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SUSTAINABLE FUNDING SOLUTIONS FOR THE HEALTH SYSTEM IN THE REPUBLIC OF MOLDOVA

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List of abbreviations

MHI –Mandatory health insurance

EC - European Commission

NHSI - National House of Social Insurance

NHIC –National Health Insurance Company

MHIF –Mandatory Health Insurance Fund

IMF - International Monetary Fund

HTA - Health Technology Assessment

SM –Subsidized medications

MH - Ministry of Health

OHW - World Health Organization

GDP - Gross Domestic Product

AIS - Automated Information System

EU - European Union



1. Introduction

This study seeks to contribute to improving the health system funding policies in the Republic of Moldova, by promoting and supporting efficiency within the health system. The study objective is to put forward, in a synthesis document, viable solutions for the health system funding, the solutions that are the outcomes of various researches and analyses carried out over the last years by experts in the field.

By this study we aim to highlight the way the health system is funded in the Republic of Moldova, suggest different methods of increasing health system funding and efficient use of resources, stress the importance of investment in innovation and prevention for the nation's health and plead for improved transparency of data and decision-making in implementing public policies in the area of health.

The study includes conclusions and recommendations for the public health system based on the following policies developed by the Republic of Moldova Government:

1. National healthy lifestyle promotion program for 2007-2015. Approved by Government Decision No. 658 of 12.06.2007;
2. National Health Policy. Approved by Government Decision No. 886 of 06 August 2007;
3. Healthcare system development strategy for 2008-2017. Government Decision No. 1471 of 24.12.2007;
4. National emergency healthcare development program for 2011 - 2015. Government Decision No. 945 of 13.12.2011;
5. National Public Health Strategy for 2014-2020. Government Decision No. 1032 of 20.12.2013;
6. Public Services Reform Program for 2014-2016. Government Decision No. 122 of 18.02.2014.

Various analyses, recommendations and data found in the studies and research developed by international organizations such as the World Health Organization (WHO) and the European Union (EU) were also taken into consideration while developing the current study.

2. General aspects of health system funding in the Republic of Moldova

Public health financing is an essential factor for assessing the population health. Low level of funding allocations and inefficient use of resources are seen in public health indicators that rank the Republic of Moldova far below the European countries average.

Health indicators describe population health:

- **Life expectancy at birth** in the Republic of Moldova is 71,9 years – 68,2 years for male and 75,6 years for female, compared to 80,13 years, the EU average (2014);
- **Mortality rate** is 11.1% per 1000 inhabitants, compared to 4,6% per 1000 inhabitants in the EU (2014);
- **Infant mortality rate** is two times higher in the Republic of Moldova (9,6 per 1000 live births) in comparison with the EU average (4,04 per 1000 live births) in 2014.¹
- **The level of funding**, which influences on the main policy decisions in this area, such as: prices of medicines, reference prices by therapeutic areas, long payment terms, import duties on medicines, limiting prescription of medicines, overall, reflect population's access to treatment.
- **The level of health professionals remuneration** leads inevitably to limited fair access of patients to healthcare services due to lack of medical staff. Medical staff salaries (family doctors, specialist physicians, nurses, etc.) are far below the level of other European countries and this situation is confirmed by the unprecedented exodus of medical personnel from Moldova.

Therefore, the main factors affecting these indicators are evidence of the health system success and, in particular, investment in health, given the:

If in the countries with advanced health systems, more financing does not necessarily stand for better results, in countries like the Republic of Moldova, the first step should be allocation of required health funding, followed by expenses optimization. It is also essential to encourage investment in health system innovations in order to improve population health. However, it is crucial to find a balance between streamlining public spending and encouraging investment in healthcare.

¹ Average life expectancy in the Republic of Moldova in 2014. www.statistica.md

The design of health system revenues in the Republic of Moldova is mainly public. Private sources of direct payments account for a rather small share, private health insurance being virtually inexistent. Expenditures are mostly made from NHIC, while hospital care expenses account for the highest share in the total fund spending. Prevention, primary care and outpatient medical treatments must have the priority in funding allocation in order to relieve NHIC from costly expenditures for inpatient hospital care.

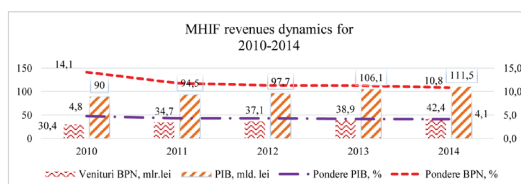
Main public revenues stem from two sources: a) **state budget**, namely the transfers to the retired persons, pregnant women and those categories that do not pay for the insurance policy and b) **mandatory health insurance** paid by employers and employees/ authorized individuals. The health system also benefits from state budget subsidies, which are vital for covering NHIC deficit.

Private revenues come mostly from direct payments: co-pays, full payments and service fees. The revenues share from private health insurance is so low that we can state that it almost does not exist.

Although the budget allocated for the health system in 2015 is the largest ever, there are still many drawbacks in terms of health system financing. Only half of allocated resources are generated by mandatory health insurance. Direct payments (amounting to 20%) account for a rather small share compared to that of the EU countries.² Subsequently, subsidies allocated to NHIC are increasingly high in

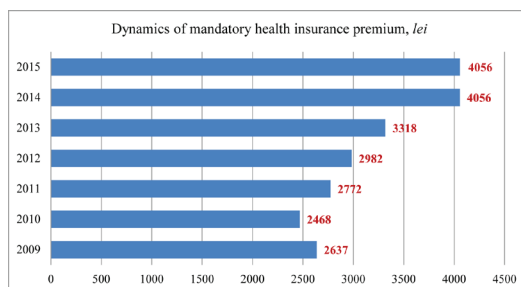
order to prevent accumulation of arrears and delays in paying suppliers. Thus, public resources allocated to the health system in 2015 exceed 5,3% of the GDP, due to the increase in amounts allocated to the NHIC from the state budget for the recovery of late payment made to medicine suppliers.

Analysis of MHIF revenues dynamics, by assessing their share in the Gross Domestic Product and the total of revenues of the National Public Budget for 2010-2014³ reveals a decrease, which can be seen in *Figure 1*.



Source: National Bureau of Statistics and NHIC data.

Over the last 7 years, the development of health insurance premium reveals an upward trend in terms of its price. Under the draft law on mandatory health insurance funds for 2016, **the amount of the mandatory health insurance premium will remain at the same level of 4056 lei.**⁴



Source: NHIC data (www.cnam.md)

² Shiskin S., Jowett M. An analysis of health financing reforms in the Republic of Moldova. WHO Regional Office for Europe, 2012., p. 6-9

³ Healthcare expenditure from the consolidated budget 2014. www.statistica.md

⁴ http://www.particip.gov.md/public/docu-mente/140/ro_2657_proiect-de-lege.pdf

Thus, mandatory health insurance funds in 2015 were approved in terms of revenues at the amount of 5,160,098,400 thousand MDL and in terms of expenditures at the sum of 5260098.4 thousand MDL, with a deficit of **100,000.0** thousand MDL.⁵

In this context, the health system is underfunded, while investments in innovation are minimal. Health expenditure in the Republic of Moldova reaches only 5% of the GDP, although the current Minister of Health has declared that total hospitals debts to suppliers⁶ amounted to nearly 400 million lei. Other public spending on healthcare is made from NHIC, namely 80,9% and this amount reveals a decrease according to data in *Figure 3*.

Over the last decade, there has been a considerable increase in healthcare expenditure, the balance between the share of public and private spending has changed only slightly over the last years, while the state is still the main

funder. At the same time, national statistics show that household spending for healthcare services still stays quite high, particularly expenses for medicines and pharmaceutical preparations, which account for 72% of direct healthcare payments. Informal payments are a very widely spread phenomenon in Moldova, even among insured population. Thus, informal payments share of direct payments accounted for 37% for primary healthcare and specialized outpatient services and 94% for hospital services in 2010.⁸ Informal payments discredit the public funding system and double medical services costs for health system beneficiaries.

Compared to European countries, where private insurance share amounts to several percents of total expenditure at least, in the Republic of Moldova, the development of private insurance will not only provide additional resources to the system but will also relieve the current financial burden of the NHIC.

Figure 3.

Healthcare expenditure from the consolidated budget by indicators and years ⁷							
	2008	2009	2010	2011	2012	2013	2014
Healthcare expenditure, million lei	3 391,4	3 846,9	3 996,4	4 259,6	4 749,8	5 226,9	5 890,5
Healthcare expenditure share of the GDP, %	5,4	6,4	5,6	5,2	5,4	5,2	5,3

Source: statbank.statistica.md

⁵ http://www.cnam.md/editordir/file/legi/legea%2074%20faoam%20a_2015.pdf

⁶ Ruxanda Glavan: „The truth is that, unfortunately, primary health care in the country does not always work well” <http://www.europalibera.org/content/article/27387845.html>

⁷ <http://statbank.statistica.md/pxweb/dialog/varval.asp?ma=san0601&ti=cheltuiceli+pentru+ocrotirea+sanatatii+din+bugetul+consolidat%2c+1998-2014&path=../database/ro/08%20san/san06/&lang=1>

⁸ Institutional development strategy of the National Health Insurance Company for the years 2015-2019. http://cnam.md/editorDir/file/strategii_de_dezvoltare/SDI_2015-2019.pdf

This distribution, in which inpatient hospital care services have such a high share, is not typical for that in other current healthcare system in the EU countries. For a more efficient use of resources it is required to increase the share of primary medical care and outpatient treatment services in order to relieve NHIC from very costly expenditures for inpatient hospital care, which quite often are not necessary.

Over 20% of population is not covered by Mandatory Health Insurance system and do not benefit from all facilities and financial protection while applying for healthcare services. According to studies carried out by National Bureau of Statistics, more than 75% of those uninsured belong to working age people (age group 25-54 years old).⁹

Another financial dimension of health system is the patterns for financing subsidized and free medication (SM), which are becoming ever more complex, since ensuring access to medicines is the goal of state's health policies. This commitment is supported by policy documents related to health system strategic development and those regarding the pharmaceutical field. This policy started being implemented for the first time in 2004 when the mandatory health insurance system was introduced.

One of the policies seeking to increase the access to medicines and their availability is implementing the subsidized medications system.

Following the analysis of pharmaceutical policies concerning access to medications, including the one that provides the basis for implementing subsidized medications system, were revealed several deficiencies, which determine the limitations for the development and implementation of subsidized medication list, such as:

- the mechanism for developing and approving the SM list is rather ambiguous;
- medications selection criteria were simplified in a prejudicial way;
- the competences of authorities responsible for developing, approving and implementing the SM list are not clear enough;
- expenditure share of medications subsidized from the Mandatory Health Insurance Fund has decreased over the last years;
- medications pricing policies are not thoroughly reviewed, taking into account the local context and the variety of tools used in international practices.¹⁰

Thus, institutional structure for subsidizing medicines is deficient; relations between different participants in the system are becoming increasingly complex and unclear, while the

⁹ Institutional development strategy of the National Health Insurance Company for the years 2015-2019. http://cnam.md/editorDir/file/strategii_de_dezvoltare/SDI_2015-2019.pdf

¹⁰ Access to subsidized medications in the Republic of Moldova / Center for Health Policies and Studies (Centrul PAS); contributed: Rita Seicaș, Ghenadie Țurcanu, Andrei Mecineanu [et al.]. – Chișinău, 2015, p. 4

transparency and information regarding the SM list are very poor. One of the reasons is insufficient financial resources and lack of information from healthcare services providers.¹¹

Nowadays, the Republic of Moldova is facing a rather serious financial crisis within the health system, which is mainly due to the debts the Ministry of Health has to NHIC.

In this context, due to the lack of money, dozens of hospitals in the country run the risk of no longer being able to receive patients by the end of 2015, while medical institutions managers face serious problems in terms of paying for maintenance services or purchasing medicines. The Ministry of Finance indicates a debt to hospitals amounting to almost half a billion lei, while there are no resources in the budget. This is for the first time the medical institutions have so many debts.

The NHIC, in its turn, is already unable to pay hospitals as provided for by the agreements signed between NHIC and hospitals. The amount, this time, is quite impressive, reaching 440 million lei. For this reason, medical institutions, have also incurred debts of 600 million lei, which they have to pay to service providers.

According to the Ministry of Health, the deficit is the result of the debts the Ministry of Finance has to pay to NHIC, namely the transfers from the state budget for the health insurance of categories of persons insured by the Government – children, students, retired persons, the disabled,

pregnant women and other groups. As a share, this kind of revenues accounts for nearly half of the total accumulated insurance funds.

The deficit is the result of debts the medical institutions have to other agents, this time those economic, from whom they purchase the necessary things – medicines, consumables, heating, water, and food in hospitals. Another reason is faulty planning and management of public resources by the National Health Insurance Company over the last years, which can be seen in the recent reports prepared by the Court of Accounts.¹² The most recent event that stressed one more time the NHIC injudicious management was the purchasing of vehicles worth 1 million lei during the crisis.¹³

Experts believe that the Ministry of Health had to, already during the summer of the last year, draft an urgent anti-crisis plan, so that not to allow the obvious disruption of medical institutions activity. Public health authorities have to focus on priority directions, such as emergency, reanimation, acute care surgery, maternity hospitals, and children's health. On the other hand, it was necessary to make order in the process of purchasing equipment that is not vital and also in procurement procedures of consumables, medications, etc.¹⁴

¹² The audit report on compliance of Government report on the execution of mandatory health insurance funds in budget year 2014. Decision of Court of Accounts No. 21 of 30.06.2015

¹³ NHIC has spent one million lei on purchasing three cars. <http://agora.md/stiri/14657/cnam-a-cheltuit-1-milion-de-lei-pentru-trei-masini--bre-ga-va-e-prea-bine>

¹⁴ Financial crisis buries health system. <http://www.aparatorul.md/criza-financiara-ingroapa-sistemul-de-sanatate-din-republica-moldova/>

¹¹ Free medicines for children and pregnant women. <http://www.eumama.md/articole/medicamente-gratuite-pentru-copii-si-femeigravide#sthash.uqyI9DAm.dpuf>

We believe that in order to mitigate the crisis situation within the health system it is necessary to intervene and address the aspects listed below:

2.1. Extend system funding by increasing resources and their efficient use

In this regard, the health system in the Republic of Moldova needs more resources in order to ensure patients' access to health care and provide better quality services, which, in turn, would improve the population health. This can be achieved by two major directions:

- Increasing public revenues for health;
- Streamlining resources allocated to the health system.

The system of imposing contributions should be reviewed by the Government in order to make it fair, eliminate illicit work, increase collection rate and correlate it with economic growth. To the same extent, the state has to substitute for the obligation to pay contributions for socially protected categories of persons, by transferring to the NHIC budget, in a transparent way, the amounts relating to exemptions.

Currently, there are differentiated rates of health insurance (50%, 75%) for different categories of persons. There are many categories of people that are exempt from payment, (14 categories overall), while the level of collection and coverage is far from meeting NHIC funding demands.

Therefore, we consider that the entire system of health insurance premiums should be reviewed by the Government in order to:

- discourage the current practice of illicit work or hiring personnel in a way to avoid paying 9% health insurance contribution to NHIC;
- ensure fairness among different categories of payers and include in the tax base other categories of persons who are exempt from payment, while providing social protection to those who really need this;
- ensure a fair and complete collection of payments from all payers of the system.

The Republic of Moldova has one of the lowest rates of health insurance contributions and the decrease in contributions, compound by the recent economic crisis, has led to a huge deficit in the Mandatory Health Insurance Fund and the need for allocating budget subsidies to offset the deficits. Thus, the Government policy aiming at establishing contributions rates should consider the economic development forecast of fiscal and budgetary policies for 2015-2016.

2.2. Allocation of subsidies from the state budget for persons exempted from payment in a measurable, predictable and transparent way

Health legislation sets out a certain number of categories of beneficiaries of basic package of health services exempted from paying mandatory insurance. The state and MHIF budgets have to cover the equivalent value of exemptions, at least for the most important of such exemptions (regarding the retired people, children, schoolchildren and students) in compliance with legal provisions.

The state budget transfers considerable amounts to compensate for the NHIC deficits. This mechanism could be made more predictable and transparent by covering, from the state budget, the health insurance for school children, high school children and students in the amount of at least 5% of the minimum wage.¹⁵

2.3. Efficient use of resources in a better-performing health system

The use of allocated resources should be made more efficient, by redefining relations between funders, service providers and patients. Under the healthcare reform, the private sector has to acquire an important role, with the introduction with private health insurance and promotion of basic package. At the same time, health information management of patients' medical data will contribute to a more sensible allocation of resources. Last but not least, we appreciate the intention of authorities to pay more attention to health prevention strategy.

Also, the insured will benefit from private companies participation in health system. The share of official private expenditure in the Moldovan health system is minimal. For this reason, voluntary health insurances account for a minimum proportion, most of them being direct payments.

Private sector participation in health insurance market is needed for several reasons:

- it would bring additional revenues into

¹⁵ Financing the health system in Romania. Funding priorities. LAWG., Bucharest, 2013., p.9

the system, contributing to system funding, by covering certain services that are not part of the basic package;

- would prompt private and public providers to meet high quality standards;
- could lead to a decrease in healthcare services cost.

Given the early stage of the private insurance market development in the Republic of Moldova and the pressing need for additional system resources, we recommend to undertake measures that would encourage development of voluntary health insurance system, a practice that is highly appreciated by European systems.

Health system reform in the Republic of Moldova is an issue that is constantly on the authorities' political agenda. In this respect, there were made numerous reform proposals by different expert institutions in the field, whose recommendations we highly value and welcome the fact that they started being introduced in practice following the recommendations of the World Bank and the European Union.

In terms of pursuing health reforms, we suggest considering carefully the strategic directions that were recommended in order to make a more efficient use of resources allocated to the health care system.

2.4. Reforming the basic package of health care services is essential

The reform of the basic package of health care services is the key to health insurance system development in the Republic of Moldova.

The unique program of mandatory health care insurance, developed by the Ministry of Health and approved by the Government¹⁶, should include services that could be really financed by NHIC revenues, to rebalance the needs for expenditure and resources available, a relation that was completely unbalanced in the aftermath of economic crisis and inefficient measures imposed on health care services, medicines and outpatient medical devices consumption within the health insurance system.

Since Moldovans have been and are still used to receiving quasi-universal healthcare services, it will be necessary to conduct a public awareness campaign, which would arouse interest in voluntary health insurance.

2.5. Role and investment in primary health care have to increase

In the Republic of Moldova, the share of health expenditure for primary health care is very low. Primary health care resources are allocated from the basic fund, intended for carrying out the subprogram Primary health care within MHIF and have a very low rate. Thus, resources accumulated in prophylaxis fund were planned in the amount of 1% of total mandatory health insurance funds revenues for 2015.¹⁷ These resources are to be used for covering spending related mainly to reduction of disease risk; public awareness campaigns in

¹⁶ Government Decision No. 1387 of 10.12.2007 „Approval of mandatory health insurance unique program”.

¹⁷ Information note to the draft law on mandatory health insurance funds for the 2015 year. www.ms.gov.md

order to promote a healthy lifestyle; prevention and reduction of epidemiological conditions nationwide; other prophylaxis and prevention of health risks activities.

Reforms carried out over the last years, which increased the share of tariff on services provided by family doctors, are pursued in the right direction, but several steps have still to be made, such as:

- allocate more financial resources for prevention services;
- encourage family doctors and other specialists to provide more services;
- boost health services in rural areas, so that, if necessary, patients from these areas do not require direct inpatient services or show up at the emergency units;
- develop community healthcare system.

2.6. Health information management of data on patients, treatments, services and medications

System was announced back in 2011, but its implementation – in October 2013 – was postponed several times, while the Ministry of Health did not provide clear reasons for this. The electronic health card, electronic prescription and patient's electronic health record are welcome. We recommend that the Ministry of Health and NHIC start using them as soon as possible. They also should develop analysis and synthesis capacity of information flows in order to ensure measurable progress in service quality and use of resources and make them available to the interested public

by means of a web page and improved transparency at the institutional level.

At the same time, investments in medical innovations are crucial for improving the health of population, which would lead to significant increase in population life expectancy. At the beginning of the 20th century, there were no medicines to cure diseases like diabetes or cancer. Today, diabetes is a manageable condition thanks to modern treatments, and the mortality rate due to breast cancer decreased considerably thanks to the screening and better health care. HIV has become a chronic disease, Hepatitis C can be cured and there are treatments and vaccines for many diseases that were once considered incurable and had a very high mortality rate.

In addition to major medical benefits of new medications, the potential to reduce health system costs should be considered, by changing the paradigm regarding their way of assessment: cost analysis from the perspective of society. New technologies enable patients to return to active life, increase their working capacity, reduce the length of hospital stay and adverse effects and, not least, save lives. All these aspects are included in the short, medium and long term costs, both at the level of health system financing and national budget.

Therefore, these arguments have to be accompanied by the following recommendations:

- Updating the list of compensated medicines in a predictable way, at regular intervals, to ensure real-time access of patients to innovative treatments;

- Periodical updating of guidelines and prescription protocols to enable patients to have access to treatments in the shortest time;
- Developing and implementing, in cooperation with the pharmaceutical industry, legislation needed for the introduction of risk-sharing agreements, to allow a larger number of patients to have access to new medicines;
- Introduction of Health Technology Assessment, in line with the EU practice, to contribute to improved quality and access to medications and healthcare services. Like in the EU countries, the system will have to take into account the added value of medicines when considering the issues of prices and reimbursement;
- Promoting measures to encourage investment in health care innovations. It is necessary to adjust policies so that the impact on innovative pharmaceutical industry does not affect adversely patients' access to innovative medication.

2.7. Prevention is important for health

Prevention has become a public health policy in European countries and resources allocated to prevention programs are increasing steadily. In this connection, the Republic of Moldova has also to make use of such prevention policies; however, the results in this respect are rather poor. Reforms started in this area

have to be continued and the allocation of additional resources is essential. The results of a better and more coherent funding will be seen in the medium and long term in the decreased number of certain chronic diseases, which may be prevented.

Under the current economic circumstances, compounded by long-term demographic aging and spread of chronic diseases, policies should seek to adjust health systems in order to make them more efficient.

In this regard, institutions such as the WHO, the EU and the World Bank recommend Moldovan governments to pay special attention to prevention, meaning a better approach to chronic diseases and promotion of healthy lifestyles. This new paradigm of conceiving and implementing health policies is not carried out in the proper way in our country. This provision is part of a vast reform program of the Ministry of Health, in which, according to official statements, prevention is a priority. In this respect, we would recommend the following for prevention policies:

- Reduce the impact and increase surveillance of non-communicable diseases;
- Ensure an optimal level of health and quality of life in Moldova for all life cycles;
- Effective control of behavioral risk and environmental factors and early detection of diseases;
- Focus on preventing the root causes of death and factors that emphasize these causes;

- Prioritize interventions with high impact on health;
- Promote health prevention with major impact;
- Ensure accountability in the health system;
- Provide multi-annual budgets for public health activities.

Implementing these prevention policies should become a health reform priority. The results of a better and more coherent funding of these policies will be seen in the medium and long term in the decreased number of certain chronic diseases. This is very important since Moldova sometimes occupies shameful places in international rankings in this respect.

2.8. Transparency in financing the health system in the Republic of Moldova

The health system in the Republic of Moldova badly needs an improved transparency of regular publication of statistical data relating to revenue and expenditure in the health system.

The need for making public the data on budgets allocated, medicines consumption and spending has become urgent since:

- pharmaceutical industry through poor management contributed to the budget deficit by medicines consumption;
- in order to be settled by the public system, the medicines evaluation system requires access to specific data for enabling comparative assessment under the new criteria.

Therefore, the Republic of Moldova is facing an acute lack of transparency in terms of making public health financing indicators. The main responsible institutions, the Ministry of Health and HNIC, make public very little information or, in case the information is disclosed, the data are not comparable, insufficient or spread in various sources, which makes them difficult to use.

HNIC invested quite a few resources in health information system, which, from the perspective of beneficiaries, will lead to more efficient spending and improved surveillance in the health system. However, there have not been regular publications of statistical data so far, which would include centralized data such as: use of medications broken down into main disease categories or number of patients, issued prescriptions, healthcare services costs, the amount of treatment demands accepted and hospital costs per patient.

The lack of a system that would bring together required data leads to troublesome and sometimes impossible access to these data for the public at large.

It is worthwhile mentioning that there is related legislation¹⁸ providing for making public this information. The problem arises from the failure to comply with legal provisions or due to system administrative capacity to collect, centralize and make available these data.

Democracy and European value practice set out the standard to make public fiscal and budgetary data related to healthcare, in a transparent and regular manner.¹⁹

¹⁸ <http://www.ms.gov.md/?q=transparanta-decizionala>

¹⁹ Council Directive 2011/85 / EU on requirements for budgetary frameworks of the Member State,

Thus, there is an urgent need for the health system in the Republic of Moldova to increase transparency in terms of, at least, two important aspects:

- **regular publication of statistical information** on health system revenues and expenditure, so that interested stakeholders may actively contribute to fighting fraud and streamlining spending;
- **intensify consultations with relevant stakeholders** on in conceiving and developing public policy proposals; in this way, suppliers will become part of the processes and the implementation would become more efficient.

In this respect, a minimum of useful information, centralized at the national level, published quarterly and required for health system analysis would include:

- Values of contract, by types of healthcare, districts and suppliers;
- Annually allocated amounts and reference period for the settlement of medical services and medicines, by types of healthcare and districts;
- Amounts settled up to the reporting date under the supply contract, by types of healthcare, districts and suppliers;

paragraph 4 of the preamble <http://eur-lex.europa.eu/legal-content/ro/TXT/PDF/?uri=CELEX:32011L0085&qid=1427895613721&from=EN>

- Number of healthcare services provided, by types of healthcare, districts and suppliers;
- Value of prescriptions issued in primary care and outpatient specialist care, by types of healthcare, districts and suppliers;
- Value of subsidized and free medicines given in outpatient care, along with those from national health programs, issued by pharmacies, by districts and supplier;
- Execution account of public hospitals, irrespective of subordination, including debts and outstanding payments;

- Balance of debts and outstanding payments of district health departments, by types of healthcare, districts and suppliers;

We would like this information to be made public and updated, available to stakeholders of the health system of the Republic of Moldova. We recommend the Minister of Health to assign clear responsibilities and establish transparent data flows and provide for severe penalties for those entities that do not comply with information and transparency requirements.



Conclusions and recommendations

The Republic of Moldova central authorities have to turn health into a national priority and this fact has to be reflected in the resources they allocate. The most important thing is, however, to find the balance between streamlining public expenditure and encouraging best practices, so that the latter are not neglected due to current financial problems.

Health system reform will certainly imply defining clear priorities and providing relevant funding. Given the financial challenges facing all healthcare systems, prevention programs and treatment in outpatient settings have to be included in the list of priorities and financed properly.

Another crucial aspect is investment in innovative healthcare services. The Republic of Moldova should change its approach to assessing funding priorities and also take into consideration medium and long term benefits and not only immediate costs.

Previous European experience has shown that investment and support of broad access to innovative healthcare services play the decisive role in improving the health of population.

The financial resources are limited and this is a fact, but there are alternative solutions and additional mechanisms to make health expenditure more efficient. All these things require thorough consideration and therefore we recommend the Government to analyze and identify the best solutions to invest more in the health of citizens.

Finally, we would like to stress the need for more transparency in health system financing and more accountability for public authorities while managing public funds. Society and mass media should constantly advocate increased transparency in terms of statistical data publication and decision-making in implementing health public policies.

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