

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 1 January 2010 – 31 December 2010 period.

Part 1: Health policy and strategy

Activities to be implemented in 2010	Responsible actors	The recorded progress
1. a Update of the human resource development plan	Ministry of Health	<p>In the process of being implemented</p> <p>There is a continuous process of strengthening the human resources in health sector in RM. A number of 62 persons, including 14 public servants debutants, have been trained during the reporting period. The share of trained persons constitutes 85.0% from the total number of employees.</p> <p>14 public servants debutants have attended 47 trainings during the January 2010 - 31 December 2010 period. By the Ministry of Health Orders No.07-p§ 3 of January 21, 2010 and No.107- p§1 of July 29 2010, the professional development plans of the public servants of the Ministry of Health were approved.</p> <p>Likewise, eleven civil servants were trained with the support of DFID Project "Support for Moldova's National Development Strategy" in the following areas: public management, managerial skills, public policy, policy evaluation, financial management and project cycle management.</p> <p>By the MOH order No. P 33 - § 2 dated March 13, 2010 jointly with Transparency International Moldova, four training sessions were scheduled: "Handling conflict of interest in public service, promoting ethical principles and norms/standards - ways to prevent corruption, domestic and international legal framework against corruption, the petitioning system. By 31 December, the first two training courses 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 Central Public Administration Reform at the Academy of Public Administration under the aegis of the President of Moldova.</p> <p>35 civil servants studied English with the support of the "Quo Vadis" European Centre for Languages, and 7 public servants studied French with the support of the French Alliance.</p>

		77 public servants participated in study visits abroad (participating at different courses, meetings, conferences, seminars).
2.a Update as necessary the Strategy for Health System Development for the period 2008-2017	Ministry of Health	There is a need to update the Healthcare System Development Strategy for the years 2008 – 2017. Progress Report for 2009 regarding the development of the action plan for implementing the Healthcare System Development Strategy for the period 2008-2017 was developed, and placed on the website of the Ministry of Health. During the first quarter of the 2011 year, the progress report will be prepared on progress regarding the development of the Action Plan for implementing the Strategy for 2010. In 2011, the assessment of the Strategy for Healthcare System Development Strategy for the period of three years is planned and an update of the Action Plan for implementing the Strategy.
2.b Completion of the study and analysis of results in order to prioritise the health care interventions, especially in primary health care, according to cost-efficiency criteria, and their inclusion in the health policies of the MoH	Ministry of Health	No progress has been made The study will be initiated with the support of external technical assistance in 2011.
2.c Institutionalization of the Pilot National Health Accounts	Ministry of Health	Accomplished 4 Matrices were developed for the Pilot National Health Accounts: “Matrix of funding agents / service providers”, “Matrix of the funding agents/ service providers”; “Matrix of service providers / health service providers”, “Matrix on financing agents / health services”. 300 specialists from 226 medical institutions were trained, including specialists from the Health Centers who have gained autonomy in 2009 and 2010 and 17 specialists from the departmental medical institutions (institutions subordinated to other ministries), responsible for the economic and financial section. The Matrix (Table) for health care providers was developed. The list of institutions providing medical services, subordinated both to the Ministry of Health and to other ministries was defined: the Ministry of Finance, Ministry of

	<p>Justice, Ministry of Defence, Ministry of Internal Affairs, Civil Aviation Administration of the Republic of Moldova etc. Several institutions were added to the list of institutions providing medical services; IDNO - personal identification number, tax code, CAEM - type of activity, CUIÎO – identification number assigned and used in the database of the National Bureau of Statistics the ownership.</p> <p>The Code of the National Health Accounts was assigned to the institutions providing medical services, according to the “Guide to Producing National Health Accounts” (OMS2003). The above mentioned Guide was translated with the support of a professional translation agency.</p> <p>The National Health Accounts (NHA) tables with the financial data for 2008 were collected from 226 medical institutions.</p> <p>The NHA tables with the financial data of the public health care institutions for 2009 were collected from 150 medical institutions.</p> <p>The information regarding the NHA for 2008 and 2009 years was collected from eight health facilities subordinated to other ministries and departments (Civil Aviation Medical Center, Diagnostic-Consultative Centre of the Ministry of Defence, Public Health Centre of RAHC, SPB Constructorul, Medical Department of the Ministry of Internal Affairs of the Republic of Moldova, FDC of RAHC, Central Military Hospital, MoD, RH of RAHC).</p> <p>Based on the Ministry of Health Order No 480 of 12. 07. 2010 regarding “The official trips in the territory for NHA checking/validation,” the technical group within the National Health Management Centre carried out the NHA checking/validation. Consequently, as a result of the NHA validation process, the following actions have been accomplished in the territory: the training of all specialists responsible for the economic and financial sections of the health facilities in the relevant way to complete the NHA matrix, including those specialists who have not participated in the training seminars; validation of the financial data inserted in the matrix on the basis of the reports of the institution; division of the data regarding the medical services, according to the NHA principles.</p> <p>The data on health services expenditures at district and municipal councils level of the republic were requested and received. The relevant data from 32 councils were received (the total number accounting for 37). The data from the following district councils Causeni, Cimislia, Donduşeni, Taraclia, Telenesti is to be collected.</p> <p>The data on health expenditures were requested and received from the Ministry of</p>
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<p>3.a Non-admission of decrease of public expenditure for the health care sector (MDL), adjusted to inflation, from national public budget for 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 National Health Insurance Company</p>	<p>Accomplished</p> <p>In 2009, the government expenditures in the health care sector constituted 3846.8 million MDL, with 455.4 million MDL more than the government expenditures in 2008 (consumer price index for 2009 was 100%). In 2010 4124.5 million MDL have been planned, with an increase of 277.7 million MDL compared to expenditures for 2009 (in 2010, the consumer price index- 106.7%).</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 in 2009, constituting 31.1% of the basic funds for covering current health services costs.</p> <p>Based on provisions of the Law on mandatory health insurance funds No.128-XVIII dated 23.12.2009, with the subsequent amendments, the amount of 1006.5 million MDL was allocated for primary health care in 2010, constituting 30.5% of the basic fund as amended in 2010.</p> <p>The amount covered for the compensated drugs in 2010 constitutes 116, 8 million MDL or with an increase constituting 57,6% compared to the amount covered in 2009 (74,1 million MDL).</p>
<p>3.b Population coverage with</p>	<p>Ministry of Health National Health</p>	<p>Accomplished</p> <p>In the Law on mandatory health insurance funds for 2010 No.128-XVIII dated</p>

<p>mandatory health insurance > 80%</p>	<p>Insurance Company</p>	<p>23/12/2009, with the purpose to increase the number of insured persons covered by the mandatory health insurance system, it is maintained the decreased amount of mandatory health premium, established as a fixed amount, covered within three months starting from entering into force of the mentioned above Law constituting 50% for some categories of payers.</p> <p>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, regardless of whether or not these lands have been leased based on contract.</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 on mandatory health insurance, which stipulated that in case of the 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.</p> <p>The development and approval of Law No.186 of 15 July 2010 on amending and supplementing certain legal acts (Monitorul oficial, No.138-140 (3671-3673) of 06 August 2010), provides state medical insurance status for mothers with four or more children, PhD students, persons who are taking care of a disabled person with a degree I of disability at birth.</p> <p>The measures taken, have made it possible to increase the number of health policies from 25,7 thousand to 33,6 thousand provided up till 30.12.2010 compared with the corresponding period of 2009.</p> <p>The share of population coverage with compulsory health insurance in 2010 reached 80.8%.</p>
<p>3.c Monitoring of volume and quality of health care services rendered 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 continuously monitors the amount and quality of health services rendered by providers within the CHI, based on organization of planned and requested controls.</p> <p>During the months from January to December 2010, 890 inspections were conducted as a result of which the following provisions were adopted on the results of checks in order to eliminate shortcomings and raising the quality of medical services. The results of the actions will be included in the Company's Annual Report for 2010.</p> <p>Through hotlines, websites, applications received in writing, the NHIC and MoH</p>

		<p>receive information about violations of the rights of the insured persons regarding the amount and quality of the rendered health services.</p> <p>In 2010 461 petitions were examined by the NHIC and MoH.</p> <p>The activity was aimed at ensuring accessibility to quality health services to persons, following the volume of health services in health standards and institutional clinical protocols, contractual terms compliance by health care institutions, informing the people about the number of provided health services, displaying the hotline telephone numbers.</p> <p>The persons admitted to hospitals were interviewed within the accomplished controls, the results being reported to health facilities management and Founder (Ministry of Health or local administrative authority). The mix controls with Financial Control and Revision Service of the Ministry of Finance and the Centre for Combating Economic Crimes and Corruption were made.</p>
4.a Increase of number of primary health care providers covered by direct contracting	Ministry of Health	<p>In the process of implementation</p> <p>Based on Ministry of Health Order No. 404 dated 30.10.2007, starting with January 1, 2008, the Ministry of Health initiated the legal delimitation of primary healthcare services from the hospital care and specialized outpatient healthcare.</p> <p>The list of public primary health care facilities was completed, with the adequate amendment to the Nomenclature of public medical institutions of primary health care.</p> <p>21 autonomous Health Centres were established in 2010, including one Private Health Centre.</p> <p>47 Health Care Centres carried out their activities in 2010, compared to 25 Health Care Centres in 2009, being contracted directly by the National Health Insurance Company.</p>
5 Signing the Memorandum of understanding with at least one credible investor (bank), finalizing the conditions of investment into hospital sector	Ministry of Health	<p>In the process of being implemented</p> <p>The Ministry of Health has submitted proposals to amend the legal framework to implement public-private partnership in health, in order to implement projects of Public-Private Partnership (PPP) in Health Sector. All proposed amendments to legislation already entered in force:</p> <ul style="list-style-type: none"> -The Law No 110 of 04 06. 2010 on the amendment of Law 845-XII of 03. 01. 1992 on entrepreneurship and business, in which surgical interventions, imaging and endoscopic investigations, providing specialized oncology services, pregnant women surveillance, etc, were removed from the state monopoly. - The Law No. 117 of 17.07. 2010 on amending and supplementing the Law of Health

		<p>care No. 411-XIII of 28 March 1995, which allows placement of private health institutions within the public health institutions in view of public-private partnership.</p> <p>- The Law No. 181 of 15.07. 2010 to amend and supplement some legislative acts, which amended the Law No.179 of 10.07.2008“The public-private partnership”, was also amended to simplify the procedure for initiating and implementing the PPP.</p> <p>-The Government Decision No.1116 of 06.12. 2010 on private-public partnership for the provision of health services, according to which the first PPP project in the Republican Clinical Hospital was approved, with the objectives, subject to the requirements, and conditions for the project’s implementation being, also approved, including the designation of the Ministry of Health, Ministry of Economy and National Health Insurance Company as responsible, within its powers.</p> <p>-The Government Decision No.1157 of 20. 12. 2010 on the amendment of annex No. 2 of the Government Decision No. 582 of 17 August 1995, in which surgical interventions, imaging and endoscopic investigations, providing specialized oncology services, pregnant women surveillance, etc, were removed from the state monopoly.</p> <p>The Ministry of Health with the International Finance Corporation, part of the World Bank signed at 01.07.2010, a cooperation agreement for the establishment of the first two PPP projects in health care: radiology department of the Republican Clinical Hospital and the radiotherapy department of the National Oncology Institute.</p> <p>Currently, there are no impediments to the initiation and implementation of PPP projects in health. The Ministry of Health in consultation with the Finance Ministry and the Centre for Combating Economic Crimes and Corruption, perform actions under the Agreement.</p> <p>In accordance with the Agreement signed between the Ministry of Health and the International Finance Corporation, a coordinator / consultant on hospital sector in the “Health Services and Social Assistance Project”, the MoH representative was appointed, who supports the PPP development in the Republic of Moldova.</p>
<p>6.a Introduction and implementation of national clinical protocols for 60 (20 of which being additional) frequently encountered diseases</p>	<p>Ministry of Health</p>	<p>Accomplished</p> <p>During 2010, the following were developed and approved by the Ministry of Health Orders: 25 National clinical protocols; 35 standardized clinical protocols for family doctors, 10 standardized clinical protocols in intensive care wards and paediatric intensive care for paediatric doctors, the National Guide on medical triage in multiple casualty incidents and disasters; Quality system standards in the activity performed by the institutions involved in the production of blood products.</p>

		<p>For the implementation in practice of the clinical protocols, nine regional training seminars were held, with 612 doctors trained, and an instructional course in the International Exhibitions Centre MoldEXPO was organized, with 340 doctors trained. The Monitoring of the implementation of the clinical protocols was conducted in two territories and four health care institutions.</p>
<p>6.b Update and enforce 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>National Council for Accreditation and Evaluation in Health (NCAEH)</p>	<p>Accomplished Assessment and accreditation standards are continuously updated in line with the health amendments related to health legal and normative acts. The latest updated evaluation and accreditation of the standards related to all health institutions, including the primary health care facilities, has been accomplished within the NCAEH Presidium meeting dated January 29, 2010 (Protocol No. 1 of January 29, 2010). The basic standards of evaluation and accreditation of primary health care institutions include 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 joint Order of MOH and NHIC No. 144/65-A dated 12.04.2007, "On the endowment of primary health institutions." During the January 2010 – December 2010 period, 27 primary health care facilities were assessed and accredited by PHC: 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, FDC mun. Bălți, FDC Dondușeni with 9 HC, FDC Sîngerei with 8 HC, FDC Ungheni with 16 HC, FDC Cahul with 11 HC, University Clinic of Primary Medical Assistance of the SUMF "N. Testemițanu", TMA Buiucani, TMA Rîșcani, TMA Ciocana, Autonomous HC - Bubuieci, Stăuceni, Budești, Băcioi, Durllești, Sîngera. Colonița; HC autonomous from Mereni, Bulboaca, Biruința, Pânășești, Iargara, one private primary health care: "Bio Med" Health Center LLC (Cahul). Two public primary health care facilities were conditionally accredited by PHC for a six-month period, without a Certificate of Accreditation being granted: Olișcani autonomous HC, Șoldănești district, and Morozeni autonomous HC, Orhei district. Two public primary care institutions have not been accredited: FDC Leova with 4 HC, and Sărăteni autonomous HC, (district Leova).</p>

<p>7.a. Implementation of Primary Healthcare System Development Strategy</p>	<p>Ministry of Health</p>	<p>Accomplished The audit of the Primary Health Care performance was accomplished by the Court of Accounts during 2009 -2010, with the purpose to improve the situation in the Primary Health Care sector and identify the problems that could diminish the efficiency of the mentioned sector. FDCs from Ialoveni, Rezina, Cimișlia, Căușeni, Rîșcani, Drochia districts and Medical Territorial Associations Botanica and Buiucani mun. Chisinau were audited. The audit findings were approached within the Court of Accounts meetings (25.02.2010) and the Ministry of Health Collegium (25.05.2010) with the participation of the leadership of the Ministry of Health, National Health Insurance Company, Family Doctors Association, Primary Health care facilities. 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). The Curriculum on medical education of the family doctors and family medical assistances was developed and is, currently being implemented by SUMF „Nicolae Testemițanu” and National Medical and Pharmacy College. 52 persons (trainers) were trained with the purpose to strengthen the knowledge and competences of medical personnel in primary health care area, as well as 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. 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, health promotion, treatment and surveillance of health status of the individual person and his family. With a view to improving the management, optimizing and making more efficient the operation of primary health care facilities, improving the quality of primary health care services rendered on the principle of family medicine and improving population</p>
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		<p>health indicators, the Ministry of Health has approved Order No.695 dated on 13.10.2010 “The Primary Health Care in Republic of Moldova”.</p> <p>Based on the mentioned order, the following documents were approved: the regulation rules of the Primary Health Care in the Republic of Moldova, the Professiogramme of the family doctor, the Professiogramme of the medical family doctors’ assistant, Norms of personal (staff) for primary health care facilities.</p> <p>At the meeting of the Ministry of Health Collegium dated 02 November 2010 the issue related to the performance of health facilities under autonomy conditions, as well as the level of collaboration of primary healthcare facilities with hospitals and the role of local public administration in the development of primary care were considered. Consequently, the presented note of the information was registered and the Health Ministry's Order on the implementation of the College Decision was approved.</p> <p>The Ministry of Health approved the Order No.693 dated on 13 10. 2010 “On Approval of the Nomenclature of public health institutions”, with the purpose to have a rational organization of primary health care institutions, specialised outpatient care, emergency and extra-hospital care.</p> <p>The Regulation on registration of the population in the relevant health facilities that provides primary health care under the compulsory health insurance has been approved with the purpose to improve the mechanism for choosing the family doctor (Joint Order of the Ministry of Health and National Health Insurance Company No.. 627/163-A of 09. 09. 2010).</p>
<p>7.b Implementation of normative acts adopted by the Parliament aimed to support the family physicians working in socially and economically disadvantaged regions</p>	<p>Ministry of Health</p>	<p>In process of being implemented</p> <p>The Ministry of Health continues to implement the mechanism of providing benefits to young specialists employed in rural areas. An amount accounting for 7.660 thousand MDL was allocated based on which 262 physicians and 757 healthcare employees with secondary education benefited by the mentioned amount in 2010.</p>
<p>8.a. Increase of number of patients, screened for cardiovascular risk factors (arterial hypertension,</p>	<p>Ministry of Health, National Health Insurance Company</p>	<p>In the process of being implemented</p> <p>The following progress has been achieved within the Project “Organization and screening to identify risk factors causing cardiovascular diseases (hypertension, high cholesterol level, high body mass index)”:</p> <p>With the purpose of preliminary to evaluation screening, within the PMSI FDC,</p>

<p>increased cholesterol and glucose levels, high BMI) and promotion by the health care system of healthy lifestyles through advocacy of exclusion of risk factors, especially fatty diet, alcohol abuse, insufficient physical activity, etc.</p>	<p>family doctors were trained in all districts with a view to improving the cardiovascular risk assessment capacities, and changing the lifestyle. The objectives and aims of screening program and applied methodology were presented.</p> <p>The screening covered a total number of 24 000 persons over 40 without a known cardiovascular disease or definite diagnosis of diabetes mellitus, with reference to which the family doctors have rendered the following services:</p> <ul style="list-style-type: none"> - entering the identification data, - clinical examination of persons, - the identification and investigation of cumulative risk and risk factors based on Heart Score program, - developing the individual assessment form of persons, - persons assessed in the reconciliation program by the category of cardiovascular risk, - recommendation, where appropriate, further investigations (clinical or laboratory) according to individual risk established under the project, - early detection of cardiovascular diseases and their complications, - drawing up an individual plan of supervision of each person, depending on the category of cardiovascular risk. <p>With the purpose to enhance knowledge in the detection and control of cardiovascular risk factors, the following materials were developed: information leaflet for patients - to combat cardiovascular risk factors and such brochure for family doctors as “Healthy diet”, “Physical activity and health”; “Treatment of tobacco use and addiction”; “The implications of alcohol consumption”, “Hypertension”; “Healthy Food - Healthy Heart”; “Move for Health”.</p> <p>The following have been achieved within the Project “Primary prevention of cancer and cardiovascular diseases by reducing the risk of disease, the population information on risk factors”, triggering a cardiovascular or malignant process in the body by identifying and training a group of a socially active group of persons in sharing the information on combating and minimizing these factors”.</p> <ul style="list-style-type: none"> -selection, training and instruction for information purpose of a group of lecturers (10 members), - the organization of 303 courses in all the districts of the Republic, including some regions of Transnistria - develop a high impact banner stating the covered activities to be placed on the
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	<p>first six months of 2010, accounted for 53.2% out of the total number planned for 2010, the serum cholesterol level was measured accounting for 27.5% per annum out of the total number planned, the determination of glucose was measured for 33.1% of the total number of persons planned for 2010. In the second half of the mentioned year, the frequency of the population covered by screening was maintained, however, the exact number of persons will be available at the end of tr. I, 2011.</p> <p>With the purpose to organize the information activities, public information on World Tobacco Day - May 31, 2010; the World Day to Combat Drugs - June 26, 2010, the Order of the Ministry of Health No.338 dated on 20. 05. 2010 was developed, the basic Action Plan and methodological information material was developed: "Smoking and drug abuse - problems of global health". In this context. the authorities have developed local notes on tobacco and drugs and preventive measures.</p> <p>There were organized 91 seminars in the country for different categories of health workers, there were developed 60 methodological information materials, 26 TV broadcasts were put on, 57 radio programs were broadcasted, 46 materials were published in the media.</p> <p>As well, 1504 lectures were held and 17,121 individual and group speeches were delivered, 56 thematic evenings and Q and A sessions were organized; 508 health newsletters, Q and A panels were developed, sanitary groups were developed.</p> <p>As well, various activities were organized in the PMSI Narcology Republican Dispensary, including advice and consultations for patients, distribution of information materials on issues of tobacco prevention and addiction, roundtable with parents and children.</p> <p>The World Heart Day was organized on 26. 09. 2010 (order MoH No. 628 of 10. 09. 2010), within this event different activities on healthy lifestyle have been organized with the purpose to exclude the risk factors, particularly high-fat diets, tobacco use, alcohol abuse, insufficient physical activity, etc.</p> <p>116 seminars were organized for different categories of health workers, 57 informative methodological materials were developed, 24 broadcasts were on air (TV), 1077 broadcasts were on air (Radio), 64 articles were published.</p> <p>As well, 4115 lectures and 75,160 individual and roundtable discussions were held, 108 events on special topics and Q and A panels were organized, 851 health newsletters were developed, Q and A panels were organised, Sanitary groups were established, etc.</p>
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8.b. Implementation of tobacco control plan	Ministry of Health	<p>In process of being implemented</p> <p>Based on consultation with the experts from the World Health Organization, jointly with the Ministry of Health the Draft National Plan on Tobacco Control was developed, to be completed in the first quarter of 2011. After its completion, it will be submitted for approval to the relevant authorities and RM Government.</p> <p>The Ministry of Health, taking into consideration the advantages of visual impact of the warnings on smoking damage aims to amend and supplement the Article 11 of Law No. 278 dated 14. 12. 2007 on tobacco and tobacco products. The Ministry of Internal Affairs has initiated negotiations on the protocol on illicit trade of tobacco products.</p> <p>The webpage: www. antiviciu.md and a banner with activities on special topics have been developed within the Project "Fighting, smoking cessation and alcohol abuse, in order to promote knowledge about the destructive consequences of these vices".</p> <p>The public reports, video and audio spots were produced and placed on two TV stations and three radio stations, 80,000 copies of leaflets, advertising, informative articles, two periodicals, in 10,000 copies were developed and distributed.</p> <p>In 2010 the share of excise for tobacco products has increased three times. Taking into account the mentioned increase the price in detail has increased for the tobacco products.</p>
9. Continuous implementation of the TB, HIV/AIDS and viral	Ministry of Health	<p>In process of being implemented</p> <p>During the reporting period the activities stipulated in the National Tuberculosis Control and Prevention Programme for the years 2006 – 2010 (NTCPP) were conducted. According to statistics data, generated by the TB information system SIME</p>

<p>hepatitis prevention programmes</p>		<p>on 24 December 2010, during 2010, 4313 new cases and relapses of tuberculosis were registered, or as well, 110.3 per 100,000 population compared with 4744 cases, or 116.0 per 100 thousand recorded in 2009, which also denotes a 4.9% decrease of the overall incidence.</p> <p>At the same time, it is worth mentioning that about 2.46% of new cases were diagnosed post-mortem 2010 (90 out of 3659 new cases). 854 tuberculosis relapses were registered in 2010, 86 cases less than the recurrent cases registered in 2009.</p> <p>The provision with anti-TB products for the treatment of TB sensitive cases, as well as for TB drug resistant cases. The WHO recommended TB control Strategies - DOTS and DOTS Plus are applied in all over the Republic of Moldova. However, the success rate accounts for 57.8% in 2008, and for 53.1 in 2009, being unsatisfactory compared to 85%, registered by NTCPP (2006-2010).</p> <p>The treatment dropout rate among new pulmonary cases with positive microscopy constitutes 11.5%. The MDR TB rate accounted for 42.97% in 2008, for 42.35% in 2009, and for 44.27% in 2010 out of the total number of patients. The rate of MDR TB among new patients accounted for 24.75% in 2008, 22.07% in 2009, and 26.03% in 2010.</p> <p>The number of TB multidrug-resistant cases presents an increasing concern in recent years, which accounts for 42.97% of the total number of patients, and among new cases this ratio constitutes 21.93%. The treatment with second line drugs is available for all cases of resistant tuberculosis.</p> <p>During 2010, 2150 clinical cases were approached at the meetings of the Recruitment Committee for DOTS Plus treatment - with the aim of including or excluding, as well as monitoring the patients from the total number of cases that are benefiting by the treatment.</p> <p>553 patients with multidrug tuberculosis started the treatment. Currently, 1056 patients are under treatment, out of them 350 patients are registered with the hospital.</p> <p>The support to patients continues to be provided based on joint order of Ministry of Health of RM and NHIC No. 437/29 of 20. 11. 2007/210-A/13. 12. 07 “The organization of treatment of patients with tuberculosis, new and readmitted cases, non-bacterial in the ambulatory conditions”. However, due to the fact that about 65% of patients with tuberculosis do not have medical insurance, only a small number of patients may benefit from this support. The patients included in the DOTS Plus treatment both in the civil sector, as well as those imprisoned benefit by the support of</p>
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	<p>Global Fund, with the support of NGO “Carlux “.</p> <p>During 2010, all persons under treatment in the DOTS Plus Project, 790 patients in the civil sector and 87 imprisoned patients have benefited by food vouchers.</p> <p>Despite the social support provided, the dropout rate among patients enrolled in DOTS Plus Project constitutes 29.5%, and the treatment success constitutes 52.4% of the total number that started the treatment in 2007. In this context, in order to ensure the conscious access of patients to the treatment, the new National Tuberculosis Control Programme for the years 2011-2015, activities related to community involvement and actions to provide incentives are foreseen for the patients among vulnerable social groups. The Migration continues to be one of the problems that stems the TB epidemiological situation. Consequently, in 2010 approximately 15.5% of new registered cases were outside the country for more than three months out of the twelve. This indicator has remained unchanged for the last years. In this context, in the second half of 2010 year, the Ministry of Health of the Republic of Moldova and the International Organization for Migration has organised a communication campaign on health risks occurring with migration under the generic: “Be healthy, wherever you are!” The campaign included several themes, focusing on health risks associated with migration: HIV/AIDS and sexually transmitted diseases, tuberculosis, reproductive health.</p> <p>In August 2010 the Report on the implementation of the National Program on TB Control and Prophylaxis for 2006 – 2010 was approached 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, and subsequently approved by the Government Decision No. 1171 dated 21. 12. 2010. The TB mortality rate calculated using the population indicator of 100 thousand people in the Republic of Moldova accounted for 17.4 in 2008, 18.0 in 2009, 17.8 in 2010.</p> <p>Indicators of the Objectives of Development for the Millennium aim to diminish the TB spreading and to further implement the TB diminishing process and to reduce the mortality rate associated with TB from 16.0. to 15.0 in 2010, and to 10 in 2015.</p> <p>During 2010, in line with the Order of MoH No. 273 dated 26.04.2010 “On the establishment of the working group on human rights in public health”, the expertise of laws and regulations was initiated, including the tuberculosis and HIV / AIDS area.</p> <p>On October 15, 2009, the official delegation of MoH participated at the High Level Meeting with generic “Berlin Declaration on Tuberculosis: continuation of the High</p>
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	<p>Level Dialogue of the States of the European Region of World Health Organization with a top priority on TB Control”.</p> <p>With the purpose to develop the human resource capacity in the referred period, the thematic trainings were held for pneumonologists, staff working in laboratories and family doctors, the collaborative activities of co-infection TB/HIV, the tuberculosis microscopic diagnosis, the management of outpatients and inpatients with tuberculosis and MDR TB in ambulatory and hospitals.</p> <p>With the purpose to strengthen the program central unit, the training course “The planning and managing of projects in health, medicine management”; “The management of TB drugs in the DOTS and DOTS PLUS Strategies” was organized.</p> <p>During the period 28 April – 5 June 2010 the first stage of communication campaign with generic: ”It is in your power: TB can be treated” was implemented by the NGO “Carlux” in partnership with the Medical Department of Penitentiary Institutions within the Penitentiary system.</p> <p>Based on MoH Order No.128 dated on May 11, 2009 year; ”On the distribution of the information device for SIME HIV National Program for Prevention and Control of HIV / AIDS and STD for 2006-2010”, 150 computers and printers were distributed, out of which 43 computers were distributed in the Public Health Centres, including the left side of the Dniester, 107 computers were distributed to the district hospitals, the municipality's Territorial Medical Associations from Chisinau, the Republican Dermato-venerology Dispensary, the Medical Department of Penitentiary Institutions, Institute of Phtisiopneumology “Chiril Draganiuc”; the municipal Dermato-venerology Dispensary from Tiraspol and the Center of Hygiene and Epidemiology from Tiraspol.</p> <p>According to the Ministry of Health Disposition No. 167 D dated 19. 04. 2010 “On the organization of training courses for staff involved in data processing for HIV / AIDS monitoring and evaluation system”, the list of epidemiologists from the Public Health Centers and the Centers of Hygiene and Epidemiology's from the Eastern territories of Republic of Moldova was approved. The Seminars were conducted in the following periods: 31.05 - 01.06; 02.06 - 03.06; 07 - 08.06; 09.06 - 10.06 in 2010.</p> <p>Based on the Ministry of Health Disposition No. 554-d dated 08. 11. 2010 “On the training courses for staff involved in data processing for monitoring and evaluation systems of TB, HIV/AIDS and STD in the Republic of Moldova”, the list of epidemiologists in the regional, municipal and Republican institutions, responsible for</p>
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	<p>data input in HIV SIME was approved. The training courses were conducted in the period November 22. 2010 - December 1, 2010.</p> <p>Currently, the information system of epidemiological surveillance of infectious diseases consists of several subsystems. The SIME TB comprises 50 institutions: 48 local institutions (Chisinau municipality is quantified as an institution, including five MTA and Municipal Tuberculosis Hospital) and two National institutes (the Phtisiopneumology Hospital “Chiril Draganiuc” and Phtisiopneumology Hospital “Vorniceni”). The SIME STD comprises 44 institutions: 43 institutions at district level and a National level institution RDVD.</p> <p>The SIME HIV comprises 83 institutions: 41 public health centers including those from the left side of Dniester, 41 district and municipal level centers, including the left side of Dniester river (Chisinau municipality is considered to be a Center for monitoring and evaluation of HIV that includes AMT and the hospital for infectious diseases “T. Ciorbă”) and one National institution (AIDS Center).</p> <p>The activities for the implementation of the National Programme on Prevention and Control of HIV/AIDS and STD for 2006-2010 were approached at three meetings of the National Coordination Council of the National Programme on Prevention and Control of HIV / AIDS / STD and TB control and within the Collegium of the Ministry of Health on 25 May, 2010.</p> <p>During the period 25 September 2009 – 31 December 2010 with the purpose to strengthen the legal 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 the principle of three parties continue to be implemented. “HIV/AIDS Centre” - the National Centre for prevention and control of HIV/AIDS as a unique structure for monitoring and evaluation of the Program activities was established in May 2010 within the National Centre of Public Health.</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</p>
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	<p>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 STD" circulated along Chisinau roads with the purpose to inform people on HIV and STD prevention during the period December 14, 2009 - January 14, 2010. The Ministry of Health in partnership with AIDS 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 topic have been performed on December 1, 2009 and on December 1, 2010 related to the International Day to fight AIDS: "Universal Access and Human Rights".</p> <p>During the reporting period, with reference to HIV/AIDS prevention, the medical personnel held 365 seminars, 7612 lectures and 137 thousand discussions, as well as they participated to 850 radio and 110 TV broadcasts, and prepared 95 media publications and 134 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 total incidence of HIV infection constituted 795 cases for all ages or 19.34 per 100 thousand people in 2008, in 2009 704 cases or 17.12, and in 2010 704 cases or 17.12 cases per 100 thousand people(data includes the territory of Transnistria).</p> <p>The incidence of HIV infection for 15-24 years old people, constituted 129 cases or 16.08 per 100 thousand people in 2008, 266 cases or 19.58 per 100 thousand people in 2009, 158 cases or 21.01 per 100 thousand people in 2010 (data includes Transnistria).</p> <p>The total incidence of AIDS infection constituted 82 cases in 2008 for all ages (data includes the territory of Transnistria) or 1.96 per 100 thousand people, 227 cases or 6.63 in 2009, and 220 cases or 6.94 cases per 100 thousand people in 2010.</p> <p>The incidence of AIDS infection for 15-24 years old people, constituted 1 case or 0.13 per 100 thousand people in 2008, 20 cases or 2.66 per 100 thousand people in 2009, 16 cases or 2.13 per 100 thousand people in 2010 (data includes Transnistria).</p> <p>372.686 screening tests related to HIV markers (53% of the total number of</p>
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	<p>investigations all over the country) were made in 2010 in diagnostic and reference laboratory, consequently 704 persons have been confirmed to have HIV positive , including 247 persons in the Eastern part of the country.</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 implementation results of the FGSTM grant, round 6 provided with the purpose to implement National Program on HIV/AIDS and STD 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 National Program for Prevention and Control of HIV/AIDS and sexually transmitted diseases for the years 2011-2015 has approved by Government Decision no. 1143 dated on 16. 12. 2010.</p> <p>Indicators of the Objectives for Development of the Millenium: to maintain the HIV/AIDS infection rate indicators for 2015, to reduce the incidence of HIV/AIDS infection (data calculated per 100 thousand people) from 10 people in 2006 to 9.6 in 2010, and to 8 for 2015, and to reduce the incidence of HIV/AIDS incidence (data calculated per 100 thousand people) from 13.3 in 2006, to 11.2 in 2010, and to 11 for 2015, for people with ages 15-24. In the process of being accomplished.</p> <p>The activities of the Centres for volunteer testing from Anenii-Noi, Ștefan-Vodă, Cahul, Vulcăncști, Leova, Cimișlia, Comrat, Hîncești. Fălești and the laboratories from Cahul, Căușeni, Leova, Ungheni have been evaluated.</p> <p>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, 1219 persons are under ARV treatment, including 306 persons from the Eastern part of the country.</p> <p>In 2009 the prophylactic treatment was provided to 124 HIV positive pregnant women and 120 HIV positive children.</p>
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	<p>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.</p> <p>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.</p> <p>37 organizations for the people with HIV/AIDS and 2 organizations for TB patients are involved in rendering health services. In 2010 20 projects were / are in the process of being implemented: 5 on HIV / AIDS and STD among IDUs (the activities in the 20 places: Chisinau, Balti, Ungheni, Falesti, Glodeni, Orhei, Rezina, Șoldănești, Causeni, Soroca, Floresti, Drochia, Dondușeni, Rîșcani, Edinet, Otaci, Ocnita, Briceni including Tiraspol, Slobozia); 1 Project in the HIV/AIDS and STD infection prevention among detainees from 8 penitentiaries and extend activities related to disposable syringes use at the penitentiary No.1 from Taraclia, 3 Projects on Substitution Therapy with Methadone (including 1 at Republican Narcology Dispansery, 1 at Bălți Municipal Clinic Hospital and 1 project in the seven penitentiaries: Pruncul, Cricova, Soroca, Rusca, Brănești, Bălți and Chișinău; 1 Project in the HIV/AIDS and STD infection prevention among migrants; 1 Project in the HIV/AIDS and STD infection prevention among the long distance drivers, 3 Projects in HIV/AIDS and STD infection among sex workers, 1 Project in HIV/AIDS and STD infection prevention among the LGBT Community, 1 Project- Ensuring sustainability of the Harm Reduction Program funding through the initiation of the National budgetary resources; 1 project - Advocacy for HIV prevention among drug users (methadone substitution therapy) on the left side of Dniester river; 1 project - Improving access prisoners in Transnistrian region to CDI HIV prevention activities, 1 project for increase access of IDUs to rehabilitation services and psychosocial support within the Center of rehabilitation, 1 publishing contract for risk reduction standards.</p> <p>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</p>
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	<p>years 2007-2011. As well, the antiviral treatment is organized at the level of Infectious Diseases Hospital "Toma Ciorba" and Clinical Republican Hospital. The examination of persons with high risk of infection: health care, biologic fluids and organ donors, pregnant women etc. is continuously performed.</p> <p>Concomitantly, with the vaccination of new borns, 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, students and residents, were vaccinated against HBV within the specific prophylaxis.</p> <p>The testing procedure is applied to donated blood markers of hemotransmissible infections, including HIV, hepatitis B and C and syphilis, the method is used to identify DNA polymerase chain reaction HVB, HCV and HIV RNA in the country, in accordance with World Health Organization recommendations and European Directives, to strengthen the research methods of blood donated to the presence of markers of hemotransmissible infections.</p> <p>The antiviral treatment is organized at the level of Infectious Diseases Hospital "Toma Ciorba" and Clinical Republican Hospital. Currently, 153 patients received AV treatment. The treatment of patients with viral hepatitis B, C and D is organized in departments of infectious diseases, gastrointestinal diseases in the district's PMSI. In 2009, 93 people initiated the antiviral treatment, and in 2008, 101 people initiated the antiviral treatment.</p> <p>The dispensarisation of the patients with acute and chronic viral hepatitis B C and D virus carriers, are made at the place of residence by family doctors and at the district and municipal levels by epidemiologists in accordance with the National Clinical Protocols.</p> <p>The endowment of the health facilities with disposable instruments was improved. The purpose of prevention of nosocomial transmission of viral hepatitis infections, periodically, the sanitary and anti-epidemic system was evaluated to be in compliance in the medical institutions.</p> <p>The Level of infection with hepatitis B and C viruses has been studied for the pregnant women in different regions of Moldova, the immune status in women of childbearing age after three years of vaccination against HBV, the immunological efficacy against HBV after vaccination with concomitant administration of the preparation "Pacovirin" among immuno-compromised persons was studied.</p>
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		<p>2523 investigations were carried out at different markers of viral hepatitis B and C. The scientific project “Contributions for the treatment and prophylaxis of viral hepatitis, liver cirrhosis in children by using local drug ”Pacovirin “ is conducted in general virology science laboratory. During 2010, the guidelines were implemented in practice: the guide of “Surveillance and control of nosocomial infections”, the first edition of “Surveillance and control of nosocomial infection”; Edition II of “Quality management in medical laboratories” the diagnostic and methodical instructions “The Laboratory diagnosis of viral B, C and D hepatitis “.</p> <p>The preparation of instructions for reducing viral hepatitis morbidity in the country was initiated.</p> <p>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> <p>For viral hepatitis, there are no aims of the Objectives for Development of the Millennium because the mentioned indicators will be monitored jointly with the indicators of other diseases.</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.	Ministry of Health	<p>Accomplished</p> <p>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 hospital food 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 as positive the results of the treatment, 92% of the interviewed persons from the district hospitals have appreciated as positive the hospital food and 85,8 % - the hygienic conditions, 5% of the interviewed persons have mentioned to be well organised the payment for some consultations, investigations and drugs.</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	Ministry of Health	<p>In the process of being implemented with delay</p> <p>Following the contest organized by the World Bank, a local consultant has been</p>

<p>Action Plan and Human Resource Development Strategy</p>		<p>selected for providing technical 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". During 2010 year, there were five working group meetings where the consultant has submitted reports, approved the contract, in accordance with the plan of activities. 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 / notice 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>Ministry of Health (The WB Health Services and Social Assistance Project)</p>	<p>In the process of implementation With reference to sub-component “1.3 Primary Health Care Development “of the Project “Health Services and Social Assistance” (SSAS), it is planed the rehabilitation of 65 rural health centres to be performed. The first lot of 15 Health Centers in rural areas have been rehabilitated and started to operate during the 2009-2010. The design of 2 and 3 Lots was completed as well, which includes a total number of 23 Health Centers. The designing of the reconstruction works and as well the related building was performed by two local companies. The World Bank “Health Services and Social Assistance Project”, the 24 Health Centers were under construction / reconstruction at the end of 2010. Currently, 18 HC are under construction / reconstruction. The construction/reconstruction works for 5 Health Centre were completed. The financial resources accounting for 17.318.203,49 MDL were used for construction / reconstruction. With the purpose to save the financial resources and speed up the implementation of designing of health centres of Lot 4, proposals to use in future template designs, that will cost less have been submitted to the World Bank, adjusting them accordingly, to the relevant site. An additional local consultant-engineer in civil works was selected and contracted within the “Health Services and Social Assistance Project” with the purpose to successfully implement the above-mentioned activities. After assessing the current situation, it has been stated that the estimated amount of 100,000 USA Dollars, initially calculated for the rehabilitation of one health centre is</p>

		<p>not sufficient. It has been ascertained, that the costs for the rehabilitation of 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 38 health centres, an additional amount of approximately U.S. \$ 3 million being necessary.</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>Ministry of Health</p>	<p>At the institutional level – accomplished results, at central level –in the process of being implemented</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 the endowment of 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 application for collecting and monitoring data on medical devices record information system “OpenMEDIS electronic register of medical devices” is in the process of being implemented in six pilot institutions (The Ministry of Health Order No. 661 dated 27.09.10 “On medical device management implementation Moldovan-Swiss projects REPEMOL and PERINAT).</p> <p>In the first two months of 2011, its functionality will be assessed, then it will be extended to all medical service of regionalized prenatal and paediatric institutions.</p> <p>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. Three modules of the electronic application were developed and are in the process of being tested.</p> <p>Following the visit of the WHO Regional Office representative, in the period of 26-29 September 2010, the technical assistance provided by the WHO Regional Office was</p>

		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.
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Part 2: Public finance management in the health sector

Activities to be implemented in 2010	Responsible actors	The recorded progress
1.a Continuous improvement of MTEF for the health sector *	Ministry of Finance, Ministry of Health	<p>Accomplished</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 of January 24, 2006, Ministry of Finance has developed and submitted the Concept of Medium - Term Expenditure Framework (2011-2013) together with the sectoral expenditure ceilings on the above mentioned years to the central public administration authorities.</p> <p>The Ministry of Health developed and submitted to the Ministry of Finance the Implementation Report on Strategic plan on expenditures for 2009 – 2011 in “Health care” sector (Letter No. 03/3-32 of 12.02.2010), and as well, the Implementation Report on Strategic plan on expenditures for 20011 – 2013 in “Health care” sector adjusted to the established expenditure ceilings (Letter No. 03/3-62 of 09.04.2010).</p> <p>The working group responsible for the development of the Medium Term Expenditure Framework for the years 2011 - 2013 was established based on MOH Order No.64 dated January 29, 2010 that comprises representatives of other sectors, including trade unions, employers and civil society representatives.</p> <p>Public policy proposals for 2011 - 2013 in health care sector were developed and submitted to the State Chancellery and Ministry of Finance (MOH Letter No.01-8/414 dated March 02, 2010) in accordance with the provisions of Decision 20/02/2010 no.64d on development of policy proposals in public sector for 2011-2013.</p> <p>At the same time, the Ministry of Health has developed the expenditure strategy in Health Care sector, in accordance with the MTBF 2011-2013 concept. The general</p>

* The numbers of column 1 are in accordance with the Policy Matrix numbering in line with the Financing Agreement No. ENPI/2008/019-655

		<p>program “Public health and medical services”, which includes five subprograms: I. Policy development and management in the health care system; II. Priority public health interventions, III. Individual health services, IV. Development of health system resources; V. Special Medical Programs, elucidates the mentioned sector.</p> <p>The listed programs are covered by resources from the budgets of all levels: state budget, the budget of the administrative-territorial units, the compulsory health insurance funds, including donors support.</p>
<p>1.c Continuous training and capacity building within the TA programme, associated with SPSP.</p>	<p>Ministry of Finance, Ministry of Health</p>	<p>In the process of being implemented</p> <p>In the period under evaluation, the health sector has benefited from assistance from the DFID project “Support to implementation of the NDS”, with the purpose to strengthen the institutional capacity for strategic planning at the sector level, ensure that medium-term sectoral strategy to become a budget planning tool and provide comprehensive information about policy priorities and allotted fund resources.</p> <p>The Ministry of Health delegated 19 public servants including 5 public servants debutants to participate at the following seminar: "Financial management and public sector control, organized by the Ministry of Finance.</p> <p>The Ministry of Finance has developed the draft of the single methodology on budget development, which includes the methodology for developing of MTBF adjusted to best practices.</p> <p>This single methodology is a comprehensive, including all levels of budgets and all relevant budget planning procedures to be approved in the first quarter of 2011.</p> <p>As well, the training module in budget development and budget classification was launched, which included the government staff, including the Ministry of Health personnel involved in the budget planning.</p>
<p>2 Update of the law governing the budgetary system and budgetary process</p>	<p>Ministry of Finance</p>	<p>In the process of being implemented</p> <p>The adjustment of budget system and related process legislation with a view to supporting the reforms in public finance management has been made based on amendments included in the current organic law.</p> <p>In 2009 the last amendment was made based on Law No. 108-XVI of 17 December 2009 with the view to amend and supplement some legal acts, with the purpose to put it into effect starting with 2010.</p> <p>At the same time, the Ministry of Finance is working on the draft of the new Law on Public finances, coordination of which shall unfold in 2011.</p>

<p>3 Final evaluation of the process of autonomous contracting</p>	<p>National Health Insurance Company</p>	<p>In the process of being implemented 21 rural Health Centres (HC) were founded by the District Councils, in 2010, which have already been contracted by the National Health Insurance Company. Currently, the total number of autonomous centres accounts for 47 autonomous Health Centres (including 14 HC in Chisinau municipality).</p>
<p>4 Performing the internal audit by the Internal Audit Unit of the MoH</p>	<p>Ministry of Health</p>	<p>In the process of being implemented 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 Unit of the Ministry of Health was established. Based on Ministry of Health Order on the Ministry of Health Internal Audit Unit establishment" no.494 dated 15.12.2009, the Internal Audit Chart (Regulation) of the Internal Audit Unit was approved. After the contest for taking the vacant positions within the Internal Audit Unit of the Ministry of Health, the personnel of the above mentioned Unit was employed on 05.02.2010. Based on the Ministry of Health order no. 85 dated 08/02/2010 the annual working plan of the Internal Audit Unit 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 audit 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>
<p>5 External Independent Audit of NHIC</p>	<p>Court of Accounts</p>	<p>In the process of being implemented 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). Taking into account the objective of the audit and the responsibility to manage the health mandatory funds, the audit was carried out within the National Health Insurance Company (NHIC), performing a visit to its territorial agency. Depending on the identified risks and taking into account the objectives of the audit, at the same time while performing the audit of the mandatory health insurance funds, managed by NHIC, three</p>

		<p>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 Centre 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).</p> <p>In the period from September to December 2010, the Court of Accounts conducted a performance audit on the acquisition of medical equipment in 2008-2009 by the Ministry of Health and the subordinated institutions.</p> <p>On December 29, 2010, the meeting was held to conclude the mission of audit, in which the representatives of the Court of Auditors and other experts discussed with the MoH leadership and other specialists of MoH the related audit results, enabling them to share their opinions on the draft submitted.</p> <p>The final report of the mentioned audit is in the process of being developed, which is expected to be considered soon by the plenary session of the Court of Accounts.</p>
6.b Audit of real value of important medical equipment purchased in 2008 and 2009 by the MoH, NHIC and subordinated institutions	Ministry of Health National Health Insurance Company	<p>Accomplished</p> <p>Based on order no. 385 dated June 7, 2010 and NHIC order no.116-A dated 01.07.2010 the following joint 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.</p>
6.c Expansion of electronic procurement to medical equipment, placement of procurement announcements on website	Ministry of Finance Ministry of Health	<p>In the process of being implemented</p> <p>Currently, the electronic procurements are not implemented by the responsible authorities in the related field, due to lack of financial resources.</p> <p>The Moldova Electronics Program, part of which is e-procurement, was not funded due to the current crisis.</p> <p>Given the fact, that the decision for e-Governance to take place according to e-cloud</p>

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 **Note:** 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.

		<p>mechanism was made, the several investigations were conducted for the identification of the possibility to use the existing system as part of e-cloud, or vice versa - this mechanism shall be cancelled and a new one shall be created.</p> <p>After the accomplishment of the technical audit, it has been stated that it is compatible with the e-cloud concept, however it needs a few amendments.</p> <p>Currently, the efforts are being made to identify the necessary financial resources to further develop this system, for piloting expansion in this area, with gradual use only of electronic procedures for some procured objects.</p> <p>The pilot electronic procurement has to be extended during the implementation stage within the contracted health facilities.</p> <p>With the support of European Union, the Public Procurement Agency is carrying out the technical audit of the AIS “State Public Procurement Register”.</p> <p>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.</p>
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