

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

2012 REPORT

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Abbreviations

ADA	Austrian Development Agency
AIDS	acquired immunodeficiency syndrome
CEB	Council of Europe Development Bank
CIS	Commonwealth of Independent States
DAC	Development Assistance Committee
EU	European Union
GAVI	Global Alliance for Vaccines and Immunization
GDP	gross domestic product
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	German Agency for International Cooperation
GNI	gross national income
HDI	Human Development Index
HIV	human immunodeficiency virus
IAEA	International Atomic Energy Agency
IT	information technology
MTBF	Midterm Budgetary Framework
NCD	noncommunicable disease
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
ODA	official development assistance
PFM (system)	public financial management (system)
PPP	purchasing power parity
SBS	sector budget support
SDC	Swiss Agency for Development and Cooperation
SDR	standardized death rate
TB	tuberculosis
TIKA	Turkish International Cooperation and Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WB	World Bank

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The Ministry of Health and the WHO Country Office in the Republic of Moldova jointly coordinated this study. A team of local and external consultants conducted data collection and validation processes in close partnership with these organizations.

The report was compiled and written by Stefania Amato, Stela Bivol, Igor Condrat 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, Andrei Matei and the staff of the WHO Country Office – Silviu Domete and Veaceslav Ghitiu and the WHO Division of Health Systems and Public Health – Hans Kluge and Maria Skarphedinsdottir.

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Foreword

The Ministry of Health of the Republic of Moldova has conducted regular surveys since 2008 on official development assistance (ODA) to assess the level and type of external development funding received. These surveys have provided insight into 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.

In previous years the government and development partner community implemented several initiatives aimed at strengthening development partner 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 development partner 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.

This publication is the fifth annual report on ODA to the Moldovan health sector. Its main aim is to provide a full picture of external assistance to the health sector, thereby highlighting key interventions and actions in development partner 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; and extending the monitoring exercise to include cross-referencing of health sector strategies (adopted for 2008–2017), health system functions, disease areas, types of support (including policy, technical and investment) and the geographical distribution of investments.

The ODA provided to the health sector will be mapped against health system functions and disease categories. The categories were framed to match the classification used for the national accounts analysis framework. This improvements bring added value to avoid duplication in reporting procedures and also to give detailed information where the funds are focused. At the same time the ODA is distributed geographically and gives more sense in terms of future planning and channeling potential ODA to the area's most in need but also according to strategic documents of health system development.

The Ministry of Health is the first public authority to generate evidence at the sectoral level both on ODA put towards health system priority interventions agreed in the strategic policy documents and on short- and medium-term forecasts of the development partners' commitment to the health sector. The measure of success of this publication, however, will be its appreciation and use by the national and international community supporting the health reform process of the Republic of Moldova in the ensuing years.

Minister of Health of
the Republic of Moldova
Andrei Usatii

WHO Representative
in the Republic of Moldova
Jarno Habicht

COUNTRY CONTEXT

I.

The Republic of Moldova became an independent state in 1991, following the break-up of the former USSR. The Moldovan population numbers about 3.5 million, of whom 58.4% live in rural areas and 41.6% in urban areas. Population growth has declined since the 1990s owing to decreasing fertility, high mortality and significant emigration of the labour force (National Bureau of Statistics, 2013).

Economic growth has been positive since the beginning of the 21st century, but after two decades of independence the Republic of Moldova is still one of the poorest countries in the WHO European Region (Table 1). The country's Human Development Index (HDI) value was 0.649 in 2011; this was below the average for Europe and central Asia (0.737) but on an upward trend compared with the 2000 assessment (0.586). The Republic of Moldova is included in the United Nations Development Programme (UNDP) category of "medium human development" countries (UNDP, 2013).

Table 1. Economic indicators, 2011

Indicator	Republic of Moldova
Annual gross domestic product (GDP) growth	6.41%
GDP per capita, purchasing power parity (PPP), current international \$	3369
Gross national income (GNI) per capita, Atlas method, current US\$	1980
Population (total)	3 559 000
Landlocked developing country	Yes
HDI value	0.649
World Bank (WB) country classification	Lower middle income
WB geographic region	Europe and central Asia
European Union (EU) instrument	European Neighbourhood and Partnership Instrument

Sources: WB (2013a); UNOHRLLS (2012); UNDP (2013); WB (2013b); European Commission (2013); EU (2013).

The health status of the Moldovan population is marked by mortality and morbidity related to noncommunicable diseases (NCDs) and lifestyle risk factors, including smoking and alcohol abuse. In parallel, challenges persist in tackling communicable diseases, and the country has high rates of tuberculosis (TB) and multidrug-resistant TB, particularly in comparison to other EU and Commonwealth of Independent States (CIS) countries (Table 2).

Table 2. Health at a glance, 2011

Indicator	Republic of Moldova	CIS	EU members since 2004 or 2007	EU members before 2004
Life expectancy at birth – male	66.83	64.74 ^a	71.83	78.52 ^a
Life expectancy at birth – female	75.09	74.83 ^a	79.7	83.86 ^a
Infant mortality per 1000 births	11	11.27 ^a	5.87	3.6 ^a
Maternal mortality per 100 000 live births	15.32	20.92 ^a	8.16	5.5 ^a
Standardized death rate (SDR), all causes, all ages, per 100 000 population	1147.47	1186.57 ^a	829.99	535.14 ^a
SDR, diseases of the circulatory system, 0–64 years, per 100 000 population	141.84	194.09 ^a	91.86	30.49 ^a
SDR, selected alcohol-related causes, per 100 000 population	175.3	...	88.47	50.25 ^a
SDR, selected smoking-related causes, per 100 000 population	689.03	...	326.12	163.09 ^a
TB incidence per 100 000 population	118.2	76.69	31.44	7.16
Human immunodeficiency virus (HIV) incidence per 100 000 population	20.25	32.08	2.97	6.52

Source: WHO (2013a).

^a 2010 data.

BACKGROUND II.

This publication represents a common effort – by the Government of the Republic of Moldova and the development partner community committed to the country’s health sector – to improve information sharing and strengthen efforts towards better aid coordination and effectiveness. By revealing gaps and overlaps, this exercise represents a useful tool for both parties to adjust their work plans towards common goals and shared priorities in the short and medium term.

The National Health Policy 2007–2021, Healthcare System Development Strategy 2008–2017 and United Nations–Republic of Moldova Partnership Framework 2013–2017 (Government of the Republic of Moldova, 2007a; 2007b; United Nations, 2012) aim to strengthen the capacity of the Ministry of Health and health sector officials to monitor and evaluate the health care system. They also advocate healthy lifestyles and aim at reducing health-related discrepancies among all social groups, while increasing life expectancy at birth, quality of life, intersectoral partnership in order to improve the health status of the country, personal responsibility in health, protection against health-related financial risks and system responsiveness to public needs.

These objectives – in conjunction with the priorities of ensuring equitable access to public health, medical and pharmaceutical qualitative services for all, affirmed in 2011 (Ministry of Health, 2011), and better coordination with the development partner community, as declared by the State Chancellery in 2010 (Government of the Republic of Moldova, 2010a) – represented the right incentive for the Ministry of Health and the development partner community to start working towards a higher degree of coordination, as outlined in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action (OECD, 2008a).¹

The renewed appeal for development partner coordination gave strength to the Moldovan health sector’s external fund-mapping exercises, conducted since 2008. This paper is the fifth annual report on official development assistance (ODA) to the health sector and the second edition built around the Ministry of Health’s decision to transform it into an analytical tool. The report aims:

- to share information and present a picture of external assistance to the health sector across the priorities laid down in the strategic policy documents;

¹ 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 increasing efforts to harmonize aid and align it with countries’ strategies. The Declaration also introduced a set of implementation measures and established a monitoring system to assess progress. 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 of 2008 set the agenda for accelerated advancement towards the Paris Declaration targets. It proposed three main areas for improvement: ownership, inclusive partnerships and delivering results.

- to provide evidence in support of the policy dialogues and the development of coordination mechanisms at the national and international levels;
- to generate evidence that may help to strengthen development partner coordination in support of the ongoing reforms in the Moldovan health sector;
- to provide forecasts of future foreign assistance in the short and the medium term;
- to inform future national strategic plans and development partners' strategies to support the Moldovan government both financially and technically.

The contents of the first three annual reports (2008–2010) were mostly narrative and the quantitative information was not homogeneous (Ministry of Health, 2013b). The 2011 edition, however, introduced quantitative analysis on development partners' commitment to health system functions, disease areas, types of investment and technical assistance, geographical distribution and relation to the Midterm Budgetary Framework (MTBF), as well as qualitative evidence of development partners' alignment with the country's health sector strategies. This publication provided a full picture of external assistance channelled to the health sector, highlighting both well-supported areas of intervention and relatively disregarded categories, such as NCDs. Reactions to the 2011 report were very positive and it served as a basis for various different decision-making processes. This report intends to capitalize on the previous year's achievements while continuing to improve its versatility.

The aim of strengthening aid or development coordination also underlies the Ministry of Health order creating the Health Sector External Assistance Coordination Council (Ministry of Health, 2009a). The Council meets quarterly and was founded to facilitate constructive dialogue around health sector strategies between the Ministry of Health, development partners, nongovernmental organizations (NGOs) and representatives of all other relevant institutions. The Council has three main objectives: to enable the Ministry of Health to present strategies, priorities, results and further plans to development partners; to ensure broader harmonization of all stakeholders' plans of action towards government strategies; and to improve the overall alignment of foreign assistance provided to the health sector. This was the first initiative of its kind created at the national level, and the Ministry of Health was the first public authority to endow such a coordination mechanism (in March 2009). A government judgement of 19 January 2010 extended the requirement to establish coordination councils to all other sectors as a means of strengthening the coordination mechanisms around government plans in the health sector in the Republic of Moldova (Government of the Republic of Moldova, 2010b).

The Ministry of Health leads the Health Sector External Assistance Coordination Council and selected WHO as its supporting body. WHO thus manages the organization of Council meetings and the newly introduced pre-Council partner meetings that take place regularly a few days before them.

METHODOLOGY

III.

This chapter describes the study design, data collection and data analysis processes of the survey (Table 3). In order to foster capacity building the research team comprised Ministry of Health personnel and external consultants. The team worked together throughout the project.

Design of the study comprised two phases, both inspired by the Paris Declaration: identification of eligibility criteria and updating the 2011 questionnaire. Data were collected via an online interface and strengthened through face-to-face validation interviews. The research team analysed the data in close collaboration with the information technology (IT) specialist.

Table 3. Project timeline

Date	Process
October 2012	Questionnaire update
November 2012	Questionnaire piloting
December 2012	Capacity building seminar for the research team
February 2013	Data collection through the web-based platform
March 2013	Validation interviews with development partner community representatives
March–June 2013	Data analysis and report writing
July 2013	Consultations on the project outputs with the development partner community
November 2013	Launch of the report

3.1. Study design

3.1.1. Eligibility criteria

The Ministry of Health of the Republic of Moldova and the WHO Country Office conducted this study based on input from the development partners disbursing ODA. The agencies involved had to meet two criteria:

- compliance with the Organisation for Economic Co-operation and Development (OECD) definition of an ODA development partner (OECD, 2008b);
- presence in the Moldovan State Chancellery's list of agencies in the first annex of the government judgement of 8 April 2010 (Government of the Republic of Moldova, 2010c).

The report does not cover any regional ODA projects in the health field, humanitarian or philanthropic assistance or sponsorship, or projects pertaining to different sectors for which the “health component” did not exceed US\$ 20 000. Development partners that met the criteria but did not disburse funds to the Moldovan health sector in 2012 were also not included in the survey. To avoid double counting in cases where one development partner disbursed ODA funds on behalf of another, the development partner who made the final disbursements reported for that project.

3.1.2. Questionnaire development and piloting

The research team developed a questionnaire to collect information on each development partner meeting the eligibility criteria, based on the 2011 edition of the report. During the piloting phase the team sent a draft version of the questionnaire to several technical representatives of development partner communities providing ODA to the Moldovan health sector for feedback. After this piloting phase and further consultation the questionnaire was refined and finalized in November 2012.

An online version of the questionnaire (Annex 1) was made available to all eligible development partners – with secure access through individual logins and passwords – along with a glossary of all the terms used in the questionnaire (Annex 2). Short versions of the completed questionnaires are included in Annex 3.

3.1.3. Questionnaire structure

The research team designed the questionnaire to accommodate multiple needs; it is divided into 11 sections. Capitalizing on the experience of the 2011 edition of the report, the 2012 questionnaire presented friendlier questions in section IV on distribution of development partner support by priority areas of the health sector and tighter questions on sections VII and IX on the MTBF and aid predictability. The team also updated the questionnaire to align with the ongoing national strategies implemented in 2012.

Sections I and II of the questionnaire are partly based on the information the government requests from development partners; this enables the Ministry of Health to report to the State Chancellery. The design of section V is based on the development partner questionnaire used for the OECD’s 2011 Survey on Monitoring the Paris Declaration (OECD, 2011a). Questions 13 (on parallel project implementation units) and 15–16 (on programme-based approaches) of the OECD Survey were not included in the questionnaire, however, as they were not relevant to the Moldovan health sector. In addition, the research team further developed sections III, IV, VI and VII of the previous edition and revised and completed section IV for this round.

Section I of the questionnaire provides general information on the development partner agency, its key achievements and milestones and total funds disbursed during 2012. The choice of aid modalities proposed – project-based aid and sector budget support (SBS) – responds to the need to restrict the sample to assistance provided to the health sector. The questionnaire uses the timeframe of the calendar year as fiscal years may differ from agency to agency.

Sections II–IV collect information on every project implemented by the development partner. This includes goals and specific targets, the total amount disbursed in 2012 and the total budget of the project. Financial efforts are quantified according to type of funding, health system areas, health system categories, disease areas and geographical coverage. This section was designed to provide information on areas where development partner support – both funding and technical assistance – is concentrated. The data are intended to help both authorities and development partners make informed decisions about future interventions in the health sector.

Sections V–X focus 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 and procurement systems, alignment with MTBF categories, short-term (2013–2015) aid predictability on MTBF categories and development partner coordination for joint missions and analytical work (see Annex 4). Overall, this is intended to help the Ministry of Health and development partners report on progress towards the Paris Declaration targets and assess development partners’ contributions to the MTBF.

The final part of the questionnaire (section XI) assesses development partners’ opinions and levels of satisfaction concerning coordination mechanisms in the Moldovan health sector.

3.2. Data collection

3.2.1. Online data entry model

Data were entered through a web-based platform designed specifically for the 2011 survey, which was updated and accessed via individual secured access for every development partner. The database was placed on the server of the National Centre of Health Management.

Development partners were given a three-week timeframe for data entry in February 2013. This had advantages for both the development partners interviewed and the research team. Development partners 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 development partners that met the eligibility criteria (see section 3.1.1) were invited for interview. The research team conducted these during ten days in March 2013 – either face-to-face (for those with a country office in the Republic of Moldova) or via e-mail (for those without). Interviews took place only after development partners had accessed the online questionnaire and uploaded at least a few answers.

The validation interviews had five aims:

- to present the goal of the study, the questionnaires and glossary;
- to collect general comments and reactions towards the overall process undertaken and the difficulties encountered;
- to go through all sections of the questionnaire and the definitions provided in order to reach a good standard of data homogeneity;
- 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 2013 survey;
- to obtain extra information on specific issues that could not be recorded or standardized in the questionnaire, being too dishomogeneous from one development partner to another.

3.3. Data analysis

The research team used several methods of data analysis, focusing on:

- generating aggregate analysis for all development partners, their projects and their financial disbursements;
- providing qualitative analysis of development partners' feedback on coordination processes;
- listing key information for each development partner.

To standardize the financial information provided, development partners 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 the Paris Declaration uses for all aid harmonization exercises.² The software used the annual (2012) 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 development partner covered by the survey, the other to generate a database for the numeric variables inserted. The variables were generated and analysed using Microsoft Excel. Frequencies and cross-tabulations were used for data analysis and presentation.

3.3.1. Data quality

Several processes ensured the quality of the data. During the design stage, the 2012 version of the questionnaire passed through several rounds of review by the extended research team and a piloting process. During the data collection phase, the online web platform included several internal control mechanisms that prompted users to avoid common data entry mistakes. In addition, fast links to a glossary aimed at standardizing definitions and interpretations of questions.

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

Thanks to the joint efforts of the development partners and research team during the validation process, most development partners managed to complete all sections of the questionnaire: this guaranteed further homogeneity. The research team and development partners approved all exemptions. Development partners with no representative office in the country and thus not participating in the sector coordination meeting were exempted from completing section XI on coordination and complementarity; in these cases, the question(s) asked about something either outside the development partner's remit or that did not relate to the development partner'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.

² Annex 3 reports the amounts in the original currency.

LIMITATIONS IV.

As described in section 3.3.1 on data quality, the research team and development partners together approved all the criteria for exemption from completing the questionnaire. This section reviews the criteria and illustrates some issues that affect the validity of the analysis presented.

Three main criteria for exemption received approval.

- In order to avoid double counting in cases where one development partner disbursed ODA on behalf of another, the eligibility conditions stipulated that the development partner making the final disbursements should be considered the only development partner for that project. Final development partners who felt uncomfortable with this were given the option to skip section XI on coordination and complementarity.
- The same exemption applied to development partners without a country office in the Republic of Moldova.
- Since SBS resources cannot be earmarked for specific uses, development partners using this aid modality were exempted from related questions in sections II and III.

Development partners and the research team made considerable efforts to normalize the variety of development partners' vocabularies and reporting and accounting methods. Nevertheless, a few causes of concern remain.

- Development partners had different approaches to the process of collecting data internally – some used a consultative process by delegating completion of sections II–IV to the associated implementing agencies; others chose to provide single viewpoint estimations.
- For official programme frameworks encompassing different projects it was necessary to give development partners the prerogative to choose whether to provide information about the programme or the individual projects (sections II and III), although they had to adhere to their own definitions of the programme, projects and activities.
- Development partners have different accounting systems and administrative costs may or may not be included in official project budgets. When these costs were not included and the development partners had implemented a health-related project in the Republic of Moldova (in 2012) through their own offices and been involved in other sectors as well, the administrative costs related to the health-related project could not be disentangled from the total administrative costs of the agency. In these circumstances the development partners found their own methods of estimating the administrative costs requested in the questionnaire.

V. RESULTS

5.1. Development partners

Based on the ODA criteria outlined in section 3.1.1, the research team identified 22 development partners disbursing funds to the health sector of the Republic of Moldova in 2012 (Table 4), all of whom participated in the survey. Of these, 13 are multilateral and 9 bilateral.³

Table 4. Participating development partners, 2011 and 2012

Agency	2011	2012
Austrian Development Agency (ADA)	+	+
Council of Europe Development Bank (CEB)		+ ^a
EU	+	+
German Society for International Cooperation (GIZ)	+	+
Global Alliance for Vaccines and Immunization (GAVI)	+	+
Global Fund to Fight AIDS, Tuberculosis and Malaria (GF)	+	+
Government of Austria		+
Government of China	+	+
Government of Estonia		+
Government of Japan		+ ^a
Government of Romania	+	+
International Atomic Energy Agency (IAEA)		+ ^a
Joint United Nations Programme on HIV/AIDS (UNAIDS)	+	+
Swiss Agency for Development and Cooperation (SDC)	+	+
Turkish International Cooperation and Development Agency (TIKA)	+	+
UNDP	+	+
United Nations Children's Fund (UNICEF)	+	+
United Nations Economic Commission for Europe (UNECE)		+
United Nations Population Fund (UNFPA)	+	+
United Nations Office on Drugs and Crime (UNODC)	+	+
WB	+	+
WHO	+	+

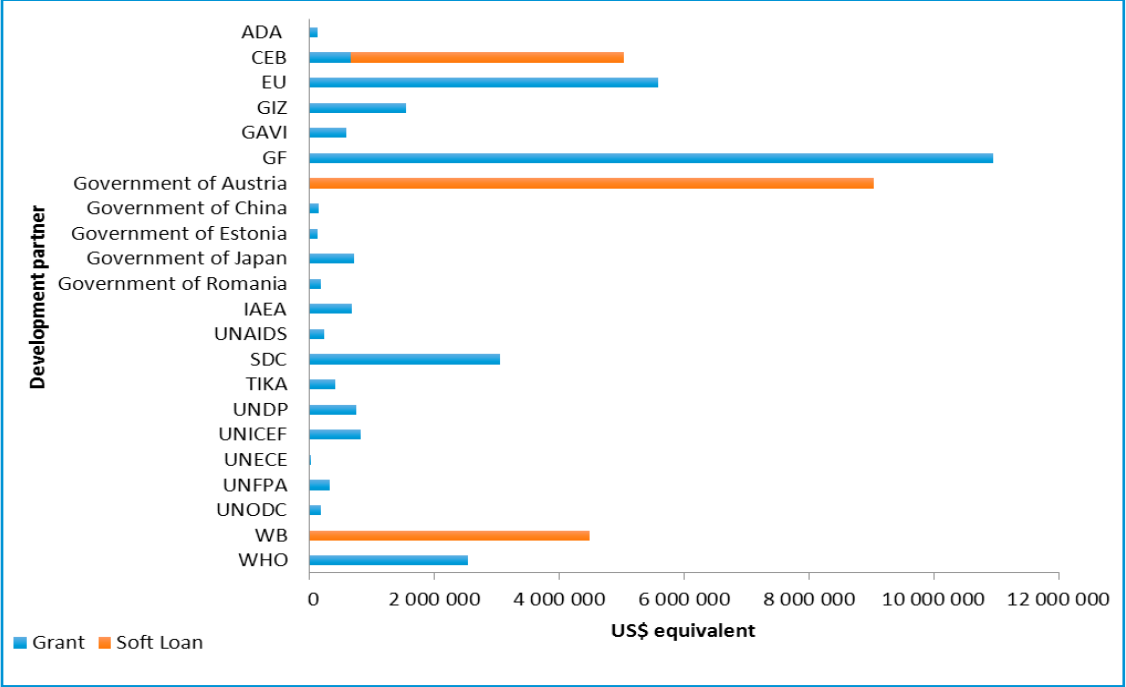
^a agencies that had an active project in 2011 but did not participate in the 2011 survey.

The 2012 edition of the survey presents six new development partners. Two of these, although they disbursed ODA to the health sector in 2011 and were contacted for that year's survey, could not provide the data at that time – one bilateral (Government of Japan) and one multilateral agency (IAEA). Four of the development partners activated new projects in the health sector in 2012 (Government of Estonia, Government of Austria, IAEA and UNECE).

³ The EU is considered a multilateral agency. GF disbursed funds through two local agencies: the Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project and the Centre for Health Policies and Studies. In these cases the development partners who made the final disbursements to the country are considered the only ones for that project (see section 3.1.1). These agencies are considered multilateral.

The projects reviewed in this study began, ran through or concluded in 2012. Overall, development partners reported a total of 50 projects, of which 21 appeared in the 2011 edition of the report. Of the 50 projects, 47 were funded through project-based grants while three received soft loans (loans granted at concessional financial terms) (Fig. 1).

Fig. 1. Overall ODA disbursed by development partner and type of disbursement, 2012



Through different aid modalities a total of US\$ 46 392 051 of ODA was disbursed to the Moldovan health sector in 2012. When compared with the 2011 data (US\$ 51 855 929), this represents a 10.5% decrease. The total budget of the projects analysed in 2012 was US\$ 239 281 754. Four development partners reported co-financing from the Ministry of Health: ADA, CEB, Government of Romania and GAVI. Funding in the form of project-based grants totalled US\$ 28 886 921, while the amount of soft loans disbursed was US\$ 17 505 130, making the soft loans component of total ODA disbursement 38% in 2012 (Fig. 2).

Fig. 2. Grants and soft loans, 2011 and 2012

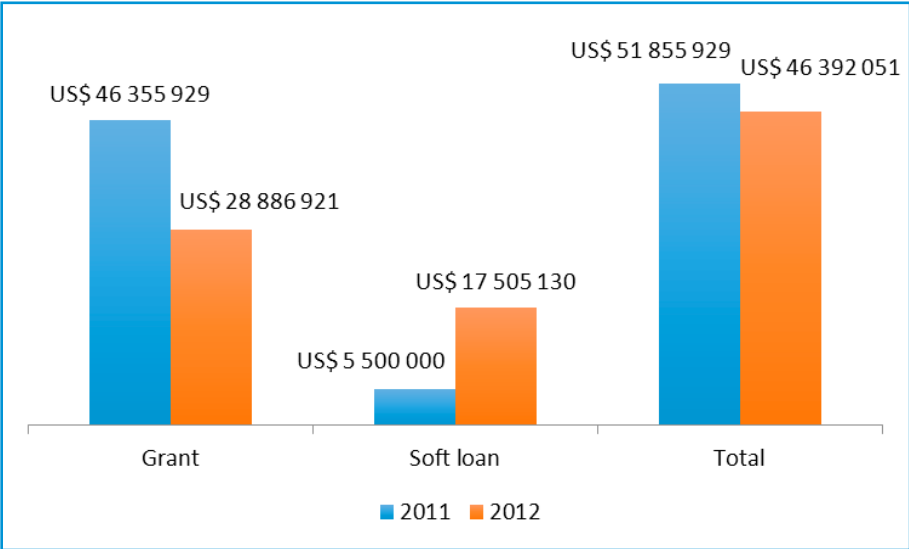
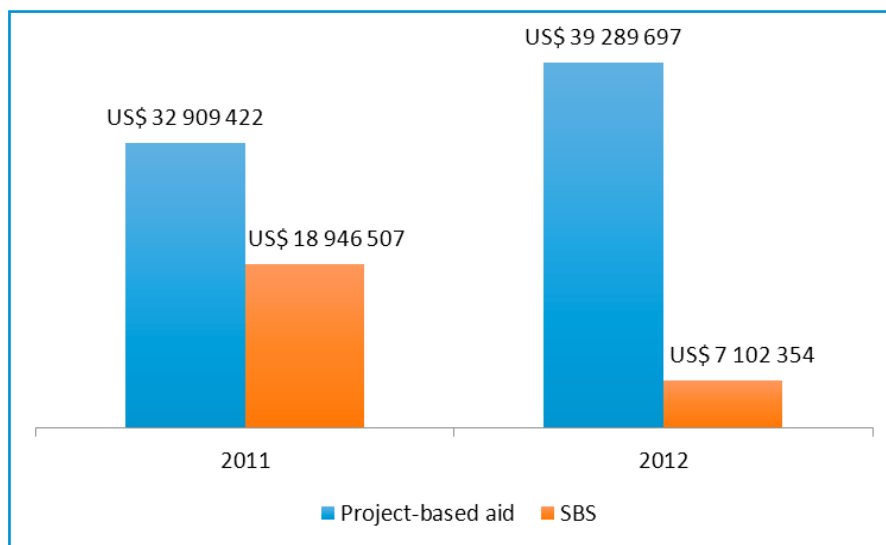


Fig. 3 illustrates the distribution of the total ODA disbursed by project-based aid or SBS. Of the 50 projects, 49 receive project-based aid and one operates under an SBS agreement.

Fig. 3. Project-based aid and SBS, 2011 and 2012



5.2. Geographical coverage

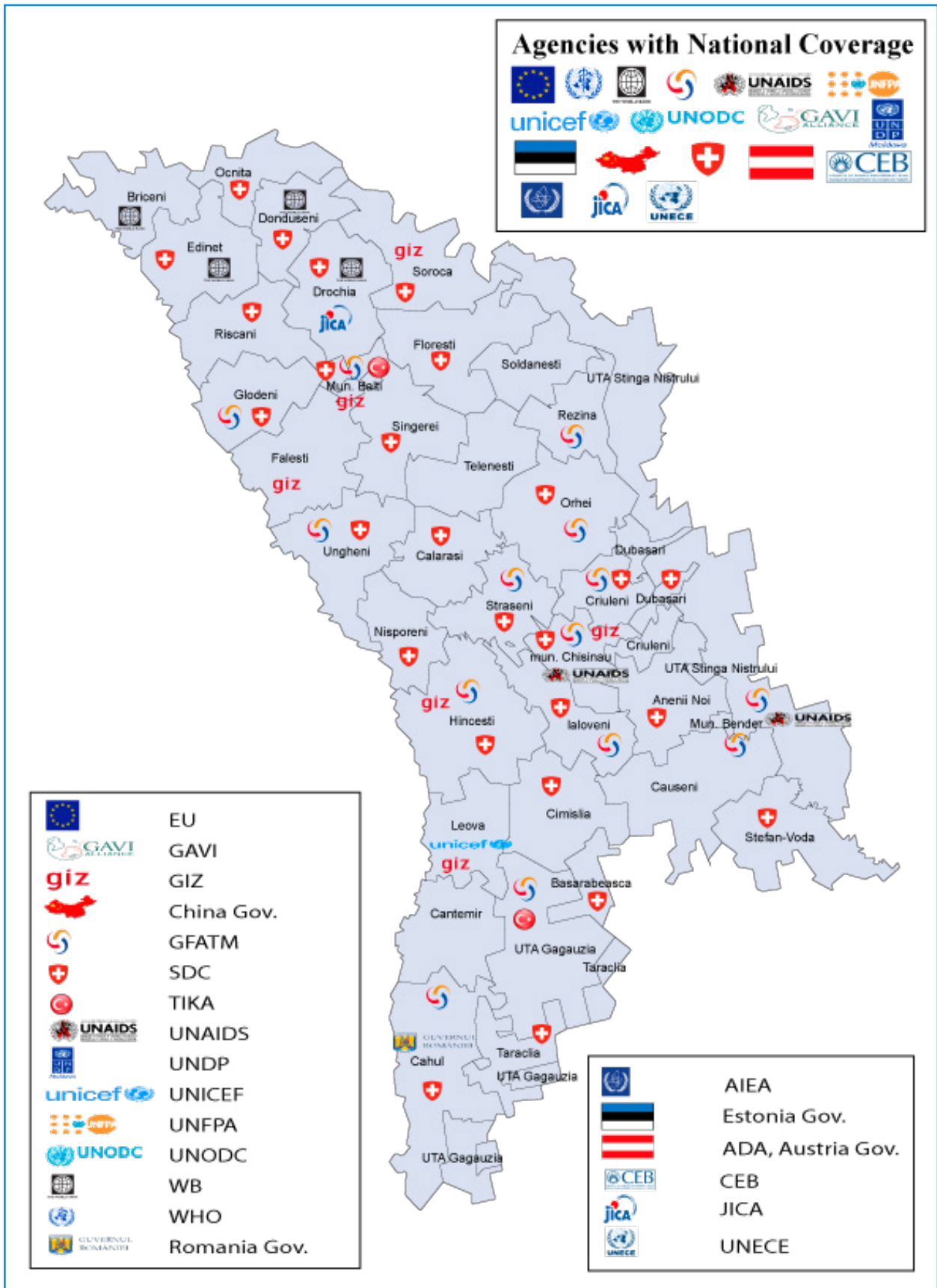
Almost all the development partners (21 of 22) indicated that their support is concentrated at the national level, although eight also reported funding projects targeted at individual regions (Table 5).

Table 5. Geographical coverage of development partners (national and regional), 2012

Area		Development partners
National		ADA, CEB, EU, GIZ, GAVI, GF, Government of Austria, Government of China, Government of Estonia, Government of Japan, IAEA, SDC, TIKA, UNDP, UNAIDS, UNICEF, UNECE, UNFPA, UNODC, WB, WHO
Targeted region	Chisinau	GF, SDC, WB, UNAIDS
	Balti	GIZ, GF, SDC, TIKA
	Northern region	GIZ, GF, Government of Japan, SDC, WB
	Central region	GIZ, GF, SDC
	Southern region	GF, Government of Romania, SDC, UNICEF
	Autonomous Territorial Unit of Gagauzia	GF, TIKA
	Transnistria region	GF, UNAIDS

Fig. 4 shows the distribution of development partners by district. Some districts are targeted by more than one development partner while seven districts (Causeni, Cantemir, Criuleni, Nisporeni, Riscani, Soldanesti and Telenesti) have no dedicated projects or programmes. The number of districts not benefitting from any projects decreased from 13 in 2011 to 7 in 2012.

Fig. 4. Development partners by district, 2012



Source: National Centre of Health Management.

5.3. Types of funding, health sector and priority programme areas

Development partners providing SBS offer flexible support based on national health plans and do not earmark resources for specific uses. As a result, in contrast to the preceding sections, the following analysis excludes the EU's SBS intervention, which is the single largest contribution to the sector, amounting to €45 212 382 over six years (2008–2014).

Fig. 5 shows the distribution of 2012 disbursements across different types of funding category: investments rose to 61.8% from 58.5% in 2011; technical assistance rose to 33.1% from 32.5% in 2011; and administrative costs fell to 5.1% from 9% in 2011. CEB, GF, Government of Austria and WB provided the largest share (85%) of the investment quota in the form of project-based grants, soft loans or both.

Fig. 5. Total disbursements by funding category, 2012

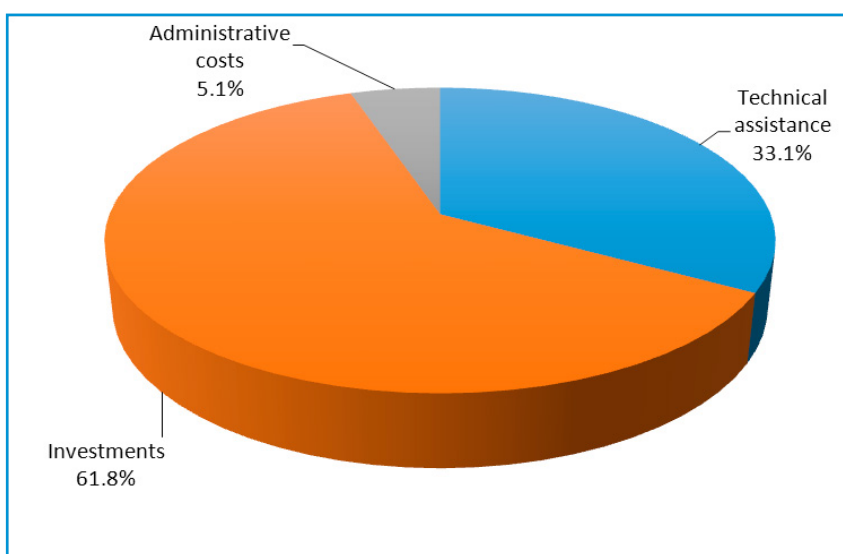


Fig. 6 illustrates the distribution of the investment quota (61.8% of total disbursements) across five components. The “other” component includes patient support and incentives, vehicles, and furniture and non-medical equipment.

Fig. 6. Investment disbursements by component, 2011 and 2012

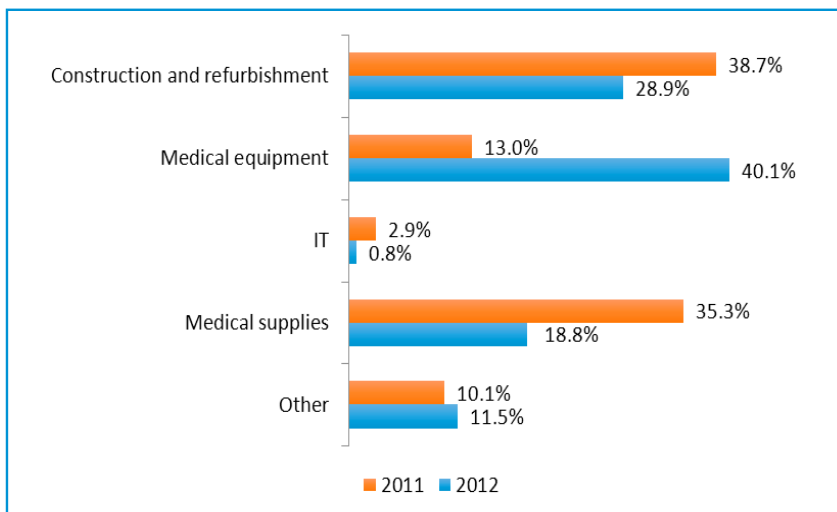


Fig. 7 shows the distribution of the 33.1% of technical assistance funds across five components. The “other” component includes training and other knowledge transfer activities, advocacy and awareness-raising activities, communication and social mobilization activities and development of new services.

Fig. 7. Technical assistance disbursements by component, 2011 and 2012

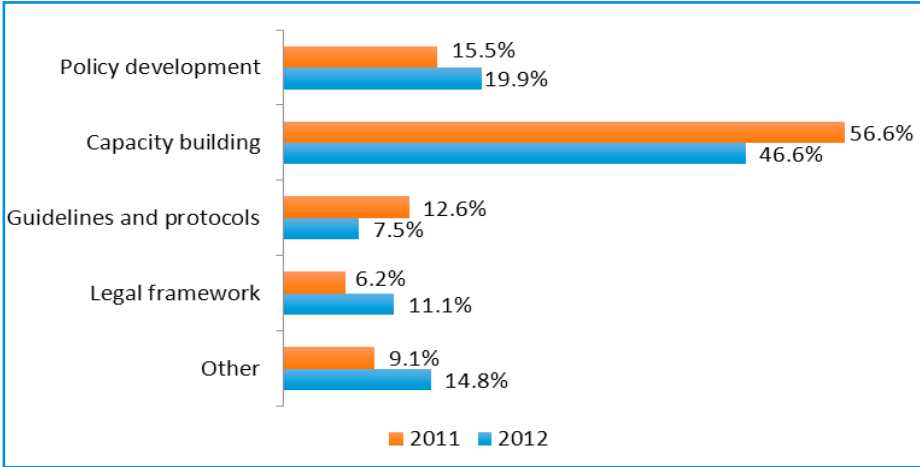
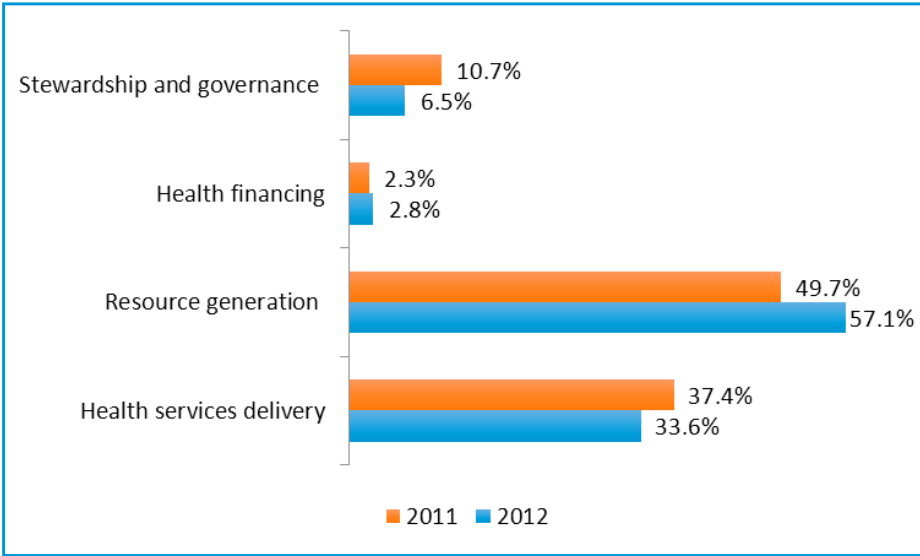


Fig. 8 illustrates the distribution of total disbursements among the four health system functions:⁴ stewardship and governance, health financing, resource generation⁵ and health services delivery.

Fig. 8. Disbursements on health system functions, 2011 and 2012



The health services delivery quota is further divided into four components (Fig. 9). Hospital care was the main recipient of health services delivery funds in 2012, while primary health care decreased its share compared with 2011 figures.

⁴ The UNDP programmes MDG6 Acceleration Framework intervention in the Republic of Moldova and Strengthening the forensic examination of torture and other forms of ill-treatment in Moldova did not report on the health system functions disbursement breakdown.
⁵ Resources are “the inputs required to make health systems work (human and financial resources, drugs, supplies and equipment and infrastructure)” (WHO, 2013b).

Fig. 9. Disbursements on health services delivery components, 2011 and 2012

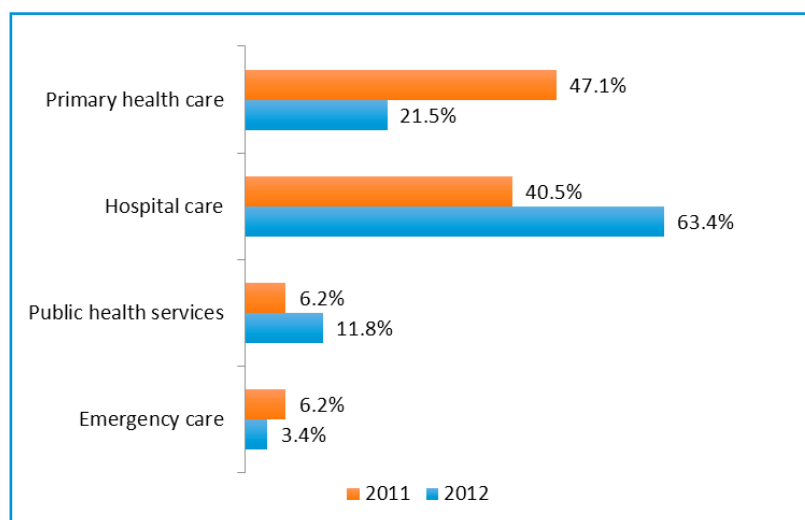
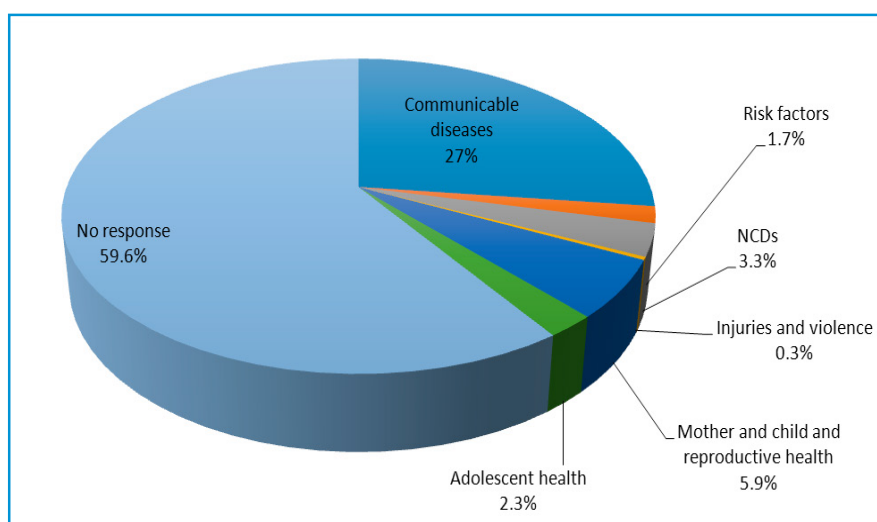


Fig. 10 shows the distribution of total disbursements across different health priority programme areas. The return rate of this question was very low: 59.6% of the survey responses did not specify their allocations to each area. Some development partners did not report on this question because they felt it was not relevant to their projects or because it was too complex to answer, as it is mainly relevant for disease-specific programmes. The total funds reported correspond to 31 of the 50 projects.

Fig. 10. Disbursements on health priority programme areas, 2012



5.4. Alignment with national frameworks

Table 6 illustrates the development partners' alignment with sector-based national policies, strategies or programmes. The majority of the development partners interviewed (17 of 22) work towards the priorities set by the National Health Policy 2007–2021.

Table 6. Development partners' alignment with national frameworks, 2012

Health policy, strategy or programme	Development partners (total number)
National Health Policy 2007–2021	CEB, EU, GIZ, GF, Government of Austria, Government of Estonia, Government of Japan, Government of Romania, UNAIDS, SDC, TIKA, UNICEF, UNECE, UNFPA, UNODC, WB, WHO (17)
Health Systems Development Strategy 2008–2017	ADA, CEB, EU, GF, Government of Austria, Government of Estonia, Government of Japan, Government of Romania, UNAIDS, SDC, TIKA, UNICEF, UNFPA, WB, WHO (15)
State Policy on Pharmaceuticals	WHO (1)
National Strategy for Reproductive Health 2005–2015	Government of Estonia, SDC, UNDP, UNFPA, UNICEF, WHO (6)
National Anti-Drug Strategy 2011–2018	GF, UNODC, WHO (3)
Primary Health Care Development Strategy 2010–2013	GIZ, SDC, TIKA, UNFPA, UNICEF, WB, WHO (7)
National Programme for Viral Hepatitis B, C and D Control 2012–2016	WHO (1)
National Programme for Health Lifestyle Promotion 2007–2015	UNFPA, UNICEF, WHO (3)
National Programme for Mental Health 2012–2016	SDC, UNFPA, WHO (3)
National Blood Transfusion Safety Programme 2012–2016	CEB, Government of Romania (2)
National Immunizations Programme 2011–2015	GAVI, UNICEF, WHO (3)
National HIV/AIDS and STI Prevention Programme 2011–2015	GF, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, WHO (7)
National TB Prevention and Control Programme 2011–2015	GF, UNDP, WHO (3)
National Programme for Diabetes Control 2011–2015	(0)
National Programme for Emergency Care Development 2011–2015	SDC, TIKA, UNFPA (3)
Hospital Health Care Development Programme 2010–2012	ADA, GIZ, SDC, TIKA, WB, WHO (6)
National Programme for Tobacco Control 2012–2016	UNICEF, WHO (2)
National Programme for Alcohol Control 2012–2016	UNICEF, WHO (2)
National Programme for Transplant 2012–2016	EU (1)
Roadmap for Boosting Reforms in Health Care Sector	WB (1)
Comprehensive Multiyear Plan for Immunization	GAVI (1)
National Programme on Iron and Folic Acid Deficiencies 2012–2017	UNICEF (1)
National Programme on Eradication of Iodine Deficiencies	UNICEF (1)
Not referring to any national policy	Government of China, IAEA (2)

The distribution of survey responses shows that 18 of the 22 development partners declared that their contributions comply with main sectoral strategies; two (UNDP and GAVI) declared that they work only towards goals set by subsectoral programmes or strategies and two (Government of China and IAEA) affirmed that their contributions do not openly refer to any national strategic framework.

It should be noted that, although it is not reported in Table 6 for the reasons described above (see section 5.3), aid delivered through SBS can be assumed to be committed to all governmental strategies and priorities.

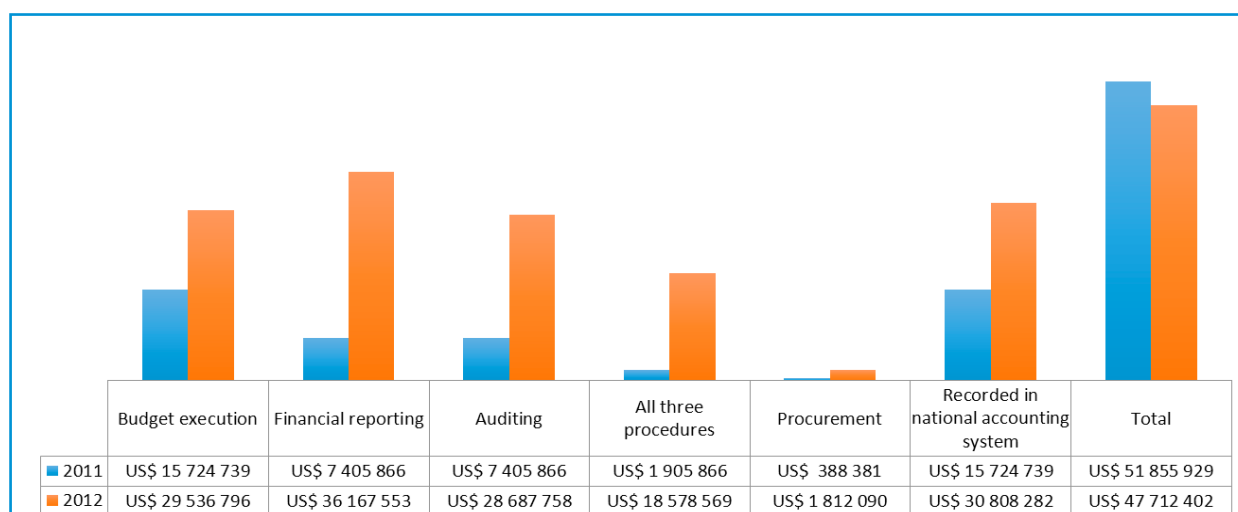
5.5. Financial management systems

Only nine development partners (43%) confirmed that they recorded their funds in the 2012 health sector budget; seven said that they did not, four did not know and two did not answer the question. A total of US\$ 30 808 282 (65% of total disbursements) was recorded in the national accounting system in 2012.

The 2012 edition of the survey saw a significant increase in ODA disbursements either recorded in the national accounting system or using national budget execution and financial procedures, rising from 30% in 2011 to 65% in 2012 (Fig. 11). Stratifying the data by component, 62% of the funds used national budget execution procedures in 2012 (30% in 2011), 76% used national financial reporting procedures (14% in 2011) and 60% used national auditing procedures (14% in 2011). All three procedures were used for 39% of the funds in 2012 (4% in 2011). This sharp increase is mainly due to the increased proportion of the soft loans component of total ODA disbursement; soft loans are granted to national authorities and administered through public procedures.

As in 2011, a small share of the ODA disbursed in the health sector used national procurement procedures (4% in 2012 versus 1% in 2011). The only exceptions to this trend are those projects for which state agencies or institutions are contracted as implementing agencies.

Fig. 11. Disbursements using national financial procedures, 2011 and 2012



5.6. MTBF

Section VIII of the questionnaire asked development partners to indicate the health sector MTBF categories they contributed to in 2012. The highest number of development partners contributed to priority interventions in public health and health services delivery, also referred to as “individual medical services”, followed by policy development and health systems management. Only a few claimed to contribute to resource development for health systems and special medical programmes (Table 7).

Table 7. Development partners' alignment with MTBF categories, 2012

MTBF category/subcategory	Development partners (total number)
<i>I. Policy development and health systems management</i>	(6)
Health system administration	EU, UNDP, WHO (3)
Administration of mandatory health insurance funds	WHO (1)
Health system monitoring and evaluation and quality management	SDC, UNODC, WB, WHO (4)
<i>II. Priority interventions in public health</i>	(10)
Public health surveillance system	UNICEF, UNODC, WHO (3)
Communicable and NCD control and health protection	GF, GAVI, UNDP, UNAIDS, UNFPA, UNICEF, UNODC, WHO (8)
Mother and child and youth health	SDC, TIKA, UNFPA, UNICEF, WHO (5)
<i>III. Individual medical services</i>	(10)
Emergency pre-hospital medical care	Government of Romania, SDC, WHO (3)
Primary health care	UNICEF, WB, WHO (3)
Outpatient specialized care	WHO (1)
Hospital care	ADA, GIZ, Government of Austria, Government of China, Government of Romania, WHO (6)
High-performance medical services	(0)
Recovery medical care	TIKA (1)
Community, palliative and home-based medical services	(0)
<i>IV. Resource development for health systems</i>	(3)
Investments in health system infrastructure	CEB, WB (2)
Rational use of medicines	WHO (1)
<i>V. Special medical programmes</i>	(4)
Special health programmes	CEB, SDC, UNICEF (3)
Sports medicine	(0)
Forensic medicine	UNDP (1)

It should be noted that, although it is not reported in Table 7 for the reasons described above (see section 5.3), aid delivered through SBS can be assumed to be committed to all MTBF categories.

The largest share of Moldovan public expenditure on the health sector (84.4%) goes to individual medical services (Table 8). Among these, hospital care receives 41.4% of public funds, while public health – which deals with NCDs (the main morbidity and mortality factor in the country) – receives only 6%.

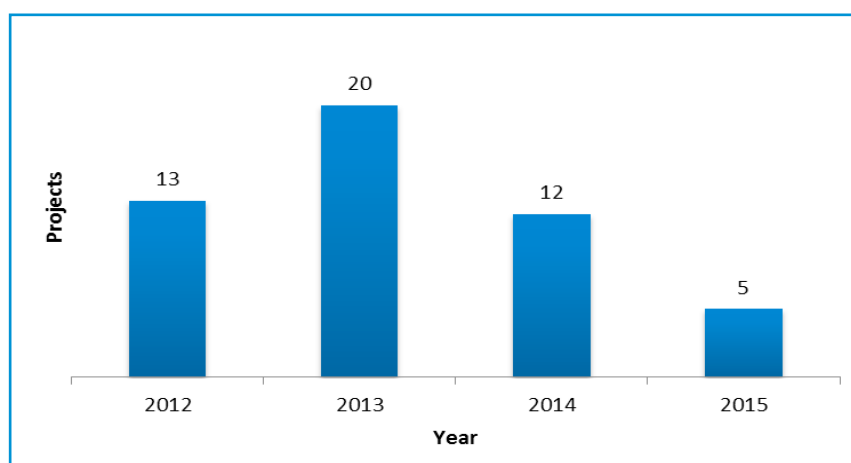
Table 8. Public expenditure on MTBF categories, 2012

MTBF category/subcategory	Public expenditure	
	%	US\$
<i>I. Policy development and health systems management</i>	1.1	4 181 671
Health system administration	0.2	650 262
Administration of mandatory health insurance funds	1.0	3 497 061
Health system monitoring and evaluation and quality management	0.0	34 349
<i>II. Priority interventions in public health</i>	6.0	21 841 722
Public health surveillance system	3.6	13 349 003
Communicable and NCD control and health protection	2.3	8 492 718
Mother and child and youth health	0.0	0
<i>III. Individual medical services</i>	84.4	309 476 048
Emergency pre-hospital medical care	7.3	26 767 160
Primary health care	24.3	89 285 232
Outpatient specialized care	6.2	22 849 714
Hospital care	41.4	151 968 759
High-performance medical services	2.9	10 530 416
Recovery medical care	2.1	7 638 654
Community, palliative and home-based medical services	0.1	436 114
<i>IV. Resource development for health systems</i>	7.2	26 396 075
Investments in health system infrastructure	6.7	24 719 980
Rational use of medicines	0.5	1 676 095
<i>V. Special medical programmes</i>	1.3	4 881 181
Special health programmes	0.8	2 955 048
Sports medicine	0.0	123 380
Forensic medicine	0.5	1 802 753

Source: Budget, Finance and Insurance Department of the Ministry of Health of the Republic of Moldova.

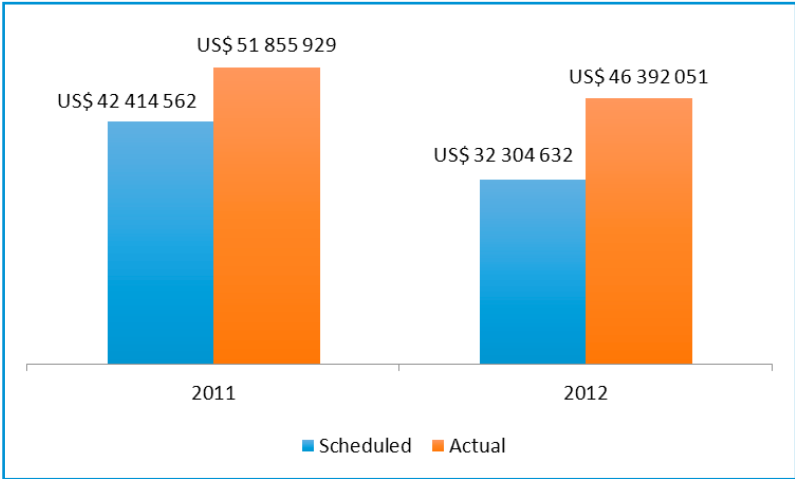
5.7. Aid predictability

The 50 projects reviewed by this report have an average length of 32 months and the vast majority ended or will end in 2012–2013 (Fig. 12).

Fig. 12. Projects concluding by year, 2012–2015

Five agencies that disbursed ODA during 2012 declared at the beginning of the year that they had no disbursements scheduled. In addition, some development partners disbursed significantly more than the amount they had forecast at the beginning of 2012. As a result, the total amount disbursed exceeded that scheduled by 30% (producing US\$ 14 087 419 of unanticipated funds). The difference between scheduled and disbursed funds in 2011 was lower, at 18% (Fig. 13).

Fig. 13. Scheduled and actual ODA disbursements, 2011 and 2012



The bulk of funds not scheduled for disbursement in 2012 related to projects dealing mainly with primary health care (medical equipment and training) and hospitals. It should be noted that for this latter set of projects the implementing agencies were public sector authorities.

The majority of development partners interviewed (18 of 22) plan to continue to support the Moldovan health sector in the future (Fig. 14). Of these, eight plan to be involved in the medium term (until 2016–2017) and ten in the short term (until 2013–2015). Four development partners (GIZ, Government of Estonia, Government of Japan and Government of Romania) are uncertain about maintaining their ODA programmes.

Fig. 14. Development partners' commitment to future ODA in 2013–2017

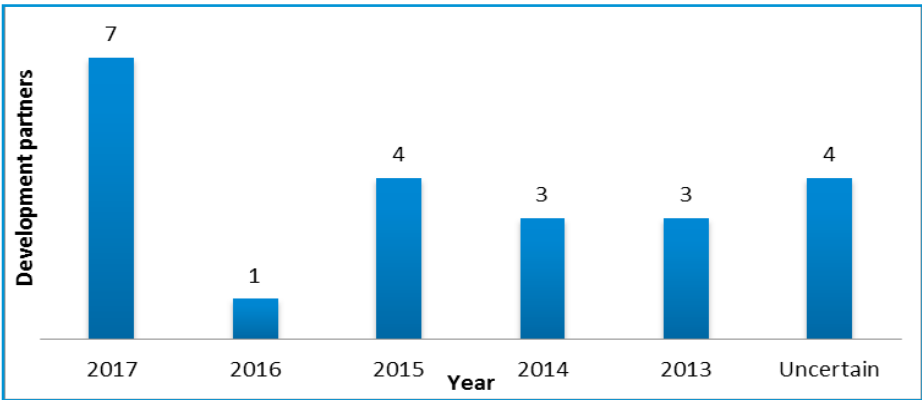


Table 9 presents the evidence gained from a new question formulated for the 2012 version of the questionnaire, which aimed at measuring the commitment of different development partners to the MTBF in 2013–2015. The results show that only four development partners (of the 15 respondents to the question) plan to support MTBF priorities until 2015.

Table 9. Development partners planning to support MTBF categories in, 2013–2015

MTBF category/subcategory	2013	2014	2015
<i>I. Policy development and health systems management</i>			
Health system administration	WHO	WHO	WHO
Administration of mandatory health insurance funds	WHO	WHO	WHO
Health system monitoring and evaluation and quality management	UNICEF, WHO	UNICEF, WHO	WHO
<i>II. Priority interventions in public health</i>			
Public health surveillance system	EU, UNICEF, UNECE, WHO	UNICEF, UNECE, WHO	UNECE, WHO
Communicable and NCD control and health protection	ADA, GAVI, GF, UNAIDS, UNICEF, UNFPA, UNODC, WHO	GAVI, GF, UNICEF, UNFPA, WHO	GAVI, UNFPA, WHO
Mother and child and youth health	TIKA, UNICEF, UNFPA, WHO	UNICEF, UNFPA, WHO	UNFPA, WHO
<i>III. Individual medical services</i>			
Emergency pre-hospital medical care	WHO		
Primary health care	UNICEF, UNFPA, WHO	UNFPA, WHO	WHO
Outpatient specialized care	WHO	WHO	WHO
Hospital care	Government of Austria, TIKA, UNICEF, WHO	UNICEF, WHO	WHO
High-performance medical services	GIZ		
Recovery medical care		WHO	WHO
Community, palliative and home-based medical services		WHO	WHO
<i>IV. Resource development for health systems</i>			
Investments in health system infrastructure	CEB, EU	CEB	
Rational use of medicines	WHO	WHO	WHO
<i>V. Special medical programmes</i>			
Special health programmes	UNICEF	UNICEF	
Sports medicine			
Forensic medicine			

Data on the planning cycles of all the development partners interviewed were collected during the interviews (Table 10).

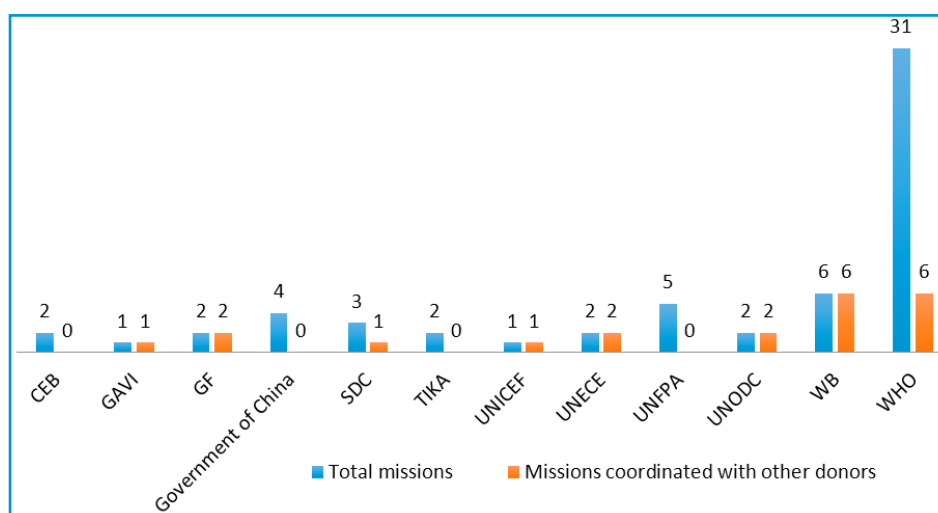
Table 10. Development partners' planning cycles

Development partner	Current midterm plan	Next midterm plan	Preliminary consultation period
ADA	2011–2015	2016–2020	Spring 2014
CEB	Project-based		
EU	Country Strategy Paper 2007–2013; National Indicative Programme 2011–2014		
GIZ	Project-based		
GAVI	GAVI Alliance Strategy for 2011–2015; GAVI Vaccine Investment Strategy 2009–2013	GAVI Alliance Strategy for 2016–2020; GAVI Vaccine Investment Strategy 2014–2019	Ongoing consultations within constituencies
GF	2010–2015 TB; 2010–2015 HIV		
Government of Austria	Project-based		
Government of China	Project-based		
Government of Estonia	Strategy for Estonian Development Cooperation and Humanitarian Aid 2011–2015		
Government of Japan	Project-based		
Government of Romania	Project-based		
IAEA	Country Programme Framework for 2012–2017		
UNAIDS	Activities ending in 2013		
SDC	2010–2013	2014–2017	Spring 2013
TIKA	Project-based		
UNDP	UNDAF 2013–2017	2018–2022	Autumn 2016
UNICEF	UNDAF 2013–2017	2018–2022	Autumn 2016
UNECE	Project-based		
UNFPA	2013–2017		
UNODC	Project-based (the current project will end in 2013)		
WB	2009–2013	2014–2017	Spring 2012
WHO	2012–2013	2014–2015	Spring 2013

5.8. Development partner coordination and complementarity

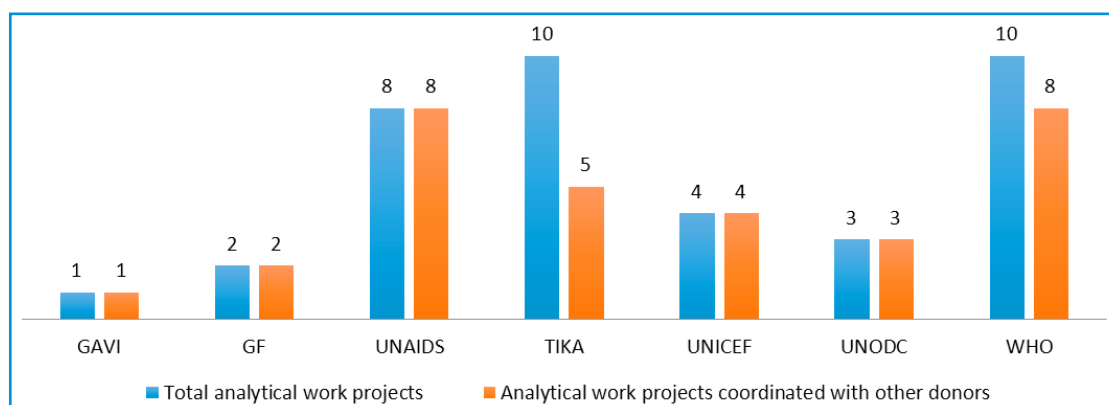
Of 2012's 22 development partners, 12 undertook a total of 61 expert missions. Of these, 21 missions (34%) were coordinated and conducted jointly with other development partners (Fig. 15). WHO is the agency with the highest number of missions undertaken in 2012 (31), of which six were joint missions with other development partners.

Fig. 15. Missions conducted, 2012



A total of 38 analytical work projects were undertaken by seven development partners in 2012, of which 31 (82%) were coordinated with other agencies (Fig. 16).

Fig. 16. Analytical work conducted, 2012

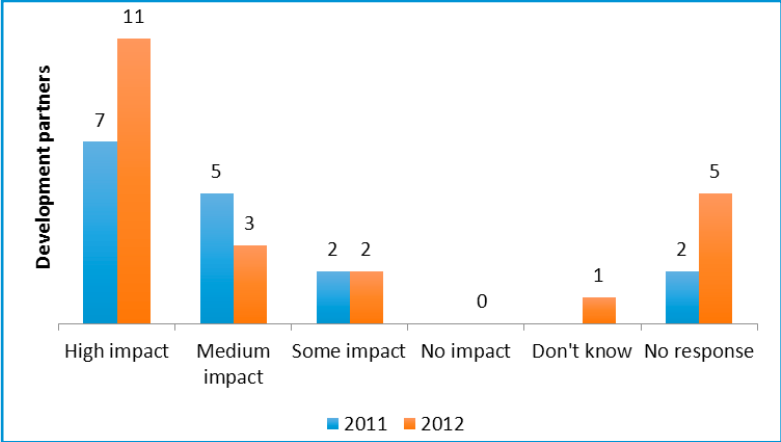


A total of 18 development partners answered questions on their perceptions of development partner coordination and complementarity. The majority rated overall development partner coordination in the health sector as good (eleven votes) or medium (four votes), giving results similar to those of the 2011 edition of the report (nine votes for good and five votes for medium). Three thought development partner coordination was poor or very poor.

On a scale from 0 to 10, most development partners graded development partner alignment with the priorities of the health sector in the Republic of Moldova as 8: the same score as in 2011.

Most development partners also confirmed that the policy dialogue between the Ministry of Health and the development partner community has a high or medium impact on further priority setting by development partner agencies (Fig. 17).

Fig. 17. Perceived impact of the policy dialogue, 2011 and 2012



VI. FINDINGS

The analysis reported in the results section above responds to the aims of this publication (see section 2) and in particular the requirements to:

- share basic information about development partners' activities (sections 5.1 and 5.2);
- situate those activities within the larger framework of health system functions and assess development partners' alignment with the strategies of the Moldovan health system (sections 5.3–5.6);
- assess development partners' alignment with national financial management systems (section 5.5);
- illustrate development partners' short- and medium-term commitments to the Moldovan health sector (section 5.7);
- seek feedback on the coordination mechanisms in place (section 5.8).

This section begins with an overview of the 2012 results, followed by a review of those data checked against both the 2011 results and the target indicators provided by the Paris Declaration (see Annex 4).⁶ Finally, the country context data outlined in section 1 and the 2012 results are used to compare Moldovan with regional trends.

6.1. Overall observations

In general, development partner contributions in 2012 played a significant role in the national health sector budget. According to this survey, ODA disbursed in 2012 was US\$ 46.39 million: an addition of 12% to overall public expenditure on the health sector in 2012, estimated at US\$ 390 million (Ministry of Health, unpublished data, 2013). Compared with the 2011 ODA contribution of 14%, this is a reduction of two percentage points.

The share of ODA in the form of soft loans significantly increased (at 38% of the total funds disbursed in 2012 versus 10.6% in 2011). The hospital sector received the largest share of these soft loans (86.7%), while primary health care and emergency care received 11.9% and 1.5% respectively.

In terms of geographical coverage, the distribution of targeted projects among regions continues to be uneven. The main cities of Chisinau and Balti received funding from the highest number of development partners, while

⁶ The deadline for meeting the Paris Declaration target indicators was 2010. Only one target was met. The Busan Partnership for Effective Development Co-operation of 2011, however, restated the validity of previous commitments.

only two agencies apiece targeted assistance to the Transnistria region and the Autonomous Territorial Unit of Gagauzia. Overall, some districts received ODA from two or more development partners while seven districts did not receive any.

The health sector continued to strike a good balance between funding investment (61.8%) and technical assistance (33.1%). The fact that funding of administrative costs was much lower in 2012 (5.1%) than that reported in 2011 (9%) is, however, of note. Some development partners claimed not to have any administrative costs: clearly, the formulation of the survey question and the related definition in the glossary (see Annex 2) needs further improvement.

Of the health system functions, health services delivery and resource generation continued to account for the largest share of the development partner assistance scrutinized, as was the case in 2011. Within the health services delivery function, in line with the Ministry of Health's greater emphasis on investing in hospital sector reform (Ministry of Health, 2012), ODA to the hospital sector as a share of total expenditure increased from 40.5% in 2011 to 59.1% in 2012, while investments in primary health care dropped from 47.1% to 30%.

External assistance showed wide variation across programme priority areas: while many development partners were unable to report on the distribution of their ODA based on health priority programme areas (59.6% did not answer the associated question), those that did so mentioned communicable diseases as a prime priority, with mother and child health, reproductive health and adolescent health as secondary priorities, while NCDs and risk factors continued to receive little targeted funding in 2012.

Overall, aid flows are aligned with national priorities, policies and programmes. Some national strategies and programmes, however, receive less attention, such as those related to pharmaceuticals and diabetes. Development partners also mentioned that ODA has a high or medium impact on Ministry of Health priority setting.

6.2. Comparing the results with the Paris Declaration indicators

Before the results presented in the previous chapter are tested against the Paris Declaration target indicators (OECD, 2008a), 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. Bearing in mind the five principles of the Paris Declaration and the Accra Agenda for Action, the results offer different kinds of input for both the development partner community and public officials within the health sector.

The Paris Declaration alignment target for the use of national financial management systems was set at 90% of the number of development partners working in a country. Only 8 of the 22 development partners reviewed in this study (36%) stated that they used national financial management systems for their 2012 disbursements. As stated in the 2011 report, it is clear that the partnership between the development partner community and the Republic of Moldova needs to be strengthened in this regard. Similarly, only 5 of the 22 development partners (22%) used national procurement systems for disbursements in the Moldovan health sector, while the Paris Declaration's target value for this indicator is 90%.

The target indicators for aid flows reported in national budgets and those using national procurement systems, on the other hand, were set at reductions of two thirds and one third respectively of the percentage of aid not

using such systems over five years (2005–2010). The results presented in section 5.5 show that the proportion of aid flows not using national financial management systems went down from 70% in 2011 to 33% in 2012, which is a reduction of more than one third. Nevertheless, the reduction in aid not using the national procurement system from 2011 to 2012 halted at around one tenth.

The target on aid predictability proposed by the Paris Declaration was “to halve the proportion of aid not disbursed within the fiscal year for which it was scheduled” (OECD, 2008a). The results presented above (see Fig. 13) demonstrate that actual 2012 ODA disbursement to the Moldovan health sector was 30% higher than the sum scheduled. This shows that development partners continued to fundraise successfully throughout the year but that predictability reduced.

Commitment to increasing aid predictability is further hampered by the fact that once again a high number of development partners in 2012 (11 of 22) could not provide the exact amount of pledged funds for 2013–2015.

Even if the target set by the Paris Declaration seems to have been reached, the broader objective of using predictability as a means of supporting ownership and decision-making processes set out in the Accra Agenda for Action (OECD, 2008a) needs further development.

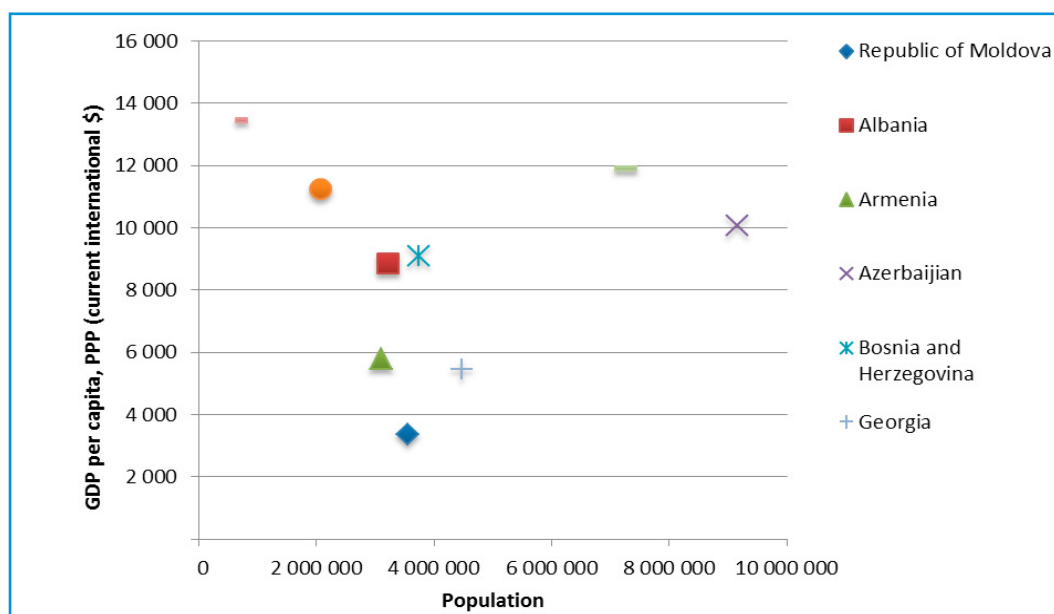
In contrast with the 2011 edition of the report, it was possible to estimate the proportions of joint endeavours among the missions conducted and the analytical work projects on the Moldovan health sector undertaken in 2012, as required by the Paris Declaration (targets 10a and 10b). The proportion of missions conducted jointly fell slightly short of the 40% target at 34%, but the proportion of analytical work undertaken jointly was 82%: well above the 66% target.

The survey asked no direct questions about the other principles (and relative indicators) of the Paris Declaration – ownership, managing for results, mutual accountability.

6.3. The Republic of Moldova compared with benchmark countries

The graph below (Fig. 18) shows the Republic of Moldova in a regional context, alongside a selection of other members of the South-eastern Europe Health Network and the EU’s Eastern Partnership with comparable rates of GDP per capita and total population as benchmarks. The following sections consider the reactions of the development partner community to local needs assessments in these countries and to consequent government commitments.

Fig. 18. The Republic of Moldova in a regional context



Source: WB (2013a).

6.3.1. Health expenditure

Although the Republic of Moldova has one of the highest estimated levels of health expenditure as a percentage of GDP at 12% (according to WHO estimates), in absolute terms it spent only US\$ 360 per capita in 2010 (Table 11). Armenia is the only country that spent less. Almost half the proportion of GDP spent on health (45%) is derived from private out-of-pocket payments (for more details on public health expenditure see Table 8).

Table 11. Health expenditure in benchmark countries, 2010

Country	Total health expenditure as a proportion of GDP (%)	Total health expenditure per capita (PPP\$ per capita)	Public health expenditure as a proportion of total health expenditure (%)	Private out-of-pocket payments on health as a proportion of total health expenditure (%)
Republic of Moldova	12	360	46	45
Albania	7	577	39	61
Armenia	4	239	41	55
Azerbaijan	6	579	20	70
Bosnia and Herzegovina	11	972	61	39
Croatia	8	1514	85	15
Georgia	10	522	24	68
Montenegro	9	1155	67	30
Serbia	10	1169	62	36
The former Yugoslav Republic of Macedonia	7	791	64	36

Source: WHO (2013a).

6.3.2. ODA to the health sector

Compared with the selected benchmark countries, and in line with the information in Fig. 18, the Republic of Moldova received the highest level of ODA per inhabitant at US\$ 125 in 2011 (last available data) (Table 12). The same dataset shows that of the country's total net ODA, only 6% was allocated to what OECD defines as "health and population" (OECD, 2013).

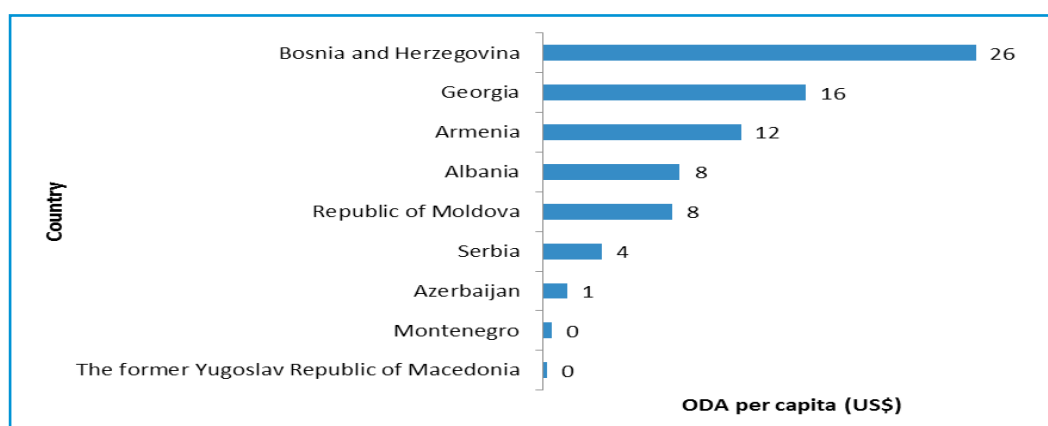
Table 12. ODA inflows in benchmark countries, 2011

Country	Population (millions)	GNI per capita (US\$)	Net ODA (US\$ million)	ODA per capita (US\$)	Net ODA/GNI (%)	Proportion of ODA for health (%)	Bilateral share of ODA (%)
Republic of Moldova	3.6	1980	451	125	6	6.2	29
Albania	3.2	3980	307	96	2.4	8.6	65
Armenia	3.1	3360	374	121	3.5	9.9	43
Azerbaijan	9.2	5290	293	32	0.5	4.6	65
Bosnia and Herzegovina	3.8	4780	425	112	2.3	23.4	67
Georgia	4.5	2860	550	122	3.9	13	56
Montenegro	0.6	7060	74	123	1.6	0.4	54
Serbia	7.3	5680	596	82	1.4	4.3	50
The former Yugoslav Republic of Macedonia	2.1	4730	165	79		0.29	

Source: OECD (2013).

The amount of ODA allocated to the health sector in the Republic of Moldova (US\$ 8 per capita) places the country in a midway position in the regional context (Fig. 19). Three of the four countries that received less external funding for health (Montenegro, Serbia and the former Yugoslav Republic of Macedonia) have a higher GNI per capita and spend more public and fewer private funds as a proportion of total health expenditure.

Fig. 19. ODA allocated to "health and population" in benchmark countries, 2011



Source: OECD (2013).

CONCLUSIONS

VII.

The data presented in this report reflect the commitment of 22 development partners funding a total of 50 projects (of which one is delivered through SBS) in the Moldovan health sector in 2012. The ODA disbursed represents a 12% addition to overall health sector public expenditure for that year.

Compared with the results obtained for the 2011 edition of the report, the number of development partners and projects has increased. Disbursement of funds, however, appears inversely correlated to this increase, with the total amount of ODA 10.5% lower in 2012 than in 2011. This may be a sign of either increasing attention and confidence on the side of the development partners or potential fragmentation.

The distribution of funds appears reasonably balanced across the different funding categories (technical assistance and investments) but external assistance is still uneven across programme priority areas and geographical regions. Comparing 2012 with 2011 data reveals a sharp alteration within the health services delivery components: the share of ODA allocated to hospital care rose by 20%, while the proportions of funds allocated to primary health and emergency care fell. Among the health priority programme areas, communicable diseases receive more than five times more support than the aid allocated to both NCDs and risk factors combined. In terms of geographical coverage, the number of districts not targeted for any intervention (seven, mostly concentrated in the eastern and southern borders) decreased from 13 in 2011. This discrepancy is mainly due to a new development partner's engagement in the central–northern region.

The greater proportion of soft loans among total disbursements corresponded to a sharp rise in the funds using (or recorded in) national financial management systems, with the 2012 total figure more than double the 2011 total.

The difference between disbursed and scheduled funds remains considerable. Compared with the 2011 results, it appears that in 2012 the amount of funds disbursed without being scheduled rose by 12% to 30% of the total ODA disbursed to the country. This could be an indication of successful fundraising activity protracted during the year by the development partner community and/or a signal of growing volatility in engagement in the sector. Moreover, at a certain level, unplanned disbursements fuelled into the health system might lead to questions about the uptake capacity of the system itself.

Only 8 of the 22 development partners planned to maintain their support in the country after 2015 and only 4 had a clear picture of their expected areas of intervention after 2014. The presence of almost half the development partners in the Moldovan health sector is based on individual projects rather than programmes and/or plans.

The development partner coordination mechanisms and policy dialogue led by the Ministry of Health seem to have a medium/high impact on the overall coordination of the activities. Using 2011 data as a baseline, it seems that the majority of development partners entering the sector in 2012 found the dialogue highly effective and that more development partners were engaged in the process.

Despite being the recipient of the highest level of ODA among the selected benchmark countries, it appears that the Republic of Moldova does not fuel the external funds to its health sector in proportions that enable its population to receive a level of treatment equal to that received by others in the region. This calculation takes into account services delivered through both public expenditure and out-of-pocket payments, thus compensating for discrepancies in funding systems among the countries.

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 the government judgement of 19 January 2010 (Government of the Republic of Moldova, 2010b) – the Ministry of Health and the WHO Country Office in the Republic of Moldova intend to replicate this exercise annually.

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ANNEX

ANNEX 1 - 2012 QUESTIONNAIRE

Evaluation of official development assistance support to the health sector of the Republic of Moldova, 2012

The following questionnaire is to be completed by all development partner agencies providing official development assistance (ODA) to the health sector. Each development partner should complete a single questionnaire that compiles information for all grants and loans targeting the health sector.

It should be noted that in cases where a development partner provides funds through another development partner – bilateral or multilateral – the last development partner to disburse funds to the country is responsible for reporting in this questionnaire.

The head of the development partner organization in country is responsible for the quality and accuracy of responses provided and, as such, is usually responsible for completing the questionnaire on time.

Submission deadline: **8 February 2013**

I. General information about development partner agency

GI_1. Development partner agency:

GI_2. Country director:

GI_3. Development partner official submitting this completed questionnaire:
(This should usually be the same as GI_2, but another person could fill in answers.)

GI_4. Key achievements:
(Please provide a one-page descriptive summary of your ODA key achievements, results and milestones for calendar year 2012.)

GI_5. Please estimate the total amount of ODA disbursed by your agency among the different aid modalities active in calendar year 2012:

(Please enter the total amount in the original currency (select from the predefined list). The system will automatically recode to US\$ according to the annual exchange rate recorded in 2012 by the National Bank of Moldova.)

No.	Category	Funding allocation (original currency)
1	Sector budget support	
2	Programme/project aid	

II. Programme/project details

Each development partner should complete sections II and III for **each programme/project** they support that qualifies under ODA criteria.

PDe_1. Programme/project title:

PDe_2. Programme/project manager:

PDe_3. Job title:

PDe_4. E-mail:

PDe_5. Phone:

PDe_6. Programme/project implemented through:

No.	Category
1	Directly through the development partner's office
2	Public sector (Ministry of Health or other public authorities)
3	Agency (international or local organization/s)
4	Other (specify)

PDe_7. Name of implementing agency:

PDe_8. Start date:

PDe_9. Completion date:

PDe_10. Implementation status as of 31.12.2012:

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

III. Programme/project description

PD_1. Programme/project goal:

PD_2. Programme/project progress:

(Please provide up to five key output or outcome indicators for each project, their targets and actual values for the year 2012, if available. It is up to the development partner 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	Soft loan

PD_4. Total programme/project budget:

PD_4.1. If the programme/project is co-financed by the Government/Ministry of Health of the Republic of Moldova, the development partner agency contribution to the project:

PD_5. Amount of budget disbursed during calendar year 2012:

PD_6. Type of funding:

(Please provide estimates to total 100%.)

No.	Category	Funding allocation (%)
1	Technical Assistance	
2	Investment	
3	Administrative costs	
	TOTAL	100%

PD_7. If you provide technical assistance, please estimate the distribution of financial resources to the following categories:

No.	Category	Funding allocation (%)
1	Policy development	
2	Capacity building	
3	Guidelines and protocols development	
4	Legal and regulatory framework development	
5	Other (specify)	

PD_8. If you provide investment assistance, please estimate the distribution of financial resources to the following categories:

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

IV. Distribution of development partner support (SBS and/or programme/project aid) by priority areas of the health sector

PA_1. Amount of financial support to the following areas of health system:

(Please provide estimates to total 100%.)

No.	Category	Funding allocation (%)
1	Health services development	
2	Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	
3	Health financing	
4	Leadership and governance	
	TOTAL	100%

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

PA_2. Amount of financial support to the following areas of health services:

(Please provide estimates to total 100%.)

No.	Category	Funding allocation (%)
1	Primary health care	
2	Hospitals	
3	Public health services	
4	Emergency care	
	TOTAL	100%

PA_3. Amount of financial support to the following areas of health services distributed by the following categories:
(Please provide estimates to total 100%.)

No.	Category	Funding allocation (%)	Construction and refurbishment	Medical equipment and technology	IT	Medical supplies	Other	Total
1	Primary health care							100%
2	Hospitals							100%
3	Public health services							100%
4	Emergency care							100%
	TOTAL	100%	-	-	-	-	-	-

PA_4. (4.1, 4.2) Amount of financial support to the various disease areas and risk factors by the following health services areas:

(Please provide estimates to total 100%.)

No.	Category	Primary health care	Hospitals	Public health services	Emergency care	Funding allocation (%)
1	Communicable diseases					
1.1	HIV					
1.2	TB					
1.3	Hepatitis					
1.4	Vaccine-preventable					
1.5	Other					
2	Risk factors					
2.1	Tobacco					
2.2	Alcohol					
2.3	Nutrition					
2.4	Physical activity					
3	NCDs					
3.1	Cardiovascular					
3.2	Cancer					
3.3	Diabetes					
3.4	Mental health					
3.5	Others					
4	Injuries and violence					
5	Mother and child and reproductive health					
6	Adolescent health					
7	Other (specify)					

PA_5. Amount of financial support to the following geographic areas:

(Please provide estimates to total 100%.)

No.	Category	Funding allocation (%)
1	National coverage	
2	Targeted regional coverage	
3	Both	
	TOTAL	100%

PA_6. If you checked targeted regional coverage, please specify where:

(multiple answers possible)

No.	Category	Funding allocation (%)
1	Chisinau	
2	Balti	
3	Tiraspol	
4	Bender	
5	Comrat	
6	Northern region [ADD 11 DISTRICTS: Briceni, Donduşeni, Drochia, Edineţ, Făleşti, Floreşti, Glodeni, Ocnîţa, Rîşcani, Sîngerei, Soroca]	
7	Central region [ADD 13 DISTRICTS: Anenii Noi, Călăraşi, Criuleni, Dubăsari, Hînceşti, Ialoveni, Nisporeni, Orhei, Rezina, Străşeni, Şoldăneşti, Teleneşti, Ungheni]	
8	Southern region [ADD 8 DISTRICTS: Basarabeasca, Cahul, Cantemir, Căuşeni, Cimişlia, Leova, Ştefan Vodă, Taraclia]	
9	ATU Gagauzia	
10	ATU left bank of the Nistru river	
11	Selected pilot sites [ADD 35 DISTRICTS AND OPTION TO CHECK]	

V. ODA indicators

V.I. Aid flows (SBS and/or programme/project aid) aligned with national priorities

NP_1. Overall ODA overall disbursed for health in calendar year 2012:

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

(Please check all that apply [multiple answer question].)

National policies and strategies

National Health Policy 2007–2021

State Policy on Pharmaceuticals

Health Systems Development Strategy 2008–2017

National Strategy for Reproductive Health 2005–2015

National Anti-Drug Strategy 2011–2018

Primary Health Care Development Strategy 2010–2013

National programmes

National Programme for Viral Hepatitis B, C and D Control 2012–2016
National Programme for Health Lifestyle Promotion 2007–2015
National Programme for Mental Health 2012–2016
National Blood Transfusion Safety Programme 2012–2016
National Immunizations Programme 2011–2015
National HIV/AIDS and STI Prevention Programme 2011–2015
National TB Prevention and Control Programme 2011–2015
National Programme for Diabetes Control 2011- 2015
National Programme for Emergency Care Development 2011–2015
Hospital Health Care Development Programme 2010–2012
National Programme for Tobacco control 2012–2016
National Programme for Alcohol control 2012–2016
National Programme for Transplant 2012–2016
National Programme for Emergency Care Development 2011–2015
Hospital Health Care Development Programme 2010–2012
Other

NP_3. For reference purposes, please specify how much ODA to the health sector you disbursed through other development partners in calendar year 2012 (ODA not captured in responses to other questions within this questionnaire):

NP_4. Please specify the name of other development partner agencies through which you disbursed ODA to the health sector in calendar year 2012:

VI. Use of country public financial management systems (SBS and/or programme/project aid)

FM_1. Was your ODA to the health sector recorded in the annual 2012 sector budget?

1. Yes
2. No
3. Do not know

FM_2. How much ODA to the health sector was recorded in the national accounting systems in calendar year 2012?

In calendar year 2012, how much ODA was disbursed for government/public sector use through:

FM_3. national budget execution procedures?

FM_4. national financial reporting procedures?

FM_5. national auditing procedures?

FM_6. all three national procedures as defined above?

VII. Use of country procurement systems

PS_1. How much ODA disbursed for the health sector used national procurement systems in calendar year 2012?

VIII. MTBF (SBS and/or programme/project aid)

MT_1. For calendar year 2012, please estimate how much of your development partner support went to the following MTBF categories:

(Please estimate the percentage for each of the five main categories and check the subcategories that apply.)

	[POP-UP WINDOW WITH SUBCATEGORIES AND OPTION TO CHECK ALL THAT APPLY]	Funding allocation (%)
Policy development and health systems management	Health system administration	
	Administration of mandatory health insurance funds	
	Health system monitoring and evaluation and quality management	
Priority interventions in public health	Public health surveillance system	
	Communicable and NCD control and health protection	
	Mother and child and youth health	
Individual medical services	Emergency pre-hospital medical care	
	Primary health care	
	Outpatient specialized care	
	Hospital care	
	High-performance medical services	
	Recovery medical care	
	Community, palliative and home-based medical services	
Resource development for health systems	Investments in health system infrastructure	
	Rational use of medicines	
Special medical programmes	Special health programmes	
	Sports medicine	
	Forensic medicine	

IX. Aid is more predictable (SBS and/or programme/project aid)

AP_1. Total amount of ODA to the health sector scheduled for disbursement in calendar year 2012:

AP_2. Do you plan to continue to support the health sector in 2013–2015?

1. Yes, until...
2. No
3. Uncertain

X. Use of common arrangements or procedures (SBS and/or programme/project aid)

X. I. Joint missions

JM_1. Number and name of missions to the field undertaken in calendar year 2012:

JM_2. Number coordinated jointly:

No.	Insert name/description of the mission	Coordinated with which partner development partners
1		
2		
3		
4		
5		
[Option to add additional tabs]		

X.II. Joint health sector analytical work

AW_1. Number of sector analytical work projects undertaken in calendar year 2012:

AW_2. Number coordinated jointly:

No.	Name/description of the project (100 words max.)	Coordinated with which partner development partners
1		
2		
3		
4		
5		
[Option to add additional tabs]		

XI. Coordination and complementarity

Policy dialogue, coordination and complementarity of development partner 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 development partner coordination in the health sector?

1. Excellent
2. Good
3. Medium
4. Poor
5. Very poor
6. Do not know

CC_2. From your point of view, what specific role does and did the international organization that you represent play within the development partner community for the health sector of the Republic of Moldova between 2008 and 2012?

CC_3. How would you rate the extent to which development partner support is aligned with the priorities of the health sector in the Republic of Moldova (on a scale from 1 to 10):

1 2 3 4 5 6 7 8 9 10

CC_4. Please give reasons for your assessment.

CC_5. What are the constraints on good alignment with the health sector's priorities?

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

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

CC_7. Please specify the reasons for your answer.

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

1. Yes
2. No
3. Do not know

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

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

CC_11. In what ways do you suggest improving the development partner coordination mechanism led by the Ministry of Health?

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

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

ANNEX 2 - GLOSSARY

Questionnaire

Section I	
Development partner	A development partner is an official agency — including state and local governments — that provides official development assistance as defined in the OECD's Development Assistance Committee (DAC) Statistical Directives (OECD, 2011c: para. 35). Under this definition, NGOs and private companies do NOT qualify as development partners.
Official development assistance (ODA)	ODA includes all transactions as defined in the OECD's DAC Statistical Directives (OECD, 2011c: para. 35), 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 their main objective; • are concessional in character; • 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 regional organizations • debt reorganization/restructuring • emergency and relief assistance.
Disbursement	<ul style="list-style-type: none"> • A disbursement is the placement of resources at the disposal of a recipient country or agency as defined in the OECD's DAC Statistical Directives (OECD, 2011c: paras. 15–18). Resources provided in kind should only be included when the value of the resources has been monetized in an agreement or in a document communicated to government. • Where ODA is provided to the partner country as part of a development partner's regional (multicountry) programme and it is possible to identify those activities and disbursements that are specific to that partner country, these disbursements should also be recorded. • In order to avoid double counting in cases where one development partner disburses ODA funds on behalf of another, it is only the development partner 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 (OECD, 2011d).
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 development partner 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 (see definition below) and general budget support.
Sector budget support (SBS)	For the purposes of this survey, SBS is a subcategory of direct budget support. SBS means that dialogue between development partners and partner governments focuses on sector-specific concerns rather than on overall policy and budget priorities (OECD, 2006).

Section II	
Implementing agency	The implementing agency is the agency responsible for the day-to-day actions related to a single project. These can be government bodies, other United Nations agencies, NGOs, universities, and so on.
Section III	
Technical assistance	<p>Technical assistance is the provision of know-how in the form of personnel, training, research and associated costs as defined in the OECD's DAC Statistical Directives (OECD, 2011c: paras. 40–44). It comprises development partner-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; • 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 nongovernmental entities and includes both free-standing technical cooperation and technical cooperation that is embedded in investment programmes (or included in programme-based approaches). In order to report against this question, development partners are invited to review their portfolio of projects and programmes and estimate the share of technical cooperation.</p>
Medical equipment and technology	Medical technology encompasses a wide range of health care 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 health care delivered through earlier diagnosis, less invasive treatment options and reductions in hospital stays and rehabilitation times.
Information technology (IT)	IT concerns 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.
Section IV	
Health system functions	<ul style="list-style-type: none"> • 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, be they promotion, prevention, treatment or rehabilitation, may be delivered in the home, the community, the workplace or health facilities. • 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 centres, construction firms and the vast array of organizations producing specific technologies such as pharmaceutical products, devices and equipment. • 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. • Leadership and governance (stewardship) is defined as the careful and responsible management of the well-being of the population. The very essence of good governance 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	
National financial management system	
Use of national budget execution procedures	<p>Development partners 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 development partners are subject to normal national budgetary execution procedures: those for authorization, approval and payment.</p> <p>Development partners are invited to review all their development activities with a view to determining whether and how far ODA to the government sector meets three of the four criteria below (anything less does not qualify).</p> <ul style="list-style-type: none"> • Your funds are included in the annual budget approved by country legislature. (Y/N) • Your funds are subject to established country budget execution procedures. (Y/N) • Your funds are processed (for example, deposited and disbursed) through the established country treasury system. (Y/N) • Your funds required the opening of separate bank accounts. (Y/N)
Use of national financial reporting procedures	<p>Legislative frameworks normally provide for specific types of financial report to be produced, as well as setting the period for such reporting. The use of national financial reporting means that development partners do not impose additional requirements on governments for financial reporting. In particular, development partners do NOT require: (i) maintenance of a separate accounting system to satisfy development partner reporting requirements or (ii) creation of a separate chart of accounts to record the use of development partner funds.</p> <p>Development partners are invited to review all their development activities with a view to determining whether and how far ODA to the government sector meets both criteria below (anything less does not qualify).</p> <ul style="list-style-type: none"> • You do NOT require maintenance of a separate accounting system to satisfy your own reporting requirements. (Y/N) • You ONLY require financial reports prepared using the country's established financial reporting arrangements. (Y/N)
Use of national auditing procedures	<p>Development partners 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 development partners do not make additional requirements on governments for auditing.</p> <p>Development partners are invited to review all their development activities with a view to determining whether and how far ODA to the government sector meets both criteria below (anything less does not qualify)</p> <ul style="list-style-type: none"> • Your funds are subject to audits carried out under the responsibility of the supreme audit institution. (Y/N) • You do NOT under normal circumstances request additional audit arrangements. (Y/N) <p>AND at least one of the two criteria below.</p> <ul style="list-style-type: none"> • You do NOT require audit standards different from those adopted by the supreme audit institution. (Y/N) • You do NOT require the supreme audit institution to change its audit cycle to audit your funds. (Y/N)
All three national procedures	<p>Disbursements of ODA to the government sector may use all three components of a country's national public financial management procedures: (i) national budget execution procedures, (ii) national financial reporting procedures and (iii) national auditing procedures.</p>

Procurement systems	
Use of national procurement systems	Development partners 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 they were established in the general legislation and implemented by government. The use of national procurement procedures means that development partners do not make additional, or special, requirements on governments for the procurement of works, goods and services.
Joint missions	
Development partner missions to the field	<p>Development partner missions to the field are defined as missions that meet all of the following criteria.</p> <ul style="list-style-type: none"> • The mission is undertaken by, or on behalf of, a development partner, including programme developers, appraisers and evaluators, sector assessment teams commissioned by a development partner. • The mission involved international travel typically, but not exclusively, from development partner headquarters. • The mission made a request to meet with government officials including local governments. <p>This definition should exclude the following missions.</p> <ul style="list-style-type: none"> • Missions undertaken by development partners to attend events (workshops, conferences and similar) that do not involve requests to meet with government officials. • Missions undertaken by parliamentary or other political delegations. • Special event missions undertaken as part of a defined programme: for example, electoral observers. • Missions undertaken by external consultants executing work as part of scheduled programme implementation plans. • Missions undertaken by disaster assessment teams.
Coordinated missions	Coordinated missions are: (i) missions undertaken by one or more development partner jointly or (ii) missions undertaken by one development partner on behalf of another development partner (delegated cooperation).
Joint country analytical work	
Country analytical work	<p>Country analytical work encompasses the analysis and advice necessary to strengthen policy dialogue and to 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 (including country procurement assessment reports, country financial accountability assessments and similar); • country or sector studies and strategies; • country or sector evaluations; • cross-cutting analytical work such as gender assessments.
Coordinated country analytical work	<p>Coordinated country analytical work is:</p> <ul style="list-style-type: none"> • undertaken by one or more development partner jointly; • undertaken by one development partner on behalf of another (including work undertaken by one and/or used by another when it is co-financed and formally acknowledged in official documentation); • undertaken with substantive involvement from the government.

Midterm Budgetary Framework

Programme	A programme is a coherent and upright complex of hierarchically subordinated levels implemented by public authorities in order to achieve a determined goal of the programme.
Subprogramme	A subprogramme is the part of hierarchically subordinated programme strictly related to it. It contains sets of activities fulfilled by the public authority in order to achieve the subprogramme's goal and objectives.
Domain	A domain is hierarchically subordinated to subprogrammes and encompasses sets of activities fulfilled by the public authority in order to achieve the subprogramme's goals and objectives.
Activities	Activities are services and/or goods supplied and are independently distributed in any subprogramme: one activity can be used within different programmes/ subprogrammes.

Subprogramme 1. Policy development in the health care system	Subprogramme 1 includes 3 domains: 1.1 Management of the health care system 1.2 Administration of mandatory medical assistance insurance funds 1.3 Management and evaluation of health care system and quality management.	
	1.1. Management of the health care system	This includes policy development in the health care system, monitoring of implementation, and evaluation and assurance of strategic planning in the health care system. Activities in this domain are carried out by the management of the Ministry of Health.
	1.2. Administration of mandatory medical assistance insurance funds	This includes policy implementation in the field of mandatory medical assistance insurance, contracting of service providers, planning of expenditures. Activities in this domain are carried out by the national health insurance company.
	1.3. Management and evaluation of health care system	This includes data collection and analysis, monitoring and evaluation of demographic processes, morbidity, mortality and health determinants of the activity registered by medical institutions and use of resources in the health care domain, as well as assurance of data quality and their use in policy elaboration and implementation, and efficient, rational and uniform implementation of policy in health care management. Activities in this domain are carried out by the National Centre of Health Management and health care departments.
Subprogramme 2. Priority interventions in public health	Subprogramme 2 includes 2 domains: • 2.1 State surveillance of public health • 2.2 Control of communicable and NCDs and health protection. This subprogramme includes actions for disease prevention and control with a major impact on public health.	
	2.1 State surveillance of public health	This includes actions for prevention (prophylaxis), identification and repression of violations of legal acts and other normative acts in the field of public health state surveillance. Activities in this domain are carried out by the State Public Health Surveillance Service.
	2.2 Control of communicable and NCDs and health protection	This domain includes public health interventions related to prevention and control of communicable and NCDs, promotion of health and welfare, mental health and transfusion security.
Subprogramme 3. Individual medical services	Subprogramme 3 includes 8 domains: 3.1 Pre-hospital emergency assistance 3.2 Primary medical assistance 3.3 Specialized outpatient medical assistance 3.4 Inpatient medical assistance 3.5 High-performance medical assistance 3.6 Rehabilitation medical assistance 3.7 Community, palliative and residential care 3.8 Mother and child and youth health.	

	3.1 Pre-hospital emergency assistance	This is carried out by emergency stations.
	3.2 Primary medical assistance	This includes medical services provided by medical institutions on the basis of family medicine.
	3.3 Specialized outpatient medical assistance	This is carried out by medical institutions providing specialized outpatient medical assistance services.
	3.4 Inpatient medical assistance.	This includes medical services provided to the population within hospitals.
	3.5 High-performance medical assistance	This includes highly specialized medical assistance.
	3.6 Rehabilitation medical assistance	This includes rehabilitation medical services provided within medical institutions.
	3.7 Community, palliative and residential care	This includes services provided by medical institutions, including associations and organizations licensed and authorized for this purpose.
	3.8 Mother and child and youth health	This includes services provided by medical institutions related to mother and child and youth health.
Subprogramme 4. Development of health care system resources	Subprogramme 4 includes 2 domains: 4.1 Strengthening of the technical and material basis of health care institutions 4.2 Rational management of medicines.	
	4.1 Strengthening of the technical and material basis of health care institutions	This encompasses actions to ensure the development of the technical and material basis of medical institutions at all levels (primary health care, pre-hospital emergency, inpatient and rehabilitation medical assistance).
	4.2 Rational management of medicines	This encompasses activities to ensure the safety of medicines and the pharmaceutical domain by increasing physical and economical accessibility to medicines.
Subprogramme 5. Special medical programmes	Subprogramme 5 includes 3 domains: 5.1 Special purpose programmes 5.2 Sports medicine 5.3 Legal medicine.	
	5.1 Special purpose programmes	This includes activities to ensure patients receive expensive interventions and medicines in the case of malign disease, prevention and treatment of conditions and pathologies with a negative influence on the human genome, prenatal, postnatal and molecular cytogenetic diagnosis, hearing aid and expensive treatments. Activities in this domain are carried out by Special Purpose Programmes and by the National Centre for Reproductive Health and Medical Genetics.
	5.2 Sports medicine	This includes the medical control of people practising sports. Activities in this domain are carried out by the National Centre of Sports Medicine "AtletMed".
	5.3 Legal medicine	This includes activities related to the execution of medical and legal expertise and findings. Activities in this domain are carried out by the Centre of Legal Medicine.

Source: Ministry of Health of the Republic of Moldova.

ANNEX3 - PARIS DECLARATION INDICATORS OF PROGRESS

	Ownership	Target for 2010	
1	Partners have operational development strategies – number of countries with national development strategies (including poverty reduction strategies) that have clear strategic priorities linked to a medium-term expenditure framework and reflected in annual budgets	At least 75% of partner countries have operational development strategies.	
	Alignment	Target for 2010	
2	Reliable country systems – number of partner countries that have procurement and public financial management (PFM) systems that either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these	(a) PFM – half of partner countries move up at least one measure (0.5 points) on the PFM or country policy and institutional assessment scale of performance. (b) Procurement – one third of partner countries move up at least one measure (from D to C, C to B or B to A) on the four-point scale used to assess performance for this indicator.	
3	Aid flows are aligned with national priorities – percentage of aid that flows to the government sector that is reported on partners' national budgets	Halve the proportion of aid flows to government sector not reported on government's budget(s) (with at least 85% reported on budget).	
4	Strengthen capacity by coordinated support – percentage of development partner capacity-development support provided through coordinated programmes consistent with partners' national development strategies	50% of technical cooperation flows are implemented through coordinated programmes consistent with national development strategies.	
5a	Use of country PFM systems – percentage of development partners and of aid flows that use PFM systems in partner countries, which either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these	Percentage of development partners	
		Target	Score
		All development partners use partner countries' PFM systems.	5+
		90% of development partners use partner countries' PFM systems.	3.5 to 4.5
		Percentage of aid flows	
		Target	Score
Reduce by two thirds the percentage of aid to the public sector not using partner countries' PFM systems.	5+		
Reduce by one third the percentage of aid to the public sector not using partner countries' PFM systems.	3.5 to 4.5		
5b	Use of country procurement systems – percentage of development partners and of aid flows that use partner country procurement systems which either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these	Percentage of development partners	
		Target	Score
		All development partners use partner countries' procurement systems.	A
		90% of development partners use partner countries' procurement systems.	B
		Percentage of aid flows	
		Target	Score
Reduce by two thirds the percentage of aid to the public sector not using partner procurement system.	A		
Reduce by one third the percentage of aid to the public sector not using partner countries' procurement systems.	B		

6	Strengthen capacity by avoiding parallel implementation structures – number of parallel project implementation units per country	Reduce by two thirds the stock of parallel project implementation units.
7	Aid is more predictable – percentage of aid disbursements released according to agreed schedules in annual or multiyear frameworks	Halve the proportion of aid not disbursed within the fiscal year for which it was scheduled.
8	Aid is untied – percentage of bilateral aid that is untied	Continue progress over time.
	Harmonization	Target for 2010
9	Use of common arrangements or procedures – percentage of aid provided as programme-based approaches	66% of aid flows are provided in the context of programme-based approaches.
10	Encourage shared analysis – percentage of (a) field missions and/or (b) country analytical work, including diagnostic reviews that are joint	(a) 40% of development partner missions to the field are joint. (b) 66% of country analytical work is joint.
	Managing for results	Target for 2010
11	Results-oriented frameworks – number of countries with transparent and monitorable performance assessment frameworks to assess progress against (a) the national development strategies and (b) sector programmes	Reduce the proportion of countries without transparent and monitorable performance assessment frameworks by one third.
	Mutual accountability	Target for 2010
12	Mutual accountability – number of partner countries that undertake mutual assessments of progress in implementing agreed commitments on aid effectiveness including those in this Declaration	All partner countries have mutual assessment reviews in place.

Important note: In accordance with paragraph 9 of the Paris Declaration, the partnership of development partners and partner countries hosted by the DAC (Working Party on Aid Effectiveness) comprising OECD/DAC members, partner countries and multilateral institutions, met twice, on 30–31 May 2005 and on 7–8 July 2005, to adopt, and review where appropriate, the targets for the twelve indicators of progress. At these meetings an agreement was reached on the targets presented under Section III of the present Declaration. This agreement is subject to reservations by one development partner on (a) the methodology for assessing the quality of locally managed procurement systems (relating to targets 2b and 5b) and (b) the acceptable quality of PFM reform programmes (relating to target 5a.ii). Further discussions are underway to address these issues. The targets, including the reservation, have been notified to the Chairs of the High-level Plenary Meeting of the 59th General Assembly of the United Nations in a letter of 9 September 2005 by Mr Richard Manning, Chair of the OECD DAC.

Note on indicator 5: Scores for indicator 5 are determined by the methodology used to measure quality of procurement and PFM systems under indicator 2 above.

Source: OECD, 2008a.

ANNEX 4 - COMPLETED QUESTIONNAIRES

ADA | Austrian Development Agency

Agency General Information

Country director: Gerhard Schaumberger

Total budget disbursed in 2012: € 105000

Key achievements

In 2012, Austria mainly continued its projects in vocational training and in the water and sanitation sector. By providing safe drinking water to rural communities, Austria significantly contributes to the health sector and the well-being of local populations. More specifically in the health sector, Austria continued to finance training of medical staff from the „Institute of Oncology of Moldova” in both Romania and Austria. In 2012, Austria financed also the physical and institutional establishment of an Educational Centre at the Institute of Oncology, which is going to offer educational and pedagogical activities for children and young people, who are under long-term medical treatment at this Institute. To insure the sustainability of this activity, facilities foreseen for this Centre (situated on the 2nd floor) as well as the 1st and the 3rd floor above and beneath have been renovated in 2012; necessary infrastructure such as heating, water, sanitation, electricity, ventilation was provided. Furniture and equipment for the Centre was provided too. A regional project (including Moldova), financed by Austria, focused on development of human resources in the health sector of four Black Sea Region countries, organised 2012 further trainings for Moldovan doctors in Moldova and Austria. Observer ships at Austrian hospitals took place, while small equipment has been installed in Chisinau. Furthermore, Austria is financially supporting an NGO cooperation initiative in the social sector focused on social inclusion of persons with mental health problems.

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

Health Systems Development Strategy, 2008-2017

Hospital Healthcare Development Program, 2010

Plans to continue support in 2013–2015: Uncertain

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 at improving the know-how and the experience of specialised medical, educational and psychological personnel and at raising the chances of survival for children for which bone marrow transplantation is the only effective method of treatment. It aims furthermore at facilitating the process of reintegration of children into school, in Vocational Education and Training for the youth and social life after finishing the treatment process in the hospital. While hospitalized, it should improve the children's and their families psychological care.

Project/programme manager: Luminita Drumea

Implementing agency: “HOPE’87” through its Branch Office in Moldova “Speranta’87-Moldova”

Financing: Grant

Duration: Starting date:01/08/2010 End date: 31/03/2013

Total project/programme budget: € 557667

Total disbursed in 2012: € 105000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Training of medical staff	8 persons	8 persons	-
2	Educational Unit: Institutional Establishment	Completion	Finished	Centre established by a Governmental Decision Centre to be Officially opened in March 2013
3	Educational Unit: Physical establishment of the Educational Unit	Completion	Finished	Renovation works completed; Necessary communications and equipment provided.

Type of funding	Financial allocation (%)
Technical assistance	27
Investment	64
Administrative costs	9

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	14
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>consultancies, personnel, technical support, provision of know-how, associated costs etc.</i>	86

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

Health systems functions	Financial allocation (%)
Health services delivery	94
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	6
Health financing	-
Leadership and governance	-

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

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

Agency General Information

Country director: Valeriu Cosuleanu

Total budget disbursed in 2012: € 3 804 000

Key achievements
LD 1620 – Republican Clinical Hospital: Design finalised, construction on-going according to schedule. LD 1473 -Blood Safe: Project made savings, an additional objective has been introduced - Secondary Plasma Fractionation. CEB approved a EUR 0.5 million grant for the finalization of the additional objective. Procurement, installation, and putting into service of equipment is on-going.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National Blood Transfusion Safety Program, 2012-2016

Plans to continue support in 2013–2015: Yes, until 2014

Project/programme details

Project/programme name: Capacity Assessment and Modernization of the Republican Clinical Hospital Project

Project/programme goal: The main goal of the Project is to improve efficiency of health care system and to develop hospital sector in Republic of Moldova through the National Health Development Strategy 2008-2017.

Project/programme manager: Andrei Usatii

Implementing agency: Ministry of Health

Financing: Soft Loan

Duration: Starting date: 02/02/2009 End date: 30/06/2015

Total project/programme budget: € 33 400 000

Total disbursed in 2012: € 2 764 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Design of new surgical block for RCH	Delivered and approved by the Client the design of new surgical block for RCH	100% done	-
2	Construction of new surgical block for RCH	Built and commissioned the new surgical block for RCH	25% done	-

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

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

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

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

Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	
Risk factors	
Non communicable 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: LD - Safe Blood

Project/programme goal: The general objective of the project is to improve the quality and efficiency of the health care delivery system by improving the supply, quality and safety of blood and blood products at all stages of the process, from collection to transfusion.

Project/programme manager: Ministry of Health

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

Financing: Soft Loan

Duration: Starting date: 05/01/2005 End date: 30/06/2014

Total project/programme budget: € 8 137 000

Total disbursed in 2012: € 1 040 000

Geographical coverage: National coverage: 100%

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

Investment	Financial allocation (%)
Construction and refurbishment	10.8
Medical equipment and technology	39.7
Information technology	2.2
Medical supplies (including immunizations, pharmaceuticals etc.)	42.3
Other: <i>Promotion of donors recruitment</i>	5

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

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

Agency General Information

Country director: Dirk Schuebel

Total budget disbursed in 2012: € 4 215 125

Key achievements

For the Sector Policy Support Programme Health (Health Sector Budget Support):

- the activities were implemented in 2011, but the payment of EUR 4,139,853 was made in 2012;
- an additional tranche of EUR 6.0 million has been approved (the implementation and the payment itself are planned for 2013).
- The Project “Health Sector Budget Support related Technical Assistance” – the information should be presented by the World Health Organization, which is the implementing agency.
- The Project “Capacity assessment and modernization of the Republican Clinical Hospital in Chisinau” - the information should be presented by the implementation unit.
- The Project “Better managing the mobility of health professionals in the Republic of Moldova” – the information should be presented by the World Health Organization, which is the implementing agency.
- The Project “Supporting policy dialogue on national health policies, strategies and plans in selected countries”– the information should be presented by the World Health Organization, which is the implementing agency.
- The Project “Strengthening capacity of NSA for HIV testing and counseling of most at risk adolescent & young people” - the information should be presented by UNICEF, which is the implementing agency.
- The Project “Support in the preparation of the Twinning Fiche “Strengthening the Transplant Agency of the Republic of Moldova and support in legal approximation in the area of quality and safety of substances of human origin””:

the Twinning Fiche was prepared and the competition for the Twinning project was launched

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

National Health Policy, 2007-2021

Health Systems Development Strategy, 2008-2017

National Program for transplant 2012-2016

Plans to continue support in 2013–2015: Yes, until 2014

Project/programme details

Project/programme name: Sector Policy Support Programme Health¹

Project/programme manager: Cornel.RISCANU@eeas.europa.eu

Implementing agency: The Government of Moldova represented by the Ministry of Health

Financing: Grant

Duration: Starting date: 25/02/2008 End date: 25/02/2014

Total project/programme budget: € 45 212 382

Total disbursed in 2012: € 4 139 853

Geographical coverage: National coverage: 100%

Project/programme name: Better managing the mobility of health professionals in the Republic of Moldova

Project/programme goal: All details should be provided by the implementing agency (i.e. World Health Organization)

Project/programme manager: Ala Nemerenco

Implementing agency: WHO

Duration: Starting date: 01/10/2011 End date: 30/09/2014

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

Project/programme goal: All details should be provided by the implementing agency² (i.e. Ministry of Health)

Project/programme manager: Dorin Lisii

Implementing agency: Ministry of Health

Duration: Starting date: 09/12/2008 End date: 10/09/2014

Project/programme name: Health Sector Budget Support related Technical Assistance

Project/programme goal: All details should be provided by the implementing agency (i.e. World Health Organization)

Project/programme manager: Jarno Habicht

Implementing agency: WHO

Duration: Starting date: 30/06/2010 End date: 01/07/2013

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

² No disbursement was received during the 2012 implementation period.

Project/programme name: Support in the preparation of the Twinning Fiche “Strengthening the Transplant Agency of the Republic of Moldova and support in legal approximation in the area of quality and safety of substances of human origin”

Project/programme goal: To support the beneficiary in drafting the Twinning Fiche necessary for launching the institutional twinning project for the Transplant Agency.

Project/programme manager: Kim Groenewegen

Implementing agency: consultant company

Financing: Grant

Duration: Starting date: 29/02/2012 End date: 09/03/2013

Total project/programme budget: € 75 290

Total disbursed in 2012: € 75 290

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	The Twinning Fiche	The Twinning Fiche is ready	The Twinning Fiche is ready	
2	The Report on the Transplant Agency	The Report on the Transplant Agency is ready	The Report on the Transplant Agency is ready	

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

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	-
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>Programming a Twinning project</i>	100

Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	10
Health financing	30
Leadership and governance	60

Project/programme name: Supporting policy dialogue on national health policies, strategies and plans in selected countries

Project/programme goal: All details should be provided by the implementing agency (i.e. World Health Organization)

Project/programme manager: Jarno Habicht

Implementing agency: WHO

Duration: Starting date: 01/10/2011 End date: 30/09/2014

Project/programme name: Strengthening capacity of NSA for HIV testing and counselling of most at risk adolescent & young people

Project/programme goal: All details should be provided by the implementing agency (i.e. UNICEF Moldova)

Project/programme manager: Angela Capcelea

Implementing agency: UNICEF Moldova

Duration: Starting date: 01/01/2012 End date: 31/12/2014

Agency General Information

Country director: Nilgun Aydogan

Total budget disbursed in 2012: € 591 000

Key achievements
Introduction of new rotavirus vaccine and continuation of Pentavalent vaccine

Objectives and targets of national policies, strategies or programmes your agency contributes to:
Other: comprehensive multi year plan for immunization

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

Project/programmename: Introduction of new rotavirus vaccine and continuation of Pentavalent vaccine

Project/programme manager: Nilgun Aydogan

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date:01/01/2009 End date: 31/12/2015

Total disbursed in 2012: \$ 591 000

Geographical coverage: National coverage: 100%

Project/programme progress:

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

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

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

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

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

GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria

Agency General Information

Country director: Tatiana Vinichenko

Total budget disbursed in 2012: \$ 10 716 120,5

Key achievements

HIV PCIMU grant:

127 HIV pregnant women got ARV prophylactic treatment during the year, a cumulative over program term number of 17544 injecting drug users, 2867 commercial sex workers and 1788 men doing sex with men were reached with HIV prevention programmes, a cumulative over programme term number of 7331 IDUs were reached with substitution therapy (83 of them during 2012); a cumulative number of 2705 HIV patients have started ARV treatment - 595 patients during 2012 (2075 patients being on treatment at the end of 2012); a cumulative number of 5103 HIV patients were diagnosed and get treatment for opportunistic infections (1538 during 2012).

Tb PCIMU grant:

- Realization of the universal access to diagnosis of DR-TB by:
 1. development and support of courier mechanism for transportation of the sputum for culture investigations, from rayons to reference laboratories,
 2. introducing of rapid techniques for diagnosis of DR-TB cases and DST (BACTEC and HAIN technologies) (2,997 new and retreatment TB patients accomplished DST for the first-line TB drugs, using the automated MGIT technique, also there were performed 4,662 tests for the rapid identification of R/H resistance, using the PCR technique; and 1,381 new and retreatment TB patients accomplished the diagnostic DST for 2nd line MDR-TB drugs);
- Increase the access to treatment of the MDR-TB cases (838 TB-MDR patient were enrolled in second-line anti-TB treatment during the 2012);
- Provision of high quality second line anti-tuberculosis drugs. PAS HIV Grant
- 1. Developed a unique system in the region of providing client-centered care and support that meet the multiple non-medical needs of PLHIV through the establishment of four Regional Support Centers in partnership with the Ministry of Labor, Social Protection and Family and Local Public Authorities in the institutional framework of social services provision that will allow for institutionalization and sustainability.
- Established a system of response to immediate care needs as well as outreach to identify and maintain people in care provided by a network of 10 community-based organizations in all rayons including penitentiary system from both banks of Dniester River. A total of 5,704 PLHIV were reached with care through the social regional centers and territorial NGOs.
- Established a system of peer-based support to PWID under OST treatment through the establishment of four daily centers and one mobile unit in penitentiary system. 534 PWID on opioid substitution therapy received at least 3 support services offered through the centers.
- Documented and litigated several cases of PLHIV and key affected populations that lead to legislative modifications applied to HIV Law in 2010 and registering 4 cases at European Court of Human Rights.

Empowered and build capacity of the network of community-based organizations in advocating for their needs and asking for sustainability from the Government.

PAS TB Grant

- Ten community centers for support of TB patients and their relatives were opened, equipped and are functional. The establishment of Community Centers is already proving its efficiency. During the second semester of 2012 (1 year from the opening of CCs), increased the number of patients in re-treatment after default, 92 persons who successfully finished the treatment were helped by the CCs staff to reintegrate into society, the collaboration with social services is strengthened, as well as involvement of volunteers in informational and educational activities. The rate of the default decreased significantly in these 10 rayons, comparatively with the rest of the republic. During June 2011 - December 2012, 69% of new TB patients in ambulatory phases were provided with DOT support by the community.
- The informational campaigns conducted by PAS Center have a good impact for the population. The KAP survey conducted at the end of 2012 showed that 63% of population has a correct knowledge about TB (mode of transmission, symptoms, treatment and curability). A total number of 1206 MDR-TB patients registered under DOTS plus program and a total number 6769 of TB patients registered under DOTS program received incentives and enablers to improve their treatment adherence. The intended target for the first period of the project was overachieved.

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

Health Systems Development Strategy, 2008-2017

National HIV/AIDS and STI Prevention Program, 2011-2015

National TB Prevention and Control Program, 2011-2015

Plans to continue support in 2013–2015: Yes, until 2015

Project/programme details

Project/programme name: Empowerment of people with TB and communities in Moldova

Project/programme goal: Mobilize resources to support community-level partnerships, strengthen TB partnership with Local Public Authorities, remove barriers to care for poor and other vulnerable communities, strengthen the health system and engage all available partners in order to insure a good TB control in Moldova.

Project/programme manager: Rita Seicas

Implementing agency: Center for Health Policies and Studies, Institute of Phtysiopneumology, Soros Foundation-Moldova, NGO AFI

Financing: Grant

Duration: Starting date: 01/10/2010 End date: 31/12/2015

Total project/programme budget: € 7 434 590.72

Total disbursed in 2012: € 899 801.00

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Number of TB service staff and Primary Health Care (PHC) staff trained in DR-TB management	679	1348	Ministry of Health in partnership with State Medical and Pharmaceutical University, requested PAS Center to increase the number of trained TB and PHC specialists, because of MDR-TB situation in the country is very severe. For this purpose, SMPU agreed to co-finance accommodation and transportation costs in order to train more TB and PHC workers, than initially planned by the project. At this stage, 1/4 from the total number of 6500 PHC specialist have been trained.
2	Number of MDR-TB patients registered under DOTS plus program who are receiving incentives and enablers for improved treatment compliance	1196	1206	
3	Number of volunteers, members of multidisciplinary teams, NGOs representatives and priests trained in TB community aspects	1570	2380	
4	Number of TB patients registered under DOTS program who are receiving incentives and enablers to improve their treatment adherence	5212	6769	The indicator was overachieved due to the fact that a high number of new TB patients were included in the treatment by National TB Program for outpatient phase.
5	Number of medical personnel trained in TB control, community involvement and methods of informational work with different groups of population	710	1476	Due to the fact that the trainings were organized in collaboration with MoH and NTP, some costs for venue and transportation reimbursement were saved. This fact allowed training of more health workers.

Type of funding	Financial allocation (%)
Technical assistance	46
Investment	48
Administrative costs	6

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	92
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>development of ACS products</i>	8

Investment	Financial allocation (%)
Construction and refurbishment	35
Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>patients' care</i>	65

Health systems functions	Financial allocation (%)
Health services delivery	7
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	83
Health financing	0
Leadership and governance	10

Health services development	Financial allocation (%)
Primary health care	58
Hospitals	18
Public health services	24
Emergency care	-

Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable 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, Institute for Human Rights in Moldova, NGO New Life

Financing: Grant

Duration: Starting date: 01/01/2010 End date: 31/12/2014

Total project/programme budget: € 12 057 410

Total disbursed in 2012: € 2 399 324

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	% of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	93%	82%	530 patients have been enrolled in ARV treatment during 2011 (343 on the right bank and 187 on the left bank), from them 434 achieved 12 months of treatment (293 on the right bank and 141 on the left bank).
2	Number of children infected and affected by HIV/AIDS who receive social support	452	509	The indicator is Over achieved (113%). Reason for variance: The number of children primarily reached with social support is determined by the number of children diagnosed with HIV and by the number of children born from HIV positive mothers during a specific reported period. Each quarter 230 children (all HIV infected children that can be reached and the majority of children born from HIV infected mother with unknown status) benefit of food parcels. At the same time each semester HIV positive children benefit of a set of stationary and clothing for school as part of social support program (95 HIV positive children received such support during year 2012).
3	Number of people living with HIV/AIDS reached with care and support services	5807	5704	The indicator substantially met (98%). PLHIV are reached with care and support services through four regional social regional centers working in this area and 10 territorial organizations. The beneficiaries are provided with the following services: psycho-social counseling and registration, medical consultations, distribution of informational materials and peer health counseling, referral to services provided by public institutions, self-support groups, etc.
4	Number of IDUs on opioid substitution therapy that receive at least 3 support services from NGOs working in DUs rehabilitation	631	534	The indicator is achieved in proportion of 85%. Reason for variance: The number of IDUS on OST covered with psycho-social support is directly dependent to the number of IDUs enrolled in OST treatment (new cases). IDUs on opioid substitution therapy (primarily reached) received at least 3 support services from the package (psychosocial support, self-support groups, peer to peer education, distributions of informational materials and food parcels) offered by NGOs working in DUs rehabilitation
5	Number of medical (doctors and nurses) and non-medical staff (psychologists, social assistants, peer consultants) trained in HIV/AIDS	1810	1889	The indicator is over achieved (105%). People trained refer to ART and MDT medical specialists, infectious diseases and PHC specialists, social assistants and MDT non-medical specialists

Type of funding	Financial allocation (%)
Technical assistance	40.6
Investment	49.84
Administrative costs	9.56
Technical assistance	Financial allocation (%)
Policy development	2.11
Capacity building	35.66
Guideline and protocol development	5.01
Legal and regulatory framework development	1.36
Other: <i>supporting PLHIV and building capacity of NGOs</i>	55.87
Investment	Financial allocation (%)
Construction and refurbishment	12.88
Medical equipment and technology	-
Information technology	2.9
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>care and living support to clients</i>	85.03
Health systems functions	Financial allocation (%)
Health services delivery	55.79
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	44.38
Health financing	-
Leadership and governance	0.84
Health services development	Financial allocation (%)
Primary health care	65
Hospitals	-
Public health services	35
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable 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: Scale up access to prevention and testing 2. Enhance and foster universal access of people living with and affected by HIV/AIDS to social and health services, along with combating discrimination and stigma.3. Improve coordination and partnership 4. Improve performance of the program through an improved infrastructure

Project/programme manager: Svetlana Plamadeala

Implementing agency: Public Institution “Coordination, Implementation and Monitoring Unit of the Health System Restructuring Project” (PI “CIMU HSRP”)

Financing: Grant

Duration: Starting date: 01/04/2010 End date: 31/12/2014

Total project/programme budget: \$ 9 834 543

Total disbursed in 2012: \$ 2 046 115

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Number of HIV-positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of mother-to-child transmission	180	127	
2	Number and percentage of injecting drug users (IDUs) reached with prevention programmes	21510	17544	Even the % of achievement is only 82%, the last year ensured an increase of new IDUs reached with prevention programmes, due to managerial and additional financial support provided by GF
3	Number and percentage of commercial sex workers (CSWs) reached with outreach programmes	3354	2867	Even the % of achievement is about 85%, the last year ensured an increase of new IDUs reached with prevention programmes, due to managerial and additional financial support provided by GF
4	Number and percentage of lesbian, gay, bi-sexual and transsexual reached with outreach programmes	1750	1788	Indicators 2,3,4 from this list are cumulative over programme term.
5	Number of people with advanced HIV infection that have started antiretroviral combination therapy	2705	2249	The indicator is cumulative over year term

Type of funding	Financial allocation (%)
Technical assistance	4.6
Investment	92.7
Administrative costs	2.7
Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	27.5
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>research</i>	72.5
Investment	Financial allocation (%)
Construction and refurbishment	1.4
Medical equipment and technology	-
Information technology	2.3
Medical supplies (including immunizations, pharmaceuticals etc.)	51.3
Other: <i>prevention in vulnerable groups, support to PLWH, support to NGO</i>	45
Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	50
Hospitals	50
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	
Non-communicable 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: Strengthening Tuberculosis Control in the Republic of Moldova

Project/programme goal: The goal of the Programme is to reduce the burden of TB in the Republic of Moldova. The main objectives of the Programme are:

- to strengthen DOTS realization to improve TB detection and case management;
- to ensure universal access to diagnosis and treatment of DR-TB;
- to strengthen the M&E system and management and coordination of the National Healthcare System for TB patients;
- to increase public awareness of TB and reduce stigmatization.

The planned activities to be implemented are:

- procurement of equipment, supplies, and first-line TB drugs to ensure timely detection and quality treatment of TB cases;
- training and re-training in DOTS of TB doctors and other staff of the national TB service, PHC providers and laboratory staff;
- supporting the improvement of TB diagnosis in affected communities and the prison sector, strengthening TB contacts tracing, and supporting treatment adherence of released prisoners.
- procurement of consumables and supplies for diagnostics of MDR-TB, including for rapid methods, under safe working conditions for laboratory staff;
- procurement of second-line TB drugs;
- rehabilitation of the MDR-TB ward at the Vorniceni TB Hospital, renovation of the MDR-TB Department of Bender TB Hospital, and installation of ventilation in TB department of the Prison hospital in Tiraspol; Participation of TB doctors and laboratory staff in international trainings in DR-TB management;
- assurance of technical assistance (by external consultants) in selected aspects of the DR-TB management;
- training of NTP staff abroad, local trainings in drug management cycles, and second-line TB drug management;
- strengthening the existing national system for monitoring and evaluation of TB and MDR-TB by extending and adjusting the existing TB reporting software, and training of involved personnel;
- conducting operational surveys on TB, including: operational research on priority problems of DR-TB; operational research on priority problems of treatment adherence; operational surveys on TB treatment default and failure rates in the civilian and prison sectors; and implementation of a TB health services audit survey; and
- developing and broadcasting radio and TV programs, public service announcements, and a short documentary on TB; training journalists; developing and distributing information and education materials for the general public, TB patients, and their families; conducting road shows; and training peer educators.

Project/programme manager: Burinschi Victor

Implementing agency: Public Institution «Coordination Implementation and Monitoring Unit of the Health System Restructuring Project»

Financing: Grant

Duration: Starting date: 01/10/2010 End date: 30/06/2015

Total project/programme budget: € 12 371 649,98

Total disbursed in 2012: € 3 370 110

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	TB mortality rate –Estimated number of deaths due to TB (all forms) per year per 100,000 population	10	14,4	Preliminary data for 2012: 588 deaths among TB patients occurred during the 2012 year (14,4 deaths due to TB (all forms) per 100,000 population). Note 1: There is a decrease of 10,5% registered in the number of deaths among TB patients in the 2012 year compared to the 2011 year (abs. 657). Note 2: The high TB mortality rate is due to advanced TB forms, HIV/TB co-infection, TB-DR prevalence, high rate of TB treatment abandon and failure.
2	New smear-positive TB Patients notified to the national health authorities per 100,000 population	36,10	34,10	Preliminary data for 2012: 1,349 new smear positive TB cases were diagnosed in 2012 (34,0 new smear-positive TB patients per 100.000 population). Note 1: An increase of 6,0% in the number of new smear positive TB cases diagnosed is registered in 2012 compared to the 2011 year (2011 - 31,25 patients, 2010 - 31,2 patients). This outcome indicator is depending on: (1) personnel flow in the regional medical cabinets, which can influence the smear collection and examination quality; (2) potential smear-positive results for post-mortem TB cases detected; (3) TB/HIV co-infection association (5,7% registered among new smear-positive TB cases) determining the increasing frequency of smear-negative results. Note 2: In 8 territories out of 14, where the Xpert MTB/Rif TB testing equipment has been introduced, under the TB Reach project, an increase of the diagnosis rate of new smear positive TB cases from 18 to 83,32 was registered during the reported semester. Also, in the Penitentiary System of the Rep. Of Moldova, the number of new smear positive TB cases diagnosed has increased by 2,45 times.

3	Treatment success rate of MDR-TB patients: number and percentage of laboratory confirmed MDR-TB patients successfully Treated [cured plus completed treatment] among those enrolled in second -line anti-TB treatment during a specified period	70	51,53	Preliminary data for 2009 MDR-TB cohort: A total of 302 laboratory confirmed MDR TB patients, from 586 who started the DOTS Plus treatment in 2009, were successfully treated (cured and treatment completed). Note 1: The targets refer to the patient cohort of the preceding 36 months. The low success rate (51,53%), is determined by the (1) diagnosis of the majority of cases with an advanced disease degree, with Low therapeutic success rate, (2) 12,95% failure rate or impossibility to finalize the treatment in the continuation phase (usually in ambulatory conditions), given the 22,9% abandon rate and 12,95% decrease rate for the reported period, (3) liberalization of the treatment adherence criteria that determined the increasing number of patients enrolled in the DOTS Plus scheme (including re-treatment cases). The situation described above is explained by (1) the low level of compliance of patients due to their psycho-behaviouristic specificity; (2) lack of socio-material support of patients, leading to treatment abandonment; and (3) insufficiency of medical staff in both, the PHC and the phthysiopulmonology systems, necessary to ensure the treatment success.
4	Number of people receiving DOTS treatment - (Absolute number of TB patients with instituted treatment (directly observed treatment, short course (DOTS) based)	5002	5220	During the 2012 year, 5,498 TB cases were registered (2, 941 in Sem.1.2012 and 2,557 in Sem.2.2012), among which 151 persons (60 in Sem.1.2012 and 91 in Sem.2.2012) have an unconfirmed diagnosis, 75 (28 in Sem.1.2012 and 47 in Sem.2.2012) -diagnosed with TB postmortem, 52 (36 in Sem.1.2012 and 16 in Sem.2.2012) did not initiate TB treatment, and 5,220 (2,817 in Sem.1.2012 and 2,403 in Sem.2.2012) were included in the DOTS treatment.

Type of funding	Financial allocation (%)
Technical assistance	10.4
Investment	78.3
Administrative costs	11.3
Technical assistance	Financial allocation (%)
Policy development	62.1
Capacity building	33
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>support to NGO</i>	4.9
Investment	Financial allocation (%)
Construction and refurbishment	2.4
Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	96.7
Other: <i>cars, fuel and cars maintenance</i>	0.9
Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
Health financing	-
Leadership and governance	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable 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: Holger Neuweger

Total budget disbursed in 2012: € 1 170 000

Key achievements
<p>The German Development Cooperation through GIZ implements development projects on behalf of the German Ministry of Economic Cooperation and Development, as well as for other international organizations and institutions. GIZ supports complex reform and change management processes in developing and transition countries. All GIZ activities are geared towards the sustainable improvement of living conditions and perspectives for people.</p>
<p>The development cooperation between the Moldovan and German Government started in 1994. Since then a number of important development projects have been implemented to facilitate the transition from a planned economy to a market one. In 2012, GIZ implemented several projects in Moldova:</p> <ul style="list-style-type: none"> • Modernization of local public services in the Republic of Moldova • Capacity Development for Regional and Cross-Border Cooperation Project • Support to the Agency of Public Property Project • Macroeconomic Reform Advising Project • Support to the GM in the field of anti-corruption reform of Ministry of Internal Affairs including police and personal data protection (MIAPAC Project) • Professional Qualification Improving Partnership between the Koblenz Chamber of Craftsmen and the Chamber of Commerce and Industry • Modular Implant Training • CEFTA II Trade Portal - regional project • Network of Southern-Eastern Market Surveillance Institutions - regional project.
<p>Besides managing the portfolio of projects, anesthesia equipment for Moldovan hospitals was procured through GIZ in 2012. At the same time, 5 CIM experts were integrated in Moldovan institutions: Chamber of Commerce and Industry, Organization for SME Development ODIMM, National Confederation of Employers, German-Moldovan Economy Association and one senior advisor to coordinate the CIM experts' activities.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Hospital Healthcare Development Program, 2010-2012

Plans to continue support in 2013–2015: Uncertain

Project/programme details

Project/programmename: Anesthesia Working Places in Moldova

Project/programmegoal: Modernization of anesthesia working stations in the Republic of Moldova

Project/programme manager: Andrei Zapanovici

Implementing agency: GIZ

Financing: Grant

Duration: Starting date:01/11/2012 End date: 31/12/2013

Total project/programme budget: € 1 300 000

Total disbursed in 2012: € 1 170 000

Geographical coverage: Targeted regional coverage; Pilot sites

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Procuring anesthesiaworking stations	35	35	-
2	Providing trainings how to use anesthesia equipment	n/a	-	-
Type of funding				Financial allocation (%)
Technical assistance				10
Investment				80
Administrative costs				10
Technical assistance				Financial allocation (%)
Policy development				-
Capacity building				100
Guideline and protocol development				-
Legal and regulatory framework development				-
Other				-
Investment				Financial allocation (%)
Construction and refurbishment				-
Medical equipment and technology				100
Information technology				-
Medical supplies (including immunizations, pharmaceuticals etc.)				-
Other				-
Health services development				Financial allocation (%)
Primary health care				-
Hospitals				100
Public health services				-
Emergency care				-

Agency General Information

Total budget disbursed in 2012: € 6 819 050

Key achievements

Provided a soft loan facility through the Austrian-Moldovan Financial Cooperation Scheme to improve medical services provided at the Republican Clinical Hospital of the Republic of Moldova, by means of modernization of medical equipment in surgical, diagnostic, emergency and intensive therapy departments. The new medical equipment created premises to improve the productivity and efficiency of the health professionals at the hospital, by introducing new methods/techniques of diagnostics and surgical treatment. Since the Republican Clinical Hospital is the reference institution for various treatment the result of the modernization of this hospital served the health care needs of the population referred to treatment and diagnostics from the entire country.

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

National Health Policy, 2007-2021

Health Systems Development Strategy, 2008-2017

Plans to continue support in 2013–2015: Yes, until 2014

Project/programme details

Project/programme name: Improvement of medical services at the Republican Clinical Hospital of the Republic of Moldova

Project/programme goal: To improve the quality of medical services (surgical treatment and diagnostics) provided in a tertiary level hospital by the means of installation of modern medical equipment in surgical, diagnostic, emergency and intensive care departments. Train medical professionals in operating on the modern medical equipment and using new technologies of surgical treatment, diagnostics and patient monitoring. More than 50 types of medical equipment to be installed such as: endoscopy, colonoscopy, bronchoscopy equipment, surgical tables, surgical lamps, anesthesiology equipment, surgical instruments, angiograph, mobile x-ray equipment, C-arm, ultrasound equipment, defibrillator, mobile lung ventilator.

Project/programme manager: Andrei Usatii

Implementing agency: Ministry of Health

Financing: Soft Loan

Duration: Starting date:31/07/2012 End date: 30/07/2014

Total project/programme budget: € 7500000

Total disbursed in 2012: € 6819050,80

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Install the medical equipment by qualified engineers	All the equipment installed appropriately	80% of equipment installed appropriately	The remaining equipment will be installed upon the delivery from the exporter.
2	Train medical specialists in operation of the new medical equipment	14 health professionals trained	14 health professionals have been trained	The training takes place during a period of 30 days at the University of Graz in Austria.
3	Equipment delivered and installed during a period of 1 year	100% of equipment installed during 12 months period	91% of equipment delivered during 5 months, 80% of equipment installed	Equipment delivered and installed during a period of 1 year

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

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

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

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

Government of the People's Republic of China

Agency General Information

Total budget disbursed in 2012: CNY 900 000

Key achievements

The Chinese government helped the Moldovan government built the Chinese traditional Medical Center in Chisinau under the gratuitous assistance. The center was opened in May 2011. The patient population is more than 18000 in 2012. Most of the patients got better effect of treatment have distinctive curative effects. The health and finance officials, diplomats from the embassy in Chisinau also came to see the Chinese doctors, and the responded very favorably. The Minister of health of Moldova awarded the Chinese doctors with certificates, and expressed his thanks for their contribution to the Moldova people, hoped the Chinese traditional Medicines center can develop for better progress. Treatment waist ache, neck ache, etc. caused by spine problems with The Chinese traditional Medicines is attended with good results. After a course of acupuncture therapy, the patient can lose weight of 5kg or alleviate the waist ache, stomachache apparently.

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

National Health Policy, 2007-2021

Plans to continue support in 2013–2015: Uncertain

Project/programme details

Project/programme name: Chinese Traditional Medicine Center

Project/programme goal: To elevate the living standards and improve health – care system, bring the Moldovan people a way of getting health and treatment, popularize the Chinese traditional Medicine to people of Moldova, southeast Europe, or even the whole Europe.

Project/programme manager: Han Jian

Implementing agency: China IPPR International Engineering Corporation

Financing: Grant

Duration: Starting date:16/05/2011 End date: 15/05/2013

Total project/programme budget: CNY 5 000 000

Total disbursed in 2012: CNY 900 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	18000	Treat people		

Type of funding	Financial allocation (%)
Technical assistance	60
Investment	-
Administrative costs	40
Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	-
Guideline and protocol development	-
Legal and regulatory framework development	-
Other	100
Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	100
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	66,66
Injuries and violence prevention	-
Mother & child health and reproductive health	33,34
Adolescent health	-
Other (specify)	-

Agency General Information

Total budget disbursed in 2012: € 100 119

Key achievements

The activities in 2012 were in line with The Strategy of Estonian Development Cooperation and Humanitarian Aid 2011-2015 document which formulates the main objectives, activities and key partners up to the year 2015. In 2012, in total 3 new projects were funded by MFA in the field of supporting the Moldovan health sector along with 1 project that continued from the year 2011.

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

National Health Policy, 2007-2021

Health Systems Development Strategy, 2008-2017

National Strategy for Reproductive Health, 2005-2015

Plans to continue support in 2013–2015: Uncertain

Project/programme details

Project/programme name: *E-services in support of effective health care services for Moldovan citizens*

Project/programme goal: The project aims at strengthening Moldovan health care system by building capacity to develop e-health solutions. Central objective of the Moldovan health care system strategy (2008-2017) is to improve the availability of health care services and ensure sustainable health care delivery that meets the expectations of the population. The project will support the Moldovan health policy development and strengthen the capacity for creating practical e-health solutions in line with the strategic development of information society. The project includes a study trip of the Moldovan specialists to Estonia, facilitating knowledge transfer through policy dialogue event, action seminars for particular e-health solutions in Moldova as well as expert advice during the project. The project's impact will be increased by cooperation with WHO which coordinates the activities of several international counterparts who work on health care reforms in Moldova.

Project/programme manager: Priit Kruus

Implementing agency: PRAXIS Centre for Policy Studies

Financing: Grant

Duration: Starting date: 01/09/2012 End date: 31/08/2013

Total project/programme budget: € 56 559

Total disbursed in 2012: € 28 279

Geographical coverage: National coverage: 100%

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

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

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

Project/programme name: Launching phone-based primary health care counselling in Moldova

Project/programme goal: The overall objective of the Project is to improve the living standard of inhabitants of Moldova through better and faster access to the health care services. The direct objective of the Project is to develop and pilot the telephone based medical counselling for the inhabitants of Chişinău in Moldova. The service is based on the experience of a similar service in Estonia – the Family Doctor Advice Line 1220 – that was launched in Estonia in 2005. In the framework of the Project, the existing medical algorithms will be translated and adjusted, new Moldova-specific algorithms will be developed, a Call Centre with technical functionalities will be established, new counsellors will be prepared, medical institutions and the inhabitants of Chişinău will be informed about the new service. Since the end of the project, after successful piloting of the service, it is planned to open the service to the whole population.

Project/programme manager: Külli Friedemann

Implementing agency: Estonian Advice Centres

Financing: Grant

Duration: Starting date: 01/10/2012 End date: 30/06/2013

Total project/programme budget: € 43 896

Total disbursed in 2012: € 21 948

Geographical coverage: National coverage: 100%

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

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	-
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>development of a new service</i>	100

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

Project/programme name: Moldova's youth friendly health services networks capacity building in the area of youth sexual and reproductive health services and sexuality education.

Project/programme goal: The aim of the project is to increase competence and capacity in the field of sexual health services and sexuality education of Moldova's key-organizations working in area of youth sexual health and network of Moldova's youth-friendly health services, by introducing credited Estonian examples to improve youth access to quality sexual health services in Moldova and promote sexual health indicators of youth in Moldova. Through the expert meetings, roundtable targeted to key-organizations, and training for youth counselors, the Estonian examples and experiences will be introduced. Using bilateral discussions the package of further actions and needs in area will be compiled, participants will be motivated to local further systematic cooperation.

Project/programme manager: Triin Raudsepp

Implementing agency: Estonian Sexual Health Association

Financing: Grant

Duration: Starting date: 01/10/2012 End date: 31/07/2013

Total project/programme budget: € 26 371

Total disbursed in 2012: € 13 185

Geographical coverage: National coverage: 100%

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

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	100
Guideline and protocol development	-
Legal and regulatory framework development	-
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	-
Public health services	100
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	100
Other (specify)	-

Project/programme name: Supporting the functioning of Moldovan health insurance system

Project/programme goal: The objective of the project is to support the development of Moldovan health insurance system through sharing the Estonian experience. The project entails four study sessions (two in Moldova and two in Estonia) for the target group, the sessions also including the inception meeting as well as the project round-up visit. During the study sessions, trainings in different areas are held and Estonian practices and experiences are introduced. The target group is taught how to develop the organisation's strategy, how to compile a development plan and how to create a performance management system. Another wide area of the study session comprises the topics related to financing of health care services: price formation, budgeting, contracting with health care providers and system of case-based financing. The third topic gives an overview of the principles of the legislation governing health insurance in the European Union and the preparations necessary in the field of health insurance before joining the European Union. The fourth topic covers the IT solutions supporting all the previously introduced areas. During Moldovan health insurance fund's study sessions in Estonia, the work of the Estonian Health Insurance Fund's local departments is introduced.

Project/programme manager: Miret Tuur

Implementing agency: Estonian Health Insurance Fund

Financing: Grant

Duration: Starting date: 01/08/2011 End date: 30/09/2012

Total project/programme budget: € 73412

Total disbursed in 2012: € 36706

Geographical coverage: National coverage: 100%

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

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

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

Government of Japan

Agency General Information

Total budget disbursed in 2012: \$ 725 965

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017

Plans to continue support in 2013–2015: Yes

Project/programme details

Project/programme name: The Project for Improvement of Medical Equipment in Drochia District Hospital

Project/programme goal: Strengthening hospital sector capacities

Project/programme manager: Tudor Cojocari

Implementing agency: Drochia District Hospital

Financing: Grant

Duration: Starting date: 20/08/2012 End date: 01/04/2013

Total project/programme budget: \$ 122 700

Total disbursed in 2012: \$ 122 700

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Endowment with new equipment	New Fibrogastroscope, sigmoidoscope, Fiber Colonoscope, Ultrasonic Scanner and two Surgery Tables	Equipment provided	

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

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	100
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	50
Hospitals	50
Public health services	-
Emergency care	-

Project/programme name: The Project for Introduction of Clean Energy by Solar Electricity Generation System

Implementing agency: Crown Agents

Financing: Grant

Duration: End date: 01/08/2013

Total project/programme budget: JPY 417000000

Total disbursed in 2012: JPY 46310000

Geographical coverage: National coverage: 100%

Type of funding	Financial allocation (%)
Technical assistance	36.09
Investment	63.91
Administrative costs	-

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	-
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>design works</i>	100

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>solar panels</i>	100

Government of Romania

Agency General Information

Country director: Artur Raducanu

Total budget disbursed in 2012: € 150 000

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National Blood Transfusion Safety Program, 2012-2016

Plans to continue support in 2013–2015: Uncertain

Project/programme details

Project/programme name: Rehabilitation of the Regional Blood Transfusion Centre in Cahul

Project/programme manager: Silvia Volosatii

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 2012 End date: 2013

Total disbursed in 2012: € 150 000

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

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

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

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

Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	30
Public health services	-
Emergency care	70

Agency General Information

Country director: Manase Peter Salema

Total budget disbursed in 2012: € 520000

Key achievements
Strengthening Nuclear Medicine Practice to Improve Chronic Disease Diagnosis by Implementing SPECT/CT in Clinical Practice and Preparing a Feasibility Study for Establishing a PET Centre (MOL/6/008)
<p>Objectives: To support the implementation of SPECT/CT system at Republican Clinical Hospital and prepare a feasibility study to establish a cyclotron/PET centre to improve chronic diseases diagnosis (cancer, cardiac and neurological). PROJECT DESCRIPTION Problem Statement: In the Republic of Moldova the incidence of tumours is about 74,000 to 76,000 people per year (overall prevalence), of cardiovascular diseases 345,000-387,000 people, of pulmonary pathology 245,00-350,000, of gastrointestinal pathology 231,000-340,000 per year. In the primary structure of invalidity group during the last 10 years the cardiovascular diseases are on the first place and reach the figure of 1,600-2,900 annually, followed by malignant tumours (1,500-2,700 cases annually), and diseases of the nervous system 800-1300 cases. By causes of death cardiovascular diseases are ranked first (over 24,000 annually), followed by tumours over 5400 cases annually, and diseases of the digestive and pulmonary systems. In the last 10 years the hybrid systems such as SPECT/CT and PET/CT have proved to be of great value for the management of chronic diseases. Currently in the Republic of Moldova for a population of 4 million people there is no SPECT/CT and PET/CT technology and other modern complementary technologies of radionuclide production with a short period of life and radio-pharmaceutical preparations.</p>
<p>Nuclear Medicine Department of Republican Clinical Hospital (RCH) is the basic unity of Republican Nuclear Medicine service and is one of the most efficient diagnostic imaging divisions of RCH, which activity during other 40 years reflects stages of progress in Nuclear Medicine, being in front of imaging methods in approach to endocrine, renal, liver, cerebral, pulmonary, oncological, bony pathologies, etc. At present Nuclear Medicine Department RCH collaborates with 12 clinics placed in the premises of RCH involved in University of Medicine activities, inclusively with departments like paediatric and adult Cardio surgery, Nephrology, Urology and Kidney Transplantation, Endocrinology, Hepato-bilio-pancreatic surgery. At the same time there are activities on the basis of collaboration with the Institute of Neurology and Neurosurgery, Institute of Cardiology, Institute of Pulmonology. During the last decade were implemented methods of Myocardial Perfusion SPECT, pre-operative and post-operative (Myoview), Cerebral Perfusion Scintigraphy Ceretec/SPECT in cerebral disorders, epilepsy, dementia, Traumatic Head injuries.</p>
<p>After writing off the two scintillation cameras, currently department is equipped with only one-head scintillation camera "DIAC" Siemens, the situation that does not allow practising SPECT methods extensively. Equipping with hybrid SPECT/CT technology, there would be considerable advantages of diagnostic, clinical and research utility of Nuclear Medicine Department, combining clinical practice with scientific research in various fields of medicine. The implementation of the mentioned method in the health sector would facilitate and improve diagnosis, the modern treatment of different diseases and early detection of functional processes at a high and efficient level. Linkages with the CPF/national development plans: Nuclear Medicine applications are priority number one in the national CPF.</p>
<p>Past and present country efforts to address the need: The country has established a cancer registry and there are plans to establish a national cancer control plan. Funds will be allocated for the construction of the premises to host the SPECT/CT system and in future the cyclotron-PET centre. Past and present support by the IAEA in the same FOA: The Republic of Moldova has received assistance for the re-establishment of Nuclear Medicine activities thorough national and regional TC projects (MOL6009; MOL6004; RER6014; RER6017).</p>

Role of nuclear technology: Hybrid systems such as SPECT/CT and PET/CT combine functional and anatomical information in a single scan to provide enhanced localization and molecular insight into structure anomalies. There is increased clinical efficiency with single procedure multimodality acquisition, processing, and review capabilities. The combined (hybrid) technology PET/CT is among the modern medical technologies and is based on the use of chemical compounds - metabolic and energy "markers" extremely important for cellular physiology, marked with ultra-short half-life radio-nuclides ¹¹C, ¹³N, ¹⁵O, ¹⁸F, with positron emission (radio-nuclides produced by cyclotron), which in turn are part of the biological processes of the human body. PET visualization allows physiological and biochemical processes mapping, in overlapping with anatomical CT images. Neo-plastic and inflammatory processes show much higher rates of glycolysis and thereby accumulate higher concentration of ¹⁸F-FDG; PET can detect and quantify the modified response of the tissue substrate in the early stages at the cellular level, providing early detection of pathological process before the stage of morphological changes of tissue.

End users: Main beneficiaries will be patients affected by cancer, cardiac, pulmonary, neurological, digestive and bony diseases who will receive better treatment and referring clinicians dealing with those patients as they will have more powerful diagnostic means.

Partnership: The main partner is the International Atomic Energy Agency. Other partners and external bodies will be identified after examination by the Ministry of Health, Department of State supervision of public health, and interested medical institutions. Strategy and sustainability: The Government of Moldova will provide the necessary premises with local funds. A feasibility study has been completed and necessary commitment from Ministry of Health has been obtained. Through the assistance of the Agency, necessary building plans will be prepared and technical specifications and training will be provided. The Regulatory Agency will be involved to obtain necessary authorizations.

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

Project/programme name: Strengthening Nuclear Medicine Practice to Improve Chronic Disease Diagnosis by Implementing SPECT/CT in Clinical Practice and Preparing a Feasibility Study for Establishing a PET Centre (MOL/6/008)

Project/programme goal: Objectives: To support the implementation of SPECT/CT system at Republican Clinical Hospital and prepare a feasibility study to establish a cyclotron/PET centre to improve chronic diseases diagnosis (cancer, cardiac and neurological).

Project/programme manager: Andrei Chupov

Implementing agency: International Atomic Energy Agency

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2013

Total project/programme budget: € 845000

Total disbursed in 2012: € 520 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	SPECT gamma camera provision	-	-	-
2	Local staff training	-	-	-

Type of funding	Financial allocation (%)
Technical assistance	100
Investment	-
Administrative costs	-
Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	95
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>Training of the Local staff</i>	5
Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	100
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	100
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable 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 2012: CHF 2 779 384

Key achievements
<p>Survival rate of extremely low birth weight premature babies (under 1000 grams) increased from 20% in 2011 to 24% in 2012 due to improved access, appropriate use & maintenance of medical equipment, better “in utero” referral, and quality medical care provided. The last equipment procurement under Perinatology project was based on a comprehensive inventory carried out using OpenMedis software. This web-based tool became a standard for MoH, and its expansion across the health system started in October 2012 with SDC support. The need to refer critical neonatal cases to level III facilities decreased to 71% in 2012 (compared to 80% in 2010) due to better management of cases at level II, including supervision via telemedicine.</p>
<p>The overall regionalization of the pediatric emergency and intensive care services is at 40% level of achievement. The regionalization process in the Centre and North is under implementation and the compliance with the Regulation adopted by MoH in 2010 is monitored on quarterly basis. In 2012, the patients’ inflow in the pediatric emergency department (ED) of Balti regional hospital increased by 18% compared to 2011, and the transfer from districts hospitals tripled (from 189 cases in 2011 to 572 in 2012. 3 (out of 4 planned) regional EDs and 4 (out of 5) ICUs equipped by SDC are functional in the Northern and in the Central regions. 2 (out of 4) regional pediatric hospitals are better reimbursed for their services (+4% of the budget for the ED) based on evidence provided by the REPEMOL project in the negotiations with MoH and NHIC.</p>
<p><i>In January 2012 the MoH issued the order on the nation-wide scaling-up of Youth Friendly Health Services (YFHS). The process was launched in 29 out of 35 districts.</i> The Implementation Plan for the Mental Health (MH) Strategy has been developed by the MH WG (created within MoH, discussed with stakeholders and is pending MoH approval). The new initiative regarding the creation of a Skill lab (or Simulation Training Centre) within the Medical University started and the equipment needs assessment has been conducted. As a first step in the process of planning the next Cooperation Strategy for 2014-2017, a comprehensive health assessment was conducted and provided SDC/SCO with a set of options for the development of the health portfolio.</p>
<p>Progress has been made in further mainstreaming gender in health projects as a result of the training provided in 2011 and project baseline assessments conducted in 2012. The health projects looked at gender issues and identified solutions (e.g.: community-based “Family Clubs” and interdisciplinary teams are the mechanisms used to encourage vulnerable women to get timely perinatal care; sports coaches are involved in promoting the healthy lifestyle and health service seeking behavior among boys).</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National Strategy for Reproductive Health, 2005-2015
Primary Health Care Development Strategy, 2010-2013
National Program for Mental Health, 2012-2016
National Program for Emergency Care Development, 2011-2015
Hospital Healthcare Development Program, 2010-2012

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

Project/programme name: Contribution to the renovation of the Balti Municipal tuberculosis hospital

Project/programme goal: To significantly improve the health of around 650 TB patients of the municipal TB hospital in Balti, Moldova

Project/programme manager: Otilia Sirbu

Implementing agency: Caritas Chisinau

Financing: Grant

Duration: Starting date: 01/06/2012 End date: 31/05/2013

Total project/programme budget: CHF 200 000

Total disbursed in 2012: CHF 180 000

Geographical coverage: Targeted regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	650 TB patients per year are treated more effectively		In progress	
2	The Balti TB ward displays infrastructure according to international WHO standards		In progress	

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

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

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

Health services development	Financial allocation (%)
Primary health care	-
Hospitals	100
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	-
Other	-

Project/programme name: Development of Community Mental Health Services System in Moldova

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, psycho-hygienic and psycho-correctional 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 medico-social 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: 01/03/2009 End date: 31/05/2012

Total project/programme budget: CHF 730 000

Total disbursed in 2012: CHF 8 144

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Existence of the official approved 2012-2016 National Program on Mental Health	The 2012-2016 National Mental Health Program finalized and submitted for official approval	The 2012-2016 National Mental Health Program approved by the Government	
2	Existence of the Action Plan on Mental Health Program implementation	The Action (Implementation) Plan developed as appendix to the National Mental Health Program and presented for approval	The Implementation Plan developed and submitted to the Ministry of Health for approval	

Type of funding	Financial allocation (%)
Technical assistance	70
Investment	-
Administrative costs	30

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

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

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

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

Project/programme name: Modernizing the Moldovan perinatology System Project, the 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) within Swiss Tropical and Public Health Institute

Financing: Grant

Duration: Starting date: 01/06/2011 End date: 31/05/2014

Total project/programme budget: CHF 4 420 000

Total disbursed in 2012: CHF 1 300 000

Geographical coverage: National coverage 70% ; Pilot sites 30%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	% of newborns with asphyxia (APGAR 6 at 5 minutes)	0.7%	0.74%	
2	% of newborns arriving at level three in critical condition (cardio-respiratory distress)	5/1000	4.78/1000	
3	Reduction in NNM among babies 1500-2000 gr.	0.5/1000	0.4/1000	
4	Proportion of premature newborns in follow up (versus all newborns in FU) having completed all visits for 2 years	35%	38.2%	

Type of funding	Financial allocation (%)
Technical assistance	70
Investment	5
Administrative costs	25
Technical assistance	Financial allocation (%)
Policy development	15
Capacity building	50
Guideline and protocol development	25
Legal and regulatory framework development	10
Other	-
Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	90
Information technology	10
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	30
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40
Health financing	-
Leadership and governance	30
Health services development	Financial allocation (%)
Primary health care	10
Hospitals	90
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	100
Adolescent health	-
Other	-

Project/programme name: Regionalization of Pediatric Emergency and Intensive Care

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 pediatric emergency and intensive care services system. The expected project phase outcomes include: improved national policy on the organization, financing and delivery of pediatric emergency and intensive care services;

- available and accessible quality pediatric 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: 01/11/2010 End date: 31/10/2013

Total project/programme budget: CHF 4 470 000

Total disbursed in 2012: CHF 655 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Children under 5 mortality rate (MDG 4)	2015: 15.3 (MDG 4 target)	12.1‰	Official data of the MoH
2	No. of patients treated by pediatric emergency departments and intensive care units in the 3 regional centres	10% increase	22%	cumulative data
3	Children under 5 trauma mortality rate	Decrease	1.5‰	
4	Existence of a functional regionalized pediatric emergency system	1	0.65	Composite indicator
5	No. of people (parents & care-givers) declaring that they have taken preventive measures against domestic accidents	Increase by 10%	64,1%	based on KAP survey

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

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

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	90
Information technology	5
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other	5
Health systems functions	Financial allocation (%)
Health services delivery	15
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	75
Health financing	5
Leadership and governance	5
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	5
Public health services	20
Emergency care	75
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	100
Adolescent health	-
Other (specify)	-

Project/programme name: 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 counseling;
- inform/train young couples and adolescent mothers in four pilot districts on topics related to preconception 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 behavior;
- 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: 01/06/2011 End date: 31/06/2014

Total project/programme budget: CHF 1 780 000

Total disbursed in 2012: CHF 636 240

Geographical coverage: Target regional coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	No. of districts in which YFHS scaling-up process was launched	16	27	
2	Proportion of trained health professionals in 16 districts	50% of YFHS staff	50% of YFHS staff	
3	Elaborated standard antenatal education programme	Elaborated programme	Elaborated programme	
4	Availability of approved strategy	Elaborated communication strategy	Elaborated communication strategy	

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

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

Investment	Financial allocation (%)
Construction and refurbishment	-

Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>Office supplies</i>	100
Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	80
Hospitals	-
Public health services	20
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	100
Other (specify)	-

Project/programme name: Support the Government of Moldova to carry out the national Multiple Indicator

Project/programme goal: To improve availability of reliable data and to strengthen Government capacity in data collection and analysis with regards to the situation of children and women focusing on equity and gender.

Project/programme manager: Elena Laur

Implementing agency: UNICEF Moldova

Financing: Grant

Duration: Starting date: 19/03/2012 End date: 31/03/2013

Total project/programme budget: CHF 180 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Relevant data on Moldova children and women health, nutrition, education and protection are collected	n/a	In progress	
2	The indicators from Moldova are compared with indicators from other countries	n/a	In progress	
3	The progress towards achieving the National MDG is assessed.		n/a	

Type of funding	Financial allocation (%)
Technical assistance	-
Investment	93
Administrative costs	7

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>Financial support in survey organizing and implementation</i>	100

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

Agency General Information

Country director: Atilla Cem KARAMOLLAOĞLU

Total budget disbursed in 2012: € 320 000

Key achievements
<p>In year 2012 the following Projects were implemented by TICA in Moldova:</p> <ul style="list-style-type: none"> • Reconstruction of Balti Temporary Placement and Rehabilitation Center for Disabled Children • Renovation of Saxan Football Club's stadium in Chadir-Lunga Town, Gagauzia • Replacement of all radiators and renovation of heating system in the Djoltay Village School • Reconstruction, furnishing and equipping of nursing home in Comrat, Gagauzia • Production of Promotional Materials for III-rd International Congress of Gagauzians • Renovation of doors and windows in Orizont Primary School, Chisinau • Procurement of national dance costumes for National College of Choreography in Chisinau • Purchasing Clothes for Orphans of some Institutions in Moldova

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

Plans to continue support in 2013–2015: Yes

Project/programme details

Project/programme name: Reconstruction, furnishing and equipping of nursing home in Comrat

Implementing agency: TIKa

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2012

Total project/programme budget: € 200 000

Total disbursed in 2012: € 200 000

Geographical coverage: Targeted regional coverage: 100%

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

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

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

Project/programme name: Reconstruction of Balti Temporary Placement and Rehabilitation Center for Disabled Children

Implementing agency: TIKA

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2012

Total project/programme budget: € 120 000

Total disbursed in 2012: € 120 000

Geographical coverage: Targeted regional coverage: 100%

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

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	-
Information technology	-
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>beds</i>	100

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

Agency General Information

Country director: Gabriela Ionascu

Total budget disbursed in 2012: \$ 240 000

Key achievements
<p>Top Task 1: Efforts to expand coverage and diversify interventions to halt spread of HIV infection intensified Capacity of the Ministry of Education and Ministry of Youth and Sports strengthened to institutionalize HIV prevention in regular school curricula and in on-going activities targeting youth. School curriculum on LSBE developed as part of the mandatory Civic Education course and approved by the Ministry of Education. Mobilized 4 national roundtables and concluded an agreement with the Ministry of Education for the implementation of a life-skills based education curricular for 5-12 grades that resulted in the development and approval of the curricular for Integration of HIV education in an internet-based course on LSBE (also available on a platform compatible with cell phone). 70 teachers of LSBE from all over the country trained. 6 support modules have been designed for each grade that contains texts, audio-visual materials, case studies and tests. More than 1000 unique users accessed the course in 2012. The course may be found at www.viatasisanatatea.md.</p>
<p>Top Task 2: Strategic Information available and used to guide and strengthen the National AIDS Response Upon capacity building of the national coordinator from the National M&E Unit on the new reporting tools (GARPR) (UNAIDS/EU, Lisbon, 2012), technical assistance and facilitation of broad consultations and in-country validation (involving 3 Ministries, 4 national line public institutions, 7 NGOs, including PLHIV), the GARPR Moldova Report, 2012, including NCPI and European Supplement, was timely submitted through the reporting platform. All Goals. A joint MoU to facilitate IBBS planning and implementation has been signed. Civil society organizations have been fully consulted in development of protocol and questionnaires. Data collection in IDUS and their sexual partners and in detainees has been carried out. Plans for data collection in SW and MSM are underway. All Goals. SI availability strengthened via support to the KAP in young people, MICS. Reports of the DT/MoT process, 2011 survey in Transnistria produced.</p>
<p>Top Task 3: Coordination, monitoring and accountability - maximizing the response for IDUs</p> <p>Evaluation of coverage with harm reduction for IDUs and other key populations is underway. Consultancy for data analysis has been secured to identify barriers in coverage. Advocacy with the Ministry of Economy and the Agency for Intellectual Property has been undertaken to counteract the introduction of data exclusivity TRIPS+ mechanisms in the context of the negotiations of the Deep Comprehensive and Free Trade Agreement with the EU. Cost-effectiveness study on needle-and-syringe exchange programmes (NSP) for IDUs generated unique economic data and created arguments for sustainability of Harm Reduction and OST in Moldova. The data fed the dialogue with public institutions for ensuring enhanced ownership and takeover of costs, and NGOs fundraising (EU-funded Strengthening NGOs response to the growing needs of women drug users). Facilitated 5 Technical Working Groups of partners that resulted in the renewed GFTAM funding in Phase 2 with increased focus and scale up to 60% coverage of IDUs. Goal A3. The review of the VCT system resulted in approval of new testing protocol to ensure better access of vulnerable populations to testing. MAR Report produced identifying bottlenecks and priority actions for the achievement of MDG 6. Due to consistent advocacy and lobbying, the 2007 Law on prevention of HIV has been amended and all travel and stay restrictions were removed as of June 1, 2012. In order to implement the recommendations of the Global Commission on HIV and Law, a high level national stakeholders meeting occurred and an Action Plan has been developed.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National HIV/AIDS and STI Prevention Program, 2011-2015

Plans to continue support in 2013–2015: Yes, until 2013

Project/programme details

Project/programme name: Increase national ownership of HIV and AIDS responses

Project/programme goal: Programme Management and monitoring tools for IDUs and harm reduction developed

Project/programme manager: Gabriela Ionascu

Implementing agency: National League of People Living with HIV

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 25/12/2012

Total project/programme budget: \$ 50 000

Total disbursed in 2012: \$ 50 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Technical meetings	2	4	
2	Tool developed	1	1	No clarity of who will take over the tool since the AIDS centre has been dismissed

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

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

Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	-
Information technology	100
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other (specify)	-
Health systems functions	Financial allocation (%)
Health services delivery	-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	100
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	-
Public health services	100
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	-
Other	-

Project/programme name: Strategic Information available and used to guide and strengthen the National AIDS Response

Project/programme goal: Strategic Information available and used to guide and strengthen the National AIDS Response

Project/programme manager: Iovita Alexandrina

Implementing agency: Ministry of Health

Financing: Grant

Duration: Starting date: 15/01/2012 End date: 01/08/2013

Total project/programme budget: \$ 120 000

Total disbursed in 2012: \$ 90 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Number of experts trained in epidemiologic tools	25	30	Training on RDSAT
2	Number of studies	5	5	8

Type of funding	Financial allocation (%)
Technical assistance	93
Investment	-
Administrative costs	7

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

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

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

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

Project/programme name: Support to National AIDS Programme – Reducing Sexual Transmission of HIV

Project/programme goal: Improved capacities of the Ministry of Education and Ministry of Youth and Sports staff for the effective implementation of the NAP interventions as complemented and improved by the final review of the National AIDS Programme

Project/programme manager: Gabriela Ionascu

Implementing agency: Ministry of Education

Financing: Grant

Duration: Starting date: 15/11/2011 End date: 15/12/2012

Total project/programme budget: \$ 100 000

Total disbursed in 2012: \$ 100 000

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

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Number of decision making level trained	25	60	The training covered representatives of the Ministry of Education and representatives of Education Directions from the rayon level
2	Number of CD copies of the discs made available	10000	15000	The increase in number is due to cost reduction
3	Number of children in pilot phase in LSBE course	100	789	

Type of funding	Financial allocation (%)
Technical assistance	25
Investment	75
Administrative costs	-

Technical assistance	Financial allocation (%)
Policy development	15
Capacity building	75
Guideline and protocol development	10
Legal and regulatory framework development	-
Other	-
Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	-
Information technology	100
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other (specify)	-
Health systems functions	Financial allocation (%)
Health services delivery	25
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	25
Leadership and governance	50
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	-
Public health services	100
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	-
Other	-

Agency General Information

Country director: Nicola Harrington-Buhay

Total budget disbursed in 2012: \$ 734 248

Key achievements
<p>Software for an Integrated Patient Appointment System was developed. MAF Action Plan for MDG6 on HIV and TB was developed and submitted to the Ministry of Health. Several key laboratories of the Centre of Legal Medicine were reequipped and refurbished, staff qualification raised on the issue of victims of torture forensic medical investigation and torture documentation. Ministry of Health was provided with the consultancy on health and human rights issues and on the bringing health normative framework in line with the international human rights standards.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Strategy for Reproductive Health, 2005-2015
National HIV/AIDS and STI Prevention Program, 2011-2015
National TB Prevention and Control Program, 2011-2015

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

Project/programme name: Building e-Governance in Moldova-2 Project

Project/programme goal: Software development for an Integrated Patient Appointment System in the Republic of Moldova

Project/programme manager: Veaceslav Palade

Implementing agency: UNDP Moldova

Financing: Grant

Duration: Starting date: 01/07/2010 End date: 31/12/2012

Total project/programme budget: \$ 33 448

Total disbursed in 2012: \$ 33 448

Geographical coverage: National coverage: 100%

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

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

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

Project/programme name: MDG6 Acceleration Framework Intervention in the Republic of Moldova

Project/programme goal: Development of the MDG6 Acceleration Action Plan for the Republic of Moldova

Project/programme manager: Dumitru Vasilescu

Implementing agency: UNDP Moldova and WHO

Financing: Grant

Duration: Starting date: 01/11/2011 End date: 31/12/2012

Total project/programme budget: \$ 40 500

Total disbursed in 2012: \$ 40 500

Geographical coverage: National coverage: 100%

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

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

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

Project/programme name: Strengthening the forensic examination of torture and other forms of ill-treatment in Moldova

Project/programme goal: The goal of the project is to strengthen the forensic examination of torture and other forms of ill-treatment, as a key strategic element in comprehensive, integrated, holistic efforts to end torture and related forms of ill-treatment in Moldova

Project/programme manager: Alexandru Cocirta

Implementing agency: UNDP Moldova

Financing: Grant

Duration: Starting date: 10/12/2010 End date: 09/12/2012

Total project/programme budget: \$ 1 338 688

Total disbursed in 2012: \$ 660 300

Geographical coverage: National coverage: 100%

Type of funding	Financial allocation (%)
Technical assistance	15.5
Investment	84.5
Administrative costs	-

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

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

Agency General Information

Country director: Alisher Mamadzhanov

Total budget disbursed in 2012: \$ 30 000

Key achievements
<p>The main result of the first joint project of the Swiss Agency for Development and Cooperation (SDC) and the United Nations Economic Commission for Europe (UNECE) in Moldova implemented during 2009-2010 was the adoption of Order No. 91/704 on the approval of the list of targets and target dates for the implementation of the Protocol on Water and Health by Ministers of Environment and Health. The elaboration of a concise Action Plan, defining specific activities to be carried out to achieve the targets and target dates, including financial requirements (and the sources of finance) and human resources, is the core output of the 2nd UNECE-SDC project titled "Implementation of targets and target dates set out in the Order of the Minister of Environment and the Minister of Health of 20 October 2010 to implement the Protocol on Water and Health in the Republic of Moldova". As the project was launched at the end of 2012, the work during that year mostly focused on finalization of formalities for the project governance structure and detailed planning of work for 2013. As such, a four-Party MoU was signed by UNECE, SDC and Ministries of Environment and Health of Moldova detailing the project governance structure and responsibilities of each Party. The Steering Committee of the project consisting of key ministries and agencies and NGOs was established through the joint Ministerial Order and held its first meeting on 21 November 2013.</p>
<p>At the same meeting the Committee approved the work plan for 2013 and reviewed the work initiated on the following project outputs:</p> <ul style="list-style-type: none"> • Output 1: Action plan for achieving the targets under the Protocol on Water and Health drawn up and approved by Governmental Decision • Output 2: Strategy/plan to mobilize resources towards the Action Plan developed and implemented • Output 5: Clearing House on the Protocol on Water and Health established and functioning (regular information on the quality of drinking water supplied and of other waters relevant to the Protocol)

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021

Plans to continue support in 2013–2015: Yes, until 2015

Project/programme details

Project/programme name: Implementation of targets and target dates under the Protocol on Water and Health in the Republic of Moldova

Project/programme goal: The overall goal of the project is to ensure that the population of Moldova, in particular the poor and vulnerable, benefit from improved access to safe water and sanitation, reduced water-related diseases and a protected environment, through the implementation of the Protocol on Water and Health.

Project/programme manager: Alisher Mamadzhanov

Implementing agency: UNECE

Financing: Grant

Duration: Starting date: 20/06/2012 End date: 31/12/2015

Total project/programme budget: \$ 818 255

Total disbursed in 2012: \$ 30 000

Geographical coverage: National coverage: 100%

Type of funding	Financial allocation (%)
Technical assistance	8
Investment	-
Administrative costs	20
Technical assistance	Financial allocation (%)
Policy development	40
Capacity building	40
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	30
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	70
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	-
Public health services	100
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Noncommunicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	-
Other	-

Agency General Information

Country director: Ian McFarlane

Total budget disbursed in 2012: \$ 317 260

Key achievements

In 2012 UNFPA has provided support for the National Commission on Population and Development (NCPD) strengthening the position of the most active consultative and decision bodies in the Government on P&D issues. This was done by strengthening the knowledge and capacity. UNFPA has provided technical assistance for development of the Family Policy Master course within the State University. UNFPA has supported the GoM in organizing and conducting the Training Program on Policy Formulation, Planning, Implementation and Monitoring of the MIPAA in partnership with Un Institute of Ageing from Malta. UNFPA contributed essentially to adoption of National Strategic Plan on Demographic Security. Measures of addressing issues referring to population security represent the key to conceptualizing priorities by government agents and to drafting demographic redressing actions in the framework of Demographic Security. The Road Map for Mainstreaming Ageing in the Republic of Moldova has been developed. UNFPA has provided continuous support for the implementation of the Action Plan for National RH Strategy in Moldova (2005-2015) by developing new regulations for RH Offices in Moldova, and YFHS Quality standards. Also RH in Emergency situations was included in the Action Plan at District levels. UNFPA had extensive role in facilitation of policy dialogue with special focus on SRHR with the policy makers including Transnistria break away territory. Significant efforts have been made in strengthening RH services in Transnistria break away territory by organizing training courses for Ob/Gyns as Patient Rights, Communication and Counseling, Contraceptive technology, Perinatal Care, HIV/STIs and Domestic Violence.

During 2012, UNFPA has contributed to strengthen capacity for reproductive health cabinets, by organizing HIV and gender-based violence workshops, distribution of information materials as well as by distribution of the reproductive health commodity security products, as well building capacities of the main specialists on mother&child healthcare. UNFPA assist GoM in the process of the ICPD review questionnaire. ICPD beyond 2014 and Post 2015 consultation involved all counterparts in the consultative process. UNFPA has contributed to capacity building of medical personnel, including nurses on prevention and management of post abortion complications. Nurses have been enabled with knowledge and skills in implementation of the Ministry of Health new Regulation and Quality Standards on safe abortion based on WHO standards.

Amongst the donors, UNFPA remains the major source of contraceptives for the public sector. As a result of capacity building activities on RH Services in emergencies in 2011, continued with extensive UNFPA advocacy in 2012, all districts' "Plans on preparedness and public health emergency response" include RH services which should be provided during emergency situations. The continuous education curricula for managers of medical institutions have been updated with the subject on RH in emergencies. The capacity of National Centre for Reproductive Health and Medical Genetics (NCRHMG) has been strengthen to improve the management of the RH network of cabinets. UNFPA took an active role in the development of the Inter-Agency Contingency Plan in Moldova. TV spot on services provided by RH cabinets were broadcasted on national TV station. Focus was made also to raise the awareness of general population on cervical cancer prevention, by highlighting the HPV vaccine and cervical cancer screening measures. By continuously involving young people in programming, UNFPA has strengthened the leadership of the Y-PEER (peer to peer education) network. UNFPA provided extensive support to the Government and civil society aimed at developing their capacities to efficiently respond to cases of domestic violence. Capacity building to the Ministry of Labor Social Protection was provided to manage GBV. The capacity building for CSOs on mobile teams establishment and operationalization has been provided in the Drochia pilot district. Capacity building for the personnel from the National Bureau of Statistic was provided on practical actions and measures necessary to further approximate to EU standards on Demography and Social Statistics.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National Strategy for Reproductive Health, 2005-2015
Primary Health Care Development Strategy, 2010-2013
National Program for Health Lifestyle Promotion, 2007-2015
National Program for Mental Health, 2012-2016
National HIV/AIDS and STI Prevention Program, 2011-2015
National Program for Emergency Care Development, 2011-2015

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

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

Project/programme goal: This project supports the Implementing Partners in their activities of Behavior Change Communication in RH, in promoting safer lifestyle via major radio stations, printed press and by printing version of the newsletter “Without Taboo”. One of the main strategic objectives include reintroduction of relevant health education elements that have been dropped out of the school curricula, as well as promoting reproductive health issues for youth through supporting the non-formal education. UNFPA support the development of quality regulations and standards in education for health within the educational institutions, as well as the development of youth friendly health services in partnership with other partners in the field. The working plan support the strengthening of school health services by scaling up national trainings for medical nurses in schools based on the curricula in Reproductive Health which was piloted in 2011. UNFPA collaborate with the national counterparts, UN agencies and organizations of the civil society to promote Peer to Peer methodology (Y-PEER), including the Transnistria region. UNFPA support the organization of its traditional information campaigns for youth “Pro-Health” and “Informed and Protected” in combination with the social theatre. The campaigns supported by information materials on RH/FP and Y-PEER, to cover vulnerable youth groups and the population of reproductive age, replicating successful experiences. UNFPA support advocacy activities for institutionalizing the peer to peer education in the extracurricular education system in the country.

Project/programme manager: Natalia Cojohari

Implementing agency: UNFPA

Financing: Grant

Duration: Starting date: 01/01/2011 End date: 31/12/2012

Total project/programme budget: \$ 90 377

Total disbursed in 2012: \$ 90 377¹

Geographical coverage: National coverage: 100%

¹ The SDC contributed with 70600 MDL to the overall sum disbursed during 2012 for the implementation of the “Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS/STIs prevention for young people” project.

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission	45%	45%	
2	% of primary healthcare providers applying the YFS concept	The YFS approach is extended to reach most vulnerable	The YFS approach is extended at national to reach most vulnerable	

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

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

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

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

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

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/programme goal: The Implementing Partners commit themselves to actively enhancing the family planning (FP) and RH system in the Republic of Moldova, including in the Transnistria region. The strategic objective was to develop government capacity of primary health care providers (family doctors and nurses) in the area of counseling standards in RH and technology of modern contraception, HIV/SIDA and domestic violence, and youth friendly services (YFS) approach. The work plan aimed to train in 150 medical personnel in primary health care services on RH integrated services, adding it up to a programme performance total of 2000 doctors by the end of CP implementation in 2012. UNFPA continue to support the fortification of the RH cabinets to ensure a wider access to FP services. In this context, the YFS approach was promoted and integrated in the FP services through trainings and creating reference networks at the local level. UNFPA support the implementation of the Plan of Action related to the National Strategy in RH in collaboration with the WHO and MoH. Focus made to strengthen the reproductive health services in the Transnistria region by providing relevant assistance to improve quality of SRH services and by training health personnel. The working plan also addressed the development of the comprehensive cervical cancer prevention programme, including situation analysis and capacity assessment of the health system in terms of cervical cancer. This is a priority area for the MoH in the context of public health indicators' worsening and as a result of fulfilling the commitments of the regional initiatives – Black Sea Coalition for preventing Breast and Cervical Cancer, to which the Republic of Moldova adhered in 2010. UNFPA also has collaborated with WHO in prevention and management of post abortion complications and providing information to vulnerable groups about sexual reproductive rights. In this context, UNFPA support the training of medical personnel in the area of the new provisions of the regulation on voluntary interruption of pregnancy approved by the MoH in 2012 and ensure vulnerable groups are aware about their sexual reproductive rights.

Project/programme manager: Natalia Cojohari

Implementing agency: UNFPA

Financing: Grant

Duration: Starting date: 01/01/2011 End date: 31/12/2012

Total project/programme budget: \$ 226 883

Total disbursed in 2012: \$ 226 883

Geographical coverage: National coverage: 100%

Type of funding	Financial allocation (%)
Technical assistance	63
Investment	23
Administrative costs	14
Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	100
Guideline and protocol development	-
Legal and regulatory framework development	-
Other	-
Investment	Financial allocation (%)
Construction and refurbishment	-
Medical equipment and technology	45
Information technology	10
Medical supplies (including immunizations, pharmaceuticals etc.)	-
Other: <i>furniture</i>	45
Health systems functions	Financial allocation (%)
Health services delivery	100
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	-
Health financing	-
Leadership and governance	-
Health services development	Financial allocation (%)
Primary health care	100
Hospitals	-
Public health services	-
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	-
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	100
Adolescent health	-
Other	-

Agency General Information

Country director: Alexandra Yuster

Total budget disbursed in 2012: \$ 800 000

Key achievements
<p>UNICEF supported the Government in the development of relevant policies and strategies, institutional capacity building and community empowerment. The Ministry of Health renewed its Commitment to Child Survival. The Government adopted the National Programme on Iron and Folic Acid Deficiencies and approved the Nutrition Surveillance Guidelines and child growth monitoring standards; a chapter dedicated to access of adolescents to youth friendly health services was introduced in the new Law on Reproductive Health approved by the Parliament. To increase the quality of services, professionals from all facilities for reproductive health were trained on applying youth friendly health services, quality standards for adolescents especially for those vulnerable and at risk. Public and primary health professionals were trained on response to crisis situations related to immunization. With UNICEF assistance, Communication for Development Strategies on Adolescents Safe Sexual Behavior, on Better Parenting and on Immunization Crisis Communication were promoted to increase demand of quality services at local level especially for the most vulnerable children.</p>
<p>The Government's efforts to increase the access of the most vulnerable to quality health, in 2012 led to declines in under five mortality rate, HIV/AIDS and some sexually transmitted infections incidence among adolescents and PMTCT. Family doctors now use child growth monitoring standards to monitor 74% of children under one year of age.</p>
<p>National Program on Reducing Iron and Folic Acid Deficiency Disorders was developed with UNICEF's support and approved by the Government. The guide on best practices on flour fortification was developed, six mills received feeders and pre-mixes for flour fortification and technical regulations on flour, manna croup and cereal bran were modified. These efforts, combined with the new imported flour regulations aim to address the chronic issues of anemia, especially among the vulnerable children and those in rural areas. Iodine urinary excretion study among primary school children and pregnant women was carried out with UNICEF's support. Results show that 85% of primary school children have adequate iodine intake. Ministry of Health approved the Nutrition Surveillance guideline and data collection will start in six locations.</p>
<p>Regulation on Early Detection and Intervention for children with special needs was developed to ensure children with disabilities' access to integrated services. The Child growth monitoring standards (CGMS) were revised by the MoH to include development milestones, autism screening, and medico-social collaboration mechanism for supporting vulnerable families with children in reducing U5MR at home. Child card for parents and adolescents has been developed and approved as a tool for improving communication between health staff and parents, and adjusted to the new CGMS. Adolescents' access to Youth Friendly Health Services (YFHS) was incorporated into the new Law on Reproductive Health through UNICEF's advocacy efforts. An assessment of barriers to HIV Voluntary Counselling and Testing (VCT) for most at-risk and vulnerable adolescents was carried out. Results will be used for removing legislative and institutional barriers for adolescents to access VCT services. Approximately 59,000 adolescents and youth are covered with YFHS. 24 professionals from NGOs improved their capacities in providing HIV/VCT, referral and outreach services to at-risk adolescents.</p>

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
National Strategy for Reproductive Health, 2005-2015
Primary Health Care Development Strategy, 2010-2013
National Program for Health Lifestyle Promotion, 2007-2015
National Immunizations Program, 2011-2015
National HIV/AIDS and STI Prevention Program, 2011-2015
National Program for Tobacco control 2012-2016
National Program for Alcohol control 2012-2016
Other: <i>National Program on Iron and acid folic deficiencies 2012-2017</i>
Other: <i>National Program on eradication of iodine deficiencies</i>

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, Liudmila Lefter

Implementing agency: National Center for Public Health, National Institute of Mother and Child Health, National Center of Management in health

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/03/2013

Total project/programme budget: \$ 347 800¹

Total disbursed in 2012: \$ 335 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
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	National programme on reducing iron and acid folic deficiencies	Approved by the government	Approved	
4	Development of basic nutrition surveillance	Surveillance system approved	Approved	
5	Child growth monitoring standards modification	new child growth monitoring standards approved	Approved	

¹ EU funded the action *Strengthening Capacity of NSA for HIV Testing and Counselling of most-at-risk adolescents and young people* to be implemented during 2012-2014 in the following countries: Azerbaijan, Belarus, Georgia, Moldova, and Ukraine. In this context United Nations (UNICEF), CEE/CIS Regional Office committed 213,295 USD to the UNICEF Country Office of the Republic of Moldova during 2012 for the implementation of actions under the above mentioned project.

Type of funding	Financial allocation (%)
Technical assistance	95
Investment	-
Administrative costs	5
Technical assistance	Financial allocation (%)
Policy development	25
Capacity building	30
Guideline and protocol development	20
Legal and regulatory framework development	25
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	10
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40
Health financing	-
Leadership and governance	50
Health services development	Financial allocation (%)
Primary health care	60
Hospitals	-
Public health services	40
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	5
Risk factors	10
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	35
Adolescent health	50
Other	-

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, Elena Laur

Implementing agency: National Centre for Public Health

Financing: Grant

Duration: Starting date: 01/12/2012 End date: 31/12/2012

Total project/programme budget: \$ 600 000²

Total disbursed in 2012: \$ 465 000

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Key missing data in health, education and child	MICS survey data available	n/a	
Type of funding				Financial allocation (%)
Technical assistance				100
Investment				-
Administrative costs				-
Technical assistance				Financial allocation (%)
Policy development				100
Capacity building				-
Guideline and protocol development				-
Legal and regulatory framework development				-
Other				-
Health systems functions				Financial allocation (%)
Health services delivery				-
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)				-
Health financing				-
Leadership and governance				100

² SDC contributed with 180 000 CFH to UNICEF overall budget for the implementation of the MICS survey in the Republic of Moldova. The mentioned support is reported separately in the SDC donor card form as well.

Agency General Information

Country director: Mirzahid Sultanov

Total budget disbursed in 2012: \$ 191 581

Key achievements
<ul style="list-style-type: none"> Enhanced national capacity for improved multi-sectorial coordination of the national strategy for countering drugs; On-going technical support is ensured to the Secretariat of the National Drug Control Commission. National consultant provides support to the secretariat in monitoring and reporting on status of the implementation of the 2011-2013 National Drug Control Action Plan. The project provided the secretariat with the necessary office equipment. UNODC facilitated holding of round table meeting on “Implementation of the National drug Control strategy in Moldova: achievements and challenges” under the chairmanship of the Vice Prime Minister and with participation of government and non-government stakeholders. UNODC facilitated and supported participation of four Moldovan officials in the International High-Level Conference on comprehensive and integrated approach in prevention and treatment of drug dependence and related HIV/AIDS organized by UNODC in Kyiv, Ukraine on 21-23 May 2012 Increased understanding of the role and accountability of the law enforcement and prison authorities in the national response to HIV/AIDS; UNODC facilitated and supported review of HIV/AIDS policies and strategies of the justice and law enforcement sectors. The key findings and recommendations of the review were presented and discussed at the stakeholders’ meeting. As a follow up of the policy review a training workshop was organized in partnership with the MoI. More than 60 police officers representing all districts of the country had an opportunity to enhance their awareness on the role of police in HIV response;
<ul style="list-style-type: none"> UNODC also supported participation of 5 officials representing the MoH and MoI in the First Regional Consultation on enhancing the role of law enforcement in planning and implementation of the national response to HIV/AIDS epidemics in Eastern Europe and Central Asia. Strategic recommendations for the reforms of prison health care system is provided to the Government; At the request of the MoH and MoJ, UNODC jointly with WHO conducted an assessment of health care services in prisons as part of the Government’s plans to ensure quality health care services to inmates and undertake structural reforms in justice and health sectors. Findings and recommendations were discussed with key stakeholders and submitted to the Government Participation of Moldovan civil society representative in Regional AIDS Hub for people who use drugs is supported; UNODC facilitated and supported representative of Moldova civil society in the Regional AIDS Hub forum for PWUD that took place in Kyiv, Ukraine on 9-10 July 2012. Review of currently used curricula and programme for training of Narcology physicians is supported; UNODC has conducted an in-depth analysis of current training curricula and programmes for undergraduate and post-graduate degrees of drug dependence treatment physicians. Key findings and recommendations were discussed at the stakeholders meeting. In addition, UNODC donated IT equipment to the faculty of Narcology, psychiatry and medical psychology upon their request. 6 national trainers were trained on contemporary drug dependence treatment using the UNODC Treatnet Training Package; UNODC supported participation of 6 national trainers and experts from Moldova at 2-week ToT workshop on Contemporary Drug Dependence Treatment held in Kyiv, Ukraine on 14-24 November 2012. Independent evaluation of the OST programmes was conducted; recommendations for scaling-up and improving the quality of services were provided to the national authorities; UNODC in collaboration with WHO and PAS Centre supported a team of international and national experts conducted cost-efficiency analysis and quality assessment of the OST services. Technical assistance for improved quality of HIV services was provided to the Department of Penitentiary Institutions; UNODC has contracted two national consultants to provide technical assistance to the Department of Penitentiary Institutions to develop a set of suitable mechanisms, regulation and curricula in order to ensure scale-up process of appropriate medical practices in prisons in line with international recommendations;

- UNODC in cooperation with UNAIDS and WHO held a workshop on “HIV policies and services in prisons” for about 40 participants (right bank) representing prison health authorities. Similar workshop was also organized in Transnistria, which resulted in elaboration of a detailed SWOT analysis as a starting point for tailoring activities for the region with special development needs and improving minimum services currently offered to inmates during and after release. Participation of Moldovan representative at WHO Health in Prison Network meeting is supported;
- UNODC facilitated and supported participation of the Head of medical unit of the Department of Penitentiary Institutions of the Ministry of Justice at the annual meeting of the prison in health network (10-12 October 2012, Copenhagen, Denmark). Technical support is provided in design and implementation of the bio-behavioral study of HIV among people who inject drugs and prison inmates;
- UNODC in partnership with UNAIDS, UNICEF and GFATM supported conducting national bio-behavioral survey among key affected populations including PWUDs and prison inmates. UNODC delivered specific training workshop on BBS among prison inmates and contributed towards finalization of the survey protocol and instruments. The BBS data collection in prisons funded by UNODC was launched in October. Capacity development of the national M&E Centre was supported;
- UNODC has been also closely working and supporting the National Drug Observatory of Moldova. UNODC facilitated collaboration of the Observatory with EMCDDA and supported capacity development of the national experts by funding their participation in several international experts’ group meetings on M&E.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
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National Health Policy, 2007-2021

National Anti-Drug Strategy, 2011-2018
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National HIV/AIDS and STI Prevention Program, 2011-2015

Plans to continue support in 2013–2015: Yes, until 2013

Project/programme details

Project/programme name: An awareness raising / advocacy initiative, Auto rally “Solidarity FOR LIFE”, to convey healthy lifestyle messages: prophylaxis of HIV/AIDS amongst Injecting Drug Users and general population; fight against stigma and discrimination of PLHIV and IDUs.

Project/programme manager: Ina Tcaci

Implementing agency: UNODC

Financing: Grant

Duration: Starting date: 01/05/2012 End date: 31/05/2012

Total project/programme budget: \$ 6 060

Total disbursed in 2012: \$ 6 060

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Advocacy and Lobby at the national level - prophylaxis of HIV/AIDS amongst Injecting Drug Users	An awareness raising / advocacy campaign	An awareness raising / advocacy initiative, including mobile units for rapid HIV testing (car rally, 'Solidarity for Life' campaign,) to improve early detection of HIV and early initiation of treatment was organized. Activities with and for Injecting Drug Users community took place as well. It also fought discrimination and stigma among target audience.	

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

Technical assistance	Financial allocation (%)
Policy development	-
Capacity building	-
Guideline and protocol development	-
Legal and regulatory framework development	-
Other: <i>raising awarness</i>	100

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

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

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

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: Ina Tcaci

Implementing agency: UNODC

Financing: Grant

Duration: Starting date: 01/07/2010 End date: 01/07/2013

Total project/programme budget: \$ 695 000

Total disbursed in 2012: \$ 185 521

Geographical coverage: National coverage: 100%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Drug treatment services for IDUs correspond to international recommendations	Drug treatment services are improved	A qualitative and cost-efficiency analysis of the Opioid Substitution Treatment program in Moldova, including both community and the penitentiary sectors was conducted.	The evaluation exercise was jointly co-organized by UNODC, WHO and PAS Center. Expected results of the evaluation mission is the update to the national legal framework which limits efficient implementation of the OST services in Moldova and development of a roadmap for improving services for injecting drug users in Moldova, both OST and psycho-social support services. Taking into account that GFATM Funding covers the OST program in Moldova just until 2014 another important outcome was to launch the process of OST service integration into the National HIV/AIDS Program.
2	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	Support to the Secretariat of the National Drug Control Commission was provided. As the result the implementation of the National Drug Control Action Plan was supported by the national stakeholders what leads to increase in accountability and ownership over drug control area. Following a desk review exercise of HIV/AIDS policies in the Justice and Law Enforcement sectors, the Ministry of Interior Affairs has been offered technical assistance on HIV services for vulnerable groups, including IDUs and inmates. More than 60 police officers and doctors working in field police station, representing all raions of Moldova were trained in topics such as: drug dependence treatment, harm reduction programs for drug users, prophylaxis and prevention of HIV and TB.	Capacity building for five Moldovan participants (representing the Ministry of Health and the Ministry of Interior) attended the first Regional consultation meeting in Kiev on Law Enforcement Sector's Role in HIV/AIDS prevention and Services for Injecting Drug Users.

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-behavioral survey and to strengthen staff capacities. Support to the Ministry of Health's National Drug Observatory for data collection on HIV to enable evidence-based strategic planning was provided	Training session for the national team in order to initiate data collection among IDUs and a training course for the national team implementing BSS in prisons were supported.
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	The prison authorities were assisted in conducting an assessment of prison health services in Moldova in line with the national and international justice sector reform (jointly UNODC/WHO). A set of suitable mechanisms, regulation and curricula in order to ensure scale-up process of appropriate medical practices in prisons, in order to better address the needs of vulnerable populations from prison settings are under development.	A dialog on the transfer of DPI health services under the authority of Ministry of Health was launched. The dialogue on HIV services in Prisons was launched on both right and left banks of the country.
5	University and professional training programs, 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. capacity building for key specialists.	An in-depth analysis of current curricula for undergraduate degree, postgraduate degree and continuous education degree for doctors was conducted. The capacity building of the key specialist from the Narcology Dispensary and Medical Stated University were built at the international workshop for ToT trainers on contemporary drug treatment methods and effective HIV prevention measures for IDUs -Treatnet. IT equipment was donated for educational purposes to the faculty of Narcology, psychiatry and medical psychology of the Medical State University.	The team which attended the event shall act as resource person to further work on a university degree module on latest drug dependence treatment evidence/ knowledge to be integrated in education plan at the State Medical University.

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

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

Health systems functions	Financial allocation (%)
Health services delivery	40
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	40
Health financing	-
Leadership and governance	20
Health services development	Financial allocation (%)
Primary health care	-
Hospitals	-
Public health services	100
Emergency care	-
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	100
Risk factors	-
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	-
Injuries and violence prevention	-
Mother & child health and reproductive health	-
Adolescent health	-
Other	-

Agency General Information

Country director: Qimiao Fan

Total budget disbursed in 2012: \$ 4497828

Key achievements
<ul style="list-style-type: none"> • Support to primary health care development through rehabilitation of primary health centres in rural areas, development of work place 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 Health capacity for evidence-based policy-making through implementation of national health accounts, health management information system (HMIS) and development of strategic documents and policy papers [e.g. HR strategy, hospital Master plan and hospitals' regionalization plan, re-profiling of acute care beds into long-term rehabilitation and palliative care, decentralization of chemotherapy, conducting household budget surveys on health, preparation of feasibility study for Oncology Institute]; • Support for reforming health-care financing and provider payment through implementation of diagnosis-related groups (DRGs) and case-mix payment system for hospitals; and • Co-financing with EIB and CEB of construction of the Surgical Block in the Republican Clinical Hospital (RCH) and support in establishment of PPP for imaging under RCH.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
Health Systems Development Strategy, 2008-2017
Primary Health Care Development Strategy, 2010-2013
Hospital Healthcare Development Program, 2010-2012
<i>Other:</i> Roadmap for boosting reforms in healthcare sector

Plans to continue support in 2013–2015: Yes, until 2017

Project/programme details

Project/programme name: Health Services and Social Assistance Project including Additional Financing

Project/programme goal: 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 the poor.

Project/programme manager: Paolo Belli

Implementing agency: Ministry of Health

Financing: Soft Loan

Duration: Starting date: 01/09/2007 End date: 31/08/2013

Total project/programme budget: \$ 34200000

Total disbursed in 2012: \$ 4497828

Geographical coverage: National coverage: 90% Pilot sites: 10%

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Number of RHCs (health centers, family doctors centers) rehabilitated/constructed in line with international norms and standards	74	40	
2	Number of RHCs (health centers, family doctors centers) directly contracted out by the National Health Insurance Company	At least 100 RHCs (40% of total number of RHCs which is equal to 250)	81	
3	Average number of bed-days used during the year	At least 310 days (85% of total number of days per year which is equal to 365)	292	
4	Regional Hospital Action Plan for a pilot region completed	Completed	Assignment in progress	Initially, hospital Regionalisation included raions in the central part, whereas after consultations there was decided to pilot in the North of Moldova
5	Three rounds of health budget survey	Three rounds completed	Three rounds completed	

Type of funding	Financial allocation (%)
Technical assistance	16
Investment	81
Administrative costs	3

Technical assistance	Financial allocation (%)
Policy development	12
Capacity building	9
Guideline and protocol development	7
Legal and regulatory framework development	72
Other	-

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

Health systems functions	Financial allocation (%)
Health services delivery	81
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	0
Health financing	11
Leadership and governance	8
Health services development	Financial allocation (%)
Primary health care	49
Hospitals	51
Public health services	-
Emergency care	-

Agency General Information

Country director: Jarno Habicht

Total budget disbursed in 2012: \$ 2 460 796

Key achievements

Under Priority 1 - European Health Policy - Health 2020:

- Consultations on the Policy Roadmap: Accelerating reforms: addressing the needs of the health area through investment policies and approved the document by ministerial order in March 2012.
- A series of policy dialogues and events related to Roadmap implementation were further supported by WHO in 2012 (in partnership with various organizations), including the workshop on Opportunities for the implementation of Public-Private Partnerships (PPPs) in the health sector in March, the roundtable discussion on hospital governance in April, the roundtable discussion dedicated to the development of the e-Health Strategy in August, the policy dialogue on health care service delivery in October and the first National Health Forum in November 2012. In addition the capacity building on main health care reforms in health financing and service delivery via national level Flagship course was provided in May 2012.
- Strengthening MoH capacity for leading the Health Sector Coordination Council and ensuring a harmonized approach by the development partners in the sector, through establishing mechanisms for information sharing and agreed positions. The MoH and the WHO CO jointly organized Health Sector Coordination Council's meetings and development partners' pre-meetings quarterly.
- A comprehensive exercise by Ministry of Health and WHO to map external assistance to the health sector was undertaken in early 2012 and a report on "Monitoring the Official Development Assistance to the Health Sector in the Republic of Moldova for 2011" was completed and distributed during the Sectoral Coordination Council Meeting in June.

Under Priority 2 Health Systems strengthening and Public Health:

- In order to strategically align national public health legislation with EU requirements, an assessment of the alignment level was conducted with support from WHO and EU. The evaluation Report was finalized and results were presented and discussed in the framework of a national workshop organized in September 2012.
- With WHO support the development of the National Public Health Strategy was initiated in 2012. Two missions of the external experts and three workshops to support development of strategy were organized during 2012 year.
- The process of regionalization of the public health service and laboratory network has been started in 2012 by the Ministry of Health and the National Centre of Public Health as part of restructuring of service in line with the new legislation adopted at the end of 2009. Two missions to support the national health authorities in regionalization of public health laboratory services were organized by WHO in summer 2012.
- In 2012 WHO has provided assistance to the MoH to finalize the Review of health financing reforms in the Republic of Moldova. The final report was consulted with major stakeholders, edited, approved and placed on the website. Subsequently, the report was published as well disseminated in English and Romanian.
- WHO has also provided support in 2012 for the development of the National Health Insurance Company (CNAM) Institutional Development Strategy 2013-2017. The final drafting process has continued from January to September when it was officially presented in September, during a Policy dialogue on service delivery and is approved in November 2012.
- The study to assess the development of the primary care system was finalized in 2012 with WHO's support. The assistance included a validation mission to the country and workshop at the National center on healthcare management in May involving key stakeholders.
- The WHO's technical assistance in the areas of medicines policy has continued and comprised in an analytical report on access to medicines, called "Availability and affordability of medicines and assessment of quality systems for prescription of medicines in the Republic of Moldova"

which has subsequently been presented during the policy dialogue on medicines in September, published and distributed during the National Health Forum in November.

- WHO's assistance to the hospital sector comprised the publication of the Hospital Sector Assessment study report in 2011 and its re-printed in April 2012 for broad sharing among the participants to the Roundtable discussion on Hospital Governance.
- In April 2012 The Moldovan Parliament has approved the Law on medical devices. WHO provided support previously with two country missions on health technologies and medical devices, one of which has provided detailed comments to the draft Law on medical devices which have been taken into consideration in the process of finalizing the document.
- Among the key issues faces by the health sector are the human resources in health management, shortage and migration of health professionals. A number of activities were completed in past year in this area as: review of all existing reports and databases pertaining migration patterns and motivational factors of migration of health professionals; institutional analysis of health workforce planning and development, licensing and certification of health personnel, impact of retention policies, distribution and composition of health workforce; evaluations aimed at identifying the gaps between the training curricula of doctors and nurses and the EU requirements.
- Support was provided to the Ministry of Health in improvement of the Integrated Supervisory System in Child Health. The mission conducted by WHO experts took place during 11-14 September 2012 including the workshop on the last day with sharing recommendations.
- Support is provided by WHO to Ministry of Health in countrywide scaling up of the Beyond the Numbers (BTN) approaches, mainly near-miss case reviews (NMCR), within all third and second referral level prenatal centers/maternalities. Supports in the development of the second report on maternal mortality analyze through Confidential Enquiries into the Maternal Death (CEMD). The second CEMD report was produced in December 2012.
- Support was provided to the MoH in improvement of the health systems framework in Child and Adolescent Health and Development field through the conducting of the policy study in the respective area. The policy study conclusions and recommendations will serve as background for further Child and Adolescent Health and Development Strategy.
- WHO supported Ministry of Health and Ministry of Education in revision of the regulation framework for the school health services, school nurse job description, quality standards and monitoring indicators, description of the care packages for the school health services, referral mechanism 'family doctor – school nurse', supervisory mechanism were developed and agreed during the multi-stakeholder workshop (September 19, 2012). The developed documents presented to the relevant ministries for further approval and implementation.
- The training package for school health nurses that included the training curriculum and the facilitator and participants' manuals was developed. The developed training packages was discussed and agreed during the multi-stakeholders workshop (September 19, 2012). The Republican College of Medicine and Pharmacy responsible for the training package development adjusted the developed package in compliance with the comments and recommendations came during the workshop and prepared it for the approval at MoH and MoE level.

Under Priority 3 Non-Communicable Diseases, Health Promotion and Healthy Lifestyles:

- A three-day country tailored training program on prevention and control of non-communicable diseases (NCDs) was conducted in Moldova for over 130 public health specialists, public health managers and managers of primary health care and hospitals at rayon and municipal levels. The capacity building took place over a three-week period in October 2012.
- The reports on the cost-effectiveness of tobacco and alcohol strategies were completed and published jointly by WHO and Ministry of Health in February 2012. These two studies served as the basis and argumentation for the national programmes on tobacco and alcohol control, which were adopted in 2012.
- The National Tobacco Control Program and Action Plan for 5 years was finalized and approved by the Government in February 2012. WHO provided technical assistance in finalizing the document by mobilizing external and local experts to ensure that the Program and Action Plan are strong based on WHO FCTC requirements, existing evidence and best practices.
- A Communication Plan for the National Tobacco Control Program was developed with WHO's support and approved by the MoH and the communication campaign was officially launched in May 2012. The campaign has started with a baseline nation-wide evaluation of knowledge, Attitudes and Practices (KAP) of the population in relation to tobacco. In parallel a media production agency was hired and the production of communication materials was initiated. The first adapted video spot targeting tobacco users was already shown publicly during the press-conference dedicated to World No Tobacco Day, organized by the Government and involving the Deputy-Prime-minister, NCPH and WHO. In the same period WHO has supported a theatre performance against tobacco in partnership with UNFPA, the National Centre of Public Health, the Chisinau municipality and other international and local actors.
- The National Program on Alcohol Control for the years 2012–2020 was finalized and approved by the Government of the Republic of Moldova in June 2012. The National Programme was developed in line with the European action plan to reduce the harmful use of alcohol.
- A Communication Strategy and Action Plan for the National Alcohol Control Programme was developed. A baseline nation-wide evaluation of knowledge, Attitudes and Practices (KAP) of the population in relation to alcohol was carried out in May-June 2012. The results of the survey served as the basis and argumentation for the Communication Strategy and the Action Plan.
- The National Strategy on Non-Communicable Disease (NCD) control for the years 2012-2020 was approved by the Parliament in April 2012. Development of the National NCD evaluation report and the Action Plan for implementation of the National Strategy were initiated and are in the process of development.
- Support Ministry of Health in development of the National Mental Health Program 2012-2016. The Program was revised by national counterparts and relevant authorities and was presented to Government for approval. Four priorities of the National Program related to Mental Health integration into Primary Health care and Hospital care reform were additionally supported by WHO. Based on these priorities the strategic and implementation plan on development of the community-based mental health services have been developed and presented to ministry of Health for approval.

Under Priority 4 Communicable Diseases, Health Security and Environment:

- There was a WHO/Europe National Tuberculosis Control Program scoping mission carried out in early October 2012. A sub-regional workshop on the implementation of national MDR-TB action plans for 15 high-burden countries was organized in Chisinau during 8-11 October 2012.
- WHO has been supporting several activities regarding rotavirus vaccine introduction assessment and implementation missions and trainings, including the development of a pocket guide for health care workers on rotavirus vaccine implementation in Moldova. There was a sub-regional workshop on Vaccine Stocks Supply Management for 6 countries organized in Chisinau in November 2012.
- WHO carried out a healthcare waste management assessment mission in March 2012, providing recommendations for improvement and in two capacity building sessions to be organized in December 2012. A team of national counterparts from the MOH, National Center for Public Health, border police and customs shall have a working visit to Estonia on International Health Regulations (IHR) related issues.
- WHO conducted a soil transmitted helminthes (STH) scoping mission to Moldova during November 2012 to assist in drafting a regional STH strategy and provide support to Republic of Moldova in coming years.
- In 2012, the WHO CO in Moldova participated and co-funded the Candle Light Memorial related car rally and Solidarity for Life public awareness campaigns for the people living with HIV/AIDS in Moldova.
- In partnership with UNODC and UNAIDS, the WHO CO organized a round table with health and prison authorities from Transnistria on 18 September 2012 to better integrate services across sectors, involving HIV, TB and drug addiction specialists from the civilian and prison systems. In partnership with UNODC, GFATM PR and others, the WHO CO participated in the opiate substitution therapy (OST) assessment mission for the training component during November 2012.
- Jointly with UNDP, the WHO CO has completed the MDG6 Acceleration Framework (MAF) for HIV and TB, resulting in an Action Plan.
- In partnership with GFATM and Primary Recipient, the WHO has engaged in updating of the national HIV and tuberculosis treatment protocols as per the latest WHO/Europe guidelines, including two round tables with international consultants, and peer-review.
- In 2012 WHO has continued its support in strengthening disaster preparedness and response capacities of the health sector. Thus 76 hospital managers have been trained in hospital disaster response planning and preparedness and a special Guide in this area has been developed, approved and distributed to managers to be used in their daily activities. WHO has also provided assistance to the Disaster Medicine Centre in the development of a Hospital Resilience Strengthening Program for the years 2012-2014 which was subsequently approved by the Ministry of Health. Efforts have also been continued to further scale-up the Public Health and Emergency Management (PHEM) training course. Thus, with WHO's support a PHEM module has been developed as part of the training program for a Master degree in public health at the University of Medicine and Pharmacy.

Under Priority 5 Health Information, Evidence, Research and Innovation:

- WHO has provided assistance in the second half of 2012 for the development of an e-Health Strategy in partnership with SDC and the World Bank. A multi-sectorial e-Health Task Force involving all relevant stakeholders has been created and is drafting the strategic document, with the support of local and external experts. As part of the process WHO has also supported a study tour to Norway and Estonia of key stakeholders involved in the development of the e-Health Strategy in November.
- The Health Systems Review for the Republic of Moldova assesses the progress of reforms and the broader issues affecting the Moldovan health system was launched in November 2012 (last similar review available from 2008). The review is published by European Observatory on Health Systems and Policies as partnership hosted by WHO and prepared under leadership of WHO Country Office.

Objectives and targets of national policies, strategies or programmes your agency contributes to:
National Health Policy, 2007-2021
State Policy on Pharmaceuticals
Health Systems Development Strategy, 2008-2017
National Strategy for Reproductive Health, 2005-2015
National Anti-Drug Strategy, 2011-2018
Primary Health Care Development Strategy, 2010-2013
National Program for Viral Hepatitis B, C and D Control, 2012-2016
National Program for Health Lifestyle Promotion, 2007-2015
National Program for Mental Health, 2012-2016
National Immunizations Program, 2011-2015
National HIV/AIDS and STI Prevention Program, 2011-2015
National TB Prevention and Control Program, 2011-2015
Hospital Healthcare Development Program, 2010-2012
National Program for Tobacco control 2012-2016
National Program for Alcohol control 2012-2016
Hospital Healthcare Development Program, 2010-2012

Plans to continue support in 2013–2015: Yes, until 2015

Project/programme details

Project/programme name: Biennial Collaborative Agreement (BCA) between the Ministry of Health of the Republic of Moldova and the Regional Office for Europe of the World Health Organization 2012/2013

Project/programme manager: Jarno Habicht

Implementing agency: WHO

Financing: Grant

Duration: Starting date: 01/01/2012 End date: 31/12/2013

Total project/programme budget: \$ 5 204 000

Total disbursed in 2012: \$ 2 460 796¹

Geographical coverage: National coverage: 100%

¹ The Delegation of the European Union provided financial support through WHO for the following projects: Supporting Policy Dialogue on National Health Policies, Strategies and Plans (NHPS) In Selected Countries, Health Sector Budget Support Related Technical Assistance, Better Managing the Mobility of Health Professionals in the Republic of Moldova. The activities supported under the mentioned projects were part of the BCA 2012-2013 ensuring a holistic approach towards strengthening the Moldovan health system.

Project/programme progress:

No	Indicator	Target value	Actual value	Notes
1	Equity and financial protection	The Republic of Moldova strengthens its institutional capacity to gather and assess evidence, and to formulate, implement and evaluate evidence-informed health system financing policies to improve and sustain financial risk protection, equity in finance and the distribution of resources and services, access to care, efficiency and transparency.	Policy analysis capacities strengthened.	Capacities will be further strengthened and coordination improved
2	Performance of public health services	Performance of public health services and operations improved by developing, implementing, evaluating evidence-informed public health policies	PH legislation reviewed and training of PH staff initiated.	Legislation review to be finalized and training to be scaled-up.
3	NCD control	Republic of Moldova's adoption of a priority list of evidence-based actions for prevention and control of NCDs consistent with the European NCD Action Plan. These actions include integrating surveillance systems, using fiscal measures, product reformulation and control of marketing to promote healthier consumption , promoting wellness in workplace, managing cardiometabolic risk, and stepwise approaches to cancer control	NCD situation analysis conducted and National Plan for NCD under development	National Plan to be finalized and approved; fiscal and other policy interventions to be put in place.
4	Communicable diseases surveillance and health information	The Republic of Moldova is equipped to carry out communicable diseases surveillance and response, including laboratory, as part of comprehensive surveillance and health information system	Regionalization of laboratory network initiated; health information system under consolidation	Health information system to be further consolidated for improved surveillance and other purposes
5	Evidence generation for policy decisions	The Republic of Moldova is equipped with and use evidence on its own health system, the health systems of other countries and ongoing evidence updates to support decision making and reform processes	Series of policy studies and policy dialogues on priority issues conducted	Additional studies to be conducted and policy dialogues to be organized

Type of funding	Financial allocation (%)
Technical assistance	79
Investment	-
Administrative costs	21
Technical assistance	Financial allocation (%)
Policy development	40
Capacity building	40
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	-
Health systems functions	Financial allocation (%)
Health services delivery	30
Resource generation (health workforce, health information systems, medical equipment, medical supplies etc.)	20
Health financing	20
Leadership and governance	30
Health services development	Financial allocation (%)
Primary health care	30
Hospitals	25
Public health services	35
Emergency care	10
Disease areas	Financial allocation (%)
Communicable diseases (HIV, tuberculosis, hepatitis, sexually transmitted infections, vaccine-preventable, other)	25
Risk factors	30
Non-communicable diseases (cardiovascular, cancer, diabetes, chronic kidney, mental health etc.)	25
Injuries and violence prevention	5
Mother & child health and reproductive health	10
Adolescent health	5
Other	-



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REGIONAL OFFICE FOR **Europe**

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