

Epidemiological profile 2010**

Estimates of TB burden	Number (thousands)	Rate (per 100 000)	Estimates of MDR-TB burden	Number	%
Mortality	0.83 (0.55-1.2)	23 (15-33)	Estimates among notified TB cases:		
Prevalence	9.9 (4.3-16)	277 (121-459)	MDR-TB among new cases	650 (560-740)	19 (17-22)
Incidence	6.5 (5.3-7.8)	182 (149-218)	MDR-TB among previously treated cases	1 100 (1 100-1 100)	65 (62-68)
Case detection rate	63 (53-77)%		MDR-TB cases on treatment	791	73

Estimated prevalence of HIV among TB (number, percentage); 380 (210-470); 5.9 (5.3-6.6)%.

Treatment outcome 2008	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New smear-positive cases	54.2	10.2	16.6	18.9
New smear-negative/extrapulmonary	76.6	10.3	4.1	9.1
Previously treated cases	34.2	15.3	25.8	24.7
MDR-TB cohort 2009	48.5	10.0	15.1	26.4

*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

**Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

Major challenges

The Republic of Moldova is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world and the rates of TB/HIV are also increasing. The major challenges for TB control in the Republic of Moldova involve service delivery, human resources, financing and infection control. The country practices excessive hospitalization of TB patients and underutilizes primary health care (PHC). Greater emphasis should be given to ambulatory treatment of patients and PHC doctors should be trained and motivated to do this. In addition, a more patient-centered approach should be developed. In general, there are too few staff involved in TB care and the country should invest in the training and retention of young TB specialists to avoid limited access to TB care due to understaffing.

The funds for the National TB Programme (NTP), and in particular for anti-TB drugs and laboratory supplies, are mainly contributed by the Global Fund, making the Republic of Moldova dependent on external support and threatening sustainable TB interventions in the long run. The current financing system promotes unnecessary hospitalization and longer-than-needed stay in hospital through the National Health Insurance Company (NHIC) reimbursement schemes. Alternative financing mechanisms should be considered to make TB control more cost-effective and clinically sound, especially given the change in the Global Fund rules as to country eligibility for further TB funding. Few sustainable incentive mechanisms for physicians and patients are in place, leading to poor treatment adherence and high default rates, which are also strongly influenced by migration. Furthermore, the growing HIV prevalence and limited support for the NTP from nongovernmental organizations (NGOs) are of concern.

Achievements in collaboration with WHO

- Expert mission to facilitate research on risk factors for MDR-TB in the Republic of Moldova, March 2011.
- Infection control assessment of the civilian sector, 30 May to 4 June 2011. The outcomes of this assessment will guide the development of an updated national infection control plan, as well as training for civilian health workers on TB infection control.
- Review of the NTP and M/XDR-TB from a health system strengthening point of view, July 2011.

- WHO Regional Office for Europe mission to the Republic of Moldova on health systems strengthening, including TB, mid-September 2011.
- Assessment of community involvement in Global Fund implementation, 12–16 September 2011.
- With collaboration between the Regional Office and the WHO Country Office in the Republic of Moldova, a regional workshop for the countries of the Commonwealth of Independent States was organized on HIV, TB and injecting drug users (IDUs) on 27–29 September 2011. The deliverables of the workshop include updated guidelines on the management of HIV/TB co-infection, with special focus on IDUs.
- Global Drug Facility (GDF) mission, 3–7 October 2011.
- Green Light Committee (GLC) mission, 24–28 October 2011.
- An infection control assessment of the prison sector took place from 31 October to 4 November 2011. This will guide the development of an infection control plan for prisons, as well as training on infection control for prison health workers and staff.
- Publication of the review of the National TB Programme, 2006–2010, October – November 2011 (WHO publication).
- A TB component was added to the Multiple Indicator Cluster Survey (MICS) study in the Republic of Moldova.

Planned WHO activities

- Update of the National M/XDR-TB Response Plan in line with the Regional M/XDR-TB Action Plan.
- Organization of a national workshop on the MDR-TB Response Plan.
- The Millennium Development Goal (MDG) 6 Acceleration Framework (MAF); joint WHO/United Nations Development Programme (UNDP) initiative to identify system bottlenecks and develop an action plan to achieve the MDG6 targets (October 2011 – June 2012).
- Consideration of alternative TB financing mechanisms.
- Ensuring universal access to TB control measures across the country.
- Support for investigation of the feasibility of innovative directly observed therapy (DOT) approaches.
- Support to optimize anti-TB drug management and procurement, and to revise the national legal anti-TB drugs framework.
- Identification of the Republic of Moldova's needs and gaps following phase II renewal of the Global Fund grant proposals.
- Update the national protocols for HIV-TB management.

Main partners of WHO

- Various divisions of the Ministry of Health
- 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 Manager
- Municipal and district-level TB facilities and national reference/regional laboratories
- Act For Involvement (AFI, formerly Carlux), a nongovernmental organization (NGO) active in TB in prisons
- 'Speranta Terrei', an NGO working in TB (Balti)
- 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 (UNAIDS, UNODC, UNICEF, UNDP)
- KNCV Tuberculosis Foundation.