

ANNUAL PROGRESS REPORT

YEAR 2023



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THE CENTER FOR HEALTH POLICIES AND STUDIES (PAS CENTER)

The mission of the Center for Health Policies and Studies is to build democratic societies through improvement and development of health and social sectors, policy advocacy, capacity building and reform support.

The PAS Center is a regionally exposed Moldovan, independent, non-profit, non-political organization that implements a vast range of public health programs related to health systems, communicable and non-communicable diseases and social accountability in Moldova and eastern Europe and central Asia region. Founded in 1999 to take over the activities of the Medical Internet Program of the Open Society Foundations and ensure its sustainable development, in 2007 we underwent reorganization including the reshaping of mission and objectives. To date, PAS Center implemented a portfolio of more than 40 million EUR at national and regional levels.

Our team includes highly motivated professionals working in social and public health areas. Key positions include: Director, programs Coordinators and Managers (TB, Public Health and Health Systems, Social Accountability, Communication, Media), accountant team, M&E, procurement and logistics, IT and others. Our team ably provides program and financial management of high-intensity regional multi-partner and national grants of the Global Fund and other donors, analyze public policy-making and be an effective advocate for public interest, conduct qualitative and quantitative research and build capacity at the national and regional levels. PAS Center has a proven track record of public health program implementation focused on responding to the needs of the key affected populations; civil society and community systems strengthening in HIV, TB and STIs, hepatitis B and C; conducting studies, assessment and operational research; technical assistance provider in community mobilization, patient centered care models. Additionally, PAS Center has a watchdog and think tank functions.

The PAS Center's past and current projects are implemented in collaboration with national health authorities and agencies, national and regional civil society organizations and networks, key population networks, World Health Organization Regional Office for Europe and 11 country offices, academia and other bilateral and multilateral organizations. These projects are or have been financed by the Global Fund, the World Bank, Open Society Foundations, UNFPA, Bloomberg Philanthropies (Campaign for Tobacco-Free Kids and Tobacco-Free Kids Action Fund)", European Commission, UNICEF, Swiss Agency for Development, Japan Social Development Fund, and others. PAS Center is a Principal Recipient of the Global Fund national TB Grant as part of the dual-track financing mechanism. PAS center acts as a fiduciary agent for grants from Centers for Disease Control Atlanta, National Institutes of Health/Yale University to National Agency of Public Health and National Institute of Phthysiopneumology "Chiril Draganiuc".

ACRONYMS AND ABBREVIATIONS

AI	Artificial intelligence
AIDS	Acquired immunodeficiency syndrome
AMDM	Medicines and medical devices agency
ANSP	National agency for public health
ART	Antiretroviral treatment
AZE	Azerbaijan
CAP	Costed Action Plan
CCM	Country Coordinating Mechanism
CME	Continuous medical education
CNAM	National Medical Insurance Company
CRG	Community, Rights and Gender
CSO	Civil Society Organization
DOT	Direct observed treatment
DR-TB	Drug Resistant Tuberculosis
DST	Drug – susceptibility testing
EECA	Eastern Europe and Central Asia
FR	Funding request
GC	Grant cycle
GEO	Georgia
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HTS	HIV testing services
IEC	Informational Educational Communication
KAP	Knowledge, Attitudes and Practices
KAZ	Kazakhstan
KVP	Key and vulnerable population
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
MDA	Moldova
M&E	Monitoring and Evaluation
MoH	Minister of Health

MSH	Multistakeholders hearing
NGO	Non-governmental organization
NTP	National Tuberculosis Program
OAT	Opioid Agonist Therapy
OMI	Open Medical Institute
PAS Center	Center for Health Policies and Studies
PHC	Primary Health Care
PPPR	Pandemic prevention, preparedness and response
RM	Republic of Moldova
RND	Republican Narcological Dispensary
RR/MDR	Rifampicin-resistant/multi-drug resistant
SI	Strategic Initiative
STP	Stop TB Partnership
SWIT	Sex workers Implementing Tool
TA	Technical assistance
TB	Tuberculosis
ToR	Terms of References
TRP	Technical Review Panel
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHLM	United Nations' High Level Meeting
UZB	Uzbekistan
VST	Video-supported treatment
WHO	World Health Organization

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STRENGTHENING TUBERCULOSIS CONTROL AND REDUCING AIDS RELATED MORTALITY IN THE REPUBLIC OF MOLDOVA

<i>Period of implementation:</i>	January 2021 – December 2023
<i>Budget:</i>	MDL 99,233,167.44
<i>Donor:</i>	The Global Fund to Fight AIDS, Tuberculosis and Malaria

Goal of the Project:

To reduce the human suffering and socioeconomic burden associated with TB and HIV/AIDS in Moldova, promote people-centred, gender-sensitive and right-based enabling environments and systems, in order to give an effective and sustainable response to TB and HIV, by (i) scaling up the access to an effective up-to-date TB diagnosis, treatment and prevention (with special attention to KPs), and (ii) closing the gap in the progress towards the 90-90-90 targets; increase early HIV detection, ensure a rapid scale up of ART and improve HIV care quality, by promoting innovative prevention interventions.

Project objectives:

- (1) Ensure universal access to timely and quality diagnosis and detection of TB (with emphasis on RR/MDR TB) by rolling out rapid molecular diagnostic testing, improving the quality and coverage of drug-susceptibility testing (DST), and promoting active targeted case finding (screening for TB in high risk group mainly);
- (2) Improve the treatment outcomes of DR TB patients by implementing modified shorter treatment regimens and scaling-up people-centered approaches, comprehensive patient support and follow up activities;
- (3) Reduce TB transmission by scaling up effective preventive treatment and improving infection control;
- (4) Increase early HIV detection, scale up ART and improve HIV care quality, by promoting innovative testing approaches, ensuring access to quality ART, implementing differentiated people-centered models of HIV treatment and care/ART, and addressing the weak linkages in the HIV care continuum;
- (5) Prevent HIV transmission, by expanding the coverage of innovative prevention interventions among key populations, integrate health service platforms at community level, and remove the dichotomy between HIV prevention and HIV care service continuums;
- (6) Health system strengthening;
- (7) Community system strengthening;
- (8) Remove human rights and gender barriers and achieve zero discrimination.

Activities carried out:

1. Ensure TB screening of people from the groups of high risk and increased vigilance for TB, using mobile radiologic equipment, with AI applications.
2. Transition to new treatment schemes - peroral short modified (mSTR), by creating premises for operational research and further transition into a routine practice.
3. Ensure a multidisciplinary approach, incl. need evaluation and case management, to each person affected by TB and its family, and provide psychosocial support for ensuring TB treatment adherence.
4. Ensure monthly motivational support (incentives).
5. Extend the VST (video supported treatment) use at national level.
6. Perform activities funded by small grants - for education, information, and interventions directed to increase treatment adherence and prevent relapses (by accompanying and offering support to people with treatment completed).
7. Strengthen TB control in prisons, by accompanying and offering support to former detainees, to ensure treatment continuity, incl. with the involvement of CSOs.
8. Development of the standard for the provision of psycho-social services for multidisciplinary teams at ART offices.
9. Ensuring maintenance of information systems.
10. Training medical personnel from the ART centers.
11. Training M&E personnel at the national level on the analysis and interpretation of data collected in the system of HIV surveillance, monitoring and evaluation.
12. Conducting a study to detect early HIV infection cases.
13. Development of the Regulation on the management of TB drugs and the pharmacovigilance system for the treatment of TB patients.
14. Carrying out the Knowledge, Attitudes and Practices (KAP) survey with reference to tuberculosis (TB) in the general population.
15. Training, on TB control activities, of the personnel offering non-medical services - CSOs, outreach and peer-to-peer, psychologists, case managers, supporters.
16. Development of the model for the establishment of multidisciplinary teams with the involvement of social nurses from primary medicine (index testing for HIV, HCV and B, syphilis screening for TB).
17. Involve CSOs in reducing barriers and ensuring access of KPs to TB services.
18. Perform activities of information and attitude/ behavior change, at national and social level.

19. Elaborate and print educational and informative materials on TB for KPs.
20. Implement interventions on education and information (IEC materials, mass media interventions, etc.).

Outputs:

1. Ensure TB screening of people from the groups of high risk and increased vigilance for TB:
 - PAS Center has signed agreements with 9 CSOs. During the 2023, 16,519 people from groups with increased vigilance or at increased risk of TB infection were radiologically examined and 96 new cases of TB were confirmed.
2. Transition to new treatment schemes - peroral short modified (mSTR), by creating premises for operational research and further transition into a routine practice:
 - During 2023, the following results were recorded: screened – 274 patients; included in SO treatment – 175 patients; excluded – 19 patients; completed treatment – 49 patients.
3. Ensure a multidisciplinary approach, incl. need evaluation and case management, to each person affected by TB and its family, and provide psychosocial support for ensuring TB treatment adherence:
 - This activity was implemented by supporting the multidisciplinary team and 8 DOT supporters for ambulatory treatment of people with TB in the territories on the left bank of the Dniester river;
 - During 2023, 304 people with TB benefited from support in order to maintain and increase adherence to treatment in community centers;
 - 87.2% of the beneficiaries covered with psycho-social support by the community centers were adherent to the treatment, 12.8% constituted the rate of patients who made interruptions in the treatment;
 - psychological counseling to patients and their relatives in order to improve and maintain treatment adherence – 157 patients during 1355 counseling sessions;
 - social support of a different nature – 102 patients.
4. Ensure monthly motivational support (incentives).
 - This activity is carried out only for the beneficiaries from the territories on the left bank of the Dniester river;
 - During 2023, motivational support was offered to 395 people with who underwent treatment.
5. Perform activities funded by small grants - for education, information, and interventions directed to increase treatment adherence and prevent relapses (by accompanying and offering support to people with treatment completed).

- This activity was carried out by 7 civil society organizations (4 on the right bank of the Dniester river and 3 on the left bank) by implementing education, information and interventions aimed at increasing adherence to treatment;
 - 164 beneficiaries were covered with psycho-social support, of them: 128 beneficiaries were adherent, successfully completed the treatment, 18 made interruptions in the treatment and 12 beneficiaries died.
- 6. Strengthen TB control in prisons, by accompanying and offering support to former detainees, to ensure treatment continuity, incl. with the involvement of CSOs.
 - 100% of people with TB in detention were evaluated by applying the initial psychological evaluation questionnaire (103 people);
 - 100% of people with TB released from detention received pre-release counseling;
 - 219 psychological counselors to ensure treatment adherence;
 - 28 meetings of the multidisciplinary team.
- 7. Elaborate and print educational and informative materials on TB for KPs.:
 - It should be noted that during the year, 28 titles of educational and informative materials were published on the subject of TB, COVID-19 and the rights of the person with TB.

SUSTAINABILITY OF SERVICES FOR KEY POPULATIONS IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

<i>Period of implementation:</i>	January 2022 – December 2024
<i>Budget:</i>	USD 498,486.00
<i>Donor:</i>	The Global Fund to Fight AIDS, Tuberculosis and Malaria

Project objectives:

- (1) Institutionalizing effective models of, and processes in, HIV responses in the EECA Region to impact the HIV care cascade in the region;
- (2) Removing barriers to services for key populations to promote quality health interventions based on human rights principles; addressing gender barriers to services;
- (3) Budget advocacy for sustainable services for key populations in the EECA region.

Activities carried out:

1. Establish and maintain regional virtual professional network to update testing strategies and simplify testing, diagnostic and ART initiation Information dissemination on evidence for HTS policies changes in countries.
2. Develop regional operational guidance based on country experience from Moldova and Kyrgyzstan.
3. Training of new entities/people engaged in testing procedures in both countries.
4. TA for verification activities in 2 countries.

ADDRESSING CRG BARRIERS THROUGH DATA-DRIVEN EVIDENCE AND MONITORING OF THE UN HLM 2023 TARGETS

Period of implementation: March 2023 - March 2024

Budget: USD 211,519

Donor: UNOPS/STOP TB Partnership - Challenge Facility for Civil Society Round 11

Goal of the Project:

The aim is to address CRG barriers in TB care using the evidence generated by CRG assessments to influence policy decisions and practical program implementation, driving towards UN HLM 2023 targets, while also monitoring their implementation in EECA region.

Project objectives:

- (1) Inclusion of TB CRG CAPs activities in the national strategic documents to secure TB financing;
- (2) Engagement in various TB advocacy and accountability initiatives at regional and global levels with particular focus on UNHLM TB 2023;
- (3) Support to TB advocacy and accountability initiatives at national level with particular focus on UNHLM TB 2023;
- (4) Engagement of regional partners in aligning actions and asks for UNHLM TB 2023 and ensure the post-UNHLM follow-up;
- (5) Meaningful engagement of communities and civil society in human-rights driven TB response, including through attendance of UNHLM 2023 related events.

Activities carried out:

According the objectives set in the project, activities were implemented according the the agreed work plan.

1. To advocate for inclusion of TB CRG CAPs activities in the national strategic documents to secure TB financing

EECA region has been severely affected by COVID impact and is now in the worst humanitarian crisis since WW2. In these conditions, TB CRG agenda in the UNHLM targets may be at risk and redoubled efforts to maintain the gains and advance it are needed. Civil society and communities will need redoubled support to advocate for maintaining focus on TB CRG. PAS Center provided technical support to countries to ensure the inclusion of TB CRG CAP activities into national documents and monitor their implementation to secure TB financing. Support is provided to 2 countries: AZE and to UKR that was starting the development of such plan in early 2022, but stopped due to delay in completing the TB stigma assessment in Azerbaijan and war state in Ukraine. Thus in Azerbaijan the work is still ongoing and will be completed during Q1 2024. In Ukraine, TBpeople Ukraine formulated and submitted proposals to the Strategic Plan for a Comprehensive Response to Human Rights Barriers to Access to HIV and Tuberculosis Prevention and Treatment Services for 2024-2026. The Strategic Plan has been approved at country level in December 2023.

2. To engage in various TB advocacy and accountability initiatives at regional and global levels with particular focus on UNHLM TB 2023

To document the work done by CSO partners in project countries, there an analysis of the reviewed or updated documents/practices on inclusion and implementation of CRG related activities has been conducted. The results of the analysis were analyzed in the light of UN HLM 2023 roadmaps for the countries. A guiding algorithm in preparation for UNHLM 2023 on UN procedures and country mobilization efforts has been developed and finalized during the Dushanbe Forum. The Forum main deliverables, additionally to strengthened collaboration among partners across the region, 1) Regional Position paper of Eastern European and Central Asian (EECA) Communities and Civil Society on the 2023 High Level Meeting on Tuberculosis (TB); 2) EECA Regional Roadmap for Advocacy of Preparatory and Accountability Processes for 2023 UN HLM on TB and the 3) The Dushanbe Statement signed by 260 organizations and individuals across the region during less than a week and addressed to the PGA to express the EECA position on the Zero Draft of the Political Declaration.

On July 26, 2023, "The Accountability Report of TB-affected Communities and Civil Society: Priorities to Close the Deadly Divide" was presented for countries in the EECA region. The meeting gathered together more than 80 participants from across the region to discuss the use of report in preparation for the second UN High-Level Meeting on TB in 2023 and beyond, with the ambitious target of ending TB by 2030.

On September 1st, PAS Center joined Stop TB Partnership six-weeks long campaign countdown to United Nations High Level Meeting (UNHLM) on TB aimed to ensure that Heads of States and governments are attending and making strong commitments on Friday, 22 September 2023. A series of photos with the PAS Center staff were posted daily, with customized messages for the decision makers. Posts are available on organization Facebook page dated with September 1st onwards.

The fact that the Political Declaration did not capture all the aspects suggested by CSOs and affected communities under Stop TB guidance, lead to weaker commitments on behalf of the governments, lower targets and a more challenging pathway to TB elimination. As well, the situation in EECA is unstable due to the war in Ukraine which impacts entirely the region, pushing back sometimes the TB from the current priorities of country stakeholders. As both challenges are out of our control, the most we can do is to avoid as much as possible the impact on project implementation, keep implementing the proposed activities and keep targeting to achieve the TB elimination targets. Although there was a confirmation response from President of the UN General Assembly assistant about the reception of the “Dushanbe declaration”, no more follow-up on this was possible and it is difficult to assess either the declaration had an impact on changes of the Political Declaration or not.

The basic challenge at countries level was related to the coordination of the UNHLM country delegation shaping process. The configuration for the delegations was not decided until the late deadline from the countries stakeholders, however, with support of Stop TB Partnership, TBEC and other partners, it was possible for representatives of grantees from Azerbaijan, Georgia, Moldova, Tajikistan and Ukraine to attend the UNHLM on TB 2023, either as part of the country delegation (Azerbaijan, Tajikistan, Ukraine) or as individual CSO representatives.

3. To support TB advocacy and accountability initiatives at national level with particular focus on UNHLM TB 2023

At the country level, CFCS R11 grantees followed PAS Center guidance to increase awareness about UNHLM on TB and importance of highest level attendance.

Saglamliga Khidmat (Azerbaijan) continued to collect data for TB stigma assessment (from GF funds) in order to be able to develop the costed action plan within the current grant. As well, addressed an advocacy letter to the Ministry of Health which resulted in recommendations for the development and preparation of the TB declaration.

In Georgia, Network TBpeople conducted meetings with TB affected community representatives and civil society sectors, involving 10 lead community advocates; presented key community asks at CCM meeting, addressing community empowerment and CRG issues, while raising as well the issue of civil society participation in UNHLM country official delegation.

Kazakh Union of People Living with HIV (Kazakhstan) also were advocating for the inclusion of civil society and affected communities’ representatives in the country delegation. The official answer was that CSOs and community reps are welcome to join the delegation, subject to the availability of visa. Due to time constraints, visa could not be obtained in time for CSO/community representative to join the delegation.

“AFEW” Public Foundation (Kyrgyzstan) held a number of meetings and negotiations with decision-makers: representatives of the Ministry of Health, Ministry of Foreign Affairs of the Kyrgyz Republic, National Center for Phthysiology to clarify the list of delegates from the Kyrgyz Republic and update the issues of the UN HLM on TB, identify the role of stakeholders and inform about the key requests of the community. Additionally, in order

to increase public awareness through media, a 2-day workshop for media representatives was held on coverage of topics related to TB and the UN High-Level Meeting on TB 2023 at the level of local media.

“Stop TB Partnership, Tajikistan”, additionally to other advocacy efforts, organized a key event - “From Intent & Reality to End TB” by co-financing the logistics and expenditures, partially through this project and partially costs covered through project “Strengthening the TB response through multi-stakeholder partnerships”, which is supported by Stop TB Partnership/UNOPS.

Informational & advocacy event “From Intent & Reality to End TB” aimed to draw the attention of decision makers to the importance of preparing for the UN HLM, present Key Asks from TB stakeholders and communities and discuss accountability based on the results of the UN HLM on TB. The event created stage to present “Deadly Divide 2.0”-the Accountability Report of TB-affected Communities & Civil Society and was widely publicized as a launch of the report in Dushanbe, Tajikistan. In the presentation of the “Deadly Divide 2.0”, speeches and remarks were made by the leading healthcare stakeholders, including Abdukhaliq Amirzoda, Deputy Minister of Health and Social Protection of the Population, Jamshed Murtazozoda, representative of the Majlisi Namoyandagoni Majlisi Oli, National TB Caucus Focal Person, Ziyovuddin Avghonov, Executive Secretary of the National Coordination Committee on fighting HIV, TB and Malaria, Safarali Naimov, Executive Director of the Stop TB Partnership, Tajikistan.

4. To engage regional partners in aligning actions and asks for UNHLM TB 2023 and ensure the post-UNHLM follow-up

The Regional Forum “Building partnership for a resilient TB response in Central Asia and Eastern Europe towards UNHLM 2023 and beyond”, in Dushanbe, Tajikistan which gathered together about 65 in-person and more than 15 online participants on May 16 and 17 and culminated with around 100 participants on May 18th, in a joint EECA TB Summit were Parliamentarians from EECA countries joined the representatives of TB affected communities, civil society, NTP programmes, CCMs and media.

During September 4-8, 2023, PAS Center supported Stop TB Partnership in organizing an in-person meeting for the External Evaluation Committee members for the selection of projects to be funded through CFCS R12. The purpose of the meeting is for the EEC to discuss and finalize the selection of CFCS Round 12 grantees, with the outcome being a finalized, endorsed report for the STP Executive Committee of the Board. The results of the selection were announced on September 22, during the UNHLM on TB, 2023.

5. To meaningfully engage communities and civil society in human-rights driven TB response, including through attendance of UNHLM 2023 related events

UN HLM preparation: attendance of the MSH in NY by the project coordinator and involvement in the activities there, including visiting two UN Missions from EECA region – Moldova and Kyrgyzstan and subsequently the follow-up with them on inclusion of proposed suggestion in the political declaration.

PAS Center Director attended the 3 HLMs on health during September 20, 21 and 22, 2023 – UHC, PPPR and TB, as well as other side events organized by Stop TB Partnership and other partners.

The TB legal environment and human rights scorecard for Moldova started to be implemented in November 2023, with complementary financing from TB/HIV grant implemented by PAS Center. An Excel tool for automatically calculating the score has been developed by PAS Center using the guidance provided by Stop TB and was shared with other countries piloting the scorecard. National consultants to lead the exercise were contracted for analyzing the existing legislation and completed the first draft of the scorecard, which was discussed with the working group (formed of NTP, CSOs, TB affected communities) during the workshop organized on November 30, 2023. Additional information collected during the workshop, as well as comments and suggestions were incorporated in a next version which was validated on December 26, 2023 during a next meeting of the working group. A total score of 76.12 was achieved for the TB legal scorecard in Moldova. Currently, the report on conducting the scorecard is under development and will be available during the Q1 2024.

As well, under the technical guidance of Stop TB Partnership and with the financial support of from national TB/HIV grant, the Stop TB Partnership Tool to Estimate TB Key and Vulnerable Populations (TB KVP) (officially launched on 17 November 2023 at the UNION Conference in Paris, France), started to be piloted in Moldova since September 2023, along with Nigeria, the Philippines and India.

On October 27, 2023, the PAS Center organized the workshop on the prioritization of TB KVP populations to estimate the size of these populations. The workshop brought together various stakeholders to present the purpose and process of TB KVP size estimation. During the workshop, the following groups were prioritized for assessment - homeless people, people with mental health issues, people who use drugs, poor people from rural areas, external migrants, people with alcohol addiction, people in prisons and other closed settings, people living with HIV and household contacts from TB outbreaks, people who smoke, Sex Workers (SWs) and LGBTQIA+ persons.

The national consultants carried out the collection and analysis of existing data on prioritized TB KVP, using desk review as the data collection method. The desk review included: literature review for each prioritized TB KVP, using existing national and international TB KVP data sources and existing national data on TB KVP size estimation. The report was finalized and currently undergo the final edits before being published.

Overall, the project has positively impacted the region by fostering collaboration among stakeholders and influencing the political declaration, leveraging the communities and civil society involvement and bringing them to the same table with decision-maker. Thus, the visibility of the UN HLM on TB2023 and TB issues has increased significantly. However, challenges, such as the declaration not fully capturing CSO suggestions and regional instability due to the war in Ukraine, require ongoing mitigation efforts.

At the countries' level, representatives of the relevant government agencies were informed about the importance of reflecting the priorities of civil society and the

community in the official statements of the country and negotiations during the UN HLM on TB and operational interaction with TB care beneficiaries. In addition, the need to strengthen government advocacy was emphasized continuously. In Kyrgyzstan, representatives of the Ministry of Health, as well as representatives of the NTP and other government officials actively participated in the media training on the UN HLM on TB, actively shared information and gave interviews. Not only local media representatives, but also their followers are now/will be aware of the UNHLM on TB in 2023. Also, the training resulted in increased engagement of a number of CSO/TB community representatives.

In Tajikistan, one key impact, the attention of the Minister of Health and Social Protection of Population was drawn to communities' key asks/requests and interested in direct collaboration with TB affected communities and civil society organizations. The Minister has indicated interest on the result of community-led monitoring and on the result of impact that public communications via engagement of national celebrities gives for public opinion change. Of equally importance, it is worth noting that the process of inquiries on the highest level of representation at UNHLM on TB and requests for inclusion of CS at the national delegation has contributed to better understanding of the importance of political declaration and its implications at the level of NTP.

Outputs:

1. Regional Forum "Building partnership for a resilient TB response in Central Asia and Eastern Europe towards UNHLM 2023 and beyond";
2. Regional Position paper of Eastern European and Central Asian (EECA) Communities and Civil Society on the 2023 High Level Meeting on Tuberculosis (TB);
3. EECA Regional Roadmap for Advocacy of Preparatory and Accountability Processes for 2023 UN HLM on TB;
4. The Dushanbe Statement signed by 260 organizations and individuals across the region during less than a week and addressed to the PGA to express the EECA position on the Zero Draft of the Political Declaration;
5. EECA regional presentation of the Deadly Divide presentation of Deadly Divide in EECA;
6. Stop TB Partnership External Evaluation Committee members for the selection of projects to be funded through CFCS R12;
7. Ukrainian Strategic Plan for a Comprehensive Response to Human Rights Barriers to Access to HIV and Tuberculosis Prevention and Treatment Services for 2024-2026;
8. TB legal environment and human rights scorecard for Moldova;
9. Estimation report of TB KVPs in Moldova.

EECA POST UNHLM COMMUNITY WATCH TO LEAVE NO ONE BEHIND

<i>Period of implementation:</i>	December 2023 –December 2024
<i>Budget:</i>	USD 150,000
<i>Donor:</i>	UNOPS/STOP TB Partnership - Challenge Facility for Civil Society Round 12

Goal of the Project:

To enhance post-UNHLM community monitoring and engagement through community empowerment for identifying TB stigma related barriers and burden of TB in KVPs in support to commitments to leave no one behind.

Project objectives:

- (1) Strengthening post-UNHLM regional advocacy in EECA;
- (2) Reduce stigma through institutionalization of TB stigma assessments as routine tool for TB stigma measurement;
- (3) Reduce the missing number of people with TB through focusing on KVPs for TB;
- (4) Increase community and civil society capacity for involvement in community-lead research;
- (5) Meaningful engagement of communities and civil society in human-rights driven TB response.

Activities carried out:

During December 2023 only preparatory activities were carried-out – partners’ information about the project, internal arrangements and contracts’ preparation.

REGIONAL CIVIL SOCIETY & COMMUNITY PARTICIPATION IN 2023 STP GOVERNANCE REPORT

<i>Period of implementation:</i>	November 2023- April 2024
<i>Budget:</i>	USD 24,360
<i>Donor:</i>	UNOPS/Stop TB Partnership

Goal of the Project:

Utilizing regional TB civil society organizations and networks enhance the participation of TB civil society and affected communities in the 2023 Stop TB Partnership (STP) Governance Report through the engagement of TB affected community or civil society respondents in each of the focus countries.

Activities carried out:

- 1. Support the engagement of TB affected communities in national TB Governance Assessments - PAS Center approached TB CSOs/affected communities’ platforms in

- Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan to nominate 3 civil society and community respondents to be engaged in national TB governance assessment. Country nominated representatives met the required criteria included in the ToR and have been contracted by PAS Center. Representatives from each country met together to discuss the questionnaire, analyzed the country related documents and filled-in the questionnaire with consensus responses. Although it was challenging for Ukraine representatives to meet in persons due to the war conditions in country, they organized online meetings to discuss and get a common agreement on the answers.
2. Coordinate the participation and feedback of TB affected communities and civil society in national TB Governance Assessments - PAS Center ensured the selection of 3 consultants in each of 4 countries, organized individual briefings with the consultants in each country and also ensured they participate in the briefing organized by Stop TB Partnership, Supported and guided the consultants during the process bringing additional clarifications where needed, facilitated the communication and follow up with the 3 civil society and affected community respondents' in each of the 4 countries.
 3. Development of a Community Advocacy and Social Media Toolkit in consultation with Stop TB – PAS Center selected and contracted a partner with experience in development of similar toolkits and the content for this was agreed as follows – campaign plan, key messages, template letters to key stakeholders, template event outlines, social media tiles, recommendations and best practices, country scorecard. The work on the toolkit will start in Q1 2024 once the analysis of the information received from countries will be available at Stop TB level.

Outputs:

1. 3 civil societies and affected community respondents in each of 4 countries (Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan) were supported to participate in national governance assessment;
2. Coordinated civil society and affected community participation by 3 respondents' in each of the 4 countries.
3. Developed content for Community Advocacy and Social Media Toolkit.

DEVELOPMENT AND PILOTING OF DIGITAL TOOL TO PROVIDE VIRTUAL CLINICAL, PSYCHO-SOCIAL SUPPORT AND RIGHTS-BASED MONITORING FOR PEOPLE IN OAT (VADO-ASSIST)

Period of implementation: June 2021-December 2023

Budget: USD 59,000

Donor:

UNODC, UNDP and UNAIDS

Goal of the Project:

To ensure continuous clinical and psycho-social virtual support for people in OAT treatment to improve adherence and ensure person-led monitoring of human-rights, physical and economic barriers and quality issues related to access of OAT services.

Activities carried out:

The project activities started de facto in September 2021, due to some delays in defining and signing the contract. During September 2021 - December 2023 the following main interventions were conducted:

1. The Intersectoral Working Group for project implementation was created and established at the ministry of Health level (MoH provision no. 825 of 01.11.2021);
2. Draft version of the model of care regulation on VST for OAT beneficiaries was developed and presented to the Chair of to the above-mentioned Working Group. All feedback for improvement received, incorporated in the next versions, submitted and the fifth version was approved by MoH on 14 of November 2023 (MoH Order nr. 991).
3. Development of the platform VADO-Assist finalized, including additional features were identified for improvement during the platform testing by the project staff. Platform available at VADO-Assist (imspdrn.md) and the mobile app is available in Google Play.
4. Informational materials were developed and incorporated in the platform.
5. Workshop for health professionals from Chisinau and Balti on VADO-Assist use conducted on December 08, 2022.
6. Individual mentorship sessions for the staff from each project site (2 in Chisinau and one in Balti) were organized in December 2023.
7. Procurement of VADO-Assist equipment for patients and health professionals completed and distributed – for patients to CSO partners that are supporting the distribution among enrolled patients and for health professionals to health facilities involved in the project.
8. Platform transmitted to RND ownership in September 2023 and migration to a state-owned server performed at the same time.

Lists of eligible patients for enrolment developed and the enrolment is ready to start at the beginning of 2024.

Outputs:

1. Intersectoral working group established at MoH level;
2. Approved guideline for organization of video-supported treatment for OST developed by MoH (MoH Order nr.991);

3. Ready to use platform VADO-Assist (imspdrn.md) transmitted to RND ownership and migrated to a state-owned server;
4. 16 health professionals from Chisinau and Balti trained on VADO-Assist use;
5. 6 laptops for health professionals procured and transmitted to project sites.
6. 50 low-cost mobile phones procured to be distributed among patients enrolled in the system;
7. 5500 small bottles for daily methadone dispense;
8. List of 50 eligible persons in OAT ready for enrollment.

CRG SHORT TERM TECHNICAL ASSISTANCE FOR THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Period of implementation: January 2021 – December 2023

Budget: Indefinite Quantity Contract, budget depending on requests for TA. In 2021-2023 – USD 213,263.60

Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Goal of the Project:

The main objective of the short-term technical assistance program is the effective and timely provision of peer-to-peer, short-term technical assistance to strengthen the civil society and community engagement in Global Fund-related processes.

Technical assistance is provided in five main areas:

(1) *Situational analysis and needs assessments*

To ensure that civil society and community groups have access to the evidence they need to ensure that national strategies and plans as well as Global Fund funding requests adequately reflect and respond to the realities and needs associated with human rights, gender, community responses and community systems strengthening;

(2) *Engagement in country dialogue*

To ensure that civil society and community groups have the opportunity to effectively and meaningfully engage in country dialogue processes, to conduct prioritization exercises and to advocate for the inclusion of human rights, gender, community responses and community systems strengthening in national strategies and plans as well as Global Fund funding requests;

(3) *Program design*

To support civil society and community groups to design, plan and budget for packages, programs or interventions for inclusion in national strategies and plans as well as Global Fund funding requests, with a focus on human rights, gender and key and vulnerable populations programming, and community responses and community systems strengthening;

(4) *Oversight and monitoring*

To support community and civil society groups to engage in oversight and monitoring of the implementation of national strategies and plans (including NSPs and transition plans), Global Fund grants, and re-programming exercises, with a focus on community, rights, gender and key and vulnerable populations programming, community responses and community systems strengthening;

(5) *Sustainability and transition strategies*

To support community and civil society groups to engage in the development, implementation and monitoring of national strategies, policies, frameworks and plans more generally, including health and disease-specific plans, sustainability and transition plans, law and policy reviews, and other relevant processes.

Activities conducted:

Within STTA assignment, PAS Center is managing a team of international and national consultants, sub-contracts a local NGO for country-based activities, along with managing the contract itself and providing the expertise on CLM interventions. To promote sustainability and country ownership, technical assistance is provided by a nationally or regionally based community or civil society organization or network. During 2022, PAS Center finalized two requests from 2022 and received 2 new requests for TA from CSOs and affected communities from the region:

1. TA in Tajikistan for NGO "SpinPlus", December 2022-March 2023 - To ensure meaningful community engagement in NFM4 planning processes in Tajikistan.
2. TA in Ukraine for NGO "Women's Space", December 2022-March 2023 - To assess access to medical services for WLHIV and women from KVP communities in the context of the conflict in Ukraine.
3. TA in Russian Federation for CCM Secretariat, May - September 2023 - To assess legal and gender barriers for access of key populations to the cascade of HIV services, as well as for the development and strengthening of community systems for key populations.
4. TA in Montenegro for CCM Secretariat, August - December 2023 - To support meaningful engagement of communities in GC7 processes in Montenegro.

Outputs:

1. 20 priorities collected and agreed with the communities to be included in the Funding Request to the Global Fund follow-up of inclusion of those in the FR and

support to communities in addressing TRP comments related to community activities included in the FR;

2. Report on assessment of access to medical services for WLHIV and women from KVP communities in the context of the conflict in Ukraine and formulation of interventions to be proposed for inclusion in the Funding Request to GF on behalf of WLHIV.

3. Report on “Assessment of legal and gender barriers for access of key populations to the cascade of HIV services, as well as for the development and strengthening of community systems for key populations in Russian Federation”.

4. Consultation report on meaningful engagement of communities in GC7 processes in Montenegro, including 20 community priorities with required costs to be included in the country FR.

INDEPENDENT REVIEW OF IMPLEMENTATION OF TRANSITION PLAN 2018-2020 IN UKRAINE

Period of implementation: October, 2021 - February, 2023

Budget: USD 77,361

Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Goal of the Project:

The aim of the project is to conduct an independent review of the achievement of Transition Plan outcomes in Ukraine with the aim of developing detailed recommendations and actions for further strengthening and support. The recommendations would become the basis for a new plan for the institutionalization of the existing mechanism for contracting HIV prevention services for key and vulnerable populations, with a future vision for people living with HIV support services and TB care services incorporation.

Activities conducted:

The Technical Review Panel (TRP) of the Global Fund requested the National Coordination Council on TB and HIV/AIDS to conduct an independent review of the achievement of outcomes of the Transition Plan. National Public Health Center of Ukraine requested support from UNAIDS Technical Support Mechanism, which lately contracted PAS Center for this assignment.

Within this TA assignment, PAS Center is managing a team of international and national consultants, along with managing the contract itself and providing the expertise on TB related issues assessed within the evaluation.

The activities are focused on analyzing the achievement of commitments of the Government, included in the HIV / TB Transition Plan answering seven review questions –

- b. To what extent the provisions of the transition plan “20-50-80” had been implemented by the end of 2021?
- c. What have been the changes that have not been specified in the transition plan?
- d. To what extent transition planning was fit for purpose from clients and service provider perspectives (including if the transition supported rolling out new and effective approaches and innovations in addition to existing packages and actual and coverage)
- e. Do the legal framework and supporting environment sustain the provision of services / treatment for beneficiaries?
- f. Could the existing M&E be used to identify risks related to transition and how the transition of the M&E functions should happen?
- g. What are opportunities to include HIV/TB services in the penitentiary system in the next stage of the transition?
- h. What are lessons learned and challenges from the transition from the Global Fund to state financing of HIV services that are relevant for TB and should be combined in the review?

Outputs:

Report on Independent review of the Ukraine’s Transition Plan 2018-2021 presented and approved by country in February 2023.

IMPLEMENTING PARTNER OF UNFPA 2023-2027 PROGRAMME FOR THE REPUBLIC OF MOLDOVA

Period of implementation: March 2023 – December 2027

Budget: USD 166,000

Donor: UNFPA Moldova

Anticipated Programme Output:

Improved policies and accountability frameworks for enhanced capacities of the health system, institutions, and communities to deliver human rights-based, client-centred

sexual and reproductive health information, services and supplies to women and young people, particularly those furthest left behind, including in humanitarian settings.

Output indicators:

1. By 2027, institutions deliver human rights-based, evidence-informed and gender-responsive services for all, with the focus on those who are left behind;
2. By 2027, more accountable and transparent human rights-based and gender-responsive governance empowers all people of Moldova to participate in and to contribute to development processes.

Activities carried out:

1. In the framework of the Campaign „Beyond Appearances” - 10 planned articles have been developed , based on the conducted media interviews with relevant stakeholders from health, social protection, police sectors, representatives of NGOs working with Sex Workers, other national experts - and published on <https://sanatateinfo.md/> Platform, being also widely disseminated via Social Media (Facebook pages)

2. Aiming to facilitate understanding of sex workers' lived traumatic experiences & stigma, prejudice, and discrimination they face, through engagement of audience, an Immersive Theatre Performance “Beyond Appearances” was designed and conducted on December 11, 2023 in Chisinau

3. The “Beyond Appearances” Public Exhibition, aiming also to facilitate through artistic presentation - public awareness increase and understanding of sex workers' lived traumatic experiences & stigma, prejudice, and discrimination they face - organized jointly with a Public Debate focused on challenges and solutions for ensuring the needed enabling environment for sex workers' community empowerment within HIV prevention effort at the national level that took place on December 14, 2023, shortly before marking the International Day to End Violence Against Sex Workers.

Outputs:

1. 10 Interview-style articles developed, published and promoted.
2. A thematic Immersive Theatre Performance “Beyond Appearances” - designed, organized and held at the national level in 2023
3. “Beyond Appearances” Public Exhibition & Public Debate organized, held and widely mediatized in 2023

MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY PROJECT

Period of implementation: February 21, 2023 – March 31, 2024

Budget: USD 88,676.00

Donor:

JSI Research & Training Institute, Inc.

Objectives:

- (1) Increase demand for and uptake of COVID-19 vaccination among priority populations;
- (2) Address mis/disinformation through social and behavior change (SBC) and media-focused strategies;
- (3) Foster opportunities for learning within and across countries.

Activities carried out:

1. Capacity building for OBGYN, neurologists, pulmonologists, etc. (health specialists) to recommend COVID-19 and flu vaccine to pregnant women and people 45+ with chronic disease. Build capacity in the application and use of behavioral science to design, implement and evaluate behaviorally informed interventions. Development of a capacity building course for health professionals (physicians, nurses, pharmacists), which includes 3 sections:
 - a. Healthy lifestyles
 - b. Routine immunization and COVID-19 vaccination
 - c. Quality service delivery (person-centered care)
2. Community Engagement activities with key populations to address two behaviors: Pregnant women receive the COVID-19 and flu vaccines; People 45+ with chronic disease receive the COVID-19 and flu vaccines. Developed a collective engagement guide that addresses key motivators and barriers to COVID-19 vaccination as identified in the formative research phase and captured in the country behavior profiles. The collective engagement activities complement the healthcare worker capacity building activities, which provides health workers with the appropriate knowledge and resources to recommend and provide COVID-19 vaccines to priority patients
3. Learning exchange by creating a network that have the purpose:
 - a. Increase the availability, uptake and use of immunization data, including COVID-19 information, to inform decision-making.
 - b. Foster opportunities for learning at various levels of the health system within Moldova, Serbia, North Macedonia, and across the E&E Region.
 - c. Create a variety of ways in which individuals and institutions can connect and exchange lessons, promising practices, and resources to facilitate learning.

Outputs:

1. Continuum medical Education Course developed, translated and adapted to country context, pretested with health specialist.
2. Conducted Training of trainers for CME training
3. Conducted 7 CME trainings in 7 regions

4. Developed Facilitators course for community engagement activities, including miniposters to be distributed to key populations. The mini posters were pretested and adapted to country context and to population understanding. The activities will start in 2024.
5. Learning exchange events conducted in country and 2 regional events in the E&E region (with colleagues from Serbia and North Macedonia).

PARTICIPATORY DEMOCRACY FOR RIGHTS AND EQUITY IN HEALTH

<i>Period of implementation:</i>	July, 2022 – June, 2023
<i>Budget:</i>	USD 65,500
<i>Donor:</i>	Soros Foundation Moldova

Goal of the Project:

The aim of the project is to increase the responsibility of public authorities towards the commitments assumed in front of citizens, especially those related to health rights and equity and transposed into public policy documents.

Objective:

- (1) Improve the process of public consultation of health decisions through the promotion and greater participation of civil society, so that its participation has a significant impact on the decision-making process of the Government.
- (2) Strengthen the participatory democratic dimension of civil society to improve its capacity to represent citizens' interests, influence policy making and facilitate an increased impact of the voice of civil society on the decision-making process of the executive authorities.

Activities carried out:

Evaluate the process of public consultation of health decisions by analyzing the compliance with the deadlines for public consultation of the draft decisions examined by the Government and other executive authorities in health. Elaboration of analytical materials on topics assumed by the Government in the Government's Action Plan and other policy documents in the field of health, as well as proposals/opinions on draft decisions of the executive authorities. Develop and publicize citizens' opinions on health commitments in the Government's Action Plan, including their opinion on the regulations of the draft decisions proposed for public consultations / approved by the authorities, especially those related to ensuring the right to health and equity in health.

Outputs:

1. The Report "Analysis of the fulfilment of the commitments assumed in the field of health through the Government Decision no.235/2021 and the observance of the procedures of public consultation with the civil society in the decision-making process" was elaborated <http://pas.md/ro/PAS/Studies/Details/393>;
2. Report Analysis of the implementation of commitments undertaken in the field of health and compliance with public consultation procedures with civil society in the decision-making process (Government Action Plan for 2021-2022, Action Plans for 2022 of MS, ANSP, AMDM, CNAM), period January-December 2022 <http://pas.md/ro/PAS/Studies/Details/398>;
3. Report Analysis of the implementation of commitments undertaken in the field of health and compliance with public consultation procedures with civil society in the decision-making process (Action Plans of the Government, MS, ANSP, AMDM, CNAM, between January and June 2023) <http://pas.md/ro/PAS/Studies/Details/404>
4. The policy note "Implementation of international sanitary regulation (2005) in the Republic of Moldova" was carried out <http://pas.md/ro/PAS/Studies/Details/388>;
5. The Policy Note "Insurance against medical errors and compensation of patients" was elaborated. Key recommendations." <http://pas.md/ro/PAS/Studies/Details/394>;
6. The policy note "Access and availability of medicines for palliative care through the list of compensated medicines and medical devices" <http://pas.md/ro/PAS/Studies/Details/401>;
7. The policy note "Heated tobacco products: Objections to tobacco industry arguments" <http://pas.md/ro/PAS/Studies/Details/405>;
8. The opinion <http://pas.md/ro/PAS/Studies/Details/387> to the draft government decision on the approval of the standard contract for providing medical assistance (providing medical services) within the mandatory health insurance and modification of some government decisions was drafted;
9. The Opinion of the draft law on mental health and well-being <http://pas.md/ro/PAS/Studies/Details/391>;
10. It was elaborated the opinion <http://pas.md/ro/PAS/Studies/Details/386> to the draft law on the modification of some normative acts (Law no. 50/2008 on the protection of inventions and Law no. 1456/1993 on pharmaceutical activity);

11. The Opinion <http://pas.md/ro/PAS/Studies/Details/392> to the draft law on the amendment of the Health Care Law no.411/1995 (legislative initiative no.459 of 12.12.2022 on the subordination of district hospitals to the Ministry of Health) was elaborated;
12. The Opinion <http://pas.md/ro/PAS/Studies/Details/397> to the draft National Development Plan for 2023-2025 and the draft Government Action Plan for 2023;
13. The Opinion <http://pas.md/ro/PAS/Studies/Details/400> to the draft regulatory act regulating the management of waiting lists for treatment within the framework of the programmers of locomotor prosthesis and operative treatment for cataracts;

The Media materials:

1. [De la 900 la 5.500 de lei. Cât îi costă pe oameni internarea într-un spital din Republica Moldova](#)
2. [Zeci de pacienți cu Covid-19 tratați incorect în spitalele din țară sau obligați să-și cumpere medicamente, chiar dacă erau în stocuri, arată un raport al Companiei Naționale de Asigurări în Medicină](#)
3. [O mămică din Capitală s-a plâns pe medicii unui spital de copii că ar fi vrut să-i trateze bebelușul cu antibiotice, fără să-i fi făcut vreo investigație](#)
4. [Malpraxis/ După 5 ani de procese, o femeie care a rămas fără ovare, trompe uterine și uter va primi desăgubiri morale de 800.000 de lei de la Spitalul Sf. Arhanghel Mihail](#)
5. [FOTO// Condiții îngrozitoare la Spitalul Republican Bălți - sălile de operații sunt separate de perdele, pacienții stau întinși pe holuri, medicii lucrează în condiții greu de imaginat](#)
6. [Peste 300 de oameni s-au plâns Companiei Naționale de Asigurări în Medicină, cei mai mulți pe faptul că au plătit bani din propriul buzunar pentru serviciile medicale](#)
7. [Video: Noi imagini înspăimântătoare de la Spitalul din Bălți. Gândacii roiesc prin saloanele în care se tratează copii: „Două nopți nu am dormit. Mi-era teamă că vor merge gândacii peste copil”](#)
8. [Spitalul din Bălți își cere scuze publice de la pacienți, dar susține că pozele din Unitatea Primiri Urgente, apărute pe o rețea de socializare, nu reprezintă situația reală](#)
9. [Revoltă la Spitalul Clinic de Psihiatrie. Pacienții au dat foc la bunuri în secția nr.10. Avocatul Poporului: „În vară pacienții de aici s-au plâns pe tortură din partea personalului medical”](#)
10. [Ping pong cu copiii bolnavi de fibroză chistică. Părinții cer compensarea unui preparat care le-ar îmbunătăți pacienților viața, iar autoritățile spun că medicamentul e prea scump ca să-l ofere gratis](#)
11. [Ministerul Sănătății și CNAM ignoră pacienții cu o maladie rară, care cer includerea unui medicament în lista compensatelor](#)

12. [Moldovenii merg tot mai rar la medicul de familie. Într-un an au plecat din sistem aproape 40 de specialiști](#)
13. [Ion Prisăcaru, secretar de stat la Ministerul Sănătății: Nu există argumente în favoarea dezvoltării cabinetelor individuale ale medicilor de familie](#)
14. [Anul trecut au fost înregistrate mai puține decese. Expert: Ieșirea din criza epidemică nu este singura explicație](#)
15. [Ștefan Botnar, ex-consilier în Cabinetul ministrei Sănătății: „Ala Nemerenco este ministru și minister. Restul sunt proști, incompetenți, cu dizabilități mintale sau corupți”](#)
16. [Transparența decizională la Ministerul Sănătății: într-un an întreg a fost organizată o singură dezbatere publică, iar rezultatele acesteia nu sunt de găsit](#)
17. [Interviu cu jurnalista Lilia Zaharia: „Un pacient cu AVC trebuie să treacă prin aceleași proceduri birocratice precum un om sănătos care s-a dus la medic pentru examene profilactice](#)
18. [Un bărbat cu AVC a murit în spitalul din Glodeni deși putea fi salvat. El a fost trimis pentru investigații cu transportul public, bătut în spital, iar în final a decedat](#)
19. [Ala Tocarciuc: Autoritățile ambalează anumite proiecte în hârtie strălucitoare și ni le prezintă drept reforme în sănătate](#)
20. [„Luați-vă mortul acasă”. Povestea sfâșietoare a unei familii de moldoveni care își îngrijește fiul în stare vegetativă deja de 11 ani](#)
21. [Aurel Popovici: Deficitul de medici se resimte nu doar în raioane și sate, dar și în municipiile Chișinău și Bălți](#)
22. [Adrian Belîi: Republica Moldova riscă să se transforme într-un deșert medical](#)
23. [Ministerul Sănătății simplifică traseul pacientului la etapa internării în spitale și include mai multe servicii gratuite în baza poliței medicale](#)
24. [Ministerul Sănătății mută cozile de la medicii de familie la specialiști. OPINII](#)
25. [E-Health, între doleanțe și corupție: Sistemele informaționale care continuă să stoarcă statul de zeci de milioane de lei vor mai funcționa câțiva ani, apoi vor fi înlocuite](#)
26. [Președinta Societății de Pediatrie: Avem cifre de trei ori mai mari în comparație cu media europeană la maladii pe care credem că le ținem sub control](#)
27. [O moldoveancă a donat corneea ochilor fiului ei, care a suferit și a murit de cancer: „Sunt o mama distrusă de durere, dar fericită știind că ochii copilului meu mai pot vedea lumina”](#)
28. [Un nou program de prevenire și control al bolilor netransmisibile, aprobat de Guvern. Cum vrea statul să schimbe modul în care trăim, mâncăm și ne îmbolnăvim](#)
29. [Lipsa unui medicament compensat în farmacii pune în pericol viața pacienților hipertensivi](#)

30. [Hărțuire și intimidare la Centrul Republican de Reabilitare pentru Copii? Medicii se plâng că sunt hărțuiți, iar administrația spune că aceștia sunt corupți](#)
31. [Riști să ai probleme cardiovasculare! Agenții economici pun în plăcinte o umplutură care nici pe departe nu e brânză de vaci](#)
32. [Medicamentele se vor scumpi cu până 15% după aplicarea noului mecanism de înregistrare a prețului de producător. Ministerul Sănătății încearcă să salveze prețul pentru compensate](#)
33. [Cabinetele individuale ale medicilor de familie: lansate în grabă, uitate degrabă. ISTORII](#)
34. [Numărul mare de cazuri de cancer este rezultatul lipsei unui program ținut pe prevenție și depistare la timp a bolnavilor](#)
35. [Finanțarea domeniului Sănătății: cheltuielile de buzunar formează a treia parte din bugetul Sănătății](#)
36. [Mihail Ciocanu: Astăzi niciun pacient din raioane nu are șansa să beneficieze de un tratament calitativ al ictusului](#)
37. [Ministerul a găsit probleme în gestionarea cazului femeii decedate după ce a fost operată la Soroca. Mama pacientei: „Te umple ciuda și disperarea”](#)
38. [Moldova a redus la minimum hepatitele virale B acute, dar riscul crește odată cu scăderea interesului pentru vaccinare](#)
39. [Tânăra care a avortat în WC-ul IMC, fără să fi fost asistată medical, ar putea primi 200 de mii de lei despăgubiri morale. „Nu suntem de-acord cu decizia”. Promo-LEX: „Vom cere 300 de mii”](#)
40. [CNAM a contractat mai multe servicii medicale de înaltă calitate și reduce timpul de așteptare](#)
41. [Prof. Oleg Lozan, director al Școlii de Management în Sănătate Publică despre subordonarea spitalelor raionale Ministerului Sănătății: „E un proiect cu beneficii iluzorii și riscuri iminente de eșec”](#)

FACILITATING CIVIC PARTICIPATION IN HEALTH DECISION-MAKING

<i>Period of implementation:</i>	January, 2023 – December, 2023
<i>Budget:</i>	USD 70,000
<i>Donor:</i>	Soros Foundation Moldova

Goal of the Project:

The overall aim of the project is to facilitate the fulfilment of the public authorities' commitments, in particular the approval of the regulatory framework in the field of pharmacy, palliative care and other priorities assumed in the act of governance, by making

the public authorities accountable to their commitments to citizens to ensure rights and equity in health, through the four main functions of the health system: organization and administration, service delivery, financing and resource generation (human, drugs, medical devices, etc.).

Objectives:

The specific objectives of the project are to obtain by the end of 2023 the approval by the government of the normative acts in the field of pharmacy, palliative care and other priorities assumed in the act of government, and which were previously developed within the projects "Harmonization of national legislation in the field of pharmacy to international best practices" and "Strengthening palliative care in the Republic of Moldova", implemented by the PAS Centre with the financial support of the Soros-Moldova Foundation, as well as the continuation of the activities initiated and carried out by the PAS Centre within the project "Participatory democracy for rights and equity in health", funded by the Soros-Moldova Foundation. Thus, this project continues and increases the impact of the activities initiated and carried out in previous projects supported by the Foundation, namely in the field of strengthening palliative care, medicine and pharmacy, as well as promoting transparency in the decision-making process in health.

Activities carried out:

Evaluate the process of public consultation on health decisions by analyzing compliance with the deadlines for public consultation on draft decisions considered by the Government and other executive authorities in the field of health. Elaboration of analytical materials on topics assumed by the Government in the Government Action Plan and other health policy documents, in particular in the field of palliative care and pharmaceutical activity, as well as proposals/opinions on draft decisions of executive authorities. Development and dissemination of citizens' views on the health commitments in the Government Action Plan, including their views on the regulations of draft decisions proposed for public consultation/approved by the executive authorities, in particular those related to ensuring the right to health and health equity.

Outputs:

1. "Regulation of Palliative Care - a deliberate state failure?" <http://sanatateinfo.md/News/Item/11651/reglementarea-ingrijirilor-paliative-un-esec-deliberat-al-statului>
2. "9 more months of delays in Palliative Care. Ministry of Health breaks its own deadlines, beyond the law" <https://pas.md/ro/PAS/News/Details/210>

3. "Laws are written to be broken. The Ministry of Health has been delaying for 10 months the approval of a package of documents essential for the development of Palliative Care in Moldova" <https://pas.md/ro/PAS/News/Details/212>
4. "University Centre in Palliative Care - an illusion in a country where there are two doctors in outpatient pediatric medicine in the whole country" <https://pas.md/ro/PAS/News/Details/216>
5. "Medicine, the politicians' favorite interest: "In Moldova, medicine means profit, not health. Even breweries are fewer than pharmacies" <https://sanatateinfo.md/News/Item/11580/medicamentul-interesul-preferat-al-politicienilor-in-republica-moldova-medicamentul-inseamna-profit-nu-sanatate-chiar-si-berarii-sunt-mai-putine-decat-farmacii>
6. "We risk entering an unregulated area if the Law on Medicines and the Law on Pharmaceutical Activity are not adopted simultaneously" <https://pas.md/ro/PAS/News/Details/203>
7. "The Medicine Law, a promise "buried" in the drawers of the Ministry of Health" <https://pas.md/ro/PAS/News/Details/211>
8. "In the race for pharmaceutical security: How the Republic of Moldova can negotiate the security of its drug supply using European reforms" <https://pas.md/ro/PAS/News/Details/218>
9. "After a decade of waiting, the Ministry of Health publishes the first version of the Law on Medicines in violation of the law" <https://sanatateinfo.md/News/Item/11836>
10. Report for the second semester of 2023, monitoring the deadlines for public consultation in the health decision-making process set out in the Government Action Plan for 2023, Action Plans of the central health authorities for 2023) <https://pas.md/ro/PAS/Studies/Details/415>
11. The policy note "What can we learn from Lithuania's experience in preparing for European Union (EU) accession in the field of health" <http://pas.md/ro/PAS/Studies/Details/403>
12. The policy note "The EU acquis in the field of public health to be transposed into national legislation" <http://pas.md/ro/PAS/Studies/Details/407>
13. The policy Note "Key directions of the reform of the European Union pharmaceutical legislation and their relevance for the pharmaceutical legislation of the Republic of Moldova" <https://pas.md/ro/PAS/Studies/Details/413>
14. The policy Note "Ways to modernize the system of compulsory health insurance in the Republic of Moldova" <https://pas.md/ro/PAS/Studies/Details/417>

15. The policy note "Analysis of the regulatory framework for the elimination of illicit trade in tobacco and tobacco-related products, including smuggling, illicit production and counterfeiting" <https://pas.md/ro/PAS/Studies/Details/414>
16. The opinions on the draft law on the amendment of some normative acts (regulations on the organization of the compulsory health insurance system) <https://pas.md/ro/PAS/Studies/Details/408>
17. The comments to the Policy Note "Access and availability of medicines for palliative care through the list of compensated medicines and medical devices" <https://pas.md/ro/PAS/Studies/Details/409>
18. The opinion with reference to the effectiveness of the policy of compensating palliative care medicines through the mechanism of episodic treatment of some diseases frequently encountered in the practice of family doctors" <https://pas.md/ro/PAS/Studies/Details/411>
19. The opinion on the draft normative act approving the List of serious diseases preventing persons from being detained <https://pas.md/ro/PAS/Studies/Details/410>
20. The opinion on the draft law on medicines <https://pas.md/ro/PAS/Studies/Details/412>

The Media material:

1. [Patru milioane de lei pentru tratamentul bolnavilor cu fibroză chistică. Cazurile grave rămân pe dinafara programului](#)
2. [Acces la servicii medicale imediat după plata poliței. Inițiativa ar pune în pericol sistemul de asigurări medicale](#)
3. [După 6 ani de încercări eșuate, Guvernul a aprobat Strategia națională care va ghida dezvoltarea sistemului de sănătate. Promisiunile sunt mari, țintele – mici](#)
4. [Concedieri cu scandal la CNAMUP. Noua organigramă a instituției lasă pe dinafară mai mulți pensionari care acuză administrația de răfuială](#)
5. [Bolile recruților. Unul din șase tineri nu poate fi încorporat în armată din cauza unor patologii](#)
6. [Ministerul Sănătății alocă doar 15 milioane de lei pentru dotarea tehnică a spitalelor raionale, după ce a acuzat Consiliile Raionale de investiții derizorii](#)
7. [Unica secție pentru copiii cu patologii gastro-intestinale din țară, reparată după 40 de ani de mizerie: „Cu doi ani în urmă aici era un dezastru”](#)
8. [Un copil de 1 an și 5 luni a ajuns în stare gravă la spital, după ce ar fi fost sărutat pe buze](#)

9. [INTERVIU// „25 mii de pacienți au nevoie anual de îngrijiri paliative în RM. Sunt oameni care mor în chinuri și nu au timp să aștepte ani de zile finalul procedurilor birocratice ale unui minister”](#)
10. [Un conflict între CNAM și Fundația Hospice Angelus riscă să lase fără îngrijiri paliative mii de pacienți incurabili din Republica Moldova](#)
11. [Dreptul de a muri demn și fără durere, încălcat în Moldova: medicamente gratuite, numai pe perioade limitate de timp și doar în anumite forme](#)
12. [Riscăm să intrăm într-un spațiu fără reglementare dacă Legea Medicamentului și cea cu privire la activitatea farmaceutică nu vor fi adoptate simultan](#)
13. [Sănătatea în penitenciare. La un deținut revin trei cazuri raportate de boală](#)
14. [MS: Ministerul Scrisorilor pierdute](#)
15. [Salvatorii unui sistem obosit. Fiecare al treilea medic din sectorul public de sănătate este pensionar](#)
16. [Medicamentele compensate nu vor mai fi prescrise pe hârtie. Medicii vor fi obligați să folosească softul e-Reteta. Cine îl dezvoltă și cu ce buget](#)
17. [Directorul CNAM despre conflictul cu Fundația Hospice Angelus: „Este un oarecare monopol la prestarea serviciilor de îngrijiri paliative. Noi avem, de fapt, o fraudă”](#)
18. [Rodica Rusu-Gramma, specialistă în bioetică medicală despre replica medicului de la SCR „eu ruși nu operez”](#)
19. [Reacția Fundației Hospice Angelus, urmare a acuzațiilor directorului CNAM, Ion Dodon: „Am fost acuzați jignitor și nefondat de comiterea fraudelor”](#)
20. [Medicamente expirate în trusele medicilor de familie de la Bălți, descoperite de Compania Națională de Asigurări în Medicină](#)
21. [În Republica Moldova va fi interzisă fabricarea de medicamente pe bază de steroizi anabolizanți și androgeni. Guvernul modifică Legea Medicamentului](#)
22. [Ministerul Sănătății a pus pe pauză proiectul privind interzicerea fabricării steroizilor anabolizanți și androgeni. Ce argumente are autoritatea](#)
23. [CMF Bălți: Niciun pacient nu a primit medicamente expirate. Fiolele depistate de CNAM cu termenul de valabilitate expirat s-ar fi aflat într-o trusă neutilizată de medici](#)
24. [Unui moldovean îi revin două cutii de antibiotice pe lună. Guvernul a aprobat Programul Național pentru combaterea rezistenței la antimicrobiene](#)

25. [În lipsă de transparentă, Guvernul a decis că ne împrumutăm cu aproape 90 de milioane de Euro pentru construcția primului Spital Regional din Republica Moldova](#)
26. [Tusea convulsivă umple spitalele cu copii. Medicii vin cu un apel către părinți să-și imunizeze copiii pentru ca micuții să nu ajungă intubați la terapie intensivă](#)
27. [Guvernul se angajează să restituie prima de asigurare medicală și scoate amenda pentru neachitare la timp a poliței medicale](#)
28. [Frica de probleme de sănătate mintală îi ține pe moldoveni departe de cabinetele medicilor specialiști](#)
29. [Ministerul Sănătății renunță la practica medicului de familie, la 5 ani de la reforma eșuată a medicinei primare](#)
30. [Oamenii din raioane nu vor mai trebui să ajungă la spitalele din Chișinău în caz de AVC. Ce servicii vor fi disponibile. „E un eveniment de cotitură pentru sistemul medical din Moldova”](#)
31. [Cu propriile fecale în pumn. Povestea unui pacient cu colostomă care nu mai crede în declarațiile autorităților](#)
32. [„Reforma a fost compromisă”. Guvernul renunță la practica individuală a medicului de familie](#)
33. [Pacienții de la marginea sistemului. „Li se refuză acordarea de îngrijiri medicale din cauza vârstei lor”](#)
34. [Greață, vomă, febră sau durere de cap. Acum efectele adverse ale medicamentelor pot fi raportate prin intermediul unei aplicații mobile](#)
35. [Guvernul reduce numărul de paturi psihiatrice și lasă pacienții în seama comunităților](#)
36. [Amenințare cu grevă: Angajații Spitalului „Toma Ciorbă” și Spitalului Dermatologic se opun fuziunii](#)
37. [Centrul Universitar în Îngrijirile Paliative – o iluzie, într-un stat unde există doi medici în medicina pediatrică de ambulatoriu în întreaga țară](#)
38. [Angela Paraschiv, secretar de stat la Ministerul Sănătății: „Am primit aprobare de la Guvern să reorganizăm ANSP în Institut Național pentru Sănătate Publică”. Partea I](#)
39. [Cine și cât trebuie să plătească pentru asigurarea medicală obligatorie în sumă fixă pentru anul 2024](#)

40. [CULTURA SANITARĂ: Angela Paraschiv, secretar de stat la MS: „Spălatul pe mâini depinde de mai multe condiții - apă caldă, săpun lichid, șervețele, hârtie igienică”](#)
[PARTEA III](#)

THE OPEN MEDICAL INSTITUTE (OMI)-SALZBURG

<i>Period of implementation:</i>	May 2007 - December 2023
<i>Budget:</i>	USD 4,000.00 per year
<i>Donor:</i>	American Austrian Foundation (AAF)

Goal of the Project:

Overall project goal is development of human resources in the health sector.

Project objective:

Systematic strengthening of human and organizational capacity across the entire spectrum of institutions (hospitals, clinics, districts' administration in health sector, medical university, medical colleges) and health problems (including infectious diseases, the training of the professionals in health, extension of the medical services in primary health care, and quality improvement, etc.)

Activities carried out:

1. Promotion of the OMI Program as an opportunity of high level education in medical field in Moldova through the medical Institutions and social media.
2. Preselected and supported a group of qualified candidates that apply for OMI Program.
3. Maintenance of the OMI Program by consulting and supporting the application, selection and preparation processes.

Outputs:

During 2023 a total number of 158 applications from them 28 fellows attended the Salzburg seminars and OMIinars in Obstetrics and Gynecology, Medical Education, Pulmonology, Neurology, Ophthalmology, Medical Quality & Safety, Neurosurgery (Spine), Bone & Joint Surgery, Anesthesiology, Cardiology, Patology, Infectious Diseases, Internal Medicine, General Pediatrics, Lipid Metabolism, Surgery, Cardiac Surgery and Oncology B).

HEALTHY INFORMATION

<i>Period of implementation:</i>	July 2021 - December 2022
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Budget: USD 74,910.16

Donor: USA Embassy, project „Healthy Information“

Goal of the Project: To protect people's healthier belief and actions related to COVID-19 by curbing the spread of misinformation about the virus and maintaining the information flow on COVID-19 in the online environment from credible sources, based on scientific evidence and reasoned by qualified public health specialists with a special focus on community level involvement.

Project objectives:

- (1) Strengthen the capacities of the local media through establishing a network of journalists from different regions of the country to act as the go-between for the public and health and science experts.
- (2) Develop journalistic materials and facilitate information flow on COVID-19 from reliable sources, based on evidence and reasoned by qualified professionals in the local media.
- (3) Ensure dissemination of truthful information related to COVID-19 and preventive behaviours at the community level by engaging local leaders and groups of young people in three rayons.

Countries: Moldova

Activities carried out:

1. Local media capacity was strengthened through the creation of a network of journalists comprising 7 media specialists from different regions of the country, who acted as intermediaries between the public and health and science experts. For them, 15 informal online and physical meetings with public health professionals were coordinated and organized. The meetings focused on the special needs of journalists in trying to cover pandemic-related topics for their audiences and included specialists from the National Agency for Public Health, the Ministry of Health, Labour and Social Protection, the National Health Insurance Company, representatives of the State University of Medicine and Pharmacy and UNICEF. These sessions helped journalists to better understand how the health system works, what were the key issues in the pandemic, what were the challenges of the health system, how the society can be involved in the prompt and effective response to COVID-19. Russian and Romanian speaking journalists gained knowledge and confidence to responsibly inform the public by providing clear, accurate and well-researched material. Experience from previous outbreaks in Moldova has shown that the lack of trained journalists in the field can

have a negative impact on the effectiveness of informing the public. Indeed, incorrectly presented information on complex issues, such as immunization, has generated mistrust and fear. In this respect, a network of journalists who have written in-depth material on health has been created for the first time in Moldova.

2. Develop journalistic materials and facilitate the flow of information about COVID-19 from reliable, evidence-based and substantiated sources by qualified local media professionals. Journalistic materials were produced in various formats (text, audio, video) covering several types of media (news, features, feature films, videos, interviews, etc.). They were developed in a simple language, accessible to people and focused on the adoption of health protection behaviors during the COVID-19 pandemic, including post-pandemic, addressed the most frequently asked questions of people about protective measures, vaccination, etc. The materials were produced by journalists belonging to the established network, up to 7 from different regions, who were coordinated, guided by health journalists as well as public health experts. The materials were presented to citizens in the regions where the selected journalists in the network live and work, as well as local public authorities, doctors, etc. At present, there is an acute lack of reliable information, especially in territories where there are no specialists communicating with people and no trained health journalists. In this way, journalists have identified the real problems and have covered them fairly and equitably.

Outputs:

1. A network of regional journalists has been established and trained by public health specialists to cover correctly and reliably COVID-19 topics, including protective measures and their role, the importance of vaccination, using appropriate and relevant examples.
2. Health INFO journalists have developed 20 podcasts and broadcast them on the Health INFO news portal as well as on social media. The podcasts focused on health workers sharing their own experiences of how the COVID-19 pandemic affected/changed them. Topics covered reporting on the challenges of caring for patients with COVID-19, respecting health workers' rights during the COVID-19 pandemic and post-pandemic, escalating burnout among health workers, challenges in addressing ethical issues in caring for patients with COVID-19.
3. Long-reads were also produced reflecting the real situation on the ground (fears of people as well as health workers during the COVID-19 pandemic, unprecedented situations they had to go through due to the pandemic, citizens' access to health services during the pandemic, daily life of the population, sources of information they used to learn about COVID-19, etc.) The materials were developed and disseminated on the Health INFO news portal as well as on social media.

4. Regional journalists produced 12 interviews in TV or text format with local leaders, local authorities, family doctors, teachers etc. on pandemic management, communication with the population about the pandemic, pandemic prevention actions etc.
5. Local journalists also developed 70 news stories on various aspects of the pandemic, including combating infodemics and fake news - developed and covered on regional media platforms as well as social media.
6. 68 useful news stories were written, based on information provided by the National Public Health Agency and trusted international organizations such as WHO, UNICEF, EMA (European Medicines Agency) developed and covered on local media platforms as well as social networks.
7. 12 short (maximum 2 minutes) and interactive videos were produced in which a public health specialist, selected within the project, addressed topics of major interest related to COVID-19.

IT IS YOUR RIGHT TO BE HEALTHY

Period of implementation: July 2023 - December 2023

Budget: EURO 25,000.00

Donor: European Union, project „It is your right to be healthy”

Goal of the Project: The goal of the project was to diversify journalistic formats to increase the visibility of the Health INFO platform and to ensure public access to various formats for presenting health information and patients' rights.

Project objectives:

- (1) Production of media materials in video, audio, multimedia, infographics formats.
- (2) Increase the visibility of the www.sanatateinfo.md web platform and increase the audience
- (3) Development of new media production skills by journalists in the (Sănătate INFO) Health INFO newsroom

Countries: Moldova

Activities carried out:

1. The project produced 44 media materials, including 8 human stories (storytelling), in multi-media format, about people's rights to health, access to health services, social discrimination or medical institutions, social inequalities, expenses for informal payments, limited access to medicines, etc. These journalistic products were produced in the development regions North, Centre, South and Chisinau municipality. Reporters documented and travelled to localities in the development regions where violations of patients' rights were observed.

2. 8 video were made on personalities or dynasties that have left their mark on the health system. For this activity, personalities from different medical fields were selected, who revolutionized the medical system in the Republic of Moldova by developing health services in areas such as organ transplantation, neurosurgery, oncology, gynecology, performed complicated surgeries, etc.

3. 10 video tutorials on patients' right to health were produced. Surveys show that most patients are not aware of their health rights. The explanatory leaflets contain information from national legislation on patients' rights and obligations, other legislation ensuring the right to health, such as the right to information, confidentiality and medical secrecy, consent and how to obtain informed consent to medical procedures, using examples of violations of these rights. The slides have been produced in video format and are accompanied by infographics with short provisions from the legislation.

4. 8 video editorials were produced. In this activity Health INFO journalists analyzed the most important decisions of public health authorities (Ministry of Health and subordinate public authorities/institutions).

5. 8 videos promoting healthy lifestyle were produced. In this activity topics about physical activities and nutrition, hygiene, physical and psycho-emotional development were produced. For their elaboration, the journalists went to localities in the North, Centre, South and Chisinau development regions and discussed with health specialists and locals.

6. 2 journalistic surveys were carried out on the reform of the hospital network in RB and on the evolution of palliative services for incurable patients.

Outputs:

1. 44 materials were produced in video and multi-media format,
2. the site's visibility increased by 30% on social networks,
3. thousands of people interacted with the posts and commented.
4. More people in Moldova are aware of their rights as patients.

CHILDREN – VICTIMS OF THE EXODUS

<i>Period of implementation:</i>	August 2023 - December 2023
<i>Budget:</i>	EURO 5,000.00
<i>Donor:</i>	European Union, project „Children – victims of the exodus“

Goal of the Project: The goal of the project was to raise awareness among the general public and the authorities about the long-term consequences for the physical and mental health of these children and for the development of society.

Project objectives:

(1) Producing 6 multimedia human stories about children who have suffered because their parents went abroad to work.

Outputs:

The 6 journalistic materials raised the awareness of the general public, children and parents, and made them reflect on the decision to go abroad to work and leave their children in the care of relatives or friends. Several families learned from psychologists how to communicate with their children when they want to make a decision to go abroad to work.

