



GOVERNMENT OF THE REPUBLIC OF MOLDOVA

MINISTRY OF HEALTH

Healthcare System Development STRATEGY

for the period 2008-2017



*CONTINUOUS IMPROVEMENT
OF THE POPULATION HEALTH STATUS*

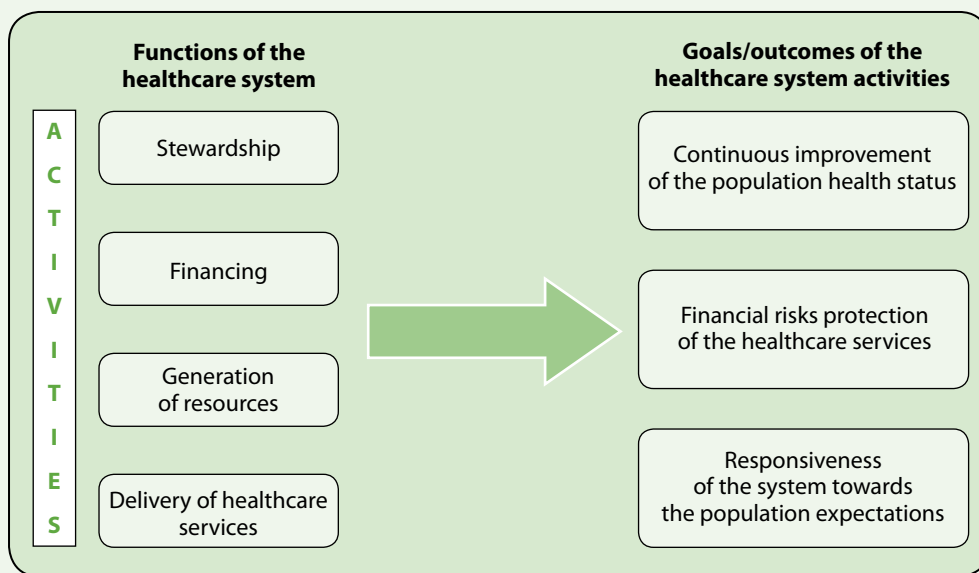
*FINANCIAL RISKS
PROTECTION OF THE HEALTH CARE SERVICES*

*RESPONSIVENESS OF THE SYSTEM
TOWARDS THE POPULATION EXPECTATIONS*

GOVERNMENT OF THE REPUBLIC OF MOLDOVA
MINISTRY OF HEALTH

Healthcare System Development STRATEGY

for the period 2008-2017



We would like to express our sincere and cordial gratitude to our international development partners:

Swiss Agency for Development and Cooperation (SDC)

United Nations Children's Fund (UNICEF)

World Health Organization

European Commission

World Bank

United Nations Population Fund (UNFPA)

Joint United Nations Programme on HIV and AIDS (UNAIDS)

SOROS Moldova Foundation

Swedish International Development Cooperation Agency (SIDA)

United States Agency for International Development (USAID)

American International Health Alliance (AIHA)

"Public Health Reforms" project, funded by the European Union

Health System Restructuring Project Coordination, Implementation and Monitoring Unit

Embassies of United States of America and of Federal Republic of Germany in Republic of Moldova

for their essential support in the development of the Healthcare System Development Strategy of the Republic of Moldova.

This publication was issued with the financial support of the Swiss Agency for Development and Cooperation and UNICEF Representative Office in the Republic of Moldova.

CONTENTS

INTRODUCTION	8
DESCRIPTION OF THE CURRENT SITUATION	9
Section 1. Population's State of Health	9
Section 2. Health Insurance	10
Section 3. Primary Healthcare	10
Section 4. Hospitals	11
Section 5. Physicians and Nurses	11
Section 6. SWOT Analysis	12
Section 7. Conclusions	12
DEFINITION OF THE PENDING PROBLEMS	13
Section 1. Management/Stewardship of the Healthcare System	13
Section 2. Funding of the healthcare system and mechanisms of payment for healthcare services	14
Section 3. Provision/delivery of healthcare services	15
Section 4. Resource Management	16
GENERAL AND SPECIFIC OBJECTIVES	17
Section 1. Management/Stewardship of the Healthcare System	17
Section 2. Funding of the healthcare system and mechanisms of payment for healthcare services	18
Section 3. Provision/delivery of healthcare services	18
Section 4. Resource Management	18
NECESSARY MEASURES TO ATTAIN THE OBJECTIVES AND EXPECTED RESULTS	19
Section 1. Management/Stewardship of the Healthcare System	19
Section 2. Funding of the healthcare system and mechanisms of payment for healthcare services	20
Section 3. Provision/delivery of healthcare services	20
Section 4. Resource Management	21

IMPACT ASSESSMENT.....22

EXPECTED RESULTS AND PROGRESS INDICATORS.....24

STAGES OF IMPLEMENTATION.....24

REPORTING AND MONITORING PROCEDURE.....25

**Action Plan for the implementation of the Healthcare
System Development Strategy for the period of 2008-2017.....27**

Section 1. Improve the management/stewardship of the healthcare system
in order to ensure the necessary conditions for the implementation
of the objectives provided in the National Health Policy.....27

Section 2. Improve the funding and mechanisms of payment for healthcare services.....35

Section 3. Organize and provide the healthcare services, including in the electronic form,
in line with the requirements and tailored to people’s needs.....45

Section 4. Generate and ensure the necessary resources for the healthcare system.....65

The health of the nation is a major prerequisite for the country economic and social development, and the Government of Moldova totally acknowledges its importance and therefore the population health is a high priority issue on the its agenda. Consequently, Executive's actions are and will be further oriented towards a strong emphasis of the citizen's essential right to a healthy and productive life.

The Government fully supports the reforms started and implemented successfully for strengthening the health system and bringing it in line with European standards, including the management of financial resources allotted from the state budget for this very purpose.

The state's major objective is fully and comprehensively reflected in the instrument launched by this publication – the Health System Development Strategy for 2008-2017.

The development strategy fully replicates the reforming and innovative virtue of the National Health Policy that promotes both new health options and a broad access to the health benefits provided by the continuously evolving health system.

According to the requirements of the World Health Organization, European Commission and World Bank such instruments are crucial for an efficient health management. These instruments are operational in a number of European countries, including countries that achieved great performance in health protection, and are regarded as a social value and a source of economic safety. The experience of those countries in approaching the current and future priorities was submitted to a thorough study and an in-depth analysis. As a result, the priority actions in the local health sector were identified and established, compelled by the single goal – continuous improvement of population health status.

This desideratum is to be achieved through a faultless functioning of the health system, a system responsive to the population health needs and expectations, protection against financial risks while receiving high-quality health services, a healthy lifestyle promoting system by increasing the awareness of every individual and of the society as a whole, on the responsibility of their own health.

The Government, in its turn, undertakes the commitment to support and monitor, by all means, the implementation of the Health System Development Strategy during 2008-2017, aimed at the improvement of the health status of Moldovan population in order to ensure the welfare and prosperity of the society as a whole.

Vasile TARLEV



Prime Minister of the Republic of Moldova



Republic of Moldova

GOVERNMENT

**Decision No. 1471
of 24 december 2007**

**On approval of the Healthcare System
Development Strategy for the period 2008-2017**

In order to develop a modern and high-performance healthcare system, based on cost-efficient medical technologies and according to European standards, the Government DECIDES:

1. To approve the Healthcare System Development Strategy for the period 2008-2017 (annexed).
2. The monitoring and coordination of the implementation process of the Healthcare System Development Strategy for the period 2008-2017 shall be entrusted to the Ministry of Health.
3. Ministries, other central administration authorities, involved in the implementation of the abovementioned Strategy, will inform, on the annual basis, the Ministry of Health about undertaken measures before the 15th of February of the year following the reporting year, and the Ministry of Health, in its turn, will report to the Government about execution of the present decision by the 1st of April.
4. The local public administration authorities are recommended to develop and approve the district / municipal healthcare plans within the strategies or programs of social and economic development and monitor their realization.

PRIME MINISTER

Vasile TARLEV

Countersigned by:

Ministry of Health

Ion ABABII

**Ministry of Economy
and Trade**

Igor DODON

Ministry of Finance

Mihail POP

In everything we undertake, realize or implement we strive to prove our worth as a modern state deeply concerned about improvement and strengthening of the population health, a task that can be made possible through ensuring, in the first instance, of life safety, promotion of healthy life style, decreasing the risk factors, through disease prevention and ensuring access to quality health services.

Exactly this was the approach that brought us to the development of the National Health Policy, an ideological document about the principles of protection and continuous strengthening of the Nation's health, a program acknowledged as a priority at the time of strong efforts to improve the economic and social situation undertaken by the government and the civil society. The National Health Policy clearly and irrevocably sets the priorities and directions of development in the healthcare sector for the following 15 years.

"The Healthcare System Development Strategy for the period 2008-2017" was conceived in parallel and in consonance with the National Health Policy providing in fact a platform for future actions on consolidation of a modern healthcare system giving equal access to quality medical services to all the citizens of our country through the implementation of international standards in the domestic medicine.

This document was developed based on the evaluation of the vulnerable points of the healthcare system in our country, considering the experience of the previous reforms, deeply and thoroughly analyzing the experience of the neighboring countries, of the Baltic States and those from the West to be able basing on these data to initiate a cross-cutting modernization of the Health System in our country.

All the provisions were perfectly harmonized with the recommendations of the World Health Organization, the European Commission, the World Bank and other international institutions, and the analytical data provided in the Strategy includes also the results of studies undertaken by the World Bank and other international experts who carried out an evaluation of some support parameters of the domestic healthcare system.

Development and strengthening of the healthcare system infrastructure, modernization of medical equipment, training of specialists in accordance with international standards are fundamental conditions for the realization of the cost-quality principle in medical services, that is why the Strategy envisions the very clear and, importantly, absolutely feasible measures to contribute to efficient allocation and competent management of financial resources meant for the healthcare system.

We are convinced that the objectives set forth in the Strategy and the actions to implement them will contribute to the creation of a high-performance healthcare system that will be able to satisfy the expectations of the population and mobilize the medical community in this complex process on the basis of our professional knowledge and skills.

Ion ABABII



Minister of Health of the Republic of Moldova

*Approved
by Government Decision
No.1471 of 24 december 2007*

Healthcare System Development STRATEGY

for the period 2008-2017

INTRODUCTION

1. Healthcare System Development Strategy for the period 2008-2017 (hereinafter referred to as Strategy) is a component part of the country's social and economic policy, oriented towards the healthcare system development, detailing the basic goals and priorities, specified in the Activity Program of the Government for 2005-2009 "Modernization of the country – welfare of the people", in the Economic Growth and Poverty Reduction Strategy (EGPRS), in "The Moldovan Village" National Program, in the Action Plan Republic of Moldova – European Union, National Health Policy and the Code on Science and Innovation of the Republic of Moldova.
2. The goal of the Strategy, that is a platform for future actions of strengthening the performances of the healthcare system, shall be continuous improvement of the population health, protection of the citizens against financial risks related to accessing the healthcare services, reduction of the inequalities in the use and distribution of the healthcare services and enhancement of the user satisfaction.
3. The Strategy is in line with the objective of restructuring the healthcare system initiated 10 years ago and stems from the identification of the existent priority problems and outlines the methods of their approach and intervention, that, in case of sustainable and appropriate implementation, will ensure better outcome for the performance of the healthcare system and for the population health, even in the situation of scarce resources.
4. The Strategy has been developed on the basis of the experience of the new member countries of the European Union, as well as the basic documents of the World Health Organization, European Commission – Health and Consumer Protection Directorate-General, World Bank – Health, Nutrition and Population Directorate and other international bodies from the sector of healthcare policy.

DESCRIPTION OF THE CURRENT SITUATION

SECTION 1

Population's State of Health

5. Life expectancy at birth in the Republic of Moldova shows patterns similar to the ones observed in neighboring countries and in some Eastern Europe countries. Although the decrease of this indicator has been reversed and presently it constitutes 68.4 years, it continues to register values much lower than the average for the EU states.
6. The Republic of Moldova has made considerable progress in the area of essential health indicators, such as decrease of the infant mortality and maternal mortality rates. Over the period 2001-2006, for example, infant mortality rate has decreased by 26% (from 16.3 deaths per 1000 new-borns in 2001 – to about 11.8 deaths per 1000 new-borns in 2006). The maternal mortality rate is now 16.0 maternal deaths per 100,000 live births as compared to 43.9 in 2001. However, these indicators are still higher than the average European figures.
7. The mortality of the economically active population is higher than in the EU countries. The most important death causes in the Republic of Moldova include diseases of the circulatory system, traumas and poisonings and malignant neoplasms. The diseases of the digestive system are also an important cause of deaths in the country. During 2006 about 66.0% of the total number of deaths of economically active population was caused by diseases of the circulatory system, respiratory system, digestive system and malignant neoplasms. Even if we take into consideration the age differences, the general death causes would be the same.
8. The consumption of alcohol and tobacco are also significant risk factors that determine the epidemiologic profile of the country due to the fact that these practices are closely connected with many chronic diseases, such as the diseases of the circulatory system, malignant neoplasms, and especially, diseases of the liver.
9. The healthcare system of the Republic of Moldova shows a double epidemiological pattern, which features, primarily, the presence of diseases typical of developing countries, such as infectious and parasitic diseases, the diseases conditioned by HIV/AIDS and TB epidemics and, secondarily, the increase of the non-contagious chronic diseases typical of the states in which epidemiological transition has reached advanced stages, such as cancers and diseases of the circulatory system. The prevalence rates for high blood pressure are higher in the Republic of Moldova than in Great Britain and the United States. Similarly, diabetes shows patterns similar to the ones mentioned above. Only for malignant neoplasms and, to a smaller extent, for myocardial infarction, the Republic of Moldova shows prevalence rates similar to the ones of the abovementioned countries.
10. The outcomes achieved by the healthcare system in the light of the Millennium Development Goals point out to the following: the mortality and morbidity rates in the Republic of Moldova are

still much more unfavorable than the regional indicators, requiring significant efforts in medium and long term perspectives in order to align with the European parameters. The infant mortality rate, maternal mortality rate and the incidence of TB and HIV/AIDS is higher in the Republic of Moldova than in the European Union. The staged assessment of the evolution of the respective indicators included in the Millennium Development Goals shows a very high probability of decrease by 2015 of TB incidence rate and a less probability of achieving the key objectives aiming at reduction of infant mortality, maternal mortality and HIV/AIDS incidence.

SECTION 2

Health Insurance

11. The mandatory health insurance, launched on 1 January, 2004, has lead to a more accessible healthcare from the financial standpoint, and the financial protection offered by the health insurance has made the healthcare system more receptive to the needs of the population. The user satisfaction related to the offered health services has also increased as compared to the situation before this essential reform. By 2006, the level of funding from the state budget grew up to 4.8% of GDP, while the total health expenditures per capita reached the highest level (about 50 USD) since the declaration of independence. Currently, about 77% of the population is covered by the health insurance system, and about 65% of the resources of the mandatory health insurance fund are budgetary resources allocated for the categories of population insured by the state. The mandatory health insurance has not yet included in its system the self-employed economically active population. According to the conducted surveys, almost half of the 25-44 year-old population does not benefit from health insurance. Although, over the recent years, the funds accumulated in the consolidated health budget have significantly grown, total expenditures made in R. Moldova for the health of each inhabitant are much lower than in the neighboring countries. Along with this a serious problem has emerged – the deficient management of the public healthcare system and its institutions, which is the main cause of the low efficiency of usage of the funds formed of the population contributions.

SECTION 3

Primary Healthcare

12. Despite a low funding level and lack of necessary resources, our country has succeeded in making important steps towards the creation of a favorable environment for family medicine and reforms implemented in this sector. Family medicine has become a specialty by law, and the primary healthcare is considered a priority and holds the position of an “outpost” of healthcare system. Being the most cost-efficient form of healthcare with the biggest impact on health indicators and providing accessibility and continuity, the primary healthcare is still confronted with a number of serious problems. Lack of autonomy of the primary healthcare providers, impossibility to conclude contracts directly with the National Health Insurance Company, have been identified by majority of persons interviewed within the surveys conducted by the World Bank as the most significant barriers

in the development of the primary healthcare, because the family doctors are not stimulated to introduce modern practices with a view to improving the quality and volume of services. It is necessary that in the shortest possible timeframe, this sector be strengthened and used to the maximum extent for obtaining the highest efficiency in allocating the financial resources intended for the healthcare system and enhancing the quality of the health services by implementing the mechanisms of motivating the primary healthcare providers, including by applying the stimulating payments depending on the performance as provided in the contracts.

SECTION 4

Hospitals

13. As a result of the public hospital reform the number of hospital beds has decreased almost twice over the last ten years (56.6 beds per 10,000 people) and thus has reached the average of EU countries. However, the bed occupancy rate in many hospitals is low, which pinpoints to possibilities for increasing the efficiency and rationalization of hospital network. According to the assessments of the international experts the Republic of Moldova could satisfy the needs of its population with a network of planned and rationally structured hospitals depending on geographic access and demographic profile of the population. The continuous improvement of hospital infrastructure and provision with modern cost-efficient equipment, implementation of new treatment technologies, outsourcing of non-medical hospital services, reprofilation of beds into long term care beds for patients with chronic diseases, and other measures would reduce fixed costs, would free and direct resources towards the improvement of the quality of healthcare services.

SECTION 5

Physicians and Nurses

14. The total number of employees in the network of the Ministry of Health was 58,722 in 2006, this figure having decreased over the last two years. Thus, the number of physicians has been decreasing over the last years with 0.6% per year and has currently reached the level of 30.1 physicians per 10,000 people. The disproportional distribution of human resources within the network also remains to be a major problem. Only during one single year the number of physicians in the district and municipal healthcare institutions has decreased by 1.3% and respectively 1.1%, and only in the national healthcare institutions it has increased by 1.4%. The reflux of nurses from healthcare system is still continuing, and in 2006 the number of nurses per 10,000 people was 65.1, which is much under the average level of EU.

SECTION 6

SWOT Analysis

STRONG POINTS:	OPPORTUNITIES:
<ul style="list-style-type: none"> ● Approval of the National Health Policy and the Code on Science and Innovation of the Republic of Moldova, which reconfirmed the health of the population as a national priority. ● Political will and existence within the system of a potential for Strategy implementation. ● Readiness of international bodies and donor countries to render financial and technical assistance for healthcare system. ● Large number of NGOs active in the field of healthcare, as well as medical and social field which can be used as resources in partnership programs. 	<ul style="list-style-type: none"> ● Central Public Administration Reform which resulted in the restructuring of the Ministry of Health. ● Implementation of the mandatory health insurance having a beneficial impact over the healthcare system – increase of access to healthcare services. ● Existence of investment projects in healthcare system (World Bank, European Union). ● Increase of the competence/skills within the healthcare system and enhancement of the quality of the medical activities.
WEAK POINTS:	RISKS/THREATS:
<ul style="list-style-type: none"> ● Insufficiently developed physical infrastructure and low equipping of healthcare institutions. ● Prevalent covering with high quality healthcare services at municipal level. ● Lack of an integrated and united information system which would interconnect all healthcare services providers and institutions involved in the health insurance scheme. ● High incidence of non-contagious chronic diseases and insufficiency of measures for their prevention. ● Insufficiency of fundamental researches of the risk factors for the non-contagious chronic diseases. 	<ul style="list-style-type: none"> ● Insufficient motivation of healthcare staff. ● Influence on the accessibility of healthcare services and their quality. ● Maintaining preferences for urban healthcare system rather than for the rural one. ● Exodus of labor force from healthcare system. ● Insufficient managerial capacities and abilities at healthcare system level. ● Risk of increasing incidence of contagious and non-contagious diseases and their severity, both resulting in human, social and economic losses.

SECTION 7

Conclusions

15. Over the last years Moldova has registered significant progress in reforming its healthcare system. The first phase of the reform process was oriented towards stopping the decline in healthcare system conditioned by the financial crisis over the last decade of the previous century. The second phase was marked to a great extent by the introduction of the mandatory health insurance which was accompanied by a significant increase of system funding, improvement of the financial protection of the population and its access to healthcare services. The next phase provides for the mobilization of all resources for structural changes that would result in increased efficiency and quality of the healthcare system.

DEFINITION OF THE PENDING PROBLEMS

SECTION 1

Management/Stewardship of the Healthcare System

16. Efficient discharge of the management/stewardship function is an important prerequisite for provision of high quality healthcare services, for adequate ensuring of the healthcare system with qualified medical staff and modern equipment. The appropriate management of the system allows for the mobilization of the necessary financial resources, application of tools for priority setting, as well as rational and efficient utilization of the available resources in order to achieve the desired outcomes.
17. Ministry of Health is the key coordinator in the establishment of the regulatory framework oriented towards an optimal performance of the entire healthcare system. In this respect, the strengthening of the human resources potential in strategic planning, management and economy of the healthcare system is essentially required.
18. Strategic planning, that is a basic condition for the efficient realization of the management/stewardship process, requires information provided by a solid monitoring and evaluation system which at present is not sufficiently developed for presenting on a flow basis the necessary data.
19. The existent monitoring and evaluation systems operate with data generated and collected in the operational regime by several institutions that do not have yet adequate analytical capacities to turn data into relevant information and true evidence for decision making process.
20. Although there is a tendency in this respect, the monitoring and evaluation system and its indicators are not yet harmonized with the internationally accepted datasets and indicators.
21. A large deficit of qualified managers is registered in the sector that would ensure positive evolutions and achievements in effectiveness, quality of and satisfaction with healthcare services. The current reforms in healthcare provide greater autonomy to public healthcare institutions, however, the skills in such modern managerial techniques as project planning and management, forecasting, financial management, negotiations, contracting and resource management are still weak. In order to make the new healthcare model functional, it is necessary to train current managers and provide for the scheduled training of the new managerial staff of modern formation and advanced performance.
22. The receptiveness of the system towards the population needs that depends on the degree of involvement of the citizens in the process of establishing the healthcare policy still remains a serious problem. The involvement of the beneficiaries in planning, priority setting, implies not only the right to opinion, but also the transparency of the process of service provision, because the new model recommended by the World Health Organization aspired to, is patient-centered, guaranteeing maximal security both for beneficiaries and service providers.

SECTION 2**Funding of the healthcare system and mechanisms of payment for healthcare services**

23. Funding is one of the main factors that determines the sustainable functioning of the healthcare system and creates favorable conditions for satisfying the needs and requirements of the population in high quality and adequate volume healthcare services. Correct and opportune application of funding levers for regulating the system funding allows for enhanced equitable access of the population to healthcare services, ensures the rational and efficient use of resources and favors positive motivation of the healthcare service providers.
24. Although along with the introduction of the mandatory health insurance, the degree of financial stability of the system has increased and the access of the population to essential healthcare services has improved, a series of problems have not been yet solved.
25. Thus, the share of the population that is not covered with mandatory health insurance is still large, especially among the self-employed groups, people with small income and those from the rural area.
26. Both vertical and horizontal inequity still persists in the area of financial contributions for healthcare, resulting from reduced flexibility of the mechanisms of collection and formation of mandatory health insurance funds and lack of objective criteria for assessing the level of social vulnerability of population categories benefiting from budgetary allocations.
27. The load of contributions from the state budget to the mandatory health insurance fund is relatively large, covering a wide range of categories without taking into account their real income and capacities for paying the insurance premiums.
28. The lack of competition in purchasing services and the rigidity of the mechanisms of providers' payment from the mandatory health insurance funds, without taking into account territorial differences and socio-demographic structure, encourages artificial equality, disproportional distribution of service providers with overlapping of their functions, thus increasing the financial load over the public budgets and funds intended for healthcare.
29. Neither realistic tools for efficiency enhancement, both technical and allocative, in the healthcare system, nor mechanisms of staff motivation to improve performance, have been implemented. The rights of the health facilities to manage their own resources and funds obtained for sustainable development are still limited. A series of discrepancies persist between the decision making functions and delegated responsibilities in these entities.
30. The lack of norms related to resources use, imperfect mechanism of cost calculation for healthcare services, inefficiency of the negotiation process conditioned by the rigid tariffs undermine the financial security of the service providers and medical staff motivation to conduct an honest activity.

- 31. The participation of the local public authorities in the development of the healthcare infrastructure in the territory is still minimal.
- 32. Investing in illness and not in health still persists, although the need to invest especially in prevention and promotion of healthy life style becomes more obvious and justified, both through programs with external funding and by introduction of the harm tax when selling products with enhanced risk for health with referral of these funds to the Ministry of Health.
- 33. The current national programs do not have adequate funding adjusted to real needs and costs.

SECTION 3

Provision/delivery of healthcare services

- 34. The restructuring of the healthcare system network has provided first of all for the priority development of the primary healthcare that offers the highest degree of accessibility and continuity of the health services, but in order that local healthcare reform lead to expected results, it is especially necessary to create a modern physical infrastructure provided with appropriate equipment, consumables, essential drugs and skilled medical staff. No less important is the continuous streamlining of the hospital infrastructure and development of the performance centers based on advanced technologies, evenly distributed and rationally used for ensuring an equitable access of the patients from the whole country.
- 35. In spite of considerable achievements registered over the last years, the reform process in the healthcare sector of the Republic of Moldova is far from being completed, and the progress attained by now has not conditioned the success of some essential indicators, such as the quality of health services, accessibility of the population to such services, especially in the rural area, all these displaying the functional under-efficiency of the existent infrastructure of the health services.
- 36. One of the problems consists in the fact that the service providers do not have a real decisional autonomy with regard to resource management that would motivate the efficiency in relation to the cost and would enhance the responsibility for the obtained results.
- 37. The low quality of the health services is caused, to a great extent, by the lack of programs that would determine the service providers to satisfy the needs of the beneficiaries to the maximum, by the fragmented approach of the quality management, by the mechanisms still insufficiently developed of performance-driven motivation of providers.
- 38. The process of accreditation has not become compulsory for all providers when contracting services. The possibilities of contracting as an instrument of improving the allocation of resources on the basis of the population needs and motivating the providers with a view to obtaining the best results are still insufficiently applied. Besides that, the set of performance indicators for remuneration of providers proceeding from the attained results is also underdeveloped.

39. The institutional infrastructures do not correspond to the requirements of providing high quality services. The mechanisms for including in the price of services the needs related to infrastructure are also insufficiently developed thus limiting the possibilities for long lasting institutional development. The possibilities of motivating the founder in effecting capital investments in re-equipment and rearrangement of public health facilities are also used at an insufficient level. Inefficiently are used the free spaces of these public health facilities that could generate additional financial resources by renting them out for commercial services.
40. In addition, the public-private partnership in outsourcing auxiliary services (laundry washing, nutrition/catering, guard services and other similar services) is also underdeveloped. The capacities and possibilities of the private sector in providing healthcare services within mandatory health insurance are not used at full extent.

SECTION 4

Resource Management

41. Human resources represent a key element in ensuring a good functioning and response of the healthcare system to people needs. On the other hand, the disbalance in human resources planning, training and management considering limited financial resources often leads to unwanted social and economic phenomena which contribute to the increase of unjustified consumption and enhancement of healthcare expenses. Simultaneously with the strengthening of the human resources, it is also important to develop the institutional infrastructure, provide the health facilities with the necessary medical equipment both technologically advanced and cost efficient, raise the skills of the medical staff, provide with drugs and consumables at the sufficient level.
42. With reference to the human resources management, the relevant problems can be divided into four broad categories related to:
- a) irregular numeric distribution meaning the mismatch between the existing and the requested number of healthcare services providers of different specialties;
 - b) irregular distribution of capacities, meaning the mismatch between the professional training level and the capacities requested by the healthcare system;
 - c) irregular territorial distribution of the medical staff, urban/rural disproportion and inadmissible distribution by prestigious/non-prestigious specialties;
 - d) migration of the most qualified and trained medical staff from the national healthcare system.
43. The number of doctors per capita is lower than the European average, but would be enough to ensure access to the primary and specialized healthcare, if uniform territorial distribution of the medical staff could be attained, because a number of rural localities are lacking family doctors. At the same time, there is a high shortage of junior medical staff.

44. The aforementioned problems are caused by the inappropriate remuneration and improper management of the health staff. The inefficient system of motivation and benefits, coupled with unsatisfactory working conditions, under-developed physical infrastructure and lack of modern equipment, make it difficult to recruit and maintain the medical staff within the healthcare system.
45. From the viewpoint of the medical staff, the lack of clear definition of job duties (job descriptions), inappropriate supervision by the management, and low involvement in the decision-making process represent serious barriers for professional and managerial growth.
46. The physical infrastructure of the health facilities, especially of the hospitals and primary health facilities, is in a poor state, except those renovated within the Project "Health Investment Fund" or with the help of other international agencies. Most hospitals have overpassed the international parameters regarding the period of building operation providing for the complete depreciation between 25-33 years from the date of construction and depends on the type of infrastructure and the services provided within them. The average age of a typical health facility in the Republic of Moldova is about 45 years. The most difficult is the state of the health facilities of the district level facing major deficiencies in this respect. The degree of wear of the equipment is high in the national level facilities as in the district ones. 20% of the equipment is not operational in the district health facilities, 10% – in the national level hospitals.
47. There are problems related to the provision with drugs, consumables, and other material resources. The concepts of essential drugs and "Pharmacotherapeutic Form" are promoted inefficiently, the drugs are not used rationally, the physical and economic accessibility of drugs is unsatisfactory.

GENERAL AND SPECIFIC

SECTION 1

Management/Stewardship of the Healthcare System

48. The general objective is to improve the management/stewardship of the healthcare system in order to ensure the necessary conditions for the implementation of the objectives provided in the National Health Policy.
49. The specific objectives are the following:
 - a) improve the capacity of the Ministry of Health to develop and implement the healthcare policies and strategic planning;
 - b) strengthen the capacity of the health authorities to monitor and evaluate the healthcare system;

- c) improve the communication mechanisms;
- d) strengthen the inter-sector partnership in healthcare decision making;
- e) increase the involvement of population, civil and professional society in decision making on healthcare issues;
- f) bring the national healthcare legislation in line with the European standards.

SECTION 2

Funding of the healthcare system and mechanisms of payment for healthcare services

50. The general objective is to improve the funding and mechanisms of payment for healthcare services.
51. The specific objectives are the following:
- a) improve the healthcare system funding;
 - b) improve the mechanisms of payment and contracting of services;
 - c) enhance the equity and transparency in allocation of resources and financial protection of citizens.

SECTION 3

Provision/delivery of healthcare services

52. The general objective is to organize and provide the healthcare services, including in the electronic form, in line with the requirements and tailored to people's needs.
53. The specific objectives are the following:
- a) promote the integrated healthcare and ensure continuity of healthcare services for solving the healthcare problems of population;
 - b) develop priority sectors of the healthcare system with impact on public health and of strategic importance;
 - c) improve the quality of healthcare services and increase the level of patients' satisfaction.

SECTION 4

Resource Management

54. The general objective is to generate and ensure the necessary resources for the healthcare system.
55. The specific objectives are the following:
- a) efficiently manage the human resources through rational use of existent staff and adequate and diversified training and formation of the highly skilled staff for the healthcare system;
 - b) strengthen the technical and material base of the institutions/facilities from the healthcare system;
 - c) rationally manage the drugs provision.

NECESSARY MEASURES TO ATTAIN THE OBJECTIVES AND EXPECTED RESULTS

SECTION 1

Management/Stewardship of the Healthcare System

56. In order to improve the capacity of the Ministry of Health to develop and implement the healthcare policies and strategic planning the following actions are planned:
- a) strengthen the capacities of the Ministry of Health;
 - b) restructure the subordinate institutions and create new ones;
 - c) restructure/redefine the roles of the local public authorities;
 - d) improve the mechanism of collaboration between the regional and central levels.
57. In order to strengthen the capacity of the health authorities to monitor and evaluate the healthcare system the following actions are provided:
- a) define the monitoring and evaluation indicators;
 - b) define the standard datasets to be collected and the data flows in the system;
 - c) gradually harmonize the architecture, technological platforms and standards of the Integrated Medical Information System.
58. Improvement of the communication mechanisms shall be achieved as follows:
- a) define and implement the communication strategy;
 - b) strengthen the press service, as well as public and civil society relations service of the Ministry of Health;
 - c) train the staff of the Ministry of Health in communication techniques.
59. The strengthening of the inter-sector partnership in healthcare decision making provides for an efficient and sustainable involvement of the partners from the relevant sectors in the decision making process on healthcare issues.
60. In order to increase the involvement of the population, civil and professional society in decision making on healthcare issues the following actions are provided:
- a) develop the mechanisms of involving the professionals in decision making on healthcare issues;
 - b) develop the mechanisms of involving the population and civil society in decision making on healthcare issues;
 - c) develop the mechanisms of involving the social partners in decision making on healthcare issues.
61. The alignment of the national healthcare legislation with the European standards provides for the increase of the efficiency in the activities of the relevant subdivisions of the Ministry of Health with a view to developing the proposals for adjusting the legislation to *acquis communautaire*.

SECTION 2

Funding of the healthcare system and mechanisms of payment for healthcare services

- 62.** The improvement of the healthcare system funding shall be achieved through the following actions:
- a) increase the funds of the mandatory health insurance;
 - b) ensure state guarantees for participation in the healthcare system funding;
 - c) review the capacities of the local public authorities participation in the development of the health facilities infrastructure in the territory;
 - d) develop the optional insurance forms for delivering the extra-package healthcare services.
- 63.** For attaining the objective of improving the mechanisms of payment and contracting of services, the following actions shall be carried out:
- a) improve the payment mechanisms of the service providers from the primary healthcare sector;
 - b) improve the payment mechanisms of the service providers from the out-patient sector;
 - c) reform the payment mechanisms of the service providers from the in-patient sector (hospitals);
 - d) improve the payment mechanisms of the service providers from the emergency service;
 - e) improve the payment mechanisms of other categories of newly implemented healthcare services: home-based care, palliative care, etc.;
 - f) revise the mechanisms of contracting the healthcare services;
 - g) increase the autonomy of providers in financial resources management;
 - h) develop the mechanism of evaluating and monitoring the efficiency of the used resources.
- 64.** The enhancement of equity and transparency in allocation of resources and financial protection of citizens shall be achieved through the following:
- a) improve equity in collection and use of financial resources for healthcare services;
 - b) increase transparency in allocation and use of financial resources.

SECTION 3

Provision/delivery of healthcare services

- 65.** In order to promote an integrated healthcare and ensure the continuity of the healthcare services for solving healthcare problems of the population the following actions are planned:
- a) assess the real needs of the population in healthcare services;
 - b) strengthen emergency healthcare and develop paramedical services;
 - c) enhance the role and authority of the primary healthcare in the national healthcare system with priority on disease prevention measures;
 - d) define the role of the out-patient specialized healthcare;
 - e) modernize the in-patient healthcare services;
 - f) develop community and home-based care;

- g) increase the role of public-private partnership in providing healthcare services;
- h) develop the telemedicine.

66. The development of the priority sectors of the healthcare system with impact on public health and of strategic importance shall be achieved through the following actions:

- a) strengthen the public healthcare services;
- b) continuously improve the control methods over the contagious diseases;
- c) reduce the rate of non-contagious diseases;
- d) implement the Mental Health Policy;
- e) ensure the implementation of the national programs related to contagious diseases as provided in the Millennium Development Goals (tuberculosis, HIV/AIDS and sexually transmitted infections);
- f) improve the mother and child health according to the Millennium Development Goals;
- g) enhance the intervention capacities of the healthcare services in the event of natural disasters and exceptional situations.

67. The improvement of the quality of the healthcare services and increase of the patients' satisfaction shall be attained as follows:

- a) develop and implement a system that could ensure and improve the quality of healthcare services;
- b) strengthen the system of accreditation in the healthcare system;
- c) ensure the observance of the patients' rights.

SECTION 4

Resource Management

68. The efficient management of the human resources through rational use of existent staff and adequate and diversified training and formation of the highly skilled staff for the healthcare system shall be achieved by implementing the following actions:

- a) assess the needs in and plan the human resources for the healthcare system;
- b) ensure coverage with medical staff in rural areas;
- c) motivate and stimulate the staff of the healthcare system;
- d) improve the policies of staff training in medical and pharmaceutical educational establishments.

69. The actions aimed at strengthening the technical and material base of the institutions/facilities from the healthcare system are the following:

- a) streamline the infrastructure of the healthcare facilities;
- b) provide with advanced medical equipment.

70. The Rational management of drugs shall provide for the following:

- a) ensure pharmaceutical security;
- b) ensure physical and economic accessibility of drugs.

IMPACT ASSESSMENT

71. At the global level, the assessed impact is represented by the significant improvement of the correlation and coordination capacity of the healthcare, with effect on the increase of system efficiency. The assessed **financial impact** is related to: ensuring of the financial protection of the population; enhancement of the efficacy of the system of healthcare services by streamlining the distribution of financial resources; ensuring of the transparency of the healthcare system; increase of the level of financing of the healthcare system. The assessed **non-financial impact** shall result in the following: improvement of the population state of health; enhancement of the access and equity to the necessary health services; improvement of the quality of the rendered services; ensuring of the system responsiveness; streamlining the use of the healthcare system resources; correlation of the consumption of the healthcare services with the population needs. The definitions of the indicators and the methods of assessment shall comply with the international technical standards promoted by the World Health Organizations, Eurostat, also included in the Millennium Development Goals, by the Global Fund to Fight AIDS, Tuberculosis and Malaria, Global Alliance for Vaccines and Immunization and other international organizations in the filed. In order to identify the existent inequalities in the healthcare system, the collected data shall be structured by sex, age, social and economic status, geographic situation and the residence area (urban and rural). The monitoring of the general objectives shall be conducted on the basis of the outcome indicators, and the attainment of the Strategy goals shall be centered on the following impact indicators:

Basic indicators of the population state of health:

- a) life expectancy at birth;
- b) population natural growth;
- c) infant mortality;
- d) mortality of children under 5 years old;
- e) maternal mortality;
- f) tuberculosis-related morbidity and mortality;
- g) cardio-vascular pathology-related mortality within the age groups between 30-39 and 40-59;
- h) incidence of HIV/AIDS;
- i) malignant tumor-related mortality within the age groups between 20-39 and 40-59.

Medical services equity and accessibility:

- a) the share of population that failed to seek the necessary healthcare due to financial situation;
- b) the share of the primary health facilities from the rural localities, where one family doctor covers more than 2000 inhabitants;
- c) the number of rural localities where there are primary health facilities, but there is no pharmaceutical support.

Financial protection of population for disease phenomena:

- a) the share of the direct expenditures of the population for the healthcare services to the total expenditures of the household;

- b) co-payments for the health services referred to the average salary;
- c) deviation in the distribution of the public financial resources for health related to an insured person on administrative territories according to the average level in the country.

Efficacy of the system of healthcare services provision:

- a) the share of expenses for the primary healthcare to the total allocations for health;
- b) the share of direct costs per patient (drugs/medications, nutrition) to the total expenditures in hospitals.

Quality of healthcare services:

- a) the share of women who gave birth to a child and benefited from the entire package of antenatal services;
- b) the share of pregnant women with anemia to the total number of pregnant women;
- c) the share of babies vaccinated in the first year of life according to the National Immunization Program;
- d) number of nosocomial diseases.

Transparency and responsiveness of the healthcare system:

- a) level of non-official expenses of patients treated in hospitals;
- b) level of people's awareness of their right to healthcare services included in the Single Mandatory Health Insurance Program;
- c) mothers' satisfaction with antenatal and perinatal healthcare services;
- d) people's satisfaction with quality of healthcare services;
- e) health staff's satisfaction with the conducted activity.

Funding of the healthcare system:

- a) the share of the state budget healthcare expenses to the total amount of healthcare expenses, %;
- b) the share of the budgetary expenses for the healthcare to the total budgetary expenses, %;
- c) healthcare expenses, % of GDP.

Resources of the healthcare system:

- a) number of doctors/nurses per 10,000 inhabitants;
- b) number of primary healthcare facilities/institutions per 100,000 people;
- c) number of hospitals per 100,000 people;
- d) number of hospitals with short-stay-treatment per 100,000 people;
- e) number of beds for medical and social care per 100,000 people;
- f) number of ambulance cars per 10,000 people.

Healthcare services consumption:

- a) level of hospitalization of the patients per 100,000 inhabitants;
- b) average number of visits during one year per 1 inhabitant of the covered district;
- c) number of calls for emergency services per 1,000 inhabitants.

EXPECTED RESULTS AND PROGRESS INDICATORS

- 72.** The Strategy implementation strives for the creation of a healthcare system that shall provide for the following.
- a) equity in resource allocation and population access to healthcare services;
 - b) patient-centered services, real satisfaction of the users with the healthcare services;
 - c) quality healthcare services with the best cost-quality ratio;
 - d) clearly defined responsibilities of all involved parties in the process of healthcare services provision.
- 73.** The results expected after the Strategy implementation will be assessed in accordance with the main progress indicators that characterize the performance of a healthcare system and will be correlated with the Millennium Development Goals, and namely: decrease by 2017 the infant mortality rate until 13 cases per 1,000 live births, estimated on the basis of the birth after 22 weeks and baby weight from 500 g, under five mortality rate until 15 cases per 1,000 live births, estimated on the basis of the birth after 22 weeks and baby weight from 500 g, maternal mortality until 13 cases per 100,000 live births, tuberculosis-related mortality until 8 cases per 100,000 inhabitants, HIV/AIDS incidence until 8.0 per 100,000 inhabitants and the incidence among the population of 15-24 years until 11.0, maintain the share of children vaccinated against measles to the age of under 2 at the level of 96%.
- 74.** The successful implementation of the Strategy presupposes a firm political commitment, efficient and visible stewardship, provision with the necessary resources, a good management and planning, an efficient system of monitoring and evaluation at each level, as well as skilled staff. The participation and support of the social partners, non-governmental organizations, interested associations and community groups are indispensable. A significant role is played by the cooperation with the international structures, both in the form of technical assistance and attraction of investments from foreign donors.

STAGES OF IMPLEMENTATION

- 75.** The implementation of the Strategy will be carried out in two stages:

Stage I (2008 – 2011), comprising the following:

- a) develop and improve the legal and regulatory framework;
- b) accelerate the structural and operational adjustment of basic healthcare services: emergency care, primary healthcare, in-patient care, rehabilitation care and long term healthcare;
- c) increase the system funding from the local sources, use available resources and attract large investments in the healthcare sector;
- d) implement pilot projects for infrastructure development and apply advanced medical technologies.

Stage II (2012 – 2017), will make an emphasis on:

- a) use of all tools that ensure the implementation of the actions necessary for organizing and rendering adequate healthcare services adjusted to population needs and requirements;
 - b) increase of the healthcare services accessibility and competitiveness;
 - c) completion of the period of formation of a competitive infrastructure, implementation of advanced medical technologies in line with the European standards, that would ensure a higher degree of population satisfaction.
- 76.** The Strategy implementation will require development, integration and coordination of several programs and projects centered on the main health problems, identified and defined during the process of Strategy development.
- 77.** Actions related to the development and implementation of the legal and regulatory framework will be carried out directly by the central public authorities and will not entail additional costs than those provided by the state budget. With reference to the actions of development of the healthcare system resources such as healthcare facilities infrastructure, medical procedures, advanced medical and information technologies, strengthening of the medical staff capacities that involve additional implementation costs to those existent, such actions will be financed within the limits of the national public budget means, from technical assistance and foreign investments, as well as from other sources that do not violate the legislation in effect.
- 78.** The financial, technical and human resources necessary for Strategy implementation will be assessed and detailed for each stage of the implementation process and for each separate activity. Besides that, a periodical adjustment of these needs to the Mid-Term Expenses Framework, National Development Plan and programs of national and territorial socio-economic development, will be effected.
- 79.** The obtaining of cooperation agreements from all partners of the healthcare system represents the essence of the Strategy implementation success. During the process of implementation, the Ministry of Health will cooperate with partners from inside and outside the healthcare system and first of all with the civil society. The contents and manner of Strategy implementation will be largely disseminated in mass-media means so that the whole population and the professionals in this field be aware of its goals and contents.

REPORTING AND MONITORING PROCEDURE

- 80.** The Strategy monitoring activities shall have a permanent character, being conducted during the whole implementation period and shall include the collection, processing and analysis of monitoring data, identification of errors or emergency effects, as well as eventual corrections of content and form in the planned measures and activities. The monitoring shall be effected taking into account three sets of indicators (process, outcome and impact) that will allow to supervise

and assess the achievement of the general objectives specified in the Strategy and attainment of the final goal – improvement of the population state of health.

81. The process indicators will reflect the completion of activities detailed in the Action Plan, outcome indicators will monitor the achievement of the specific objectives and applied measures, and the impact indicators will be used to evaluate the changes registered in the population state of health.
82. The set of indicators monitoring the general objectives can be supplemented or changed during the Strategy implementation. For adequate monitoring and evaluation of the Strategy implementation process several information sources are being planned, the main of them being the data of the National Bureau of Statistics, surveys on human development supported by UNDP and World Bank, administrative reports within the healthcare system. The collection of data for calculating the indicators shall be effected on the basis of the information gathered in the State Registry of Population, during the population census, household surveys, statistical reports on health status and on the basis of the activity results of the health facilities.
83. The Strategy evaluation activity shall have a systematic character being carried out during the whole period of implementation and shall include the development of the annual progress reports, evaluation report after the first stage of implementation and the final evaluation report after the second stage of implementation all of them being based on monitoring indicators.
84. The progress reports shall refer to the outcomes registered at the respective stage of Strategy implementation – achievement of general and specific objectives, completion of planned activities, attainment of performance indicators specific for each type of activity and formulation of proposals for the improvement and correction of planned measures. The evaluation report after the first stage of implementation shall also contain the aspects of institutional, functional and structural improvements produced as a result of Strategy implementation, the impact on the health of the target groups referred to in the document, level of observing the implementation terms and content from the Action Plan by the responsible institution. In case of non-fulfilled activities, the reasons of non-fulfillment or partial fulfillment shall be specified and efficient measures for achieving the Strategy general objectives will be proposed.
85. In order to ensure transparency of the Strategy implementation process, the annual progress reports, the evaluation report after the first stage of implementation, as well as the final evaluation report will be published in mass-media and on the web-site of the Ministry of Health. The Ministry of Health shall ensure a large dissemination in mass-media means of the process of Strategy implementation, as well as offer relevant information to the local and foreign partners.

Annex
to the Healthcare System Development
Strategy for the period 2008-2017

ACTION PLAN FOR THE IMPLEMENTATION OF THE HEALTHCARE SYSTEM DEVELOPMENT STRATEGY FOR THE PERIOD OF 2008-2017

Specific Objectives	Measures	Activities	Period of implementation	Agency in charge of implementation	Indicators
1	2	3	4	5	6
Section 1. Improve the management/stewardship of the healthcare system in order to ensure the necessary conditions for the implementation of the objectives provided in the National Health Policy					
1.1. Improve the capacity of the Ministry of Health to develop and implement healthcare policies and strategic planning					Ministry of Health is functional according to its duties
	1.1.1. Strengthen the capacities of the Ministry of Health				Ministry of Health capacity enhanced according to the defined duties
		Train the Ministry of Health's staff involved in health policy development	2008	Ministry of Health	1. Training curricula identified / developed 2. Percentage of trained employees in the total number of the eligible staff
	1.1.2. Restructure the subordinate institutions and create new ones				Subordinate institutions reorganized according to the defined duties.
		Redefine the role of the subordinate institutions	2008-2009	Ministry of Health	Roles defined and approved.
		Establish duties and competences	2008-2009	Ministry of Health	Duties and competences developed and approved.

1	2	3	4	5	6
		Redefine the structure (including information technologies, infrastructure and operational costs)	2008-2009	Ministry of Health	Institutions' Organizational Charts developed and approved
		Train the staff from the subordinate institutions in strategic planning	2009-2011	Ministry of Health	1. Training curricula identified / developed 2. Percentage of trained employees in the total number of the eligible staff
	1.1.3. Restructure / redefine the roles of the local public authorities				Role of local public authorities increased – a framework is defined based on the agreed policy
		Identify optimal solutions to decentralize the healthcare system	2008-2009	Ministry of Health, Ministry of Local Public Administration	1. Number of issues and solutions identified 2. Number of issues for which no acceptable solutions have been identified for the proposed timeframe
		Develop and promote proposals for normative regulations	2008-2010	Ministry of Health, Ministry of Local Public Administration, Ministry of Justice	1. Number of developed normative proposals 2. Number of adopted/promulgated normative proposals
		Implement the proposals	2010-2012	Ministry of Health, Ministry of Local Public Administration	Number of normative regulations implemented during the proposed timeframe
	1.1.4. Improve the mechanism of collaboration between the regional and central levels				Adequate cooperation between the levels according to the approved standards

1	2	3	4	5	6
		Develop regulations, procedures and internal norms	2009-2010	Ministry of Health	1. Regulations, procedures, norms for inter-institutional communication and cooperation developed and approved 2. Number of issues and solutions for cooperation developed, implemented and included in the new documents to be developed pursuant to sub-points 1.1.2, 1.1.3 and 1.1.4
		Improve the administrative capacities of the local public services	2009-2011	Ministry of Health, Ministry of Local Public Administration	Administrative capacities of local public services improved.
		Train the staff of local health authorities in strategic planning	2009-2011	Ministry of Health	1. Training curricula identified / developed 2. Percentage of trained employees in the total number of the eligible staff
1.2. Strengthen the capacity of the health authorities to monitor and evaluate the healthcare system					A monitoring and evaluation system in place according to the agreed standards
	1.2.1. Define the monitoring and evaluation indicators				Adequate coverage with representative indicators of all identified healthcare system areas
		Define the categories of indicators (for example morbidity, mortality, lifestyle, socio-demographic indicators, financing/funding, healthcare services etc.)	2008	Ministry of Health, National Bureau of Statistics	List of categories of indicators approved
		Approve the standard set of indicators by Ministry of Health	2008-2011	Ministry of Health, National Bureau of Statistics	National set of indicators approved

1	2	3	4	5	6
	1.2.2. Define the standard datasets to be collected and the data flows in the system				All envisaged indicators generated by the datasets and data flows of the system
		Define the datasets (and sources) for each category of indicators	2009-2011	Ministry of Health, National Bureau of Statistics	Datasets and sources for the defined indicators developed
		Define the data flows and aggregation and analysis levels	2009-2011	Ministry of Health, National Bureau of Statistics	Data flow and institutional responsibilities regarding data analysis and indicator reporting developed and approved
	1.2.3. Gradually harmonize the architecture, technological platforms and standards of the Integrated Medical Information System				Integrated Medical Information System developed according to the agreed standards
		Define the standards for necessary software and hardware	2008-2010	Ministry of Health, Ministry of Information Development	Standards for software and hardware developed and approved
		Define the regulations for data collection, storage, analysis and reporting	2008-2010	Ministry of Health, Ministry of Information Development	Institutional and national procedures for data collection, storage, analysis and indicator reporting developed and approved
		Purchase the computer software	2008-2010	Ministry of Health, Ministry of Information Development	1. Priorities for purchasing software defined and approved 2. Number of software purchased within the proposed timeframe 3. Degree of adjusting the purchased software to the defined standards
		Purchase the computer equipment	2008-2010	Ministry of Health, Ministry of Information Development	1. Priorities for purchasing hardware defined and approved 2. Number of hardware purchased within the proposed timeframe 3. Degree of adjusting the purchased hardware to the defined standards

1	2	3	4	5	6
		Train the involved staff	2008-2010	Ministry of Health, Ministry of Information Development	1. Training curricula identified / developed 2. Percentage of trained employees in the total number of the eligible staff
1.3. Improve the communication mechanisms					Equity and transparency in the process of management/stewardship
	1.3.1. Define and implement the communication strategy				Strategy defined and implemented
	1.3.2. Strengthen the press service, as well as public and civil society relations service of the Ministry of Health	Approve the Communication Strategy	2009	Ministry of Health	Communication Strategy developed and approved. Public and Civil Society Relations Service in place
		Train the staff of the respective Service	2008	Ministry of Health	Percentage of trained employees in the total number of the eligible staff
	1.3.3. Train the staff of the Ministry of Health in communication techniques				Training finalized
		Train the staff of the Ministry of Health	2008-2009	Ministry of Health	Percentage of trained employees in the total number of the eligible staff
1.4. Strengthen the inter-sector partnership in healthcare decision making					Inter-sectoral partners involved in taking decisions of common interest
	1.4.1. Efficient and sustainable involvement of the partners from the relevant sectors in the decision making process on healthcare issues				Inter-sectoral partnership in place

1	2	3	4	5	6
		Develop and utilize documents and synthetic reports as a ground for inter-sectoral cooperation	2008-2017	Ministry of Health	Number of actions related to inter-sectoral cooperation carried out within the established timeframe
		Cooperation with international partners	2008-2017	Ministry of Health	1. Number of international partnerships established 2. Number of actions related to international cooperation carried out within the established timeframe
1.5. Increase the involvement of population, civil and professional society in decision making on healthcare issues					1. Professional associations, population and social partners involved in decision-making 2. Transparency in decision-making increased
	1.5.1. Develop the mechanisms of involving the professionals in decision making on healthcare issues				Professional associations involved in decision-making
		Develop a normative framework required for setting up a Board of Doctors	2008	Ministry of Health	Draft normative act grounded and developed
		Develop a normative framework required for setting up a Board of Pharmacists	2009	Ministry of Health	Draft normative act grounded and developed
		Develop a normative framework required for setting up an Order of Nurses and Birth Attendants	2010	Ministry of Health	Draft normative act grounded and developed
		Enhance the role of professional associations, define their functions and areas of involvement	2009-2010	Ministry of Health, Branch Professional Associations	Frame document on the role and functions of the professional associations developed and coordinated
		Develop / amend, if necessary, the normative framework	2010-2017	Ministry of Health	1. Annual assessment of the impact of professional associations' operation 2. Proposals to improve the normative framework based on the assessment

1	2	3	4	5	6
	1.5.2. Develop the mechanisms of involving the population and civil society in decision making on healthcare issues				Civil society involved in decision making
		Create a Data Base of non-governmental organizations eligible for partnership in healthcare	2008-2009	Ministry of Health	1. Software and a Data Base in place 2. Percentage of non-governmental organizations included in the Data Base in the estimated total number of eligible non-governmental organizations
		Increase the capacity of the Public and Civil Society Relations Service (evaluation of staff skills and training)	2008-2009	Ministry of Health	1. Training needs identified 2. Training plan developed 3. In-service training approved 4. Percentage of trained employees in the total number of eligible staff (periodic evaluation)
	1.5.3. Develop the mechanisms of involving the social partners in decision making on healthcare issues				Social partners involved in decision making
		Set up and continuously maintain a dialog with the identified partners	2008-2017	Ministry of Health	1. Number of social partners involved in decision making 2. Number of decisions in which social partners were involved 3. Number of decisions in which social partners were not involved, although those decisions required consultations with/involvement of the social partners
1.6. Bring the national healthcare legislation in line with the European standards					National Legislation brought in line with the European Laws according to established stages and timeframes

1	2	3	4	5	6
	1.6.1. Increase the efficiency in the activities of the relevant subdivisions of the Ministry of Health with a view to developing the proposals for adjusting the legislation to <i>acquis communautaire</i>				Legal Department in place and has an appropriate cooperation with the partners towards bringing the National Legislation in line with the European Laws
		Enhance the capacity of the Legal Department (functions and training, data base, libraries etc.)	2008	Ministry of Health	1. Percentage of new employees compared to the estimated required number 2. Percentage of trained employees in the total number of staff
		Identify the institutions involved in bringing in line the national legislation in specific areas and establish their functions	2008	Ministry of Health	Report on institutions in charge of adjusting the legislation and their functions developed
		Identify the required foreign assistance	2008-2009	Ministry of Health	1. Percentage of established contacts compared to the estimated number 2. Number of activities finalized with external assistance 3. Financial value of the provided foreign assistance
		Establish mechanisms for inter-sectoral cooperation to adjust the legislation	2008-2009	Ministry of Health	Cooperation mechanisms and procedures developed and agreed
		Develop and implement laws adjusted to the <i>acquis communautaire</i>	2008-2017	Ministry of Health	1. Number and percentage of adjusted laws compared to the estimated number 2. Total degree of implementation periodically assessed 3. Specific implementation indicators for each law separately

Specific Objectives	Measures	Activities	Period of implementation	Agency in charge of implementation	Indicators
1	2	3	4	5	6
Section 2. Improve the funding and mechanisms of payment for healthcare services					
2.1. Improve the healthcare system funding					Increase the expenditures for healthcare up to 9% of the GDP by 2017
	2.1.1. Increase the funds of the mandatory health insurance				Increase the Mandatory Health Insurance Fund above the level of the estimated inflation rate for the respective year
		2.1.1.1. Identify among the population the categories of non-payers to the fund, in order to increase the number of taxpayers	2008	Ministry of Health, National Health Insurance Company	List of categories available.
		2.1.1.2. Develop mechanisms to include those categories into the insurance scheme (motivate / constrain non-payers; identify categories that should be covered by state insurance; re-consider categories of socially vulnerable people that have to be excluded from that system)	2008-2012	Ministry of Health, National Health Insurance Company	Plan for inclusion and adequate mechanisms available
		2.1.1.3. Reassess the incomes as a basis for calculation of payments into the Mandatory Health Insurance fund and improve the mechanisms for payments based on real income	2010-2011	Ministry of Health, National Health Insurance Company	1. List of income / categories of income that could serve as a calculation basis developed and approved 2. Proposals to improve payment mechanisms developed 3. Normative acts issued

1	2	3	4	5	6
		2.1.1.4. Gradually increase the percentage of payments, based on Midterm Expenditures Framework provisions, for the respective period until the level that provides for a package of healthcare services, expected by the population, and complements the necessary funds to cover that package	2008-2017	Ministry of Health, Ministry of Finance, Ministry of Economy and Trade, National Health Insurance Company	Normative acts issued
	2.1.2. Ensure State guarantees for participation in the healthcare system funding				Public expenditures for healthcare, % of the GDP
		2.1.2.1. Reassess national programs, based on population needs, and the efficiency of spending the allocated resources	2010-2012	Ministry of Health	<ol style="list-style-type: none"> 1. Identify population needs and possible interventions through national programs and establishment of the priorities 2. Studies on the efficiency compared to the cost, conducted in a selective manner, based on predefined criteria 3. National programs assessed based on predefined criteria 4. Proposals on improvement / restructuring developed and approved 5. National programs revised and implemented 6. Cost Methodology developed and approved 7. National programs' costs calculated
		2.1.2.2. Increase the costs for prevention and healthcare promotion by coordinating the programs of the Ministry of Health with the donor-funded programs	2010-2017	Ministry of Health, Ministry of Finance	<ol style="list-style-type: none"> 1. List of priority interventions for prevention and healthcare promotion developed by the Ministry of Health and brought in line with the donors' priorities 2. Funding sources (of the Ministry of Health and donors) correlated for each intervention

1	2	3	4	5	6
		2.1.2.3. Consider possibilities to increase the costs for prevention and healthcare promotion through revision of price policy for tobacco products and alcoholic beverages and introduction of an additional fee for trade entities (harm tax) for sale of those products, which will be allocated for healthcare system's needs to fight side effects (diseases) caused by tobacco products and alcoholic beverages	2011	Ministry of Health, Ministry of Finance, Ministry of Economy and Trade	1. Proposal developed 2. Consent of the Government obtained 3. Normative framework set up 4. Collection and allocation mechanisms developed 5. Harm tax introduced
		2.1.2.4. Increase the capacity of the Ministry of Health in the system financial projections	2008-2009	Ministry of Health	Training of the respective staff of the Ministry of Health conducted Capacity revision conducted
	2.1.3. Review the capacities of the local public authorities participation in the development of the health facilities infrastructure in the territory				
		2.1.3.1. Improve and adjust the normative framework for local public authorities to plan and cover the respective costs	2009-2010	Ministry of Finance, Ministry of Health, Ministry of Local Public Administration	1. Existing normative framework revised 2. Normative framework amended

1	2	3	4	5	6
	2.1.4. Develop the optional insurance forms for delivering the extra-package healthcare services				Optional insurance amount/share based on estimation increased
		2.1.4.1. Improve the normative framework to stimulate and encourage forms of optional insurance with various extra-Single Insurance Program packages	2010-2011	Ministry of Health	1. Normative framework set up 2. Incentives identified and included into the normative framework
2.2. Improve the mechanisms of payment and contracting of services					Payment and contracting mechanisms adjusted to system's financing and operational needs
	2.2.1. Improve the payment mechanisms of the service providers from the primary healthcare sector				Modern payment mechanisms for primary healthcare implemented
		2.2.1.1. Adjust the <i>per capita</i> payment mechanism, based on differences in demographical structure of population and the number of registered people with the family doctor 2.2.1.2. Define the healthcare services with <i>per service</i> payment and establish the cost of the respective services	2008-2009	Ministry of Health, National Health Insurance Company	1. Demographic structure updated 2. Lists of family doctors updated 3. Payment mechanism developed and approved 4. Payment mechanism implemented
			2008-2009	Ministry of Health, National Health Insurance Company	1. List of services with separate <i>per service</i> payment defined 2. Costs of services calculated/estimated 3. Payment budget for those services calculated, coordinated and allocated 4. Tariff list finalized 5. Normative framework established

1	2	3	4	5	6
		2.2.1.3. Improve payment mechanisms based on performance (develop performance criteria and mechanisms)	2009-2010	Ministry of Health, National Health Insurance Company	1. List of performance criteria for each type of service defined 2. Payment mechanism developed and approved 3. Normative act issued
	2.2.2. Improve the payment mechanisms of the service providers from the out-patient sector				Modern payment mechanisms for out-patient healthcare implemented
		2.2.2.1. Develop and implement new payment mechanisms for out-patient services oriented towards increasing their efficiency	2008	Ministry of Health, National Health Insurance Company	1. Types of services assessed, redefined and regulated 2. Modern payment mechanisms identified and coordinated
		2.2.2.2. Improve payment mechanisms based on performance (develop performance criteria and mechanisms)	2008	Ministry of Health, National Health Insurance Company	1. Performance assessment redefined 2. New payment mechanisms adopted and implemented
	2.2.3 Reform the payment mechanisms of the service providers from the in-patient sector (hospitals)				Modern payment mechanisms for in-patient healthcare implemented
		2.2.3.1. Estimate the real costs of healthcare services / treatments	2008-2009	Ministry of Health, National Health Insurance Company	1. Calculation Methodology standardized, coordinated, piloted and regulated 2. In-patient costs calculated /estimated
		2.2.3.2. Adjust financing to the calculated costs for healthcare services/treatments and to types of in-patient care	2010-2011	Ministry of Health, National Health Insurance Company	1. Financing mechanism developed and coordinated 2. Financing mechanism implemented pursuant to sub-point 2.2.3.4
		2.2.3.3. Pilot the mechanism of homogenous diagnostic groups for further implementation	2012-2017	Ministry of Health, National Health Insurance Company	1. Group system identified. 2. Pilot plan coordinated and implemented 3. Cases grouped and costs estimated

1	2	3	4	5	6
		2.2.3.4. Improve payment mechanisms based on performance (develop performance criteria and mechanisms)	2009	Ministry of Health, National Health Insurance Company	1. Types of services defined and regulated 2. Performance criteria defined and coordinated 3. Payment mechanisms revised, adopted and implemented pursuant to sub-point 2.2.3.2 Modern payment mechanisms for emergency healthcare implemented
	2.2.4. Improve the payment mechanisms of the service providers from the emergency service				
		2.2.4.1. Develop and implement new payment mechanisms for emergency services (oriented towards increasing their efficiency)	2008-2009	Ministry of Health, National Health Insurance Company	1. Financing mechanism developed and coordinated. 2. Financing mechanism implemented pursuant to sub-point 2.2.4.2
		2.2.4.2. Improve payment mechanisms based on performance (develop performance criteria and mechanisms)	2009	Ministry of Health, National Health Insurance Company	1. Types of services defined and regulated. 2. Performance criteria defined and coordinated. 3. Payment mechanisms revised, adopted and implemented pursuant to sub-point 2.2.4.1 Modern payment mechanisms for all types of newly-introduced services implemented
	2.2.5. Improve the payment mechanisms of other categories of newly implemented healthcare services: home-based care, palliative care, etc.				
		2.2.5.1. Develop and implement new payment mechanisms for recently introduced healthcare services (home-based care, palliative services etc.) and orient them towards increasing their effectiveness and efficiency	2008-2011	Ministry of Health, National Health Insurance Company	1. Types of services defined and regulated 2. Performance criteria defined and coordinated 3. Payment mechanisms revised, adopted and implemented

1	2	3	4	5	6
	2.2.6. Revise the mechanisms of contracting the healthcare services				Contracting adequate to opportunities for service provision and population's need for service
		2.2.6.1. Improve methodological norms (contracting conditions) to implement contracts (including performance indicators)	2009-2010	Ministry of Health, National Health Insurance Company	1. List of contracting conditions finalized 2. Contracting rules identified 3. Continuous revision process regulated
		2.2.6.2. Enhance the capacity of central authorities to increase the efficiency of contracting mechanisms (training, technical assistance, study-tours etc.)	2008-2011	Ministry of Health, National Health Insurance Company	1. Training needs identified 2. Training Plan developed 3. In-service training adopted and implemented 4. Percentage of trained people in the total number of eligible staff
		2.2.6.3. Increase the capacity of service providers to estimate the amount of adequate services that will serve as a basis for contracting	2008-2011	Ministry of Health, National Health Insurance Company	1. Assessment Methodology developed 2. Specialized training courses developed 3. Percentage of trained providers in total number of service providers
		2.2.6.4. Develop a normative framework for differentiated application of co-payments as a mechanism for discouraging over-consumption of services	2010-2011	Ministry of Health	1. Impact studies conducted 2. Norms and methodology agreed 3. Normative framework finalized
	2.2.7. Increase the autonomy of service providers in financial resources management				1. Increased degree of autonomy regulated 2. Service providers' expenditures included into the provided/ contracted funds, observing performance indicators (technical efficiency increased)

1	2	3	4	5	6
		2.2.7.1. Improve the normative framework for financial resources management	2008-2009	Ministry of Health, National Health Insurance Company	1. Existing normative framework revised, proposals for improvement developed and approved 2. Normative framework finalized
		2.2.7.2. Increase the capacity of healthcare service providers to undertake financial risks and to rationally manage resources (training, study tours etc.)	2008-2011	Ministry of Health, National Health Insurance Company	1. Training needs identified 2. Training Plan developed 3. In-service training adopted 4. Percentage of trained people in the total number of eligible staff (periodic assessment)
		2.2.7.3. Improve the control mechanism over the management of financial resources by service providers	2008-2010	Ministry of Health, Ministry of Finance, National Health Insurance Company	1. Existing control mechanism revised, proposals for improvement developed and approved 2. New control mechanism adopted and implemented
	2.2.8. Develop the mechanism of evaluating and monitoring the efficiency of the used resources				Evaluation and monitoring reports published periodically
		2.2.8.1. Improve monitoring indicators for (financial) healthcare system's programs	2008-2009	Ministry of Health, Ministry of Finance	Final list of relevant indicators available
		2.2.8.2. Improve (financial) monitoring indicators for healthcare service providers at all financing levels	2009	Ministry of Health, Ministry of Finance	Final list of relevant indicators available
		2.2.8.3. Improve and adopt monitoring procedures (tools, reporting, periodicity etc.)	2010-2011	Ministry of Health, Ministry of Finance	1. Monitoring Methodology developed and approved. 2. New methodology implemented

1	2	3	4	5	6
		2.2.8.4. Develop and implement satellite-accounts in healthcare	2009-2011	Ministry of Health National Bureau of Statistics	1. Satellite-accounts in healthcare developed (based on international experience) and approved 2. Implementation Methodology developed and coordinated 3. Normative framework finalized 4. Satellite-accounts in healthcare implemented
2.3. Enhance equity and transparency in allocation of resources and financial protection of citizens					Increased access of population to healthcare services adequate to their needs; periodic evaluation
	2.3.1. Improve equity in collection and use of financial resources for healthcare services				1. Equitable contribution to healthcare funds based on the established principles 2. Equitable and transparent allocation of funds, based on identified needs and the coordinated principles
		2.3.1.1. Develop a normative framework required for gradual transition from fixed amount contributions to income-based contributions (percent share from the income)	2010-2011	Ministry of Health, National Health Insurance Company	1. Incentives and forecasts implemented 2. Norms and methodology established 3. Normative framework finalized
		2.3.1.2. Develop and implement models of differentiated calculation and payment of insurance amounts correlated with the poverty line or other similar criteria	2010-2011	Ministry of Health, National Health Insurance Company	1. Incentives and forecasts implemented 2. Norms and methodology established 3. Normative framework finalized

1	2	3	4	5	6
		2.3.1.3. Increase the share of financial resources to be allocated to primary healthcare	2008-2009	Ministry of Health, National Health Insurance Company	Allocations from the Mandatory Health Insurance Fund increased up to 30% for primary healthcare
		2.3.1.4. Increase financing for compensated drugs and improve the mechanism for providing funds for compensated drugs	2008-2017	Ministry of Health, National Health Insurance Company	Allocation for compensated drugs annually increased
	2.3.2. Increase transparency in allocation and use of financial resources				1. Equity and transparency in funds allocation based on identified needs and established principles 2. Informal payments decreased
		2.3.2.1. Improve the mechanism of consultations with partners for setting up the healthcare budget, allocation and spending of financial resources	2008-2009	Ministry of Health, Ministry of Finance	1. Institutional partners identified 2. Consultation Methodology developed and coordinated 3. Staff trained in specific areas
		2.3.2.2. Consult with the society the draft national healthcare programs and the Single Insurance Program	2008-2017	Ministry of Health	1. Consultation subject included into the Communication Strategy 2. Consultations conducted according to the Communication Strategy
		2.3.2.3. Include questions about formal and informal payments into the survey on expenditures among households to be conducted by the National Bureau of Statistics	2008-2009	National Bureau of Statistics, Ministry of Health	1. Set of questions defined and coordinated 2. Agreement of the National Bureau of Statistics obtained 3. Questions included into the study

Specific Objectives	Measures	Activities	Period of implementation	Agency in charge of implementation	Indicators
1	2	3	4	5	6
Section 3. Organize and provide the healthcare services, including in the electronic form, in line with the requirements and tailored to people's needs					
3.1. Promote an integrated healthcare and ensure the continuity of the healthcare services for solving healthcare problems of the population					Population provided with continuous and integrated healthcare based on the identified needs
	3.1.1. Assess the real needs of the population in health services				Study to estimate the needs of population conducted
		Conduct a national study to estimate the needs of population for healthcare services	2009	Ministry of Health	1. Methodology developed and coordinated 2. Study conducted and published
	3.1.2. Strengthen emergency healthcare and develop paramedical services				Emergency healthcare services reorganized based on the estimated needs and approved norms
		Bring the national standards for organization and equipment of emergency services in line with the European standards	2008-2017	Ministry of Health	1. Proposals on new standards developed and coordinated 2. New standards regulated 3. Percentage of newly implemented standards in the number of the developed ones annually assessed
		Improve the normative framework for emergency healthcare and develop paramedical services	2010-2012	Ministry of Health	1. A new normative framework developed and approved 2. New normative framework that includes paramedical services regulated 3. Paramedical services in place

1	2	3	4	5	6
		Enhance call center services as a key element of the emergency healthcare (training, equipment provision, standards)	2008-2010	Ministry of Health	1. Proposals on reorganization of the call center service developed and approved 2. Protocols and standards developed and coordinated 3. Staff trained 4. Percentage of reorganized call centers annually assessed
		Provide the emergency healthcare service with specialized medical vehicles provided with necessary equipment	2008-2017	Ministry of Health	1. Provision and equipment concept developed and approved 2. Technical specifications developed and coordinated 3. Level of purchase and equipment annually assessed
		Develop and enhance technical and material basis of emergency healthcare subdivisions in compliance with the requirements in this area	2008-2017	Ministry of Health	1. Proposal on development drafted and approved 2. Level of implementation annually assessed
		Implement standards, guidelines, and clinical protocols in emergency healthcare (training and dissemination)	2008-2011	Ministry of Health	1. Standards, guidelines and protocols selected 2. Percentage of selected, developed/ adjusted and coordinated standards, guidelines and protocols annually assessed 3. Level of implementation annually assessed
		Develop and unify training programs for paradoctors (fire-fighters, police)	2008-2011	Ministry of Health, Ministry of Internal Affairs	1. Unified programs developed and coordinated 2. Percentage of trained paradoctors in the total number of eligible staff annually assessed

1	2	3	4	5	6
		Train population how to provide first aid in partnership with Red Cross in Moldova	2008-2017	Ministry of Health, Red Cross in Moldova	1. Proposals on education campaign for population developed and coordinated 2. Training tools developed 3. Percentage of population included in campaign in the total number of population that requires training annually assessed
	3.1.3. Enhance the role and authority of the primary healthcare in the national healthcare system with priority on disease prevention measures				1. Primary healthcare services reorganized based on the estimated needs and approved normative acts 2. Share of primary healthcare in service provision increased, based on the estimated needs
		Enhance the capacity of primary healthcare in management of resources (training)	2008-2011	Ministry of Health	1. Curricula developed and coordinated 2. Percentage of trained employees in the total number of staff annually assessed
		Develop a mechanism for choosing and registration with a family doctor	2008-2009	Ministry of Health, National Health Insurance Company	1. Normative framework regulated 2. Doctors and population informed 3. Lists of family doctors drafted
		Revise and optimize documents used in primary healthcare	2008-2009	Ministry of Health	1. Proposals on optimization developed and coordinated 2. Normative act on new documentation issued
		Develop norms for regulation of staff's activities within primary healthcare (time, number of visits etc.)	2008-2009	Ministry of Health	1. Norms developed and approved 2. Normative act issued
		Distribute functions and define operation mechanisms for primary healthcare team	2008-2009	Ministry of Health	Normative act on functions issued

1	2	3	4	5	6
		Revise the types of priority services and the amount of services for primary healthcare: provision of preventive services, work with community, education of patients and vulnerable people, identification of services for separate <i>per</i> service payment	2008-2011	Ministry of Health	1. Types of services defined and approved 2. Norms for services defined and approved 3. Normative act issued
		Improve mechanisms for the referral and management of patients' flow (emergency healthcare, specialist, hospital)	2008-2010	Ministry of Health	1. Functions at different levels established and approved 2. Criteria for referral defined and agreed 3. Documentation for referral developed and regulated 4. Variation in the patients' flow at different levels, including the referral outflow periodically assessed
		Implement guidelines and clinical protocols for primary healthcare (training and dissemination)	2008-2017	Ministry of Health	1. Standards, guidelines and protocols selected 2. Percentage of developed/adjusted standards, guidelines and protocols in the required number annually assessed 3. Level of implementation annually assessed
		Develop incentive mechanisms for staff from primary healthcare for the provision of preventive services, work with community, and vulnerable people, education of patients	2008	Ministry of Health	1. Incentives identified and approved 2. Percentage of types of services increased and periodically assessed
		Develop a system for monitoring and evaluation of primary healthcare	2008-2009	Ministry of Health	1. Indicators defined and coordinated 2. Monitoring Plan developed and approved 3. Data flow defined and approved 4. Periodic Monitoring Reports

1	2	3	4	5	6
	3.1.4. Define the role of the out-patient specialized healthcare				Normative framework for specialized out-patient healthcare regulated
		Develop a normative framework for organization and provision of specialized out-patient healthcare services	2008	Ministry of Health	1. Proposals on out-patient healthcare developed and approved 2. Normative framework regulated
	3.1.5. Modernize the in-patient healthcare services				In-patient healthcare services reorganized based on the estimated needs and approved normative acts
		Develop a plan for the reorganization of hospitals based on levels and stages of in-patient healthcare (acute, chronic diseases, recovery)	2008	Ministry of Health	Reorganization Plan developed and approved
		Develop a normative framework for establishing and diversifying cost-efficient in-patient services or alternatives to hospitalization (day surgery, in-patient daycare services)	2008-2010	Ministry of Health	1. Evaluation of diversifying types of in-patient services conducted 2. Tariff simulation and establishment conducted 3. Normative framework regulated
		Enhance the ability and increase the responsibility of hospital managers in managing the resources (training, incentives, and sanctions)	2008-2017	Ministry of Health	1. Mechanisms for motivation / incentives regulated through a normative act 2. Training curricula developed and approved 3. Percentage of trained employees in the total number of staff annually assessed
		Develop criteria for hospitalization to ground the selection of patients	2009	Ministry of Health	1. Criteria for hospitalization developed and approved 2. Criteria for transfer developed and approved

1	2	3	4	5	6
		Create emergency admission units and emergency departments within hospitals	2008-2017	Ministry of Health	1. Establishment of new emergency units in hospitals assessed 2. Normative framework for operation regulated 3. Structures in place and functional, and periodically assessed
		Define types of in-patient care for differentiated financing	2009-2010	Ministry of Health	1. Assessment and simulation of alternative types of financing conducted 2. Types of care with differentiated financing defined 3. Tariffs and differentiated financial mechanisms for each type of care
		Implement guidelines and clinical protocols for various specialties and levels (training and dissemination)	2008-2017	Ministry of Health	1. Standards, guidelines and protocols prioritized and selected 2. Percentage of developed/adjusted and approved standards, guidelines and protocols in the total number of required number annually assessed 3. Level of implementation annually assessed
		Develop a system for monitoring and evaluation of in-patient services	2009-2010	Ministry of Health	1. Indicators defined and approved 2. Monitoring Plan developed and approved 3. Data flow defined and coordinated 4. Periodic monitoring reports
	3.1.6. Develop community- and home-based care				1. Normative framework regulated 2. Percentage of community- and home-based care annually assessed

1	2	3	4	5	6
		Develop a normative framework for the provision of community-based services	2008-2009	Ministry of Health	Normative framework regulated
		Develop and approve national standards for community-based and home-based care	2008-2009	Ministry of Health	National standards developed and approved
		Develop standards for accreditation of community-based service providers	2010	Ministry of Health	Accreditation criteria and standards developed and approved
		Identify and support community-based service providers (nongovernmental organizations and other service providers capable to provide quality community-based care services)	2011	Ministry of Health	Modality of contracting service providers defined, implemented, and periodically assessed
	3.1.7. Increase the role of public-private partnership in providing healthcare services				1. Normative framework regulated 2. Increase in the percentage of private investments in healthcare annually assessed 3. Increase in the percentage of outsourced auxiliary services annually assessed
		Adjust and complement the existing normative framework for private activity in healthcare sector	2009-2010	Ministry of Health	Normative framework regulated
		Improve the normative framework to encourage private investments, including of the health workers, in organization and provision of healthcare services	2009-2010	Ministry of Health	Normative framework regulated

1	2	3	4	5	6
		Identify opportunities of outsourcing certain services (laundry, canteen, guards etc.)	2009-2011	Ministry of Health	1. Services outsourcing developed 2. List of services which can be outsourced drafted and approved 3. Normative framework regulated
		Improve and unify forms of record-keeping, reporting and monitoring of the public and private service providers' activities	2010-2011	Ministry of Health	1. Indicators defined and approved 2. Monitoring Plan developed and coordinated 3. Data flow defined and coordinated 4. Periodic monitoring reports
	3.1.8. Develop telemedicine				1. Identified priority areas covered with telemedicine services 2. Cost reduction by the estimated percent to ground the decision on introduction of telemedicine services
		Identify areas to apply telemedicine from the perspective of cost-efficiency	2008-2009	Ministry of Health	Priority areas established and approved
		Develop capacities (equipment, training) and provide telemedicine services	2009-2017	Ministry of Health	1. Equipment provided and training conducted 2. Level of equipment provision periodically assessed 3. Staff trained
3.2. Develop priority sectors of the healthcare system with impact on the public health and of strategic importance					Priority areas in public health covered with financing and services based on the estimated needs

1	2	3	4	5	6
	3.2.1. Strengthen the public healthcare services				1. Strategy for public health and health promotion developed and approved 2. Action Plan developed and approved 3. Efficiency increased by priority areas, according to specific indicators for each area separately
		Develop / improve normative support in public health	2008	Ministry of Health	1. Amendments to the normative framework developed and approved 2. New normative framework regulated 3. Information / dissemination conducted
		Develop a Strategy for Public health and health promotion, and the Action Plan in areas of priority	2008-2009	Ministry of Health	1. Priority areas and interventions established and prioritized 2. Strategy developed and approved 3. Action Plan developed and approved 4. Degree of coverage of priority areas and interventions by the strategy
		Develop a single framework for development and financing of the national programs and build up the respective skills (training)	2009-2010	Ministry of Health, National Health Insurance Company	1. Single framework for development and financing of national programs developed 2. Number of trained people in implementing the new framework
		Develop / revise the national programs based on priorities of public health (contagious and non-contagious diseases) and on the available financial resources	2011-2017	Ministry of Health	National programs developed based on the established priorities and financial resources

1	2	3	4	5	6
		Develop a mechanism for coordinating, monitoring and evaluation of national programs at all levels	2009-2010	Ministry of Health	1. Coordination mechanism and procedures developed and approved 2. Monitoring and evaluation indicators defined and approved 3. Monitoring Plan developed 4. Data flow defined and coordinated 5. Periodic monitoring reports
	3.2.2. Continuously improve the control methods over the contagious diseases				Efficiency of interventions in the control over contagious diseases increased, based on specific indicators for each area separately
		Set up and implement a new electronic system for epidemiological surveillance of infectious diseases, based on early identification and alert of contagious diseases and other phenomena which have an impact on the public health	2008-2011	Ministry of Health	Number of preventive medicine centers and health facilities adjusted to the new system
		Develop capacities for quick laboratory microbiologic diagnosis of contagious diseases which have a major epidemiologic impact and ensure the bio-security	2008-2013	Ministry of Health	Number of laboratories provided with quick diagnosis equipment
		Ensure vaccination coverage over 95% of target ages and target population groups, carry out new vaccinations	2008-2017	Ministry of Health	Vaccination coverage

1	2	3	4	5	6
		Develop a system for quick alert and fighting bio-terrorism	2008-2011	Ministry of Health	Efficient alert system in place
	3.2.3. Reduce the rate of non-contagious diseases				Efficiency of interventions in the control over non-contagious diseases increased, based on specific indicators for each area separately
		Develop and introduce standards for early identification through screening of chronic diseases	2008-2017	Ministry of Health	Number of developed standards
		Enhance capacities for surveillance of public health in relation with other factors influencing it, develop and implement recommendations orientated towards elimination or decrease of their side effects on the health	2008-2017	Ministry of Health	Number of developed and implemented recommendations
		Develop and implement cost-efficient forms and methods for prevention of non-contagious diseases by supplementing foodstuffs with micro-nutriments, micro-elements, vitamins etc.	2008-2017	Ministry of Health	Number of approved and implemented forms and methods
		Enhance and support programs for health promotion and non-contagious disease surveillance, including the lifestyle and increased individual, family and community responsibility for public health	2008-2017	Ministry of Health	Number of implemented activities outlined in the health promotion and non-contagious disease surveillance programs

1	2	3	4	5	6
		Develop socio-hygienic monitoring by supervising and increasing the efficiency of control over behavioral and living environment risk factors	2008-2017	Ministry of Health, interested central public administration authorities	1. Guidelines for operation in the social and hygienic monitoring network approved 2. All staff of the social and hygienic monitoring network trained by 2008 3. Social and hygienic monitoring software development finalized by the end of 2009 4. National reports on population health compared to environment factors presented twice a year
	3.2.4. Implement the Mental Health Policy				Mental health policy implemented based on defined indicators
		Improve the normative framework in mental health	2008-2009	Ministry of Health	1. Amendments to the normative framework developed and approved 2. New normative framework regulated 3. Information / dissemination conducted
		Increase the capacity of primary healthcare in treating patients with mental diseases	2009-2010	Ministry of Health	1. Doctors in primary healthcare trained (annual assessment of the percentage of trained people) 2. Motivation/incentives framework for doctors in primary healthcare established to implement the interventions 3. Incentives implemented 4. Impact indicator established at the initial stages of the process

1	2	3	4	5	6
		Set up alternatives to hospitalization / care and supervision of psychotic patients (develop community-based mental health centers)	2009-2017	Ministry of Health	1. Alternatives developed and approved 2. Information / dissemination conducted 3. Percentage of patients who benefit from alternative care in the total number of patients with mental diseases annually assessed
		Assess the psychiatric hospitals to optimize the number of beds and opportunities for transfer of certain services to social assistance system	2009-2011	Ministry of Health	1. Assessment and optimization methodology developed and coordinated 2. Assessment conducted 3. Proposals on reorganization / optimization set forth and approved 4. Level of implementation annually assessed
	3.2.5. Ensure the implementation of the national programs related to contagious diseases, as provided in the Millennium Development Goals (TB, HIV/AIDS and sexually transmitted infections)				National programs implemented according to the indicators
		Implement the national program to fight tuberculosis	2008-2010	Ministry of Health, Ministry of Education and Youth, local public administration authorities	In compliance with the national program indicators

1	2	3	4	5	6
		Implement the national program on prevention and control of HIV/AIDS and sexually transmitted infections	2008-2011	Ministry of Health, Ministry of Education and Youth, local public administration authorities	In compliance with the national program indicators
	3.2.6. Improve the mother and child health according to the Millennium Development Goals				1. Mother and child's health improved as compared to MDG indicators (maternal mortality rate, infant mortality rate, mortality rate in children under 5 years) 2. Annual assessment and reporting
		Improve services of medical genetics to prevent congenital malformations	2008-2009	Ministry of Health	Regulations for medical genetics service revised and approved
		Improve a normative framework to decrease teratogenic risk factors in pregnant women	2010	Ministry of Health	Normative framework to decrease teratogenic risk factors in pregnant women adjusted and approved
		Develop skills for prenatal diagnosis (equipment, training)	2008-2017	Ministry of Health	1. Equipment provision and training plan developed and approved 2. Level of plan implementation annually assessed
		Enhance the capacity of maternities to reach the standards of „family-friendly maternity“ (training, equipment, standards)	2008-2013	Ministry of Health	1. Equipment provision and training plan developed and approved 2. Level of plan implementation annually assessed 3. Standards developed. 4. Number of maternities that meet „family-friendly maternity“ criteria
		Set up reference centers in existing public health facilities for reanimation of early age children and provision of AVIASAN service with specialized vehicles (reanimation vehicles)	2008-2011	Ministry of Health	1. Number of created reference centers 2. Number of purchased reanimation vehicles

1	2	3	4	5	6
		Enhance the capacity of intensive care paediatric services (training, equipment)	2008-2011	Ministry of Health	1. Equipment provision and training plan developed and approved 2. Level of plan implementation annually assessed
		Conduct a study on determinant factors of child mortality in children under 5 years old	2009-2010	Ministry of Health, UNICEF Moldova	1. Methodology developed 2. Study conducted and published
		Develop an inter-sectoral Action Plan for the improvement of child and youth health	2008-2009	Ministry of Health	Plan of actions developed, coordinated with other interested ministries and approved
		Enhance the mother and child health surveillance system (training, tools, equipment)	2008-2017	Ministry of Health	1. Tools / protocols for supervision developed and approved 2. Equipment provision and training plan developed 3. Level of plan implementation annually assessed
		Involve the community in solving medical and social issues of vulnerable families and children	2008-2017	Ministry of Health, local public administration authorities	1. Plan on community involvement developed, coordinated and approved 2. Level of plan implementation annually assessed
	3.2.7. Enhance the intervention capacities of the healthcare services in the event of natural disasters and exceptional situations				Response plan in the event of natural disasters and exceptional situations developed according to the normative acts and approved
		Improve the normative framework for inter-sectoral cooperation in the event of natural disasters and exceptional situations	2008-2011	Civil Protection and Exceptional Situations Service, Ministry of Health	1. Amendments to the normative framework developed 2. Normative framework regulated 3. Information / dissemination conducted

1	2	3	4	5	6
		Revise and improve the National Response Plan in the event of natural disasters and exceptional situations (epidemics, bio-terrorism)	2008-2011	Civil Protection and Exceptional Situations Service, Ministry of Health	1. Amendments to the National Plan developed and approved 2. Normative framework regulated 3. Information / dissemination conducted 4. Level of training of staff annually assessed
		Improve the normative framework for ensuring the necessary State reserves to provide healthcare to population in the event of natural disasters and exceptional situations	2008-2011	Agency for Material Reserves, Public Procurement and Humanitarian Aids	1. Amendments to the normative framework developed and approved 2. Normative framework regulated 3. Information / dissemination conducted 4. State reserves set up and maintained according to the established standards, and annually assessed
3.3. Improve the quality of the healthcare services and increase the patients' satisfaction					1. Provision of healthcare services to population according to standards approved 2. Satisfaction of patients increased and periodically assessed
	3.3.1. Develop and implement a system that could ensure and improve the quality of healthcare services				Quality provision and improvement system regulated and implemented
		Develop and approve standard sample for the development of standards, guidelines, clinical protocols and indicators, according to international recommendations	2008	Ministry of Health	1. Standard sample agreed 2. Standard sample developed and approved 3. Standard sample regulated and implemented

1	2	3	4	5	6
		Build up the capacity to develop standards, guidelines, clinical protocols and indicators	2008-2009	Ministry of Health	1. Curricula for the development of standards, protocols and indicators based on international standards defined 2. Curricula accredited 3. Members of the coordination team (centre) trained based on the accredited curricula 4. In-service training plan developed
		Set up priorities for the development of guidelines and standards	2008-2009	Ministry of Health	1. Extended list of standards, protocols and indicators defined 2. Established, agreed and undertaken priorities – normative regulation – annually monitored
		Develop and disseminate quality standards, guidelines and clinical protocols by different levels of care according to the established priorities	2008-2017	Ministry of Health	1. Standards, protocols, guidelines developed based on the established priorities 2. Dissemination strategy and plan developed and coordinated 3. Dissemination plan implemented
		Develop indicators for monitoring the quality	2008-2009	Ministry of Health	1. Indicators based on health policy and priorities developed 2. Monitoring plan and indicators developed and implemented
		Set up and train teams for quality management / monitoring within public health facilities/ institutions	2009	Ministry of Health, National Health Insurance Company	1. Normative framework for teams from public health facilities developed and regulated 2. Training plan developed 3. Number of trained people/teams

1	2	3	4	5	6
		Set up a mechanism (procedures) of internal and external control over the quality	2009	Ministry of Health	1. Mechanisms for (internal and external) control over the quality developed and regulated 2. Implementation plan defined and implemented 3. Mechanisms for quality operational control – number of analyses / visits / reports – annually assessed
		Develop a risk reporting system	2009	Ministry of Health	1. Proposal on risk assessment system developed and coordinated 2. Risk reporting system implementation level annually assessed
		Set up an EBM team and join international networks for documentation and dissemination	2009-2010	Ministry of Health	1. Staff selection criteria developed 2. Staff selected 3. EBM team set up 4. Staff trained 5. Documentation priorities established 6. Amount of developed documentation periodically assessed 7. Information disseminated to target-groups 8. Priorities in documentation coverage periodically assessed
		Undergraduate and postgraduate training in quality	2009-2010	Ministry of Health	1. Specific curricula and modules developed and approved 2. Trainers trained based on the approved curricula and modules 3. Curricula implemented 4. Number of trained staff annually assessed

1	2	3	4	5	6
		Set up computer rooms in health institutions and provide Internet connection to websites of national scientific research institutions, of the European Society for Quality of healthcare services, <i>Medline</i> database, and <i>Cochrane</i> library	2009-2011	Ministry of Health	1. Organization and equipment provision paper developed and approved 2. List of institutions drafted 3. Technical specifications developed and approved 4. Level of purchasing and equipment provision annually assessed
	3.3.2. Strengthen the system of accreditation in the healthcare system				Accreditation system regulated and implemented
		Improve the normative framework for assessment and accreditation in the healthcare system	2008	Ministry of Health	1. Proposals on the improvement of the normative framework developed and approved 2. Normative framework regulated 3. Information / dissemination conducted
		Improve and adjust the accreditation standards to international requirements	2008	Ministry of Health	1. Accreditation standards adjustment concept paper developed and approved 2. Accreditation standards adjusted to the international requirements 3. Accreditation standards disseminated
		Develop a mechanism for differentiated accreditation within the healthcare system	2009	Ministry of Health	1. Accreditation mechanism defined 2. Responsibilities and accreditation process for each service provider regulated 3. Publication and dissemination
	3.3.3. Ensure the observance of the patients' rights				1. Observance of patients' rights periodically assessed 2. Number of complaints and claims decreased

1	2	3	4	5	6
		Develop a normative framework required to implement the Law on rights and duties of patients	2008	Ministry of Health	1. Normative framework developed and approved 2. Normative framework regulated
		Organize raising awareness campaigns on rights and duties of patients, including within Mandatory Health Insurance	2008-2017	Ministry of Health, National Health Insurance Company	1. Proposal on population education developed and approved 2. Training tools developed 3. Percentage of population covered by the campaign annually assessed
		Set up institutions oriented towards resolving the conflicts/disputes through extrajudicial methods involving patients' representatives	2008-2017	Ministry of Health	1. Institutions' structures developed and coordinated 2. Institutions' structure and operation regulated through a normative act 3. Functional structures in place, number of processed conflicts /disputes annually monitored

Specific Objectives	Measures	Activities	Period of implementation	Agency in charge of implementation	Indicators
1	2	3	4	5	6
Section 4. Generate and ensure the necessary resources for the healthcare system					
4.1. Management of the human resources through rational use of existent staff, adequate and diversified training and formation of highly skilled staff for the healthcare system					Adequate coverage with staff (according to categories and number of staff, diversified and specialized training, distribution), based on the estimated needs and approved normative acts
	4.1.1. Assess the needs in and plan the human resources for the healthcare system.				1. Normative act on planning the number of human resources in the healthcare system developed and approved 2. Level of implementation compared to the planned level annually assessed
		Inventory of existing human resources and set up a data base	2008	Ministry of Health	1. Software applications for the operational data base 2. Percentage of inventoried human resources in the total number annually assessed
		Develop and approve standards of provision with staff of the healthcare system	2009	Ministry of Health	Standards developed and approved
		Develop a system for monitoring and evaluation of human resources adjusted to international standards	2010-2012	Ministry of Health	1. Monitoring and evaluation methodology paper developed 2. Monitoring and evaluation tools developed 3. Monitoring and evaluation plan developed 4. Annual monitoring and evaluation reports published

1	2	3	4	5	6
		Adjust the job descriptions to the approved standards for all staff categories, including the auxiliary one	2010-2011	Ministry of Health	1. New job descriptions developed and approved 2. New job descriptions implemented
	4.1.2. Ensure coverage with health staff in rural areas				Level of increase in coverage with staff as compared to the estimated level annually assessed
		Develop new organizational and legal forms of activity in primary healthcare in rural areas with a view to contracting with the National Health Insurance Company directly	2008-2017	Ministry of Health	1. Proposal on reorganization developed and approved 2. Percentage of implemented activities outlined in the proposal on reorganization annually assessed 3. Direct contracting with the National Health Insurance Company initiated
		Improve the technical and material basis, including the provision of the health institutions/facilities with vehicles	2008-2017	Ministry of Health, National Health Insurance Company	1. Report on the needs for improvement of the technical and material basis 2. Level of improvement of the technical and material basis annually assessed
		Develop the professional skills in human resources under conditions of autonomy	2008-2011	Ministry of Health	1. Training plan developed 2. Level of implementation of the training plan annually assessed
	4.1.3. Motivate and stimulate the staff of the healthcare system				Increase the level of satisfaction among the staff, periodically assessed
		Set up a performance-based motivation system	2008-2009	Ministry of Health, National Health Insurance Company	1. Proposal on efficient motivation system developed and approved 2. Level of implementation of the proposal periodically assessed

1	2	3	4	5	6
		Continue the implementation of a mechanism of providing facilities to the newly hired young professionals according to the referral scheme	2008-2017	Ministry of Health, Ministry of Finance	1. Mechanism initiated 2. Percentage of young people that benefit from facilities in the total number of the eligible staff annually assessed
		Implement mechanisms for contest-based recruitment of managing staff, doctors and pharmacists in the public healthcare system	2008	Ministry of Health, Ministry of Local Public Administration	1. Mechanism developed 2. Modality of contest-based recruitment regulated
		Ensure working conditions to health workers according to the standards	2008-2017	Ministry of Health, central public administration authorities with health facilities, local public administration authorities	1. Standards developed / adjusted and approved 2. Level of implementation of standards in the institutions annually assessed
		Develop a normative framework related to the insurance of the doctors' civil responsibility	2008	Ministry of Health	1. Normative act developed and approved 2. Normative act issued
		Improve the normative framework related to the motivation of the medical and pharmaceutical staff	2008-2010	Ministry of Health	1. Proposal on improving the normative framework developed 2. Normative act issued 3. Level of implementation periodically assessed
	4.1.4. Improve the policies of staff training in medical and pharmaceutical educational establishments				1. <i>Numeros clausus</i> implemented 2. Professional Training and diversification adequate to the identified needs
		Prepare a strategy of developing the human resources in the healthcare system	2008-2009	Ministry of Health, Ministry of Economy and Trade	1. Strategy developed 2. Report on annual revision of the strategy, with proposals on adjustment and improvement

1	2	3	4	5	6
		Plan the generation of human resources based on system's needs and <i>numeros clausus</i> criteria	2009-2017	Ministry of Health	1. Report on development and establishment of <i>numeros clausus</i> criteria 2. Report on annual revision 3. Percentage of increase in number of human resources above the previously established <i>numeros clausus</i> criteria
		Improve the mechanism for financing the medical educational system, including through budgeting methodology based on programs and performance	2008-2010	Ministry of Health, Ministry of Education and Youth, Ministry of Finance	1. Report on weak points in the financial mechanism developed 2. Report on measures for adjusting the gaps developed 3. Specific indicators for the implementation of the established measures assessed periodically 4. Specific indicators for successful implementation assessed periodically (for example percentage of increase in financing segments etc.)
		Improve criteria for admission into medical and pharmaceutical educational institutions	2008-2009	Ministry of Health, Ministry of Education and Youth	1. Report on current deficiencies of the admission criteria 2. Proposals for new criteria developed and approved 3. Percentage of newly adopted criteria implemented
		Up-to-date curricula in medical and pharmaceutical education according to the European standards	2008-2017	Ministry of Health, Ministry of Education and Youth	1. Report on differences between the national and the European standards developed 2. Proposals on the required measures developed and approved 3. Level of implementation of proposals assessed periodically
		Improve the normative framework to acquire additional professional skills	2008-2010	Ministry of Health, Ministry of Education and Youth	1. Proposals for acquiring additional professional skills developed 2. Normative act on additional skills issued

1	2	3	4	5	6
		Train the staff in new specialties of the healthcare system (information technologies, nurses, degree etc.), taking into account the needs of the labor market	2011-2017	Ministry of Health, Ministry of Education and Youth, Ministry of Economy and Trade	1. Training curricula developed for each specialty separately 2. Number of newly attested employees by each specialty assessed periodically
		Implement and improve the (medical and pharmaceutical) distance learning	2008-2017	Ministry of Health, Ministry of Education and Youth	1. Required normative acts issued 2. <i>Distance Learning</i> platform procured 3. Report on evaluation of needs and opportunities for distance learning developed 4. Training curricula developed 5. Training of trainers/ tutors 6. Training courses in <i>Distance Learning</i> -format prepared and implemented 7. Training centers accredited 8. Trainers/ tutors certified 9. Percentage of trained professionals in the estimated total number assessed periodically
		Use the opportunities to access the international university networks	2008-2017	Ministry of Health, Ministry of Education and Youth	1. Inventory of opportunities conducted periodically. 2. Number of established partnerships
4.2. Strengthen the technical and material base of the institutions/facilities from the healthcare system					Technical and material basis adequate to the estimated needs estimate and approved normative acts
	4.2.1. Streamline the infrastructure of the healthcare facilities				System's infrastructure adjusted to the approved standards
		Develop national standards for institutions' infrastructure	2008-2010	Ministry of Health, Agency for Constructions and Territorial Development	National standards developed and regulated

1	2	3	4	5	6
		Evaluate the technical and material basis of the primary healthcare institutions	2008	Ministry of Health	Report on expert evaluation developed
		Evaluate the technical and material basis of the district and municipal hospitals	2008	Ministry of Health	Report on expert evaluation developed
		Rehabilitate rural, district and municipal health facilities / institutions	2008-2017	Ministry of Health, local public administration authorities	Percentage of rehabilitated rural / district / municipality health facilities / institutions in the total number annually assessed
		Gradually develop the performance centers based on the approved plan	2008-2017	Ministry of Health, local public administration authorities	Level of implementation of development plans annually assessed
		Strengthen the technical and material basis of the republican institutions, centers of preventive medicine and educational institutions	2008-2017	Ministry of Health, Ministry of Finance	1. Plan for the development of the technical and material basis developed and approved 2. Level of implementation of the plan annually assessed
		Improve the normative framework for the involvement of the founders in the construction and in-depth repair of the premises	2008-2010	Ministry of Health, local public administration authorities	1. Draft normative act developed 2. Normative act issued
	4.2.2. Provide with advanced medical equipment				Adequate coverage with up-to-date medical equipment according to the estimated needs and approved normative acts
		Develop a normative framework on regulating the quality and safety of the medical equipment	2008-2017	Ministry of Health	1. Draft normative acts developed 2. Normative acts issued
		Develop standards on provision of the medical institutions and services with medical equipment	2009-2010	Ministry of Health	National standards developed and regulated

1	2	3	4	5	6
		Estimate the needs in medical equipment and develop a plan of provision with medical equipment in compliance with the established standards and priorities	2008-2010	Ministry of Health	1. Assessment report developed 2. Plan on equipment provision developed and approved
		Improve the normative framework for purchasing of medical equipment based on quality performance	2008-2009	Ministry of Health	1. Draft normative acts developed 2. Normative acts issued
4.3. Rational management of drugs					1. Rules for best practices implemented 2. Adequate access of population to drugs
	4.3.1. Ensure the pharmaceutical security				Rules for best practices implemented
		Develop and implement rules for best practices in laboratory (GLP) and distribution (GDP) conditions adjusted to the international requirements	2009	Ministry of Health	1. GLP and GDP developed and approved 2. GLP and GDP level of implementation annually assessed
		Develop and implement rules for best practices in clinical (GCP) and manufacturing (GMP) conditions	2008-2010	Ministry of Health	1. GCP and GMP developed and approved 2. GCP and GMP level of implementation annually assessed
		Develop and implement rules for best practices in pharmacy (GPP)	2008-2017	Ministry of Health	1. GPP developed and approved 2. GPP level of implementation annually assessed
		Implement and improve automated information systems for record-keeping of the drugs turnover (State drugs nomenclature)	2008-2017	Ministry of Health, Ministry of Information Development	"State nomenclature of drugs" Automated Information System implemented at pharmaceutical entities (level of implementation annually assessed)

1	2	3	4	5	6
		Develop mechanisms to ensure a rational use of drugs (drugs prescription/release according to prescription, antibiotics, parenteral drugs)	2008-2017	Ministry of Health	1. Mechanisms developed and regulated 2. Number of infringements identified during the check-ups / monitoring 3. Percentage of antibiotics included in the prescriptions 4. Percentage of drugs with parenteral administration included in the prescriptions
		Enhance the drug quality control system (provision with equipment)	2011-2017	Ministry of Health	Provision with HPLC - 5, devices
	4.3.2. Ensure physical and economic accessibility of drugs				Adequate access for population to drugs
		Reorganize pharmaceutical sections in hospitals and adjust them to the effective normative acts' provisions	2009-2010	Ministry of Health	Percentage of villages without pharmaceutical assistance in the total number of villages
		Increase the range of compensated drugs	2008-2017	Ministry of Health, National Health Insurance Company	1. Extension of drugs range developed and approved 2. Progressive increase up to 250-300 DCI annually assessed
		Improve the mechanisms to provide the population with compensated drugs	2009-2014	Ministry of Health, National Health Insurance Company	1. Mechanisms for increasing the accessibility developed and approved 2. Population informed
		Improve the mechanism for fixing prices for drugs	2008-2017	Ministry of Health	Dynamics of price index
		Stimulate the development of the domestic pharmaceutical industry	2008-2017	Ministry of Health, Ministry of Industry and Infrastructure	The level of extension of the nomenclature and of the product volume annually assessed

Ministry of Health of the Republic of Moldova
2, Vasile Alecsandri street, the city of Chisinau, 2009
Tel. +373 2 729907; +373 22 729838; Fax. +373 2 738781
e-mail: ms@mednet.md; <http://www.ms.gov.md/>