

Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country: Moldova

EU-Lux-WHO UHC Partnership

Date: 13 January 2017

Prepared by: WHO CO/RO/HQ

Reporting Period: January 2016 – September 2016

Main activities as planned in the Road Map.

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

Activity 2 (ER1): Conducting multisectorial dialogue on various areas of the health system to support population's health improvement.

Activity 3 (ER 1): Contribute to the development of the Code of health, as the key regulatory document governing the health care sector.

SO II

Activity 1 (ER3): Further technical assistance in the area of medicines to increase access to medicines, rational use, and decrease OOP for medicines.

Activity 2 (ER3): Technical assistance and knowledge is provided to the decision makers to strengthen technical capacities in initiating the service delivery reform, with particular focus on hospitals.

Activity 3 (ER5): Supporting the hospital reform through sharing international experience and positive results from good reforms conducted in other countries.

Activity 4 (ER3): Quick assessment to evaluate the options for using Public-Private Partnerships in the hospital sector of the Republic of Moldova.

Activity 5 (ER3): Technical assistance provided to harmonize the national legislation with the EU Acquis Communautaire in the pharmaceutical sector.

Main activities achieved and progress made:

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

In 2016 the Ministry of Health has concentrated its efforts on various reform priorities in the area of medicines, service delivery, public health, governance, with particular importance given to harmonization of national legislation with the EU Acquis Communautaire in the pharmaceutical sector and regionalization of hospitals as well as broader service delivery reform. The initiative has supported both of these activities through technical assistance and external expertise provided, thus fully aligning the basic law on medicines with the recommendations of EU directives (as outlined in Activity 5, SO II), and providing a vision for regionalization of hospitals in the Republic of Moldova (as outlined in Activity 2, SO II).

To gain support for proposed recommendations and visions for health reforms, the initiative has continued to conduct the policy dialogue with stakeholders from the parliament to ensure that there is proper understanding of the proposed recommendations and support for strategies and plans is available at high decision making levels in the country. Thus, a half-day round table discussion was conducted with the Parliament Committee on Social Protection, Health and Family about the principles of regulating the pharmaceutical sector in EU and implications for Moldova during harmonization process. This round table has built a better understanding for policy makers and regulators about recommendations and principles of EU Directives related to pharmaceutical sector, and would create a constructive dialogue in the Parliament when debating the new law on medicines (planned for early 2017) that is fully harmonized with recommendations of EU directives.

A second opportunity to conduct a dialogue with members of the Parliament was used during the study visit to Croatia (as outlined in Activity 2, SO II). The dialogue was conducted in a workshop format, where the MPs and the representatives of the Ministry of Health, under the coordination of WHO external consultancy have discussed the experience of Croatia in regionalization of hospitals while visiting various health care institutions in Croatia. The participants in the dialogue debated about the potential approaches and good examples that Moldova could use to regionalize its hospital sector, based on the experience of Croatia, thus actively interacting with the Croatian stakeholders who took part in their hospital reform. This kind of dialogue allowed for building consensus between two different decision making bodies in the country (the Ministry of Health, and

the Parliament) about the vision for Moldova to initiate the service delivery reform.

Activity 2 (ER1): Conducting multisectorial dialogue on various areas of the health system to support population's health improvement.

Following the policy dialogue in 2015 that discussed the first draft of the Health Profile of the Orhei, the work in 2016 continued with Orhei rayon and relevant local and national stakeholders. An intersectorial working group was organized that was supported through the initiative and benefited from workshops, consultations and guidelines on how to set local priorities and develop a coherent local action plan. External expertise was identified to help the working group members in understanding the causes of each local health related problem and to create a comprehensive and realistic action plan that tries to reduce or abolish the causes. A round table with the members of the local intersectorial working group has been organized on 6th of May 2016. During the round table has been discussed the pre-final version of the Action Plan as well as discussed and proposed the appropriate mechanisms for program implementation, monitoring and evaluation. Developed Public Health Action Plan reflects national health priorities; it is adjusted to the regional needs and public health situation reflected in the Health Profile of the Orhei region.

Intersectorial approach ensured multidisciplinary point of view in defined actions included in the Action Plan and will secure better collaboration between involved sectors within its implementation.

SO II

Activity 2 (ER3): Technical assistance and knowledge is provided to the decision makers to strengthen technical capacities in initiating the service delivery reform, with particular focus on hospitals.

Redundancy in the hospital sector in the Republic of Moldova and high concentration of inpatient healthcare facilities in the municipality of Chisinau (accounting for about 60 percent of all beds) favors an imbalanced health system (over half of the health budget is spent on hospitals) and poor performance. For evidence-informed decisions and reforms in the service delivery sector, the initiative supported development of an action plan for the regionalization of inpatient services based on best international practices as applicable to the local context. Technical support focused on reviewing the existing body of evidence and making suggestions for regionalized inpatient and specialized outpatient services, based on the latest data on accessibility and quality of services. There were four in-country expert missions conducted during the reporting period, while providing technical support to the Ministry of Health in developing the plan outlining the hospital regionalization vision and the draft action plan for the regionalization of services in a selected pilot. The action plan was developed with the Ministry of Health for their use and guidance in the reform process.

Activity 3 (ER5): Supporting the hospital reform through sharing international experience and positive results from good reforms conducted in other countries.

The initiative widely supported various activities to strengthen hospital sector, and facilitated an exchange of experience between Croatia, the latest member to join the European Union, and Moldova in regionalization of hospital sector and broader health sector reform, specifically targeting policies to improve UHC. A delegation from Moldova comprised of 13 people representing various decision making bodies, such as: the Ministry of Health, the Parliament, health services providers, and the National Health Insurance Company, visited Croatia during 27 June – 01 July 2016 to learn

the positive results from health system reforms conducted over the last 10 years. The initiative supported 9 people from the delegation.

The scope of the experience exchange included visits to the Ministry of Health, Croatian Institute of Telemedicine, and Agency for quality and accreditation in health care, Croatian Health Insurance Fund, as well as various hospitals that represent the positive results after conducting the hospital regionalization reform in Croatia. The delegation also visited providers of primary care and emergency services, and learned about the integration of hospital care with ambulatory care providers to ensure continuity and coordination of health care services based on the need of the population. The experience exchange was very much linked to the technical support provided under Activity 2, SO II that recommends a vision towards regionalization of services in a pilot region and that is much based on the experience of Croatia, as well as in other European countries, and it serves as a perfect example to demonstrate the results obtained following similar approaches as proposed in the recommendations provided by the external consultancy (as outlined under Activity 2, SO II).

Activity 5 (ER 3): Technical assistance provided to harmonize the national legislation with the EU Acquis Communautaire in the pharmaceutical sector

In order to improve the national legal framework related to medicinal products for human use (pharmaceuticals) and medical devices to ensure public health protection by improving access to qualitative, safe, and efficient pharmaceuticals, technical support has been provided under the initiative following a MoH request. International expertise with experience in the EU harmonization process was identified and extended to national authorities in order to align the core national legislation related to pharmaceuticals and medical devices with relevant EU Directives. Among other, the support featured assessment and technical assistance in amending and drafting the national legal framework. The current institutional set-up, existing capacities, current legal framework and procedures followed for market authorization of pharmaceutical products and medical devices were reviewed during the assessment conducted in February 2016, following which the first feedback to the draft laws on medicines and medical devices was shared with the MoH following the recommendations and principles outlined in relevant EU Directives.

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 programme were made in terms of shifting some of the activities for a later stage and introducing the new ones based on the request and perceived priority by the national stakeholders.

SO I

Activity 3 (ER 1): Contribute to the development of the Code of health, as the key regulatory document governing the health care sector.

The process initiated to develop the Code of Health, was started in late 2015 by the Ministry of Health through developing an initial draft version of the document that was made public to the community of development partners in Republic of Moldova. A request for support to finalize the draft document was expressed by the Ministry of Health to the development partners, including

WHO.

The initiative has reserved resources to identify external expertise to provide comments to the draft version of the Code of Health, however during the year the Ministry of Health has shifted priorities and human resources towards fulfillment of specific obligations that arise from the EU Association Agreement signed by Republic of Moldova, and more specifically requesting WHO support in harmonization of national pharmaceutical legislation with recommendations of EU Directives and regulations in that area. Thus the WHO resources and external expertise were redirected towards providing technical support in harmonization of the national pharmaceutical legislation with EU Acquis Communautaire. On the other hand, the development of Code of Health received support from the EU through a twinning project.

SO II

Activity 1 (ER3): Further technical assistance in the area of medicines to increase access to medicines, rational use, and decrease OOP for medicines.

Extensive recommendations and support to strengthen rational use and selection of medicines was provided in 2015 under the initiative. It was planned to continue this stream of work in 2016, but in light of the initiated activities and provided technical support to harmonize the national pharmaceutical legislation with recommendations of EU Directives, the availability and time of national stakeholders was limited to extend the work on managing the drug supply in Republic of Moldova. Moreover, the resources of the initiative were redirected to the new activity introduced to the plan and that was provided based on the request of the Ministry of Health. Thus it was decided to shift this stream of work for 2017 year and dedicate more resources and time when these are available.

Activity 4 (ER 3): Quick assessment to evaluate the options for using Public-Private Partnerships in the hospital sector of the Republic of Moldova

Extensive investments into the health sector would be required to implement the hospital regionalization reform and build/upgrade a network of regional hospitals, as outlined in the MoH hospital master plan that was also developed with the support of this initiative (see Activity 2, SO II). In this regard WHO has identified high-level external expertise to conduct and evaluation of the options for using PPP in the hospital sector of the Republic of Moldova, upon the request of the Minister of Health.

Following an extensive review of existing evidence and studies about current various health policies and regulations in the domains of financing, service delivery and governance at country level, provided to the consultants by the WHO Country Office and the Ministry of Health, an expert mission was conducted to the country during 22-23 June 2016. During the mission the consultants met various departments from the Ministry of Health, and the National Health Insurance Company, to collect the latest evidence about particular regulations that would encourage or vice-versa using PPP models, as well as to collect feedback about the process and functioning of the PPPs that have been implemented in the health sector during the last 3 years.

By the end of the missions a comprehensive consultation and technical advice was provided to the Ministry of Health regarding the current gaps in the policy, management and model of care that would undermine any efforts to reform the hospital sector through adoption of various PPP models, as well as efforts to strengthen other levels of care, such as: primary, specialize ambulatory,

emergency and long-term care. A technical report was developed and submitted to the Ministry of Health for their decision making. This technical report outlines the international experience in PPPs in the hospital sector and reflects the overall state of readiness of the health care sector in Republic of Moldova, structured as an understanding of how the PPP proposal fits with wider strategies; requirements, preconditions, benefits and risks of adopting different PPP models; the procurement approach; other appropriateness and capability issues.

The resources for that activity were re-directed from activities planned under technical assistance in the area of medicines to increase access, and improve rational use, and decrease OOP for medicines (Activity 1, SO II).

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.

Several activities from 2016 but also the ones that were postponed during the year will find their continuation in 2017, depending on the availability of funding. Some new priority activities will find their place in the Programme Road Map for 2017.

1. Annual Health Forum
2. Technical assistance to improve access to medicines, rational selection and use, and to reduce OOP for medicines.
3. Capacity building and knowledge exchange to understand and implement the recommendations of the EU directives and regulations in the pharmaceutical sector.
4. Technical assistance to implement policies on health financing and UHC
5. Policy dialogue with high level decision makers to support implementation of national strategies and plans.

Lessons learned:

Please describe the principal lessons learned during the last 9 months of implementation of the UHC Partnership:

1. Topics discussed at round tables and briefing events are better addressed later by participants when backed-up by evidence generation including both international and national knowledge as well teams.
2. 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.
3. 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 and ensures longer-term follow up and support by WHO.
4. National ownership, high level attendance and continuous close dialogue with EU is key to success.
5. The continuous open dialogue provides a platform for various partners to exchange information and synchronize reform agenda.

6. 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.

Road Map and timeline for 2017:

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. **These activities should be related to objectives/ER and have clear timeline and indicators.***

Activity 1 (ER 1): Capacity building and technical assistance provided to understand and implement the recommendations of EU Directives in the pharmaceutical sector.

Activity 2 (ER2): The series of Yearly National Health Forums will be continued, 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.

Activity 3 (ER3): Further technical assistance in the area of medicines to increase access to medicines, rational use, and decrease OOP for medicines.

Activity 4 (ER 4): Technical assistance to implement policies on health financing and UHC

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

Visibility and communication

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. A series of WHO seminars strengthening the legal framework within the pharmaceutical sector commences in the Republic of Moldova (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2016/10/a-series-of-who-seminars-strengthening-the-legal-framework-within-the-pharmaceutical-sector-commences-in-the-republic-of-moldova>)
2. WHO-EU partnership supporting policy dialogue and the Republic of Moldova's aspiration towards universal health coverage (<http://www.euro.who.int/en/countries/republic-of-moldova/news/news/2016/03/who-eu-partnership-supporting-policy-dialogue-and-the-republic-of-moldovas-aspiration-towards-universal-health-coverage>)
3. Round table discussion with the Parliament Committee on Social Protection, Health and Family about the principles of regulating the pharmaceutical sector in EU and implications for Republic of Moldova (<http://www.parlament.md/Actualitate/Comunicatedepresa/tabid/90/ContentId/2688/Page/0/language/ro-RO/Default.aspx>)

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.

SO I

The policy dialogue between the Ministry of Health and the Parliament facilitated by the project has contributed to building a common understanding about the implications for the pharmaceutical sector and national institutions during the process of harmonization of national legislation with the recommendations of EU Directives in the pharmaceutical sector. This also has generated more confidence for Ministry of Health to finalize the new law on medicines that is fully harmonized with the EU Acquis Communautaire in this area that is going to be publicly discussed in the Parliament in the first half of 2017.

The policy dialogue with the Parliament has also ensured that a common vision of the Government and the Parliament is available to prepare large scale national strategies and plans to improve coverage with essential health services, health equity, and reduce financial risk. The study visit to learn the experience of Croatia in service delivery regionalization, has allowed the members of the Parliament and the management of the Ministry of Health to agree on the potential reform options for Republic of Moldova to follow in regionalization of the hospital sector. Thus the national hospital master plan and the action plan to regionalize service delivery in one rayon were updated to reflect the agreed options for reform. The plan would serve as basis for initiation of the reform in 2017.

SO II

Technical assistance provided to a core group of national stakeholders to harmonize the national legislation in the pharmaceutical sector with the recommendations of EU Acquis Communautaire, has led to strengthening capacities of the main regulatory body in the pharmaceutical and medical devices sector (Agency for Medicines and Medical Devices) to understand and correctly interpret the directives of EU in the pharmaceutical sector. The newly developed capacities will ensure more effective engagement in future technical assistance projects, such as for example EU-funded twinning project in pharmaceutical sector. This process also contributed to a full review of the basic law on medicines to align it with the relevant recommendations of the EU Regulations, and prepare it for public discussions and approval in the Parliament.

SO II

Technical assistance to and knowledge provided to the Ministry of Health in planning the hospital regionalization reform, has led to development of a hospital master plan that is based on international evidence but adapted to local context. The plan became the subject of discussions between the community of development partners as a policy area to direct official development assistance, but also the plan is used as a framework for discussions at the level of the Prime-Minister's office. A further action plan to regionalize service delivery in one district of the Republic of Moldova was developed based on the Hospital Master Plan and serves as a starting point for the Ministry of Health to prepare the ground for initiation of the hospital reform.

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.

- **Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health**

The Hospital Master Plan and the Action Plan to regionalize service delivery in Hincesti district, that were developed with the support of the initiative and in consultation with the Ministry of Health, is based on the recommendations and specific proposals to increase efficiency and quality of hospital service while reducing unnecessary admissions to hospitals in country and shift the model of care more towards outpatient care, and redesign the health system to serve and allocate the resources to serve the needs of the population and not the infrastructure of the provider's network.

- **Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out**

The policy dialogue conducted with the Parliament and the Ministry of Health on key health reform topics, that was delivered through various forms like round tables and study visits, has led to definition of a National Hospital Master Plan that is agreed between the key decision makers in the country and is used as a starting point for planning and preparations of rolling out the hospital regionalization reform.

- **Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews**

The commitments assumed during the discussions of the National Health Forum in 2015 were reflected in 2016 through extensive work conducted to review pharmaceutical policies at national level. Thus the Ministry of Health has fully reviewed the basic law on pharmaceuticals that will set the framework for further review of regulations and by-laws that would ensure access to safe, good quality and effective medicines.

- **Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation**

The multistakeholder consultations about the local Health Profile of Orhei rayon, conducted at local level within an intersectorial working group, have contributed to development of a Public Health Action Plan. The action plan reflects the health priorities at local level and builds an intersectorial framework for actions to be followed by local stakeholders to act in a coordinated manner to improve population health at local level.

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

Strategic objectives (SO)	Expected Results (ER)
<p>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;</p>	<p>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;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>	<p>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:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>ER 5. Accurate, up-to-date evidence on what works and what do not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>