Republic of Moldova

Total population (millions): 3.5
High TB priority country
High MDR-TB burden country

Epidemiological profile 2012*

Estimates of TB burden	Number (thousands)	Rate (per 100 000)
Mortality	0.63 (0.62-0.64)	18 (18-18)
Prevalence	8.8 (4.2-15)	249 (120-424)
Incidence	5.6 (4.6-6.7)	160 (132-190)
Case detection rate	79 (66-95)%	

MDR-TB burden	Number	%
Estimates among notified TB cases:		
MDR-TB among new cases	810 (730-890)	24 (21-26)
MDR-TB among previously treated cases	930 (880-980)	62 (59-65)
Notified MDR-TB cases on treatment	791	88.5

Estimated prevalence of HIV among TB (number, percentage); 340 (280-400), 6% (6-6%)

Treatment outcome 2011	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up** (%)
New smear-positive pulmonary cases	62.1	9.4	18	14.4
New smear-negative/extrapulmonary cases	86.4	5.6	6.2	3.1
Previously treated cases	38.1	12.9	28.1	19.2
MDR-TB cohort 2008***	49.3	12.8	10.4	27.3

*Data provided here are based on the latest WHO global TB database accessed on 4 July 2014. Extended epidemiological profiles can be found at: http://www.who.int/tb/country/data/profiles/en/index.html . NB: The population considered as denominator does not include the Transnistria region.
**Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.
*** Treatment outcomes of the MDR-TB cohort represent data from 2010

Major challenges
The Republic of Moldova is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world; the rates of TB-HIV co-infection are also high: HIV prevalence among all TB cases was estimated at 5.8% in 2011, and TB was the most common AIDS-indicative disease (54%). Some major challenges for prevention and control of MDR-TB are decreasing the number of patients lost for treatment follow up, ensuring infection control, creating sustainable financing, and enhancing human resources. There is still excessive hospitalization of TB patients and under-utilization of primary health care and outpatient services for diagnosis and treatment. Among other things, a more patient-centered approach is needed, augmenting the role of civil society and improving the system of incentives to TB patients and providers. The limited number of nongovernmental organizations (NGOs) collaborating with the national TB programme (NTP) is of concern. The emigration of both patients and health workers is also another challenge.

Despite the government earmarking more TB funds for 2013-2015, including the purchase of all first-line drugs (since 2013) and second-line drugs for a number of MDR TB patients (since 2014), a significant proportion of diagnostics consumable, second-line drugs and community based interventions are still funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. The countrywide use of modern technology for rapid diagnosis (including 30 GeneXpert MTB/RIF assays) further raises the problem of financial sustainability.

Achievements in collaboration with WHO
- WHO is a member of the National Board of Experts monitoring the progress in the implementation of the Global Fund grant. In this capacity, it has conducted supervisory visits to selected project sites twice a year.
- A review of the NTP was conducted during 4-15 February 2013 by a team of international and national experts. The review was a condition placed by the Global Fund to fund phase II of the grant implementation. The review report is currently available on the WHO/Europe website, along with a national strategic action

plan for strengthening TB case holding and outpatient care, also developed with the assistance of WHO Regional Office and Country Office.
- A meeting to follow up on the progress in finalizing the action plan for strengthening TB case holding and outpatient care was organized during 11-13 June 2013 with participation of all main stakeholders.
- A study tour to Estonia was organized for selected officials to see new approaches for improving case holding and outpatient care, managing MDR-TB, co-pathologies such as alcohol-use disorders, involuntary isolation, etc.
- An infection control mission with desk review of the normative framework was conducted during 8-12 October 2013 within the framework of a regional initiative targeting 6 high burden MDR-TB countries.
- A Practical Approach to Lung Health (PAL) assessment mission was conducted during 2-6 December 2013, with mission report and recommendations shared with the relevant stakeholders.

Next WHO activities in 2014
- Follow-up round table for integrated HIV, TB, and drug dependence services in Transnistria to share best practices available in the community and prisons of the country.
- Updating the national HIV-TB co-infection treatment protocols.
- Technical mission to address governance issues in TB control, tentatively in autumn 2014.
- Further collaboration with the World Diabetes Foundation and the National Centre to Prevent Diabetes Complication of the Republic of Moldova on collaborative TB-diabetes activities

Main partners of WHO
- Various divisions of the Ministry of Health
- Department for Prison Facilities, Ministry of Justice
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
- Center for Health Policy and Research (PAS Center), the primary recipient of the Global Fund grant for TB
- Project Coordination and Implementation Unit (UCIMP), the primary recipient of the Global Fund grant for TB
- National TB Institute and NTP Management
- Act For Involvement (AFI, formerly CarLux), an NGO active in TB in prisons
- National Coordination Council (formerly Country Coordination Mechanism) Secretariat, with four TB Technical Working Groups (TWGs) and one HIV/TB joint TWG
- National Centre for Health Management (Monitoring and Evaluation Unit)
- Soros Foundation Moldova
- United Nations (United Nations Office for Drugs Crime (UNODC), United Nations Development Programme (UNDP))
- KNCV Tuberculosis Foundation
- Health authorities from the Transnistria region