

MONITORING OFFICIAL DEVELOPMENT ASSISTANCE TO THE HEALTH SECTOR IN THE REPUBLIC OF MOLDOVA

2011 REPORT

MONITORING OFFICIAL DEVELOPMENT ASSISTANCE TO THE HEALTH SECTOR IN THE REPUBLIC OF MOLDOVA

2011 REPORT

Keywords

Health Management and Planning
Health policy
Public health administration
Financing, Health
Health systems plans - organization and administration
Health services
International cooperation
Republic of Moldova

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2012

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Disclaimer

The authors' views expressed in this report do not necessarily reflect the views of the World Health Organization, the European Union and the Ministry of Health of the Republic of Moldova.

Contents

- List of figures, tables and boxes 1
- Acknowledgments 2
- Preface 3
- 1. Country context 5
- 2. Background 6
- 3. Methodology 8
 - 3.1 Study design 8
 - 3.2 Data collection 10
 - 3.3 Data analysis 11
- 4. Limitations 13
- 5. Results 15
 - 5.1 Donors 15
 - 5.2 Projects and programmes 15
 - 5.3 Geographical coverage 17
 - 5.4 Types of funding, health sector areas and priority programme areas 19
 - 5.5 Alignment with national frameworks 22
 - 5.6 Financial management systems 24
 - 5.7 Mid-Term Expenditure Framework (MTEF) 24
 - 5.8 Aid predictability 26
 - 5.9 Donor coordination and complementarity 28
- 6. Overview of the findings 29
 - 6.1 Remarks 29
 - 6.2 Analysis 30
- 7. Conclusions 32
 - Bibliography 34
- Annex I. Donors contacted 36
- Annex II. Sample questionnaire 101
- Annex III. Glossary 111

List of figures, tables and boxes

Fig. 1. Multilateral and bilateral donors interviewed.....	15
Fig. 2. ODA projects or programmes per donor, 2011	16
Fig. 3. Grants and loan, 2011 (US\$).....	16
Fig. 4. SBS and programme aid, 2011 (US\$ equivalent and %).....	17
Fig. 5. Map of donors by district, 2011	18
Fig. 6. Total disbursements per funding category, 2011 (%).....	19
Fig. 7. Investment disbursement per component, 2011 (%).....	20
Fig. 8. Technical assistance disbursements per component, 2011 (%).....	20
Fig. 9. Disbursements on health system functions, 2011.....	21
Fig. 10. Disbursements on health service development components, 2011.....	21
Fig. 11. Disbursements on health priority programme areas, 2011.....	22
Fig. 12. Disbursement funds using/recorded in national financial procedures, 2011 (US\$).....	24
Fig. 13. Perceived impact of the MTEF	26
Fig. 14. Number of projects/programmes per conclusion dates	27
Fig. 15. Scheduled and actual ODA disbursements, 2011 (US\$)	27
Fig. 16. Donors planned funding levels for 2012–2013.....	28
Fig. 17. Perceived impact of the policy dialogue in the Republic of Moldova, 2011	28
Table 1. Health at a glance	5
Table 2. Geographical coverage of donors (national and regional), 2011	17
Table 3. Donors, strategies and programmes, 2011.....	23
Table 4. Donors' MTEF priorities, 2011	25
Box 1. Process timeline.....	8
Box 2. Suggestions for improvements.....	26
Box 3. News of the 2012 edition	33

List of abbreviations

ADA	Austrian Development Agency
CIS	Commonwealth of Independent States
DAC	Development Assistance Committee
EU	European Union
GAVI	Global Alliance for Vaccines and Immunization
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	German Agency for International Cooperation
IAEA	International Atomic Energy Agency
IT	information technology
JICA	Japan International Cooperation Agency
MTEF	Mid-Term Expenditure Framework
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
ODA	official development assistance
PAS Center	Center for Health Policies and Studies
SBS	sector budget support
SDC	Swiss Agency for Development and Cooperation
TIKA	Turkish International Cooperation and Development Agency
UCIMP	Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WB	World Bank

Acknowledgments

The study presented here was coordinated by the Ministry of Health and the WHO Country Office in the Republic of Moldova. Data collection and validation processes were conducted by a team of local and external consultants in close partnership with these organizations.

The authors would like to express their gratitude to all the partner international agencies, embassies and nongovernmental organizations (NGOs) that have provided detailed information on the strategies and projects they are financing and implementing within the Moldovan health sector. This report would not have been possible without their contributions, feedback and suggestions. In our work we have been strongly encouraged by the interest shown by the partners; by the country experience gained in the Republic of Moldova over the last decade; and by the success of similar exercises conducted by the WHO country offices in Albania and Tajikistan.

This publication was compiled and written by Stefania Amato, Stela Bivol and Tatiana Paduraru, under the supervision of Andrei Usatii, Minister of Health of the Republic of Moldova and Jarno Habicht, WHO Representative. Strong support and technical assistance were provided by (among others) Eugenia Berzan, Stefan Condrea, Viorel Soltan, Andrei Mecineanu, Andrei Matei, Igor Condrat, Valeriu Plesca, Lilia Plopa and the staff of the WHO Country Office – Silviu Domete and Veaceslav Ghitu.

We would also like to reiterate our special thanks to all those who contributed to feedback during the piloting phase of the questionnaire: Cornel Riscanu, Svetlana Stefanet, Elena Jidobin, Valeriu Sava and Natalia Cojuhari.

The document has been produced with the financial assistance of the European Union. The work contributes to the Biennial Collaborative Agreement 2012–2013 between the Government of the Republic of Moldova and the WHO Regional Office for Europe.

Preface

The Ministry of Health of the Republic of Moldova has conducted regular surveys on official development assistance (ODA) to assess the level and type of external development funding since 2008. These surveys have provided insight on various activities organized with development partners, as well as inputs to sector coordination. To increase transparency, the reports are available on the Ministry of Health's official web site (<http://www.ms.gov.md/en/>).

In past years the government and the donor community implemented several initiatives aimed at strengthening donor coordination, including the third Survey on Monitoring the Paris Declaration, carried out in early 2011. In this context both the Ministry of Health and the donor community are striving to change from a project-based approach to a coordinated results-based framework. This annual report should be a useful tool in working to achieve this goal.

The earlier editions of health sector donor surveys successfully reported the external assistance in the Republic of Moldova. However, there is still a need to strengthen strategic data collection in relation to health system development; improve data analysis; and increase consistency in reporting mechanisms.

This paper is the fourth annual report on official development assistance to the Moldovan health sector (2011). **The main aim of this publication** is to provide a full picture of external assistance to the health sector, thereby highlighting any gaps or overlaps in donor assistance across the priorities laid down in the strategic policy documents – the National Health Policy 2007–2021 and the Healthcare System Development Strategy 2008–2017. Additional objectives include improving the information available for sector coordination and strategic decision-making; helping to attract additional investment and assistance in the medium term; extending the monitoring exercise to include cross-referencing of health-sector strategies (adopted for 2008–2017); health system functions; disease areas; type of support (policy, technical, investment etc); and to the geographical distribution of investments.

The measure of success of this publication will be its appreciation and use by the national and international community supporting the health reform process of the Republic of Moldova in the following years.

Andrei Usatîi
Minister of Health of
Republic of Moldova

Jarno Habicht
WHO Representative,
WHO Country Office in Republic of Moldova

COUNTRY CONTEXT

I.

The Republic of Moldova became an independent state in 1991, following the break-up of the USSR. Economic growth has been positive since the early 21st century but, after two decades of independence, it is still one of the poorest countries in the European region.

In a population of about 3.5 million, 58.4% live in rural areas and 41.6% in urban areas. The population growth trend has been declining since the 1990s due to decreasing fertility, high mortality and significant out-migration of labour.¹ The Human Development Index had a value of 0.623 in 2010. This was below the EU-27 average (0.850) but on an upward trend compared to the 2000 assessment (0.550). The Republic of Moldova is included among the “medium human development” countries.²

The health status of the Moldovan population is marked by high morbidity and mortality rates from all causes, including those related to lifestyle (smoking and alcohol abuse) and high incidences of HIV and tuberculosis (TB). While total health expenditure is ten times lower than the European Union (EU) average, at 12% of gross domestic product it is higher than the average in both the EU and the Commonwealth of Independent States (CIS) (see Table 1).

Table 1. Health at a glance 2010

Indicators	Republic of Moldova	CIS	EU members after 2004/ 2007	EU members before 2004
Real GDP, PPP\$ per capita	2 854	12 770	18 708	34 522
Total health expenditure as % of GDP	11.8	3.7	7.0	10.6
Total health expenditure, PPP\$ per capita	341	714	1 324	3 631
Life expectancy at birth – male	64.9	64.4*	71.3	78.2
Life expectancy at birth – female	73.5	74.7*	79.3	83.6
Infant mortality per 1000 births	11.8	11.7*	6.2	3.7*
Maternal mortality per 100 000 live births	44.5	23	8.5	5.5
SDR, all causes, all ages, per 100 000	1288.1	1199.9*	855.1	546.5*
SDR, diseases of circulatory system, 0– 64 years, per 100 000	164.8	198.8*	95.5	31.6*
SDR, selected alcohol-related causes, per 100 000	205.2*	...	93.0*	51.3*
SDR, selected smoking-related causes, per 100 000	748.2	...	339.9	168.5
Tuberculosis incidence per 100 000	115.72	80.55	32.44	7.05
HIV incidence per 100 000	19.7	16.3**	2.2	6

Source: WHO Regional Office for Europe.³ *Note:* PPP: purchasing power parity; SDR: standardized death rate; *2009 data ** Russian Federation did not report HIV incidence

1 National Bureau of Statistics of the Republic of Moldova (2012) [online database]. Chisinau, (<http://www.statistica.md/>, accessed 8 June 2012).

2 UNDP (2012). International Human Development Indicators database. New York, United Nations Development Programme (<http://hdrstats.undp.org/en/indicators/default.html>, accessed 8 June 2012).

3 WHO Regional Office for Europe (2012). European Health for All database (HFA-DB) [online/offline database]. Copenhagen, WHO Regional Office for Europe (<http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-health-for-all-database-hfa-db2>, accessed 8 June 2012).

II. BACKGROUND

Governments and policy-makers are increasingly aware that access to reliable information enables better policy design and policy-making. This publication represents a common effort – by the Government of the Republic of Moldova and the donor community committed to the country’s health sector – to improve information sharing and strengthen efforts toward higher aid coordination and effectiveness.

The National Health Policy 2007–2021⁴, the Healthcare System Development Strategy 2008–2017⁵ and the United Nations–Republic of Moldova Partnership Framework (2013–2017)⁶ advocate for strengthening the capacities of the Ministry of Health and health sector officials to monitor and evaluate the health-care system. They also advocate for healthy lifestyles; increasing life expectancy at birth; increasing the quality of life and reducing health-related discrepancies among all social groups; increasing intersectoral partnership in order to improve the health status of the country; increasing personal responsibility in health; protection against health-related financial risks; and increasing system responsiveness to public needs.

These objectives – in conjunction with the priority of ensuring: (i) equitable access to health services for all affirmed by the Government of the Republic of Moldova;⁷ and (ii) better coordination with the donor community, as declared by the State Chancellery⁸ – represented the right incentive for the Ministry of Health and the donor community to start working toward a higher degree of coordination, as suggested in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.⁹

The need for coordination instigated a donor-mapping exercise to assess the level and type of external development funding within the Moldovan health sector. Beginning in 2008, the contents of the first three annual reports were mainly narrative and quantitative information was not homogenous.¹⁰ For this latest

4 Government of the Republic of Moldova (2007). Governmental Decision Nr. 886, issued on August 6th 2007. *On approval of the National Health Policy*. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang1&i=d=324940>, accessed 7 June 2012).

5 Government of Republic of Moldova (2007). Governmental Decision Nr. 1471 issued on December 24th 2007. *On the approval of the Healthcare System Development Strategy 2008–2017*. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=326615>, accessed 7 June 2012).

6 United Nations. *United Nations–Republic of Moldova Partnership Framework 2013–2017*. Chisinau (http://www.un.md/key_doc_pub/, accessed 7 June 2012).

7 Government of Republic of Moldova (2011). Governmental Decision Nr. 179, issued on March 3rd 2011. *Boost up the reforms: addressing health needs through investment policies – the policy roadmap for Moldova*. Chisinau (http://ms.gov.md/_files/9361-FoaiParcurs_15.09.2011.pdf;) and Government of Republic of Moldova (2011). *European Integration: Freedom, Democracy, Welfare 2011–2014*. Chisinau (<http://www.gov.md/doc.php?l=en&idc=445&id=3729>, both accessed 7 June 2012).

8 Government of the Republic of Moldova (2010). *Plan for implementing the principles of partnership in Moldova*. Chisinau (<http://ncu.moldova.md/pageview.php?l=ro&idc=376&>, accessed 7 June 2012).

9 By signing The Paris Declaration on Aid Effectiveness on 2 March 2005, more than 100 ministers, heads of agencies and other senior officials committed their countries and organizations to increase efforts to harmonize aid and align it to countries’ strategies, and introduced a set of monitorable indicators. Signatories undertook to persevere in the promotion and execution of five shared principles: ownership, alignment, harmonization, managing for results, and mutual accountability. Designed to strengthen and deepen implementation of the Paris Declaration, the Accra Agenda for Action sets the agenda for accelerated advancement towards the Paris targets. It proposes the following three main areas for improvement: ownership, inclusive partnerships, delivering results. OECD (2005). *Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*. Paris, (<http://www.oecd.org/dataoecd/11/41/34428351.pdf>, accessed 7 June 2012).

10 Previous editions are available on the web site (http://ms.gov.md/public/international/AsistentaOficiala/rapoarteanualede_monitorizare/ accessed 25 June 2012).

(2011) edition the **Ministry of Health decided to transform the report into an analytical tool** that would support the planning processes of both donors and national officials committed to the health sector. In this context, the current edition aims to display comparable quantitative data.

Such considerations also underlie the 2009 decree that created the Health Sector External Assistance Coordination Council.¹¹ This was founded to ensure constructive dialogue between the Ministry of Health, donors, nongovernmental organizations (NGOs) and representatives of all other relevant institutions committed to the health sector. The council has two main objectives: (i) to improve the overall efficiency of foreign assistance provided by the external development partners within the health sector by avoiding both gaps and duplications; and (ii) to ensure broader participation of all stakeholders in the processes of programming, coordinating, monitoring and evaluating foreign assistance. This was the first national-level initiative, and the Ministry of Health was the first public authority to put into effect such a coordination mechanism (as of March 2009). Council meetings have an informative character and Ministry of Health representatives use this platform to present strategies, results and further plans.

Subsequently, on 9 January 2010 the Government of Republic of Moldova issued Governmental Decision Nr. 12 which extended the requirement to establish coordination councils to all other sectors as a means of strengthening the coordination mechanisms of the international organizations and donor countries that provide external assistance to the Republic of Moldova.¹² In compliance with the requirements of the governmental decision, the questionnaire utilized for previous editions of this study became the health sector's official tool for informing the State Chancellery about ongoing sector activities.

The aim of this publication is not only to share information and provide a full picture of external assistance to the health sector across the priorities laid down in the strategic policy documents, but also to provide forecasts on future foreign assistance in the short and medium term. This information is vital in order to:

- improve current policy dialogues and coordination mechanisms at national and international level in order to seek further interventions while coordinating current donor efforts towards ongoing major reforms in the Moldovan health sector;
- inform future national strategic plans (e.g. the national development strategy *Moldova 2020*,¹³ drafted on the basis of Health in All Policies) and donors' strategies to support the Moldovan government both financially and technically (e.g. *Towards Unity in Action: United Nations–Republic of Moldova Partnership Framework*,¹⁴ signed February 2012).

11 Ministry of Health of Republic of Moldova (2009). Order Nr. 62 issued on February 25th, 2009. *On the creation of the health sector council in the field of external assistance*. Chisinau (http://ms.gov.md/_files/4777-newdoc.pdf, accessed 7 June 2012).

12 Government of Republic of Moldova (2010). Governmental Decision Nr. 12 issued January 9th 2010. *Regulation on the institutional framework and coordination mechanism of external assistance provided to Moldova by international organizations and donor countries*. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333522>, accessed 25 June 2012).

13 Government of Republic of Moldova (2011). “Moldova-2020” *National Development Strategy of the Republic of Moldova for 2012–2020*. Chisinau (<http://www.cancelaria.gov.md/libview.php?l=en&id=1051&idc=360>, accessed 7 June 2012).

14 United Nations. *Towards unity in action: United Nations – Republic of Moldova Partnership Framework*. Chisinau (http://www.un.md/key_doc_pub/, accessed 7 June 2012).

III. METHODOLOGY

In this chapter we will describe the study design, data collection and data analysis processes. The study design comprised two phases: (i) identification of the eligibility criteria; and (ii) design of the questionnaire. Both phases have been profoundly inspired by the Paris Declaration. Data collection was conducted through an online interface and strengthened through face-to-face validation interviews. Data analysis was conducted by the research team in close collaboration with the information technology (IT) specialist.

In order to foster capacity building, the research team comprised Ministry of Health personnel and external consultants. The team has worked together throughout the whole process.

Box 1. Process timeline

October 2011	Development of the work plan
November 2011	Development of the questionnaire
December 2011	Identification of IT solutions to integrate the processes of data collection, analysis and reporting
January 2012	Piloting of the questionnaire and development of the web-based interface and the database for data collection, analysis and reporting
February 2012	Data collection through the web-based platform
March 2012	Validation interviews with donors' community representatives, data analysis and report redaction
April 2012	Consultations on the process outputs with the donor community
May 2012	Launch of the report

3.1 Study design

3.1.2 Eligibility criteria

The Ministry of Health of the Republic of Moldova and the WHO Country Office conducted this research based on the inputs collected from the donors disbursing official development assistance (ODA).

The agencies covered by this enquiry had to meet two criteria:

1. the Organisation for Economic Co-operation and Development (OECD) required the assistance provided to meet the OECD Development Assistance Committee (OECD DAC) definition of ODA;¹⁵ and

¹⁵ OECD (2008). *Is it ODA?* Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/21/21/34086975.pdf>, accessed 7 June 2012) (Factsheet-November 2008). See Annex III – Glossary.

2. the State Chancellery of Moldova required the agency to be listed in Annex I of Government Decision Nr. 246¹⁶ issued 8 April 2010.

The report does not include any ODA regional projects that are implemented in the health field; as well as humanitarian, philanthropy assistance and sponsorship.

Donors that met the criteria but did not disburse funds to the Moldovan health sector in 2011 were not included in this survey (i.e. Council of Europe Development Bank). A full list of donors invited to complete the questionnaire is provided in Annex I.

To avoid double counting in cases where one donor has disbursed ODA funds on behalf of another, the donor who made the final disbursements to the government has reported for that project/programme.

3.1.3 Questionnaire development and piloting

The team developed a questionnaire to collect information on each donor committed to the health sector in the Republic of Moldova that had disbursed funds in the 2011 calendar year.

During a brief (few days) piloting phase, a draft version of the questionnaire was sent to some technical representatives of donor communities providing ODA to the Moldovan health sector. In combination with further consultations, this provided the opportunity to refine the final version of the questionnaire and to include more explanations in the glossary.

An online version of the questionnaire was made available to all eligible donors, with secure access through individual logins and passwords. A glossary of all the terms used in the questionnaire was also provided. The full version of the questionnaire is given in Annex II; short versions of the completed questionnaires are included in Annex IV.

Questionnaire structure

The questionnaire was designed to accommodate multiple needs and is organized into four parts and seven sections.

Sections I and II are based partly on the information that the government requests from donors. This enables the Ministry of Health to report to the State Chancellery. The design of section V is based on the donor questionnaire used for the OECD's *2011 Survey on Monitoring the Paris Declaration*.¹⁷ Only question 13 in the list of ODA indicators in the OECD survey was not included – parallel project implementation units (PIUs) were not relevant to the Moldovan health sector. In addition, the research team has fully developed sections III, IV, VI and VII.

The first part of the questionnaire (section I) provides general information on the donor agency, its key achievements and milestones and total funds disbursed through either programme or project aid during the 2011 calendar year.

¹⁶ Government of Republic of Moldova (2010). Government Decision Nr. 246, issued on April 8th 2010. *List of the technical assistance projects that qualify for international treaties, for tax exemptions, custom taxes and 0 VAT for goods and services provided by them*. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=334259>, accessed 25 June 2012).

¹⁷ OECD (2011). *Survey guidance, 2011 survey on monitoring the Paris Declaration*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/24/28/46138662.pdf>, accessed 7 June 2012):48.

The choice of the aid modalities proposed – programme/project aid and sector budget support (SBS) – responded to the need to restrict the sample to only the assistance provided to the health sector. In fact, general budget support was automatically excluded from the sample coverage. The questionnaire used the timeframe of the calendar (solar) year as fiscal years may differ from donor to donor.

The second part of the questionnaire collects information on every programme or project implemented by the agency. This includes goals and specific targets; the total amount disbursed in the 2011 calendar year; and the total budget. Both financial and organizational efforts were quantified according to type of funding, health system areas, disease areas and geographical coverage (sections II, III and IV). This section was designed to provide information on areas where donor aid is concentrated, in terms of funding and technical assistance. These data are intended to help both authorities and donors to make informed decisions about future interventions in the health sector.

The third part focuses on assessing progress towards achieving the Paris Declaration targets relevant to the health sector – alignment of aid with national policies and strategies; use of public financial systems and procurement systems; short-term (2012–2013) and long-term (2014–2020) aid predictability; use of common arrangements and procedures for programme-based approaches; donor coordination for joint missions and analytical work. A separate section (section VII) provides a specific focus on the relevance of the Mid-Term Expenditure Framework (MTEF) for health sector donors. Overall, this part is intended to help the Ministry of Health to report on progress towards the Paris Declaration targets and to clarify the MTEF's impact on donors' planning exercises.

The fourth, and final, part of the questionnaire assesses donors' opinions and levels of satisfaction concerning coordination mechanisms in the Moldovan health sector (section VI). This provides information on coordination mechanisms which may still show room for improvement.

3.2 Data collection

3.2.1 Online data entry model

The web-based platform was designed specifically for this survey and accessed via individual secured access for every donor. The database was placed on the server of the National Center of Health Management.

Donors were given a two-week timeframe for data entry in February 2012. This had advantages for both the donors interviewed and the research team. Donors could access the online questionnaire to enter and upload data at convenient times and resume without losing previous inputs. The extended timeframe also avoided the difficulties of tracking reviews and comments that arise when different people work simultaneously on a questionnaire. The research team was able to monitor progress on data entry and (where necessary) send timely reminders; validate data more easily and more quickly; and generate text files and the database automatically.

3.2.2 Interviews

All donors that met the criteria (see section 3.1.2) were invited for interviews. These were conducted by the research team during one week in March 2012 – either face-to-face (for those with a country office in Republic of Moldova) or via e-mails (for those without). Interviews were held only after donors had accessed the online questionnaire and uploaded at least a few answers.

The validation interviews had four aims.

1. To present the goal of the study; the questionnaires and glossary; and the previous experiences.
2. To collect general comments and reactions toward the overall process undertaken, and the difficulties encountered.
3. To go through all sections of the questionnaire and the referring definitions provided in order to reach a good standard of data homogeneity.
4. To note relevant details that found no place in the existing questionnaire in order to record where and how the design might be improved for the 2012 study.

3.3 Data analysis

Several methods of data analysis were used, focusing on: (i) generating aggregate analysis for all donors, their programmes and projects, and their financial disbursements; (ii) providing qualitative analysis of donors' feedback on coordination processes; and (iii) listing key information for each donor.

To standardize the financial information provided, donors were asked to enter data in the original currency used for disbursements. When the database was generated the software automatically converted all currencies to United States dollars (US\$), the reporting currency that the Paris Declaration uses for all aid harmonization exercises.¹⁸ The software used the annual (2011) average exchange rate reported by the National Bank of Moldova.

The IT specialist developed two additional modules – one to generate individual questionnaires (text files) for each donor covered by this survey, the other to generate a database for the numeric variables inserted. The numeric variables were generated and analysed using Microsoft Excel. Frequencies and cross-tabulations were used for data analysis and presentation.

3.3.1 Data quality

Data quality was ensured by several processes. During the design stage, the questionnaire was passed through several rounds of reviews by the extended research team and a piloting process in which several donor agencies collaborated in formulating the questions. During the data collection phase, the online web platform included several internal control mechanisms that prompted users to avoid common data entry mistakes. Also, fast links to a glossary aimed to standardize interpretation of definitions and questions.

¹⁸ Annex IV reports the amounts in the original currency.

The data presented are those provided officially by the organizations covered by this report. Moreover, donors underwent a validation process. During the validation processes all the data were reviewed in order to avoid discrepancies caused by misinterpretations of the questionnaire or the glossary. Misinterpretations were a possibility because the questions have been formulated to accommodate two distinct needs. They had to be accurate enough to avoid misconceptions while allowing all donors (with different vocabularies, reporting and accounting methods) to match the questions to their own purposes and to feel comfortable providing official answers. After the validation processes, all the changes to the first version of the questionnaire submitted by single donors had been approved by the relevant representatives.

Thanks to the joint effort of donors and the research team during the validation processes, most donors managed to complete all parts of the questionnaire. This guaranteed further homogeneity. The exceptions (one donor on section IV – health system functions; one donor on section V – financial management system; three donors on section VI – coordination & complementarity; and one donor on section VII – MTEF) were all agreed by the team and the donors. In these cases, the question(s) asked about something either outside the donor's remit or that did not relate to the donor's experience.

During the data analysis process, all questionnaires were subject to a third level of data quality check using both exploratory analysis and further cleaning of inconsistencies.

LIMITATIONS IV.

As described in the paragraph on data collection, all the exceptions to completion of the questionnaire were agreed by the team and the donors together. This section will begin by reviewing all these circumstances and then illustrate some issues that affect the validity of the analysis presented.

Three main circumstances explain exemptions to the completion of the questionnaire.

1. In order to avoid double counting in cases where one donor disbursed ODA on behalf of another, the eligibility conditions stipulate that the donor who makes the final disbursements should be considered the only donor for that project/programme. Final donors who felt uncomfortable with this were given the option to skip section VI on coordination and complementarity.
2. The same exemption was admitted for donors who had no country office in the Republic of Moldova.
3. Given that resources cannot be earmarked for specific uses when providing SBS, these donors were exempted from such questions in section II and III.

Donors and the research team made considerable efforts to normalize the variety of donors' vocabularies, reporting and accounting methods. However, a few causes of concern remain.

- Donors had different approaches to the process of collecting data internally – some used a consultative process by delegating completion of sections II, III and IV to the referring implementing agencies; others chose to provide single viewpoint estimations.
- For official programme frameworks encompassing different projects it was necessary to give donors the prerogative to choose whether to provide information about the programme or the single projects (sections II and III of the questionnaire). In fact, the donors had to adhere to their own definitions of programme, projects and activities.
- Donors have different accounting systems – administrative costs may or may not be included in official programme/project budgets. When these costs were not included and the donors had (i) implemented a health-related project/programme in the Republic of Moldova (in 2011) through their own offices; and (ii) had involvement in other sectors – then the administrative costs related

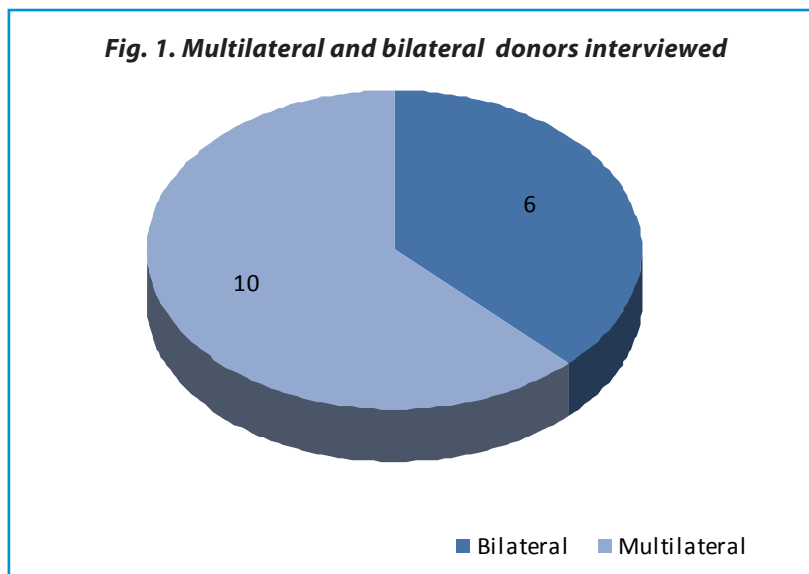
to the health-related projects/programmes could not be disentangled from the total administrative costs of the agency. In these circumstances the donors found their own methods to estimate the administrative costs requested in the questionnaire.

- Agencies with multiyear programmes may be unable to calculate calendar year disbursements. In these cases, the 2011 disbursement was obtained by dividing the overall project/programme budget by the number of project/programme years.

As the data on the programme-based approach were not considered homogenous, they have not been used in the analysis. Similarly, 'organizational effort' is (of course) intrinsically subjective and has been estimated in different ways by the donors (see Box 3). The data gathered on organizational effort can be found in Annex IV. With the exception of these latter cases, the next chapter illustrates the elaborations produced based on all the data collected.

5.1 Donors

Based on the ODA criteria outlined in the methodology (section 3.2.1), 19 donors disbursed funds to the health sector of the Republic of Moldova during the 2011 calendar year and all of them were invited to complete the questionnaire. In addition, only 16 of those who complied submitted all the information requested.¹⁹ As shown in Fig. 1, 10 of the 16 donors reviewed by this study are multilateral,²⁰ 6 are bilateral.



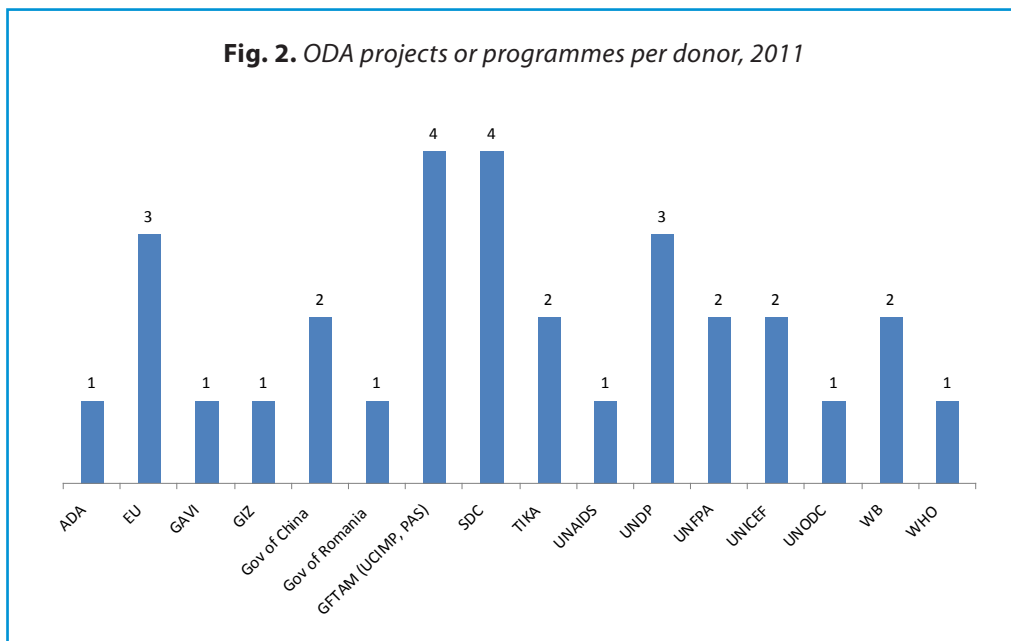
5.2 Projects and programmes

The projects and programmes reviewed in this report began, overran or concluded in 2011 (Fig. 2). Overall, donors reported a total of 31 projects and programmes.

As already stated (see section 4), donors were left to choose whether to provide information on a single programme or about the single projects within it. This is because donors had to adhere to their own definitions of programme, projects and activities whenever providing official information.

¹⁹ Two bilateral donors (JICA and United States Embassy) and one multilateral agency (IAEA) did not complete the questionnaire by the extended deadline. GIZ provided narrative information, but no financial information.

²⁰ The EU is considered to be a multilateral agency. GFATM disbursed funds through two local agencies – UCIMP and PAS Center. In these cases the donors who made the final disbursements to the country are considered to be the only donor for that project/programme (see section 3.1.2). These agencies have been considered multilateral.



Through different aid modalities, a total of **US\$ 51 855 929** of ODA was disbursed to the Moldovan health sector in 2011. This equals 30% of the **US\$ 171 395 860** total budget committed for all the projects overviewed. Government co-financing is reported to be less than 1% of the total amount committed to the Moldovan health sector; GAVI Alliance is the only donor that reported co-financing from the Ministry of Health.

Out of a total of 31 projects and programmes, 30 were funded by grants and 1 was a loan. This distribution is illustrated as a share of the total 2011 disbursement committed by the donors examined (Fig. 3.).

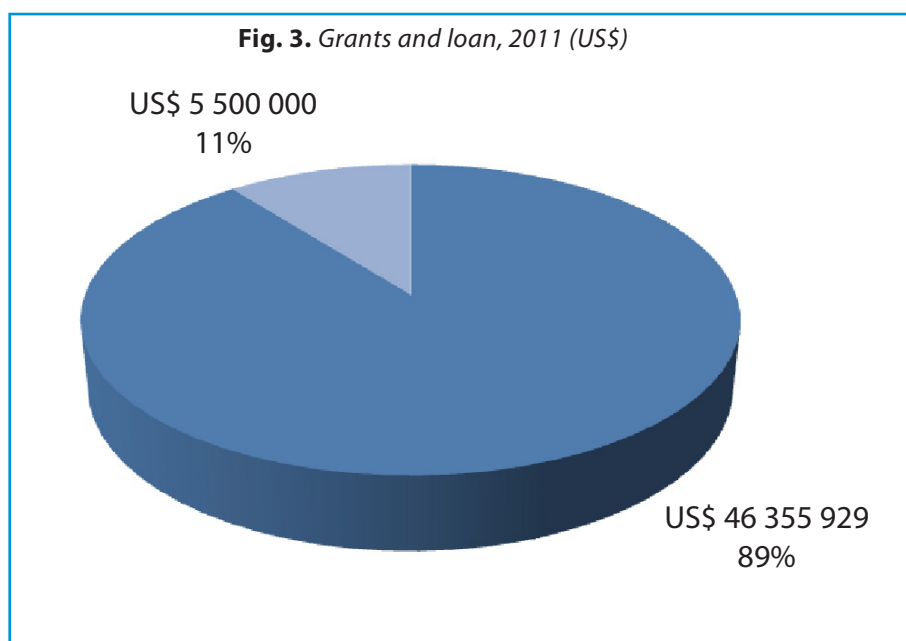
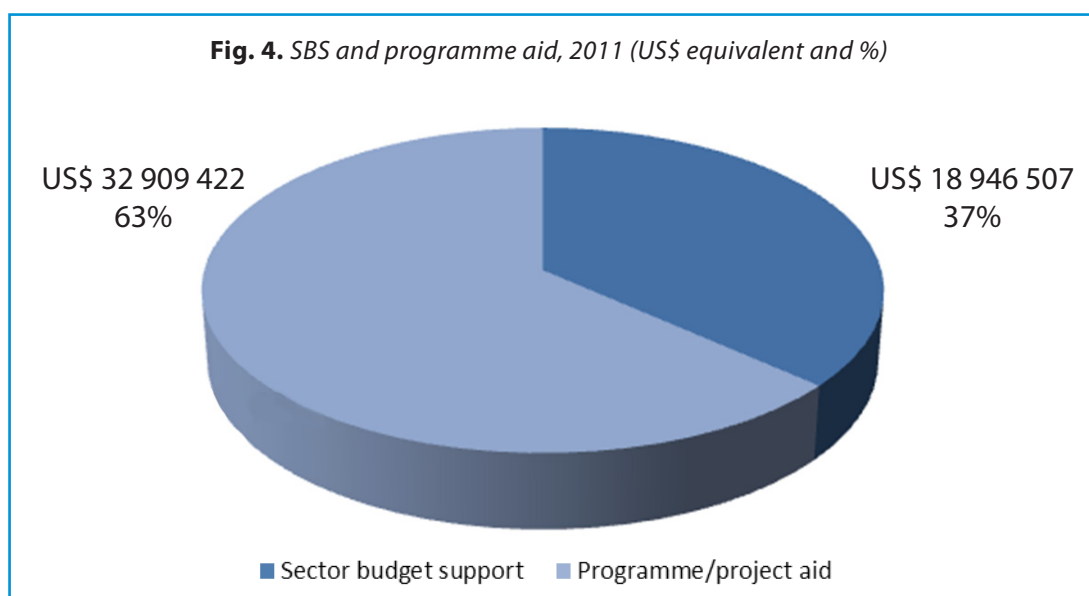


Fig. 4. illustrates the distribution of the total ODA committed by the donors overviewed by project/programme funding or SBS. A total of 30 ODA interventions are projects or programmes, 1 is an SBS agreement.



5.3 Geographical coverage

The geographical coverage of the overviewed projects is illustrated in Table 2. Most donors (15 of 17) indicated that they work on national coverage (see section 4); eight reported that their projects have both national and targeted regional coverage; seven had national coverage with pilots; and one had targeted regional coverage only. Table 2. shows both pilot and targeted districts for ODA interventions and the names of referring donor agencies.

Table 2. Geographical coverage of donors (national and regional), 2011

Area		Donors
National		ADA, EU, GAVI, GIZ, Government of China, GFATM (PAS Center, UCIMP) SDC, TIKA, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, WB, WHO
Regional	Chisinau	EU, GFATM (PAS Center), SDC, TIKA, WB
	Balti	EU, GFATM (PAS Center), SDC, TIKA, WB
	Northern region	EU, SDC, WB
	Central region	SDC, WB
	Southern region	Government of Romania, SDC, WB
	ATU Gagauzia	Government of Romania, GFATM (PAS Center), WB
	Transnistrian region	GFATM (PAS Center, UCIMP) TIKA, UNAIDS, UNFPA, WB

Fig. 5. shows the distribution of donors by district – 19 districts are targeted, some by more than one donor; 13 districts have no project or programme (Basarabeasca, Briceni, Cantemir, Criuleni, Donduseni, Drochia, Dubasari, Falesti, Nisporeni, Riscani, Singerei, Soldanesti and Telenesti).

Figure 5: Donors per districts



5.4 Types of funding, health sector areas and priority programme areas

Donors providing SBS cannot earmark resources for specific uses, therefore (in contrast to preceding chapters) the following analysis excludes SBS interventions.

Fig. 6. shows the distribution of 2011 disbursements across different types of funding categories – investments accounted for 58.5%, technical assistance for 32.5% and administrative costs for 9% (see section 4). The EU, GFATM (PAS Center and UCIMP) and the WB provided the largest share (80%) of the investment quota.

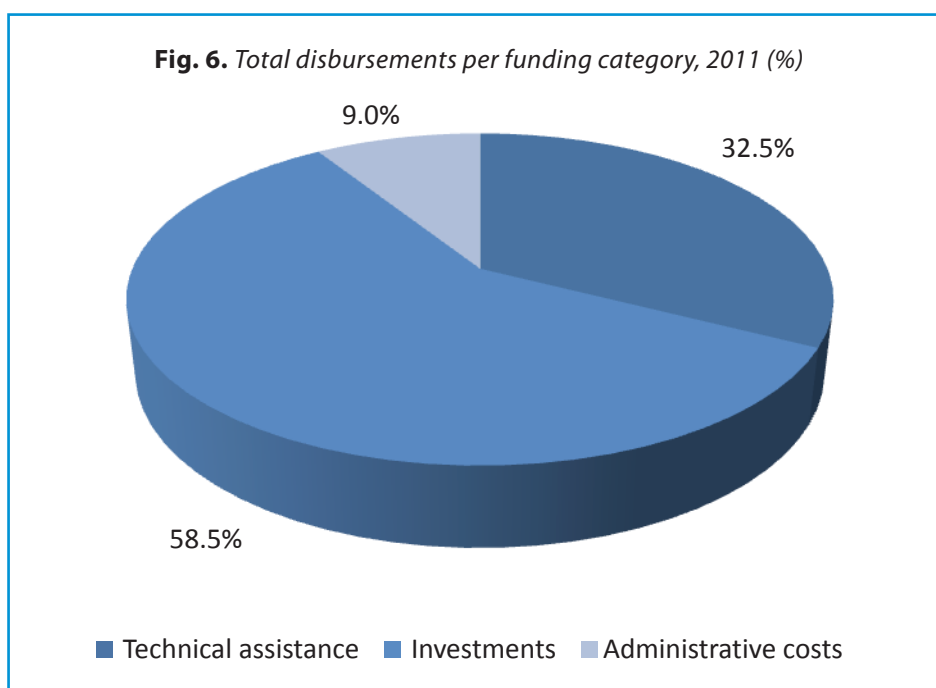


Fig. 7. illustrates the distribution of the investment quota (58.5% of total disbursements) across five given categories – construction and refurbishment (38.7%); medical supplies (35.3%); medical equipment (13%); IT (2.9%) and other (10.1%). The latter category includes patient support and incentives, vehicles, furniture and non-medical equipment.

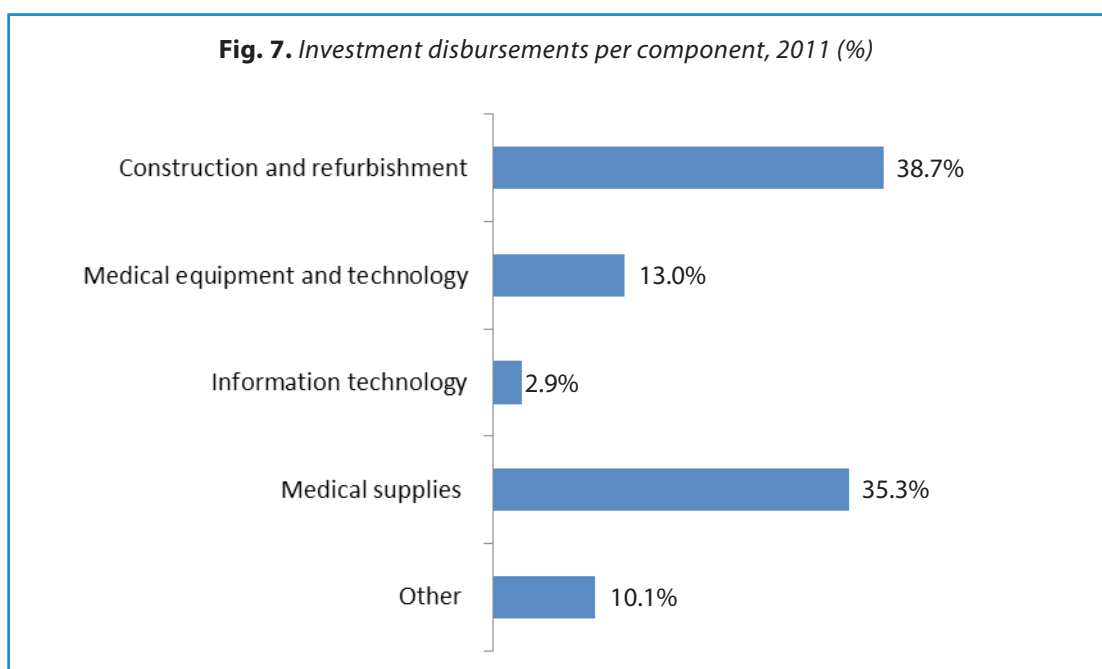


Fig. 8. shows the distribution of the 32.5% of technical assistance funds disbursed in 2011. The given components included capacity building disbursement (56.6%); policy development (15.5%); guideline and protocol development (12.6%); and legal and regulatory framework (6.2%). A total of 9.1% of the technical assistance disbursement was classified as 'other' and included advocacy; communication and social mobilization activities; support for NGOs and community groups; and resilience strengthening.

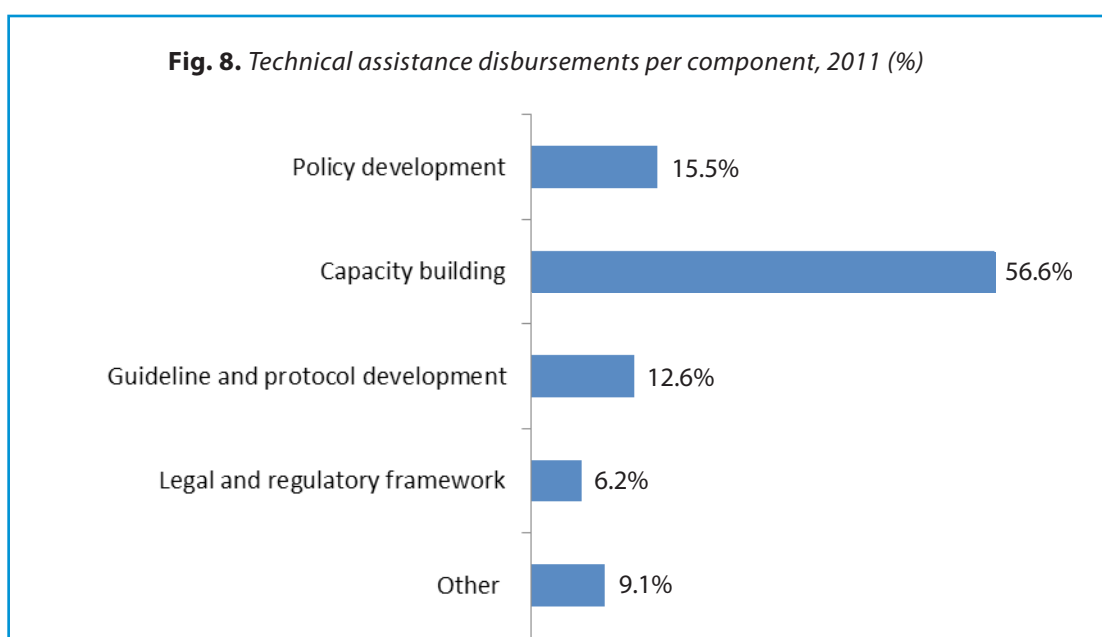
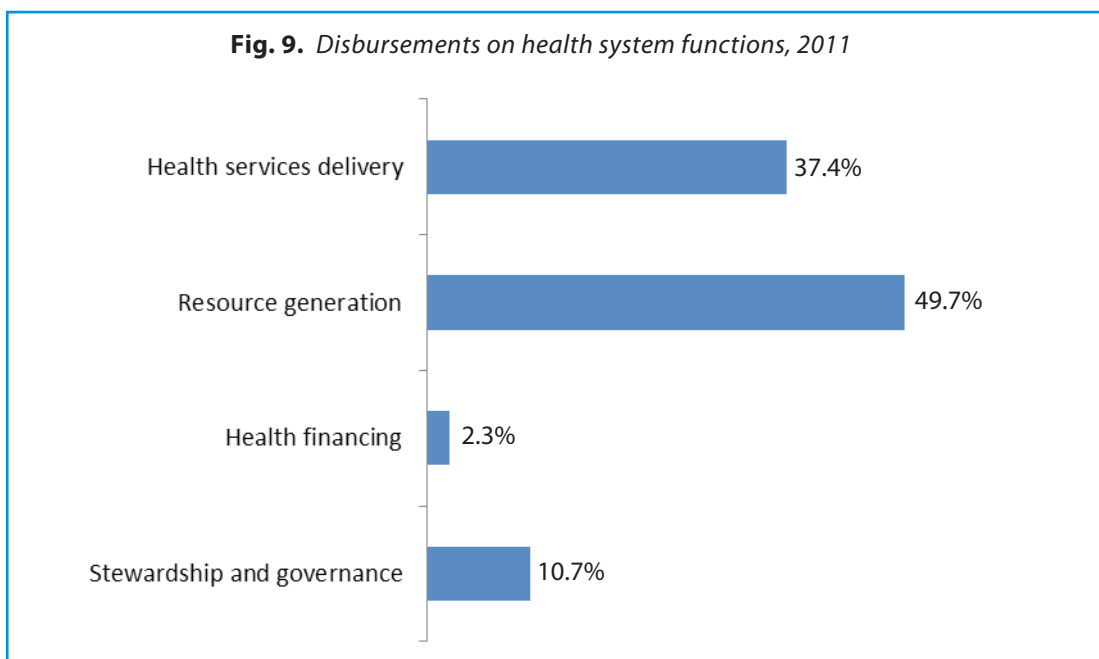


Fig. 9. illustrates the distribution of the disbursements made in 2011 among four health system functions.²¹ Resource generation accounted for half (49.7%); health services delivery for over one third (37.4%); and leadership and governance for one tenth (10.7%). The health financing function received the least assistance (2.3%).

²¹ This question was not applicable to UNFPA programme MDA1R303 «Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS/STIs prevention for young people» implemented in cooperation with the Ministry of Education and the Ministry of Health.



The health services delivery quota is broken down into the four referring components (Fig. 10.). The two main components are primary health care (47.1%) and hospital care (40.5%). Public health services and emergency care each accounted for only 6.2% of total funds disbursed.

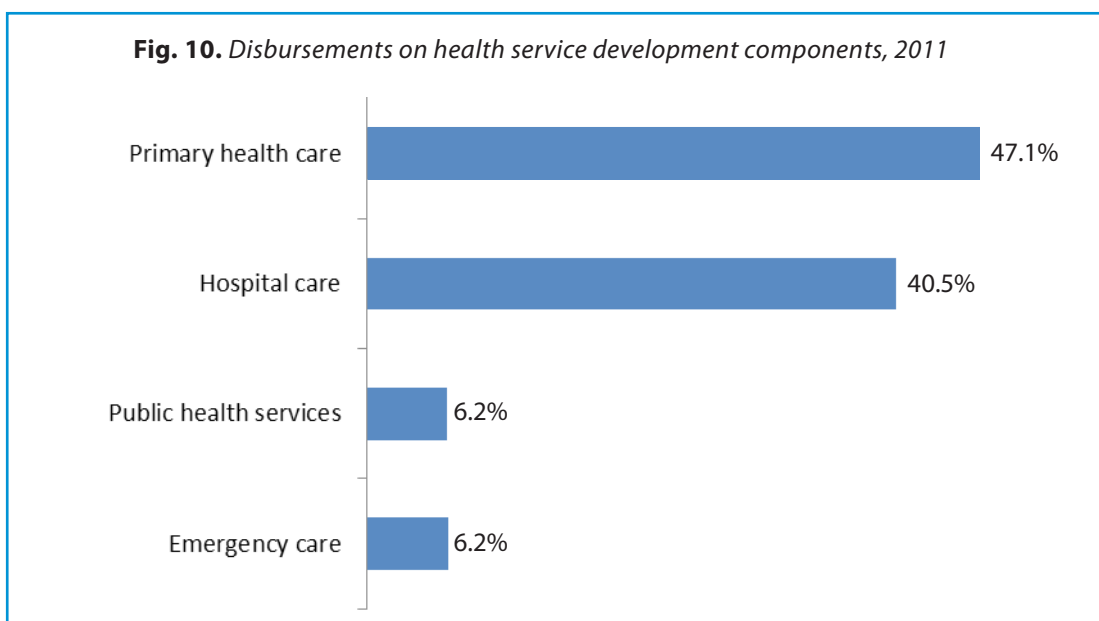
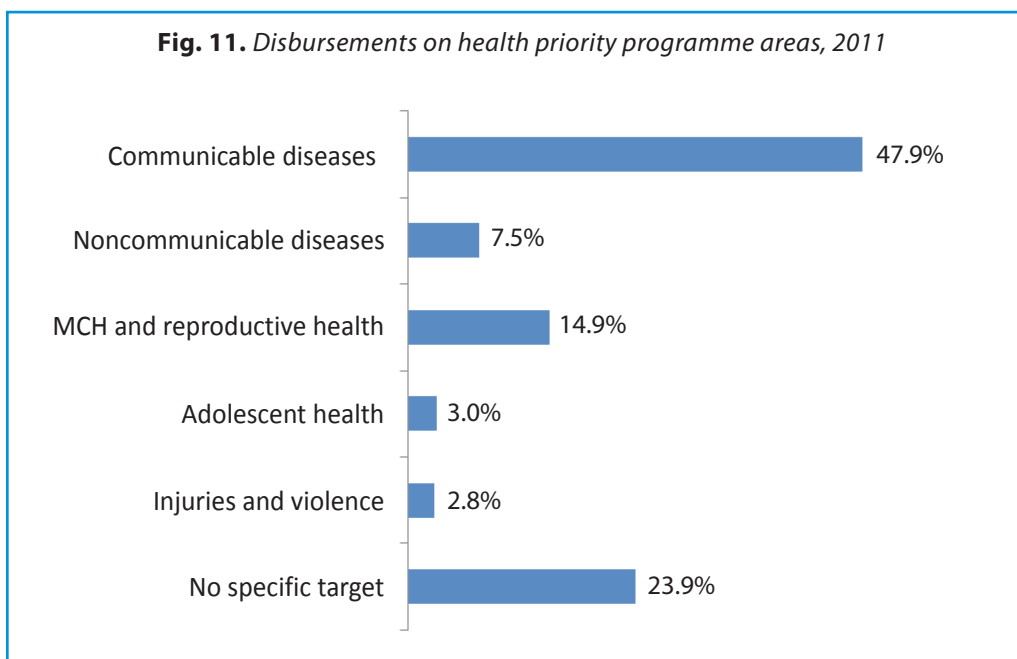


Fig. 11. shows distribution over different health priorities. Almost half of the funds disbursed in 2011 were allocated to communicable diseases (47.9%); one sixth to mother and child health (MCH) and reproductive health (14.9%). Small shares targeted noncommunicable diseases (7.5%); adolescent health (3%); and injury and violence prevention (2.7%). About one quarter of the funds (23.9%) did not target specific programme priorities.



5.5 Alignment with national frameworks

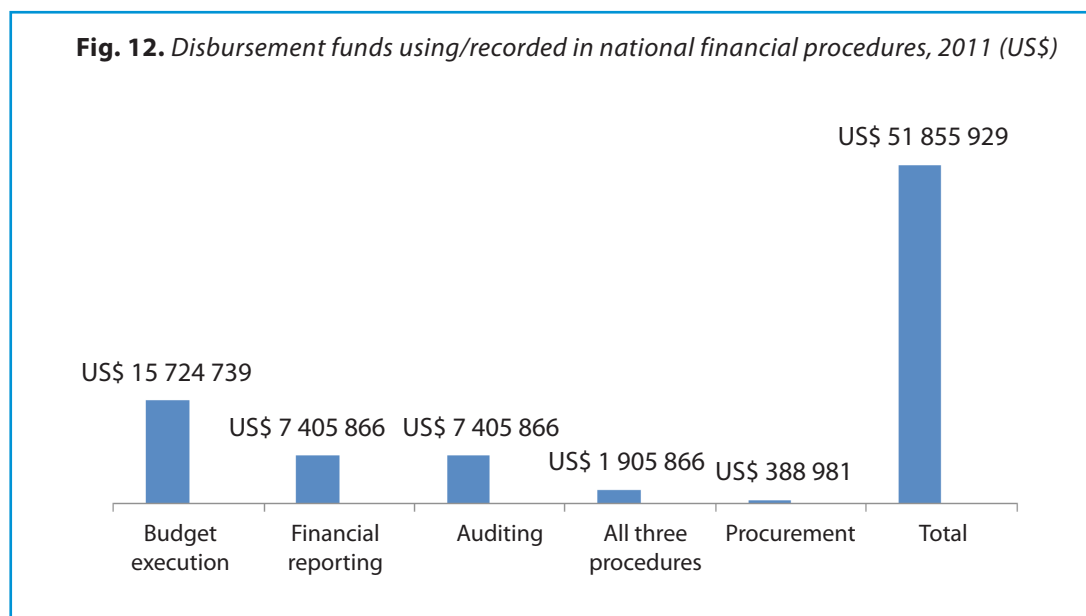
Table 3 illustrates donors' involvement with sector-based national strategies or programmes. The majority of the donors interviewed (11 of 16) work towards the priorities set by the National Health Policy 2007–2021. A lower proportion of donors (9 of 16) refer to the Healthcare System Development Strategy 2008–2017. Among national programmes, the highest number of donors contribute to the National Programme for the Prevention and Control of HIV/AIDS and STIs, 2011–2015 and to the National TB Prevention and Control Program, 2011–2015.

Table 3. Donors, strategies and programmes, 2011

Health policies	No. of donors	Donors
National Health Policy 2007–2021	11	EU, Government of Romania, GFATM (PAS Center, UCIMP), SDC, TIKA, UNDP, UNFPA, UNICEF, UNODC, WB, WHO
State Policy on Pharmaceuticals	1	WHO
Healthcare System Development Strategy, 2008–2017	9	ADA, EU, GIZ, GFATM (PAS Center, UCIMP), SDC, TIKA, UNICEF, WB, WHO
National Strategy for Reproductive Health, 2005–2015	4	SDC, UNFPA, UNICEF, WHO
National Anti-Drug Strategy, 2011–2018	2	GFATM (PAS Center, UCIMP), UNODC
Primary Health Care Development Strategy, 2010–2013	6	EU, GFATM (PAS Center), SDC, UNAIDS, WB, WHO
National Program for Viral Hepatitis B, C and D Control, 2007–2011	3	WB, WHO
National Program for Healthy Lifestyle Promotion, 2007–2015	3	UNFPA, UNICEF, WHO
National Program for Mental Health, 2007–2011	3	EU, SDC, WHO
National Plan for Transfusion Safety and Blood Products Supply, 2007–2011	2	Government of Romania, WB
National Immunization Program, 2011–2015	3	GAVI, UNICEF, WHO
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015	8	EU, GFATM (UCIMP, PAS Center), UNAIDS, UNDP, UNFPA, UNICEF, UNODC, WHO
National TB Prevention and Control Program, 2011–2015	4	EU, GFATM (UCIMP, PAS Center), UNDP, WHO
National Program for Diabetes Control, 2011–2015	0	
National Programme for Emergency Care Development, 2011–2015	2	SDC, TIKA
Hospital Healthcare Development Program, 2010–2012	5	ADA, EU, SDC, WB, WHO
National Program for Eradication of Iodine Deficiency Disorders 2011–2015	1	UNICEF
Other priorities	2	UNDP, WB

5.6 Financial management systems

Fig. 12. shows the distribution of disbursements that used, or were recorded in, national financial procedures – national budget execution procedures (30%); national financial reporting procedures (14%); national auditing procedures (14%); and all three procedures (4%).²²



Only four donors affirmed that their funds were recorded in the 2011 health sector budget; eight said that they did not record their funds in the health sector budget; and four did not know whether or not they recorded them. Finally, a total of US\$ 15 724 739 (30% of total disbursements) has been recorded in the national accounting systems.

At the same time, less than 1% of the ODA disbursed in the health sector is used in national procurement procedures. The only exceptions to the general trend are those projects for which state agencies have been contracted as implementing agencies.

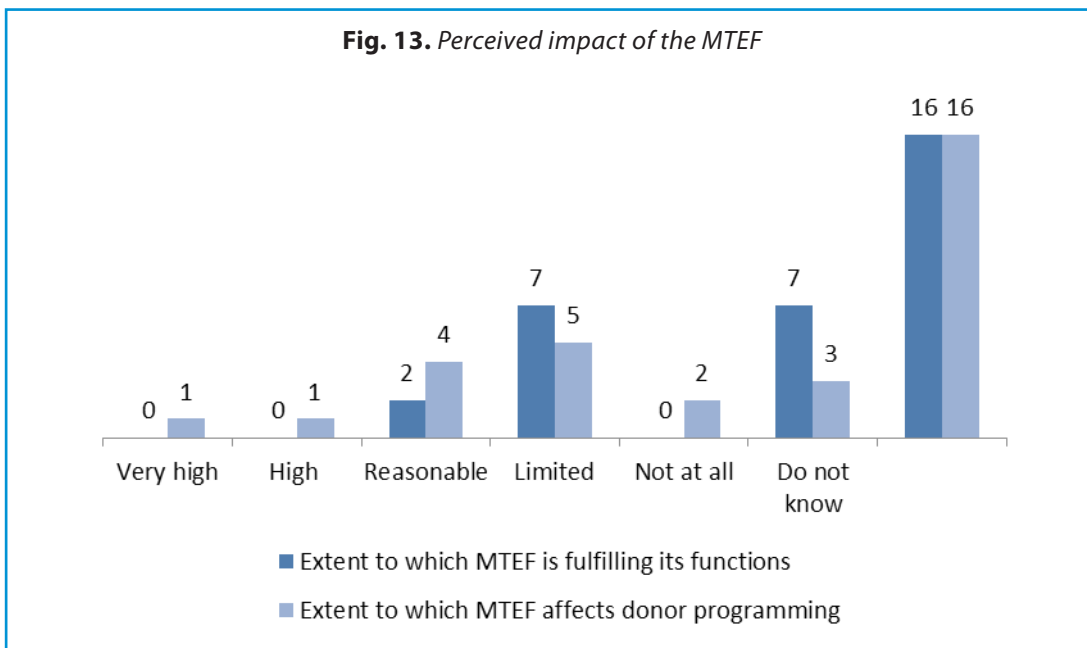
5.7 Mid-Term Expenditure Framework (MTEF)

In section VII of the questionnaire, donors were asked to indicate the health sector MTEF categories that they contributed to in 2011. The highest number of donors had contributed to priority interventions in public health (13); this was followed by policy development and health systems management (10); and individual medical services (9). Only a few donors claimed to be contributing to resource development for health systems and special medical programmes. Table 4. summarizes donor contributions to all MTEF categories and subcategories.

²² See Annex III - Glossary, section V.

Table 4. Donors' MTEF priorities, 2011		
No.	MTEF category & subcategory	Donor
1	Policy development and health systems management	EU, GIZ, GFATM (PAS Center), SDC, UNAIDS, UNDP, UNICEF, UNODC, WB, WHO
1.1	Health system administration	EU, GIZ, WHO
1.2	Administration of mandatory health insurance funds	EU, WHO
1.3	Health system monitoring and evaluation and quality management	EU, GFATM (PAS Center), SDC, UNAIDS, UNICEF, UNODC, WHO
2	Priority interventions in public health	EU, GAVI, GIZ, GFATM (PAS Center, UCIMP), SDC, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, WB, WHO
2.1	Public health surveillance system	GFATM (PAS Center), UNAIDS, UNICEF, WHO
2.2	Communicable and noncommunicable disease control and health protection	EU, GAVI, GIZ, GFATM (PAS Center, UCIMP), SDC, UNAIDS, UNDP, UNICEF, UNODC, WB, WHO
2.3	Mother and child health and youth health	GAVI, SDC, UNFPA, UNICEF, WHO
3	Individual medical services	EU, Gov. of Romania, GFATM (PAS Center, UCIMP), SDC, UNICEF, UNODC, WB, WHO
3.1	Emergency pre-hospital medical care	SDC, WHO
3.2	Primary health care	EU, GFATM (PAS Center, UCIMP), UNICEF, WB, WHO
3.3	Outpatient specialized care	GFATM (PAS Center, UCIMP), UNODC, WB, WHO
3.4	Hospital care	GFATM (PAS Center, UCIMP), WB, WHO
3.5	High-performance medical services	Gov of Romania, UNODC
3.6	Recovery medical care	
3.7	Community, palliative and home-based medical services	GFATM (PAS Center), SDC, UNICEF, UNODC
4	Resource development for health systems	GFATM (PAS Center), UNDP, WHO
4.1	Investments in health system infrastructure	EU, GFATM (PAS Center), UNDP, WHO
4.2	Rational use of medicines	WHO
5	Special medical programmes	SDC, GFATM (UCIMP)
5.1	Special health programmes	SDC, GFATM (UCIMP)
5.2	Sports medicine	
5.3	Forensic medicine	

Donors' perceptions of MTEF performance (16 of 17 donors replied) are aggregated in Fig. 13. Donors were asked to rate MTEF capacity to improve budget planning, budget allocation, forecasting capacity and, finally, its relevance for donor programming. Six donors affirmed that the MTEF was relevant to them to a very high, high or reasonable extent; seven donors thought it had a limited or no relevant impact on their programming processes.



Contains some suggestions for improvements to the MTEF to address possible reasons for the ratings shown in Fig. 13.

Box 2. Suggestions for improvements

MTEF and external aid

- MTEF categories could be revised so that they are mutually exclusive.
- MTEF could be a flexible tool able to adjust to emerging needs and priorities.
- MTEF planning could be less reliant on the incremental budgeting method (allocation of resources based upon allocations from the previous period). This is internationally acknowledged to bring clear disadvantages.
- MTEF planning process could benefit from a more participatory approach. Donors would highly appreciate an invitation to take part in the MTEF elaboration and assessment.
- MTEF could better foster a strategic discussion on trade-offs and priorities for investment in each sector.
- Donor support could benefit from further integration in the public budget and not being listed outside health system budget categories.
- Strengthen health accounts mechanisms in order to allow donors to judge the effectiveness and cost efficiency of the developed budgets.

5.8 Aid predictability

The 31 projects reviewed by this report have an average length of 32 months. Fig. 14. illustrates their planned year of conclusion – about a third of all projects (11 of 31) ended in 2011, 10 are expected to end in 2012 and the rest between 2013 and 2015.

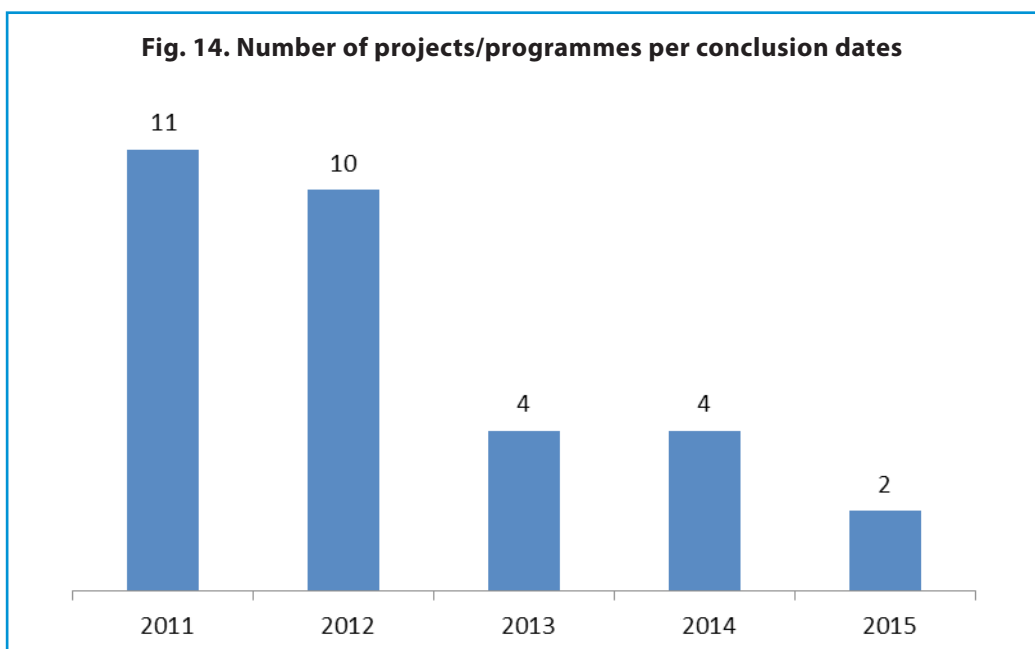
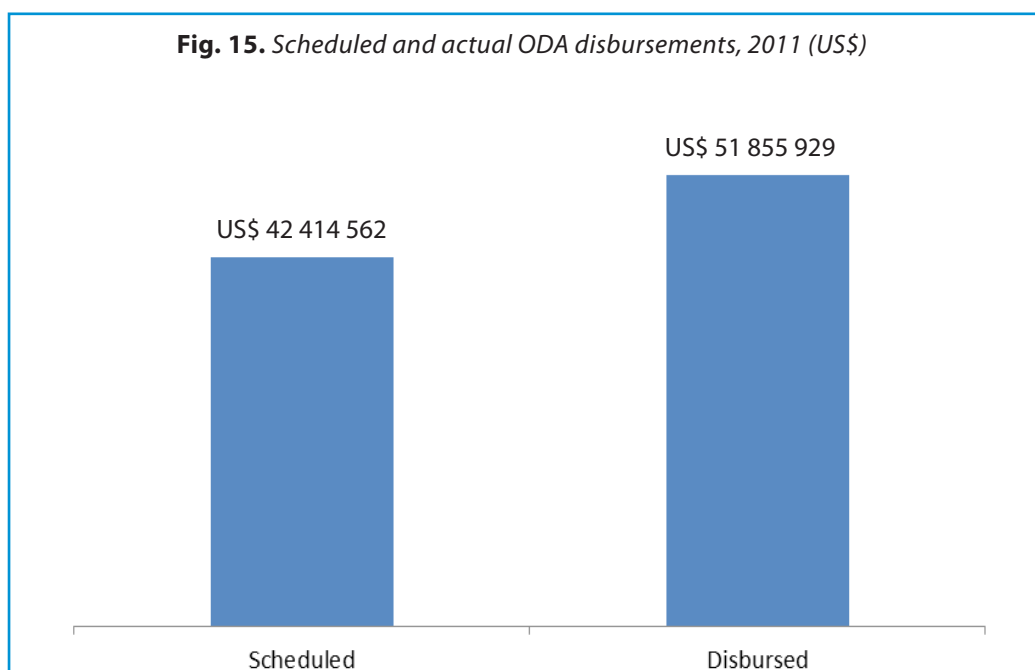
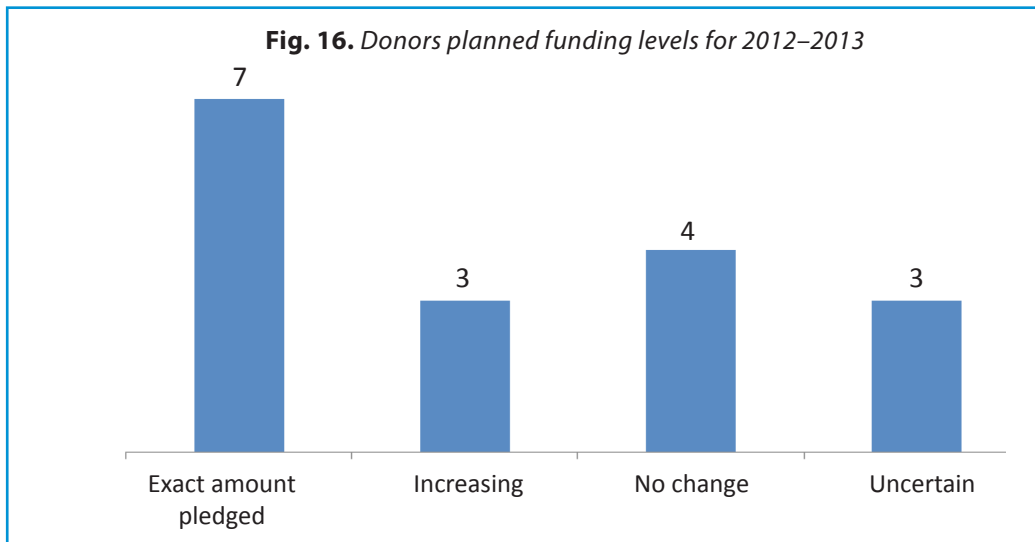


Fig. 15. shows the scheduled quota of ODA against the actual amount disbursed in 2011. Three donors did not have an official commitment at the beginning of the year and some donors disbursed more than they had forecasted at the beginning of the year. Hence, the total amount disbursed exceeded the amount scheduled by almost 18 percentage points.



The majority of the donors interviewed plan to continue to support the Moldovan health sector in 2012–2013. Fig. 16. illustrates donors’ plans to increase, decrease or maintain the level of previous contributions. Seven donors plan to provide the exact amount pledged (a total of US\$ 25 363 462); four plan to provide about the same amount as previous years. Three donors plan increases but three affirmed that they are uncertain about their future support (GIZ, Government of China and Government of Romania).



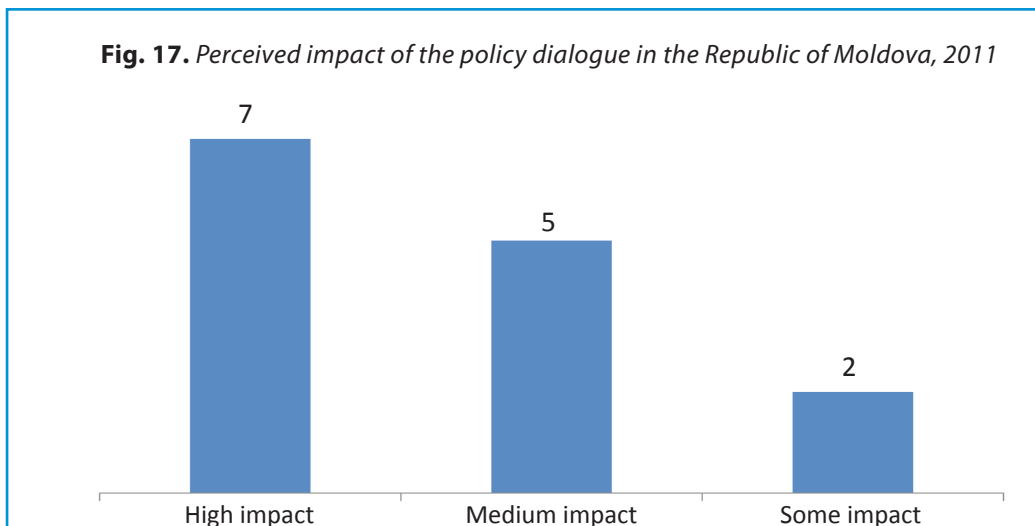
Of 17 donors, 10 affirmed that they will be continuing to support the health sector in 2014–2020, one (ADA) does not plan to support the health sector in that period and six donors are uncertain (GIZ, Government of Romania, TIKa, UNAIDS and UNODC, WB). Furthermore, 12 donors are uncertain about the level of funds that will be allocated and none of them stated that they will be increasing the level of funding.

5.9 Donor coordination and complementarity

EU, GFATM (PAS Center, UCIMP), SDC, UNAIDS, UNDP, UNICEF, UNFPA, UNODC, WB and WHO coordinated nine missions in 2011. In 2011, eleven analytical works were produced jointly by UNAIDS, UNDP, UNICEF, UNFPA, WB and WHO.

A total of 14 donors answered questions on coordination and complementarity. Donors rated overall donor coordination in the health sector to be “good” (9 votes) and “medium” (5 votes). Donor alignment with the priorities of the health sector in the Republic of Moldova was graded 8 on a scale of 0–10.

At the same time, 11 of 14 donors considered that the donor coordination mechanism led by the Ministry of Health has improved the overall coordination of activities in the health sector. Lastly, most donors affirmed that the policy dialogue between the Ministry of Health and the donor community has a high or medium impact on further priority setting by donor agencies (Fig. 17.).



OVERVIEW OF THE FINDINGS

VI.

The data analysis reported in the previous chapter responded to the aims of this publication (see section 2), particularly the need to:

1. share basic information about donors' activities (sections 5.1, 5.2 and 5.3);
2. place donors' activities within the larger framework of the health system functions and assess donors' alignment with the strategies of the Moldovan health system (sections 5.4 and 5.5);
3. assess donors' alignment with the national financial management systems (sections 5.6);
4. illustrate donors' short- and medium-term commitments to the Moldovan health sector (sections 5.7 and 5.8); and, finally
5. review the coordination mechanism in place (section 5.9).

This section will begin with an overview of the results presented in the previous chapter (1 and 2 in the list above). This will be followed by a review of the results (3, 4 and 5 in the list above) in which they are checked against the target indicators provided in the Paris Declaration.²³

6.1 Remarks

Overall, the donor contribution appears to be significant when compared to the national health sector budget. According to this exercise, the ODA disbursed in 2011 totals US\$ 51.9 million – that is, a 14% addition to the overall public expenditure for the same year (US\$ 363 million).²⁴

In terms of geographical coverage, the distribution of projects among regions is quite uneven. The main cities of Chisinau and Balti are covered by the highest number of donors; eleven districts receive aid from two or more donors and nine districts have no donor involvement. In 2011, donor agencies seem to have provided sufficient assistance to the Transnistrian region (five different donors provided programme aid) and Territorial-Administrative Unit Gagauzia (four donors).

²³ The deadline for the Paris Declaration target indicators was 2010. Only one target was met. However, the *Busan Partnership For Effective Development Co-Operation* restated the validity of previous commitments. OECD (2011). *Busan partnership for effective development co-operation*. Paris, Organisation for Economic Co-operation and Development (http://www.aideffectiveness.org/busanhlf4/images/stories/hlf4/OUTCOME_DOCUMENT_-_FINAL_EN.pdf, accessed 7 June 2012).

²⁴ Parliament of the Republic of Moldova (2012). Law Nr. 52 issued on the 3rd March, 2012. Annex 2. Expenditure ceilings for public authorities financed by the state budget. *Official Monitor Nr. 63-63, art. 151 from 20.04.2011*.

Concerning the type of funding, the health sector donors seem to strike a better balance between investment and technical assistance. The Government of Republic of Moldova²⁵ reports an overall level of 20% of technical assistance within donor aid but this survey highlights a higher proportion of funds disbursed for this purpose (33%).

Unsurprisingly, health service delivery and resource generation functions account for the larger share of the donor assistance scrutinized. Within health service delivery there is great attention to primary health care and hospital care (88%). External assistance shows wide variation across programme priority areas – communicable diseases account for almost half of the funds disbursed; noncommunicable diseases for less than one tenth.

Overall, aid flows are aligned to national priorities, policies and programmes. However, some national strategies and programmes receive more attention – the Health Systems Development Strategy, the Primary Health Care Development Strategy and the HIV and TB national programmes.

6.2 Analysis

Before the results presented in the previous chapter are tested against the Paris Declaration target indicators, it must be emphasized that those indicators were set for a different order of magnitude. The Paris Declaration covers a whole country; this exercise refers only to the health sector. Keeping in mind the five principles of the Paris Declaration and the Accra Agenda for Action, the results presented offer different kinds of inputs for both the donor community and public officials within the health sector.

In terms of alignment, the Paris Declaration target for the “use of country public financial management systems” was set at 90% of the donors working in a country. Only 4 of 17 donors reviewed (23.5%) in this study mentioned using country financial management systems for their 2011 disbursements. It is clear that the partnership between the donor community and the country needs to be strengthened in this respect.

Similarly, 3 of 17 donors (17.6%) used national procurement systems for disbursements in the Moldovan health sector; the Paris Declaration’s target value for the use of a procurement system is 90%. At the same time, the target indicator for aid flows reported on national budgets was set at 85%. The results presented in section 5.6 show that only 14% of the 2011 health sector commitments were recorded in the health sector budget.

On aid predictability, the target proposed by the Paris Declaration was: “to halve the proportion of aid not disbursed within the fiscal year for which it was scheduled.”²⁶ The results presented in Fig. 15 demonstrate that the actual 2011 disbursement for the Moldovan health sector was almost 18 percentage points higher than the sum scheduled. This shows that donors continued to fundraise successfully throughout the year. At the same time, a high number of donors (11 of 17) could not provide the exact amount of pledged funds for 2012–2013. None of the donors interviewed was able to give the indicative amount pledged on the timeframe 2014–2020.

²⁵ Government of Republic of Moldova (2012). *Country report on 2011 survey on monitoring the Paris Declaration*. Chisinau, unpublished draft.

²⁶ OECD (2005). *Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/11/41/34428351.pdf>, accessed 7 June 2012):9.

Having said this, the broader objective of using predictability as a means of supporting *ownership* and decision-making processes (as stated by the Accra Agenda for Action)²⁷ needs further development.

Concerning the harmonization of aid, the data presented on the number of joint missions (9) and the number of analytical works (11) do not allow further elaboration.

No direct questions have been asked about the other principles (and relative indicators) of the Paris Declaration – *ownership, managing for results, mutual accountability*.

Donors were asked to rate the MTEF and the coordination and complementarity mechanism in place. The results presented in section 5.7 show that only two donors believed that the MTEF was fulfilling its functions “reasonably”. Also, only six donors affirmed that the MTEF was affecting their programming to a very high, high or reasonable extent. Nonetheless, as frequently affirmed by the Paris Declaration and the Accra Agenda for Action, MTEFs are the cornerstones for improving *ownership* and joint *managing for results*. Given the relevance of this tool, the data on donors’ perceptions of the Moldovan health sector’s MTEF suggests the possibility of pursuing further improvement in its performance and encouraging donors’ involvement in the elaboration of future versions.

Finally, the donor coordination mechanism led by the Ministry of Health is rated highly by the majority of the donors interviewed.

²⁷ *Ibidem*, p.21.

VII. CONCLUSIONS

The data presented in this report reflect the commitment of 17 donors funding a total of 31 programmes/projects in the Moldovan health sector in 2011. The ODA disbursed in 2011 represents a 14% addition to overall health sector public expenditure in that year.

As described in the previous chapter, the distribution of funds appears reasonably balanced across the different funding categories (technical assistance and investments) but external assistance is still unbalanced in terms of programme priority areas and geographical coverage. Moreover, the donor community needs further encouragement to prompt further alignment with national financial management procedures and national procurement systems. Stronger efforts are needed to increase aid predictability, thereby fostering greater national ownership of agreed development strategies.

It appears clear that the Government of the Republic of Moldova should support the donor community's access to the national financial management system and strengthen the role of the MTEF in order to trigger the virtuous circle of *alignment, ownership, managing for results* and *mutual accountability*.

At the same time, the donor coordination mechanisms and the policy dialogue led by the Ministry of Health seems to be considered highly effective. In order to continue to strengthen the coordination processes – and in line with the endorsement of this report as the official tool to comply with Governmental Decision Nr. 12 (issued 9 January 2010) – the Ministry of Health and the WHO Country Office in Republic of Moldova intend to replicate this exercise annually.

Box 3. News of the 2012 edition

Almost all of the suggestions proposed by the donor agencies during the validation interviews will be adopted in the 2012 version of the questionnaire.

The online version of the questionnaire will be retained with some changes to accommodate the adjustments described below. The piloting phase will be replicated and extended.

Greater consistency throughout the database will be achieved by fostering further homogeneity in the data collection process. Therefore, the 2012 glossary will report indications on who (within donors or implementing agencies) would be the most indicated respondent for each question. Some means of distinguishing the responding agency will be devised. This process will be facilitated by extending the timeframe for completing the questionnaire and sharing the workplan with all donors in advance of the overall process.

The eligibility criteria will be broadened to include projects and programmes (thus donors) designed in the framework of agreements that are not included in this report as well as transactions made to regional organizations.

Multiple choice answers will be allowed on different questions (e.g. on the implementing agency/ies). Projects with only small health sector components (threshold to be defined during the design and piloting processes by all the donors involved) will be excluded. The questionnaire will be reformulated to accommodate fully different aid modalities. The questions exploring the administrative costs will be better targeted on donors' office running costs.

Thanks to this year's trial and the incredible efforts and inputs from the donors involved, a well-tested method for answering the questions on organizational efforts will be shared and then proposed in the 2012 glossary. A means of highlighting whether a certain value was obtained with or without hiring external human resources will also be provided. For what concerns predictability, the donors will be allowed to indicate their own timeframe.

Questions on joint missions and analytical work will be redesigned in order to bring the actual value that will allow the data obtained to be checked against the Paris Declaration target. New questions will be introduced on the number of questionnaires/reports that each donor had to produce in the relevant calendar year.

Bibliography

Government of Republic of Moldova (2007). Governmental Decision Nr. 886, issued on August 6th 2007. *Cu privire la aprobarea Politicii Nationale de Sanatate* [On approval of the National Health Policy]. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&i=d=324940>, accessed 7 June 2012).

Government of Republic of Moldova (2007). Governmental Decision Nr. 1471, issued on December 24th 2007. *Cu privire la aprobarea Strategiei de dezvoltare a sistemului de sanatate in perioada 2008–2017* [On the approval of the Healthcare System Development Strategy 2008–2017]. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&i=d=326615>, accessed 7 June 2012).

Government of Republic of Moldova (2010). Governmental Decision Nr. 12, issued on January 19th 2010. *Pentru aprobarea Regulamentului cu privire la cadrul institutional si mecanismul de coordinare a asistentei externe acordate Republicii Moldova de organizatiile internationale si tarile donatoare* [Regulation on the institutional framework and coordination mechanism of external assistance provided to Moldova by international organizations and donor countries]. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&i=d=333522>).

Government of Republic of Moldova (2010), Government Decision Nr. 246, issued on April 8th 2010. *Cu privire la modul de aplicare a cotei zero a TVA la livrarile de marfuri, servicii efectuate pe teritoriul tarii si de acordare a facilitatilor fiscale si vamale pentru proiectele de asistenta tehnica si investitionala in derulare, care cad sub incidenta tratatelor internationale la care Republica Moldova este parte* [List of the technical assistance projects that qualify for international treaties, for tax exemptions, custom taxes and zero VAT for goods and services provided by them]. Chisinau (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&i=d=334259>).

Government of Republic of Moldova (2010). *Republic of Moldova partnership principles implementation plan*. Chisinau (<http://ncu.moldova.md/pageview.php?l=ro&idc=376&t=/ON-LINE-LIBRARY/PPIP/>, accessed 7 June 2012).

Government of Republic of Moldova (2011). Governmental Decision Nr. 179, issued on March 3rd 2011. *Accelerarea reformelor: abordarea necesitatilor din domeniul sanatatii prin politici investitionale – foaia de parcurs pentru Moldova* [Boost up the reforms: addressing health needs through investment policies – the policy roadmap for Moldova]. Chisinau (http://ms.gov.md/_files/9361-FoaieParcurs_15.09.2011.pdf, accessed 7 June 2012).

Government of Republic of Moldova (2011). *European integration: freedom, democracy, welfare 2011–2014*. Chisinau (<http://www.gov.md/doc.php?l=en&idc=445&id=3729>, accessed 7 June 2012).

Government of Republic of Moldova (2011). *“Moldova-2020” National Development Strategy of the Republic of Moldova for 2012–2020*. Chisinau (<http://www.cancelaria.gov.md/libview.php?l=en&id=1051&idc=360>, accessed 7 June 2012).

Government of Republic of Moldova (2012). *Country report on 2011 survey on monitoring the Paris Declaration*. Chisinau, unpublished draft.

Ministry of Health of Republic of Moldova (2008). [Report on monitoring activities implemented based on the foreign assistance provided to the health sector by the external development partners, 2008]. Chisinau *Raport de monitorizarea activitatilor realizate in baza Asistentei Externe acordate Sectorului Sanatatii de catre partenerii Externi de Dezvoltare 2008*. (<http://ms.gov.md/public/international/AsistentaOficiala/> rapoarteanualedemonitorizare, accessed 26 June 2012).

Ministry of Health of Republic of Moldova (2009). Order Nr. 62 issued on February 25th 2009. [On the creation of the health sector council in the field of external assistance]. Chisinau *Ordinul Nr. 62 din 25.02.2009 Cu privire la crearea Consiliului sectorial de sanatate in domeniul asistentei externe*. (<http://ms.gov.md/files/4777-newdoc.pdf>, accessed 7 June 2012).

Ministry of Health of Republic of Moldova (2009). [Report on monitoring activities implemented based on the foreign assistance provided to the health sector by the external development partners, first half of 2009]. Chisinau Raport de monitorizarea activitatilor realizate in baza Asistentei Externe acordate Sectorului Sanatatii de catre partenerii Externi de Dezvoltare, semestrul I 2009. (<http://ms.gov.md/public/international/AsistentaOficiala/rapoarteanualemonitorizare/>) accessed 25 June 2012).

Ministry of Health of Republic of Moldova (2010). [Report on monitoring activities implemented based on the foreign assistance provided to the health sector by the external development partners]. Chisinau Raport. Asistentei oficiale pentru dezvoltare acordate sectorului sanatatii de catre comunita donatorilor. (<http://ms.gov.md/files/8139-RAPO RT%2520ANUAL%2520ASISTENTA%2520 EXTERNA%25202010.pdf>, accessed 7 June 2012).

OECD (2005). *Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/11/41/34428351.pdf>, accessed 7 June 2012).

OECD (2006). *Harmonising donor practices for effective aid delivery Vol. 2*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/53/7/34583142.pdf>, accessed 24 June 2012).

OECD (2008). *Is it ODA?* Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/21/21/34086975.pdf>, accessed 7 June 2012) (Factsheet-November 2008).

OECD (2010). *Dac Statistical Reporting Directives*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/28/62/38429349.pdf>, accessed 24 June 2012).

OECD (2011). *Aid predictability – synthesis of findings and good practices*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/48/53/49066202.pdf>, accessed 7 June 2012).

OECD (2011). *Busan partnership for effective development co-operation*. Paris, Organisation for Economic Co-operation and Development (http://www.aideffectiveness.org/busanhlf4/images/stories/hlf4/OUTCOME_DOCUMENT - FINAL_EN.pdf, accessed 7 June 2012).

OECD (2011). *Survey guidance, 2011 survey on monitoring the Paris Declaration*. Paris, Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/24/28/46138662.pdf>, accessed 7 June 2012).

Parliament of the Republic of Moldova (2012). Law Nr. 52 issued on March 3rd 2012. Annex 2. [Expenditure ceilings for public authorities financed by the state budget]. Legea nr.12 din 31.03.2011 Bugetul de stat pe anul 2011. *Official Monitor*, 63-63, art. 151.

United Nations (2012). *Towards unity in action: United Nations – Republic of Moldova Partnership Framework 2013–2017*. Chisinau (<http://www.un.md/key doc pub/>, accessed 7 June 2012).

Databases

National Bureau of Statistics of the Republic of Moldova (2012) [online database]. Chisinau (<http://www.statistica.md/>, accessed 8 June 2012).

UNDP (2012). International Human Development Indicators [online database]. New York, United Nations Development Programme (<http://hdrstats.undp.org/en/indicators/default.html>, accessed 8 June 2012).

WHO Regional Office for Europe (2012). European Health for All database (HFA-DB) [online/offline database]. Copenhagen, WHO Regional Office for Europe

(<http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-health-for-all-database-hfa-db2>, accessed 8 June 2012).

ANNEX

Annex I. Donors contacted

- 1 Austrian Development Agency (ADA)
- 2 European Union
- 3 Global Alliance for Vaccines and Immunization
- 4 German Society for International Cooperation (GIZ)
- 5 Government of China
- 6 Government of Romania
- 7 Government of United States of America
- 8 International Atomic Energy Agency (IAEA)
- 9 Japan International Cooperation Agency (JICA)
- 10 Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM - Center for Health Policies and Studies (PAS Center) and Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project (UCIMP)
- 11 Swiss Agency for Development and Cooperation (SDC)
- 12 Turkish International Cooperation and Development Agency (TIKA)
- 13 Joint United Nations Programme on HIV/AIDS (UNAIDS)
- 14 United Nations Development Programme (UNDP)
- 15 United Nations Population Fund (UNFPA)
- 16 United Nations' Children's Fund (UNICEF)
- 17 United Nations Office on Drugs and Crime (UNODC)
- 18 World Bank
- 19 WHO

Agency General Information

Country director: Michael Schieder

Total budget disbursed in 2011: € 100 000

Key achievements

In 2011, Austria mainly continued its projects in vocational training and in the water and sanitation sector. By providing safe drinking water to rural communities, Austria contributes significantly to the health sector and to the well-being of local populations. Within the health sector, Austria financed the training of medical staff from the Institute of Oncology, Republic of Moldova, in both Romania and Austria. Outside the health sector, Austria is providing financial support for a project focusing on counteracting stigmatization and fostering the social inclusion of people with mental health problems. A centre for social inclusion has been renovated during 2011 and will open shortly.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Healthcare System Development Strategy, 2008–2017

Hospital Healthcare Development Program, 2010–2012

Plans to continue support in 2012–2013: Yes, € 350 000

Plans to continue support in 2014–2020: No

Project/programme details

Project/programme name: HOPE for the Children of Moldova – establishment of an educational unit for long-term hospitalized children in the Institute of Oncology in Chisinau, Republic of Moldova

Project/programme goal: The project aims to improve the expertise and experience of specialized medical, educational and psychological personnel and to increase the chances of survival among children for whom bone marrow transplantation is the only effective method of treatment. Furthermore, it aims to improve the psychological care of children and their families during hospitalization. On completion of hospital treatment it facilitates the process of reintegration into social life and education – for children in school and for youths in vocational education and training.

Project/programme manager:

Implementing agency: HOPE'87

Financing: Grant

Duration: Starting date: 1 August 2010 End date: 31 December 2012

Total project/programme budget: Undisclosed

Total disbursed in 2011: € 100 000

Geographical coverage: national: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Training of medical staff	22 persons	12 persons
2	Establishment of educational unit	Completion	Has yet to start

Type of funding	Financial allocation (%)
Technical assistance	80
Investment	-
Administrative costs	20

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	100	100
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	100	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	100	100
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	100	100
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Delegation of the European Union to Moldova

Agency General Information

Country director: Dirk Schuebel

Total budget disbursed in 2011: € 14 504 684

Key achievements
<i>Under Sector Policy Support Programme Health (Health Sector Budget Support):</i>
<ul style="list-style-type: none"> performed three cost-effectiveness studies: (i) Improving the hospital system in the Republic of Moldova, (ii) Costs, health effects and cost-effectiveness of tobacco control strategies in the Republic of Moldova, (iii) Reducing harmful use of alcohol: cost-effectiveness of alcohol control strategies in the Republic of Moldova; launched first public–private partnership (PPP) in health (contract between Ministry of Health and Magnific SRL signed 24 November 2011); National Tobacco Control Programme and Action Plan 2012–2016 developed and approved; initiated refurbishment of the Simulation Centre for Medical Training of the State Medical and Pharmaceutical University, Chisinau; electronic procurement expanded to six health institutions (Republican Clinical Hospital, Republican Center of Medical Diagnosis, Scientific Research Institute in the Field of Mother and Child Health Care, Institute of Oncology, National Scientific Practical Centre for Emergency Medicine, Clinical Psychiatric Hospital).
2011 was this programme's final year of operational implementation
<i>The project «Health Sector Budget Support Related Technical Assistance» – the information is presented by WHO, which is the implementing agency.</i>
<i>Under project «Developing and piloting sheltered housing service for people with mental illness in Moldova»:</i>
<ul style="list-style-type: none"> four sheltered apartments for people with mental illness refurbished, furnished, equipped and officially opened in Balti; staff (medical and social assistants) trained.
<i>Under project «Capacity Assessment and Modernization of the Republican Clinical Hospital in Chisinau»:</i>
<ul style="list-style-type: none"> international tender for construction of new surgical block organized contract with winner signed 14 November 2011, thus the Neighbourhood Investment Facility (NIF) grant of € 3million was contracted in time
<i>The project «Better Managing the Mobility of Health Professionals in the Republic of Moldova» – the is presented by WHO, which is the implementing agency.</i>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
Primary Health Care Development Strategy, 2010–2013
National Program for Mental Health, 2007–2011
National Program on Prevention and Control of HIV/AIDS and STI, 2011–2015
National TB Prevention and Control Program, 2011–2015

Plans to continue support in 2012–2013: Yes, € 6 632 020

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: Sector Policy Support Programme Health

Project/programme goal: To support the concrete prioritization and implementation of the Moldovan Health Sector Strategy towards improving the health of the population, expanding access, and improving the efficiency and quality of essential public health care services¹.

Project/programme manager: Cornel Riscanu

Implementing agency: Government of Republic of Moldova

Financing: Grant

Duration: Starting date: 25 February 2009 End date: 25 February 2013

Total project/programme budget: € 43 450 000

Total disbursed in 2011: € 13 611 833

Geographical coverage: National coverage: 100%

Project/programme name: Capacity assessment and modernization of the Republican Clinical Hospital in Chisinau

Project/programme goal: To contribute to the realization of phases I and II of the modernization of the Republican Hospital in Chisinau

Project/programme manager: Andrei Usatii

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 9 December 2008 End date: 10 September 2014

Total project/programme budget: € 3 000 000

Total disbursed in 2011: € 850 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Feasibility study on modernization of Republican Clinical Hospital	Feasibility study developed and approved	Done
2	Design of new surgical block for Republican Clinical Hospital	Development of design for new surgical block	Done
3	Development of design for new surgical block	Signed contract for construction of new surgical block	Done
4	Construction of new surgical block	New surgical block built	In process

¹ As donors cannot earmark resources for specific uses when providing sector budget support, the Delegation of the European Union to Moldova has been exempted from answering section II and III of the questionnaire for all questions that may concern this programme.

Type of funding	Financial allocation (%)
Technical assistance	13
Investment	87
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	100	100
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	100	100
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	100	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	100	100
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	100	100

Project/programme name: Developing and piloting sheltered housing service for people with mental illness in Moldova

Project/programme goal: To pilot a system of supported housing for mentally ill people in northern Moldova

Project/programme manager: Katja Assoian

Implementing agency: Global Initiative on Psychiatry

Financing: Grant

Duration: Starting date: 7 December 2008 End date: 7 December 2011

Total project/programme budget: € 294 629

Total disbursed in 2011: € 42 851

Geographical coverage: targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Refurbishment of sheltered apartments and their provision with furniture and equipment	Four sheltered apartments refurbished, furnished and equipped	Four sheltered apartments refurbished, furnished and equipped
2	Developing and piloting system of sheltered apartments in Balti	System of sheltered apartments developed and piloted in Balti	System of sheltered apartments developed and piloted in Balti

Type of funding	Financial allocation (%)
Technical assistance	42
Investment	23
Administrative costs	35

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	20	20
Capacity building	40	40
Guideline and protocol development	15	20
Legal and regulatory framework development	25	20
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	75	80
Medical equipment and technology	25	20
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	55	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	45	50
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	100	100
Hospitals	-	-
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	100	100
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Global Alliance for Vaccines and Immunization

Agency General Information

Country director: Paul Kelly; Nilgun Aydogan

Total budget disbursed in 2011: US\$ 392 851

Key achievements

Republic of Moldova continued to implement PENTA vaccine in its routine immunization programme. In 2011, Republic of Moldova applied for GAVI and underused vaccines support and received approval for introduction of rotavirus vaccine (2012) and pneumococcal conjugate vaccine (PCV) (2013)

Objectives and targets of national policies, strategies or programs your agency contributes to:

National Immunization Program, 2011–2015

Plans to continue support in 2012–2013? Yes, do not know exact amount, increasing level of funding

Plans to continue support in 2014–2020? Yes, US\$ 3 822 430

Project/programme details

Project/programme name: New vaccine for PENTA vaccine

Project/programme goal: Increase immunization coverage and introduce new and underutilized vaccines.

Project/programme manager: Nilgun Aydogan

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 1 January 2009 End date: 31 December 2015

Total project/programme budget: US\$ 1 101 000

Total disbursed in 2011: US\$ 392 851

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Third dose of diphtheria-tetanus-pertussis (DTP3) coverage	95%	80%

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	100
Administrative costs	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	100	100
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Agency General Information

Country director: Philipp Johannsen

Total budget disbursed in 2011: no details supplied

Key achievements
<i>During the first half of 2011 technical assistance was provided to the National Institute of Health Care for Mother and Child in Chisinau. The main contributions were associated with financial administration and hospital management:</i>
<ul style="list-style-type: none"> • financial control improved (improvement of existing reporting system, transparency of costs and revenues, data management through proper IT solutions, cost-centre based activity accounting, budgeting); • evaluation of existing and required services portfolio in a hospital at tertiary level; • introduction of quality management system to improve performance and decrease treatment errors
<i>During the second half of 2011 technical assistance was provided to the National Centre for Public Health in the Department of Health Promotion and Communication. The focus of the consultancy was to:</i>
<ul style="list-style-type: none"> • develop strategies in the fields of tobacco and alcohol control; • support staff in applying and working with non-paper-based solutions for statistics (MS Office); • stimulate regional capacity development (raional health authorities).
After about half a year in the National Centre various goals are still in the process of being accomplished but some major stepping stones have already been reached

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Healthcare System Development Strategy, 2008–2017

Plans to continue support in 2012–2013: Uncertain, amount uncertain

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Project/programme details

Project/programme name: CIM Expert – Hospital System Planning

Project/programme goal:

Project/programme manager: Ron Schmieder

Implementing agency: CIM

Financing: Grant

Duration: Starting date: 7 July 2010 End date: 6 July 2012

Total project/programme budget: no details supplied

Total disbursed in 2011: no details supplied

Geographical coverage: national coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Improved financial controlling system	Consistent overview of costs, revenues and services	Accomplished
2	Evaluation of services portfolio is	Clear indication of actual services and services required	Partly accomplished
3	Introduction of quality management system	Development of quality system	Partly accomplished
4	Development of human resources plan and strategy	An analysis is conducted how much personnel is needed where	Not accomplished

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	100	80
Guideline and protocol development	-	20
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	60	60
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	15	15
Health financing	-	-
Leadership and governance	25	25

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	50	50
Public health services	50	50
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	20	20
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	80	80
Injuries and violence prevention	-	-
M other & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Government of the People's Republic of China

Agency General Information

Country director: Tongkai Xu

Total budget disbursed in 2011: ¥ 11 450 000

Key achievements

The Chinese Medicine Centre aided by China was in operation until June 2011. Three acupuncture and massage doctors offered their services to the Moldovan people. The government also donated 114 medical ventilators for equipping resuscitation and intensive care departments in medical facilities throughout the Republic of Moldova.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Plans to continue support in 2012–2013: Yes, amount uncertain

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: Chinese Medicine Centre aided by China

Project/programme goal: The Chinese medical technology serves Moldovan people. We suggest that the Ministry of Health should pay more attention to the training of Moldovan doctors in the Chinese Medicine Centre.

Project/programme manager: Tongkai Xu

Implementing agency: Zhongyuan Company

Financing: Grant

Duration: Starting date: 1 March 2011 End date: 1 May 2011

Total project/programme budget: ¥ 5 000 000

Total disbursed in 2011: ¥ 5 000 000

Geographical coverage: national coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Health of people	Cure people	
2	Disseminate knowledge of Chinese medical technology	Teach people	

Type of funding	Financial allocation (%)
Technical assistance	30
Investment	50
Administrative costs	20

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	60	40
Guideline and protocol development	40	60
Legal and regulatory framework development	-	-
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	60	70
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	40	30
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	40	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	60	50
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	40	50
Hospitals	-	-
Public health services	60	50
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	60	60
Injuries and violence prevention	20	20
Mother & child health and reproductive health	10	10
Adolescent health	10	10
Other (specify)	-	-

Project/programme name: 114 medical ventilators

Project/programme goal: To equip resuscitation and intensive care departments in medical facilities throughout Moldova.

Project/programme manager: Tongkai Xu

Implementing agency: China CNTC International Tendering Corporation

Financing: Grant

Duration: Starting date: 25 May 2011 End date: 20 February 2012

Total project/programme budget: ¥ 6 450 000

Total disbursed in 2011: ¥ 6 450 000

Geographical coverage: national coverage: 100%

Type of funding	Financial allocation (%)
Technical assistance	10
Investment	90
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	100	100
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	100	100
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	100	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	50	50
Public health services	-	-
Emergency care	50	50

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	50	50
Injuries and violence prevention	50	50
M& child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Government of Romania

Agency General Information

Country director: -

Total budget disbursed in 2011: € 140 000¹

Key achievements

--

Objectives and targets of national policies, strategies or programmes your agency contributes to:

National Health Policy, 2007–2021

National Plan for Transfusion Safety and Blood Products Supply, 2007–2011

Plans to continue support in 2012–2013: Uncertain, amount uncertain

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Programme details

Project/programme name: Reconstruction of Blood Transfusion Center in Cahul

Project/programme goal: Reconstruction of blood transfusion centre in Cahul.

Project/programme manager: Silvia Volosatii

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 13 December 2010 End date: 25 December 2011

Total project/programme budget: € 140 000

Total disbursed in 2011: € 140 000

Geographical coverage: targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Reconstruction of blood transfusion centre in Cahul	Construction and reconstruction of blood transfusion centre in Cahul	done

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	97
Administrative costs	3

¹ Amount pledged by the Government of Romania in 2010, disbursed in Republic of Moldova in 2011.

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	100	100
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	60	60
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40	40
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	-	-
Public health services	100	100
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	60	60
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	40	40
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM – assistance implemented through PAS | Center for Health Policies and Studies

Agency General Information

Country director: Nicolas Cantau, Fund Portfolio Manager, Eastern Europe and Central Asia, GFATM (Dr. Andrei Mosneaga, Director, PAS)

Total budget disbursed in 2011: € 4 118 236¹

Key achievements
<i>During 2011, PAS Center (Center for Health Policies and Studies) continued its work:</i>
<ul style="list-style-type: none"> • implementing externally funded projects; • providing advocacy and technical assistance to the Moldovan government and partners in priority areas of health sector development.
<i>Main projects in the area of implementation (e.g. related to official development assistance, ODA):</i>
<ul style="list-style-type: none"> • HIV project (funded by GFATM,² Round 8); • TB Project (funded by GFATM, Rounds 8 and 9).
<i>In addition to ODA, PAS Center is the implementing agency for:</i>
<ul style="list-style-type: none"> • Hepatitis project (funded by JSDF³ through the World Bank); • TB REACH project on improving detection of TB and MDR-TB cases (funded through STOP TB Partnership), which will start in 2012.
<i>Main activities in the area of advocacy/technical assistance implemented during 2011:</i>
<ul style="list-style-type: none"> • Health Monitor (studies/research conducted on pharmaceuticals; access and quality of hospital services; tobacco control); • evaluation of the Integrated Management of Childhood Illness (IMCI) programme in Moldova (UNICEF); • study on access and quality of primary health care services (WHO, ongoing); • tobacco control project (Bloomberg Initiative/Campaign for Tobacco-Free Kids, ongoing); • Study on new TB diagnostics (University of San Diego, ongoing).
The total amount of funds disbursed in relation to ODA programmes and projects in 2011 is equivalent to € 4 118 236

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
Primary Health Care Development Strategy, 2010–2013
National Program for Viral Hepatitis B, C and D Control, 2007–2011
National Plan for Transfusion Safety and Blood Products Supply, 2007–2011
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015
National TB Prevention and Control Program, 2011–2015

Plans to continue support in 2012–2013: Yes, do not know the exact amount, about the same level of funding

Plans to continue support in 2014–2020: Yes, do not know the exact amount, decreasing level of funding

¹ Under the donor eligibility conditions mentioned above (on this point see “Limitations”), PAS Center is considered to be a “donor” even if disbursing ODA funds on behalf of another donor, GFATM.

² Global Fund Against AIDS, Tuberculosis and Malaria.

³ Japan Social Development Fund.

Project/programme details

Project/programme name: Empowerment of People with Tuberculosis and Communities in Moldova

Project/programme goal: To reduce the burden of tuberculosis (TB) in the Republic of Moldova by scaling up the management of drug-resistant tuberculosis (DR-TB).

Project/programme manager: Valeriu Crudu

Implementing agency: Center for Health Policies and Studies (PAS Center), Institute for Phthisiopneumology, Soros Foundation – Moldova, NGO AFI

Financing: Grant

Duration: Starting date: 1 October 2010 End date: 31 December 2015

Total project/programme budget: € 8 576 859

Total disbursed in 2011: € 2 903 017

Geographical coverage: National coverage: 80%; targeted regional coverage: 20%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Number of TB community centres established and functional	10	10
2	Number of TB patients who are receiving incentives and enablers to improve their treatment adherence	2928	3612
3	Number of peer educators, journalists at national and district level and local stakeholders trained in TB and TB/HIV issues	385	635
4	Number of medical personnel trained in TB control, community involvement and methods of informational work with different groups of population	450	1007
5	Number of TB service staff and primary health care staff trained in DR-TB management	417	834

Type of funding	Financial allocation (%)
Technical assistance	52
Investment	42
Administrative costs	6

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	20
Capacity building	80	50
Guideline and protocol development	10	10
Legal and regulatory framework development	10	20
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	25	10
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	75	90

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	50	70
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	50	30
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	70	50
Hospitals	30	40
Public health services	-	10
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: Reducing HIV-related burden in the Republic of Moldova, 2010–2014

Project/programme goal: Reducing HIV morbidity, mortality and impact on people living with HIV

Project/programme manager: Liliana Caraulan

Implementing agency: Center for Health Policies and Studies (PAS Center), Soros Foundation –Moldova, Moldovan Institute for Human Rights, NGO Viata Noua

Financing: Grant

Duration: Starting date: 1 January 2010 End date: 31 December 2014

Total project/programme budget: € 13 793 025

Total disbursed in 2011: € 1 215 219

Geographical coverage: National coverage: 80%; targeted regional coverage: 20%

Project/programme progress:

No	Indicator	Target value	Actual value
1	% of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	92%	81%
2	% of individuals currently on opioid substitution therapy (OST) who have been on OST continuously for at least 6 months of the past 12 months	55%	56%
3	Number of people living with HIV/AIDS reached with care and support services (process indicators)	5207	4853
4	Number of injection drug users (IDUs) on OST that receive at least 3 support services from NGOs working in IDU rehabilitation	471	437
5	Number of medical (doctors and nurses) and non-medical staff (psychologists, social assistants, peer consultants) trained in HIV/AIDS	1410	1397

Type of funding	Financial allocation (%)
Technical assistance	50
Investment	40
Administrative costs	10

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	20
Capacity building	30	10
Guideline and protocol development	10	-
Legal and regulatory framework development	-	10
Other (specify)	60	60

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	70	90
Medical equipment and technology	-	-
Information technology	10	5
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	20	5

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	50	40
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	50	40
Health financing	-	-
Leadership and governance	-	20

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	70	80
Hospitals	20	10
Public health services	10	10
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Agency General Information

Country director: Georgette Bruchez Brugger

Total budget disbursed in 2011: CHF 4 721 060

Key achievements
<i>Key achievements and results for the calendar year 2011:</i>
<p>The regionalization of paediatric emergency and intensive care has been institutionalized (Ministerial Order approved end of 2010) and is functional in the northern and central regions. Access and use of paediatric emergency and intensive care services has increased by 15% in the northern and partly in the central region, where services have been upgraded, in both equipment and quality. The large campaign conducted in 2009–2010 (including visits and counselling of 110 000 families) has contributed to the increase in use of services, and is expected to result in a fall in domestic accidents. The campaign's communication strategy, text and visual messages promoted (i) the involvement of both men and women in childcare; and (ii) the provision of equal care to both girls and boys.</p>
<p>In perinatology, the quality and demedicalization of care for newborns continued to improve, building on the results of previous years. Infant mortality is decreasing slightly. In 2009–2010, survival of premature newborns of 500–1000g improved from 31.7% to 36.9%; those of 1000–1500g improved from 91.9% to 94.5%. These trends continued in a positive direction in the first nine months of 2011. Referrals to level II maternities increased from 6.3% in 2009 to 8% in 2010. Equipment was procured, including beds and telemedicine equipment. The project has successfully introduced health technology management and bioengineers as essential elements of the health-care system. The new phase of the project started in June 2011 with the aim of completing the process of regionalization and extending perinatal care to community level in order to reach vulnerable women and newborns.</p>
<p>The new steering committee set up for the common health technology management (HTM) component of the perinatology and paediatric emergency projects increased the synergies between the projects and ensured efficiency (including cost efficiency) in their support for the Ministry of Health's efforts to institutionalize HTM.</p>
<p>The Healthy Generation Project was launched in June 2011. This focuses on scaling up youth-friendly health services (YFHS) in half the districts of Moldova, and on developing and implementing health related education programmes for young people. The scaling-up process is owned by the Ministry of Health and closely coordinated with other actors (UNICEF, WHO, UNFPA, etc.).</p>
<p>The community mental health curriculum for medical students and psychiatric residents, developed by the project, was introduced in 2011. The National Mental Health Strategy 2011–2015 was drafted but requires further work before finalization. The set of documents regulating creation and functioning of community-based mental health services were drafted and are to be submitted for government approval. The Centre for Mental Health in Chisinau was opened officially but, given its inappropriate location for community mental health services, its purpose will be revised. These findings were confirmed by an external review conducted in 2011. The Ministry of Health's objectives in the mental health sub-domain have not yet been defined, therefore the SDC mandated a WHO expert mission at the end of 2011 to assess the Ministry's commitment and the potential for further intervention by the SDC.</p>
<p>The sectoral coordination council in health has met regularly. Its organization and content have improved significantly.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
National Strategy for Reproductive Health, 2005–2015
Primary Health Care Development Strategy, 2010–2013
National Program for Mental Health, 2007–2011
National Programme for Emergency Care Development, 2011–2015
Hospital Healthcare Development Program, 2010–2012

Plans to continue support in 2012–2013: Yes, do not know the exact amount, about the same level of funding

Plans to continue support in 2014–2020: Yes, do not know the exact amount, about the same level of funding

Project/programme details

Project/programme name: Modernising the Moldovan Perinatology System Project 3rd Phase

Project/programme goal: The overall goal is the reduction of perinatal and early neonatal mortality and morbidity in Moldova through improved access and availability of high-quality perinatal services at all levels. The expected project outcomes include:

- improved quality of perinatal care, provided according to the standards, at each level of care;
- mothers and newborns have increased access to appropriate and functioning infrastructure in perinatal services in the project implementation area;
- development and implementation of mechanism for continuous quality improvement in level II and III facilities;
- mobilization of target communities to improve the utilization of maternal and newborn health care services by their vulnerable groups.

Project/programme manager: Adriane Martin Hilber

Implementing agency: Swiss Centre for International Health (SCIH)

Financing: Grant

Duration: Starting date: 1 June 2011 End date: 31 March 2014

Total project/programme budget: CHF 3 430 000

Total disbursed in 2011: CHF 1 836 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	% of newborns with asphyxia (APGAR 6 at 5 minutes)	0.7%	0.78%
2	% of newborns arriving at level three in critical condition (cardiorespiratory distress)	50%	74%
3	% of early registered pregnant women (within first 12 weeks of gestation)	85%	78%
4	Survival rate (%) of premature babies (up to 1000g) at discharge	40%	20%
5	% of MNH facilities with functional equipment required for effective perinatal services at appropriate level	85%	60%

Type of funding	Financial allocation (%)
Technical assistance	70
Investment	5
Administrative costs	25

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	10	5
Capacity building	50	35
Guideline and protocol development	25	25
Legal and regulatory framework development	5	5
Other (specify)	10	30

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	21	40
Medical equipment and technology	-	-
Information technology	20	20
Medical supplies (including immunizations, pharmaceuticals etc.)	59	40
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	30	40
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40	20
Health financing	-	-
Leadership and governance	30	40

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	10	30
Hospitals	90	70
Public health services	-	-
Emergency Care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	100	100
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: REPEMOL – Regionalization of Paediatric Emergency and Intensive Care Services in Moldova

Project/programme goal: Increasing the chances of survival of children that need emergency medical services and the prevention of children's accidents through the creation of a regionalized modern paediatric emergency and intensive care services system. The expected project phase outcomes include:

- improved national policy on the organization, financing and delivery of paediatric emergency and intensive care services;
- available and accessible quality paediatric emergency and intensive care service provision throughout the country;
- communities, mothers and fathers have improved the supervision of their children, taken measures to prevent domestic accidents and know how and when to use emergency services.

Project/programme manager: Silvia Morgoci

Implementing agency: Centre for Health Policy and Services

Financing: Grant

Duration: Starting date: 1 September 2008 End date: 31 October 2013

Total project/programme budget: CHF 4 470 000

Total disbursed in 2011: CHF 2 045 000

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Children under 5 mortality rate(MDG 4)	2015: 15.3 (MDG 4 target)	13.4‰
2	No. of patients treated by paediatric emergency departments and intensive care units in the 3 regional centres	10% increase	Emergency departments –33 416; intensive care units –1567
3	Children under 5 trauma mortality rate	Decrease	1.6‰
4	Existence of a functional regionalized paediatric emergency system	1	0.42
5	No. of people (parents & care-givers) declaring that they have taken preventive measures against domestic accidents	Increase by 10%	64.1%

Type of funding	Financial allocation (%)
Technical assistance	50
Investment	40
Administrative costs	10

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	10	9
Capacity building	60	57
Guideline and protocol development	20	26
Legal and regulatory framework development	10	8
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	90	90
Information technology	5	5
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	5	5

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	15	25
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	75	60
Health financing	5	10
Leadership and governance	5	5

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	5	13
Public health services	20	15
Emergency care	75	72

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	100	100
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: Healthy Generation – Scaling up Youth-Friendly Health Services [YFHS] in Moldova

Project/programme goal: To improve the sexual and reproductive health of young men and women in Moldova (particularly those vulnerable and most at risk) through increasing the demand for, access to, and utilization of quality YFHS and health-related education programmes. Proposed project outcomes:

- scale up YFHS geographically, increasing diversification and functionality, to provide young men and women across the country with quality health assistance and counselling;
- inform/train young couples and adolescent mothers in four pilot districts on topics related to pre-conception and antenatal education;
- in schools in 16 districts – in collaboration and with the support of the YFHS – develop young people’s life skills, with special focus on health and responsible parenthood, and promote health service seeking behaviour;
- ensure that community stakeholders (parents; local administration; social, health and education sector professionals; and other community members) in 16 districts have a positive attitude towards YFHS and life skills development programmes, and are supportive of health service seeking behaviour among young people.

Project/programme manager: Galina Lesco

Implementing agency: NGO Sanatate pentru Tineri (Health for Youth)

Financing: Grant

Duration: Starting date: 1 June 2011 End date: 31 May 2014

Total project/programme budget: CHF 1 780 000

Total disbursed in 2011: CHF 625 060

Geographical coverage: National coverage: 70%; targeted regional coverage: 30%

Project/programme progress:

No	Indicator	Target value	Actual value
1	No. of districts in which YFHS scaling-up process was launched	4	1
2	Proportion of trained health professionals in 16 districts	20% of YFHS staff	20% of YFHS staff
3	Elaborated standard antenatal education programme	Elaborated programme	Draft of programme available
4	Availability of approved strategy and action plan	Elaborated communication strategy	Stakeholders analysis report available

Type of funding	Financial allocation (%)
Technical assistance	94
Investment	3
Administrative costs	3

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	84	65
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	16	35

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	100	100

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	100	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	80	80
Hospitals	-	-
Public health services	20	20
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	100	100
Other (specify)	-	-

Project/programme name: Development of Community Mental Health Services System in Moldova (CMH Center in Chisinau)

Project/programme goal: To increase the access of people with mental problems to appropriate ambulant mental health care medical services in the community. This shall be achieved by development of an extra-hospital community system which will act in collaboration with the primary health-care system in order to implement prevention measures, psychohygienic and psychocorrectional services for those with mental disorders. Proposed project outcomes:

- national concept of mental health services and implementation mechanisms in Moldova are in place and serve as a basis for the implementation of mental health reforms;
- a model of organizing, functioning and financing medicosocial services within the health-care system is developed in Moldova;
- establishment of Community Mental Health Centre in Chisinau, serving as a centre for information and training of professionals and contributing to improving the management of people with mental health problems according to international standards;
- young professionals (psychiatrists, medical practitioners) have extensive knowledge in the field of community psychiatry, through adjustments to the university curricula of the State Medical and Pharmaceutical University “Nicolae Testemitanu”;
- national information campaign ensures that Moldovan citizens (the general public) are better informed about community mental health care.

Project/programme manager: Jana Chihai

Implementing agency: NGO “SOMATO”

Financing: Grant

Duration: Starting date: 1 March 2009 End date: 29 February 2012

Total project/programme budget: CHF 730 000

Total disbursed in 2011: CHF 215 000

Geographical coverage: National coverage: 89%; targeted regional coverage: 11%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Existence of national strategy for mental health	Elaborated and submitted to Ministry of Health for approval	National Mental Health Strategy 2011–2015 elaborated and presented to Ministry of Health
2	Existence of regulation and quality standards for CMHC	Elaborated and approved	Elaborated and approved
3	Existence of university curricula for mental health	Elaborated and submitted to university for approval	Elaborated and approved by psychiatric department
4	No. and % of total number of registered patients with mental health problems referred to outpatient community services	To increase	5156 and 5%

Type of funding	Financial allocation (%)
Technical assistance	62
Investment	16
Administrative costs	22

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	25	15
Capacity building	14	38
Guidelines and protocols development	24	35
Legal and regulatory framework development	37	12
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	-	-
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	100	100

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	36	65
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	25	30
Health financing	-	-
Leadership and governance	39	5

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	100	100
Hospitals	-	-
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	100	100
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Agency General Information

Country director: Atilla Cem Karamollaoglu

Total budget disbursed in 2011: US\$ 1 015 000

Key achievements

- Five ambulance cars provided to the Government of the Republic of Moldova;
- Reconstruction of the Vulcanesti Regional Hospital.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

National Health Policy, 2007–2021

Healthcare System Development Strategy, 2008–2017

Plans to continue support in 2012–2013: Yes, do not know the exact amount, increasing level of funding

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Project/programme details

Project/programme name: Ambulance cars for the Republic of Moldova

Project/programme goal: Enhancement of medical services.

Project/programme manager: Atilla Cem Karamollaoglu

Implementing agency: “AMBULANS İlk Yardım ve Hastane Cihazları ve Tesisleri Sanayi Ticaret” Ltd.

Financing: Grant

Duration: Starting date: 1 August 2010 End date: 20 January 2011

Total project/programme budget: US\$ 320 000

Total disbursed in 2011: US\$ 320 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Five ambulance cars provided to the Government of the Republic of Moldova	Five ambulance cars delivered to the Republic of Moldova	Done

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	100
Administrative costs	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	100	100
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	-	-
Public health services	-	-
Emergency Care	100	100

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	100	100

Project/programme name: Reconstruction of the Vulcanesti Regional Hospital

Project/programme goal: Enhancement of medical services

Project/programme manager: Nataly Velixar

Implementing agency: Construction works – “Horasan Taahhüt Müteahitlik Hizmetleri İnşaat San. Ve Tic.” Ltd. Inspection of construction works and technical consultations – State Enterprise “SUD-A-CON”

Financing: Grant

Duration: Starting date: 1 December 2010 End date: 31 December 2011

Total project/programme budget: US\$ 695 000

Total disbursed in 2011: USD 695,000

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Reconstruction works	Realized	Done
2	Endowment with medical equipment	Procurement and delivery realized	Done

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	100
Administrative costs	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	80	80
Medical equipment and technology	20	20
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	80	80
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20	20
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	100	100
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (in %)	Organizational Effort (in %)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	100	100

Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM – assistance implemented through UCIMP | Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project

Agency General Information

Country director: Nicolas Cantau, Fund Portfolio Manager, Eastern Europe and Central Asia, GFATM (Dr. Victor Volovei, Director, UCIMP)

Total budget disbursed in 2011: US\$ 8 318 873¹

Key achievements

In 2011 UCIMP (Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project) implemented activities to:

- procure supplies and first-line TB drugs to ensure timely detection and quality treatment of sensitive TB cases;
- provide training and re-training in directly observed treatment, short course (DOTS) for TB doctors and other staff of the national TB service, primary health care providers and laboratory staff;
- expand voluntary counselling and testing services;
- increase prevention of mother-to-child transmission of HIV/AIDS;
- increase the number of laboratory facilities with sufficient capacity to perform high-quality HIV testing;
- create and deliver HIV education materials and activities to young people;
- scale up prevention interventions for vulnerable populations;
- increase the number of patients on highly active antiretroviral (ARV) treatment;
- establish new inpatient/outpatient HIV facilities;
- integrate HIV and TB testing services and surveillance;
- strengthen the national surveillance, monitoring and evaluation systems;
- strengthen nongovernmental organizations and participation of people living with HIV/AIDS, and enhance the multisectoral partnership in addressing the HIV/AIDS control and treatment challenges in the country;
- increase access to diagnostic, prevention, treatment and care services for the beneficiaries in Transnistria; and
- improve the infrastructure;
- support the improvement of TB diagnosis in affected communities and the prison sector, strengthening tracing of TB contacts and supporting treatment adherence of released prisoners;
- procure consumables and supplies for diagnostics of MDR-TB (including rapid methods) under safe working conditions for laboratory staff;
- procure second-line TB drugs;
- refurbish the MDR-TB ward at Vorniceni TB Hospital, renovate the MDR-TB department of Bender TB Hospital, and install ventilation in the TB department of Tiraspol Prison hospital;
- facilitate participation of TB doctors and laboratory staff in international training and events in management of TB and DR-TB;
- provide local training for national TB programme staff in drug management cycles and second-line TB drug management;
- strengthen the existing national system for monitoring and evaluation of TB and MDR-TB by extending and adjusting the existing TB reporting software, and training involved personnel;
- conduct operational surveys on TB (including national drug resistance survey, operational research on nosocomial transmission of TB in TB hospital) and implement a TB health services audit survey;
- develop and broadcast radio and TV programmes, public service announcements and a short documentary on TB; train journalists; develop and distribute information and education materials for the general public, TB patients and their families; conduct road shows and train peer educators.

¹ Under the donor eligibility conditions mentioned in section 4, UCIMP is considered to be a “donor” even if disbursing ODA funds on behalf of another donor, **GFATM**. Consequently, UCIMP has been allowed to disregard Section VI of the questionnaire on coordination and complementarity.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
National Anti-Drug Strategy, 2011–2018
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015
National TB Prevention and Control Program, 2011–2015

Plans to continue support in 2012–2013: Yes, US\$ 9 163 889

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: Strengthening Tuberculosis Control in the Republic of Moldova

Project/programme goal: To reduce the burden of TB in the Republic of Moldova

Project/programme manager: Victor Burinschi

Implementing agency: Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project

Financing: Grant

Duration: Starting date: 1 October 2010 End date: 31 December 2012

Total project/programme budget: € 5 955 983

Total disbursed in 2011: € 3 412 736

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	TB mortality rate – estimated number of deaths due to TB (all forms) per year, per 100 000 population	12	16.1
2	New smear-positive TB patients, notified to the national health authorities, per 100 000 population	35.12	31.25
3	Number of people receiving DOTS treatment – (absolute number of TB patients with instituted treatment (DOTS-based))	5210	5113
4	Number of laboratory-confirmed MDR-TB patients enrolled in second-line anti-TB treatment	535	739
5	Number and % of laboratory confirmed MDR-TB patients, successfully treated (cured + completed treatment), among those enrolled in the second-line anti-TB treatment	68	49

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	91
Administrative costs	9

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	23	5
Medical equipment and technology	5	10
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	62	40
Other (specify)	10	45

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: Scaling up Access to Prevention, Treatment and Care under the National Program for Prevention and Control of HIV/AIDS/STIs 2006–2010 and Reducing Morbidity, Mortality and HIV-related Impact on People Living with HIV/AIDS, 2010–2014

Project/programme goal: 1. To expand HIV prevention, treatment and care to ensure universal access to highly active antiretroviral treatment, to increase voluntary counselling and testing among those at highest risk, to scale up prevention for those most vulnerable. 2. To reduce morbidity, mortality and HIV-related impact on people living with HIV/AIDS.

Project/programme manager: Svetlana Plamadeala

Implementing agency: Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project

Financing: Grant

Duration: Starting date: 1 April 2010 End date: 31 December 2012

Total project/program budget: US\$ 9 961 533

Total disbursed in 2011: US\$ 3 568 636

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	No. of HIV-positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of mother-to-child transmission	150	107
2	No. and % of injecting drug users (IDUs) reached with prevention programmes	173328	16887
3	No. and % of commercial sex workers (CSWs) reached with outreach programmes	3096	1645
4	No. of people with advanced HIV infection that have started ARV combination therapy	1814	2110
5	Number of laboratory facilities with capacity to provide high-quality HIV testing services including donor blood testing	19	17

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	100
Administrative costs	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	1	1
Information technology	1	1
Medical supplies (including immunizations, pharmaceuticals etc.)	98	98
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Disease areas	Financial allocation (in %)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

UNAIDS | Joint United Nations Programme on HIV/AIDS

Agency General Information

Country director: Gabriela Ionascu

Total budget disbursed in 2011: US\$ 93 524

Key achievements
In the Republic of Moldova, 2011 was marked by the government's achievement (supported by the United Nations Joint Team on HIV/AIDS) in developing a high-quality national AIDS programme that has been approved for GFATM National Strategy Application.
An evaluation mission comprising six international consultants and two observers visited the Republic of Moldova in July and performed a full assessment of the national AIDS response. One of the documents under assessment is the newly developed and approved M&E Plan and Operational Manual that sets both the strategic framework for results and the targets under the national AIDS programme.
The beginning of the year was marked by nongovernmental organizations (NGOs) having greater involvement in the development of national regulatory frameworks. Thus, standards of quality on providing assistance to injection drug users (IDUs) have been developed by NGOs and approved by the Ministry of Health. For the first time NGOs have united on a joint platform and negotiated with the government on inclusion of the costs associated with antiretroviral (ARV) treatment and harm reduction for IDUs within the Mid-Term Expenditure Framework.
Another progress registered is the establishment of a Technical Working Group on Human Rights within the Ministry of Health that ensured full review of HIV/AIDS legislation and development of recommendations to amend the 2007 law on HIV/AIDS to improve the response to issues of human rights protection. All internal orders and regulations of the Ministry of Health and Ministry of Labor, Social Protection and Family that did not comply with international norms and rules have been abrogated.
The UNAIDS office has led the process of conducting the study – Women's Vulnerability to HIV and AIDS in the Republic of Moldova 2010 and a study on HIV among migrants which ensured more evidence-informed situational analysis for the National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015. Additionally, UNAIDS facilitated training on HIV/AIDS and gender for gender focal points from all ministries and departments.
The monitoring and evaluation system in Moldova is quite strong but problems with coordination and reporting from Transnistria (a breakaway region) are a major issue. Thus, institutionalization of the monitoring and evaluation (M&E) framework and reporting from Transnistria is still problematic. A particular concern is the Transnistrian authorities' reluctance to carry out surveys and surveillance, thereby exacerbating data availability issues.
Again, institutionalization of reporting from NGOs into the national M&E framework represents a challenge, to be addressed once the national data depository is fully operationalized. Based on the preliminary report of the NSA Joint Assessment Team, the Republic of Moldova was recommended to develop an annual results-based action plan to support the operational plan under NAP, and to strengthen programme management.
The United Nations Joint Team on HIV/AIDS has jointly developed a proposal to the UNDP HIV/AIDS Thematic Trust Fund that has been funded and is to be implemented in partnership with the Ministry of Labor, Social Protection and Family.

Objectives and targets of national policies, strategies or programmes your agency contributes to:

Healthcare System Development Strategy, 2008–2017

National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015

Plans to continue support in 2012–2013: Yes, do not know exact amount, about the same level of funding

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Project/programme details

Project/programme name: Support to the National AIDS Programme

Project/programme goal: National strategic framework amended to address determinants of HIV/AIDS

Project/programme manager: Gabriela Ionascu

Implementing agency: NGO Viata Noua, National League of PLWH, Regional Center for Community Policies

Financing: Grant

Duration: Starting date: 1 January 2010 End date: 31 December 2011

Total project/programme budget: US\$ 187 047

Total disbursed in 2011: US\$ 93 524

Geographical coverage: National coverage: 90%; targeted regional coverage: 10%

Project/programme progress:

No	Indicator	Target value	Actual value
1	National strategic framework amended to address determinants of HIV/AIDS	90	80
2	M&E system rating	50	70
3	Life-skills based education curricula developed and approved for five grades	100	50

Type of funding	Financial allocation (%)
Technical assistance	75
Investment	20
Administrative costs	5

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	25	25
Capacity building	25	25
Guideline and protocol development	25	25
Legal and regulatory framework development	25	25
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	-	-
Medical equipment and technology	50	50
Information technology	50	50
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	20	20
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40	40
Health financing	-	-
Leadership and governance	40	40

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	-	-
Public health services	100	100
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Agency General Information

Country director: Kaarina Immonen, Resident Representative

Total budget disbursed in 2011: US\$ 445 245

Key achievements
The Republic of Moldova's progress in negotiations of the new Association Agreement with the European Union (EU) was largely supported by UNDP. The flexible and demand-driven Capacity Development Facility enhanced the government's ability to design, negotiate and implement EU-compliant policies. Using a human rights based approach (HRBA) and gender equality principles, the Decentralization Strategy was developed and approved by the government and models for improved delivery of local public services were set.
Implementation of confidence-building measures helped to improve infrastructure and people's access to critical health-care and social services and to strengthen cooperation among civil society and the business sector in the security zone in the Transnistrian region.
UNDP supported the design and adoption of key policy frameworks to catalyse much needed change in human rights and justice – the Justice Sector Reform Strategy and the National Human Rights Action Plan – and important steps to mainstream human rights throughout health, education and employment policies. With UNDP support, in 2011 Moldova was subject to Universal Periodic Review (UPR) for the first time; the recommendations will guide key reforms and United Nations' work in the future. The statistical system's capacity to generate disaggregated data was supported in order to facilitate better evidence-based policy analysis with particular attention to gender. The 2011 National Human Development Report (NHDR) on social exclusion and initiation of the MDG Acceleration Framework (focused on MDG 6) will further promote inclusiveness and progress on achieving off-track MDGs.
UNDP also supported the design of policies for environment protection, climate change and greener development – draft National Environment Protection Strategy 2020, draft National Adaptation Strategy and Low Emission Development Strategy, action plans for protected areas. Use of renewable energy was promoted in rural Moldova with the aim of improving access to energy, reducing poverty and promoting greener growth.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015
National TB Prevention and Control Program, 2011–2015
Other

Plans to continue support in 2012–2013: Yes, US\$ 93 500

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: NHDR and Policy Analysis

Project/programme goal: Identification of the key areas of intervention, bottlenecks and solutions to accelerate progress towards the MDG 6 lagging targets by means of a wide participatory process

Project/programme manager: Dumitru Vasilescu

Implementing agency: UNDP Moldova

Financing: Grant

Duration: Starting date: 1 December 2011 End date: 31 May 2012

Total project/programme budget: US\$ 40 500

Total disbursed in 2011: US\$ 16 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Development of a prioritized list of interventions that would make acceleration possible		Done
2	Development of a prioritized set of key bottlenecks that impede implementation of key identified interventions and overall acceleration		Done
3	Development of a list of feasible acceleration solutions to tackle key bottlenecks		In process
4	Development of a comprehensive acceleration action plan to be shared with key stakeholders		In process
5	Presentation of the Moldova MDG Acceleration Framework (MAF) Action Plan at the MAF roundtable in June 2012		

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	60	90
Capacity building	20	5
Guideline and protocol development	20	5
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	100	100

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: Millennium Development Goals Governance in Action: Catalyzing Human Rights Change in Social Policy

Project/programme goal: To prompt achievement of MDGs in the Republic of Moldova by mainstreaming human rights in social sectors, particularly in health, education, employment and social assistance. Using the Human Rights Based Approach, the project will:

- support the Ministry of Labor, Social Protection and Family and other relevant authorities in adjusting legislation and practices in line with the UN Convention on the Rights of Persons with Disabilities and with WHO standards, and moving broadly from “medical” to “social” models for the treatment of people with disabilities;
- assist relevant ministries to develop and implement health, education, training and employment policies compliant with international human rights standards, with a particular focus on the Ministry of Labour, Social Protection and Family, Ministry of Healthcare, Ministry of Education and Ministry of Justice;
- enable NGOs to undertake strategic action in the area of counteracting discrimination grounded on disability, health and/or other relevant areas, thereby raising awareness of human rights support government and civil society in the Universal Periodic Review and other relevant international processes.

Project/programme manager: Nadejda Macari

Implementing agency: Ministry of Labor, Social Protection and Family

Financing: Grant

Duration: Starting date: 24 February 2011 End date: 31 December 2012

Total project/programme budget: US\$ 370 000

Total disbursed in 2011: US\$ 249 245

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Number of regulatory and policy reform measures approved by government, compliant with international human rights law	Amendments to the legal framework provided, with specific focus on reproductive rights, people living with HIV/AIDS, access of most vulnerable groups to quality health-care services and medicines	Support provided to amend the HIV law, in compliance with human rights requirements (passed by government, pending adoption in parliament)
2	Number of health policies and regulations developed and adopted in compliance with international human rights law	Amendments to the legal framework provided, with specific focus on reproductive rights, people living with HIV/AIDS, access of most vulnerable groups to quality health-care services and medicines	Expert support provided in the development of the new national programme on mental health, in compliance with human rights standards
3	Non-discrimination law provides for a vigorous enforcement mechanism, extensive grounds of non-discrimination and all areas secured by the international and European law	Improved abilities of domestic NGOs to bring competent, well-documented discrimination cases, at least in the areas of education, health and employment	Initiation of legal capacity reform

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	90	-
Capacity building	10	-
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	100	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	90	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	10	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: e-Governance

Project/programme goal: With the overarching goal of strengthening democracy in the country, this project aims to support the government in advancing e-government solutions for better public service delivery and more transparent decision-making. The e-health component of the project will provide assistance to build an integrated information system for one pilot primary health care institution to deliver health-care services in a more effective and inclusive manner. The intervention will use information and communication technologies (ICTs) to target vulnerable groups including pregnant women, people with disabilities and elderly people, ultimately supporting the attainment of MDG 5 and MDG 6.

Project/programme manager: Palade Veaceslav

Implementing agency: Ministry of Information Technology and Communications

Financing: Grant

Duration: Starting date: 1 January 2010 End date: 30 June 2012

Total project/programme budget: US\$ 220 000

Total disbursed in 2011: US\$ 180 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Electronic patient appointment system	Developed and tested	Ongoing
2	E-appointment promoted	Developed and tested	Ongoing

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	-
Capacity building	100	100
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	50	50
Hospitals	50	50
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	100	100

Agency General Information

Country director: Francois Farah

Total budget disbursed in 2011: US\$ 235 789

Key achievements
During 2011, UNFPA was actively engaged in enhancing the family planning and reproductive health system in the Republic of Moldova, including the Transnistrian region. One key achievement was to strengthen capacity building for 125 primary health care providers (family doctors and nurses) in the area of counseling techniques, modern contraception methods and a youth-friendly services approach.
UNFPA has also contributed to strengthen humanitarian systems and services concerning sexual and reproductive health, HIV and gender-based violence. This has been achieved by capacity building of the main specialists on mother and child health care from all the primary health care centres concerning reproductive health care in crisis situations.
Significant efforts have been made in strengthening the reproductive health services in Transnistria by organizing two training courses on cervical cancer screening and cervical cytopathology and screening quality assurance for local specialists in gynaecology and cytopathology.
UNFPA contributed to the implementation of the regulation provisions on voluntary interruption of pregnancy approved by the Ministry of Health. In this context, UNFPA has supported medical personnel training in the new provisions of the regulation and contributed to increasing the knowledge of the general population and mass media in the field of reproductive health and sexual rights.
UNFPA contributed to the elaboration of postgraduate curricula for obstetrics/gynaecology and family doctors on sexual and reproductive rights, including safe abortion and pre/post abortion counselling. The updated training curriculum on safe abortion incorporated into the programme of postgraduate courses in the Faculty of Continuing Medical & Pharmaceutical Education at the State Medical and Pharmaceutical University "Nicolae Testemitanu" will ensure sustainability and continuing medical education in that area.
Based on a Ministry of Health request and taking account of the fact that the country was almost out of contraceptive stock, UNFPA has donated new stocks of contraceptives (male condoms, Depo-Provera, IUDs, contraceptive pills) with the commitment to update the logistics management information system and introduce CHANNEL as the reproductive health commodity security monitoring system.
At the same time, UNFPA has supported population information activities on cervical cancer. This is a priority area for the Ministry of Health in the context of worsening public health indicators and the need to fulfil regional initiative commitments – Black Sea Countries Coalition on Breast and Cervical Cancer Prevention, which the Republic of Moldova joined in 2010.
UNFPA supported the Ministry of Education and the Ministry of Health in elaborating the training concept for medical nurses in schools for increasing delivery of prevention information and counselling on sexual and reproductive health. Also, a training course was piloted for 25 medical nurses in schools. Educational and informational campaigns supported by UNFPA have enabled more than 7000 young people to increase their knowledge and receive comprehensive information on sexual and reproductive health and rights and HIV prevention through peer-to-peer methodology.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
National Strategy for Reproductive Health, 2005–2015
National Program for Healthy Lifestyle Promotion, 2007–2015
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015

Plans to continue support in 2012–2013: Yes, US\$ 638 700

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security

Project/program goal: Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security

Project/programme manager: Natalia Cojohari

Implementing agency: NGO "Reproductive Health Training Centre"; NGO CEDES "Educational and Health Development Centre"; National College of Medicine and Pharmacy

Financing: Grant

Duration: Starting date: 1 January 2011 End date: 31 December 2011

Total project/programme budget: US\$ 148 713

Total disbursed in 2011: US\$ 148 713

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	No. of health services providers trained	150	125
2	No. of detainees in Rusca Penitentiary who have increased access to maternal health and reproductive health information services	300	300
3	Reproductive health curricula	Reproductive health curricula for the medical colleges operational	Reproductive health curricula for the medical colleges operational
4	Postgraduate curricula for obstetrics/gynaecology and family doctors	Postgraduate curricula for obstetrics/gynaecology and family doctors supplemented by modules on sexual and reproductive rights, including safe abortion and pre/post abortion counselling	Postgraduate curricula for obstetrics/gynaecology and family doctors supplemented by modules on sexual and reproductive rights, including safe abortion and pre/post abortion counselling

Type of funding	Financial allocation (%)
Technical assistance	52
Investment	-
Administrative costs	48

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	15	30
Capacity building	70	40
Guideline and protocol development	15	10
Legal and regulatory framework development	-	20
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100	100
Health financing	-	-
Leadership and governance	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	100	100
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: MDA1R303. “Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people”

Project/programme goal: Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS/STI prevention for young people

Project/programme manager: Natalia Cojohari

Implementing agency: UNFPA, NGO “National Youth Council of Moldova”, NGO “National Youth Resource Centre”

Financing: Grant

Duration: Starting date: 1 January 2011 End date: 31 December 2011

Total project/programme budget: US\$ 87 076

Total disbursed in 2011: US\$ 87 076

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	No. of people informed about sexual and reproductive health through radio and online newsletter	5000	10000
2	No. of people informed about sexual and reproductive health through summer camps	500	300
3	No. of people informed about sexual and reproductive health through educational and informational sessions	2000	7000
4	No. of young people trained on peer to peer methodology	20	34

Type of funding	Financial allocation (%)
Technical assistance	59
Investment	-
Administrative costs	41

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	10
Capacity building	100	80
Guideline and protocol development	-	10
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	100	100
Other (specify)	-	-

Agency General Information

Country director: Alexandra Yuster

Total budget disbursed in 2011: US\$ 478 000

Key achievements
<ul style="list-style-type: none"> • UNICEF provided support to scaling up youth-friendly health services (YFHS) with a focus on reaching the most vulnerable – the legal framework has been revised and revision of pre-service and in-service curricula initiated. Including Transnistria, over 50 000 adolescents and youth (63% girls and 37% boys) benefited from YFHS, including over 4500 via outreach. • Supported capacity development of primary health care professionals, social workers, representatives from local public authorities and community police in Orhei and Leova in applying medicosocial collaboration mechanism in developing individual interventions plan and supervision of vulnerable families with children. As a result of implementation of medicosocial intersectoral mechanism in two regions, 994 vulnerable children were identified and taken under supervision of multidisciplinary teams and 18 cases of abandonment have been prevented. • A parents' guide has been finalized and approved by the Ministry of Health. It will be used by all primary health workers in their dialogues with caregivers and adolescents to improve knowledge and practices. It will be particularly helpful for disadvantaged parents who usually do not have access to health and child-care information. • List of essential drugs for children aged 6–14 years for the most common diseases to be covered by National Health Insurance Company (NHIC) finalized and provided to the Ministry of Health. • Multiple indicator cluster survey (MICS) study initiated (sampling, data collection tools, training of supervisor, etc). Data collection will be carried out in 2012; results will be used for policy development/adjustment and programming. • Regulation on early detection and intervention for children with disabilities was developed and is at the level of consultation with the main stakeholders in the area. • Joint International Assessment of the National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015 has been supported. The assessment's recommendations were used to adjust for more focus on at-risk population groups, including youth. • The National Program for Eradication of Iodine Deficiency Disorders 2011–2015 was approved 3 August 2011. The micronutrient deficiency monitoring system has been adjusted. • First national programme on eradication of iron-deficiency anaemia has been developed and sent to government for approval. The three biggest mills have been selected and evaluated in order to start flour fortification with iron and folic acid. • First basic nutrition surveillance system has been developed. This will provide more reliable data on malnutrition in children.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
National Strategy for Reproductive Health, 2005–2015
National Program for Healthy Lifestyle Promotion, 2007–2015
National Immunization Program, 2011–2015
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015
Other

Plans to continue support in 2012–2013: Yes, do not know the exact amount, about the same level of funding

Plans to continue support in 2014–2020: Yes, amount uncertain

Project/programme details

Project/programme name: Equitable Access to Quality Services

Project/programme goal: To improve access to, and the quality of, health services to children and adolescents, especially the most vulnerable ones

Project/programme manager: Svetlana Stefanet

Implementing agency: National Center for Public Health, National institute of Health Care for Mother and Child, National Center for Reproductive Health, Leova Family Medicine Center, Orhei Family Medicine Center

Financing: Grant

Duration: Starting date: 1 January 2011 End date: 31 December 2011

Total project/programme budget: US\$ 300 000

Total disbursed in 2011: US\$ 293 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Number of adolescents using YFHS	No fewer than 50 000	Over 50 000
2	% of households using adequate iodised salt	90%	n/a
3	Model of integrated social services including health services, developed and implemented at raional level	Implemented in 2 raions	Implemented in 2 raions
4	National iodine deficiency disorders programme approved by the government	Approved by the government	Approved
5	Development of basic nutrition surveillance system	Surveillance system developed	Developed

Type of funding	Financial allocation (%)
Technical assistance	95
Investment	-
Administrative costs	5

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	25	35
Capacity building	34	15
Guideline and protocol development	26	20
Legal and regulatory framework development	15	30
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	10	10
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40	20
Health financing	-	-
Leadership and governance	50	70

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	50	30
Hospitals	-	-
Public health services	50	70
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	20	20
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	5	5
Mother & child health and reproductive health	50	50
Adolescent health	25	25
Other (specify)	-	-

Project/programme name: Social Policy and Data for Children

Project/programme goal: Central and local authorities have increased capacity to use better data for policy monitoring and crisis response, focusing on the most vulnerable families and children

Project/programme manager: Sergiu Buruiana

Implementing agency: National Center for Public Health

Financing: Grant

Duration: Starting date: 1 January 2011 End date: 31 December 2011

Total project/programme budget: US\$ 600 000

Total disbursed in 2011: US\$ 185 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Key missing data in health, education and child protection are collected and made available	MICS survey data available	n/a

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	100	100
Capacity building	-	-
Guideline and protocol development	-	-
Legal and regulatory framework development	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	-	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	-
Health financing	-	-
Leadership and governance	100	100

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	10	10
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	5	5
Injuries and violence prevention	5	5
Mother & child health and reproductive health	65	65
Adolescent health	15	15
Other (specify)	-	-

Agency General Information

Country director: Mirzahid Sultanov, Regional HIV/AIDS Advisor in Ukraine and Moldova (based in Kiev)

Total budget disbursed in 2011: US\$ 150 000

Key achievements
<p>During the period March to December 2011, the UNODC technical assistance through its project – Strengthening National Capacities Towards Reducing HIV Among Injecting Drug Users and Inmates in Eastern Europe and Central Asia. Planned to run until 2013, the project focuses on four major objectives – tailoring policy-level activities, HIV/AIDS programmes implemented by law enforcement and justice sectors, strengthening narcology education system in relation to HIV prevention and drug treatment services, and monitoring performance of the national AIDS response.</p>
<p><i>The project office became functional in May 2011 and contributed to the following results:</i></p> <ul style="list-style-type: none"> • Strengthened the capacities of representatives of the National Drug Dispensary, Medical University and prison health unit representatives to address the challenges in the field of comprehensive services for injecting drug users (IDUs). • Conducted a review of law enforcement and justice sector HIV/AIDS policies and strategies in the Republic of Moldova and developed recommendations for improvement. • Conducted an assessment of doctors' educational curricula in partnership with the State Medical and Pharmaceutical University, to examine conformity with latest educational recommendations on drug treatment and HIV services. • Improved knowledge and skills of 30 doctors and psychologists working in prisons on drug treatment and HIV services for IDUs. • Improved knowledge of over 60 prison employees about HIV prevention and services in prisons, also improved knowledge of over 1000 inmates on the occasion of World AIDS Day. • Advocated for the rights of people injecting drugs to treatment, care and support on the occasion of Human Rights Day. Assisted the Ministry of Health in the process of revising the National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015 and budget. • Raised funds for additional activities on drug control measures and other.
<p>The project workplan for 2012 will follow up on 2011 activities. UNODC will continue to offer technical support to the government in the areas of drug control; HIV services for drug users; education programmes for doctors and narcologists; and monitoring and evaluation of HIV/AIDS programmes.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
National Anti-Drug Strategy, 2011–2018
National Programme on Prevention and Control of HIV/AIDS and STI, 2011–2015

Plans to continue support in 2012–2013: Yes, US\$ 545 000

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Project/programme details

Project/programme name: Strengthening National Capacities Towards Reducing HIV Among Injecting Drug Users and Inmates in Eastern Europe and Central Asia.

Project/programme goal: Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in central Asia and eastern Europe.

Project/programme manager: Elena Jidobin

Implementing agency: United Nations Office on Drugs and Crime (UNODC)

Financing: Grant

Duration: Starting date: 1 July 2010 End date: 1 July 2013

Total project/programme budget: US\$ 695 000

Total disbursed in 2011: US\$ 150 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Sectoral HIV policy frameworks, action programmes/strategies developed and endorsed for law enforcement and prison sectors	Sectoral HIV policies are implemented efficiently and coordinated between health, law enforcement and justice sectors	Policies are poorly implemented
2	Medical graduate and professional development training programmes, curricula, plans and materials are updated with modern public health concepts and contemporary addiction treatment methods including opiate substitution treatment (OST)	Updated education curricula for health professionals approved and implemented	Assessment of the current curricula has been undertaken and recommendations developed
3	Updated data on availability, coverage and quality of comprehensive package of HIV prevention and care services for IDUs and prison inmates is available for policy and programme enhancement	Ministry of Health maintains good data on IDUs and HIV prevention for policy formulation	Support provided to the Ministry of Health on integrated bio-behavioural survey and to strengthen staff capacities
4	Medical and non-medical prison personnel trained on HIV comprehensive package of services to people who use drugs	Capacity building needs of prison department are met	Continuous support provided to the Ministry of Justice
5	Drug treatment services for IDUs correspond to international recommendations	Drug treatment services are improved	Assessment planned for 2012 followed by support to help national partners improve services

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	10	30
Capacity building	50	20
Guideline and protocol development	-	-
Legal and regulatory framework development	40	20
Other (specify)	-	30

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	40	35
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	30	50
Health financing	-	5
Leadership and governance	30	10

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	-	-
Hospitals	-	-
Public health services	100	100
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Agency General Information

Country director: Qimiao Fan; **Moldova Country Manager:** Abdoulaye Seck

Total budget disbursed in 2011: US\$ 6 020 000

Key achievements
<i>Under the Health Services and Social Assistance Project (HSSAP) the Bank's support has three dimensions:</i>
<ul style="list-style-type: none"> • Support to primary health care development through rehabilitation of primary health centres in rural areas, development of workplace clinical protocols for family doctors and training of primary health centre leadership in organizational management, as well as introducing family medicine into university curricula; • Strengthening Ministry of Healthcare capacity for evidence-based policy-making through implementation of national health accounts and development of strategic documents and policy papers [e.g. HR strategy, hospital masterplan and piloting hospitals' regionalization, household budget surveys, feasibility study for Oncology Institute]; and • Support for reforming health-care financing and provider payment through implementation of diagnosis-related groups (DRGs) and case-mix payment system for hospitals.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
Healthcare System Development Strategy, 2008–2017
Primary Health Care Development Strategy, 2010–2013
Hospital Healthcare Development Program, 2010–2012
Other

Plans to continue support in 2012–2013: Yes, do not know the exact amount, increasing level of funding

Plans to continue support in 2014–2020: Uncertain, amount uncertain

Project/programme details

Project/programme name: Preventing Hepatitis B and C in Moldova

Project/programme goal: To support the prevention of hepatitis B and C infections in vulnerable and high-risk groups, particularly migrants, youth, men having sex with men, and drug users.

Project/programme manager: Andrei Mosneaga

Implementing agency: Center for Health Policies and Studies (PAS Center)

Financing: Grant

Duration: Starting date: 6 May 2009 End date: 5 May 2012

Total project/programme budget: US\$ 1 383 760

Total disbursed in 2011: US\$ 520 000

Geographical coverage: National coverage: 70%; targeted regional coverage: 30%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Number of people receiving HIV testing and counselling	55 579	81 251
2	Number of voluntary counselling and testing (VCT) counsellors trained	40	51
3	Comprehensive correct knowledge about hepatitis B vaccine (HBV) and hepatitis C vaccine (HCV) in general population	50%	-
4	Number of blood doses discarded due to infectious markers for hepatitis B	-	1 471
5	Number of blood doses discarded due to infectious markers for hepatitis C	-	896

Type of funding	Financial allocation (%)
Technical assistance	85
Investment	-
Administrative costs	15

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	-	10
Capacity building	50	40
Guideline and protocol development	20	20
Legal and regulatory framework development	-	10
Other (specify)	30	20

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	50	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	50	40
Health financing	-	-
Leadership and governance	-	10

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	60	30
Hospitals	20	30
Public health services	20	40
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100	100
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	-	-

Project/programme name: Health Services and Social Assistance Project

Project/programme goal: The project development objectives are to increase access to quality and efficient health services, with the aim of reducing premature mortality and disability for the local population, and to improve targeting of social transfers and services to poor people.

Project/programme manager: Paolo Belli

Implementing agency: Ministry of Health and Ministry of Labor, Social Protection and Family

Financing: Loan

Duration: Starting date: 1 September 2007 End date: 31 August 2013

Total project/programme budget: US\$ 34 200 000

Total disbursed in 2011: US\$ 5 500 000

Geographical coverage: National coverage: 50%; targeted regional coverage: 50%

Project/programme progress:

No	Indicator	Target value	Actual value
1	Allocations for primary care maintained (as share of national health insurance budget)	At least 30% maintained	30.7%
2	Three rounds of health budget survey with health module conducted and analysed	Three rounds completed	Second round completed
3	Number of rural health centres (health centres, family doctor centres) refurbished constructed in line with international norms and standards	74	38
4	Number of rural health centres (health centres, family doctor centres) directly contracted out by National Health Insurance Company	100	95
5	Regional Hospital Action Plan for a pilot region (Hincesti, Cimislia, Leova, Basarabeasca) completed	Completed	Ongoing

Type of funding	Financial allocation (%)
Technical assistance	20
Investment	70
Administrative costs	10

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	25	45
Capacity building	60	40
Guideline and protocol development	10	10
Legal and regulatory framework development	5	5
Other (specify)	-	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	90	60
Medical equipment and technology	-	-
Information technology	10	40
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	70	50
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-	10
Health financing	10	10
Leadership and governance	20	30

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	70	70
Hospitals	30	30
Public health services	-	-
Emergency care	-	-

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-	-
Injuries and violence prevention	-	-
Mother & child health and reproductive health	-	-
Adolescent health	-	-
Other (specify)	100	100

Agency General Information

Country director: Jarno Habicht

Total budget disbursed in 2011: US\$ 1 340 000

Key achievements
<i>Under strengthening core functions of the health system:</i>
<ul style="list-style-type: none"> • conducted analytical review of health financing developments and impact evaluation study related to new mandatory health insurance legislation; • conducted survey on availability and affordability of medicines; • initiated assessment of development of the primary care system and improving access to primary care for vulnerable groups; • conducted hospital sector assessment; report printed and disseminated; • organized policy dialogues/round tables on primary health care and hospital services; • conducted cost-effectiveness analysis of alcohol and tobacco control interventions; • conducted self-evaluation of public health services; • developed public health training programme; • developed policy roadmap for Republic of Moldova; • produced mission reports on public–private partnerships (PPPs) and co-payments; shared these with Ministry of Health and other relevant partners; • developed conceptual model for health system performance assessment and initiated identification of indicators; • strengthened health sector coordination mechanisms.
<i>Under improving quality and integration of maternal, newborn, child and reproductive health services:</i>
<ul style="list-style-type: none"> • conducted mid-term review of the National Reproductive Health Strategy and produced report with recommendations; • reproductive health coordination committee functional; • Beyond the Numbers (BTN) assessment scaled up, including second and third referral level perinatal centres; • produced analytical report on maternal mortalities during 2008–2010; • developed regulatory framework, including standards of care for school health services (SHS) and curricula for school health nurses (SHN); • organized study visit on SHS.
<i>Under strengthening surveillance and control of communicable diseases, management of HIV and TB:</i>
<ul style="list-style-type: none"> • produced report on national TB programme review; • conducted assessment of national influenza laboratory and of sentinel surveillance sites; • organized series of TB-related missions to Republic of Moldova and produced reports with recommendations – Green Light Committee (GLC), Global Drug Facility (GDF), health system strengthening and multidrug-resistant tuberculosis, community-based involvement in TB, TB infection control in prisons and civilian sectors; • organized series of HIV-related missions to Republic of Moldova and produced reports with recommendations by the Joint Assessment of the National Health Strategies (JANS, assessment of HIV testing patterns); • initiated development of MDG 6 Acceleration Framework.

<i>Under strengthening policies in area of tobacco and alcohol control and enhancing capacities of service providers in mental health:</i>
<ul style="list-style-type: none"> • developed National Tobacco Control Programme and submitted for approval; • initiated development of the National Programme on Alcohol Control; • developed communication strategy for a nationwide campaign targeting current and potential tobacco users; • supported participation in capacity building events on tobacco and alcohol control; • conducted Regional European Regional Workshop on Implementation of the Framework Convention on Tobacco Control (FCTC) in Chisinau; • mental health coordination committee functional; • initiated development of the strategy on mental health services at community level.
<i>Under strengthening capacities in environmental health and disaster preparedness:</i>
<ul style="list-style-type: none"> • produced and officially launched report on evaluation of hospital safety ; • initiated pilot projects on resilience strengthening in the hospital sector; • initiated development of a national action plan on improving hospital safety; • public health and emergency management training course scaled-up, trained 140 local-level health managers.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007–2021
State Policy on Pharmaceuticals
Healthcare System Development Strategy, 2008–2017
National Strategy for Reproductive Health, 2005–2015
Primary Health Care Development Strategy, 2010–2013
National Program for Viral Hepatitis B, C and D Control, 2007–2011
National Program for Healthy Lifestyle Promotion, 2007–2015
National Program for Mental Health, 2007–2011
National Immunization Program, 2011–2015
National Program on Prevention and Control of HIV/AIDS and STI, 2011–2015
National TB Prevention and Control Program, 2011–2015
Hospital Healthcare Development Program, 2010–2012

Plans to continue support in 2012–2013: Yes, US\$ 5 204 000

Plans to continue support in 2014–2020: Yes, do not know the exact amount, about the same level of funding

Project/programme details

Project/programme name: Biennial Collaborative Agreement (BCA) 2010–2011 between the Ministry of Health of the Republic of Moldova and the WHO Regional Office for Europe

Project/programme goal: To contribute to the improvement of the health status of the population by increasing equitable access to quality health services and financial protection

Project/programme manager: Jarno Habicht

Implementing agency: WHO

Financing: Grant

Duration: Starting date: 1 January 2010 End date: 31 December 2011

Total project/programme budget: US\$ 2 325 000¹

Total disbursed in 2011: US\$ 1 340 000

Geographical coverage: national: 100%

Project/programme progress:

No	Indicator	Target value	Actual value
1	National health financing and pharmaceutical policies enhanced to promote improved access and financial risk protection, better quality and more efficient use of resources	Reports recommending measures to improve access, efficiency and quality in the delivery of health services and pharmaceutical policies	Reports recommending measures to improve access, efficiency and quality in the delivery of health services and pharmaceutical policies
2	Measures to implement and monitor progress of new public health legislation put in place	Strategic implementation plan and definition of package of essential public health legislation in place	Strategic implementation plan and definition of package of essential public health legislation in place
3	Strategies developed to address the main obstacles to delivery of expanded prevention, treatment and care interventions for HIV/AIDS and TB	Recommendations and capacity building to expand access to HIV/AIDS treatment and improve performance of the national TB programme	Recommendations and capacity building to expand access to HIV/AIDS treatment and improve performance of the national TB programme
4	Strategies developed to implement evidence-based policies related to increased disease burden of alcohol and tobacco use	National action plans on tobacco and alcohol control developed	National tobacco control programme developed; national action plan on alcohol control developed
5	National health sector disaster preparedness and response capacities strengthened	Evaluation report on hospital safety with recommendations on resilience strengthening produced; training package on public health and emergency management scaled up	Evaluation report on hospital safety with recommendations on resilience strengthening officially launched; training package on public health and emergency management scaled up and integrated in the Masters degree training curricula of the School of Public Health

¹ The Delegation of the European Union to Moldova committed € 700 000 of the total project/programme budget.

Type of funding	Financial allocation (%)
Technical assistance	67
Investment	7
Administrative costs	26

Technical assistance	Financial allocation (%)	Organizational effort (%)
Policy development	61	60
Capacity building	25	25
Guideline and protocol development	2	5
Legal and regulatory framework development	3	10
Other (specify)	9	-

Investment	Financial allocation (%)	Organizational effort (%)
Construction and refurbishment	45	50
Medical equipment and technology	55	50
Information technology	-	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-	-
Other (specify)	-	-

Health systems functions	Financial allocation (%)	Organizational effort (%)
Health services development	6	30
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	22	10
Health financing	6	20
Leadership and governance	66	40

Health services development	Financial allocation (%)	Organizational effort (%)
Primary health care	40	10
Hospitals	40	40
Public health services	16	40
Emergency care	4	10

Disease areas	Financial allocation (%)	Organizational effort (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	10	20
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	76	60
Injuries and violence prevention	10	5
Mother & child health and reproductive health	2	10
Adolescent health	2	5
Other (specify)	-	-

Annex II. Sample questionnaire

Evaluation of Official Development Assistance support to Health Sector of the Republic of Moldova 2011

The following questionnaire is to be completed by all Donor Agencies providing Official Development Assistance (ODA) to the Health Sector. Each donor should complete a single questionnaire that compiles information for all grants and loans targeting the health sector.

[TAB WITH REFERENCE TO DEFINITIONS SECTION I]

It should be noted that in cases where a donor provides funds through another donor – bilateral or multilateral – the last donor disbursing funds is responsible for reporting in this questionnaire.

The head of the donor organisation in country is responsible for the quality and accuracy of responses provided and as such he is usually responsible for completing the questionnaire on time.

Submission deadline: **February 24, 2012**

I. General Information about Donor Agency

GI_1. Donor Agency:

GI_2. Country Director

GI_3. Donor official submitting this completed questionnaire

This should usually be the same as GI_2, but another person could fill in as well.

GI_4. Key achievements

Please, provide not more than one page descriptive summary of your official development assistance key achievements, results and milestones for calendar year 2011

GI_5. Please estimate approximately the total amount of ODA distributed by your agency among the different aid modalities active in the year 2011

Please enter the total amount in the original currency

No	Category	Funding allocation [original currency]
1	Sector Budget Support (SBS)	
2	Program/project aid	

II. Program /project details

*Each donor should complete sections II and III for **each program/project** they provide support to that qualify under ODA criteria.*

PDe_1. Project/Program title

PDe_2. Project/Program manager

PDe_3. Job title:

PDe_4. Email:

PDe_5. Phone:

PDe_6. The program/project is implemented through:

No	Category
1	Directly through the donor's office
2	Public sector (MoH other public authorities)
3	Agency (international or local organization/s)
4	Other (specify__)

PDe_7. Please, name the implementing agency/ies

PDe_8. Starting date:

PDe_9. Completion date:

PDe_10. Implementation status as of 31.12.2011

No	Category
1	Completed
2	In process
3	Approved, but not started
4	Suspended
5	Other (specify__)

III. Program/Project Description

PD_1. Project/Program Goal

PD_2. Project/Program Progress

Please, provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2011, if available. It is up to the donor agency to choose which indicators reflect best its activities or results.

No	Indicator	Target value	Actual value	Notes
1				
2				
3				
4				
5				

PD_3. Type of financing

No	Category
1	Grant
2	Loan

PD_4. Total program/project budget

[in original currency]

PD_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Republic of Moldova, what is the Donor Agency contribution to the project?

[in original currency]

PD_5. The amount of budget disbursed during calendar year 2011

[in original currency].

PD_6. Type of funding*(please estimate in %, the total amount should equal 100%)*

No	Category	%
1	Technical Assistance	
2	Investment	
3	Administrative costs	

PD_7. If you provide technical assistance, please estimate the distribution of financial resources and organizational efforts that go to the following categories (please, estimate in %, the total amount should equal 100%):

No	Category	Funding allocation	Organizational effort
1	Policy development		
2	Capacity building		
3	Guideline and protocol development		
4	Legal and regulatory framework development		
5	Other (specify)		

FILTER: *PD_8 applies only to donors who provide investments***PD_8. If you provide investment assistance, please estimate in the distribution of financial resources and organizational efforts that go to the following categories, in %:**

No	Category	Funding allocation	Organizational effort
1	Construction and refurbishment		
2	Medical equipment and technology		
3	Information technology		
4	Medical supplies (including immunizations, pharmaceuticals etc.)		
5	Other (specify)		

IV. Distribution of donor support (SBS and/or program/project aid) by priority areas of health sector

PA_1. How much of your financial support goes to the following areas of the health system:

Please, estimate in % so that the total equals 100%

No	Category	Funding allocation, %	Organizational effort, %
1	Health Services Development		
2	Resource Generation (health workforce, health information systems, medical equipment, medical supplies etc.)		
3	Health Financing		
4	Leadership and Governance		

FILTER: PA_2 applies only to donors who provide support for development/strengthening health services

PA_2. How much of your financial support goes to the following areas of Health Services:

Please, estimate in %, so that the total equals 100%

No	Category	Funding allocation	Organizational effort
1	Primary Health Care		
2	Hospitals		
3	Public Health Services		
4	Emergency Care		

**PA_3. Please, estimate approximately how much of your financial support goes to the various Dis-
ease areas: Please, estimate in %, so that the total equals 100%**

No	Category	Funding allocation	Organizational effort
1	Communicable Diseases (HIV, TB, Hepatitis, STIs, Vaccine-preventable, other)		
2	Non-communicable Diseases (CV, cancer, diabetes, chronic kidney, mental health etc)		
3	Injuries and Violence		
4	MCH and Reproductive health		
5	Adolescent Health		
6	Other (specify)		

PA_4. Please, estimate approximately how much of your financial support goes to the various geographic areas (in %, so that the total equals 100%):

No	Category
1	National coverage
2	Targeted regional coverage
3	Both

PA_5. If you checked targeted regional coverage, please specify where [multiple answers possible]

[% TAB]

No	Category	Funding allocation
1	Chisinau	
2	Northern region [11 RAIONS: <u>Briceni</u> , <u>Dondușeni</u> , <u>Drochia</u> , <u>Edineț</u> , <u>Fălești</u> , <u>Florești</u> , <u>Glodeni</u> , <u>Ocnița</u> , <u>Rișcani</u> , <u>Sîngerei</u> , <u>Soroca</u>]	
3	Central region [ADD 13 RAIONS: <u>Anenii Noi</u> , <u>Călărași</u> , <u>Criuleni</u> , <u>Dubăsari</u> , <u>Hîncești</u> , <u>Ialoveni</u> , <u>Nisporeni</u> , <u>Orhei</u> , <u>Rezina</u> , <u>Strășeni</u> , <u>Soldănești</u> , <u>Telenești</u> , <u>Ungheni</u>]	
4	Southern region [ADD 8 RAIONS: <u>Basarabasca</u> , <u>Cahul</u> , <u>Cantemir</u> , <u>Căușeni</u> , <u>Cimișlia</u> , <u>Leova</u> , <u>Ștefan Vodă</u> , <u>Taraclia</u>]	
5	ATU Gagauzia	
6	Transnistria region	
7	Selected pilot sites [ADD 35 RAIONS AND POSSIBILITY TO CHECK]	

V. ODA INDICATORS

Aid flows (SBS and/or program/project aid) are aligned with national priorities

NP_1. How much ODA overall did you disburse for health sector in calendar year 2011?

NP_2. Please, describe objectives and targets of which national policies, strategies or programs in health sector your agency contributes to?

Please, check all that apply: [Multiple answer question]

1. National Health Policy, 2007–2021
2. State Policy on Pharmaceuticals
3. Healthcare System Development Strategy, 2008–2017
4. National Strategy for Reproductive Health, 2005–2015
5. National Anti-Drug Strategy, 2011–2018
6. Primary Health Care Development Strategy, 2010–2013

National Programs

7. National Program for Viral Hepatitis B, C and D Control, 2007–2011
8. National Program for Healthy Lifestyle Promotion, 2007–2015
9. National Program for Mental Health, 2007–2011
10. National Plan for Transfusion Safety and Blood Products Supply, 2007–2011
11. National Immunizations Program, 2011–2015
12. National Programme on Prevention and Control of HIV/AIDS and STI for 2011–2015
13. National TB Prevention and Control Program, 2011–2015
14. National Program for Diabetes Control, 2011–2015

15. National Programme for Emergency Care Development, 2011–2015
16. Hospital Healthcare Development Program, 2010–2012
17. Other [specify]

NP_3. For reference purposes, specify how much ODA for the health sector of the Republic of Moldova you disbursed through other donors in 2011 (ODA which is not captured in your responses to other questions within this questionnaire)

[in original currency]

NP_4. Please specify the name of other Donor Agencies through which you disbursed ODA for the health sector of the Republic of Moldova in 2011:

[in original currency]

Use of country public financial management systems (SBS and/or program/project aid)

FM_1. Was your ODA for health sector recorded in the annual 2011 sector budget?

1. Yes
2. No
3. Do not know

FM_2. How much ODA for health sector was actually recorded in the national accounting systems in calendar year 2011?

[in original currency]

In calendar year 2011, how much ODA disbursed for the government/public sector used...

FM_3. ...national budget execution procedures?

[in original currency]

FM_4. ...national financial reporting procedures?

[in original currency]

FM_5. ...national auditing procedures?

[in original currency]

FM_6. ...all three national procedures as defined above?

[in original currency]

Use of country procurement systems

PS_1. How much ODA disbursed for the health sector used national procurement systems in calendar year 2011?

[in original currency]

Aid is more predictable (SBS and/or program/project aid)

[TAB WITH REFERENCE TO DEFINITIONS]

How much total ODA for the Moldovan health sector ...

AP_1. ...did you schedule for disbursement in calendar year 2011?

[in original currency]

AP_2. Do you plan continuing support for health sector in years 2012–2013?

1. Yes
2. No
3. Uncertain

AP_3. What is your pledged budget for health sector in years 2012–2013?

1. [in original currency]
2. Do not know the exact amount, increasing level of funding
3. Do not know the exact amount, about the same level of funding
4. Do not know the exact amount, decreasing level of funding
5. Not sure

AP_4. Do you plan continuing support for health sector in years 2014–2020?

1. Yes
2. No
3. Uncertain

AP_5. What is your pledged budget for health sector in years 2014–2020?

[in original currency]

1. Do not know the exact amount, increasing level of funding
2. Do not know the exact amount, about the same level of funding
3. Do not know the exact amount, decreasing level of funding
4. Uncertain

Use of common arrangements or procedures (SBS and/or program/project aid)

How much ODA did you disburse in support of initiatives adopting programme-based approaches in calendar year 2011? Please provide information for the following components of PBAs:

CA_1. Direct budget support provided in support of PBAs?

[in original currency]

CA_2. Other forms of assistance provided in support of PBAs?

[in original currency]

Joint missions

How many donor missions to the field were undertaken in calendar year 2011?

JM_1. Number and name of missions:

JM_2. How many of these were coordinated:

	[Insert name/description of the mission]	Co-ordinated with which partner donors?
1		
2		
3		
4		
5		

Joint health sector analytic work

How many sector analytic works did you undertake in calendar year 2011?

AW_1. Number of works:

AW_2. How many of these were co-ordinated:

In order to facilitate consolidation of results, please list below for each co-ordinated health sector analytic work counted, description and list of stakeholders with whom the analytic work was considered to be coordinated.

[NUMBER TAB]	Insert name/description of the work (100 words max.)	Co-ordinated with which partner donors
1		
2		
3		
4		
5		

VI. Coordination & Complementarity

Policy dialogue, coordination and complementarity of donor assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following?

CC_1. How would you rate the overall donor coordination in the health sector?

1. Excellent
2. Good
3. Medium
4. Poor
5. Very poor
88. Don't know

CC_2. From your point of view, what specific role does and did the international organization that you represent, play within the donor community in the health sector of the Republic of Moldova, between 2008 and 2011?

CC_3. How would you rate the extent to which the donor support has been aligned to the priorities of the health sector in Republic of Moldova?

Scale 1 to 10

1 2 3 4 5 6 7 8 9 10

CC_4. Please give reasons for your assessment

CC_5. What have been the constraints for a good alignment to health sector's priorities?

CC_6. How would you rate the impact of the policy dialogue between Ministry of Health and the international organization that you represent on your further priority setting in the health sector?

1. High impact
2. Medium impact
3. Some impact
4. No impact
88. Do not know

CC_7. Please specify the reasons for your answer:

CC_8. In your opinion, did the donor coordination mechanism led by the Ministry of Health improve the overall coordination of activities in the health sector?

1. Yes
2. No
88. Do not know

CC_9. If yes, please, provide details the added value of this coordination mechanism.

CC_10. What problems have been encountered in this coordination mechanism?

CC_11. What ways do you suggest to improve the donor coordination mechanism led by the Ministry of Health?

VII. Mid-Term Expenditure Framework (SBS and/or program/project aid)

MT_1. How much does MTEF affect your programming?

1. To a very high extent
2. To a high extent
3. To a reasonable extent
4. To a limited extent
5. Not at all
88. Do not know

MT_2. Thinking back for year 2011, please estimate how much of your donor support goes to the following MTEF categories:

Please, estimate % for each of 5 main categories and check subcategories that apply:

	%	
I. Policy development and health systems management	[NUMBER TAB]	a) Health System Administration b) Administration of Mandatory Health Insurance Funds c) Health System Monitoring and Evaluation and Quality Management
I. Priority interventions in public health		a) Public Health Surveillance System b) Communicable and Non-Communicable Disease Control and Health Protection c) Mother and Child and Youth Health
II. Individual medical services		a) Emergency Pre-hospital Medical Care b) Primary Health Care c) Outpatient Specialized Care d) Hospital Care e) High-Performance Medical Services f) Recovery Medical Care g) Community, Palliative and Home-Based Medical Services
III. Resource development for health systems		a) Investments in Health System Infrastructure b) Rational Use of Medicines
IV. Special medical programs		a) Special Health Programs b) Sports Medicine c) Forensic Medicine

MT_3. In your opinion, how well is MTEF fulfilling its functions of improving budget formulation and allocation efficiency, with sufficient forecasting capacity, including estimates of revenues and expenditures with a reasonable degree of accuracy?

1. To a very high extent
2. To a high extent
3. To a reasonable extent
4. To a limited extent
5. Not at all
88. Do not know

MT_4. Please provide reasons for your assessment

Please indicate any other remarks or questions in the following space.

Thank you!

Thank you for taking our survey. Your response is very important to us.

F_1. Please, let us know what you thought of this survey, its structure and questions. Please provide any comments and suggestions

F_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we improve this process for the next year

Annex III. Glossary

Section I	
Donor	A donor is an official agency — including state and local governments — that provides ODA (OECD-DAC Statistical Directives para. 35). Under this definition, nongovernmental organizations (NGOs) and private companies do NOT qualify as donors.
Official development assistance (ODA)	ODA includes all transactions as defined in OECD-DAC Statistical Directives para. 37, including official transactions that: <ul style="list-style-type: none"> • are administered with the promotion of the economic development and welfare of developing countries as its main objective; and are concessional in character • and convey a grant element of at least 25%.
ODA transactions not to be recorded in this survey	The following transactions are excluded from the scope of this survey and should not be recorded: <ul style="list-style-type: none"> • Transactions made to beneficiaries that are not based in the country receiving ODA (in case of regional projects) • Humanitarian, philanthropy assistance and sponsorship
Disbursement	<ol style="list-style-type: none"> 1. A disbursement is the placement of resources at the disposal of a recipient country or agency (OECD-DAC Statistical Directives para. 15–18). Resources provided in-kind should only be included when the value of the resources have been monetized in an agreement or in a document communicated to government. 2. Where ODA is provided to the partner country as part of a donor's regional (multi-country) programme and it is possible to identify those activities and disbursements that are specific to that partner country, these disbursements should also be recorded. 3. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is only the donor who makes the final disbursement to the government who should report on these funds.
Exchange rates	ODA should be reported in US dollars. A table of exchange rates is provided on the 2011 Survey web site: http://www.oecd.org/dac/pdsurvey
Direct budget support	Direct budget support is defined as a method of financing a partner country's budget through a transfer of resources from a donor to the partner government's national treasury. The funds thus transferred are managed in accordance with the recipient's budgetary procedures. Funds transferred to the national treasury for financing programmes or projects managed according to different budgetary procedures from those of the partner country, with the intention or earmarking the resources for specific uses, are therefore excluded from this definition of budget support. This definition also includes sector budget support provided and general budget support (see definitions below).
Sector budget support (SBS)	For the purposes of this survey, SBS is a sub-category of direct budget support. SBS means that dialogue between donors and partner governments focuses on sector-specific concerns rather than on overall policy and budget priorities (OECD 2006).
Section II	
Implementing agency	The agency that is responsible for the day-to-day actions related to a single project. They can be government bodies, other UN agencies, NGOs, universities, etc.

Section III	
Technical Assistance	<p>Technical assistance is the provision of know-how in the form of personnel, training, research and associated costs (OECD DAC Statistical Reporting Directives 40–44). It comprises donor-financed:</p> <ul style="list-style-type: none"> • Activities that augment the level of knowledge, skills, technical know-how or productive aptitudes of people in developing countries; and • Services such as consultancies, technical support or the provision of know-how that contribute to the execution of a capital project. <p>Technical assistance can be provided to both governmental and non-governmental entities, and includes both freestanding technical co-operation and technical co-operation that is embedded in investment programmes (or included in PBAs). In order to report against this question, donors are invited to review their portfolio of projects and programmes and estimate the share of technical cooperation.</p>
Medical equipment and technology	<p>Medical Technology encompasses a wide range of healthcare products and is used to diagnose, monitor or treat diseases or medical conditions affecting humans. Such technologies (applications of medical science) are intended to improve the quality of healthcare delivered through earlier diagnosis, less invasive treatment options and reductions in hospital stays and rehabilitation times.</p>
Information technology (IT)	<p>IT is concerned with technology to treat information. The acquisition, processing, storage and dissemination of vocal, pictorial, textual and numerical information by a microelectronics-based combination of computing and telecommunications are its main fields.</p>
Organizational effort	<p>Effort that involves use of all the resources including financial, technical and administrative staff time and other in-kind contributions that cannot be quantified only in monetary terms, but that reflect the burden on your organization and office. This effort might involve, but is not limited to, coordination, in-house technical support and coaching, organizing logistics etc.</p>
Section IV	
Health system functions	<ol style="list-style-type: none"> 1. Service provision is defined as the way inputs are combined to allow the delivery of a series of interventions or health actions. Health services are the most visible part of any health system, both to users and the general public. Health services – whether promotion, prevention, treatment or rehabilitation – may be delivered in the home, the community, the workplace or in health facilities. 2. Resource generation: health systems are not limited to the set of institutions that finance or provide services, but include a diverse group of organizations that produce inputs to those services, particularly human resources, physical resources such as facilities and equipment, and knowledge. This set of organizations encompasses universities and other educational institutions, research centers, construction firms, and the vast array of organizations producing specific technologies such as pharmaceutical products, devices and equipment. 3. Health system financing is the process by which revenues are collected from primary and secondary sources, accumulated in fund pools and allocated to provider activities. Health system financing can be divided into three subfunctions: revenue collection, fund pooling and purchasing. 4. Leadership and governance (stewardship) is defined as the careful and responsible management of the well-being of the population, the very essence of good government involves three key aspects: setting, implementing and monitoring the rules for the health system; assuring a level playing field for all actors in the system (particularly purchasers, providers and patients); and defining strategic directions for the health system as a whole. Leadership/stewardship can be subdivided into six subfunctions: overall system design, performance assessment, priority setting, intersectoral advocacy, regulation, and consumer protection. For the purposes of this survey it includes governance by both public sector and civil society and community system strengthening.

Section V	
Country public financial management system	
Use of national budget execution procedures	<p>Donors use national budget execution procedures when the funds they provide are managed according to the national budgeting procedures established in the general legislation and implemented by government. This means that programmes supported by donors are subject to normal country budgetary execution procedures, namely procedures for authorization, approval and payment. Donors are invited to review all their development activities with a view to determining if and how much ODA for the government sector meet three of the four criteria below (anything less does not qualify).</p> <ol style="list-style-type: none"> 1. Are your funds included in the annual budget approved by country legislature? (Y/N) 2. Are your funds subject to established country budget execution procedures? (Y/N) 3. Are your funds processed (e.g. deposited & disbursed) through the established country treasury system? (Y/N) 4. Did you require the opening of separate bank accounts for your funds? (Y/N)
Use of national financial reporting procedures	<p>Legislative frameworks normally provide for specific types of financial reports to be produced as well as the periodicity of such reporting. The use of national financial reporting means that donors do not impose additional requirements on governments for financial reporting. In particular donors do NOT require: (i) maintenance of a separate accounting system to satisfy donor reporting requirements, or (ii) creation of a separate chart of accounts to record the use of donor funds. Donors are invited to review all their development activities with a view to determining if and how much ODA for the government sector meet both criteria below (anything less does not qualify).</p> <ol style="list-style-type: none"> 1. You do NOT require maintenance of a separate accounting system to satisfy your own reporting requirements? 2. You ONLY require financial reports prepared using country's established financial reporting arrangements? (Y/N)
Use of national auditing procedures	<p>Donors rely on the audit opinions, issued by the country's supreme audit institution, on the government's normal financial reports/statements as defined above. The use of national auditing procedures means that donors do not make additional requirements on governments for auditing. Donors are invited to review all their development activities with a view to determining if and how much ODA <u>for the government sector</u> meet both criteria below.</p> <ol style="list-style-type: none"> 1. Are your funds subject to audit carried out under the responsibility of the Supreme Audit Institution (SAI)? (Y/N) 2. You do NOT under normal circumstances request additional audit arrangements? (Y/N) AND at least one of the two criteria below: 3. You do NOT require audit standards different from those adopted by the Supreme Audit Institution? (Y/N) 4. You do NOT require the SAI to change its audit cycle to audit your funds? (Y/N)
All three national procedures	Disbursements of ODA for the government sector that use all three components of a country's national public financial management procedures, i.e. (i) national budget execution procedures; (ii) national financial reporting procedures; and (iii) national auditing procedures
Procurement systems	
Use of national procurement systems	Donors use national procurement systems when the funds they provide for the implementation of projects and programmes are managed according to the national procurement procedures as established in the general legislation and implemented by government. The use of national procurement procedures means that donors do not make additional, or special, requirements on governments for the procurement of works, goods and services.

Predictable Aid	
ODA scheduled for disbursement	This includes ODA scheduled by donors for disbursement in calendar year 2011 and notified to government within calendar year 2010; it includes ODA scheduled for disbursement in aid agreements entered in 2011 versus what was actually disbursed
Pledged budget	Announced contribution, promise of contribution of aid
Use of common arrangements or procedures	
Programme-Based Approach (PBA)	<p>PBAs are a way of engaging in development co-operation based on the principles of co-ordinated support for a locally owned programme of development, such as a national development strategy, a sector programme, a thematic programme or a programme of a specific organisation. Programme based approaches share the following features: (i) Leadership by the host country or organisation; (ii) A single comprehensive programme and budget framework; (iii) A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement; (iv) Efforts to increase the use of local systems for programme design and implementation, financial management, monitoring and evaluation.</p> <p>Donors can support and implement programme-based approaches in different ways and across a range of aid modalities including budget support, sector budget support, project support, pooled arrangements and trust funds.</p> <p>Donors are invited to review all their development activities with a view to determining how much ODA was disbursed in support of programme-based approaches that meet ALL 4 of the following criteria (anything less does not qualify as a PBA):</p> <ol style="list-style-type: none"> 1. Is the host country or organisation exercising leadership over the programme supported by donors? (Y/N) 2. Is a single comprehensive programme and budget framework used? (Y/N) 3. Is there a formal process for donor coordination and harmonisation of donor procedures for at least two of the following systems: (i) reporting; (ii) budgeting; (iii) financial management; and (iv) procurement? (Y/N) 4. Does your support to the programme use at least two of the following local systems: (i) programme design; (ii) programme implementation; (iii) financial management; and (iv) monitoring and evaluation? (Y/N) <p>Donors are invited to review their portfolio of activities with a view to determining which of them meet all four of the above criteria (activities that meet less than four criteria do not qualify as ODA provided in support of PBAs). A list of illustrative examples is provided below to help respondents determine how the criteria apply to specific assistance activities</p>
Project/Program aid provided in support of PBAs	
Other donor assistance provided in support of PBAs	<p>This includes ODA provided in support of PBAs as defined above but excluding sector budget support and projects/program already counted above. This might include:</p> <ul style="list-style-type: none"> • Pooled arrangements in support of programme-based approaches (e.g. basket funding or pooling of technical assistance); • Other assistance in support of programme-based approaches.
Joint missions	

Donor missions to the field	<p>Donor missions to the field are defined as missions if they meet all of the following criteria:</p> <ul style="list-style-type: none"> • The mission is undertaken by, or on behalf of, a donor, including programme developers, appraisers and evaluators, sector assessment teams commissioned by a donor. • The mission involves international travel typically, but not exclusively, from donor headquarters. • The mission made a request to meet with government officials including local governments. <p>This definition should exclude missions:</p> <ul style="list-style-type: none"> • Undertaken by donors to attend events (workshops, conferences, etc.) that do not involve request to meet with government officials. • Undertaken by parliamentary or other political delegations. • Special event missions undertaken as part of a defined programme, e.g. electoral observers. • External consultants that are executing work as part of scheduled programme implementation plans. • Disaster assessment teams.
Coordinated missions	Coordinated missions are: (i) missions undertaken by one or more donor jointly, or (ii) missions undertaken by one donor on behalf of another donor (delegated co-operation)
Joint country analytic work	
Country Analytic Work (CAW)	<p>Country analytic work (CAW) encompasses the analysis and advice necessary to strengthen policy dialogue, develop and implement country strategies in support of sound development assistance. It should include major pieces of analytical work such as:</p> <ul style="list-style-type: none"> • Diagnostic reviews (e.g. Country Procurement Assessment Report, Country Financial Accountability Assessments etc.) • Country or sector studies and strategies • Country or sector evaluations; • Cross-cutting analytical work such as gender assessments
Co-ordinated Country Analytic Work	Co-ordinated country analytic work is: (i) CAW undertaken by one or more donor jointly; (ii) CAW undertaken by one donor on behalf of another donor (including work undertaken by one and/or used by another when it is co-financed and formally acknowledged in official documentation); (iii) CAW undertaken with substantive involvement from government.



World Health Organization

REGIONAL OFFICE FOR Europe

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

WHOLIS E96623
Original: ENGLISH