

Unpacking GC8 TB guidance - From A Community's Lens

Webinar – 22 April 2026, 11.00 CET



Anglophone Africa
(EANNASO)



Asia-Pacific
(Seven Alliance)



Eastern Europe
and Central Asia
(EHRA)



Francophone Africa
(RAME)



Latin America
and the Caribbean
(Via Libre)



Middle East
and North Africa
(MENAHR)



Developing institutional capacity, coordination, and partnerships among TB CSOs, communities, NTP, CCM, and other TB stakeholders

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ENABLING ENVIRONMENT FOR COMMUNITY ENGAGEMENT

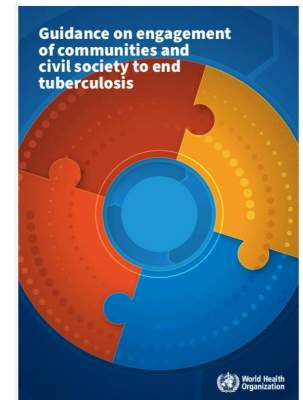
Conducive conditions to:

Apply a people-centered approach and strengthening partnerships between communities, civil society and health systems

Key elements:

1. Supportive Legal and Policy Frameworks (enable civil society and people affected by TB to contribute to the TB response, promote human rights, ensure shared responsibility, and inclusive participation)
2. Coordination and Collaboration (platforms or networks that facilitate partnerships, dialogue, and information sharing, alignment of community action and health system efforts)
3. Sustainable Financing (resources to support community-led activities and engagement and ensure continuity and sustainability of the TB response)

Key message: The inclusion of TB communities and CSOs in the national tuberculosis response is not optional. It is a structural component of the national TB care model, ensuring continuity of the patient journey, targeted interventions, and a focus on people's needs.



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ENABLING ENVIRONMENT FOR COMMUNITY ENGAGEMENT

Moldova:

How the resources available within GC7 contributed to strengthening TB CSOs institutional capacity and leadership to improve their sustainability (1/2)

Key elements:

Resources included in GC7 to ensure:

1. Community Engagement in service delivery (ACF and adherence support), advocacy, CLM
2. Support TB CSOs institutional capacity and leadership: (a) Strengthening the TB+ Platform, which includes both CSO and community representatives, as a mechanism for coordination of non-governmental organizations involved in the TB response in the Republic of Moldova and (b) Strengthening the community engagement in TB research and innovation (TB Community Advisory Board - CAB).

Expected outputs:

1. Monthly meetings to discuss progress in implementation, challenges and lessons learnt;
2. Thematic workshops to increase institutional capacity of the member-organisations;
3. Thematic workshops to share and discuss the results of recent TB studies with major impact on the community;
4. Develop community positions on different emerging issues;
5. Share information and communication materials across the network.

Key expected outcomes:

Engagement in policy discussions, implementation, decision-making; Improved coordination; Unified voice



KEY RESULTS 2024-2025

Moldova:

How the resources available within GC7 contributed to strengthening TB CSOs institutional capacity and leadership to improve their sustainability (2/2)

Strengthened institutional capacity, leadership and advocacy: alignment with governmental standards by obtaining public utility certificate; consistent and timely engagement in relevant processes; consistent participation in training opportunities, informational and advocacy campaigns empowering communities to understand and capitalize on research results in advocacy processes to strengthen evidence-based approaches in TB response; continuous communication through the common platform (Viber group) and assistance in the implementation of activities; ensure Platform visibility.

Community engagement in policy discussions and decision-making/Coordination: position-papers on several issues submitted; feedback on prioritisations of territories and interventions provided; Number of community and CSO representations in CCM increased (from 3 to 4, Vice-chair of the CCM - DR-TB survivor, 2025); active engagement in the discussion and development of the NSP 2026-2030 etc.

Community engagement in implementation/Financing: domestic allocations for ACF increased by 160% (from 899,845MDL in 2021 to 2 310,410MDL in 2025); GF and National Medical Insurance Company use the same costs (tariffs) for the TB ACF (2024), Cost revised/increased (2025); 5 out of 10 TB organizations have experience of being contracted from the domestic funds.

Conclusions. Moldovan TB CSOs have taken a significant step forward in aligning with governmental standards, fostering trust among stakeholders, and building the foundation for a solid role as key partners in community health and development initiatives. This paved the way for a shift towards engagement with a domestically funded health response through contracting from public money, thereby effectively sustaining services that are delivered by and for communities.



KEY MESSAGES

Moldova:

How the experience could be transferred to GC8

Key elements:

- Communities and CSOs seen as partners across GC8 - from concept development, grant-making to grant implementation and supervision
- Support interventions by ensuring resources in place (NOT JUST MENTION) to support institutional capacity and leadership, as these are investments with long-term impact
- Ensure resources in place (NOT JUST MENTION) to ensure Community Engagement in service delivery, advocacy, CLM proportionate to their impact
- Align resource allocations across all available funding/donors (domestic and external) to leverage efficiency, avoid duplication and increase impact
- Use clear set of measurements to track progress across delivery, advocacy etc.
- Align with country/governmental standards to foster sustainability approaches by building trust among stakeholders and shift towards engagement with a domestically funded health response.
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Key impact results:

- ❖ Partnerships and timely coordination between communities and health systems build lasting and durable relationships.
- ❖ Community engagement help to ensure the interventions serve the needs and priorities of people affected by TB disease.

