

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

2013 REPORT

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ABBREVIATIONS

ADA	Austrian Development Agency
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
ATU	Autonomous Territorial Unit
BCA	Biennial Collaborative Agreement
CAHD	child and adolescent health development
CBM	confidence building measures
CEB	Council of Europe Development Bank
CGMS	Child Growth Monitoring Standards
CIS	Commonwealth of Independent States
CoE	Council of Europe
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CSW	commercial sex worker
DAC	Development Assistance Committee
DOT(S)	directly observed treatment (strategy)
DPI	Department of Penitentiary Institutions
DRG	diagnosis-related group
DR-TB	drug-resistant tuberculosis
DST	drug susceptibility testing
EaPIC	Eastern Partnership Integration and Cooperation programme
EHRN	Eurasian Harm Reduction Network
EIB	European Investment Bank
EU	European Union
EVA	especially vulnerable adolescents
EVIPNet	Evidence-informed Policy Network
GARPR	Global Aids Response Progress Report
GAVI	GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation)
GDP	gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	German Development Cooperation
GNI	gross national income
HDI	Human Development Index
HIPP	Health in Prisons Programme
HIV	human immunodeficiency virus
HTC	HIV testing and counselling
IAEA	International Atomic Energy Agency
IBBSS	Integrated Bio-behavioural Surveillance Survey
ICPD	International Conference on Population and Development
ICU	intensive care unit
IDU	injecting drug user
IHR	International Health Regulations
INIA	United Nations Institute on Ageing
IT	information technology
KAP	knowledge, attitudes and practices
LBSE	life-based skills education
MARA	most-at-risk adolescents
MARP	most-at-risk population
MDR-TB	multi-drug resistant tuberculosis
MDT	multidisciplinary team

ABBREVIATIONS

MGIT	mycobacteria growth indicator tube
MHI	mandatory health insurance
MICS	Multiple Indicator Cluster Survey
MOI	Moldavian Oncological Institute
MSM	men who have sex with men
MTBF	Medium-term Budgetary Framework
NCD	noncommunicable disease
NCPI	National Composite Policy Index
NGO	nongovernmental organization
NHA	National Health Account(s)
NHIC	National Health Insurance Company
NHIF	National Health Insurance Fund
NNM	neonatal mortality
NSA	non-state actor
OECD	Organisation for Economic Co-operation and Development
ODA	official development assistance
OST	opioid substitution therapy
PAS	Center for Health Policies and Studies
PCIMU	Project Coordination, Implementation and Monitoring Unit
PCR	polymerase chain reaction
PFM	public financial management
PLHIV	people living with HIV
PMSI	Public Medico-Sanitary Institution
PMTCT	preventing mother-to-child transmission
PPP	purchasing power parity
RHCS	reproductive health commodity security
SBS	sector budget support
SCIH	Swiss Centre for International Health
SDC	Swiss Agency for Development and Cooperation
SDR	standardized death rate
SMPU	State University of Medicine and Pharmacy “Nicolae Testemitanu”
SRH	sexual and reproductive health
TB	tuberculosis
TIKA	Turkish International Cooperation and Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
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
UNOHRLLS	United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States
UORN	Union for HIV/AIDS Prevention and Harm Reduction
VCT	voluntary counselling and testing
VPI	vaccine preventable diseases and immunization
YFHC	youth-friendly health centre
YFHS	youth-friendly health services

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The report was compiled and written by Tatiana Paduraru, Igor Condrat, Stefania Amato and Dina Marsejnii, under the supervision of Andrei Usatii (Minister of Health of the Republic of Moldova) and Jarno Habicht (WHO Representative for the Republic of Moldova). Strong support and technical assistance were provided by (among others) Eugenia Berzan, Stefan Condrea and the staff of the WHO Country Office, namely Andrei Matei and Veaceslav Ghitu.

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FOREWORD

The Ministry of Health of the Republic of Moldova has conducted regular surveys since 2008 on official development assistance 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. The reports are available on the Ministry of Health's official website.

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, and the Global Partnership for Effective Development Co-operation Monitoring Survey carried out in 2013 that captured some of the new, broader dimensions of the Busan Partnership for Effective Development Co-operation agreement (Global Partnership for Effective Development Co-operation, 2013; OECD, 2011a; OECD & UNDP, 2014). In 2014 the Government of the Republic of Moldova launched an aid management system across all sectors to increase transparency and track the efficiency of foreign aid channelled into the country. Although this initiative will give a broader, integrated picture of development priorities underpinned by the financial support, the sectoral assessment tools remain a necessity at the core of donor coordination and strategic planning. The health evaluation mechanism in particular was repeatedly welcomed and encouraged to continue annually by the donor community, in order to deliver detailed insight into the sector and to enable better coordination.

In this context, both the Ministry of Health and the development partner community are firmly committed to continuing to use the current tool annually in order to generate additional insight into the situation and to improve coordination within a results-based framework. This annual report should be a useful tool in working to achieve this goal.

This publication is the sixth annual report on official development assistance 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 set out in the strategic policy documents: the National Health Policy 2007–2021 and the Healthcare System Development Strategy 2008–2017. Additional objectives include helping to attract additional investment and assistance in the medium term; improving the information available for sector coordination and strategic decision-making; and extending the monitoring exercise to include cross-referencing of: health sector strategies (adopted for 2008–2021), health system functions, disease areas, types of support (including policy development, technical assistance and investment), the geographical distribution of investments. In fact, the reports from previous years were used as background documents during the Second National Health Forum (hosted by WHO and the Ministry of Health of the Republic of Moldova on 23–24 November 2013) that contributed to the dialogue around crucial issues such as tobacco control policies, hospital sector governance and regionalization. As a measure of improvement, it should be mentioned that interest has increased among donor coordination partners, particularly measured in terms of participation in the Health Sector External Assistance Coordination Council meetings.

The measure of success of this publication will keep continue to be the appreciation and use of this and the other official development assistant monitoring reports by the national and international community supporting the health reform process of the Republic of Moldova in the years to come.

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COUNTRY CONTEXT

I.

The Republic of Moldova became an independent state in 1991, following the break-up of the former Union of Soviet Socialist Republics (USSR). The Moldovan population numbers about 3.5 million, of whom 58% live in rural areas and 42% 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, 2014).

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).

Table 1. Economic indicators, 2013

Indicator	Republic of Moldova
Annual GDP growth	8.9%
GDP per capita, PPP, current international \$	3 720.3
GNI per capita, Atlas method, US\$ (2012)	2 070.0
Population (total)	3 559 497
Landlocked developing country	Yes
HDI value (2012)	0.66
World Bank country classification	Lower middle income
World Bank geographic region	Europe and central Asia
EU instrument	European Neighbourhood and Partnership Instrument

Sources: World Bank (2014a, b); UNOHRLLS (2012); UNDP (2013); European Commission (2013); EU (2013).

The country's Human Development Index (HDI) value was 0.66 in 2012, which is below the average for Europe and central Asia (0.737) but on an upward trend compared with the 2000 data (0.586). The Republic of Moldova is included in the United Nations Development Programme (UNDP) category of "medium human development" countries (UNDP, 2013).

1.1. Availability of finances in the health system of the Republic of Moldova

The Republic of Moldova spent 9.9% of the country's gross domestic product (GDP) on health in 2013, which is considerably higher than the average of 7.6% of GDP spent on health expenditure for the 27 Member States of the European Union (EU) region that year. However, owing to differences in the indicators used, in real terms these figures cannot be directly compared. The increase in public expenditure on health in 2009 (despite the impending economic crisis) compared with 2008 was mainly the result of additional resources being allocated from the national budget for specific health programmes (immunization, diabetes, mental health, paediatric care, immunosuppressant drugs, and so on), but also of investments in hospital infrastructure and medical equipment. In 2009, total health expenditure as a proportion of GDP in the Republic of Moldova was the highest in the WHO European Region. This is explained by the fact that the Government had succeeded in allocating its planned expenditure to the health sector, despite a downturn in the economy and a 6% decrease in GDP in 2009. Although in real terms the allocations for the health sector were quite modest, the Moldovan Government showed strong commitment towards previously agreed priorities. The economic fluctuations in the years that followed contribute to explaining the declining proportion of total health expenditure as percentage of GDP for the years 2010–2013; however, it does not necessarily indicate a decline in total health expenditure on health. Table 2 provides an overview of key health system financing figures for the period 2002–2013, and shows that both the 2008–2009 financial crisis and the severe drought that hit the country in the late 2012 had a strong impact on the country's economy (EBRD, 2013).

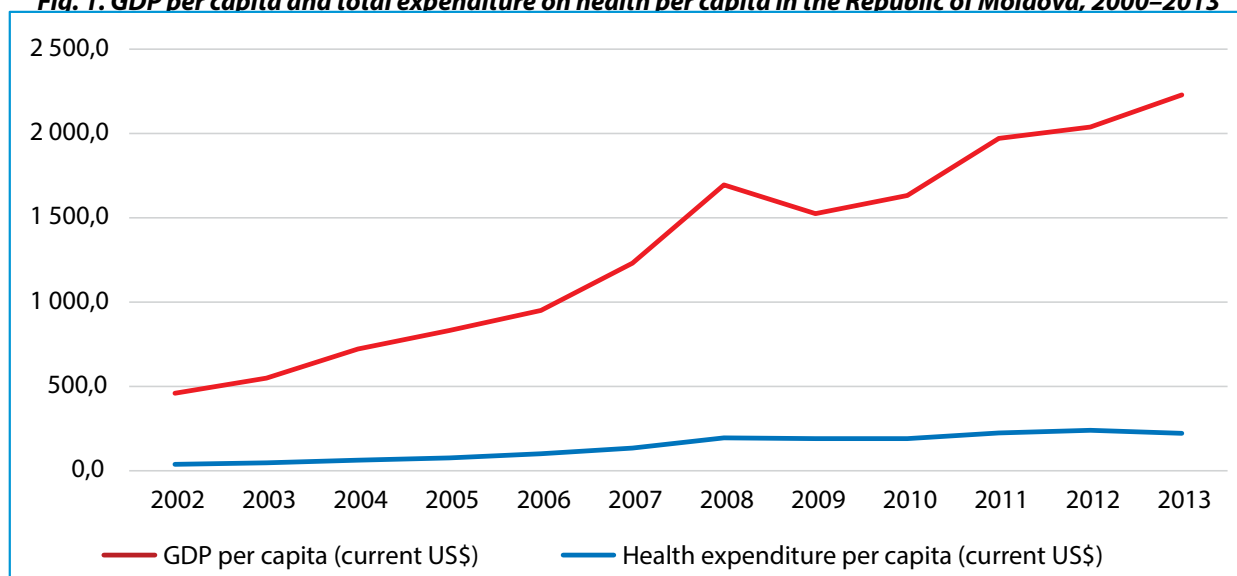
Table 2. Financing of the health system in the Republic of Moldova, 2002–2013

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
GDP growth	7.8	6.6	7.4	7.5	4.8	3.1	7.8	-6.0	7.1	6.4	-0.8	8.9
Health expenditure, total (% of GDP)	8.1	8.3	8.5	9.2	10.6	10.9	11.4	12.5	11.7	11.4	11.7	9.9
GDP per capita (US\$)	458.7	548.3	720.9	831.2	950.7	1 230.8	1 696.0	1 525.5	1 631.5	1 970.6	2 037.6	2 229.1
Health expenditure per capita (US\$)	37.0	45.6	61.1	76.0	100.9	133.8	193.4	190.4	190.4	223.8	238.9	220.2
Health expenditure, private (% of GDP)	4.0	4.4	4.3	5.0	5.9	6.0	6.0	6.4	6.3	6.2	6.4	4.1
Health expenditure, public (% of GDP)	4.0	4.0	4.2	4.2	4.7	4.9	5.4	6.1	5.3	5.2	5.3	4.3
Health expenditure, public (% of total health expenditure)	50.1	47.6	49.3	45.6	44.4	45.2	47.2	48.5	45.8	45.5	45.5	49.8
Out-of-pocket health expenditure (% of total expenditure on health)	39.6	41.9	40.4	44.7	46.1	45.7	45.1	43.7	44.9	45.1	45.3	41.0
External resources for health (% of total expenditure on health)	5.8	3.6	2.8	4.6	4.0	4.2	4.3	7.0	9.6	9.6	7.3	8.2
Health expenditure, public (% of government expenditure)	11.8	12.0	11.9	11.3	11.7	11.7	13.0	13.4	13.1	13.3	13.3	12.7

Sources: World Bank (2014b); National Centre for Health Management National Health Accounts preliminary data for 2013 (unpublished).

This high level of health expenditure as a share of GDP reflects the considerable growth since the mid-2000s in health expenditure levels, both public and private, although in absolute terms, the indicator of health expenditure per capita in the Republic of Moldova remains one of the lowest among the EU-27 Member States in 2013.(US\$ 220.2) (Fig. 1).

Fig. 1. GDP per capita and total expenditure on health per capita in the Republic of Moldova, 2000–2013



Source: World Bank (2014b).

One of the main sources of funding for health is out-of-pocket spending, which amounts to 41.% of total health expenditure. The main contributors to public health expenditure are the National Health Insurance Company (NHIC) and the state budget. The National Health Insurance Fund (NHIF) consists of payroll contributions, transfers from the national budget to cover the 15 categories of non-working population and direct payments from self-insured individuals.

Along with the introduction of mandatory health insurance (MHI), a common fund to collect allocations for health (the NHIF) and an agency to purchase health services (the NHIC) were founded.¹ Payroll contributions are collected via the State Fiscal Inspectorate, and are then transferred directly to the NHIC. Self-insured individuals make direct contributions, purchasing medical insurance policies at a fixed price. The single fund is used by the NHIC to maintain a standard service package (single programme), which is approved annually by the Government, and to cover the costs of projects² to develop health care provider infrastructure (medical equipment and buildings). Acquisition of services is based on contracts, and most contracts are prospective. The package available under MHI covers the inpatient needs while in hospital, specialized outpatient services and a limited range of pharmaceuticals for outpatient care. Emergency medical services and primary care are free of charge, regardless of insurance status, and are covered from the MHI funds, but insured individuals can benefit from partial co-payment for medicines, while non-insured patients cannot. Thus, the MHI fund covers some of the costs of prescribed medicines for the insured population. The financial capacity of private insurers to make additional investments in health care by means of voluntary health insurance is negligible (0.2% in 2012).

The Government contributes to health financing, both by allocating a certain percentage of the budget for the NHIF and by directly financing the public health service, national public health programmes, and several medical institutions subordinated to the Ministry of Health. The State Budget Law sets out annually the sum of transfers from the state budget to health. The State Tax Inspectorate – subordinated to the Ministry of Finance – collects contributions to MHI. These contributions are specifically designed for use within the health sector; they represent a fixed percentage of an individual’s salary (7% in 2013: 3.5% paid by employee and

¹ The NHIC and the NHIF are de facto the same body, working together to ensure the distribution of funds to the facilities, based on various financial mechanisms.

² Facilities submit project proposals on a competitive basis, demonstrating the need and priorities for intervention, as funds for the purpose of modernization are limited.

employer, accordingly); and this percentage is set annually by the Law on Compulsory Health Insurance Funds. As stated in the draft Medium-term Budgetary Framework (MTBF) for 2014–2016 (the health sector expenditure strategy), allocations to the health system will remain above the threshold of 13% of total public expenditure until 2016. The planned increase by 1% of payroll tax each year until 2015 will contribute to enabling this increased level of public expenditure allocations. The payroll tax was set at 8% in 2014, and a significant increase in revenue for the NHIF and health sector expenditure is expected from 2014 onwards.

Table 3. Overview of allocations to the health system from public funds, 2014–2016

Indicators	2014	2015	2016
Total public expenditure (million US\$)	3 043.43	3 303.50	3 585.90
Total expenditure on health (million US\$)	442.63	513.35	520.89
Public health expenditure as % of public expenditure	14.5%	15.5%	14.5%

Source: Ministry of Finance of the Republic of Moldova (2014).

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) (122.57 per 100 000 population) and multidrug-resistant TB, particularly in comparison to other European Union (EU) countries (28.87 per 100 000) and Commonwealth of Independent States (CIS) countries (74.18 per 100 000) (Table 4).

Table 4. Health at a glance, 2011–2012

Indicator	Republic of Moldova (2012)	CIS (2011)	EU-12 (Member States since 2004) (2012)	EU-15 (Member States prior to 2004 enlargement) (2011)
Life expectancy at birth – male	67.15	64.76 ^a	72.12	78.81
Life expectancy at birth – female	75.07	74.84 ^a	79.89	84.09
Infant mortality per 1 000 births	9.81	11.21 ^a	5.52	3.59
Maternal mortality per 100 000 live births	30.43	17.75 ^b	6.16	4.78 ^b
SDR, all causes, all ages, per 100 000 population	1134.95	1186.57 ^a	816.4	523.01
SDR, diseases of the circulatory system, 0–64 years, per 100 000 population	140.5	194.09 ^a	88.18	29.23
SDR, selected alcohol-related causes, per 100 000 population	176.38	–	87.16	48.91
SDR, selected smoking-related causes, per 100 000 population	677.91	–	323.42	157.14
TB incidence per 100 000 population	122.57	74.18 ^b	28.87	6.8 ^b
HIV incidence per 100 000 population	21.27	22.58 ^b	3.14	6.66 ^b

Source: WHO Regional Office for Europe (2014a);

Notes. ^a2010 data; ^b2012 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 both the short and the medium term.

The National Health Policy 2007–2021, Healthcare System Development Strategy 2008–2017 and the United Nations–Republic of Moldova Partnership Framework 2013–2017 (Government of the Republic of Moldova, 2007a; 2007c; 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 to reduce health-related discrepancies among all social groups, while increasing life expectancy at birth, quality of life, intersectoral partnerships 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 services and pharmaceuticals of good quality 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, 2010c) – 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, 2008b).³

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 sixth annual report on official development assistance (ODA) to the health sector and the third 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 set out in the strategic policy documents;
- provide evidence in support of the policy dialogues and the development of coordination mechanisms at national and international levels;
- generate evidence that may help to strengthen development partner coordination in support of the ongoing reforms in the Moldovan health sector;

³ 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.

- provide forecasts of future foreign assistance in both the short and the medium term;
- inform future national strategic plans and development partners' strategies to support the Government of the Republic of Moldova 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, 2014b). The 2011 edition, however, introduced quantitative analysis of development partners' commitment to health system functions, disease areas, types of investment, technical assistance, geographical distribution and relation to the MTBF, as well as qualitative evidence of development partners' alignment with the country's health sector strategies.

This publication provides a full picture of external assistance channelled to the health sector, highlighting not only well-supported areas of intervention, but also relatively overlooked categories, such as NCDs. Reactions to the 2011 and 2012 report were very positive and served as a basis for various decision-making processes. The intention of this report is to capitalize on the previous year's achievements while continuing to improve the report's versatility. The 2012 report was enriched with a new pilot section highlighting ODA channelled into the Moldovan health system through EU-funded regional programmes and projects (the EU "tools") and offered a preliminary view of the public and ODA funds that were to be committed to the sector in the following three years, as per the MTBF subprogrammes. The 2013 report includes the updated MTBF structure being introduced from 2014, thus allowing comparison across years. The new structure of the MTBF includes more subprogrammes (17), compared with the previous structure (5). This information could be useful both for the development partners and the national authorities in terms of next year's strategic planning.

The aim of strengthening aid or development coordination also underlined the Ministry of Health order creating the Health Sector External Assistance Coordination Council in 2009. 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 other relevant institutions. The council has three main objectives: (1) to enable the Ministry of Health to present strategies, priorities, results and further plans to development partners; (2) to ensure broader alignment of all stakeholders' action plans with government strategies; and (3) to improve the overall harmonization of foreign assistance provided to the health sector. This was the first initiative of its kind created at national level, and the Ministry of Health was the first public authority to implement such a coordination mechanism (in March 2009). The Government Decree of 19 January 2010 extended the requirement to establish coordination councils to all other sectors as a means of strengthening the coordination mechanisms around national plans (Government of the Republic of Moldova, 2010a).

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

Furthermore, through recently adopted amendments (Ministry of Health, 2014a), the Ministry of Health extended participation in the regular Health Sector Coordination Council meetings to development partners (15 new-comers) and national authorities not directly involved in the health sector. This initiative builds a solid framework for more inclusive donor coordination mechanisms, involving both national and foreign partners. Bearing in mind the many actions implemented to achieve better intra-sectoral coordination since 2009, this act might also represent a first concrete action towards stronger intersectoral coordination, which reflects the strategic nature of WHO's "Health in all policies" approach (WHO Regional Office for Europe 2014b).

METHODOLOGY

III.

In this chapter, the study design, data collection and data analysis processes for the survey are described (Table 5). The study design comprised two phases: (1) identifying the eligibility criteria and (2) updating the 2012 questionnaire, both of which were inspired entirely by the Paris Declaration. Data collection was conducted through an online interface and strengthened through face-to-face validation interviews. Data analysis was conducted by the research team in close collaboration with the information technology (IT) specialist.

Unlike previous years (2011 and 2012), the research team for the 2013 edition of the survey comprised mainly Ministry of Health personnel. The description and structure of the updated MTBF categories for 2014 year were provided by relevant department from the Ministry of Health, and inputs to the narrative part of the report have been provided by Ministry of Health staff.

Table 5. Process timeline

Date	Process
November 2013	Updating the questionnaire
December 2013	Piloting the questionnaire
January–February 2014	Data collection through the web-based platform
February 2014	Validation interviews with development partner representatives
March–April 2014	Data analysis and report writing
May 2014	Consultations on the process outputs with the development partner community
September 2014	Launching 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 research, based on the inputs collected from the development partners disbursing ODA.

The agencies covered by this enquiry were required to meet two criteria:

- compliance with the Organisation for Economic Co-operation and Development (OECD) definition of an ODA development partner; and
- inclusion in the State Chancellery of Moldova's list of agencies, as reported in Annex I of Government Decision No. 246, issued on 8 April 2010 (Government of the Republic of Moldova 2010b).

The report does not include any humanitarian or philanthropic assistance or sponsorship implemented in the health field.

Development partners that met the criteria but did not disburse funds to the Moldovan health sector in 2013 were not included in this survey. A general summary of the activities implemented is presented in Annex 2 as part of the Glossary.

To avoid double counting, in cases in which one development partner disbursed ODA funds on behalf of another, the development partner that carried out the final disbursement to the country is the one that reported it for that project.

3.1.2 Questionnaire development and pilot

The team developed a questionnaire to collect information on each development partner committed to the health sector in the Republic of Moldova that had disbursed funds in the year 2013.

During the pilot phase, a draft version of the questionnaire was sent to several technical representatives of the development partner community providing ODA to the Moldovan health sector. The pilot phase and further consultations that took place enabled the final version of the questionnaire to be refined and finalized in December 2013.

An online version of the questionnaire was made available to all eligible development partners, with secure access through individual logins and passwords. A glossary of all the terms used in the questionnaire was also provided (presented here in Annex 2). The development partners' questionnaire is available in Annex 1. The completed versions of the questionnaire are available in Annex 3.

3.1.3 Questionnaire structure

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

Sections I and II are based partly on the information that the Government of the Republic of Moldova requests from development partners. In fact, acquisition of these data enables the Ministry of Health to report to the State Chancellery. The design of Section VII is based on the development partner questionnaire used for the OECD's 2011 Survey on Monitoring the Paris Declaration (OECD, 2011c, d). Questions 13 (on project implementation units) and 15–16 (on programme-based approaches) of the aforementioned OECD survey were not included in the current questionnaire as they were not relevant to the Moldovan health sector. The research team also fully developed sections III, IV, V, VI and VIII of the questionnaire for this round.

The first part of the questionnaire (Section I) provides general information on the development partner, its key achievements and milestones and total funds disbursed during the 2013 calendar year. The questionnaire used the calendar (solar) year as the basis time frame because fiscal years may differ from one partner to another.

The second part of the questionnaire collects information on every project implemented by the agency. This includes goals and specific targets; the total amount disbursed in the 2013; and the total budget of each project. Financial efforts were quantified according to type of funding, health system areas, health system categories and disease areas (Sections II, III and IV). This part of the questionnaire was designed to provide information on areas in which donor aid is concentrated in terms of funding and technical assistance. These data are intended to help both authorities and development partners to make informed decisions about future interventions in the health sector. Based on previous years' experience, for the first time, in 2013, partners contributing to health sector through sector budget support (SBS) were not exempted from completing these sections. In fact, surveys from previous years demonstrated that the information requested was fully within the remit of the SBS sponsors. Few changes were made in Section IV: three separate questions and the relevant filters were introduced. These questions are intended to acquire data on funds dedicated to tackling communicable diseases, risk factors and NCDs.

The third part (Sections V, VI and VII) focuses on assessing alignment with MTBF subprogrammes (2013); short-term (2014–2016) aid predictability within the MTBF subprogrammes; geographical coverage; progresses towards achieving the Paris Declaration targets relevant to the health sector; alignment of aid with national policies and strategies; use of public financial systems and procurement systems; donor coordination for joint missions and analytical work; and development partners' multi-year plans. This part is intended to help the Ministry of Health to report on progress towards the Paris Declaration targets and thus to assess development partners' alignment and harmonization. In the new version of the questionnaire, designed for the 2013 edition, "geographical coverage" was intended as a separate section (VI) and a new question was introduced about the regionalization strategy mentioned in the Foreword to this report. Furthermore, in this latest version of the questionnaire all the MTBF subprogrammes were updated and further utilized as benchmarks for the aid predictability section (Section VII).

The fourth and final part of the questionnaire assesses development partners' opinions and levels of satisfaction relating to coordination mechanisms and policy dialogue in the Moldovan health sector (Section VIII).

3.2 Data collection

3.2.1 Online data entry model

As in 2012, data were entered through a web-based platform. The platform designed specifically for the 2011 survey was updated and accessed via an individual secured access login for each donor. The database was placed on the server of the National Centre for Health Management.

Development partners were given a three-week timeframe for data entry across January and February 2014. 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 the task without losing previous inputs. The partners also had access to automatically generated PDF files. These summary texts were intended to enable easy visualization of information provided and facilitate further the data validation process. The system also avoided the difficulties associated with 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 quickly; and generate text files and update the database automatically.

3.2.2 Interviews

All development partners that met the criteria (see 3.1.1 Eligibility criteria) were invited for interviews. These were conducted by the research team across 10 days in February 2014 – either face to face (for those with an office within the Republic of Moldova) or via e-mail (for those without). Interviews were held only after development partners had accessed the online questionnaire and uploaded at least a few answers.

The validation interviews had five aims:

1. to present the goal of the study, the questionnaires and glossary;
2. to collect general comments and reactions relating to the overall process undertaken, and the difficulties encountered;
3. to go through all sections of the questionnaire and the respective definitions provided in order to achieve a good standard of data homogeneity;
4. to note relevant details that did not fit into the existing questionnaire, in order to record where and how the design might be improved for the 2014 study;
5. to obtain extra information on specific issues that could not be recorded/standardized within the questionnaire, owing to their lack of homogeneity across development partners.

3.3 Data analysis

Several methods of data analysis were used, focusing on: (i) generating aggregate analysis for all development partners, their projects and their financial disbursements; (ii) providing qualitative analysis of development partners' feedback on coordination processes; and (iii) 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\$), which is the reporting currency that the Paris Declaration used for all aid harmonization exercises.⁴ The software used the annual average exchange rate reported by the National Bank of Moldova.

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

3.3.1 Data quality

Several processes ensured data quality. During the design stage, the update version (2013) of the questionnaire passed through several rounds of reviews by the extended research team, along with a pilot 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, links to a glossary aimed to standardize interpretation of definitions and questions.

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

The joint effort of development partners and the research team during the validation processes enabled most development partners to complete all parts of the questionnaire. This guaranteed further homogeneity of the results. Development partners with no representative office in the country and thus not participating to the sectoral coordination meeting were exempted from completing Section VIII (on coordination & complementarity).

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

⁴ Annex IV reports the amounts in the original currency disbursed.

LIMITATIONS

IV.

As already mentioned, all exceptions to completion of the questionnaire were agreed by the team and the development partners together. This chapter begins by reviewing all these circumstances and then illustrating some issues that affect the validity of the analysis presented.

Two main circumstances existed, explaining exemptions to the completion of the questionnaire.

1. In order to avoid double counting, in cases in which one development partner disbursed ODA funds on behalf of another, the eligibility conditions stipulate that the development partner that carried out 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 VIII on coordination and complementarity.
2. The same exemption was admitted for development partners with no country office in the Republic of Moldova.

Development partners and the research team made considerable efforts to normalize the variety of development partners' vocabularies and reporting and accounting methods. However, a few causes for 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, III, IV and V to the relevant 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, III and IV of the questionnaire). The development partners had to adhere to their own definitions of 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 (i) implemented a health-related project in the Republic of Moldova (in 2013) through their own offices; and (ii) were involved in other sectors, the administrative costs associated with the health-related projects could not be disentangled from the total administrative costs of the agency. In these circumstances, the development partners found their own methods to estimate the administrative costs requested in the questionnaire.

Finally, it is important to highlight the fact that the data on the MTBF presented in Chapter V (Results) represent a different level of quality and accuracy. In fact, the MTBF subprogrammes are not fully distinct, which may lead to poor accuracy levels. The limitation is the structure of the MTBF, which is based on the government budget planning and reporting standards, while the donors have different budget and reporting structures, thus making it difficult to clearly divide their contribution among 17 subprogrammes. In addition, they have provided answers according to their own terminology.

V.

RESULTS

5.1. Development partners

Based on the ODA criteria outlined in subsection 3.1.1 Eligibility criteria, the research team identified 21 development partners that had disbursed funds to the health sector of the Republic of Moldova in 2013 (Table 6), all of whom participated in the survey. Of these, 15 are multilateral and 6 are bilateral. The picture of ODA partners mapped had not changed much: two donors who did not disburse any funds in 2013 were still active in the sector (Austrian Development Agency (ADA) and the Romanian Government), and one new partner came into the sector (Council of Europe (CoE)).

Table 6. Development partner participation in the survey, 2011–2013

Development partners	2011	2012	2013
Government of Austria	+	+	+
Government of China	+	+	+
CoE			+
CEB		+ ^a	+
Government of Estonia		+	+
EU	+	+	+
GIZ	+	+	+
GAVI	+	+	+
GFATM	+	+	+
IAEA		+ ^a	+
Government of Japan		+ ^a	+
UNAIDS	+	+	+
SDC	+	+	+
TIKA	+	+	+
UNDP	+	+	+
UNICEF	+	+	+
UNECE		+	+
UNFPA	+	+	+
UNODC	+	+	+
World Bank	+	+	+
WHO	+	+	+

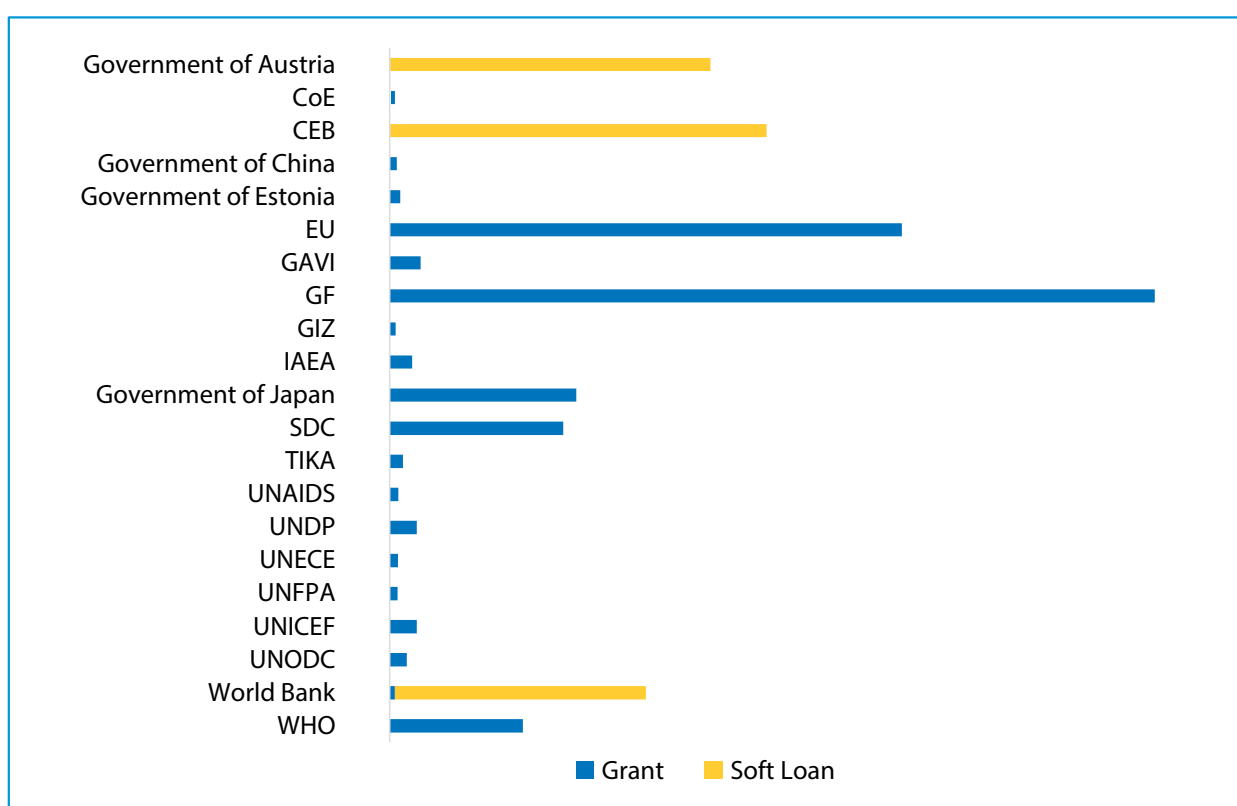
^aAgencies that had an active project in 2012 but did not participate in the 2012 survey.

Five of the development partners activated new projects in 2012 (CoE, governments of Estonia, Austria and Japan, and the Turkish International Cooperation and Development Agency (TIKA)).

The projects reviewed in this study started, ran throughout or ended in 2013. Overall, development partners reported 54 projects, the majority of which have already featured in the previous editions of this report. A total of US\$ 64 023 141 was disbursed to the Moldovan health sector in 2013. This represents a 25% increase from the 2012 level (US\$ 46 392 051) and a 19% increase from the 2011 level (US\$ 51 855 929).

Of the 54 projects, only three were funded through soft loans, while the others were all funded through grants (Fig. 2). In terms of ODA allocated within the framework of bilateral and multilateral agreements, the donors allocating the most significant non-refundable components to the Republic of Moldova were the EU and the Swiss Agency for Development and Cooperation (SDC). Both entities used different implementation processes at the national level, and in certain cases coordinated or pooled funds to other partners for project implementation.

Fig.2. Overall ODA disbursed by development partner and type of disbursement, 2013



^aAgencies that had an active project in 2012 but did not participate in the 2012 survey.

Two development partners reported co-financing from the Ministry of Health: the Council of Europe Development Bank (CEB) and the GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation (GAVI)).

Funding in the form of grants totalled US\$ 43 168 146, while the total in the form of soft loans disbursed was US\$ 20 854 994 (Fig. 3). The soft loans component amounted to 33% of the total ODA disbursement that took place in 2013.

Fig.3. Grants and soft loans, 2011–2013

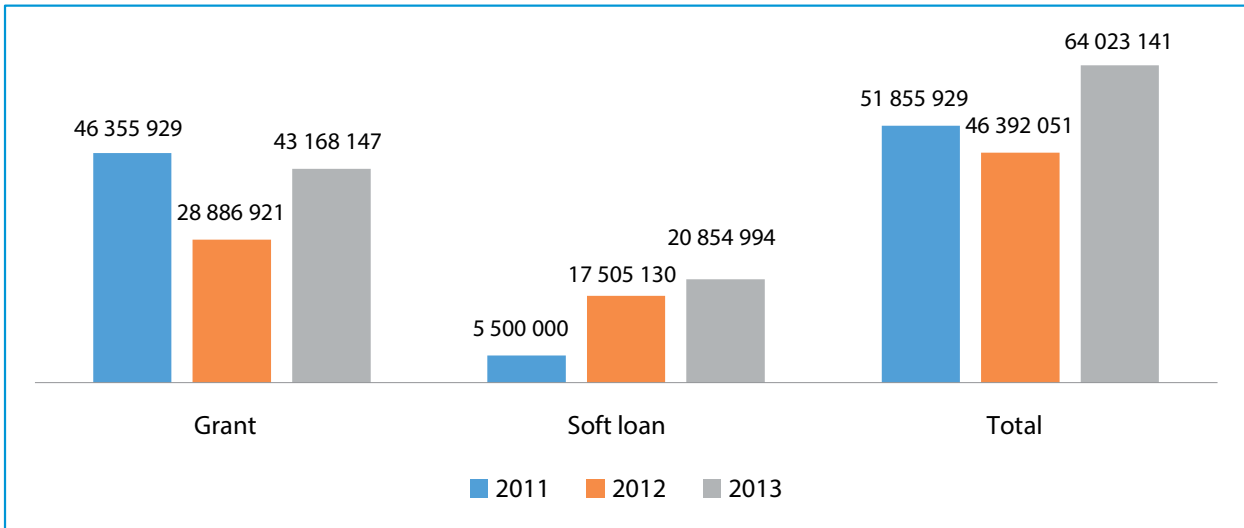
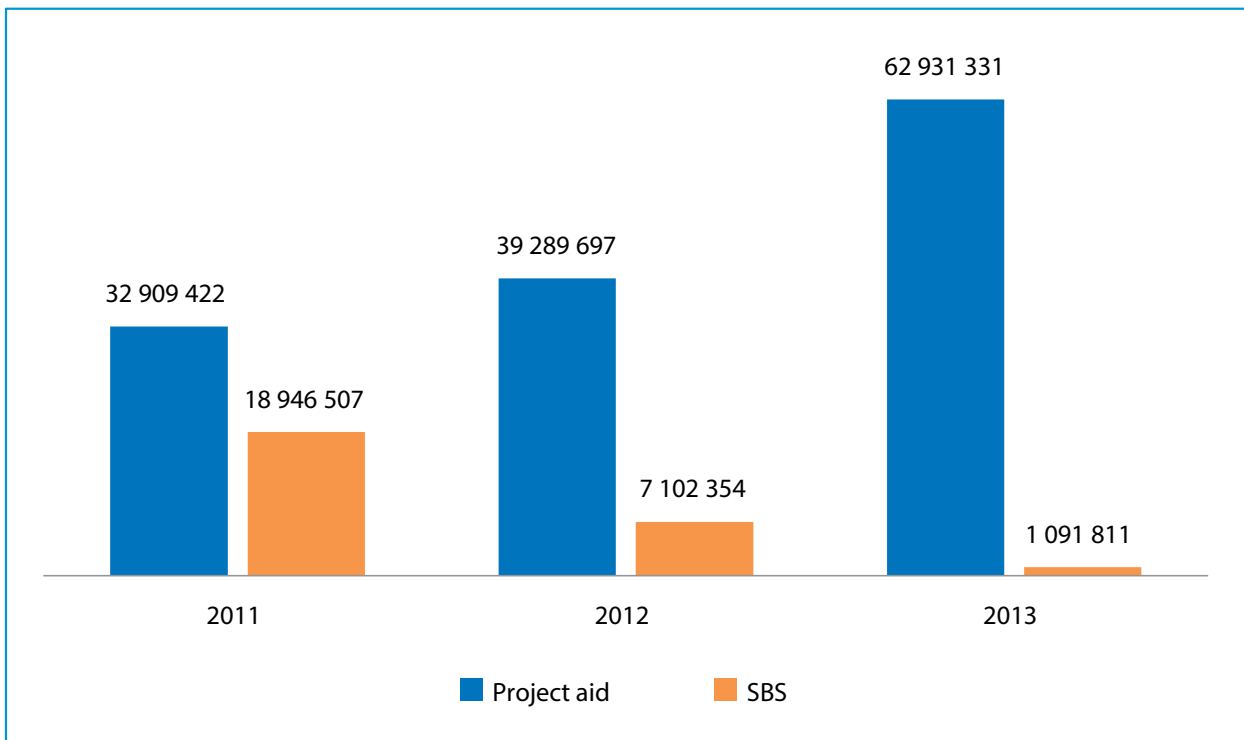


Fig. 4 illustrates the distribution of the total ODA disbursed by project-based aid or SBS. Of the 54 projects, one operates under an SBS agreement, while all others are project based.

Fig. 4. Project aid and SBS, 2011–2013



5.2. Geographical coverage

The vast majority of the development partners (18 out of 21) indicated that the support they receive is at national level. Eight partners also reported funding projects targeted at individual regions and four reported to have implemented projects in pilot sites (Table7).

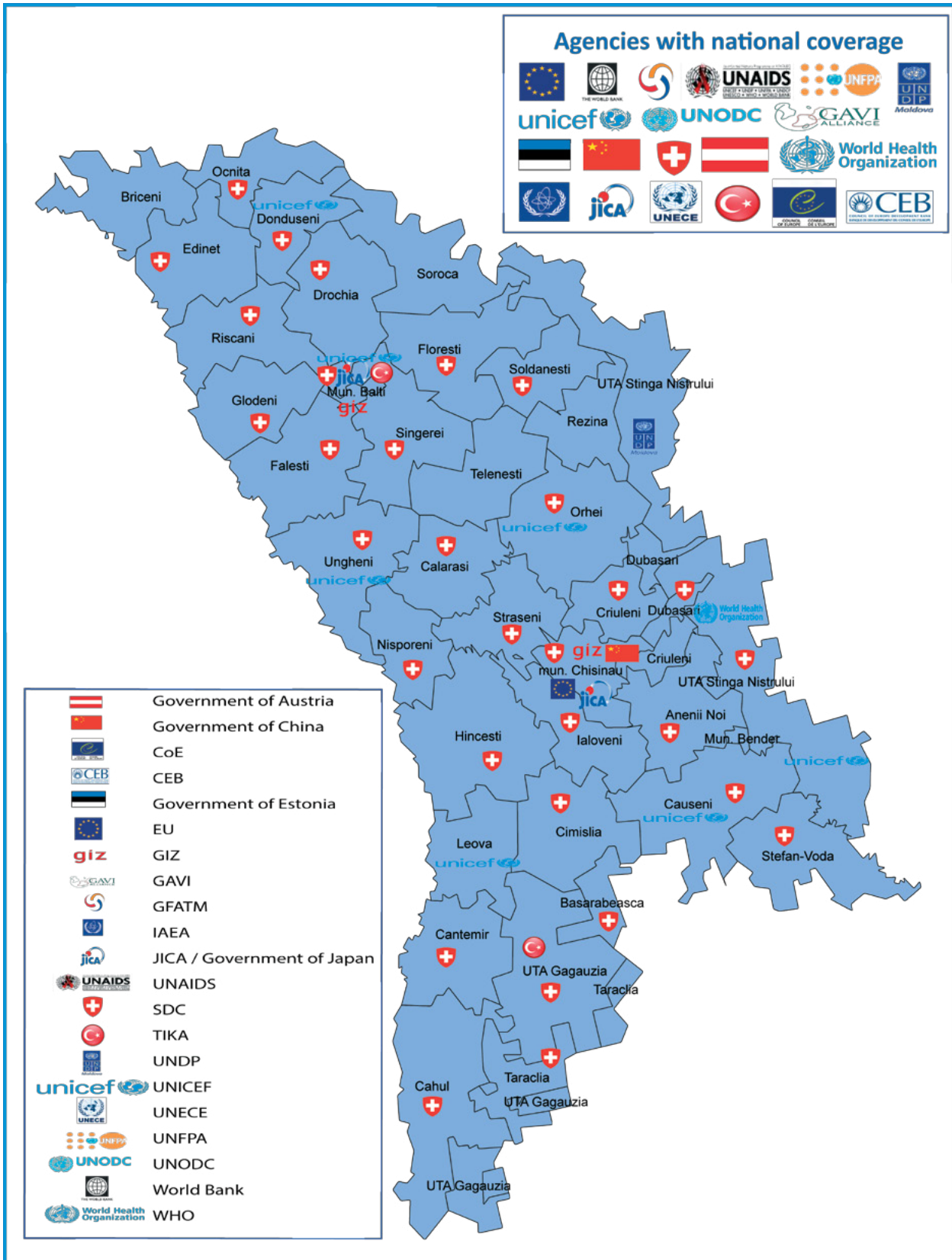
Table 7. Geographical coverage of development partners (national, regional, pilot sites), 2013

Area		Development partners
National		Government of Austria, CoE, CEB, EU, GAVI, GFATM, Government of Estonia, IAEA, SDC, TIKA, UNDP, UNAIDS, UNICEF, UNECE, UNFPA, UNODC, World Bank, WHO
Targeted region	Chişinău	GIZ, Government of China, Government of Japan (JICA), SDC, EU
	Balti	GIZ, Government of Japan (JICA), SDC, EU, UNICEF
	Northern region	GIZ, SDC, EU
	Central region	GIZ, SDC, EU
	Southern region	GIZ, SDC, EU
	ATU of Gagauzia	SDC, TIKA, EU
	Transnistria region	SDC, UNDP, UNICEF
Pilot sites		Government of China, Government of Japan (JICA), SDC, UNICEF

Fig.5 shows the distribution of development partners by district. In some cases, more than one development partner is active in some districts, while in five districts (Bender, Briceni, Soroca, Rezina and Telenesti) no dedicated projects or programmes are under way. Telenesti is the only district that has not been the focus of any project implementation by development partners in the last 3 consecutive years. The number of districts not benefitting from any projects decreased from 13 in 2011 to seven in 2012 and again to five in 2013.

As stated in the Foreword, this survey also aimed to analyse aid alignment towards with the regionalization process. One third of the development partners confirmed having considered the regionalization process in the carrying out of their policies. The remaining two thirds of the respondents either did not answer or considered the question “not applicable” for their case. It should also be mentioned that the vast majority of the projects assessed started before the inception of the debate on regionalization.

Fig. 5. Development partners by district, 2013



Source: National Centre for Health Management data (unpublished).

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

Fig.6 shows the distribution of the disbursements for the year 2013 across different types of funding category: investments rose to 78% from 62.2% in 2012 and from 58.5% reported in 2011. Technical assistance decreased to 17.3% from 32.7% obtained in 2012 and 32.5% in 2011. The administrative costs held steady at 4.6% (5.1% in 2012). The EU, CEB, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Government of Austria and the World Bank provided the largest share (85%) of the investment quota, both in terms of grants and loans.

Fig. 6. Total disbursement by funding category, 2011–2013

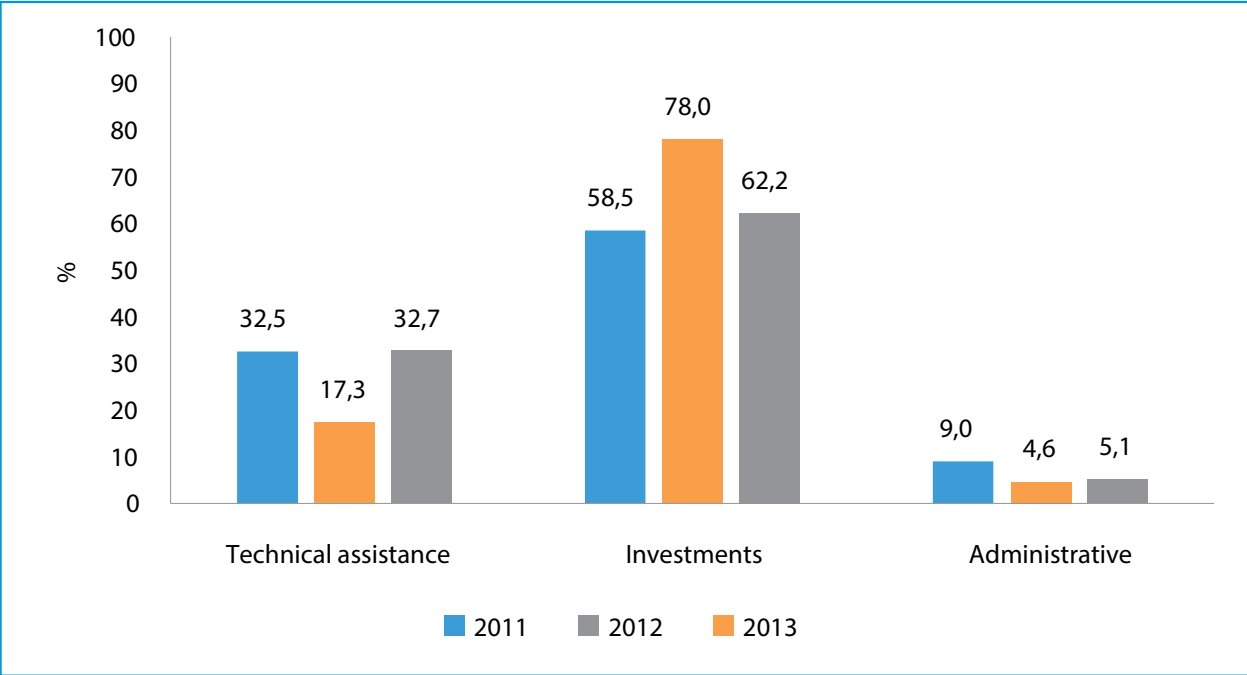


Fig. 7 illustrates the distribution of the investment quota (78% of total ODA disbursements) across five components (construction and refurbishment, medical equipment, IT, medical supplies, and other). The core share of investments is divided between construction and refurbishment and medical equipment. It is worth noting that the IT category received a significant lack of attention, not even reaching 1% compared with other investment areas. The “other” component includes such items as patient support and incentives, solar panels and non-medical equipment.

Fig. 7. Investment funds by component, 2011–2013

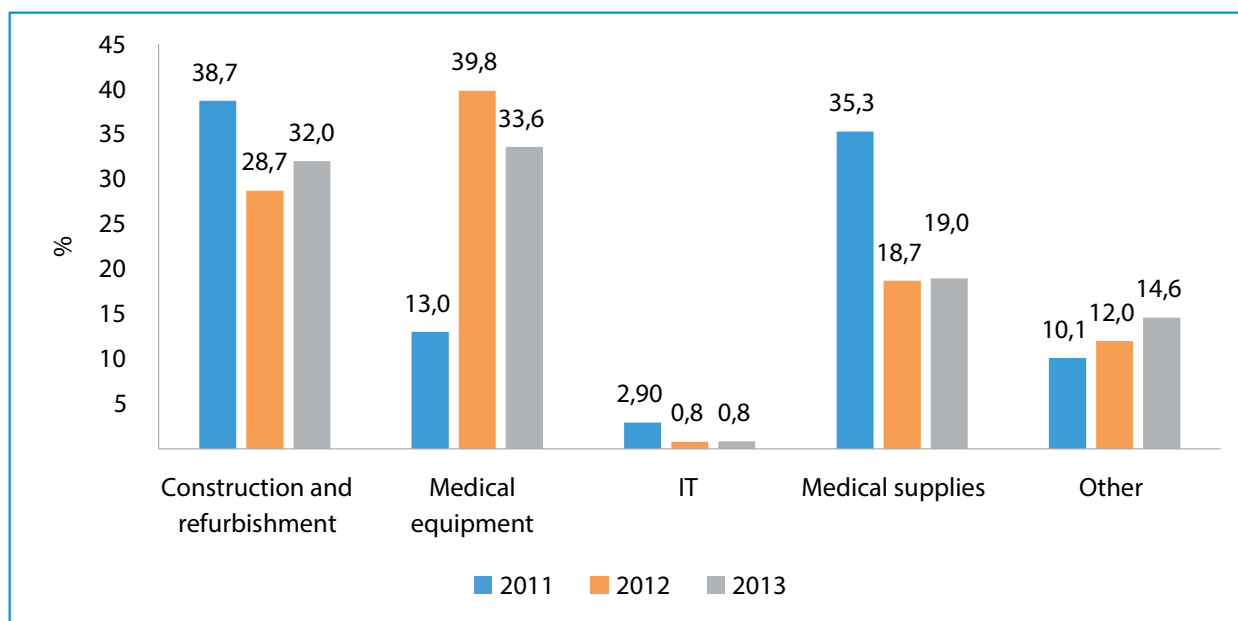


Fig. 8 shows the distribution of the 17.3% of technical assistance funds across five components (policy, capacity building, guidelines and protocols, legal framework, and other). The “other” component includes training and other knowledge transfer activities, mainly focusing on civil society (for example, advocacy and awareness-raising activities, identification of priorities and development of new projects).

Fig. 8. Technical assistance funds by component, 2011–2013

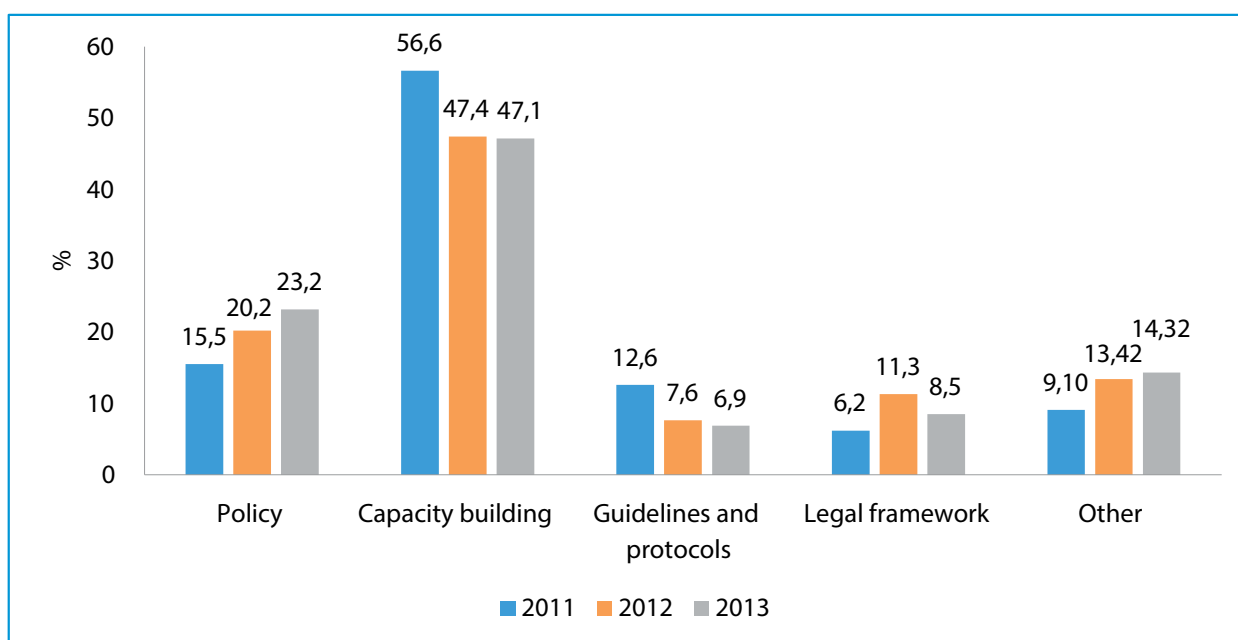
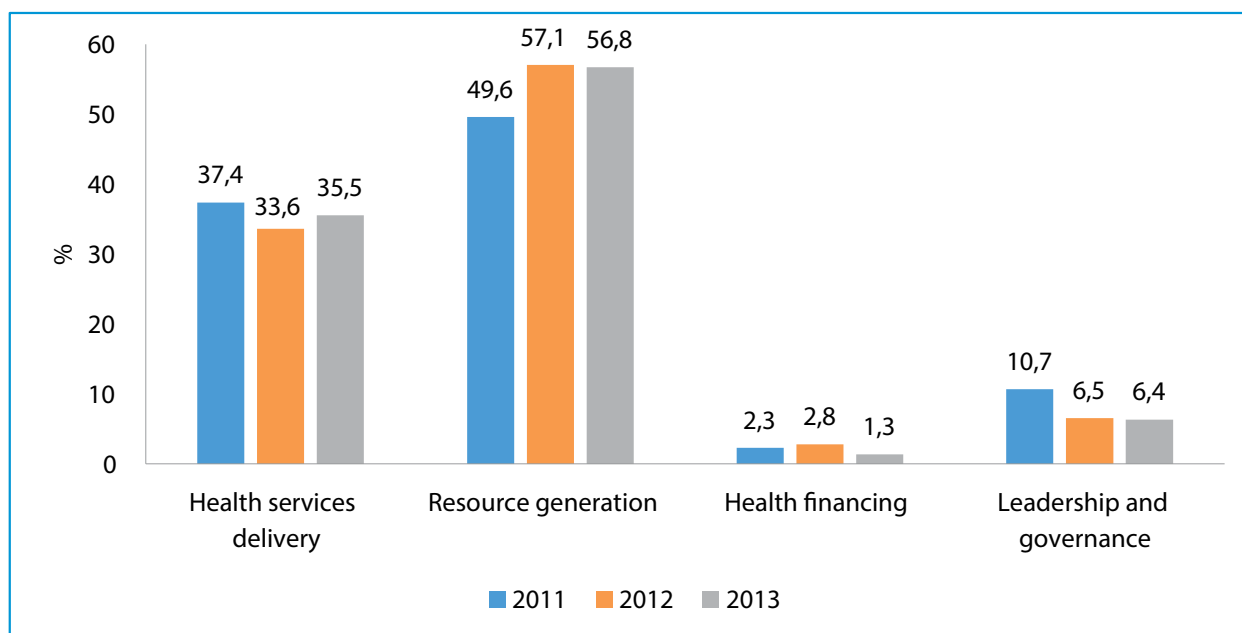


Fig. 9 illustrates the distribution of total disbursements among the four health system functions:⁵ health services delivery, resource generation,⁶ health financing, and leadership and governance.

⁵ The Council of Europe assistance through “Health in Places of Detention: Human Rights Approach to Confidence Building Measures (CBMs) in the Transnistrian Region of the Republic of Moldova” project support was included in the analysis. However, the mapped assistance mentioned – even where it impacts population health – is targeted towards the penitentiary health service, which legally falls under the justice sector rather than the health sector in the Republic of Moldova.

⁶ Resources are defined as the inputs required to make health systems work (human and financial resources, drugs, supplies and equipment, and infrastructure) (WHO, 2014).

Fig. 9. Disbursement of health system functions, 2011–2013



The health services delivery quota is further divided into four components (primary health care, hospital care, public health services, and emergency care) (Fig. 10). Hospital care remains the main area benefiting from the health services delivery quota, gaining in real terms an increase of more than US\$ 10 million. Investment in primary health care remains fairly stable in comparison with 2012 at 22.5%, while public health services increased from 11.9% to 15.7% and support provided to emergency care doubled compared with 2012.

Fig. 10. Disbursement of health services delivery quota, 2011–2013

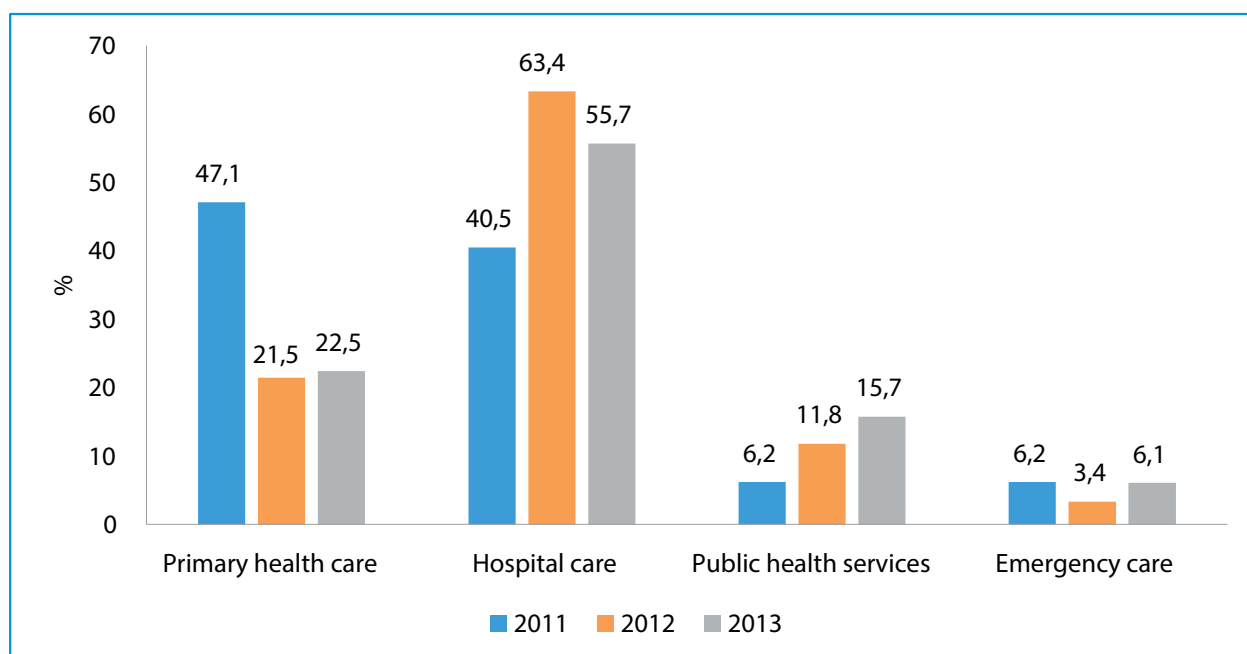
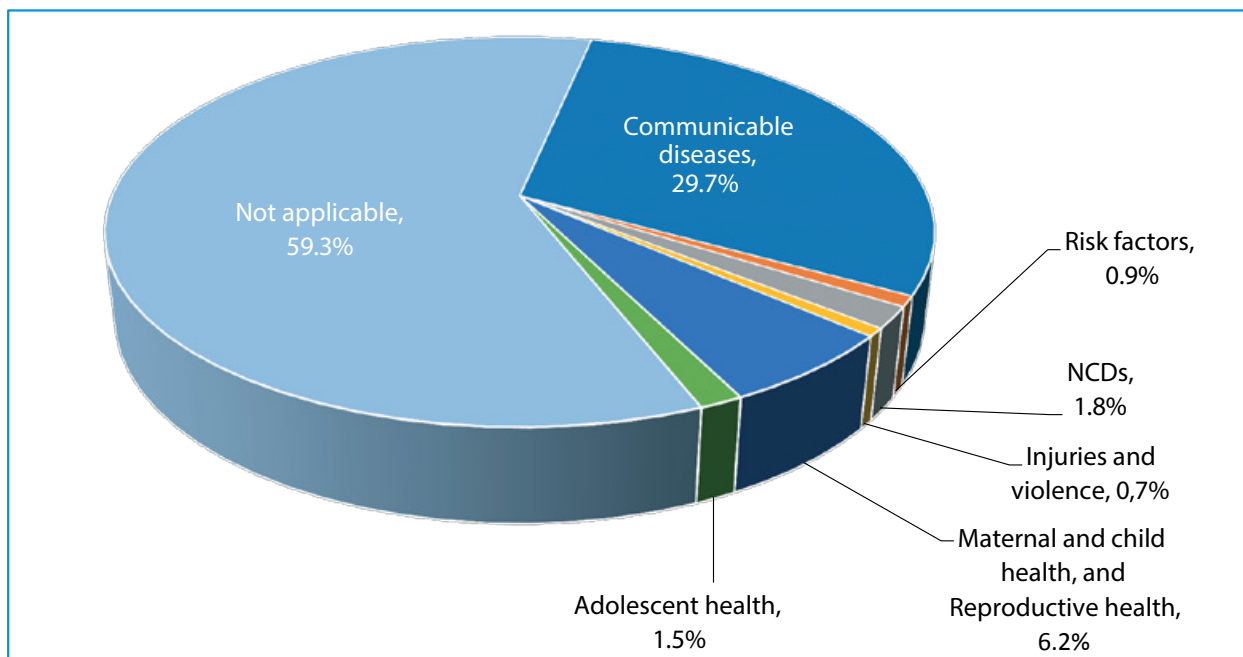


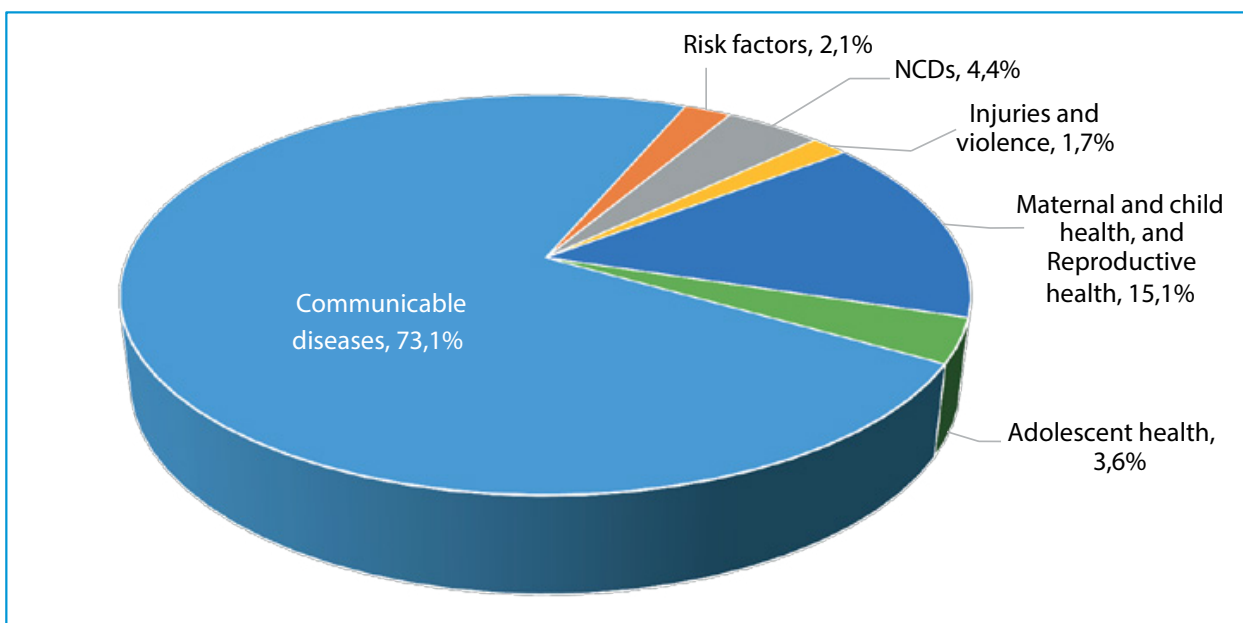
Fig. 11 shows the distribution of total ODA disbursements across different health priority programme areas. The return rate for this question was 40%. In fact it only concerns projects and programmes that deal with specific diseases, and the other 60% of interventions that represent investments or assistance targeted towards highly specialized health services are not included in the detailed analysis.

Fig. 11. Disbursement according to health priority programme areas, 2013



However, further analysis of the distribution enabled the funds targeted to the specific health programme areas to be identified. The largest share (73.1%) was spent on communicable diseases, followed by the category maternal and child health and reproductive health (Fig. 12).

Fig. 12. ODA distribution according to health priority programme areas (excluding not applicable category), 2013



5.4. Alignment with national frameworks

Table 8 shows the development partners' alignment with national health sector policies, strategies or programmes. The majority of the development partners interviewed (13 of 21) are working towards the priorities set out in the National Health Policy 2007–2021.

Table 8. Development partner alignment with national frameworks, 2013

Health policy, strategy or programme	Development partners (total number)
National Health Policy 2007–2021	UNODC; UNICEF; UNFPA; UNECE; UNAIDS; WHO; CEB; Government of Japan; World Bank; GIZ; Government of Austria; SDC; Government of Estonia (13)
Healthcare System Development Strategy 2008–2017	UNAIDS; EU; WHO; IAEA; CEB; SDC; World Bank; GIZ; Government of Austria; Government of China; Government of Estonia; UNDP; UNICEF (13)
State Policy on Pharmaceuticals	WHO (1)
National Reproductive Health Strategy 2005–2015	WHO; SDC; UNFPA; UNICEF; Government of Estonia (5)
National Anti-Drug Strategy 2011–2018	WHO; UNODC (2)
Primary Health Care Development Strategy 2010–2013	WHO; SDC; World Bank; UNFPA; Government of Estonia (5)
National Programme for Viral Hepatitis B, C and D Control 2012–2016	WHO (1)
National Programme on Healthy Lifestyle Promotion 2007–2015	WHO; UNFPA; UNICEF; Government of Estonia (4)
National Mental Health Programme 2012–2016	WHO; SDC; UNDP (3)
National Blood Transfusion Safety Programme 2012–2016	WHO; CEB (2)
National Immunization Programme 2011–2015	WHO; GAVI; UNICEF (3)
National Programme on Prevention and Control of HIV/AIDS and STI for 2011–2015	WHO; GFATM; UNODC; UNDP; UNAIDS; UNFPA; UNICEF; CoE (8)
National TB Prevention and Control Programme 2011–2015	WHO; GFATM; CoE (3)
National Programme for Diabetes Control 2011–2015	WHO (1)
National Programme for Emergency Care Development 2011–2015	WHO; SDC (2)
National Programme on Tobacco Control 2012–2016	WHO (1)
National Programme on Alcohol Control 2012–2016	WHO (1)
National Transplant Programme 2012–2016	EU; Government of Austria (2)
National Programme on Iron and Folic Acid Deficiencies 2012–2017	UNICEF (1)
National Programme on Iodine Deficiency Disorders Eradication 2011–2015	UNICEF (1)

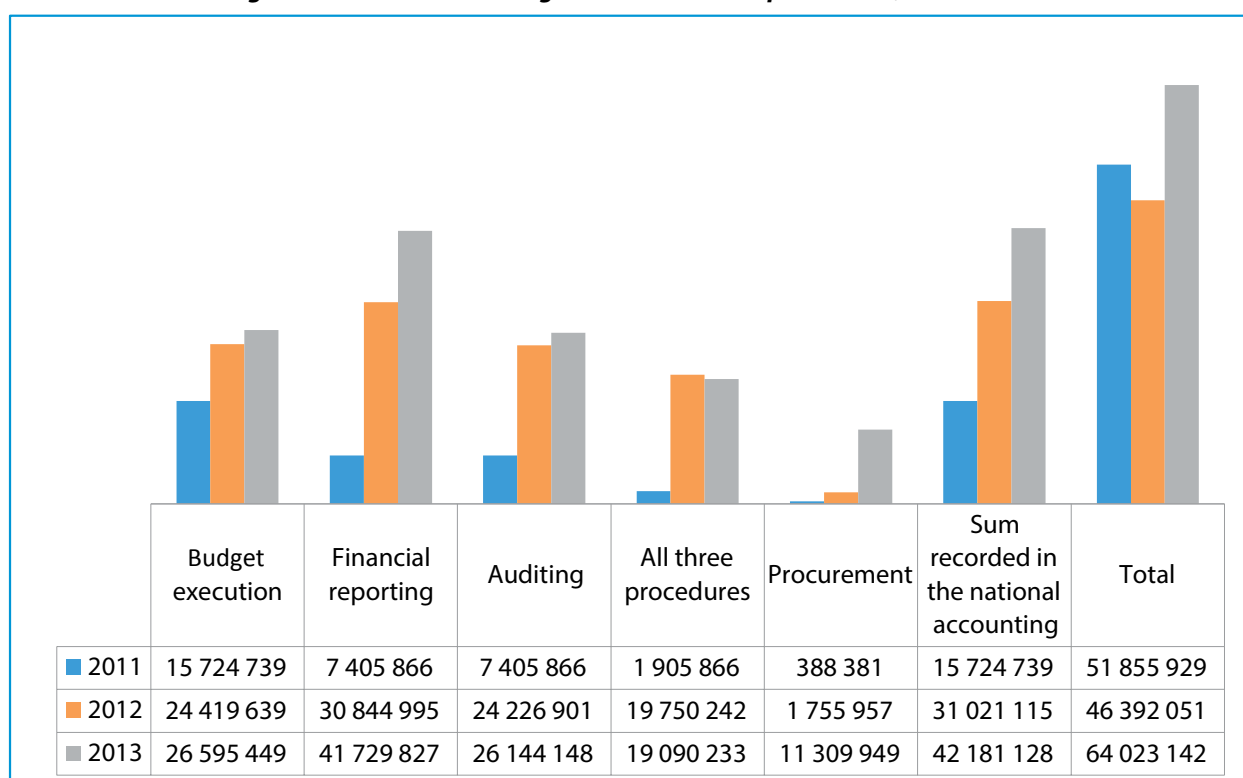
The distribution of survey responses shows that 17 of the 21 development partners declared that their contributions are aligned with the main health sector strategies; two partners (GFATM and GAVI) declared that they are only working towards goals set by subsectoral programmes or strategies. It is also important to note that several national programmes are funded by one single donor or development partner.

5.5. Financial management systems

Only seven development partners (33%) confirmed that they recorded their funds in the 2013 health sector budget; 11 said that they did not, two did not know and one did not answer the question. A total of US\$ 42 181 128 (66% of all disbursements) was recorded in the national accounting system in 2013 (Fig. 13). A detailed look at these data show that 42% of the funds used national budget execution procedures in 2013 (down from 53% in 2012); 65% used national financial reporting procedures (similar to 2012; 66%) and 41% used national auditing procedures (down from 52% in 2012). All three procedures were used to make up 30% of the funds in 2013 (down from 43% in 2012).

In 2013 the share of ODA disbursed in the health sector using national procurement procedures represents a sharp increase to 18% (versus 4% in 2012 and 1% in 2011). This is mostly owing to the expansion of the SBS programme implemented by the EU.

Fig. 13. Disbursements using national financial procedures, 2011–2013

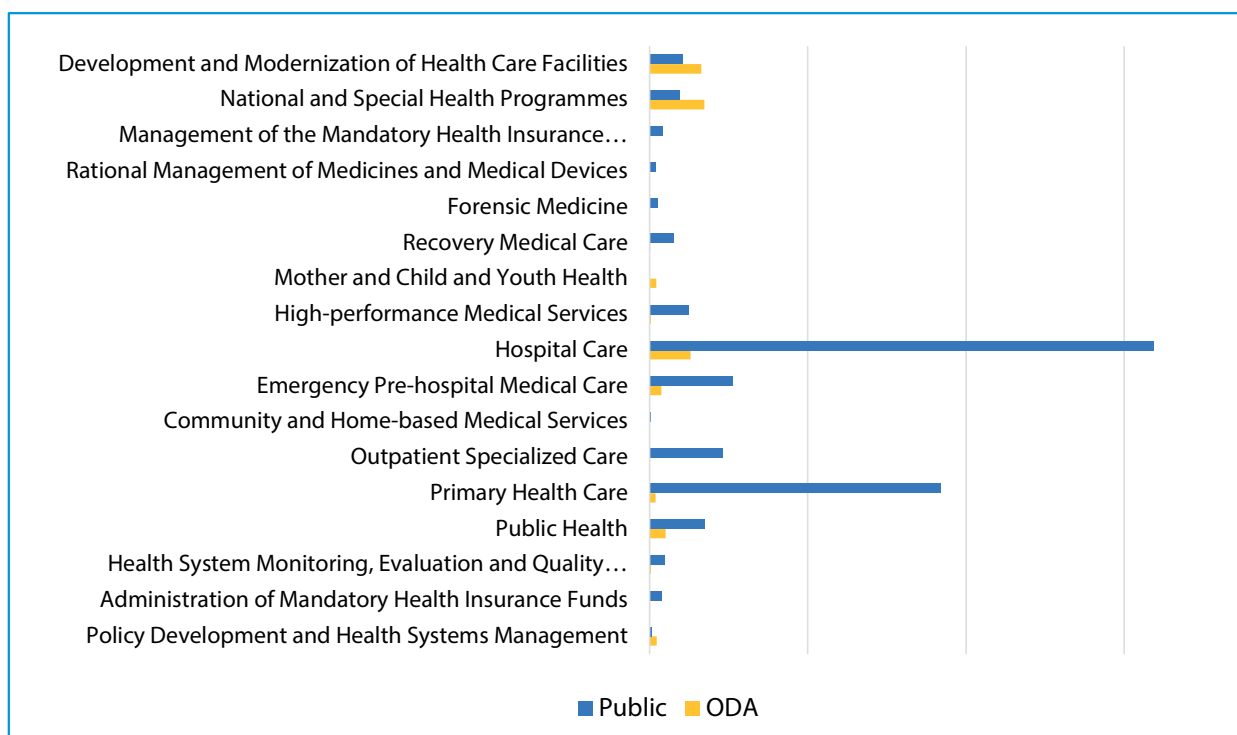


5.6. Medium-term budgetary framework

Section VI of the questionnaire asked development partners to indicate the health sector MTBF subprogrammes to which they contributed in 2013. As stated in Chapter IV of this report (Limitations), the MTBF subprogrammes were not aligned with the donors' budgets and reporting structures. This resulted in a lack of confidence in and a reluctance to use these categories, not only in this report but also by the development partner community more generally. The highest contributions were channelled into the "National and Special Health Programmes" (16), "Development and Modernization of Health Care Facilities" (17) and "Hospital Care" (9) subprogrammes (Fig. 14), followed by the "Public Health" (4) and "Emergency Pre-hospital Medical Care" (8) subprogrammes (see also Annex II).

Fig. 14 also reports public figures. The largest share of Moldovan public expenditure on the health sector (42.1%) was spent on hospital care services. The second priority area receiving financial support was primary health care (24.4%), while public health – which deals with NCDs (the main morbidity and mortality factor in the country) – received only 4.6%.

Fig. 14. Public expenditure and ODA funds on MTBF subprogrammes, 2013

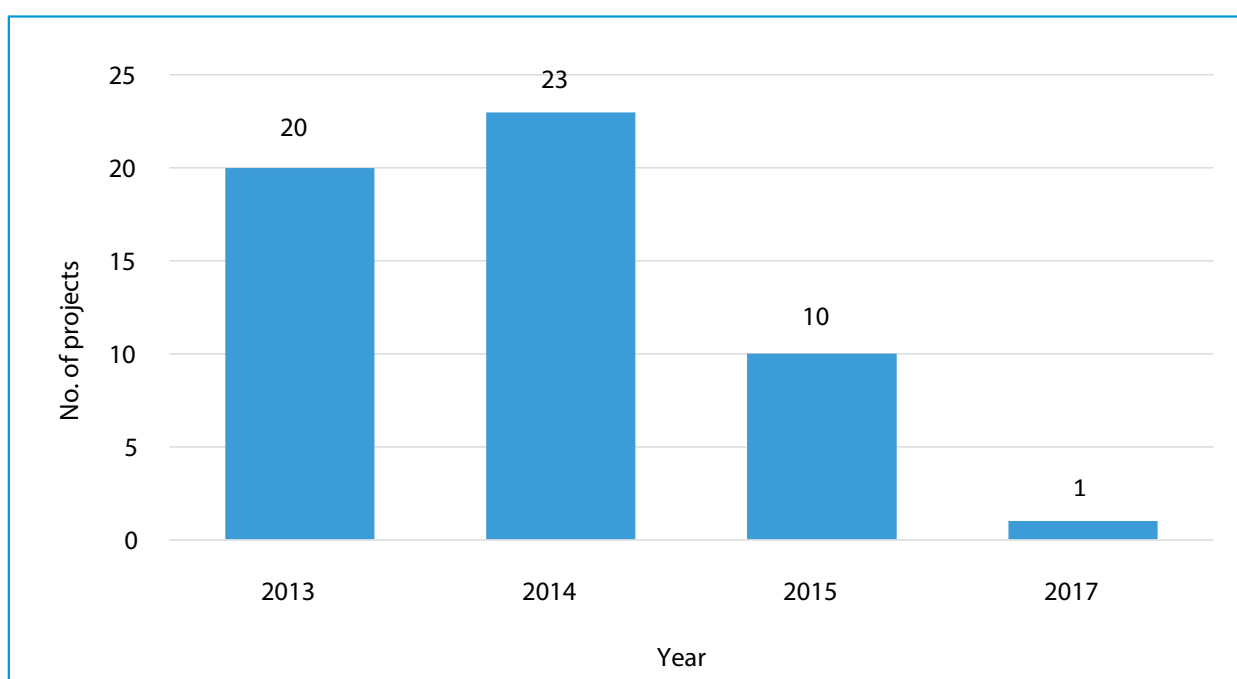


Sources: raw data from the Budget, Finance and Insurance Department of the Ministry of Health (unpublished), along with current survey data.

5.7. Aid predictability

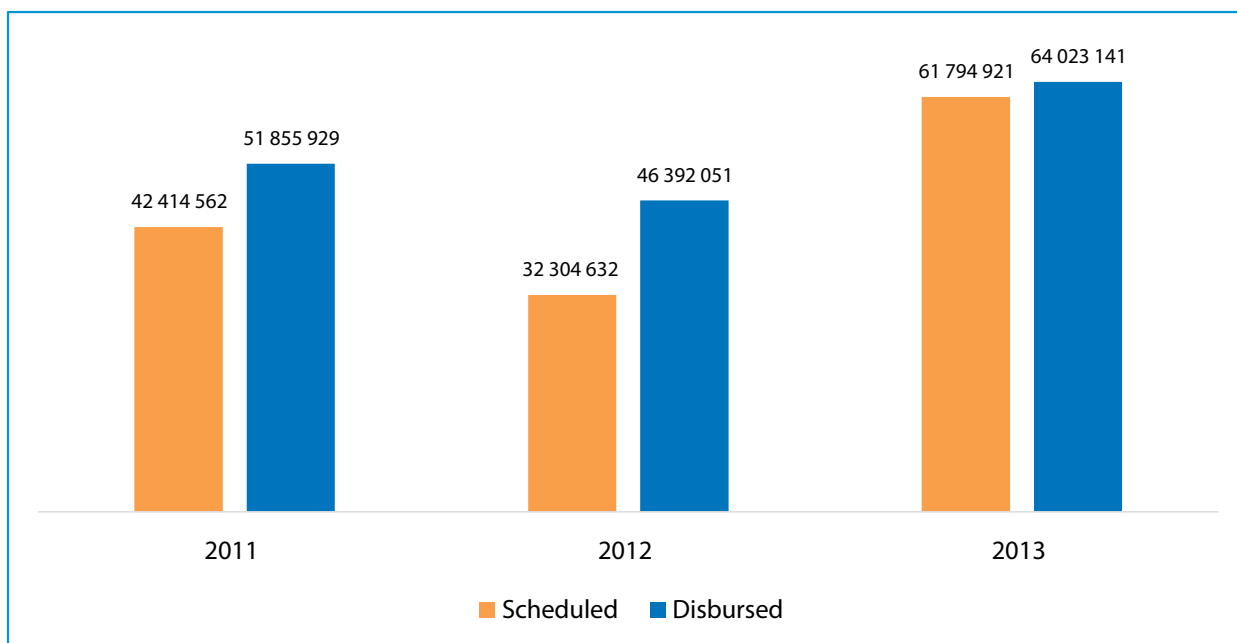
This report reviews 54 projects, most of which are due to end within the 2014 (Fig. 15).

Fig. 15. Projects concluding by year, 2013–2017



The total amount of ODA disbursed in 2013 exceeded the sum scheduled for that year by only 3% (which in real terms translates into US\$ 2 228 220 of unanticipated funds). As shown in Fig. 16, the difference between scheduled and disbursed funds decreased considerably from the 2011 and 2012 levels.

Fig. 16. Scheduled and actual ODA disbursement, 2011–2013



The vast majority of the development partners interviewed (20 of 21) intend to continue to support the Moldovan health sector in the future (Fig. 17). Of these, 10 partners plan to be involved until 2016 and 19 until 2015. One development partner (CEB) is uncertain about maintaining their ODA programmes in Moldova.

Fig. 17. Development partner commitment to future ODA in 2014–2017

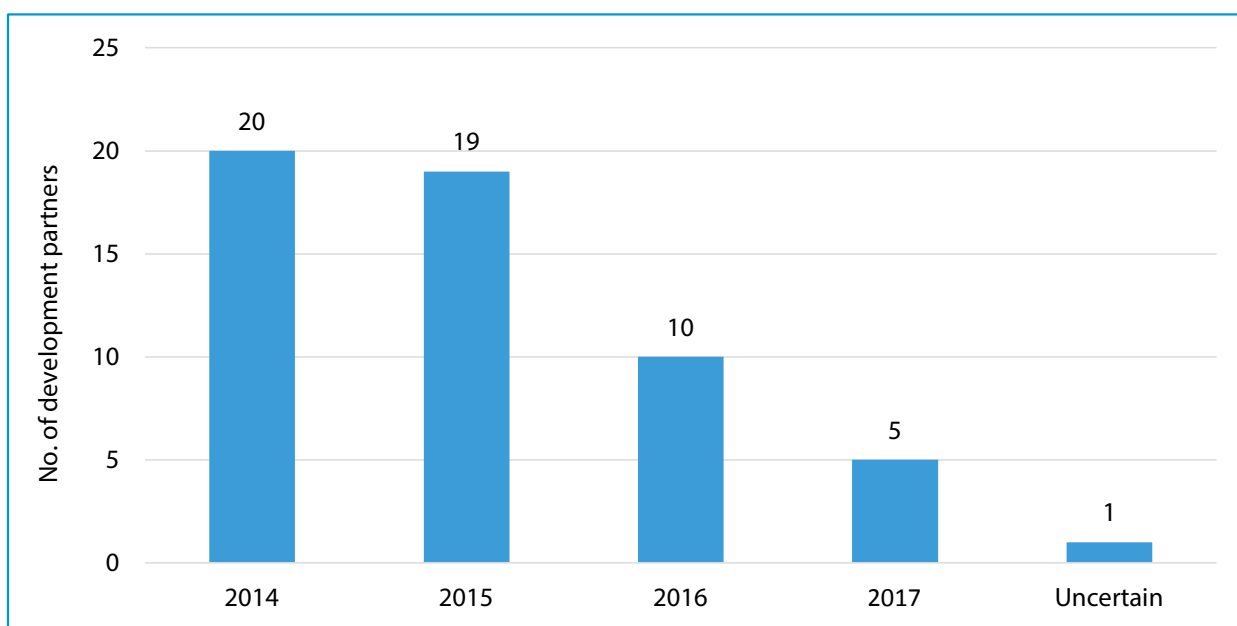


Table 9 presents the commitment of all development partners interviewed to donate public and ODA funds to MTBF subprogrammes in 2014. ODA is considered as a component of the overall contribution dedicated to each MTBF priority, with public funds constituting a second component within the ODA funding element. The data provided by the National Health Accounts Centre of the Republic of Moldova enabled the share of public funds pledged to each MTBF category to be analysed. The results present an integrated picture of total funds planned for 2014, including both the public and the development partner contributions. In addition, the final column presents the distribution of public funds across the MTBF subprogrammes, as a share of the total public funds pledged to the health sector. Although the data are estimations representing less than half of the ODA disbursed in 2013, this kind of presentation gives a better understanding of foreign aid channelled into the sector. It should be noted that “Mother and Child and Youth Health” is one of the cases in which two or more categories overlap (as mentioned in Chapter 4 of this report (Limitations)). The funds pledged within this category can in fact be included in other subprogramme categories, such as “Hospital Care” or “Emergency Pre-hospital Medical Care”. In this case, the category receiving the most would be “Policy Development and Health Systems Management” category, followed by the categories “National and Special Health Programmes” and “Development and Modernization of the Health Care Facilities”.

Table 9. Public and ODA funds pledged within MTBF subprogrammes, 2014

MTBF SUBPROGRAMMES	2014		2014
	ODA (%)	Public funds (%)	Public funding as % of total public funds pledged to health sector (%)
Policy Development and Health Systems Management	56	44	0.2
Administration of MHI Funds	6	94	1.2
Health System Monitoring, Evaluation and Quality Management	17	83	1.0
Public Health	8	92	3.4
Primary Health Care	1	99	24.6
Outpatient Specialized Health Care	0	100	6.0
Community and Home-based Medical Services	0	100	1.2
Emergency Pre-hospital Medical Care	8	92	6.9
Hospital Care	2	98	40.3
High-performance Medical Services	0	100	2.8
Mother and Child and Youth Health	100	0	0.0
Recovery Medical Care	0	100	2.0
Forensic Medicine	0	100	0.5
Rational Management of Medicines and Medical Devices	4	96	0.7
Management of the MHI Reserve Fund	0	100	1.3
National and Special Health Programmes	24	76	4.1
Development and Modernization of Health Care Facilities	29	71	3.8
Total	6	94	100.0

Table 10 presents the data on the planning cycles of all the development partners interviewed.

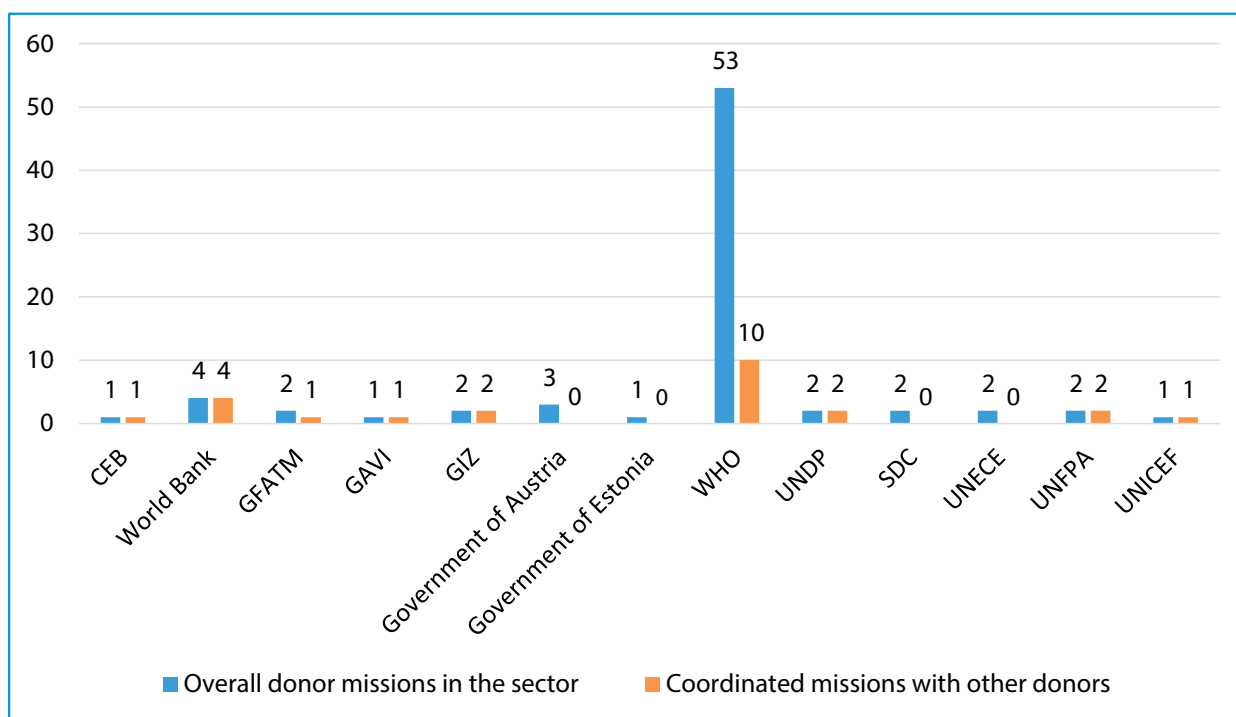
Table 10. Development partner planning cycles

Development partner	Current plan	Next plan
CoE	2013 – 2015	
CEB	Project-based plan under the country request scheme	
EU	Country Strategy Paper 2007–2013; National Indicative Programme 2011–2014	
GIZ	Project-based plan for 2014–2016	
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
GFATM	2010–2015 TB; 2010–2015 HIV	New Funding Model opened in 2014
Government of Austria	Project-based plan, concessional loan aid	
Government of China	Project-based plan, 2014	
Government of Estonia	Strategy for Estonian Development Cooperation and Humanitarian Aid 2014–2015	2016 (negotiations to be started beforehand)
Government of Japan	Project-based plan, General Grant Aid Scheme, small grant funding programme for investments (Kusanone scheme)/small technical assistance grants, concessional loan aid	
IAEA	UNDAF 2013–2017, biannual project application-based interventions	2016–2017
UNAIDS	UNDAF 2013–2017, biannual rolling bilateral plans with Ministry of Health, 2014–2015	
SDC	Swiss Cooperation Strategy 2010–2013	Swiss Cooperation Strategy 2014–2017
TIKA	Project-based, small grant funding scheme for investments/capacity building projects	
UNDP	UNDAF 2013–2017	2018–2022
UNICEF	UNDAF 2013–2017, biannual rolling bilateral plans with Ministry of Health, 2013–2014	Biannual rolling bilateral plans with MOH, 2014 – 2015
UNECE	UNDAF 2013–2017, project-based plan	
UNFPA	UNDAF 2013–2017, annual bilateral plans with Ministry of Health	2018–2022
UNODC	UNDAF 2013–2017, project-based plan	
World Bank	Country Partnership Strategy 2007–2014	World Bank Group Country Partnership Strategy for 2014–2017
WHO	UNDAF 2013–2017, BCA 2012–2013	UNDAF 2013–2017, BCA 2014–2015

5.8. Development partner coordination and complementarity

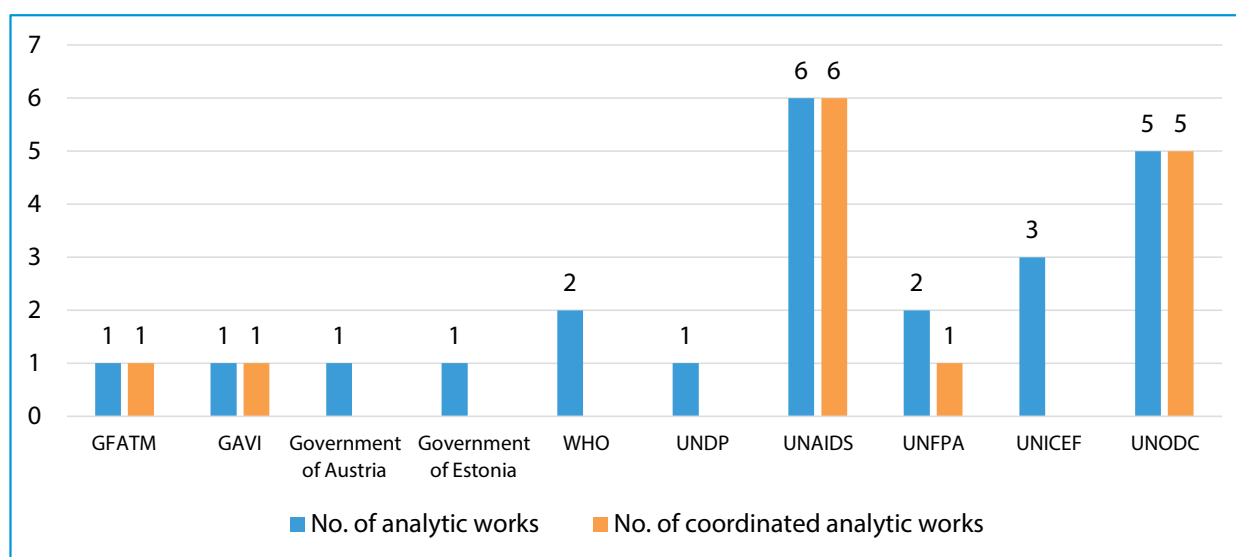
Of the 21 development partners for 2013, 13 undertook a total of 76 expert missions. Of these, 21 missions (28%) were coordinated and conducted jointly with other development partners (Fig. 18). The agency with the highest number of missions undertaken in 2013 was WHO (53 missions). Of the WHO missions conducted, 10 were carried out jointly with other development partners.

Fig. 18. Missions conducted, 2013



A total of 23 analytical works were produced in 2013. Most of these were produced by 10 development partners. Of them, 14 analytical works (61%) were jointly coordinated with other agencies (Fig. 19).

Fig. 19. Analytical works produced, 2013

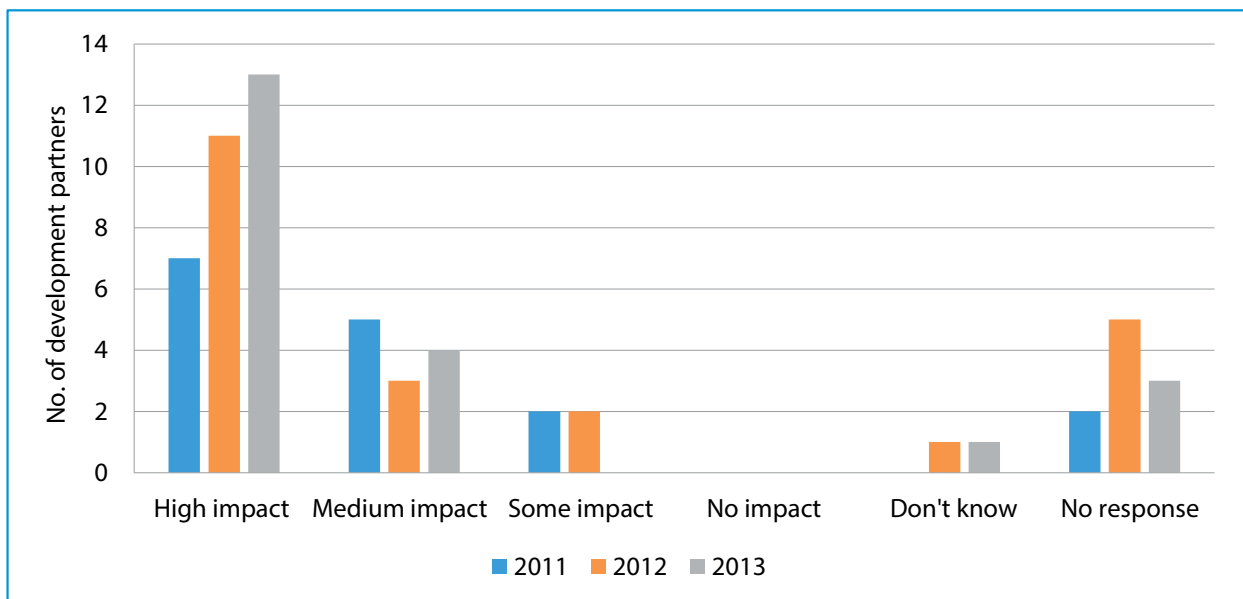


A total of 21 development partners answered questions on their perceptions of development partner coordination and complementarity. The majority rated overall development partner coordination in the health sector as “good” (15 votes) or “medium” (3 votes), while one partner considered coordination and complementarity “excellent”. Compared with the 2011 and 2012 answers to this question, the general perception about the sectorial coordination has gained consensus.

On a scale of 0 to 10, most development partners graded development partner alignment with the priorities of the Moldovan health sector as being at level 8, which is the same score as in 2011 and 2012 for this question.

Most development partners confirmed that the policy dialogue between the Ministry of Health and the development partner community has a “high” or “medium” impact on the partners’ priority setting (Fig. 20).

Fig. 20. Perceived impact of the policy dialogue, 2011–2013



The analysis reported in Chapter 5 of this report (Results) contributes to meeting the aims of this publication (see Chapter II (Background)) and, in particular the requirements to:

- share basic information about development partners' activities (subsections 5.1 Development partners and 5.2 Geographical coverage);
- situate those activities within the larger framework of health system functions and assess development partners' alignment with the strategies of the Moldovan health system (subsections 5.3 Types of funding, health sector and priority programme areas, 5.4 Alignment with national frameworks and 5.5 Financial management systems);
- assess development partners' alignment with national financial management systems (MTBF);
- illustrate development partners' short- and medium-term commitments to the Moldovan health sector (subsection 5.7 Aid predictability);
- seek feedback on the coordination mechanisms in place (subsection 5.8 Development partner coordination and complementarity).

This chapter begins with an overview of the 2013 results, followed by a review of those data checked against both the 2011 and 2012 results, and the target indicators provided by the Paris Declaration (see Annex 4).⁷

6.1. Overall observations

Development partner contributions in 2013 once again played a significant role in the national health sector budget. According to the current survey, ODA disbursed in 2013 totalled US\$ 64.02 million: an increase of 17% in overall public expenditure on the health sector, estimated at US\$ 378 million for the year 2013 (Ministry of Health, unpublished data, 2014). Compared with the 2012 figures, the ODA contribution to total public expenditure for the health sector in 2013 was 5% higher than in 2012. ODA complemented the 390 million disbursed by the public authorities in 2012 to the value of an additional 12%.

Almost all development partners working in the Moldovan health sector base their interventions around individual projects rather than programmes and/or plans, and funding mechanisms differ according to many factors, both internal and external. For each specific intervention it should be considered which funding method works best for both the recipient (the country) and the development partner (the donor).

After a sharp decrease of 27% (89% down to 62%) observed across 2011–2012, the beginnings of a reversal of this trend were witnessed in 2013, when grants represented 67% of the funds disbursed (an increase of 5%). At the same time, the soft loan component has increased since 2011. Most loans were absorbed by the hospital sector (73.5%), while primary health care received only 26.5% of the loan component and public health and emergency care did not benefit from any loans.

⁷ 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 (OECD, 2011a). The Global Partnership Monitoring Framework (Global Partnership for Effective Development Co-operation, 2013) – which was developed after the Busan meeting and contains some changes – could serve as background material for further improving the survey.

In terms of geographical coverage, despite the fact that the number of partners willing to invest in the country has increased in general terms, the regional distribution of projects continues to be uneven. The main cities of Chişinău and Bălţi received funding from the highest numbers of development partners (four and six, respectively). The remaining five regions each worked with three partners in 2013.

Overall, some districts received ODA from two or more development partners, while five districts (that received ODA in 2012) were not the focus of any project carried out in 2013. The number of districts with no ODA interventions is quickly decreasing: from 13 in the year 2011 and seven in 2012. Nonetheless, those not receiving ODA are changing from year to year (not always the same districts), with one only exception: Teleneşti is the only district that has not been the focus of any project implementation by development partners (and has therefore not received any ODA funds) in the last 3 consecutive years.

The investment-to-technical-assistance ratio almost doubled within the 2012–2013 biennium. Investments rose from 62% to 78%, while technical assistance decreased from 33% to 17%. Administrative costs remained at 5%, as was the case in 2012, which is still much lower than that reported in 2011 (9%). It is worth noting, however, that different development partners claimed not to have encountered any administrative costs.⁸ The formulation of the question on this subject and the related definition reported in the glossary (see Annex II) will be refined, shared and agreed by the partners for next edition of the survey.

The bulk of the investment component is split between two main categories: construction and refurbishment and medical equipment. Of particular interest is the lack of funding for the IT component (it did not even reach 1%).

Of the health system functions, “health services delivery” and “resource generation” continued to account for the larger share of the donor assistance, as was also the case in 2011 and 2012. Within “health services delivery”, more than half of the ODA funds were allocated to hospital care. This level (reached by means of a sharp increase in 2012, with a parallel decrease in funds assigned to primary health) appears to be in line with the main Ministry of Health priority to invest in hospital sector reform. Emergency care funding doubled in 2013, returning to the 2011 level. Funding for public health services recorded a constant increase in the last three years of the survey, averaging around 5% per year, and attaining 15.7% in 2013.

In terms of external assistance, wide variation was seen across programme priority areas: development partners mentioned communicable diseases as a primary priority, with mother and child health, reproductive health, adolescent health and NCDs as second priorities, while risk factors, injuries and violence continued to receive modest funding in 2013, as in previous years.

Overall, aid flows are aligned with national priorities, policies and programmes. However, some national strategies and programmes receive less attention, such as those related to pharmaceuticals, risk factors such as alcohol and tobacco, and diseases such as hepatitis and diabetes.

The majority of the development partners also mentioned that the policy dialogue has a high or medium impact on their priority setting.

6.2. Comparing the results with the Paris Declaration indicators

Before the results presented in Chapter V are tested against the Paris Declaration target indicators (OECD, 2008b), it must be emphasized that those indicators were set for a different order of magnitude. The Paris Declaration covers a whole country, whereas this report relates 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. Following the Fourth High Level Forum on Aid Effectiveness organized in Busan, in 2011, the Global Partnership for Effective Development Co-operation was established. The new body soon developed a monitoring framework that revised some of the indicators from the Paris Declaration. The latter evaluation framework is to be considered for the next round of the survey.

⁸ Only 9 out of 21 development partners reported having encountered administrative costs.

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 7 of the 21 development partners reviewed in this study (33.4%) stated that they used national financial management systems for their 2013 disbursements. As stated in the 2011 and 2012 reports, it is clear that the partnership between the development partner community and the Republic of Moldova needs to be strengthened in this regard. Although 7 of the 21 development partners (the aforementioned 33.4%) used national procurement systems for their disbursements within the Moldovan health sector, the Paris Declaration's target for this indicator (90%) still appears to be too high to be attainable. Furthermore in this respect, the slight increase in the number of partners conforming to this requirement (up from 5 in 2012) is related to the new soft loans awarded to the country, as loans are inevitably channelled through country procedures.

The target indicators for aid flows reported in national budgets and those using national procurement systems were set as reductions of two thirds and one third, respectively, of the percentage of aid not using such systems over the five-year period 2005–2010. The results presented in subsection 5.5. Financial management systems) show that the proportion of aid flows not using national financial management systems decreased from 70% in 2011 to 33% in 2012, and reached 34% in 2013, which is a reduction of more than one third compared with 2011.

The aid predictability target proposed by the Paris Declaration was “to halve the proportion of aid not disbursed within the fiscal year for which it was scheduled” (OECD, 2008b). The results presented in Chapter V (see Fig. 16 in particular) demonstrate that the difference between disbursed and scheduled ODA funds was equal to 3.5%, which is a great achievement in general, and even more so if compared with the 30% difference in 2012 and the 18% difference in 2011. However, these aid predictability achievements might be soon reversed, if the number of partners unable to provide information about their pledged funds for the next three years does not decrease rapidly (see Fig. 17).

A backwards step was documented in the proportion of joint endeavours to undertake missions and carry out analytical work on the Moldovan health sector in 2013 (targets 10a and 10b of the Paris Declaration). The proportion of missions conducted jointly fell to 28% from 34% in 2012 (with 40% being the Paris Declaration on Aid Effectiveness target). The proportion of analytical work undertaken jointly fell to 61% from 85% in 2012 (the target being 66%).

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. Republic of Moldova involvement in regional projects

The Republic of Moldova health sector has several involvements in regional initiatives, participating in joint projects.

The South-eastern Europe Health Network (SEEHN) (WHO Regional Office for Europe, 2014c) is one of the regional bodies that implements projects in the health sector (mental health, communicable diseases, food safety and nutrition, blood safety, tobacco control, information systems, maternal and neonatal health, public health services and health systems) since 2001. Regional development centres were set up in several countries, focusing on specific research areas and aiming to generate information and provide support to other countries in their respective specific areas of health. Until recently, the SEEHN's supplied its secretariat (WHO Regional Office for Europe) and the CoE with technical support and financial aid within the scope of various health sector projects. At this stage, full understanding and overview of the financial flows by country is not yet possible, but the information is available at individual project implementation level, and with projects carried out across all SEEHN countries. However, support was also provided in a technical capacity, not only in terms of cash flow. The Republic of Moldova has recently set up a regional development centre in the human resources health area.

Most projects are implemented under various EU funding instruments. These projects are difficult to track in terms of cash flows to the country from the bottom-up perspective. However, it is important to map the

implemented activities in order to use the knowledge to create a comprehensive and broad picture of the ODA in the health sector. The Republic of Moldova is a partner country of the Eastern Partnership within the European Neighbourhood Policy. One of the cooperation dimensions is set out in the Joint Operational Programme Romania – Ukraine – Republic of Moldova, 2007–2013. Last year was marked by the signing of a new contract (on 5 March 2014) within the project “Improvement of the response capacity of the Mobile Emergency Service for Resuscitation and Extrication through a joint integrated system for efficient monitoring and disaster consequences mitigation, in regard to population in the common boundaries of Romania, Ukraine and Republic of Moldova” (JOP RO-UA-MD, 2014). The main implementation partners are the Ministry of Internal Affairs of Romania and the Ministry of Internal Affairs of the Republic of Moldova, with the Romanian Ministry of Health as an associated member. The project goal and its activities are the responsibility of multiple sectors: health and internal affairs. The Moldovan responsibility in this project is to purchase special vehicles for providing first aid, medical emergency care and extrication, and vehicles for radioactive and chemical investigations, for the evacuation of the population in case of disaster, as well as providing portable radio communication devices. The implementation period is two years, starting in 2013. The total budget is about €6.7 million, of which 90% of the funding is provided by the European Neighborhood and Partnership Instrument financing and 10% is co-financed by project partners.

Technical Assistance and Information Exchange (TAIEX) is another instrument available to provide technical assistance, managed by the Directorate-General for Enlargement. During 2013, the Moldovan health sector directly applied to the EU Commission using all three TAIEX mechanisms, aiming to strengthen internal capacities. In addition, other opportunities to participate were available using the same instrument, as part of the regional events organized by the SEEHN. The direct application success rate 100% (6 successful applications). Applicants used all three possibilities available to them almost equally: workshop organization (2 events), expert missions (1) and study visits (3).

The State University of Medicine and Pharmacy “Nicolae Testemitanu” (SMPU) is a key stakeholder in the implementation of the projects funded through various EU modalities. This is particularly the case for projects within the Trans-European Mobility Programme for University Studies (TEMPUS) and Erasmus Mundus Programme. Both programmes fall under the supervision of EuropeAid Development and Cooperation and the Directorate-General for Enlargement of the European Commission. Table 11 gives an overview of all projects in which the SMPU is participating and the main activities carried out during 2013.

Table 11. SMPU involvement in projects within EU-funded programmes, 2013

Project name	Implementation period	Budget (€)	Implemented activities
TEMPUS			
Modern Information Services for Improvement of Study Quality	2013–2016	1 000 000	The project aims to improve the quality of the learning process through wider access to scientific research information within the country. The first meeting to launch the project has been organized and initial evaluations have begun of the software to be used in the university library.
Création réseau universités thématiques en Sciences appliquées et Sciences économiques en Moldavie	2011–2014	715 965.66	An e-learning platform has been created and is being used as an alternative training process.
Development of Quality Assurance in Higher Education in Moldova	2012–2015	939 727.07	A series of thematic workshops and training on quality assurance in higher education were organized within the partner universities across Europe. Self-evaluation and peer-evaluation are being carried out within the partner universities network.

Table 11 (continued). SMPU involvement in projects within EU-funded programmes, 2013

Project name	Implementation period	Budget (€)	Implemented activities
TEMPUS			
Enhancing University Autonomy in Moldova	2012–2015	1 123 955.39	Several meetings were held across Europe within the universities involved in the project. The exchanges were intended to enhance “university autonomy”. The paradigm of autonomy was addressed from various angles, including financially, academically, administratively and via a human resources approach.
ERASMUS MUNDUS			
Integration of Neighbouring Eastern Regions through Cooperation in Higher Education (EMINENCE I)	2012–2016	3 960 775	EMINENCE is a partnership of universities from the EU and Neighbouring Eastern Regions. The project will offer scholarships for students (undergraduate, master, doctoral and post-doctoral levels) and for staff (academic and administrative), to be awarded to candidates of both the EU and the Neighbouring Eastern Regions. During 2013, 2 scholarships were granted to Moldovan citizens.
EMINENCE II	2013–2017	3 054 800	During 2013, 4 scholarships were granted to Moldovan citizens.
Medical Universities Alliances (MEDEA)	2013–2017	3 264 825	This is a European-level initiative with clear relevance to lifelong learning projects as it highlights, publicizes and promotes excellent examples of media-enhanced learning by practitioners in schools, universities, lifelong learning initiatives and other education and training organizations, as well as helping others learn from the experiences of award winners, finalists and high-quality entries. A total of 5 scholarships were awarded at different levels, to enable Moldovans to enrich their experiences across Europe.
CROSS BORDER PROGRAM			
The East-European Network of Excellence for Research and Development in Chronic Diseases	2013–2015	1 286 972.80	The SMPU benefits on three levels: investment, capacity building, and sustainability. Under the investment component, equipment for training is to be provided (procedures have begun). In terms of capacity building measures, 10 researchers have been selected to follow practical internships in other EU universities. The sustainability element within this project is intended to be achieved through the implementation of a nationally scaled-up training module on chronic disease management.

VII.

CONCLUSIONS

The data presented in this report reflect the commitment of 21 development partners, funding a total of 54 projects (of which one is delivered through SBS) in the Moldovan health sector in 2013. The ODA disbursed represents a 17% increase in overall health sector public expenditure for that year.

The overall picture of donors mapped across all three years remains almost stable. Compared with the 2012 results, the number of development partners remained constant, while the number of projects increased. Disbursement of funds increased significantly; in fact, the total amount of ODA exceeded the 2012 level by 28% and the 2011 level by 19%. The soft loans component has steadily increased since 2011, while the grants' component, after a sharp decrease in 2012, regained almost the same level as 2011 (with a slight negative difference of 7%).

These emerging trends signal a pivot to different priorities. The distribution of funds appears to have shifted towards investments (78%). Technical assistance dropped to 17%, compared with 33% and 32% recorded in previous years. The external assistance distribution across programme priority areas is still uneven. Comparing 2013 with 2012 and 2011, the data reveal a more even distribution within the health services delivery components: the share of ODA allocated to hospital care decreased, while the proportions of funds allocated to primary health care, public health and emergency care increased. The lack of funding allocated to IT should be addressed in future (funding has decreased over the last three years) in the context of the recent developments and achievements within the health sector in this particular field. Among the health priority programmes, communicable diseases received more than four times the support allocated to both NCDs and mother and child care combined.

In terms of geographical coverage, the number of districts not targeted by any intervention (five, mostly concentrated in the eastern and southern borders) has decreased. This is mainly due to a new partners' engagement in the central–northern region rather than in the south.

The increase in soft loans as a share of total disbursements corresponded to a sharp rise in the funding using (or recorded in) national financial management systems (a 26% increase from the 2012 level). The SBS provided by EU required the funds to be registered as well in the national financial management system and also to follow national procurement rules, thus contributing to an improved budget execution.

The difference between disbursed and scheduled funds almost disappeared completely in 2013. These data might be considered the result of a better planning process for external contributions, which might in turn be considered an output of increased awareness of the relevance of the issue.

⁹ The presented forecast does not include the contribution of the Japan International Cooperation Agency (JICA) to the health sector, which is expected to amount to a massive inflow of about US\$ 50 million, planned for 2015 and targeted towards modernizing several tertiary-level hospitals.

Only 10 of the 21 development partners interviewed confirmed their intention to support the country until 2016. More than half pledged their funding to MTBF subprogrammes; however, the overall contribution expected for 2014⁹ amounts to less than one third of the total disbursements for 2013, and less than one fifth of the disbursements predicted for 2016. This is an additional reason to consider future change within the ODA landscape.

The development partner coordination mechanisms and policy dialogue led by the Ministry of Health seem to have had a medium-to-high impact on the overall coordination of the activities. Using 2011 data as a baseline, it seems that the majority of development partners in the health sector in 2013 found the dialogue to be highly effective and that more development partners were engaged in the process.

The Ministry of Health has gradually taken over the leadership in coordinating the development of this report, providing greater inputs to the structure and content of the 2013 questionnaire, as well as overall the process of data collection and report writing.

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 of Moldova’s judgement of 19 January 2010 (Government of the Republic of Moldova, 2010a) – the Ministry of Health and the WHO Country Office in the Republic of Moldova intend to replicate this exercise annually, gradually building capacities within the public sector to ensure sustainability. Using the evidence compiled, stakeholders can build and drive future changes for better population health.

VIII.

REFERENCES

- EBRD (2013). Transition report 2013 – stuck in transition? London: European Bank for Reconstruction and Development (<http://tr.ebrd.com/tr13/en/country-assessments/2/moldova>, accessed 14 May 2014)
- EU (2013). Summaries of EU legislation. Instrument for pre-accession assistance (IPA). Brussels: European Commission (http://europa.eu/legislation_summaries/enlargement/western_balkans/e50020_en.htm, accessed 3 March 2013).
- European Commission (2013). Country cooperation [web site]. Brussels: European Commission (http://ec.europa.eu/europeaid/where/neighbourhood/country-cooperation/index_en.htm, accessed 3 March 2013).
- Global Partnership for Effective Development and Co-operation (2013). Global monitoring framework. New York, NY: United Nations Development Programme (<http://effectivecooperation.org/about/global-monitoring-framework/>, accessed 1 April 2014).
- Government of the Republic of Moldova (2007a). Hotărîre Nr. 886 din 06.08.2007. Cu privire la aprobarea Politicii Naționale de Sănătate [Judgement No. 886, issued on 6 August 2007, on approval of the national health policy]. Chisinau: Government of the Republic of Moldova (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=324940>, accessed 14 April 2014).
- Government of the Republic of Moldova (2007b). Hotărîre Nr. 1471, din 24.12.2007. Cu privire la aprobarea Strategiei de dezvoltare a sistemului de sănătate în perioada 2008–2017 [Judgement Nr. 1471, issued on 24 December 2007, on approval of the healthcare system development strategy 2008–2017]. Chisinau: Government of the Republic of Moldova (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=326615>, accessed 14 April 2014).
- Government of the Republic of Moldova (2010c). Republic of Moldova partnership principles implementation plan (PPIP). Chisinau: State Chancellery of the Republic of Moldova (<http://ncu.moldova.md/doc.php?l=en&id=1712&idc=572>, accessed 14 April 2014).
- Government of the Republic of Moldova (2010a). Hotărîre Nr. 12 din 19.01.2010. Pentru aprobarea Regulamentului cu privire la cadrul instituțional și mecanismul de coordonare a asistenței externe acordate Republicii Moldova de organizațiile internaționale și țările donatoare [Judgement Nr. 12, issued on 19 January 2010, approving regulation of the institutional framework and coordination mechanism of external assistance provided to Moldova by international organizations and development partner countries]. Chisinau: Government of the Republic of Moldova (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333522>, accessed 14 April 2014).
- Government of the Republic of Moldova (2010b). Hotărîre Nr. 246 din 08.04.2010. Cu privire la modul de aplicare a cotei zero a TVA la livrarile de marfuri, servicii efectuate pe teritoriul țării și de acordare a facilităților

fiscale si vamale pentru proiectele de asistenta tehnica si investitionala in derulare, care cad sub incidenta tratatelor international la care Republica Moldova este parte [Judgement No. 246, issued on 8 April 2010, on the list of the technical assistance projects that qualify for international treaties, for tax exemptions, custom taxes and zero VAT for goods and services provided by them]. Chisinau: Government of the Republic of Moldova (<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=334259>, accessed 30 April 2014).

- JOP RO-UA-MD (2014). SMURD – the second contract signed by the Joint Management Authority of Joint Operational Programme Romania – Ukraine – Republic of Moldova 2007–2013 for financing a large-scale project. Chisinau: Joint Operational Programme Romania – Ukraine – Republic of Moldova (http://www.ro-ua-md.net/index.php?option=com_content&view=article&id=533:smurd-the-second-contract-signed-by-the-joint-management-authority-of-joint-operational-programme-romania--ukraine--republic-of-moldova-2007-2013-for-financing-a-large-scale-project-&catid=24:news&Itemid=73, accessed 25 July 2014).
- Ministry of Finance (2014). Medium-term budgetary framework. Chisinau: Ministry of Finance of the Republic of Moldova (<http://minfin.gov.md/en/middlecost>, accessed 23 May 2014).
- Ministry of Health (2014a). Ordinul Nr. 17 din 15.01.2014. Cu privire la modificarea și completarea Ordinului nr.62 din 25.02.2009, cu privire la crearea Consiliului sectorial de sanatate in domeniul asistentei externe [Order No. 17, issued on 15 January 2014, on the amending and completing of Order No. 62, dated 25 February 2009]. Chisinau: Government of the Republic of Moldova (http://www.ms.gov.md/sites/default/files/cadrul_normativ_oda/file0001.pdf, accessed 14 April 2014).
- Ministry of Health (2014b). Rapoarte anuale de monitorizare ODA [Annual monitoring reports on ODA]. Chisinau: Government of the Republic of Moldova (<http://ms.gov.md/?q=rapoarte-anuale-de-monitorizare-oda>, accessed 14 April 2014).
- Ministry of Health (2011). Programul de Activitate al Guvernului Republicii Moldova integrarea Europeană: libertate, democrație, bunăstare 2011–2014 [Activity programme. Government of the Republic of Moldova – European integration: freedom, democracy, welfare 2011–2014]. Chisinau: Government of the Republic of Moldova (<http://www.gov.md/doc.php?l=en&idc=445&id=3729>, accessed 17 May 2014).
- National Bureau of Statistics (2014). Statistical databank [online database]. Chisinau: National Bureau of Statistics of the Republic of Moldova (<http://statbank.statistica.md/pxweb/Database/EN/databasetree.asp>, accessed 2 April 2014).
- OECD (2011c). Survey guidance. 2011 survey on monitoring the Paris Declaration. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/dataoecd/24/28/46138662.pdf>, accessed 17 May 2014).
- OECD (2011a). Busan Partnership for Effective Development Co-Operation. Fourth High Level Forum on Aid Effectiveness, Busan, Republic of Korea, 29 November – 1 December 2011. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/dac/effectiveness/49650173.pdf>, accessed 1 April 2014).
- OECD (2011b). DAC statistical reporting directives. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/dac/stats/38429349.pdf>, accessed 17 May 2014).
- OECD (2011d). 2011 survey on monitoring the Paris Declaration [website]. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/site/dacsmpd11/>, accessed 17 May 2014).
- OECD (2008b). Aid effectiveness. Paris Declaration and Accra Agenda for Action [website]. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/development/effectiveness/parisdeclarationandaccraagendaforaction.htm>, accessed 14 April 2014).

- OECD (2008a). Is it ODA? Paris, Organisation for Economic Co-operation and Development (Factsheet – November 2008; <http://www.oecd.org/dataoecd/21/21/34086975.pdf>, accessed 17 May 2014).
- OECD (2006). Harmonising donor practices for effective aid delivery. Volume 2. Budget support, sector wide approaches and capacity development in public financial management. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd.org/dac/effectiveness/34583142.pdf>, accessed 17 May 2014).
- OECD, UNDP (2014). Making development co-operation more effective. 2014 progress report. Paris: Organisation for Economic Co-operation and Development (<http://www.oecd-ilibrary.org/docserver/download/4314021e.pdf?expires=1406306612&id=id&accname=guest&checksum=BB4D632931948CD6EE804CD-C39D3B42A>, accessed 9 May 2014).
- United Nations (2012). Towards unity in action: United Nations–Republic of Moldova Partnership Framework 2013–2017. Chisinau: United Nations in Moldova (http://planipolis.iiep.unesco.org/upload/Moldova%20R/Moldova%20R_UNPF_2013-2017.pdf, accessed 17 May 2014).
- United Nations (2014). Draft guide to the monitoring framework of the global partnership. March 2013. Chisinau: General Division for Policy Coordination, Foreign Aid and Central Public Administration Reform of the State Chancellery of the Republic of Moldova (www.un.md/publicdocget/27, accessed 1 April 2014)
- UNDP (2013). International human development indicators [online database]. New York, NY: United Nations Development Programme (<https://data.undp.org/dataset/Table-1-Human-Development-Index-and-its-components/wxub-qc5k>, accessed 14 April 2014).
- UNOHRLLS (2012). Landlocked developing countries [web site]. New York, NY: United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (<http://www.unohrlls.org/en/lldc/39/> accessed 14 April 2014).
- WHO (2014). Health systems strengthening glossary. Geneva, World Health Organization (http://www.who.int/healthsystems/hss_glossary/en/index9.html, accessed 14 April 2014)
- WHO Regional Office for Europe (2014a). European health for all database [online database]. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-health-for-all-database-hfa-db>, accessed 14 April 2014).
- WHO Regional Office for Europe (2014b). Health in all policies (HiAP) [website]. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/policy/entry-points-for-addressing-socially-determined-health-inequities/health-in-all-policies-hiap>, accessed 17 May 2014).
- WHO Regional Office for Europe (2014c). South-eastern Europe Health Network (SEEHN) [website]. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/south-eastern-europe-health-network-seehn>, accessed 25 July 2014).
- World Bank (2014b). World Bank DataBank [online database]. Washington, DC: World Bank (<http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD>, accessed 14 April 2014).
- World Bank (2014a). Country and lending groups [web site]. Washington, DC: World Bank (<http://data.worldbank.org/about/country-classifications>, accessed 14 April 2014).

ANNEX 1. DEVELOPMENT PARTNER QUESTIONNAIRE

Evaluation of Official Development Assistance (ODA) support to the health sector of the Republic of Moldova 2013

The following questionnaire is to be completed by all development partners providing ODA to the health sector. Each development partner should complete an individual questionnaire that compiles information relating to all grants and loans intended for the health sector.

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

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

Submission deadline: **Friday 31 January 2014**

I. GENERAL INFORMATION ABOUT DEVELOPMENT PARTNER

GI_1. Development partner:

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 complete this.)

GI_4. Key achievements

(Please provide a one-page descriptive summary of your key ODA achievements, results and milestones for the 2013 calendar year.)

GI_5. Please estimate the total amount of ODA to the health sector distributed by your agency among the various aid modalities active in the year 2013

(Please enter the total amount in the original currency (select from the list). The system will automatically recode to USD according to annual exchange rate recorded in 2013 by the National Bank of Moldova.)

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

II. PROGRAMME/PROJECT DETAILS

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

PDe_1. Project/Programme title

PDe_2. Project/Programme manager

PDe_3. Job title:

PDe_4. Email:

PDe_5. Phone:

PDe_6. The programme/project is implemented through:

No.	Category
1	Development partner's office (directly)
2	Public sector (Ministry of Health or other public authorities)
3	Agency (international or local organization/s)
2	Other (specify__)

PDe_7. Please name the implementing agency

PDe_8. Start date:

PDe_9. Completion date:

PDe_10. Implementation status as at 31 December 2013

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

III. PROGRAMME/PROJECT DESCRIPTION (APPLICABLE FOR BOTH PROGRAMME/PROJECT AID AND SBS)

PD_1. Project/Programme goal

PD_2. Project/Programme progress

(Please provide up to 5 key output or outcome indicators for each project, their targets and actual values for the year 2013, if available. It is for the development partner to choose which indicators best reflect 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	Concessional loan

PD_4. Total programme/project budget

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

PD_5. The amount of budget disbursed during calendar year 2013

PD_6. Type of funding

(Please estimate a %: the total amount should equal 100%.)

No.	Category	Funding allocation (%)
1	Technical assistance	
2	Investment	
3	Administrative costs	

FILTER: PD_7 applies only to development partners that provide technical assistance

PD_7. If you provide technical assistance, please estimate the distribution of financial resources allocated to the following categories (%).

No.	Category	Funding allocation (%)
1	Policy development (including monitoring and evaluation (M&E) and analytical work)	
2	Capacity building	
3	Guidelines and protocols development	
4	Legal and regulatory framework development	

5	Other (specify)	
---	-----------------	--

FILTER: PD_8 applies only to development partners that provide investments

PD_8. If you provide investments assistance, please estimate the distribution of financial resources allocated 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 BY PRIORITY AREAS OF THE HEALTH SECTOR

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

(Please estimate a %: the total amount should equal 100%.)

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

FILTER: PA_2 applies only to development partners that provide support for development/strengthening of health services

PA_2. How much of your financial support goes to the following categories of the health services delivery area?

(Please estimate a %: the total amount should equal 100%)

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

FILTER: PA_3 applies only to development partners that provide investments (see question PD_8) in the "health services delivery" area (see question PA_2)

PA_3. How much of your financial support goes to the following areas, within the health services delivery levels?

(Please estimate a %: the total amount should equal 100%.)

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

PA_4. Please estimate how much of your financial support goes to various health priority programme areas, within the following health services delivery levels

(Please estimate a %: the total amount should equal 100%.)

No.	Category	Primary health care	Hospital care	Public health services	Emergency care	Total (%)
1	Communicable diseases					100
2	Risk factors					100
3	NCDs					100
4	Injuries and violence					100
5	Maternal and child health, and reproductive health					100
6	Adolescent health					100
6	Other (specify)					100

FILTER: PA_5 applies only to development partners that provide support in the area of "communicable diseases"

PA_5. Please estimate how much of your financial support goes to the various communicable disease areas, within the following health services delivery levels

(Please estimate a %: the total amount should equal 100%.)

No.	Communicable disease	Primary health care	Hospital care	Public health services	Emergency care	Funding allocation (%)
1.1	HIV					100
1.2	TB					100
1.3	Hepatitis					100
1.4	Vaccine-preventable					100
1.5	Other					100

FILTER: PA_6 applies only to development partners that provide support in the area of "risk factors"

PA_6. Please estimate approximately how much of your financial support goes to the various risk factor areas, within the following health services delivery levels

(Please estimate a %: the total amount should equal 100%.)

No.	Risk factor	Primary health care	Hospital care	Public health services	Emergency care	Funding allocation (%)
2.1	Tobacco					100
2.2	Alcohol					100
2.3	Nutrition					100
2.4	Physical activity					100

FILTER: PA_7 applies only to development partners that provide support in the area of "noncommunicable diseases" (NCDs)

PA_7. Please estimate how much of your financial support goes to the various NCD areas within the following health services delivery levels

(Please estimate a %: the total amount should equal 100%.)

No.	NCD	Primary health care	Hospital care	Public health services	Emergency care	Funding allocation (%)
3.1	CV					100
3.2	Cancer					100
3.3	Diabetes					100
3.4	Mental health					100
3.5	Other					100

V. DISTRIBUTION OF DEVELOPMENT PARTNER SUPPORT BY MEDIUM-TERM BUDGETARY FRAMEWORK (MTBF) CATEGORIES

MT_1. Thinking back to the year 2013, please estimate how much of your development partner support went to the following MTBF categories

(Please estimate a % for all that apply.)

		%
I	Policy Development and Health Systems Management	
II	Administration of MHI Funds	
III	Health System Monitoring, Evaluation and Quality Management	
IV	Public Health	
V	Primary Health Care	

VI	Outpatient Specialized Care	
VII	Community and Home-based Medical Services	
VIII	Emergency Pre-hospital Medical Care	
IX	Hospital Care	
X	High-performance Medical Services	
XI	Mother and Child and Youth Health	
XII	Recovery Medical Care	
XIII	Forensic Medicine	
XIV	Rational Management of Medicines and Medical Devices	
XV	Management of the MHI Reserve Fund	
XVI	National and Special Health Programmes	
XVII	Development and Modernization of Health Care Facilities	

VI. GEOGRAPHICAL COVERAGE

GC_1. Please estimate a % (so that the total is 100%) of how much of your financial support goes to the various geographic areas

[multiple answers possible]

No.	Category
1	National coverage
2	Targeted regional coverage
3	Pilot sites

FILTER: GC_2 applies only to development partners that ticked in answer to GC_1 that they targeted regional coverage and/or pilot sites

GC_2 Please specify where

[multiple answers possible]

(Please tick in the right-hand column.)

No. of rows	Category	Tick all relevant
1	Chisinau	
1	Balti	
1	Tiraspol	
1	Bender	
1	Comrat	
11 (one per district)	Briceni, Donduşeni, Drochia, Edineţ, Făleşti, Floreşti, Glodeni, Ocniţa, Rîşcani, Sîngerei, Soroca	
13 (one per district)	AneniiNoi, Călăraşi, Criuleni, Dubăsari, Hînceşti, Ialoveni, Nisporeni, Orhei, Rezina, Străşeni, Şoldăneşti, Teleneşti, Ungheni	
8 (one per district)	Basarabasca, Cahul, Cantemir, Căuşeni, Cimişlia, Leova, ŞtefanVodă, Taraclia	
1	ATU Gagauzia	
1	ATU left bank of the Nistru river	

GC_3. In choosing the regions of the country in which to invest, have you taken into account the “regionalization” policy strategy of the health sector?

1. Yes
2. No

VII. ODA INDICATORS

Aid flows are aligned with national priorities

NP_1. How much ODA overall did you disburse targeting health in the 2013 calendar year?

NP_2. Please, specify to which national policies, strategies or programs in health sector your agency contributes to?

[multiple answers possible]

(Please tick all that apply.)

General strategies

1. National Health Policy 2007–2021
2. Healthcare System Development Strategy, 2008–2017

Subsectoral strategies

3. State Policy on Pharmaceuticals
4. National Reproductive Health Strategy 2005–2015
5. National Anti-Drug Strategy 2011–2018
6. Primary Health Care Development Strategy, 2010–2013

National programmes

7. National Programme for Viral Hepatitis B, C and D Control 2012–2016
8. National Programme on Healthy Lifestyle Promotion 2007–2015
9. National Mental Health Programme, 2012–2016
10. National Blood Transfusion Safety Programme 2012–2016
11. National Immunization Programme 2011–2015
12. National Programme on Prevention and Control of HIV/AIDS and STI for 2011–2015
13. National TB Prevention and Control Programme 2011–2015
14. National Programme for Diabetes Control 2011–2015
15. National Programme for Emergency Care Development 2011–2015
16. National Programme on Tobacco Control 2012–2016
17. National Programme on Alcohol Control 2012–2016
18. National Transplant Programme 2012–2016
19. National Programme on Iron and Folic Acid Deficiencies 2012–2017
20. National Programme on Iodine Deficiency Disorders Eradication 2011–2015
21. Other
22. None

NP_3. For reference purposes, specify how much ODA for the health sector of the Republic of Moldova you disbursed through other development partners in 2013 (ODA which is not captured in your responses to other questions within this questionnaire)

NP_4. Please specify the name of other development partners through which you disbursed ODA for the health sector of the Republic of Moldova in 2013

Use of country public financial management (PFM) systems

FM_1. Was your ODA for health sector recorded in the 2013 annual sector budget?

1. Yes
2. No
3. Do not know

FM_2. How much ODA for health sector was actually recorded in the national accounting systems in the 2013 calendar year?

In the 2013 calendar year, how much ODA disbursed for the government/public sector used:

FM_3. ...national budget execution procedures?

88. Do not know

FM_4. ...national financial reporting procedures?

88. Do not know

FM_5. ...national auditing procedures?

88. Do not know

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

88. Do not know

Use of country procurement systems

PS_1. How much ODA disbursed for the health sector used national procurement systems in the 2013 calendar year?

88. Do not know

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

AP_1. Do you plan to continue to support the health sector in years 2014–2016?

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

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

AP_2. ...did you schedule for disbursement in calendar year 2013?

AP_3. ...did you schedule for disbursement in calendar year 2014?

AP_4. ...did you schedule for disbursement in calendar year 2015?

AP_5. ...did you schedule for disbursement in calendar year 2016?

AP_6. Is the support that your development partner is providing to the Republic of Moldova part of a multi-year plan agreed with the local government?

1. Yes
2. No

AP_7. Please indicate the start and end dates of your development partner's current and future multi-year plans for the Republic of Moldova

Current plan		Current plan	
Start year	End year	Start year	End year

AP_8. Please indicate how much of the scheduled disbursement for 2014–2016 will go to the following MTBF categories

		2014 (USD)	2015 (USD)	2016 (USD)
I	Policy Development and Health Systems Management			
II	Administration of MHI Funds			
III	Health System Monitoring, Evaluation and Quality Management			
IV	Public Health			
V	Primary Health Care			
VI	Outpatient Specialized Care			
VII	Community and Home-based Medical Services			
VIII	Emergency Pre-hospital Medical Care			
IX	Hospital Care			
X	High-performance Medical Services			
XI	Mother and Child and Youth Health			
XII	Recovery Medical Care			
XIII	Forensic Medicine			
XIV	Rational Management of Medicines and Medical Devices			
XV	Management of the MHI Reserve Fund			
XVI	National and Special Health Programmes			
XVII	Development and Modernization of Health Care Facilities			

Use of common arrangements or procedures

Joint missions

JM_1. How many development partner missions to the field were undertaken in calendar year 2013?

Number and name of missions:

JM_2. How many of these were coordinated?

	Name	Coordinated with which development partners?
1		
2		
3		
4		
5		
[Possibility to add additional tabs]		

Joint health sector analytical work**How many health sector analytical works did you undertake in the 2013 calendar year?****AW_1. Number of works:****AW_2. How many of these were coordinated?**

In order to facilitate consolidation of results, please list below for each coordinated health sector analytical work counted, a description and list of stakeholders with whom the work was carried out.

	Name	Coordinated with which development partners?
1		
2		
3		
4		
5		
[Possibility to add additional tabs]		

VIII. 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 such as the health sector. Drawing on your experience, how would you assess the following?

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

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

CC_2. From your point of view, what specific role does did the international organization that you represent play within the donor community in the health sector of the Republic of Moldova between 2008 and 2013?

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

Scale 1 to 10

1 2 3 4 5 6 7 8 9 10

CC_4. Please give reasons for your assessment

CC_5. What were the constraints to achieving complete alignment with health sector priorities?

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

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

CC_7. Please specify the reasons for your answer

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

1. Yes
2. No
88. Do not know

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

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

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

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

Thank You!

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

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

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

ANNEX 2. GLOSSARY

Questionnaire

Section I	
Development partner	A development partner is an official agency – including state and local governments – that provides official development assistance (ODA) as defined in the Organisation for Economic Co-ordination and Development (OECD)'s Development Assistance Committee (DAC) Statistical Reporting Directives (OECD, 2011b: para. 35). Under this definition, NGOs and private companies do not qualify as development partners.
ODA	ODA includes all transactions as defined in the OECD's DAC Statistical Reporting Directives (OECD, 2011b: 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; • include a grant element of at least 25%.
ODA transactions not 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 Reporting Directives (OECD, 2011b: 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 (multi-country) programme and it is possible to identify those activities and disbursements that are specific to that partner country, these disbursements should also be recorded. • In order to avoid double counting in cases in which one development partner disburses ODA funds on behalf of another, only the development partner that makes the final disbursement to the government should report on these funds.
Exchange rates	ODA should be reported in US\$. 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 transferred are thus 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 (SBS) (see definition below) and general 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 responsible for the day-to-day actions related to an individual project. Such agencies 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 Reporting Directives (OECD, 2011 b: paras. 40–44). It comprises the following elements financed by development partners:</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 stand-alone technical cooperation and technical cooperation that is embedded in investment programmes (or included in programme-based approaches). In order to report on this type of assistance, development partners are invited to review their portfolio of projects and programmes and estimate the share of technical cooperation.</p>
Medical equipment and technology	<p>Medical technology encompasses a wide range of 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.</p>
Information technology (IT)	<p>IT concerns technology to manage information. The acquisition, processing, storage and dissemination of vocal, pictorial, textual and numerical information by a microelectronics-based combination of computing and telecommunications are the main fields involved in IT.</p>
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 – whether concerned with 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 sub-functions: 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: (1) setting, implementing and monitoring the rules for the health system; (2) assuring a level playing field for all actors in the system (particularly purchasers, providers and patients); and (3) defining strategic directions for the health system as a whole. <p>Leadership/stewardship can be subdivided into six sub-functions: 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, along with community system strengthening.</p>

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 country's 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. 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 reports 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 in terms of financial reporting. In particular, development partners do not require: (a) maintenance of a separate accounting system to satisfy development partner reporting requirements, or (b) creation of a separate accounts record for 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 (PFM) procedures: (i) national budget execution procedures, (ii) national financial reporting procedures and (iii) national auditing procedures.</p>
Procurement systems	
Use of national procurement systems	<p>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 country's 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.</p>

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, and/or 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 working as part of scheduled programme implementation plans; • missions undertaken by disaster assessment teams.
Coordinated missions	Coordinated missions are: (a) missions undertaken by one or more development partner jointly, or (b) missions undertaken by one development partner on behalf of another (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.

Medium-term Budgetary Framework (MTBF)

MTBF categories	Description of the MTBF subprogrammes
Policy Development and Health System Management	<p>Subprogramme 1 Policy Development and Health System Management includes policy development in the health care system, monitoring of implementation, evaluation and assurance of strategic planning in the health care system. Activities within this subprogramme are carried out by the management of the Ministry of Health. The main purpose of this subprogramme is the development of the public policies of the health care system over the short, medium and long term.</p>
Administration of Mandatory Health Insurance (MHI) Funds	<p>Subprogramme 2 Administration of Mandatory Health Insurance Funds includes policy implementation in the field of MHI, contracting of service providers, planning of income and expenditure. Activities within this subprogramme are carried out by the National Health Insurance Company (NHIC).</p> <p>The main purpose of this subprogramme is the efficient management of the MHI funds, ensuring access of the population to high-quality health services and overseeing the unique MHI programme.</p>

Health System Monitoring, Evaluation and Quality Management	<p>Subprogramme 3 Health System Monitoring, Evaluation and Quality Management includes data production/collection and analysis; monitoring and evaluation of demographic process; morbidity; mortality; health determinants; activities of the health facilities; and use of resources in health sector. Activities within this subprogramme are carried out by the National Centre for Health Management, territorial health departments/divisions, and specialist committees of the Ministry of Health.</p> <p>The main purpose of this subprogramme is to strengthen health authorities' monitoring and evaluation capacities relating to processes in the health field.</p>
Public Health	<p>Subprogramme 4 Public Health includes actions related to implementing national policy in the field of public health; management and mitigation of the impact of health risks; analysis, monitoring and control of health determinants; state authorization of activities, services and products that have an impact on public health and are implemented by the State Health Public Surveillance Service.</p> <p>The main purpose of this subprogramme is to increase population safety levels in public health.</p>
Primary Health Care	<p>Subprogramme 5 Primary Health Care includes delivery of health services by health facilities, based on the principle(s) of family medicine.</p> <p>The main purpose of this subprogramme is to improve population health by ensuring access to high-quality primary health care.</p>
Outpatient Specialized Health Care	<p>Subprogramme 6 Outpatient Specialized Health Care is carried out by health facilities providing outpatient specialized care and by the National Centre for Sports Medicine, "AtletMed".</p> <p>The main purpose of this subprogramme is to improve public health by providing public access to high-quality outpatient specialized medical services.</p>
Community and Home-based Medical Services	<p>Subprogramme 7 Community and Home-based Medical Services comprises services provided by health facilities; specifically, associations and organizations licensed and authorized to provide such services.</p> <p>The main purpose of this subprogramme is to improve patient quality of life by providing access to community and home-based medical care, as well as improving youth health.</p>
Emergency Pre-hospital Medical Care	<p>Subprogramme 8 Emergency Pre-hospital Medical Care is carried out by the emergency care services.</p> <p>The main purpose of this subprogramme is to improve population health by providing access to high-quality pre-hospital emergency medical care.</p>
Hospital Care	<p>Subprogramme 9 Hospital Care includes delivery of health services to the population within health facilities.</p> <p>The main purpose of this subprogramme is to improve population health by providing access to high-quality hospital care services.</p>
High-performance Medical Services	<p>Subprogramme 10 High-performance Medical Services includes highly specialized medical assistance.</p> <p>The main purpose of this subprogramme is to improve quality of medical procedures by using highly specialized medical technologies.</p>
Mother and Child and Youth Health	<p>Subprogramme 11 Mother and Child and Youth Health includes medical assistance provided to women and children by health facilities.</p> <p>The main purpose of this subprogramme is to improve mother and child health in line with the United Nations Millennium Development Goals.</p>
Recovery Medical Care	<p>Subprogramme 12 Recovery Medical Care includes delivery of rehabilitation medical services within health facilities and is carried out by Rehabilitation and Recovery Centres, Child Placement Centres and by the State Chancellery Curative, Sanitorial and Rehabilitation Association.</p> <p>The main purpose of this subprogramme is to ensure population access to recovery medical services.</p>

Forensic Medicine	<p>Subprogramme 13 Forensic Medicine includes medical-forensic research activities and is conducted by the Forensic Medicine Centre.</p> <p>The main purpose of this subprogramme is to contribute to ensuring justice in the event of crimes against life, health and human dignity.</p>
Rational Management of Medicines and Medical Devices	<p>Subprogramme 14 Rational Management of Medicines and Medical Devices stipulates activities related to ensuring the safety of medicines and pharmaceuticals by increasing patients' physical access to medicines, reducing financial barriers to access and ensuring protection against catastrophic health care expenses, along with activities to regulate marketing and the effective management of medicines and medical devices.</p> <p>The main purpose of this subprogramme is to ensure population access to effective, safe and high-quality medicines and medical devices.</p>
Management of the MHI Reserve Fund	<p>Subprogramme 15 Management of the Mandatory Health Insurance Reserve Fund manages the reserve fund of the MHI.</p> <p>The main purpose of this subprogramme is to improve population health by covering additional costs related to illnesses, diseases and emergencies.</p>
National and Special Health Programmes	<p>Subprogramme 16 National and Special Health Programmes includes public health interventions related to: prevention and control of communicable and noncommunicable diseases; promotion of health and healthy lifestyle; mental health services; blood transfusion safety; activities relating to ensuring the provision of free treatment for patients undergoing expensive interventions and requiring medicines for certain diseases; prevention and treatment of conditions and pathologies that adversely affect the human genome; cytogenetic prenatal and postnatal diagnostic services; molecular genetic hearing aids; certain expensive treatments; and management of the prophylaxis fund of the NHIC.</p> <p>The main purpose of this subprogramme is to improve public health by ensuring the achievement of national health programmes and increasing quality of life of patients in need of the types of medical care listed above.</p>
Development and Modernization of Health Care Facilities	<p>Subprogramme 17 Development and Modernization of Health Care Facilities provides actions to ensure the development of the technical capacity of all levels of health care facilities.</p> <p>The main purpose of this subprogramme is to modernize the technical capacity of health care facilities.</p>

ANNEX 3. COMPLETED QUESTIONNAIRES

ADA | Austrian Development Agency

Agency General Information

Country director: Gerhard Schaumberger

Total budget disbursed in 2013: –

Key achievements
<p>In 2013, 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 the local population.</p> <p>More specifically, in the health sector Austria has committed funding for a second time for a soft loan for the Republican Hospital, and in March 2013 finished a 32-month project at the Institute of Oncology of the Republic of Moldova, aiming to:</p> <ul style="list-style-type: none">• establish an Education Centre in the premises of the Institute of Oncology, close to the Children's Haematology Department, to offer educational and pedagogical activities for children and youth undergoing long-term medical treatment at the Institute of Oncology;• provide short- and long-term training of medical staff from the Institute of Oncology in both Romania and Austria. <p>The Education Centre has been officially established by means of a Governmental Decision. To ensure proper functioning of the centre, within the framework of the project, necessary construction and renovation works have been carried out; infrastructure, furnishings, equipment, workbooks and textbooks have been provided. A total of 10 staff members (teachers, psychologists) have been trained in Austria and the Republic of Moldova.</p> <p>The inauguration of the Education Centre took place on 18 March 2013. Within the project, a playground for children has been renovated in front of the Education Centre. Another (regional) project (including the Republic of Moldova) – financed by Austria and focusing on development of human resources in the health sector of four Black Sea region countries – organized further trainings in 2013 for Moldovan doctors in the Republic of Moldova and Austria. Observerships of Moldovan doctors at Austrian hospitals took place. Furthermore, Austria is financially supporting a nongovernmental organization (NGO) cooperation initiative in the social sector focusing on tackling social inclusion of individuals with mental health problems.</p>

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017
National Mental Health Programme 2012–2016

Plans to continue support in 2014–2016: Yes, with a regional project for South-eastern Europe and the Republic of Moldova

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 Chişinău/Republic of Moldova¹

Project/programme goal: The project aims to improve the know-how and the experience of specialized medical, educational and psychological personnel and to raise the chances of survival for children for which bone

¹ The project is reported here, but it should be taken into account that it is still being finalized. The information will be used in future analysis, as some administrative costs have not yet been disbursed so the project is not yet completed for full consideration in this round of survey results.

marrow transplantation is the only effective method of treatment. It aims furthermore to facilitate the process of reintegration of children into school, into vocational education and training for youth and into an improved social life after finishing the treatment process in hospital. While hospitalized, the project should help to improve the children's and their families' psychological care.

Project/programme manager: Luminita Drumea

Implementing agency: "HOPE'87" through its Branch Office in the Republic of Moldova "Speranta'87-Moldova"

Financing: Grant

Duration: Start date: 1 August 2010 End date: 31 March 2013

Total project/programme budget: €557 667

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Training of medical staff	24 people	24 people, completed	During the whole project duration
2	Educational centre: institutional establishment	Completion	Completed	Centre established by Governmental Decision and planned to be officially opened in March 2013
3	Educational centre: physical establishment	Completion	Completed	Construction and renovation works have been completed and the necessary infrastructure provided, including equipment, furnishings, workbooks, textbooks, etc.

Agency General Information

Country director: Valeriu Cosuleanu

Total budget disbursed in 2013: €6 236 000

Key achievements
<p>LD 1620 – Republican Clinical Hospital: design and construction finalized.</p> <p>LD 1473 – Moldova Blood Transfusion Safety: the project made savings, and an additional objective has been introduced, namely the secondary plasma fractionation laboratory.</p> <p>The CEB approved a €0.5 million grant in 2012 for the finalization of an additional objective: the procurement, installation and putting into service of medical specialized equipment, consumables and pharmaceutical glassware designed for laboratory purposes, as well as the procurement of an automobile for the transportation of blood products. This work is ongoing.</p>

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017
National Blood Transfusion Safety Programme 2012–2016

Plans to continue support in 2014–2016: Yes, depending on new financing needs.

Project/programme details

Project/programme name: Moldova Blood Transfusion Safety Programme

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

Project/programme manager: Victor Volovei

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

Financing: Soft loan

Duration: Start date: 29 December 2004 End date: 16 June 2014

Total project/programme budget: €13 500 000¹

Geographical coverage: National coverage

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

Project/programme goal: The project aims to improve the quality and safety of surgical interventions at national level, thus improving the quality of the national medical assistance system. Modernization of the Republican Clinical Hospital is part of a large government programme entitled “Health Services and Social Assistance”. To ensure better management of the construction process, it was decided to

¹ To avoid double counting (because the overall amount was reported and considered in the 2012 financial analysis), no disbursements are reported for 2013. In this particular case, some project activities were implemented in 2013, but no additional disbursements occur during 2013.

outline a separate but related project: "Capacity Assessment and Modernization of the Republican Clinical Hospital".

Project/programme manager: Adrian Varatic

Implementing agency: Ministry of Health

Financing: Soft loan

Duration: Start date: 31 August 2011 End date: 31 December 2014

Total project/programme budget: €33 400 000

Total disbursed in 2013: €6 236 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Construction of new surgical capacity for the Republican Clinical Hospital	Built and commissioned the new surgical block for the Republican Clinical Hospital	100%	-

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

Investment	Financial allocation (%)
Construction and refurbishment	100
Medical equipment and technology	-
IT	-
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	-
Hospital care	100
Public health services	-
Emergency care	-

Agency General Information

Country director: Ghenadie Barba

Total budget disbursed in 2013: €10 000

Key achievements
<p>The CoE is currently implementing the programme “Human Rights Approach to Confidence Building Measures (CBMs) in the Transnistrian Region of the Republic of Moldova”. One of the programme components is “human rights in places of detention”. The objective of this component is to improve health care in detention facilities and, in particular, treatment of inmates suffering from communicable diseases. Specifically, the “human rights in places of detention” component focuses on improving treatment and prevention of infectious diseases, in particular tuberculosis (TB), TB/HIV co-infection, medical and hygiene norms in places of detention, treatment and detention conditions for TB patients, follow-up of patients when they leave or join the penitentiary sector, etc.</p>
<p>In June 2013 a seminar was held entitled “Medical Ethics and Health Care in Prison”. The objective of the seminar was to promote (a) the Council of Europe standards related to medical ethics and health care in prison, with particular focus on the control of communicable diseases including HIV/AIDS and related health problems in prison, and (b) the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) standards, as well as to establish further contacts and encourage cooperation between professionals from both banks of Dniester/(Nistru) river.</p> <p>The specific topics covered during the seminar included: CoE and CPT standards regarding medical ethics and the provision of health care in prison; examination and health care management on admission and in medical documentation; psychiatric care and treatment plans; suicide prevention and other mental health problems in prison; prevention of the spread of TB, HIV/AIDS and Hepatitis B/C; the relevance to health care in prison of TB and HIV/AIDS (dual epidemic); as well as psychoactive drugs and addiction, and the management of drug-addicted offenders.</p>

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Programme on the Prevention and Control of HIV/AIDS and STI for 2011–2015
National TB Prevention and Control Programme 2011–2015

Plans to continue support in 2014–2016: Yes, until the year 2015

Project/programme details

Project/programme name: Health in Places of Detention: Human Rights Approach to CBMs in the Transnistrian Region of the Republic of Moldova

Project/programme goal: The main programme objective is to establish an ongoing dialogue between professionals and decision-makers on both sides of the river Dniestr (called the Nistru in Romanian), and to increase awareness of European and international standards in the region.

The “human rights in places of detention” component focuses on improving health care; in particular, treatment of inmates suffering from communicable diseases.

Project/programme manager: Irina Sahakyan

Implementing agency: Council of Europe

Financing: Grant

Duration: Start date: 1 June 2013 End date: 31 May 2015

Total project/programme budget: €200 000

Total disbursed in 2013: €10 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Raising prisons standards in the area of treatment of infectious diseases (in particular TB)	–	–	The seminar on Medical Ethics and Health Care in Prison provided the opportunity for health care professionals in prisons to learn from international expertise on issues related to medical ethics and provision of health care in prisons.
2	The seminar on Medical Ethics and Health Care in Prison provided the opportunity for health care professionals in prisons to learn from international expertise on issues related to medical ethics and provision of health care in prisons.	–	–	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–
Hospital care	–
Public health services	100
Emergency care	–

Agency General Information

Country director: Pirkka Tapiola

Total budget disbursed in 2013: €8 471 385.71

Key achievements
<ul style="list-style-type: none"> • Eastern Partnership Integration and Cooperation programme (EaPIC for health) – successfully implemented by the Ministry of Health during 2013, with disbursement foreseen in 2014. • Technical assistance for health – implementation by WHO. • Mobility of health professionals – implementation by WHO. • National policy dialogue on health – implementation by WHO. • TWINNING project to strengthen the Transplant Agency of the Republic of Moldova – project approved end of 2013, with activities to start in 2014. • Republican Clinical Hospital project – implementation unit at the Ministry of Health. • HIV counselling/testing – implementation by the United Nations Children’s Fund (UNICEF).

Objectives and targets of national policies, strategies or programmes to which your agency contributes
Healthcare System Development Strategy 2008–2017
National Transplant Programme 2012–2016

Plans to continue support in 2014–2016: Yes, until 2015

Project/programme details

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. WHO Country Office Moldova)

Project/programme manager: Jarno Habicht

Implementing agency: WHO Country Office for the Republic of Moldova

Financing: Grant

Duration: Start date: 1 October 2011 End date: 30 September 2015

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. WHO Country Office for the Republic of Moldova)

Project/programme manager: Ala Nemerenco

Implementing agency: WHO Country Office for the Republic of Moldova

Duration: Start date: 1 October 2011 End date: 30 September 2014

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

Project/programme goal: The project aims to improve the quality and safety of surgical interventions at national level, thus improving the quality of the national medical assistance system.

Modernization of the Republican Clinical Hospital is part of a large government programme entitled “Health Services and Social Assistance”. To ensure better management of the construction process, it was decided to outline a

separate but related project: "Capacity Assessment and Modernization of the Republican Clinical Hospital".

Project/programme manager: Adrian Varatic

Implementing agency: Ministry of Health

Financing: Grant

Duration: Start date: 10 December 2008 End date: 10 September 2014

Total project/programme budget: €33 400 000

Total disbursed in 2013: €2 000 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Design of new surgical block for the Republican Clinical Hospital	Delivery and approval of design by the client	100 %	–
2	Construction of new surgical capacity for the Republican Clinical Hospital	Commission and build the new surgical block for the Republican Clinical Hospital	94 %	–

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

Investment	Financial allocation (%)
Construction and refurbishment	100
Medical equipment and technology	–
IT	–
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	–
Hospital care	100
Public health services	–
Emergency care	–

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

Project/programme goal: All details should be provided by the implementing agency (i.e. WHO Country Office for the Republic of Moldova)

Project/programme manager: Jarno Habicht

Implementing agency: WHO Country Office for the Republic of Moldova

Financing: Grant

Duration: Start date: 1 July 2010 End date: 25 February 2014

Total project/programme budget: €2 992 753

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

Project/programme name: EaPIC-Moldova – Scaling up of the health sector policy support programme

Project/programme goal: The main purpose of the special measure EaPIC programme is to upgrade the public health service and to improve training in the area “human resources for health”.

Main activities and expected results:

- reforming the public health service by developing and approving the National Public Health Strategy and its Action Plan;
- strengthening the public health service by contributing a minimum of 10 regional public health laboratories with specialized lab equipment;
- improving training in the field of human resources for health by providing training equipment to the Simulation Centre for Medical Training of the State University of Medicine and Pharmacy “Nicolae Testemiteanu” (SMPU) in Chişinău.

Project/programme manager: Elena MADAN

Implementing agency: Ministry of Health of the Republic of Moldova

Financing: Grant

Duration: Start date: 25 February 2013 End date: 24 February 2014

Total project/programme budget: €6 000 000

Total disbursed in 2013: €6 000 000¹

Geographical coverage: National coverage; targeted regional coverage

Project/programme progress:

¹ Activities under the project “EaPIC-Moldova – Scaling up of the health sector policy support programme” were successfully implemented by the Ministry of Health during 2013, with the funds allocated from the state budget. The disbursement pledged by the European Commission was planned for 2013, and as such is foreseen to occur in 2014. However, for the purpose of maintaining coherence between allocated funds and implemented activities, in this case an amount of €6 million is considered in the 2013 financial analysis.

No.	Indicator	Target value	Actual value	Notes
1	Development and approval of the National Public Health Strategy and its action plan	Approve the National Public Health Strategy	Achieved	–
2	A minimum of 10 regional public health laboratories endowed with specialized lab equipment	Equip the regional laboratories	Achieved	–
3	Provision of training equipment to the Simulation Centre for Medical Training of the SMPU in Chişinău	Equip the Simulation Centre for Medical Training	Achieved	–

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

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	100
IT	–
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	–

Project/programme name: Twinning project “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: Twinning project to strengthen the Transplant Agency of the Republic of Moldova and to support legal approximation in the area of quality and safety of substances of human origin

Project/programme manager: Jordi Rodriguez-Ruiz

Implementing agency: ADECRI – Agence de la Biomedicine (France)

Financing: Grant

Duration: Start date: 19 December 2013 End date: 18 December 2015

Total project/programme budget: €1 178 464.28

Total disbursed in 2013: €471 385.71

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Strengthening of the legislative and institutional framework	Strengthening of the legislative and institutional framework	Started	–
2	Strengthening of staff capacity	Strengthening of staff capacity	Started	–
3	Strengthening communication and information	Strengthening communication and information	Started	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	10
Capacity building	60
Guideline and protocol development	10
Legal and regulatory framework development	20
Other	–

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

Project/programme name: Strengthening Capacity of NSA for HIV Testing and Counselling of Most-at-risk Adolescents and Young People

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

Project/programme manager: Cornel Riscanu

Implementing agency: UNICEF Moldova

Duration: Start date: 1 January 2012 End date: 31 December 2014

Agency General Information

Country director: Nilgun Aydogan

Total budget disbursed in 2013: US\$ 682 566

Key achievements
Introduction of the Pneumococcal conjugate vaccine (PCV 13) into the National Immunization Programme

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Immunization Programme 2011–2015

Plans to continue support in 2014–2016: Yes, until 2017

Project/programme details

Project/programme name: National Immunization Programme – vaccine support

Project/programme goal: Immunization of children with Penta and Rota

Project/programme manager: Nilgun Aydogan

Implementing agency: National Center of Public Health

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2013

Total project/programme budget: US\$ 622 466

Total disbursed in 2013: US\$ 385 966

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	DTP3 coverage	95%	92% (WHO, UNICEF estimates)	–
2	Rota coverage	95%	70%	Delayed introduction

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

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	–

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
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: National Immunization Programme – vaccine support

Project/programme goal: Introduction of PCV into the routine immunization programme

Project/programme manager: Nilgun Aydogan

Implementing agency: National Center of Public Health

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2013

Total project/programme budget: US\$ 343 600

Total disbursed in 2013: US\$ 296 600

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	PCV coverage	90%	–	The vaccine introduction was delayed due to supply problems. The coverage information will be collected in 1 year.

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

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–

IT	-
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
Hospital care	-
Public health services	-
Emergency care	-

Agency General Information

Country director: Tatiana Vinichenko

Total budget disbursed in 2013: €12 657 989

Key achievements
<p>Tuberculosis (TB) Project Coordination, Implementation and Monitoring Unit (PCIMU) grant</p> <ul style="list-style-type: none"> • Realization of the universal access to diagnosis of drug-resistant (DR-)TB by: <ol style="list-style-type: none"> 1. development and support of a courier mechanism for transportation from rayons (districts) to reference laboratories of the sputum for culture investigations; 2. introduction of rapid techniques for diagnosis of DR-TB cases and drug susceptibility testing (DST) (BACTEC and HAIN technologies) (72.3% of new and re-treatment TB patients from eligible patients accomplished DST for first-line TB drugs, using the automated mycobacteria growth indicator tube (MGIT) technique, and 2401 tests were carried out for the rapid identification of R/H resistance, using the polymerase chain reaction (PCR) technique; and 91.1% of new and re-treatment TB patients from eligible patients accomplished the diagnostic DST for second-line MDR-TB drugs). • Increasing access to treatment for MDR-TB cases (898 MDR-TB patients were enrolled in second-line anti-TB treatment during the year 2013). • Providing high-quality second-line anti-TB drugs.
<p>HIV PCIMU grant</p> <p>145 (95%) women received antiretroviral (ARV) treatment during 2013 as part of efforts to prevent mother-to-child transmission (PMTCT) of HIV; 8712 (27.6%) of injecting drug users (IDUs), 2704 (18.3%) of commercial sex workers (CSWs) and 1685 (7.6%) of men who have sex with men (MSM) were covered by harm reduction programmes during the same year; 98 IDUs enrolled in methadone substitution therapy during 2013, with 337 patients receiving such treatment at the end of 2013; 3274 HIV patients have enrolled in ARV treatment since the beginning of the programme (including 569 during 2013 and with 2493 patients receiving treatment at the end of 2013). The network of community-based organizations are empowered and seeking to build capacity, continue to advocate for their needs and to request sustainability from the Government.</p>
<p>Center for Health Policies and Studies (PAS) HIV grant</p> <ul style="list-style-type: none"> • The grant strengthened the two-tiered system of client-centred care and support for people living with HIV (PLHIV) in the region based on four social regional centres, pillars of specialized social care for PLHIV institutionalized within the public social system and a network of 10 nongovernmental organizations (NGOs) that provide an immediate basic services package at local level, including within the penitentiary system and the Transdnister region. A total of 6444 PLHIV, of which 740 first targeted during 2103, were provided with care through the social regional centres and territorial NGOs. • The grant also supported adherence to ARV treatment for the most vulnerable ART patients from both the civilian and penitentiary sectors. A total of 948 PLHIV – selected based on socioeconomic vulnerability – benefited from 3200 food parcels during the year 2013, provided for better adherence to treatment. • In addition, the grant provided support to children infected and affected by HIV to achieve better adherence to ARV treatment and access to education, by contributing food support each quarter to all children living with HIV and children born to HIV-positive mothers, until their HIV diagnosis is discounted, and twice per year contributing clothing and school supplies support. A total of 325 children received social support during year 2013. • The PAS Center HIV grant strengthened the system of peer-based support to people who inject drugs (PWID) under opioid substitution therapy (OST) through four day centres and one mobile unit in the penitentiary system. A total of 632 PWID undertaking OST received at least 3 support services offered through the centres, 98 of whom were first reached during 2013. At the same time a total of 1896 PWID, of which 462 were OST patients, received at least one psycho-social service. In order to improve adherence to OST treatment, the 235 most-vulnerable OST patients received incentives (food parcels) in both the civilian and penitentiary sectors. • The grant enabled increased empowerment and engagement of the network of community-based organizations and key affected populations in terms of the national HIV response, including promoting human rights of PLHIV and associated affected populations, along with advocating for government accountability for essential services for PLHIV and most-at-risk populations. • Community-based advocacy activities that promote rights for PLHIV have resulted in institutionalization and inclusion of HIV-positive children as a group entitled to social benefits as part of the national social welfare system.

PAS Center TB Grant

In 2013 the principal recipient started implementation of phase 2 of the grant "Empowerment of People with TB and Communities in Moldova" for the years 2013–2015.

- 10 TB community centres continued to receive support in 10 rayons. Community centre teams were trained on models of community work. To ensure sustainability of the community centre concept and its scale-up, assessment of current regulation was initiated to enable revisions to be recommended. A total of 9 NGOs were awarded grants for TB control at the community level. The capacity of the NGOs was strengthened via training programmes for NGO core teams plus 64 volunteers.
- For populations with both TB and HIV, 402 patients with and their family members were trained, with support from peer groups. Four informational meetings were organized with members of the PLHIV populations (participation of 69 individuals).
To increase adherence to treatment, a total 2240 TB patients registered in directly observed treatment strategy (DOTS) programmes and 578 MDR-TB patients received incentives from the GFATM grant; 511 TB patients received transportation costs; 68 MDR-TB patients were visited at home (DOTS supported), at least once per month. All TB patients released from the penitentiary system were assisted during their transfer from the penitentiary to community life.
- In terms of the advocacy, communication and social mobilization campaigns component: 239 peer educators were trained on TB-related informational tools; 24 journalists at both national and regional levels were trained on TB; 671 key actors from public institutions across the country attended workshops on TB- and TB/HIV-related issues; 120 education and counselling sessions were provided for inpatients.
- In terms of capacity building for medical staff: two training courses were provided for TB specialists, along with a conference for 115 TB specialists on the management of MDR-TB at ambulatory level; 128 primary health care staff attended five training courses; nine people from the National TB Prevention and Control Programme 2011–2015 participated at the international conferences and workshops; and two regional conferences were held for primary health care service providers.
- In terms of monitoring and evaluation, 168 monitoring and evaluation visits to rayons and municipal TB health service providers were undertaken on both banks of the Nistru River by the Monitoring and Evaluation Department of the National TB Prevention and Control Programme.

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

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

National TB Prevention and Control Programme 2011–2015

Plans to continue support in 2014–2016: Yes, until 31 December 2015.

Project/programme details

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

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

Project/programme manager: Rita Seicas

Implementing agency: PAS Center

Financing: Grant

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

Total project/programme budget: €7 434 590.72

Total disbursed in 2013: €2 714 424

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Number of volunteers, members of multidisciplinary teams (MDTs) and NGO representatives trained in TB community aspects	55	69	The indicator was achieved to the value of 125.45%. Reason: one additional training session on the topic "Advocacy and community involvement in TB control" was held in November for NGO representatives. The budget for the additional training was not exceeded, using the obtained savings.
2	Number of new TB patients in ambulatory phases provided with DOT support by the community	337	351	351 new TB patients were provided with DOT support by the community (community centres and NGOs), receiving at least 25 DOT interventions during 1 month (visits to the DOT centre by the patient or visits to the patient by DOT support personnel for drug-related interventions). The indicator was achieved to the value of 104.15%. Reason: all the new TB patients listed by the community centres received at least 25 DOT interventions during 1 month (based on visits to the DOT centre).
3	Number of peer educators, journalists at national and district levels and local stakeholders trained in TB and TB/HIV issues	150	176	The indicator was achieved at 117.3%. Reason: the number of journalists attending the training course was increased on the basis of requests, without exceeding the established budget.
4	Number and percentage of MDR-TB patients registered under DOTS programme, receiving incentives and enablers to improved their treatment compliance	285	290	The indicator was achieved.
5	Number of TB patients registered under DOTS programme, receiving incentives and enablers to improve their treatment compliance	1125	1125	During S6, 1003 TB patients registered under the DOTS programme received incentives for improved treatment compliance (from the total number of 2365 ambulatory-phase TB patients undergoing treatment). The indicator was achieved to the value of 89.2%. Reason: currently in the country two sources of funding incentive support exist – the National Health Insurance Company (NHIC) and the GFATM. The GFATM sub-recipient "Act for Involvement" requested territorial TB coordinators from the TB health facilities to provide the list of sensitive TB patients that were not covered by the NHIC. The reason for such a request was the confused criteria described in the Ministry of Health regulation on providing incentives from the NHIC. At the end of the year, TB health facilities focused on using the NHIC budget mostly by registering patients for incentives using the programmer provided by the NHIC. It was expected that they would receive the final decision of the National TB Prevention and Control Programme 2011–2015 and the NHIC on the possibility to revise the Ministry of Health order on providing incentives from different sources, after the matter was discussed during the first semester of 2013.

Type of funding	Financial allocation (%)
Technical assistance	33.45
Investment	53.16
Administrative costs	13.39

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	6.6
Capacity building	56.4
Guideline and protocol development	1.0
Legal and regulatory framework development	–
Other: <i>Strengthening of civil society</i>	36.0

Investment	Financial allocation (%)
Construction and refurbishment	12.56
Medical equipment and technology	–
IT	0.50
Medical supplies (including immunizations, pharmaceuticals, etc.)	–
Other: <i>Care and support for patients</i>	86.94

Health systems functions	Financial allocation (%)
Health services delivery	47.58
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	27.24
Health financing	–
Leadership and governance	25.18

Health services development	Financial allocation (%)
Primary health care	67.49
Hospital care	–
Public health services	32.51
Emergency care	–

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

Project/programme goal: To ensure prevention among key affected populations, reduce the negative impact of the HIV epidemic through provision of care, treatment and support to PLHIV

Project/programme manager: Liliana Caraulan

Implementing agency: PAS Center

Financing: Grant

Duration: Start date: 1 January 2010 **End date:** 31 December 2014

Total project/programme budget: €12 057 410

Total disbursed in 2013 €2 449 446

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Number of PLHIV receiving food parcels to improve ARV treatment adherence	1040	948	A total of 948 PLHIV received food parcels during the year 2013, of which 106 were first reached during S8. Each quarter, 800 PLHIV from both civilian and penitentiary sectors were selected based on socioeconomic vulnerability and perceived benefit of food parcels for better adherence to treatment. The indicator was substantially achieved (to the value of 91%). Reason: 800 food parcels were distributed quarterly to PLHIV, selected based on a set of unique socioeconomic vulnerability criteria. Subject to the degree of vulnerability, the ranking of potential beneficiaries (among the top 800 most-vulnerable ART patients) changed from one quarter to the next, including previously reached and first reached beneficiaries (mostly from those newly enrolled in ART).
2	Number of PLHIV/AIDS reached with care and support services	6367	6444	The indicator was achieved (to the value of 101%). A total of 6444 PLHIV were reached with care and support services over the course of the programme, of which 740 were first reached during the year 2013. Care and support services are provided to PLHIV by four social regional centres specializing in assistance to people infected with and affected by HIV and 10 territorial organizations that provide outreach services to PLHIV and their families. The beneficiaries are provided with the following services: psycho-social counselling and support, medical counselling and referral, distribution of information materials, peer counselling, self-support groups, food parcels, and so on.
3	Number of children infected and affected by HIV/AIDS who received social support	272	325	A total of 325 children (109 infected and 216 affected by HIV) received social support during the year 2013 (first reached). Each quarter, 230 children (all HIV-infected children that can be reached and the majority of children born to HIV-infected mothers with unknown status) benefited from food parcels. At the same time, each semester HIV-positive children benefitted from a set of stationery and some clothing for school, as part of the social support programme. The indicator was (over) achieved (119%). Reason: the number of children first reached with social support was determined by the number of children diagnosed with HIV that were reached and by the number of children born to HIV-positive mothers immediately before and during the reporting period. During the year 2013 the number of HIV-positive children reached was 109, exceeding (by 14) the planned number of 95.

4	Number of IDUs undertaking OST that receive at least three support services from NGOs working in IDU rehabilitation	711	632	<p>A total of 711 PWIDs undertaking OST received at least three support services over the course of the programme, of which 98 were first reached during the year 2013. PWIDs reached with support received at least three services from the package (psycho-social support, self-support groups, peer-to-peer education, distribution of information materials, food support, and so on) offered by NGOs working in PWID rehabilitation. The indicator was achieved to the value of 89%. Reason: The number of PWIDs undertaking OST and receiving psycho-social support was directly dependent on the number of PWIDs enrolled in OST treatment (new patients).</p> <p>The achievement of the cumulative target (over the life of the programme) is determined by the variation between targets set and results registered for the first grant implementation period (2010–2012), caused by the continuously decreasing enrolment of new patients in OST. The new patient enrolment dynamics in the first grant implementation period determined and directly impacted the achievement of targets for this indicator and affected the results for the year 2013, as the target is cumulative over the life of the programme.</p>
5	Number of medical (doctors and nurses) and non-medical staff (psychologists, social assistants, peer consultants) trained in HIV/AIDS	90	86	<p>The indicator was for the most part achieved (96%). People trained to refer to ART and MDT medical specialists, infectious diseases and primary health care specialists, social assistants and MDT non-medical specialists.</p>

Type of funding	Financial allocation (%)
Technical assistance	21
Investment	61
Administrative costs	18

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	11
Capacity building	42
Guideline and protocol development	5
Legal and regulatory framework development	13
Other: <i>Support for stigma reduction and strengthening of civil society</i>	29

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	1
Medical supplies (including immunizations, pharmaceuticals, etc.)	–
Other: <i>Care and living support for PLHIV, PWID</i>	99

Health systems functions	Financial allocation (%)
Health services delivery	63
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	34
Health financing	–
Leadership and governance	3

Health services development	Financial allocation (%)
Primary health care	61
Hospital care	–
Public health services	39
Emergency care	–

Project/programme name: Scaling-up Access to Prevention, Treatment and Care under the National Program for Prevention and Control of HIV/AIDS/STIs 2006–2010 and reducing morbidity, mortality and HIV-related impact on people living with HIV/AIDS, 2010–2014

Project/programme goal: 1. Preventing HIV transmission among key populations (IDUs, CSWs, MSM); 2. Ensuring access of HIV/AIDS patients to treatment and monitoring services along with PMTCT services

Project/programme manager: Daniela Lupan

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

Financing: Grant

Duration: Start date: 1 April 2010 End date: 31 December 2014

Total project/programme budget: €10 207 008.13

Total disbursed in 2013: €2 183 484

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Number and % of IDUs reached with prevention programmes	9.365	8.712	The indicator is cumulative annually. A total of 7 projects (including 1 in Tiraspol, Transdnester region) cover both the civilian (five projects) and the penitentiary sectors (two projects), providing prevention activities for IDUs (peer education, needle exchange, condom distribution, distribution of information materials, counselling and referrals, and so on). The five projects in the civil sector are regional and cover from two to six rayons. The penitentiary sector projects cover nine penitentiary institutions from the right bank of the Nistra and three penitentiaries from the left bank. The indicator does not include beneficiaries from penitentiary institutions covered with harm reduction programmes under the project. The estimated number of IDUs covered is 930.

2	Number and % of CSWs reached with outreach programmes	3.123	2.704	The indicator is cumulative annually. A total of three projects provide prevention activities for CSWs: one in Chişinău, one in Orhei and one in the northern region of the country covering the Bălţi and Ungheni areas. Services provided under the programme include peer education, condom distribution, distribution of information materials, needle exchange, counselling and referrals, infectious transmitted disease management, and so on.
3	Number and % of lesbian, gay, bisexual and trans-sexual (LGBT) reached with outreach programmes	2.513	1.685	The indicator is cumulative annually. The services provided under the programme include peer education, condom distribution, distribution of information materials, counselling and referrals, infectious transmitted disease management, and so on). These are provided through one project based in Chişinău which covers beneficiaries from Chişinău, Bălţi and Tiraspol.
4	Number of people with advanced HIV infection that have started ARV combination treatment	2965	3274	The indicator is cumulative per programme term. The number of patients receiving ARV therapy as at 31 December 2013 was 2493, including 82 children.
5	% of HIV-positive pregnant women who received ARV to reduce the risk of mother-to-child transmission	77.30%	94.77%	The indicator is cumulative annually. During the year 2013, 153 HIV-positive pregnant women gave birth. 145 of these women received ARV treatment for PMTCT, of which: 135 received complete ARV treatment; 8 received incomplete ARV treatment; 2 received emergency ARV treatment during delivery; and 8 did not receive treatment.

Type of funding	Financial allocation (%)
Technical assistance	0.8
Investment	89.8
Administrative costs	9.4

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	100
Guideline and protocol development	–
Legal and regulatory framework development	–
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	0.5
Medical supplies (including immunizations, pharmaceuticals, etc.)	81.5
Other: Harm reduction activities among vulnerable groups	18

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	–
Hospital care	100
Public health services	–
Emergency care	–

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 ensure universal access to diagnosis and treatment of drug-resistant tuberculosis;
- to strengthen community involvement and foster partnerships for effective TB control.

The planned activities to be implemented are:

- improvement of TB diagnosis in prison sector, by supporting TB screening of the detainees;
- procurement of consumables and reagents for culture investigations and DST (I & II line) for manual/classic technique;
- procurement of consumables and reagents for rapid diagnosis of MDR-TB (Bactec and GenoType MDRTB plus supplies);
- procurement of consumables to assure infection control in MDR-TB departments and TB laboratories;
- supporting the maintenance of laboratory equipment for rapid diagnosis of TB;
- supporting the establishment of routine drug resistance surveillance;
- procurement of second-line TB drugs.

Project/programme manager: Burinschi Victor

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

Financing: Grant

Duration: Start date: 1 October 2010 End date: 30 June 2015

Total project/programme budget: €12 371 649.98

Total disbursed in 2013: €5 310 635

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	TB mortality rate: registered number of deaths due to TB (all forms) per year per 100 000 population	11,6	11.14	Preliminary data for 2013: 454 deaths among TB patients occurred during the year 2013 (11.14 deaths due to TB (all forms) per 100 000 population). Note: a decrease of 22.6% was registered in the number of deaths among TB patients in the year 2013 compared to the year 2012 (588).

2	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	60	49.30	Preliminary data for the 2010 MDR-TB cohort: a total of 390 laboratory-confirmed MDR-TB patients – of whom 791 started DOTS Plus treatment in 2010 – were successfully treated (cured and treatment completed). Note: the targets refer to the patient cohort of the preceding 36 months. The low success rate (49.3%), is determined by: (1) diagnosis of a high number of cases with advanced disease and low therapeutic success rate; (2) 10.4% failure rate or impossibility to finalize the treatment in the continuation phase (usually in ambulatory conditions), given the 27.3% default rate and 12.8% death rate for the reported period; (3) liberalization of the treatment adherence criteria, determining the increasing number of patients enrolled in the DOTS Plus scheme (including re-treatment cases). The situation described can be explained by: (1) the low level of compliance of patients due to their psycho-behaviouristic specificity; (2) lack of socio-material support for patients, leading to failure to complete treatment; and (3) insufficient medical staff in both the primary health care and the physio-pulmonology fields, necessary to ensure the treatment success.
3	MDR-TB prevalence among new cases (%)	22	24.80	Preliminary data for the 2013 cohort: 315 new TB cases with results of DST to H/R drugs (out of 1270 investigated in 2013) were diagnosed with MDR-TB.
4	MDR-TB prevalence among re-treatment cases (%)	57	61.82	Preliminary data for the 2013 cohort: 510 re-treatment TB cases with results of DST to H/R drugs (out of 825 investigated in 2013) were diagnosed with MDR-TB.
5	Number of laboratory-confirmed MDR-TB patients enrolled in second-line anti-TB treatment	670	898	898 TB-MDR patients were enrolled in second-line anti-TB treatment during the year 2013. Thus, the target was significantly exceeded (by 34%: estimated target 670 patients). Note: during the reporting period, the practice of including a more patients into the DOTS Plus treatment scheme was followed, thus displacing the death or failure-to-complete cases registered immediately after the drug administration start (whereby treatment lasted less than two months), with the respective drugs still remaining available.

Type of funding	Financial allocation (%)
Technical assistance	1.0
Investment	94.6
Administrative costs	4.4

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
Other: <i>GLC fees</i>	100

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	–
Medical supplies (including immunizations, pharmaceuticals, etc.)	100
Other: Harm reduction activities among vulnerable groups	–

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	–
Hospital care	100
Public health services	–
Emergency care	–

Agency General Information

Country director: Holger Neuweger

Total budget disbursed in 2013: €103 000

Key achievements
A small project to assist training in modern anaesthesia techniques has been implemented, including procurement of equipment and anaesthesia gas, training of doctors and medical assistants, and technical maintenance training.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017

Plans to continue support in 2014–2016: Yes, until year 2016

Project/programme details

Project/programme name: Training in Modern Anaesthesia Equipment

Project/programme goal: Train the Moldovan anaesthesia specialists to work with the modern equipment provided in 2012.

Project/programme manager: Nicolas Hempel

Implementing agency: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Financing: Grant

Duration: Start date: 19 March 2013 End date: 30 June 2014

Total project/programme budget: €250 000

Total disbursed in 2013: €103 000

Geographical coverage: Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Specialist training	Train specialists in seven Moldovan hospitals	All specialists trained	–
2	Equipment/technical maintenance training	Ensure technical specialists are available in at least 3–4 hospitals	In progress	–
3	Procurement of trolleys	Procure trolleys for all seven hospitals that benefited from equipment in 2012	In progress	–
4	Procurement of Sevofluran gas	Procure and distribute Sevofluran gas to 10 Moldovan hospitals	In progress	–

Type of funding	Financial allocation (%)
Technical assistance	86
Investment	–
Administrative costs	14

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	80
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	–

Health systems functions	Financial allocation (%)
Health services delivery	70
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	30
Health financing	–
Leadership and governance	–

Health services development	Financial allocation (%)
Primary health care	–
Hospital care	100
Public health services	–
Emergency care	–

Government of Austria

Agency General Information

Total budget disbursed in 2013: MDL 88 822 900

Key achievements
To improve the quality of medical services (surgical treatment and diagnostics) provided in a tertiary-level hospital. 80% of modern medical equipment in surgical, diagnostic, emergency and intensive care departments installed. Training of 100% of medical professionals to operate the modern medical equipment and to use new surgical treatment, diagnostic and patient monitoring technologies.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017
National Transplant Programme 2012–2016

Plans to continue support in 2014–2016: Yes, until 2014

Project/programme details

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

Project/programme goal: To improve the quality of medical services (surgical treatment and diagnostics) provided in a tertiary-level hospital by means of installing modern medical equipment in surgical, diagnostic, emergency and intensive care departments; and to train medical professionals to operate the medical equipment and to use new technologies for surgical treatment, diagnostics and patient monitoring. More than 50 types of medical equipment to be installed, such as: endoscopic, colonoscopic and bronchoscopic equipment; surgical tables and lamps; anaesthesiology and ultrasound equipment; surgical instruments; angiographs; mobile x-ray equipment; C-arms; defibrillator; mobile lung ventilator.

Project/programme manager: Andrei Usatii

Implementing agency: Ministry of Health

Financing: Soft loan

Duration: Start date: 2 August 2013 End date: 30 June 2014

Total project/programme budget: €7 300 000

Total disbursed in 2013: MDL 88 822 900

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Install the medical equipment by qualified engineers	50% of the equipment installed appropriately	50% of the equipment was installed appropriately	The delivery of equipment and installation was made within planned time

2	Train medical specialists to operate the new medical equipment	14 health professionals trained	14 health professionals have been trained	The training took 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 a 12-month period	91% of equipment was delivered during 5 months, 80% of equipment was installed	Equipment was 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
IT	-
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	-
Hospital care	100
Public health services	-
Emergency care	-

Government of the People's Republic of China

Agency General Information

Country director: Xu Tongkai

Total budget disbursed in 2013: CNY 1 000 000

Key achievements
The first phase of the Chinese Traditional Medical Center was completed in May 2013. The Moldovan partner (State Medical and Pharmaceutical University "Nicolae Testemitanu" (SMPU)) and the Government of the Republic of Moldova both believed that it was a great success and applied to initiate a new phase of the project.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
Healthcare System Development Strategy 2008–2017

Plans to continue support in 2014–2016: Yes

Project/programme details

Project/programme name: Chinese Traditional Medicine Center

Project/programme goal: To popularize health knowledge and promote health in general among residents

Project/programme manager: Han Jian

Implementing agency: China IPPR International Engineering Corporation

Financing: Grant

Duration: Start date: 16 May 2011 End date: 15 May 2013

Total project/programme budget: CNY 5 000 000

Total disbursed in 2013: CNY 1 000 000

Geographical coverage: Pilot sites

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	20
Guideline and protocol development	–
Legal and regulatory framework development	–
Other: <i>treatment</i>	80

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

Health services development	Financial allocation (%)
Primary health care	–
Hospital care	100
Public health services	–
Emergency care	–

Government of Estonia

Agency General Information

Country director: Andre Pung

Total budget disbursed in 2013: €179 213

Key achievements
Drafting the Strategy for Estonian Development Cooperation and Humanitarian Aid 2014–2015, Moldovan profile. The strategy has been adopted. Assigning the Estonian Development Cooperation contact point in Chişinău.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017
National Reproductive Health Strategy 2005–2015
Primary Health Care Development Strategy 2010–2013
National Programme on Healthy Lifestyle Promotion 2007–2015

Plans to continue support in 2014–2016: Yes, until 2015.

Project/programme details

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

Project/programme goal: The project aims to strengthen the Moldovan health care system by building capacity to develop e-health solutions. The central objective of the Moldovan Healthcare System Development 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.

Project/programme manager: Priit Kruus

Implementing agency: Praxis

Financing: Grant

Duration: Start date: 1 September 2012 End date: 31 October 2013

Total project/programme budget: €60 313

Total disbursed in 2013: €28 280

Geographical coverage: National coverage

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

Project/programme goal: The overall objective of the project is to improve the living standard of the inhabitants of the Republic of Moldova through better and faster access to health care services. The direct objective of the project is to develop and pilot telephone-based medical counselling for the inhabitants of Chişinău.

The service is based on the experience of a similar service in Estonia – the Family Doctor Advice Line 1220, which was launched in Estonia in 2005. The new hotline call centre (0800 9999) of the Moldovan National Health Insurance Company was launched on 14 February 2014 in Chişinău.

Project/programme manager: Külli Friedemann

Implementing agency: MTÜ Eesti Abikeskused

Financing: Grant

Duration: Start date: 1 October 2012 End date: 30 June 2013

Total project/programme budget: €43 896

Total disbursed in 2013: €21 948

Project/programme name: Capacity building of the Republic of Moldova's youth-friendly health services network 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 the Republic of Moldova's key organizations working in the field of youth sexual health and the country's network of youth-friendly health services, by introducing credited Estonian examples to improve youth access to high-quality sexual health services in the Republic of Moldova and promote sexual health indicators of youth in the country.

Project/programme manager: Triin Raudsepp

Implementing agency: Estonian Reproductive Health Association

Financing: Grant

Duration: Starting date: 1 October 2012 End date: 31 July 2013

Total project/programme budget: €30 845

Total disbursed in 2013: €13 185

Project/programme name: Feasibility study of an e-service supporting family doctors in the context of the Moldovan health system

Project/programme goal: The aim of the project is to conduct a feasibility study of an e-service supporting family doctors. The study is to include mapping of different motivators and barriers for implementation, along with the requirements of various stakeholders. The selection of a specific e-service (e.g. e-visit, performance-related pay system, e-prescription) depends on the ongoing strategy process, the needs of the project partner and the results of the project "E-services in support of effective health care services for Moldovan citizens".

Project/programme manager: Reelika Ermel

Implementing agency: Praxis

Financing: Grant

Duration: Start date: 2 January 2014¹ End date: 31 December 2014

Total project/programme budget: €48 237

Total disbursed in 2013: €22 868

Geographical coverage: National coverage

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

Project/programme goal: The objective of the project is to support the development of the Moldovan health insurance system by sharing the Estonian experience.

¹ The implementation period mentioned is valid. The preliminary disbursement was made in 2013 and it was decided – in order to ensure accuracy – to include this initial amount in the analysis, even though the implementation period is not part of the reporting period.

Project/programme manager: Anette Soosaar

Implementing agency: Estonian Health Insurance Fund

Financing: Grant

Duration: Start date: 15 September 2013 End date: 14 September 2015

Total project/programme budget: €96 872

Total disbursed in 2013: €34 516

Project/programme name: Improving the accessibility of phone-based primary health care counselling in Moldova. Stage II.

Project/programme goal: The overall objective of the project is to improve access of the Moldovan population to primary health care services and health-related information. The specific objective of the project is to launch a Moldova-wide integrated health care information and medical consultation telephone service to provide the following information and advice to the population: information on health insurance and related issues; medical advice in cases of non-emergency health problems; information on accessing medicinal products.

Project/programme manager: Tanel Mätlik

Implementing agency: Eesti Abikeskused

Financing: Grant

Duration: Start date: 1 September 2013 End date: 31 May 2014

Total project/programme budget: €73 216

Total disbursed in 2013: €32 947

Project/programme name: Estonian–Moldovan cooperation in sports medicine for promoting European standards in medical education

Project/programme goal: The purpose of the project is to develop cooperation with the State University of Medicine and Pharmacy (SMPU) “Nicolae Testimitanu” in the preparation and implementation of new curricula in sports medicine. Resulting from the needs of the Republic of Moldova (in the fields of public health, recreational and professional sports), it is extremely important to develop educating doctors in the relevant target country in the field of sports medicine at both undergraduate and postgraduate levels.

Project/programme manager: Eve Unt

Implementing agency: Tartu University

Financing: Grant

Duration: Start date: 1 August 2013 End date: 31 May 2015

Total project/programme budget: €53 807

Total disbursed in 2013: €25 469

Government of Japan

Agency General Information

Country director: Toichi Sakata

Total budget disbursed in 2013: US\$ 4 099 339

Key achievements
The capacity of four district hospitals has been strengthened. Solar panels have been installed at the Institute of Oncology.

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

Plans to continue support in 2014–2016: Yes, until 2016.

Project/programme details

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

Financing: Grant

Duration: Start date: 18 July 2011 End date: 1 October 2014

Total project/programme budget: US\$ 4 279 301

Total disbursed in 2013: US\$ 3 718 015

Geographical coverage: Targeted regional coverage

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
Other	100

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	–
Medical supplies (including immunizations, pharmaceuticals, etc.)	–
Other: <i>solar panels</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: KUSANONE Programme (Grant Assistance for Grass Roots project) – Improvement of medical equipment in district hospitals

Project/programme goal: Strengthening hospital sector capacities

Project/programme manager: Andrei Buchinev

Implementing agency: District hospitals

Financing: Grant

Duration: Start date: 31 March 2013 End date: 31 December 2013

Total project/programme budget: US\$ 381 324

Total disbursed in 2013: US\$ 381 324

Geographical coverage: Pilot sites

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

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	100
IT	–
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	–
Hospital care	100
Public health services	–
Emergency care	–

Government of Romania

Agency General Information

Country director: Artur Raducanu

Total budget disbursed in 2013: -

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
National Blood Transfusion Safety Programme 2012–2016

Plans to continue support in 2014–2016: Uncertain

Project/programme details

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

Project/programme manager: Artur Raducanu

Financing: Grant

Duration: Start date: 1 January 2013 End date: 1 October 2014

Total project/programme budget: €290 000¹

Geographical coverage: Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	-	-	-	A budget of €150 000 was disbursed in 2012 and included in the ODA report for 2012. During 2013 all the reconstruction activities were implemented.

¹ To avoid double counting, as the financial support was disbursed and considered in the 2012 financial analysis, no financial support is mentioned for this project. In this case, project activities were implemented in 2013 based on the disbursement that took place at the end of 2012.

Agency General Information

Country director: Manase Peter Salema

Total budget disbursed in 2013: €375 447

Key achievements
<p>IAEA assistance provided to the Moldovan health system under the national project MOL6008 – Strengthening Nuclear Medicine Practice to Improve Chronic Disease Diagnosis by Implementing single photon emission computed tomography (SPECT)/computed tomography (CT) in Clinical Practice and Preparing a Feasibility Study for Establishing a positron emission tomography (PET) centre</p>
<p>BACKGROUND and OUTPUTS</p> <ul style="list-style-type: none"> The use of nuclear medicine in the Republic of Moldova is limited. There are only three nuclear medicine facilities: the Moldavian Oncological Institute (MOI), the Medical Diagnostic Centre, and the Scientific Institute for the Protection of the Health of Mothers and Children. In the Republic of Moldova the incidence of tumours numbers about 74 000–76 000 people per year (overall prevalence); cardiovascular disease incidence is 345 000–387 000 per year; pulmonary pathology incidence is 245 000–350 000 and gastrointestinal pathology incidence is 231 000–340 000 per year. In terms of disease categories, since the mid-2000s cardiovascular diseases have been in first place, reaching about 1600–2900 annually, followed by malignant tumours reaching 1500–2700 cases annually, and diseases of the nervous system 800–1300 cases annually. By cause 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. This project was devoted to improving the nuclear medicine services in the Republic of Moldova through the establishment of a nuclear medicine laboratory in the MOI of the Republican Clinical Hospital. The main beneficiaries are patients affected by cancer, cardiac, pulmonary, neurological, digestive and bone-related diseases who receive better treatment from referring clinicians dealing with those patients because they have access to more powerful diagnostic methods. The project has been implemented through the provision of expert services; individual and group training for local staff on nuclear medicine; procurement of a SPECT gamma camera and CT scanner, including their installation and commissioning; and provision of the necessary auxiliary equipment and accessories. The Government of the Republic of Moldova provided the necessary infrastructure and space to implement the SPECT/CT system at the Republican Clinical Hospital. Overall, 10 months of training have been provided within this project. An international expert has been providing support to help the country in the initial phase of the new activities.
<p>OUTCOMES</p> <ul style="list-style-type: none"> The implementation of the project contributed to the improvement of diagnostic capabilities in the Republican Clinical Hospital through the establishment of a nuclear medicine laboratory for early detection of diseases in accordance with the modern standards. 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 structural anomalies. Increased clinical efficiency has been achieved with single procedure multimodality acquisition, processing, and review capabilities. The existence of the SPECT/CT hybrid system in the Republican Clinical Hospital makes it possible to survey patients quickly and qualitatively, and to begin special treatment without delay. Owing to the economic and financial problems in the Republic of Moldova, a feasibility study for establishing a PET centre has been postponed until the 2014–2015 technical cooperation cycle.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
Healthcare System Development Strategy 2008–2017

Plans to continue support in 2014–2016: Yes, until 2015.

Project/programme details

Project/programme name: MOL6008- 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

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

Project/programme manager: Zhang Jing

Implementing agency: IAEA

Financing: Grant

Duration: Start date: 1 January 2012 End date: 31 December 2013

Total project/programme budget: €845 000

Total disbursed in 2013: €375 447

Geographical coverage: National coverage

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 (including monitoring and evaluation, analytical works)	-
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	-

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

Agency General Information

Country director: Georgette Bruchez Brugger

Total budget disbursed in 2013: CHF 3 531 716¹

Key achievements
The quality of perinatal and emergency paediatric health care has improved significantly nationwide. SDC support allowed medical facilities to be given modern equipment, local staff training and help to improve their referral system. Quality management mechanisms and simulation training programmes have been introduced; and clinical standards and protocols have been integrated into the system. Sustainability of the early prevention, detection and interventions is ensured by improving the regulatory and institutional framework.
The regionalization of paediatric emergency and intensive care has been institutionalized (as per the Ministry of Health order of October 2013). The three regional centres (North, Centre and South) are equipped and functional, able to provide non-discriminatory and high-quality medical care for all children aged 0–18 years. The regionalization of paediatric emergencies is a successful model for a general hospital reform.
The access of adolescents and young adults to counselling on sexual and reproductive health, pre- and postnatal education and to qualified medical, psychological and social assistance is being gradually improved thanks to the introduction of appropriate youth-friendly health services (YFHS). The scaling-up of YFHS was launched by the Ministry of Health in January 2012. The capacity of relevant human resources has been developed in 16 districts (out of a total 35) and the process is ongoing.
The innovations introduced with the support of the SDC – in fields such as telemedicine and quality management, as well as communication, community mobilization and outreach approaches in mother and child health and adolescent health care – are being used as models from which the whole health sector can learn, in addition to action in the field of health technology management, which is already being scaled up.
The 2013–2016 Strategy and Implementation Plan for Community Mental Health Services Development and Integration into Primary Health Care was developed with SDC support and has been approved. Based on this, the SDC will launch the project “Reforming the Mental Health Services System in Moldova” in mid-2014.

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

Plans to continue support in 2014–2016: Yes, until 2017.

Project/programme details

Project/programme name: Modernizing the Moldovan Perinatology System Project (Phase 3)

¹ Overall SDC support to the Moldovan health sector during 2013 reached the value of CHF 4 840 391. The methodology of the current study was applied to avoid double counting in cases in which one development partner disbursed ODA funds on behalf of another; in such a situation, the development partner that made the final disbursements to the country reported for that project. In this way, the following support was considered under other donors:

- CHF 400 000 – WHO : Support to strengthening governance and policy dialogue in the health sector, Phase 1
- CHF 218 500 – UNICEF: Support the Government of the Republic of Moldova to carry out national the Multiple Indicator Cluster Survey (MICS)
- CHF 690 175 – UNICEF, UNDP, WHO: Confidence building measures (CBM) Transnistria Health.

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

The expected project outcomes include:

- improved quality of perinatal care, provided according to the required standards, at each level of care;
- increased access through project implementation for mothers and newborns to an appropriate and functioning infrastructure in perinatal services;
- development and implementation of mechanisms for continuous quality improvement across different levels of facilities;
- mobilization of target communities to improve utilization of maternal and neonatal health care services by their vulnerable groups.

Project/programme manager: Adriane Martin Hilber

Implementing agency: Swiss Centre for International Health (SCIH) (within the Swiss Tropical and Public Health Institute)

Financing: Grant

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

Total project/programme budget: CHF 4 42 000

Total disbursed in 2013: CHF 900 000

Geographical coverage: National coverage; Pilot sites

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	% of newborns with asphyxia (APGAR 6 at 5 minutes)	0.70%	0.73%	–
2	% of newborns arriving at level three in critical condition (cardio-respiratory distress)	5/1000	4.7/1000	–
3	Reduction in neonatal mortality (NNM) among babies weighing 1.5–2 kg.	0.5/1000	0.5/1000	–
4	Proportion of premature newborns in follow up (versus all newborns in follow-up) having completed all visits for two years	35.0%	36.0%	–

Type of funding	Financial allocation (%)
Technical assistance	70
Investment	13
Administrative costs	17

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	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
IT	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
Hospital care	90
Public health services	–
Emergency care	–

Project/programme name: Regionalization of Paediatric Emergency and Intensive Care, Phase 2

Project/programme goal: Increasing the chances of survival of children that need emergency medical services and preventing children's accidents through the creation of a regionalized modern paediatric emergency and intensive care services system.

The expected project phase outcomes include:

- improved national policy on the organization, financing and delivery of paediatric emergency and intensive care services;
- available and accessible high-quality paediatric emergency and intensive care service provision throughout the country;
- improved supervision of children by communities, mothers and fathers, including ensuring measures are taken to prevent domestic accidents and knowledge is disseminated on how and when to use emergency services.

Project/programme manager: Silvia Morgoci

Implementing agency: Centre for Health Services and Policies

Financing: Grant

Duration: Start date: 1 October 2010 End date: 31 October 2013

Total project/programme budget: CHF 4 470 000²

Geographical coverage: National coverage

² The last tranche of financial support was disbursed and considered as part of the 2012 financial analysis. In this case, project activities within the closing phase were implemented in 2013, based on the disbursement that took place at the end of 2012.

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Mortality rate of children under 5 years of age (Millennium Development Goal (MDG) 4)	2015:15.3 (MDG 4 target)	11.7	Official Ministry of Health data
2	No. of patients treated by paediatric emergency departments and intensive care unit in 3 regional centres	10% increase	Average increase of 12.5% (10% in the south and 15% in the north)	Cumulative data
3	Trauma mortality rate of children under 5 years of age	Decrease	Decreased 1.3	–
4	Existence of a functional regionalized paediatric emergency system	1	1	Composite indicator
5	No. of people (parents and caregivers) declaring that they have taken preventive measures against domestic accidents	10% increase	15% increase	Based on a knowledge, attitudes and practices (KAP) survey

Project/programme name: Scaling up YFHS in the Republic of Moldova

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

Proposed project outcomes include:

- geographical scaling-up of YFHS, increased diversification and functionality, in order to provide young men and women across the country with high-quality health assistance and counselling;
- information and training of young couples and adolescent mothers in four pilot districts on topics related to preconception and antenatal education;
- development of young people's life skills in schools across 16 districts – in collaboration and with the support of the YFHS – with a special focus on health and responsible parenthood, and promotion of health service-seeking behaviour;
- ensuring 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: Start date: 1 June 2011 End date: 31 May 2014

Total project/programme budget: CHF 1 780 000

Total disbursed in 2013: CHF 373 492

Geographical coverage: Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	No. of districts in which YFHS scaling-up process was launched	16	35	–
2	Proportion of trained health professionals in 16 districts	50% of YFHS staff	100% of YFHS staff	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	76
Guideline and protocol development	16
Legal and regulatory framework development	8
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	80
Hospital care	–
Public health services	20
Emergency care	–

Project/programme name: Support the Government of the Republic of Moldova to carry out the National Multiple Indicator Cluster Survey

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

Project/programme manager: Elena Laur

Implementing agency: UNICEF Moldova

Financing: Grant

Duration: Start date: 19 March 2012 End date: 31 October 2014

Geographical coverage: National coverage; Targeted regional coverage

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

Project/programme goal: To significantly improve the health of around 650 tuberculosis (TB) patients at the municipal TB hospital in Bălți

Project/programme manager: Otilia Sirbu

Implementing agency: Caritas Chişinău

Financing: Grant

Duration: Start date: 1 June 2012 End date: 31 May 2013

Total project/programme budget: CHF 200 000

Total disbursed in 2013: CHF 19 090

Geographical coverage: Target regional coverage

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

Investment	Financial allocation (%)
Construction and refurbishment	100
Medical equipment and technology	–
IT	–
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	–
Hospital care	100
Public health services	–
Emergency care	–

Project/programme name: Support for the Mother and Child Health Department of the Simulation Centre or Medical Training

Project/programme goal: By the end of the project all the State University of Medicine and Pharmacy “Nicolae

Testemitanu" (SMPU) students, residents and family doctors in the Republic of Moldova will have access to innovative medical education in obstetrics, gynaecology, neonatology and paediatrics emergency, based on simulation training according to international standards.

Project/programme manager: Rodica Gramma

Implementing agency: SMPU

Financing: Grant

Duration: Start date: 1 May 2013 End date: 30 April 2015

Total project/programme budget: CHF 1 200 000

Total disbursed in 2013: CHF 139 134

Geographical coverage: National coverage; Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Simulation equipment procured and installed	n/a	In progress	–
2	Modules for students, residents	n/a	In progress	–
3	Academic staff trained in international simulation scenarios	n/a	In progress	–
4	Faculties from SMPU departments trained	n/a	In progress	–

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

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	80
IT	20
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	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Support to strengthening governance and policy dialogue in the health sector, Phase 1

Project/programme goal: To contribute to improved health status, financial risk protection and patients' satisfaction, in particular of the rural poor and vulnerable groups, through better stewardship and management of the health system.

Project/programme manager: Silviu Domete

Implementing agency: WHO Country Office

Financing: Grant

Duration: Start date: 1 September 2013 End date: 31 August 2015

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Recommendation from relevant studies, assessments and reports reflected in health-related policy initiatives	n/a	In progress	–
2	National authorities providing regular, transparent and evidence-based information on the progress in policy implementation and performance	n/a	In progress	–

Project/programme name: Reforming Mental Health Services in the Republic of Moldova, preliminary phase

Project/programme goal: The overall goal of the project is to improve the well-being of mental health service users through access to a mental health system that functions well.

The main goal of the preliminary phase is to develop the final project document, which is to reflect key SDC priority areas. These include: increasing access to care at the primary health care and community levels by bringing care closer to home; building mental health resource capacity; and fostering a more integrated, responsive mental health system.

Project/programme manager: Ionela Petrea

Implementing agency: Stichting Trimbos Instituut

Financing: Grant

Duration: Start date: 18 December 2013 End date: 30 April 2014

Total project/programme budget: CHF 200 000

Total disbursed in 2013: CHF 100 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Project documents, including Logframe and budget submitted to SDC	All documents are prepared in line with SDC requirements and submitted on time	In progress	–

Type of funding	Financial allocation (%)
Technical assistance	96
Investment	–
Administrative costs	4

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
Other: <i>Defining the project interventions that better address the main priorities identified</i>	100

Project/programme name: Regionalization of Paediatric Emergency and Intensive Care, Phase 3

Project/programme goal: The Regionalization of the Paediatric Emergency and Intensive Care Services in Moldova (REPEMOL) project is currently in its third implementation phase. The overall goal remains the same for the project third phase: to increase the chances of survival of children that need emergency medical services and the prevention of children's accidents through the creation of a regionalized modern paediatric emergency and intensive care services system. It aims on the one hand to consolidate the achievements to date, and on the other to propose a paradigm shift: the project objectives (and the respective outcomes) follow the children from the community (preventing injuries and accidents interventions) through the health system where needed (primary health care, fast and safe medical transportation in severe cases – referred directly to the regional paediatric hospitals, ready to provide the best possible inpatient services) and back to the family and community, in good health.

The expected project phase outcomes include:

- improved supervision of children by mothers, fathers, foster parents, other caregivers and communities, preventing both domestic and traffic accidents and providing knowledge on how and when to use appropriate emergency services;
- improved access for children in need to effective and efficient pre-hospital care in case of emergency;
- regionalized paediatric hospital care available and accessible to Moldovan children;
- a responsive health system, with improved national policies and regulations at all levels of paediatric care.

Project/programme manager: Silvia Morgoci

Implementing agency: Centre for Health Policy and Services

Financing: Grant

Duration: Start date: 1 November 2013 End date: 31 October 2017

Total project/programme budget: CHF 9 231 830

Total disbursed in 2013: CHF 2 000 000

Geographical coverage: National coverage; Pilot sites

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Mortality rate of children under 5 years of age (Millennium Development Goal (MDG) 4)	2015:15.3 (MDG 4 target)	11.7	Official Ministry of Health data
2	No. of patients treated by paediatric emergency departments and intensive care unit in 3 regional centres	10% increase	In progress	Cumulative data
3	Trauma mortality rate of children under 5 years of age	Decrease	Decreased 1.3 (2013) 1.5 (2012)	Official Ministry of Health data
4	Existence of a functional regionalized paediatric emergency system	1	1	Composite indicator
5	No. of people (parents and caregivers) declaring that they have taken preventive measures against domestic accidents	10% increase	15% increase	Based on KAP survey conducted in 2013

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	20
Capacity building	60
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	80
IT	20
Medical supplies (including immunizations, pharmaceuticals, etc.)	–
Other	–

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	5
Hospital care	5
Public health services	20
Emergency care	70

Agency General Information

Country director: Atilla Cem Karamollaoğlu

Total budget disbursed in 2013: €219 039

Key achievements
<p>Official development assistance (ODA) projects performed by the TIKA during the 2013 calendar year can be subdivided into three main domains.</p> <ol style="list-style-type: none"> 1. Medical courses and congress: <ul style="list-style-type: none"> • organizing the Eurasian Medical Days Symposium for four medical staff from the Republic of Moldova at Ankara/Republic of Turkey; • organizing the Hematology Congress for three medical staff from the Republic of Moldova at Ankara/ Republic of Turkey. 2. Technical Assistance: <ul style="list-style-type: none"> • preparing construction documents for the Comrat District Hospital "Isaac Gurfinkel" – the project was intended to be finished and all the construction documents transferred to the hospital administration in March 2014; • preparing construction documents for the Research Institute for Mother and Child Health Care in Chişinău – the project was intended to be finished and all the construction documents transferred to the Institute's administration in March 2014. 3. Donation: <ul style="list-style-type: none"> • providing the artificial respiration ventilator for the Public Medico-Sanitary Institution (PMSI) Comrat District Hospital "Isaac Gurfinkel"; • donating 100 intensive care unit (ICU) beds.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
National Reproductive Health Strategy 2005–2015

Plans to continue support in 2014–2016: Yes, until 2016.

Project/programme details

Project/programme name: Eurasian Medical Days Symposium and 4th Hematology Congress

Implementing agency: TIKA

Financing: Grant

Duration: Start date: 29 May 2013 End date: 13 October 2013

Total project/programme budget: €5163

Total disbursed in 2013: €5163

Geographical coverage: National coverage

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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: Preparation of construction documents for the Comrat District Hospital “Isaac Gurfinkel”

Project/programme goal: Preparation of construction documents and identifying the volume of actual expenses necessary to carry out the overhaul of the above-mentioned building in compliance with the existing requirements and standards

Implementing agency: TIKA

Financing: Grant

Duration: Start date: 3 October 2013 End date: 15 March 2014

Total project/programme budget: €35 000¹

Total disbursed in 2013: €35 000

Geographical coverage: Targeted regional coverage

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

¹ Activities under this project have been implemented in 2013 but the payment will occur in early 2014. For TIKA this activity is reported under the 2013 budget. For the purpose of coherence between allocated funds and implemented activities, in this case the amount of €35 000 is considered in the 2013 financial analysis.

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
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: Preparation of construction documents for the Research Institute for Mother and Child Health Care in Chişinău

Project/programme goal: Preparation of construction documents and identifying the volume of actual expenses necessary to carry out the overhaul of the of the clinical rehabilitation block as well as the surgical and childbirth blocks in the Maternity section at the Research Institute for Mother and Child Health Care in Chişinău, in compliance with the existing requirements and standards.

Implementing agency: TIKA

Financing: Grant

Duration: Start date: 3 October 2013 End date: 15 March 2014

Total project/programme budget: €36 500²

Total disbursed in 2013: €36 500

Geographical coverage: National coverage

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

² Activities under this project have been implemented in 2013 but the payment will occur in early 2014. For TIKA this activity is reported under the 2013 budget. For the purpose of coherence between allocated funds and implemented activities, in this case the amount of €36 500 is considered in the 2013 financial analysis.

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
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	–

Health services development	Financial allocation (%)
Primary health care	–
Hospital care	100
Public health services	–
Emergency care	–

Project/programme name: Providing the artificial respiration ventilator for the PMSI Comrat District Hospital "Isaac Gurfinkel"

Project/programme goal: Ensure patients have access to the ventilator for artificial respiration at the Comrat District Hospital "Isaac Gurfinkel"

Implementing agency: TIKa

Financing: Grant

Duration: Start date: 12 July 2013 End date: 29 November 2013

Total project/programme budget: €6676

Total disbursed in 2013: €6676

Geographical coverage: Targeted regional coverage

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
Capacity building	100
Guideline and protocol development	–
Legal and regulatory framework development	–
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	100
IT	–
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	–

Project/programme name: Donation of 100 ICU beds

Project/programme goal: Improving conditions of ICU patients.

Implementing agency: TIKA

Financing: Grant

Duration: Start date: 10 October 2013 End date: 12 November 2013

Total project/programme budget: €135 700

Total disbursed in 2013: €135 700

Geographical coverage: National coverage

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

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	–
Hospital care	100
Public health services	–
Emergency care	–

Agency General Information

Country director: Plamadeala Svetlana

Total budget disbursed in 2013: US\$ 192 000

Key achievements
<p>Capacity of the Ministry of Education and Ministry of Youth and Sports has been strengthened to institutionalize HIV prevention in regular school curricula and in ongoing activities targeting youths. The life-based skills education (LSBE) school curriculum has been developed as part of the mandatory civic education course and approved by the Ministry of Education. Four national round-tables sessions were mobilized and an agreement concluded with the Ministry of Education for the implementation of a LSBE curriculum for grades 5–12 (students aged 12/13 to 18/19 years), resulting in the development and approval of the curriculum for integration of HIV education in an internet-based course on LSBE (also available on a platform compatible with mobile telephones). A total of 70 LSBE teachers from all over the country have been trained and now have the required competencies to provide the course. Six support modules have been designed for each grade, containing texts, audiovisual materials, case studies and tests. Over 1000 individual users accessed the course in 2012. The course can be found at the Life and Health website (www.viatasisanatatea.md).</p>
<p>Strategic information has been made available and used to guide and strengthen the national AIDS response. Capacity building of the national coordinator from the National Monitoring and Evaluation Unit on the new reporting tools has been enabled (Global Aids Response Progress Report (GARPR)) (UNAIDS/European Union (EU), Lisbon, 2012); technical assistance and facilitation of broad consultations and in-country validation have been carried out (involving three Ministries, four national public institutions, seven nongovernmental organizations (NGOs), including those working with people living with HIV (PLHIV)); and the GARPR Moldova Report (2012 and 2013) – including National Composite Policy Index (NCPI) and European Supplement – was submitted on time through the reporting platform. All goals were achieved. Integrated bio-behavioural surveillance surveys (IBBSS) of vulnerable populations have been implemented. Civil society organizations were duly consulted in the development of protocols and questionnaires. The IBBSS established reliable HIV-prevalence data among most-at-risk populations (MARP) as well as behavioural data in key locations to guide national HIV response. All goals were achieved. Availability of strategic information has been strengthened via support for the knowledge, attitudes and practices (KAP) study among young people (Multiple Indicator Cluster Survey (MICS)). Reports were produced on the data triangulation/modes of transmission process for the 2012 survey in Transnistria.</p>
<p>Coordination, monitoring and accountability – maximizing the response for IDUs. Evaluation has been carried out of harm reduction coverage for IDUs and other key populations, providing important conclusions on barriers and recommendations to address them. A strategic plan has been developed as a result, to address the extension of coverage with those services and to improve their quality. 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 and Comprehensive Free Trade Agreement with the EU. A cost-effectiveness study of needle-and-syringe programmes (NSP) for IDUs generated unique economic data and created arguments for sustainability of harm reduction and OST in the Republic of Moldova. The data fed the dialogue with public institutions for ensuring enhanced ownership and takeover of costs, along with NGO fundraising (EU-funded project “Strengthening the response of non-state actors (NSAs) to the growing needs of women who use drugs”). Five technical working groups of partners were facilitated that resulted in renewed Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) funding in Phase 2, with increased focus and scale-up to 60% coverage of IDUs.</p>

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

Plans to continue support in 2014–2016: Yes, until 2015.

Project/programme details

Project/programme name: Support to the National HIV/AIDS Prophylaxis and Control Programme

Project/programme goal: Reduce the spread of HIV through injecting drug use by half and ensure access to 50% of (estimated number of) patients in need of antiretroviral (ARV) treatment

Project/programme manager: Plamadeala Svetlana

Implementing agency: UNAIDS

Financing: Grant

Duration: Start date: 1 January 2012 End date: 31 December 2013

Total project/programme budget: US\$ 200 000

Total disbursed in 2013: US\$ 192 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Adolescents and youth have increased age-appropriate knowledge and skills to adopt gender-sensitive healthy lifestyle behaviours	Development of one online LSBE module for grades 5–12 (12/13–18/19 years of age), including nationwide implementation	One online LSBE module has been developed and implemented nationwide	The online module for civic education was developed, piloted and rolled out nationwide. Teachers taught, materials prepared, module piloted and extended nationally.
2	National stakeholders have enhanced capacity to ensure equitable access to HIV and tuberculosis (TB) prevention, diagnosis, treatment and care of key populations	Provision of rapid resting for the clients of 100% of NGOs active in harm reduction	85% of NGOs provide the required services	The activity was delayed.
3	Strategic information available and used to guide and strengthen the national AIDS response	Research carried out and used for further planning (6 examples)	100% achieved	–

Type of funding	Financial allocation (%)
Technical assistance	45
Investment	45
Administrative costs	10

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	50
Capacity building	30
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	70
Medical supplies (including immunizations, pharmaceuticals, etc.)	–
Other: <i>the online LSBE platform, computers, materials for pupils, teachers</i>	30

Health systems functions	Financial allocation (%)
Health services delivery	–
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	50
Health financing	–
Leadership and governance	50

Health services development	Financial allocation (%)
Primary health care	–
Hospital care	–
Public health services	100
Emergency care	–

Agency General Information

Country director: Nicola Harrington-Buhay

Total budget disbursed in 2013: \$ 596 239.32

Objectives and targets of national policies, strategies or programmes to which your agency contributes
Healthcare System Development Strategy 2008–2017
National Mental Health Programme 2012–2016
National Programme on Prevention and Control of HIV/AIDS and STI for 2011–2015

Plans to continue support in 2014–2016: Yes, until 2015.

Project/programme details

Project/programme name: Confidence building measures (CBM), health component

Project/programme goal: Integration of specialist care in the field of health care and social projects

Project/programme manager: Viorel Albu

Implementing agency: UNDP Moldova

Financing: Grant

Duration: Start date: 1 March 2012 End date: 31 December 2014

Total project/programme budget: US\$ 1 198 104

Total disbursed in 2013: US\$ 571 153.32¹

Geographical coverage: Targeted regional coverage

Project/programme progress:

¹ The financial sources under the CBM programme mainly include financing from the European Commission, the Swiss Agency for Development and Cooperation (SDC) and 10% UNDP core funds. The reported total amount under the CBM programme for 2013 does not include an additional two projects that were implemented by WHO and United Nations Children's Fund (UNICEF) – these are reported by those donors, accordingly.

No.	Indicator	Target value	Actual value	Notes
1	Improvement of the quality of medical care around pregnancy, childbirth, postnatal care and immunization, including by providing proper equipment	–	–	Reconstruction of district hospital, including surgical and paediatric departments; technical design and reconstruction of family physicians' offices; modernization of Bender medical emergency services; reconstruction of the medical admission unit of the regional hospital in Rybnita; Reconstruction of the Rybnita Maternity Unit and Intensive Therapy Care Unit at the Rybnita regional hospital
2	Improvement of the skills of at least 60% of physicians and 50% of medium-level medical staff of outpatient and inpatient health care units in the region in pregnancy, postnatal and immunization care, including on the use of new equipment	–	–	Support to Strengthening Perinatal Care and Immunizations in Transnistria
3	Strengthening the management of maternity hospitals and assuring extensive implementation of the cost-effective and evidence-based interventions recommended by United Nations agencies in perinatal care at all care levels	–	–	Equipping and furnishing the health care centre in Cocieri village; equipping and furnishing the Varnita health centre; equipping the Rybnita Maternity Unit and Intensive Therapy Care Unit
4	Increasing awareness and knowledge of pregnant women and their families, as well as caregivers caring for them during pregnancy and the postpartum period, and increasing knowledge about immunization of babies and young children	–	–	Strengthening the perinatal system and immunization chain in Transnistria

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

Investment	Financial allocation (%)
Construction and refurbishment	57.2
Medical equipment and technology	42.8
IT	–
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	28.2
Hospital care	40.4
Public health services	–
Emergency care	31.4

Project/programme name: Joint United Nations Country Team (UNCT) for Human Rights Protection and Promotion in the Republic of Moldova – health component

Project/programme goal: The project's goal is to consolidate and support the efforts to strengthen human rights in the Republic of Moldova. Its ultimate target is to mainstream human rights in policy formulation and implementation and to consolidate the capacities of state and non-state actors in the area of human rights.

Project/programme manager: Evghenii Golosceapov

Implementing agency: UNDP Moldova

Financing: Grant

Duration: Start date: 1 November 2013 End date: 31 December 2014

Total disbursed in 2013: US\$ 25 086

Geographical coverage: National coverage

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–
Hospital care	50
Public health services	50
Emergency care	–

Agency General Information

Total budget disbursed in 2013: US\$ 180 000

Key achievements
<p>In 2013 the work of the project focused on the following project outputs.</p> <ul style="list-style-type: none"> • Output 1: draw up an Action Plan for achieving the targets under the Protocol on Water and Health and ensure its approval by Governmental Decision. • Output 2: develop and implement a strategy/plan to mobilize resources for the Action Plan. • Output 5: establish a functioning clearing house on the Protocol on Water and Health. • Output 6: conduct public awareness raising campaigns, with a holistic approach, to address water, health and environment issues. • Output 7: establish fully partnerships and platforms for policy dialogue and decision-making on the improvement of the legal, strategic, and managerial frameworks for water and health. • Output 8: promote the Moldovan experience through regional dialogue on implementing the Protocol on Water and Health.
<p>Key achievements, results and milestones per output can be summarized as follows.</p> <ul style="list-style-type: none"> • Outputs 1 and 2: the draft, extended Concept Program of the Action Plan was presented at the 2nd meeting of the project's steering committee, held on 10 October 2013 and chaired by the Deputy Minister of Health Ms Svetlana Cotelea. The work on the Action Plan and the strategy to mobilize resources will continue in 2014 and the drafts of the documents are planned to be completed by the end of 2014. The work under this output also included providing assistance in the submission of the national summary report on the implementation of the Protocol on Water and Health by the Republic of Moldova within the 2nd reporting exercise in May 2013. A detailed analysis of the current status of the implementation of targets set in 2010 was conducted and will be used as an input to the Action Plan. • Output 5 and 6: the process of setting up a clearing house under the Protocol on Water and Health in the Republic of Moldova was finalized, with its official opening at the National Center for Public Health on 10 October 2013, by Order of the Ministry of Health. The process was initiated in late 2012 and was guided by the steering committee and stakeholder meetings that provided comments on the terms of reference of the clearing house. The clearing house will serve as a hub for information on water and health issues and a resource center for governmental officials, nongovernmental organizations (NGOs) and the general public. In addition, during 2013 a number of public awareness campaigns and stakeholder meetings were held, including: (1) a stakeholder meeting on the clearing house in April; (2) workshops on water and health issues for journalists in Chişinău and Bender in May; (3) a workshop on water and health issues in Bălţi in December. In addition, the project supported the organization of an official event of the Republic of Moldova at the 3rd Session of the Meeting of the Parties to the Protocol on Water and Health in November, chaired by the Deputy Minister of Health. Information materials, including booklets for schools, hospitals, preschools began to be developed in cooperation with the National Center for Public Health and are planned to be published during 2014. • Output 7: the project steering committee continued to be the main decision-making body under the project in line with the Memoranda of Understanding signed by UNECE, the Swiss Agency for Development and Cooperation (SDC), the Ministry of Health and the Ministry of Environment in November 2012. The second meeting of the committee was held on 10 October 2013. • Output 8: the experience of the Republic of Moldova in implementing the Protocol on Water and Health was shared by national experts representing the Ministry of Health and the Ministry of Environment in various sub-regional and regional events held under the Protocol, including workshops for the Caucasus and Central Asia held in May and October 2013, respectively, and meetings of the Task Force on Target Setting and Reporting and the Working Group on Water and Health held in February and July 2013, respectively. <p>The preparatory work on Output 3 (training for water operators) and Output 4 (norms and standards for small-scale water supply and sanitation systems) began in 2013 and will be mainly achieved during 2014 and 2015.</p>

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

Plans to continue support in 2014–2016: 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 the Republic 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: Start date: 20 June 2012 End date: 31 December 2015

Total project/programme budget: US\$ 818 255

Total disbursed in 2013: US\$ 180 000

Geographical coverage: National coverage

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	40
Capacity building	40
Guideline and protocol development	10
Legal and regulatory framework development	10
Other	–

Health systems functions	Financial allocation (%)
Health services delivery	20
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	10
Health financing	–
Leadership and governance	70

Health services development	Financial allocation (%)
Primary health care	–
Hospital care	–
Public health services	100
Emergency care	–

Agency General Information

Country director: Ian McFarlane

Total budget disbursed in 2013: US\$ 171 589

Key achievements

The UNFPA contributed to strengthening the health care system in 2013 by enhancing the national response capacity in terms of reproductive health commodity security (RHCS); cervical cancer prevention; family planning and gender-based violence; and policy-making related to reproductive health. In order to ensure equitable access to quality care, the UNFPA trained school health nurses; assessed the needs of civil society organizations in delivering sexual and reproductive health (SRH) services for people living with HIV (PLHIV); and raised awareness among young people through peer-education (Y-PEER) and outreach activities.

The UNFPA has focused its intervention in several directions.

- It has strengthened and expanded the network of peer-to-peer educators for HIV prevention among adolescents. The peer-to-peer methodology was approved by the Ministry of Education and it was included in the Reproductive Health Strategy as an efficient method of health promotion among adolescents. The Y-PEER network has increased its leadership and visibility with the support of the UNFPA and today represents one of the main actors among stakeholders in HIV prevention among young people. Through capacity building offered by the UNFPA, Y-PEER is expanding the network into other regions by building new Y-PEER initiative groups and is increasing the number of beneficiaries of the information campaigns each year by 10%.
- As a common initiative with WHO and the United Nations Children's Fund (UNICEF), the UNFPA Country Office in the Republic of Moldova has contributed to strengthening school health services. The mapping of human resources in school health services has identified school nurses as potential focal points in schools to promote SRH information for young people, compensating the lack of mandatory life-based skills education (LSBE) courses in schools. A comprehensive curriculum on adolescent health, including SRH was developed and piloted. As a result, the SRH curriculum for school nurses was institutionalized by the National College of Medicine.
- Efforts have been made to prevent service delivery point contraceptives supply issues (including condoms) through the promotion of a total market approach.
- Contraceptive demand generation activities have been increased, including promotion of condoms for dual protection, mostly through the Y-PEER network and radio and TV shows.

The capacity of the National Center of Reproductive Health and Medical Genetics has been strengthened in order to improve the management of the network of 54 reproductive health offices, including management and logistics of commodities. Assessment of the distribution and stock supplies in all service delivery points has been undertaken, with recommendations for redistribution based on population needs. The demand generation activities have been conducted using mostly mass media channels and the Y-PEER network, with the aim of informing the public – especially people of reproductive age – of the availability of reproductive health services and increasing the level of demand for family planning methods. The weekly programme supported by the UNFPA at the national radio station addressed subjects such as services provided by reproductive health offices and Youth Friendly Health Centres (YFHCs), availability of free-of-charge contraceptives for vulnerable groups, HIV prevention measures, and so on. The Y-PEER network organized information campaigns in schools and summer camps to inform young people about the reproductive health services and SRH information provided by the YFHCs, which are now available in all districts of the country. By continuously involving young people in programming, the UNFPA has strengthened their leadership role in the design and implementation of the information campaign “Pro Health” in schools, the campaign “Informed and Protected” in summer camps, and the Social Theater Festival. Through capacity building offered by the UNFPA, Y-PEER has enlarged the network in other regions by bringing together new Y-PEER initiative groups and has increased the number of beneficiaries of the information campaigns by 10%.

Following the Eastern Europe and Central Asia regional workshop on the road mapping of a Total Market Approach for sustainable RHCS, where the country Ministry of Health team drafted a national Total Market Approach action plan and the Ministry of Health organized a national stakeholder meeting on equitable access to reproductive health commodities. The advocacy meeting brought together the commercial sector, nongovernmental organizations (NGOs), and public health, insurance and social protection entities to discuss the interventions for sustainable and equitable access to family planning methods. The Ministry of Health has made the commitment to allocate state budget for the procurement of contraceptives for vulnerable groups and to expand the supply of modern methods of contraception.

In terms of cervical cancer prevention, using national expertise and linking with European partners, the UNFPA assisted the Republic of Moldova in examining the current situation in terms of the response to cervical cancer and designing a national plan to enhance health services, reduce harms, and to improve cost-efficiency and coordination. Bringing together parliamentarians, the Ministry of Health, the National Health Insurance Company (NHIC), the Institute of Oncology and practitioners, a clear understanding of the comprehensive processes required was developed, based on models from European countries, along with options for improvement (Action Plan).

The UNFPA has supported two assessments among eight NGOs working in the health field and their beneficiaries:

1. assessment of knowledge, attitudes and needs of people who use drugs and PLHIV related to SRH;
2. overview of services provided by NGOs working with PLHIV and people who use drugs, including SRH services.

The results of the assessments will serve as a basis for the development of strategies and interventions to integrate HIV/sexually transmitted infection (STI) prevention services with SRH services and build capacities of national institutions to deliver these services.

The reproductive health curricula for school nurses have been scaled-up nationwide. The UNFPA Country Office has strengthened the capacity of the National College of Medicine to roll out capacity building training for 125 school nurses from rural areas in the fields of adolescent health, contraception, reproductive health counselling, and so on. The UNFPA has contributed to increasing the access of young people to age-appropriate SRH education and HIV/STI prevention activities by scaling up the peer-to-peer network.

Through UNFPA support, the Government of the Republic of Moldova, including the Ministry of Health participated actively in the International Conference on Population and Development (ICPD) Beyond 2014 programme review process at national and regional levels and discussed policy responses, including, for example, on ageing, SRH education and reproductive health. The UNFPA contributed to increased transparency, accountability and efficiency in public authorities by leading technical support to the preparations for the 2014 Population and Housing Census, supporting the establishment of the national Demographic Centre; and national intersectoral policy-making through the National Commission on Population and Development. A total of 22 graduates and policy-makers were trained through the UNFPA–United Nations Institute on Ageing (INIA)-supported training course on the implementation of the Madrid International Plan of Action on Ageing; 46 family therapy Master students received training and another 35 students attended courses on demography. The UNFPA supported the evaluation of the National Youth Strategy and the capacity building of youth workers from local public administration positions in youth policy development and implementation.

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

National Health Policy 2007–2021

National Reproductive Health Strategy 2005–2015

Primary Health Care Development Strategy 2010–2013

National Programme on Healthy Lifestyle Promotion 2007–2015

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

Plans to continue support in 2014–2016: Yes, until 2017.

Project/programme details

Project/programme name: Strengthened national systems for RHCS

Project/programme goal: Strengthened national systems for RHCS

Project/programme manager: Natalia Cojohari

Implementing agency: UNFPA

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2013

Total project/programme budget: US\$ 65 888

Total disbursed in 2013: US\$ 65 888

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Number of national staff trained in the logistics management information system	75	0	In 2013 the UNFPA in the Republic of Moldova advocated and contributed to strengthening the health care system by enhancing the national response capacity in terms of RHCS. Training on logistics management information systems will follow in 2014–2015.

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	100
Capacity building	–
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
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Increased capacity of primary health care facilities to provide family planning within integrated SRH services, with a focus on vulnerable populations and on the victims and perpetrators of domestic violence

Project/programme goal: Increased capacity of primary health care facilities to provide family planning within integrated SRH services, with a focus on vulnerable populations and on the victims and perpetrators of domestic violence

Project/programme manager: Natalia Cojohari

Implementing agency: Artemida Reproductive Health Training Center (UNFPA)

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2013

Total project/programme budget: US\$ 23 969

Total disbursed in 2013: US\$ 23 969

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Percentage of primary health care providers trained in integrated SRH services, including family planning and support to survivors of domestic violence	90%	50%	–
2	Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence	12	7	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	80
Capacity building	20
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
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Enhanced capacity of national institutions and civil society organizations to plan, implement and monitor age-appropriate SRH education, as well as a programme to prevent HIV and STIs for young people and key populations

Project/programme goal: Enhanced capacity of national institutions and civil society organizations to plan, implement and monitor age-appropriate SRH education, as well as a programme to prevent HIV and STIs for young people and key populations

Project/programme manager: Natalia Cojohari

Implementing agency: Positive Initiative, Center for Education and Development in Health, Peer-to-Peer Education Network Y-PEER Moldova

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2013

Total project/programme budget: US\$ 81 732

Total disbursed in 2013: US\$ 81 732

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Percentage of school nurses trained in SRH counselling	355	144	–
2	Number of civil society organizations whose capacity is built by the UNFPA to deliver integrated SRH services and HIV prevention services to key populations	5	1	The capacity building of civil society organizations was preceded by an assessment of needs. The capacity building activities will be implemented in 2014.

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–
Hospital care	–
Public health services	100
Emergency care	–

Agency General Information

Country director: Nune Mangasaryan

Total budget disbursed in 2013: US\$ 600 066 ¹

Key achievements
<p>UNICEF assisted the Government of the Republic of Moldova in revising regulations on flour fortification. The organization supported the development of the "National programme to prevent and reduce mortality and morbidity by malformations and hereditary pathologies for 2013–2017", which was approved on 4 December 2013. The Regulation on Early Detection and Intervention Services was developed and is pending the approval of the Government. The regulations on sanitary, hygiene and health norms governing preschools were revised and should be submitted to the Government for approval. After revising the list of reimbursed drugs, 13 fully reimbursed drugs are available for children under 5 and 2 years of age and for pregnant women. UNICEF facilitated the procurement of vaccines under the National Immunization Programme for 2011–2015 (DTP-HepB-Hib-1; RV1-1; PCV13-1).</p>
<p>Particular attention was paid to capacity building activities. Training on obstetrical emergencies and neonatal resuscitation was delivered to 30 and 28 Transnistrian health professionals, respectively. Following the approval of the revised Regulation on Youth Friendly Health Services (YFHS), 40 primary health care managers, 32 youth-friendly health centre (YFHC) managers, and 40 YFHC professionals were trained on using the revised regulation. YFHS providers' "Practical guide" (100 copies) and pocket book "Safe travel guide through adolescence" (20 000 copies) were multiplied and disseminated. A total of 44 physicians and psychologists attended the Summer School on Adolescents' Health; 200 primary health care professionals were trained on the implementation of Child Development and Care Standards and on using the "Parents' guide". Provision of YFHS was included in the postgraduate curricula of the State University of Medicine and Pharmacy "Nicolae Testemitanu" (SMPU) (academic year 2013–2014).</p>
<p>A communication strategy for better parenting skills was approved by the Ministry of Health and the development of the Action Plan is to follow.</p> <p>A number of legal amendments have been prepared, intending to decrease the minimum mandatory age of access to voluntary counselling and testing (VCT) services for HIV/AIDS from 18 to 14 years of age. On 18 October 2013 the Ministry of Health approved the standards allowing nongovernmental organizations (NGOs) to provide rapid saliva-based testing (and subsequent counselling) to vulnerable groups. A total of 155 adolescents and youth from Bălți were tested for HIV. Testing was carried out during local awareness raising and advocacy events for HIV prevention and VCT promotion and through the newly established testing point for adolescents at the YFHC ATIS (Active, Young, Informed and Healthy) premises. The regulation on YFHS was updated and approved on 31 July 2013. In-service curricula on YFHS were developed and integrated into the SMPU curricula. Monitoring forms and indicators for assessing the quality of YFHS were developed. The network of YFHCs has increased to 37 centres as of 1 January 2013, of which 36 are contracted directly by the National Health Insurance Company (NHIC). A total of 60 professionals from YFHS and primary health care services increased their capacities by applying new regulation, including monitoring and evaluation forms. In addition, 77 professionals from YFHS and NGOs working with most-at-risk adolescents (MARA) and especially vulnerable adolescents (EVA) increased their capacities in terms of provision of VCT and other services.</p>
<p>The Communication Strategy on the Safe Sexual Behaviour of Adolescents was approved by the Ministry of Health. The action plan on the implementation of the strategy has been disseminated to the key stakeholders (governmental organizations and NGOs) and to United Nations agencies for comments. Partnerships were set up with civil society organizations to empower communities and support adolescents in expressing their perspectives on issues affecting them through the media. Around 2000 adolescents and youth were involved in informative local events on promoting VCT for adolescents and HIV prevention services for MARA and EVA in Bălți, Orhei and Dondușeni.</p>

¹ The reported total amount includes the activities implemented under the confidence building measures (CBM) programme funded by the European Commission, implemented through the United Nations Development Programme (UNDP). UNICEF implemented one of the projects under CBM – "Strengthening the perinatal system and immunization chain in Transnistria", designed for the period February 2013 to December 2014. The total amount disbursed under the project for 2013 was US\$ 97 582.

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

Plans to continue support in 2014–2016: Yes, until 2017.

Project/programme details

Project/programme name: Support in implementing the Child Growth Monitoring Standards (CGMS)

Project/programme goal: Strengthening capacities of primary health care professionals in implementing the revised CGMS

Project/programme manager: Angela Capcelea

Implementing agency: Institute of Mother and Child Health Care

Financing: Grant

Duration: Start date: 1 January 2013 End date: 31 December 2014

Total project/programme budget: US\$ 104 000

Total disbursed in 2013: US\$ 69 764.25

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Strengthening capacities of primary health care professionals in using CGMS	Training of 160 primary health care professionals	200 primary health care professionals received training	–
2	Development of Programme on Prevention of Malformations	The National Programme on Prevention of Malformations is developed	National Programme on Prevention of Malformations for 2013–2017 was approved	–
3	Monitoring of CGMS implementation	Study carried out	Study due for completion by end of December 2014	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	65
Capacity building	35
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	–

Health services development	Financial allocation (%)
Primary health care	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Scaling-up YFHS

Project/programme goal: To improve the sexual and reproductive health of adolescent boys and girls and young men and women in the Republic of Moldova (particularly those that are vulnerable and most at risk) by increasing the demand, access to and utilization of quality YFHS and related health education programmes.

Project/programme manager: Angela Capcelea

Implementing agency: Institute of Mother and Child Health Care

Financing: Grant

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

Total project/programme budget: US\$ 278 200

Total disbursed in 2013: US\$ 77 849.98

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Review and adjustment of legal and regulatory framework in order to ensure access to YFHS, according to youth needs	Revision of regulations on YFHS	Regulations on YFHS were revised	–

2	Development and adjustment of YFHS monitoring and evaluation system	Development of YFHS monitoring and evaluation system	Activity due by end of May 2014	–
3	Review of pre-service and in-service curriculum related to youth health and development and youth-friendly approach	Review of pre-service and in-service curriculum	In-service curriculum on YFHS was reviewed and integrated into the SMPU curriculum	–
4	Capacity building of national stakeholders in designing and implementing cost-effective models for YFHS	Completion of study on cost-effectiveness of YFHS	Study on cost-effectiveness of YFHS was carried out. The results were presented to and discussed with 50 YFHS representatives	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–

Health services development	Financial allocation (%)
Primary health care	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Strengthening Capacities of Non-state Actors (NSAs) for HIV Testing and Counselling of MARA and Young People

Project/programme goal: Increasing access of adolescents and young people at risk to confidential, anonymous, free HIV testing and counselling services and building links to HIV prevention, treatment and care

Project/programme manager: Angela Capcelea

Implementing agency: NGO Tinerii pentru Dreptul la Viata ("Youth for Right to Life"), Bălți

Financing: Grant

Duration: Start date: 1 March 2011 End date: 31 December 2014

Total project/programme budget: US\$ 213 295

Total disbursed in 2013: US\$ 67 284.03

Geographical coverage: National coverage; Pilot sites

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	No. of policy documents developed	Development of 11 policy documents	12 policy documents developed	–
2	No. of advocacy events undertaken	12 advocacy events	12 advocacy events undertaken	–
3	No. of NSA staff trained on HIV testing and counselling (HTC) for MARA	Training of 47 staff members	51 staff members from trained	–
4	No. of YFHS staff trained on HTC for MARA	Training of 26 staff members	26 staff members from YFHS trained	–
5	No. of press clubs organized	Organization of 2 press clubs	2 press clubs organized	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–

Health services development	Financial allocation (%)
Primary health care	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Because they need protection from HIV and AIDS

Project/programme goals:

- Improvement of first-line aid for vulnerable and excluded youths
- Creation of circles of solidarity to provide a better care process
- Prevention of drug abuse, HIV infections and exploitation of extremely vulnerable children
- Improving government policy on youth

Project/programme manager: Angela Capcelea

Implementing agency: NGO Tinerii pentru Dreptul la Viata ("Youth for Right to Life"), Bălți

Financing: Grant

Duration: Start date: 1 March 2012 End date: 31 December 2014

Total project/programme budget: US\$ 192 306

Total disbursed in 2013: US\$ 7776.89

Geographical coverage: Pilot sites

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Provision of HIV prevention information to vulnerable youths	Reach at least 10000 vulnerable young people	Reach at least 10000 vulnerable young people	–
2	Sites involved in project implementation	6 sites involved	7 sites involved: Bălți, Orhei, Ungheni, Dondușeni, Căușeni, Leova and Rîbnița	–
3	Creation of circles of solidarity	Created at least 9 circles of solidarity	7 circles of solidarity were created	–
4	Testing and counselling of MARA	Reach at least 1000 MARA	550 MARA were reached	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	–
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	–

Health services development	Financial allocation (%)
Primary health care	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Strengthening the perinatal care and immunization systems in the Transnistrian region

Project/programme goal: To improve access to and the quality of perinatal care and immunization services in the Transnistrian region

Project/programme manager: Cornel Riscanu

Implementing agency: Association of Perinatal Medicine

Financing: Grant

Duration: Start date: 1 February 2013 End date: 31 December 2014

Total project/programme budget: US\$ 270 000

Total disbursed in 2013: US\$ 57 579.85

Geographical coverage: Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Staff training	Responsibility for antenatal care by at least 70% of the health workers from all of the region's maternity hospitals and outpatient facilities	Data will be available in 2014	–

2	Access to qualitative services during pregnancy, delivery, postpartum and postnatal periods	Access to these services by at least 80% of pregnant women, women and newborns from maternity hospitals	Data will be available in 2014	–
3	Coverage of children aged under 2 years with routine immunization	Immunization of at least 90% of children aged under 2 years	Data will be available in 2014	–
4	Knowledge and attitudes among pregnant women	Knowledge of danger signs and action to be taken in pregnancy, delivery, postpartum and postnatal periods by at least 70% of pregnant women and their families	Data will be available in 2014	–

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	9
Capacity building	91
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	–

Health services development	Financial allocation (%)
Primary health care	100
Hospital care	–
Public health services	–
Emergency care	–

Project/programme name: Multiple Indicators Cluster Survey (MICS)

Project/programme goal: Collection of disaggregated data for policy development, monitoring and evaluation

Project/programme manager: Elena Laur

Implementing agency: National Centre of Public Health

Financing: Grant

Duration: Starting date: 1 January 2012 End date: 1 June 2014

Total project/programme budget: CHF 398 500

Total disbursed in 2013: US\$ 25 941

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	MICS report	Launch MICS report by the end of 2013	The report will be launched in April 2014	-

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

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	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

Project/programme name: MICS in the Transnistrian region

Project/programme goal: Collection of disaggregated data for policy development, monitoring and evaluation

Project/programme manager: Elena Laur

Implementing agency: NGO "New Age"

Financing: Grant

Duration: Starting date: 1 January 2013 End date: 31 December 2014

Total disbursed in 2013: US\$ 293 870

Geographical coverage: Targeted regional coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	MICS-TN report	Finalize data collection by the end of 2013	Data collection has been completed	–

Type of funding	Financial allocation (%)
Technical assistance	99.5
Investment	0.5
Administrative costs	–

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	87
Capacity building	13
Guideline and protocol development	–
Legal and regulatory framework development	–
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	100
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.)	0.5
Health financing	–
Leadership and governance	99.5

Agency General Information

Country director: Mirzahid Sultanov

Total budget disbursed in 2013: US\$ 380 000

Key achievements
<p>(I) TECHNICAL ASSISTANCE</p> <ul style="list-style-type: none"> • Support was provided to the Secretariat of the National Drug Control Commission through a national consultant. • UNODC – jointly with the Center for Health Policies and Studies (PAS) (GF PR) – provided support to the Union for HIV/AIDS Prevention and Harm Reduction in Moldova (UORN), a public association based in Bălți, to refurbish and provide equipment to the Resource Training Center in Harm Reduction, which will be responsible for building the capacity of specialists working in the harm reduction field with target groups such as injecting drug users (IDUs) and people living with HIV (PLHIV).
<p>(II) CAPACITY BUILDING</p> <ul style="list-style-type: none"> • In March, the UNODC co-organized training, together with the Eurasian Harm Reduction Network (EHRN) on Women as Drug Users. A total of 28 participants attended the training on harm reduction services for women who use drugs, including medical doctors and workers from nongovernmental organizations (NGOs). • Training on “Case Management Approach to Pharmacotherapy with Methadone” was organized for 56 narcologists, psychologists and social workers in April 2013. • In June a “Medical forum on drug dependence treatment and HIV prevention among IDUs in the community and prisons” was organized. The event gathered together 90 professionals (medical doctors, international experts, representatives of NGOs) and disseminated international evidence on addiction treatment. All participants received an attendance certificate, including 20 credits provided by the Ministry of Health. • With the purpose of scaling up voluntary counselling and training (VCT) services for IDUs, a series of four-day intensive training courses on “Implementing VCT through NGOs” was supported by UNODC. A total of 87 social workers were trained in rapid VCT methods. • Training on “Peer-driven intervention (PDI) for IDUs in order to scale up harm reduction services” was conducted in November for 25 harm reduction specialists, coordinators and social workers from all over the country (including the Transnistria region).
<p>(III) SECTOR ANALYTICAL WORK</p> <ul style="list-style-type: none"> • As a follow-up to the 2012 opioid substitution therapy (OST) assessment, four national consultants were hired to revise national clinical protocols and the psycho-social regulation on methadone, to develop and adjust sectoral and intersectoral cooperation agreements, services algorithms, the mechanism for patient circulation in cases of OST, hepatitis C virus (HCV), tuberculosis (TB), and HIV co-morbidity. In order to speed up the process and ensure the dialogue amongst stakeholders a technical work group was formed at Ministry of Health level. • In February 2013 a round-table event was held on “Improving the quality of the OST in the Republic of Moldova”. The action plan developed from the round-table meeting was approved and signed by the Minister of Health and disseminated to all stakeholders for implementation. • Two national consultants were hired to support the Department of Penitentiary Institutions (DPI) in implementing international recommendations on HIV as part of a comprehensive package of services in prisons. Three manuals/guidelines were developed: a needle-and-syringe programme, an OST guide, and a personnel safety requirement manual. • A capacity building and assessment mission with the purpose of assisting Moldovan authorities in drafting the Action Plan for 2014–2016 on the Drug Control Strategy, enhancing the national drug information system and the national reporting capabilities (National Drug Observatory) was conducted in October 2013 by the Czech Monitoring Centre for Drugs and Drug Addiction.

(IV) ADVOCACY

Throughout 2013, the UNODC co-organized three major national awareness raising campaigns:

- "Auto Rally for Life", organized in May 2013;
- on World Drug Day, in cooperation with the Pompidou Group, the UNODC organized a series of events in the Republic of Moldova, including a music concert, a medical forum and a "Brain Ring intellectual contest" for prisoners;
- on World AIDS Day 2013 (1 December), the UNODC organized a national awareness raising campaign, with activities including: a workshop for staff from the DPI, informative sessions with inmates on HIV/injecting drug use, a charity evening to raise money for Christmas gifts for children infected and affected by HIV, and so on.

(V) SPONSORSHIP FOR INTERNATIONAL STUDY VISITS OR CONFERENCES

- Three Moldovan representatives were present at the Vilnius International Harm Reduction Conference (the Head of the Medical Unit and the Head of Financial Unit of the DPI).
- Four law enforcement specialists attended the 2nd Regional Consultation Meeting on HIV and Police in Bishkek.
- Two DPI medical unit representatives were present at the WHO Health in Prisons Programme (HIPP) network meeting, which took place in London in October 2013.
- Five young specialists from the Republican Narcology Dispensary improved their knowledge regarding addiction and rehabilitation for IDUs while attending a Young Narcologists Forum in Kiev, Ukraine in October 2012.
- A total of 10 specialists representing NGOs attended a series of training sessions organized by the UNODC office in Kiev on "effective management of harm reduction", "effective management of outreach work for IDUs", "training of trainers on improving the skills of an effective trainer", "harm reduction centre strategic planning for organizational development", and "effective assessment of needs in training and technical assistance".
- A three-day study visit (internship) to Ukraine on PDI to scale up harm reduction services for IDUs was undertaken, for nine harm reduction specialists from NGOs.
- One representative from the NGO Mamele pentru Dreptul la Viata ("Mothers for Right to Life") attended a round-table session in Kiev on the "Women 4 Women" project, organized with the purpose of building capacities of civil society in HIV-integrated services for female IDUs.

(VI) EQUIPMENT

The UNODC procured 22 mechanic methadone dispensers and a liquid distiller, to cover current OST sites within the community and in prisons, and to cover new sites to be opened in 2014–2015. The previous OST equipment was procured in 2004–2005 (with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)) and most of the dispensers and the distiller are no longer in good working order.

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

National Health Policy 2007–2021

National Anti-Drug Strategy 2011–2018

National Anti-Drug Strategy 2011–2018

Plans to continue support in 2014–2016: Yes, until 2015.

Project/programme details

Project/programme name: Strengthening national capacities in eastern Europe and central Asia to address HIV/AIDS in vulnerable populations

Project/programme manager: Ina Tcaci

Implementing agency: UNODC

Financing: Grant

Duration: Start date: 1 July 2010 End date: 31 December 2015

Total project/programme budget: US\$ 650 000

Total disbursed in 2013: US\$ 380 000

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Key officials, experts and specialists from the law enforcement, criminal justice, health and welfare/social protection sectors are sensitized and trained on the importance of accessibility of comprehensive HIV prevention, treatment, care and support programmes for people who use drugs and those in prison settings	Training of at least 120 decision-makers and experts from the police and the prison sector on HIV strategic programming, results-based management and human rights-based planning	Up to 120 decision-makers and experts from the police and the prison sector have been trained on HIV strategic programming, results-based management and human rights	Participation in various events and training sessions was supported by the UNODC (the International Harm Reduction Conference in Vilnius; Regional Consultation Meeting on HIV & Police in Bishkek; a network meeting in London; the Medical Forum on Drug Dependence Treatment and HIV Prevention among people who use drugs in the community and prisons; the Young Narcologists Forum in Kiev; training on Pharmacotherapy with Methadone – a Case Management Approach; training on PDI for IDUs; training on Harm reduction services for women who use drugs; provision of technical support to the Secretariat of the National Drug Control Commission by a national consultant; provision of stationery and small equipment to the Secretariat in order to fulfil its coordination tasks (in March)
2	HIV policy frameworks, programmes and strategies are reviewed/ updated/ developed based on evidence in line with the international guidelines on HIV prevention and care among people who use drugs and those in prison settings	Harmonized sectoral HIV policy frameworks, action programmes/ strategies developed and submitted for endorsement to national law enforcement and drug control authorities	The HIV national normative and legal frameworks have been enhanced	Assistance of Moldovan national authorities in drafting the Action Plan for 2014–2016 on the Drug Control Strategy and enhancing the national drug information system and the national reporting capabilities (National Drug Observatory); the UNODC supported the drafting of an action plan in the field of OST; national consultants were hired to revise the legal national documents, national clinical protocol and the psycho-social regulations; support was offered in developing and adjusting sectoral and intersectoral cooperation agreements, services algorithms, the mechanism for patient circulation in cases of OST, HCV, TB, and HIV co-morbidity; and national monitoring and evaluation systems. In addition, the integrated bio-behavioural surveillance survey (IBBSS) was conducted in 2012 with the data processing finalized in April 2013.

3	Advocacy & awareness raising workshop/events/training on HIV prevention and treatment amongst key officials and experts	Awareness raising of at least 100 key officials and experts, including relevant advocacy materials developed and disseminated	Up to 100 key officials and experts and general population were made aware of key HIV/AIDS prevention and treatment information	The UNODC project office co-financed various events, such as the "Auto Rally for Life" as part of the National Candlelight Campaign; thematic round-table sessions with the local public authorities and information sessions in schools; live music events in popular entertainment establishments to promote healthy lifestyles (on 23 June a free outdoor rock concert "Music is my drug" was held in Chişinău at the Summer Green Theatre), to disseminate the latest international evidence to local addiction treatment specialists (medical forum on drug dependency treatment on 24–25 June) and to advocate for social inclusion of people who use drugs, including people who are imprisoned (an intellectual contest "Brain ring" for inmates from 9 different prisons on 26 June, a workshop for staff from the DPI, prevention activities for inmates, informative sessions with inmates on HIV/IDUs, creative contests for inmates in all prisons); as well as a charity evening for "Christmas gifts for children infected and affected by HIV", and the campaign "Tie a red ribbon – show your solidarity".
4	Development of updated training curricula on evidence-informed and human rights-based HIV prevention, treatment and care for drug users and those in prison settings	Elaboration of teaching curricula for the identified training institutions, including endorsement by the relevant ministries for use in the teaching process	A set of suitable mechanisms are being developed, including regulations and curricula to ensure scaling up of appropriate medical practices in prisons, which are also in the line with international recommendations (of WHO, UNAIDS and UNODC), in order to better address the needs of vulnerable populations from prison settings	The national consultants hired by the UNODC developed two manuals (guidelines/support for medical personnel in prisons) on the needle-and-syringe programme and on OST. Findings and recommendations disseminated as part of a workshop; editing and printing of the guidelines carried out.

5	Improved management of HIV-related services to ensure continuity of care and provision of integrated and easily accessible, evidence-based, large-scale and comprehensive services for the most-at-risk populations both within the community and in prisons	Increased percentage of IDU-targeted and prison-based service sites adhering to national service standards and international guidelines	HIV/AIDS interventions and services were scaled up	The report on the evaluation of OST in the Republic of Moldova developed by international expert Emilis Subata was translated and edited in Romanian language and disseminated at a round-table session. In addition, the UNODC: supported the technical working group on "Development of OST Services in Moldova"; provided joint support with the PAS to the public association UORN in Bălți, in refurbishing and ensuring equipment and furniture to the Resource Training Center in Harm Reduction; purchased 22 methadone mechanic dispensers and a liquid distiller for current OST sites within the community and in prisons and for new sites to be opened in 2014–2015, in order to maintain the OST programme and ensure it is scaled up. Furthermore, a series of four-day intensive training sessions for 87 social workers working in harm reduction projects and care and support projects, covering both community and prisons, on "Implementing VCT through NGOs" were supported by the UNODC jointly with the PAS and UNICEF in September and October for the purpose of scaling up VCT services for IDUs, and a training session on "PDI for IDUs in order to scale up harm reduction services" by specialists representing Alliance Ukraine was supported in November 2013 with the scope to scale-up harm reduction services
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Type of funding	Financial allocation (%)
Technical assistance	70
Investment	10
Administrative costs	20

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	10
Capacity building	50
Guideline and protocol development	30
Legal and regulatory framework development	10
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	100
IT	–
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	–
Hospital care	–
Public health services	100
Emergency care	–

Agency General Information

Country director: Qimiao Fan

Total budget disbursed in 2013: US\$ 5 630 320.33

Key achievements
<ul style="list-style-type: none"> • Support provided to primary health care development through rehabilitation of primary health centres in rural areas; workplace clinical protocols developed 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 (NHA), a health management information system (HMIS) and development of strategic documents and policy papers (e.g. hospital regionalization plan, re-profiling of acute care beds into long-term rehabilitation and palliative care, decentralization of chemotherapy). • Support provided for reforming health care financing and provider payment through implementation of diagnosis-related groups (DRGs) and a case-mix payment system for hospitals. • Co-financing provided along with European Investment Bank (EIB) and Council of Europe Development Bank (CEB) for construction of the surgical block in the Republican Clinical Hospital, as well as support for the establishment of a public-private partnership for imaging within the.

Objectives and targets of national policies, strategies or programmes to which your agency contributes
National Health Policy 2007–2021
Healthcare System Development Strategy 2008–2017
Primary Health Care Development Strategy 2010–2013
Other: <i>Roadmap for boosting reforms in the health care sector</i>

Plans to continue support in 2014–2016: Yes, until 2017.

Project/programme details

Project/programme name: Health Services and Social Assistance Project

Project/programme goal: To increase access to high-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: Son-Nam Ngueyn

Implementing agency: Ministry of Health

Financing: Soft loan

Duration: Start date: 3 September 2007 End date: 31 August 2014

Total project/programme budget: US\$ 21 912 400

Total disbursed in 2013: US\$ 5 517 034.41

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Share of eligible patients tested for arterial blood pressure	At least 95%	90.8	–
2	Share of eligible patients tested for cervical cancer	At least 75%	60.1	–
3	Share of population covered by mandatory health insurance (MHI) increased	At least 80%	82.1	Calculated as total number of insured people divided by total resident population
4	Share of new cases with grade IV malignant tumours identified	Under 25%	25.6	–
5	Share of early pregnancies (within the first 12 weeks) registered at family doctors	At least 80%	78.2	–

Type of funding	Financial allocation (%)
Technical assistance	15
Investment	82.5
Administrative costs	2.5

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	56
Capacity building	34
Guideline and protocol development	10
Legal and regulatory framework development	–
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	98
Medical equipment and technology	–
IT	2
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.)	–
Health financing	3
Leadership and governance	16

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

Project/programme name: Strategic Planning of Health Information Management Reform in Moldova

Project/programme goal: To strengthen the capacity of the recipient Ministry of Health to identify and plan systematic, long-term reforms of health information management in the Republic of Moldova by supporting the Ministry of Health in preparing a master plan for the introduction of unified information management in health care.

Project/programme manager: Son-Nam Ngueyn

Implementing agency: Ministry of Health

Financing: Grant

Duration: Start date: 3 July 2012 End date: 30 July 2015

Total project/programme budget: US\$ 278 000

Total disbursed in 2013: US\$ 113 285.92

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	A Ministry of Health-led inter-institutional team for strategic planning of health information management systems reform in the Republic of Moldova	To be achieved by 31 October 2012	Achieved	-
2	Production of the first draft of the master plan	To be achieved by 30 September 2013	Achieved	-
3	Presentation of the final draft of the master plan, including discussion within recipient government, and with all other stakeholders	To be achieved by 30 September 2013	Achieved	-

Type of funding	Financial allocation (%)
Technical assistance	92
Investment	8
Administrative costs	-

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	100
Capacity building	–
Guideline and protocol development	–
Legal and regulatory framework development	–
Other	–

Investment	Financial allocation (%)
Construction and refurbishment	–
Medical equipment and technology	–
IT	100
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.)	–
Health financing	–
Leadership and governance	100

Agency General Information

Country director: Jarno Habicht

Total budget disbursed in 2013: US\$ 2 931 199 ¹

Key achievements
<p>A wide-ranging and innovative work portfolio was agreed and implemented by WHO in 2013, which has ensured support to the country efforts in public health and health care reforms. The support has continuously moved to policy and strategy levels, with parallel support in change management and providing specific technical advice.</p> <p>Furthermore, communication was scaled up to share the views of WHO at the country level and at the same time various public health campaigns (on tobacco control, managing mobility of health professionals, alcohol control, antimicrobial resistance) – along with European Immunization Week, World Tuberculosis Day, a Candlelight Memorial, and so on – have increased the visibility of public health issues.</p> <p>The assistance focused on topics whereby impact to health can be considered higher priority and to which WHO partnership and technical support provided added value, such as health sector coordination; health system and public health services; human resources for health; noncommunicable diseases (NCDs); CBM (perinatal care and vaccine preventable diseases and immunization (VPI)); HIV/AIDS and tuberculosis (TB) control; mental health, including the rights of people with psycho-social disabilities; e-health; gender issues and violence against women; as well as follow-up on activities already launched, in areas such as VPI, International Health Regulations (IHR), mother and child health, disaster preparedness and response, medicines and medical devices, and so on.</p> <p>Various modes of collaboration with the Republic of Moldova were used by WHO in 2013, including country-specific and multi-country projects, partnership facilitation, sub-regional approaches, relations with United Nations organizations and collaboration with bilateral and development partners. The available resources allowed a certain amount of flexibility in supporting reform initiatives in the country.</p> <p>The main accomplishments can be summarized as:</p> <ul style="list-style-type: none"> • continuous improvement in health sector coordination and partnerships to improve transparency and increase aid effectiveness; • development and approval, review or drafting of health sector strategies and programmes (including with involvement of other sectors) for priority public health areas and public sector institutions; • policy advice and technical assistance according to needs; • preparation and organization of policy studies and surveys; • organization of policy dialogues and workshops on selected topics, including at local level, as well as the annual National Health Forum to facilitate the exchange of views; • capacity building (at country and regional levels) and study visits on selected topics; • facilitated partnerships between United Nations organizations active in the health sector and planned engagement in consultations from 2015 onwards; • coordination with partners and support to ensure selected consumables are available for target groups according to health needs. <p>In 2013 a number of new areas of work were initiated: organizing policy dialogues at local level; scaling up the work in Transnistria region; increasing communication activities and improving the capacity of national authorities; building capacity on health diplomacy; strengthening the resilience of the health system; addressing climate change; supporting occupational health services development; developing smartphone applications for behavioral change; and facilitating the uptake of evidence.</p>
<p>Priority 1 – European Health Policy: Health 2020</p> <ul style="list-style-type: none"> • The policy dialogue has been continuously improved both within the sector and with other sectors through specific participatory policy events, including local policy dialogues and the National Health Forum.

¹ The reported total amount includes the activities implemented under the Confidence Building Measures (CBM) programme funded by the European Commission, implemented through the United Nations Development Programme (UNDP). The WHO Country Office for the Republic of Moldova implemented one of the projects under CBM – “Strengthening the perinatal system and immunization chain in Transnistria”, designed for the period February 2013 to December 2014. The total amount disbursed under the aforementioned project for the year 2013 was US\$ 98 602.

<p>Priority 2 – Health systems strengthening and public health</p> <ul style="list-style-type: none"> • Activities have been continued to further strengthen health financing mechanisms and ensure financial sustainability of the system and financial protection of population, including through institutional strengthening of the National Health Insurance Company (NHIC) and developing a communication strategy. • Support has been provided to revise the national medicines legislation and to improve overall population access to medicines. Development of a strategy for the acceleration of structural health reforms has been initiated. • In addition, a national Public Health Strategy has been developed with WHO support in parallel with regionalization of the service and capacity building measures. Overall sectoral coordination has been continuously improved.
<p>Priority 3 – NCDs, health promotion and healthy lifestyles</p> <ul style="list-style-type: none"> • The implementation of national tobacco and alcohol control programmes has been supported through a series of interventions to revise national legislation, including launching the Child and Adolescent Health and Development (CAHD) Strategy for Moldova, revising and the legislative and normative framework for mental health, taxation policies, and nationwide communication campaigns. • Work on other risk factors (diet, physical activity, road safety) has been initiated. • Capacity building on addressing NCDs is being supported at managerial, specialist and family doctor levels.
<p>Priority 4 – Communicable diseases, health security and environment</p> <ul style="list-style-type: none"> • Support has continued in the area of HIV and TB control, including comprehensive evaluation of national programmes; capacity building; facilitating access to external resources; and promotion of increased budgetary allocations. • The processes for introducing new vaccines and for Global Alliance for Vaccines and Immunisation (GAVI Alliance) graduation are being monitored and assisted. • Assistance has been initiated in the areas of climate change and occupational health, and comprehensive action plans are under development. • National IHR capacities have been further strengthened and a series of capacity building events supported in order to strengthen the resilience of the health system to emergency situations, with a specific focus on primary health care.
<p>Priority 5 – Health information, evidence, research and innovation</p> <ul style="list-style-type: none"> • Evidence generation is being further supported, with a focus on health system strengthening and NCDs, risk factors for NCDs, out-of-pocket and informal payments, evaluating progress towards universal health coverage, TB and sexually transmitted infection (STI) control, and so on. • Support has been provided to the country to become a member of the Evidence-informed Policy Network (EVIPNet) Europe and to participate in the first pilot phase.

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

Plans to continue support in 2014–2016: Yes.

Project/programme details

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

Project/programme manager: Jarno Habicht

Implementing agency: WHO

Financing: Grant

Duration: Start date: 1 January 2012 End date: 31 December 2013

Total project/programme budget: US\$ 5 391 995

Total disbursed in 2013: US\$ 2 931 199

Geographical coverage: National coverage

Project/programme progress:

No.	Indicator	Target value	Actual value	Notes
1	Equity and financial protection	Strengthening of the Republic of Moldova's 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 have been further strengthened. The NHIC's institutional strategy has been implemented and a communication strategy developed.	Evidence generation on out-of-pocket payments and informal payments have been initiated and advanced, with preliminary policy options developed. The issues of financial protection and health financing remain high on the policy agenda.
2	Performance of public health services	Improvement of the performance of public health services and operations by developing, implementing and evaluating evidence-informed public health policies	Public health legislation has been further reviewed and training of public health staff continued. Strengthening of public health strategies implementation is ongoing.	The training was scaled up. In addition, a Public Health Strategy has been developed and approved, creating a solid base for continuous performance improvement.
3	NCD control	The 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 and wellness in the workplace, to manage cardio-metabolic risks and to implement stepwise approaches to cancer control	NCD situation analysis has been finalized and a national NCD plan developed and officially approved. Tobacco and alcohol control programmes are under implementation.	Fiscal and other policy interventions have been implemented in the areas of tobacco and alcohol control. Work has been initiated on the national cancer registry. Nutrition and physical activity-related policies are under discussion.

4	Communicable diseases surveillance and health information	The Republic of Moldova is equipped to carry out communicable diseases surveillance and response, including laboratory work, as part of its comprehensive surveillance and health information system.	Regionalization of the laboratory network is under finalization. The health information system has been further consolidated.	Specific recommendations have been made for strengthening the TB surveillance and control mechanisms provided within the National TB Programme evaluation report.
5	Evidence generation for policy decisions	The Republic of Moldova is equipped with, and uses evidence on, its own health evidence generation system, those of other countries' health systems and ongoing evidence updates to support decision-making and reform processes.	New policy studies have been initiated and additional policy dialogues on priority issues conducted.	In addition to ongoing studies and policy dialogue, the country also became part of EVIPNet Europe.

Type of funding	Financial allocation (%)
Technical assistance	79
Investment	–
Administrative costs	21

Technical assistance	Financial allocation (%)
Policy development (including monitoring and evaluation, analytical works)	40
Capacity building	35
Guideline and protocol development	5
Legal and regulatory framework development	20
Other	–

Health systems functions	Financial allocation (%)
Health services delivery	25
Resource generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	25
Health financing	20
Leadership and governance	30

Health services development	Financial allocation (%)
Primary health care	20
Hospital care	20
Public health services	50
Emergency care	10

ANNEX 4. 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	Halve the proportion of aid not disbursed within the fiscal year for which it was scheduled.	
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	Mutual accountability – number of partner countries that undertake mutual assessments of progress in implementing agreed commitments on aid effectiveness including those in this Declaration	

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, 2008b.



World Health Organization

REGIONAL OFFICE FOR Europe

The WHO Regional Office for Europe

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

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