
EU-Luxemburg-WHO Universal Health Coverage Partnership:
Supporting policy dialogue on national health policies, strategies and
plans and universal coverage

Year 2 Report

Jan. 2013 -- Dec. 2013

[Version August 2014]



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG



Country: Republic of Moldova

EU-LUX-WHO Universal Health Coverage Partnership

Date: March 2014

Prepared by: WHO Country Office

Reporting Period: January 2013 – December 2013

Main activities as planned in the Road Map for 2013.

1. National Health Forum
2. Sub-national workshops on health policy roadmap 2012-2014 on service delivery and health financing
3. Development of health profiles template, capacities and preparation at local level (3-5 regions/cities)
4. Improved communication skills of national authorities
5. Policy dialogue on service delivery with emphasis on primary health care
6. Policy dialogue on TB and HSS
7. The study on the drivers of OOP (formal and informal) payments in the health care sector and causes of inefficiencies
8. Documentation

Main activities achieved and progress made in 2013:

1. National Health Forum titled “Towards universal health coverage through joint efforts of government and society” organized in November to discuss broad health system development and status of reforms with special focus on decentralization and health services delivery as well non-communicable diseases and tobacco control.
2. Sub-national workshops on service delivery and health financing organized in autumn to continue dialogue and build momentum for reforms and share recommendations from recent policy studies.
3. The framework for sub-national level health profiles developed, data availability assessed, capacity building provided and piloting ongoing.
4. The support to National Health Insurance Company Institutional Communication Strategy development provided to increase population knowledge on health insurance benefits and coverage.
5. Policy dialogue on health service delivery organized in March with emphasis on primary health care and access to services to introduce recent country studies and discuss short term priorities.
6. The policy study on the drivers of out-of-pocket (formal and informal) payments in the health care sector and causes of inefficiencies conducted and further policy dialogues planned for 2014.

1. National Health Forum – **100% implemented**

The National Health Forum titled “Towards universal health coverage through joint efforts of

government and society” organized in November to discuss broad health system development and status of reforms with special focus on decentralization and health services delivery as well non-communicable diseases and tobacco control. The event brought together over 400 decision-makers in Chisinau for a policy debate on health reforms. Participants represented the health and other sectors at central and local levels, the Parliament, Prime Minister’s office, diplomatic missions to the Republic of Moldova, international organizations and partners. The second edition of the Forum has become a real broad platform for moving forward the reform agenda in a transparent and participatory manner. The event comprised presentations, plenary discussions and group work with inputs of national leaders and stakeholders as well as exchange of experience and lessons learnt from other countries at regional and global level.

The Ministry of Health presented the main achievements in 2013 and priorities for further work considering the existing challenges related to demographic situation, increasing need of costly health services, high expectations of population and issues related to non-communicable diseases that lead to increased mortality and disability. The plenary discussions covered topics such as improving efficiency and quality of service delivery, primary health care and coordinated services, emergency services, regionalization of hospital and outpatient services in Moldova, development of rehabilitation and palliative services and the reorganization of public health services. Country experiences of Estonia in hospital governance and of Poland in improving the efficiency and quality of health services were shared by invited speakers.

Participants have identified a series of best practices and strategies to be applied at the country level in short- and long-term. They will lead the way for development of strategic legal and policy frameworks, like new tobacco control legislation, the National Public Health Strategy and the currently under development Strategy for Accelerating Health Reforms with a particular focus on service delivery. During roundtable discussions, participants reviewed progress and watched the video "Addressing non-communicable diseases in the Republic of Moldova – developments in past years".

The external partners present at the event expressed their views about the presentations and shared their ideas about their continuous support. The Swiss Agency for Development and Cooperation mentioned about the need to harmonize different levels of the health system, including PHC and pediatric emergency services supported by the agency, acute and chronic rehabilitation services and their interaction within the hospital reform. The World Bank mentioned about the hospital reform to remain on the agenda of the government in parallel with other sectors and announced World Bank’s commitment to support the health sector and reforms lead by the Ministry of Health, including result-based direct budget support project looking at non-communicable diseases.

2. Sub-national policy dialogues on health policy roadmap 2012-2014 on service delivery and health financing to bring closer the dialogue at local and national level - **100% implemented**

Four local policy dialogue events were organized in the months of September – December in the North, Centre and South (Edinet, Cahul, Orhei and Causeni) of the country, involving local public and health authorities, health professionals non-government organizations and other actors from the neighboring rayons, altogether over 400 participants. A team of facilitators has been appointed by the Ministry of Health for this purpose that made presentations and facilitated discussions based on

previously organized policy dialogues and workshops dedicated to health reforms. The hospitals regionalization plan that was developed in summer 2013 and financed by the World Bank also served the basis for discussions. The WHO Country Office in its turn has multiplied all the available policy study reports and presentations that were distributed during the local events in Romanian language.

The discussions and debates were facilitated around the following topics: regionalization of hospital care, plan for the creation of health zones, rehabilitation and long term services in Moldova, the primary health care and community services within the framework of hospital services development, and the new vision on consolidation of rayon hospitals in the country, etc.

The local policy dialogues have played an important role in moving forward the health reform agenda, by generating local authorities' and population's support for the on-going initiatives related to service regionalization, and improvement of efficiency and quality of services. The events also provided valuable inputs for the second edition of the National Health Forum in November.

3. Development of health profiles template, capacities and preparation at local level (3-5 regions/cities) – **100% implemented**

Health status of the population at regional/rayon level is monitored and evaluated by the territorial Centers of Public Health with limited involvement of the other sectors and institutions. Periodical evaluation reports reflect only partially the existing health problems and have descriptive character. In order to evaluate the population health at regional level in comprehensive way and to increase knowledge and capacities of specialists at regional level, the work on development and piloting the Moldova Regional Health Profiles was initiated. International experts with extensive experience in evaluation of the health status of population are involved in development of the regional health profiles.

During the first expert mission (carried out in the period of 17-28 June 2013) were evaluated reports of most recent studies and periodical reports on health and social status of Moldova population; was developed the first draft list of indicators; were organized visits to the rayon Centers of Public Health and key national institutions and was organized the workshop for the key national stakeholders. During the workshop were presented the Estonian expedience in development and application of the regional health profiles and practice of rayon and municipal Centers of Public Health in evaluation and monitoring of health status of population.

During the second expert mission (23-28 September 2013) was revised and completed the list of indicators that were presented and discussed during national workshop. By the experts were developed the draft indicator guideline (indicator definitions, data presentation, source, and analyzing guide) taking into account WHO experience and guidelines for the indicators and was prepared the short list of recommendations on writing the health profiles. Ministry of Health through the decree nominated four pilot regions (Chisinau, Edinet, Orhei and Cahul) and established the national Working Group that will monitor and will provide support in development of the regional health profiles based on draft indicator guideline. Evaluation of the application of the draft

tool and impediments met in the evaluation of the health profiles will be done in spring 2014.

4. The support to National Health Insurance Company Institutional Communication Strategy development provided to increase population knowledge on health insurance benefits and coverage. – **100% implemented**

In 2012 the National Health Insurance Company (NHIC) has developed an institutional strategy for the next five years period with WHO's support. The implementation of the strategy will have an impact far beyond the National Health Insurance Company itself as it focuses on increasing coverage with mandatory health insurance, increasing access to, quality of and satisfaction with the provided services, as well as improving overall transparency and information provided to the population. Under such circumstance proper communication might be the key to success and in 2013 WHO has provided additional support for the development of a National Health Insurance Company Institutional Communication Strategy by hiring an external consultant who worked closely with the local experts from the sub-division responsible for information and communication with media.

The purpose of the strategy is to adopt a more comprehensive and effective internal and external communication as a key element in promoting good governance, accountability and transparent management of public resources. Another high level aim of the strategy is to communicate to the insured people about their entitlements and rights in the health system. For the time being the final draft of the Communication Strategy is available and is being fine-tuned before official approval. The document contains also a mid-term communication Action plan for the National Health Insurance Company with budget estimations. It is expected that the strategy will improve the National Health Insurance Company's organizational and performance capacities in the communications field, will assist in effectively responding to information and communication needs of the beneficiaries of the mandatory health insurance system in terms of their rights, obligations, access, coverage, etc., and promote the corporate values of National Health Insurance Company by creating a real institutional image of the organization.

5. Policy dialogue on service delivery – **100% implemented**

The policy dialogue was organized on 14-15 March with emphasis on primary health care and access to services to introduce recent country studies and discuss short term priorities.

The policy dialogue aimed to provide Moldovan decision-makers with an overview of the current status of and developments in healthcare service delivery, with particular focus on primary health care, aiming at identifying lessons and options for further improvement in Republic of Moldova. The policy dialogue built on the earlier similar policy dialogues series hosted by Ministry of Health and WHO in 2011 and 2012 to debate options for further primary health care strengthening, as well as on the evidence generated on primary health care and access to health services in that period.

The policy dialogue consisted of expert presentations, panel discussions, group work and open debates. The basis for discussion served the two policy studies launched at the event: "Evaluation of the structure and provision of primary health care in Republic of Moldova" and the study on "Barriers and facilitating factors in access to health care services in Republic of Moldova". Around 140 participants included representatives of the Ministry of Health, Municipal Departments of Health, National Centre of Health Management, National Health Insurance Company, international

organizations, non-government organizations and managers of primary health care centres and hospitals from across the country. The event resulted in a series of conclusions and recommendations developed by stakeholders in a participatory manner with input from international experts, to mention just some of them: urgent need in human resources planning and management for primary health care; more emphasis on intersectoral work and integration in community; continuous development of informational systems at providers' level; revising and improving the performance indicators; increasing access to compensated medicines at primary health care level; examining the opportunities for co-payments to control unjustified demand, etc. The conclusions and recommendations have served as the basis for further policy actions and investments at country level during 2013.

6. Policy dialogue on Tuberculosis and health system strengthening – **0% implemented** (postponed due to external factors)

The policy dialogue on tuberculosis and health systems strengthening that was originally planned for the fall of 2013 has been rescheduled to the II quarter of 2014. The policy dialogue aim is to follow-up to previous recommendations on health system strengthening and tuberculosis in Moldova, the National tuberculosis program review (performed in 2013 and published in late 2013) including the case management strategy and promote recommendations how to improve situation through system approach.

7. The study on the drivers of out-of-pocket payments (formal and informal) in the health care sector and causes of inefficiencies. – **90% implemented**

The policy study on drivers of out-of-pocket payments, formal and informal payments in health care and causes of inefficiencies in the Republic of Moldova has been initiated in spring 2013, in partnership with the Boston University School of Public Health and local key institutions, including National Centre of Health Management, National Health Insurance Company, National Bureau of Statistics, and others. The activities comprised the organization of two country missions (27 July – 02 August and 14-18 October) to meet with relevant partners and collect data. The second missions involved also visits to health care institutions of different levels and conducting key informant interviews with doctors, nurses, managers of facilities and beneficiaries. The whole process of data collection, analysis and consultations was coordinated by the WHO Country Office. The National Centre of Statistics performed additional analysis of financial protection using latest household survey data. The study aimed to look in more detail at the breakdown between formal and informal payments, factors driving these payments, the perceptions of providers and patients about the out-of-pocket payments, and to understand the underlying causes from the demand and supply side for these payments.

The results of the study presented quantitative and qualitative findings of the out-of-pocket payments with a special focus on the inefficiency causes that drive the OOP payments and a set of policy options supported by international evidence have been proposed as well. The findings and proposed policy options have been incorporated in a draft framework that was officially presented

to the Ministry of Health in December 2013. It was also suggested to organize policy workshop to discuss preliminary findings and recommendations in early 2014, and to test most of the hypothesis and publish the report under policy studies series in 2014.

8. Documentation

Regular write-ups were published on the WHO EURO web site on the various policy dialogue events. In addition, the events were communicated on the Ministry of Health web-site, and some of them got local press coverage.

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

1. The policy studies in health and economics to facilitate the 2013 inter-sectorial debate have not been organized because of the limited country level demand; moreover some of the topics for this study were covered at the National Health Forum. Therefore the funds have been reallocated to finance the National Health Forum held in November.
2. The policy dialogue on tuberculosis and health systems strengthening has been rescheduled due to limited needs and parallel events already organized (tuberculosis care and case management). Since the results of various reports were available at the end of 2013 the event is scheduled to II quarter 2014.
3. The draft framework for addressing the out-of-pocket payments and informal payments for health services in Moldova was expected to be discussed with key national stakeholders in the fourth quarter of 2013, but it was postponed for the month of January 2014 due to additional volume of work that has been necessary to perform during the study (that was agreed with the national counterparts) and instead a content gathering mission organized

Proposed modifications to Programme Road Map resulting from changes above:

No significant modifications to the road map have been made as a result of changes above, however the whole concept of the project has been broadened at the global level and additional activities under the universal health coverage stream have been added to the road map for the 2014 year::

- Policy dialogue on out-of-pocket payments and inefficiencies
- Policy dialogue on universal health coverage
- Country study on progress improving universal health coverage

Under the same universal health coverage stream a technical assistance cluster has been introduced to support the work on universal health coverage, that will focus on:

- Costing of selected services form the benefit package to facilitate dialogue
- Analysis of the reimbursed drugs list and medicines policy and options to decrease out-of-pocket payments
- Sustainability of revenue collection and improving coverage

The aim of these additional activities is to foster the move towards Universal Health Coverage, by evaluating and assessing the level of UHC in the country and bringing the topic of universal health coverage as a key element of the post-2015 agenda health dimension.

It is also planned that the concept of quality of care will be touched throughout the year, conducting an assessment of how quality is monitored and followed in the health system, and building local

capacities in understanding the broader concept of quality in health care to ensure further strategies and actions to be taken to improve this area

The dialogue has started with experts and national partners on potential studies and policy dialogues based on additional activities for period 2014-15 to be initiated in early 2014 when the resources become available. The principle of complementarity with other initiatives will be applied. Since the direct EU funded work in Moldova is relatively decreasing, this project with its broadened scope for 2014 has good potential and additional resources could be allocated at country level to ensure continuation.

Lessons learned:

1. Modest resources can bring change if well targeted and synchronized with other initiatives under a whole package and coordinated with strategic partners (especially in scaling up the policy dialogues components when the evidence is generated by other WHO initiatives available in country at the same time)
2. Policy dialogues are effective when organized at the right time, in the right place and involving the right stakeholders as well under clear Ministry of Health leadership with WHO and EU support.
3. Policy dialogues are more productive when built around generated evidence.
4. A series of events around on-going reforms are more effective than a single one.
5. Availability of high level external expertise is very important for credibility and to convene important national stakeholders.
6. Close follow up after the policy event is crucial in accelerating the expected changes.
7. National ownership, high level attendance and continuous close dialogue with EU are the key to success.
8. Expanding policy dialogues to sub-national level might bring additional value.
9. The project promotes environment for policy dialogue process at country level.
10. The project creates a good synergy with other activities with clear boundaries.
11. The HQ and RO technical knowledge and presence of WHO staff in policy dialogues and health forum bringing added value and link to international health agenda.

Road Map and timeline for 2014:

1. 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.
2. 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.
3. 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.
4. The work on local health profiles will be brought forward in the II and III quarter 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.

5. The health diplomacy initiative started in 2013 under the technical assistance for sector budget support project funded by European Union will continue in 2014 starting with the II quarter, but in a different format that will build further the capacities of the national stakeholders in applying the tools introduced in 2013 and will have an exposure of national stakeholders to the international arena around selected topics.
6. 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.
7. A policy dialogue on tuberculosis and health system strengthening is planned for the II quarter.
8. A policy dialogue on addressing non-communicable diseases looking through the health system perspective is planned for the I quarter.
9. A policy dialogue on out-of-pocket payments to discuss with national stakeholders the findings of the conducted study in 2013 is planned for the I quarter of 2014.
10. A policy dialogue on quality of care is planned for the IV quarter of 2014.
11. A policy dialogue to discuss the progress achieved in reaching universal health coverage is planned to be conducted in IV quarter.
12. The study on out-of-pocket payments and inefficiencies will be finalized in the II quarter.
13. An assessment of how quality of care is regulated, followed and monitored in the health care system is planned in the II quarter with possible follow-up during the rest of the year.
14. Consolidation of national stakeholder's capacities on measuring universal health coverage using the WHO tool is planned to be arranged for the IV quarter and continue in 2015.
15. Finalizing the study on non-communicable diseases and health system strengthening to support policy dialogue.
16. Costing selected services from the benefit package is planned for the II and III quarter, as part of the technical assistance cluster.
17. Looking at the positive list of medicines and analyzing the efficient drug use is also part of the technical assistance cluster and is planned for the II and III quarter.

The work plan activities planned for the 2014 year will be tailored around all the administrative levels of the country (national, sub-national) and even will reach the international arena as well, but also will provide support to the institutional level.

Visibility and communication

The visibility and communication of the project has been ensured through news events publication on the WHO and Ministry of Health web-sites.

1. National Health Forum news item on the Ministry of Health web-site (<http://ms.gov.md/stiri/editia-ii-forumului-national-sanatate>)
2. National Health Forum news item on the WHO Euro country corner web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2013/12/broad-platform-for-strategic-health-reform-in-the-republic-of-moldova>)
3. The launch of local policy dialogues, news item on the Ministry of Health web-site (<http://ms.gov.md/stiri/fost-dat-startul-dialogurilor-politici-domeniul-sanatatii-organizate-nivel-teritorial>)
4. Policy dialogue on health service delivery – from evidence to practice, news item on the WHO Euro country corner web-site (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2013/03/policy-dialogue-on-health-service-delivery-in-the-republic-of-moldova-from-evidence-to-practice>)

Preliminary impact assessment:

1. The second National Health Forum has reconfirmed and highlighted the message to stakeholders from other sectors and higher political level that their support and engagement is needed to improve population's health, especially tackling risk factors for NCDs (such as smoking related) and increased commitment for short-term actions as part of longer-term priorities in the health sector and outside it. Further the topic of (decentralization of public services, hospital governance, reorganization of public health services, and service delivery) constitute the core set of reforms to be implemented with local stakeholders and ensured their uphold and ground for further discussions at local level.
2. The subnational policy dialogues demonstrated the approach of central government to communicate the reforms at local level, gather feedback and improved the perception of stakeholders from local level about their ownership of reforms and increased their participation in the health reform process itself.
3. Experience sharing from other countries, particularly EU member states is appreciated as well the knowledge shared by international organizations that is tailored to forum, dialogues and studies to support policy making process.
4. All activities have significantly strengthened national capacities through direct involvement of national partners in planning, implementation and follow up. The capacity building has been possible due to high level speakers and contributors organized and facilitated by WHO.
5. The initiative has increased visibility of WHO and EU at country level as key partners for the health sector as well enabled the convening of key international partners in the health sector (WHO, EU, WB, SDC etc.) to discuss selected topics with national authorities.
6. The preliminary impact of project activities has been observed at national and local levels
but its scale could be increased when started activities are continued in the same way and additional support will be provided in the next years.