ADVOCACY, COMMUNICATION, AND SOCIAL MOBILIZATION STRATEGY IN CONTROL OF TUBERCULOSIS IN THE REPUBLIC OF MOLDOVA (2018-2020)

Chisinau 2017

The Strategy is part of the Global Fund to Fight AIDS, Tuberculosis and Malaria program implemented in Moldova by the Center for Health Policies and Studies (PAS Center) and was examined by the joint meeting of representatives of Chiril Draganiuc Institute of Phthisiopulmonology, National Tuberculosis Control Program and relevant community organizations, which took place on November 22, 2017.

The Strategy was developed by Prof. Dr. habil. Constantin Marin.

SUMMARY

ACRONYMS

ACSM-TB – Advocacy, Communication, and Social Mobilization in Control of Tuberculosis

AFI – Act for Involvement (*Acţionaţi pentru implicare*), Public Association

KAP – sociological surveys for determining the Knowledge, Attitudes, and Practices / Behavior of the population in the sphere of TB

NMIC – National Medical Insurance Campaign

NCC – National Council for Coordination of the National Programs for Prevention and Control of HIV / AIDS Infection, Sexually Transmitted Infections, and Control of Tuberculosis

DOTS – Directly Observed Treatment Strategy

GF – Global Fund to Fight AIDS, Tuberculosis and Malaria

PPI – PHI Phthisiopneumology Institute *"Chiril Draganiuc"*

HIV – human immunodeficiency virus

MHLSP – Ministry of Health, Labor, and Social Protection

NPCT – National Programme for Control of Tuberculosis

WHO – World Health Organization

NGO – non-governmental organization

UN – United Nations Organization

PAS – Center for Health Policies and Studies

MSAT – Moldova Society against Tuberculosis

TB – tuberculosis

MDR-TB – multidrug resistant TB

HPCs – high-priority countries (Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Romania, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan)

CIMU HSRP – Public Iinstitution "Coordination, Implementation and Monitoring Uit of the Health System Restructuing Project"

EU – European Union

"Most important, good health can no longer be seen an outcome of one sector alone: sustainable and equitable improvements in health are the product of effective policy across all parts of government and collaborative efforts across all parts of society."

Margaret Chan,

WHO Director-General

(from the preface to *Health 2020*

European Policy Framework and Strategy)

SUMMARY

Advocacy, Communication, and Social Mobilization in Control of Tuberculosis (TB) in the Republic of Moldova (2018-2020) (hereinafter referred to as the ACSM-TB Strategy) is developed in accordance with the provisions of Art. 28 (5) of the National Programme for Control of Tuberculosis for 2016-2020 approved by the Government Decision No. 1160 of October 20, 2016, as well as by p.7.4 of the Roadmap for Modernizing the Phthisiopneumology Service approved by Order No. 305 of April 14, 2017, of the Minister of Health.

According to the WHO estimates, the Republic of Moldova is one of the top 18 high-burden tuberculosis countries in the world and is listed among the 27 WHO European high burden multidrug-resistant tuberculosis (MDR-TB) countries [77]. As a consequence, control of tuberculosis is a public health priority in the Republic of Moldova.

Currently, in the view of the WHO, control of tuberculosis is both the scope of medical efforts, including the implementation of innovative treatment policies and technologies and the area for advocacy, communication, and social mobilization (ACSM).

This strategy designed as a component of the instruments for the implementation of the National Programme for Control of Tuberculosis for 2016-2020 provides an integrative vision of ACSM as an arsenal of social media, aiming to ensure cognitive, mental, and behavioral changes related to TB, both at the scale of society as a whole and the parties involved in the control of the disease and persons affected by TB. The reference strategy is based on good world practice, in particular, on the experiences of some countries where, as in the case of the Republic of Moldova, TB remains a strategic priority of public health policies (Romania, Ukraine, Kazakhstan, Georgia, Azerbaijan, etc.). It is also based on the Communication Strategy for 2008-2011, the E-Health 2020 Strategy of the Ministry of Health of the Republic of Moldova, and the local ACSM practices for combating TB in recent years.

Besides, the ACSM strategy was dimensioned on the basis of 16 focus groups and 9 in-depth interviews organized in June-September 2017 and attended by 172 persons representing healthcare providers, volunteers involved in TB control, and various categories of patients and persons not affected by TB.

The strategy takes into account the knowledge, attitudes, and behaviors related to TB among the population of the Republic of Moldova revealed during the 2004, 2008, 2010, 2012, and 2017 KAP surveys.

The reference strategy outlines the objective, the principles, and the strategic goals of ACSM in TB control, reveals active parties and target audiences, articulates multi-sector ACSM solutions and basic messages of advocacy, communication, and social mobilization, inventories channels and techniques, including media and e-ACSM in TB control, outlines the ways to monitor and to assess the implementation of the ACSM strategy, formulates performance indicators, and describes sources of funding.

The strategy was developed within the framework of the program of the Global Fund to Fight AIDS, Tuberculosis and Malaria implemented in the Republic of Moldova by the Center for Health Policies and Studies (PAS).

1. COMMUNICATION COMPONENT IN TB CONTROL
Concepts of Advocacy, Communication, and Social Mobilization (ACSM)

TB control as a part of consolidation of public health is the result of multi-sector efforts. Such vision was promoted by the WHO at the first Global Ministerial Conference on TB held on November 16-17, 2017. The meeting attended by ministers, leaders of the UN organizations, NGOs, high-ranking representatives of civil society, the academic community, and the corporate sector identified a multi-sector response to accelerating the efforts made by all the WHO member states in order to take effective action to put an end to the global TB epidemic by 2030. Margaret Chan, WHO Director-General, mentioned in this context in her introduction to the Health 2020 European Policy Framework and Strategy, "Most important, good health can no longer be seen an outcome of one sector alone: sustainable and equitable improvements in health are the product of effective policy across all parts of government and collaborative efforts across all parts of society." [41]

The multi-sector response in question encompasses political, economic, social, cultural, mentality, attitude, and behavioral actions, and therefore, aims at developing TB control skills at all the levels. "It makes the case for empowering people, citizens, consumers and patients as a critical factor in improving health outcomes", according to p. 6 of the Health 2020 European Policy Framework and Strategy.

When asked to provide their own vision of the multi-sector response in question to prevent and stop the incidence of TB, promoting compliance with that treatment, and other directions of activity, the participants of the focus groups organized to develop this strategy have noted the major role of information and communication. Practically, they have unanimously stated that the current situation could be substantially improved if medical remedies were compliant with communication tools.

Advocacy. The notion of *advocacy* comes from the English verb *to advocate* which means "to support a cause". The working definition for *advocacy* would be "concrete actions aimed at modifying the laws and regulations promoted and adopted by public authorities" [47]. In the case of TB, advocacy implies actions aimed at focusing decision-makers' attention on stopping tuberculosis by adopting sector policies and stable and adequate funding. To this end, advocacy participants organize meetings with the authorized institutions; participate in parliamentary debates, initiate mass activities as advocacy for TB control, draft petitions, collect signatures,

etc. Advocacy progress is made through adopting and implementing regulatory acts favorable to TB control.

In the domestic normative sphere, the concept of *advocacy* was used for the first time in the National Program (2016-2020). The document has defined *advocacy* through the term *pleading*.

Communication/informing is a process of consideration of ***knowledge***, ideas, and data. At the same time, these notions also include relevant differences. While communication marks interactive bidirectional exchange of information which implies mutual impact (from the issuer to the recipient and vice versa), informing is a single-directional act of transmitting information (from the issuer to the recipient), which is non-interactive. *Communication* implies establishing relationships, while we can speak of *informing* when we intend to provide a documentary proof without expecting to produce a specific reaction [1; 25].

To combat TB, both communication and informing are welcome. Applying their arsenal of instruments, we gain the following: a) promoting knowledge and changing the attitude towards TB, medical providers and services, adherence to treatment, etc.; b) personal and interpersonal behavioral changes (patient-doctor, doctor-doctor, patient-healthy person) and social (patient-community-society) changes in relation to TB. Cognitive, attitudinal, and behavioral changes facilitate the general process of controlling and counteracting TB as a public health issue. Communication/informing are performed directly (by interpersonal and group activities) and indirectly (through mass media, for example).

Social mobilization [18, 57] is the process of raising awareness among social actors and involving them in solving problems of major public interest. The final objective of social mobilization is to increase the social efforts quantitatively and qualitatively in order to achieve these goals. In the case of TB, social mobilization involves at least the following aspects: a) including the objective of stopping TB in the social agenda, b) creating a social climate favorable to stopping TB, c) developing solidarity of society, stakeholders, and citizens in controlling TB, and d) resources of any kind, including communications, to redress the situation in the sphere of TB.

Advocacy, communication, and social mobilization form a triad of interdependent resources known as ACSM. Used simultaneously, uninterruptedly, and complementarily, these

resources, in the view of the WHO and *Stop TB*, help spreading knowledge in the sphere of TB, change attitudes and behaviors on the level of society and (or) certain social groups, acquire the support from political, economic, or other decision-makers, and ensure social cohesion in stopping TB.

ACSM-TB practices were launched following the adoption of the *Stop TB* Global Plan for 2006-2015 in 2006 [49]. The WHO recommended that all the countries implement the ACSM Strategic Plan to give TB control efficiency and a wider social involvement. In the methodological recommendations published in 2007 [58], the WHO notes that the integration of ACSM into national TB control programs is a way to streamline this control. The experience of many countries has confirmed that ACSM facilitates political and financial assistance to reduce TB, improves incidence detection and promotes compliance with treatment, reduces stigma and discrimination, and brings people together to eradicate the disease in question.

2. ACSM STRATEGY: PURPOSE, PRINCIPLES, AND STRATEGIC OBJECTIVES

This strategy designed as part of the instruments to implement the National Programme for Control of Tuberculosis for 2016-2020 provides an integrative concept of ACSM. It is conceived as an arsenal of means aimed at ensuring cognitive, mental, and behavioral changes in relation to TB both at the scale of society as a whole and the actors involved in the control of the disease and people affected by TB.

The ***purpose*** of the strategy derives from the National Programme for Control of Tuberculosis for 2016-2020 and consists in reducing the burden of tuberculosis in Moldova by developing and articulating advocacy, communication, and social mobilization in achieving universal access to high-quality prevention, diagnostics, and treatment services, applying the patient-centered model and the outpatient treatment of TB, and promoting anticipatory and responsible knowledge, attitudes, and behaviors related to tuberculosis among the population of the Republic of Moldova.

The basic principles of the ACSM-TB strategy are:

- *participatory* (plenary, conscious, unbiased, voluntary, and constructive involvement of active participants in ACSM-TB activities);
- *pro-active* (ACSM activity for prevention and treatment of TB will be preventive and mobilizing);
- *non-discriminatory* (ACSM actors and actions will avoid stigma and demonstrate

tolerance in relation to TB patients);

- *equality* (ACSM participants will address the target audience impartially and equally, and ACSM actors, regardless of their social and professional status, will be treated equally, without discrimination of any kind);
- *transparency* (ACSM actions will take place under the conditions of maximum transparency; active participants and beneficiaries will know the mechanisms and the final outcome of these actions).

The ACSM-TB Strategy for 2018-2020 compliant with the purpose and principles outlined formulates eight ***strategic objectives*** that result from and ensure the achievement of the objectives of the NPCT, namely:

1. establishing the management of the ACSM activity;
2. integrated application of ACSM;
3. identifying the ACSM priority tasks / directions in TB control for 2018-2020;
4. coordinated involvement of all national and local actors in the control of TB in the ACSM;
5. uninterrupted information coverage of different target audience groups;
6. differentiated and consolidated approach to the anti-TB message for various target audiences, which includes reducing the stigma and social marginalization of TB patients;
7. diversification of the ACSM platforms, including the development of e-ACSM-TB;
8. identifying the ACSM-TB funding sources.

3. ACSM MANAGEMENT

ACSM activity so far has been taking place in the absence of an effective core that would be primarily concerned with advocacy, communication, and social mobilization management at both national and local levels. The Technical Working Group on Communication and Prevention in the Sphere of TB Control created at the operational level within the National Council for Coordination of the National Programs for Prevention and Control of HIV/AIDS Infection, Sexually Transmitted Infections, and Control of Tuberculosis – the NCC (Government Decision No. 825 of August 3, 2005) was empowered with general missions common to other working groups, without highlighting its contribution to the ACSM management. In this context, we

quote from p. 15 of the NCC Regulation: “providing technical support for developing projects and strategies of the national programs for prophylaxis and control of tuberculosis, HIV/AIDS, and sexually transmitted infections; providing technical support in drafting offers for funding to external donors or donor agencies; monitoring and assessing the situation in the sphere of tuberculosis, HIV/AIDS, and sexually transmitted infections, identifying health problems in the relevant sphere and participating in national policy making” [38].

The organizational structure of the NPCT coordination unit, although it is a “complex” one (medicament, case management and supervision system, courier system for transporting sputum and medication samples, drug storage and evidence system, electronic recording systems, national and international reporting systems, resource planning and management systems) [34], does not concern the ACSM management structure. The area of advocacy, communication, and social mobilization is also foreign or peripheral to the TB control community centers (in Straseni, Orhei, Rezina, Glodeni, Ungheni, Hincesti, Ialoveni, Criuleni, Cahul, and Ribnita). The process of reorganization and consolidation of the NPCT coordination unit has been taking place to support the objectives stipulated by the NPCT and the recommendations of the international authorities (WHO Intermediate Evaluation Report, 2013). In the above mentioned context, we would like to point out that several participants of the focus groups and in-depth interviews which took place while developing this strategy include the managerial institutionalization of the ACSM activity at the national and local levels.

Thus, the Strategy (Objective 1) lists the following recommendations:

- establishing the position of the ACSM-TB *national coordinator* within the NPCT to coordinate all the ACSM activities and to cooperate with the territorial officials and all the national and local ACSM actors. The ACSM-TB national coordinator will create a working group empowered with the consultative prerogative in ACSM;
- appointing and training the ACSM officers in existing and newly created TB community centers, according to NPCT provisions;
- drafting the regulation on the status of the ACSM national coordinator and recommendations for the ACSM officers within the local, public, and private local entities involved in combating TB;
- developing a ACSM-TB guidance;
- organizing ACSM-TB training sessions for different categories of TB control agents (doctors, social workers, volunteers, etc.);
- developing informative materials for TB control active participants.

4. ACSM: Integrated Application

The fifth component of the WHO *Stop TB* Strategy demands the improvement of ACSM at the national level to provide detecting the cases of TB and treatment adherence to combat stigma and discrimination, to mobilize people affected by tuberculosis, to involve political engagement and resources to control tuberculosis, to promote social changes, and relieve poverty, which is needed for long-term control of tuberculosis and elimination. Although the ACSM global practices have been successful enough to mobilize resources and to strengthen political and governmental commitment, it is noted in the reference document that there is an urgent need to intensify communication efforts and to stimulate wider civil society involvement in the control and elimination of tuberculosis [21].

Appropriate information support for TB control is the triad of communication resources, consisting of advocacy, communication, and social mobilization. Their separate or single application may have partial, fragmentary, and (or) temporary impact. ACSM-TB efficiency and durability can be obtained when reference resources are used simultaneously, complementarily, and uninterruptedly. This Strategy through Strategic Objective 2 promotes the integrated application of ACSM as an inseparable condition for the timely detection and prevention of TB, the reduction of its frequency, adherence to the treatment of TB, TB-MDR, and cases of co-infection.

Advocacy actions in 2018-2020 will be focused on the following:

1. *the Parliament of the Republic of Moldova, the Government of the Republic of Moldova, the Ministry of Health, Labor, and Social Protection, the Ministry of Finance, as well as the local public authority* in order to contribute to maintaining and encouraging the involvement of the local decision-makers in the implementation of national control policies focused on combating tuberculosis. Thus, the activity should be focused on the cultivation of the political commitment in stopping TB, on the development of decision-makers' attitudes and favorable behaviors regarding legislative, financial, medical, and logistic actions in the sphere of TB control (adoption/normative implementation of innovative paradigms for the organization and development of TB treatment, including patient-centered and ambulatory approaches, allocating sufficient resources for purchasing medical equipment and

consumables for timely detection of TB, encouraging TB patients' compliance with the treatment, their social and financial support, etc.);

2. *media.* Media resources address TB control issues occasionally, particularly on the occasion of the World TB Day (March 24) or when it comes to sensational news. Media advocacy should encourage a well-grounded, consistent, systematic, and fair dialogue on TB control between the press or the audiovisual media and their target audience. In this case, the social responsibility of the media will be emphasized;
3. *real and potential donors.* Advocacy activity in this case will be focused on informing and convincing internal and external donors to support national and local TB control projects;
4. *healthcare service providers.* This public becomes the target of advocacy activity, especially when it comes to implementing new policies. Thus, in 2018-2020, through the advocacy activity, medical staff will be informed, convinced, and solidarized in promoting the modernization of the phthisiatric service (the patient-centered model and the outpatient treatment for TB);
5. *businessmen.* The private sector is the least involved in coping with the epidemiological situation. Advocacy must recruit supporters, financiers, participants, or partners of anti-TB projects among businessmen;
6. *taxpayers-individuals.* After the 2% Law (2017) enters into force, taxpayers-individuals must be recruited as funders of NGO projects for combating TB.

Communication actions to be held in 2018-2020 will be addressed as a matter of priority to:

- *different categories of the population* of the Republic of Moldova in order to develop their healthcare culture, in particular, in order to consolidate and to develop their knowledge about TB, to mold their preventive and appropriate attitudes and behaviors in relation to TB, and to involve them in stopping TB and stigma and discrimination against patients with this disease;

- *TB patients* and their families to document them with the Patient Record and cultivate their compliance with TB treatment under ambulatory conditions; to develop their responsibility for personal and public health;

- *healthcare service providers* (family doctors and specialist doctors) to develop their communication skills and to solidarize them in their common effort to combat TB;

- *volunteers* as traditional and new active participants involved in combating the disease to strengthen their knowledge and skills, including in the sphere of ACSM-TB;
- *journalists* specializing in public health to provide them with documentation on the national policies, practices, and problems of stopping TB in the Republic of Moldova and to promote deontological standards in approaching the subject of TB;
- *taxpayers-individuals* who need to be informed about the possibilities offered by the legislation in force to participate in financing TB projects.

Social mobilization activities to be held in 2018-2020 will converge towards the following:

- raising awareness, focusing and solidifying public opinion on the common TB control effort through the yearly implementation of the national multi-sector campaign *Stop TB;*
- administrative, financial, and corporate mobilization in the sphere of TB control;
- recruitment of new actors in TB stopping activity (students of specialized educational institutions, non-medical entities, such as libraries, cultural centers, etc., public associations operating in other spheres of public healthcare than combating TB, business and church representatives), conducting annual sector forums for the aforementioned active participants;
- encouraging the creation of territorial associations of former TB patients and their involvement in TB control activity;
- mobilizing individual taxpayers to provide financial support to TB control projects under the 2% law.

ACSM will consist of:

- information, advocacy, and social mobilization campaigns, which include spreading special knowledge on TB in different areas of geographic, professional, age and gender coverage, etc.;
- ACSM-TB training workshops for healthcare providers, the associative sector, and the media;
- information workshops on innovative ACSM methods for different categories of actors involved in the activity in question;
- awareness raising sessions on TB for representatives of public authorities and the business world;

- campaigns for implementing policies to modernize the phthisiatric service;
- radio and TV broadcasts, press articles, introducing the e-Stop TB platform;
- organizing special events (parliamentary debates and other political events, press conferences, meetings with representatives of the government, patient organizations, and healthcare service providers, official memoranda, petitions, flashmobs, etc.).

ACSM will use the following types of informative materials:

- informative notes on the current situation on different TB control aspects;
- thematic selections of epidemiological data;
- national reports on detection, treatment, and prevention of TB;
- writing on TB-related topics to local decision-makers;
- success stories on foreign experiences in the sphere of TB control;
- printed products (leaflets, posters, flyers, brochures, reports, bookmarks, etc.);
- audio and video materials;
- online information materials on TB (e-ACSM-TB).

5. TARGET AUDIENCE AND ACTIVE PARTICIPANTS OF ACSM

The target audience of this ACSM-TB strategy is divided into two large categories: *ACSM-TB beneficiary audience* and *ACSM audience*.

The target audience of beneficiaries includes the entire population of the Republic of Moldova. This, in turn, is divided into two layers. The first one includes persons infected with TB. The second one includes healthy persons potentially exposed to the risk of TB.

National statistical data reveals that the morbidity of the population through TB affects all categories of people. In 2016, following the general decline of those indicators in the last ten years, a slight upward or downward curve was registered in the case of children and young people aged between 15 and 34 years old. Whereas in 2005, there were 686 young people aged 15-24 and 846 aged 25-34 who had TB, in 2010, there were 489 and 711, correspondingly, in 2015, they were 218 and 503, while in 2016, there were 228 and 527. In the case of the following two age categories (35-44 and 45-54 years old), the incidence of TB exceeded 500 cases in 2016.

It is also worth mentioning that the incidence of TB is more pronounced among men

than women and the rural population than the urban population. Thus, in 2005, the number of men who were TB patients in all age groups was 2.7 times larger than the number of women (2774 vs. 1038). This trend was also maintained in 2016 when TB incidence was reported as 1617 men compared to 691 women (correlation: 1: 2.34).

The statistical analysis also shows that mostly rural areas are affected by TB. Whereas in 2005, the patients in the curative and prophylactic institutions were almost equally distributed in urban and rural areas (2571 patients in towns and 2675 in the countryside), in 2016, the discrepancies became more obvious (1452 and 1903, correspondingly). This trend is also maintained in the case of patients registered for the first time (in 2016, 828 persons in urban areas and 1480 in rural areas) [27].

The data presented is taken into account by the present strategy that focuses ACSM-TB actions on these categories of the target public (young, male, and countryside residents) as well as on risk groups.

In 2017, the Ministry in charge, updating Order No. 1080 (2014), identified 12 risk groups, namely: persons in direct contact with patients who have pulmonary tuberculosis (adults and children) detected in the epidemiological survey; persons with post-tuberculous sequelae; persons with HIV/AIDS infection; persons with deteriorated immunity who undergo immunosuppressive treatment or biological treatment; persons suffering from diabetes mellitus; patients with mental disorders in collectives (in case of hospitalization); persons in detention facilities as well as the staff; internal and external migrants; persons without a stable domicile; persons who suffered from tuberculosis in the past; emergency healthcare team staff; staff of specialized phthisiatric institutions) and another 10 groups with increased vigilance for tuberculosis (persons with chronic renal failure; persons with chronic non-specific lung diseases and active smokers; persons suffering from alcohol or drug abuse; persons with gastrectomy or ilium bypass; pregnant women with symptoms suggestive of tuberculosis; recently delivered women with symptoms suggestive of tuberculosis, BCG non-vaccinated children; staff employed in closed and semi-closed institutions such as nursing homes, palliative care institutions, placement centers, medical college students, medical university students, residency doctors, clinical post-graduate students from the medical university, and staff of medical institutions) [30].

The entire spectrum of beneficiaries is to be treated differently in the ACSM activity by

addressing special messages and applying its particular instruments. ACSM for TB patients, for example, implies correct and complete treatment, so that the patient heals clinically and paraclinically. One of the major problems is discontinuation of treatment after a period of time when the patient feels clinically relatively well, after which the symptoms reappear or multi-drug-resistant forms of TB occur. Basically, this group can be divided into two target subgroups: patients who have "simple" TB and patients who have multi-drug resistant TB. Therefore, approach to such cases is differentiated and should take the specific behavior of each sub-group into account. Different layers of healthy population also require a nuanced approach. The emphasis in this case will be made on familiarizing each vulnerable group with the risks it is facing. This public can also be targeted directly, through national or local campaigns, with a broader or narrower target that does not require special involvement (e.g. anti-TB social campaign through media).

ACSM-TB active audience. The National Programme for Control of Tuberculosis is coordinated by the Ministry in charge. PHI Phthisiopneumology Institute *"Chiril Draganiuc"*, according to the NPCT, is designated as the institution in charge of implementing the Program, exercising the tasks of coordinating the process of planning, implementing, and monitoring the activities of the Programme through its constituents. Direct TB control also involves specialized hospitals and related territorial institutions, TB Community Centers (currently, they are 10), as well as civil society structures.

In 2013, 11 organizations of the associative sector established the National Platform of Civil Society Organizations (abbreviated as CSOs) in order to strengthen joint efforts for struggling against tuberculosis in the Republic of Moldova. This includes Public Associations (PAs) *AFI: Act for Involvement* Center for Health and Community Development, PA *Pentru Prezent și Viitor* in Chisinau, MSAT National Association of Patients with Tuberculosis, *Tineri pentru Dreptul la Viata* and *Speranta Terrei* located in Balti, *Casa Sperantelor* in Soroca, the Association of Psychologists in Causeni, PA *Programe Medico-Sociale* in Tighina, etc. In September 2016, at the initiative of the MSAT, the relevant public associations adopted the Memorandum on Cooperation with the NPCT [66]. All these entities constitute the institutionalized part of the active audience of both the NPCT and ACSM-TB.

From the point of view of the ACSM staff, the *active audience* comprises:

- the national ACSM coordinator for the NPCT and the ACSM officers from community TB centers;

- phthisiatricians and nurses involved in epidemiological surveillance, secondary prevention, diagnostics, and treatment of patients;
- a network of family doctors and nurses, especially in rural areas and areas of TB outbreaks, which, due to the close relationship with patients and their families, is an important link in communicating and educating the beneficiary audience;
- social assistants;
- volunteers from the associative sector involved in anti-TB activities and related spheres;
- journalists;
- other potential ACSM actors in the public and private spheres.

The active audience in the context of this strategy has to be discussed in the double hypostasis. On the one hand, it acts as the ACSM animator; on the other hand, it is the beneficiary of advocacy, communication, and social mobilization. In the first case, it acts as initiators, promoters, and implementers of ACSM actions in relation to the beneficiary audience, changing or developing its knowledge, attitudes, and behaviors. In the second case, ACSM actors need to be trained to develop their specific ACSM competencies needed to complement the medical activities with comprehensible educational messages.

The focus groups organized while developing this strategy have revealed that many of them, although aware of the purpose and instruments of communication, are not familiar with the essence, tasks, and techniques of advocacy and social mobilization. Some categories of this public or some of its representatives, due to prejudices, lack of information, or somewhat discriminatory attitudes, need to benefit from information/training programs in order to increase their knowledge and change attitudes so that they could impose appropriate values in the sphere of TB as opinion-shapers of society.

Active audience is informed through ACSM trainings, information sessions, best practice transfer workshops, etc. Various methodical materials (guidelines, manuals, recommendations on the ACSM phenomenon and tools) will be developed and spread in order to support it. These actions must be systematic, complex, and continuous at both the national and the local levels. The ACSM practice in the Republic of Moldova dictates the need to include in the formative process both direct active participants currently involved in TB control (physicians, volunteers) and the entities regularly involved in stopping TB (public and private partners, mass media, cultural institutions, such as libraries, youth centers, community cultural centers, etc.).

6. PRIORITY OBJECTIVES OF ACSM-TB IN 2018-2020

The priority tasks of **ACSM** for TB control in the Republic of Moldova in 2018-2020 derive from the activity directions formulated in the current NPCT [34], as well as those of the *Stop TB* Global Plan for 2016-2020 [47]. Generally, they are summarized as follows:

1. creating a favorable society climate for TB prevention;
2. implementing ACSM management for control of tuberculosis;
3. forming national and local institutional target groups as providers of ACSM activities in the sphere of TB;
4. running ACSM campaigns and activities addressed to different target groups, including through the media;
5. monitoring the ACSM activity, assessing the impact of the implemented activities;
6. collecting financial funds for the development of ACSM-TB, including by applying the 2% Law (2017) [22].

The listed tasks are specified as follows:

1. NPCT task. *Strengthening the capacity of the healthcare system in order to provide effective control of tuberculosis by modernizing the phthisiastric service (adopting the patient-centered model and ambulatory treatment).*

1.1. ACSM task. *Informing phthisiatricians, family physicians, and patients of the patient-centered model and the ambulatory treatment for TB.*

Actions:

1.1.1. Applying the advocacy instrument to overcome the medical staff's reluctance to promote the patient-centered model and outpatient treatment for TB in order to eliminate the artificial prolongation of hospital stay in order to maintain the funding and to promote the new mechanism for financing the in-patient service.

1.1.2. Developing information materials and practical recommendations addressed to TB physicians and patients on the application of the patient-centered model and the ambulatory treatment for TB, including in connection with the reorganization of the hospital sector of the national phthisiatric service in accordance with the objectives of reducing the rate and duration of hospitalization and TB indications and contraindications for hospitalization.

1.1.3. Organizing national campaigns to mobilize public opinion, doctors, and patients to support the patient-centered model and ambulatory treatment for TB. Familiarizing patients with TB through methodical materials on the benefits of the new treatment model. Supporting the implementation of the Social Campaign Strategy for the Transition to the TB Outpatient Model developed by the NGOs at the initiative of the MSAT (July-September 2016) [66].

1.1.4. Organizing information sessions for ACSM participants on international practices of the patient-centered model and outpatient treatment of TB.

1.1.5. Sharing the results of research into the effects of implementing the patient-centered model and outpatient treatment on the TB epidemiological situation in the country.

1.1.6. Organizing workshops to inform healthcare journalists of the patient-centered model and outpatient treatment of TB.

Expected particular results:

- *Adaptation and adherence of doctors, patients, and ACSM active participants to the modernized phthisiatric service, the patient-centered model, and outpatient treatment*
- *Linking ACSM practices to patient-centered model conditions*
- *Sensitization of the media on the modernization of the phthisiatric service*

2. ***NPCT task.*** *Providing prophylaxis measures in control of tuberculosis and maintaining at least 95% BCG vaccination rate at birth; conducting differentiated diagnostics for tuberculosis among persons with symptoms characteristic of tuberculosis; active detection of tuberculosis in risk groups and increased vigilance for tuberculosis.*

2.1. ***ACSM task.*** *Informing the population on the ways of prevention, symptoms, and treatment for TB, including TB-MDR and TB/HIV, aiming at promoting the healthcare culture, launching the MCAA-TB sector.*

Actions:

2.1.1. With the support of the community centers, organizing two or three information campaigns for different groups of the beneficiary audience on the vaccination, symptomatic, and treatment of TB on a yearly basis.

2.1.2. Developing, under the auspices of the working group authorized for this purpose, a complex and complete set of informative materials (leaflets, brochures, posters, educational films, TV and radio spots, and a website) on TB and conditions for treating the disease, the importance of adherence to treatment for full healing, the patient

record, etc. These materials will be developed for different target groups, including patients with simple tuberculosis, MDR-TB, and co-infection.

2.1.3. Identifying and implementing ways to encourage TB treatment under ambulatory conditions through ACSM instruments.

2.1.4. Providing community mobilization (LPAs, medical services, district community centers, and public associations) in the areas of TB outbreaks;

2.1.5. Sharing successful stories in promoting healthcare culture;

2.1.6. Encouraging the involvement of treated persons in the ACSM activity by creating the respective teams (communities).

Expected particular results:

- *Raising people's awareness of TB and TB patients' awareness of the full and free healing conditions of the disease*
- *Strengthening community support in TB treatment*
- *Advancing healthcare culture*

3. ***NPCT task.*** *Strengthening the capacity of human resources involved in TB control. Extending and maintaining Community Centers to support tuberculosis patients.*

3.1. ***ACSM task.*** *Establishing ACSM activity providers in the sphere of TB at national and local institutional levels.*

Actions:

3.1.1. Drafting regulatory documents for the work of the ACSM national coordinator and local ACSM officers in the community centers. Creating multidisciplinary teams in each district to provide ACSM services. Establishing a national working group responsible for the development and validation of the ACSM information package on TB. Renewing the National Platform of Civil Society Organizations involved in TB control.

3.1.2. Assessing the training needs in the sphere of ACSM for each professional key group involved in ACSM. Developing an ACSM Manual on simple TB, MDR-TB, and TB / HIV cases. Teaching ACSM trainers having sufficient knowledge and ability to deliver coherent unitary messages to the program beneficiaries in a professional manner.

3.1.3. Organizing training / instructive sessions for ACSM officers, in particular, those from new community centers planned to be created according to the NPCT and non-governmental medical and social service providers. Organizing training courses with sessions appropriate to the needs identified for each professional group.

3.1.4. Involving local ACSM officers in achieving the objectives of territorial anti-TB programs based on sharing good practices and success stories.

3.1.5. Establishing (revitalizing) partnerships between ACSM actors in the sphere of TB with their counterparts in other public health sectors.

3.1.6. Creating the national e-platform for ACSM.

Expected particular results:

- *National and local training of the ACSM team; equipping the ACSM active participants with the necessary methodological and method materials*
- *Organizing qualitative and quantitative studies for target groups of population to identify the messages and approaches to be used in ACSM; developing a set of communication materials: flyers, brochures, posters, educational films, TV and radio spots, a website addressed to all the identified target population groups*
- *Creating the national e-platform for ACSM*

4. ***NPCT task.*** *TB control in high risk and vigilance groups for tuberculosis and other social determinants (IDUs, homeless persons, persons living with HIV, street children and young people, migrants, etc.).*

4.1. ***ACSM task.*** Developing the ACSM vision and a guide for increased risk and vigilance groups and implementing those actions.

Actions:

4.1.1. ACSM actions addressing the categories of population most affected by TB (children and young people, including the street ones, men, countryside population, homeless people, migrants, etc.).

4.1.2. Developing various types of guides for groups with increased risk and vigilance.

4.1.3. Developing materials for sharing the European ACSM experience in relation to these categories of population.

4.1.4. Applying innovative techniques in information processing to high-risk and vigilance groups for tuberculosis.

4.1.5. Establishing partnerships at the local level between public administration structures, healthcare providers, and community centers in the sphere of TB and other public associations specialized in public health.

4.1.6. Organizing joint activities for national and local ACSM agents to address increased risk groups.

Expected particular results:

- *Preparing informative materials on tuberculosis addressed exclusively to the high risk and vigilance groups*
- *Customizing ACSM activity for these groups*
- *Preparing an ACSM monitoring report on this segment of the audience*

5. ***NPCT task.*** *Providing adherence to treatment, including through the use of innovative, patient-centered methods.*

5.1. ***ACSM task.*** *Practicing ACSM activity aimed at improving compliance with TB treatment, including MDR-TB, TB / HIV.*

Actions:

5.1.1. Conducting a study among TB patients and their families on the causes of interruption or discontinuation of treatment, as well as the conditions under which TB patients demonstrate adherence to treatment (economic, social factors, etc.). Developing rigorous recommendations for providing social support in promoting compliance with the treatment from the central public authorities, NPCT and ACSM active participants, donors, etc.

5.1.2. Creating a system for monitoring social assistance to TB patients.

5.1.3. Preparing informative materials and sharing them, directly and through the media, on the importance of adherence to TB treatment, disproving the doubts regarding the beneficial effects of the treatment.

5.1.4. Practicing legal standard and legislative advocacy actions for increasing the responsibility of the patient with TB for treatment. Engaging the family, community, associative sector, and TB patients in providing support in the treatment for TB.

5.1.5. Organizing yearly community mobilization campaigns under the title *TB Is Treatable!* Collecting and sharing successful stories of adherence to TB treatment.

5.1.6. Involving former TB patients in supporting TB patients to follow up the treatment until healing.

Expected particular results:

- *Reducing the dropout rate from TB treatment*
- *Establishing a monitoring system for social assistance for TB patients*
- *Publishing materials on success stories of compliance with TB treatment*

6. ***NPCT task.*** *Informing decision factors of the need to strengthen efforts to stop TB.*

6.1. ***ACSM task.*** *Providing informative support to adjust the regulatory framework to the modernization policies of the phthisiatric service.*

Actions:

6.1.1. Organizing meetings to raise awareness among members of the parliament, local councilors, and central and local executive authorities on the social hazards of TB and their contribution to reducing the social impact of TB.

6.1.2. Informational promotion (memoirs, recommendations, argumentative notes, etc.) of the process of adjusting the normative framework for control of tuberculosis according to the provisions of Annex 2 *List of Standard Acts for the Control of TB That Require Modification, Completion, and Development* in the Roadmap for Modernization of the Phthisiatric Service (2017).

6.1.3. Organizing ACSM actions aimed at consolidating and modernizing the technical and financial support of the phthisiatric service in the country, especially for MDR-TB and TB / HIV cases, in order to overcome the lack of equipment and human resources at family doctors' centers; the lack of free-of-charge medicines for reducing adverse reactions, including MDR-TB treatment and co-morbidity, etc., to expand the list of compensated medicines according to the Roadmap for Modernization of the Phthisiatric Service.

6.1.4. Involving key representatives of public authorities in ACSM actions to stop TB (e.g. parliamentarians wearing the red arrow as a symbol of combating TB, special debates at the national and local levels, flashmobs, appointing national and local ambassadors to combat TB, etc.).

6.1.5. Organizing round-table discussions for decision-makers and specialists, TB patients for current and effective involvement in TB control.

6.1.6. Promoting measures of financial and moral stimulation of ACSM active participants involved in the struggle against TB (profile physicians, family doctors, and representatives of the related sector).

Expected particular results:

- *Amended, renewed, and updated standard and legislative acts*
- *Efficient meetings with decision-makers on TB*
- *Developing and applying the system to stimulate the performance of the active participants in the control of TB*

7. ***NPCT task.*** *Reducing stigma and discrimination against people affected by TB.*

7.1. ***ACSM task.*** *Practicing ACSM actions aimed at changing the attitude and behavior of the population towards TB patients.*

Actions:

7.1.1. A study and a sociological research on the causes of stigma and discrimination against TB patients.

7.1.2. Preparing and spreading informative materials on social and individual negative effects of stigma and discrimination based on TB incidence.

7.1.3. Mobilizing public opinion through ACSM actions to eliminate causes of stigma and discrimination against TB patients.

7.1.4. Formulating ACSM recommendations for the elimination of discrimination in the family, neighborhood, and workplace, especially in rural areas, where TB patients are, in particular, the focus of the community.

7.1.5. Organizing joint activities with the social partners in the sphere of public health on a regular basis under the title *Let's Say No to Discrimination!*

7.1.6. Monitoring media reports on the subject of TB and drafting memos for the National Press Council and the Broadcasting Coordinating Council that would examine the cases of stigma and discrimination and sanction such institutions.

Expected particular results:

- *Publishing materials to counteract the stigma and discrimination against TB patients*
- *Monitoring media reports on stigma and discrimination in the sphere of TB*
- *Attitudinal and behavioral changes attested by a special research on stigma and discrimination in the sphere of TB*

8. ***NPCT task.*** *Practicing synergistic activities with other national health and social programs.*

8.1. ***ACSM task.*** *Raising awareness of TB control opportunities and recruiting new social partners.*

Actions:

8.1.1. Recruiting new active participants in TB control among public health associations or related spheres, training them for ACSM and organizing joint actions. Church involvement in social care for TB patients and organizing a meeting with heads of

confessions in the country for this purpose. Promoting the permissive legislative framework for accessing public funds by NGOs. Organizing activities at the local level (information sessions, distribution of materials in primary care and outpatient clinics, pharmacies, information sessions in the workplace, and information camps in the countryside).

8.1.2. Launching ACSM activities (letters, memos, videos, etc.) designed to involve the local business in TB control, and providing institutional, logistical, or financial support.

8.1.3. Initiating public and private partnerships in the sphere of TB control, signing relevant agreements, including moral and financial stimulation of the active participants of NPCT and ACSM.

8.1.4. Involving pharmacies, libraries, cultural institutions, bookstores, educational institutions, especially medical ones, in ACSM anti-TB activities, and organizing an award ceremony for the most active participants / volunteers of stopping TB.

8.1.5. Strengthening the links between civil and penitentiary institutions to engage former inmates suffering from TB in the treatment for the disease in question.

8.1.6. Organizing the National Forum for NPCT and ACSM-TB Active Participants once every two years to boost and improve the profile activities.

Expected particular results:

- *Public and private partnership agreements in the sphere of stopping TB*
- *Organizing the National Forum for NPCT and ACSM-TB Active Participants*
- *Report on ACSM activity of new TB stopping partners at the local level*

9. NPCT task. *Ensuring the visibility of the TB control process.*

9.1. ACSM task. *Valorizing the ACSM-TB potential of mass media and new media.*

Actions:

9.1.1. Providing the legislative framework that requires public and private media institutions (TV, radio, and print media) to make free space for spreading NPCT information available on a monthly basis, including for messages on TB prevention, changing attitudes towards this disease and TB patients, shaping appropriate behaviors to stop TB, MDR-TB, and TB / HIV, and discussing topics of major public importance.

9.1.2. Implementing media advocacy actions to discuss topics related to TB in a non-interested, voluntary, and responsible manner; overcoming barriers in TB

communication to mass media and new media; engaging journalists in the volunteer work to stop TB; signing partnership agreements between the NPCT and mass media.

9.1.3. Organizing yearly trainings on the topic of TB for journalists specializing in public health issues, including the elimination of the stigma and discrimination in the press and mass media; organizing regular documentation meetings for journalists with persons responsible for implementing the NPCT.

9.1.4. Continuously monitoring the media, including new media, from the perspective of addressing TB issues; encouraging written and electronic media to steadily address the issue of TB as a social impact illness.

9.1.5. Mobilizing media institutions for the yearly campaign dedicated to the World TB Day and marathons / raffles / charity actions to raise financial resources to support the NPCT and ACSM-TB.

9.1.6. Organizing annual contests for the widest and deepest media coverage of the implementation of the NPCT.

Expected particular results:

- *Campaigns on TB launched upon the initiative of media institutions*
- *Replacing the occasional media practice of addressing the issue of TB by systematically and continuously addressing this topic*
- *Increased number of annual contest participants for the widest and deepest media coverage of the NPCT implementation*

10. NPCT task. *Developing and applying new instruments and innovative interventions in the sphere of control of tuberculosis.*

10.1. ACSM task. *Supporting the development of scientific training and research in the sphere of phthisiatry.*

Actions:

10.1.1. Sharing the results of applied research, operational studies, innovative methods, and good practices in the detection of and treatment for TB.

10.1.2. Advocacy work in favor of introducing the ACSM course in the university curricula.

10.1.3. Taking advocacy actions to encourage the “rejuvenation” process of the specialized medical staff.

10.1.4. Involving young phthisiatricians in the ACSM training.

10.1.5. Organizing a forum for young phthisiatricians once in three years.

10.1.6. Involving medical students in anti-TB volunteer activities.

Expected particular results:

- *Number of articles on the results of applied and operational TB research*

- *Proven afflux of younger staff in the national phthisiatric service*
- *Organizing the forum for young phthisiatricians.*

7. KEY MESSAGES OF ACSM

ACSM-TB actions determined by the 10 tasks will be focused on promoting the following key messages:

Target Audience	Key Message	Target of the Action
Population of the country	TB is a curable disease	Learn more about TB: an informed person is a strong person
Patients suspected of having TB	If you have been coughing for more than three weeks consult your doctor!	TB is curable if you consult a doctor in time: be proactive!
TB patients	Tuberculosis is treated free of charge under the doctor's supervision	Do not postpone your treatment or interrupt it: take care of your own health!
Family members of a TB patient	Your relative needs your support to defeat tuberculosis!	Don't withdraw from TB patients: help them overcome the disease!
Healthcare service provider (family doctor)	It's you who can detect TB symptoms!	Treat your TB patients carefully and thoughtfully: let them trust you!
Healthcare service provider (phthisiatric service doctor)	You can cure TB and persuade a TB patient to comply with the prescribed treatment! Apply the patient-centered model and ambulatory treatment!	Provide the special medical support needed: be the TB patient's ally! Know, apply, and convince others: adhere to the reform!
Social partners of a TB patient and TB healthcare service providers	Help the TB patient to follow the path to healing!	Give TB patients necessary social support: strengthen their desire to be treated permanently!
Decision-makers	You can contribute to stopping TB!	Taking the right decisions to implement the NPCT is your social duty!

ACSM-TB active participants	Talk, communicate, and mobilize!	By increasing your ACSM skills, you increase your usefulness and efficiency!
Society	Align yourself with TB patients!	Do not marginalize, stigmatize, or discriminate against TB patients: they are part of society!

8. EXPECTED RESULTS

- Favorable conditions have been created for improving the knowledge of ACSM among the beneficiary audience and the active audience of the NPCT.
- The physicians' awareness of TB symptoms, TB detection algorithms, high-risk groups, and how and when to examine persons in contact with TB patients has increased.
- The population's awareness of symptoms, transmission routes, and existing free diagnostics and treatment options has increased.
- The media resources are better aware of the TB epidemiological situation in the country, and voluntarily engage socially and professionally in addressing the issue.
- Decision-makers show understanding and participation in solving TB control issues. This process has been adjusted to the current regulatory and legislative framework.
- There has been a diversification of the funding resources of the NPCT and ACSM (state, businesses, citizens, and external donors).
- The phthisiatric service is upgraded based on the patient-centered and outpatient-based model, and understood and supported by healthcare providers and beneficiaries.
- The ACSM activity has been institutionalized at the national level (the national coordinator for ACSM and persons in charge of ACSM from TB Community Centers and non-governmental public associations).
- Traditional active participants (doctors, volunteers) and the business world, public cultural institutions, church, mass media, medical education institutions, etc., have been involved in the implementation of the NPCT and ACSM in a coordinated manner.

The expected results will facilitate the implementation of NPCT objectives by 2020 which provide for the following:

1) reduction of:

a) tuberculosis mortality by 35%;

b) the incidence of tuberculosis by 25%;

c) the share of TB / HIV co-infection among tuberculosis cases to 5%;

d) expenses for families affected by and suffering from tuberculosis by 50%;

2) obtaining:

a) a detection rate of at least 85% RR / MDR TB cases;

b) a treatment success rate of at least 85% among the new bacteriologically confirmed cases of pulmonary tuberculosis;

c) a treatment success rate of at least 75% among cases of multidrug-resistant tuberculosis;

3) providing:

a) integrated patient-centered care services, including through the use of innovative approaches to increase adherence to treatment;

b) implementation of the Sustainability Plan, including capacity building for the efficient management of the Program.

9. MONITORING AND ASSESSMENT

According to the strategy, all the ACSM activities shall be subject to current and overall monitoring and assessment. For this reason, monitoring and assessment are designed as indispensable components of the strategy.

Monitoring, according to the estimates, is the process of both identifying the extent to which the actions and activities of the strategy actually take place and identifying deficiencies in order to correct them. Monitoring provides information on the level of performance of the activities in line with the suggested ones, thus allowing for a comparison of the actual result with the expected outcome. ***Assessment*** provides the systematic review process for the purpose of the activities to evaluate the degree of achievement of the final strategic objectives.

Monitoring and evaluation take place through research techniques, most often those of a quantitative nature, but there are also cases where qualitative assessment techniques can be

used. This strategy recommends using the following quantitative monitoring / assessment techniques:

1. *Inventory of planned actions*. This tool will aim at revealing the quantitative implementation of the activities envisaged by this strategy, as well as the yearly plans. The inventory of planned actions will be applied every six months to determine:
    - the number of actions organized and their participants;
    - the quantity and types of materials prepared and shared;
    - the number of training workshops and trainees;
    - the number of persons attending ACSM actions;
    - the number of letters (memos, documents, etc.) sent to the decision-makers;
    - the number of advocacy meetings;
    - the number and character of amendments in regulatory acts;
    - the number of materials published in the press and broadcast on the radio and on the TV;
    - the number of meetings with partners, etc.

    (the list can be completed as needed).
2. *Mass media monitoring.* This instrument will provide important data on the media visibility of the implementation and effects of NPCT and ACSM-TB. This strategy recommends monitoring media coverage on a quarterly basis.
3. *Monitoring amendments to regulatory acts and policies.* This type of monitoring will be applied to assess the regulatory framework adjustment and to evaluate the existing TB policies. The strategy projects the annual implementation of this type of monitoring.
4. *KAP (Knowledge-Attitude-Practices) sociological study.* This type of quantitative study, applied before this strategy was developed (in 2004, 2008, 2010, 2012, and 2017), is recommended to be implemented twice during the present strategy: one and a half years after its launch (in June-July 2019) and in January-February 2021. Both researches will focus on revealing the effects of the ACSM strategy on the knowledge, attitudes, and practices of the target groups.
5. *Statistical analysis.* This method will provide quantitative and qualitative information on the epidemiological situation in the country. Such analyzes can be applied on a semestral / yearly basis.

This strategy also implies a series of *qualitative studies*, namely:

1. assessment questionnaires regularly used at the end of each ACSM activity;

2. thematic focus groups for certain issues or target audience segments (for example, studying stigma and discrimination, young people's attitudes towards TB patients, etc.);
3. in-depth interviews with key figures from the NPCT and ACSM-TB.

10. IMPACT INDICATORS

In the process of monitoring and assessing cognitive, behavioral, and attitudinal effects following the implementation of the ACSM strategy, the following impact indicators will be assessed:

- % of the population who know that chronic cough (for 3 weeks) could be a sign of TB;
- % of the population who regard tuberculosis as a contagious disease;
- % of the population who know the ways of transmitting tuberculosis;
- % of the population who know that the sputum culture test is the best way to diagnose TB;
- % of the population who know that the sputum culture test is free of charge;
- % of the population who know the location of the nearest TB medical institution;
- % of the population who know that TB is curable;
- % of the population who know that treatment for TB is free of charge;
- % of the population who know that TB can be treated if a patient follows the complete course of treatment;
- % of the population who are aware of the level of the risk of contracting tuberculosis;
- % of the population who are predisposed to provide support in case of treatment for tuberculosis.

The mentioned ACSM indicators will be correlated with the impact scenarios of the NPCT in accounting for changes in the health status of the population in the Republic of Moldova, namely:

1) the overall incidence of tuberculosis per 100 000 population;
2) tuberculosis mortality per 100 000 population;
3) the detection rate of cases of RR tuberculosis / MDR TB;
4) the share of cases of multidrug-resistant tuberculosis among the new and previously treated cases;
5) the success rate of treatment of new cases with bacteriologically confirmed pulmonary tuberculosis;
6) the success rate of treatment of multidrug-resistant tuberculosis cases;

7) the proportion of tuberculosis patients tested for HIV markers;
8) the proportion of TB / HIV co-infection among tuberculosis cases;
9) the level of knowledge about tuberculosis among the general population;
10) the proportion of patients with tuberculosis offered social support [34].

11. FINANCIAL RESOURCES

Estimated costs for the implementation of the entire NPCT in the Republic of Moldova for 2016-2020 exceed 3.12 billion lei (see Annex 4 to the NPCT). Developing the advocacy strategy (argumentation), communication, and social mobilization in control of tuberculosis does not have a distinct estimate funding in the reference NPCT. This area is integrated into the medium-term action under No 7 (*Consolidating the involvement of community and civil society organizations in control of tuberculosis through the patient-centered approach*). Estimated overall costs of the action for 2016-2020 are slightly over 100 million or 3.2 per cent of the total budget of the NPCT. This amount is to be covered from the national public budget and the compulsory health insurance funds in equal proportions of 33 269 481 lei (in 2018, 10443168 lei, in 2019, 11134787 lei, in 2020, 11691526 lei); the rest of the sum has formed due to external funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, which already allocated over 41.6 million lei in 2016-2017. The NPCT does not provide for allocations of funds from the state and local budgets.

This strategy can become viable in case of adequate subsidization. In this context, it needs, on the one hand, the internal breakdown of the estimated costs for each medium-term action, financial interventions from the state and local budgets, and, on the other hand, the identification of new sources of financing, especially for ACSM-TB. The acuity of such an approach increases along with the decrease of financial allocations from the Global Fund for control of tuberculosis actions (which represent on the average 50% of the Program resources), which is determined by the transition of the Republic of Moldova to the category of states with an average level of development according to the World Bank rating (2013) [34]. In order to achieve ACSM-TB sustainability, the strategy establishes advocacy actions for central and local public authorities, but also includes internal physical contributors to assist the development of ACSM on TB, namely:

- promoting advocacy to obtain special state budget allocations (ACSM-TB) through the programs of the Ministry of Health, Labor, and Social Protection, and the other ministries with their own medical networks;

- obtaining financial support from internal donors (business people);
- actions to support the application of the legislative framework in favor of financing non-governmental organizations from public funds, thus allowing them to be involved in ACSM-TB activities;
- organizing activities to promote the public utility of entities involved in TB control in order to encourage individual taxpayers to direct a part of their income tax to anti-TB service providers, in accordance with the provisions of the 2% Law (2017);
- developing TB grant projects to be funded from the World Health Organization funds or from the European funds.

12. ROUTE SHEET (LAUNCHING PHASE OF THE STRATEGY)

NO	ACTION	TERM	RESULT
1.	Drafting regulatory documents for the work of the national coordinator and local ACSM-TB officers in the community centers.	I TRIM. 2018	VALIDATED REGULATIONS, APPOINTED PERSONS
2.	Creating multidisciplinary teams in each district to provide ACSM services.	I TRIM. 2018	CREATED TEAM
3.	Establishing a national working group responsible for the development and validation of the ACSM materials package on the issue of TB.	I TRIM. 2018	FOUNDED WORKGROUP
4.	Strengthening the National Platform of Civil Society Organizations involved in TB control.	I TRIM. 2018	REUNION HELD
5.	Developing the implementation plan and monitoring / evaluation of the implementation of the ACSM-TB strategy for 2018.	I TRIM. 2018	PLAN APPROVED
6.	Assessing the needs for training in the sphere of ACSM for each professional key group involved in the ACSM.	I SEM. 2018	REPORT
7.	Training ACSM trainers to share the knowledge and ability to make them able to deliver coherent, unitary messages in a professional manner to program beneficiaries.	I TRIM. 2018	WORKSHOPS ORGANIZED
8.	Organizing informative / training sessions for ACSM officers, in particular, for those from new community centers planned to be created under the PNCT and non-governmental providers of medical and social services.	I TRIM. 2018	SESSIONS HELD
9.	Preparing the ACSM manual for cases of simple tuberculosis, MDR-TB and TB / HIV.	I SEM. 2018	APPROVED MANUAL

10	Developing the budget and identifying sources of funding (sending applications to state institutions, requests for funding to internal and external donors, fundraising through public events, etc).	I SEM. 2018	APPROVED BUDGET
11	Running the ACSM-TB Financial Support Campaign for citizens (2% Law).	TRIM. II 2018	MONEY TRANSFERS

13. SUSTAINABILITY OF ACSM-TB STRATEGY

This strategy will be developed over 2021-2025 on the basis of the analysis and experience accumulated in 2018-2020.

BIBLIOGRAPHY

1. Advocacy, Communication and Social Mobilization (ACSM) Strategy. For USAID Georgia Tuberculosis Prevention Project 2012 – 2015. Tbilisi, 2012. [on line] accesat14.07.2017. Disponibil:http://www.georgia-ccm.ge/wp-content/uploads/TPP_ACSM_StrategyFINAL_updatedformat1.pdf
2. Analiza de situație TBC 2017 . Institutul Național de Sănătatwe Publică, din România, 2017. [on line] accesat 8.07.2017. Disponibil:http://insp.gov.ro/sites/cnepss/wp-content/uploads/2017/03/analiza-de-situatie-tbc-2017-modificata-2.pdf
3. Anuarul Statistic al Republicii Moldova, 2016. [on line] accesat 8.07.2017. Disponibil:http://www.statistica.md/public/files/publicatii_electronice/Anuar_Statistic/2016/8_Ocrotirea%20sanatatii.pdf
4. Auditul clinic al cazurilor de co-infecție TB/HIV în Republica Moldova = Chart Audit of cases with TB/HIV co-infection in Moldova / contribuţii : Stela Bivol [et al.]. – Chişinău : S. n., 2014 (Tipogr. "Bons Offices"). – 84 p.: tab. Tit., text paral.: lb. rom., engl. – Pag. var. – Carte-valet (inversă). – 400 ex. ISBN 978-9975-80-874-3. on line] accesat 10.07.2017. Disponibil: file:///C:/Users/Calc/Downloads/Audit_Clinic_TB-HIV_ro%20(1).pdf.d
5. Barometru de opinie: Accesul şi calitatea serviciilor medicale spitaliceşti în percepţia populaţiei din Republica Moldova : Studiu repetat 2013 : Monitorul Sănătăţii 1(12)/2014 / Ghenadie Ţurcanu, Andrei Moşneaga, Stela Bivol, Viorel Soltan ; Centrul pentru Politici şi Analize în Sănătate (Centrul PAS). – Chişinău : S. n., 2014 (Tipogr. "Elan Poligraf"). – 76 p. 100 ex. ISBN 978-9975-66-439-4.https://www.soros.md/files/publications/documents/Studiu_Accesul%20si%20calitatea%20serviciilor%20medicale%20spitalicesti%20in%20RM.pdf
6. Ciona Elena. Tuberculoza de la 90 încoace. Când Moldova a pierdut cele mai multe vieți [on line] accesat14.06.2017. Disponibil: http://www.e-sanatate.md/News/6055/tuberculoza-de-la-90-incoace-cand-moldova-a-pierdut-cele-mai-multe-vieti
7. CNEPSS. ÎNVINGEȚI TUBERCULOZA. ACUM ȘI PENTRU TOTDEAUNA! România, 2017. [on line] accesat 04.09.2017. Disponibil:http://insp.gov.ro/sites/cnepss/wp-content/uploads/2017/03/informare-tbc-2017_modif.pdf
8. Comunicarea In Sanatate[on line] accesat10.07.2017. Disponibil:http://www.comunicareinsanatate.ro/comunicarea-in-sanatate/
9. Controlul tuberculozei la nivelul asistenței medicale primare.Ghid, MINISTERUL SĂNĂTĂŢII AL REPUBLICII MOLDOVA Universitatea de Stat de Medicină și Farmacie „Nicolae Testemițanu” Institutul de Ftiziopneumologie „Chiril Draganiuc” Centrul pentru Politici și Analize în Sănătate, 2015 [on line] accesat 07.09.2017. Disponibil: http://old.ms.gov.md/_files/15079-Ghid_AMP_final.pdf
10. Cu privire la aprobarea Programului raional [Edinet] de control al tuberculozei pentru anii 2016-2020 [on line] accesat 8.07.2017. Disponibil:http://edinet.md/consiliul-raional-edinet/dcizii-aprobate/
11. Cu privire la profilaxia şi combaterea tuberculozei în Republica Moldova. Hotărîrea Guvernului Republicii Moldova nr.576 din 24 octombrie 1996 (Monitorul Oficial, 1996, nr. 75-76, art. 619)
12. Doltu, Svetlana. Implicarea comunității în controlul tuberculozei in Republica Moldova [on line] accesat 8.07.2017. Disponibil: http://ftiziopneumologie.asm.md/files/u1/Comunitatea_0.pdf
13. Evaluarea Programului Naţional de Control al Tuberculozei 2011–2015 din Republica Moldova OMS, 4–15 februarie 2013 [on line] accesat 8.07.2017. Disponibil: http://www.ms.gov.md/sites/default/files/evaluarea_programului_national_de_control_al_tb_2011-2015.pdf
14. FIRST WHO GLOBAL MINISTERIAL CONFERENCE ENDING TUBERCULOSIS IN THE SUSTAINABLE DEVELOPMENT ERA: A MULTISECTORAL RESPONSE 16-17 NOVEMBER 2017, MOSCOW, RUSSIAN FEDERATION [on line] accesat 10.07.2017. Disponibil:http://www.who.int/tb/endtb-sdg-ministerial-conference/factsheet-russia-ministerial-conference.pdf
15. Foaia de parcurs pentru modernizarea serviciului de ftiziopneumologie, adoptată prin ordinul nr.305 din 14 aprilie 2017 al Ministrului sănătății [on line] accesat 04.09.2017. Disponibil: http://ftiziopneumologie.asm.md/node/491 84
16. Ghid metodologic de implementare a programului național de control al tuberculozei România, 2007-2011 [on line] accesat10.07.2017. Disponibil:http://www.srp.ro/ghiduri/Ghid%20metodologic%20TBC%202007-2011.doc.

17. Global situation and trends. WHO, 2016 [on line] accesat19.07.2017. Disponibil:http://www.who.int/gho/tb/en/
18. Groupe de travail sur la sensibilisation, la communication et la mobilisation sociale : synthèse du plan stratégique 2006–2015.În : Plan Mondial 2 0 0 6 - 2 0 1 5 Halte a la tuberculose [on line] accesat 22. 06.2017. Disponibil:http://www.stoptb.org/assets/documents/global/plan/stopTB2011_overview_FR.pdf
19. Guide pratique de mobilisation sociale, de plaidoyer et de mobilisation politique en promotion de la sante, Dakar, 2007[on line] accesat10.07.2017. Disponibil:http://refips.org/files/ameriques/Guide%20pratique%20sur%20la%20mobilisation%20sociale%20et%20plaidoyer.pdf
20. Guide to Monitoring and Evaluation Advocacy, Communication and Social Mobilisation to Support Tuberculosis Prevention and Care. USAID, Stop TB Partenership, 2013. [on line] accesat14.07.2017. Disponibil:http://www.stoptb.org.ua/index.php/novyny/199-po-realizatsii-razdela-advokatsiya-programmy-ostanovim-tuberkulez-v-ukraine-za-sredstva-globalnogo-fonda-dlya-borby-so-spidom-tuberkulezom-i-malyariej-kotoraya-realizuetsya-bf-razvitie-ukrainy
21. Implementing the WHO Stop TB Strategy: A Handbook for National Control of Tuberculosis Programmes.[on line] accesat 07.09.2017. Disponibil: https://www.ncbi.nlm.nih.gov/books/NBK310747/
22. Legea 2 % a Republicii Moldova. [on line] accesat 29.09.2017. Disponibil: http://www.justice.gov.md/pageview.php?l=ro&idc=214&id=3226
23. Legea Nr. 153 din 04.07.2008 cu privire la controlul şi profilaxia tuberculozei [on line] accesat 04.09.2017. Disponibil: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_178448.pdf
24. Legea nr.166 din 11 iulie 2012 pentru aprobarea Strategiei naționale de dezvoltare „Moldova 2020” [on line] accesat 04.09.2017. Disponibil:http://lex.justice.md/index.php?action=view&view=doc&id=34563583
25. Marin, Constantin. *Comunicarea instituţională*: Studiu. - Chişinău: Centrul Tehnologii Informaţionale al FJŞC, C.C.R.E. “Presa”, 1998. - 185 pag.
26. Moldova în cifre. Breviar statistic. 2017. Chișinău: BNS, 2017. 115 p.
27. Morbiditatea populației. Statistica socială în Republica Moldova 2000-2016. [on line] accesat 26.09.2017. Disponibil: http://statbank.statistica.md/pxweb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala__08%20SAN__SAN020/SAN020700.px/?rxid=4c34c4d4-5f52-4bbb-b103-251c1e212b21
28. OMS. EN ROUTE POUR METTRE FIN À LA TUBERCULOSE POINTS SAILLANTS DES 30 PAYS OÙ LA CHARGE DE LA TUBERCULOSE EST LA PLUS ÉLEVÉE A [on line] accesat 4.09.2017. Disponibil:http://www.who.int/tb/publications/WorldTBDay2016brochureFR.pdf
29. OMS. Regional office for Europe. Tuberculosis surveillance and monitoring in Europe 2017 [on line] accesat 04.09.2017. Disponibil: https://ecdc.europa.eu/sites/portal/files/documents/ecdc-tuberculosis-surveillance-monitoring-Europe-2017-WEB.pdf
30. Ordin Cu privire la modificarea și completarea Ordinului nr.1080 din 13.10.2014 „Cu privire la măsurile de eficientizare a depistării tuberculozei” [on line] accesat19.07.2017. Disponibil:\http://particip.gov.md/proiectview.php?l=ro&idd=4147
31. Ordinul nr. 24a din 04.03.2014 cu privire la aprobarea Strategiei de comunicare, sensibilizare 2014-2018 si planului de actiuni 2014-2015 [on line] accesat 07.09.2017. Disponibil: http://msmps.gov.md/ro/content/ordinul-nr-24a-din-04032014-cu-privire-la-aprobarea-strategiei-de-comunicare-sensibilizare-0
32. PAS. Raport de progres privind implementarea proiectuluI „SPORIREA ROLULUI PACIENTULUI ŞI A COMUNITĂȚII ÎN CONTROLUL TUBERCULOZEI ÎN MOLDOVA” ANUL 2014 [on line] accesat 07.09.2017. Disponibil: file:///C:/Users/Calc/Downloads/Raport%20de%20activitate%20anul%202014_TB_SSF_PAS.pdf
33. Plan de acțiuni al Ministerul Sănătății al Republicii Moldova privind implementarea Programului Național de control al tuberculozei pentru anii 2016-2020. Aprobat prin ordinul Ministrului nr. 1003 din 15 noiembrie 2016. [on line] accesat 20.07.2017. Disponibil:http://www.ms.gov.md/sites/default/files/legislatie/ordin_nr._1003_din_15.11.2016.pdf
34. PROGRAMUL NAȚIONAL de control al tuberculozei pentru anii 2016-2020 [on line] accesat12.07.2017. Disponibil:http://lex.justice.md/md/367268/
35. Programul național de control și profilaxie a tuberculozei pentru anii 2006-2010, aprobat prin decizia Guvernului nr. 1409 din decembrie 2005 [on line] accesat 07.09.2017. Disponibil: http://lex.justice.md/document_rom.php?id=FD4C5435:12823F91

36. Programul naţional de control al tuberculozei pentru anii 2011-2015, aprobat prin decizia Guvernului nr.12 decembrie 2010[on line] accesat 07.09.2017. Disponibil: http://lex.justice.md/viewdoc.php?action=view&view=doc&id=337204&lang=1
37. Raport privind realizarea Hotărârii Guvernului nr.886 din 06 august 2007 „Cu privire la aprobarea Politicii Naţionale de Sănătate" în perioada anului 2016 [on line] accesat13.07.2017. Disponibil:http://www.ms.gov.md/sites/default/files/raport_privind_realizarea_politicii_nationale_de_sanatate_pentru_anul_2016.pdf
38. REGULAMENTcu privire la Consiliul naţional de coordonare a programelor naţionale de profilaxie şi control al infecţiei HIV/SIDA, infecţiilor cu transmitere sexuală şi de control al tuberculozei[on line] accesat 04.09.2017. Disponibil: http://lex.justice.md/document_rom.php?id=FD4C5435:12823F91
39. Renaud,Lise, Rico de Sotelo Carmen. Communication et santé : des paradigmes concurrents [on line] accesat10.07.2017. Disponibil: http://www.cairn.info/revue-sante-publique-2007-1-p-31.htm
40. Sănătate 2020: un cadru european de politici pentru susţinerea acţiunilor vizând sănătatea şi bunăstarea populaţiei la nivelul guvernului şi a societăţii. OMS Europa, 2013. [on line] accesat14.07.2017. Disponibil:http://md.one.un.org/content/dam/unct/moldova/docs/pub/Health2020Short_RO_V2410b.pdf
41. Sinţov, Ruslan / Bivol, Stela Tuberculoza în Moldova: cunoştinţe, atitudini şi practici ale populaţiei generale… = Tuberculosis in Moldova: Knowledge, Attitude and Practice in General Population = ТуберкулёзвМолдове: знания, отношениеипрактикаповедениянаселения : Scurt raport al sondajului sociologic / Ruslan Sinţov,Stela Bivol. – Chişinău: S. n., 2013 (Tipogr. "Elan Poligraf "). – 76 p.
42. Stop TB. Our history. [on line] accesat 10.07.2017. Disponibil:http://www.stoptb.org/about/history.asp25
43. Strategia E-Sănătate 2020. Ministerul sănătății al Republicii Moldova, 2012. [on line] accesat 07.09.2017. Disponibil: http://old.ms.md/_files/14276-Strategia%2520de%2520eSanatate_RO_12052013_preFinal1.docx.
44. Strategia Naţională de Control al Tuberculozei în România 2015-2020 [on line] accesat10.07.2017. Disponibil:http://raa.ro/wp-content/uploads/2015/02/Strategia-Nationala-de-Control-al-TB-2015-2020.pdf
45. SUPRAVEGHEREA DE STAT A SĂNĂTĂŢII PUBLICE ÎN REPUBLICA MOLDOVA (RAPORT NAȚIONAL, 2014) . [on line] accesat 18.09.2017. Disponibil: http://cnsp.md/wp-content/uploads/2014/07/RAPORT-ANUAL_SSSSP_-a.20141.pdf
46. TEHNICI SI STRATEGII DE ADVOCACY // Prof. univ. dr. Maria Andronie, 2015 [on line] accesat14.07.2017. Disponibil:http://europa2020.spiruharet.ro/wp-content/uploads/2015/04/Cap-5-Tehnici-si-strategii-de-advocacy.pdf
47. The Global Plan to End TB 2016 – 2020, OMS, 2016 [on line], accesat 18.09.2017. Disponibil:http://www.stoptb.org/global/plan/plan2/
48. The Global Plan to Stop TB 2006–2015, OMS, 2006. [on line] accesat 18.09.2017. Disponibil: http://www.who.int/tb/features_archive/global_plan_to_stop_tb/en/
49. The Operational Strategy 2016-2020 . Stop TB Partnership. [on line] accesat 10.07.2017. Disponibil:http://www.stoptb.org/about/operationalStrategy.asp
50. Tuberculoza în Moldova: cunoștințe, atitudini și practici ale populației generale și ale populației-cheie afectată. Sondaj efectuat de Magenta Consulting SRL la comanda PAS, septembrie 2017.
51. Tuberculoza în Moldova: cunoștințe, atitudini și practici în comportamentul populației. Scurt raport al sondajului sociologic (2004).-Chișinău, 2004. 55 p.
52. Tuberculoza: cunoștințe, atitudini și practici (2008).-Chișinău: ontinental-Grup SRL, 2008. 18p.
53. USAID, Stop TB Partnership. Overcoming Barriers to TB Control. The Role of Advocacy, Communication, and Social Mobilization (ACSM), 2011. [on line] accesat19.07.2017. Disponibil:http://www.stoptb.org/assets/documents/resources/publications/acsm/ACSM%20Training%20Curriculum.pdf
54. WHO Europe. Republic of Moldova. Highlights on Health and Well-being, 2016. [on line] accesat 10.07.2017. Disponibil:http://www.euro.who.int/en/countries/republic-of-moldova/publications2/republic-of-moldova-highlights-on-health-and-well-being-2016
55. WHO. Global tuberculosis report 2016 [on line] accesat 19.07.2017. Disponibil:http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1

56. WHO. The End TB Strategy. 2015-2035. [on line] accesat 04.09.2017. Disponibil:http://www.who.int/tb/End_TB_brochure.pdf?ua=1
57. Всемирная организация здравоохранения.Адвокация, коммуникация и социальная мобилизация в борьбе с ТБ: сборник успешного опыта проведения мероприятий.2011[on line] accesat 8.07.2017. Disponibil: http://apps.who.int/iris/bitstream/10665/85527/1/9789241500623_rus.pdf
58. Всемирная организация здравоохранения .Стратегия ВОЗ по ликвидации туберкулеза: цели и показатели [online] accesat 8.07.2017. Disponibil: http://www.who.int/tb/strategy/end-tb/ru/
59. Всемирная организация здравоохранения ИСПОЛНИТЕЛЬНЫЙ КОМИТЕТ Сто тридцать четвертая сессия EB134/12 Пункт 6.1 предварительной повестки дня 29 ноября 2013 г.Глобальная стратегия и цели в области профилактики, лечения и борьбы с туберкулезом на период после 2015 г. Доклад Секретариата [online] accesat 8.07.2017. Disponibil: http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_12-ru.pdf?ua=1&ua=1
60. Годовой отчет Европейской коалиции поборьбе с ТБ 2016 г..[on line] accesat 10.07.2017. Disponibil:http://www.tbcoalition.eu/ru/wp-content/uploads/2015/06/TBEC_annual_report_2016_final_Ru-1.pdf
61. ЕВРОПЕЙСКАЯ КОАЛИЦИЯ ПО БОРЬБЕ С ТБ. [on line] accesat 10.07.2017. http://www.tbcoalition.eu/ru/about/
62. Комплексный план действий по профилактике и борьбе с туберкулезом с множественной и широкой лекарственной устойчивостью в Европейском регионе ВОЗ, 2011–2015 гг.[on line] accesat10.07.2017. Disponibil:http://irses-tuberculosis.info/storage/pdf/wd15r.pdf
63. КОМПЛЕКСНЫЙ ПЛАН ПО БОРЬБЕ С ТУБЕРКУЛЕЗОМ В РЕСПУБЛИКЕ КАЗАХСТАН НА 2014-2020 ГОДы[online] accesat 8.07.2017. Disponibil:http://www.ccmkz.kz/upload/KAZ%20TB%20Complex%20Plan%20Final%20Dec%202013%20RUS.pdf
64. Концепция Глобального Фонда «Укрепление систем сообществ» În: Вопросы и ответы об Укреплении систем сообществ.. 2013 [on line] accesat 8.07.2017. Disponibil: http://ecom.ngo/wp-content/uploads/2016/03/8.pdf
65. Национальная стратегия интегрированного контроля туберкулеза в Казахстане на 2016-2025 годы[online] accesat10.07.2017. Disponibil:http://www.nncf.kz/
66. ПЕРВЫЙ ГОД ПРОЕКТА TB-REP В МОЛДОВЕ – РЕЗУЛЬТАТЫ[online] accesat19.07.2017. Disponibil:http://pas.md/ro/TBRep/News/Details/36
67. По реализации раздела «Адвокация» программы «Остановим туберкулез в Украине» за средства Глобального фонда для борьбы со СПИДом, туберкулезом и малярией, которая реализуется БФ «Развитие Украины» [online] accesat 8.07.2017. Disponibil: http://www.stoptb.org.ua/index.php/novyny/199-po-realizatsii-razdela-advokatsiya-programmy-ostanovim-tuberkulez-v-ukraine-za-sredstva-globalnogo-fonda-dlya-borby-so-spidom-tuberkulezom-i-malyariej-kotoraya-realizuetsya-bf-razvitie-ukrainy
68. РАВИЛЬОНЕ Марио; КОРОБИЦИН А. Ликвидация туберкулеза – новая стратегия ВОЗ в эру целей устойчивого развития. Вклад Российской Федерации.[online] accesat 04.09.2017. Disponibil:http://www.tibl-journal.com/jour/article/view/950 79
69. Стратегия «Остановить ТБ» [веб-сайт]. Женева, Всемирная организация здравоохранения, 2007. [online] accesat14.07.2017. Disponibil:http://www.who.int/tb/strategy/stop_tb_strategy/ru/index.html
70. Шестьдесят седьмая сессия Всемирной ассамблеи здравоохранения. Женева, 19-24 мая 2014 г. Резолюции и решения.[on line] accesat 04.09.2017. Disponibil:http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-ru.pdf