

Progress Report
 Policy Matrix for implementation under the Grant Agreement No. ENPI/2008/019-655
 Between the Government of Moldova and the European Commission
 for the period 1 November 2009 – 1 September 2010

Part 1: Health policy and strategy

Activities to be implemented in 2010	Responsible actors	Progress recorded for the period 1 November 2009 – 1 September 2010
1. a Update of the human resource development plan*	Ministry of Health	<p>In process of implementation</p> <p>There is a continuous process of strengthening the human resources in health sector in RM. A number of 43 persons, including 11 public servants debutants, have been trained during the reporting period. The share of trained persons constitutes 86,6% from the total number of employees. 11 public servants debutants have attended 27 trainings in the period November 2009 - September 2010. Based on Ministry of Health Orders No.07-p§ 3 dated January 21, 2010 and No.107- p§1 dated July 29 2010, the professional development plans of the public servants of the Ministry of Health were approved. The trainings are performed in the Academy of Public Administration of the President of Moldova and in the Ministry of Health, as well.</p> <p>12 additional public servants (including four public servants debutants) were appointed for being trained in financial management area, with the following topic: "Financial management and control of public sector" organized by the Ministry of Finance.</p> <p>As well, six civil servants were trained with the support of DFID Project "Support for Moldova's National Development Strategy" in the following areas: public management skills, public policy. Based on MOH Order No. P 33 - § 2 dated March 13, 2010 jointly with Transparency International Moldova, four cycles of education were scheduled: "Handling conflict of interest in public service, promotion rules and ethical principles - ways to prevent corruption, national and international legal framework against corruption, the petition system. By 1 September, the first two cycles of education were completed, being attended by 33 employees, including 8 public servants debutants.</p> <p>On August 1, 2010 - 2 public servants were awarded the Master degree in management and public administration reform at the Academy of Public Administration of the President of Moldova.</p> <p>35 civil servants continued studying English with the support of the European Centre for Languages Quo Vadis and 7 public servants began studying French with the support of French Alliance.</p> <p>25 public servants participated in study visits abroad (participating at different courses, meetings, conferences, seminars) in various areas - avian influenza control and prevention, health protection of children, the Protocol on Water and Health, health policy development, etc.</p>

** Numbers from column 1 are in line with the numbering of the Policy Matrix based on the Financing Agreement No. ENPI/2008/019-655

2.a Update as necessary the Strategy for Health System Development for the period 2008-2017	Ministry of Health	Currently, here is no need to update the Health Development Strategy for the period 2008 – 2011. The Progress Report for 2009 on the implementation of the Action Plan and its related Health Development Strategy for the period 2008 – 2011 was developed and placed on the web page of the MOH.
2.b. Completion of study and analysis of results in order to prioritise the health care interventions, especially in primary health care, according to the cost-efficiency criteria, and inclusion of these interventions in the health policies of the MoH	Ministry of Health	No progress The related study had to be conducted with the technical assistance support provided under the Program that has not been implemented, due to the fact, that the requested and foreseen within the program technical assistance was not yet provided.
2.c Institutionalization of the Pilot National Health Accounts	Ministry of Health	Done 4 Matrices were developed for the National Health Accounts, namely: matrix on sources of funding/financing agents, Matrix of the financing agents/service providers; Matrix of service providers / medical service providers, Matrix on financing agents/medical services. Data related to 138 Matrices were collected from the all levels (district, municipal, republican) health facilities started from February 3, 2010 up till the present. It is worth mentioning that the total number of health facilities is 226. The matrix data related to 13 districts out of a total number of 37 districts have been validated. According to the Ministry of Health Order No.442 dated 23.06.2010 on the organization of regional training in the National Health Accounts area, the mentioned training has to be completed by September 15, 2010. By 1.09.2010, 272 specialists, responsible for economic - financial sector, related to 191 health institutions out of a total number of 226 health institutions have been trained. 98 persons from 62 health facilities are going to be trained additionally. Thus, approximately 90% of the trained persons have submitted the required data. The NHA has initiated the stage of data validation. The procedure for selecting the logistic company for performing the training has been annulled, due to the fact that the MOH and the National Centre of Health Management in collaboration with Health Centres from the territory have managed to accomplish it successfully, based on the allocated resources. Following the Ministry of Health Order No. 480 dated 12.07.2010 "On the field trips for NHA data

checking and validation" the technical group of the National Centre for Health Management have to perform the mentioned tasks by October 21, 2010. The NHA data are in the process of being collected from the District Councils.

With reference to Sub-component 1.1 Capacity Development and Sector Regulation of the Health System and Social Assistance Project, the National Health Accounts Management Team (Secretariat for NHA development) performs within the National Centre of Health Management. A preliminary decision to sign the Memorandum of Understanding (being the responsibility of the Centre) on all activities related to NHA development, institutionalization and maintenance was taken in the second half of 2008. To that end, office computer equipment was procured for the National Centre of Health Management.

An international consultant was selected and contracted in 2008 with the view to providing technical assistance in the mentioned area. The international consultant made six visits to Moldova until now, having a series of meetings in the institutions, relevant to financial sector, consequently the first two reports were submitted for which the adequate costs were covered, based on the contract. Initially, it was planned the contract of the international consultant to expire in February 2010, subsequently being extended to 30.09.2010, without increasing its amount.

National Centre of Health Management has been appointed to prepare the first NHA report, being the institution responsible for the implementation of the mentioned task. MOH signed a Memorandum of Understanding with the National Centre of Health Management in May 2009 with the purpose to guide the cooperation arrangements between those two authorities. The MOH will cover the cost for the requested training, as well as other costs associated with the NHA development, based on needs and an agreed with the HSSAP cost table. To that end, the National Health Accounts Division was established within the Health Service Management Department of the National Centre of Health Management.

With the purpose to provide the necessary support and ensure the implementation of daily activities under the Memorandum, an assistant/local consultant was selected and contracted for the mentioned above component that is performing his activities within the National Centre of Health Management, established before January 2011.

The list of health institutions, which provide health services was completed, both subordinated to the Ministry of Health and other Ministries and Departments such as Ministry of Finance, Ministry of Justice, Ministry of Defence, Ministry of Internal Affairs, State Administration of Civil Aviation etc. The developed list of institutions providing health services was completed with the following data: IDNO - personal identification code, tax code, CAEM - type of activity, CUIÎO – identification code assigned and used in the database of the National Bureau of Statistics, property related form.

The institutions which provide health services have been assigned the National Health Accounts related code according to the National Health Accounts Development Guide (WHO 2003). The mentioned guide was translated with the support of a professional translation agency.

		<p>A matrix (Table) was developed for health service providers.</p> <p>The working group was established involving representatives of all ministries and departments involved in developing National Health Accounts (NHA). The mentioned working group was trained in the relevant areas. The volume of primary necessary data was collected with a view to developing the NHA. Three working groups including the specialists of the National Centre of Health Management and Ministry of Health have conducted three study visits to Kyrgyzstan, Slovenia and Armenia.</p>
<p>3.a Non-admission of decrease of public expenditure for the health care sector (MDL), adjusted to inflation, from national public budget 2011. Maintaining of allocations for primary health care at a minimum level of 30% of the compulsory health insurance budget. Increase of allocations for compensated drugs by 40% as compared to year 2009</p>	<p>Ministry of Health</p>	<p>Done</p> <p>In 2009 the amount of financial resources allocated to the health system constituted 3846.8 million MDL, with 455,4 million MDL more than the amount allocated in 2008 (consumer price index was 100% in 2009). The amount of 4.041,0 million MDL (projected consumer price index accounting for 109.3%) has been approved for 2010 in health sector, while the amount of 4.256, 6 million MDL (the forecasted inflation rate accounting for 6%) is planned to be approved for 2011.</p> <p>Based on provisions of the Law on mandatory health insurance funds for 2009 No.263-XVI dated 11.12.2008, with the subsequent amendments, the amount of 924.5 million MDL was allocated for primary health care, constituting 30.6% of the basic fund as amended in 2009, including the amount of 198.1 million MDL was allocated for primary health care in November-December 2009.</p> <p>Following the Law on mandatory health insurance funds for 2010 No.128-XVIII dated 23 /12/2009 the rate accounting for 30.0% of the basic funds for primary health care was maintained.</p> <p>The primary health care services were covered in the amount of 566.9 million MDL, constituting 32.1 % of the basic fund for the first months of 2010 year. The amount covered for the compensated drugs in 2010 constitutes 112, 0 million MDL or with 51.20% more compared to the amount covered in 2009 (74. 1 million MDL).</p>
<p>3.b Population coverage with mandatory health insurance 80%</p>	<p>Ministry of Health</p>	<p>Done</p> <p>The NHIC based on letter No.01/5-11-180/1227 of 19/08/2009 submitted the developed Plan to increase population coverage with mandatory health insurance to the Ministry of Health for review and its approval. The mandatory health insurance rate coverage constituted 76.8% of the population, according to the NBS data.</p> <p>In the Law on mandatory health insurance funds for 2010 No.128-XVIII dated 23/12/2009, with the purpose to increase the number of insured persons covered by the mandatory health insurance system, it is maintained the diminished amount of premium, covered within three months starting from entering into force of the mentioned above Law in the amount of 50% for some categories of payers. Additionally, based on the mentioned above Law, it is stipulated a decrease accounting for 75% of health insurance premium for agricultural landowners, covered within three months from the effective date of the related Law.</p> <p>Based on Law No.108 of 17.12.2009 amendments were made to Art. 5 of the Law on mandatory health insurance No.1585- XIII, dated 27.02.1998 which stipulated that in case of the</p>

	<p>uninsured persons, the costs for covering the pre-hospital emergency health care, primary health care and specialized ambulatory and hospital health care related to social conditioned diseases with a major impact on public health, are covered from the mandatory health insurance funds, based on the Ministry of Health list. Thus, the entire population has access to all mentioned types of health care, financed by the mandatory health insurance funds.</p> <p>Based on Ministry of Health Order No 06-A of 20.01.10 the monthly Plan on accumulation of mandatory health insurance premiums in a fixed amount was approved and shall be collected in 2010 for each territorial agency.</p> <p>Based on NHIC Order No. 16-A dated February 1, 2010 the procedure of issuing insurance policies was approved to be carried out by the territorial agencies for the persons who benefited by a 75% decrease of the amount and as well, the procedure for reporting on the implementation of insurance policies, reporting forms No.06-1 / r, No.06-2/r and No.06-3 / r, insurance policy plan for the year 2010 were approved. In November-December 2009, mandatory health insurance premiums in a fixed amount, covered by the physical persons in the amount of 721,1 thousand MDL have been accumulated within the mandatory health insurance funds.</p> <p>The measures undertaken have made it possible to increase the number of insured persons by 01.07.2010 compared with the corresponding period of 2009, from 23.9 thousand to 31.3 thousand. The activities performed by the regional agencies in the accumulation of mandatory health insurance in a fixed amount are permanently monitored by the NHIC.</p> <p>Subsequently, on May 12, 2010 the meeting was held with Director General with Directors of NHIC territorial agencies, who analyzed the results of the implementation of the plan on insurance premiums accumulation in a fixed amount, collected during January - April 2010. The mentioned above territorial agencies will further intensify their activities, and increase their efforts led to mobilize the population coverage with mandatory health insurance and increase their access to health services.</p> <p>With reference to sub-component 1.2 Health Care Financing and Provider Payment of the Health Services and Social Assistance Project, the related study has been planned and carried out, submitting recommendations for expanding health insurance coverage to self-employed persons in the private sector.</p> <p>This activity was conducted with the support of a group of international experts contracted by the World Health Organization (WHO).</p> <p>Based on the approved agreement, the WHO partially funded this activity. The consultants' first task was completed by the end of 2008, followed by presentation of the respective reports on possible options to increase health insurance coverage of the population for 2009.</p> <p>The group of experts from the WHO assessment missions has assessed the existent system with the purpose to develop and check the system related to different options for extending health insurance coverage of the population.</p>
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<p>3.c. Monitoring of volume and quality of health care services delivered under the health insurance programme, inclusion of results in the yearly report of activity of the MoH and NHIC</p>	<p>Ministry of Health ,</p>	<p>In the process of implementation</p> <p>The National Health Insurance Company constantly monitors the volume and quality of health care rendered by health care providers by organizing planned, impartial and operative controls. The monitoring results for 2008-2009 were included in the annual reports of MOH and National Health Insurance Company.</p> <p>During November-December 2009, the Directorate for Evaluation and Control and the experts of the NHIC territorial agencies have conducted 97 controls in the contracted health institutions with reference to the volume and quality of health services provided within mandatory health issuance sector, issuing the related acts and Disposition.</p> <p>347 controls of the mentioned type were made during January-July 2010. The activity was led to ensuring the accessibility of the insured persons to quality services, following the volume of health standards and institutional protocols, following the contractual terms by the contracted health facilities. Informing the population on the provided health services, advertising the telephone numbers, the following hot lines being advertised 0 800 99999 (free of charge) and 200-240 for the Assessment and Control Division of NHIC and 721010 and 080071010 (MOH hot lines).</p> <p>Based on mentioned hot-lines, the MOH and NHIC web pages, the requests received in writing, the public discussions with citizens, MOH and NHIC state the irregularities that refers to the volume and quality of the health care, the violation of human rights of the insured persons with reference to provided health services or cases to be provided poor quality services. The relevant measures are taken permanently to find solutions to inappropriate situations, the impartial controls are made when necessary, undertaking the necessary measures, avoiding the confirmed violations. Thus, 27 checks</p>

		<p>were made during eight months in 2010 and 32 controls were accomplished, as well by MOH, informing the applicants on the results.</p> <p>The anonymous questioning of hospitalized persons was performed within the controls, the results being reported to the management of health institutions and the founder (Ministry of Health or local administrative authority).</p> <p>Two controls were performed together with the mixed Financial Control and Revision Service of the Ministry of Finance and one control has been carried out with the support of the Centre for Combating Economic Crimes and Corruption.</p>
<p>4.a Increase of number of primary health care providers covered by direct contracting</p>	<p>Ministry of Health</p>	<p>In the process of implementation</p> <p>Based on Ministry of Health Order No. 404 dated 30.10.2007 "On the legal delimitation of primary health care at district level" starting with January 1, 2008, the Ministry of Health initiated the legal delimitation of primary healthcare services from the hospital care and specialized ambulatory healthcare all over the country. The delimitation of Health Care Centre and the award of status of legal entity is carried out, based on compliance criteria of Health Centres related to activities performed under the condition of financial autonomy, developed by MOH. The list of public primary health care institutions was completed, with the adequate amendment to the Nomenclature of public medical institutions of primary health care.</p> <p>In the first eight months of 2010 there were established 20 autonomous Health Centres, including one Private Health Centre).</p> <p>47 Health Care Centres carry out their activities in 2010, compared to 25 Health Care Centres in 2009, being contracted directly by the National Health Insurance Company.</p>
<p>5. Memorandum of understanding signed with at least one credible investor (bank), conditions of investment into hospital sector defined</p>	<p>Ministry of Health</p>	<p>Done</p> <p>The Law No.411-XIII on health care dated 28.03.1995 was amended and completed based on Law No.117 dated 17.07.2010 (MO of RM, No.126-128/408 dated 23.07.2010).</p> <p>With reference to sub-component 1.1, "Capacity Development and Sector Regulation" of the Project "Health Service and Social Assistance"(HSSA), it was planned to carry out a series of policy studies, including developing options for private sector participation in health sector reforms and develop public-private partnership. In order to develop strategy to remove barriers with reference to private healthcare providers and public-private partnership development, in September 2008 an international consultant for the "Development of public-private partnership in health sector and provision of private medical services" was selected and contracted.</p> <p>With the support of the consultant and the International Financial Corporation (IFC), in collaboration with the Ministry of Economy, on 09/02/2009 the Ministry of Health organized a seminar with the international participation on "Developing public-private partnerships and private health services in Moldova".</p> <p>Consultant's progress report was approved by the Ministry of Health and as well, the documents relevant for the initiation of a public-private partnership in health sector were requested. The latter</p>

		<p>were presented, including a pending agreement on consulting services that IFC's technical assistance is to carry out two projects of this kind.</p> <p>In July 2009, the international consultant's final report was approved by the HSSAP Evaluation Committee and negotiations started to be held for signing a contract directly with IFC to implement the first public-private partnership projects in health.</p> <p>Under the international consultant recommendations, which developed the strategy for removing barriers with reference to private health service provision and operation of integrated public and private services in Moldova, MOH and Ministry of Economy (MoE) have submitted proposals to amend the legal framework to implement Public-Private Partnership (PPP) in Moldova.</p> <p>Law No. 845 of 03.01.1992 and Law No. 411 of 28.03.1995 have entered into force and Law No.179 dated 10.07.2008, is in the process of being amended. Agency responsible for approving and monitoring PPP projects was established in the MoE. Two representatives of the MOE support the implementation of PPP projects in health premiums.</p> <p>In July, current year the Ministry of Health with International Finance Corporation signed a cooperation agreement for technical assistance in health PPP projects.</p>
<p>6.a Introduction and implementation of national clinical protocols for 60 (20 supplementary) frequently encountered conditions diseases</p>	<p>Ministry of Health</p>	<p>Done</p> <p>28 national clinical protocols were developed and approved by the Ministry of Health Orders: "Cystic fibrosis" (MOH Order No. 538 dated 12.30.2009), "Neonatal Sepsis" (MOH Order No. 539 dated 12.30.2009); "Neonatal jaundice" (Order No. 540 dated 12.30.2009) "Management of congenital heart malformations among newborns" (MOH Order No. 39 dated 01.22.2010)" The Obstructive Acute Bronchitis among children "(MOH No.40 Order dated 22.01. 2010), "Rhythm disorders among newborns (MOH Order No. 41 dated 22.01.2010)," Breast cancer "(MOH Order No. 94 dated 02.09.2010)," Foreign body aspiration among children respiratory ways"(MOH Order dated 09.02.2010 No.95 MoH)," Community-acquired pneumonia among children"(MoH Order No.96 dated 09/02/2010)," Chronic bronchitis among children "(MoH Order MS No.97 dated 09/02/2010);" Newborns' polycythemia "(MoH Order No.340 dated 05/21/2010), "Gastric Cancer" (MOH OrderNo.386 dated 06/08/2010). "Rickets among children" (MOH Order No. 524 dated 03.08.2010) "Vasculitis bleeding among children" (MoH Order No. 525 dated 03.08.2010); "Idiopathic thrombocytopenic purpura (immune) among the children" (MoH Order No. 526 dated 03.08.2010); "Haemophilia among children" (MoH Order No. 527 dated 03.08.2010); "Hemolytic anemias among children" (MoH Order No. 528 dated 03.08.2010); "Aplastic anemia among children" (MoH Order No. 529 dated 03.08.2010); "The iron deficiency anemia among children" (Order No. 530 dated 03. 08.2010), 'Hereditary nephropathy" (MOH Order No. 533 dated 04. 08.2010); "Chronic renal insufficiency among children (MoH Order No. 534 dated 04.08.2010); "Acute glomerulonephritis among children" (MoH Order No. 535 dated.04. 08.2010); "Acute pyelonephritis among children" (MoH Order No. 536 dated 04. 08.2010); "Affective disorders (mood) among adults "(MoH Order No. 545 dated 08. 04.2010);" Fetopatia diabetic among newbors (MOH Order No. 546</p>

dated 04. 08.2010); "Malignant tumors of the lung" (MoH Order No. 566 dated 13.08.2010); "Infectious mononucleosis with Epstein-Barr virus among children" (MoH Order No. 588 dated 20. 08.2010) "Herpes simplex virus infection among children" (MoH Order No. 589 in 20.08. 2010).

35 standardized clinical protocols for family doctors were developed and approved by the Ministry of Health Orders: "Pandemic flu new virus (H1N1) (MoH Order No.370 of 02/11/2009);" Hypertensive Emergencies "(MoH Order No. 462 dated 08.12.2009); "Hypothyroidism" (MoH Order No.463 dated 08.12.2009); "Iron deficiency anemia"(MOH Order No.464 dated 08. 12.2009); " Adult Hodgkin's lymphoma (MOH Order No.465 dated 08.12.2009); "Benign breast diseases (MOH Order No.466 dated 08. 12.2009)," A viral hepatitis among children "(MOH Order No.467 dated 08. 12.2009);" Chronic viral B hepatitis among Adult (MOH Order No. 468 dated 08/12/2009), "Chronic viral C hepatitis among adults" (MOH Order No.469 dated 08/12/2009); "Mumps among children" (MOH Order No.470 dated 08/12/2009), "Scarlet among children" (MOH Order No.471 dated 12.08.2009); "Compensated liver cirrhosis among adults" (MOH Order No.206 dated 01. 04.2010), "Chronic renal insufficiency among adults" (MOH Order No. 207 dated 01.04.2010); "Sudden cardiac death among adults (MOH Order No.208 dated 01.04.2010);" Anaphylactic shock "(MOH Order No.209 dated 01/04/2010)," Chronic pyelonephritis among adults (MOH Order No.210 dated 01.04.2010); "Bronchial asthma among adults" (MOH Order No.211 dated 01. 04.2010); "Ascites in liver cirrhosis among adults" (MOH Order No.212 dated 01. 04.2010); "Adenoviral infection among child "(MOH Order No.213 dated 01. 04.2010); "Paragripa and respiratory syncytial virus infection among children "(MOH Order No.214 dated 01.04.2010)," Bronchial asthma among children "(MOH Order No.215 dated 01.04.2010); "Acute Myocardial infarction" (MOH Order No.391 dated 11/06/2010); "Pectoris stable angina" (MOH Order No.392 dated 11/06/2010), "Atrial fibrillation" (MOH Order No 393 dated 11.06.2010); "Dyslipidemia" (MOH Order No.394 dated 11/06/2010), "Global cardiovascular risk assessment (MOH Order No.395 dated 11.06.2010);" Global cardiovascular risk management "(MoH Order No.396 dated 11.06.2010), "Heart failure among adults (MOH Order No.397 from 11. 06. 2010), "Osteoporosis among adults "(MOH Order No.398 dated 11. 06.2010)," Reactive arthritis among adults" (MOH Order No.399 dated 11.06.2010); "Osteoarthritis distorting" (MOH Order No.400 dated 11.06.2010); "Adult Gout "(MOH Order No.401 dated 11.06.2010)", Rheumatoid arthritis among adults "(MOH Order No.402 dated 11.06.2010); "Chronic pancreatitis among adults" (MOH Order No.403 dated 11. 06.2010), "Chronic Laryngitis among adult (MOH Order No.404 dated 11. 06.2010).

Nine standardized clinical protocols for neonatologist doctors in Intensive Care Department were developed and approved by the Ministry of Health Order No. 534 dated 29.12.2009: "Pulmonary edema among newborns" "Newborn pulmonary hemorrhage", "Parenteral nutrition among the newborns", "Renal insufficiency among newborns", "Respiratory acidosis among the newborns", "Metabolic acidosis among the newborns", "Respiratory alkalosis among newborns "Metabolic alkalosis among the newborns" ,"Shock among the newborns".

		<p>Ten standardized clinical protocols for paediatric doctors from the Paediatric Intensive Care Departments were developed and approved by the Ministry of Health Order No. 216 dated 01.04.2010 : “Inter hospital transfer of paediatric patients”, “Cardio-respiratory resuscitation among the infants and children”, “Artificial pulmonary ventilation among children”, “The poliorganic post-resuscitation complications”; “Adult detresse respiratorie of Type II”, “Cardiac Arrhythmias among children”, “IRVA with neurotoxicosis”, “Sepsis among children”, “Shock among children”, “Pediatric parenteral nutrition”.</p>
<p>6.b Update and application of the accreditation standards, minimum equipment requirements, and quality indicators for the primary health care providers by the National Council for Evaluation and Accreditation in Medicine (NCEAM)</p>	<p>CNEAS National Council for Accreditation and Evaluation in Health (NCAEH)</p>	<p>Done Evaluation and accreditation standards are continuously updated in line with the health amendments related to health legal and normative acts. The last updated evaluation and accreditation of the standards related to all health institutions, including the primary health care facilities have been accomplished within the NCAEH Presidium meeting dated January 29, 2010 (Protocol No. 1 of January 29, 2010). Thus, the basic standards of evaluation and accreditation of primary health care institutions includes the Criterion 6.3.2-Structure and number of rooms of the institution that meet the requirements of MoH Order. No. 111 of 17.03.2008, "On the approval of the requirements for primary health care institutions premises. Criterion 6.4.1. The institution is equipped with the necessary medical equipment according to the provisions of the common Order of MOH and NHIC No. 144/65-A dated 12.04.2007, with regard to equipping primary health institutions. In the period November 2009 – September 2010 there were evaluated and accredited 18 primary health care facilities: Family Doctors Centre (FDC) Rîșcani with 8 HC, FDC Fălești with 7 HC, FDC Taraclia with 5 HC, FDC Comrat with 7 HC, FDC Anenii Noi with 8 HC, FDC Șoldănești with 7 HC, University Clinic of Primary Medical Assistance of the SUMF ”N. Testemițanu”, TMA Buiucani, TMA Rîșcani, TMA Ciocana, Autonomous HC - Bubuieci, Stăuceni, Budești, Băcioi, Durlești, Sîngera. Colonița; 1 HC from Mereni, one private primary health care: Ltd ”Health Center ”Bio Med”” (Cahul city). The following 3 public primary care facilities were accredited conditionally: CMF Leova with 4 HC, FDC Bălți and autonomous HC Iargara (district Leova) for a period of 6 months without being issued the Accreditation Certificate. The autonomous Sărăteni HC (district Leova) was not accredited.</p>
<p>7.a. Implementation of primary health care development strategy</p>	<p>MoH</p>	<p>Done With the purpose to improve the situation in the Primary Health Care and identify the problems that could diminish the efficiency of the mentioned sector, the audit of the Primary Health Care performance was accomplished by the Court of Accounts during the period 2009 -2010. There were audited the FDCs from Ialoveni, Rezina, Cimișlia, Căușeni, Rîșcani, Drochia districts and Medical Territorial Associations Botanica and Buiucani mun. Chisinau. The audit findings were approached within the Court of Accounts meetings (25.02.2010) and the Ministry of Health Collegium</p>

		<p>(25.05.2010) with the participation of the management of the Ministry of Health, National Health Insurance Company, Family Physicians Association, primary health care facilities.</p> <p>With the purpose to efficiently implement the recommendations stated in the report of audit, the Action Plan on implementing the recommendations of the Audit Report of the Primary Health Care performance was developed and approved (MoH Order No 363 dated 01.06.2010).</p> <p>Within the Health Services and Social Assistance Project, funded by the World Bank, the Curriculum on medical education of the family physicians and family medical assistances was developed and implemented by SUMF „Nicolae Testemițanu” and National Medical and Pharmacy College. 52 trainers and 1101 healthcare personnel with secondary education were trained within the Project “Support for healthcare reform by strengthening primary healthcare in Moldova, implemented by the Consortium ICON/BBI/UNICON/IRIS.</p> <p>Primary Healthcare Development Strategy for the period 2010 – 2013 has been approved by the Ministry of Health, based on Order No. 460 dated 01.07.2010 with the purpose to maintain and improve the health status of the population through continuous development and strengthening of the family medicine, ensuring the equitable access to quality and cost efficient primary healthcare services, focused on covering the basic health related needs of the community, support and implementation of the prevention interventions, promotion, treatment and surveillance of health status of the individual person and his family.</p>
7.b Implementation of normative acts approved by the Parliament aimed to support the family physicians working in socially and economically disadvantaged regions.	MoH	<p>In process of implementation</p> <p>The Ministry of Health continues to implement the normative acts related to providing the relevant support to the young specialists who perform their activities in the rural area. Consequently, according to the provisions of the Government Decision No 1345 dated 30.11.2007, the Ministry of Health continues to allocate 30 thousand MDL for each young physician and 24 thousand MDL for each young healthcare employee with secondary education recruited in the rural area. An amount accounting for 7.393,6 thousand MDL was allocated based on which 256 physicians and 675 healthcare employees with secondary education benefited by the mentioned amount in 2009. An amount of 1616, 7 thousand MDL was covered in the period 01.01.10 – 01.09.10 for the mentioned purpose.</p>
8.a. Increase of number of patients, screened for cardiovascular risk factors (arterial hypertension, increased cholesterol and glucose levels, high BMI) and promotion by the health care system of healthy lifestyles through advocacy	MoH (MAPD; PHPD)	<p>Done</p> <p>According to MoH Order No. 504, 25 December 2008 „Regarding prophylactic medical examination of population”, starting with 01.01.2009 screening of risk factors of cardiovascular diseases (hypertension, high cholesterol and glucose levels, high MBI measures) are organized in primary care facilities.</p> <p>With the purpose to increase the number of persons covered by screening program related to risk factors, the Project „Organization and making screening for identification risk factors that cause cardiovascular diseases” has started to be implemented in 2010. 2000 family physicians were trained within the mentioned project. Currently, 24.000 persons all over the Republic of Moldova are</p>

<p>of exclusion of risk factors, especially fatty diet, alcohol abuse, physical hypoactivity, etc.</p>		<p>planned to be covered by screening.</p> <p>Consequently, during the first semester of 2010, the hypertension was measured for 1.119.929 persons, cholesterol level – 235.124 persons, and glucose levels – 285.472 persons.</p> <p>The web site www.proactiv.md was developed, as well and 4 publications „Men sano in corpore sano” were published, that included a piece of information about healthy life style, an active rest and rational diet. A practical guide that included the following messages was developed: „Health concerns you, directly!”, „Have an active life style” and information regarding an active rest, other recommendations and advices. The TV program “For a healthy life”, was produced, being broadcasted twice per month, including the following subjects: 1. Healthy diet; 2. Movement is life, sport means health; 3. Environment and health; 4. The health of a couple – sexology; 5. Stress and health; 6. Body detoxification.</p> <p>Several video/audio clips and 5 thematic short films (5 minutes) were produced and placed on the following site www.proactiv.md and broadcasted on National radio and TV programs.</p> <p>To prevent burns, scalding, intoxication, poisoning drowning and submersion with reference to children, the National communication campaign „A house without danger to your child” was launched within Moldovan-Swedish project „Regionalization of Paediatric Emergency Services and Intensive Care in Republic of Moldova”.</p> <p>The Ministry of Health together with EU project “Support for healthcare reform by strengthening primary healthcare in Moldova”, implemented by Consortium ICON / BBI / UNICON / IRIS launched the awareness campaign on topic: "If you want to be healthy, contribute to this every day!". During the trimester 4 of 2009 and as well, during 6 months of 2010 with the purpose to implement the provisions of the National Program on Promotion Healthy Life Style for 2007 – 2015, there were organized a number of measures that have been undertaken by the state to provide guarantees to children and teenagers and increase their access to information services. Currently, in the Republic of Moldova 12 Youth Friendly Health Centres render health services to youth and provide communication related to a healthy life style, all activities having the goal to prevent STI and HIV/AIDS, smoking, alcohol consumption and drug use among teenagers.</p> <p>The “Special hour” on prevention of avian influenza and influenza of type A (H1N1) has been organized in schools in collaboration with the Ministry of Education and Youth, Territorial Education, Youth and Sport Departments. A large number of classes, round table discussions and seminars on prophylaxis of HIV/AIDS, STI, drug and alcohol addiction, smoking were organized in schools, lyceums, high education establishments.</p> <p>The health education course has been included within Curricula „Civic Education” in the educational programs of the SUMF „Nicolae Testemițanu” and Medical Colleges.</p> <p>The Action Plan for promoting medico-hygienic knowledge is developed annually, and it is coordinated with the Public National Broadcasting Company „TELERADIO-Moldova”. Programs on health care were launched by the Ministry of Health on the following TV and radio stations: Moldova</p>
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		<p>1, NIT, Prime, EuTV.</p> <p>Relevant data and information with the purpose to promote the health care are broadcasted within the news and divertissement related programs.</p> <p>The National radio broadcasted the weekly programs “Medicine for all”.</p> <p>1301 training seminars for medical and non-medical professionals were organized during the IV quarter of 2009 and 19 surveys on medical and hygienic knowledge of population were conducted.</p> <p>The medical personnel participated within 577 TV broadcasts, 25,816 radio broadcasts, 744 publications were developed and published in mass media by the medical staff; 29 302 lectures, 554 664 discussions, 721 meetings for approaching specific topics were held by medical personnel, 5261 health bulletins were published by the medical personnel, etc. In Republic of Moldova during 2009 there were trained 123.918 persons in the area of reproductive health, nutrition and newborns surveillance within the schools for the patients. There were held 793 sessions provided by the “Mother’s school” and 684 sessions provided by the “School for pregnant”.</p> <p>During the first half of 2010, 1770 training seminars were organized and conducted for medical and non-medical health professionals. 530 methodological – information materials in the related field, 65 titles of materials with a circulation of 1065 thousand copies have been developed by the health personnel, 57 surveys on the level related to medical and hygienic knowledge of the population have been performed. The Health staff has participated within 1700 radio broadcasts, 816 TV broadcasts, and reportages. 1113 media materials were developed and published by health workers, 45 863 lectures and 690 456 group talks were held, as well. 801 contests were organised, 580 films and videos were demonstrated. During 8 months of 2010 over 25 press conferences were held for the public information on healthy life style and different aspects of public health,</p> <p>During 6 months of 2010 the “Mother’s school”, delivering 1039 classes and School for young couples, delivering 170 classes organized and performed a certain number of activities, within which 103534 persons were trained with reference to reproductive health, nutrition, newborns care etc.</p> <p>However, while implementing the National programme provisions for a healthy lifestyle promotion for 2007-2015, there are difficulties imposed by the financial situation, which does not allow currently, to perform some measures, such as publishing books, guides.</p>
8.b. Implementation of tobacco control plan	MOH	<p>In process of implementation</p> <p>On February 4, 2010 the World Day against Cancer and the week of TB control organized in the period March 17-23, 2010 and the World Day against TB organized on March 24, 2010, activities focused on young people have been undertaken with the purpose to promote a healthy life style, excluding smoking as a risk factor of Cancer and TB.</p> <p>The following web page www.antiviciu.md has been developed.</p> <p>The Ministry of Health, taking into account the advantages of visual impact of colour pictures’ advertisements and postcards on smoking expected to amend and supplement the Art. 11 of Law No.</p>

		278 dated 14.12.2007 on tobacco and tobacco products. The Ministry of Internal Affairs has initiated negotiations on Protocol on illicit trade in tobacco products.
9. Continuous implementation of the TB, HIV/AIDS and viral hepatitis prevention programmes	MOH	<p>In process of implementation</p> <p>National Program on TB Control and Prophylaxis for 2006 – 2010.</p> <p>4632 new cases and TB relapses were recorded in the informational system SIME TB in the period November 2009 - August 2010. (general data dated 01.09.10).</p> <p>4744 new cases and TB relapses with global incidence of 116,9 per 100 thousands population were recorded in 2009, constituting about 3,9% less than in 2008 when there were recorded 4940 new cases with global incidence of 120,5 cases per 100 thousand population.</p> <p>Despite the TB global incidence and decrease of TB relapses, the epidemiological situation is currently complicated: the rate of TB mortality is high and was increasing in 2009 (17,9 cases per 100 thousands population) constituting a rate with 3% higher compared to 2008 (17,4 deaths per 100 thousands population). Based on current situation it is diminished the probability to achieve in 2010 the target 3 related to Goal 6 of Millennium Development Goals, the mentioned target constituting 15 deaths per 100 thousand population. The treatment Success Rate is much under expected to achieve values, which for 2008 accounted for 55,9% compared to 85% recommended by WHO. The increase of the number of TB MDR cases during 2006 -2009 constitutes a concern. The mentioned rate constituted 42,3 9% of the total number of TB patients in 2009, being at the same level with the rate in 2008.</p> <p>During the first half of 2010 the meeting of Working Group for the evaluation of the “National Program on TB Control and Prophylaxis for years 2006 – 2010” (MoH Order No 112 dated 17.02.2010 „Regarding National Health Programs evaluation”) and the National Program on TB Control and Prophylaxis and the National Program on HIV/AIDS, STI Control and Prophylaxis for 2006 – 2010 were organized. With the purpose to evaluate the Global Fund projects in RM and develop a new National Program on TB Control and Prophylaxis the Draft National Program on TB Control and Prophylaxis was approached within the National Coordination TB/SIDA Council meeting in July 2010.</p> <p>In July 2010 the Draft National Program on TB Control and Prophylaxis for the period 2011 – 2015 and the Draft National Program on HIV/AIDS, STI Control and Prophylaxis for the period 2011 – 2015 have been approached with the donors at the Health Sectoral Council for foreign assistance dated July 9, 2010. In August 2010 the Report on the implementation of the National Program on TB Control and Prophylaxis for 2006 – 2010 was presented and consequently, a new draft of the National Program on TB Control and Prophylaxis for 2011 – 2015 was submitted within the meeting of the Ministry of Health Collegium.</p> <p>On 15 October, 2009 the official delegation of the Ministry of Health participated within the high level Reunion with the following generic: “Berlin Declaration on Tuberculosis: Continuing High Level Dialogue of the European Region States of the World Health Organization with a major</p>

	<p>priority for TB control”.</p> <p>With the purpose to improve TB drugs management, there were organized 3 meetings of the working groups of the National Council of TB Control. The visits on monitoring the implementation of activities related to National TB Control and Prophylaxis Program for 2006 – 2010 continue to be performed.</p> <p>As a result of monitoring it has been stated the lack of material support for TB patients in the period of treatment (most of them are vulnerable groups of people), and insufficient support provided in related area on behalf of the Local Public Authorities.</p> <p>During the first half of 2010 with the purpose to monitor the treatment of patients with TB MDR, based on treatment standards and the evidence of anti TB drugs use, the Phtisiopneumology Hospital “Chiril Dradaniuc” and Phtisiopneumology Hospital “Vorniceni” were subjected to a relevant control.</p> <p>With the purpose to develop the human resource capacities, trainings were organized focused on TB MDR for the phtisiopneumology specialists and medical personnel, who are working in the laboratories. Trainings for the medical personnel involved in data processing of TB Monitoring and Evaluation System (SIME TB) were organized in April – June 2010.</p> <p>During the period 28 April – 5 June 2010 the first stage of the communication campaign with generic: “Everybody can do it: TB can be treated” implemented by the public society Carlux” was organised in partnership with the Department for Penitentiary institutions.</p> <p>The international experts Cristian Popa and Marta L. Schaaf evaluated the laboratory activities and evaluation of the vulnerable groups of people to TB infection in November 2009.</p> <p>In the first half of 2010, according to MOH Order No. 273 dated 26.04.2010 „Regarding the establishment of the Working group with the purpose to follow the Human Rights in Public Health” the process of submitting to the expertise the normative and legal acts, including TB and HIV/AIDS area was launched. In this context, UN experts in Human Rights area recommended together with the related Working Group amendments to be done to the Government Decision No. 472 dated 07.08.2009 with the purpose to approve the Regulation on application of coercive treatment for the persons suffering from contagious TB, which are going to be approached within the Working Group on Human Rights meeting.</p> <p>National Program on HIV/AIDS and STI Prophylaxis and Control for 2006-2010</p> <p>The Ministry of Health in collaboration with the Ministry of Justice, Ministry of Labour, Social Protection and Family, the Ministry of Education, Ministry of Internal Affairs and NGOs has continued implementing the activities and strategies related to the National Program on HIV/AIDS and STI Prophylaxis and Control for 2006-2010. Activities for the implementation of the programme have been approached during 3 meetings of the National Council of Coordination of the National Program on HIV/AIDS and TB Prophylaxis and Control for 2006-2010.</p> <p>During the period 25 September 2009 – 1 September 2010 with the purpose to strengthen the legal</p>
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	<p>bilateral and multilateral collaboration framework in health area there have been implemented activities related to the Draft Programme on Common Actions of CIS member states on fighting HIV/AIDS for the period 2007 – 2011. The Strategies on combating the mentioned epidemics based on „Tripartit” principles of activity continue to be implemented. “AIDS Centre” - the unique structure for monitoring and evaluation of the Program activities was established in May 2010 within the National Centre of Public Health.</p> <p>In February – May 2010 the evaluation of the National Program on HIV/AIDS and STI Prophylaxis and Control for 2006-2010, was approached on May 25, 2010 within the Ministry of Health Collegium meeting.</p> <p>The activities related to Open Theatre Forum in HIV prevention successfully perform their activities. Based on District Youth and Sport Department initiative, groups of voluntary actors have visited 130 communities in the country and for about 38511 young people and 2593 adults have participated at the mentioned performances. 245 seminars were organized within the Resource Centres for Youth and Friendly Youth Health Centres, where 18608 young people have been involved. 57000 teenagers have benefited by the services provided by the Friendly Youth Health Centres. 252500 copies of information materials were published. The following TV programs and films "Find All", "Test", "Like others", “Indifference”, “Naive HIV in human body”, “Friends are always there”, “Proud of you ” have been produced with the focus on following the Human rights of HIV infected people.</p> <p>A truck with the spot with the following message “Protect your family and you from HIV and STI” circulated along Chisinau roads with the purpose to inform people on HIV and STI prevention during the period December 14, 2009 - January 14, 2010.</p> <p>The Ministry of Health in partnership with SIDA East-West Foundation, organized the Documentary Film Festival dedicated to International Commemoration Day of those who died of AIDS.</p> <p>A certain number of activities with the following topics have been performed on December 1, 2009 related to the International Day to fight AIDS: “Universal Access and Human Rights”.</p> <p>With reference to HIV/AIDS prevention, the medical personnel held 294 seminars, 7412 lectures and 110 thousand discussions, as well as they participated to 2850 radio and 110 TV broadcasts, and prepared 95 media publications and 79 information materials.</p> <p>Epidemiological surveillance of HIV/AIDS is in the process of being performed according to the National Standard adjusted to EU requirements and annually, on August 25 the AIDS Centre report the data on HIV recorded cases to ECDC.</p> <p>The incidence of HIV infection was 709 cases, and incidence of AIDS disease was 277 cases for 2009 year. The HIV/AIDS diseases diminished to 17.2 cases per 100.000 (19.4 cases per 100.000 in 2008).</p> <p>149.676 screening tests related to HIV markers (53% of the total number of investigations all over the country) were made in the first half of the year in diagnostic and reference laboratory, consequently 161 persons have been confirmed to have HIV positive, including 62 persons in the</p>
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	<p>Eastern part of the country. In 2009 there were performed 342.666 screening tests related to HIV markers.</p> <p>Incidence through HIV/AIDS has diminished slowly achieving the number of 17, 2 cases per 100 thousand population (in 2008 – 19,4 cases per 100 thousand population).</p> <p>12 workshops related to the mentioned areas have been organized in the related period of time, 25 UNGAAS indicators have been developed, as well as monitoring indicators related to the results of implementation of the FGSTM grant, round 6 provided with the purpose to implement National Program on HIV/AIDS and STI Prophylaxis and Control for 2006-2010, were developed.</p> <p>The Newsletter on HIV/AIDS situation and the related tasks for the I quarter of 2010 were developed, as well as the related objectives were stated, the mentioned information being placed on the web site.</p> <p>The Draft of National Program on HIV/AIDS and STI Prophylaxis and Control for 2011 – 2015 was developed. With the purpose to evaluate the Global Fund Projects in RM, the mentioned Draft Programme was approached within the National Council of Coordination of National Program on HIV/AIDS/STI and TB in July 2010. The Draft National Program on HIV/AIDS and STI Prophylaxis and Control for 2011 – 2015 was submitted to the related Ministries to be examined and provide their endorsement.</p> <p>During the first quarter of 2010 11 analytical pieces of information on the implementation of the National Program on HIV/AIDS and STI Prophylaxis and Control have been developed for 2006 – 2010 and submitted to the Government of RM, UNAIDS and WHO. The activities of the Centres for volunteer testing from Anenii-Noi, Ștefan-Vodă, Cahul, Vulcănești, Leova, Cimișlia, Comrat, Hîncești. Fălești and the laboratories from Cahul, Căușeni, Leova, Ungheni have been evaluated. Posters, brochures and 2 Guides for the medical personnel and trainers have been developed and published in the context of diminishing stigma, HIV discrimination and confidentiality increase in the health sector: “Diminishing stigmas and HIV discrimination” (for the medical personnel and trainers). 49 prophylaxis projects and programs related to IDUs are in process of being implemented together with NGOs in 20 localities.</p> <p>According to National protocols, the HIV/AIDS infected persons have universal access to Antiretroviral treatment (ARV). Currently, 985 persons are under ARV treatment, including 209 persons from the Eastern part of the country. With the purpose to prevent HIV/AIDS infection from mother to fetus all pregnant women have access to voluntary and confidence testing and requested counselling. The rate of pregnant women tested for HIV accounted for 99, 4% of the total number of pregnant women under observation in 2009. As well, all district hospitals have been provided with 5 thousand rapid HIV tests (anti-HIV1/2).</p> <p>In 2009 the prophylactic treatment was provided to 76 HIV positive pregnant women and their children, as well 2124 polymerase chain reaction investigations and 1681 immunologic investigations have been made.</p>
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In July 2010 it has been developed the Informative Note for the 18- th International Conference with generic: “Aspirations in the way of facing risks: overcoming barriers to have an improved policy in HIV/AIDS for the group of populations with a high risk to be infected with HIV in Eastern Europe, its approach within the community”, that took place on 21.07.2010.

In August 2010, the meeting with the international expert was held within the mission for providing consultancy with the purpose to develop the Concept of case management in medical surveillance and decentralization of ARV treatment.

Currently, the normative acts necessary for the decentralization of the treatment, are in the process of being developed.

During the first 8 months of 2010 the ARV treatment was initiated for 134 patients, including 130 adults and 4 children who are HIV infected.

National program for fighting hepatitis B, C and D in Moldova for the years 2007-2011

The early detection of patients with specific diagnosis of viral hepatitis and their treatment is organized in territorial public health institutions, as a result of implementation of the National Programme for fighting hepatitis B, C and D for the years 2007-2011. As well, the antiviral treatment is organized at the level of Infectious Diseases Hospital "Toma Ciorba" and Clinical Republican Hospital.

Concomitantly, with the vaccination of new born, a larger number of groups of people with high risk of infection - patients from haemodialysis departments, people who came into contact with patients with acute and chronic viral hepatitis, cirrhosis, and medical personnel with high risk of infection were vaccinated against HBV within the specific prophylaxis. Consequently, an approximate number of 98% of children aged 0-17, 96% of medical staff and patients in haemodialysis departments were vaccinated during the years 2007-2010. Currently, most people are vaccinated before they are 22.

With reference to non-specific prophylaxis in the health facility the following activities were implemented: the use of syringes and other disposable medical instruments.

230 medical laboratory assistants were trained in the framework of international project PHH / USAID "Prevention of HIV / AIDS and viral hepatitis" in the following areas: epidemiology, aetiology, diagnosis and prevention of viral hepatitis. Information and communication campaign on the ways of transmission and prevention methods of viral hepatitis with generic: "Behave correctly: Protect your and your relatives' health against viral hepatitis B and C", was organized related to which, 160 round table discussions and courses were held with the people, five TV shows and three radio programs were organised, 2 articles and 39 health bulletins were published.

As well, with the purpose to implement the guidelines for monitoring and control of nosocomial infections, including prevention of viral hepatitis, seminars with the medical staff at all levels of health facilities were held.

As a result of implementing specific and non-specific prevention measures, significant results

		<p>related to morbidity decrease through acute B, C and D hepatitis. Thus, the incidence of acute B hepatitis diminished from 238 cases (6.64 cases per 100 000 population) in 2007 to 123 cases (3.5 cases per 100 000 population) in 2009, constituting a decrease of about 48, 3%, through acute HCV - from 101 cases (2.82 to 100,000) to 68 cases (1.9 cases per 100 000), or a decrease with 32% through acute HVD - from 18 cases (0,7 cases per 100,000) to 13 cases (0.4 cases per 100,000 population), or a decrease with 27.8%, respectively.</p> <p>The trend the incidence of acute viral hepatitis B, C and D to be diminished is maintained during the first half of the current year. At the same time, it has been stated a decrease in the number of chronic bearers of HBsAg in 2007 from 2476 to 1743 cases in 2009.</p> <p>Since the beginning of 2009 and during the first semester of 2010, 131 patients received AV treatment.</p> <p>During the first eight months of 2010 50 patients with viral hepatitis C started the antiviral treatment. On 25 May 2010 the following issue has been approached at the Ministry of Health Collegium: "Morbidity through viral chronic hepatitis and control activities in the context of evaluation of the National Program for fighting hepatitis B, C and D in Moldova for the years 2007-2011.</p>
10. Inclusion of survey results (regarding the level of satisfaction of the patients related to the hospital services and those rendered by the Family Doctors Centres) into the yearly activity report of the MoH.	MoH	<p>Done</p> <p>At the same time with the evaluation of the volume and quality of contracted health services, the interviewing of the insured persons who have been treated in the district, municipal and Republican hospitals has been accomplished. In 2009 - 2960 insured persons were interviewed, including 1769 persons in district and municipal hospitals and 1191 persons in Republican hospitals.</p> <p>The majority of the interviewed persons have assessed positively the volume and quality of delivered services. 82,7% of the interviewed persons in the Republican hospitals remained satisfied with the results of treatment, 17,3% persons – were partially satisfied. 90,3% of the respondents have appreciated the nutrition in the hospital to be satisfactory and 87,9 % have appreciated positively the hygienic conditions. 91,4% of the interviewed persons in the district hospitals have appreciated to be positive the results of the treatment, 92% of the interviewed persons from the district hospitals have appreciated to be positive the nutrition and 85,8 % - the hygienic conditions, 5% of the interviewed persons have mentioned to be well organised the payment for some consultations, investigations and medications.</p> <p>The data related to the results of the survey has been included in the Annual Report of Ministry of Health Activity for 2009 .(www.ms.gov.md)</p>
11. Implementation of the Action Plan and Human Resource Development Strategy	MoH	<p>The process of implementation is delayed</p> <p>During 2009 the Ministry of Health has failed to develop the Human Resource Strategy in health system. After the new Government was established in October 2009, the Ministry of Health submitted to the World Bank the Terms of Reference for the recruitment of the local consultant with the purpose to provide technical assistance in human resource strategy and the related Action Plan development. The World Bank announced the vacant position for the mentioned above consultant.</p>

		<p>Following the contest organized by the World Bank a local consultant has been selected for providing assistance in Human Resource Strategy and the related Action Plan development with the view to implementing them (Contract No. CO/30/IDA dated June 10, 2010). The working group to develop the mentioned strategy was set up based on the Minister of Health Order No. 88 - P § 5 dated June 29, 2010 on "Developing the Draft Human Resource Strategy in health system". At the first meeting of the Working Group (Minutes No.1 dated July 15, 2010) the consultant presented the general report on providing assistance for the Human Resource Strategy and the related Action Plan development and, as well the Report on performed activities for the period June-July 2010, which were approved by the working group. All data regarding the accomplished activities on the mentioned above Strategy are located on the following website of the Ministry of Health: www.ms.gov.md/transparency in decision making/notice related to initiation of preparing decisions/notices on developing human resources strategy in health sector.</p>
<p>12.a. Rehabilitation of primary health care providers infrastructure based on new capacity planning norms with the support of international donors.</p>	<p>MoH</p>	<p>In the process of implementation</p> <p>With reference to sub-component “1.3 Primary Health Care Development “, it is planed the rehabilitation of 65 rural health centres.</p> <p>Significant results have been achieved in the rehabilitation/construction of 15 Health Centres from the rural areas – an activity that has been highly appreciated by the population and the medical personnel from the rural area.</p> <p>After the development of the Feasibility Study on Primary Health Care in accordance with the principles of coordinated prioritization, it was decided to begin the rehabilitation of 35 health centres, one health centre in each district. Later, after the disasters in summer 2008, four health centres were included additionally in the list. Consequently, the current total number of health centres planned to be rehabilitated accounts for 39 – distributed in three lots. Recently, the remaining 34 health centres (Lot 4) were approved to be rehabilitated under the HSSAP, based on Ministry of Health Order No. 492 dated 16.07.2010 "On approving the list of primary healthcare institutions."</p> <p>After the technical evaluation was completed by the designing companies, it has been taken the decision related to the volume of works and in some cases, it has been taken the decision to build a new building for the health centres instead of its reconstruction, due to the fact, that even if the cost of one square metre for the new construction is bigger then for its repairing, the investments are more sustainable. The new standards, approved by the Ministry of Health Order No. 111 dated 17.03.2008 were applied within the designing process both for reconstruction and new constructions.</p> <p>The designing for the health centres related to Lot 2 and 3 has been completed, with the exception of three health centres. The designing of reconstruction and construction works was made by two local designing companies. To save financial resources and speed up the implementation of designing of health centres of Lot 4, proposals to use in future standard designs, that will cost less, adjusting them to the relevant site, have been submitted to the World Bank.</p> <p>Two local consultants in civil works were selected and contracted within the mentioned sub-</p>

		<p>component with the purpose to implement successfully and in the proper terms the specified activities.</p> <p>Currently, the contracts with the construction companies are already signed with the purpose to rehabilitate 16 health centres and the rehabilitation works started in July, current year.</p> <p>After assessing the current situation, it has been found that the estimated amount of 100,000 USA Dollars, initially calculated for the rehabilitation of one health centre is not sufficient. In fact, related to the increase of the construction and material prices, including the volume of works required, it was found out that the cost of works for one health centre varies from 150 000 to 200 000 USD, depending on the size of buildings (depending on the number of physicians).</p> <p>According to the estimated calculations performed additionally, it was found out that the amount of U.S. \$ 5 million, previously planned for this activity is not sufficient to complete all 39 health centres, requiring an additional amount of approximately U.S. \$ 3 million.</p> <p>Consequently, to cover the number of 65 health centres mentioned in PAD, it is required the amount of nine million dollars. The State Chancellery of the Republic of Moldova has already submitted an application letter to the World Bank to examine the opportunity of awarding the mentioned above additional finances.</p>
<p>12.b. Maintaining of the registry for fixed assets and equipment of the public health facilities</p>	<p>MoH</p>	<p>At the institutional level – achieved results, at central level –ongoing process</p> <p>In the framework of the World Bank Health Services and Social Assistance Project, the Top Consult Company, Germany drafted the National Hospital Master Plan, which is currently completed including the list of equipment related to public health institutions subordinated to the Ministry of Health. .</p> <p>The draft Government Decision on approving the Rules, the structure and the number of personnel of Drug Agency and Medical Devices was developed. Consequently, the authority that will be responsible for the management of the medical devices will be established.</p> <p>The electronic Register with medical devices' records - openMEDIS, which has to be implemented in six public health institutions, was developed within Project "Regionalization of Paediatric Emergency and Intensive Care Services" (REPEMOL), with the participation of the Swiss Agency for Development and Cooperation. Based on Ministry of Health Order No. 577 dated August 18, 2010 the pilot Centre for the implementation of the software for recording medical devices was established.</p> <p>In this context, the technical assistance provided by the WHO Regional Office was requested with the purpose to clarify the problems related to the management of medical equipment and devices, as well as with the purpose to provide support for the development of the software for the maintenance of the electronic register related to medical equipment and devices in public health institutions. WHO Regional Office representatives will visit the Republic of Moldova on 26 to 29 September 2010.</p>

Part 2: Public finance management in the health sector

Activities to be implemented in 2010	Responsible actors	Progress recorded for the period 1 November 2009 – 1 September 2010
<p>1.a. Continuous improvement of MTEF for the health sector *</p>	<p>MF, MOH</p>	<p>Ongoing</p> <p>In line with the Action Plan on the Development of Medium Term Expenditure Framework and the draft budget, approved by Government Decision No. 82 dated January 24, 2006, Ministry of Finance has prepared and submitted the Concept of Medium -Term Expenditure Framework (2011-2013) together with the sectoral expenditure ceilings on the mentioned above years to the central public administration authorities.</p> <p>The working group responsible for the development of the Medium Term Expenditure Framework for the years 2011 - 2013 was set up through the MOH Order No.64 dated January 29, 2010 that includes representatives of other sectors, including trade unions, employers and civil society representatives. The Ministry of Health has developed and submitted to the Ministry of Finance the report on the implementation of the Strategic Plan on expenditures for the years 2009-2011, "Health care" sector (letter dated February 12, 2010 No.03/3-32).</p> <p>Public policy proposals in the "health care" sector for the period 2011 - 2013 were developed and presented to the State Chancellery and Ministry of Finance (MOH No.01-8/414 letter dated March 02, 2010) in accordance with the provisions of Decision 20/02/2010 No.64d on "public sector development policy proposals for 2011-2013".</p> <p>MOH prepared and submitted to the Ministry of Finance the Strategic Plan on health care expenses for the years 2011-2013 adjusted to the established expenditure ceilings (letter dated April 09, 2010, No.03/3-62).</p> <p>The Ministry of Health prepared and submitted the budget proposals for 2011 related to the subordinated public health institutions to the Ministry of Finance (letter dated July 16, 2010 No..03/3-120).</p>
<p>1.c. Continuation of training and capacity building within the TA programme, associated with SPSP</p>	<p>MF, MoH</p>	<p>Ongoing</p> <p>12 people from the Ministry of Health, including 4 public servants debutants, participated at the seminar: "Financial management and control in public sector, organized by the Ministry of Finance. The Ministry of Finance has planned up till the end of 2010 trainings for 7 persons of the Ministry of Health in the following areas: budget development, budget classification and states of accounts, the execution of the budget, internal audit and internal control.</p>
<p>2. Update of law governing the budgetary system and</p>	<p>MF</p>	<p>Ongoing</p> <p>With the purpose to improve the public finance management and align it to the international best practice the legislation related to the budgetary system and budgetary process is in the process of being amended.</p>

* Numerele din coloana 1 sînt în corespundere cu numerotația din Matricea Politicii conform Acordului de finanțare Nr. ENPI/2008/019-655

budgetary process		<p>Based on Law No.108-XIII dated December 17, 2009, which have come into effect starting with January 1, 2010 there were made amendments of the Law No.847-XIII dated May 26, 1997 on budgetary system and budgetary process.</p> <p>Subsequently, the current year, the Ministry of Finance made other amendments, which are included in the Draft Law on amending and supplementing some legal acts, resulting from the budgetary and fiscal policy for 2011.</p> <p>As well, the development of a new organic Law on public finances has been initiated in the framework of the Public Finance Management Project, Ministry of Finance.</p>
3. Final evaluation of the process of autonomous contracting	NHIC	<p>Ongoing</p> <p>20 rural Health Centres (HC) were founded by the District Councils, in the first half of 2010, out of which 20 Health Centres have already been contracted by the National Health Insurance Company. The total number of autonomous centres accounts for 47 Health Centres (including 14 HC in Chisinau municipality).</p>
4. Performing the internal audit by the internal audit department of the MoH	MoH	<p>Ongoing</p> <p>Based on Government Decision No. 777 dated November 27, 2009 on approval of Regulation on organization and functioning of the Ministry of Health, the structure and the number of employees of its central office the Internal Audit Service of the Ministry of Health was established.</p> <p>Based on Ministry of Health Order on the „Ministry of Health Internal Audit Service establishment” No.494 dated 15/12/2009, the Internal Audit Chart (Rules) of the Internal Audit Service was approved. After the contest for taking the vacant positions within the Internal Audit Service of the Ministry of Health, the staffs of the mentioned Service were employed on 05.02.2010.</p> <p>Based on the Ministry of Health Order No. 85 dated 08/02/2010 the annual working plan of the Internal Audit Service of the Ministry of Health was approved and the Strategic Plan on Internal Audit was developed. Three advisory missions were carried out as a result of which three information notes were submitted to the Minister of Health. As well, five audits missions were conducted as a consequence of which five audit reports were submitted to the Minister for Health. Four letters (No. 01 - 9/798 dated 21.04.2010, No. 01 - 9/815 dated 23.04.2010, No. 01-9/996 dated 21/05/2010, No. 01 - 9/1228 dated 23.06.2010) on fraud suspicion were submitted to the Centre for Combating Economic Crimes and Corruption.</p>
5. External Independent Audit of NHIC	Court of Accounts	<p>Done</p> <p>Court of Accounts conducted the audit on the Government Report on the implementation of mandatory health insurance funds for 2009 (Decision of the Court of Accounts No. 46 of 25.06.2010; www.ccrm.md, MO 153-154/33 of 24/08/2010).</p> <p>Taking into account the objective of the audit and the responsibility to manage the health mandatory funds, the audit was carried out with reference to the National Health Insurance Company (NHIC), performing a visit to its territorial agency. Depending on the identified risks and taking into account the</p>

		objectives of the audit, at the same time while performing the audit of the mandatory health insurance funds managed by NHIC, three public health institutions 1(Republican Clinical Hospital, Institute of Cardiology and Clinical Hospital for Children "Em. Coțaga" were integrally audited,2 with the submission of opinions on the reported financial statements). As well, there were conducted checks of operations related to the purchase and use of drugs, equipment, food, some aspects of accounting and reporting within 4 public health institutions (National Center for Emergency Medicine, Regional Emergency Nursing Station "Centru", Hospital of Infectious Diseases "T. Ciorbă.". Municipal Hospital "Sfinta Treime") and two Territorial Health Association - "Centru" and "Ciocana" (The results are stated separately in the Report).
6.b. Audit of real value of important medical equipment purchased in years 2008 and 2009 by the MoH, NHIC and subordinated institutions	MoH	Done Based on Order No. 385 dated June 7, 2010 and NHIC Order No.116-A dated 01.07.2010 the following mission on internal audit started "The audit on real value of medical equipment purchased during 2008 and 2009 by MOH and its subordinated institutions". The mission was completed and the relevant report was submitted to the Minister of Health. The Court of Accounts will conduct the audit on the mentioned topic during September-October 2010.
6.c. Expansion of electronic procurement to medical equipment, placement of procurement announcements on website.	MF	Ongoing Currently, the electronic procurements are not implemented by the responsible authorities in the related field. The pilot electronic procurement has to be extended during the implementation stage within the contracted health facilities. With the support of European Union, the Public Procurement Agency is carrying out the technical audit of the AIS "State Public Procurement Register". After receiving the technical audit results, the adequate decision will be taken related to the way of implementing the electronic public procurements in health sector.

¹ **Note:** Reports on audit were approved based on Decision of the Court of Accounts No.27 dated 30.04.2010 (www.ccrm.md; M.O. No.105-106/17).

² **Noeă:** Accomplishment of the audit on financial state of accounts reported in the yearly report on all sources: NHIC, private financial funds, humanitarian aids, grants, provided funds etc.