



Taking stock of budget advocacy efforts in Eastern Europe, South-Eastern Europe and Central Asia

MOLDOVA COUNTRY CASE

Vilnius, 2021

Moldova

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|--|------------------------------------|
| Population: | 2.6 million |
| PLHIV number estimated: | 14'589 (2020, Spectrum) |
| PLHIV virally suppressed: | 41% (2020, UNAIDS estimate) |
| Health expenditure as % of GDP: | 6.6% (2018, WHO data) |
| Health as % of government expenditure: | 11.95% (2018, WHO data) |

HIV financing: Share of government (domestic public) resources, US\$

| | 2017 | 2020 |
|---------------------------|---------------------|---|
| - overall HIV expenditure | 38.8% | 58.6%* (2019) |
| | 3.3 million | 5.1 million* (2019) |
| - HIV treatment | 48%* | 67% (2019) |
| | 2 million (2018) | 2 million (2019) |
| | | 100% for ART (2021, respondent) |
| - HIV prevention | 20%* | 52% (2019) |
| | 713 thousand (2018) | 1.4 million (2019) |
| | | 79 thousand for key population programming** (2020) |

Data from UNAIDS financial dashboard unless indicated otherwise;

* GAM reports of 2018 and 2020; ** from socialcontracting.info.

HIV budget advocacy: How civil society organizes itself

The Key Affected Population Committee or KAP Committee in the context of HIV/AIDS and TB (*Comitetul comunităților afectate în contextul HIV/SIDA și al Tuberculozei, CAP*), supported by the Global Fund CCM funding, serves as the body for coordination and communication on budget advocacy. It includes community groups of PLHIV, LGBTIQ, people with TB, and people who use drugs. There are three organizations that lead on budget advocacy:

- the PLHIV-led organization, *Inițiativa Pozitivă*, an umbrella organization of various service providers and other NGOs and the lead national partner of the SoS Project;
- *The Union for HIV Prevention and Harm Reduction (UORN)*, which was a partner of the previous GF supported multi-country projects, “Harm Reduction Works! Fund it” and “Cities”;
- the newly formed Platform of Organizations working in TB.

The structure of the organization of civil society is evolving. Plans are set to include communities of sex worker and transgender activists. The key partners of civil society on budget advocacy are the National HIV and TB Program Coordination Units; municipal leadership in the fields of health and social affairs; UNAIDS; and others.

Funding amounts and sources, US dollars:

| | |
|------------------------------------|---|
| US\$1,170,000* in 2018-2021 | 35.7% (US\$417,288): multi-country grant from the Global Fund, SoS (only 2019-2021) |
| US\$292.5 thousand annually | 34.5% (US\$404,077): country grant from the Global Fund |
| | 19.9% (US\$232,323): UNITAID for medicine patent-related work |
| | <10%: UNAIDS (2018-2019), Soros Moldova Foundation (only 2019), GNP+ (only 2021), Cities project (2019), UNDP (2019-2020) |

**part of this budget is covering human rights advocacy and community mobilization. An estimated one-third of the multi-country grant is spent on human rights-related programming.*

Key achievements and progress

The Global Fund's co-financing requirements as well as relentless collective efforts from experts, UN, and civil society have been key to success so far. There were important achievements despite frequent political changes and strained relations between key HIV stakeholders. In 2017, the National HIV/TB Council decided to remove the NGO principal recipient from the HIV grant from the Global Fund to create efficiencies, but that was painful and led to tensions. Nonetheless, Moldova participated in nearly all the Global Fund's multi-country grants on HIV, which is in part due to partners being proactive and open to cooperation.

HIV treatment optimization and cost

The government of Moldova has fully taken over the provision of HIV treatment and is expanding access (though it still fell short of attaining the UN 90-90-90 goals for 2020) while also preserving low drug prices. These lower prices have been maintained since the State Center for Centralized Procurements in Healthcare (CAPCS) took ARV procurement over from UNDP in 2019. Low ARV prices in this small country have been achieved through several strategies. WHO expertise was leveraged to achieve treatment optimization based on WHO recommendations. The approach taken secured the support of patients, clinicians, and the National HIV Coordinator support during the process. Significant engagement from the regional partners, ITPCru and 100% Life, helped to secure the support of the Ministry of Finance to use a more transparent method of tendering. Starting in 2021, they began to use electronic tendering systems and partnered with the CAPCS for other improvements in nomenclature listing and procurement process.

Success story: **Community monitoring**

Initiativa Pozitiva started monitoring tender processes only in the last two years. It has received significant expert and technical support from ITPCru and 100% Life. Its capacity was built at ECAT meetings and through joint work on planning and implementing advocacy. Monitoring of tender documentation and offers submitted for 2021 flagged the risks of

overpriced Emtricitabine/Tenofovir disoproxil (FTC/TDF) and Ritonavir (RTV) in comparison with 2020. In 2020, Abbvie suspended its ritonavir/lopinavir patent which created opportunities for generics.

Advocates successfully called for the cancellation of the tender. Not only did they inform the Ministry of Health and CAPCS of the risk of overpaying, but they suggested a specific approach to reframing the tender and provided analysis of the market. Furthermore, they reached out to generic manufacturers to gauge their interest in the Moldova tender and negotiated with them the potential price, while providing information on local procedures, cost, and prices for registration and tendering documentation. The new tender resulted in savings, estimated at US\$650,000 for FTC/TDF and RTV.

Prevention funding and mechanism

Prevention remains highly dependent on the Global Fund. It was not easy to find a state budget line that could fund prevention in significant amounts. In 2016, a consensus was reached that a special pool for general prevention within the National Health Insurance Company (CNAM), the priorities of which are decided on an annual basis by the Ministry of Health, would be the best source of funding initially. In 2017, with the support of the Minister of Health and the CNAM leadership, the first two contracts were granted amounting to US\$120,000 to reach 1000 people who use drugs in Balti and 700 people from different key populations in the capital city¹. Importantly, they included the possibility to procure syringes and other commodities. Funding for prevention among the three key populations and for peer-led HIV treatment support in later years came from that pool though the amount has significantly reduced since. The allocation and contracting processes required annual efforts since the priorities are defined each year and there were additional complexities due to changes in the leadership of the ministry and CNAM. The advocates are starting to think of alternative pools of funding within CNAM that could enable greater stability and greater financial sustainability, however, those new options might come with more stringent requirements and other difficulties. The TB field is also looking at similar ways to support the state to engage NGO services, from the outpatient care pool within CNAM. In 2021, an expert from the Ministry of Finance will be engaged to explore if the savings due to HIV treatment optimization and pricing could be directed to unfunded HIV prevention.

The country has made significant political and regulatory developments, with standards for prevention and treatment support being adopted, and the National HIV Strategy 2021-2025 including specific targets for each of the key populations. The first costing of needle and syringe programming was conducted already in 2013. Costing of all services traditionally delivered by NGOs is planned for 2021. Additionally, the integration of services with the government care system might also expand further. Currently, Narcology Service and Dermatology and Communicable Diseases Hospital engage NGO staff for service delivery, while the Prison and Probation Services sub-contract some services from NGOs.

¹ https://www.unaids.org/en/resources/presscentre/featurestories/2017/october/20171019_moldova

Local investment

The good reputation of services and dialogue with local authorities has led to the allocation of funding from municipalities. Both Balti and Chisinau joined the Paris Declaration. Chisinau and Balti established a city program for HIV, TB and hepatitis with indicators and budget. In Balti, a mechanism of intersectoral collaboration was developed to integrate the efforts to identify and support people living with HIV and tuberculosis. Funding from municipalities is intended to complement the core services increasing their comprehensiveness but, in 2020, it constituted more than one-third of domestic public funds for HIV prevention. Additionally, in the conflict area in the Left Bank³, the *de facto* authorities of the non-government-controlled area invest in HIV treatment. This has been achieved through diplomatic and dialogue efforts. The Global Fund and its requirements played a role, as did the leadership of the national HIV program, UN agencies, health experts, and NGOs, as part of the country's HIV commitment to ending the AIDS epidemic in the whole territory of Moldova.

Advocacy in the health sector, outside HIV

There is significant capacity and growing interest from civil society to engage in broader advocacy outside HIV, however, funding is significantly limited for those opportunities. Examples of such work include:

- Center for Health Policies and Studies (PAS Center) is conducting health policy monitoring and influencing. It successfully helped to prevent regressive proposals in tobacco control, transparency in the health sector and is currently working on advancing legislation for domestic financing of palliative services and legislation on access to medicines. PAS Center piloted social accountability model engaging patients for improving quality of care in hospitals. Its work has been supported with US\$50-70 thousand on average per year, mainly from Soros Foundation Moldova³.
- TB community mobilization and advocacy benefits from two sources. TB-REP 2.0 funds SMIT for advocacy of people-centered TB care model in average with around US\$30 thousand per year, however, the support will end in 2021. The support to the TB community from the Global Fund country grant will increase 12-fold from EUR 10,900 in 2018-2020 to EUR 130,500 for three years in the new grant for 2021-2023. Additionally, a series of research has been conducted to support advocacy, for example, the Optima TB model for optimization of TB expenditure in 2018.

² Tiraspol and other cities

³ Details available at: <http://www.pas.md/en/PAS/Projects>

- **Initiativa Pozitiva**, a PLHIV-led group, is starting a project for transparency and improved rational use and management of stock in the hospital system, with co-funding from the UN Development Programme and continues to fundraise in partnership with Open Contracting Partnership. It builds on the open data website developed for HIV with UNAIDS and called *HIV ScoreCard*, available at <https://scorecard-hiv.md/ru>. They are also keen to expand patient organizing and collaboration beyond HIV.

Sources used:

- *Interviews with Ruslan Poverga, Initiativa Pozitiva; Stela Bivol, PAS Center;*
- *Exchange with Ala Iatco, UORN; Vitalie Slobozian, Soros Foundation Moldova;*
- *National HIV Coordinator's reported data for socialcontracting.info, Institute for Public Policy, 2021;*
- *Description of work on ART optimization and improving procurement from 100% Life*
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Review by: Ala Iatco; Vitalie Slobozian; Stela Bivol; Constantin Cearanovski, Initiativa Pozitiva; Alexandrina Iovita.