



REPUBLIC OF MOLDOVA



With the introduction of mandatory health insurance in 2004, Moldova kick-started a series of reforms to its soviet-style health infrastructure that have helped to increase access to crucial health services and set the Republic on a clear path to universal health coverage.



NATIONAL PUBLIC HEALTH STRATEGY, 2014-2020

3 552 000 TOTAL POPULATION, (2016)	71 YEARS LIFE EXPECTANCY AT BIRTH, (2015)	514\$ TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	87% TUBERCULOSIS TREATMENT COVERAGE, (2016)
38% OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	13% GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	6% EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	95% ANTENATAL CARE COVERAGE, (2012)
62 HOSPITAL BEDS PER 10 000 POPULATION, (2009)	67% RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)	89% DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	100% BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2014)

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SOURCE: WHO GHO & WB

CURRENT PRIORITIES

In the last few decades, Moldova has focused on a re-orientation to primary health care (PHC) from a pre-1990 hospital-centric system via a series of reforms, including the decentralized governance, standardization of care and performance-based contracting. Moldova's health reforms are guided by two key policies, the National Health Policy 2007-2021 and the Health System Development Strategy 2008-2017, which have provided stability to policymakers despite three recent changes of government. The goals of the Strategy are to continually improve population health, offer higher protection against health-related financial risks and increase satisfaction with services, as well as eliminating the inequities in the distribution and use of those services and ensuring the long-term sustainability of results. The 2017 end of term review of the Health System Development Strategy will inform the development of Moldova's new five-year strategy.

LINKAGE TO UHC

The overall aims of the National Health Policy and Health System Development Strategy are to reduce health inequalities for all social groups as well as to consolidate improvements of the health system. The current Strategy focuses on efficiency, performance and quality as key development areas to ensure the population has adequate access to health services, quality of care and protection from financial risks. Major changes to pharmaceutical pricing and procurement policies have sought to improve access by introducing reference pricing to ensure pharmaceuticals are not more expensive than in neighbouring countries and by centralizing procurement of essential medicines for public health facilities.

To further improve equity in the system, amendments to the Law on Mandatory Health Insurance in 2009 and 2010 sought to expand access to services by making access to primary care universal and to increase the financial protection of vulnerable households by extending automatic MHI cover to families registered as living below the poverty line even if they are formally "self-employed".

WHO SUPPORT TO DATE

- Continued technical assistance in rational drug use, positive list of medicines to improve access to medicines and UHC
- Assessment of how quality of care is regulated, followed and monitored in the health care system
- Capacity building sessions on the new Tobacco Control Law
- National Health Forum and sub-national policy dialogues

Remaining gap: Expansion of the benefit package not weighted against available budget

↳ **Recommendation: Budget impact analysis; strategic purchasing/selection of health.**

Remaining gap: Inefficient hospital sector due to a large infrastructure

↳ **Recommendation : Introduce regionalization of hospitals and health care services.**

Remaining gap: Health workforce insufficiency, especially in rural areas

↳ **Recommendation : Further strengthen PHC and family medicine in rural areas.**

Stories from the field: Training for Emergency Preparedness in Transnistria



As part of efforts to strengthen Moldova's ability to respond to health emergencies, WHO supported a series of training courses in the Transnistrian region of Moldova, focusing on infection control and emergency preparedness. Participants included managerial nursing staff involved in ensuring infection control in health-care facilities and those working in emergency care units.

Valentina Chekoltan, Head Nurse of the intensive care unit at Camenca Rayon Hospital said, "This is the first time that I am attending such an important course. There is a vital need to organize more courses to strengthen our professional capacity to provide quality and effective care to our patients".

The course aimed to improve technical knowledge, skills and critical thinking in the field of emergency nursing care, through evidence-based practice, facilitated group discussions and practical exercises in the simulation centre. Participants were introduced to new and recommended methods of infection control.



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