Application Form

Tailored for Transition
(Focused Portfolios)

Grant Cycle 8

Summary Information

Country(s)	Republic of Moldova
Component(s) and Transition Timelines	HIV, TB (GC8)
Planned grant start date(s)	01/01/2027
Planned grant end date(s)	31/12/2029
Principal Recipient(s)	Public Institution - Coordination Implementation and Monitoring Unit of Health System Projects (UCIMP)
Currency	EUR
Area(s) of focus to be covered by this Funding Request	Final transition to fully domestically financed HIV and TB responses: domestic financing of HIV prevention for key populations and community systems; differentiated community-led testing, prevention and linkage to care, including injectable PrEP; targeted TB screening; and full domestic financing of TB laboratory, diagnostic and treatment functions through efficient national systems.
Allocation Funding Request Amount	10,007,968
Prioritized Above Allocation Request (PAAR) Amount	2,791,136
Matching Funds Request Amount (if applicable)	N/A

Section 1. Funding Request and Rationale

1.1. Prioritized Request and Rationale

A. Indicate if the Funding Request aligns with the programmatic focus specified in the Allocation Letter or otherwise agreed upon with the Global Fund for GC8, explaining how the implementation modality will contribute to maximizing impact.

estion elements	Details
Programmatic focus requirements & implementation modality	The Funding Request fully aligns with the **programmatic focus** specified in Moldova's GC8 Allocation Letter and supports the country's final transition towards fully domestically financed HIV and TB responses. It is anchored in the National HIV and TB Programmes for 2026–2030 and their costed implementation frameworks, which were developed through inclusive national planning processes and reflect Moldova's clear pathway to self-reliance. The request builds on substantial progress already achieved in domestic takeover of core programme costs, while using the final Global Fund allocation to complete the remaining transition steps in a planned, gradual and accountable manner. The request is strategically prioritized around interventions and targets with **realistic sustainability potential** after Global Fund financing ends. Investments are focused on populations, services and systems where continuity is essential to protect public health gains: HIV prevention, testing and support services for key populations; TB screening, diagnosis, treatment support and prevention for vulnerable groups; critical laboratory, procurement and digital information systems; and strategic information. This prioritization is informed by current epidemiological and programme evidence, including persistent HIV concentration among key populations, continued TB and DR-TB burden, late diagnosis, access barriers and remaining dependency on external financing for selected community and system functions. The Funding Request also **advances integration** as a core element of transition. In HIV, the request supports the move toward an integrated response to HIV, STIs and viral hepatitis, while strengthening differentiated testing, decentralized treatment, community PrEP, adherence support and linkages with TB, sexual and reproductive health, mental health and social services. In TB, the request consolidates the shift toward person-centred, ambulatory and community-based care, with stronger engagement of primary health care, digital adherence support, integrated TB/HIV service pathways, and improved laboratory and specimen-referral systems. Across both diseases, RSSH investments are designed to embed essential functions into national systems rather than maintain parallel grant-supported arrangements. The request gives strong emphasis to **community systems** and sustainable financing. Civil society organizations and community representatives remain essential partners in reaching key and vulnerable populations, supporting adherence, identifying access barriers and informing service quality. The request therefore supports efforts for institutionalization of elements of community-led monitoring, social contracting, CSO accreditation and costing of community-based service packages, so that community-delivered services can be progressively financed and managed through domestic mechanisms.

	The Funding Request will use an **input-based implementation modality**. This modality is best suited to Moldova's final transition context because the grant consists of clearly defined, time-bound service, procurement, technical assistance and systems investments that must be closely aligned with national planning, budgeting, contracting, accounting and reporting requirements. It allows precise tracking of annual transition milestones, domestic financing uptake, procurement and contracting reforms, and institutional transfer of responsibilities to the Ministry of Health (MOH), National Health Insurance Company (CNAM), national programmes, public institutions and community partners. The modality will be complemented by annual targets, sustainability milestones and performance monitoring to ensure that Global Fund investments deliver measurable results, **support domestic ownership and enable a successful transition** to a fully nationally financed HIV and TB response.

B. Describe the proposed programming, explaining why the intervention(s) and/or disbursement-linked indicators were selected, the expected impact and sustainability planning.

Table 1 **- HIV Prevention**

Module Name and Number	HIV Prevention
Amount Requested	EUR 2,038,223
Implementation Modality in Module	Input-based
Only Required if Input-based: Intervention(s) and Activities	

HIV Prevention module is prioritized to sustain Moldova's progress toward ending AIDS by protecting and transitioning the community-led prevention and testing services that are most critical for populations at highest risk of HIV acquisition. Moldova's epidemic remains concentrated among key populations, with persistently elevated HIV prevalence among PWID and MSM. The proposed GC8 coverage targets are informed by the 2025 IBBS and size-estimation evidence and reflect the estimated population in need of comprehensive prevention services, rather than the total estimated size of each key population. In GC8, the programme therefore maintains prevention coverage at levels that can be realistically sustained after Global Fund exit — approximately 74% of estimated need among MSM, 70% among PWID and 60% among SW — while progressively increasing the domestic share of financing each year. This reflects a strategic transition choice: targeting comprehensive services to those with greatest need and prioritizing sustainable domestic uptake over short-term scale-up that could not be maintained beyond the grant period.

Global Fund resources will therefore be used as a transition bridge to preserve agreed coverage, support the most critical remaining prevention innovations and complete the costing, standardization and contracting work needed for domestic absorption. The module includes standardized prevention packages, harm reduction, psychosocial support for OAT, community PrEP, long-acting PrEP introduction, STI-related attractive services, vending-machine distribution and targeted demand creation. Together, these investments protect confidential, community-based and low-threshold access for key populations while enabling CNAM and other domestic financing mechanisms to assume a progressively larger share of costs through 2030 full uptake.

Condom and lubricant programming for key and vulnerable populations (KVP)

- Provide the *basic community-based HIV prevention package for MSM, transgender people and SW*, including prevention commodities within the package cost. This is **bridge funding** to full domestic financing by 2030, with transgender services expected to transition earlier, by 2028. The investment protects continuity of confidential, low-threshold services for populations affected by stigma, discrimination and other barriers to accessing facility-based prevention. It is expected to achieve and maintain service coverage equivalent to 74% of estimated need among MSM and 60% among SW. (**Ref HIV Transition Budget 1.1.1; 1.1.2; 1.4.1**)
- Maintain alternative access to *prevention commodities and HIV testing through prevention vending machines*. This is **bridge funding** for operational uptake through 2029, supporting confidential access for key populations who may avoid conventional facilities because of stigma, fear of disclosure, inconvenient opening hours or other access barriers. (**Ref HIV Transition Budget 1.6.1**)

Needle and syringe programmes for people who inject drugs (PWID)

- Provide the integrated *basic prevention and harm-reduction package for PID/PWID*, including sterile injecting equipment, condoms, lubricants and other prevention commodities included in the package cost. This is **bridge funding** to full domestic financing by 2030 and will maintain coverage of approximately 70% of estimated need for PWID services. It protects access to evidence-based, community-delivered harm-reduction services for populations facing stigma, criminalization, poverty, mobility and other structural barriers to prevention and health care. (**Ref HIV Transition Budget 1.2.1**)

Opioid agonist maintenance treatment and other medically assisted drug-dependence treatment for people who use drugs (PUD)

- Provide *psychosocial support for people receiving opioid agonist treatment*. This is **bridge funding** to sustain adherence, retention and continuity of treatment while domestic financing progressively assumes the service by 2029. The support is particularly important for people facing social exclusion, unstable living conditions, stigma and co-occurring health and mental-health needs, and strengthens the effectiveness of nationally financed opioid agonist treatment. (**Ref HIV Transition Budget 1.3.1**)

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming

- Deliver the *community PrEP service package* through trusted, community-based providers. This is **bridge funding** to maintain and expand access while domestic financing progressively takes over by 2029. The investment supports progressive enrolment from 770 clients in 2027 to 940 clients in 2030, and reduces barriers linked to stigma, confidentiality concerns and the medicalization of prevention services. (**Ref HIV Transition Budget 1.5.1**)
- *Procure and introduce long-acting injectable PrEP* as a targeted investment for populations at substantial HIV risk. This is **bridge funding** through 2029 and will support phased access to long-acting PrEP for up to 160 clients by 2029, providing an additional prevention option for people for whom daily oral PrEP is less acceptable or difficult to maintain. (**Ref HIV Transition Budget 1.5.2**)

Sexual and reproductive health services to support HIV prevention for KVP

- Provide additional *STI testing and specialist consultations for MSM and transgender people* as part of a more attractive, integrated prevention offer for approximately 300 clients. This is **bridge funding** through 2029 and responds to unmet sexual-health needs that are often not adequately addressed through mainstream services because of stigma, discrimination and concerns about confidentiality. (**Ref HIV Transition Budget 1.1.3**)

Information and communication for uptake of HIV prevention and outreach services for KVP

- Pilot a community-led, context-specific *online campaign to reach hidden or underserved populations* that may not be reached through conventional outreach. This is a **one-off catalytic investment** designed to maximize reach, strengthen demand creation and inform more targeted community prevention approaches for populations affected by stigma, misinformation, confidentiality concerns and limited access to services. (**Ref HIV Transition Budget 1.8.2**)
- Implement *targeted information materials and campaigns* on HIV prevention, testing, PrEP and viral hepatitis. This is **bridge funding** in 2027, with planned integration of annual IEC budgets in CNAM thereafter, and is intended to increase informed demand for prevention and testing, reduce misinformation and stigma, and promote timely linkage to community and clinical services among key and vulnerable populations. (**Ref HIV Transition Budget 4.4.1**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Service delivery modality and priority populations. HIV testing and prevention services in Moldova are delivered through standardized, population-specific prevention packages for MSM and transgender people, PID/PWID, and SW. Services are provided principally by CSOs through fixed sites, outreach, mobile teams, online channels, referral mechanisms and low-threshold distribution modalities. The packages combine prevention commodities with counselling, testing, information, linkage and other tailored support, and are designed to maintain access for populations affected by stigma, discrimination, confidentiality concerns, mobility and geographical barriers. MSM and PWID are prioritized because they continue to bear the highest HIV burden and contribute disproportionately to ongoing transmission.

Current financing and procurement arrangements. On the Right Bank, HIV prevention services are financed through a mixed model: CNAM contracts CSOs through its Prevention Fund to deliver a growing share of service packages, while the Global Fund finances the remaining coverage and associated commodities through UCIMP. Notably the service packages under both models are standardized and cost-aligned. Prevention commodities included in KVP service packages are reflected in the approved unit costs. CSOs contracted by CNAM therefore procure commodities directly, in line with client needs and defined operational standards. For CSOs financed

through UCIMP, commodities are procured centrally by UCIMP and distributed to implementing organizations according to the same standards. Rapid tests for HIV/syphilis, HBV and HCV are procured centrally by the Ministry of Health for Right-Bank implementers and distributed through the National HIV Programme, which coordinates HIV prevention services. On the Left Bank, these rapid tests continue to be procured through UCIMP.

Progressive domestic absorption. CNAM has committed to gradually increase financing for prevention packages annually during 2027-2029 from the 2026 share of about 27% (contracted coverage for 8,465 of 31,329 beneficiaries) to full uptake by 2030. These increases represent an ambitious but fiscally realistic maximum within current budget constraints. Rather than assuming service expansion that could not be sustained after transition, annual coverage targets will be maintained while the domestic share of financing increases each year and the Global Fund share declines. The HIV Transition Budget sets out in detail the progressive transfer of costs for MSM/transgender, PWID and SW prevention packages to CNAM and the relevant authorities on the Left Bank, with full domestic financing programmed from 2030.

Left Bank transition risk. On the Left Bank, services remain largely dependent on Global Fund support. According to the latest size estimates, 17% of the estimated PWID, 15% of estimated SW, and 11% of estimated MSM live on the Left Bank. The mechanism for funding and contracting these services after Global Fund exit has yet to be defined, and previous efforts to establish a sustainable arrangement have not succeeded. RSSH investments therefore include continued advocacy and exploration of feasible modalities for prevention-service delivery to KVP on the Left Bank. There is a high residual risk associated with absorption of these services, which will require continued monitoring and escalation through the national transition process.

Catalytic GC8 investments. Global Fund investments during GC8 will function as a transition bridge, preserving agreed service coverage while domestic financing progressively replaces external funding. They will complement domestic funding by supporting the remaining transition gaps and catalytic actions required for domestic absorption. This includes residual community prevention packages and commodities; the enhanced MSM package, including STI-related “attractive services”; psychosocial support for people receiving opioid agonist treatment; the community PrEP service package and phased introduction of long-acting injectable PrEP; and maintenance and operation of prevention vending machines.

Institutionalization of additional packages and delivery modalities. These additional packages and delivery modalities will be costed, standardized and integrated into the same national financing and contracting framework as the existing prevention packages. This includes approval of unit costs, service specifications, performance and reporting requirements, and procurement, storage and distribution arrangements. The respective enabling activities are included in the RSSH modules. The Ministry of Health, CNAM, the National HIV Programme, UCIMP, CSOs, relevant procurement entities, the Ministry of Justice and relevant Left-Bank counterparts will monitor implementation and take corrective action where financing, coverage or continuity of services deviates from the agreed transition trajectory.

Table 2 - Differentiated HIV Testing Services

Module Name and Number	Differentiated HIV Testing Services
Amount Requested	EUR 59,973
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

Differentiated HIV Testing Systems module is prioritized to close Moldova’s remaining diagnosis gap and sustain equitable access to confidential, low-threshold testing for key populations and other people who may not use conventional facility-based services. Although the Global Fund request under this module is small, this reflects the advanced stage of domestic takeover: HIV tests used in medical, community-based and alternative testing channels are largely financed through the National HIV Programme budget, while GC8 resources cover only the remaining transition gaps, including pharmacy-based self-testing operations, Left Bank rapid tests and self-tests, and training to maintain standardized, quality-assured testing practice. In 2025, Moldova conducted over 372,000 HIV tests nationally, including nearly 38,000 through community organizations, but only 74% of estimated PLHIV knew their status, with persistent late diagnosis and linkage gaps. The GC8 testing approach is therefore focused not on increasing overall test volume, but on improving testing yield, earlier diagnosis and linkage by protecting differentiated testing channels, reinforcing community and self-testing, and strengthening provider capacity to apply risk-based, index, partner/social-network and integrated testing approaches linked to treatment and prevention.

Testing for key populations (KP)

- Support the *operational costs of distributing HIV self-tests through pharmacies*. This is **bridge funding** through 2030, maintaining a confidential, low-threshold testing channel for key populations and other people who may avoid facility-based services because of stigma, concerns about disclosure, inconvenient service hours or distance. (**Ref HIV Transition Budget 2.1.1**)

- *Procure rapid HIV tests and self-tests for key populations* and other groups vulnerable to HIV on the Left Bank of the Dniester, for distribution through pharmacies. This is **bridge funding** through 2030, protecting continuity of differentiated testing in a setting where access to regionally procured commodities and standard testing arrangements remains constrained. (**Ref HIV Transition Budget 2.1.2**)
- *Procure HIV/syphilis, HBV and HCV rapid tests* for use of community prevention and testing services for CSOs on the Left Bank. This is decreasing bridge funding through 2029, protecting continuity of community services where access to regionally procured commodities and standard testing arrangements remains constrained. (**Ref HIV Transition Budget 2.4.9**)
- Provide *initial and refresher training for personnel* in public medical institutions, NGOs and HIV/STI testing centres on rapid testing for HIV, STIs and viral hepatitis. Training will cover updated testing algorithms, quality-assurance requirements, counselling, referral and linkage procedures, helping ensure that differentiated testing services remain competent, standardized and responsive to the needs of key and vulnerable populations. This is a **transition-enabling investment** that strengthens the capacity of national and community delivery platforms to sustain high-quality testing beyond Global Fund support. (**Ref HIV Transition Budget 2.4.10**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Current service delivery modality and transition trajectory. Differentiated HIV testing investments will complement existing domestic financing and support the progressive transition of HIV self-testing arrangements into national systems. On the Right Bank, HIV self-tests are already procured from the state budget through the Ministry of Health and distributed through CSOs and the “Farmacia Familiei” pharmacy network. Pharmacy distribution is organized through a no-cost service agreement: the pharmacy network makes self-tests available to clients through its outlets without receiving a service fee for distribution, and provides quarterly reports on stock levels and tests distributed. Global Fund support during GC8 will finance the remaining operational requirements of the pharmacy-based self-testing modality and provide a time-bound bridge for rapid tests and HIV self-tests for key populations and other people vulnerable to HIV on the Left Bank, where these inputs remain dependent on external financing.
The proposed investments will preserve confidential, low-threshold access to testing while domestic financing progressively assumes the recurrent costs. Enabling activities financed through the RSSH modules will support consultation, review and institutionalization of the pharmacy-based self-testing model; clarify procurement, distribution, reporting and financing responsibilities; and establish feasible arrangements for the gradual domestic absorption of Left-Bank self-testing costs. Progress will be monitored annually through domestic-financing commitments, commodity availability, distribution volumes, testing uptake and continuity of access for key populations.

Table 3 - Treatment care and support

Module Name and Number	Treatment care and support
Amount Requested	EUR 730,332
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

Treatment, Care and Support module is prioritized to protect the effectiveness of Moldova’s domestically financed ART programme and support further treatment scale-up through the remaining transition period. Adult ART medicines are already financed from public resources; therefore, GC8 investments focus on the residual functions required to translate domestic ART financing into sustained clinical outcomes: viral-load and CD4 monitoring on the Left Bank, drug-resistance testing, access to low-volume paediatric and PMTCT formulations, integrated management of selected co-infections, decentralized clinical capacity, and psychosocial support and case management for people initiating, re-initiating or at risk of interrupting ART. This responds to the current treatment challenge: Moldova performs well among people retained on treatment, with high viral suppression among those on ART, but still faces gaps in diagnosis, linkage, cohort growth and retention, including late presentation, treatment interruption and barriers linked to stigma, social vulnerability, mobility, mental-health needs, substance use and TB/HIV co-infection. By strengthening decentralized care, treatment monitoring, targeted adherence support and, together with the SIME HIV investment under RSSH M&E, systematic identification and follow-up of diagnosed PLHIV who have not initiated ART, interrupted treatment or are lost to follow-up, the module complements domestic ART financing and helps maximize achievable cohort growth, retention and viral suppression during GC8.

Treatment monitoring – viral load, antiretroviral (ARV) toxicity and drug resistance

- Procure *HIV-1 viral-load tests for ART monitoring and CD4 flow-cytometry tests* for the Left Bank of the Dniester. This is **bridge funding** to ensure uninterrupted laboratory monitoring of treatment effectiveness while domestic financing progressively assumes the full cost by 2030 for viral-load monitoring and by 2029 for CD4 testing. The investment protects equitable access to treatment monitoring for people living with HIV in the Left Bank, where national procurement and financing arrangements remain constrained. (**Ref HIV Transition Budget 2.3.1; 2.3.2**)
- Procure *tests required for treatment-effectiveness monitoring*, equipment calibration and implementation of the HIV confirmation algorithm for the Left Bank. This is **bridge funding** through 2029, maintaining reliable diagnostic and treatment-monitoring capacity and supporting quality-assured, timely clinical decision-making for people living with HIV. (**Ref HIV Transition Budget 2.2.1**)
- Support *HIV and viral-hepatitis genotyping and resistance testing* for patients with virological failure, including the required tests. This is **bridge funding** through 2029 and is critical to ensuring timely identification of treatment failure and informed switching to effective ARV/antiviral regimens. (**Ref HIV Transition Budget 2.4.11**)

HIV treatment and differentiated service delivery – children (under 15)

- *Procure paediatric ARV formulations* for prevention of mother-to-child transmission and treatment of children under 10 years of age on both the Right and Left Banks. Although these formulations are included in Ministry of Health budgets and product lists, small volumes can result in failed national tenders because suppliers may not submit bids. Global Fund support therefore provides a **targeted bridge mechanism** to prevent treatment interruptions and protect timely access to life-saving paediatric and PMTCT regimens while national measures are advanced to enable access to international procurement platforms for essential health products. (**Ref HIV Transition Budget 3.1.1**)

Integrated management of common co-infections and co-morbidities (adults and children)

- *Procure benzathine benzylpenicillin for the treatment of syphilis* on both the Right and Left Banks until its inclusion in the national essential medicines list and full domestic uptake. This is **bridge funding** through 2030, addressing a critical gap in integrated HIV and STI care and ensuring timely access to treatment for a co-infection that can increase HIV transmission risk and adversely affect maternal and child health outcomes. (**Ref HIV Transition Budget 3.1.2**)
- Provide a *capacity-building programme for specialists* in territorial HIV diagnostic and treatment centres on the clinical management of people living with HIV following recent decentralization reforms. This is a **catalytic investment** that supports consistent, quality-assured care closer to patients' communities and reduces geographic barriers to treatment and follow-up. (**Ref HIV Transition Budget 3.3.1**)
- Support *monitoring and evaluation visits* by the National Clinical Hospital for Infectious Diseases "Toma Ciorbă" to territorial HIV diagnostic and treatment centres. This is **bridge funding** to support gradual domestic takeover by 2030 and sustain clinical oversight, quality improvement and consistent implementation of decentralized treatment and care services while the national system progressively assumes these routine supervision functions. (**Ref HIV Transition Budget 3.3.2**)

HIV treatment and differentiated service delivery – adults (15 and above)

- Provide a *psychosocial support package for people living with HIV* who initiate ART, including five high-risk categories, and for people re-initiating treatment after interruption, on both the Right and Left Banks. This is **bridge funding** through 2029 and supports early adherence, retention and timely linkage to continued care for populations affected by stigma, social vulnerability, mental-health needs, substance use, incarceration, pregnancy or TB/HIV co-infection. (**Ref HIV Transition Budget 3.2.1**)
- Provide *targeted case-management and psychosocial support for people living with HIV* who have been on ART for more than 12 months and are at elevated risk of treatment interruption. This is **bridge funding** through 2030 and reinforces retention and viral suppression among patients with more complex adherence needs, helping protect the effectiveness of domestically financed ART and prevent avoidable treatment failure. (**Ref HIV Transition Budget 3.2.2**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

HIV treatment financing and role of GC8 investments. Moldova's core HIV treatment response, including adult antiretroviral therapy, is financed through domestic public resources and delivered through the national HIV treatment network. GC8 investments under this module are therefore designed as time-bound transition support for residual functions that are not yet reliably financed or procured through domestic systems, including selected laboratory inputs for the Left Bank, low-volume paediatric ARV formulations, HIV drug-resistance testing, treatment

of selected co-infections, decentralized clinical supervision, and targeted psychological support and case management.

Laboratory monitoring and HIV drug resistance. Global Fund funding will provide bridge support for HIV viral-load monitoring, CD4 flow cytometry and related laboratory inputs for the Left Bank until their full domestic uptake. The National HIV Programme for 2026-2030 foresees joint procurement of relevant laboratory commodities for both banks, building on the operational model already used for joint ARV procurement. Left-Bank CD4 monitoring, laboratory calibration and related treatment-monitoring inputs are planned for domestic absorption from 2029, while viral-load monitoring will be fully domestically financed from 2030. HIV genotyping and drug-resistance testing will be supported during the transition period, with the Ministry of Health assuming procurement of tests from 2029 and the National Reference Laboratory responsible for their management and implementation.

Reliable access to essential low-volume products and treatment of co-infections. Paediatric ARV and PMTCT formulations are already included in Ministry of Health budgets and procurement lists. However, domestic tenders for these low-volume products frequently fail because suppliers do not submit bids. GC8 funding will therefore provide a targeted bridge through international procurement arrangements available to the Principal Recipient, ensuring uninterrupted access while broader policy and regulatory solutions are pursued to enable national access to international procurement platforms for essential health products. These enabling reforms are addressed through the RSSH module. Global Fund funding will also bridge procurement of the syphilis treatment formulation until its inclusion in the national procurement framework, with the Ministry of Health expected to assume procurement from 2029.

Decentralized care, adherence and retention support. The ongoing decentralization of HIV services through regional diagnostic and treatment centres is intended to improve access, continuity of care and cost-effective delivery by bringing follow-up closer to patients. GC8 will support one-off capacity building for regional specialists and targeted supervisory and monitoring visits by the National Infectious Diseases Clinical Hospital “Toma Ciorbă” during this transition. It will also support psychological services and case management for people initiating ART and for patients at increased risk of treatment interruption. This function is essential for adherence, retention and sustained viral suppression, but the future domestic purchaser and financing mechanism remain to be agreed. The Ministry of Health, CNAM, National HIV Programme, treatment centres, civil society organizations and other relevant actors will use the GC8 period to define, cost and approve a feasible domestic arrangement, with domestic uptake planned from 2029 on the Right Bank and from 2030 on the Left Bank.

Table 4 - TB diagnosis, treatment and care

Module Name and Number	TB diagnosis, treatment and care
Amount Requested	EUR 2,496,769
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

TB Diagnosis, Treatment and Care module is prioritized to sustain Moldova’s progress in reducing TB burden while protecting the person-centred, ambulatory and community-based model that has been progressively built over recent programme cycles. Reported TB incidence declined to 60.7 per 100,000 in 2025, with 1,734 new and recurrent TB cases, while TB mortality fell to 4.3 per 100,000, demonstrating important gains but also the need to maintain early case detection, rapid referral and treatment support among people at elevated risk. The module therefore focuses GC8 resources on active screening, specimen referral, community outreach, peer support, patient incentives on the Left Bank and video-supported treatment, with progressive domestic uptake through CNAM, the Ministry of Health and responsible institutions by 2030.

The request does not include a dedicated **near-point-of-care molecular diagnostic** pilot at this stage, but leaves this question open for evidence-based consideration during implementation. In 2027, the RSSH laboratory module will support an operational assessment and optimization of the national TB laboratory network, including the placement, utilization and referral links of the existing GeneXpert network, which remains extensive but unevenly used. This assessment will provide the appropriate basis for determining whether near-point-of-care molecular testing would address a clearly defined programmatic gap, in which settings or populations it would add value, and whether it would be cost-efficient and sustainable within Moldova’s transition pathway. Until that analysis is completed, GC8 investments focus on strengthening screening-to-diagnosis pathways through mobile and ultra-portable X-ray screening, community referral and the specimen courier system, while maximizing use of existing molecular diagnostic capacity and avoiding premature creation of parallel platforms or recurrent costs that may not be sustainable after transition.

TB screening and diagnosis

- Deploy an *integrated active TB screening model in five pilot districts* through the procurement and commissioning of two digital mobile X-ray units with computer-aided detection, Picture Archiving and Communication System **(**PACS) and tele-radiology. The investment will cover the initial launch of the model in 2027, including equipment, digital connectivity, staff training, standard operating procedures and pilot implementation. This is a **catalytic transition investment** to bring high-quality screening closer to populations with elevated TB risk and those facing geographical, financial or social barriers to facility-based diagnosis, while generating an operational model for integration into national systems. (**Ref TB Transition Budget 1.1.1**)
- Provide **bridge funding** for recurrent *operation of the integrated mobile screening model* until full domestic uptake in 2030, including active screening, maintenance of the mobile units and digital infrastructure, AI licences, PACS and tele-radiology services, consumables, monitoring, refresher training and operational costs. This protects continuity of decentralized case finding during the transition period and supports timely referral and diagnosis for people in underserved districts and vulnerable communities. (**Ref TB Transition Budget 1.1.2; 1.1.3**)
- Support *community TB screening using ultra-portable radiography equipment*. This is **bridge funding** through 2029, enabling community-based providers to reach people with limited access to conventional diagnostic services, including vulnerable and hard-to-reach populations. The investment complements the mobile digital X-ray model and supports earlier identification and referral of presumptive TB cases. (**Ref TB Transition Budget 1.2.1**)
- Support *active community TB screening* through outreach, identification of presumptive TB cases and referral to diagnostic services, implemented through CSOs. This is **bridge funding** from the current 25% level towards full domestic uptake by 2030. It strengthens community engagement and addresses access barriers experienced by marginalized and underserved populations who may not be reached through routine health-facility services. (**Ref TB Transition Budget 1.3.1**)
- *Maintain the national specimen courier system* for timely, safe and standardized transport of biological specimens from peripheral facilities to TB reference laboratories. This is **bridge funding** for 2027, supporting equitable access to bacteriological confirmation and drug-susceptibility testing, particularly for patients in remote areas and populations unable to access laboratory services directly. (**Ref TB Transition Budget 2.3.1**)
- Implement KVP *targeted information campaigns* for TB screening, prevention, treatment adherence, stigma and discrimination. This is **bridge funding** planned to support ongoing efforts to expand screening and prevention with planned absorption into CNAM budget. **(Ref TB Transition Budget 4.1.2)**

TB treatment, care and support

- Provide *peer-support adherence services for TB patients* on the Right Bank, contracted through CSOs. This is diminishing **bridge funding** towards full domestic uptake by 2030. Peer support is particularly important for people affected by social vulnerability, stigma, poverty, mobility, substance use or other barriers that increase the risk of missed doses, treatment interruption and poor outcomes. (**Ref TB Transition Budget 3.1.4**)
- Provide *adherence support payments for TB patients* on the Left Bank, aligned with the stimulus package available through CNAM on the Right Bank. This is diminishing **bridge funding** towards full uptake by 2030 and promotes more equitable access to treatment support across both banks of the Dniester, helping patients overcome financial and practical barriers to completing treatment. (**Ref TB Transition Budget 3.1.4**)
- Support *delivery and integration of video-supported treatment*, including patient enrolment, training and ongoing support for patients and providers, remote adherence monitoring, use of data for case management, and the operational inputs required for routine service delivery. This is a **transition-enabling investment** that strengthens person-centred, ambulatory TB care, reduces the burden of frequent in-person attendance for patients, and supports more efficient use of health-system resources while preserving adherence and continuity of treatment. VST will be integrated into SIME TB, the national tuberculosis information system used for routine recording, monitoring, reporting and analysis of TB cases, treatment progress and programme performance. (**Ref TB Transition Budget 5.1.1**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Existing domestic foundation and role of GC8 support. Moldova already partially finances community TB screening through CNAM's Prevention Fund, reaching a 28% domestic share in 2026. Both CNAM-financed services and Global Fund-supported services contracted through UCIMP use the same nationally approved service package, unit cost and implementation standards, ensuring full alignment of service content, costing, reporting and quality expectations across financing sources. UCIMP contracts the remaining share with Global Fund resources, while the National TB Programme ensures overall coordination and monitoring. GC8 investments will complement these domestic arrangements by financing time-bound capital, digital and service-delivery gaps

that cannot yet be fully absorbed, while protecting access for populations with limited access to facility-based services.

Progressive absorption of active screening. The two digital mobile X-ray units, integrated with computer-aided detection, PACS and tele-radiology, are a catalytic investment to modernize an established national screening model and replace ageing equipment. Global Fund funding will finance the initial equipment, digital infrastructure, training and pilot implementation in 2027, while domestic financing progressively assumes recurrent costs for maintenance, consumables, AI licences, tele-radiology and operations. The service will be fully financed through public resources from 2030, with the Ministry of Health, CNAM and responsible health providers incorporating costs into routine planning, contracting and institutional budgets.

Ultra-portable X-ray screening and community outreach/ referral will maintain early case detection among populations under-reached by routine services, including people experiencing homelessness, people with problematic alcohol use, migrants and people released from detention. GC8 will provide declining bridge funding while the Ministry of Health, National TB Programme and CNAM finalize standardized service packages, unit costs, provider-accreditation requirements, referral pathways and performance indicators. These measures will enable progressive contracting of CSOs through national financing mechanisms, with full domestic funding of ultra-portable screening from 2029 and community active screening from 2030. RSSH investments will support the associated costing, regulatory, contracting and monitoring reforms.

Sustainable diagnostic referral. The national courier system is a core diagnostic-access function, ensuring timely and safe transport of biological specimens from peripheral facilities to TB reference laboratories. GC8 will provide a final bridge for operational costs in 2027, while domestic financing already supports coordination, organization and monitoring. From 2028, the full cost of the courier system will be financed from public resources and integrated into permanent national health-system financing and management arrangements.

Patient-centred treatment support. On the Right Bank, financial incentives for adherent patients receiving ambulatory TB treatment are already financed through CNAM, demonstrating the feasibility of domestically financed adherence support. GC8 will provide diminishing bridge funding on the Left Bank for similar adherence payments for people with high vulnerability and increased risk of treatment interruption. In terms of peer-support adherence services, the PR will continue contracting CSOs during GC8, while a financing pathway is sought with relevant health and/or social protection authorities.

The Ministry of Health, National TB Programme, CNAM, responsible health providers, CSOs and relevant Left-Bank authorities will monitor domestic allocations, service coverage, continuity of referral, treatment adherence and loss to follow-up. Given the distinct financing and governance arrangements on the Left Bank, annual confirmation of domestic uptake and contracting arrangements will remain a critical transition milestone through 2030.

Table 5 - Drug-resistant (DR)-TB diagnosis, treatment and care

Module Name and Number	Drug-resistant (DR)-TB diagnosis, treatment and care
Amount Requested	EUR 728,720
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

DR-TB Diagnosis, Treatment and Care module is prioritized to sustain Moldova's capacity for rapid, quality-assured detection of drug resistance and timely initiation of effective treatment regimens. Although TB incidence and mortality have declined, drug-resistant TB remains a major programme challenge, with DR-TB reported among 26.9% of new TB cases and 35.9% of retreatment cases in 2025, requiring continued access to Xpert MTB/RIF Ultra, culture, phenotypic DST, LPA and targeted next-generation sequencing. The module therefore focuses GC8 resources on the remaining diagnostic commodities not yet fully covered by domestic financing, while the Ministry of Health progressively increases its share from an estimated 58% in 2025 to full domestic uptake by 2030.

DR-TB diagnosis/drug-susceptibility testing (DST)

- *Procure Xpert MTB/RIF Ultra tests for the national TB laboratory network*, including testing capacity serving the Left Bank. This diminishing **bridge investment** sustains rapid molecular diagnosis of TB and rifampicin resistance while domestic financing progressively assumes the full cost by 2030. It enables earlier detection and timely initiation of appropriate treatment, including for people in remote areas and other populations who face barriers to reaching specialized diagnostic services. (**Ref TB Transition Budget 2.1.1**)
- *Procure MGIT 960 culture consumables and phenotypic DST* for first- and second-line medicines, including fluoroquinolones, bedaquiline and linezolid where clinically indicated. This is diminishing **bridge funding**, alongside increasing domestic co-financing, through full domestic uptake in 2030. Phenotypic DST remains essential for complex cases, including where molecular results are inconclusive or where

resistance to newer medicines must be assessed to support individualized, effective DR-TB treatment. (**Ref TB Transition Budget 2.1.2**)
- *Procure line-probe assays (LPA) for rapid molecular detection of resistance* to isoniazid, rifampicin and second-line medicines, together with targeted next-generation sequencing for priority cases, including pre-XDR/XDR-TB, treatment failure, relapse, heteroresistance and complex paediatric cases. This diminishing **bridge investment** supports the introduction and sustained use of advanced diagnostic methods while domestic financing progressively takes over by 2030. It strengthens the national capacity to identify complex resistance patterns promptly, reduce delays in appropriate treatment and protect the effectiveness of newer DR-TB regimens. (**Ref TB Transition Budget 2.1.3**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Progressive domestic financing of the DR-TB diagnostic algorithm. Rapid molecular testing, culture, phenotypic drug-susceptibility testing, line probe assays and targeted next-generation sequencing are core functions of Moldova's national TB laboratory network and are essential for timely identification of drug resistance and selection of effective treatment regimens. The Ministry of Health already finances a substantial share of these commodities, estimated at 58% in 2025, and will progressively increase its contribution throughout GC8. Global Fund support will provide a declining bridge for the remaining diagnostic inputs during 2027-2029, with full domestic financing planned from 2030.

Efficient procurement and integrated laboratory delivery. The investment supports a single, integrated diagnostic algorithm for TB and DR-TB, including both banks of the Dniester, rather than parallel procurement arrangements. Xpert MTB/RIF Ultra will support rapid initial diagnosis and identification of rifampicin resistance; MGIT 960 and phenotypic DST will provide culture-based confirmation and testing for relevant first- and second-line medicines; and LPA and tNGS will support rapid and extended resistance characterization for priority cases. Procurement through Global Fund-supported mechanisms during the transition period will maintain quality-assured supply and continuity of access while the Ministry of Health progressively absorbs the full cost through centralized national procurement.

The Ministry of Health will be responsible for financing and centralized procurement of laboratory commodities after transition, while the National Reference Laboratory and TB laboratory network will remain responsible for implementation, quality assurance, use of results and reporting. Domestic uptake will be monitored annually through budget execution, uninterrupted availability of diagnostic commodities, testing volumes, turnaround times, coverage of drug-susceptibility testing and timely initiation of appropriate treatment. RSSH investments will complement the transition by supporting laboratory-system strengthening, including procurement planning, quality management, equipment maintenance, biosafety and specimen-referral arrangements.

Table 6 - TB/DR-TB Prevention

Module Name and Number	TB/DR-TB Prevention
Amount Requested	EUR 359,961
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

TB/DR-TB Prevention module is prioritized to consolidate Moldova's shift from a primarily treatment-focused TB response toward earlier prevention of disease and transmission, particularly among people at elevated risk. The module focuses on two transition-critical areas: uninterrupted access to TB preventive treatment for eligible PLHIV, household contacts and other eligible contacts, and targeted infection-prevention and environmental-control measures in high-risk TB inpatient facilities. This is aligned with Moldova's National TB Response Programme for 2026–2030, which emphasizes systematic screening, preventive treatment, infection prevention and control, and protection of patients and health workers as core elements of an integrated, person-centred TB response. GC8 will provide bridge funding support while TPT medicines and recurrent IPC maintenance costs are progressively incorporated into domestic procurement, facility budgets and national TB programme financing by 2030.

Preventive treatment

- *Procure medicines for TB preventive treatment (TPT)* for eligible people living with HIV, household contacts and other eligible contacts of people with TB. This is diminishing **bridge funding** through 2029, with full domestic uptake planned by 2030. The investment protects uninterrupted access to preventive treatment during the transition period and supports earlier prevention of TB disease among people at

elevated risk, including those facing barriers to routine facility-based follow-up. (**Ref TB Transition Budget 4.1.1**)

Infection prevention and control (IPC)

- Strengthen priority *TB infection-prevention, environmental-control and biosafety measures in high-risk TB inpatient settings*. The investment will support procurement, installation, operation and maintenance of priority equipment and systems, including ventilation and ultraviolet germicidal irradiation where required. This is diminishing **bridge funding** that reduces the risk of nosocomial TB transmission, protects patients and health workers, and supports progressive domestic absorption of recurrent maintenance and operating costs by 2030. (**Ref TB Transition Budget 2.2.1**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Preventive treatment. TB preventive treatment will be progressively integrated into domestic procurement and financing arrangements. Global Fund support will provide a declining bridge for TPT medicines up to full uptake from 2030 through the national TB programme budget. During the transition period, Global Fund-supported procurement will help maintain uninterrupted access to recommended TPT regimens while Moldova addresses broader constraints affecting domestic procurement of low-volume and internationally sourced essential health products. RSSH investments will support the related procurement and regulatory strengthening measures.
Infection prevention and control. IPC investments will complement domestic financing for high-risk TB treatment facilities, where environmental controls are essential to protect patients and health workers and reduce nosocomial transmission, including of drug-resistant TB. Global Fund funding will support the remaining transition gap for procurement, installation, operation and maintenance of priority equipment, including ventilation and ultraviolet germicidal irradiation systems. Domestic financing will progressively assume recurrent costs for maintenance, replacement planning, utilities and operational management, with full public financing planned from 2030.
The Ministry of Health, National TB Programme, CNAM and responsible health facilities will incorporate TPT procurement and IPC costs into annual budgets, institutional plans and national procurement arrangements. Progress will be monitored through domestic budget execution, availability of TPT medicines, initiation of eligible people on preventive treatment, functionality of IPC equipment and compliance with institutional IPC plans. Broader hospital infrastructure modernization is already planned for domestic financing and will complement the GC8-supported IPC investments.

Table 7 - RSSH – Health Products Management Systems

Module Name and Number	RSSH – Health Products Management Systems
Amount Requested	EUR 87,167
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

Supply chain design, operations (storage and distribution) management and outsourcing

- Support the *distribution of anti-TB medicines from the central storage facility to territorial health facilities*, including transport vehicles, maintenance, fuel and associated operational costs. This is time-bound **bridge funding** for 2027, after which the function will be fully financed from public resources. It protects the uninterrupted, safe and timely availability of medicines for drug-susceptible and drug-resistant TB across the country, including for patients in remote areas, and reduces the risk of treatment interruption, avoidable resistance and poor treatment outcomes. (**Ref TB Transition Budget 3.1.1**)
- Maintain the *central pharmaceutical storage unit through preventive and corrective maintenance*, storage equipment, utilities, operational support and stock-management systems. This is time-bound **bridge funding** for 2027, with full domestic financing from 2028. The investment ensures appropriate storage conditions, traceability and reliable inventory management for anti-TB medicines, thereby safeguarding the quality and continuous availability of essential products for TB diagnosis and treatment. (**Ref TB Transition Budget 3.1.2**)

Policy, strategy and governance

- Develop and revise the *normative and procedural framework required to enable procurement* of priority HIV and TB medicines and health products through international procurement platforms and pooled procurement mechanisms, where appropriate. This is a **transition-enabling investment** that will clarify institutional responsibilities and compliant procedures, reduce the risk of failed tenders and supply

interruptions for low-volume or specialized products, and support access to more reliable and cost-effective procurement channels. It is particularly important for products where domestic procurement mechanisms have limited market attractiveness or are vulnerable to non-responsive tenders. (**Ref HIV Transition Budget 3.1.3; Ref TB Transition Budget 2.3.2**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Time-bound domestic absorption of core supply-chain functions. Anti-TB medicine distribution and maintenance of the central pharmaceutical storage unit are essential national functions required to ensure uninterrupted availability, appropriate storage, traceability and timely delivery of medicines for drug-susceptible and drug-resistant TB. Global Fund support is strictly time-bound bridge funding for 2027, addressing the final transition gap while public financing arrangements are completed. From 2028, both functions will be fully financed through domestic resources, with recurrent costs incorporated into the relevant Ministry of Health and responsible institutional budgets.

Procurement reform for sustainable access to priority health products. The module also includes a one-off transition-enabling investment to establish the normative and procedural framework for procurement of priority HIV and TB medicines and health products through international procurement platforms and pooled mechanisms, where appropriate. This reform will reduce the risk of failed or non-responsive domestic tenders, particularly for low-volume, specialized or commercially unattractive products, while clarifying institutional responsibilities, compliant procedures and decision-making arrangements. It will strengthen the reliability, value for money and long-term sustainability of national procurement for priority HIV and TB commodities after Global Fund transition.

Table 8 - RSSH/PP – Laboratory systems

Module Name and Number	RSSH/PP - Laboratory systems
Amount Requested	EUR 548,434
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

RSSH/PP – Biosafety and biosecurity, infrastructure and equipment

- *Maintain certification and continuous compliance of BSL-3 infrastructure* at the National TB Reference Laboratory and the Bălți TB Regional Reference Laboratory, including annual preventive and corrective maintenance. Progressively strengthen BSL-3 capacity at the Bender TB Regional Reference Laboratory (Left Bank) through a third-party audit, recertification of biological safety cabinets, replacement of HEPA filters, staff training and annual maintenance. This is declining **bridge funding** through 2029, protecting the safe handling of infectious TB specimens, the continuity of advanced TB diagnosis and drug-susceptibility testing, and the health and safety of laboratory personnel on both banks of the Dniester. Full financing of recurrent maintenance, certification and operation is planned through the Ministry of Health and responsible laboratory institutions from 2030. (**Ref TB Transition Budget 2.2.1**)
- *Procure and replace essential HIV laboratory equipment* and major components for the National Reference Laboratory and regional HIV laboratories, including biosafety cabinets, molecular platforms, GeneXpert instruments and modules, CD4 analysers, centrifuges, refrigerators/freezers and pipettes. This is a **transition-enabling investment** to prevent service disruption caused by ageing or non-functional equipment and to sustain reliable, decentralized HIV diagnosis, confirmation and treatment monitoring. (**Ref HIV Transition Budget 2.4.3**)
- Provide *preventive maintenance, calibration, certification, repair and metrological verification for installed HIV laboratory equipment*. This is declining **bridge funding** through 2029, enabling the national laboratory network to maintain safe, reliable and quality-assured HIV diagnostic and treatment-monitoring services while routine costs are progressively absorbed by domestic institutions from 2030. (**Ref HIV Transition Budget 2.4.4**)

RSSH/PP – Geospatial analysis and network optimization

- Conduct an *operational assessment of the TB laboratory network*, covering laboratory functions and capacity, the distribution of diagnostic services, specimen flows, referral routes, transport times and bottlenecks affecting access, diagnostic quality and continuity of care. This is a **transition-enabling investment** that will inform an optimized laboratory-network development and maintenance plan, standardized specimen-referral procedures, clearer institutional responsibilities and routine monitoring of laboratory and transport performance. The investment will help ensure that people in remote areas and

other underserved settings can access timely bacteriological confirmation and drug-resistance testing through an efficient national network. (**Ref TB Transition Budget 2.3.2**)

RSSH/PP – Quality management systems and accreditation

- Maintain the HIV National Reference *Laboratory Quality Management System* in line with ISO 15189, including the updating of MOLDAC accreditation documentation, laboratory procedures and the Quality Manual, as well as completion of surveillance and reaccreditation audits. This is declining **bridge funding** through 2029 to preserve accredited, quality-assured HIV laboratory services while certification and routine quality-management functions are progressively absorbed by national laboratory institutions. (**Ref HIV Transition Budget 2.4.1**)
- Support participation of the HIV National Reference Laboratory in *national and international external quality-assessment programmes* for HIV, viral hepatitis and related diagnostic and treatment-monitoring tests. This is a **transition-enabling investment** that independently verifies laboratory performance, identifies quality gaps early and safeguards reliable results for clinical decision-making, treatment monitoring and public-health surveillance. (**Ref HIV Transition Budget 2.4.2**)
- *Assess HIV laboratories* using a standardized quality-assessment tool, undertake site visits across the laboratory network and develop a report with recommendations to address identified quality-management gaps. This **transition-enabling investment** strengthens the capacity of national and regional laboratories to maintain consistent, reliable and safe HIV services, including in decentralized settings. (**Ref HIV Transition Budget 2.4.5**)
- Conduct *periodic audits of HIV/STI testing centres and regional HIV laboratories* through standardized audit tools, trained National Reference Laboratory auditors, site visits and audit reports with corrective recommendations. This is a **transition-enabling investment** to maintain consistent practice across facility-based and community-linked testing services, including correct use of testing algorithms, confirmation procedures and referral pathways for populations at elevated risk of HIV. (**Ref HIV Transition Budget 2.4.6**)
- Implement *the national quality-control programme for HIV, STI and viral-hepatitis testing services*, including preparation of reference samples, collection and analysis of performance data, reporting of results and follow-up corrective action. The **transition-enabling investment** strengthens routine quality assurance across the national testing network and supports continuous improvement of HIV/STI/hepatitis services as these functions transition to full domestic financing. (**Ref HIV Transition Budget 2.4.7**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Progressive domestic absorption of critical laboratory functions. The module provides declining bridge funding during 2027-2029 for essential recurrent laboratory functions that remain partly dependent on Global Fund support, including maintenance and certification of BSL-3 infrastructure, maintenance and metrological verification of HIV laboratory equipment, and maintenance of the HIV National Reference Laboratory quality-management system. Full financing of recurrent maintenance, certification and operation is planned through the budgeting process of the responsible laboratory institutions from 2030. This transition pathway protects functions that cannot be interrupted without compromising biosafety, diagnostic reliability, treatment monitoring and drug-susceptibility testing.

Protection of continuity, quality and equitable access. GC8 investments will prevent service disruption caused by ageing equipment, delayed maintenance, expired certification or failure of critical laboratory infrastructure. This is particularly important for advanced TB diagnosis and DST, HIV confirmation, viral-load and CD4 monitoring, and quality-assured testing for HIV, STIs and viral hepatitis. Investments in BSL-3 capacity at the National, Bălți and Bender reference laboratories will protect safe handling of infectious specimens and support continuity of services on both banks of the Dniester, while equipment replacement and maintenance will sustain decentralized HIV diagnostic and treatment-monitoring capacity.

Institutionalization of quality assurance and optimized network performance. One-off transition-enabling investments will strengthen the national systems required to sustain laboratory quality after Global Fund exit. These include the TB laboratory-network assessment and optimization plan; external quality assessment; laboratory quality assessments; periodic audits of HIV/STI testing centres and regional laboratories; and the national quality-control programme. Together, these activities will clarify network functions and institutional responsibilities, identify and address quality gaps, standardize corrective action, and support efficient specimen-referral and diagnostic pathways for people in remote and underserved areas.

Monitoring transition readiness. Progress will be monitored through annual public-budget allocations and expenditure for laboratory maintenance and certification; BSL-3 compliance and audit results; equipment functionality and maintenance records; accreditation status; external quality-assessment and quality-control performance; completion of corrective actions; and implementation of recommendations from the TB laboratory-network assessment.

Table 9 - RSSH – Health Financing Systems

Module Name and Number	RSSH – Health Financing Systems
Amount Requested	EUR 198,549
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

Health financing analytics, advocacy, strategies and planning

- Provide technical assistance to analyse the full *cost structure and establish unit costs for TB laboratory services*, including molecular, culture-based and drug-susceptibility testing, laboratory logistics, specimen transport and referral. The work will develop financing scenarios and support a Ministry of Health order to integrate recurrent costs into Ministry of Health and National Reference Laboratory budgets and, where appropriate, CNAM-contracted laboratory tariffs. This is a **transition-enabling investment** that will convert externally supported laboratory functions into costed, institutionally owned services and protect equitable access to timely TB diagnosis and DST for people in remote, underserved and higher-risk settings. (**Ref TB Transition Budget 2.3.2**)
- Conduct *costing of IEC and CSO-supported TB preventive treatment* (TPT) services for vulnerable and key populations; develop financing scenarios and recommendations for their phased integration into Ministry of Health, CNAM and National TB Programme financing arrangements; and monitor annual access to these services and implementation of transition commitments to inform planning, budgeting and accountability. (**Ref TB Transition Budget 4.1.2**)
- Provide technical assistance to finalize the *service standard and analyse the cost structure of the expanded MSM prevention package*, including the additional elements intended to improve its attractiveness, responsiveness and uptake among MSM, including hidden and underserved groups. This is a **transition-enabling investment** that will provide the basis for realistic domestic budget allocation and future public contracting of a differentiated prevention package designed to address stigma, confidentiality concerns and other barriers to service access. (**Ref HIV Transition Budget 1.1.4**)
- Provide technical assistance to develop the *service standard and analyse the cost structure of psychosocial support for people receiving opioid agonist treatment*. This is a **transition-enabling investment** that will support a sustainable domestic financing and contracting model for a service essential to treatment retention, adherence and continuity of HIV prevention and care among people affected by substance use, stigma and social vulnerability. (**Ref HIV Transition Budget 1.3.2**)
- Provide technical assistance to develop and *cost a standardized community PrEP service package*, including requirements for service delivery, follow-up and adherence support. This is a **transition-enabling investment** that will provide the basis for domestic financing and potential public contracting of community-based PrEP, supporting more accessible and person-centred prevention for populations facing confidentiality concerns, stigma and barriers to facility-based services. (**Ref HIV Transition Budget 1.5.3**)
- Provide technical assistance to develop the *service standard and analyse the cost structure of prevention-commodity and HIV self-test distribution through vending machines*. This is a **transition-enabling investment** to establish a viable domestic financing model for a confidential, low-threshold access channel that can reach key populations who may not use conventional services because of stigma, fear of disclosure, distance or restricted service hours. (**Ref HIV Transition Budget 1.6.2**)

Social contracting

- Develop and approve the *legal, accreditation and beneficiary-validation framework required for publicly financed community TB services*. This will include an operational model and national guideline for contracting community TB screening services, defining screening criteria, triage algorithms, referral pathways and coordination arrangements among CSOs, primary health care, local authorities and the National TB Programme. This is a **transition-enabling investment** that will support progressive domestic financing of community-based screening and improve access for people at elevated TB risk who are not consistently reached through conventional health-facility services. (**Ref TB Transition Budget 1.3.2**)
- Develop and approve a *standard peer-support service package for people affected by TB*, defining service content, frequency, duration, eligibility criteria and links with multidisciplinary TB care. This is a **transition-enabling investment** that will establish the operational and financing basis for progressive public uptake of peer support and community treatment-support services, particularly for patients facing poverty, stigma, mobility, substance use or other adherence barriers. (**Ref TB Transition Budget 3.1.5**)
- Provide methodological and costing support to the Ministry of Labour and Social Protection to define the *psychosocial service package for people living with HIV*, including service standards, unit costs, eligibility criteria, provider requirements and public contracting arrangements. This is a **transition-enabling**

investment that will support progressive domestic uptake through formal contracting of eligible civil-society and community-based providers, helping sustain adherence, retention in care and viral suppression among people living with HIV facing complex social, mental-health and stigma-related barriers. (**Ref HIV Transition Budget 3.4.1**)
Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality
n/a
Sustainability & Transition
Establishing costed domestic financing pathways. This module comprises one-off transition-enabling investments to convert priority HIV and TB services currently dependent on external support into defined, costed and institutionally owned services. Technical assistance will establish service standards, unit costs and financing scenarios for TB laboratory and specimen-referral functions; the expanded MSM prevention package; psychosocial support for people receiving opioid agonist treatment; community PrEP; and prevention and HIV self-test distribution through vending machines. These outputs will provide the basis for realistic budget allocations, contracting arrangements and progressive domestic absorption after Global Fund transition. **Integrating recurrent costs into national financing mechanisms**. For TB laboratory services, the work will support a Ministry of Health order to incorporate the costs of molecular, culture-based and drug-susceptibility testing, logistics, specimen transport and referral into Ministry of Health and National Reference Laboratory budgets and, where appropriate, CNAM-contracted laboratory tariffs. This will help secure equitable access to timely diagnosis and DST, including for people in remote, underserved and higher-risk settings, while reducing reliance on ad hoc donor-supported arrangements. **Building sustainable public contracting for community services**. Social-contracting investments will establish the legal, accreditation, beneficiary-validation, quality-assurance, reporting and payment arrangements required for public financing of community TB screening, peer support and treatment-support services. They will also support the Ministry of Labour and Social Protection to define and cost the psychosocial-support package for people living with HIV and establish requirements for contracting eligible civil-society and community-based providers. These reforms are essential to preserve access to person-centred services for people affected by TB or HIV who face poverty, stigma, mobility, substance use, mental-health needs or other barriers to facility-based care. **Community services as part of national systems**. By the end of GC8, priority community services are expected to have approved standards, costing methodologies, eligibility criteria, provider requirements, reporting indicators and institutional responsibilities that enable their progressive uptake through public budgets and contracting mechanisms. The Ministry of Health, CNAM, the Ministry of Labour and Social Protection, the National HIV and TB Programmes, local authorities and civil-society providers will monitor progress through approval of normative instruments, budget allocations, establishment of tariffs, execution of contracts, service volumes, quality indicators and continuity of access for key and vulnerable populations.

Table 10 - RSSH – Monitoring and Evaluation Systems

Module Name and Number	RSSH – Monitoring and Evaluation Systems
Amount Requested	EUR 990,472
Implementation Modality in Module	Input-based
Only Required if Input-based: Intervention(s) and Activities	
Routine reporting and administrative data sources ● Conduct routine *TB programme monitoring and supervision visits* to public and private health facilities, civil-society organizations and other providers involved in the TB response, including review and validation of routine reporting and SIME TB data; verification of implementation of national protocols and service-quality standards; identification of performance gaps; and provision of technical recommendations and follow-up actions. Global Fund support will provide a **final bridge** in 2027, with full domestic financing from 2028. (**Ref TB Transition Budget 3.1.3**) ● Provide time-bound support for *M&E specialists* supporting the National HIV/AIDS/STI/Viral Hepatitis Programme, civil-society implementers and grant-reporting functions. The specialists will ensure continuity of routine data collection, validation, analysis, use and reporting; strengthen the completeness and quality of programme and community-service data; and support timely national and Global Fund performance reporting during the transition from PIU-supported arrangements. This is a **transition-enabling investment** to strengthen institutional capacity for routine programme management and performance monitoring through national systems. (**Ref HIV Transition Budget 4.1.1**) ● *Finalize, test, deploy and operationalize SIME TB and SIME HIV*, including integration with relevant national information systems, technical and operational documentation, and training for users and system	

administrators. This is a **transition-enabling investment** that will support routine electronic recording, patient follow-up and reporting on HIV and TB programme data, supporting effective management of decentralized and patient-centred services. (**Ref TB Transition Budget 5.1.2**) (**Ref HIV Transition Budget 4.5.1**)

- Provide contracted *IT services for SIME TB and SIME HIV* including system development and integration, testing, documentation, corrective and adaptive maintenance, technical support and Help Desk services. This is a **transition-enabling investment** to complete and institutionalize two national digital platforms already in advanced development. The investment will support routine electronic recording, patient follow-up and reporting on HIV and TB programme data, including decentralized HIV care, TB screening, laboratory results, treatment monitoring, video-supported treatment and programme performance. (**Ref TB Transition Budget 5.1.3**) (**Ref HIV Transition Budget 4.5.2**)
- Conduct an *independent security audit of SIME TB and SIME HIV* to identify and address vulnerabilities related to user access, system configuration, data protection, interoperability and continuity of operations. This is a **transition-enabling investment** to safeguard sensitive patient and programme data and ensure that security recommendations are incorporated into the system maintenance and improvement plan. (**Ref TB Transition Budget 5.1.4**) (**Ref HIV Transition Budget 4.5.3**)

Surveys, evaluations, reviews, data analysis and use, and operational research

- Provide targeted technical assistance to *update national HIV estimates* using Spectrum; validate epidemiological and programme parameters; prepare Global AIDS Monitoring reporting; forecast prevention and treatment needs, including through QuantPrEP, PrEPit and related tools; and model programme scenarios to support realistic target-setting. The activity will document data sources, analytical methods, reporting requirements, institutional roles and annual workflows for integration into national M&E and programme-planning processes. This is a **transition-enabling investment** that strengthens the national capacity to use strategic information for priority setting, budgeting and domestic financing decisions. (**Ref HIV Transition Budget 4.1.2**)
- Implement an *integrated biobehavioural surveillance survey* and population-size estimation among key populations, including PWID, SW, MSM and people in detention. The survey will generate updated data on HIV and hepatitis C burden, risk behaviours, service coverage and population-size estimates to inform national prevention targets, resource allocation, programme monitoring and service planning, including in selected sites on the Left Bank. This is a **strategic information investment** that will help ensure that increasingly limited resources are directed towards populations and geographies with the greatest unmet need and epidemiological risk. (**Ref HIV Transition Budget 4.2.1**)
- Conduct a *one-off retrospective audit in 2028 of people newly diagnosed with HIV* and CD4 counts below 200 cells/mm³, to identify missed opportunities for HIV testing and earlier diagnosis across primary care, outpatient and hospital services. This is a **strategic information investment** that will generate practical recommendations to strengthen testing, referral and linkage pathways, reduce late diagnosis and improve timely access to treatment and care. (**Ref HIV Transition Budget 4.2.2**)
- Conduct a *one-off qualitative study in 2027 on reasons for interruption of antiretroviral treatment*, using focus groups and in-depth interviews with people living with HIV and service providers. The findings based on this **strategic information investment** will identify patient, service-delivery and psychosocial barriers to retention, including stigma, social vulnerability, mobility and gaps in support services, and will inform targeted measures to prevent avoidable treatment interruption. (**Ref HIV Transition Budget 4.2.3**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Consolidating national digital information systems. GC8 will complete and operationalize SIME TB and SIME HIV as the national platforms for routine recording, patient follow-up, programme reporting and data use. This is a transition-critical investment because both systems are already in advanced development, with core modules accepted or under finalization, while remaining work relates mainly to integration, deployment, user training, security and stabilization for routine national use. The investments will integrate SIME TB with TB laboratory devices, relevant national systems and video-supported treatment functionality, while SIME HIV will support decentralized HIV services by enabling identification of diagnosed PLHIV not on ART, people who interrupted treatment or are lost to follow-up, partner notification/testing follow-up and routine monitoring of the treatment cascade. Consolidation within national systems will reduce duplication, avoid continued reliance on parallel digital platforms and strengthen continuity of care across screening, diagnosis, treatment, preventive treatment and adherence support.

Progressive transfer of operation, maintenance and data-management functions. Global Fund support will provide time-bound bridge financing up to 2028 for post-implementation configuration, system integration, corrective and adaptive maintenance, technical documentation, user support and Help Desk functions for SIME TB and SIME HIV. This bridge period is necessary to move both systems from project delivery to stable routine operation under national ownership, with documented procedures, trained users and clear institutional

responsibilities. More broadly, responsibility for routine system administration, technical support, M&E staffing, reporting and data-management functions will be progressively incorporated into national institutional arrangements, reducing dependence on PIU-supported capacity.

Protecting data quality, security and programme continuity. Independent security audits for both SIME TB and SIME HIV will identify and address vulnerabilities related to access controls, system configuration, data protection, interoperability and continuity of operations. Training, technical documentation and support to M&E specialists will strengthen data completeness, validation, analysis and timely reporting by the National HIV/AIDS/STI/Viral Hepatitis Programme, TB programme, civil-society implementers and relevant public institutions. Progress will be monitored through system functionality, user uptake, completeness and timeliness of reporting, Help Desk performance, implementation of audit recommendations and continuity of technical support.

Institutionalizing strategic information for sustainable planning. Targeted technical assistance, surveillance surveys and operational research will strengthen national capacity to generate and use evidence for priority setting, budgeting and domestic financing decisions. Updated HIV estimates, forecasting tools, Global AIDS Monitoring reporting, integrated biobehavioural surveillance and population-size estimation, analysis of late diagnosis and research on treatment interruption will provide the evidence required to target limited resources towards populations, services and geographies with the greatest unmet need, including selected sites on the Left Bank. These activities will document recurring analytical workflows, institutional roles and reporting requirements for integration into routine national M&E and programme-planning processes.

Table 11 – RSSH – Community systems strengthening

Module Name and Number	RSSH: Community systems strengthening
Amount Requested	EUR 632,776
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities

Organizational and leadership development

- Provide technical assistance to *integrate HBV prevention, testing and vaccination promotion into the existing prevention and testing learning module for CSOs* on the formare.md platform. This is a **capacity-enabling investment** that will strengthen the quality of community-led HIV, STI and viral hepatitis prevention and testing services, support more integrated service delivery, and equip civil-society providers with standardized knowledge for reaching key and vulnerable populations. (**Ref HIV Transition Budget 1.7.1**)

Community coordination and engagement in decision-making

- Support *community-led technical consultations and related organizational costs to ensure meaningful participation of key-population representatives* in the development and revision of HIV prevention, OAT, PrEP, harm-reduction and integrated-service policies, standards, protocols and accreditation arrangements. This is a **transition-enabling investment** that will ensure that *prevention* service models and transition reforms remain grounded in the needs of affected communities, including populations facing stigma, discrimination, criminalization, confidentiality concerns and other barriers to accessing HIV services. (**Ref HIV Transition Budget 1.8.1**)
- Support *engagement of community and civil-society representatives in the development, review and advocacy of normative, financing and contracting reforms for HIV care and support services*. The activity will enable community input into the psychosocial-service standard, assessment of Regional Social Centres, costing of basic and expanded care and support packages, and evidence-based advocacy for sustainable financing through medical or social insurance funding. This is a **transition-enabling investment** to ensure that future publicly financed care and support services remain person-centred, accessible and responsive to the needs of people living with HIV facing social, mental-health, stigma-related and adherence barriers. (**Ref HIV Transition Budget 3.4.1**)
- Facilitate community dialogue and intersectoral cooperation through national and municipal-level consultations bringing together communities, civil society, public institutions and decision makers to review implementation of the National HIV and TB Programmes, analyse CLM findings, validate recommendations, and agree follow-up actions. This is a **transition-enabling investment** that will strengthen community participation in programme planning, accountability and local implementation of national HIV/TB priorities, including in relation to access barriers identified by affected communities. (**Ref HIV Transition Budget 4.3.2**)

Community-led monitoring and advocacy

- Support the *institutionalization and sustainability of community-led monitoring* through development of a public-financing mechanism and routine methodologies for collecting, validating, analysing and using

community-generated data. This will include analysis of feasible public financing and contracting options for CLM, consultation with relevant public authorities and community stakeholders, definition of CLM functions, indicators and reporting requirements, development of routine monitoring tools and response protocols, data collection and cleaning across priority monitoring areas, preparation of CLM reports and strategic recommendations, and rapid response to critical access or rights-related cases. This is a **transition-enabling investment** that will help adapt CLM into a leaner, nationally anchored accountability and quality-improvement function after Global Fund transition, ensuring that service-access barriers identified by key and vulnerable populations are routinely documented, escalated and acted upon. (**Ref HIV Transition Budget 4.3.1**)

- Support *legal accompaniment for strategic cases and targeted legal-reform work* to reduce human rights-related barriers to HIV services. This will include documentation and follow-up of critical access or rights-related cases identified through CLM, legal support and referral where needed, and technical input to optimize or amend relevant legislation and regulations affecting access to HIV prevention, testing, treatment and support for key populations and people living with HIV. This is a **transition-enabling investment** to ensure that rights-related barriers remain visible, actionable and linked to national reform processes after Global Fund transition. (**Ref HIV Transition Budget 4.3.1**)
- Ensure technical interoperability between SIME HIV, the prevention, care and support service registry and other relevant digital systems through analysis of data flows, development of exchange requirements and technical documentation, configuration and testing of integrations, and data-protection safeguards. This **transition-enabling investment** will support secure, non-duplicative exchange of routine programme and service data for national programme management, grant oversight and continuity of prevention, care and support services. (**Ref HIV Transition Budget 4.3.3**)

Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality

n/a

Sustainability & Transition

Institutionalizing community capacity for integrated services. The module supports one-off, transition-enabling investments to strengthen the capacity of civil-society organizations and community representatives to contribute effectively to an increasingly domestically financed HIV, STI, TB and viral-hepatitis response. Integration of HBV prevention, testing and vaccination-promotion content into the existing formare.md learning module will embed standardized knowledge within an established national capacity-development platform, supporting more integrated and sustainable community service delivery beyond Global Fund transition.

Sustaining meaningful community participation in national reforms. Community representatives will be supported to participate in the development, revision and monitoring of policies, standards, protocols, accreditation arrangements and financing reforms affecting HIV prevention, OAT, PrEP, harm reduction and HIV care and support. This will ensure that emerging domestic-financing and contracting arrangements reflect the realities of people living with HIV and key populations, including barriers related to stigma, discrimination, criminalization, confidentiality, poverty, mobility and mental-health needs.

Embedding community-led monitoring in accountability systems. GC8 investments will establish the foundations for a more sustainable and adapted CLM model after Global Fund transition. This will include assessment of feasible public financing and contracting options; definition of CLM functions, indicators and reporting requirements; routine methodologies and tools for data collection, validation, analysis and response; preparation of CLM reports and strategic recommendations; and rapid response to critical access or rights-related cases. Community dialogue and intersectoral consultations will link CLM evidence with national and municipal programme review processes, enabling public institutions, civil society and affected communities to validate findings, agree follow-up actions and monitor their implementation.

Integrating community evidence into digital and reporting reforms. Support for technical interoperability of relevant digital systems and registries will help ensure that community-generated evidence and service-access concerns can inform routine programme management while respecting confidentiality and data-protection requirements. Progress will be monitored through completion and uptake of learning materials; participation of community representatives in policy and financing consultations; approval of CLM methodologies and financing options; use of CLM findings in programme reviews; implementation of agreed follow-up actions; and integration of community perspectives within relevant digital-system reforms.

Table 12 – RSSH/PP – Medical oxygen and respiratory care system

Module Name and Number	RSSH/PP: Medical oxygen and respiratory care system
Amount Requested	EUR 95,365
Implementation Modality in Module	Input-based

Only Required if Input-based: Intervention(s) and Activities
RSSH/PP: Oxygen delivery and respiratory care Provide time-bound *preventive and corrective maintenance of four PSA oxygen plants* installed through Global Fund COVID-19 support at the Institute of Pneumology “Chiril Draganiuc”, Glodeni, Călărași and the Ministry of Health Clinic. Support will cover technical servicing, inspections, repairs and replacement of essential parts required to maintain safe, reliable and uninterrupted medical-oxygen supply for respiratory care and TB/HIV service continuity. This is **bridge funding** following expiry of the current five-year UCIMP-managed maintenance and warranty arrangement in 2027, allowing sufficient time to establish a sustainable domestic contracting mechanism for specialized maintenance services.
Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality
n/a
Sustainability & Transition
Domestic ownership and uptake gap. The four PSA oxygen plants were installed through Global Fund COVID-19 support and have already been transferred to the ownership of the beneficiary hospitals. The current maintenance and warranty arrangement is managed through UCIMP under a five-year contract that expires in 2027. While the annual maintenance cost is limited, the transition challenge is the establishment of an appropriate domestic mechanism to contract specialized preventive and corrective servicing, including access to qualified technical providers, repairs and replacement parts. This type of support has been managed through an externally financed arrangement to date and cannot be transferred automatically to hospital-level procurement without preparation. **Time-bound bridge support.** Global Fund funding will therefore provide a time-bound bridge during 2027–2029 to maintain safe and uninterrupted operation of the plants while the Ministry of Health and beneficiary institutions define responsibility for recurrent maintenance, secure domestic budget allocations and establish feasible contracting arrangements after expiry of the UCIMP-managed contract. The transition process will include follow-up with hospital management and relevant public authorities to ensure that servicing, repairs and replacement of critical parts are integrated into institutional budgets and procurement plans. Progress will be monitored through confirmation of domestic budget allocations, designation of responsible institutions, conclusion of maintenance contracts, functionality of the four PSA plants and continuity of oxygen supply. As domestic uptake is not yet secured, failure to establish sustainable maintenance arrangements remains a transition risk requiring regular review throughout the grant period.

Table 13 – Program Management

Module Name and Number	Program Management
Amount Requested	EUR 1,041,227
Implementation Modality in Module	Input-based
Only Required if Input-based: Intervention(s) and Activities	
Grant management Ensure *grant management* by UCIMP as Principal Recipient, covering fiduciary oversight, financial management and accounting, procurement and supply-management coordination, grant reporting, audit, legal and administrative support, and coordination with national TB/HIV programmes, implementing partners and communities. The streamlined structure combines cross-cutting TB/HIV functions, including procurement and programme coordination, to ensure efficient implementation of the final transition grant and effective oversight of complex policy, financing and service-transition activities.	
Only Required if PfR: Disbursement-linked Indicator (DLI) Selection, Measurement and Data Quality	
n/a	
Sustainability & Transition	
Streamlined, time-bound grant-management arrangement. UCIMP has streamlined the project implementation structure compared with previous grants, including consolidation of TB/HIV procurement and coordination functions and transfer of selected M&E responsibilities toward national programme structures. Programme-management costs do not increase in absolute terms compared with GC7; their 10% share reflects	

the substantially reduced overall allocation and the operational requirements of a final transition grant. Although the overall GC8 allocation is substantially lower than under GC7, implementation is more complex due to the transition process. Successful delivery requires close coordination of domestic financing commitments, policy and institutional reforms, procurement oversight, sustainability planning, and collaboration across multiple government institutions, implementing partners and communities.

Supporting transition rather than creating recurrent costs. Grant-management costs are limited to implementation of GC8 and will end with grant closure. No recurrent UCIMP or Principal Recipient operating costs are proposed for domestic financing after the grant period. During 2027-2029, UCIMP will support orderly handover of responsibilities, documentation, reporting processes, procurement arrangements and institutional knowledge to the Ministry of Health, national programmes and other responsible domestic institutions.

Accountability for transition delivery. The Principal Recipient will monitor implementation of transition milestones, including domestic financing commitments, institutional uptake of services and systems, resolution of procurement and contracting barriers, and continuity of essential services for key and vulnerable populations. This coordination function is particularly important during GC8, as many remaining transition actions require complex policy, legal, financing and inter-institutional decisions rather than high-value service-delivery expenditure.

1.2. Matching Funds (if applicable)

A. If Matching Funds were designated for GC8, describe how they will be used, highlighting how programmatic and access conditions for these Matching Funds have been met.

estion elements	Details
w Matching Funds will be used and how conditions will be met	No Matching Funds were designated

Section 2. Domestic Financing, Co-financing and Transition

2.1. Domestic Financing and Co-financing

A. Describe progress in specific co-financing commitments for the GC7 period.

Question elements	Details
Progress on GC7 co-financing commitments	The Republic of Moldova's GC7 Co-Financing Commitment Letter established a *total domestic financing commitment* of EUR 61.20 million for the 2024-2026 implementation period, comprising EUR 22.68 million for HIV and EUR 38.52 million for TB. These commitments were aligned with the National HIV/AIDS/STI and TB Programmes for 2022-2025 and are being carried forward through the new national programmes for 2026-2030. Reported domestic expenditure indicates that Moldova *remained on track to meet its aggregate GC7 co-financing commitment*. In 2024, domestic expenditure for the HIV and TB responses totalled EUR 22.58 million, compared with an annual commitment of EUR 19.80 million. In 2025, reported domestic expenditure totalled EUR 21.36 million, against a commitment of EUR 20.70 million, corresponding to 103.2% of the annual aggregate commitment. Cumulatively, reported domestic expenditure for 2024-2025 reached approximately EUR 43.94 million, *exceeding the EUR 40.50 million commitment for those two years*. For HIV, domestic financing increased from EUR 6.32 million in 2024 to EUR 6.89 million in 2025[1], representing a 10.8% increase in local-currency expenditure and accounting for approximately 68% of total HIV

[1] At the EUR/MDL exchange rate used for the Funding Request, per the Funding Landscape Tables.

	programme expenditure in 2025 (GAM 2025). Domestic resources supported antiretroviral treatment for all patients, PrEP, rapid diagnostic tests used in medical, community-based and differentiated testing services, and opioid agonist therapy (OAT), among other essential interventions. They also financed prevention service packages for MSM, sex workers and people who inject drugs, representing approximately 28% of the total value reported for these services in the 2025 execution report. For TB, domestic public financing reached EUR 14.47 million in 2025, equivalent to 112.3% of the annual TB co-financing commitment of EUR 12.89 million. Domestic resources accounted for 87% of total TB expenditure and supported, among other priorities, full coverage of first-line anti-TB medicines; procurement of medicines for adults with RR/MDR-TB on the Right Bank of the Dniester River and in the penitentiary sector; more than 60% of diagnostic tests; all diagnostic and inpatient treatment services; nutritional and transport support for ambulatory patients; and approximately 16% of the total value of active case-finding and screening interventions for vulnerable populations implemented through CSOs.
Challenges to meeting GC7 co-financing commitments (if any)	**Fiscal and reform context.** GC7 implementation took place amid sustained regional insecurity, post-pandemic economic pressures, constrained fiscal space and wide-ranging health-sector reforms. These included the integration of HIV, STI and viral hepatitis programming, continued optimization of TB service delivery towards ambulatory and community-based care, and reform of narcology services. These factors created implementation and budget-execution challenges. Nevertheless, the Government maintained continuity of essential HIV and TB services, and the aggregate HIV/TB co-financing commitment was achieved through higher-than-committed TB expenditure. The sustainability of community-led prevention, OAT expansion and other transition-sensitive interventions, particularly on the Left Bank, remains an ongoing risk as Moldova approaches its final Global Fund allocation period. **Left Bank domestic financing constraints.** A specific transition challenge concerns the Left Bank of the Dniester River, where HIV and TB services remain more dependent on Global Fund financing and where domestic uptake is constrained by distinct administrative, budgetary, procurement and contracting arrangements. While the Right Bank has progressively increased financing through the state budget, CNAM and other national mechanisms, equivalent pathways are not yet fully defined or operational for several services delivered on the Left Bank, including community-based prevention, differentiated testing, laboratory monitoring, treatment support and patient incentives. This creates a higher residual transition risk: the issue is not only the level of available funding, but also the absence of a predictable mechanism through which recurrent service costs can be budgeted, contracted, procured and monitored after Global Fund exit. During GC8, this will require focused follow-up with relevant authorities and implementers to define feasible financing and contracting arrangements, protect continuity of essential services and avoid a financing cliff in 2030. **Measures to strengthen compliance and transition readiness.** GC8 will strengthen routine monitoring of transition commitments through the CCM, Ministry of Health and Principal Recipient, with active community participation. Progress against annual commitments, uptake of specific services and emerging financing gaps will be reviewed regularly against the HIV and TB Sustainability and Transition Plans, allowing for early escalation where commitments are delayed or at risk. This will be particularly important given the absence of a subsequent Global Fund

	allocation. The Government has already demonstrated political commitment through the progressive uptake and improvement of HIV and TB services; GC8 will focus on ensuring that this momentum is translated into timely, measurable domestic financing commitments and corrective action where needed.

B. Describe the expected trends in domestic financing in GC8. Indicate specific co-financing commitments to be formalized in the GC8 Commitment Letter, highlighting any remaining funding gaps and how these commitments will be tracked and reported.

uestion elements	Details
<u>For lower middle-income countries only</u>: Government health sector budget estimates for GC8	Moldova is classified as an upper-middle-income country; therefore, the Global Fund requirement relating specifically to progressive overall Government health expenditure for low- and lower-middle-income countries is not applicable. The focus of GC8 co-financing will be on sustained and progressively more targeted domestic financing of the HIV and TB responses, particularly the interventions that remain dependent on Global Fund support and are essential for a responsible transition.
cus of GC8 co-financing commitments	Based on the detailed costing of the National HIV/STI/Viral Hepatitis Programme 2026-2030 and the National TB Programme 2026-2030, the GC8 Funding Landscape Tables project total domestic financing for HIV and TB of EUR 26.49 million in 2027, EUR 26.79 million in 2028 and EUR 27.02 million in 2029. HIV domestic financing is projected to increase from EUR 6.70 million in 2027 to EUR 8.32 million in 2029, increasing the domestic share of the costed HIV programme from 70.1% to 88.5%. TB domestic financing is projected at EUR 19.79 million in 2027, EUR 19.36 million in 2028 and EUR 18.69 million in 2029, financing approximately 89% of the costed TB programme throughout GC8. The GC8 Commitment Letter will formalize annual domestic-financing commitments for the HIV and TB responses, in line with Sustainability Plans and Budget. For HIV, the Government will commit to sustain domestic financing for antiretroviral treatment, clinical care, treatment monitoring, HIV testing and related laboratory services, prevention of vertical transmission, and programme coordination. The Letter will also specify the progressive domestic financing of HIV prevention services for key populations through CNAM, including service delivery through CSOs. For TB, the Government will commit to sustain domestic financing for first-line anti-TB medicines; diagnosis and treatment services; National and Regional Reference Laboratory operations, reagents and consumables; outpatient treatment and patient support; TB/HIV collaborative services; and priority screening, prevention and community-based care interventions.
acking and reporting mechanisms	The GC8 Commitment Letter is expected to be signed by the Ministry of Health by 30 September 2026, and in all cases before GC8 grant approval. Annual co-financing performance will be tracked against the signed commitment matrix, using approved budgets and actual expenditure data from the Ministry of Health, Ministry of Finance, CNAM, public health institutions, relevant line ministries, local authorities and contracted civil-society providers. The CCM will review and validate annual results before submission to the Global Fund. This builds on the process used for 2025, when reported expenditure was reviewed by the CCM Working Group following the annual HIV GAM and TB expenditure reporting exercises.

2.2. Transition

A. Describe the plans, core challenges and gaps to effectively transition Global Fund supported programs to domestic financing.

Question elements	Details
Transition Planning	Transition planning is fully integrated into national policy, costing and the GC8 Funding Request. The National TB Response Programme for 2026–2030 has been approved, while the National HIV/STI/Viral Hepatitis Programme for 2026–2030 is under Ministry of Health review and validation. The HIV programme is fully aligned with the HIV Sustainability Plan, Transition Budget and GC8 Funding Request. As the TB NSP was approved before the final GC8 Allocation Letter was issued, the TB Sustainability Technical Working Group subsequently adjusted the planned intervention mix and financing assumptions to reflect the external resources ultimately available. This included shifting selected activities to domestic financing and adding targeted transition-enabling activities that had not been fully captured in the NSP. The HIV and TB Sustainability Plans were developed through multisectoral technical working groups and provide the operational link between the NSPs and GC8 implementation. They include annual, activity-level budgets by funding source, supported by detailed financial and programmatic assumptions; identify responsible institutions, transition milestones and key risks for each activity; and separately highlight RSSH investments in relation to the disease-specific interventions they enable. Together, the NSPs, Sustainability Plans, Transition Budgets and Funding Request provide a coherent and fully costed framework for the progressive transition of priority HIV and TB interventions to domestic financing.
Challenges and Gaps to Effective Transition	The HIV and TB Sustainability Plans set out activity-level transition pathways, milestones and mitigating actions. Despite strong Government commitment and substantial progress in domestic uptake of core services, several cross-cutting risks could affect the timely transition of remaining Global Fund-supported interventions. The principal risks concern: **Sustainable procurement of low-volume health products**. A durable procurement mechanism is needed for essential low-volume and specialized health products that are currently supported through Global Fund or other external arrangements, including paediatric ARVs, selected HIV and TB diagnostics, second-line and specialized TB products, and other products with limited market attractiveness. This is a broader health-system issue, affecting not only HIV and TB, but also vaccines, diabetes medicines and other products required by national health programmes. Without an adapted procurement pathway, Moldova risks recurrent failed tenders, delayed procurement, stock-outs and loss of access to products that are clinically essential but commercially unattractive in small volumes. Important preparatory work has already been undertaken. In 2023, the Ministry of Health, together with the Parliamentary Commission on Social Protection, Health and Family, convened an interinstitutional working group with the Ministry of Finance, the Public Procurement Agency, Center for Centralized Public Procurement in Health (CAPCS), CNAM, civil society and development partners to identify options for participation in European joint procurement and other international pooled procurement mechanisms. The process resulted in a comprehensive proposed legal and procedural mechanism, including amendments to the Public

	Procurement Law, the Law on Public Finance, Government Decision No. 1128/2016 and related secondary legislation. Although initially developed to secure sustainable access to second-line TB medicines and specialized TB diagnostics in preparation for transition from Global Fund support, the mechanism was recognized as relevant for a wider range of low-volume health products across national programmes, including paediatric ARVs, HIV and TB diagnostics, vaccines, diabetes medicines and other specialized products. Despite broad technical consensus and formal presentation of the proposed mechanism to the Ministry of Health, it has not yet become operational. Implementation requires coordinated amendments across several legal and regulatory acts, agreement among multiple public institutions, and establishment of new procurement and financing procedures. During GC8, Global Fund support will therefore provide short-term bridge procurement for selected critical products, while RSSH investments will help move this unfinished reform agenda forward by clarifying the legal, regulatory and procedural arrangements needed for access to international procurement platforms and pooled mechanisms where standard domestic tenders are not viable. **Community-led HIV and TB services**. CNAM increased financing for community-led HIV and TB services from MDL 9.80 million in 2024 to MDL 11.72 million in 2025, an increase of MDL 1.92 million, or 19.6%. This included an additional MDL 1.06 million for HIV prevention and testing and MDL 0.86 million for TB screening and treatment-adherence support. However, this remained below the domestic-financing trajectory envisaged at the start of GC7, reflecting fiscal constraints and competing health-sector priorities. GC8 will address this by maintaining agreed service coverage through declining bridge funding, while supporting costing, service-standard refinement, social contracting and accreditation arrangements needed for progressive domestic uptake by 2030. Implementation of existing contracts was strong: in 2025, CNAM concluded contracts of MDL 9.41 million for HIV testing and prevention and MDL 2.31 million for TB screening and treatment-adherence support, with realization rates of 95.4% and 100%, respectively. However, savings generated through lower-than-budgeted procurement of commodities by CSOs could not be reallocated within the same contracting period to increase service coverage. GC8 will therefore support further refinement of service costing, contracting and reprogramming arrangements to enable more flexible and efficient use of domestic resources as community-service financing expands. **Left Bank commitments and execution**. The Sustainability Plans identify, by activity, the commitments expected from regional authorities on the Left Bank. However, the risk of delayed or incomplete materialization remains very high given the region's economic and fiscal constraints. The greatest concern is the sustainable financing and contracting of CSO-delivered services, testing commodities, laboratory monitoring and treatment-support interventions, for which viable domestic mechanisms have not yet been fully identified or piloted. GC8 will address this through time-bound bridge financing for essential Left Bank services and commodities, combined with RSSH investments to support dialogue with relevant authorities, develop feasible contracting and procurement arrangements, and identify alternative modalities to preserve service continuity where domestic uptake is delayed.

	Community-led monitoring. CSO and community participation in HIV and TB decision-making is well established; however, no sustainable domestic financing mechanism has yet been identified for community-led monitoring in its current form after external support ends. GC8 will address this by supporting the institutionalization of CLM methodologies, use of CLM findings in national and municipal programme review processes, and identification of feasible financing and accountability pathways. This remains a significant transition challenge given the importance of community feedback for monitoring service quality, access barriers, human-rights concerns and continuity of care during and after transition.

Section 3. Implementation

3.1. Implementation Arrangements

A. Describe any changes from GC7 implementation arrangements to be made for GC8 that maximize efficiencies, maintain implementation effectiveness and ensure value for money.

uestion elements	Details
anned changes to the implementation arrangements	GC8 implementation arrangements will remain streamlined, with UCIMP continuing as Principal Recipient. UCIMP will retain responsibility for Global Fund-specific functions, including grant management, fiduciary oversight, procurement, financial reporting, assurance and coordination with the Global Fund. This preserves an established and effective grant-management structure while avoiding the creation of parallel systems during the final transition period. The Ministry of Health and the national HIV and TB programmes will retain responsibility for policy, technical oversight, planning, coordination and routine monitoring. CNAM will assume contracting and financing of CSO-delivered HIV and TB services through domestic mechanisms, including HIV prevention and testing, TB screening, treatment-adherence support and other community-based services reflected in the transition pathway.
a local entity is not proposed as Principal Recipient	Not applicable. UCIMP is a national entity and will continue to serve as Principal Recipient for GC8. No international NGO or external entity is proposed as Principal Recipient.
ldressing barriers to inclusion of community-led and -based organizations in implementation	CSOs and community-led organizations will remain essential implementers of prevention, testing, screening, adherence and support services for key and vulnerable populations. The principal change in GC8 is the progressive transition from Global Fund grant-based financing towards CNAM contracting of these services, while maintaining CSOs as independent service providers and partners in programme implementation, monitoring and accountability. The main barriers to this transition are the scale and predictability of domestic financing and limitations in the flexibility of CNAM contracts. GC8 RSSH investments will support continued strengthening of social-contracting arrangements, including service costing, contracting procedures, performance-based monitoring and dialogue between CNAM, the Ministry of Health, CSOs and community representatives. Community participation will also be maintained through the CCM and transition-monitoring arrangements, allowing emerging risks to service continuity or domestic uptake to be identified and escalated early.

Appendix 1: Documents Checklist

Use the list below to verify the completeness of your application package. This checklist only applies to applicants using the Tailored for Transition (Focused Portfolios) application approach.

Documents Reviewed by the Technical Review Panel

☒	Application Form
☒	Performance Framework
☒	Budget
☒	Focused Funding Landscape Table
☒	Prioritized Above Allocation Request (PAAR)
☒	National Health Sector Plan and National Strategic Plan(s), as relevant
☒	Transition Workplan
☐	Assessment of Barriers to HIV, TB and Malaria Health Services (if available)

Documents Assessed by the Global Fund Secretariat

☒	CCM Endorsement of Funding Request
☒	CCM Statement of Compliance
☒	Evidence of Realization of GC7 Co-financing Commitments

Appendix 2: List of Supporting Annexes

List all documents referenced in this Application Form, including the annexes from Appendix 1.

Annex #	Document Title	File Name	Link	Language	Funding Request Question	Exact Page Reference
1	GC8 Budget	1.MDA_C_FOCTR_BudgetGFShared_27.07.2026		English		
2	Performance Framework	2.MDA_C_FOCTR_PerformanceFrameworkGF_27.07.2026		English		
3	Focused Funding Landscape Table TB	3.cr_gc8-funding-landscape-focused_table_TB 27.07.2026		English		
4	Focused Funding Landscape Table HIV	4.cr_gc8-funding-landscape-focused_table_HIV 27.07.2026		English		
5	Prioritized Above Allocation Request (PAAR)	5.MDA_C_FOCTR_PAAR 27.07.2026		English		
6	National TB Response Programme for 2026–2030	6.National TB Response Programme for 2026–2030_ro	https://www.legis.md/cautare/getResults?doc_id=154325&lang=ro	Romanian		
7	National TB Response Programme for 2026–2030	7.National TB Response Programme for 2026–2030_eng		Romanian, courtesy translation into English		
8	National HIV Response Programme for 2026–2030	8.National HIV Response Programme for 2026–2030		Romanian, courtesy translation into English		
9	TB Sustainability Plan	9.TB Transition and Sustainability Plan for 2027-2020		Romanian, courtesy translation into English		
10	HIV Sustainability Plan	10.HIV Transition and Sustainability Plan for 2027-2020		Romanian, courtesy translation into English		
11	TB Transition Budget	11.TB Transition and Sustainability Plan Budget		Romanian, courtesy translation into English		
12	HIV Sustainability Plan	12.HIV Transition and Sustainability Plan Budget		Romanian, courtesy translation into English		
13	CCM Endorsement of Funding Request	13. CCM Endorsement of Funding Request		English		
13a	Endorsement Email Ala Iatco	13a. Iatco_Endorsement_Email		English		
13b	Endorsement Email Ruslan Poverga	13b. Poverga_Endorsement_Email		English		

13c	Endorsement Email Vitalii Rabinciuc	13c. Rabinciuc_Endorsement_Email		English		
13d	Email reasons abstain vot Janna Vilhovaia	13d. Email reasons abstain vot Janna Vilhovaia		Russian		
13e	Email reasons abstain vot Igor Chilcevschii	13e. Email reasons abstain vot Igor Chilcevschii		Russian		
14	CCM Statement of Compliance	14. CCM Statement of Compliance		English		
15	CCM Decision nr. 3 of 23 July 2026 (Romanian version)	15. ro_CCM Decision nr. 3 of 23 July 2026		Romanian		
16	CCM Decision nr. 3 of 23 July 2026 (English unofficial translation)	16. eng_CCM Decision nr. 3 of 23 July 2026		English		
17	Draft of Evidence of Realization of GC7 Co-financing Commitments	17. Draft_Evidence of Realization of GC7 Co-financing Commitments		English		
18	Raport privind realizarea Programului Național de răspuns la tuberculoză pentru anii 2021-2025	18.Report on Realization of National TB Program 2021-2025_RO	https://simetb.ifp.md/Download/tbreps.excel/raport_2021_2015.pdf	Romanian		
19	Targeted review of the National Tuberculosis Program Republic of Moldova, July – November 2024	19.Moldova_NTP_Review_Nov 2024	https://simetb.ifp.md/Download/tbreps.excel/Moldova_NTP_Review.pdf	English		
20	Tuberculosis Epidemiological Review Republic of Moldova 2024	20.Moldova_TB_Epidemiological_review_2024	https://simetb.ifp.md/Download/tbreps.excel/Moldova_TB_Epidemiological_review_2024.pdf	English		
21	Assessment and revision of TB Laboratory Network of Moldova	21.Assessment_and_revision_of_TB_Laboratory_Network_of_Moldova	https://simetb.ifp.md/Download/tbreps.excel/Assessment_and_revision_of_TB_Laboratory_Network_of_Moldova.pdf	English		
22	Country technical support mission report	22.MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023	https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf	English		
23	GAM Spectrum 2025	23.MDA-2025		English		
24	Raport al OSC privind tranziția de la finanțarea Fondului Global la buget public pentru sustenabilitatea intervențiilor	24.CSO_Report_TB-HIV_Sustainability_06-07-2026		Romanian		

	implementate de către organizațiile societății civile în domeniul TB și HIV					
25	Raportul cu privire la realizarea Planului de acțiuni pentru anul 2022-2025 privind implementarea Programului național de prevenire și control al infecției HIV/SIDA și al infecțiilor cu transmitere sexuală pentru anii 2022-2025	25.Raport-HIV-RealizationHIV program 2024		Romanian		
26	IBBS 2024	26.Moldova IBBS Report_final_ro_26_01 1	https://pas.md/ro/PAS/Studies/Details/464	Romanian		

All documents referenced here should be submitted to the Global Fund as a part of the complete Application Package.

Appendix 3: List of Abbreviations & Acronyms

List all abbreviations and acronyms referenced in this Application Form.

Abbreviation/ Acronym	Definition
AIDS	Acquired immunodeficiency syndrome
AI	Artificial intelligence
ART	Antiretroviral therapy
ARV	Antiretroviral
BSL-3	Biosafety Level 3
CAD	Computer-aided detection
CAPCS	Center for Centralized Public Procurement in Health
CCM	Country Coordinating Mechanism
CD4	Cluster of differentiation 4
CLM	Community-led monitoring
CNAM	National Health Insurance Company
COVID-19	Coronavirus disease 2019
CSO	Civil society organization
DLI	Disbursement-linked indicator
DR-TB	Drug-resistant tuberculosis
DST	Drug-susceptibility testing
EUR	Euro
GAM	Global AIDS Monitoring
GC7	Grant Cycle 7
GC8	Grant Cycle 8
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HEPA	High-efficiency particulate air
HIV	Human immunodeficiency virus
HIV-1	Human immunodeficiency virus type 1
IBBS	Integrated bio-behavioural survey
IEC	Information, education and communication
IPC	Infection prevention and control
ISO	International Organization for Standardization
KP	Key population
KVP	Key and vulnerable populations
LPA	Line-probe assay
M&E	Monitoring and evaluation
MDL	Moldovan leu

MDR-TB	Multidrug-resistant tuberculosis
MGIT 960	Mycobacteria Growth Indicator Tube 960 system
MOH	Ministry of Health
MOLDAC	National Accreditation Centre of the Republic of Moldova
MSM	Men who have sex with men
MTB/RIF	Mycobacterium tuberculosis/ rifampicin resistance
NGO	Non-governmental organization
OAT	Opioid agonist therapy
PAAR	Prioritized Above Allocation Request
PACS	Picture Archiving and Communication System
PEP	Post-exposure prophylaxis
PfR	Payment for Results
PID	People who inject drugs
PIU	Project Implementation Unit
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PrEPit	PrEP planning and implementation tool
PR	Principal Recipient
PSA	Pressure swing adsorption
PUD	People who use drugs
PWID	People who inject drugs
QuantPrEP	Tool for quantifying and forecasting PrEP needs
RIF	Rifampicin
RR-TB	Rifampicin-resistant tuberculosis
RSSH	Resilient and sustainable systems for health
RSSH/PP	Resilient and sustainable systems for health / pandemic preparedness and response
SIME HIV	HIV Monitoring and Evaluation Information System
SIME TB	TB Monitoring and Evaluation Information System
STI	Sexually transmitted infection
SW	Sex workers
TB	Tuberculosis
tNGS	Targeted next-generation sequencing
TPT	Tuberculosis preventive treatment
UCIMP	Coordination, Implementation and Monitoring Unit for Health System Projects
VST	Video-supported treatment
XDR-TB	Extensively drug-resistant tuberculosis