



Ministry of Health of the Republic of Moldova

2009-2011 INSTITUTIONAL DEVELOPMENT PLAN

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List of acronyms

CPAA	Central Public Administration Authorities
GDP	Gross Domestic Product
GD	Governmental Decision
HSDS	2008-2017 Healthcare System Development Strategy
IDP	Institutional Development Plan
LPAA	Local Public Administration Authorities
DA	Drug Agency
MDG	Millennium Development Goals
MoH	Ministry of Health
MTEF	Medium Term Expenditures Framework
NHEAB	National Health Evaluation and Accreditation Board
NBTC	National Blood Transfusion Centre
NDS	National Development Strategy
NGO	Non-Governmental Organisation
NHIC	National Health Insurance Company
NHMC	National Health Management Centre
NSPCPM	National Scientific and Practical Centre of Preventive Medicine
PAMED	Policy Analysis, Monitoring and Evaluation Division
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
SWAp	Sector Wide Approach
EU	European Union
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1. MINISTRY OF HEALTH MISSION AND VALUES

Ministry of Health is a specialized body of the central public administration with the status of a legal entity that is subordinated to the Government of the Republic of Moldova and is the key authority of the healthcare system (Governmental Decision 326, March 21, 2007)

MANDATE

Ministry of Health (MoH) is the central public authority that develops the healthcare policy and strategy in order to ensure the population health and prevent diseases.

The Ministry of Health policy includes the following areas:

- Stewardship and management of the healthcare system.
- Funding of the healthcare system.
- Health promotion, health education, disease prevention and State sanitary-epidemiological supervision.
- Regulation and coordination of integrated healthcare service provision.
- Provision of sufficient adequately trained human resources, of the technical and material resources, and of modern cost-effective medical equipment and technologies.

MISSION

The mission of the MoH is to maintain and continuously enhance the population state of health by ensuring an equitable access of the population to high-quality cost-effective healthcare services, by continuously increasing the financial protection of citizens against disease risk and by supporting initiatives for healthy lifestyle promotion.

VISION

A modern healthcare system which would be able to meet the population health needs and expectations; which would be managed by a highly professional, transparent and energetic Ministry; and which would ensure a healthy active population and a country with a decreased morbidity and mortality rate.

MINISTRY OF HEALTH'S VALUES AND PRINCIPLES OF ACTIVITY

Professionalism, Competency, Responsibility, Professional Ethics, Transparency, Team Spirit, Inter-sector Collaboration, Enhancement of communication with all interested parties especially with service users, and orientation to the human and society's needs.

MOTTO: "SANATATE" (HEALTH)

- S** Safety of the patient
- A** Universal Access to healthcare services
- N** Novelty and innovation
- A** Abnegation
- T** Transparency in healthcare policy development and implementation
- A** Problem-solving Ability
- T** Tolerance to opposing opinions
- E** Financial Equity

2. INTERNAL ENVIRONMENT ANALYSIS

MoH is running on the basis of the Governmental Decision (GD) “On the approval of the Regulations, the organisational chart and the staff number of the Ministry of Health’s executive office” No. 326, March 21, 2007.

To fulfil its mission the MoH has created 14 Divisions (Annex 1, MoH Organisational Chart) with 95 employees, including 83 public servants. The MoH management is ensured by the Minister of Health and three Deputy Ministers who coordinate the MoH speciality areas. The MoH has also a Board which acts as a representative of all interested parties when taking decisions on the population health protection, and an Expert Committee that covers all relevant areas that fall under the MoH responsibility.

The MoH has in its subordination 86 healthcare institutions, of which 60 are funded from the state budget and/or special resources while other 26 are self-funded non-profit institutions which are covered by the mandatory health insurance system and which have staff with relevant qualifications and specialities (who are not public servants). The MoH also regulates the organisation and operation of all public institutions providing primary, secondary and tertiary healthcare services, although such institutions are subordinated directly to the local public administration authorities (LPAA).

MoH has the following basic functions:

1. Develop healthcare policies and strategies in the context of implementation of the Governmental policies for health promotion and insurance.
2. Strategic planning, analysis, monitoring and evaluation of the developed policies and the multilateral examination of their social, economic and financial impact.
3. Analysis of the developed policies in order to ensure their compliance with the National strategies and programmes and the approximation of the existent policies with the European integration priorities and needs.
4. Regulation of the healthcare system’s organisational and operational process in accordance with the current legislation.
5. Evaluate and monitor the population health state and further adopt measures for its enhancement.
6. Ensure a high quality of the healthcare services, monitor, evaluate and accredit healthcare and pharmaceutical institutions and apply measures to enhance the quality of the healthcare services provided to population.
7. Provide (together with the specialized bodies of the central public administration and the LPAA) the healthcare institutions with human and material resources necessary for their operation and ensure a balance in resource generation by rationalization of investments in training and even distribution of medical staff and in the development of the physical infrastructure and modern medical technologies.
8. Coordinate and implement policies, strategies and programmes for public health protection at the national, district and local levels in collaboration with the representatives of the specialized bodies of the central public administration authorities (CPAA) and LPAA, civil society and mass-media in order to implement the healthcare policies and strategies and educate people on how to prevent and fight diseases.

9. Manage foreign assistance programmes in accordance with the current legislation in order to support the healthcare system reform and to enhance the quality of healthcare services provided to population.
10. Represent the Republic of Moldova in accordance with its legislation in relations with the World Health Organisation (WHO), the European Commission's Committee for Environment, Health and Consumer Protection, the World Bank's Nutrition, Health and Population Department and other international bodies in relevant areas.

2.1. MANAGEMENT AND HUMAN RESOURCES

Although the MoH's new structure was adopted about one year ago and the MoH is responsible for a rather complex sector, it has managed to ensure a modern management of the institution along with the healthcare system reform.

The institutional optimisation is ensured at a great extent within the institution. In order to enhance the efficiency of the MoH activities in policy development, monitoring of policy implementation and the evaluation of its social, economic and financial impact, a new Policy Analysis, Monitoring and Evaluation Division was created. With a view of consolidating the capacity to coordinate the activities of all donors in the healthcare system and ensure an efficient orientation of foreign technical and financial assistance to areas of priority of the healthcare system reform, the Foreign Assistance and International Relations Division was reorganized.

The staff members of the MoH have job descriptions for each position. The job descriptions are being approved by the head of division on the basis of a written agreement of the employee. The job description of the head of division is approved by the MoH management. The Regulations for MoH's divisions are also approved by MoH Order.

The occupancy rate of posts within the MoH has been 80% in 2008; however the number of public servants has increased from 61 as of January 1, 2008 to 68 as of June 1, 2008. Vacancies are filled in a transparent manner according to the following mechanism: i) identification of the post that has to be filled; ii) issuance of the MoH order stipulating the competition tests; iii) placing a public advertisement during 20 days and iv) the recruitment based on open competition (72% of the total staff hired in 2007).

A continuous training is provided to MoH staff members in order to develop their managerial and strategic planning skills (64% of the staff members were trained in 2007 by the Public Administration Academy of the President of the Republic of Moldova and the Public Health Management School). Beginning this year the MoH has developed a Training Plan for public servants working within the MoH.

Currently there is no system to evaluate the performance of public servants or a performance-based remuneration system, which would ensure the stability and motivation of the staff. Therefore, any re-advertised vacancy remains unfilled, and the workload for the existent staff is largely increasing (65% of the staff members reported that they work over 40 hours a week, while 69% estimated the work as being overloaded).

Staff members' ability to speak English is limited (28% of the staff), as well as the IT skills (approximately 50% of the staff members have sufficient skills to use computers). English and French courses are organised for public servants working within the MoH in order to increase their professional level.

From the standpoint of the working process, there are problems with insufficient provision with modern equipment (PCs, copying machines, scanners, laptops, especially for trips within the country and abroad etc.). The MoH office space is also limited for its employees; there are 4 people on average in each office. There is only one meeting-room for joint use (except for the conference hall), while the area of MoH activity implies often meetings of working or expert groups.

2.2. DECISION-MAKING PROCESS, COMMUNICATION AND INFORMATION TECHNOLOGIES

In 2007 the MoH developed the framework for its inter-sector and sector policy - the National Healthcare Policy and the 2008-2017 Healthcare System Development Strategy (NDS). All documents developed in the past (Action Plan for the NDS /Healthcare Component, Medium Term Expenditures Framework (MTEF), healthcare programs etc.) fall under the priorities identified by the above strategic documents.

67 sector policies were developed in 2007. The strategic documents are being developed in consultation with the subordinated institutions, service users, and the international and non-governmental organisations.

The tools used most frequently by the MoH for external communication include press-releases, press-conferences, round tables and scientific conferences, specialized meetings, participation in public events organized for the society, MoH's webpage and other published materials (bulletins, magazines). Over the past (2007) year the MoH disseminated 46 press-releases in mass-media. Over 60 announcements about various events were placed in media and press-conferences were organised. The MoH management staff participated in various radio and TV shows, where they offered information about the MoH activities and its subordinated institutions, the international cooperation and the ongoing and planned reforms. However, the MoH lacks its own Communication Strategy. The dissemination and the communication of information about MoH activities must be improved continuously. Only about 26% of the staff members consider that the MoH's activity is well or very well reflected in press. MoH needs to develop its communication and collaboration with non-governmental organisations through adequately planned and efficient actions.

The most frequently used internal communication mechanisms are weekly planning meetings, various working group meetings, formal and informal meetings, emails, or hard-copy letters sent through the secretariat etc. The internal information system has not been fully adjusted for the administrative document circulation. The Secretariat Service (of the Administrative Division) processes the documents by recording them manually in registers that makes the control over the legal document execution more difficult. Not all legal documents are cleared by the Legal Division and there is no system for registering the legal documents by the Legal Division. To some extent there is an internal bureaucracy in document processing by exchanging requests in hardcopy between the MoH Divisions.

There is a very large inflow of requests and documents both from authorities (5607 requests and orders in 2007) and citizens (2750 petitions in 2007). It is expected that after the enactment of the Law on Electronic Petitions the number of petitions will increase even more, exceeding the time given by Divisions for their settlement.

As far as information technologies are concerned, the current construction of the MoH website does not allow for a higher level of flexibility in data updating management. The webpage is updated only in Romanian, but should be in two additional languages of the website (Russian and English) and only some of the MoH Divisions provide up-to-date information on a regular basis. The information platform, the Intranet and the electronic mail are not used efficiently as means for a better communication.

2.3. FINANCIAL PLANNING, PROCUREMENT AND INTERNAL AUDIT

MoH is continuously implementing analytical and capitalization measures for data received for the development of the MTEF's healthcare-related component. The healthcare budget is fully developed by programmes and performance (Annex 9 of the 2008 State Budget Law "List of public authorities' budget developed by programmes and performance"). At the MoH level there is an efficient interaction system between the policy development process and the budgeting process. The Policy Analysis, Monitoring and Evaluation Division and the Economy, Finance, Accounting and Management Division have both the capacities for strategic and financial planning.

The European Union has made an in-depth analysis of the situation in healthcare sector and recommended in its „Development of the framework for the Sector Wide Approach (SWAp) implementation to assist the Moldovan healthcare system” Report to introduce the SWAp for a direct budgetary support as means of cooperation in the healthcare system.

Another issue is related to the state budget funds in particular from the LPAA budgets for the activities outlined in the National healthcare programmes. In 2008 the allocations for the implementation of such programmes began with 1.8% for emergency healthcare and have reached 93% for the immunisation programme that represents 18.5% of the total amount of funds.

The internal audit process has not been established within the MoH and its subordinated institutions yet, therefore it is crucial to speed up this process.

2.4. INSTITUTIONAL CAPACITY ENHANCEMENT MEASURES

- Develop and implement a system for annual evaluation of staff job performance based on a set of predefined indicators and by approving a performance-based remuneration system, which would ensure the stability and motivation of staff.
- Continuously improve the MoH staff members' abilities and knowledge in strategic planning, policy development, and monitoring and evaluation of their impact. The annual training work plan will ensure that the staff members undergo a full package of the required trainings during a three-

to-five-year term and that a system for the evaluation of the training quality and of the practical use of acquired knowledge and skills is further developed.

- Enhance the staff's communication skills, English knowledge, IT skills, including the use of electronic mail.
- Effectively involve the population, the civil society and the professional associations in health-related decision-making process, improve and make more active the communication with mass-media, inform the interested factors about the achievement of the objectives of the MoH's reform and programmes (through briefings, press-conferences, press-releases, dissemination of informative materials). Develop the MoH's Communication Strategy. Ensure the optimization of the MoH organisational chart and reorganize the Public Relations Service into the Civil Society Relations and Communication Service, and nominate and train the MoH spokesperson.
- Institutionalize mechanisms for continuous evaluation of public perception regarding the healthcare system, healthcare policies, and healthcare service providers' activities. Develop in partnership with the civil society a system for monitoring and evaluation of the MoH activities and of the public perception regarding the MoH activities.
- Conduct analytical studies on the petitions received from citizens and identify alternative solutions for their settlement. Develop a system for registration, storing and analysis of the electronic petitions.
- Gradually provide modern equipment according to a predefined plan (PCs, software licenses, photocopying machines, scanners, and lap-tops) and extend the current MoH office space (using the basement of the MoH building or a lateral wing) for the mid-term. The extension should allow for the use of additional 2-3 rooms for regular working meetings etc.
- Develop and promote a new official website for the MoH (including the Russian and English portals), designed as sub-fields dedicated to the most relevant projects of the MoH. Permanently update the MoH's website and develop an internal mechanism for its weekly updating, which should reflect the current activity of all MoH's divisions. Develop an information platform for the utilization of the *Intranet* as a means for daily communication between the Divisions and for planning the working meetings. To rehabilitate the internet traffic speed and for a proper e-mail communication it will be requested to increase the internet traffic volume and speed.
- Update the regulations for the internal document circulation and develop an in-house information system for processing and storing of the electronic documents, improve the mechanisms for document encoding, registration and circulation at the division level, and further ensure the clearance and registration of legal documents in a single registry at the Legal Division level.
- Enhance the time-management at work, develop weekly and monthly working agendas and use at a greater extent the communication via e-mail. All planned meetings and working meetings should be set up via *Intranet*, having attached the agenda and the timeframe of the meeting. The minutes of the meetings and the working meetings should be sent electronically to all participants or placed on *Intranet* accordingly.

- Set up the internal audit system within the MoH, its subordinated institutions, and healthcare service providers.
- Enhance the financial planning by performance programmes and sub-programmes at the level of the subordinated institutions and decrease the amount of the received reports (from the subordinated institutions) by replacing the hardcopies with electronic reports.
- Develop an integrated healthcare information system and unify the different information platforms currently used and further develop a set of unified indicators. A minimum set of data and reporting standards shall be also developed. The professionals from the institutions involved in data collection will be trained to perform data analysis and turn them into information, proofs and options for issuance of healthcare policy-related decisions.
- Reorganize the 18 service and strategy analysis, monitoring and integration sections of the National Hospitals, taking into account their transformation into sections responsible for the provision and enhancement of the quality of healthcare services rendered in regions, for monitoring of the implementation of clinical protocols and of the quality indicators at the level of healthcare service providers from the regions.
- Enhance the capacity of some institutions from the MoH subordination (the National Health Management Centre (NHMC) and the National Scientific and Practical Centre of Preventive Medicine (NSPCPM)) for the justification of the MoH decisions based on evidences, by developing in-depth analyses of the impact, advantages, disadvantages and consequences of various strategic options and healthcare policies.

2.5. MANAGEMENT AND HUMAN RESOURCES INDICATORS

1. General indicators:

1.1 Total number of staff members in the MoH executive office:

as of January 1, 2008: staff-limit: 95, total number of employees 76, public servants 61,
as of January 1, 2008: staff-limit: 95, total number of employees 77, public servants 68.

1.2 Total number of the staff members from the subordinated institutions¹.

1.3 MoH executive office staff by age groups (%):

- 20-34 years old: 38.2%
- 35-44 y.o.: 21.0%
- 45-54 y.o.: 23.7%
- over 55 years: 17.1%

1.4 Total number of the staff members with job descriptions corresponding to their functions: 38.

1.5 The job description reflects the activities (staff members' perception):

¹ Not available for the MoH because in the institutions subordinated to the MoH there are no public servants.

- very much /much: 59%
- to some extent /little: 21%
- N/A (no answers): 20%

2. Indicators for Dismissal and Employment Management and Vacancy Occupancy:

2.1 Total number of dismissals, excluding the cut-offs and the retirements planned for 2007: 8 people (6.6%)².

2.2 Number of public servants hired during 2005-2007 and the share of those employed on the basis of open competition (according to GD 192, March 1, 2004): 25 individuals out of a total of 35 people employed in 2007 (72%).

3. Indicators for training and re-training:

3.1 Total number of subordinated institutions - 60 and the number of institutions that have training and retraining plans for their staff – 0.

3.2 Share of employees that attended training and retraining courses in accordance with the current legal documents (at least 5 days a year) - 39 people (64%).

3.4 Total training hours: 42 hours per employee.

3.5 Expenditures for training the executive officers: 0 MDL³.

3.6 Expenditures for training the management staff: 0 MDL (43,700 MDL were spent for study tours abroad).

4. Ability Indicators:

4.1 Share of staff members who speak English fluently - 27.7%.

4.2 Share of staff members with adequate skills to use the PC: Word programmes – 67.7%, Power Point - 52.3%, Excel – 46.1%.

2.6. *DECISION-MAKING, COMMUNICATION AND INFORMATION TECHNOLOGIES INDICATORS*

1. Policy development:

² This indicator was calculated after the MoH reorganisation (GD 52, January 18, 2007), without taking into account the staff that has left following the reorganisation of the Ministry of Health and Social Protection.

³ Training provided by the Public Administration Academy of the President of the Republic of Moldova without spending MoH funds.

- 1.1 Total number of policy documents developed over the past year – 11.
- 1.2 Total number of laws developed over the past year – 6.
- 1.3 Other legal documents developed over the past year – 50.
- 1.4 Share of laws developed on the basis of the adopted policy documents - 100%.
- 1.5 Policy documents developed and/or agreed with external interested parties or decision-making factors – 100%.
- 1.6 Number of NGOs and other partners invited by the MoH to participate on a regular basis in consultations during the policy development process – 26.

2. Petition management:

- 2.1. Number of petitions received by MoH in 2007 – 2750.
- 2.2. Number of requests and orders received by MoH in 2007 – 5607.
- 2.3. Number of prepared answer-letters – 2554.
- 2.4. Number of petitions settled by deadline – 2554.
- 2.5. Number of the received petitions that are outside the MoH competency: 196.

3. Information Technologies Utilization Indicators:

- 3.1. Number of the full-time work places within the sector and of those equipped with PCs:
 - Equipped work places

Individual PC	75%
PC shared with other peers	5%
Answers N/A	20%
 - Access to Internet 80% (including 20 N/A answers)
- 3.2. Total number of services rendered to citizens and legal entities within the sector - 0 (MoH does not provide services directly).

2.7. FINANCIAL PLANNING, PROCUREMENT AND INTERNAL AUDIT INDICATORS

1. Is there an itemized MTEF developed by the MoH and agreed by the Minister of Finances - Yes
2. Share of expenditures managed by the public authority based on performance programs – 100%
3. Share of public procurement contracts concluded through open public biddings – 100%
4. Is the internal audit operational within the MoH and are audit reports developed? – No

2.8. SWOT ANALYSIS OF THE MINISTRY OF HEALTH ACTIVITY

STRONG POINTS:	OPPORTUNITIES:
<ul style="list-style-type: none"> ▪ Existent well-developed and clear sector policy documents approximated with the national ones. Annual Work Plan with realistic deadlines for execution. ▪ Experience of developing healthcare and strategic planning policy documents and programmes. ▪ Development of the MoH Budget by performance programmes. ▪ High level of professionalism, competency, responsibility, team spirit and work discipline. ▪ Existent opportunities for continuous training of the MoH staff members within the Public Administration Academy of the President of the Republic of Moldova and the Public Health Management School. ▪ Functional information system within the MoH. ▪ Existent managerial and analytical skills within the subordinated institutions (NHIC, DA, NSPCPM, NDTC). ▪ 	<ul style="list-style-type: none"> ▪ Political will and declaration of the population health state as a national priority. ▪ Economic growth over the past years and the increase in public expenditures in social sectors, including the healthcare system. ▪ Existent human potential to implement the NHS and the HSDS. ▪ Availability of international organisations/donor countries and of the existent investment projects in healthcare system (WB, EU). ▪ Good communication and collaboration with other public institutions within and outside the country. ▪ Good capacity for professional training, re-training and re-qualification of MoH staff within medical educational establishments.
WEAK POINTS:	RISKS/THREATS:
<ul style="list-style-type: none"> ▪ Insufficient motivation of public servants. Therefore the number of staff members is insufficient (vacancies, inadequate wages). ▪ Overloaded work schedule, inadequate time-management skills. ▪ High flow of directives, requests, petitions all this preventing from a full focus on the strategic priorities. ▪ Un-optimal work conditions (limited space, outdated communication, photocopying and IT technologies, lack of air-conditioning). ▪ Inefficient communication, including with the subordinated subdivisions. ▪ Lack of the Internal Audit Division. ▪ Limited funds for the implementation of the National programmes. ▪ Lack of an integrated healthcare database. 	<ul style="list-style-type: none"> ▪ Economically active force exodus out of healthcare system and the lack of efficient policies for bringing the professionals back into the country. ▪ Still insufficient managerial capacity and skills of the healthcare system. ▪ Difficult collaboration with the LPAA in reforming the healthcare system. ▪ Insufficiently developed private healthcare system. ▪ Major events in public health, the demographic profile and ageing of population. ▪ Continuous development in the world of medical technologies and drugs, permanent increase in population's and doctors' expectations to have access to them and the increasing related costs. ▪ Negative attitude and lack of population and mass-media trust in medicine (insufficient health culture)

3. INTERNAL AND EXTERNAL ENVIRONMENT ANALYSIS

External environment analysis streamlines the opportunities and threats, as well as the factors and interested parties that may have a positive or negative influence on the activities undertaken by MoH's to honour its mission. The WHO estimates that the health state of the nation results mainly from its economic and social development level, the environmental conditions, the lifestyle, and the performance of the healthcare services. Based on that perspective, the analysis of the MoH's external environment is focused on analysing the political, economic and social factors along with its level of cooperation and communication with CPAA and LPAA, the civil society and mass-media.

Political and Economic Environment

The development of the country over the past seven years may be characterized by the re-launch of its economic growth and implementation of structural reforms in strategically important areas, including the social sector (education, healthcare and social welfare). The economic growth has led to the increase in public expenditures for social sectors. Thus, the level of budgetary funds in the healthcare system has increased from 4.2% of the GDP in 2004 to 4.9% in 2007.

The implementation of the mandatory health insurance system has increased the financial protection of citizens against the disease risks, 78.8% of the population is currently covered by this system. The increase in share of the healthcare allocations in the total Governmental budget shows that the healthcare is considered a priority. Moldova's political decision to access the EU allows for opportunities for the country which will have a beneficial impact on its healthcare system (attraction of foreign investments and the growth of income of the economically active population and consequently of the income accumulated in the mandatory health insurance funds along with the amount of non-reimbursable funds for healthcare sector obtained from various programmes of the European Commission as well as the increase of accessibility to the European healthcare networks). On the other hand, the MoH should increase its efforts to approximate the National healthcare legal framework to the EU legislation and to modernize its healthcare system. Despite the recent progress on some indicators for measuring the population health state, Moldova's current healthcare system has a weak performance as compared to the European healthcare systems.

To conclude, the economic development and the substantial increase of funds allocated for the healthcare system, the political support for reforming the healthcare system represent an important opportunity and at the same time a challenge the MoH should take into account. The challenge is about that fact that the expectations of the political and decision-making factors as well as of the population regarding the healthcare system are continuously increasing and the MoH has the task to meet them by developing policies for increasing the quality of the healthcare services and of the healthcare system's performance.

Social Environment and the Demographic Profile

Poverty

The economic growth, the poverty rate and the health state are strongly inter-dependent. The economic growth has had a direct impact on poverty reduction over the past years. About 66% of the poor population is located in rural areas. Another category affected by a high poverty risk is the elderly

(pensioners). These two categories are vulnerable from the health standpoint. The MoH should develop specific interventions to increase the access for the above two categories to healthcare services.

Social and Economic Gap

There is a gap between the rural and the urban areas along with the gaps among the regions in terms of income, employment rate, access to healthcare services and the availability of infrastructure. The lack of infrastructure and of access to drinkable water and sewerage systems impose a direct threat on population health along with limited access of the rural population to healthcare services and drugs. A large part of the self-employed population from the rural areas does not buy healthcare insurance, and remains uncovered by the healthcare system.

Negative demographic trends

The official data show a decreasing trend in the number of Moldovan population caused in particular by the decrease in child-born rate and out-migration rates. On the other hand, the population is ageing, in particular in rural areas; thus about 500,000 people of 60 year-old age and above 60 y.o. were registered in 2007. The ageing of population has a major impact on the healthcare costs; it is known that the elderly is the category of population with the highest healthcare service needs. Thus, the MoH should plan both the diversity of healthcare services (for example, home-care and palliative services) and conduct medium and long term forecast of the healthcare-related costs.

Out-migration of qualified economically active population

The exodus of economically active population plays an important part in the demographical trend and is still a major medium- and long-term issue that has a direct impact on the healthcare system. There is a massive out-migration of qualified medical staff, both physicians and nurses, which creates major difficulties in the distribution of the medical staff in the regions. Furthermore it results in an inequitable access to healthcare services, especially for the rural population. Planning of human resources in the healthcare system is a major concern for the MoH.

The out-migration is also characterized by massive exodus of economically active population of reproductive age. This phenomenon also affects the healthcare system decreasing the number of population buying the mandatory health insurance, which leads to an increasing financial burden for the state budget.

Private (healthcare) sector

The private sector may play an important part in the provision of healthcare services and general transformation of the sector. At present, the private sector of the healthcare system is not developed enough. An existent private healthcare system would be advantageous by exempting the public healthcare system of the population with high incomes as the experience of other countries has shown that people with high incomes like better the private healthcare. A well-developed private healthcare system would also encourage the competition and the increase in healthcare services' quality.

The MoH's role in this area is to develop a legal framework that would be favourable for the private sector development, including provisions for private healthcare insurance and to encourage the private-public partnership. As for the latter, the private sector's role may become relevant for the healthcare system in several areas. First of all - as an additional funding source received from renting the space of the medical establishments to commercial services. Secondly - as an income source for the medical

establishments facing financial problems. Thirdly – as a possibility of increasing the cost-effectiveness by outsourcing auxiliary services or even the diagnosis and treatment services etc. Fourthly - as a health care service provider that could take over a part of patients for servicing.

Technological factors influence

At the global level the medical technologies are continuously developing. Large pharmaceutical companies invest billions of dollars in researches and development, and new drugs appear on the market every year. As in any country, in the Republic of Moldova physicians as well as the population have increasing expectations for the access to modern diagnostic and treatment technologies and new drugs. Therefore, the healthcare system imposes continuously increasing costs to meet these expectations.

The infrastructure of healthcare institutions is too large, sometimes outdated and very often in a poor state, which seriously limits the capacity of the public healthcare institutions to render services in a timely manner and of high quality. The utilization of equipment with a significant physical and moral wear, for example in radiology and radiotherapy, may impose threats even to patients' health and treatment effectiveness. Thus, the modernization and the enhancement of technical and material resource effectiveness and the provision of cost-effective equipment in healthcare is a priority action for the MoH.

Foreign financial and technical assistance

The healthcare system benefits of substantial technical and financial assistance, both from international organisations (WHO, UNICEF, UNFPA, WB, EC) and the technical cooperation agencies of donor countries' governments (SDC, USAID, SIDA), thus supporting the development of priority sectors of the healthcare system. The list of major foreign assistance projects implemented in the healthcare system is provided in Annex 3.

MoH relations with the Central Public Administration Authorities (CPAA)

MoH has an overall good communication and collaboration with other central public institutions. MoH collaborates with Government office in the central public administration reform and includes in its work plans specific actions outlines in the Central Public Administration Reform Strategy (CPARS) approved by the Government.

The inter-sector policies and programmes are drafted in consultation with the Ministry of Economy and Trade (MoET), Ministry of Education and Youth (MoEY), Ministry of Social Protection, Family and Child (MoSPFC), Ministry of Agriculture and Food Industry (MoAFI), Ministry of Internal Affairs (MoIA), Ministry of Transport and Road Management (MoTRM), Ministry of Ecology and Natural Resources (MoENR), Ministry of Construction and Territorial Development (MoCTD), and Ministry of Information Development (MoID), dependant on the area of interest.

The collaboration with CPAA is sometimes insufficient because of the lack of a single system for reporting the document record-keeping and circulation. Sometimes reports are requested to be prepared without being sure that they would be fully used.

MoH Strategy in this area is to develop inter-sector partnerships with a view of including the analysis of the healthcare impact into all relevant National policies, according to the recommendations of the European Commission's Report "Health in All Policies".

MoH relations with Local Public Administration Authorities (LPAA)

MoH collaboration with LPAA is difficult mainly because of the limited capacity in healthcare reform management of some LPAA. LPAA participation in funding of the healthcare system is minor therefore it compromises a large number of its functions, including the capacity to maintain and enhance its infrastructure, to make capital investments in new equipment and furniture for the existent public healthcare institutions, to pay descent wages to the medical staff and to ensure adequate conditions for healthcare services provision.

The limited capacity of LPAA is associated with still insufficient managerial skills of some healthcare institutions' managers at the local and district levels who are appointed by the owner of the institutions i.e. by the LPAA. There is a significant lack of qualified managers in the healthcare system which should ensure positive trends in such aspects as healthcare services' effectiveness and quality and patient's satisfaction level. The current reforms in the healthcare system allow for a higher autonomy to public healthcare institutions; however, the knowledge of modern management techniques such as program planning and management, projections, financial planning, negotiations, resource contracting and management is still low. The need to train the current managers and ensure a programmed training of highly qualified managerial staff for the future is crucial. To address this issue, the MoH has introduced in 2008 the employment on the basis of competition for the public healthcare institutions managers at all the healthcare system's levels.

MoH relations with the civil society and mass-media

There still exists a preconceived attitude of lack of trust from population, including mass-media structures regarding the healthcare system. Population frustrations related to the quality of healthcare services, informal payments etc., reach the MoH in form of petitions, despite the fact that in some cases they do not fall under MoH responsibility. Thus, despite the reforms of the local public administration, the population and mass-media representatives are not well informed regarding the MoH functions. As a consequence, any incident in healthcare system is reported to the MoH. Communication with the public and about the MoH image is still limited. The MoH collaborates with NGOs; however, this collaboration is not consequential and systematic. The partnership with NGOs is still at the beginning and the directions of development of certain joint programmes have not been clearly defined yet. In the institutions subordinated to the MoH and the public local healthcare institutions there are still deficiencies in the communication with patients, the civil society and press. Therefore the improvement of collaboration and cooperation with public is a priority for MoH.

4. MEDIUM -TERM STRATEGIC OBJECTIVES, PRIORITIES AND PRIORITY ACTIONS

4.1 STRATEGIC OBJECTIVES

MoH is responsible for the planning, implementation and continuous assessment of the healthcare system reform. The healthcare system underwent an in-depth structural reform during the past years. In 2004 the mandatory health insurance system was implemented that has substantially increased the population access to healthcare services and its financial protection (about 78% of the population is currently covered by the mandatory health insurance system). Public expenditures for healthcare are continuously increasing: from 4.2% of the GDP in 2004 to 4.9% in 2007. The healthcare system reform has enhanced the primary healthcare and initiated the in-hospital sector reorganization.

Despite of these obvious achievements, the MoH has to respond to a major challenge:

- Despite the improvement of the indicators measuring the population health state over the past years, Moldova ranks much below the EU average.
- For some population categories, especially in rural areas, the access to healthcare services is still limited, mainly because of high costs.
- Although public expenditures for healthcare have significantly increased, the healthcare service quality has not improved adequately.

While establishing the medium-term strategic objectives and priorities, the MoH took into account the WHO recommendations for the healthcare system objectives and the existent National and inter-sector policy documents (NDS, “Progress and Integration” Governmental Programme, National Health Policy, Healthcare System Development Strategy).

MoH has the following strategic objectives:

- 1. Ensure an equitable access for population to integrated healthcare services and increase the level of population coverage with the mandatory health insurance system.**
- 2. Increase the quality of healthcare services and develop as a priority the primary healthcare.**
- 3. Enhance the public health by orienting the healthcare from the treatment-based policy to health promotion, prevention and control over contagious (tuberculosis, HIV/AIDS etc.) and non-contagious diseases that have a major impact on the public health.**

4.2 MEDIUM-TERM PRIORITIES AND PRIORITY ACTIONS

To achieve the strategic objectives a series of priorities have been identified for 2009-2011. The MoH will focus its activities and the available resources on their achievement during the next three years.

MEDIUM-TERM PRIORITIES:

- 1. Enhance the MoH capacity in strategic planning and development, monitoring and assessment of the sector and inter-sector and communication policies.**
- 2. Develop mechanisms to increase the level of transparency in resource allocation and utilization, and increase the coverage of rural population by the mandatory health insurance system.**
- 3. Continue the primary healthcare system reform, enhance the effectiveness of the in-hospital healthcare and strengthen the provision of the material and technical resources as well as of the technologies and medical equipment.**
- 4. Increase the efficiency of human resource management in the healthcare system and attract qualified medical staff in the rural areas.**
- 5. Develop the quality management system in the healthcare system.**
- 6. Strengthen the preventive healthcare system, promote health and prevent diseases, supervise and control contagious diseases (HIV/AIDS, tuberculosis etc.) and non-contagious diseases that have a major impact on the public health.**

PRIORITY ACTIONS

The priority actions include specific projects and initiatives, which will be implemented by the MoH during 2009-2011 to achieve the priorities identified for the medium-term. The priority actions will be reflected in MoH annual work plans and approximated to the NDS and the MTEF.

<p><i>Priority 1: Enhance the MoH capacity in strategic planning and development, monitoring and assessment of the sector and inter-sector policies.</i></p>
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Priority actions:

- 1. Train the MoH staff to analyse the public policies, evaluate the policy impact, as well as in strategic planning, financial planning and performance audit, general management, health economy, program and project management, English language and utilization of IT.**
- 2. Gradually implement the Strategic Development Plan for the Integrated Information System (develop standard reporting, monitoring and evaluation forms, provide information**

technologies and training) and upgrade the MoH's webpage, including the design of the English and Russian versions.

3. Implement internal audit at all the levels of the healthcare system and develop the legal framework to enhance the internal financial control systems and the monitoring of the application of the legislation in public procurement for healthcare system.
4. Develop job description and skills of the sector institutions involved in the analysis and identification of the sector policy options (CNMS, CNSPMP, AM, CNEAS, CNTS). Assess the capacity of the 18 service monitoring, evaluation and integration units within the National hospitals and reorganize them.
5. Identify solutions for the optimization of request and petition settlement; update the regulations for internal document circulation, document processing and storage in electronic format along with the improvement of encoding mechanisms, document registration and circulation within MoH divisions.
6. Design the MoH Communication Strategy; develop the methodology and mechanisms for communication with mass-media, the MoH relations with the public and the civil society. Optimize the MoH organisational chart and reorganize the Public Relation Service into the Civil Society Relations and Communication Service.

<p><i>Priority 2: Develop mechanisms to increase the level of transparency in resource allocation and utilization, and increase the coverage of rural population by the mandatory health insurance system.</i></p>

Priority actions:

1. Develop and implement satellite accounts in the healthcare system.
2. Develop the legal framework for increasing the level of rural population coverage by the mandatory health insurance system.
3. Develop and apply the method of differentiated payment for health insurance for the self-employed population from the agricultural sector.
4. Develop the methodology for gradual transition from fixed amount payment to the contributions calculated as percentage share based on the income, and adjust the per capita payment mechanism based on differences in the demographic structure of population and the number of people registered with the family doctor.
5. Improve the legal framework for encouraging and stimulating the optional insurance that would include various programs in addition to the single insurance program.

Priority 3: Continue the primary healthcare system reform, enhance the effectiveness of the in-hospital healthcare and strengthen the provision of the material and technical resources as well as of the technologies and medical equipment.

Priority actions:

1. Gradually rehabilitate the rural healthcare centres and provide them with needed equipment and vehicles.
2. Develop the General plan for hospital reconstruction and creation of in-hospital healthcare performance centres based on the National Clinic and Balti Municipal Clinic model in order to enhance the population access to highly specialized healthcare services countrywide.
3. Gradually reconstruct and equip the pilot district hospitals.
4. Create Regional Emergency, Reanimation and Paediatric Intensive Therapy Centres, the referral and transportation system and revise the regionalization of paediatrics.
5. Improve the legal framework for mental healthcare and create alternatives for patient hospitalization, care and supervision.
6. Develop the legal framework regulating the quality and safety of medical appliances and continuously improve the drug policy.
7. Develop and approve National standards for community-based and home care.
8. Enhance the public-private partnership, approximate and complete the legal framework for private activity in the healthcare sector and identify opportunities for service outsourcing (laundry, kitchen, guard service etc.). Develop forms of optional healthcare insurance.
9. Develop and enact the legal framework and mechanisms for contracting and funding of the youth friendly healthcare services.

Priority 4: Increase the efficiency of human resource management in the healthcare system and attract qualified medical staff into rural areas.

Priority actions:

1. Develop the Strategy for human resources development and planning in the healthcare system.
2. Train the primary healthcare physicians with managerial functions.

3. Develop mechanisms to attract and provide the healthcare institutions, especially in rural areas, with medical staff.
4. Implement mechanisms to appoint managers, deputy managers and heads of subdivisions on the bases of public competition and develop the methodology for assessing their activities.
5. Implement mechanisms to appoint physicians and pharmacists within the public healthcare system on the basis of competition
6. Improve the legal framework for receiving additional professional skills.

Priority 5: Develop the quality management system in the healthcare system.

Priority actions:

1. Implement, monitor and assess the institutional system for quality insurance.
2. Assess and develop the functionality of the External Medical Audit Section of the National Healthcare Management Centre.
3. Develop regulations for the implementation of standards, guidelines and clinical protocols by healthcare institutions.
4. Enhance the legal framework for assessment and accreditation in the healthcare system.

Priority 6: Strengthen the preventive healthcare system, promote health and prevent diseases, supervise and control contagious diseases (HIV/AIDS, tuberculosis etc.) and non-contagious diseases that have a major impact on the public health.

Priority actions:

1. Gradually approximate the national legislation in public healthcare to the European standards. Adjust the information system for interventional epidemiological oversight of contagious diseases to the European requirements.
2. Develop the draft Strategy for public healthcare and health promotion and the draft Plan of action by areas of priority.
3. Revise the National public healthcare programs (for the prevention and control of contagious and non-contagious diseases) as umbrella-programs with phased implementation according to the available resources.
4. Implement, monitor and assess the National Immunisation Programme.

5. Monitor and assess the implementation of the TB and HIV/AIDS Control Programmes.
6. Plan public awareness-raising campaigns regarding the risk factors for health especially of alcohol and tobacco, prevention of rheumatism and accidents in children all these through partnerships with communities and NGOs.
7. Improve the legal framework for blood and blood products safety, and monitor and assess the implementation of the 2007-2011 National “Transfusion Security and Country’s Self-provision with blood products” Programme.
8. Develop the Strategy for the control over the non-contagious diseases to decrease the burden of non-contagious diseases, including the prevention of micronutrient-deficit (iron and iodine) diseases.
9. Monitor the health state against the environmental factors.
10. Improve the legal framework and the organisational principles for healthcare service provision during natural disasters and emergency situations.

5. AREAS OF ACTIVITY

5.1 MANAGEMENT OF THE HEALTHCARE SYSTEM

5.1.1 CURRENT SITUATION

The strategic planning as a basic mechanism in the stewardship/management process requires data provided by a qualitative monitoring and evaluation system. The current monitoring and evaluation system in the healthcare operates with data generated in operational regimen by several institutions which lack, however, adequate analytical capacity to turn data into information and records, which would be relevant for the decision-making process. An integrated information system has not been implemented in the healthcare system yet.

In 2007 the MoH developed 67 policy documents and solved 2554 petitions out of a total of 2750 petitions received from citizens. Currently the MoH has 77 employees 66 of which are public servants. The experience has shown that an optimum share of 75% of the staff members is involved in policy development within the administrative institutions at the central level. Currently only 63% of ministerial human resources are focused on fulfilling the policy development functions and coordination of their implementation. Thus, further training of the MoH’s staff in public policy impact analysis, strategic planning and management are crucial along with the provision of modern equipment in accordance with a predefined plan.

As to sector policies, the integrated management of the National healthcare programmes needs to be enhanced regardless of the funding sources (MoH, local authorities, reimbursable and non-reimbursable foreign funds). Also the MoH has in its subordination a series of institutions specialized by strategic areas (healthcare management, public health in the modern concept recognized by the WHO), which has a limited analytical capacity for MoH's policy-related decision-making process due to insufficient competent professionals and other resources. The capacity of these institutions needs to be enhanced.

As to the inter-sector policies, the cooperation with CPAA is sometimes more difficult due to a lack of a single reporting system on document record-keeping and circulation. There are also boundary areas as food security or environmental health requiring more clear roles and attributions of each central authority.

Communication and collaboration with the population and the civil society should be substantially enhanced. In 2007 the MoH disseminated 46 press-releases in mass-media and sent over 60 announcements about various activities, and organized press-conferences. However, the MoH has not developed its own Communication Strategy yet.

5.1.2 GENERAL AND SPECIFIC OBJECTIVES

General objective

- Strengthen the Ministry of Health capacity to manage the healthcare system with a view of ensuring the conditions required for the implementation of the objectives outlined in the National Health Policy.

Specific objectives

- Enhance the MoH capacity related to healthcare policies development and implementation, strategic planning and communication with mass-media and the civil society.
- Enhance the inter-sector partnership for healthcare-related decision-making.
- Gradually approximate the National healthcare legislation to the *acquis communautaire*.

5.1.3 ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Develop, monitor and evaluate the healthcare policies and strategies in the context of implementation of the Governmental policies for population health promotion and insurance by strengthening the component for analysis of their social, economic and financial impact.
- Regulation of the organisational and functional aspect of the healthcare system and approval of the organisational chart and the organizational and operational norms for the subordinated institutions.

- Ensure the evaluation on a regular basis of the population health state indicators and the monitoring of the population health state.
- Collect and disseminate health-related information.
- Phased implementation of the Strategic development plan for the National Healthcare Information System;
- Train MoH staff members in public policy analysis, policy impact evaluation, strategic planning, financial planning and performance audit, general management, healthcare economy, programme and project management, foreign languages and IT utilization.
- Implement internal audit at all levels of the healthcare system and develop the legal framework for the enhancement of the internal financial control system and of the monitoring of the application of the legislation on procurement in healthcare system.
- Examine the petitions received from citizens and undertake adequate measures for their settlement. Identify solutions to optimize the solving if the requests and petitions.
- Develop MoH Communication Strategy; develop the methodology and mechanisms for MoH communication with mass-media and its relations with public and the civil society. Optimize the MoH organizational chart and reorganize the Public Relations Service into the Civil Society Relations and Communication Service, nominate and train the MoH spokesperson.
- Develop inter-sector partnership in order to include the impact analysis of the healthcare in all relevant National policies, according to the recommendations outlined in the European Commission's Report "Health in All Policies".
- Develop the job descriptions and skills of the sector institutions involved in the analysis and justification of sector policies options (NHMC, NSPCPM, DA, NHEAB, and NBTC). Assess the capacities of the 18 service and strategy analysis, monitoring and integration Sections of the National Hospitals, and reorganize them.
- Staged development of the draft legal documents approximated to the EU regulations.
- Initiate and/or sign international treaties in healthcare sector and manage or, if appropriate, coordinate the foreign technical and financial assistance programmes to support the healthcare system reform.

* Activities under the „Healthcare System Stewardship/Management” are funded from the budget programme (from the MTEF) under the „Healthcare System Management and Administration” component, which foresee for 2009-2011 funds in amount of 30,498.900 MDL within the limit of the MDEF resource ceiling.

*After the approval of the 2009-2011 MTEF the amount will be revised.

5.1.4 INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH Divisions and all the institutions subordinated or coordinated by the MoH are responsible for the implementation of the policies and regulations developed by the MoH.

5.1.5 EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

It is expected that the MoH will enhance its capacity to manage the healthcare system and will strive for achievement of the objectives outlined in the National and sector healthcare documents and will contribute to the improvement of the indicators measuring the population health state.

Performance indicators:

- Share of policy documents developed according to the unified requirements (100%).
- Number of staff members involved in policy development and strategic planning (75%).
- Number of institutions connected to the Integrated Healthcare Information System.
- Percentage of petitions received from citizens that have been solved (100%).

5.1.6 MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

2008-2017 Healthcare System Development Strategy (Law 295-XVI, December 21, 2007);

Plan of Actions for the implementation of the 2008-2011 National Development Strategy (GD 191, December 25, 2008);

GD on the Central Public Administration Reform Strategy (1402, December 30, 2005);

2005-2015 “Moldovan Village” National Programme (GD 242, March 1, 2005);

GD on the approval of the National Healthcare Policy (886, August 6, 2007);

GD on the approval of the 2008-2017 Healthcare System Development Strategy (1471, December 24, 2007);

GD 326, March 21, 2007 on the approval of the Ministry of Health’s Regulations, organizational structure and number of staff of its executive office;

GD on the approval of the nominal membership of the Ministry of Health Board (588, May 8, 2008);

Concept paper for the Integrated Healthcare Information System (GD 1128, October 14, 2004);

GD on [creation of] the National Health Management Centre (1247, November 16, 2007);

Strategic Plan for the development of the National Healthcare Information System (joint Order by Minister of Health, Minister of Information Development, National Statistical Bureau and the National Health Insurance Company 412/127/125/185-a, November 6, 2007).

Law on Patient's rights and duties (263-XVI, October 27, 2005).

5.1.7 PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Ministry of Health's Communication Strategy;

Agreement between the Moldova Ministry of Health and Germany Ministry of Health on cooperation in healthcare area and medical science;

Agreement between the Moldova Ministry of Health and the Japan Ministry of Health, Labour and Welfare on cooperation in healthcare area and medical science;

Anti-Doping Convention adopted in Strasbourg (November 16, 1989) and the Anti-Doping Convention Protocol adopted in Warsaw (September 12, 2002); the internal procedure for its ratification is ongoing;

Memorandum of Understanding in healthcare and medical sciences between the Moldova Ministry of Health the Georgia Ministry of Labour, Health and Social Affairs (under negotiations);

5.2 FUNDING OF THE HEALTHCARE SYSTEM

5.2.1 CURRENT SITUATION

During the continuous healthcare system reform initiated by MoH in 2004 the mandatory health insurance system was implemented that has increased the population access to healthcare services and its financial protection. Therefore the amount of public expenditures in healthcare system was continuously increasing from 4.2% from GDP in 2004 to 4.9% in 2007.

In 2007 the level of mandatory health insurance system coverage increased by 4.12% as compared to 2004 and was 77.8%. The share of payments made by employers, employees and individuals for medical insurance and paid in fixed amounts into the mandatory health insurance fund remains relatively small representing only 37.78% in 2007 (an estimated 42.2% in 2008), while over 59.96% of payments come from transfers into the state budget, and the remainder - 2.26% - from other income sources (interest rates, fines etc.).

Despite of all undertaken reform measures, some problems remain unsolved. Thus there is a significant share of population that is still uncovered by the mandatory health insurance system especially the self-employed people, people with small income - mainly the rural population. There is an inequity in payments for health, which derive from reduced flexibility of the mechanisms for the collection and creation of mandatory health insurance funds and from the lack of objective requirements for the establishment of the vulnerability level of population categories benefiting of budgetary means. The burden of contributions from the state budget into the mandatory health insurance fund is relatively high for a wide range of population categories, without taking into account their actual income and capacity to pay for the health insurance.

Although over the past years the payments accumulated into the consolidated budget for healthcare have significantly increased, the total amount of expenditures made for the health of each citizen is much under the neighbouring counties' level.

5.2.2 GENERAL AND SPECIFIC OBJECTIVES

General objective

- Increase population access to healthcare services by improving the legal framework for ensuring adequate financial protection and increase the coverage of population by the mandatory health insurance system.

Specific Objectives:

- Enhance the MoH capacity to perform the financial planning of the expenditures in healthcare system.
- Increase the coverage of population by the mandatory health insurance system.
- Enhance the equity and transparency in resource provision and financial protection of citizens.

5.2.3 ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Evaluate the amount of financial resources required for healthcare system operations.
- Development, financial justification and revision on a regular basis of the National Healthcare programmes' outcomes.
- Develop on an annual basis the list of diseases for which the drugs, supplies and medical equipment are procured from the centralized funds.
- Develop on an annual basis the list of social-related diseases and of those with a negative impact on the public health, of the specific healthcare services rendered to some categories of uninsured patients, including emergency patients covered by funds within the limit of the annual state budget.
- Develop methodologies for income and expenditure budgeting for public healthcare institutions and approve the income and expenditure budgets of the subordinated institutions which are funded from their own income sources.
- Project and approve the investments in the subordinated healthcare institutions.
- Develop on an annual basis the Methodological norms for the implementation of the Single Mandatory Health Insurance Program in cooperation with the NHIC.
- Develop mechanisms to increase the coverage of the rural population by the mandatory health insurance system.

- Develop mechanisms to motivate the self-employed population from agricultural sector in order to include them into the mandatory health insurance system.
- Develop and apply mechanisms for differentiated health insurance payments for self-employed population from the agricultural sector.
- Develop methodologies for gradual transition from fixed payments to payments calculated on the basis of a percentage taking into account the income level, and for the adjustment of the per capita payment mechanism based on differences in the demographic structure of the population and the number of people registered with the family doctor.
- Improve the legal framework for stimulating and encouraging the optional insurance based on various extra-single Programme packages.
- Develop and implement Satellite accounts in the healthcare for enhancement of transparency in the allocation and utilization of funds in the healthcare system.

* Activities under the „Funding of the Healthcare System” are funded from the budget programme (from the MTEF) under the „Healthcare System Management and Administration” component, which has projected for 2009-2011 funds in amount of 30,498.900 MDL within the limit of the MDEF resource ceiling, including the budget sub-programme (from MTEF) under the „Insurance Funds Management and Administration” component, which has projected for 2009-2011 funds in amount of 171,698.900 MDL within then limit of the MDEF resource ceiling (that includes the enhancement of NHIC capacity in mandatory health insurance funds management).

*After the approval of the 2009-2011 MTEF the amount will be revised.

5.2.4 INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH’s specialized Divisions in cooperation with the NHIC are responsible for the development of the policy and legal framework for healthcare system funding and increase in the population coverage by the mandatory health insurance system.

Depending on the specific features of the National Health Programmes, the institutions that are subordinated or coordinated by MoH implement the actions outlined in these programmes every year.

The self-funded healthcare institutions covered by the mandatory health insurance system implement the provisions outlined in the Single Mandatory Health Insurance Program and the State budget in the healthcare sector.

5.2.5 EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

It is expected that after the implementation through the enhancement of the legal framework for ensuring the financial protection of population against the disease risks, the coverage of population by

the state mandatory health insurance system will increase, especially of the low-income population and the rural population.

Performance indicators:

Share of general population covered by the mandatory health insurance system (85% by 2011).

Share of rural population covered by the mandatory health insurance system (an increase is estimated).

Share of self-employed population in the agricultural field that will pay for the mandatory health insurance (75% by 2011).

Share of GDP representing the public expenditures for healthcare (6% planned by 2010).

5.2.6 MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

Law on mandatory health insurance (1585-XIII, February 2, 1998);

Law on 2008 mandatory health insurance fund (268-XVI, December 7, 2007);

GD on the approval of the standard Contract on healthcare (services) provision under the mandatory health insurance [system] (1636, December 18, 2002);

2008-2010 MTEF (GD 756, July 2, 2007);

GD on formation and utilization of special means of the public institutions subordinated to the MoH (928, August 13, 2007).

5.2.7 PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Draft 2009-2011MTEF;

Healthcare budget approved through the 2009-2011 Budget Law;

Draft Law on amending some legislative acts (Law 1585-XII, December 27, 1998 and Law 268 -XVI, December 7, 2007);

Draft normative act on application of differentiated payments for health insurance for the self-employed population in the agricultural field.

Draft normative act on gradual transition from fixed payments to payments calculated on the basis of a percentage taking into account the income level,

Draft normative act on optional insurance based on various extra-single Programme packages.

Annual Order issued jointly by the MoH and NHIC on the approval of Methodological Norms for the implementation of the Single Mandatory Health Insurance Program.

Draft normative act on implementation of Satellite accounts in the healthcare system.

5.3 REGULATION AND COORDINATION OF THE HEALTHCARE INSTITUTIONS OF THE INTEGRATED HEALTHCARE SYSTEM

5.3.1. CURRENT SITUATION

The reorganization of the healthcare system has had a significant impact on the primary healthcare development which provides for a higher level of accessibility for the population to healthcare services. Family healthcare has become a speciality adopted by law and the primary healthcare is considered a priority and is covered by 29.6% of funds from the basic mandatory healthcare insurance fund. In 2007 the share of preventive visits out of the total number of consultation visits within the primary healthcare were made by 20.9% of adults and 48.1% of children. However the primary healthcare is still facing problems - out of the total number of primary healthcare institutions from rural areas only 23 have the status of an independent legal entity (based on direct contracts with the NMIC).

The in-hospital healthcare system currently provides for 554 beds per 100,000 inhabitants. In 2007 the average occupancy period was 281 days/year. The rationalization of the infrastructure should continue along with the development of the Performance Centres with a focus on even distribution and rational utilization of modern technologies in order to ensure equitable access for entire population. The public-private partnership in healthcare system is underdeveloped; therefore the private sector's capacity and opportunities to provide healthcare services under the mandatory health insurance system are still undercapitalized.

It is necessary to further strengthen the emergency healthcare as it registers a very high number of requests which are increasing every year. In 2007 the share of requests for emergency healthcare services exceeded 278.7‰. The out-hospital healthcare and the community-based and home care represent effective alternatives to the in-hospital services and should be developed.

Until now the MoH has developed clinical protocols for the diagnosis and treatment of 8 diseases included in 32 medical profiles. The medical standards for diagnosis and treatment have been updated. However, despite the significant improvements achieved over several past years, the quality of healthcare services and population accessibility are still major issues of the healthcare system.

5.3.2. GENERAL AND SPECIFIC OBJECTIVES

General Objective

- Enhance the quality of healthcare services by regulating and coordinating the optimal functioning of the institutions rendering integrated healthcare services.

Specific Objectives

- Develop and implement the system for healthcare service quality insurance, enhancement and management.
- Increase the role and authority of the primary healthcare in the National Healthcare System, focusing mainly on the disease prevention measures.
- Reorganize the in-hospital sector and create performance centres to increase the population access to highly specialized healthcare countrywide.
- Modernize the emergency healthcare.
- Develop the community-based healthcare, home care and palliative healthcare services.

5.3.3. ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Develop and implement the quality insurance institutional system oriented to patient safety, patient's rights observance and the protection of physicians' professional rights.
- Develop treatment standards, guidelines and clinical protocols and monitor their implementation by the healthcare institutions.
- Set up institutional mechanisms for extrajudicial settlement of patients' disputes.
- Improve the legal framework for the evaluation and accreditation in healthcare system.
- Improve the legal framework for the organization, coordination and supervision of the integrated (primary, secondary/tertiary and rehabilitation) healthcare services provided by private or public institutions.
- Conduct regular analysis and evaluation of the healthcare system's activities and healthcare institutions' performance.
- Identify the needed healthcare services and the related costs for a proper functioning of the healthcare system; approve the regulations and the list of healthcare institutions, regardless of their type of property and form of legal organization.
- Coordinate the foreign technical assistance in order to continue the primary and the in-hospital healthcare reform.
- Develop the General Hospital Plan.
- Monitor and evaluate the progress in the implementation of the 2006-2010 State Programme for the development of emergency healthcare services; and further modernize the emergency healthcare.
- Develop the legal framework for the development of community-based and home care and palliative healthcare services.

- Develop and approve the National Standards for community-based and home.
- Coordinate the recovery healthcare, balneo-sanatorial healthcare services and organize the control over the healthcare activity of the balneo-sanatorial institutions.
- Develop provisions to ensure adequate living and hygienic conditions, and food and prevent the nosocomial infections in healthcare institutions.
- Develop the legal framework for the enhancement of the public-private partnership and identify possibilities for outsourcing some services (laundry, kitchen, guard service etc.).
- Harmonize and complete the existing legal framework for entrepreneurship in healthcare sector and develop optional insurance forms.

* Activities under the „Regulation and Coordination of the Healthcare Institutions of the Integrated Healthcare System” are funded through the budget programme (from the MTEF) under „Individual Healthcare Services” component, which has projected for 2009-2011 funds in amount of 11,548.808.700 MDL within the limit of the MDEF resource ceiling.

*After the approval of the 2009-2011 MTEF the amount will be revised.

5.3.4. INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH’s specialized Divisions are responsible for policy and legal framework development for public and private healthcare institutions providing healthcare services.

The National, district and local healthcare institutions implement the MoH’s policy-related decisions and the normative acts for the organization, functioning and provision of healthcare services.

5.3.5. EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

It is expected that after the improvement of the legal framework for the enhancement of primary and emergency healthcare, the reorganization of the in-hospital healthcare sector and the implementation of the National Quality Insurance System, the quality of healthcare services and the equitable access to integrated, cost-effective and adequate to population needs and expectations healthcare services will improve significantly.

Performance indicators:

- Number of approved protocols, guidelines and standards (a minimum of 20 diagnostic and treatment clinical protocols shall be developed every year).
- Share of payments into the basic mandatory healthcare insurance fund for the primary healthcare (a share of 30% will be maintained by 2011).

- Number of primary healthcare institutions from rural areas with the status of independent legal entities which have direct contracts with the NHIC.
- Share of preventive visits out of the total number of consultation visits within the primary healthcare (will be increased by 10%).
- Number of beds for rehabilitation from acute and geriatric diseases and for palliative care per 100,000 inhabitants (the General Hospital Plan shall be optimized).
- Average duration of in-hospital beds utilization (shall be decreased every year).
- Number of requests for emergency healthcare services per 1,000 inhabitants (shall be decreased by enhancing the primary healthcare).

5.3.6. MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

Healthcare Law (411-XIII, March 28, 1995).

GD on primary healthcare network development (1134, December 9, 1997);

Primary Healthcare Development Strategy (approved by the MoH Board on December 6, 2007);

GD on the creation of the University Primary Healthcare Clinic within “Nicolae Testemitanu” State Medicine and Pharmacy University (177, February 28, 2001);

GD on the reorganization of the specialized medical performance centres (89, February 5, 2003);

GD on the creation of the Emergency Healthcare Service in Moldova (891, July 17, 2003);

Law on the evaluation and accreditation in healthcare system (552-XV, October 18, 2001);

GD on the National Healthcare Evaluation and Accreditation Board (526, April 29, 2002);

GD on the establishment of fees for the evaluation and accreditation of healthcare and pharmaceutical institutions (1108, August 20, 2002).

5.3.7. PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Draft normative act on the creation of the fund for compensation of damages caused to patients during healthcare service provision;

Draft normative act on the approval of the 2008-2011 Plan of Actions for Primary Healthcare Development;

Draft normative act on General Hospital Plan;

Draft normative act on the Geriatric Service Regulations;

Draft normative act on the Public-Private Partnership Development in the Healthcare System;

Draft normative act on the Regulations for selecting patients for expensive treatments abroad;

Draft normative act on the Palliative Service Regulations;

Draft normative act on the Regulations for conducting prevention, diagnostic, treatment and rehabilitation clinical studies;

Draft normative act on the Dietology Service Regulations;

Draft normative act on the approval of standards for the provision of community-based and home care and palliative healthcare services.

Draft normative act on the 2009-2012 State Programme “Additional stomatological healthcare services to participants in the removal of the Chernobyl disaster effects and children which were born from one of the parents who participated in the removal of the Chernobyl disaster effects”.

5.4 EQUIPPING AND ENSURING THE HEALTHCARE SYSTEM WITH HUMAN, TECHNICAL AND MATERIAL RESOURCES

5.4.1 CURRENT SITUATION

Human resources represent the key element through which the good functioning of the healthcare system is ensured and the population needs are adequately met. The share of urban and rural population coverage by physicians and nurses was only 29.7 physicians per 10,000 inhabitants in 2007. Out of 331 family doctors who have graduated from the residency faculty in 2002-2007 only 207 accepted to be distributed for employment. The gap in human resources planning, training and management caused by the scarce funds often leads to “unwished” social and economic effects that define the unjustified spending and the increase in expenditures for healthcare services. Along with the enhancement of the human resources it is still needed to develop the infrastructure of the healthcare institutions, to provide them with modern and cost-effective medical technologies, to conduct appropriate evaluation of medical staff competences, and to provide sufficient drugs and supplies. Other human resource-related issues arise from the uninformed territorial distribution of the medical staff, from the urban/rural disproportion and from the exodus of the most qualified and trained staff out of the healthcare system. The underdevelopment of the physical infrastructure and the lack of modern medical equipment also cause difficulties in recruiting and maintaining the medical staff, especially in rural areas.

The physical infrastructure of the healthcare institutions in particular of the hospital and primary health sector is poor. The premises of most hospitals have exceeded the international parameters for the operation life of 25 to 33 years from the year of construction, including the complete amortization period, depending on the type of infrastructure and the services provided by the institution. The average age of a typical Moldovan healthcare institution is about 45 years. Especially difficult is the

situation of district healthcare institutions, which are facing major deficiencies in this regard. The level of equipment wear varies between 60% in the National institutions and 80% in district institutions. In district healthcare institutions 20% of the equipment is out of order, while in the National hospitals 10% of the equipment is not functional.

There are issues in the provision with drugs, supplies and other material resources. The concept of essential drugs and the “Pharmacotherapeutic Form” are not promoted enough, the drugs are not utilized rationally, and the level of physical and economic accessibility to drugs is unsatisfactory.

5.4.2 GENERAL AND SPECIFIC OBJECTIVES

General objective

- Increase the quality of healthcare services by providing highly trained medical staff evenly distributed in regions; rationalize and enhance the technical and material resources and the medical technologies and improve the population access to efficient and quality drugs.

Specific objectives:

- Enhance the human resources management by implementing an adequate planning of human resources, by developing new medical programmes for continuous learning and professional trainings, by including distance learning, by implementing the healthcare human resources information system in order to ensure the healthcare institutions with medical staff, especially in rural areas and provide the medical staff with adequate diversified training.
- Enhance the technical and material resources of the healthcare institutions.
- Improve the physical and economic accessibility to drugs.

5.4.3 ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Develop the Strategy on Human Resources Development and Planning in the Healthcare System.
- Develop mechanisms to attract and provide the healthcare institutions with medical staff, especially in rural areas.
- Ensure the continuous information and documentation of the medical staff in speciality-related issues.
- Estimate and plan the training needs of the physicians, pharmacists and the average medical staff and develop strategies for the medical staff training and professional development.
- Approve programmes for continuous learning, the annual post-graduate training plan for residency, clinical specialization courses and continuous training of physicians, pharmacists and the middle level medical staff.

- Implement mechanisms for hiring managers, deputy managers and chiefs of subdivisions on the basis of public competition, in order to improve the management of the public healthcare institutions.
- Organize competitions for filling the vacancies for physicians, pharmacists and chiefs in the healthcare system and approve the standard contract for healthcare institutions management based on performance indicators.
- Provide the necessary technical and material support, medical equipment and vehicles to the subordinated healthcare institutions, within the budget limit.
- Continue the rehabilitation of the healthcare centres in rural areas and provide them with the needed equipment and vehicles.
- Reconstruct and equip the pilot district hospitals.
- Conduct feasibility studies of the National Clinic Hospital and create the Diabetology Centre.
- Establish Performance Centres within the National Clinic Hospital and reconstruct its premises (stage 1 and 2).
- Conduct feasibility studies of the Balti Municipal Clinic Hospital and establish the Performance Centre within the Municipal Clinic Hospital (stage 1 and 2).
- Reconstruct and equip the “Vorniceni” TB Hospital located in Straseni district.
- Create and equip three regional reanimation and intensive paediatric therapy centres; set up a referral system and ensure assisted transportation of small children requiring intensive and reanimation therapy.
- Enhance 10 perinatologic centres of the 1st level, 3 centres of the 2nd level and create one perinatologic centre of the 3rd level, based on the transition from registering the births starting with the newborn weight from 500 grams and term of gestation from 22 weeks.
- Develop and ensure the implementation the State Policy on Drugs and Pharmaceutical Activity and organize a rational management of drugs. Ensure the development and the implementation of the Guidelines for Drugs Good Laboratory Practice (GLP), Clinical Good Practice (GCP), Good Medicine Practice (GMP), Good Distribution Practice (GDP) and Good Pharmacy Practice (GPP).
- Develop standards for medical technologies and medical equipment in compliance with the EU requirements.
- Organize the process of certifying the conformity of medical equipment and the supervision of medical equipment countrywide.

- Develop and/or approve the technical specifications for the medical equipment needed for public healthcare institutions.

* Activities under the „Equipping and Ensuring the Healthcare System with Human, Technical and Material Resources” are funded through the budget programme (from the MTEF) under „Development of the Healthcare System’s Resources” component, which foresees for 2009-2011 funding within the limit of the MDEF resource ceiling in amount of 410,440.200 MDL.

*After the approval of the 2009-2011 MTEF the amount will be updated.

5.4.4 INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH’s specialized Divisions are responsible for the development and observance of the legal framework for continuous training of the medical staff and the improvement of the infrastructure and the provision of the technologies and equipment to the public healthcare institutions.

Medical educational establishments are responsible for training, educating, and graduate and post-graduate training of medical staff according to the legal framework established by the Government and the MoH.

The local authorities and the managers of the National, district and local healthcare institutions are responsible for the implementation in accordance with the current legislation of the MoH decision on the enhancement of the infrastructure and provision of technical and material resources and of medical equipment.

The Drug Agency is responsible for the implementation of measures in the drug policy area.

5.4.5 EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

It is expected that after the improvement of the human resources management, a more equitable distribution of the medical staff in the regions, the development of the infrastructure of healthcare institutions and their provision with modern needed technologies and equipment the quality of healthcare services and the equitable access to integrated, cost-effective and adequate to population needs and expectations healthcare services will improve significantly.

Performance Indicators:

- 93% of urban and rural population will be covered by physicians and nurses by 2011.
- The number of medical staff employed on the basis of the state benefits.
- The proportion between the number of graduates from the educational establishments and the number of young professionals employed after the graduation.

- 35 health centres in rural areas rehabilitated and provided with necessary medical equipment and vehicles by 2011.
- 4 hospitals will be provided with modern technologies by 2010.
- There will be 2 excellence centres.
- Share of patients covered by excellence centres that are from other localities (shall be monitored after the creation of the excellence centres).

5.4.6 MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

Law on exercising the physician profession (264-XVI, October 27, 2005);

Parliament Decree on provision of social allocations to healthcare and public education employees (1478-XII, June 9, 1993);

GD on the enhancement and reorganization of the postgraduate medical education (502, July 15, 1994);

GD on vesting the Ministry of Health with the control function over the training of medical and pharmaceutical staff (176, February 28, 2001);

GD on certain measures for regulating the training of medical and pharmaceutical staff in Moldova (936, July 12, 2002);

GD on the approval of the Regulations for the remuneration of the staff from the public healthcare institutions covered by the mandatory health insurance system (1593, December 29, 2003);

Law on pharmaceutical activity (1456-XII, May 25, 1993);

Law on drugs (1409-XIII, December 17, 1997);

Parliament Decree on the approval of the State Drug Policy (1352-XV, October 3, 2002);

GD on the approval of the State Pharmaceutical Inspectorate Regulations (731, June 10, 2002);

GD on the approval of fees for the authorization of drugs and other pharmaceutical and para-pharmaceutical products; and for post-registration modifications (1135, September 18, 2003);

GD on improvement of the pharmaceutical situation in Moldova (617, January 28, 2005);

GD on drug compensation modality under the mandatory healthcare insurance requirements (1372, December 23, 2005);

GD for the approval of the Regulations for drugs procurement based on the healthcare system needs (479, March 27, 2008);

Pilot project for the provision of public healthcare institutions from Calarasi, Glodeni districts and the Autonomous Territorial Unit Gagauz Yery with medical equipment (Ceadar-Lunga district) (GD 563, May 22, 2006).

5.4.7 PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Draft Law on medical equipment developed in accordance with the EU Directives;

Draft normative act on the Strategy for Human Resources Development and Planning in Healthcare System;

Draft normative act on additional professional skills;

Draft Law on Pharmaceutical Code;

Draft normative act on amendments to the Parliament Decree on the approval of the State Drugs Policy (1352-XV, October 3, 2002);

Draft normative act on the modification and completion of the GD on the approval of the Regulations, organisational structure and the staff number of the Drug Agency (1252, December 1, 2005);

Draft normative act on the modification and completion of the GD on the approval of the Regulations for drugs procurement based on healthcare system needs (479, March 27, 2008);

Draft normative act on the approval of the Good Medicine Practice (GMP) Guidelines;

Draft normative act on the Concept of the Automated Information System Concept (SIA) for the Authorized Drug Registration and Control (ADRC).

5.5 PUBLIC HEALTH, HEALTH PROMOTION AND DISEASE PREVENTION

5.5.1 CURRENT SITUATION

Over past years there has been a significant improvement in the essential health indicators. Despite this fact, the level of alcohol and tobacco consumption is still high. The presence of diseases specific to developing countries, the contagious and parasitic diseases, the social diseases, HIV/AIDS and TB are supplemented by the spreading non-contagious chronic diseases such as cancer, circulatory system diseases, and psychic diseases. If analysed based on the Millennium Development Goals, the mortality and the morbidity indicators rank Moldova much higher of the European countries average. The maternal and infant mortality rate in the Republic of Moldova is higher than in the EU, and represents 18.0 deaths in children under one year of age per 1,000 live births while the mortality rate in children

under 5 (per 1,000 live births) is 14 ‰. The maternal mortality rate was 15.8 per 100,000 live births in 2007. The share of 2-year-old children vaccinated against measles is maintained at 98.9%

The active TB incidence rate per 100,000 people in 2007 was 126.5 and is much higher than the average of EU countries. The TB-associated mortality rate per 100,000 people was 19.7 in 2007, the HIV/AIDS rate in general population - 17.41, and in the 15-24 age group population - 14.32 per 100,000 inhabitants. The syphilis incidence per 100,000 people was 74.2, while the gonorrhoea represented 47.5.

Although the epidemiological situation requires more funds in the prevention, control and the epidemiological control of the contagious and non- contagious diseases and for the promotion of a healthy life style, the existing National Healthcare Programmes do not receive adequate funds based on population needs and at real costs.

5.5.2 GENERAL AND SPECIFIC OBJECTIVES

General objective:

- Enhance the public health by orienting the healthcare from treatment-based policy to a healthy-lifestyle-promotion-based policy, strengthen the preventive healthcare services, ensuring the prevention and control over the contagious (TB, HIV/AIDS, sexually transmitted illnesses etc.) and non-contagious diseases.

Specific objectives:

- Develop the State Healthcare Epidemiological Service in order to conform to the EU requirements.
- Strengthen the contagious disease prevention and control, especially of TB, HIV/AIDS, and sexually transmitted illnesses etc.
- Reduce the rate of contamination through non-contagious diseases that have an impact on the public health and which are of strategic importance.
- Approximate the legislation for blood transfusion safety to the international standards and the European Commission Directives.

5.5.3 ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Develop the draft Strategy for public health and healthy lifestyle promotion along with the Plan of Actions by areas of priority.
- Coordinate the activity of the State Sanitary-Epidemiological Service.
- Develop the legal framework for the enhancement of the information system for contagious disease epidemiologic supervision.

- Develop the legal framework for the enhancement capacity to control the population health against the factors influencing it.
- Yearly revise the list of social diseases and of those with a negative impact on the public health, within the limit of the available state budget funds.
- Regulation of the development of the capacity to conduct quick microbiologic diagnosis in laboratories of the contagious diseases having a major epidemiologic impact.
- Revise the National public health programmes (for the prevention and control over the contagious and non-contagious diseases) as umbrella-programmes and gradually implement their activities based on the available resources.
- Implement, monitor and evaluate the National Immunization Programme.
- Ensure the integrated management of actions outlined in the National TB Control and Prevention Programme.
- Monitor the implementation of the DOTS Strategy (a supervised TB treatment) at the National level.
- Ensure the integrated management of the actions outlined in the 2006-2010 National Programme “Prevention of and Control over the Sexually Transmitted Illnesses and HIV/AIDS”.
- Implement, monitor and assess the interventions outlined in the 2006-2010 National Programme “Prevention of and Fight against Cholera and other Acute Diarrheal Diseases”.
- Implement, monitor and assess the 2006-2010 National Programme “Prevention of and Fight against Viral Hepatitis”.
- Implement, monitor and assess the actions outlined in the National Health Promotion Programme and conduct public awareness raising campaigns on the disease risks especially on the impact of alcohol and tobacco consumption on and the prevention of traumas and accidents in children.
- Coordinate the implementation of activities in educating the population on prevention and fight against diseases, together with the LPAA, the civil society and mass-media.
- Develop the Non-contagious Disease Control Strategy.
- Implement, monitor and evaluate the actions outlined in the National Programme “Prevention of and Fight against Diabetes”.
- Develop the draft Law on iodized salt and monitor the implementation of the National Programme on addressing the iodine deficiency disorders.
- Develop a Plan of action for the prevention of iron deficiency diseases.

- Ensure the integrated management of the actions outlined in the Reproduction Health Strategy and the Plan for Child and Youth Health Strategy.
- Develop and approximate the legal framework and the mechanisms for contracting and funding of the youth-friendly healthcare services.
- Continuously enhance the legal framework for the strengthening of the mother and child mother healthcare services in order to achieve the respective Millennium Development Goals.
- Enhance the mental health legal framework and monitor the implementation of the actions outlined in the National Mental Health Programme.
- Implement, monitor and evaluate the actions outlined in the National Programme “Blood Transfusion Safety and Self-provision with Blood Products”.
- Develop suggestions for the National Special Anti-epidemics Commission and the Government on the preventing and addressing the contagious disease epidemics and mass poisoning, and on the utilization of the National Epidemiologic Fund.
- Enhance the legal framework for Emergency Medical Response.

* Activities under the „Public Health, Health Promotion and Disease Prevention” are funded from the budget programme (from the MTEF) under the „Actions of Priority in Public Health” component, which has projected for 2009-2011 funds in amount of 751,401.400 MDL within the limit of the MDEF resource ceiling.

*After the approval of the 2009-2011 MTEF the amount will be revised.

5.5.4 INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH’s specialized Divisions are responsible for the development of the legal framework for the evaluation, revision and monitoring of the implementation of the National Health Programmes. Local authorities, the directors of National, district and local healthcare institutions are in charge of the implementation the measures outlined in the National Health Programmes in accordance with the current legislation.

The National Scientific and Practical Centre of Preventive Medicine is the key methodological authority within the regional network for the implementation of measures for population sanitary-epidemiological supervision.

The National Blood Transfusion Centre is in charge for the implementation of the National Programme “Blood Transfusion Safety and Self-Provision with Blood Products”

The National Centre for Reproductive Health and Genetic Medicine is in charge of the implementation of the Reproduction Health Strategy.

5.5.5 EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

- Infant mortality rate per 1,000 live births will decrease to 16.3‰ by 2010 and to 13.2‰ by 2015.
- The mortality rate in children under 5-year-of-age per 1,000 live births will decrease to 18.6 by 2010 and to 14.9 by 2015.
- Maternal mortality rate per 100,000 live births will decrease to 15.5 by 2010 and to 13.3 by 2015.
- Share of vaccination coverage at the National and regional levels of the target population (over 95%);
- Share of children under 2-year-of-age vaccinated against measles shall be maintained at 96% until 2015.
- Share of financial coverage of the National Immunization Programme (will increase up to 100%).
- Global incidence rate of active TB per 100,000 people.
- Mortality rate associated with tuberculosis per 100,000 people will decrease to 15 by 2010 and to 10 by 2015.
- HIV/AIDS incidence per 100,000 people will decrease to 9.6 by 2010 and to 8 by 2015.
- HIV/AIDS incidence among the population of 15-24 year-old per 100,000 people will decrease to 11.2 by 2010 and to 11 by 2015.

* Activities under the „Public Health, Health Promotion and Disease Prevention” are funded from the budget programme (from the MTEF) under the „Actions of Priority in Public Health” component, which has projected for 2009-2011 funds in amount of 751,401.400 MDL within the limit of the MDEF resource ceiling.

5.5.6 MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

Millennium Development Goals (GD 288, February 15, 2005);

Law on population sanitary-epidemiological control (1513-XII, June 16, 1993);

GD on the approval of the Concept for organizing and conducting the social-hygienic monitoring in Moldova and of the Regulations for the social-hygienic monitoring in Moldova (717, June 07, 2002);

2006-2010 National Immunization Programme (GD 523, May 16, 2006);

2007-2015 National Health Promotion Programme (GD 658, June 12, 2007);

Law on reproductive health protection and family planning (185-XV, May 24, 2001);

2008-2009 National Reproductive Health Strategy (GD 913, August 26, 2005);

Law on HIV/AIDS prevention (23-XVI, February 16, 2007);

2006-2010 National Programme “Prevention of and Control over HIV/AIDS and Sexually Transmitted Illnesses” (GD 948, September 5, 2005);

National Programme “Prevention of and Control over Tuberculosis”;

National Programme “Prevention of Hepatitis B and Hepatitis C” (GD 1143, October 19, 2007);

National Programme “Addressing Iodine Deficit Disorders” (GD 539, May 17, 2007);

2003-2010 National Programme “Prevention of and Fight against Cholera and Acute Diarrheic Diseases” (GD 277, March 13, 2003);

National Programme “Prevention of and Fight against Rabies” (GD 494, May 6, 1998);

2006-2010 National „MoldDiab” Programme “Prevention of and Fight against Diabetes”;

Mental Health Law (1402-XIII, December 16, 1997);

Law on circulation of narcotic drugs, psychotropic substances and their precursors (382-XIV, May 6, 1999);

Law on control and prevention of alcohol abuse, illegal consumption of drugs and other psychotropic substances (713-XV, December 6, 2001);

GD (353, March 03.2007) on the approval of the 2007-2011 National Mental Health Programme

Blood Donation Law (1458-XII, May 25, 1993);

2007-2011 National Programme for Blood Transfusion Safety and self-provision with blood products.

5.5.7 PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Draft law on public health;

Draft normative act on the approval of the Public Health and Health Promotion Strategy that will include the Non-Contagious Disease Control Strategy;

Draft law on iodized salt;

Draft law on maximum allowed limits of some contaminations in food products;

Draft law on food supplements;

Draft law on make-up products in accordance with the EU Directives;

GD on new food products and new food-ingredients in accordance with the EU Directives;

Draft normative act on supplementing the wheat powder with iron and folic acid and the draft plan of actions for the prevention of the iron deficiency diseases;

Draft normative act on the guidelines and sanitary-epidemiological norms regarding the location, equipping and maintenance of the healthcare institutions;

Draft law on blood transfusion safety;

Draft normative act on the National Plan for volunteer and unpaid blood donation in Moldova;

Draft normative act for the investment programme for enhancing the technologies for bio-medical blood products production;

Draft normative act on the approval of the Regulations for provision of benefits to volunteer and permanent blood donors;

Draft normative act on yearly approval of the list of social diseases for which the treatment is free for uninsured people

Draft normative act on the approval of the 2008-2012 Youth Friendly Health Strategy;

Draft normative act on the approval of the List of additional healthcare services rendered to children, pupils and students in educational establishments;

Draft normative act on the approval of the National Woman and Child Health Strategy.

5.6 SPECIAL PROGRAMMES UNDER THE MINISTRY OF HEALTH RESPONSIBILITY

5.6.1 CURRENT SITUATION

MoH has under its responsibility a series of special activities, which are incorporated in three sub-programmes: „Special Destination Programmes”, „Sports Medicine” and „Legal Medicine”.

The „Special Destination Programmes” sub-programme includes activities to provide the patients with expensive treatments and drugs for malicious diseases, for cardiosurgical patients; organ and tissue transplantation; prevention and treatment of pathologies and states that have a negative impact on the human genome; prenatal, postnatal cytogenetic and molecular genetic diagnosis and expensive treatment; and implement the programmes of special destination. Currently patients have a significantly reduced access to expensive surgery and specific treatment.

Although the Organ and Tissue Transplantation Agency is needed it does not exist. There is a legal framework for the creation of the Agency; however it has to be enhanced to conform to the acquis communautaire.

The „Sports Medicine” sub-programme includes the medical examination of the sportsmen and people practicing sports that is performed by the “Atletmed” National Sports Medicine Centre. The current equipment of the Centre is outdated; therefore the Centre provides for inadequate conditions for conducting the examination of sportsmen.

The „Legal Medicine” sub-programme includes activities for conducting expertise and medical-legal consultation and by the Legal Medicine Centre. Currently the quality of expertise and medical-legal consultation is low due to the lack of adequate laboratories and to the existent gap between the share of staff members and the actual workload. In 2007 there were provided 41625 medical and legal expertises.

5.6.2 GENERAL AND SPECIFIC OBJECTIVES

General objective:

- Increase the population access to specific healthcare, improve the health of sportsmen and people practicing sports and enhance the support to render justice against violations of human life, health and dignity.

Specific objectives:

- Enhance the life quality of patients requiring expensive healthcare services.
- Enhance the sportsmen’s health.
- Increase the support to render justice against violations of human life, health and dignity.

5.6.3 ACTIVITIES PLANNED AND THE REQUIRED FUNDING

- Ensure expensive treatments and drugs for malicious diseases, cardiosurgical patients, and organ and tissue transplantation; prevention and treatment of pathologies and states that have a negative impact on the human genome; prenatal, postnatal cytogenetic and molecular genetic diagnosis and expensive treatment; and implement the programmes of special destination.
- Develop the legal framework for the creation of the Organ and Tissue Transplantation Agency.
- Organize, coordinate and supervise the legal and sport healthcare activities.
- Coordination of the “Atletmed” National Sport Healthcare Centre in order to ensure the quality of the medical control of sportsmen and people practicing sports.

- Coordination of the Legal Healthcare Centre and enhancement of the performance laboratory to conduct the expertise of the genetic identity, the toxicological and histopathological expertise using express histochemical methods, and of the toxic and narcological laboratory.

* Activities under the „Special Programmes under Ministry of Health Responsibility” are funded through the budget programme (from the MTEF) under „Specific Healthcare Programmes” component, which has projected for 2009-2011 funds in amount of 11,548,808.700 MDL within the limit of the MDEF resource ceiling,

*After the approval of the 2009-2011 MTEF the amount will be updated.

5.6.4 INSTITUTIONS IN CHARGE OF IMPLEMENTATION

MoH’s specialized Divisions develop the legal framework for the creation of the Organ and Tissue Transplantation Agency.

The Legal Healthcare Centre is responsible for the implementation of legal healthcare activities in adequate conditions.

The “Atletmed” National Sport Healthcare Centre is responsible for the implementation of sport healthcare activities in adequate conditions.

5.6.5 EXPECTED OUTCOMES AND PERFORMANCE INDICATORS

- Share of patients benefiting of expensive healthcare services will increase by 10%.
- The Organ and Tissue Transplantation Agency will be become functional.
- Share of staff members based on the workload of the Legal Healthcare Centre will reach 100% by 2011.
- Number of medical examinations carried out for sportsmen at the “Atletmed” National Sports Medicine Centre will increase by 10%.

5.6.6 MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

GD on the creation of the Moldova Institute of Oncology (492, September 6, 1991);

GD on the creation of the Scientific and Practical Neurology and Neurosurgery Centre (587, July 5, 2001);

GD on the creation of the Scientific and Practical Cardiovascular Surgery Centre (1613, December 17, 2002);

Law on human organ, tissue and cell transplantation (42-XVI, March 6, 2008).

5.6.7 PLANNED POLICY DOCUMENTS AND DRAFT LEGAL DOCUMENTS

Draft normative act on the annual approval of the list of diseases with centralized expensive treatment;

GD on the organization, organisational chart and duties of the Organ and Tissue Transplantation Agency in accordance with the EU Directives;

GD on the approval of the Regulations of the Independent Evaluation Commission on the establishment of quality and safety standards for the donation, obtaining, control, processing, conservation, storing and distribution of human tissues and cells, in accordance with the EU Directives.

6. MONITORING AND EVALUATION

During the implementation of the Institutional Development Plan (IDP) the MoH will ensure that the implementation of the activities is monitored on a regular basis and the achieved outcomes are evaluated in order to introduce the necessary modifications if required. The monitoring and evaluation will be completed together with the annual evaluation of the achieved outcomes after three years of implementation.

Monitoring, evaluation and reporting procedure:

- Develop the Annual Work Plan of the MoH based on the activities outlined in the IDP.
- Continuous implementation of the activities outlined in the IDP by MoH Divisions, its subordinated institutions, healthcare service providers and the respective educational establishments;
- Development of the semi-annual and annual progress reports by the MoH's Divisions based on the Annual Work Plan;
- Consolidate the Annual Progress Report and approved it by the MoH and the MoH Board.
- Submit the Annual Progress Report approved by the Policy Analysis and Coordination Division of the Governmental executive office.
- Disseminate the annual results through the MoH Annual Progress Report.
- Coordinate the sector and inter-sector monitoring process.

Institutional framework for monitoring and evaluation:

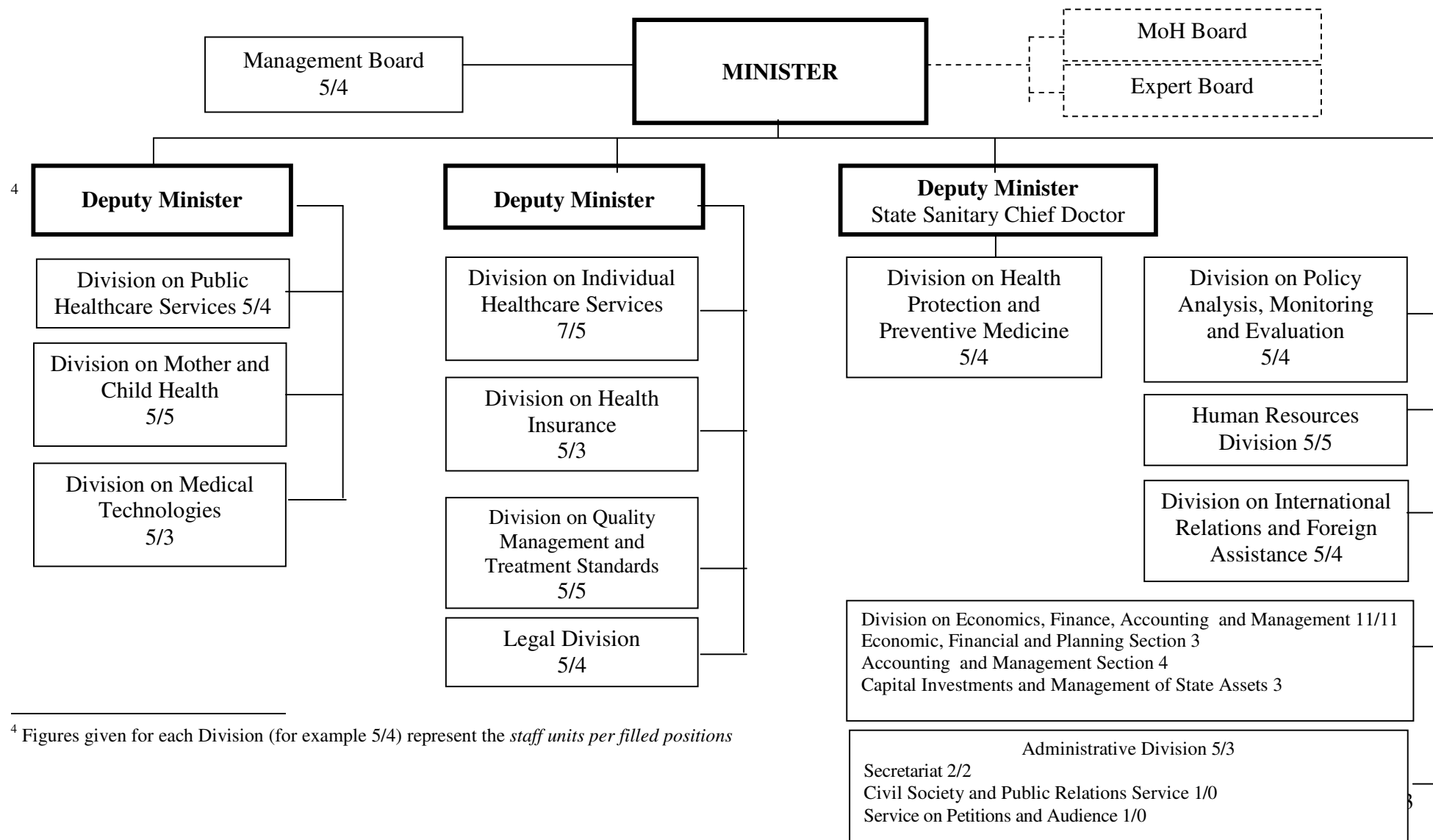
Coordination of the overall process of monitoring and evaluation of the outcomes rests with the Policy Analysis, Monitoring and Evaluation Division, which has to:

- Coordinate the IDP implementation, monitoring and evaluation.
- Collect data and manage the database needed for monitoring.
- Monitor the implementation of the Plan of Actions for IDP implementation and the achievement of the expected outcomes.
- Set forth suggestions to improve the implementation plan.

- Develop Annuals Report and submit them for approval to the MoH and then to the Policy and Foreign Assistance Coordination Division of the Governmental executive office.
- Assess the intermediate and final outcomes of the IDP implementation.
- Analyze the impact of implementing the activities outlined in the IDP.
- Ensure a high level of transparency in the IDP implementation, by posting the Annual Progress Reports on IDP implementation and achievement of the expected outcomes on the MoH webpage.

MINISTRY OF HEALTH ORGANISATIONAL CHART

(with 83 staff units, according to the GD 326, March 21,2007)



⁴ Figures given for each Division (for example 5/4) represent the *staff units per filled positions*

Annex 2

MAIN POLICY DOCUMENTS AND RELEVANT LEGAL DOCUMENTS

No	Document	Number	Date	Type
1.	Constitution of the Republic of Moldova	-	29.07.1994	Constitutional Law
2.	Law on health protection	411-XIII	28.03.1995	Organic Law
3.	Law on 2008 budget	254-XVI	23.11.2007	
4.	Law on pharmaceutical activity	1456-XII	25.05.1993	Ordinary Law
5.	Law on blood donation	1458-XII	25.05.1993	Ordinary Law
6.	Law on population sanitary-epidemiological control	1513-XII	16.06.1993	Organic Law
7.	Law on drugs	1409-XIII	17.12.1997	Ordinary Law
8.	Law on mental health	1402-XIII	16.12.1997	Ordinary Law
9.	Law on mandatory health insurance	1585-XIII	27.02.1998	Organic Law
10.	Law on circulation of narcotic drugs, psychotropic substances and their precursors	382-XIV	06.05.1999	Organic Law
11.	Law on human organ and tissue transplantation	473-XIV	25.06.1999	Organic Law (abrogated on 06.09.2008)
12.	Law on Red Cross Society in Moldova	139-XV	10.05.2001	Organic Law
13.	Law on control and prevention of alcohol abuse, illegal consumption of drugs and other psychotropic substances	713-XV	06.12.2001	Organic Law
14.	Law on the evaluation and accreditation in healthcare system	552-XV	18.10.2001	Organic Law
15.	Law on reproductive health protection and family planning	185-XV	24.05.2001	Organic Law
16.	Law on licensing certain types of activities	451-XV	30.07.2001	Organic Law
17.	Law on patient's rights and duties	263-XVI	27.10.2005	Organic Law
18.	Law on exercising the physician profession	264-XVI	27.10.2005	Organic Law
19.	Law on HIV/AIDS prevention	23-XVI	16.02.2007	Organic Law
20.	Law on 2008 mandatory health insurance fund	268-XVI	07.12.2007	Organic Law
21.	Law on human organ, tissue and cell transplantation	42-XVI	06.03.2008	Organic Law (enacted on 06.09.2008)
Presidential Decrees				
1.	Decree on urgent enactment of the Mandatory health insurance Law	738-II	24.08.1998	Presidential Decrees
Parliament Decrees				
1.	GD on the provision of social benefits to public healthcare and education	1478-XII	09.06.1993	Parliament Decree

	system employees			
2.	GD on the approval of the Sate Drugs Policy	1352-XV	03.10.2002	Parliament Decree
3.	2004-2008 National Human Rights Action Plan	415-XV	24.X.2003	Parliament Decree
4.	2005-2009 Legislative Programme	300	24.11.2005	Parliament Decree
Strategies				
1.	National Health Policy	886	06.08.2007	GD
2.	Economic Growth and Poverty Reduction Strategy Paper (EGPRSP)	398-XV	2.12.2004	Law
	GD on the extension of the Economic Growth and Poverty Reduction Strategy for 2007	1433	19.12.2006	GD
3	Central Public Administration Reform Strategy	1402	30.12.2005	GD
4	2008 Plan of Actions for the implementation of the Central Public Administration Reform Strategy	59	25.01.2008	GD
5	2008-2011 National Development Strategy	295-XVI	21.12.2007	Law
	Plan of Actions for the implementation of the 2008-2011 National Development Strategy	191	25.12.2008	GD
6	2007-2017 Healthcare System Development Strategy	1471	24.12.2007	GD
7	Primary Healthcare System Development Strategy		06.12.2007	Approved by MoH Board
8	Anti-corruption Strategy for Healthcare		06.11.2007	Approved by MoH Board
9.	2008-2009 National Reproductive Health Strategy	913	26.08.2005	GD
10.	Moldova National e-Governance Strategy	255	09.03.2005	GD
National Programmes				
1.	2008-2010 MTEF	756	02.07.2007	GD
2.	2005-2009 Governmental Programme „Country modernization-people’s welfare”	790	01.08.2005	GD
3.	Millennium Development Goals	288	15.03.2005	GD
4.	European Union - Republic of Moldova Action Plan	356	22.04.2005	GD
5.	2005-2015 “Moldovan Village” National Programme	242	01.03.2005	GD
6.	Plan of actions for the implementation of the Moldova Threshold Country Plan under the Millennium Challenge Corporation Programme	32	11.01.2007	GD
8.	2007-2011 National Programme “Prevention of Hepatitis B and Hepatitis C”	1143	19.10.2007	GD

9.	2007-2015 National Healthy Lifestyle Promotion Programme	658	12.10.2007	GD
10.	2007-2011 National Programme for Blood Transfusion Safety and self-provision with blood products	637	07.06.2007	GD
11.	National Programme "Addressing Iodine Deficit Disorders by 2010"	539	17.05.2007	GD
12.	2007-2011 National Mental Health Programme	353	30.03.2007	GD
13.	Automated Information System "State Drugs List"	85	25.01.2006	GD
14.	2006-2010 National „MoldDiab” Programme "Prevention of and Fight against Diabetes"	439	26.04. 2006	GD
15.	2006-2010 State Programme "Development of the Emergency Healthcare Services in Moldova	564	22.05. 2006	GD
16.	2006-2010 National Immunization Programme	523	16.05.2006	GD
17.	2006-2010 National Programme "Prevention of and Control over Tuberculosis"	1409	30.12.2005	GD
18.	2006-2010 National Programme "Prevention of and Control over HIV/AIDS and Sexually Transmitted Illnesses"	948	05.09. 2005	GD
20.	2006-2010 National Programme "Prevention of and fight against Cholera and other Acute Diarrheal Diseases "	277	13.03.2003	GD
21.	Strategic Plan for the development of the National Healthcare Information System	412/127/12 5/185-a	06.11.2007	Ordinul MS/MDI/BNS/CN AM
22.	Pilot project for the provision of public healthcare institutions from Calarasi and Glodeni districts and the Autonomous Territorial Unit Gagauz Yery with medical equipment	563	22.05. 2006	GD

Other Governmental Decisions (GD)

1.	HG on the registration of the Statute of the Moldova League of Physicians	235	31.07.1990
2.	GD on the creation of the Moldova Institute of Oncology	492	06.09.1991
3.	GD on the protection of vulnerable people and on the optimization of drugs and medical equipment import	163	02.04.1993
4.	GD on encouraging blood donation in Moldova	759	03.12.1993
5.	GD on the enhancement and reorganization of the postgraduate medical education	502	15.07.1994
6.	GD on the creation of the National Scientific and Practical Centre for Preventive Medicine	529	28.07.1995
7.	GD Moldova on ensuring the population sanitary-epidemiological	609	04.09.1995

	control in Moldova		
8.	GD on the sanitary protection of Moldovan territory against the import and spreading of conventional and extremely dangerous contagious diseases	556	10.10.1996
9.	GD on the approval of the Regulations for the formation and utilization of the National Epidemiologic Fund	717	26.12.1996
10.	GD on urgent measures for pharmaceutical system enhancement	16	15.01.1997
11.	GD on the approval of the temporary Regulations for the formation of price for drugs, medical items, and other pharmaceutical products	603	02.07.1997
12.	GD on primary healthcare development	1134	09.12.1997
13.	GD on the priority measures to enhance the population health protection	1132	08.12.1997
14.	GD on the approval of the Plan of Actions for genetic healthcare enhancement	353	02.04.1998
15.	GD on measure for the prevention of and fight against rabies	494	06.05.1998
16.	GD on urgent measure for the prevention of AIDS among intravenous drug users	1173	07.12.1998
17.	GD on stomatological healthcare institutions transition to self-management	672	21.07.1999
18.	GD on the approval of the Regulations for the State Sanitary and Epidemiological Control in Moldova	423	03.05.2000
19.	GD on vesting the MoH with control functions over the medical and pharmaceutical staff training	176	28.02.2001
20.	GD on the creation of the University Primary Healthcare Clinic within "Nicolae Testemitanu" State Medicine and Pharmacy University	177	28.02.2001
21.	GD on the approval of the National Plan of Actions for health and the environmental conditions	487	19.06.2001
22.	GD on the creation of the Scientific and Practical Neurology and Neurosurgery Centre	587	05.07.2001
23.	GD on the creation of the Centre for Healthcare Evaluation and Accreditation	526	29.04.2002
24.	GD on the approval of the Regulations for formation and utilization of the mandatory health insurance fund	536	24.05.2002
25.	GD on the approval of the Concept for organizing and conducting health care services under the mandatory health insurance system	717	07.06.2002
31.	GD on the approval of the Standard Contract for the health insurance system	1636	18.12.2002
26.	GD on the approval of the Scientific and Practical Cardiovascular Surgery Centre in Moldova	1613	10.08.2002
27.	GD on the reorganization of the specialized performing centres	986	02.07.2002
34.	GD on the pharmaceutical 2003-2010 National Programme	277	13.03.2003
28.	Prevention and Fight against Cholera and Acute Diarrheic accreditation of healthcare and pharmaceutical institutions	1108	20.08.2002
29.	Diseases		
35.	GD on the approval of the Regulations for the narcological health insurance system	1433	07.11.2002
35.	GD on the approval of the Moldovan Regulatory Authority for Healthcare Information System	507	25.04.2003
36.	GD on the approval of the Regulations for the fight against atypical pneumonia with severe acute respiratory syndrome	594	20.05.2003

37.	GD on the approval of the total number of staff of the State Sanitary-Epidemiological Service of the MoH including of its district and municipal branch offices	867	14.07.2003
38.	GD on the creation of the Emergency Healthcare Service in Moldova	891	17.07.2003
39.	GD on the creation of the National Scientific Centre for Reproductive Health, Medical Genetics and Family Planning	987	11.08.2003
40.	GD on the approval of the approval of the fees for authorization of drugs and other pharmaceutical and para- pharmaceutical products; and for post-registration modifications	1135	18.09.2003
41.	GD on the approval of the Regulations for the remuneration of the public healthcare institutions staff covered by the mandatory healthcare insurance system	1593	29.12.2003
42.	GD on the enhancement of the pharmaceutical situation in Moldova	617	28.01.2005
43.	GD on the approval of the National Reproductive Health Strategy	913	26.08.2005
44.	GD on the approval of measures for the prevention of and control over HIV/AIDS and sexually transmitted illnesses	948	5.09.2005
45.	GD on the approval of drugs compensation under the mandatory health insurance system	1372	23.12.2005
46.	GD on the approval of the 2006-2010 National Programme "Prevention of and Control over Tuberculosis"	1409	30.12.2005
47.	GD on the Clinic of the "Nicolae Testemitanu" State Medicine and Pharmacy University	42	12.01.2006
48.	GD on the approval of the 2006-2010 National „MoldDiab” Programme "Prevention of and Fight against Diabetes"	439	26.04.2006
49.	GD on the approval of the 2006-2010 National Immunization Programme	523	16.05.2006
50.	GD for the approval of the 2006-2010 State Programme "Development of the Emergency Healthcare System"	564	22.05.2006
51.	GD on the enhancement of the technical and material resources for "Chiril Draganiuc" Clinic no. 2 of the Physiopneumology Institute	939	17.08.2006
52.	GD on the approval of the 2003-2010 National Programme "Prevention of and Fight against Cholera and Acute Diarrheic Diseases"	940	17.08.2006
53.	GD on the approval of the 2006-2010 National Programme "Prevention of and Control over HIV/aids and Sexually Transmitted Illnesses	1218	23.10.2006
54.	GD on the approval of the 2007-2011 National Mental Health Programme	353	30.03.2007
55.	GD on the approval of the National Healthcare Policy	886	06.08.2007
56.	GD on the approval of the formation and utilization of special funds of the healthcare institutions subordinated to the MoH	928	13.08.2007
57.	GD on the creation of the National Healthcare Management Centre	1247	16.11.2007
58.	GD on the approval of the 2008-2011 National Healthcare Development Strategy	1471	24.12.2007
59.	GD on the approval of the Regulations for the procurement of drugs based on the healthcare system's needs	479	27.03.2008

60.	GD on the approval of the nominal membership of the Ministry of Health Board	588	08.05.2008
61.	Concept paper for the Integrated Healthcare Information System	1128	14.10.2004

Annex 3

TECHNICAL ASSISTANCE PROJECTS

<i>PROJECT/PROGRAMME</i>	<i>BUGET</i>	<i>TIMEFRAME</i>	<i>DONOR /COORDINATOR</i>	<i>SCOPE</i>
Blood Transfusion Safety in Moldova	7,637.000 Euro	May 2005 –September 2009	BDCE	Enhance the blood transfusion safety and the self-provision with blood products.
Mother and Child Health - phase 3	413,000 CHF	01.03.2007-31.03.2008	SDC /UNICEF	Enhance the access to and the quality of integrated healthcare services for children and families with children under 5years.
Mother and Child Health - phase 4	400,000 CHF	01.04.2008-28.02.2009	SDC /UNICEF	Enhance the access to and the quality of integrated healthcare services for children and families with children under 5years.
Moldovan – Swiss Perinatology Project - phase 1	3,100,000 CHF	01.06.2006-31.03.2008	SDC	Decrease the early perinatal and neonatal mortality and morbidity rates.
Moldovan – Swiss Perinatology Project - phase 2	2,800,000 CHF	01.04.2008-31.12.2010	SDC	Decrease the early perinatal and neonatal mortality and morbidity rates.
Enhancement of newborn registration according to the WHO norms	110,000 CHF	01.12.2007-29.02.008	SDC	Assist the MoH to initiate the registration of newborns weighting 500 grams.
Emergency Pediatric Healthcare Services	4,000,000 CHF	01.07.2008 – 31.12.2010	SDC	Enhance the emergency paediatric healthcare.
Occupational Therapy „Supporting the Mental Health Reform”	3,6497,42 MDL	01.02.2007-31.01.2009	SDC	Enhance the life conditions through psycho-social rehabilitation of people with mental health problems from psychiatric hospitals, psycho-neurological sanatoriums and community-based mental health centres by involving them in occupational activities and enhancing the mental healthcare services through the improvement of professional skills of the staff from these institutions.
Equitable Access to High Quality Services	317,717.00 \$	01.01.2008-31.12.2008	UNICEF	Enhance the access for children in particular for vulnerable ones to high quality healthcare services.
HIV/AIDS and Vulnerable Young People (Prevention of HIV/AIDS transmission from mother to child)	380,000.00 \$	01.01.2008-31.12.2008	UNICEF	Enhance the access for HIV/AIDS infected children to high quality treatment and care.
HIV/AIDS and Vulnerable Young People (HIV-infected Young People Health and Development)	147,000.00 \$	01-01-2008 – 31-12-2008	UNICEF	Enhance the access for HIV/AIDS infected children to high quality treatment and care.

<i>PROJECT/PROGRAMME</i>	<i>BUGET</i>	<i>TIMEFRAME</i>	<i>DONOR /COORDINATOR</i>	<i>SCOPE</i>
Communication Campaign against Avian Flue	489,500 \$	January-December 2008	UNICEF	Prevention of Avian flue and decrease of the the social impact of any potential pandemics by Moldova Government.
EU/TACIS Project “Supporting the health reform. Enhancement of Primary Healthcare.”	6,000,000 Euro	2008-2010	Delegation of the European Commission to Moldova	Enhance the quality of primary healthcare services.
Reproductive Health Component	200,000 \$	2007-2011	UNFPA	Extend consultation and information services regarding sexual and reproductive health and prevent HIV/AIDS/STD among young people.
Preventing HIV/AIDS and Hepatitis B and C	6,200,000 \$	2006-2010	USAID	Enhance the capacity to prevent HIV/AIDS and Hepatitis B and C.
Fighting AIDS, TB and Malaria (MOL-102-G01-C-00) HIV/AIDS and TB Component	11,700,000 \$	01.05.2003-30.04.2008	World Fund	Enhance the capacity to control HIV/AIDS and TB.
Fighting AIDS, TB and Malaria (MOL-607-G02-T) TB Component	11,900,000 \$	01.10.2007-30.09.2009 (phase 1), 30.09.2012 (phase 2)	World Fund	Enhance the capacity to control TB.
Fighting AIDS, TB and Malaria (MOL-607-G03-H) HIV Component	15,900,000 \$	01.01.2008-31.12.2009 (phase 1), 31.12.2012 (phase 2)	World Fund	Enhance the capacity to control HIV/AIDS
Fighting AIDS, TB and Malaria (H046 MD) HIV Component	6,100,000 \$	08.10.2003-31.07.2008	World Bank	Reduce the HIV/AIDS epidemics.
Healthcare Services and Social Assistance Health Component	12,000,000 \$	09.2007-09.2011	World Bank	Enhance population access to high quality and cost-effective healthcare services in order to reduce the premature mortality and disability rates.
“Harm Reduction” Programme	22,042 \$	2008	Soros Moldova	Decrease the medical, social and economic side effects associated with the use of injecting drugs and unprotected sex.
“Palliative Care” Programme	39,000 \$	2008	Soros Moldova	Develop and integrate the palliative care into the healthcare system in Moldova.
“Initiatives in Mental Health” Programme	102,000 \$	2008	Soros Moldova	Ensure full equity for people with mental disabilities (intellectual disabilities and or mental health problems) within communities and the observance of their rights.

<i>PROJECT/PROGRAMME</i>	<i>BUGET</i>	<i>TIMEFRAME</i>	<i>DONOR /COORDINATOR</i>	<i>SCOPE</i>
“Law and Health” Programme	47,000 \$	2008	Soros Moldova	Enhance the capacities and knowledge of public healthcare professionals about rights.
Enhancement of stewardship, funding and resource generation functions	320,000 \$	2008-2009	WHO	Enhance the stewardship, funding and resource generation functions.
Enhancement of Mother and Child Health and the Reproductive Health	250,000 \$	2008-2009	WHO	Enhance the mother and child health and the reproductive health
Enhancement of Contagious Disease Supervision and Control. HIV/AIDS and TB Management	630,000 \$	2008-2009	WHO	Enhance the supervision and control over the contagious diseases and the HIV/AIDS and TB management.
Prevention of and control over major non-contagious diseases	250,000 \$	2008-2009	WHO	Prevent and control over major non-contagious diseases.
Environmental health and preparedness for disasters	250,000 \$	2008-2009	WHO	Enhance the environmental health and preparedness for disasters.
Prevention of and fight against corruption in Healthcare	2,900,000 \$	2007-2008	Millennium Challenge Corporation	Prevent and fight against corruption in healthcare system.
UNAIDS Programme for HIV/AIDS Enhancement of the capacity of church representatives from Moldova to prevent and assist people infected or affected by HIV	24,960 \$	2008-2009	UNAIDS Moldova	Prevent and fight against HIV/AIDS. Enhance the participation of the church in preventive measures, in offering care and support to vulnerable people.
Revision of the 2006-2010 National HIVAIDS Programme	35,000 \$	2008-2009	UNAIDS Moldova	Revise the progress of the actions outlined in the 2006-2010 National HIVAIDS Programme and establish areas of priority.
Enhancement of the capacity of the program mangers to estimate the cost-effectiveness of the National HIVAIDS Programme	35,025 \$	2008-2009	UNAIDS Moldova	Estimate the budget and costs of the National HIVAIDS Programme.
Estimate the constraints of vulnerable population in Moldova	15,270 \$	2008-2009	UNAIDS Moldova	Enhance the participation of the church in preventive measures, in offering care and support to vulnerable people.