

2024

## Tuberculosis Legal Environment and Human Rights Scorecard

Republic of Moldova

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This report is the result of the collaborative effort of many individuals, including people living with or affected by TB and the Platform of CSOs active in TB response in Moldova, the Department of the National TB Response Programme of Moldova.

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## ABBREVIATIONS

AAAQ	availability, accessibility, acceptability, and quality
ACF	active case finding
CCM	National Council of Coordination of the national TB and HIV/AIDS/STI programs
CFCS	Challenge Facility for Civil Society
CSO	civil society organization
CLM	community-led monitoring
CRG	community rights and gender
GDF	Global Drug Facility
GFTAM	Global Fund to fight tuberculosis, HIV/AIDS and malaria
DS-TB	drug-susceptible tuberculosis
DR-TB	drug-resistant tuberculosis
KVP	key and vulnerable populations
MDR-TB	multidrug-resistant tuberculosis
MoH	Ministry of Health
MoLSP	Ministry of Labour and Social Protection
NCP	National Clinical Protocol
NGO	nongovernmental organization
NHIC-CNAM	National Health Insurance Company
NPMH-CAPCS	Center for Centralized Public Procurement in Health
NSP	National Strategic Plan
NTP	National Tuberculosis Program
NTRP	National Tuberculosis Response Program
PATB	people affected by tuberculosis
PHC	primary health care
LPA	local public authorities
PCC	people-centred care
PWID	people who inject drugs
PLWH	people living with HIV
PWS	people without shelter
Rayon	subnational jurisdiction
SIME-TB	National Tuberculosis Surveillance System
TB	tuberculosis
TPT	tuberculosis preventive treatment
VST	video-supported treatment (TB)
XDR-TB	extensively drug-resistant tuberculosis
WHO	World Health Organization
UNICEF	United Nations International Children's Emergency Fund
UNHLM	United Nations High-Level Meeting
USAID	United States Agency for International Development

## INTRODUCTION

This report is part of an initiative to promote people-centered, rights-based TB legislation in the Republic of Moldova. This report's objectives are to: (i) identify and document the degree to which the TB response in Moldova is equitable and rights-based; and (ii) develop recommendations for people-centered, rights-based TB legislation in the country.

## BACKGROUND

The 2018 Political declaration of the United Nations High-Level Meeting (UNHLM) on the fight against TB<sup>1</sup>, and the most recently adopted 2023 Political Declaration on TB<sup>2</sup>, reiterated and strengthened commitments to an equitable, rights-based TB response that is featured in the End TB Strategy<sup>3</sup>, and other relevant global documents<sup>4, 5, 6, 7</sup>. In the meantime, *The Deadly Divide: TB Commitments vs. TB Realities* and *A Deadly Divide: 2.0* reports highlight progress made towards fulfilling the UNHLM Political Declaration and draw attention to the deadly divide between countries' commitments and the reality of what has been delivered on the ground<sup>8, 9</sup>. Therefore, in addition to the Political Declarations, which urge the Heads of State to commit to a series of ambitious targets to end TB by 2030, the Global Plan to End TB 2023-2030 provides further guidance on several tools aiming at building evidence about identifying, monitoring, mitigating and overcoming human rights and gender-related barriers to ensure TB responses are people-centered<sup>10</sup>.

Moldova is a landlocked country in Eastern Europe, on the north-eastern corner of the Balkans. The country spans a total of 33,483 km<sup>2</sup> and has a population of approximately 2.5 million as of January 2023. Moldova is bordered by Romania to the west and Ukraine to the north, east, and south. The internationally unrecognized state of Transnistria (or *Pridnestrovie*) lies across the Dniester/Nistru river on the country's eastern border with Ukraine. Transnistria controls most of the narrow strip of land between the left bank of the river Nistru and the Moldova–Ukraine border. Transnistria is officially designated by the Republic of Moldova as the Administrative-Territorial Units of the Left Bank of the Dniester/Nistru. In March 2022, the Parliamentary Assembly of the Council of Europe adopted a resolution that defines the territory as under military occupation by Russia. According to the World Health Organization (WHO) Moldova is

<sup>1</sup> Resolution A/RES/73/3. Political declaration of the UN General Assembly high-level meeting on the fight against tuberculosis. New York: United Nations; 2018 <https://digitallibrary.un.org/record/1649568?ln=ru&v=pdf>

<sup>2</sup> Resolution A/78/L.4. Political declaration of the high-level meeting on the fight against tuberculosis. New York: United Nations General Assembly; 2023 <https://digitallibrary.un.org/record/4022582?ln=en&v=pdf>

<sup>3</sup> Ethics Guidance for the Implementation of the End TB Strategy, Geneva: World Health Organization; 2017 <https://iris.who.int/bitstream/handle/10665/254820/9789241512114-eng.pdf?sequence=1>

<sup>4</sup> The global plan to end TB 2018-2022 – the paradigm shift. Geneva: The Stop TB Partnership; 2019 [https://stoptb.org/assets/documents/global/plan/GPR\\_2018-2022\\_Digital.pdf](https://stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf)

<sup>5</sup> Global Tuberculosis Report 2022. Geneva: World Health Organization; 2022 <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>

<sup>6</sup> Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030. Geneva: World Health Organization; 2019 <https://www.who.int/publications/i/item/WHO-CDS-TB-2019.10>

<sup>7</sup> The end TB strategy. Geneva: World Health Organization; 2015 <https://www.who.int/publications/i/item/WHO-HTM-TB-2015.19>

<sup>8</sup> *A Deadly Divide 2.0: TB Commitments vs. TB Realities*, Geneva: Stop TB Partnership; 2023 <https://yki4tbc.org/deadlydivide2/>

<sup>9</sup> Standardized package of community-based support services to improve tuberculosis outcomes. A guide for affected community and civil society organizations, national tuberculosis programmes and policy-makers in Eastern Europe and central Asia, World Health Organization. Regional Office for Europe, 2023 <https://www.who.int/europe/publications/i/item/9789289060004>

<sup>10</sup> Global tuberculosis report 2022. Geneva: World Health Organization; 2022 <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>

placed among WHO European Region's 18 high-priority countries for TB control and among the world's 30 high multidrug-resistant TB burden countries, with TB as a top public health priority in the country<sup>11</sup>. The current approaches to TB response have been shaped by an evolving understanding of needed actions and overcoming recurrent bottlenecks since its first National TB Program in 1996. The focus of the national TB response has moved from emergency support (diagnostic and treatment, lab establishment, monitoring and evaluation) to a health system strengthening response to support the shift from a vertical approach to one, which is more integrated in the overall health care system, supporting people-centered care (PCC) and sustainability in a long-term. In the past decade, a redesign of the TB care model towards people-centeredness led to strengthening the role of primary health care (PHC), developing stronger people-oriented support systems, strengthening the role of communities and civil society organizations (CSOs) in both TB service delivery and engagement in decision-making processes<sup>12, 13, 14</sup>.

The UNHLM Political Declaration on TB, endorsed in 2023, stands as the paramount strategic document guiding TB response efforts over the upcoming five years. The declaration has established ambitious targets to drive substantial progress toward TB elimination between 2023 and 2027<sup>15</sup>. By signing the declaration, Moldova has in turn assumed its specific targets to be reached by 2027:

**Table 1. UNHLM Political Declaration on TB: Republic of Moldova targets**

UNHLM on TB 2023-2027						
Republic of Moldova	2023	2024	2025	2026	2027	2023-2027
Notification, All TB	2,491	2,380	2,052	1,414	1,327	9,664
Notification, Children (under 15 years)	123	118	97	63	56	458
Notification, DR-TB	680	720	650	556	420	3,026
TPT Contacts above 5 years	701	1,002	913	819	560	3,995
TPT, Child contacts (under 5 years)	122	180	153	134	90	679
TPT, PLWH	1,165	1,661	1,916	2,011	2,064	8,818

The End TB Global Strategy focuses on the needs of key and vulnerable populations (KVP), recognizing that the world has a collective responsibility to protect those people from TB infection and TB disease and provide them with equitable care so that they become key partners in the fight against the disease. To guarantee the right to health care, the Parliament of the Republic of Moldova adopted a series of organic laws including Health Care Law no. 411-XIII of 28.03.1995<sup>16</sup>, Law on mental health and well-being no. 114 of 16.05.2024<sup>17</sup>, Law on state supervision of public health no. 10 of February 3, 2009<sup>18</sup>, Law no. 411- XIII of March 28, 1995, on social protection<sup>19</sup>, and a specific Law no. 153-XVI of July 4, 2008, regarding the control and prevention of tuberculosis<sup>20</sup>. According to the national legislation as well as the provisions of other national and international TB documents, the national competent authorities developed and approved the

<sup>11</sup> Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030. Geneva: World Health Organization; 2019 <https://www.who.int/publications/i/item/WHO-CDS-TB-2019.10>

<sup>12</sup> Government Decision no. 107 of 23.02.2022 regarding the approval of the National Tuberculosis Response Program for the years 2022-2025 in RO [https://gov.md/sites/default/files/document/attachments/subiect-13\\_site.pdf](https://gov.md/sites/default/files/document/attachments/subiect-13_site.pdf)

<sup>13</sup> Report on the implementation of the National Tuberculosis Response Program for 2021 in RO [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2021.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2021.pdf)

<sup>14</sup> The World Health Organisation Regional Office for Europe, rGLC/Europe Country Technical Support Mission Report, 2021 [https://simetb.ifp.md/Download/tbreps.excel/raport\\_GLC\\_OctNov2021.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_GLC_OctNov2021.pdf)

<sup>15</sup> UNHLM Political Declaration on TB, 2023 <https://www.stoptb.org/un-high-level-meeting-tb/un-high-level-meeting-tb-2023>

<sup>16</sup> Law no. 411 of 28-03-1995 on health protection, 1995 [https://www.legis.md/cautare/getResults?doc\\_id=142787&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=142787&lang=ro#)

<sup>17</sup> Law no. 114 of 16-05-2024 on mental health and well-being [https://www.legis.md/cautare/getResults?doc\\_id=143550&lang=ro](https://www.legis.md/cautare/getResults?doc_id=143550&lang=ro)

<sup>18</sup> Law on state supervision of public health no. 10 of February 3, 2009 [https://www.legis.md/cautare/getResults?doc\\_id=136063&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=136063&lang=ro#)

<sup>19</sup> Law no. 411- XIII of March 28, 1995 on social protection [https://www.legis.md/cautare/getResults?doc\\_id=112516&lang=ro](https://www.legis.md/cautare/getResults?doc_id=112516&lang=ro)

<sup>20</sup> Law no. 153-XVI of July 4, 2008, regarding the control and prevention of tuberculosis [https://www.legis.md/cautare/getResults?doc\\_id=138757&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=138757&lang=ro#)

current National Tuberculosis Response Program 2022-2025 (NTRP)<sup>21</sup>. This fundamental policy document on TB interventions sets the guidelines and priorities for action to control and reduce the impact of TB, the main provisions of which focus on (i) Integrated, person-centered care and prevention, (ii) Innovative policies and support systems, (iii) Intensification of research and innovations in the field.

In the context of no previous assessments specifically on Legal Environment and Human Rights conducted in Moldova, in line with the UNHLM Political Declarations and the urgent call for action at the country level, the Legal Environment and Human Rights Scorecard tool developed by Stop TB Partnership to shed light on the relationship between laws, policies, human rights, and TB was used to document the degree to which the TB response in Moldova is equitable and rights-based.

## METHODOLOGY AND RESEARCH FRAMEWORK

The consultants conducted the desk research using the following websites, databases, and search engines: (i) Official government websites of the study country; (ii) available country TB-related reports; and (iii) Google Search. This comprised a literature review and legal and policy research which informed the completion of the assessments for the nine scorecard themes, based on the Scoring Considerations in the Scoring Guidance Matrices. The revised and analyzed data included:

- Government data and reports, including from the Ministry of Health, National TB Program,
- Peer-reviewed literature relevant to the country context.
- Grey literature, such as research and reports produced by international institutions, and civil society and community groups.
- Executive branch (ministerial) materials, such as policies, plans, guidelines, regulations, and other orders.
- TB Community, Rights and Gender (CRG) Assessment and human rights bodies reports.
- Stigma assessment report.
- TB community-led monitoring (CLM) data and case studies.

The researchers used the legal scorecard tool and its methodology to assess seven key dimensions of the right to health with two additional overarching themes searches to analyse and document the degree to which the TB response in Moldova is rights-based by following the detailed research framework through specific steps designed for this legal environment and human rights assessment. Steps 1-8 were (revision of the Scorecard; engaging a lawyer; briefing the NTP and stakeholders; conducting a desk review followed by focus groups; scoring and documentation; revision and finalizing scoring and rationale and validation and dissemination) completed in 3 months (October-December 2023) and step 9 as an ongoing activity (Advocacy for law and policy reform). It is also based on discussions, debates, and information shared during two national workshops – part of the consultations with national TB stakeholders, including civil society and people affected by TB conducted from November (Nov 30, 15 participants including NTP, communities and CSOs) to December 2023 (Dec 26, 25 participants). Then the country TB stakeholders were invited to review and provide feedback on the findings, report, and recommendations. The consultants received and incorporated feedback from 7 peer-reviewers, including the NTP coordinator, a TB doctor, a TB survivor, a CSO representative, a TB activist and other experts.

<sup>21</sup> National Tuberculosis Response Program 2022-2025, [https://gov.md/sites/default/files/document/attachments/subiect-13\\_site.pdf](https://gov.md/sites/default/files/document/attachments/subiect-13_site.pdf)



This report's research framework has nine main aspects that reflected, according to the scoring consideration set by the tool, on the following key dimensions of the Right to Health:

- 1: Availability, accessibility, acceptability, and quality (AAAQ)
- 2: Non-discrimination and equal treatment
- 3: Health-related freedoms
- 4: Gender perspective
- 5: TB key and Vulnerable groups
- 6: Participation
- 7: Remedies and accountability
- 8: Social protection
- 9: Governance

## LIMITATIONS AND CHALLENGES

Certain limitations existed when conducting the assessment:

- The scoring consideration and diapason from 0 to 2, with no intermediate points/shares (between 1 and 2 e.g. at least 95) challenged a more precise measurement of the country progress in some areas.
- The scoring consideration set its own targets which no consideration that country targets may be different i.e. – coverage with diagnostics more than 95, while the country target is no less than 90. It would be welcome while setting scoring consideration to refer, where possible, to clear measurable indicators based either on WHO targets or country targets if they are different.
- The limited (sub-theme) number of aspects that were subject to scoring consideration in some areas probably influenced better results on some areas than the situation is actually perceived by communities on the ground.
- The scoring consideration does not require to present the data in comparison with other years to see the actual progress (a clear timeframe under review). Depending on the availability of the data, we hereby referred to 2021, 2022 for some themes/sub-themes, and in other cases to 2023 available data.
- the legislative technical norms approved in the Republic of Moldova are intended to ensure the systemic and coordinated form of the content of the legal regulations and are mandatory for the elaboration of draft normative acts.<sup>22</sup> Thus, the word "tuberculosis" can be identified in special organic laws, but it is not applicable for a distinct mention in the Constitution of the Republic of Moldova where a general term of "health" is used.
- The assessment was carried out without taking into account the data on the territories of the left bank of the Nistru river, which are not controlled by official authorities (the unrecognized Transnistria Region).

<sup>22</sup> Law No. 100 of 22-12-2017 regarding normative acts, [https://www.legis.md/cautare/getResults?doc\\_id=144467&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=144467&lang=ro#)

# SCORECARD: LEGAL ENVIRONMENT AND HUMAN RIGHTS IN TB RESPONSE IN MOLDOVA

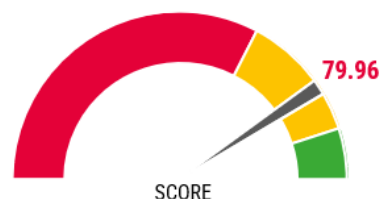
## TB LEGAL AND HUMAN RIGHTS SCORECARD

Measuring legal and human rights environments & promoting social accountability for TB.

Republic of Moldova

### Key Dimensions of the Right to Health

<b>1 Availability, accessibility, acceptability and quality (AAAQ)</b> TB health services, goods, and facilities must be available, accessible, acceptable, and of good quality.	61.28
<b>2 Non-discrimination and equal treatment</b> Discrimination against people affected by TB must be prohibited.	50.00
<b>3 Health-related freedoms</b> Health-related freedoms like privacy and informed consent must be protected.	100.00
<b>4 Gender perspective</b> Countries must integrate a gender perspective in their TB laws, policies, and programs.	100.00
<b>5 TB Key and vulnerable populations</b> Countries must pay special attention to TB key and vulnerable populations in their TB laws, policies, and programs.	75.00
<b>6 Participation</b> People affected by TB and civil society must have opportunities and support to participate in all aspects of the TB response.	100.00
<b>7 Remedies and Accountability</b> People affected by TB must have access to legal remedies and accountability mechanisms.	100.00



### Overarching Themes

<b>8 Social Protection</b> People affected by TB must have access to social protection.	50.00
<b>9 Governance</b> TB programs must be well-governed, prioritizing transparency and community and stakeholder engagement.	83.33

**OVERALL SCORE:**  
(Total score/9)

**79.96**

## KEY FINDINGS

- The Constitution of the Republic of Moldova has general provisions regarding guarantees and freedoms related to health and does not expressly mention tuberculosis or infectious diseases. Similarly, there are no distinct provisions related to accessibility, acceptability and quality.
- The law on TB has general provisions about the availability of services, it does not reflect aspects related to the accessibility and acceptability of institutions, goods, and services. Aspects related to human rights, non-discrimination and equality are not reflected. More than that, the Law is not aligned with the WHO recommendations for social protection, vulnerable groups, children, and interventions focused on people's needs.
- The provisions of the current NSP (2022-2025) and the implementation orders are aligned with the objectives of the WHO TB Euro Plan and correspond to the END TB Strategy. National clinical protocols correspond to the latest WHO recommendations. At the same time, there are no distinct indicators to measure the availability, accessibility and acceptability of TB services.
- Four areas (health-related freedoms; gender perspective; participation; and remedies and accountability) reached the highest score (100), indicating favourable trends in gender-sensitive and transformative initiatives, health related freedoms as well as a productive climate for the non-governmental sector and the TB community, but also unrestricted access to justice for people affected by TB.
- Two areas (TB key and vulnerable populations and governance) reached around 80 points (75-83,33), indicating positive trends in systemic approaches and increased focus on key and vulnerable populations in the last years. Several strategic normative acts on TB were approved and implemented in the country, including national clinical protocols aiming at the sustainability of the TB countermeasures. However there are areas for improvement such as the SIME TB digital surveillance integrated information platform which needs to be renewed and its work efficiency ensured.
- Despite the overall availability and accessibility of TB services, their acceptability for people effected remains low (61,28), indicating on further urgent commitments to supporting the development of and access to TB technologies and interventions capable of improving AAAQ area.
- The lowest score (50) in two critical areas (non-discrimination, equal treatment; and social protection), shows the presence of the widespread problems, such as disclosure of TB status without people's consent, stigma, and discrimination associated with belonging to risk groups and diseases, as well as additional presence in the legal framework of the provisions regarding coercive isolation, insufficient promotion of outpatient treatment and long-term hospitalization of people with TB. Despite the existence of a complex support framework for the person with TB from the state (monthly financial support for treatment adherence, reimbursement of transport costs) and through CSOs, providing psychosocial support - social vulnerability is high and affects the person's family members. The implementation of a comprehensive package of psychosocial support for people affected by TB, including distinct interventions for the social inclusion of people with TB in the treatment and post-treatment phase and assisted employment in the field of work, is necessary.
- Despite the efforts of the NTP and all other TB stakeholders, including operational CSOs, the situation on the left bank of the Nistru river/Transnistria region, requires interventions that go beyond the competencies and attributions of the TB stakeholders, related to different legislative and regulatory frameworks and approaches in TB management between both banks of the Nistru river. As such, TB, along with other health issues requires integration into the agenda of the national agencies in charge

of the reintegration of both banks of the Nistru river (Office of Reintegration, Unified Control Commission, etc.).

## KEY RECOMMENDATIONS

### 1. Availability, accessibility, acceptability, and quality (AAAQ):

- i. Update and approve minimum quality standards for tuberculosis care (phthisiopneumology, primary health care, non-governmental organizations), including the cost of services.
- ii. Fortify the domestic-financed procurement mechanisms to access the TB medicines at best prices available after donor withdrawal. Additionally, revise patent legislation along with the inclusion of TRIPS flexibilities in the national related policies to ensure access to lifesaving medicines and their quality approved generic versions of the medical products.
- iii. Update hospital beds optimization plan to take into account the reduction of TB incidence and to give priority to outpatient treatment for people with DS-TB and DR-TB.
- iv. Develop and implement the mechanism to allow the redirection of the financial resources obtained as a result of the optimization of inpatient for the improvement and sustaining of outpatient interventions, including those provided by the CSOs.
- v. Develop, approve and implement performance indicators for primary health care to strengthen monitoring and accountability at community level.
- vi. Strengthen intersectoral activities between primary healthcare, social services, public health, phthisiopneumology and community actors (local authorities, CSOs) in the overall provision of TB care.
- vii. Develop and implement training modules for medical and social service providers, including local authorities in scaling up of supportive models of care for families affected by TB to ensure the implementation of the people and family-centered human rights-based approaches.

### 2. Non-discrimination and equal treatment:

- i. Advocate for the updated TB legislation to include explicit prohibition of discrimination against people affected by TB, that specifically mentions TB or PATB and applies in the public and private spheres, including employment, health care, education, housing, and access to social services and social protection.
- ii. Advocate for the removal of criminalizing provisions that specifically mention TB or PATB even if those are not currently applied.
- iii. Conduct information and education interventions, including regular trainings media campaigns in various groups on subjects related to human rights.

### 3. Health-related freedoms:

- i. Advocate for the updated TB legislation to enshrine the rights to privacy, informed consent, and movement and specifically mention TB or PATB, including meeting data protection requirements by all providers engaged in the TB care.
- ii. Conduct information and education interventions, including regular trainings media campaigns in various groups on subjects related to health-related freedoms.

### 4. Gender perspective:

- i. Standardize indicators following national needs and the recommendations of international bodies regarding community involvement, human rights, and stigma aspects, with their integration into the national TB record, evaluation, and monitoring system.

### 5. TB key and Vulnerable populations:

- i. Ensure access to TB services to people without medical insurance especially at the pre-diagnostic stage, by monitoring the implementation at the level of the primary health care.
- ii. Strengthen intersectoral mechanisms to ensure the access of vulnerable populations to integrated TB treatment and care.
- iii. Conduct systemic evaluation of the AAAQ from the perspective of vulnerable populations to ensure timely response to emerging needs and expectations of the most vulnerable.

#### **6. Participation:**

- i. Sustain and strengthen the capacities of people with TB, communities and civil society organizations to provide advocacy, communication, social mobilization and service provision services.
- ii. Identify potential domestic funding sources for psychosocial support provided by CSOs, and develop and approve a cost for this type of service (similarly as it was done for TB active screening). This will ensure sustainability in the long term so that the services can be planned for and delivered consistently from domestic funding.

#### **7. Remedies and accountability:**

- i. Promote the access of people affected by TB to legal services, mobile digital tools designed to achieve community-led monitoring (I LIKE VST), of the quality of services in tuberculosis, while respecting human rights and reducing stigma.

#### **8. Social protection:**

- i. Ensure access to social protection and temporary disability benefits for people with TB as a legal right during treatment and afterward for individuals with long-term medical needs by linking TB legislation with existing social protection and disability legislation and programs.

#### **9. Governance:**

- i. Upgrade, maintain and strengthen the national TB surveillance system (SIME-TB system) by including new modules on TB screening, TPT, and other country-specific modules and indicators related to community engagement, human rights and gender.

# I. AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY AND QUALITY

## 1.1 AVAILABILITY ASSESSMENT

Theme 1	Sub-theme	Score		
Examples of ways to guarantee availability through law and policy include requiring the availability of specific health goods and services in public health facilities, ensuring sustainable funding and effective procurement mechanisms, including for newer TB drugs and diagnostics, mandating BCG vaccination for children, and explicitly guaranteeing "availability" as part of the right to health.	1.1.1(a)	BCG vaccines are available for children in sufficient quantity: vaccines were available in ≥95% of subnational jurisdictions the past year – i.e. states, provinces, etc.	2.00	Total 1.1.1
	1.1.1(b)	TB stock-outs do not occur: 0 were reported during the past year.	2.00	2.00
	1.1.1(c)	All the newer TB drugs are available in the country: all newer TB drugs were registered for use and procured by the NTP the past year.	2.00	
	1.1.1(d)	Rapid, more accurate TB diagnostics are only available in some parts of the country, such as wealthier urban areas; rapid diagnostics were unavailable in >5% but <50% of subnational jurisdictions the past year – i.e. municipalities, cities, districts, etc.	2.00	
	1.1.2(a)	There is a constitutional or statutory right to health, but it does not explicitly address availability of health facilities, goods or services.	1.00	Total 1.1.2
	1.1.2(b)	Laws governing the TB response (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods, or services; or (3) ensure availability but do not specifically mention TB or people affected by TB (PATB).	1.00	1.00
	1.1.2(c)	MoH and NTP policies, plans, regulations, and other orders (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods or services; or (3) ensure availability but do not specifically mention TB or PATB.	1.00	
<b>1.1 TOTAL SCORE: (1.1.1 total + 1.1.2 total/2)</b>				<b>1.50</b>

### Availability 1.1.1(a)

2

BCG vaccines are available for children in sufficient quantity: vaccines were available in ≥95% of subnational jurisdictions the past year – i.e. states, provinces, etc.

The vaccine scheduler available on the WHO Immunization data portal summarizes the current vaccination schedule for young children, adolescents, and adults in Moldova, based on national legislation<sup>23, 24, 25</sup>. The data is updated regularly with the most recent official country reporting collected through the WHO/UNICEF joint reporting process<sup>26</sup>. BCG vaccines are available for children aged under 1 year in sufficient quantity: vaccines were available in 100% of subnational jurisdictions/rayons in 2023. According to the governmental data provided by the Immunization National Program, the objective to reach 95% vaccination coverage at the national level, was achieved only for BCG vaccination. Coverage with BCG in 2023 on the right bank of the Nistru river was 97.6%; on the left bank (Transnistria) - 97.0% with 91,171 doses of BCG vaccines administered during 2022<sup>27</sup>.

<sup>23</sup> Government Decision 211 of 12.04.2023 regarding the approval of the National Program of Immunizations for 2023-2027 in RO [https://www.legis.md/cautare/getResults?doc\\_id=136969&lang=ro](https://www.legis.md/cautare/getResults?doc_id=136969&lang=ro)

<sup>24</sup> Law no. 411 of 28.03.1995 on health protection

<sup>25</sup> Law no. 10 of 03.02.2009 February 2009 on state supervision of public health [https://www.legis.md/cautare/getResults?doc\\_id=136063&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=136063&lang=ro#)

<sup>26</sup> WHO Immunization data portal, [https://immunizationdata.who.int/global/wiise-detail-page/vaccination-schedule-for-country\\_name?DISEASECODE=TUBERCULOSIS&TARGETPOP\\_GENERAL=RISKGROU](https://immunizationdata.who.int/global/wiise-detail-page/vaccination-schedule-for-country_name?DISEASECODE=TUBERCULOSIS&TARGETPOP_GENERAL=RISKGROU)

<sup>27</sup> National Report on State Supervision of Public Health in the Republic of Moldova in 2022, Ministry of Health of the Republic of Moldova, National Agency for Public Health, Chisinau 2022 <https://ansp.md/wp-content/uploads/2023/10/RAPORT-ANUAL-activitatea-ANSP-2022-FINAL-16.10.2023.pdf>

## Availability 1.1.1(b)

2 TB stock-outs do not occur: 0 were reported during the past year.

TB stock-outs did not occur with 0 cases reported in 2022 and 2023. SIME TB offers access to public data regarding the average percentage of time of the stock-out of the set of antituberculosis drugs in public medical institutions (rayon level) and the pharmaceutical warehouse (central level)<sup>28</sup>. All notified patients with TB in the reported period were put on respective treatment regimens and had access to the prescribed treatment regimens according to the susceptibility profile<sup>29, 30, 31</sup> and national treatment guidelines<sup>32, 33</sup>. Data on the treatment coverage is reflected in annual NTP reports as well as Global Fund Principal – and Sub Recipients' reports<sup>34, 35</sup>.

## Availability 1.1.1(c)

2 All the newer TB drugs are available in the country: all newer TB drugs were registered for use and procured by the NTP the past year.

The country has a legal and reference basis for safety monitoring for TB drugs. In general, pharmacovigilance activities in the country are carried out by the Medicines and Medical Devices Agency. There are basic regulatory framework documents for drug management and pharmacovigilance<sup>36, 37, 38, 39, 40</sup>. All the TB drugs, included in the National Essential Medicines List<sup>41</sup>, updated in 2021 and national TB treatment guidelines in the reported period were available in the country with newer TB drugs registered for use<sup>42</sup> and procured by the NTP in sufficient quantity - available in ≥95% of all the rayons.

**Table 2. The list of essential medicines for TB treatment in Moldova, 2023-2024**

	Medicine	Dosage
1	Ethambutolum	25 mg/ml, 400 mg, 100 mg/ml 10 ml, 100 mg
2	Ethambutol + Isoniazid + Pyrazinamide + Rifampicin	275 mg + 75 mg + 400 mg + 150 mg
3	Ethambutol+Isoniazid+ Rifampicin	275 mg + 75 mg + 150 mg,
4	Isoniazidum	50 mg/5 ml, 100 mg, 300 mg, 100 mg, 100 mg/ml
5	Isoniazidum + pyrazinamidum + rifampicinum	50 mg+ 150 mg+ 75 mg
6	Rifampicinum + Isoniazidum	50 mg + 75 mg, 75 mg +150 mg; 50 mg + 75 mg; 150 mg + 300 mg
7	Pyrazinamidum	30 mg/ml, 400 mg, 500 mg, 150 mg
8	Rifabutinum	150 mg
9	Rifampicinum	300 mg, 150 mg

<sup>28</sup>Link to the report on stock out <http://simetb.ifp.md:8080/tbreps/Medicamente/Report2.aspx>

<sup>29</sup> Report on the implementation of the National Tuberculosis Response Program for 2021 [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2021.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2021.pdf)

<sup>30</sup> Report on the implementation of the National Tuberculosis Response Program for 2022 [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2022.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2022.pdf)

<sup>31</sup> Report on the implementation of the National Tuberculosis Response Program for 2023 [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2023.pdf)

<sup>32</sup> Order of the Ministry of Health no. 121 of January 21, 2024, regarding the approval of the National Clinical Protocol Tuberculosis in adults, Chisinau, 2024 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2024\\_01\\_31\\_nr\\_121\\_protocol.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2024_01_31_nr_121_protocol.pdf)

<sup>33</sup> Order of the Ministry of Health no. 970 of November 3, 2023 regarding the approval of the National Clinical Protocol for Tuberculosis in Children, Chisinau, 2023 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2023\\_11\\_03\\_nr\\_970\\_protocol.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2023_11_03_nr_970_protocol.pdf)

<sup>34</sup> Progress report on the implementation of the project Strengthening tuberculosis control and reducing AIDS mortality in the Republic of Moldova for the years 2021-2023, PAS Center, Chisinau 2022 <https://www.pas.md/en/PAS/Reports/Details/158>

<sup>35</sup> Quarterly progress reports on the Program to Consolidate Tuberculosis Control and Reduce AIDS-Associated Mortality in the Republic of Moldova, IP Unit for Coordination, Implementation and Monitoring of Health Projects [https://www.ucimp.md/index.php?option=com\\_content&view=article&id=306&Itemid=219](https://www.ucimp.md/index.php?option=com_content&view=article&id=306&Itemid=219)

<sup>36</sup> Law on the Medicines Republic of Moldova, Nr 1409-XIII, 17 December 1997. [https://www.legis.md/cautare/getResults?doc\\_id=141399&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=141399&lang=ro#)

<sup>37</sup> Law on Pharmaceutical activity Nr 1456-XII, 25 May 1993 [https://www.legis.md/cautare/getResults?doc\\_id=142786&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=142786&lang=ro#)

<sup>38</sup> Law on State Medicines Policy, 2002 [https://www.legis.md/cautare/getResults?doc\\_id=30402&lang=ro](https://www.legis.md/cautare/getResults?doc_id=30402&lang=ro)

<sup>39</sup> Order of MOH RM Nr 739\_23.078.2012 regarding the regulation of the authorization of medical products for human use and variations

<sup>40</sup> Order of MoH Nr. 358\_1205.2017 On the approval of the regulation on the pharmacovigilance activities

<sup>41</sup> Order of the Ministry of Health No. 1033 of 11.11.2021, Regarding the approval of the List of Essential Medicines" [https://www.legis.md/cautare/getResults?doc\\_id=128625&lang=ro](https://www.legis.md/cautare/getResults?doc_id=128625&lang=ro)

<sup>42</sup> Medicines and Medical Devices Agency. State nomenclature of medicines [https://amdm.gov.md/ro/page/nomenclatorul\\_de\\_stat\\_amed](https://amdm.gov.md/ro/page/nomenclatorul_de_stat_amed)



10	Rifapentinum	150 mg, 300 mg
11	Rifapentinum+ Isoniazidum	300 mg + 300 mg
12	Amikacinum	500 mg, 1000 mg, 250 mg/ml, 100 mg/2 ml
13	Amoxicillinum + Acidum clavulanicum	250 mg +62,5 /5ml; 125 mg + 31,25 /5ml; 500 mg+125 mg
14	Bedaquilinum	100 mg
15	Clofaziminum	50 mg, 100 mg
16	Cycloserinum	125 mg, 250 mg
17	Delamanidum	25 mg, 50 mg
18	Ethionamidum	125 mg, 250 mg
19	Levofloxacinum	250 mg, 500 mg, 100 mg, 0,50%
20	Linezolidum	2 mg/ml 300 ml; 600 mg; 100 mg/5ml; 150 mg
21	Meropenemum	500 mg; 1000 mg
22	Moxifloxacinum	400 mg; 100 mg
23	Acid p-aminosalicilic	4 g
24	Streptomycinum	1 g.

Pretonamidum is mentioned in the State Nomenclature of Medicines and National Clinical Protocol for TB, but it is not included in the list of essential medicines.<sup>43</sup> The TB drugs were procured from two financial sources - national budget via national procurement mechanism (CAPCS) from the resources of the Ministry of Health (national budget) and through the Global Drug Facility (GDF) for the Global Fund-supported program. The modified new short oral regimens have been implemented since September 2020, providing access to eligible RR/MDR TB patients to short mSTR treatment regimens (9 months) within the operational study. Thus, for the year 2023, the coverage rate with modified short oral treatment regimens for drug-resistant tuberculosis was 38.3% (197 cases out of 515), the target being 25% for the year 2023.<sup>44</sup> During 2021-2023, all patients administered treatments depending on the resistance profile of *Mycobacterium tuberculosis*, according to the National Clinical Protocols for adults (2024) and children (2023), as per the table below.

**Table 3. Schemes and treatment regimens for people with TB<sup>45</sup>**

	Variable	Regimen
DS-TB	adult	<b>6 months regimen</b> (2HRZ (E))/ 4 HR: 2 months Isoniazidum, Rifampicinum, Pyrazinamidum (Z) și Ethambutolum (E), followed by 4 months Isoniazidum and Rifampicinum
	adult	<b>The 4-month HPMZ regimen</b> comprises 2 months of Isoniazidum*, Rifapentinum*, Moxifloxacinum and Pyrazinamidum, followed by 2 months of Rifapentinum*, Isoniazidum* and Moxifloxacinum. This regimen is recommended for everyone over the age of 12, regardless of the severity of their TB disease
	Infants aged < 3 months or weighing < 3 kg	<b>6 months regimen</b> 2HRZ or 2HRZE/ 4HR
	Children and adolescents aged 3 months to <12 years	2HRZ or 2HRZE/ 2HR Or 2HRZE/ 4HR
	Adolescents aged 12 to <16 years	2HRZ or 2HRZE/ 2HR 2HRZE/ 4HR 2HPZM/ 2HPM
	Adolescents aged 16 to <20 years	2HRZE/4HR 2HPZM/2HPM
HR-TB:	Adult, children	<b>6 months regimen</b> (H)RZE-Lfx
DR-TB	Adult, children	<b>BPALM</b> (Bedaquilinum, Pretomanid, Linezolidum și Moxifloxacinum) - 6 months
	children	<b>BPAL</b> : Bedaquilinum, Pretomanid, Linezolidum.
	adult	<b>9-months oral regimen</b> (4-6 Bdq (6 m)-Lfx/Mfx-Cfz-Z-E-Hh-Eto or Lzd(2 m) / 5 Lfx/Mfx- CfzZ-E): in MDR/RR TB patients and in which fluoroquinolone resistance was excluded
	adult	<b>Long individualized regimens (18 months)</b> : for patients with MDR/RR TB who are not eligible for or have not had a favorable treatment outcome using the above 6-month or 9-month regimens, have TB disease caused by extensively resistant strains of <i>M. tuberculosis</i> to drugs (XDR TB) or are intolerant to key components of the regimens mentioned above. TB drugs to be used for the treatment of MDR/RR TB are classified into groups A, B and C:
		Group A: Include all three drugs. Levofloxacinum OR Moxifloxacinum; Bedaquilinum; Linezolidum
		Group B: Add one or both drugs. Clofaziminum; Cycloserinum OR Terizidinum
		Group C: Add to complete the regimen and when drugs from groups A and B cannot be used. Ethambutolum; Delamanidum; Pyrazinamidum; Imipenemum + Cilastatinum in combination with Acidum clavulanicum;

<sup>43</sup> [https://amdm.gov.md/storage/pages/June2024/nomenclator-medicamente\\_13.06.2024.xls](https://amdm.gov.md/storage/pages/June2024/nomenclator-medicamente_13.06.2024.xls)

<sup>44</sup> NTP 2023 annual report

<sup>45</sup> According to the National TB protocols



		Meropenemum in combination with acidum clavulanicum; Amikacinum OR (Streptomycinum); Ehionamidum OR Protionamidum; Acidum paraaminosalicilicum
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TB drug calculations are done annually on the TB estimates, for both banks of the Nistru river, and include as well the necessities of the penitentiary system. According to the "Medicine Management" Regulation, which is approved by Ministry of Health Order no. 432 of 11.05.2022 regarding the Implementation of the National Tuberculosis Response Program, the needs of TB drugs and laboratory consumables are regularly presented and discussed within the Medicines Management Group on 06/05/2024 and later presented at the technical working group for TB, operating within Country Coordinating Mechanism body. Data on the allocated resources for drug procurement is reflected in annual NTP reports, CAPCS<sup>46</sup> as well as Global Fund Principal Recipients' reports<sup>47</sup>. However, the rigidity of the National procurement mechanism as well as patent legislation-related issues were noted in some reports as potential threats to ensuring sustainable AAAQ of the newest TB medical products after donor withdrawal<sup>48, 49</sup>.

### Availability 1.1.1(d)

2

Rapid, more accurate diagnostics are available throughout the country, including rural and remote areas: rapid diagnostics were available in ≥95% of subnational jurisdictions the past year – i.e. municipalities, cities, districts, etc.

Universal access to early diagnosis of all forms of TB and drug susceptibility testing is ensured, including full geographic coverage with Xpert MTB/RI, and access to TB drug resistance testing is universal. According to the rGLC report, among achievements on TB control are mentioned the number of Xpert machines (total 57 machines, currently all 57 labs have GeneXpert), aligned sample transportation system allows nearly universal access to rapid WRDs and laboratory monitoring, including for aDSM (LFTs, electrolytes, etc), all group A, B and C drugs are available for treatment (GF/MoH) and transition to fully oral treatment for DR-TB is complete both under programmatic and OR conditions.<sup>50</sup> From the sources of the Global Fund in the year 2023, 1 Xpert device with 10 colors, 16 modules was purchased which was installed in the National Reference Laboratory in Tuberculosis Microbiology. 3000 cartridges for the Xpert MBT/XDR method were also procured, which are used to detect and monitor the treatment of patients with MDR&XDR TB.<sup>51</sup> Rifampicin-resistant and multidrug-resistant tuberculosis notification rate per 100,000 population - 13.8 per 100,000 population, which corresponds to 415 cases of Rifampicin-resistant and multidrug-resistant tuberculosis reported in 2023. Share of notified tuberculosis patients (new cases and relapses) among patients tested with rapid diagnostic tests recommended by the World Health Organization in 2023 - 94% (annual target being >90%) times out of 2168 tuberculosis patients (new cases and relapses) notified in 2023 in the Republic of Moldova, 2038 people were tested with rapid diagnostic tests.<sup>52</sup> A total of 57 1<sup>st</sup> level laboratories (labs) provides sputum microscopy and X-pert MTB/RIF tests, including 3 in the penitentiary sector. Total of 59 X-pert machines operate in the country, including 48 at the primary health care level, 5 in the NRL, three in the penitentiary, and 3 in TB services. Both generation (X-pert MTB/RIF

<sup>46</sup>Annual activity reports of the Center for centralized public procurement in health for the year 2021, <https://capcs.md/rapoarte/>

<sup>47</sup> [https://ucimp.md/index.php?option=com\\_content&view=article&id=306&Itemid=219](https://ucimp.md/index.php?option=com_content&view=article&id=306&Itemid=219)

<sup>48</sup> Access to Innovative Antituberculosis Medicines in the Republic of Moldova, Chisinau 2021, <https://repository.usmf.md/handle/20.500.12710/25295>

<sup>49</sup> Evaluation of barriers regarding community involvement, human rights, gender aspects and the level of stigma associated with tuberculosis in the Republic of Moldova, Balti 2022. <https://www.pas.md/en/PAS/Studies/Details/395>

<sup>50</sup> rGLC/Europe country technical support mission report, 2023 [https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

<sup>51</sup> Materials from CCM meeting, 24.04.2024 (NTP 2023 annual report [https://docs.google.com/presentation/d/1QG\\_tGSMlgk8JAq40o-ygkVfYbSJRLKNm/edit#slide=id.p3](https://docs.google.com/presentation/d/1QG_tGSMlgk8JAq40o-ygkVfYbSJRLKNm/edit#slide=id.p3))

<sup>52</sup> NTP Report for 2023, [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2023.pdf)

and X-pert MTB/RIF Ultra) cartridges are in use.<sup>53</sup> Three 2<sup>nd</sup> level labs operate as regional reference labs (RRLs) and provide all the services of 3<sup>rd</sup> level labs, including providing liquid medium culture tests and 1<sup>st</sup> - and 2<sup>nd</sup> -line DST (Balti, Vorniceni, Bender). The NRL, in addition to the functions above, provides testing for MOTTS (mycobacteria other than TB), training and M&E. The NRL and the 2<sup>nd</sup> -level labs have vehicles for sample transportation under cold chain conditions; and providing testing for a designated part of the country. The transportation frequency depends on the catchment area and varies from daily to biweekly. Civilian 2<sup>nd</sup> and 3<sup>rd</sup> level labs also provide DST for the penitentiary sector. Line probe assay (LPA) is provided for all samples positive on microscopy or X-pert MTB/RIF. FLD LPA is done in all cases, and SLD LPA is done for all cases with proved resistance to FLD LPA, and also for some other RR- cases detected by X-pert MTB/RIF. The NRL can perform X-pert MTB/RIF and culture testing for any extra-pulmonary samples, including blood and tissue samples and claims to have the necessary consumables and standard operating procedures in place. The internal and external quality assurance (EQA) systems have been in place in Moldova for all testing types for almost 20 years. In particular, since 2005, EQA has been provided annually for DST to 1<sup>st</sup> and, 2<sup>nd</sup> -line drugs since 2009. According to available data, the average proportion of false results during the last 5 years has not exceeded 0.5%<sup>54, 55</sup>.

#### Availability 1.1.2(a)

1

There is a constitutional or statutory right to health, but it does not explicitly address availability of health facilities, goods or services.

There is a constitutional right to health in Moldova, which is guaranteed by the art 36 of the Constitution<sup>56</sup>. Additionally, art 37 ensures the right to healthy environment, which may affect the right to health. The letter (3) of the Art 36, *The structure of the national health protection system and the means of protecting the physical and mental health of the person are established according to the organic law*, links the Constitution to the Law on Health that guarantees availability of health facilities, goods, and services in Moldova. Also, article 47 (1) regarding the right to social assistance and protection states that "*The State is obliged to take measures for every person to have a decent standard of living, which ensures his health and well-being, for him and his family, including food, clothing, housing, medical care, as well as the necessary social services.*" While the Constitution guarantees the right to health protection and mandates free minimum health insurance, the specific details regarding the **availability of health facilities, goods, and services** are determined by **organic laws**. The Republic of Moldova has enacted organic laws that explicitly guarantee the availability of health facilities, goods, and services. One of the primary pieces of legislation is the **Law on Health Protection** (Law No. 411-XIII), adopted on March 28, 1995<sup>57</sup>. This law outlines the structure and fundamental principles of the healthcare system in Moldova. Notably, Article 2 specifies that the health care system comprises various organizations, including treatment-and-prophylactic, sanitary and preventive, sanitary and anti-epidemic, pharmaceutical, and others. It emphasizes principles such as decentralized management and the responsibility of central and local public authorities to ensure the availability, timeliness, quality, and scope of medical care. Additionally, the **Law on State Supervision of Public Health** (Law No. 10-XVI)<sup>58</sup>, adopted on February 3, 2009, establishes the organization of state

<sup>53</sup> rGLC/Europe country technical support mission report, WHO Europe 2023.

[https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

<sup>54</sup> rGLC/Europe country technical support mission report, WHO Europe 2023.

[https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

<sup>55</sup> rGLC/Europe country technical support mission report, WHO Europe 2021

[https://simetb.ifp.md/Download/tbreps.excel/raport\\_GLC\\_OctNov2021.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_GLC_OctNov2021.pdf)

<sup>56</sup> [Constitution of the Republic of Moldova no. 1 of 29.07.1994 https://www.legis.md/cautare/getResults?doc\\_id=142462&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=142462&lang=ro#)

<sup>57</sup> [https://www.legis.md/cautare/getResults?doc\\_id=146834&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=146834&lang=ro#)

<sup>58</sup> [https://www.legis.md/cautare/getResults?doc\\_id=136063&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=136063&lang=ro#)

supervision over public health. This law sets general requirements for public health and outlines the rights and obligations of individuals and legal entities. Its purpose is to ensure optimal conditions for maximizing individual health potential throughout life by means of organized societal efforts aimed at disease prevention, health protection, and promotion, thereby improving the quality of life. These laws collectively form the legal framework that guarantees the availability and quality of health facilities, goods, and services in the Republic of Moldova. Ministry of Health of the Republic of Moldova through specific provisions and regulations ensure their implementation.

The health system of the Republic of Moldova is organized according to the principles of universal access to basic health services, with mandatory health insurance for other health services and equity and solidarity in health care financing. Emergency care, primary care visits, medicines for selected diseases and inpatient care for people with specific diseases, including COVID-19, are available to the whole population, regardless of insurance status.<sup>59</sup> Both public and private providers participate in the provision of primary and secondary care services. Vertical programs that ensure availability of medicines for selected conditions include tuberculosis, HIV/AIDS, diabetes and cancer treatment, vaccination programs, and others<sup>60</sup>. The National Council for Evaluation and Accreditation in Health (CNEAS), as a public institution founded by the Ministry of Health, responsible for evaluation and accreditation in the health system, which evaluates all public and private medical and health institutions in accordance with quality standards developed specifically for each type of provider (primary and specialized medical care, clinical and biochemical laboratories, hospitals, etc.) and issues the certificate of compliance. Availability is mentioned in each type of evaluated institution standard<sup>61, 62</sup>.

The Republic of Moldova has an approved list of essential medicines, and the availability of medicines, consumables and medical devices for the population of the Republic of Moldova is ensured through the Agency for Medicines and Medical Devices<sup>63</sup>. The MoH activity report for 2024 mentions progress in several strategic directions, from modernizing the infrastructure of medical institutions, equipping them with high-performance medical equipment, increasing access to quality medical services, to strengthening human resource capacities and aligning national health policies with European Union standards<sup>64</sup>.

#### Availability 1.1.2(b)

1

Laws governing the TB response (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods, or services; or (3) ensure availability but do not specifically mention TB or people affected by TB (PATB).

Article 12 on Organization of anti-tuberculosis medical assistance of the Law on the control and prophylaxis of tuberculosis<sup>65</sup> mentioned that *“(1)Anti-tuberculosis medical assistance is guaranteed by the state and is based on the principles of respecting the dignity of the person, confidentiality, free of charge and accessibility.”* Also Article 17 stipulates that *“In the provision of anti-tuberculosis medical assistance, persons on record in connection with tuberculosis and tuberculosis patients have the right to c)diagnosis and treatment in specialized anti-tuberculosis medical institutions or in outpatient conditions, depending on the*

<sup>59</sup> <https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-republic-of-moldova-2022>

<sup>60</sup> <https://documents1.worldbank.org/curated/en/099940006202235948/pdf/P1775870ba4d6f0f0ac6106a0921fcea6e.pdf>

<sup>61</sup> <https://ms.gov.md/wp-content/uploads/2024/08/Standarde-de-evaluare-si-acreditare-in-sanatate.rar>

<sup>62</sup> Examples from the hospital accreditation standard: (1) Laboratory services are available based on patient needs, (2) Laboratory results are available within a reasonable time frame for the institution and the patient (3) Anesthesiology-resuscitation services are permanently available

<sup>63</sup> <https://amdm.gov.md/ro>

<sup>64</sup> <https://ms.gov.md/wp-content/uploads/2024/12/Raport-de-activitate-al-MS-pe-parcursul-anului-2024-.pdf>

<sup>65</sup> Law No. 153 of 04-07-2008 regarding the control and prophylaxis of tuberculosis,

[https://www.legis.md/cautare/getResults?doc\\_id=138757&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=138757&lang=ro#)

*manifestation of the disease and the conditions sanitary-hygienic facilities available; d) being in a specialized anti-tuberculosis medical institution for the time required for investigations and/or treatment, f) free of charge medical examination, diagnostic investigations and chemotherapy, prophylactic vaccination against tuberculosis, medicines necessary for treatment in the specialized anti-tuberculosis medical institution or in outpatient conditions and recovery of work capacity.” Sanitary Regulation regarding hygiene conditions for medical and sanitary institutions<sup>66</sup> contains specific requirements for TB institutions, such as the conditions for the placement of wards/rooms for people with TB.*

Although the Law on the control and prophylaxis of tuberculosis of 2008 governing the TB response contain general language ensuring the availability of certain kinds of health facilities, goods, or services and needs to be updated, there are other laws adopted in the health care field, including Law on health care of 1995 and Law on state supervision of public health of 2009 complementing the general provisions of the Law on TB.

The Government's decision regarding the approval of the Single Program of mandatory medical assistance insurance in Art. 4 mentions *(1) The assistance and medical services specified in the Single Program are granted to all insured persons and represent a package of services, which would adequately meet the needs of the population determined by: guaranteeing equity, access to essential, safe and quality medical services, as well as ensuring continuity assistance, with an emphasis on disadvantaged and at-risk groups; para. (3) All persons, including those who do not have the status of an insured person, benefit from specialized outpatient and hospital medical assistance, in the case of socially-conditioned illnesses with a major impact on public health, covered from the means of the mandatory medical assistance insurance funds according to the legislation.*<sup>67</sup>

#### Availability 1.1.2(c)

1

MoH and NTP policies, plans, regulations, and other orders (1) only contain general or vague language ensuring availability; (2) only ensure availability of certain kinds of health facilities, goods or services; or (3) ensure availability but do not specifically mention TB or PATB.

The main MoH and NTP policies, plans, regulations, and other orders contain explicit language ensuring the availability of a full spectrum of health facilities, goods, and services, specifically mentioning TB or PATB, including several (18) KVPs.

The main strategic document is the National Strategic Program (NSP) which is developed/renewed systematically every 5 years since 1999. The current program for 2022-2025<sup>68</sup> has to contribute to the achievement of the 2030 Agenda for Sustainable Development and is based on the principle of leaving no one behind and ensuring the respect, protection and fulfilment of human rights, in particular the right to the highest standard of health and its basic elements: availability, accessibility (accessibility without discrimination, physical accessibility, economic accessibility, information accessibility), acceptability and quality. The Specific objectives of the NSP are to ensure universal access to systematic screening of contacts and high-risk groups to tuberculosis, including children, universal access to diagnostic and TB treatment and people-centered care.

<sup>66</sup> Government decision No. 663 of 07-23-2010 for the approval of the Sanitary Regulation regarding hygiene conditions for medical and sanitary institutions [https://www.legis.md/cautare/getResults?doc\\_id=110173&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=110173&lang=ro#)

<sup>67</sup> Government's decision regarding the approval of the Single Program of mandatory medical assistance insurance no. 1387/2007 [https://www.legis.md/cautare/getResults?doc\\_id=136680&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=136680&lang=ro#)

<sup>68</sup> The National Tuberculosis Response Program for 2022-2025 [https://www.legis.md/cautare/getResults?doc\\_id=130171&lang=ro](https://www.legis.md/cautare/getResults?doc_id=130171&lang=ro)

Ministry of Health Order No. 432/2022 on the implementation of the National Tuberculosis Response Program for 2022-2025<sup>69</sup> describe the level of care for TB high-risk groups and TB patients, including in special situations (prisoners, homeless, diabetes Mellitus, mental health issues, PLWH, PWID etc). The guide "Organization and development of Systematic Screening and preventive treatment of tuberculosis"<sup>70</sup> approved by MoH<sup>71</sup> are reflected aspects related to the organization of TB services at different levels, the specific provisions on conducting of work with populations living in hard-to-reach areas and at high risk of TB infection and disease, which may be directly related to civil society organizations are included.

Ministry of Health Order No.1189/324/2023 of 22.12.2023 regarding some interventions to increase adherence to tuberculosis treatment in outpatient settings<sup>72</sup> establishes how to provide incentives for the procurement of food products and to cover transportation costs, to increase the adherence to treatment and the success rate of the treatment of tuberculosis supported through the NHIC budget. Everyday lamp sum is 53 lei MD (which is equivalent to 3.0 USD) and monthly fixed transportation reimbursement of 150 lei MD (which is equivalent to 8.5 USD).

To make accessible the method of supervision of the administration of the directly observed treatment of TB, as well as to reduce the lost time and the costs of travel to the medical institution, through the implementation in 2019 of the VST.<sup>73</sup>

## 1.2 Accessibility.

Theme 1	Sub-theme	Score		
Examples of ways to guarantee accessibility through law and policy include regulating the costs of TB vaccines, drugs, or diagnostic; waiving customs duties and VATs (value-added taxes) on the importation of TB vaccines, drugs, and diagnostics; requiring and enabling physical accessibility to clinics; prohibiting discrimination in access to health care; and addressing other kinds of structural barriers.	1.2.1(a)	TB vaccines, drugs, and diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are provided free of charge for all PATB.	2.00	2.00
	1.2.2(a)	TB health facilities are evenly distributed across the country and physically accessible to communities affected by TB: ≥95% of subnational jurisdictions have TB health facilities – i.e. municipalities, cities, districts, etc.	2.00	1.67
	1.2.2(b)	PATB or other key stakeholders report that TB health facilities are very easy to locate and find for all communities affected by TB in the country.	2.00	
	1.2.2(c)	PATB or other key stakeholders report that transport to reach TB health facilities is affordable in most communities affected by TB, but too costly for the poor or other key and vulnerable populations.	1.00	
	1.2.3(a)	There is a constitutional or statutory right to health that explicitly guarantees accessibility of health facilities, goods or services.	2.00	1.67
	1.2.3(b)	Laws governing the TB response contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods and services and they are fully implemented and enforced	1.00	
	1.2.3(c)	MoH and NTP policies, plans, regulations or other orders contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods and services, and are fully implemented and enforced.	2.00	
	<b>1.2 TOTAL SCORE: (1.2.1 total + 1.2.2 total + 1.2.3 total /3)</b>			<b>1.78</b>

<sup>69</sup> Ministry of Health Order No. 432 of 11/05/2022: Regarding the implementation of the National Tuberculosis Response Program for the years 2022-2025 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2022\\_05\\_11\\_nr\\_432\\_implementare\\_PNCTB.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2022_05_11_nr_432_implementare_PNCTB.pdf)

<sup>70</sup> "Organization and development of systematic screening and preventive treatment of tuberculosis, 2023 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2023\\_05\\_31\\_nr\\_481\\_ghidul.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2023_05_31_nr_481_ghidul.pdf)

<sup>71</sup> Ministry of Health Order No. 481 of 31/05/2023: Regarding the approval of the Guide "Organization and development of systematic screening and preventive treatment of tuberculosis" [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2023\\_05\\_31\\_nr\\_481.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2023_05_31_nr_481.pdf)

<sup>72</sup> MoH Order No. WHO1189/324/2023 of 22.12.2023 regarding some interventions to increase adherence to tuberculosis treatment in outpatient settings, 2023 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2023\\_12\\_22\\_nr\\_OMS1189\\_324\\_2023.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2023_12_22_nr_OMS1189_324_2023.pdf)

<sup>73</sup> MoHSP Order No. 341 of 18.03.2019: Regarding the organization of video-observed tuberculosis treatment VOT [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2019\\_03\\_18\\_nr\\_341\\_implementare\\_vot.zip](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2019_03_18_nr_341_implementare_vot.zip)



## Accessibility 1.2.1(a)

2

TB vaccines, drugs, and diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are provided free of charge for all PATB.

TB vaccines, drugs, and diagnostics, such as X-rays, rapid molecular diagnostics, and other tests, are provided free of charge to all PATB. The law regarding the control and prevention of tuberculosis has several provisions regarding gratuity. Thus, art. 12 mentioned that *Anti-tuberculosis medical assistance is guaranteed by the state and is based on the principles of respecting the dignity of the person, confidentiality, free of charge and accessibility.*, art. 13 (3) „Persons who have been or are in contact with tuberculosis patients will, mandatory, be examined and medically supervised free of charge to detect tuberculosis and will be subjected to chemo-prophylactic anti-tuberculosis treatment in the manner established by the Ministry of Health.”, Art. 17- „In the provision of anti-tuberculosis medical assistance, people with tuberculosis have the right to: f) free medical examination, diagnostic investigations and chemotherapy, prophylactic vaccination against tuberculosis, medicines necessary for treatment in the specialized anti-tuberculosis medical institution or outpatient and work capacity recovery conditions.”

According to the provisions of the Single Program of Mandatory Health Care Insurance<sup>74</sup> the radiological examination of persons in risk groups for TB is free, in the case of prophylactic services provided by the PHC and the family doctor and his team.<sup>75</sup> The costs for the radiological examination of risk groups and people with TB are covered from NHIC resources within the limits of the budgets contracted for the respective year by the institutions of primary medicine, inpatient or specialized outpatient care.<sup>76</sup>

All newborns without contraindications are subject to vaccination for the prevention of TB. Vaccination is carried out between the third and fifth day of the child's life (not earlier than 48 hours after birth) with a vaccine for the prevention of TB (BCG). TB vaccines in the Republic of Moldova are purchased from the public budget or donations and are free for the population. The National Agency for Public Health provides vaccines and medical devices to hygiene and epidemiology centers in the Transnistrian region, based on bilateral contracts against full payment of the costs of the goods purchased, as well as the payment of overhead expenses in the amount of 5% of the cost of the goods, regardless of their origin, except those from the humanitarian assistance offered to the Republic of Moldova, which will be released free of charge.<sup>77</sup>

According to the last rGLC Report (2023), there is good equipment and strong capacity of laboratory service in the country for effective TB detection. The TB laboratory service in Moldova is well developed. The routine courier sputum transportation system is functional and covers transportation of sputum specimens from peripheral laboratories to RRLs and NRL for culturing and DST. Culture and phenotypic DST available at the NRL to all, including the new and re-purposed drugs. Number of Xpert machines (total 57 machines, currently all 57 labs have GeneXpert) and aligned sample transportation system allows nearly universal access to rapid WRDs and laboratory monitoring, including for aDSM (LFTs, electrolytes, etc). Use of mobile

<sup>74</sup> Government Decision No. 1387 of 10-12-2007 regarding the approval of the Single Program of mandatory medical assistance insurance [https://www.legis.md/cautare/getResults?doc\\_id=136680&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=136680&lang=ro#)

<sup>75</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>

<sup>76</sup> MoH Disposition no 31d of 18.01.2024 Regarding the organization of targeted TB detection activities and information, education and psycho-social support activities to increase adherence to treatment and prevent relapses, implemented by non-governmental organizations [https://simetb.ifp.md/Download/oficial\\_docs/disp\\_ms\\_2024\\_01\\_18\\_nr\\_31d.pdf](https://simetb.ifp.md/Download/oficial_docs/disp_ms_2024_01_18_nr_31d.pdf)

<sup>77</sup> National Program of Immunizations for 2023-2027, [https://www.legis.md/cautare/getResults?doc\\_id=136969&lang=ro](https://www.legis.md/cautare/getResults?doc_id=136969&lang=ro)

X-ray machines with CAD equipment for screening of TB disease, which should be maintained and expanded.<sup>78</sup>

#### Accessibility 1.2.2(a)

2

TB health facilities are evenly distributed across the country and physically accessible to communities affected by TB: ≥95% of subnational jurisdictions have TB health facilities – i.e. municipalities, cities, districts, etc.

In the Republic of Moldova, the infrastructure and structure of the network of medical institutions directly determine the population's access to certain types of institutions. According to the NSP, the responsibilities of the PHC doctor are currently the active detection of TB among risk groups by arranging fluorographic examination, passive TB detection when a person is taken to a health facility with symptoms that may indicate TB, referral to a TB doctor if necessary, controlled TB treatment, providing information to the public on TB issues and participating in the implementation of health measures related to TB infection. Medical care for TB patients can be provided in an outpatient (PHC or Rayon TB service or an inpatient setting (TB hospital). Respectively, health facilities are evenly distributed across the country and physically accessible to communities affected by TB: ≥95% of the rayons have TB outpatient health facilities—53 municipal and rayon TB service departments on the right and 7 on the left banks of the Nistru river throughout the country.<sup>79</sup>

#### Accessibility 1.2.2(b)

2

PATB or other key stakeholders report that TB health facilities are very easy to locate and find for all communities affected by TB in the country.

Family doctors participate in the implementation of the NSP through specific activities, re-enacting activities that fall within the NSP and contribute to reducing morbidity and the transmission of the disease among the population, preventing the emergence of multidrug-resistant TB. The key element is the early detection and referral of the patient towards the finalization of the diagnosis and the prescription of the treatment, according to the regimes approved by the national clinical protocols. The primary healthcare network applies the anti-tuberculosis treatment to the patients under direct observation, in outpatient conditions, prescribed by phthisiopneumologists.<sup>80</sup>

In the Republic of Moldova, at the end of 2023, 1017 medical and sanitary institutions provide primary and specialized medical assistance and 89 hospitals (including 3 TB hospitals).<sup>81</sup> Every second person went to the health center for medical assistance, and every third person benefited from medical services at the family doctor's offices. The population from the urban environment mainly goes to health centers for medical services (87.6%), while the population from the rural environment goes to these institutions in a proportion of about 29 percent, and 65 percent still resort to medical services from within the offices of family doctors.<sup>82</sup> On a territorial profile, per 100,000 population of the Republic of Moldova, there are 50.8

<sup>78</sup> rGLC/Europe Country Technical Support Mission Report, WHO Europe 2023.

[https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

<sup>79</sup> Ministry of Health Order No. 432 of 11/05/2022: Regarding the implementation of the National Tuberculosis Response Program for the years 2022-2025 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2022\\_05\\_11\\_nr\\_432\\_implementare\\_PNCTB.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2022_05_11_nr_432_implementare_PNCTB.pdf)

<sup>80</sup> Ministry of Health Order No. 432 of 11/05/2022: Regarding the implementation of the National Tuberculosis Response Program for the years 2022-2025 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2022\\_05\\_11\\_nr\\_432\\_implementare\\_PNCTB.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2022_05_11_nr_432_implementare_PNCTB.pdf)

<sup>81</sup> The network of medical institutions, National Statistics, 2023

[https://statbank.statistica.md/PxWeb/pxweb/ro/30%20statistica%20sociala/30%20statistica%20sociala\\_\\_08%20SAN\\_\\_SAN010/SAN010100.px/table/tableViewLayout2/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9](https://statbank.statistica.md/PxWeb/pxweb/ro/30%20statistica%20sociala/30%20statistica%20sociala__08%20SAN__SAN010/SAN010100.px/table/tableViewLayout2/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9)

<sup>82</sup> Population Access to Health Services, National Bureau of Statistics of the Republic of Moldova, 2022

[https://statistica.gov.md/files/files/publicatii\\_electronice/acces\\_servicii\\_sanatate/Acces\\_servicii\\_sanatate\\_2022.pdf](https://statistica.gov.md/files/files/publicatii_electronice/acces_servicii_sanatate/Acces_servicii_sanatate_2022.pdf)

doctors, 96.7 nurses and 0.6 phthisiopneumologists (2023).<sup>83</sup> The geographic accessibility of the network of PMC as a medical services entry point provides easy access for people with TB to services.

The CRG Report concluded the physical accessibility of TB services in the Republic of Moldova is generally good. In the opinion of respondents from the governmental and non-governmental sectors, the particular vulnerability of representatives of key groups to TB is determined by social and economic vulnerability, including unsatisfactory living conditions or lack of a stable place to live, lack of a stable place to work, low health education and lack of responsibility for one's own health, limited access to medical services, including social services, lack of health insurance, lack of support from local governments, stigmatization and negative attitude towards belonging to a certain group in medical institutions, but also in society, alcohol abuse. In the opinion of PATB, there are several categories of causes that prevent timely access to diagnostic and treatment services. The first category is represented by financial causes/poor material situation. The second category is related to socio-emotional aspects (fear and shame). The third category is represented by systemic causes, those related to the organization of the medical system. For patients from remote villages, for those who work illegally abroad, but also for those who do not have a place to live – access to medical services is difficult, because, most of the time, they do not have a medical insurance policy.<sup>84</sup>

#### Accessibility 1.2.2(c)

1

PATB or other key stakeholders report that transport to reach TB health facilities is affordable in most communities affected by TB, but too costly for the poor or other key and vulnerable populations.

PATB reports that TB health facilities are generally easy to locate and find for most but not all communities affected by TB. However, the transport to reach specialised medical care or radiological examination is reported to be affordable in most communities affected by TB, but too costly for the poor or other key and vulnerable populations.<sup>85</sup> In order to solve these problems, TB screening services are available in Moldova for risk groups through CSOs, which include pantry support and transportation to radiological medical examinations at rayon level. The costs of the actual medical examination are covered by the PHC from NHIC resources. CSOs activities are financed by the Global Fund and from the NHIC Prevention Fund.<sup>86</sup> In the same way, transportation costs in the amount of about 8.5 USD per month are reimbursed from the NHIC funds for people with good TB treatment adherence.<sup>87</sup>

#### Accessibility 1.2.3(a)

2

There is a constitutional or statutory right to health that explicitly guarantees the accessibility of health facilities, goods, or services.

Section II of the Constitution of Moldova establishes several civil, political, economic, social and cultural rights that are consistent with international obligations, including the right to health protection (art. 36),

<sup>83</sup> Statistics bank, 2023

[https://statbank.statistica.md/PxWeb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala\\_\\_08%20SAN\\_\\_SAN010/SAN010700regrc.l.px/table/tableViewLayout2/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9](https://statbank.statistica.md/PxWeb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala__08%20SAN__SAN010/SAN010700regrc.l.px/table/tableViewLayout2/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9)

<sup>84</sup> [https://drive.google.com/file/d/1bFdiZc4QFFtHTngdEfen1Rh\\_4MoXrEz-/view](https://drive.google.com/file/d/1bFdiZc4QFFtHTngdEfen1Rh_4MoXrEz-/view)

<sup>85</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>

<sup>86</sup> MoH Disposition no 31d of 18.01.2024 Regarding the organization of targeted TB detection activities and information, education and psycho-social support activities to increase adherence to treatment and prevent relapses, implemented by non-governmental organizations [https://simetb.ifp.md/Download/oficial\\_docs/dispos\\_ms\\_2024\\_01\\_18\\_nr\\_31d.pdf](https://simetb.ifp.md/Download/oficial_docs/dispos_ms_2024_01_18_nr_31d.pdf)

<sup>87</sup> MoH Order No. WHO1189/324/2023 of 22.12.2023 regarding some interventions to increase adherence to tuberculosis treatment in outpatient settings, 2023 [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2023\\_12\\_22\\_nr\\_OMS1189\\_324\\_2023.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2023_12_22_nr_OMS1189_324_2023.pdf)



the right to a healthy environment (art.37) and the right to social assistance and protection (Article 47).<sup>88</sup> So, art.47 (1) regarding the right to social assistance and protection states that *"The State is obliged to take measures for every person to have a decent standard of living, which ensures his health and well-being, for him and his family, including food, clothing, housing, medical care, as well as the necessary social services."*

There is a constitutional right to health, but it does not explicitly address accessibility of health facilities, goods, and services. Simultaneously, p. 3 of the Art 3 of the Constitution refers to the Organic Laws that regulates the structure of the overall health system and measures of health protection.

Law on the patient's rights and responsibilities<sup>89</sup>, in art. 8. Guaranteeing the patient's social rights to health care, expressly mentions that *"(1) The realization of the patient's social rights to health care is determined by ensuring fair access to the highest quality health services, which society can guarantee with the human, financial and material resources available, according to the law. (2) Every patient is guaranteed unlimited access to a family doctor, and if possible, the right to choose or change him of each medical unit or of the primary health care management body, the lists of family doctors and the method of choosing them in the respective locality will be displayed. (3) Each patient is guaranteed free access to emergency health services, carried out both through the family doctor and through the structures of outpatient or inpatient medical institutions within the patient's location."*

Among the other principles embedded in the Law on health care, is a specific provision in Art 2 *"(c) urging the responsibility of medical-sanitary bodies and institutions for the accessibility, timeliness, quality, and volume of medical-sanitary services provided, for the quality of professional training and the improvement of the qualification of medical-sanitary and pharmaceutical personnel"*<sup>90</sup>.

#### Accessibility 1.2.3(b)

1

Laws governing the TB response (1) only contain general or vague language ensuring accessibility; (2) only ensure accessibility for certain kinds of health facilities, goods or services; or (3) ensure accessibility but do not specifically mention TB or PATB.

The Law of control and prophylaxis of tuberculosis determines the legal, organizational and financial bases of activities aimed at combating the emergence and spread of TB providing medical care to TB patients, and establishes the rights, duties, and responsibilities of legal and natural persons in the field of TB control. Art. 12 (1) of the Law on TB<sup>91</sup> ensures *tuberculosis medical assistance is guaranteed by the state and is based on the principles of respecting the dignity of the person, confidentiality, free of charge and accessibility*. However, the law needs to be revised, while ensuring synchronization with all TB-related acts to ensure and facilitate access to diagnosis, treatment and support, in especially for vulnerable people; to guarantee employment, access to justice and social guarantees, ensuring the implementation of legal education programs, reducing stigma and discrimination, organizing training for service providers on human rights and ethics.<sup>92</sup>

<sup>88</sup> Constitution of the Republic of Moldova, [https://presedinte.md/app/webroot/Constitutia\\_RM/Constitutia\\_RM\\_RO.pdn](https://presedinte.md/app/webroot/Constitutia_RM/Constitutia_RM_RO.pdn)

<sup>89</sup> Law No. 263 of 10-27-2005 regarding the patient's rights and responsibilities, [https://www.legis.md/cautare/getResults?doc\\_id=140341&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=140341&lang=ro#)

<sup>90</sup> Law of the Republic of Moldova of March 28, 1995 No. 411-XIII About health protection, <https://cis-legislation.com/document.fwx?rgn=3461>

<sup>91</sup> [Legea nr.153 din 04.07.2008 cu privire la controlul și profilaxia tuberculozei](#)

<sup>92</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>

### Accessibility 1.2.3(c)

2

MoH and NTP policies, plans, regulations or other orders contain explicit language ensuring the accessibility of a full spectrum of health facilities, goods and services, specifically mentioning TB or PATB, including at least ≥1 key or vulnerable groups.

MoH and NTP policies, plans, regulations, and other orders governing the TB response contain provisions that explicitly aim to ensure the accessibility of TB health facilities, goods, and services and they are fully implemented and enforced<sup>93, 94</sup>. The current NTP for 2022-2025 contributes to the implementation and achievement of the Sustainable Development Goals until 2030 and is based on the principle: of leaving no one behind and ensuring the observance, protection, and implementation of human rights, in particular the right to the highest standard of health and its main elements: availability, accessibility non-discriminatory, physical accessibility, economic accessibility, information availability), acceptability and quality.<sup>95</sup>

National Tuberculosis Response Program for the years 2022-2025<sup>96</sup> in the introductory part mentions the aim to contribute to *the achievement of the 2030 Agenda for Sustainable Development and is based on the principle of leaving no one behind and ensuring respect, protection and fulfillment of human rights, in particular the right to the highest attainable standard of health and its basic elements: availability, accessibility (accessibility without discrimination, physical accessibility, economic accessibility, accessibility of information), acceptability and quality*. These commitments are subsequently reflected in several specific objectives as follows:

**Specific objective 1:** *Systematic screening for active tuberculosis of at least 90% of contacts and at least 90% of groups at increased risk of tuberculosis by the end of 2025, by ensuring universal access to systematic screening of contacts and groups at increased risk of tuberculosis, including children;*

**Specific objective 2:** Establishing early diagnosis of all forms of tuberculosis, with the detection, by the end of 2025, of at least 90% of the total estimated number of cases of Rifampicin-resistant and multidrug-resistant tuberculosis, by **ensuring universal access to early diagnosis** of all forms of tuberculosis and to drug susceptibility tests, including rapid tests;

**Specific objective 3:** Implementation of the treatment of susceptible tuberculosis and Rifampicin-resistant and multidrug-resistant tuberculosis, achieving, by the end of 2025, a success rate among new and relapsed cases of susceptible tuberculosis of at least 90% and among cases of Rifampicin-resistant and multidrug-resistant tuberculosis of not less than 80%, **by ensuring equitable access to quality treatment** and continuous care for all people with tuberculosis, including children, through a person-centered approach and providing support based on the needs of the person.

MoH order on the implementation of the NTP for 2022-2025<sup>97</sup> has several provisions regarding accessibility such as:

*4. The heads of the territorial Public Health Centers will ensure..6) measures to inform the population regarding the recognition of tuberculosis symptoms, access to specialized medical services, contemporary treatment methods, social facilities currently offered, combating stigma and discrimination, etc., with the involvement of specialists in the field.*

<sup>93</sup> [Hotărârea Guvernului nr.107 din 23.02.2022 privind aprobarea Programului național de răspuns la tuberculoză pentru anii 2022-2025](#)

<sup>94</sup> Ordinul Ministerului Sănătății, nr.481 din 31.05.2023 privind aprobarea [Ghidului „Organizarea și desfășurarea screening-ului sistematic și a tratamentului preventiv al tuberculozei”](#)

<sup>95</sup> rGLC/Europe country technical support mission report, WHO Europe 2023, [https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

<sup>96</sup> [https://simetb.ifp.md/Download/oficial\\_docs/hotarire\\_gov\\_2022\\_02\\_23\\_nr107\\_pn\\_tb.pdf](https://simetb.ifp.md/Download/oficial_docs/hotarire_gov_2022_02_23_nr107_pn_tb.pdf)

<sup>97</sup> [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2022\\_05\\_11\\_nr\\_432\\_implementare\\_PNCTB.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2022_05_11_nr_432_implementare_PNCTB.pdf)

12. The General Directorate for Integrated Medical Services Policies, jointly with the Directorate for Public Health Policies, will develop collaboration mechanisms with similar structures in the countries of destination of migrants in order to ensure access to services for migrants from the Republic of Moldova and the continuity of treatment and the prevention of relapses.

The appropriate location of various health structures involved in the microbiological investigation of tuberculosis in the territory must ensure the accessibility of the examination of different population groups and guarantee the quality of the results, which can only be achieved in specialized laboratories, equipped with modern equipment and devices.

12. Ensure access of detainees to integrated diagnostic, treatment and support services for people with TB by implementing the model oriented to the needs of the person

Ensuring access to the Programs for reducing the risk associated with drug use for TB patients in phthisiopneumology hospitals in collaboration with CSOs.

### 1.3 Acceptability.

Theme 1	Sub-theme	Score		
Examples of ways to ensure acceptability through law and policy include requiring periodic training for health workers on medical ethics and gender-sensitive and culturally- and age-appropriate health services; legal recognition of the rights to privacy and patient confidentiality; defining and mandating respectful, non-stigmatizing care; and addressing operational concerns, such as clinic hours, wait times, and overcrowding	1.3.1(a)	PATB or other key stakeholders report frequent or systemic instances of (1) stigmatizing treatment, (2) lack of gender-sensitive care, or (3) lack of culturally- or age-appropriate care at TB health facilities.	0.00	0.00
	1.3.1(b)	"PATB or other key stakeholders report frequent or systemic instances of medical ethics violations in TB health services, such as (1) lack of respect for patient choice and autonomy, or (2) failure to respect the rights to privacy or confidentiality	0.00	
	1.3.2(a)	There is a constitutional or statutory right to health, but it does not explicitly address the acceptability of health facilities, goods or services.	1.00	0.33
	1.3.2(b)	PATB or other key stakeholders report frequent or systemic instances of (1) stigmatizing treatment, (2) lack of gender-sensitive care, or (3) lack of culturally- or age-appropriate care at TB health facilities.	0.00	
	1.3.2(c)	"MoH and NTP policies, plans, regulations or other orders do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods and services, and are fully implemented and enforced."	0.00	
<b>1.3 TOTAL SCORE: (1.3.1 total + 1.3.2 total/2)</b>				<b>0.17</b>

The theoretical framework of acceptability (TFA) consists of seven components: affective attitude, burden, perceived effectiveness, ethics, intervention coherence, opportunity costs, and self-efficacy.<sup>98</sup>

#### Acceptability 1.3.1(a)

0	PATB or other key stakeholders report frequent or systemic instances of (1) stigmatizing treatment, (2) lack of gender-sensitive care, or (3) lack of culturally- or age-appropriate care at TB health facilities.
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A KAP study among the general population, conducted in Moldova in 2021, found that most often, respondents heard that people with tuberculosis in their community were stigmatized in medical institutions. The majority of respondents from the general population who claimed that because of stigma, people with tuberculosis were unable to start treatment in health facilities (59%). Among the general population who said that because of stigma the person with TB was unable to complete treatment, half (51%) say that the person was stigmatized in hospitals or clinics.<sup>99</sup>

<sup>98</sup> Mandeep Sekhon, Martin Cartwright, Jill J. Francis Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework, 2017 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5267473/>

<sup>99</sup> Tuberculosis in Moldova: knowledge, attitudes and practices of the general population, 2021 <https://www.pas.md/ro/PAS/Studies/Details/361>

The data of the 2022 Stigma assessment reports for both banks of the Nistru river (i) high levels of anticipated stigma in community/neighbours (72%) and (ii) stigma among medical staff (61%) with higher rates reported on the left bank of the Nistru river.<sup>100</sup>

National laws and policies on health and the TB response provide for the human rights component, but are weakly gender sensitive and do not provide for the gender assessment required in TB program implementation, monitoring and evaluation. People with TB, as well as key populations and vulnerable groups, are often unable to exercise their social and economic rights due to lack of knowledge or lack of funding to ensure these rights. The response to TB must be people-centred, rights-based and gender sensitive.<sup>101</sup>

According to the KAP 2017 assessment, which was carried out not only at the level of the population as a whole, but also in the main vulnerable groups of the population (people, people living with HIV, PAFA, prisoners, PCD and migrants) and analysis over time of key indicators with indicators from previous rounds of the KAP, highlights an increase in the integrated knowledge indicator of TB symptoms for the general population, registering an increase of 8 % compared to 2012, while the share of those who consider TB a shame remains at the level of 2012 (29%). Among the key populations analyzed, the highest proportion of people who consider TB a shame was recorded by PAFA respondents (47%). The existence of additional perceptions also indirectly emphasizes the existence of stigma as a phenomenon in the country: 71% of the respondents believe that the main reason for the incomplete treatment of TB is the irresponsibility of the patient; about 50% of respondents believe that a TB patient will try to hide the disease from others. Supporters of this opinion named the following reasons: "fear that others will avoid him" - 96%; "fear of losing friends" - 92%; "fear that no one would want to marry this person" - 87%; "fear of losing one's job" - 87%. The majority, 78% of these respondents, indicated that they would avoid the patient and only 31% were willing to show compassion and offer help. The study revealed a higher complex level of knowledge about TB among key vulnerable groups than among the general population.<sup>102</sup>

### Acceptability 1.3.1 (b)

0

"PATB or other key stakeholders report frequent or systemic instances of medical ethics violations in TB health services, such as (1) lack of respect for patient choice and autonomy, or (2) failure to respect the rights to privacy or confidentiality."

PATB report infrequent instances of stigmatizing treatment, with limited focus on gender-sensitive and age-appropriate care at TB health facilities, particularly for members of TB KVPS. PATB and family members, as well as TB CSOs report isolated instances of medical ethics violations in health services, such as failure to respect the rights to privacy and confidentiality, particularly for members of TB KVPs, captured by the CRG assessment conducted and recent cases documented by CLM – part of the I Like VST app<sup>103, 104</sup>. Also, according to the 2022 CRG data, the perception of PATB that doctors ask for (or expect) money to treat patients is generally widespread, whether based on personal experience or hearsay, but this perception is

<sup>100</sup> [https://drive.google.com/file/d/1bFdiZc4QFFtHTngdEfen1Rh\\_4MoXrEz-/view](https://drive.google.com/file/d/1bFdiZc4QFFtHTngdEfen1Rh_4MoXrEz-/view)

<sup>101</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>

<sup>102</sup> Tuberculosis in Moldova: knowledge, attitudes and practices of the general population and key affected population, 2017, <https://www.pas.md/ro/PAS/Studies/Details/69>

<sup>103</sup> Evaluarea barierelor privind implicarea comunitară, drepturile omului, aspectele de gen și nivelul de stigmă asociată tuberculozei în Republica Moldova, Bălți 2022

<sup>104</sup> Nonna Turusbekova et al, Gender-related factors associated with delayed diagnosis of tuberculosis in Eastern Europe and Central Asia, 2022.

often a significant impediment to seeking medical attention. Some patients state that people lose trust in doctors and thus do not go for even routine check-ups. The perception of PATB that doctors ask for (or expect) money to treat patients is generally widespread, whether based on personal experience or hearsay, but this perception is often a significant impediment to seeking medical attention. Some patients state that people lose trust in doctors and, thus, do not even go for routine check-ups. Most CSO participants mention among the common barriers the avoidance of seeking medical services motivated by fear and the lack of confidentiality due to the human factor of the people who establish the diagnosis.<sup>105</sup>

#### Acceptability 1.3.2(a)

1

There is a constitutional or statutory right to health, but it does not explicitly address the acceptability of health facilities, goods or services.

Yes, the Republic of Moldova explicitly guarantees the **right to health protection** in its Constitution. Article 36 outlines this right as follows: **Guarantee of the Right:** "The right to health protection shall be guaranteed." **Provision of Free Minimum Health Insurance:** "The minimum health insurance provided by the State shall be free." **Establishment of the National Health System:** "The structure of the national system of medical assistance and the necessary means aimed at protecting the individual physical and mental health shall be provided for by organic law."

In the Republic of Moldova, the **right to health protection** is enshrined in the Constitution and further detailed in statutory laws. While these legal frameworks emphasize the **availability** and **accessibility** of healthcare services, they do not explicitly address the **acceptability** of health facilities, goods, or services.

The **Law on Health Protection** (Law No. 411-XIII of March 28, 1995) outlines the structure and principles of the healthcare system, focusing on aspects such as decentralized management, responsibility of authorities, and the quality and timeliness of medical care. However, it does not explicitly mention the acceptability of healthcare services.

Similarly, the **Law on the Rights and Responsibilities of the Patient** (Law No. 263-XVI of October 27, 2005) emphasizes respect for human dignity, the right to information, and informed consent. While it underscores the importance of respecting patients' moral and cultural values, it does not explicitly guarantee the acceptability of health facilities, goods, or services.

In summary, while Moldova's legal framework ensures the availability and accessibility of healthcare services, it does not explicitly address the acceptability aspect, which pertains to the cultural appropriateness and patient-centeredness of healthcare services.

#### Acceptability 1.3.2(b)

0

Laws governing the TB response do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods or services.

Law on tuberculosis (TB) control and prophylaxis<sup>106</sup> in the Republic of Moldova do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods, or services.

This means that while there may be laws addressing the availability and accessibility of TB-related healthcare, they do not specifically guarantee that these services meet standards of acceptability — which

<sup>105</sup> Evaluarea barierelor privind implicarea comunitară, drepturile omului, aspectele de gen și nivelul de stigmă asociată tuberculozei în Republica Moldova, Bălți 2022

<sup>106</sup> [https://www.legis.md/cautare/getResults?doc\\_id=138757&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=138757&lang=ro#)

includes factors such as cultural appropriateness, patient-centered care, and dignity in treatment. But *Article 12. Organization of anti-tuberculosis medical care (1) Anti-tuberculosis medical care is guaranteed by the state and is based on the principles of respect for human dignity, confidentiality, free of charge and accessibility.*

Law on tuberculosis (TB) control and prophylaxis<sup>107</sup> in Article 10(1) about information and education on TB prevention, the Government is responsible, at the national level, for informing and educating the population regarding the prevention of tuberculosis, including ensuring that the educational programs are based on the principles of: non-discrimination, promoting a tolerant attitude towards by people with tuberculosis, respecting and guaranteeing their rights. And Article 12. stipulates that anti-tuberculosis medical assistance is guaranteed by the state and is based on the principles of respecting the dignity of the person, confidentiality, free of charge and accessibility. Art. 17 states that In the provision of anti-tuberculosis medical assistance, persons with tuberculosis have the right to a humane and respectful attitude on the part of the medical staff and other persons participating in the provision of anti-tuberculosis medical assistance; In the text of the Law the term of “TB patients” and similar discriminatory terminology is used — namely, “sick/and with TB”, “case of TB disease”, “sick with contagious forms of TB”. The language used in some legislative and regulatory acts is outdated and needs to be updated.

### Acceptability 1.3.2(c)

0

MoH and NTP policies, plans, regulations and other orders do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods and services.

Laws governing the TB response, as well as MOH and NTP policies, plans, regulations and other orders do not contain provisions that explicitly aim to ensure the acceptability of TB health facilities, goods, and services. Assessment and accreditation standards in health (for primary medical assistance institutions,<sup>108</sup> standards for specialized outpatient medical care institutions<sup>109</sup>, hospitals<sup>110</sup>) do not contain provisions regarding the acceptability of services. There are references only to the accessibility of information about the services provided in the institution, the work schedule, the complaint registers and ensured access for people with disabilities. To fortify the acceptability of the TB services, community center support (psychologist, social worker and DOT supporter) initially funded from GF resources has been institutionalised and included in the overall TB care provided at the 1/3<sup>rd</sup> of the TB multidisciplinary teams at rayon levels funded from domestic/local resources (completion operated in 2019)<sup>111</sup>.

## 1.4 Quality

Theme 1	Sub-theme	Score		
Examples of ways to guarantee quality through law and policy include clear and accessible national guidelines for TB diagnosis and treatment in the public and private sectors based	1.4.1(a)	PATB or other key stakeholders report limited instances of PATB experiencing misdiagnosis or delayed diagnosis.	1.00	1.75
	1.4.1(b)	PATB or other key stakeholders report that PATB do not receive inappropriate treatments or drug regimens.	2.00	
	1.4.1(c)	PATB or other key stakeholders report TB health facilities are effectively administered and operated in the country, with convenient clinic hours, short wait times for services, and no overcrowding.	2.00	

<sup>107</sup> [https://www.legis.md/cautare/getResults?doc\\_id=138757&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=138757&lang=ro#)

<sup>108</sup> Assessment and accreditation standards for primary medical assistance institutions. MoH, 2016 <https://drive.cloud.gov.md/apps/onlyoffice/s/8y2iTDt4tMFkRZ6?fileId=112790>

<sup>109</sup> Evaluation and accreditation standards for specialized outpatient medical care institutions, MoH, 2017 <https://drive.cloud.gov.md/apps/onlyoffice/s/8y2iTDt4tMFkRZ6?fileId=117917>

<sup>110</sup> <sup>110</sup> Evaluation and accreditation standards for hospitals, 2016 <https://drive.cloud.gov.md/apps/onlyoffice/s/8y2iTDt4tMFkRZ6?fileId=711747>

<sup>111</sup> MoH order No 1478 of 24.12.2019 regarding personnel normative.



on the most up-to-date global standards; mandated continuous training of health workers on national TB guidelines and basic TB science; and guidelines and standards for safe and effective administration and operations of TB health facilities.+	1.4.1(d)	PATB or other key stakeholders report that health workers are knowledgeable about TB infection, disease, diagnosis and treatment, and are able to provide good-quality care to PATB.	2.00	
	1.4.2(a)	There is a constitutional or statutory right to health that explicitly guarantees good-quality health facilities, goods and services.	2.00	1.67
	1.4.2(b)	Laws governing the TB response (1) only contain general or vague language ensuring quality; (2) only ensure the quality of certain kinds of health facilities, goods or services; or (3) ensure quality but do not specifically mention TB or PATB.	1.00	
	1.4.2(c)	MoH and NTP policies, plans, regulations, or other orders contain provisions that explicitly aim to ensure good-quality TB health facilities, goods and services, and are fully implemented and enforced.	2.00	
<b>1.4 TOTAL SCORE: (1.3.1 total + 1.3.2 total/2)</b>				<b>1.71</b>

### Quality 1.4.1(a)

1 PATB or other key stakeholders report limited instances of PATB experiencing misdiagnosis or delayed diagnosis.

Despite the overall good quality of the care, there are cases with PATB experiencing delayed diagnosis reported on both banks of the Nistru river. The 2022 data provided by the NTP reports a 3.1% increase in deaths in 2022 compared to 2021 with a significant number of TB cases detected *post mortem* (15% of all TB deaths) and TB deaths happening in the first 12 months after TB detection (51.2% of all TB deaths)<sup>112</sup>. The above-mentioned data denote late detection of the disease, which ultimately leads to more extensive forms of the disease, more complications increases the severity of the disease, and is associated with a higher risk of mortality.

### Quality 1.4.1(b)

1 PATB or other key stakeholders report limited instances of PATB receiving inappropriate treatments or drug regimens.

Treatment of tuberculosis patients is carried out based on National Clinical Protocols and standards of care medical, developed by WHO recommendations and approved by the Ministry of Health. Equitable access to quality treatment and continuing care is ensured for all people with TB, including children, through a person-centred approach and support based on the person's needs. All first-line antituberculosis drugs are available in the country. The treatment success rate among patients with susceptible tuberculosis (new cases and relapses) was 84.5% (the target being 88%) or 1413 out of 1673 people (2022 cohort). All second-line antituberculosis drugs are available in the country. The share of notified patients with Rifampicin-resistant and multidrug-resistant tuberculosis enrolled in treatment was 93.8% (442 out of 471 people), the target for 2023 being set at 95%. The treatment success rate in the cohort of patients with Rifampicin-resistant and MDR tuberculosis was 77.2% or 223 out of 289 people (2021 cohort), the target being 75%<sup>113</sup>.

PATB report limited instances of receiving inappropriate treatments and drug regimens, mainly though cases documented by CLM which were ultimately solved<sup>114</sup>. However, these are considered perceptions as there are no objective evaluations to qualify the reported cases as such (inappropriate treatments and drug regimens), but can be closer to the quality of information regarding their diagnosis and treatment.

<sup>112</sup> Report on the implementation of the National Tuberculosis Response Program for 2021 in RO [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2021.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2021.pdf)

<sup>113</sup> NTP 2023 annual report [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2023.pdf)

<sup>114</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>

### Quality 1.4.1(c)

- 1 PATB or other key stakeholders report only isolated or infrequent instances of poor administration or operations at TB health facilities, such as limited and inconvenient clinic hours, long wait times for services or chronic overcrowding.

In favour of the overall good quality, PATB and other TB stakeholders report TB health facilities are effectively administered and operated in the country, with convenient clinic hours, short wait times for services, and no overcrowding with most health workers being knowledgeable about TB infection, disease, diagnosis, and treatment and being able to provide good quality TB care.

The MoH and NTP policies, plans, regulations (see above in the text) contain provisions that explicitly aim to ensure good quality TB health facilities, goods, and services. These are fully implemented and enforced though renewal of the diagnostic equipment, regular updated treatment guidelines and trainings conducted of the medical staff as well as TB CSOs engaged in service delivery (details on training organised during 2022-2023 is available on the official electronic surveillance system SIME-TB<sup>115</sup>, with the topics of the trainings, dates and personnel to be trained available per year, and enforced by ministerial dispositions. People with TB have different ways of accessing treatment and support, such as in-home treatment, VOT, and any other options that patients and their families deem acceptable. Video-supported treatment (VST) option is available since 2019 and extended countrywide in 2020 and additionally complemented with a CLM module in 2023 to provide the opportunity to PATB to report all potential challenges encountered during the treatment. In 2023, 315 people with TB were enrolled and trained in the use of VST, of which - 252 people completed 60 days of VST treatment and recorded an adherence greater than 90%, for the entire period of being in VST. Thus, the share of tuberculosis patients who administered video-assisted treatment was 13.7% (315 out of 2299 TB cases with treatment initiated in 2023).<sup>116</sup>

At the same time, according to the available CRG data<sup>117</sup>, despite the seemingly good legislative and policy framework, the availability of innovative methods of diagnostics, treatment, and support, the efficient system of providing TB services at a centralized service level (hospital and penitentiary) becomes vulnerable in terms of accessing and providing TB services at the community level, including the transition period from inpatient to outpatient. Therefore, the progress in TB response appears to be as well influenced, in some rural areas by a lack of human or financial resources, and, to some extent by the decrease in TB priority for primary health care compared to other emergencies, and also by limited intersectoral coordination, political will and interregional misalignment (left bank of the Nistru river/Transnistria region).

### Quality 1.4.2(a)

- 2 There is a constitutional or statutory right to health that explicitly guarantees good- quality health facilities, goods and services.

The Constitution guarantees the right to health protection and mandates free minimum health insurance, it does not explicitly mention the **quality** of health facilities, goods, or services. Law No. 411-XIII of March 28, 1995 on Health Care protection, which defines the principles and structure of the health system

<sup>115</sup> Official site of SIME TB [https://simetb.ifp.md/Download/oficial\\_docs/](https://simetb.ifp.md/Download/oficial_docs/)

<sup>116</sup> NTP 2023 annual Report [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2023.pdf)

<sup>117</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova/>



emphasizes the responsibility of central and local public authorities in ensuring the availability, timeliness, quality and volume of medical care. Thus, although the Constitution does not explicitly specify the quality of health services, subsequent legislation, such as Law No. 411-XIII, imposes on the authorities the obligation to ensure quality medical services.

Law on the patient's rights and responsibilities<sup>118</sup> and the art. 8. Guaranteeing the patient's social rights to health care, expressly mentions that *"(1)The realization of the patient's social rights to health care is determined by ensuring fair access to the highest quality health services, which society can guarantee with the human, financial and material resources available, according to the law. (2)Every patient is guaranteed unlimited access to a family doctor, and if possible, the right to choose or change him of each medical unit or of the primary health care management body, the lists of family doctors and the method of choosing them in the respective locality will be displayed. (3)Each patient is guaranteed free access to emergency health services, carried out both through the family doctor and through the structures of outpatient or inpatient medical institutions within the patient's location."*

#### Quality 1.4.2(b)

2

Laws governing the TB response contain provisions that explicitly aim to ensure good-quality TB health facilities, goods and services and they are fully implemented and enforced.

Article 5. of the TB Law, in the Ministry of Health's attributions in the field of tuberculosis control and prophylaxis includes ensuring state control in the procurement, storage and transportation of the anti-tuberculosis vaccine and immunobiological preparations for the early diagnosis of tuberculosis, as well as the drugs used in the treatment of tuberculosis, ensuring control of their quality, efficiency and harmlessness. Article 8 of the Law on patient's rights and responsibilities<sup>119</sup>, stipulates *(1) The fulfillment of the patient's social rights to medical assistance is determined by ensuring fair access to health services the highest quality, which the company can guarantee with the human, financial and material resources available, according to the legislation. And 8) The realization of the patient's social rights is ensured by: a) the promotion and financial support by the state of some national programs and some health services provided free of charge, in the manner provided by the legislation; b) creating conditions of activity for medical workers appropriate to the needs of exercising their professional obligations, following established norms and the requirements of modern medical science; c) accreditation of medical-sanitary institutions, regardless of the type of ownership and legal form of organization, by the legislation; d) applying the system of medical standards in the provision of health services; e) exercising control over the quality of health services provided and accredited in the manner established by legislation; f) state regulation of private medicine; g) maintaining the system of training and improvement of medical workers according to international standards.*

#### Quality 1.4.2(c)

1

Some MoH and NTP policies, plans, regulations or other orders (1) only contain general or vague language ensuring quality; (2) only ensure the quality of certain kinds of health facilities, goods or services; or (3) ensure quality but do not specifically mention TB or PATB.

<sup>118</sup> Law No. 263 of 10-27-2005 regarding the patient's rights and responsibilities, [https://www.legis.md/cautare/getResults?doc\\_id=140341&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=140341&lang=ro#)

<sup>119</sup> Law No. 263 of 10-27-2005 regarding the patient's rights and responsibilities

The quality of services is ensured by the development of national clinical protocols, regularly adjusted to WHO recommendations. Among the indicators for the implementation of the National Clinical Protocol for tuberculosis<sup>120</sup> are: Ensuring the treatment of susceptible tuberculosis and Rifampicin-resistant and multidrug-resistant tuberculosis by ensuring equitable access to quality treatment and continuous care for all people with tuberculosis, including children, through a person-centered approach and support based on the needs of the person.

The NSP implementation order contains clear provisions for activities in various municipal, private institutions and non-governmental organizations.<sup>121</sup> Some examples:

*The laboratory network must be optimally sized, accessible to patients, have qualified personnel, and be technically equipped to ensure the quality of the results.*

*The epidemiologist is responsible for the quality of the epidemiological investigation and its completion organizing the procurement, supply and management of quality medicines*

*13) collaborating with the TB monitoring and evaluation department, in determining the risk level of the penitentiary, the quality of services provided and activities carried out;*

*In order to ensure the procurement of high-quality medicines, the field commission of the Ministry of Health, together with the PNRT coordinator, includes the following mandatory requirements in the request for the procurement of medicines:*

*Ensuring quality TB treatment and management in people with diabetes in accordance with national TB treatment provisions.*

The NTP monitoring department carries out evaluation visits in the territories to analyze the situation, as well as monitoring indicators for the planned activities.<sup>122</sup> Given the development trend of the private sector in the field of primary and specialized outpatient healthcare, intersectoral measures will be taken to ensure the functioning of the NTP in accordance with WHO recommendations for effective TB control in the context of public-private partnership to encourage and improve the quality of medical services related to NTP activities in the private sector.

According to the CRG Report (2022), hospitalization rates are high and often for unnecessarily long periods<sup>10 11</sup>, and the quality of hospital care is often low, with patients taking anti-TB drugs irregularly, despite being in hospitals (for example: 38.8% irregular administration in the Physiopneumology Department of the Municipal Clinical Hospital in Bălți, 19.6% in the "Chiril Draganiuc" Institute of Phthisipneumology in the Vorniceni Clinic and 16.9% in the Municipal Clinical Hospital of Physiopneumology in Chişinău). TB transmission is often exacerbated by late diagnosis of infectious cases.

Given that physical access to services in the Republic of Moldova is generally good, late diagnosis of TB may be a consequence of the unsatisfactory quality of services and the hesitancy of patients to seek TB services and care.

<sup>120</sup> [https://simetb.ifp.md/Download/oficial\\_docs/Ordin\\_MS\\_2024\\_01\\_31\\_nr\\_121\\_protocol.pdf](https://simetb.ifp.md/Download/oficial_docs/Ordin_MS_2024_01_31_nr_121_protocol.pdf)

<sup>121</sup> Initial assessment of the mechanism of multisectoral accountability for the acceleration of progress in the eradication of tuberculosis (MMPTB) in the Republic of Moldova, 2021 [http://ccm.md/sites/default/files/2023-02/8\\_05\\_22\\_Draft\\_MAF-TB%20consolidated%20report-Pre-final.pdf](http://ccm.md/sites/default/files/2023-02/8_05_22_Draft_MAF-TB%20consolidated%20report-Pre-final.pdf)

<sup>122</sup> rGLC Europe technical assistance report, 2023 [https://simetb.ifp.md/Download/tbreps.excel/MLD\\_rGLC\\_Europe\\_Technical-Assistance-report\\_11-15-December-2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/MLD_rGLC_Europe_Technical-Assistance-report_11-15-December-2023.pdf)

## II. NON-DISCRIMINATION AND EQUAL TREATMENT

1

The constitution or legislation prohibits discrimination generally or in specific areas, such as employment or health care, but does not specifically mention TB or PATB; or executive branch (i.e. ministerial) policies, plans, regulations or other orders explicitly prohibit discrimination of some kind against people affected by TB, such as in employment, health care or education.

The right not to be discriminated (or be accepted) in the national legislation of the Republic of Moldova is framed in a series of laws, regulations and national strategies. The Constitution of the Republic of Moldova, article 16 states: *All citizens of the Republic of Moldova are equal before the law and public authorities, regardless of race, nationality, ethnic origin, language, religion, sex, opinion, political affiliation, wealth or social origin.*

The Constitution of the Republic of Moldova in art. 32 (3) states that challenging and defaming the state and the people, inciting war of aggression, national, racial or religious hatred, inciting **discrimination**, territorial separatism, public violence, as well as and other manifestations that attack the constitutional regime. Law on ensuring equality<sup>123</sup> article 1 stipulates *the purpose of this law is to prevent and combat discrimination, as well as to ensure the equality of all persons under the jurisdiction of the Republic of Moldova in the political, economic, social, cultural and other spheres of life, regardless of race, color, national origin, ethnic and social status, citizenship, language, religion or belief, age, sex, gender identity, marital status, sexual orientation, disability, **health status**, HIV status, opinion, political affiliation, wealth, birth or any other criterion.* Art. 8 Article 8. (1) *Any form of discrimination regarding access to the following services and their provision is prohibited: a) services offered by public authorities; b) medical assistance services and other health services; c) social protection services; d) banking and financial services; e) transport services; f) cultural and leisure services; g) other services and goods available to the public.*

TB Law,<sup>124</sup> in art. 10 Article 10. Information and education regarding the prevention of tuberculosis provides for the responsibility of the Government, at the national level, for informing and educating the population regarding the prevention of tuberculosis, as well as ensuring that the educational programs are based on the principles of: non-discrimination, promoting a tolerant attitude towards people with tuberculosis, respecting and guaranteeing their rights. The art. 8 on TB prevention mentions the activity of *sensitizing public opinion at the national level is ensured through information, education, communication activities and through mass media campaigns to promote a healthy lifestyle, responsible and harmless behaviors, non-discrimination and compassion.*

*Code of Ethics of medical workers and pharmacists, in art. 7 on the exercise of the profession, the medical worker and the pharmacist are guided by the following principles of integrity (the obligation to support the physical and mental health of the person, to promote a healthy way of life, to prevent illness and alleviate suffering, respecting the right to life and dignity of the human being, without discrimination of age, sex, race, ethnicity, religion, nationality, social condition, ideology, politics or for any other reason, both in peacetime and in wartime), respect and acceptance: a) in the exercise of the profession, the medical worker and the pharmacist must be tolerant, attentive and understanding with other people, with their opinions and values, and the relationship with the patient must be based on mutual respect, trust, confidentiality and tolerance.*<sup>125</sup>

<sup>123</sup> Law on ensuring equality no. 121 of 25.05.2012, [https://www.legis.md/cautare/getResults?doc\\_id=144449&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=144449&lang=ro#)

<sup>124</sup> Law no. 153-XVI of 04.07.2008 on the fight against tuberculosis and the prevention of tuberculosis, 2008

<sup>125</sup> Government Decision No. 192 of 03-24-2017 regarding the approval of the Code of Ethics of medical workers and pharmacists, 2017 [https://www.legis.md/cautare/getResults?doc\\_id=98572&lang=ro](https://www.legis.md/cautare/getResults?doc_id=98572&lang=ro)

Although it is difficult to quantify discrimination related to TB in the Republic of Moldova, due to the limited statistical data on this phenomenon, the available evidence shows that stigma and discrimination against people with TB represent a serious problem both at the level of healthcare and in society in general.

In Moldova some rights protect and ensure equality, non-discrimination, autonomy, decision-making, freedom, protection of the person, reproductive health, etc., which are applicable to all people (i.e. Law on ensuring equality, 2012). The constitution (Art. 16/Equality) and enacted legislation prohibits discrimination generally. But neither TB law nor any TB related policies, plans, regulations, and orders specifically mention TB or PATB to explicitly prohibit discrimination against people affected by TB, such as in employment, health care, education, or any other area. To add that in the country there are provisions regarding coercive isolation, with application based on a court decision both regarding the initiation/admittance and release from the hospital. This decision is informed by the institution's medical board, which, by the way, should simultaneously inform the PHC from the person's place of residence about its decision. As well, according to the Criminal Code, Art. 76, people with TB who avoid treatment or violate the prescribed regimen risk being fined from 6 to 15 conventional units. In addition to those mentioned, at the level of discriminatory restrictive measures applied in the country, TB and prior history of TB is found among the contradictions for blood donating, excluding TB survivors from the list of potential donors, even after complete recovering from TB. However, during focus group discussions TB specialists presented that measure as a protective one for TB survivors, as such considering these people at a higher risk of recurrent TB. Nevertheless, this is perceived very differently by the TB survivors themselves.

### III. HEALTH-RELATED FREEDOMS

2

The constitution or legislation enshrine the rights to privacy, informed consent and freedoms of association, assembly and movement, and specifically mention TB, PATB, or infectious or communicable disease.

In the Republic of Moldova, the Constitution and national legislation enshrine the following fundamental rights:

**Right to privacy:** Article 28 of the Constitution provides: "The State respects and protects intimate, family and private life."

**Freedom of association:** Article 41 of the Constitution guarantees the right to association, allowing citizens to form political parties and other social organizations.

**Freedom of assembly:** Article 40 of the Constitution stipulates the right to assembly, allowing assemblies, rallies and other peaceful demonstrations.

**Freedom of movement:** Article 27 of the Constitution provides: "The right to free movement in the country is guaranteed."

Regarding **informed consent**, although not explicitly mentioned in the Constitution, it is regulated by specific legislation, such as Law no. 263-XVI of October 27, 2005 on the rights and responsibilities of the patient, which provides for the patient's right to be informed and to express consent before any medical intervention.

Thus, the legal framework of the Republic of Moldova ensures the protection of these fundamental rights, either through direct constitutional provisions or through specific legislation.

The Law no. 411/1995 on healthcare protection envisages that people with active form of tuberculosis, who avoid voluntary treatment, do not adhere to the prescribed regime, abuse alcohol or use narcotic substances, are subject to compulsory treatment.

Law No. 153-XVI of July 4, 2008 on the control and prophylaxis of tuberculosis provides for specific measures to prevent and control the spread of tuberculosis, including the possibility of compulsory hospitalization in certain situations. According to Article 15 of this law, a patient with contagious tuberculosis who does not comply with the sanitary-anti-epidemic regime or evades medical examination, or treatment may be hospitalized in a specialized institution for coercive treatment, based on a court decision. Also, Law No. 263-XVI of October 27, 2005 on the rights and responsibilities of the patient stipulates that the rights of the patient may be limited in certain circumstances, such as the mandatory hospitalization and isolation of persons affected by contagious infections that pose a social danger.

These measures are designed to protect public health and are applied in compliance with legal procedures, including obtaining a court decision for compulsory hospitalization. In addition, the legislation stipulates that, in all phthisiopneumology institutions where tuberculosis patients are treated, human rights, personal privacy and confidentiality of medical data are respected, and measures are taken to avoid stigmatization or discrimination of these persons.

Thus, although **there are legal provisions that allow the limitation of certain rights** in order to protect public health, **these limitations are strictly regulated and applied with respect for the fundamental rights** of persons diagnosed with tuberculosis.

#### IV. GENDER PERSPECTIVE

2

Legislation or MoH or NTP policies, plans, regulations, or other orders contain an explicit commitment to integrating a gender perspective into health related planning, programmes and research, and they specifically mention and apply to TB.

In the Republic of Moldova, the legislative framework demonstrates a commitment to integrating a gender perspective across various sectors, including health. Notably, recent amendments approved by the government aim to promote equal treatment between women and men in all aspects of economic and social life. These changes are designed to eliminate gender discrimination, particularly in accessing and providing goods and services.

The current NSP for 2022-2025 of the Republic of Moldova integrates gender aspects. One of the priority objectives of the program is "to strengthen the individual, gender-sensitive and human rights-based approach to create an effective and sustainable response to tuberculosis". This approach recognizes the importance of taking into account gender differences in the prevention, diagnosis and treatment of tuberculosis, thus ensuring more efficient and equitable services for all patients.<sup>126</sup>

<sup>126</sup> Assessment of barriers to community engagement, human rights, gender aspects, and the level of stigma associated with tuberculosis in the Republic of Moldova, 2022 <https://smitmd.wordpress.com/2022/12/14/evaluarea-barierelor-privind-implicarea-comunitara-drepturile-omului-aspectele-de-gen-si-nivelul-de-stigma-asociata-tuberculozei-in-republica-moldova>

## V. TB KEY AND VULNERABLE POPULATIONS

### 5.1 TB KVP Assessment

2

Legislation or MoH or NTP policies, plans, regulations or other orders contain an explicit commitment to give particular attention to vulnerable or marginalized groups in health planning, programmes or research that specifically address TB, PATB and TB KVP.

The MOH or NTP policies, plans, regulations, and other orders contain an explicit commitment to give particular attention to vulnerable groups in health planning, programs, and research that specifically address TB, people affected by TB, and TB KVPs.

The 2023 National Guide on TB screening and TPT, TB guidelines for adults (2024) and children (2023) are intended for doctors of various specialties, whose practical activity is related to the differential diagnosis, prevention, treatment and care of TB. The recently updated guidelines pay special attention not only to TB specialised providers but as well to primary and specialized outpatient medical care and civil society involved in the various stages of TB care.<sup>127</sup> The revised screening guidelines list 18 KVPs.

The NSP for 2022-2025<sup>128</sup> has a specific objective on *Systematic screening for active tuberculosis of at least 90% of contacts and at least 90% of high-risk groups for tuberculosis by the end of 2025, by ensuring universal access to systematic screening of contacts and high-risk groups to tuberculosis, including children.* Additionally, the plan includes a specific activity on organizing meetings and trainings at the central and territorial level, with the participation of the parties involved in the response to tuberculosis.

### 5.2 Assessment of health worker approach to TB KVP

1

Legislation or MoH or NTP policies, plans, regulations or other orders mandate periodic training for health workers to understand and effectively respond to the specific needs of TB KVP, but they are not fully implemented or enforced, or only some health workers receive such training.

The NTP 2022-2025 Implementation Order has distinct provisions regarding the training of medical personnel in the field of tuberculosis, including in KVPs as follows:

- ✓ *permanent and qualitative training of family doctors, of doctors specializing in issues of prophylaxis, early detection and administration of treatment of patients with tuberculosis continuous training of medical personnel in the field of phthisiopneumology;*
- ✓ *The Rector of the "Nicolae Testemițanu" State Medical University, the directors of medical colleges will ensure the continuous training of medical personnel in the field of phthisiopneumology and the adjustment of the curriculum to current requirements, objectives and assumed strategies.*
- ✓ *Training of medical personnel to obtain the skills and knowledge necessary to perform TB risk assessments among their patients, to diagnose and initiate treatment for TB, to diagnose and treat latent TB infection, to provide support for adherence to treatment;*
- ✓ *Carry out advocacy, communication and social mobilization activities with the aim of improving TB case detection and treatment adherence, combating stigma and discrimination, empowering people affected by TB and prison administrations and ensuring political commitment to mobilize resources for the response to TB in prisons by training prison medical staff in patient-centered care*

<sup>127</sup> MoH disposition for training of medical staf (PHC, public health specialists, NGOs on working with TB hight risk groups, 2023 [https://simetb.ifp.md/Download/oficial\\_docs/disp\\_ms\\_2023\\_09\\_05\\_nr\\_440d.pdf](https://simetb.ifp.md/Download/oficial_docs/disp_ms_2023_09_05_nr_440d.pdf)

<sup>128</sup> [https://www.legis.md/cautare/getResults?doc\\_id=130171&lang=ro](https://www.legis.md/cautare/getResults?doc_id=130171&lang=ro)



- and inter-personal communication skills on a regular basis to enable them to develop adequate consultation skills and attitudes to support treatment adherence;
- ✓ Organize professional training measures for the staff of the phthisiopneumological service in pre- and post-test counseling for HIV and the use of rapid HIV diagnostic tests; TB diagnosis in HIV-positive people; follow-up of antiretroviral treatment and correction of adverse reactions to ARV drugs
  - ✓ Organize professional training measures for infectious disease physicians in the diagnosis of TB in HIV-infected people;
  - ✓ Training medical personnel in carrying out TB response activities among homeless people.

According to the last available NTP annual Report (2023) several trainings were organised:

- ✓ Provision of the Ministry of Health No. 614-d/2023, December 06-07 and December 18-19, 2023, online training courses for medical staff of the pulmonology service were held "Pharmacovigilance. Monitoring and active safety management antituberculous drugs (aDSM)"<sup>129</sup>,
- ✓ Organization of online training platforms and telemedicine platforms at IFP "Chiril Dragananiuc" and TB hospital in Bender. Continuous training of staff from different services in TB control, incl. distance training on digital platforms with certification. Development of the e-learning platform (adjustment of the Moodle platform)<sup>130</sup>
- ✓ MS Provision no.354-d/2023, on the organization of the training workshop for physicians of the Pulmonary and Infectious Diseases Service "Agenda of the training workshop for strengthening the capacities of medical workers from the Pulmonary and Infectious Diseases Service, Public Health Service, Primary Health Care of Balti municipality in training, examination, monitoring of groups at high risk for tuberculosis and administration of preventive treatment tuberculosis". 3 training workshops were organized - 97 persons trained.
- ✓ August 24, 2023, training workshop "Strengthening the capacity of medical workers in the penitentiary system in training, examination, monitoring of groups at high risk for tuberculosis and administration of preventive treatment of tuberculosis" - 48 persons trained.
- ✓ MS Provision no.440-d/2023, on the organization of training workshops for medical staff of the Pulmonary and Infectious Diseases Service "Strengthening the capacity of medical workers in the Pulmonary and Infectious Diseases Service, public health, primary health care in training, examination, monitoring of groups at high risk for tuberculosis and administration of preventive treatment of tuberculosis". 41 training workshops were organized - 1432 persons trained.
- ✓ Provision MS no.614-d of 28/11/2023: On the organization of the training course "Pharmacovigilance. Monitoring and active safety management of antituberculosis drugs (aDSM)" - 139 persons trained.
- ✓ Training course on quantification of antituberculosis drugs, conducted by GDF, Stop TB Partnership. December 4 - 8, 2023, Chisinau.
- ✓ On November 23-24 - training course "Strengthening infection control, integrated medico-social services and intersectoral collaboration to ensure continuous treatment of people with TB and HIV in detention" attended by representatives of the National Penitentiary Administration (prison directors and heads of directorates).
- ✓ On November 29-30 - training course "Strengthening infection control, integrated medico-social services and inter-sectoral collaboration to ensure continuous treatment of people with TB and HIV in detention~ for medical staff, psychologists and social assistants
- ✓ On 27-29 November - the training "Resilience and Survival of CSOs working with vulnerable populations" attended by 15 representatives of CSOs members of the TB Platform.
- ✓ Scientific-practical conference dedicated to the International Human Rights Day entitled "Strengthening and sustaining the culture of human rights in TB" dedicated to the International Human Rights Day. December 8, 2023

<sup>129</sup> [https://simetb.ifp.md/Download/oficial\\_docs/disp\\_ms\\_2023\\_11\\_28\\_nr\\_614d.pdf](https://simetb.ifp.md/Download/oficial_docs/disp_ms_2023_11_28_nr_614d.pdf)

<sup>130</sup> 2023 NTP Report [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2023.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2023.pdf)

- ✓ Conference "New approaches in respiratory disease control. Integration of services". 20-21 December 2023
- ✓ On 14-15 December 2023, IDOM organized the training course "Provision of legal support services to TB and their family members". The participants of the training course were representatives of different CSOs active in the field of TB, HIV, social care, etc. and representatives of the NRTP.
- ✓ Training for CSOs on CLM module of the I LIKE VST platform

The implemented TB interventions are designed and focused specifically on populations living in hard-to-reach areas and at high risk of TB infection and disease and to meet people's expectations and improve the aspects related to the organization of TB services at different levels. Moreover, multidisciplinary approaches allow the development of different models of care along with defining the role of each member of the multidisciplinary team at community level. As such, these mandate periodic training for health workers to understand and effectively respond to the specific needs of TB KVPs, which is implemented systematically (e.g. PWS, PIDs, PLHIV, migrants etc). Despite this fact, there are risk groups, such as homeless people who are dependent on accessing health services, including TB, exclusively on CSOs.<sup>131</sup>

## VI. PARTICIPATION

2

Groups and networks of people affected by TB are consistently provided meaningful opportunities to participate in health-related decision-making at the community and national levels.

The constitution, country laws, policies, and regulations allow participation of people affected by TB, with laws/policies/regulations allowing freedom of association, registration of networks of people affected by TB, and financial and fundraising abilities of such networks or associations. TB Law, in art. 5 has the distinct provision tasked to the MoH to consult and collaborate with international bodies, with non-governmental organizations and with other organizations active in the field of tuberculosis control and prevention:

*Article 5. Responsibilities of the Ministry of Health on tuberculosis control and prevention are:*

- a) development and implementation of state policy in the field of tuberculosis control and prevention;*
- b) development and promotion of normative acts on tuberculosis control and prevention, development of rules, norms, requirements and state standards in the field of tuberculosis control and prevention;*
- c) establishment of the manner of providing anti-tuberculosis medical care to citizens in the territory of the Republic of Moldova, development and organization of a system for providing anti-tuberculosis medical care;*
- d) monitoring the implementation of the legislation in force in the field of tuberculosis control and prevention by subordinate medical and health institutions and departmental ones;*
- e) carrying out state sanitary-epidemiological control and organization of activities in the field of tuberculosis prevention and prevention;*
- f) organizing and conducting epidemiological monitoring in the field of tuberculosis control and prophylaxis, including through the use of the information system;*
- g) developing and implementing special national programs in the field of tuberculosis control and prophylaxis;*
- h) ensuring efficient activity by medical and sanitary units and institutions involved in tuberculosis control and prophylaxis measures;*

<sup>131</sup> Operational Study on the Prevalence and Profile of Comorbidities Among Homeless People with Active TB and without TB in Chisinau, 2016  
<https://afi.md/eng/news/operational-study-on-the-prevalence-and-profile-of-comorbidities-among-homeless-pe-107>



***i) consulting and collaborating with international organizations, non-governmental organizations and other organizations active in the field of tuberculosis control and prophylaxis;***

***j) ensuring state control over the procurement, storage and transportation of the anti-tuberculosis vaccine and immunobiological preparations for early diagnosis of tuberculosis, as well as medicines used in the treatment of tuberculosis, ensuring control of their quality, efficiency and harmlessness;***

***k) organizing medical statistical evidence in the field of tuberculosis control and prophylaxis;***

***l) exercising other duties provided for by legislation in the field of tuberculosis control and prophylaxis.***

Groups and networks of people affected by different health issues, including TB are consistently accorded meaningful opportunities to participate in health-related decision-making at the community and national levels. People with TB and representatives of the TB Platform are members with the right to vote in the National Council for the Coordination of National TB/HIV/AIDS/STI Prevention and Control Programs<sup>132</sup>, as well as of the technical working groups. CSOs are represented on national, municipal and local TB and HIV coordination platforms, including, more recently, by joining the TWG on procurement of medicines and health commodities.<sup>133</sup> In the past 10 years, the TB CSOs have engaged in solving problems and meeting the needs of communities, including by ensuring participation in the decision-making processes that affect their quality of life. In total, 10 CSOs are currently active in the field of TB that are active implementers of NTRP, being united in within the National Platform of NGOs active in the field of TB (TB NGO Platform).<sup>134</sup> In addition, there is an informal dialogue and communication structure for affected communities both by HIV and TB - Key Affected Populations Committee (KAP). The KAP committee includes – people living with HIV, people affected by TB, People who use drugs, men who have sex with men and sex workers. All these communities have become an integral part of a functioning democracy, able to influence, create and engage in the development of tools and mechanisms that ensure the realization of the rights of vulnerable communities, working at community level. Both platforms jointly represent important mechanisms building common position of the affected communities in relation to the challenges faced by the affected groups, encouraging the exchange of experiences, as well as identifying interventions, solutions and active involvement in health-related processes at the national level.

Representatives of the TB affected communities associate, in the context of Moldova, within the CSOs (according to the legislation in force it is necessary to officially register) and thus can access funds within the opportunities and resources available on similar grounds as other CSOs. Since 2020 the MOH has introduced a formal approach to sustain the cooperation between civil society, state institutions and local authorities in reaching vulnerable populations by developing annually Dispositions that regulate the engagement of CSOs in providing TB care (ACF and TB treatment initiation and support) based on clear working algorithms and partnership with state providers with later development and approval of the cost for TB active screening provided by CSOs from domestic funding.<sup>135</sup> Still, despite the overall good TB care, the coordination among providers at primary health care level needs strengthening especially at the pre-diagnostic stage (prevention).

<sup>132</sup> <http://www.ccm.md/index.php/membri-cnc-tb-sida>

<sup>133</sup> Strengthening the Involvement of the TB and HIV Communities in the context of the Application of the Republic of Moldova to the Global Fund 2024-2026, 2023 [http://www.ccm.md/sites/default/files/2024-04/CRG\\_Raport\\_TB-HIV\\_14\\_05\\_2023\\_EN.pdf](http://www.ccm.md/sites/default/files/2024-04/CRG_Raport_TB-HIV_14_05_2023_EN.pdf)

<sup>134</sup> <https://smitmd.wordpress.com/category/tb-ngos-platform/>

<sup>135</sup> MoH Disposition from 2024 on NGOs involvement in TB control activities, 2024 [https://simetb.ifp.md/Download/oficial\\_docs/disp\\_ms\\_2024\\_01\\_18\\_nr\\_31d.pdf](https://simetb.ifp.md/Download/oficial_docs/disp_ms_2024_01_18_nr_31d.pdf)

## VII. REMEDIES AND ACCOUNTABILITY

2

Courts or non-judicial mechanisms, such as administrative or executive branch bodies, at national and subnational levels are accessible to people affected by TB – e.g. not too costly and free of lengthy delays and other administrative barriers – they have jurisdiction to hear PATB's health-related human rights claims, and they have proven effective in adjudicating such claims.

In cases of infringement of the rights, any person may assert those rights by accessing available mechanisms for remedies. Courts and non-judicial mechanisms at national and subnational levels are accessible to people affected by TB on general provisions. At the national level there are two ways to obtain this - extra judicially and judicially. Thus, in various disputes, people can address, in solving issues to several institutions. People whose rights were injured can opt for the resolution of the case, by judicial means, addressing the courts of judgment such as Judges, **Courts of Appeal**, and **Supreme Court of Justice**. If the person has exhausted all judicial ways at the national level, he/she/they could address the international remedy mechanisms such as the European Court of Human Rights or the United Nations Committees. The out-of-court procedures for settlement litigation (such as - Central and Local Public Administration/authorities, prosecutor's office, police, Office of the People's Advocate, Equality Council, specialized CSOs and TB advocates/paralegals) offer faster and less arduous alternative resolutions, leading to the simplification and improvement of access to justice. Legal assistance is guaranteed by the state and available in all country rayons (lawyers and paralegals) as part of the National Council which operates based on the Regulation approved by Order of the Ministry of Justice no. 18 of 24.01.2008.

The 2023 Balti TB case seeking remedy through non-judicial measures about the deficiencies of the implementation of the state guarantees referring to the nutritional support and reimbursement of transportation costs to people in outpatient TB treatment, ultimately led to the provision of the monthly allowance using an improved distribution mechanism (via social debit card starting with 2024). Therefore, the overall extra judicial and judicial system are not costly and free of lengthy delays and other administrative barriers with jurisdiction to hear PATB's health-related human rights claims and have proven effective in adjudicating such claims.

## VIII. SOCIAL PROTECTION

1

Existing social protection programs not fully implemented, they provide only partial or insufficient support, or they are inaccessible to some PATB, such as the poor or other TB KVP.

Existing social protection programs provide sometimes partial and insufficient support. The provision of benefits and social services, as part of the social protection (Law on social assistance, 2008) is available according to the economic vulnerability status and does not allow the direct inclusion into the social protection, of a TB patient solely based on the TB status. Law on Health, 1995 and Law on TB Control and Prevention, 2008 describe social protection measures for TB patients, as well as the patient's rights to medical and social rehabilitation. During the period of TB treatment, benefits are provided in accordance with the general provisions of the legislation on disability and other social security benefits. People who have temporarily lost their ability to work due to TB are retained at work (position) for the period established by current legislation. Therefore, every patient with TB is eligible for monthly social payments if the TB disease leads to a disability degree which is evaluated by a competent commission.

Additionally, by the Order of the MOH and National Health Insurance Company (since 2017), people with TB, irrespective of the TB profile, on the right bank of the Nistru River have universal access to motivational support during the period of the outpatient treatment, which includes nutritional support and reimbursement of transportation costs to reach the curative institution responsible for outpatient treatment (monthly allowance for the whole period of outpatient treatment). During 2021-2022, 22,681,048.65 MDL (1,171,541.76 EUR) were allocated from domestic resources for this purpose.

In response to several notifications about the deficiencies of the implementation of this support at the community level and to ensure AAAQ of this support from the patient perspective, the provision of the monthly allowance has changed to being distributed to every patient via social debit card starting with 2024.

## IX. GOVERNANCE

### GOVERNANCE 9. 1(a)

2

The NTP has a website that is fully functional, easy to access and use, and contains comprehensive, up-to-date information, including NTP policies and other documents and an organogram with officials' names, titles, phone numbers and email addresses.

The NTP has a website (TB surveillance system/SIME-TB)<sup>136</sup> that is fully functional, easy to access and use, and contains comprehensive, up-to-date information<sup>137</sup>, including NTP policies and other documents<sup>138</sup>, including an organogram with officials' names<sup>139</sup>, titles, phone numbers, and email addresses (NTRP 2022-2025<sup>140</sup>, Annex 1).

### GOVERNANCE 9. 1(b)

1

The NTP has an electronic information management system in place, but it is not fully function or it lacks an electronic communication system, a comprehensive computer network or secure servers and databases.

The NTP uses a centralized electronic database SIME TB<sup>141</sup> to collect data through all TB outpatient and inpatient clinics, for monitoring and evaluation of active TB cases, as well as for general surveillance and reporting purposes. The SIME TB includes information about index cases. However, there are no respective fields available in the SIME TB that would allow data collection on other groups for the screening and TBI care cascade. Currently, data on TPT adherence and outcomes are not routinely collected at the national level. In addition, reasons for TPT non-completion, which could be rather useful for program assessment to distinguish TPT discontinuation due to adverse events or active TB detection during TPT that can be a result of improper active TB screening, death, or a person's decision.<sup>142</sup>

### GOVERNANCE 9. 1(c)

2

The NTP has an effective structured mechanism to engage PATB, civil society organizations and other key stakeholders, with dedicated staff and funds, periodic public forums, open and continuous access to NTP and MoH officials, and mechanisms to provide input into programme and policy development, implementation and evaluation.

<sup>136</sup> <https://simetb.ifp.md/SimeTB.ViewDB/>

<sup>137</sup> <http://simetb.ifp.md:8080/tbreps/>

<sup>138</sup> [https://simetb.ifp.md/Download/oficial\\_docs/](https://simetb.ifp.md/Download/oficial_docs/)

<sup>139</sup> <https://ifp.md/node/29>

<sup>140</sup> <https://simetb.ifp.md/Download/tbreps.excel/>

<sup>141</sup> <https://simetb.ifp.md/SimeTB.ViewDB/>

<sup>142</sup> rGLC Europe assessment Report, 2023

The NTP has an effective structured mechanism to engage PATB, civil society organizations, and other key stakeholders, with dedicated staff and funds, periodic public forums, open and continuous access to NTP and MOH officials, and mechanisms to provide input into program and policy development, implementation, and evaluation.

The communication and coordination mechanism is integrated into the National Council of Coordination of the national TB and HIV/AIDS/STI programs (CCM)<sup>143</sup> chaired by the Ministry of Health which operates based on a partnership between state institutions, international and non-governmental organizations, including communities affected by HIV and TB, respecting the principles of transparency and mutual collaboration. Currently, in the composition of the CCM, there are 29 members with the right to vote, including from civil society (13). The community affected by TB is represented by the coordinator of the TB Platform and two representatives of the TB community from both banks of the Nistru River. The coordinator of the TB Platform has been a voting member of the CCM since 2015. The CCM decision-making level is also supported by the National Commission of Experts<sup>144</sup> (9 members with 2 representatives of the TB and HIV-affected communities), whose mandate is to ensure the process of programmatic supervision of the TB and HIV national programs.

At the operational level, the activity of the CCM is carried out through 3 technical working groups – (1) TB, (2) HIV, and (3) joint/mixed TB&HIV with considerable involvement of CSOs and communities. During 2022-2023, the technical working group on TB convened 21 times to discuss various issues: from project implementation updates to new funding opportunities for 2021-2025.

Even though there is an electronic information management system in place, including an electronic communication system, it was developed back in 2008 and its technical capacities are overtaken by time and current technical progress and therefore it is update is currently on the MOH and NTP joint agenda.

<sup>143</sup> <http://www.ccm.md/index.php/node/1>

<sup>144</sup> <http://www.ccm.md/index.php/Comisia-nationala-experti-membri>