

## Year 4 Report (2015 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

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Country: Republic of Moldova

EU-Lux-WHO UHC Partnership

Date: December 2015

Prepared by: WHO CO

Reporting Period: January 2015 – December 2015

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Main activities as planned in the Road Map.

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Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result

### **SO I**

**Activity 1 (ER2):** The series of Yearly National Health Forums will be continued in the IV quarter, to keep the wide participative platform for discussions and agreement on moving the health reform agenda through the health in all policies perspective, to engage stakeholders from the parliament, government, local level administration and providers, donors and civil society.

**Activity 2 (ER2):** Local policy dialogues to be continued in the III, IV quarter, to bring the reform agenda and evidence closer to local level and discuss with local stakeholders the key issues to implement the reform.

**Activity 3 (ER1):** Organize brown-bag lunches through-out the year to facilitate a favorable environment for the national stakeholders to share knowledge and bring the message from the regional level dialogues to the country level.

**Activity 4 (ER3):** The work on local health profiles to ensure the presence and involvement of local public authorities in monitoring and taking actions at local level to improve the health of the population following the reforms.

**Activity 5 (ER1):** A continuous dialogue with stakeholders from the parliament and political elite is also planned to be conducted through-out the year to gain their support of the health reforms, strategies and plans.

**Activity 6 (ER5):** A policy dialogue on service delivery to discuss about the international principles of quality of care, the results of the assessment of quality of care management in Republic of Moldova and way forward.

**Activity 7 (ER4):** A policy dialogue on universal health coverage to discuss the results of the measurement of financial protection and identify the priority actions and policies to be adopted to

improve universal health coverage in the country.

## **SO II**

**Activity 1 (ER5):** Further improvement of quality of care in the country focusing technical assistance on specific areas that would support overall improvement of quality of care management in the country.

**Activity 2 (ER4):** Continuation of the measurement of financial protection in the country, and publication of a country report highlighting the progress and potential policy options to improve universal health coverage.

**Activity 3 (ER3):** Further technical assistance provided in the areas of access and rational use of medicines, building capacities of national stakeholders in budget impact analysis and rational selection of medicines on the positive list.

## **Main activities achieved and progress made:**

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*Please estimate **approximate percentage of achievement** for each roadmap activity.  
Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc.)*

*What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)*

**Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.**

## **SO I**

### **Activity 1 (ER2): National Health Forum – 100% completed**

The fourth edition of the National Health Forum, entitled “Sustainable Development for Improving Public Health” has taken place in November to conduct debates on the adaptation of Sustainable Development Goals (SDGs) to the Moldovan national context, financial protection in health care, effective response to non-communicable diseases, and hospital and public health. The event brought together around 400 participants representing health and other sectors from central and local levels, the academia, civil society, specialty associations and committees, the Parliament, the Prime Minister, diplomatic missions to the Republic of Moldova, international organizations and partners.

The Ministry of Health presented its priority issues that the central health authority is aiming to address and proposed the strategy to tackle the existing challenges in the health care sector. The Minister of Health mentioned that it is necessary to identify new mechanisms of cooperation between different sectors at central and local levels, and with partners and international organizations. It was agreed among participants that to ensure the sustainable development of society and to reduce health

inequalities, there is a need for complex interventions, multi-sector approach and implementation of efficient methods for establishing and delivering health services." The plenary sessions covered topics such as: development agenda of Republic of Moldova from the perspective of the health care sector, control of NCDs with specific focus on cardiovascular diseases and alcohol control policies, hospital reform to improve quality safety and sustainability, financial protection and access to medicines, the role of primary care sector and the importance of a well-functioning public health surveillance system in Republic of Moldova.

Participants adopted a Health Forum Resolution, which contains 10 action points as an outcome document of the two-day deliberations. These commitments cover: integrating the SDGs into national policies; strengthening continuously the health promotion and disease prevention activities with focus on non-communicable diseases to enhance interventions both at public health and primary health care levels; developing the integrated health information system; and progressing further on hospital and public health system reform agendas. The event was co-financed by the Swiss Development Agency in the framework of the project implemented by WHO.

### **Activity 2 (ER2): Sub-national policy dialogues – 100% completed**

Four sub-national policy dialogues to discuss health sector reforms were conducted in three hosting regions of the country: North, South and Centre during the months of October and November 2015 and gathered around 300 participants. The sub-regional dialogues gathered representatives of local providers, local public authorities and National Health Insurance Company to discuss reforms in the following areas: hospital sector reform, health care financing and efficiency of hospitals, strengthening of primary care and development of rehabilitation services.

The local dialogues led by Ministry of Health (the third round as initiative started from 2013) were conducted before the National Health Forum to debate at local level about health topics that would be raised at the forum and better inform the stakeholders from local level about the existing evidence and reforms planned at central level. This year, the Ministry of Health has framed the dialogue with providers from the perspective of their level of service (rayon, municipal, republican) and approached them individually since the reform objectives are different for each of them. This type of dialogues have helped achieving greater understanding and agreement between local public authorities and providers and central health authorities about next steps the Ministry of Health is aiming to do in order to strengthen the hospital sector, implications for local public authorities and providers of primary care and importantly for the beneficiaries of the health care system. This approach has demonstrated to improve consensus between stakeholders about the reform strategy that would contribute to the successful implementation of reforms promoted nationwide by central health authorities.

### **Activity 3 (ER1): Brown-bag lunches – 100% completed**

Brown-bag lunches organized on Fridays and gathered Ministry of Health Staff and medical institutions when necessary to debate and exchange of knowledge on various health related topics, reforms, initiatives, discussed at regional and national level. This initiative demonstrated to be an efficient and motivating platform to bring the messages and recommendations from regional level events (such as flagship courses, study visits, conferences, trainings) where staff from Ministry of Health attends down to local level to discuss opportunities for Moldova to adapt and use the acquired knowledge to national

system changes.

It has also helped to create an appropriate environment for team-building and improve knowledge sharing within the Ministry of Health and its subordinated institutions thus contributing to coordinated and effective implementation of activities and plans at health system level.

**Activity 4 (ER3): Further work on local health profiles to involve local public authorities to develop multi-sector action plan at local/district level directed to improve the population health status– 100% completed.**

After policy dialogue conducted in December 2015 where the Report on Health Profile of the Orhei rayon has been presented and discussed and local elections, public authorities established intersectorial working group. It included representatives of the hospital, primary health care, public health, environment department, food safety, police office, local public authorities and local NGOs. Working Group led by Orhei Center of Public Health worked based on the Health Action Plan – Health 2020. To increase knowledge and practices of the members of the group, capacity building workshop and continuous support was provided. The draft intersectorial Health Action Plan will be further developed and approved by the local public authorities.

Piloting of health profiles and development of intersectorial health action plan in Orhei rayon attracted interest of the development partners such as Ministry of Health and Care Services of the Kingdom of Norway and Swiss Development Agency. Both partners will use project experiences in their activities. Ministry of Health and Care Services of the Kingdom of Norway will provide support in implementing activities reflected in the Health 2020 Action Plan related to control of tobacco and alcohol among youth, and project under Swiss Development Agency will support activities directed to apply methodology and guideline for development health profiles in other regions.

**Activity 5 (ER1): A continuous dialogue with stakeholders from the parliament and political to gain their support of the health reforms, strategies and plans – 100% completed.**

The initiative further contributed in 2015 to involving the representatives of the parliament into a policy dialogue to support the ongoing debates as well as actions to strengthen the health care sector and improve the UHC in Republic of Moldova. In 2015 the dialogue was conducted around the steps to implement the hospital reform as well as strategize purchasing of services as one of the prerequisites to improve UHC. A high-level delegation from the Republic of Moldova representing members of Parliament, the Government, hospitals and the state medical university visited Estonia on 20–23 July 2015 to learn about the Estonian experience in strengthening the hospital sector.

The delegation conducted meetings with key Estonian national stakeholders, several hospitals from Tallinn and Tartu, to discuss their experience in implementing the hospital reforms for the last 2 decades. Since the decision makers from Republic of Moldova for several years already know what is necessary to be done to reform the hospital sector, the scope of the study visit was to learn how and the approach taken to implement the hospital reform in Estonia, and how did providers reacted after - a country very similar to Moldova by population, health care system, history.

The initiative as well supported the dialogue with members of the parliament about the ways to strategize the purchasing of services and the changing role of key stakeholders in the system (Ministry of

Health and Health Insurance Company). This dialogue was very opportune and appropriate considering the budget deficit of the health care sector that increases the importance of efficient allocation of existing resources in the health care sector.

**Activity 6 (ER5): Round table with key decision makers to discuss the new evidence of financial protection and possible policy options to improve.**

In August 2015 there was conducted a round table for high-level decision makers, such as the top management of Ministry of Health, Health Insurance Company, Agency for Medicines and Medical Devices, as well as technical level staff from these institutions. The discussions were focused around the new evidence of financial protection and access to medicines in the Republic of Moldova that were provided after the implementation of the new WHO methodology on measuring financial protection and a study on rational use conducted during 2015.

The discussions were concluded by a list of agreed policy options necessary to be implemented specifically in the area of medicines that is the largest proportion of out-of-pocket payments for health care services. Some of the policy options focused on improved rational use of medicines (dispensing without prescription, poor selection to positive list, substitution with more expensive drugs, over prescriptions, and poor knowledge of patients), stronger price monitoring policies and reinforcing INN prescription. Recommendations were given as well around increasing the targeting of poor and socially vulnerable with insurance and state subsidies and increasing the positive list of medicines.

**Activity 7 (ER5): Strengthening health diplomacy capacities of national stakeholders – 100% completed**

Two representatives of the Ministry of Health (state secretary and a consultant for foreign aid) participated at a high-level meeting, hosted by the Federal Ministry of Health of Germany in April 2015, to discuss the progress and opportunities to strengthen policy coherence through multi-sector collaboration for health in foreign policy and development cooperation. The Moldovan participants collected, and analyzed the experiences of Member States of the WHO European Region in improving policy coherence between health, foreign policy and development. This meeting provided to the Moldovan participants opportunity to learn recommendations on how states can establish principles for joint action and promote synergies among the sectors, while also creating mechanisms and instruments to ensure cooperation and continuity. This activity is a good follow-up on the capacity building in health diplomacy provided under the project during 2014 year.

**SO II**

**Activity 1 (ER5): Technical assistance on quality of care improvement – 100% completed**

Since availability of data and analytical capacities in the health care system are important to design strategies and reforms to improve quality of care, it was decided to strengthen the capacities of national stakeholders in conducting clinical audit. Based on the morbidity levels it was selected that Acute myocardial infarction (AMI) would be the subject of audit. Thus a guideline based on international evidence and set of indicators was developed to guide the data collection and analysis. Technical assistance was provided to collect data across more than 45 hospitals and 1100 patient records, and

analysis report was developed. The results of the analysis were presented and discussed at the national health forum during the NCD management session to reach consensus about importance of integrating activities of multiple stakeholders to improve AMI management but also other NCDs. As part of the process a universal guideline to conduct clinical audit for various conditions was developed and submitted to National Center of Health Management for further adaptation and use.

Further capacities were strengthened among technical staff of the Ministry of Health and CNAM during a 1-day workshop about developing performance indicators to monitor quality of care and performance of providers. Significant work has been done to coordinate and align different development partners (such as: GIZ, WB, SDC) that are planning various initiatives in the area of quality of care to the recommendations from the assessment report that also were endorsed by the national stakeholders.

**Activity 2 (ER4): Consolidation of national stakeholder's capacities on measuring universal health coverage – 80% completed.**

WHO has developed and improved methodology of measuring catastrophic and impoverishing expenditures that is being shared and implemented across WHO Europe member countries. This methodology gives more accurate measures about the share of population exposed to catastrophic and impoverishing expenditures when accessing health care services. In Republic of Moldova a working group was created from the representatives of the Ministry of Health, Health Insurance Company, National Center of Health Management, and National Bureau of Statistics. The local group was provided training by WHO in application of the new methodology and its additional value to generate new evidence. The local group has developed the new evidence in catastrophic and impoverishing expenditures for Republic of Moldova using the national household budget survey data for 2010-2014 years.

The local group guided by the WHO Country Office in Republic of Moldova and Barcelona Office developed a draft analysis report (including findings and policy options) to improve universal health coverage in Republic of Moldova. The findings at country level were shared by two members of the working group at a regional level technical meeting in Barcelona in September 2015, and policy options to improve UHC from other participating countries were discussed. The report is circulated to the WHO Regional Level for feedback before finalization and publishing. The country report is aimed to be finalized in the first quarter 2016 and to be used in wider policy discussions as well as for better targeting of the health financing policies to improve UHC in the Republic of Moldova.

**Activity 3 (ER3): Continued technical assistance in rational drug use, positive list of medicines to improve access to medicines and UHC – 100% completed.**

Started in 2014 the situational assessment identifying areas of work to improve access to medicines served as guidance to build TA in 2015. The study on rational use of antihypertensive medicines initiated in 2014 was finalized in 2015 and results were presented to decision makers at the Ministry of Health, and National Health Insurance Company, as well as discussed at the national health forum in November 2015. The technical assistance provided in 2015 was focused mainly around pricing of medicines, centralized procurement, rational selection of medicines, communication strategies to improve rational use of drugs and institutional strengthening of the medicines selection committee. Specific support was provided to introduce gradual mark-up system for medicines sold in bulk and in retail, thus a law on gradual mark-up for medicines was developed and approved by the Parliament; a guideline outlining the

principles of selection of medicines to the positive list was provided, thus a MoH order regulating the process, principles and composition of the medicines selection committee was reviewed. TA was provided to the selection committee and its secretariat (that was introduced for first time) and a standard operation procedure was developed for the secretariat to guide and streamline their internal processes of preparing the documentation for the selection committee.

Capacities of technical staff at the Ministry of Health, National Health Insurance Company, Medicines and Medical Devices Agency, Medical University were strengthened in conducting budget impact analysis for medicines, and broader pharmacoeconomics theory to support decision making in rational use of medicines. A five day workshop was organized in November 2015 to train about 20 representatives of national stakeholders in pharmacoeconomics.

**Activity 4(ER5): An assessment of how quality of care is regulated, followed and monitored in the health care system – 100% completed.**

Started in 2014 the work on assessment of the quality of care governance in Republic of Moldova was finalized in the first half of 2015 and a policy report “Quality and safety of health care in the Republic of Moldova” was published in English and Romanian languages, containing 10 strategic visions and about 60 specific recommendations to improve quality of care. The report was distributed and circulated among stakeholders and further individual and group discussions were conducted with national partners during the year to seek endorsement of the strategic visions and recommendations from the report. As a result a national working group comprising all relevant stakeholders in quality of care was created by the Ministry of Health that would develop a national action plan with priority actions to improve the quality of care, being guided and further supported by WHO. The action plan is planned to be finalized in the first quarter of 2016 year, and to serve as basis for coordination of actions in improving quality governance. On different occasions the results of the assessment and country recommendations were shared on-distance during a Quality conclave in India led by WHO, and during a learning exchange initiative on Governance of Quality initiated by Joint Learning Network, connecting countries from all over the world (Mexico, Uganda, Spain, and Republic of Moldova too).

**Activity 5 (ER 5): Study visits on medicines policies, health financing and health systems to strengthen capacities and facilitate experience exchange of national stakeholders -100 % completed**

The representatives of decision makers in the medicines policy, health financing, and governance (Ministry of Health, National Health Insurance Company and Medicines and Medical Devices Agency) participated in various study visits, workshops and high level regional events and forums to learn good practices of ensuring access to medicines, that could be replicated for Republic of Moldova. The participation was as follows:

- ***Piperska workshop in Warsaw, Poland (11-13 May)*** to learn the principles and EU experience in managed introduction of new medicines – attended by two representatives from the National Health Insurance Company and Medicines Agency
- ***Study tour on rational use of medicines in Netherlands (June)*** to learn the Dutch reforms in improving rational use and access to medicines – attended by two representatives from the Medicines Agency and the National Health Insurance Company.
- ***Course on ATC/DDD methodology*** organized by WHO Collaborating center for drug statistics in Vienna (June) – attended by two representatives from the National Health Insurance Company

and the Medicines Agency.

- **Multicounty consultations** on implementing the access to essential medicines resolution with a focus on governance organized by WHO Regional Office for Europe in September – attended by two representatives from the National Health Insurance Company and Medicines Agency
- **3rd PPRI conference on Pharmaceutical pricing and reimbursement policies:** Challenges beyond the financial crisis, held in Vienna (October) – attended by two representatives from the National Health Insurance Company and the Medicines Agency
- **Joint SEE Health Network/WHO Regional Office for Europe Ad-hoc meeting** of ministers of health of SEEHN members states “Further steps to strengthen the SEE Regional Collaboration for public health” held in Belgrade (21-23 June) was attended by the Minister of Health of Republic of Moldova.
- **Costing of Health Services for Provider Payments** – Train the Trainer Workshop, to build capacities of the National Health Insurance Company staff in conducting trainings for local technical staff that will be costing the services in hospitals - was attended by the deputy of CNAM in August in India.
- As a member country of the Joint Learning Network for Universal health Coverage, three representatives of CNAM attended the **regional meeting of JLN Collaborative on Data Analytics for Monitoring Provider Payment Systems**, during 28-31 July in Manila, to exchange experience in the field with the rest JLN membership countries
- **The European Health Forum Gastein** “Balancing priorities, sharing responsibilities” held during 30 – 02 October in Bad Gastein was attended by the Minister of Health and the state secretary.
- **Interagency conference “Financing of health care systems”** held during 7-8 December in Moscow was attended by three representatives from the National Health Insurance Company and Ministry of Health.

**Activity 6 (ER 5) Coordination and facilitation of a study visit on health system strengthening and reforms to support improving access and UHC – 100% completed**

Support was provided to the Ministerial delegation during the study visit to Estonia, on health system strengthening and reforms. The agenda of the study visit was developed in coordination with the Ministry of Social Affairs of Estonia and various Estonian stakeholders. A technical consultant in Estonian health system and reforms was provided to accompany the delegation, provide feedback to various questions and submit a summary report reflecting the observations, and conclusions from the study visit to keep a systematic approach to knowledge sharing.

**Activity 7 (ER5) A video spot to share the country experience in supporting the policy dialogue to strengthen national health policies, strategies and plans.**

To share the country experience and lessons learned in Republic of Moldova while implementing the activities under the partnership project, a project video was developed to outline the progress of the project and reflect the feedback of the national and international stakeholders on the country outcomes achieved after the four years of running this initiative in Republic of Moldova. The video will be shared during the technical meeting of the NHPSP project in Q1 of 2016 and made publicly on the UHC partnership web-site, WHO country web-site, and other sources.

**Activity 8 (ER1) A Social Network Analysis examining impact of policy dialogue on health systems in**



### **Republic of Moldova – 100% completed**

To evaluate the Policy Dialogue's effective contribution in strengthening health systems a social network analysis was conducted. The analysis looked at the relationships and contributions of individuals and groups of stakeholders, including NGO's, health professional associations and other ministries and described as spatial arrangements with a defined structure and function of these different arrangements. The social network analysis conducted interviews with in six areas of focus, including NCD policy including tobacco cessation and a smoke-free environment, health financing, health policy, health service delivery, medication access, and improving community health profiles. The analysis demonstrated that a successful, large loose network supported by the Health Ministry, WHO, and the Office of the Prime Minister was optimum in moving a tobacco control policy forward. It was also identified more decentralized and smaller networks associated with other dimensions of policy dialogue suggesting that despite significant WHO involvement in all aspects of policy dialogue (intervention climate), the network climate depicting optimal relationships between these organizations is also a contributing factor in successful propagation of the policy dialogue. The study has provided an assessment and recommendations for WHO and MoH on ways to capitalize on the unutilized successful networks to initiate other policy strategies. The technical report will be shared with MoH and used as basis for further improvement of networking between WHO and relevant national health system stakeholders.

### **Activity 9 : Communications Strategy Evaluation and further improvement of communication towards health policy – 100 % completed**

An international expert has reviewed the WHO CO communication strategy, recommendations and tools to use on the update communication strategy. The aim of the missions were to evaluate the WHO CO communication activities, actions and disseminated messages in 2014, corporate communication at the country level, and to improve the Communication Strategy and Action Plan.

The expert conducted rapid assessment of the communication strategy implementation and provided messages; rapid assessment of corporate communication at the country level and communication of the partners and donors; the rapid assessment of current communication capacities of the WHO CO and current national media landscape.

The communication seminar "Getting your message across in today's world of communication – a dream that can come true? was organized for Moldova CO. The objectives of the Communication seminar were to familiarize CO staff with WHO priorities and strategies in communications; to present WHO HQ and RO priorities for communications in 2015; to increase knowledge on social media use and share WHO and UN guidance; to increase knowledge on building of corporate messages; to present results of CO internal survey 2015 and UN internal and external staff surveys results; to introduce the role of communications and visibility rules of WHO partners (EU, SDC) and to present the updated CO communications strategy for 2015-2016.

### **Activity 10 (ER1): Support the development of SRH strategic document – 50% completed**

The development of the Sexual and Reproductive Health (SRH) policy document was launched in September 2015. The policy document should be finalized by April 2016. To realize the set goal the technical working group was formed, as well as the three experts responsible for the drafting and the

feedback collection were nominated by the Ministry of Health. Until now, the three workshops were organized, i.e.: the situation analyses workshop, the workshop for setting the scope and purpose of the document and the workshop on setting the priorities and objectives. The development of the policy documents is a joint activity with UNFPA Moldova; the Ministry of Health is responsible for overall coordination of the process.

**Activity 11 (ER2): Support in conducting capacity building sessions on the new Tobacco Control Law - 100% completed**

In order to inform public health authorities regarding provision of the new Tobacco Control Law, two days capacity building session has been conducted with support of the Ministry of Health and the National Centre of Public Health. The training was attended by 35 people representing the regional Centers of Public Health. It will be followed-up in 2016 by a series of meetings with public health authorities and other stakeholders at national and regional levels to discuss their action plans to implement the provisions of the new Tobacco Control Law.

**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:**

*Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,).*

During the project implementation changes to the plan were made in terms of downsizing some of the activities (such as policy dialogues) and many additional activities were added to the plan due to perceived need to additional TA and identified additional funding during the implementation period. The changes are listed below:

**1. Activity 6 (ER5), SO II: The policy dialogue on service delivery with the focus on quality of care and policy options to improve quality of care management in Republic of Moldova was postponed.**

Since the framework to improve quality of care management requires a multi-stakeholder and coordinated approach as well as the assessment showed that many stakeholders in the health sector still do not clearly understand their scope of responsibility within that process, it was decided first of all to build consensus and seek full endorsement with each stakeholder on the proposed visions, recommendations and framework to improve quality of care in the Republic of Moldova. Thus, during second half of 2015 meetings were organized with each key stakeholder (National Health Insurance Company, National Center for Healthcare Management, Specialty groups, providers, and others) followed by a roundtable discussion led by the Minister of Health to endorse all the proposed visions and principles to improve quality of care. After a consensus was achieved a national working group comprising all relevant stakeholders to develop an action plan based on the proposed recommendations and visions was developed, that creates sufficient premises for conducting an efficient policy dialogue in 2016 on service delivery and quality of care.

**2. Activity 7 (ER4), SO I: A policy dialogue on universal health coverage to discuss the results of the measurement of financial protection and identify the priority actions and policies to be**

**adopted to improve universal health coverage in the country.**

The analysis of new estimates of financial protection have not been finalized as planned since data discrepancies were found in the analysis performed by the national working group. Considering that the analysis was not published and distributed, but still initial findings could be discussed and policy options proposed it was decided to conduct a round table discussion with key decision makers (Ministry of Health, National Health Insurance Company, Medicines and Medical Devices Agency) around the findings and potential policy options to improve UHC. The new evidence on medicines consumption and obstacles to access medicines provided by WHO, was also presented and discussed at the round-table. The feedback from the round table was used to guide the agenda and discussions at the National Health Forum during the sessions on health financing and access to services, where a larger audience participated at the discussions.

**3. Activity 2 (ER4), SO II: Publication of a country report highlighting the progress and potential policy options to improve universal health coverage.**

The publication of the country report was not made before end of 2015, because the metadata on household expenditures was processed manually by the national working group and discrepancies in data were observed by WHO, that put under question the quality of the analysis. The data was processed again to check for errors that took more time than expected and postponed the analysis and publication of the country report. It is planned that the country report will be published in the first quarter of 2016.

**4. Activity 7 (ER5), SO I: Strengthening health diplomacy capacities of national stakeholders**

This activity was not initially planned but was added during the implementation to provide follow-up on capacity building in health diplomacy delivered under the project in 2014 year. This follow-up contributed to further capacity building in this area, through sharing of recommendations of states on joining efforts, coordinating activities and creating mechanisms between different sectors for health policy and development cooperation.

**5. Activity 5 (ER5), SO II: Study visits on medicines policies, health financing and health systems to strengthen capacities and facilitate experience exchange of national stakeholders**

During the implementation of various project activities such as: improving access to medicines, strengthening health financing policies, implementing costing of services and new payment instruments, and strengthening health system governance, it was necessary to strengthen capacity of stakeholders to understand and implement the recommended policy options. Therefore a series of study visits were introduced into the roadmap to ensure participation of representatives of national stakeholders at different workshops, seminars, conferences and forums organized with the purpose to share experience, build capacities and discuss the latest evidence of policies supporting UHC.

**6. Activity 6 (ER5) Coordination and facilitation of a study visit on health system strengthening and reforms to support improving access and UHC**

A study visit to learn the Estonian experience in strengthening the health system was a new activity introduced into the roadmap. The necessity in the study visit was generated as a result

of conclusions during the roundtable discussions on financial protection, access to medicines and quality of care held during the year. It was agreed to study and learn from the first source about the technical and political processes of a country that went through successful service delivery and health financing reforms.

**7. Activity 7 (ER5) A video spot to share the country experience in supporting the policy dialogue to strengthen national health policies, strategies and plans.**

A video spot including the outline of activities and results of the WHO-EU/LUX partnership since its inception in 2012 year in Republic of Moldova and interviews of key stakeholders and beneficiaries of the project was developed to share the experience and success of Republic of Moldova with all the member countries of the Partnership.

**8. Activity 8 (ER1) A Social Network Analysis examining impact of policy dialogue on health systems in Republic of Moldova**

This activity was introduced into the roadmap as part of the WHO HQ initiative to conduct an analysis of the existing networks in the health system of Moldova and how do these networks function and support the policy dialogue within the WHO-EU/LUX partnership. The analysis informed WHO and MoH about the potential areas of improvement.

**9. Activity 9 : Communications Strategy Evaluation and further improvement of communication towards health policy**

As part of the policy dialogue process and dissemination of messages by WHO Country Office it was necessary to strengthen the WHO CO communication strategy and provide capacity building for WHO staff in efficient communication and use of resources and evidence to support the policy dialogue process. Therefore this activity was introduced to the roadmap activities during 2015 year.

**10. Activity 10 (ER1): Support the development of SRH strategic document**

To support the health system on the way to improve UHC specific support in improving access to sexual and reproductive health was introduced into the project roadmap.

**11. Activity 11 (ER2): Support in conducting capacity building sessions on the new Tobacco Control Law**

To ensure sustainability of implementation of tobacco law that was recently approved and process support by WHO through other project, capacity building sessions for public stakeholders in implementing the provisions of the law were introduced into the roadmap activities.

### Proposed modifications to Programme Road Map resulting from changes above:

*If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.*

Many activities from 2015 will find their continuation in 2016 year to keep the same direction of reforms and also based on the success achieved in 2015 year under the newly introduced activities. The policy dialogue with stakeholders from the parliament will be extended comparing to 2015 and 2014 years, to cover more decision makers from the parliament, more opportunities for dialogue and health sector priorities to discuss. The study visits on health systems and hospital reform (as part of the dialogue with parliament) provided necessity to conduct further discussions in 2016 around hospital reform. The capacity building and study on financial protection launched in 2015 will require conducting a policy dialogue in 2016 on health financing and financial protection to improve UHC.

Thus the following activities will find their continuation in 2016 year (dependent on actual financial resources available):

1. Annual Health Forum
2. Sub-national dialogues to inform about national plans and reforms at local level
3. Brown-bag lunches
4. The technical assistance to improve access to medicines and universal health coverage
5. Policy dialogue on service delivery, quality of care and hospital reform
6. Support and capacity building in measuring universal health coverage
7. Policy dialogue on health financing and UHC
8. Keeping high level policy dialogue with stakeholders from parliament to support implementation of national health policies and strategies

### Lessons learned:

*Please describe the principal lessons learned during the last 12 months of implementation of the UHC Partnership:*

1. A national event as annual Health Forum serves as a good platform for moving forward the reform agenda in a transparent and participatory manner (not available before NHPS/UC initiative).
2. Expanding policy dialogues to sub-national level have increased the exchange and since 2014 the dialogue elements are added to strengthen the capacity of public sector to address international and cross-sectorial aspects.
3. While in 2011-2013 the NHPSP/UC initiative launched high level national dialogue, evidence generation and HS approach, since 2014 the “cross-cutting” topics (HSS/TB and HSS/NCD), comprehensive approach to UC (including quality of care to access and financial protection), and specific technical work and capacity building (access to medicines) are added.
4. Topics discussed at Policy Dialogue events are better addressed later by participants when backed-up by evidence generation including both international and national knowledge as well teams.
5. Recommendations provided as a result of assessment are better understood and implemented by stakeholders when these are followed by technical and specific expertise provided on selected topics to technical staff within relevant national stakeholder institutions.

6. Studies when coupled with capacity building component improve stakeholder's confidence in applying the recommendations and driving the changes.
7. The flexibility of the project builds on synergies with whole WHO portfolio in Moldova and three levels of organization, thus strengthening the outcomes in all areas of provided support.
8. National ownership, high level attendance and continuous close dialogue with EU is key to success
9. The continuous open dialogue provides a platform various partners to exchange information and synchronize reform agenda (including World Bank Health Transformation Programme, EU budget support, bilateral donors' projects, loans).  
After EU finished the health sector budget support in late 2013 the current initiative is only at policy and system level the EU has.
10. In time of political instability when national stakeholders are reluctant to make significant changes and reforms, it is necessary to keep the dialogue on key topics on-going involving all levels of decision makers (parliament, government and local stakeholders) and provide technical assistance to implement recommended actions to make small changes that would build more confidence and trigger larger reforms even in times of political turmoil.

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#### Road Map and timeline for 2016:

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. **These activities should be related to objectives/ER and have clear timeline and indicators.***

**Activity 1 (ER2):** The series of Yearly National Health Forums will be continued in the IV quarter, to keep moving the health reform agenda through the health in all policies perspective, to engage stakeholders from the parliament, government, local level administration and providers, donors and civil society.  
Local policy dialogues

**Activity 2 (ER2):** Sub-regional policy dialogues are planned to be organized in the III, IV quarter, to bring the reform agenda and evidence closer to local level and discuss with local stakeholders the key issues to implement the reform.

**Activity 3 (ER1):** A continuous dialogue with stakeholders from the parliament and political elite is also planned to be conducted through-out the year to gain their support of the health reforms, strategies and plans.

**Activity 4 (ER1):** Conducting multisectorial dialogue on various areas of the health system to support population's health improvement.

**Activity 5 (ER1):** A policy dialogue on universal health coverage to discuss the results of the measurement of financial protection and identify the priority actions and policies to be adopted to improve universal health coverage in the country.

**Activity 6 (ER 1):** Policy dialogue on service delivery with specific focus on hospitals.

**Activity 7 (ER5):** Supporting the hospital reform through sharing international experience and positive

results from good reforms conducted in other countries.

**Activity 8 (ER5):** Supporting communication strategy and activities to inform population and health professionals about health sector reforms and initiatives to improve efficiency and quality of care.

**Activity 9 (ER1):** Support evaluation and development of the next phase of the National strategy for health care sector development.

**Activity 10 (ER 1):** Contribute to the development of the Code of health, as the key regulatory document governing the health care sector.

**Activity 11 (ER 5):** Promote cross border cooperation in the area of IHR, to exchange experience of Moldova and further strengthen the country capacities to respond to emergencies.

**Activity 12 (ER3):** Further technical assistance in the area of medicines to increase access to medicines, rational use, and decrease OOP for medicines.

### Visibility and communication

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*Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured*

1. National Health Forum news item on the Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/angajamentele-formului-national-sanatate-2015> )
2. National Health Forum news item on the WHO Europe country web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2015/12/public-health-and-sustainable-development-on-the-agenda-of-the-national-health-forum> )
3. Public health and sustainable development on the agenda of the National Health Forum, news item on UN web-site in Moldova (<http://www.un.md/viewnews/419/>)
4. Local dialogue: Measures to strengthen hospital sector in the southern region of Republic of Moldova, news item on Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/masurile-eficientizare-asistentei-medicale-spitalicesti-sudul-moldovei>)
5. Moldovan study visit to Estonia to learn the hospital sector reform news item on the WHO Europe country web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2015/07/moldovan-study-visit-to-estonia-to-learn-the-hospital-sector-reform>)
6. Moldovan study visit to Estonia to learn the hospital sector reform news item on the Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/delegatia-republicii-moldova-intr-vizita-studiu-estonia>)
7. Moldovan delegation exchanging experience with Estonia news item on Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/delegatia-ministerului-sanatatii-realizeaza-schimb-experienta-estonia>)
8. Mapping a national plan for quality of health care improvement in the Republic of Moldova news item on the WHO Europe country web-site

(<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2015/07/mapping-a-national-plan-for-quality-of-health-care-improvement-in-the-republic-of-moldova>)

9. WHO Mission on improving quality of care, news item on web-site of the National Center of Health Management (<http://www.cnms.md/ro/noutati/misiunea-oms-%C3%AEbun%C4%83t%C4%83%C5%A3irea-calit%C4%83%C5%A3ii-asisten%C5%A3ei-medicale>)
10. WHO Mission on improving quality of health care in Republic of Moldova, news item on Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/misiunea-organizatiei-mondiale-sanatatii-imbunatatirea-calitatii-serviciilor-medicale>)
11. New reproductive health policy framework in the Republic of Moldova on its way, news item on WHO Europe web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2015/05/new-reproductive-health-policy-framework-in-the-republic-of-moldova-on-its-way>)
12. Republic of Moldova develops national capacity and tools to enhance rational use of medicines, news item on WHO Europe country web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2015/03/republic-of-moldova-develops-national-capacity-and-tools-to-enhance-rational-use-of-medicines>)
13. Round table: “Moving towards universal health coverage in European Region: a new approach towards financial protection”, news item on Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/masa-rotunda-tema-trecerea-acoperirea-universala-sanatate-regiunea-europeana-noua-abordare>)
14. A new mechanism for medicines pricing, news item on Ministry of Health web-site (<http://www.ms.gov.md/?q=stiri/ministerul-sanatatii-reduce-preturile-medicamente>)

#### Impact assessment:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

*Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.*

#### 1. SO I

The policy dialogue with the Parliament and Prime-minister’s office on developing and implementing national policies to strengthen coverage with essential health services and improve universal health coverage has led to the Parliament approval of the law on gradual mark-up pricing of medicines sold in bulk and in pharmacies. This initiative will have its effect on



price decrease of medicines in the country. Further, as a result of the policy dialogue with the health sector and continuation of the series of the health forums, the Ministry of Health has updated the National Strategy for Health Sector Development to include actions related to hospital sector strengthening, improving UHC and specifically access to medicines.

2. **SO II**

After the series of study visits conducted to Estonia the Ministry of Health has obtained new knowledge and evidence of good reform strategies, therefore has officially announced during the local policy dialogues on service delivery and at the National Health Forum about the vision and next short-term steps of the Ministry of Health in strengthening of the hospital sector in the municipality of Chisinau. The Ministry of Health, being inspired by the Estonian experience in regionalization of services, has launched public discussions on the new hospital master plan for Republic of Moldova.

3. **SOII**

The roundtables on new estimates of financial protection and access to medicines, as well as studies conducted in area of catastrophic and impoverishing expenditures and rational use of medicines has triggered a series of changes in regulations and systems to move more rapidly towards UHC. Thus the following system changes were made: increased health insurance payroll tax from 8% in 2014 up to 9% in 2015, expanded state subsidies for antihypertensive drugs (from 50% to 70% of the cost of the drug in pharmacies), the categories covered by state were expanded to include women with more than 4 children that have agricultural land. These changes would improve financial protection and health equity.

4. **SO II**

Capacity building and technical assistance provided in areas of medicine policies and quality of care has built new knowledge and strengthened institutional capacities of various stakeholders. Thus a new body within the medicines selection committee was introduced to be responsible for ensuring a transparent and well informed selection process. The National Center of Health Management was trained in conducting clinical audit, thus developed first time a nation-wide audit of AMI management, with results discussed at the National Health Forum and actions planned to improve quality of care in AMI.

**Linking activities to overall Objectives:**

*Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.*

- **National Monitoring & Evaluation framework indicators developed and used**
- **Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%** - The activities under the country Road Map covered various interventions to reduce direct out-of-pocket payments. Specific activities have been made to develop a framework to address OOPs and policy options to implement. Also technical work has been done in the area of medicines, through better pricing policies, and interventions to improve rational use of medicines. Thus, over few years it is observed a decreasing trend in direct out-of-pocket payments out of total health expenditures. In 2012, the share was 45.17% out of total health expenditures, and decreased down to 42.3 % in 2014.
- **Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments** – The activities in the Road Map for 2015 have introduced a new and better method of estimation of impoverishing expenditures. The newly develop evidence on impoverishing and catastrophic expenditures that show quite a high rate of impoverishment due to out-of-pocket payments

especially among the poor quintiles. Unfortunately there has not been registered yet a fall in these types of expenditures, because the old method underestimated the real expenditures and it becomes hard to judge. However with the new method it becomes possible to monitor this trend over the next years.

- **NHPSP is in line with JANS attributes**
- **An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible** – The project roadmap activities have ensured an inclusive dialogue with all relevant stakeholders on health financing strategy and interventions to improve financial sustainability of the health sector, better allocative efficiency to ensure equity and reduction in OOPS for medicines. There is not official HF strategy but the interventions in health financing area have found themselves in various health policy strategies and laws updated in 2015. For example the National strategy for health sector development 2008-2017 was updated in 2015 to include priority actions such as: increased financing for compensated medicines and extension of the list. The law on coverage with benefits was updated to include a new category of vulnerable population that is covered by state subsidies for health insurance.
- **Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health**
- **Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out** – Local policy dialogues conducted in north centre and south of the country have an inclusive discussion about the roadmap of reforms in the health care sector. Further this discussion is continued at central level at the National Health Forum where it is being agreed among all stakeholders and endorsed in a final statement with priority actions for the health sector. A separate roadmap specifically for hospital sector reform was developed after the local and central dialogues and publicly debated is conducted to agree on the steps and principles on rolling out of the roadmap.
- **Proportion of identified bottlenecks which have been analysed and addressed during annual reviews** (address the consistency between situation analysis and follow-up in Annual Review reports) – The National Health Forum starts with reporting of progress achieved in the health sector in the year that passed. Until 2015 the progress has been measured against the key health system indicators such as: morbidity, mortality, health sector budget growth, as well as against ad-hoc indicators that were different every year. However, since 2015 the National Health Forum has identified the priority bottlenecks and endorsed 10 strategic policy objectives that would be monitored and progress reported every year at the same event, to keep accountability of the stakeholders on addressing the issues in the sector.
- **Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews**
- **Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation** - Development of the intersectorial Health Action Plan – Health 2020 in the Orhei rayon represents a truly representative multi-stakeholder involvement in planning activities directed to improve population health at regional level. Stakeholders at local level representing health, education, police, environment, health safety and other sectors actively participating in designing and consultation of the health action plan that will be approved by the local authorities in the beginning of the 2016 year.
- **Positive trend seen in stakeholders' alignment with NHPSP** – Despite that fact that political leadership of the Ministry of Health and other key stakeholders is changing, the priorities specified in the national health strategies and policies are remaining on the agenda of new governments. Thus, ensuring continuity and alignment with priority health system reforms, such as: strengthening UHC and reducing OOPs, hospital sector reforms, improving efficiency of health system, multi-stakeholder involvement in control of NCDs and their risk factors, and broader public health

reforms.

- **Existence and implementation of an IHP+ compact or equivalent at the country level**
- **Agreed or strengthened mutual accountability mechanisms such as joint annual reviews** – The National Health Forum series of events along with the local policy dialogues are conducted annually during 3<sup>rd</sup> and 4<sup>th</sup> quarter already for four years in a row. These events serve as a platform for discussions among all relevant stakeholders, but also an opportunity to conduct annual progress reviews and since 2015 year are getting stronger in becoming an accountability mechanism with specific policy objectives endorsed and monitored regularly.
- **Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent**

***Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership***

Strategic objectives (SO)	Expected Results (ER)
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;	ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable: ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;

	ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.