TB control for NGOs	2022		NTP, TB NGO	
3	Promoting partnerships in accessing funds	permanent		NTP, TB NGO	No partnerships
4	Submission of funding applications to achieve the strategic objectives of the Platform	permanent	TB platform / President	NTP, TB NGO	No. of applications submitted
Objective 2. Promoting the integration of services and focusing on the needs of the person					
5	Video Supported Treatment - implementation issues in the Republic of Moldova and NGO involvement	2022		NTP, TB NGO	to be completed Q1-Q2 2023
6	HIV testing through tuberculosis NGOs (theory and practice)	2022	STEP	NTP, TB NGO	accomplished
7	Human rights in TB	2022	IDOM	NTP, TB NGO	accomplished

8	Rights and responsibilities of TB people and governmental and non-governmental TB service providers	2022	IDOM	NTP, TB NGO	accomplished
9	Meetings to discuss the evaluation of the degree of integration at NGO level of TB, HIV, PRR activities, etc	2021-2023	Platform	Key Affected Populations (KAP) Committee, PNHIV, NTP,	Meeting held/ Information note available
10	Building and strengthening partnerships in TB control at local and national level	permanent	NGO TB	NTP, KAP	
11	Meetings to discuss the activities implemented: barriers, solutions	permanent	Platform	NTP, KAP, NGO from TB	Meeting held/ Information note available
12	Revision of the Memorandum of Cooperation with PNRT for 2021-2025	2022	Platform Secretariat	NTP, KAP, NGO from TB	Memorandum revised and signed to be done Q3-4 2022
Objective 3. Organizational strengthening of the TB Platform / NGO					
13	Occupational security for NGO staff	2022-2023	Secretariat	NTP, KAP, NGO from TB	to be done Q3 2022
14	Human Resource Management in NGOs		Secretariat	NTP, KAP, NGO from TB	to be done Q3 2022

Summary of the findings and recommendations

The main achievements

1. The ups and downs in the scope of NGOs TB activities have been directly linked to the levels of available, mostly external, funding. From end 2020 NGOs started covering a boarder range of services, focusing on prevention and finding missing people with TB, but also on previously underfunded areas of advocacy and community engagement.
2. Social contracting is possible and in 2020-2021 the Mandatory Health Insurance Fund extended financing to TB NGOs, although the social contracting process is experienced by the NGOs as difficult and complex.
3. The NGOs have contributed extensively to the development of the current TB National Strategic Plan 2021-2025 and from 2020 there is clear evidence of strategic discussions initiated by NGOs at the CCM.
4. Most NGOs use peer support as a tested approach in their models of care.
5. The NGOs initiated and largely implemented Video Supported Treatment program. VST significantly decreases non-adherence, VST patients spend less money and less time on their treatment and are more satisfied with their treatment.
6. NGOs have made significant contributions to finding missing people with TB.
7. TB NGOs Platform has a training plan, which is resourced and maintained current by its Secretariat.

Remaining challenges

1. Provision of DOT remains a less attractive area of work for the NGOs. There is a need for wider engagement of NGOs in VST provision.
2. Developing NGO-relevant indicators have previously been recommended and since 2021 there are several indicators for measuring, monitoring and course-correcting the contribution of the NGOs to TB response. Revising the adherence-related indicator would allow better focus of the NGOs' work. The social procurement-related indicator and the catastrophic cost-related indicator will benefit from clearer definitions.
3. NGOs activities to find missing people with TB fluctuate along with the available funding, the uneven trend in the contribution of NGOs in this area seems to depend on the kinds of key and vulnerable populations that the NGOs are assigned to work with.
 - Geographical locations where NGOs provide services are co-determined by where the NGOs are based and thus do not fully coincide with the potential needs for NGO TB services namely for people with the history of imprisonment, elderly, and some of the districts with a relatively high prevalence of TB.
 - Based on key population size estimations, epidemiological and demographic information, there is a need to more proactively plan the NGOs activities in terms of scope and geographic coverage, which not only respond to, but predict and address barriers to accessing diagnosis and completing treatment.
4. Systems to monitor and improve the quality of NGO service provision are not in place.
5. There remains a need for transition planning for NGOs as preparation for graduating out of the Global Fund eligibility.

Additional NGOs capacity building needs

Based on the findings and analysis, captured in this report, cross-referenced with information from key informant interviews regarding unmet capacity building needs, and the training plan of the TB NGOs Platform, the training to better understand government funding requirements following intervention may be recommended.

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