

STUDY

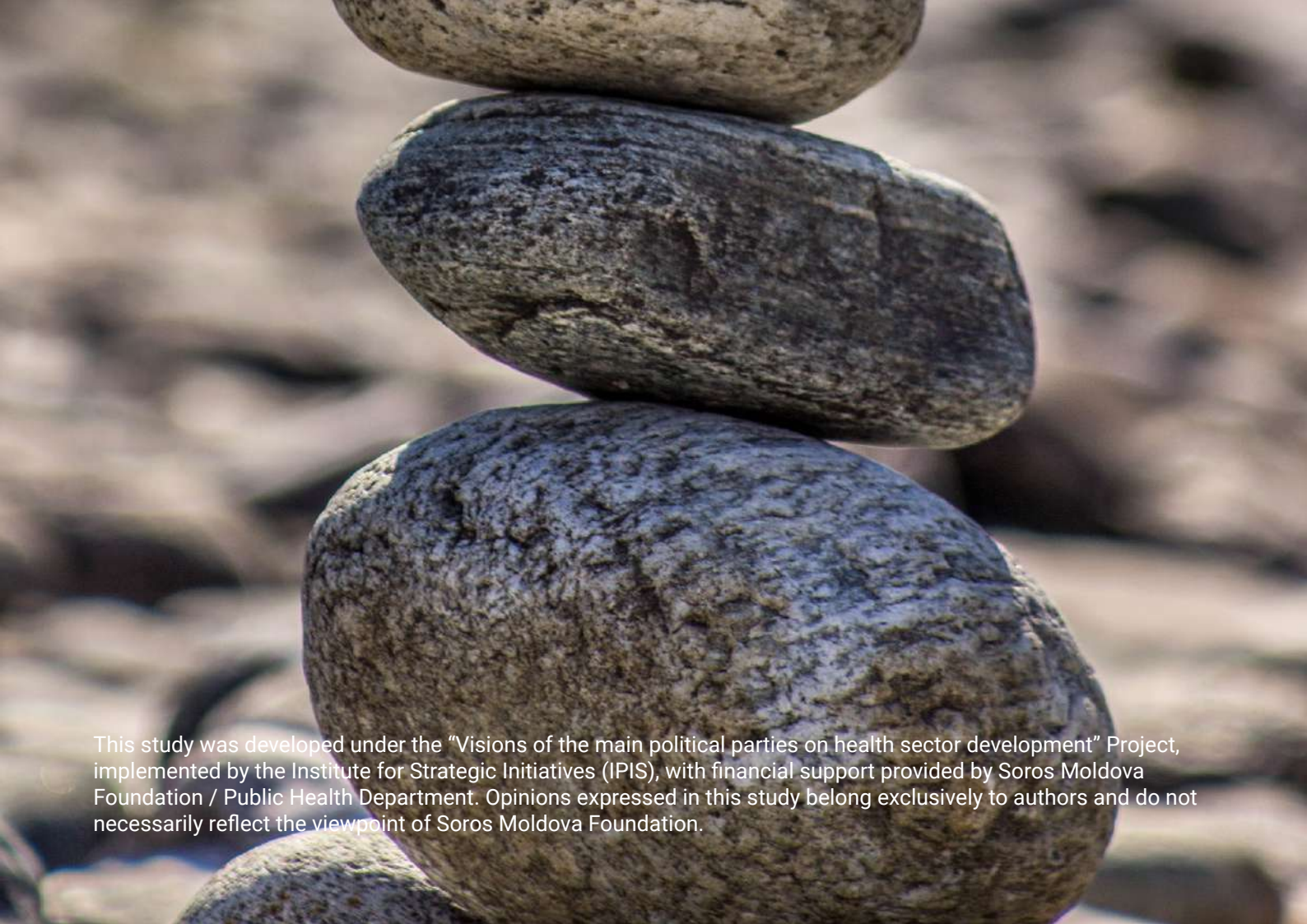
# Assessing health area in the electoral programs of political parties from the Republic of Moldova

ELECTORAL CAMPAIGN FOR EARLY PARLIAMENTARY  
ELECTIONS IN 2021

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# Sumar executiv

A particular emphasis was provided by political parties to health area during the electoral campaign in 2021 as compared to the previous electoral campaigns, this being determined most probably by the COVID-19 pandemic, but also by the problematic situation in the health sector, which had not been a priority over a number of years.

The analysis of electoral offers was performed contextually and quantitatively within the limits of the texts formulated by election participants, providing at the same time practical recommendations for actions to be implemented in the short, medium and long run.

The contextual analysis established no electoral offer which would fully include a systemic approach to health problems and a vision or concept for developing the health system. Multiple proposals were identified for enhancing specific components of the health system.

The electoral proposals tackled, to a certain extent, the dysfunctionalities perceived by the population and reflected less the deepness of health system operational deterioration at the macro level.

The majority of electoral proposals are rather technical and segmented, without assessing the impact and identifying the sources for a feasible financial support for subsequent implementation.

A number of 23 electoral competitors participated during the parliamentary elections in the Republic of Moldova in 2021, out of which only 17 had officially launched electoral programs, including offers for health area. As a result, 225 electoral offer-expressions were classified to be with impact on health areas, according to the "Health in all policies" principle, of which 177 referred directly to health.

**All the electoral offers, included in the analysis, got distributed by areas of priority intervention, as mentioned in the National Health Strategy for 2014-2020, and namely:**

- Health protection
- Health surveillance
- Staffing health area with competent and sufficient human resources
- Disease prevention, including disease early identification
- Health promotion
- Health emergencies
- Scientific research in health

All the electoral programs were analyzed in relation to the main strategic documents for health system development. A review was carried out to see to what extent the political parties' electoral commitments were formulated in line with the national strategical directions in health area, as well as the share of such commitments per each direction.

**The priority intervention areas tackled in the electoral offers are:**

- Health protection – 133 electoral offers
- Health surveillance – 37 electoral offers
- Staffing health area with competent and sufficient human resources – 27 electoral offers
- Disease prevention, including disease early identification – 12 electoral offers
- Health promotion – 9 electoral offers
- Health emergencies - 6 electoral offers
- Scientific research in health - 1 electoral offer

From quantitative point of view, the biggest number of electoral offers for health area came from the Party of Action and Solidarity (47 offers), followed by the Party for the Development and Consolidation of Moldova (34 offers), Electoral Bloc of Communists and Socialists (25 offers), Democratic Party of Moldova (19 offers), Party of Regions of Moldova (18 offers). Seven political parties from all the analyzed programs had less than 5 electoral offers in the health area.

A number of 133 offers out of the total number of offers, or over 50% of them tackled the priority area of Health Protection. The strategic direction promoted by electoral offers focused on increasing access to health services by modifying processes and developing infrastructure. Most of the electoral commitments in this area were stated by the Party of Actions and Solidarity (30 offers) and the Party for the Development and Consolidation of Moldova (17 offers), meaning about 35% of the total number of offers in the area of Health Protection. The candidates' teams of these two political parties included ex-ministers of health, that is persons with in-depth knowledge about the health system problems.

Health Promotion and Disease Prevention got less attention in the electoral offers. Scientific Research in Health was the least tackled area in the electoral programs, being mentioned just in one electoral offer (Party for the Development and Consolidation of Moldova), followed by Health Emergences and Health promotion, being tackled in six and respective nine electoral offers.

No electoral competitor came up with a holistic offer for the area of health, meaning a balanced offer, which would cover proposals for all the priority areas of intervention.

The assessment of the electoral programs and the most important campaign statements in the health area reveals that a number of priorities are similar for the majority of political stakeholders. Synergy is outlined both: in priority areas of high interest, as well as in priority areas outside the scope of interest.

Although the Republic of Moldova has been in the pandemic crisis for 18 months, the public health emergencies were mentioned only in 6 electoral offers just by 4 electoral competitors.

Most of the most important health system development priorities are common for the majority of political parties. Differences are registered just for the specificity level of the commitment, its feasibility and/or implementation modality.

The vague definition of some commitments, lack of a clear mechanism for their enforcement in practice or non-substantiation of promises with real state financial and human resources are rather specific for a number of electoral offers.

The common priorities from the electoral offers which actually reflect the needs of the health system may serve as a foundation for a stable and consistent policy for health system development.

To use to maximum the collective intelligence extracted from the electoral offers, a specific tool was applied for classifying them. All the offers got divided into 6 categories by applicability. Every category was defined by type of actions to be undertaken for fulfilling the electoral offer. Such an approach allowed adding a practical applicability component to the respective study. As a result, we would get not only a theoretical overview of how many electoral offers were made and what they tackled, but also a practical understanding of what is to be done for, at least, a part of the offers to be implemented.

Offers' segregation by categories may help in drafting a short-term activity plan in the health area and contribute to improving some system functionalities in the immediate aftermath.

The contextual analysis of the electoral offers revealed the following directions for priority changes from practical point of view: change of processes (85 offers) and change of institutional infrastructure in the health system (73 offers).

The health electoral commitments refer to the least possible extent to technologies (9 offers), strategies (13 offers) and policies (18 offers).



**Recommendations are provided by the end of the study for a possible action plan so as to implement the changes suggested in the electoral offers, if such offers are classified in 6 workstreams, and namely:**

**Workstream 1:** Processes – representing new processes or new elements encompassed in already existing processes, are part of the changes that do not need a lot of investments; may be carried out quickly; would demand motivated and engaged human resources; and producing changes in the short run.

**Workstream 2:** Institutional infrastructure – representing changes in system infrastructure, by establishing new elements or upgrading the existing ones; will need significant financial investments; represent changes which last for a long term; and produce changes in the long run.

**Workstreams 3 and 4:** Policies, strategies – largely representing drafting of new laws or amendments to existing laws; processes not needing investments; require time for achieving a community-wide consensus; produce changes in the midterm.

**Workstream 5:** Technologies – representing the incorporation of artificial intelligence in some processes; changes needing financial investments; some may be made quickly; depend on processes; may generate mid- or long-term changes.

**Workstream 6:** Human resources – actions that include a combination of processes, policies and strategies; may be carried out in the short term, but the results will become tangible in the midterm; some of the processes will need financial investments.

These changes may be carried out through merged processes by a team of short-term experts, with subsequent approval through a transparent decision-making process and correct implementation.

# 1. Introducere

## 1.1 Background for the studied problem

The Republic of Moldova, just like the rest of the world countries, was strongly affected by the COVID-19 pandemic. The impact on the Republic of Moldova was extremely powerful from sanitary and economic viewpoints. Due to weak economy and poor health system, the population deeply felt the effects of the pandemic, and this has generated intense discussions in the society and pointed out the need of urgent changes in the health system to mitigate COVID-19 effects and to cope with such challenges in future.

The first infection case was registered in the Republic of Moldova on the 7th of March 2020, and on the 11th of March 2020, WHO declared the global pandemic of novel Coronavirus, COVID-19. On the 17th of March 2020, the Parliament declared the state of emergency throughout the territory of the Republic of Moldova. Three elections at the Republican level were organized in the Republic of Moldova in these 18 months since the pandemic start – new parliamentary elections for the uninominal constituency Hincești (15 March 2020), presidential elections (1 and 15 November 2020) and early parliamentary elections (11 July 2021). Obviously, the electoral process has determined all political stakeholders and civil society to consider the pandemic topic, in particular, and the health topic, in general. The pandemic brought to light a lot of problems existing in the health system – lack of access to quality services, unfair quality of health services for different categories of population, poor social protection, insufficiently developed infrastructure, lack of a sufficient number of health workers, etc. Hence, the political parties were determined to consider and to

include solutions for population problems in their electoral programs, as well as proposals which would meet the needs identified in the health system.

Thus, health became one of the central topics of the electoral campaign in 2021 and a priority chapter in the electoral offers of competitor parties.

The health system problems do not represent a novelty, the pandemic has just brought them into the focus of all debates, especially the electoral ones. In a thematic report from 2019, the People's Advocate established the following:

“The technological potential of medical devices from some public medical-sanitary institutions is physically and morally obsolete, with major deficiencies, this being one of the main causes determining the quality of medical act. A lot of equipment from the surgery and diagnosis units are with an exceeded degree of wear and with no metrological verification. About one third of hospitals report deficits of necessary equipment, which is compulsory according to the standards for equipping the Emergency Unit (EU). The health system does not have a strategic document in the area of medical devices' management, technical regulations, minimum standards for equipping medical-sanitary institutions of different levels. Some of the devices used by medical institutions register an operation duration of over 40 years (while the international standards provide for a period up to 10 years).”<sup>1</sup>

The problems identified by experts coincide with the general opinion of the population. The results of the Population Health Barometer of 2019 published in 2020<sup>2</sup>, undertaken under “Promotion of participatory social responsibility for a well-performing health system” Project, implemented by the Center for Health Policies and Studies (PAS Center), reveals the most frequently mentioned

<sup>1</sup> <http://ombudsman.md/wp-content/uploads/2019/04/RAPORT-MEDICINA-RED.pdf>

<sup>2</sup> <http://pas.md/ro/PAS/Studies/Details/147>

problems in the country's health system, and namely the insufficient assurance of medical institutions with modern medical equipment, corruption, high treatment cost, insufficiently good attitude of health workers towards patients, small list of compensated medicines. At the same time, rather frequently mentioned problems were: insufficient medical personnel, low level of professionalism, bureaucracy and poor organization of the system.

Experts noted similar problems in primary healthcare services: "Family healthcare was not treated as a priority, and it turned even worse in 2020 – financing got reduced as compared to 2019. And this happens when the number of family doctors in rural area decreases year by year. The university graduates cover the need of family doctors in the health system only for a share of 20%, and the salary of the medical personnel is 2 – 3 times lower than the due salary".<sup>3</sup>

Alongside the structural weaknesses, the health system also encountered management instability, as well as repeated separation and merge of the Ministry of Health with the Ministry of Labor and Social Protection. In 2021, the two legal entities got divided again. Over the last decade, the Republic of Moldova has passed through a number of changes at the health governance level, with 9 ministers and respectively more state secretaries/ deputy ministers changing over the time.

### **The same drawbacks are established by UNDP in the Response to COVID-19 in health area:**

"The health system from the Republic of Moldova, just like in the majority of world countries, was not fully prepared to cope with the pandemic, being underfinanced and with insufficient personnel, affected by lack of clear protocols for the specific circumstances,

insufficient technical and professional capacities, obsolete infrastructure, limited medical equipment and materials, poor logistics, fragile communication and confidence. Along the acute burden induced by COVID-19 on the health system, many groups of population encounter lack of access to essential, routine health services, due to the disturbing effects of restrictions, physical distance and mobility limitations imposed as response to COVID-19. (...) The majority of schools from rural areas of Moldova do not have systems which would meet the basic standards for water, sewerage and hygiene, a challenge that is more acute during the current health crisis."<sup>4</sup>

Similar findings are provided in the European Parliament Report on the implementation of the EU Association Agreement with the Republic of Moldova, made public by the end of September 2020<sup>5</sup>:

"(...) the COVID-19 crisis has brought to light the fact that the health system of the Republic of Moldova is underdeveloped and is struggling to cope with the recent surge in the number of cases; urges the Commission, Member States and the Republic of Moldova to increase cooperation on public health resilience, exchange best practices and work with the civil society, the business and SME communities on establishing epidemic strategies focusing on the most vulnerable groups in society; calls on the Moldovan government to strengthen the healthcare system, improve sanitation standards, especially in hospitals, as well as to provide its population with all relevant information about the pandemic in a transparent and inclusive manner."

All these problems have got rather prominent during the pandemic and, respectively, during the elections period. The parties came up

<sup>3</sup> <http://pas.md/ro/PAS/Studies/Details/198>

<sup>4</sup> <https://www.md.undp.org/content/moldova/ro/home/coronavirus/national-response-to-COVID19/health.html>

<sup>5</sup> [https://www.europarl.europa.eu/doceo/document/A-9-2020-0166\\_RO.html](https://www.europarl.europa.eu/doceo/document/A-9-2020-0166_RO.html)

with a number of electoral commitments dedicated to health system development, with a specificity and feasibility varying from case to case. The three big tackled areas referred to medical services' access and quality, hospital endowment and hospital infrastructure, as well as attracting and motivating professional medical personnel.

The analysis of the electoral programs from 2021 campaign is based on the presentation and evaluation of the electoral promises made by political parties in the area of health. The study also points out several common priorities, which are tackled by the majority of political stakeholders.

## 1.2 Aim and objective of the study

### **Aim of the study**

The study aimed to analyze and assess the electoral programs, offers of the political parties which have participated in the early parliamentary elections organized in 2021 regarding the health area - health sector development visions. As well, common priorities were identified in the electoral offers.

### **Objectives of the study**

- Analysis of the share dedicated to health topics in the general electoral programs of political parties.
- Analysis of the peculiarities related to the health topics tackled in the electoral offers: suggested changes, focus on services, coverage, health insurance, prevention, etc.
- Identification of possible common priorities of political parties in the area of health.

## 1.3 Evaluation methodology and applied sources

The electoral programs published on the political parties' webpages, printed materials, video materials for campaign launch from

political parties' social media served as sources for the respective assessment.

An analysis and evaluation were carried out for the electoral programs and offers published by the political parties, which participated in the early parliamentary elections from 2021 in relation to health and visions for health sector development.

The analysis and evaluation were based on "Health in all policies" approach, hence reviewing all the interventions/actions from the electoral programs which might have an impact on health.

Special attention was provided to the fact if the political parties have taken into consideration the COVID-19 pandemic and health emergencies.

It was also analyzed if the political parties suggested specific steps for the implementation of the interventions suggested for the health area.

At the same time, the political parties' programs were compared against the health sector strategic development priorities of the Republic of Moldova Government and National Health Policy to assess the development perspectives of the sector.

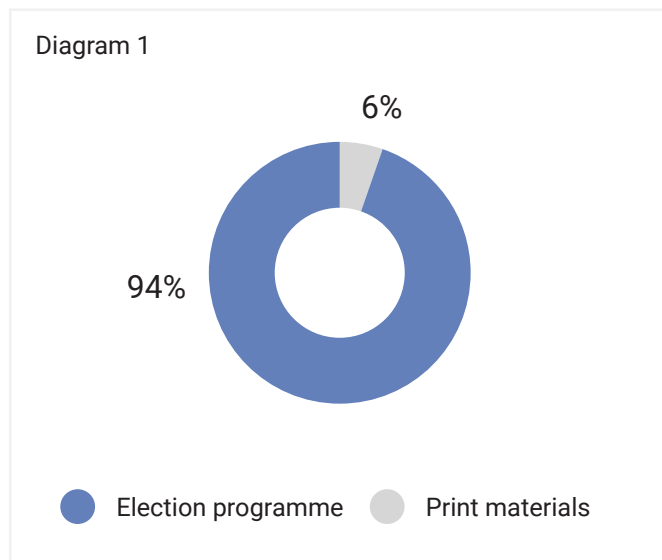
A number of 23 electoral programs was evaluated for the purpose of the study. Health topics were totally missing in 6 electoral programs, hence these programs were excluded and, as a result, only 17 electoral programs ended up to be analyzed. A total of 23 video materials from the electoral competitors' launch events were viewed.



Access to printed materials was limited, hence the share of these materials in the general analysis is rather small. (Diagram 1)

All the presented offers were analyzed based on “Health in all policies” principle. The total number of analyzed offers included also the offers for national infrastructure development or offers for social area and other areas with impact on health. The direct offers for health have prevailed in the analysis, 177 out of 225.

The original wording has been preserved for the purpose of not losing the subtitles of the electoral offers.



## 2. Analysis of measures meant for the health area in the political parties' electoral programs – 2021 campaign

### 2.1 General considerations related to health component presence in the electoral programs of political parties

The health component was present also during the previous parliamentary elections in the Republic of Moldova, but this electoral campaign has been marked by increased intensity and frequency of discussions about health. These discussions referred, on one hand, to each political party's electoral offer response to health sector problems, as well as the approach to elections and the right to vote through the lens of COVID-19 pandemic. If during the first elections organized during the pandemic time (Hincești, 15 March 2020), the political parties and the authorities have tackled rather clumsy voters' participation and protection measures, hence leading to mistrust and uncertainty, and as a result, to very low turnout, the things changed during the subsequent elections at the Republican level.

The majority of political parties build up their communication for encouraging people to get to vote by taking into account the pandemic time, thus the health component was present not only in the electoral programs, but also during the campaign activity, visits in the districts, calls to go to vote and during the election day itself.

No electoral offer included a systemic approach towards health problems. Most of electoral programs focused on enhancing some components of the health system in general, without specific arrangements to overcome the COVID-19 crisis. This could be caused by several factors: presence of the

pandemic topic and solutions suggested by parties during the press conferences, shows, position statements, governance programs, communications during the entire period from the very start of the pandemic, as well as a lower prioritization of COVID-19 topic from behalf of the society as whole.

The majority of political parties from the 2021 campaign have included doctors, nurses or pharmacists on their electoral lists.

### 2.2 Health system development within electoral programs – qualitative and quantitative aspects

Political parties provided special attention to the health area during the electoral campaign of 2021, this fact being determined by the COVID-19 pandemic, but also by the problematic situation in the health sector, which has not been a priority over a number of years.

The analysis of electoral offers was carried out from a contextual and quantitative perspective, within the limits of the texts formulated by the election participants.

The contextual analysis determined that there were no electoral offers which would include fully a systemic approach to health problems and a vision or concept for health system development. Nevertheless, multiple proposals were identified for enhancing some components of the health system.

The electoral proposals tackled, to a certain extent, the dysfunctions perceived by the population and reflected less how deep the

deterioration of the health system operation is at the macro level. The majority of electoral proposals are technical and segmented, without assessing the impact and identifying the sources for a feasible financial support for their subsequent implementation.

To use to maximum the collective intelligence extracted from the electoral offers, a specific tool was applied for classifying them. Every category was defined by type of actions to be undertaken for fulfilling the electoral offer. Such an approach allowed adding a practical applicability component to the respective study. As a result, we would get not only a theoretical overview of how many electoral offers were made and what they tackled, but also a practical understanding of what is to be done for, at least, part of the offers to be implemented.

Hence, some offers, for instance the ones related to geriatrics, will be present in more categories. The ones referring to processes may be implemented in the short run; while the ones referring to infrastructure, for instance, would need longer periods and more resources. The segregation of offers by categories may help in drafting a short-term activity plan in the health area and will contribute to improving some functionalities shortly thereafter.

All the offers were divided into 6 categories and the contextual analysis of the electoral offers pointed out the following priority change directions:

## A. Category of offers – processes

This category has included the offers for the implementation of which it would be necessary to come up with new processes and new elements in the existing processes. The majority of electoral commitments refer namely to change of processes and envisage, almost in all cases, amendments in legislative

acts. Most of electoral offers refer to improving access to qualitative health services and ensuring population with medicines. Social protection, via direct financial support or free-of-charge access to services, and combating corruption in the health system also take an important role in the electoral offers. Public health emergencies in relation to the fight with COVID-19 pandemic are tackled generally, without providing for some specific and concrete measures.

### Families with many children

– offers with financial support content

- “Families with 3 and more children will receive monthly allocations of 9 000 MDL”<sup>6</sup>.

**Recommendation:** To fulfill this offer, it is recommended to amend certain legislative acts.

### Free of charge access to new services

– offers with financial and material support content

- “Children under 18 years old, pregnant women, mothers during one year after giving birth to a child and pensioners will be ensured with free-of-charge dental services and, to this end, the network of public dental centers, sections and offices in district polyclinics will be extended.”<sup>7</sup>
- “We will continue in the next 4 years the Program “A New Life”, launched in December 2018, through which we provide gift boxes with necessary products for every newborn in the Republic of Moldova.”<sup>8</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend certain legislative acts and the Single Health Insurance Program.

### Disease prevention and early detection

– offers focused on increasing population access to prophylactic check-ups and less on health promotion

<sup>6</sup> “We Build Europe at Home” Party, source: printed material

<sup>7</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>8</sup> Democratic Party of Moldova, source: electoral program

- “We will organize free-of-charge in-depth medical investigation of all the Republic of Moldova citizens for prophylactic purposes, in order to have a healthy nation.”<sup>9</sup>
- “Facilitation of population access to prophylactic check-ups and promotion of healthy lifestyle.”<sup>10</sup>
- “A system of population health condition diagnostics will be implemented at all the lifecycle stages (children, youth, middle-age population and elderly population) for disease prevention and early detection.”<sup>11</sup>
- “The measures for preventive check-ups of population in educational institutions, enterprises and organizations will be extended.”<sup>12</sup>
- “Prophylaxis check-ups for rural population will be carried out annually (including lung radiography, cardiograms, blood pressure measuring, mammography and gynecological examination for women, dental consultations for children, etc.) and consultations provided by different profile specialists.”<sup>13</sup>
- “The program “A Doctor for You” will be significantly extended.”<sup>14</sup>
- “100% coverage by 2025 with prophylactic check-ups for rural inhabitants and surveillance for persons identified with chronic diseases”.<sup>15</sup>
- “Increasing the role of physical education and sports in the national education system.”<sup>16</sup>
- “Introduction (reintroduction) of annual mandatory medical check-ups for all the citizens of the country, financially covered

by the NHIC, as well as, from the state budget means.”<sup>17</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend certain legislative acts and the Single Health Insurance Programme.

### Access to health services

– a very important topic related to improving access to existing services and extending the range of services provided according to the health insurance policy.

- “Getting closer to patients, decentralization of complicated and complex diagnosis and treatment services.”<sup>18</sup>
- “Extending the list of free-of-charge medical services, provided according to the health insurance policy.”<sup>19</sup>
- “De-bureaucratizing patient’s path in the system and simplifying procedures for increasing access to health services.”<sup>20</sup>
- “Reviewing the normative framework for ensuring the functionality of the public health service.”<sup>21</sup>
- “Implementing the mechanism for verifying food products.”<sup>22</sup>
- “Improving communication of medical institutions with the patient, by creating a feedback mechanism regarding the quality of provided/received services, visits, information flow.”<sup>23</sup>
- “Assessing the modality for determining the disability and workability, especially the level of disability, examination modality and procedures.”<sup>24</sup>

<sup>9</sup> “We Build Europe at Home” Party, source: electoral program

<sup>10</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>11</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>12</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>13</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>14</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>15</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>16</sup> People’s Power Party, source: electoral program

<sup>17</sup> “Renato Usatii” Electoral Bloc, source: electoral program

<sup>18</sup> “Renato Usatii” Electoral Bloc, source: electoral program

<sup>19</sup> “Renato Usatii” Electoral Bloc, source: electoral program

<sup>20</sup> Party of Action and Solidarity, source: electoral program

<sup>21</sup> Party of Action and Solidarity, source: electoral program

<sup>22</sup> Party of Action and Solidarity, source: electoral program

<sup>23</sup> Party of Action and Solidarity, source: electoral program

<sup>24</sup> Party of Action and Solidarity, source: electoral program



- “Ensuring the persons with sight, hearing, and mobility impairments with necessary assisting devices and technologies.”<sup>25</sup>
- “Overcoming the gap in access to qualitative medical services between different groups of population, including between urban and rural population.”<sup>26</sup>
- “Increasing continuous access of population to vital medical services, especially the ones related to diagnosis and early detection of diseases; ensuring rapid access to qualified doctors’ consultations according to the population needs, in a fair way and for all the population segments, with no discrimination based on residence, type of disease or other characteristics.”<sup>27</sup>
- “Developing and applying a transparent decision-making process, according to European standards by increasing the level of accountability for health system institutions.”<sup>28</sup>
- “Increasing the responsibility of all the factors involved in the management of public financial resources, which would allow to ensure sustainable development of health protection system.”<sup>29</sup>
- “Ensuring the fulfilment of Sustainable Development Goals by implementing efficient policies in health area.”<sup>30</sup>
- “Enhancing the system for public health surveillance, increasing capacities to identify and monitor the risks, the capacities over the entire chain of intervention, and assessing the impact of public health measures.”<sup>31</sup>
- “Promoting health policies, which are necessary for enhancing the scientific research agenda, academic and teaching activities in the health system.”<sup>32</sup>
- “Ensuring access to medical services for all potential beneficiaries, improving quality of provided medical services, reducing differences between different social groups, different regions of the country and increasing the patient’s level of satisfaction, including ensuring continuity of service provision focused on the person, family, community.”<sup>33</sup>
- “Reviewing and reestablishing the complete chain of healthcare service provision to insured and uninsured persons.”<sup>34</sup>
- “Involving the nongovernmental sector as a valuable partner in provision of alternative and support medical services, community care and homecare.”<sup>35</sup>
- “Involving professional organizations and beneficiaries of healthcare services (including patients) in the process of developing, implementing and monitoring health policies.”<sup>36</sup>
- “Qualitative social and medical services for all.”<sup>37</sup>
- “We will solve the problem of improving the system of independent evaluation of medical services’ quality from patients’ and professional community’s points of view; we will increase the efficiency of medical services’ quality and will get the medical services closer at maximum to the patient.”<sup>38</sup>
- “We will take over control over the quality of medical assistance for children and of

<sup>25</sup> Party of Action and Solidarity, source: electoral program

<sup>26</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>27</sup> Dignity and Truth Platform, source: electoral program

<sup>28</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>29</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>30</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>31</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>32</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>33</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>34</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>35</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>36</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>37</sup> Ecologist Green Party, source: electoral program

<sup>38</sup> Party of Regions of Moldova, source: electoral program

obstetrical services so as to reduce infant and maternal mortality.”<sup>39</sup>

- “Changing the governance model for medical institutions from the unipersonal model to the corporate and collegiate governance model of public medical-sanitary institutions and regionalizing high performance hospital services.”<sup>40</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend the Single Health Insurance Program, existing regulations and certain legislative acts; to appoint a team of experts and to prepare the draft amendments of certain legislative acts; some offers are under the competence of the NPHA – by approving some processes; to develop internal processes – which may be regulated through an Institutional Quality Manual; written institutional operational procedures, which would allow direct involvement in the mentioned processes; to develop some new policies on decision-making transparency and its implementation.

### High-performance healthcare

– the offer focused on a specific segment of costly services and namely prosthetics.

- “We will include in the insurance policy the partial compensation of costs for prostheses. We will create a public and transparent register for keeping the records about prostheses’ beneficiaries, but also of people who are going to obtain them.”<sup>41</sup>
- “Improving the efficiency of specialized healthcare.”<sup>42</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend certain legislative acts and the Single Health

### Insurance Program.

#### Treatment abroad

– the offer focused on optimizing the processes for treatment abroad.

- “Signing long-term contracts with clinics from abroad for treating the citizens suffering from diseases the treatment for which is not yet available in the Republic of Moldova.”<sup>43</sup>

**Recommendation:** To fulfill this offer, it is recommended to identify partners and to negotiate contractual conditions, with subsequent signature of contracts.

#### Combatting corruption

– offers related to institutional corruption, especially in public procurement, and other informal payments in health system.

- “De-criminalizing the cases of patients’ offering some small gifts to doctors.”<sup>44</sup>
- “Decisive fight against corruption schemes and theft of public money in the sector, revealing the schemes in the pharmaceutical area, production and sale of performance-enhancing drugs, public procurements which we carried out mainly during the pandemic time.”<sup>45</sup>
- “Combating the phenomenon of informal payments for health services and corruption in health by modernizing governance and management of medical institutions in the country.”<sup>46</sup>
- “Reformatting the system of public procurement in health, realigning it to the needs of the system, combatting corruption in procurement of medical services and equipment and ensuring efficient use of public money.”<sup>47</sup>

<sup>39</sup> Party of Regions of Moldova, source: electoral program

<sup>40</sup> “We Build Europe at Home” Party, source: electoral program

<sup>41</sup> Common Action – Civic Congress Party, source: electoral program

<sup>42</sup> Common Action – Civic Congress Party, source: electoral program

<sup>43</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>44</sup> Party of Action and Solidarity, source: electoral program

<sup>45</sup> Party of Action and Solidarity, source: electoral program

<sup>46</sup> Party of Action and Solidarity, source: electoral program

<sup>47</sup> Dignity and Truth Platform, source: electoral program

- “Eliminating dubious interests and criminal schemes in the pharmaceutical and medical system.”<sup>48</sup>
- “Stabilizing the mechanisms of public procurements in health to ensure continuous supply with medicines and consumables of the medical institutions for the purpose of ensuring continuity of the medical act, and excluding the incompliant payments for medicines or medical services.”<sup>49</sup>
- “Ensuring transparency of public procurements in health, enhancing the role and coordination capacities of the CCPH in observing planning deadlines, compliant organization and fulfilment of public procurement contracts in health.”<sup>50</sup>
- “Mobilizing sufficient financial means, in line with the financing indicators initially set as basis for the mandatory health insurance system and their efficient use for the needs of the health system.”<sup>51</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; operational procedures for procurements; audit etc.; amendments in institutional regulations; charters; implementation of internal processes of segregation of responsibilities and decision-making power; standard operational procedure for gifts, benefits, motivation.

### Access to medicines

– the offers focused mainly on physical, financial and geographical access to medicines and solutions for extending it; control over prices for medicines; quality of medicines and

authorization procedures; compensation of costs for certain categories of population.

- “Amending the legal framework to allow the activity of social mobile pharmacies.”<sup>52</sup>
- “Approving the list of essential medicines based on the model-list of the World Health Organization.”<sup>53</sup>
- “Extending the list of compensated medicines by including all the essential medicines from the WHO model-list, as well as those included in national clinical protocols, the efficiency of which is proved based on technological assessment in health.”<sup>54</sup>
- “Ensuring accessibility of medicines to rural patients through a state network of pharmaceutical assistance principles of good practice.”<sup>55</sup>
- “Organizing the supervision of medicines’ flow on the national market to identify the stocks and prevent deficits.”<sup>56</sup>
- “Reviewing the legal framework regarding the modality of selling medicines, over-the-counter medicines (without prescription), the competition and monopoly aspects, and access of population to qualitative and safe medicines in line with the requirements of aquis communautaire.”<sup>57</sup>
- “Facilitating the process of registration of medicines on the pharmaceutical market to increase the number of efficient and qualitative medicines included in the State Nomenclature of Medicines.”<sup>58</sup>
- “Pensioners will benefit from a compensation of 30% of the value of medicines.”<sup>59</sup>
- “Free-of-charge medicines for pensioners.”<sup>60</sup>
- “Essential medicines will be provided to

<sup>48</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>49</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>50</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>51</sup> “Șor” Party, source: electoral program

<sup>52</sup> Party of Action and Solidarity, source: electoral program

<sup>53</sup> Party of Action and Solidarity, source: electoral program

<sup>54</sup> Party of Action and Solidarity, source: electoral program

<sup>55</sup> Party of Action and Solidarity, source: electoral program

<sup>56</sup> Party of Action and Solidarity, source: electoral program

<sup>57</sup> Party of Action and Solidarity, source: electoral program

<sup>58</sup> “We Build Europe at Home” Party, source: electoral program

<sup>59</sup> “Șor” Party, source: electoral program

<sup>60</sup> “Șor” Party, source: electoral program

- pensioners free of charge, and the rest with a discount of 60–90%.”<sup>61</sup>
- “Developing a direct mechanism for compensation of insulin and medical devices for people with diabetes.”<sup>62</sup>
  - “We will compensate 100% of the cost of medicines for elderly people with low incomes.”<sup>63</sup>
  - “We will double the number of compensated medicines, up to 300 international non-proprietary names, and the electronic network will become functional.”<sup>64</sup>
  - “Compensated medicines.”<sup>65</sup>
  - “Enhancing capacities and practices for regulating the area of medicines and medical devices, aligning to international standards for ensuring quality, safety and efficiency of medical products and medical devices placed on the market.”<sup>66</sup>
  - “Increasing access to pharmaceutical services in the rural sector of country.”<sup>67</sup>
  - “Developing the monitoring system and reducing the risks associated with use of medicines and medical devices, guaranteeing pharmaceutical security.”<sup>68</sup>
  - “Reducing financial burden on population by ensuring fair prices and fair access to medicines and medical devices, including by extending access to compensated medicines.”<sup>69</sup>
  - “Accessible medicines to all.”<sup>70</sup>
  - “We will solve the problem of medicines’ supply to patients after high-technology surgical intervention, with partial reimbursement from the budget of the cost for medicines which indeed reduce the number of complications endangering life and exacerbating the disease.”<sup>71</sup>
  - “Control over the situation on the pharmaceutical market.”<sup>72</sup>
  - “We will adopt laws allowing for restricting price increase on the market of medical devices, and we will increase the availability of medicines for population.”<sup>73</sup>
  - “We will review the list of vital and essential medicines, which will be established in an open way and with direct participation of professional community. This list will be updated and extended in a regular way.”<sup>74</sup>
  - “We will facilitate the access of patients in need to strong analgesics. Thanks to innovations in legislation and strict control over legislation enforcement, the supply of analgesics will increase many times.”<sup>75</sup>
  - “We will ensure public control of price increase for essential medicines, limiting the price increase at the inflation level.”<sup>76</sup>
  - “Every medicine sold on the territory of the Republic of Moldova should have a detailed description in Russian language.”<sup>77</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend the Single Health Insurance Program and certain legislative acts; institutional operational procedures.

61 Party of Action and Solidarity, source: electoral program

62 Party of Action and Solidarity, source: printed program

63 Democratic Party of Moldova, source: electoral program

64 Dignity and Truth Platform, source: electoral program

65 Party for the Development and Consolidation of Moldova, source: electoral program

66 Party for the Development and Consolidation of Moldova, source: electoral program

67 Party for the Development and Consolidation of Moldova, source: electoral program

68 Party for the Development and Consolidation of Moldova, source: electoral program

69 Ecologist Green Party, source: electoral program

70 Party of Regions of Moldova, source: electoral program

71 Party of Regions of Moldova, source: electoral program

72 Party of Regions of Moldova, source: electoral program

73 Party of Regions of Moldova, source: electoral program

74 Party of Regions of Moldova, source: electoral program

75 Party of Regions of Moldova, source: electoral program

76 Party of Regions of Moldova, source: electoral program

77 Party of Regions of Moldova, source: electoral program



## Health emergencies

– offers focused on the fight with the current pandemic.

- “Continuing the measures to stop the spread of COVID-19.”<sup>78</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; institutional operational procedures.

## Disease control

– offers included direct proposals for disease control through medical measures and offers with indirect measures or non-medical measures, but with major impact on health.

- “Ensuring prevention and control of non-communicable diseases by promoting health, education for health and healthy lifestyle, as well as good practices, by tackling the main risk factors influencing the health condition, such as food, drugs, alcohol, tobacco.”<sup>79</sup>
- “Ensuring full control over infectious diseases with major impact on public health, especially TB and HIV/AIDS by creating wide access to specialized interventions, as well as increasing the preparedness for public health threats and emergencies.”<sup>80</sup>
- “Applying the mechanism for setting up the prices for retailing cigarettes. Decreasing the limit of nicotine quantity in 1ml of liquid in electronic cigarettes.”<sup>81</sup>
- “Reintroducing restrictions for promoting devices and accessories for using, recharging and heating tobacco.”<sup>82</sup>

**Recommendation:** To fulfill these offers, it is recommended to have inter-sector processes; to develop the National

Public Health Strategy for 2021-2031; to amend certain legislative acts; to have institutional operational procedures; to amend the Single Health Insurance Program.

## Health insurance

– offers focused on extending the market of health insurances and to increase financial transparency in the area, as well as to increase access to health insurance services for certain categories of population.

- “Developing supplementary health insurances with increased share of private funds.”<sup>83</sup>
- “Cancelling the payment for mandatory health insurance for unemployed citizens.”<sup>84</sup>
- “Increasing significantly transparency in the area of health insurance and enhancing public control over the activity of health insurance organizations.”<sup>85</sup>
- “We will establish legislatively the right for every person insured in the mandatory health insurance system to select the health center and a specific specialist – a family doctor, which implies the setup of personal professional liability.”<sup>86</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts. Certain electoral offers have already a legal coverage. In some cases, it is not clear what specific aspects were tackled. (example: “Cancelling the payment for mandatory health insurance for unemployed citizens.”)

<sup>78</sup> Party of Regions of Moldova, source: electoral program

<sup>79</sup> Party of Regions of Moldova, source: electoral program

<sup>80</sup> Party of Regions of Moldova, source: electoral program

<sup>81</sup> Party of Regions of Moldova, source: electoral program

<sup>82</sup> Party of Law and Justice, source: electoral program

<sup>83</sup> Party of Regions of Moldova, source: electoral program

<sup>84</sup> Party of Regions of Moldova, source: electoral program

<sup>85</sup> Party of Regions of Moldova, source: electoral program

<sup>86</sup> People’s Power Party, source: electoral program

## Environmental processes

– offers for ecological area, with major impact on health.

- “Carrying out springs’ cleaning works on permanent basis.”<sup>87</sup>
- “Planting on annual basis forestry windbreaks of 20.50, 100 and 1000 meters, depending on the river size, until implementing the normative framework for 100%.”<sup>88</sup>
- “Planting forests – we assume ourselves to stop immediately illegal / excessive logging and implementation of a national afforestation program.”<sup>89</sup>

**Recommendation:** To fulfill these offers, it is recommended to have inter-sector processes; to amend legislative acts.

## B. Category of offers – institutional infrastructure

This category includes the offers, the fulfillment of which includes creation or modernization of capital infrastructure elements, including with fixed or intangible assets. After modifying the processes, the institutional infrastructure accounts for the second biggest share in the electoral programs. The majority of electoral commitments imply significant budget allocations, as well as amendments to legislative acts. No political party specified the costs and the financing sources for the offers from this category. No studies or factual support was provided to explain the need for building new hospitals, justifying the suggested number of hospitals and other.

Most of offers related to the institutional infrastructure dimension refer to building new hospitals and/or renovating medical

institutions to offer modern qualitative services. There is increased interest provided to primary healthcare, and namely for increasing access and improving quality of primary healthcare. The fight against the pandemic, as well as the measures for preventing epidemiological risks were mentioned under the aspect of institutional infrastructure in a number of electoral programs. Certain electoral offers refer to establishing new surveillance structures in the health system. Palliative care, rehabilitation and specialized high-performance healthcare were tackled in several electoral offers. Other intervention areas for improving the health system are: access to medicines, school and kindergarten children’s health, public infrastructure, quality roads, water and sewerage systems, waste processing systems – all of them having a major impact on population health.

### Building new hospitals and modernizing the existing ones

– offers referred to measures for improving the hospital system, by modernizing existing hospitals and building new hospitals. Other specific areas include: emergency healthcare, geriatrics and palliative care.

- “Building 5 big and modern hospitals in districts.”<sup>90</sup>
- “We will build 3 high-performance regional hospitals, to cover the demand of health services.”<sup>91</sup>
- “Computerizing medical institutions with 100%.”<sup>92</sup>
- “Establishing three big republican hospitals endowed with modern equipment – in Chisinau, Balti and Cahul.”<sup>93</sup>
- “Inadmissibility of transferring medical institutions and areas, including of Emergency Service, into private hands

<sup>87</sup> People’s Power Party, source: electoral program

<sup>88</sup> Party of Change, source: electoral program

<sup>89</sup> “We Build Europe at Home” Party, source: printed materials

<sup>90</sup> “We Build Europe at Home” Party, source: electoral program

<sup>91</sup> Common Action – Civic Congress Party, source: electoral program

<sup>92</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>93</sup> Electoral Bloc “Renato Usatii”, source: electoral program

through the so-called “public-private partnership”.<sup>94</sup>

- “Development and implementation of a special state program for technical retrofitting of all institutions providing medical services to population.”<sup>95</sup>
- “Modern development of community, geriatric, palliative, and rehabilitation services; organization and launch into operation of more departments for elderly people in hospitals / geriatric sections, including departments for palliative services, for chronic diseases to be treated as close as possible to their home”.<sup>96</sup>
- “Implementation of a National Program for Modernization of Medical Institutions, financed from the state budget and with the participation of foreign partners, for the purpose of renovating, equipping, and technically, logistically and informationally restructuring the medical institutions; development of the concept for hospital sector modernization; launch into operation of the hospital from Vorniceni”.<sup>97</sup>
- “Starting the construction of two regional hospitals which would serve people from the northern and southern part of the country.”<sup>98</sup>
- “Enhancing and extending the 112 service.”<sup>99</sup>
- “We will build two modern regional hospitals – in Balti and Cahul. We will implement a national program for modernizing medical institutions financed from the state budget, including with

the participation of foreign partners for the purpose of renovating and endowing, especially, the district medical institutions.”<sup>100</sup>

- “Large-scale technical modernization of medical institutions.”<sup>101</sup>
- “All medical institutions from all the localities of the country will be connected to water, sewerage and heating supply systems within a period of 4 years.”<sup>102</sup>
- “To improve the technical condition of medical institutions, a state program will be launched for “technical modernization in health area” with the purpose of renewing and better endowing the medical institutions with modern equipment, carrying out major repairs of buildings.”<sup>103</sup>
- “No hospital will be closed and the number of beds will not be reduced.”<sup>104</sup>
- “We will continue equipping the prehospital emergency service, by procuring additional 200 modern ambulances and, for the first time, an AVIASAN helicopter.”<sup>105</sup>
- “We will start the reform of hospital system by creating a network of modern and well-equipped hospitals, with well-paid specialists.”<sup>106</sup>
- “We will ensure the building of 3 new hospitals: University Hospital in Chisinau, regional hospitals in Balti and Cahul.”<sup>107</sup>
- “We will facilitate private hospitals, located according to the state regulated plan and profile, by allocating land plots and exempting from income tax for a period of 5 years.”<sup>108</sup>

<sup>94</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>95</sup> Party of Action and Solidarity, source: electoral program

<sup>96</sup> Party of Action and Solidarity, source: electoral program

<sup>97</sup> Party of Action and Solidarity, source: electoral program

<sup>98</sup> Party of Action and Solidarity, source: electoral program

<sup>99</sup> Party of Action and Solidarity, source: electoral program

<sup>100</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>101</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>102</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>103</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>104</sup> Democratic Party of Moldova, source: electoral program

<sup>105</sup> Democratic Party of Moldova, source: electoral program

<sup>106</sup> Democratic Party of Moldova, source: electoral program

<sup>107</sup> Democratic Party of Moldova, source: electoral program

<sup>108</sup> Dignity and Truth Platform, source: electoral program

- “We will increase the direct investments in hospitals.”<sup>109</sup>
- “We will increase investments in medical infrastructure.”<sup>110</sup>
- “We will accelerate the modernization of medical institutions on the entire territory of the country, creating adequate work conditions for health personnel and providing higher health services to population.”<sup>111</sup>
- “Modernization and adjustment of healthcare system.”<sup>112</sup>
- “Connection to digital infrastructure and communication system from Romania.”<sup>113</sup>
- “Increasing the capacities of the hospital sector by increasing the efficiency and technologizing hospitals, organizing the service by estimating profiles and number of beds according to population needs.”<sup>114</sup>

**Recommendation:** To fulfill these offers, it is recommended to have a national project/program for modernization of medical institutions; it is recommended to perform a prior feasibility study; modernization of institutions – institutional projects; it is necessary to have a national concept for the area of geriatrics and palliative care; approval of a national concept for digitization of health system; amending legislative acts; building a hospital represents a complex project, which also includes a feasibility study; designing; financing; building; equipping; launching the activity; all components should be well documented and approved according to the legislation in force; for Vorniceni hospital – it is necessary to allocate financial sources for finishing the works; through amending legal acts.

## **New structures in health system**

– offers referred to supervision area, by creating tools for quality control of health services and digitization of the system.

- “Creating the Control Body of the minister.”<sup>115</sup>
- “Integrating all existing healthcare information systems and managing them through the newly-created Health Information Center (HIC).”<sup>116</sup>
- “Increasing the quality of medical services through a modernized system of evaluation and accreditation of healthcare institutions and creating the National Center of Evaluation and Accreditation in Health, sub-governmental agency.”<sup>117</sup>
- “Development and implementation of tools for quality assurance and control of healthcare services provided to population, by enhancing human potential, technical-material basis, endowment with medical devices, lab equipment, medicines, high-performance technologies of medical institutions and for State Public Health Surveillance.”<sup>118</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; budget allocation; creating corresponding infrastructure; digitization: investments in infrastructure and software; corresponding maintenance services.

<sup>109</sup> Dignity and Truth Platform, source: electoral program

<sup>110</sup> Dignity and Truth Platform, source: electoral program

<sup>111</sup> National Unity Party, source: electoral program

<sup>112</sup> National Unity Party, source: electoral program

<sup>113</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>114</sup> Party of Action and Solidary, source: electoral program

<sup>115</sup> Party of Action and Solidary, source: electoral program

<sup>116</sup> Party of Action and Solidary, source: electoral program

<sup>117</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>118</sup> Common Action – Civic Congress Party, source: electoral program



## Specialized high-performance healthcare

– offers referred to the specific area of emergency healthcare – acute myocardial infarction, which represents a determining factor in mortality structure.

- “Creating specialized vascular centers for providing specialized emergency healthcare (acute myocardial infarction).”<sup>119</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation; corresponding infrastructure.**

### • Primary healthcare

– multiple offers for increasing access to primary healthcare in rural localities, improving the quality of primary healthcare and developing this infrastructure.

- “Reducing social inequalities by enhancing the capacities of primary healthcare and partnerships with local communities.”<sup>120</sup>
- “Modernizing specialized outpatient services, integrated health centers for treating patients as close as possible.”<sup>121</sup>
- “To improve the organization of primary healthcare provision, to increase primary healthcare availability and quality, including for the residents from rural area, we will ensure the organization of a network of feldshers’ and obstetrical points and health centers in rural area, depending on population, dimension and distance from other medical organizations.”<sup>122</sup>
- “Every village/commune will have a health center and a pharmacy, for which special budgetary funds will be allocated for building the premises, for personnel and technical support.”<sup>123</sup>

- “To improve the working conditions in villages, we will repair or rebuild 300 family doctors’ offices.”<sup>124</sup>
- “Enhancing the role of primary healthcare in the health system mainly focusing on promoting healthy lifestyle, disease early identification, supervision of persons in outpatient conditions, community care and development of medical rehabilitation services.”<sup>125</sup>
- “Supporting the efforts of local governments in developing and enhancing the infrastructure of primary healthcare in rural localities.”<sup>126</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in certain legislative acts; allocation of budget; corresponding infrastructure.**

## Palliative and rehabilitation care

– offers referred to an important area, ensuring life quality for sick people in terminal phases, ensuring a dignified death.

- “We will establish in Moldova a system of high quality palliative care, for the terminal sick persons to be able to live as comfortably as possible, and without pain.”<sup>127</sup>
- “We will open more departments for elderly people in hospitals, including sections for providing care to elderly people, for the chronic diseases to be treated not only in Chisinau, but also in districts.”<sup>128</sup>
- “We will develop and implement a rehabilitation system for patients with chronic diseases, as well as for patients who suffered complicated surgeries.”<sup>129</sup>

<sup>119</sup> Party of Action and Solidarity, source: electoral program

<sup>120</sup> Party of Law and Justice, source: electoral program

<sup>121</sup> Party of Regions of Moldova, source: electoral program

<sup>122</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>123</sup> Democratic Party of Moldova, source: electoral program

<sup>124</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>125</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>126</sup> Party of Regions of Moldova, source: electoral program

<sup>127</sup> Party of Action and Solidarity, source: printed materials

<sup>128</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>129</sup> Electoral Bloc of Communists and Socialists, source: electoral program

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; allocation of budget; corresponding infrastructure.

### Health emergencies

– offers referred, especially, to the response to the current pandemic, but also certain visions for preventing epidemiological risks.

- “Taking into account the experience of combating the COVID-19 pandemic, the working system in case of health emergencies will be improved, and measures will be developed to improve preparedness for such situations (creating the reserve of medicines, equipment, etc.) and to prevent the emergence of such situations (detailed monitoring and evaluation of epidemiological risks).”<sup>130</sup>
- “Reconfiguring the hospital system to cope with both challenges – COVID pandemic and efficient treatment of non-Covid cases.”<sup>131</sup>
- “10% of beds of a hospital should be envisaged for intensive therapy and be endowed with corresponding equipment and ensured with medical personnel with qualifications needed for intensive therapy.”<sup>132</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; allocation of budget; corresponding infrastructure.

### Access to medicines

– offers focused mainly on infrastructure of state pharmacies and access to medicines in rural localities.

- “A state pharmacy will be opened in every district.”<sup>133</sup>
- “A medicines’ vending machine in every village.”<sup>134</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative; budget allocation; corresponding infrastructure.

### Healthcare provision in schools

– offers tackled children’s health during their institutionalization in schools and kindergartens.

- “We will ensure adequate conditions for hygiene and health of children and pupils by building and repairing sanitary blocks and modern canteens in all schools and kindergartens.”<sup>135</sup>
- “Enhancing prevention programs through rehabilitation of medical offices in every school.”<sup>136</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in certain legislative acts; budget allocation; corresponding infrastructure.

### Public infrastructure

– offers focused on national projects of public infrastructure with major impact on health.

- “Implementing a National Program for building public infrastructure, focused on 3 main elements – network of roads, water and sewerage supply, solid waste management infrastructure. Financing the projects envisaged in this Program by attracting the necessary means from the international financial institutions and from foreign financial markets.”<sup>137</sup>

<sup>130</sup> Party of Change, source: electoral program

<sup>131</sup> Party of Change, source: electoral program

<sup>132</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>133</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>134</sup> Party of Action and Solidarity, source: printed materials

<sup>135</sup> Party of Law and Justice, source: electoral program

<sup>136</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>137</sup> Alliance for the Union of Romanians, source: electoral program

- “Supporting local authorities through a National Investments Program – NIP – 100 million euro annually, to provide financial support for modernizing roads, building water and sewerage networks, and rehabilitating educational buildings, and other”<sup>138</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in certain legislative acts.**

- **Water and sewerage systems**

- offers referred to supply of qualitative water and ecology of waste waters, elements with major impact on health.

- “We will develop the water supply and sewerage infrastructure and the infrastructure necessary for waste water treatment.”<sup>139</sup>
- “We will solve the problem of water quality in Republic of Moldova’s localities. The water problem is one of the biggest challenges for the Republic of Moldova.”<sup>140</sup>
- “Developing centralized water supply (bringing the level of centralized water supply level at 100%).”<sup>141</sup>
- “We will build or rehabilitate 3.000 km of centralized water and sewerage supply networks. We will connect the districts from the central part to Chisinau aqueduct and the districts from the northern part to Balti-Soroca aqueduct.”<sup>142</sup>
- “Assurance of qualitative drinking water in localities will increase from 50.7% to 70% in 2025, and a public sewerage system will be gradually introduced in rural localities.”<sup>143</sup>

- “We will implement the program “Good water for everyone” – national program for connecting 100 000 persons annually to water and sewerage.”<sup>144</sup>
- “Ensuring all localities with aqueducts and sewerage.”<sup>145</sup>
- “Developing water and sewerage infrastructure, including extension of treatment plants.”<sup>146</sup>
- “Developing and implementing an efficient water management system.”<sup>147</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in certain legislative acts; budget allocation; corresponding infrastructure.**

- **Good roads**

- offers for improving road infrastructure, with element of major impact on health.

- “Only in 4 years, no village in the Republic of Moldova will have muddy roads, through integral repairing of roads in white version, asphalt version or concrete version.”<sup>148</sup>
- “Building a network of modern roads.”<sup>149</sup>
- “Over a period of two years, we will build the infrastructure in the country as it is in Orhei.”<sup>150</sup>
- “We will rehabilitate and repair all the national roads which are in poor and very bad condition - 2.800 km. We will rehabilitate and repair 3.000 km of rural streets and roads.”<sup>151</sup>
- “In 4 years, we will restore and repair 3600 km of local streets and roads, hence ensuring qualitative road communication between districts and rural settlements, the

<sup>138</sup> Party of Change, source: electoral program

<sup>139</sup> “We Build Europe at Home” Party, source: electoral program

<sup>140</sup> Common Action – Civic Congress Party, source: electoral program

<sup>141</sup> Party of Actions and Solidarity, source: electoral program

<sup>142</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>143</sup> Democratic Party of Moldova, source: electoral program

<sup>144</sup> Dignity and Truth Platform, source: electoral program

<sup>145</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>146</sup> Ecologist Green Party, source: electoral program

<sup>147</sup> “We Build Europe at Home” Party, source: electoral program

<sup>148</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>149</sup> “Șor” Party, source: electoral program

<sup>150</sup> Party of Action and Solidarity, source: printed materials

<sup>151</sup> Electoral Bloc of Communists and Socialists, source: electoral program

link among villages and access to villages from the main arteries.”<sup>152</sup>

- “We will ensure 1 km of repaired road in every village, every year.”<sup>153</sup>
- “Tripling allocations for local roads.”<sup>154</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in certain legislative acts; budget allocation; corresponding infrastructure.**

### Waste processing

– offers for managing waste and harmful components, elements with major impact on health.

- “Building three big regional plants for waste recycling.”<sup>155</sup>
- “We will invest in infrastructure for collecting, sorting and utilizing waste, including through acceleration of available European funds’ absorption and attracting necessary additional funds for improving the system of waste management in the Republic of Moldova.”<sup>156</sup>
- “We will invest in waste water management infrastructure by building treatment stations and extending sewerage networks in cities with over 10 thousand inhabitants, by attracting foreign funds.”<sup>157</sup>
- “We will create the Waste Management Agency: an integrated system for waste management, ensuring in parallel the liquidation of all unauthorized landfills at the country level.”<sup>158</sup>
- “Developing waste management infrastructure by implementing projects financed from national funds and foreign assistance funds, already ratified by the

Republic of Moldova.”<sup>159</sup>

- “Creating a national system of sustainable management of waste and harmful substances.”<sup>160</sup>
- “Solving the problem of wastes – we commit ourselves to create by 2030 a viable infrastructure of waste management in the entire country by developing regional services.”<sup>161</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in certain legislative acts; budget allocation; corresponding infrastructure.**

### Other ecological aspects

– offers with direct impact on health.

- “Strengthening the capacities of animal health assurance system, by enhancing the sector of sanitary-veterinary services in the country.”<sup>162</sup>
- “Building monitoring capacities for air, water and soil quality through technical endowment of laboratories of reference.”<sup>163</sup>

**Recommendation: To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation; corresponding infrastructure.**

<sup>152</sup> Democratic Party of Moldova, source: electoral program

<sup>153</sup> Dignity and Truth Platform, source: electoral program

<sup>154</sup> Electoral Bloc “Renato Usatîi”, source: electoral program

<sup>155</sup> Party of Action and Solidarity, source: electoral program

<sup>156</sup> Party of Action and Solidarity, source: electoral program

<sup>157</sup> Democratic Party of Moldova, source: electoral program

<sup>158</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>159</sup> Ecologist Green Party, source: electoral program

<sup>160</sup> Party of Change, source: electoral program

<sup>161</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>162</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>163</sup> Common Action – Civic Congress Party, source: electoral program

## C. Category of offers – policies

This category includes the offers for the fulfillment of which, it is necessary to develop and implement new policies, with budgetary support and corresponding infrastructure. The category of policies mainly refers to promoting and preserving health, through different offers of national programs. Other elements from policy dimension refer to local pharmaceutical industry, children's health through financial and/or material support, disease early identification, health system management and health insurance. The topics of rare diseases and abortion control are also mentioned.

### Health promotion

– offers with proposals for supporting health maintenance process.

- “Switching to ecological transport (cycling), especially for persons living in urban localities.”<sup>164</sup>
- “Supporting and implementing outreach programs about healthy lifestyle.”<sup>165</sup>
- “It is planned to develop and implement an action plan for 4 years, with the purpose of promoting healthy lifestyle, reducing risk factors for disease development, including promotion of healthy lifestyle, sport, using social advertising, among others.”<sup>166</sup>
- “Healthy Life” – national program for promoting healthy lifestyle (healthy food, active lifestyle, combatting smoking, use of alcohol and drugs).<sup>167</sup>
- “Promoting harmless healthy products’ consumption, ensuring more rigorous control over imported agro-food products, by developing labs at the regional level, which would be accredited for control over

- agro-food products.”<sup>168</sup>
- “Health programs.”<sup>169</sup>
- “Increasing the awareness level about the need to observe a healthy lifestyle at all life stages, reducing communicable and non-communicable disease burden, enhancing integrated control of risk factors for population health.”<sup>170</sup>

**Recommendation:** To fulfill these offers, it is necessary to invest in urban infrastructure for cycling; new policies for health promotion; new policies for food safety – to draft and to approve; the Action Plan may be included in the National Public Health Strategy for 2021-2031; inter-sector policies; creation of corresponding infrastructure.

### Local pharmaceutical industry

– offers with proposals to amend the state policy in relation to this industrial branch.

- “Establishing policies to support local producers for the purpose of ensuring pharmaceutical security.”<sup>171</sup>

**Recommendation:** To fulfill these offers, it is recommended to have a National Program for development of local pharmaceutical industry, which would cover a number of aspects for the purpose of supporting this area.

### Child health and wellbeing

– offers with direct financial impact on children's wellbeing and the quality of their life.

- “We will increase up to 10.000 MDL the allowance for child birth and we will increase by 50% the fiscal exemption for children.”<sup>172</sup>

<sup>164</sup> Electoral Bloc “Renato Usatîi”, source: electoral program

<sup>165</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>166</sup> Democratic Party of Moldova, source: electoral program

<sup>167</sup> Democratic Party of Moldova, source: electoral program

<sup>168</sup> Dignity and Truth Platform, source: electoral program

<sup>169</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>170</sup> Party of Action and Solidarity, source: electoral program

<sup>171</sup> Party of Action and Solidarity, source: printed materials

<sup>172</sup> Electoral Bloc of Communists and Socialists, source: electoral program



- “A food assistance program will be implemented for families with many children and low incomes, which will improve significantly children’s feeding and, at the same time, will partially compensate the cost of food products for these families.”<sup>173</sup>
- “Every child from our country will receive additionally 200 MDL on monthly basis, since birth until the age of 18 years old.”<sup>174</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation.

### Disease early identification

– offers focused on preserving health.

- “We will strengthen public health prevention system, by finishing the initiated reform. We will support disease prophylaxis programs and healthy lifestyle promotion programs:
  - “A checkup for you” – annual free-of-charge prophylactic checkup, covering a set of investigations (general blood test, lung radiography, electrocardiogram, mammography, dental checkup, ophthalmological checkup).”<sup>175</sup>
- “I take care of myself” – national screening program (cervical cancer, breast cancer, colon cancer, and diabetes).”<sup>176</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation; institutional capacity of the NPHA.

### System governance

– offer related to health system management.

- “Making more efficient health system governance, at the central and local levels,

by developing and implementing policies based on the “no one to be left without access to healthcare” approach.”<sup>177</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation; corresponding infrastructure.

### Health insurance

– offers referring to the change of paradigm and establishment of new policies in the area of health insurance.

- “We support supplementary health insurances and the extension of the role played by private funds, able to co-finance qualitative and sustainable medical services.”<sup>178</sup>
- “We support the right of any person to choose the type of most appropriate health insurance, maintaining the function of state regulation, alongside the function of financing and providing the insurance services, monitoring and interventions in exceptional situations.”<sup>179</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in legislative acts; budget allocation.

### Rare diseases

– one single electoral offer tackled the important area of rare diseases.

- “Implementation of “Seven lives” Program, according to which the patients suffering from rare diseases and diseases with very expensive treatment would receive essential medicines in the detriment of the republican budget.”<sup>180</sup>

<sup>173</sup> Democratic Party of Moldova, source: electoral program

<sup>174</sup> Democratic Party of Moldova, source: electoral program

<sup>175</sup> Democratic Party of Moldova, source: electoral program

<sup>176</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>177</sup> Dignity and Truth Platform, source: electoral program

<sup>178</sup> Dignity and Truth Platform, source: electoral program

<sup>179</sup> Party of Regions of Moldova, source: electoral program

<sup>180</sup> Party of Regions of Moldova, source: electoral program

**Recommendation:** To fulfill these offers, it is recommended to approve the National Plan for Rare Diseases; budget allocation; corresponding infrastructure.

### Abortion control

– an offer with the purpose of maintaining women’s health, by reducing the number of abortions.

- “We will launch an active educational activity to reduce the number of abortions.”<sup>181</sup>

**Recommendation:** To fulfill these offers, it is recommended to approve some new policies.

## D. Category of offers – new strategies

This category includes offers with proposals of new visions or new strategies.

In relation to strategies, the majority of electoral offers come up with proposals for drafting general strategies covering the vision for health protection. Electoral offers provide a central role to the proposal for approving the National Public Health Strategy for 2021-2031, as well as the proposal to approve a new edition of the Law on Health. Sports infrastructure, with impact on health, as well as fostering local pharmaceutical industry are also mentioned.

### General strategies

– offers related to state’s general vision on health.

- “Placing population health in state’s priorities.”<sup>182</sup>
- “Reviewing state’s approach to health protection and inclusion.”<sup>183</sup>
- “Restoring the health system for accessible healthcare in all the localities of the country.”<sup>184</sup>
- “We will increase the budgetary allocations to the health system up to 9% of the public budget.”<sup>185</sup>
- “The expenditures for healthcare will get doubled during 2021-2025.”<sup>186</sup>
- “Increasing health system potential for prevention, intervention and response to public health emergencies.”<sup>187</sup>

**Recommendation:** To fulfill these offers, it is recommended to approve the National Public Health Strategy for 2021-2031.

### Law on Health and Health Strategy for 2021-2031

– offers related to organic laws in health area.

- “We will ensure the adjustment of the legislative framework by modernizing the Law on Health.”<sup>188</sup>
- “Developing the new Law on Health in strict compliance with the European norms.”<sup>189</sup>
- “Finalizing and approving the National Health Strategy for 2021-2031.”<sup>190</sup>
- “Drafting and implementing the normative framework related to development of the rehabilitation service in the Republic of Moldova.”<sup>191</sup>

**Recommendation:** To fulfill these offers, it is recommended to approve the National Public Health Strategy for 2021-2031; approval of the Law on Health in new edition.

<sup>181</sup> “We Build Europe at Home” Party, source: printed materials

<sup>182</sup> Common Action – Civic Congress Party, source: electoral program

<sup>183</sup> Common Action – Civic Congress Party, source: electoral program

<sup>184</sup> Dignity and Truth Platform, source: electoral program

<sup>185</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>186</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>187</sup> “We Build Europe at Home” Party, source: electoral program

<sup>188</sup> Party of Law and Justice, source: electoral program

<sup>189</sup> Party of Action and Solidarity, source: electoral program

<sup>190</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>191</sup> Democratic Party of Moldova, source: electoral program

## Health Promotion

– offers with proposals for sports infrastructure, an element with major direct impact on health.

- “We envisage developing sports infrastructure at the rural level. Sports infrastructure – in every village.”<sup>192</sup>
- “A sporting nation – a prosperous nation” – a national program for attracting public and private investments in the development of sports infrastructure.”<sup>193</sup>

**Recommendation:** To fulfill these offers, it is recommended to approve the National Public Health Strategy for 2021-2031.

## Local pharmaceutical industry

– offers to support and foster this branch.

- “Fostering local pharmaceutical industry, enlarging the range of production of medicines, phyto-therapeutic preparations; creating mixed enterprises focused on export.”<sup>194</sup>

**Recommendation:** To fulfill these offers, it is recommended to approve a National Program for supporting local pharmaceutical industry.

## E. Category of offers – technologies

This category includes offers which envisage digitalization of health system, implementation of new technologies and use of artificial intelligence in medical services. Telemedicine has a priority place in the electoral commitments made during the 2021 campaign.

## Telemedicine and information systems

– offers suggesting the use of information technologies, integral digitalization of the health system.

- “We will implement telemedicine.”<sup>195</sup>
- “Implementation of high-tech technology at affordable prices in healthcare, increasing its availability.”<sup>196</sup>
- “Development of modern digital technologies, which would allow increasing access of population to medical services of high specialization, rational use of medicines, remote diagnosis services.”<sup>197</sup>
- “We will foster the use of innovations in healthcare, and will test telemedicine solutions according to the French model.”<sup>198</sup>
- “We will implement modern information systems in healthcare, which would allow introducing electronic passports, interaction among medical institutions, between the medical institution and the patient in real time and providing medical consultations remotely, etc.”<sup>199</sup>
- “Digitalization of health services through the system of patients’ electronic monitoring, integration of services provided systemically and patient’s permanent situation.”<sup>200</sup>
- “Intensification of digitalization of processes in health protection system, which would ensure a qualitatively new level in processing information and ensuring the flow of medical information in electronic format among the different structures of the health system, being interrelated.”<sup>201</sup>
- “We will fight against the presence of counterfeit and false medicines on the market, we will develop interactive services of constant availability, with the help of

<sup>192</sup> Democratic Party of Moldova, source: electoral program

<sup>193</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>194</sup> “We Build Europe at Home” Party, source: electoral program

<sup>195</sup> Common Action – Civic Congress Party, source: electoral program

<sup>196</sup> Common Action – Civic Congress Party, source: electoral program

<sup>197</sup> Party of Action and Solidarity, source: printed materials

<sup>198</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>199</sup> Dignity and Truth Platform: electoral program

<sup>200</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>201</sup> Party of Regions of Moldova, source: electoral program

which the consumer may inform rapidly about the use of false or counterfeit medicines.”<sup>202</sup>

- “Modernization of medical services by applying telemedicine technologies.”<sup>203</sup>

**Recommendation:** To fulfill these offers, it is recommended to include amendments in legislative acts; changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure.

## F. Category of offers – human resources

This category includes offers related to staffing the health sector with health workers and solutions for solving the respective problem by educating health workers, motivating them to remain in the system, elements of protection against malpractice.

Maintaining health workers in the system implies in the majority of electoral offers, wherever being mentioned, increase of salaries and improvement of work conditions, but also other facilities. Education of health workers and continuous training represent a priority in this category. As well, de-politicization of health system is mentioned as an electoral commitment.

### Staffing with health workers

– referred, on priority basis, to staffing the health system with health workers by segments: primary healthcare and hospital healthcare.

- “A doctor in your village according to the European standards.”<sup>204</sup>

- “Ensuring the health system with motivated and professional labor force.”<sup>205</sup>
- “We will assure the medical institutions with sufficient and competent health workers by increasing salaries, improving working conditions and providing qualitative continuous training. We will increase the allowance for young specialists, including by compensating the expenditures for dwelling and transport.”<sup>206</sup>
- “Complete staffing of medical institutions with qualified personnel.”<sup>207</sup>
- “We will ensure the localities with a population over 300 persons with a family doctor and nurse, and those with fewer than 300 persons with a nurse (feldsher).”<sup>208</sup>
- “We will ensure at least one doctor in every village of the Republic of Moldova, by finalizing the reform in primary healthcare and fostering free practice of family doctor. There will be no village without a doctor in our country.”<sup>209</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend legislative acts; new staffing policies; budgetary support.

### Salary and other motivation

– offers referred to motivating health workers to stay in the health system.

- “Increasing the prestige of doctors, including by increasing the minimum salary in healthcare to be 3 times higher than the average salary per economy.”<sup>210</sup>
- “Increasing doctors’ salaries up to the level of judges’ salary in Moldova.”<sup>211</sup>
- “Increasing the salaries of doctors and pharmacists, health workers with secondary medical and pharmaceutical education, and

<sup>202</sup> “New Historical Option” Party, source: electoral program

<sup>203</sup> “We Build Europe at Home” Party, source: printed materials

<sup>204</sup> Common Action – Civic Congress Party, source: electoral program

<sup>205</sup> Party of Action and Solidarity, source: printed materials

<sup>206</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>207</sup> Party of Regions of Moldova, source: electoral program

<sup>208</sup> Democratic Party of Moldova, source: electoral program

<sup>209</sup> “We Build Europe at Home” Party, source: electoral program

<sup>210</sup> Electoral Bloc “Renato Usatii”, source: electoral program

<sup>211</sup> Party of Action and Solidarity, source: electoral program

- of other workers in the area, for salaries to really become attractive and fair.”<sup>212</sup>
- “Developing urgent policies for motivating and maintaining health workers by providing social benefits to health workers, facilities for rural or deprived areas, and for certain specialties.”<sup>213</sup>
  - “Salaries in the public health system will be increased by 40%. Salaries of secondary and auxiliary medical personnel will increase proportionally to doctors’ salary increase.”<sup>214</sup>
  - “The system of facilities for young specialists with medical and pharmaceutical education, employed in rural areas, will be enhanced: the value of the single allowance will be indexed annually and a partial compensation will be approved for the cost of building or procuring the dwelling.”<sup>215</sup>
  - “The family doctor will get a salary of at least 35 000 MDL.”<sup>216</sup>
  - “Attractive mechanisms for motivating health personnel working in the health system by creating sustainable and efficient conditions for including qualified specialists in all the medical institutions of the country (individual transportation for getting to rural regions, circular employment).”<sup>217</sup>
  - “Introduction through new regulations of facilities expected by health workers (reducing the retirement age, transport facilities, pensions according to undertaken efforts, etc.).”<sup>218</sup>
  - “Unifying the payroll and social assistance system: minimum salary per economy – 10 thousand MDL; single monthly allowance for children – 1.5 thousand MDL; minimum

pension – 4 thousand MDL.”<sup>219</sup>

- “Making more efficient the management of human resources in health sector using efficient methods for motivating personnel: salary motivation, ensuring on-job security, ensuring with dwelling through state programs, like „First house „, early qualitative and safe education services for families with small children, etc.”<sup>220</sup>

**Recommendation: To fulfill these offers, it is recommended to amend legislative acts; new staffing policies; budgetary support.**

## Education

– offers providing for changes in the strategy for training human resources in health, continuous education, and some elements for motivating the young graduates. Reestablishing the area of Pediatrics is mentioned as one of the priorities.

- “Reestablishing the profession of Pediatrician.”<sup>221</sup>
- “Increasing accessibility to qualitative continuous medical education, including outside the country.”
- Admission of rural students to medical education institutions shall be free of charge, with free-of-charge places in dormitories, under the condition of concluding contracts which will oblige them to work for 5 years after graduation, according to the distribution made by the line ministry, depending on the needs of medical institutions located, mainly, in rural areas.”<sup>222</sup>
- “The State will subsidize the interest rates

<sup>212</sup> Party of Action and Solidarity, source: electoral program

<sup>213</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>214</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>215</sup> Democratic Party of Moldova, source: electoral program

<sup>216</sup> Dignity and Truth Platform: electoral program

<sup>217</sup> Dignity and Truth Platform: electoral program

<sup>218</sup> National Unity Party, source: electoral program

<sup>219</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>220</sup> Common Action – Civic Congress Party, source: electoral program

<sup>221</sup> Electoral Bloc of Communists and Socialists, source: electoral program

<sup>222</sup> Electoral Bloc of Communists and Socialists, source: electoral program



for bank loans taken to pay for getting medical education, under the condition that after graduation, the specialist will work in Moldova for 10 years.”<sup>223</sup>

- “Updating and adjusting the offer and demand for training scientific and research workers, health workers and medical personnel, depending on the needs and development trends of the health protection sector, ensuring financial opportunities for these measures.”<sup>224</sup>
- “Improving the mechanisms for recruitment, continuous education, maintaining and developing human resources in health system.”<sup>225</sup>
- “Reviewing by the Medical and Pharmacy University of the strategy for training university specialists, in line with the needs/demands of the medical system.”<sup>226</sup>

**Recommendation:** To fulfill these offers, it is recommended to amend legislative acts; new staffing policies; budgetary support.

workers, but also the patients with safe conditions, certainty and defense of their essential rights (regulating malpractice situations).”<sup>229</sup>

**Recommendation:** To fulfill these offers, it is recommended to have the Law on Doctor’s and Patient’s Rights; standardized institutional procedures; amendments to legislative acts; new staffing policies; budgetary support.

### **Insurance and protection against malpractice**

– offers related to legal tools to protect the personnel and to insure them in malpractice situations. Health system de-politicizing is mentioned as one of the priorities.

- “Making harsher the punishments for provoking health damages and death due to negligence and bad faith of doctors.”<sup>227</sup>
- “Urgent de-politicizing of the health system and stopping the process of appointing the heads of medical agencies and institutions based on political criteria.”<sup>228</sup>
- “Regulating the relations between doctors and patients, protecting both sides against crisis situations and unforeseen circumstances, ensuring the medical

<sup>223</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>224</sup> Party for the Development and Consolidation of Moldova, source: electoral program

<sup>225</sup> Party of Change, source: electoral program

<sup>226</sup> Electoral Bloc “Renato Usatîi”, source: electoral program

<sup>227</sup> Party of Action and Solidarity, source: electoral program

<sup>228</sup> Dignity and Truth Platform: electoral program

<sup>229</sup> <http://sanatateinfo.md/News/Item/10525>

# 3. Analysis of electoral programs in relation to the strategic priorities of health sector development in the Republic of Moldova (National Health Policy, other strategic documents)

All the electoral programs were analyzed from the perspective of the main strategic documents for health system development. This chapter will analyze to what extent the political parties' electoral commitments were formulated in line with the national strategic directions in the health area and their shares depending on each separate direction.

The political leaders' opinions will be presented in relation to the processes in the health area, as well as the identification of common priorities within assessed electoral offers will be tackled.

## 3.1 Comparative analysis of electoral priorities in health area and the main strategic documents for health system development

All the electoral offers, included in the analysis, were distributed by priority areas of intervention, mentioned in the National Public Health Strategy for 2014-2020, and namely:

- Health protection
- Health surveillance
- Staffing health area with competent and sufficient human resources
- Disease prevention, including disease early identification
- Health promotion
- Health emergencies
- Scientific research in health

Distribution of electoral programs by electoral competitors and priority areas is provided in Table 1.

From quantitative point of view, the biggest number of electoral offers for health area was registered by the Party of Action and Solidarity (47 offers), followed by the Party for the Development and Consolidation of Moldova (34 offers), Electoral Bloc of Communists and Socialists (25 offers), Democratic Party of Moldova (19 offers), Party of Regions of Moldova (18 offers). Based on all analyzed programs, seven political parties had fewer than 5 electoral offers in the area of health.

A number of 133 offers out of the total number of offers or over 50% referred to the priority area of Health Protection. The most of electoral commitments in this area were made by the Party of Action and Solidarity (30 offers) and the Party for the Development and Consolidation of Moldova (17 offers), meaning about 35% of the total number of offers in the area of Health Protection.

Table 1

|  | Health protection | Health surveillance | Staffing health area with competent and sufficient human resources | Disease prevention, including disease early identification | Health promotion | Health emergencies | Scientific research in health |
|--|-------------------|---------------------|--|--|------------------|--------------------|-------------------------------|
| Alliance for the Union of Romanians                    | 1                 |                     |  |  |                  |                    |                               |
| Electoral Bloc "Renato Usatii"                         | 8                 | 1                   | 3  | 1  | 1                |                    |                               |
| Electoral Bloc of Communists and Socialists            | 11                | 1                   | 5  | 6  | 1                | 1                  |                               |
| "We Build Europe at Home" Party                        | 9                 | 2                   | 1  | 1  |                  |                    |                               |
| "New Historical Option" Party                          |                   | 1                   |  |  |                  |                    |                               |
| People's Power Party                                   | 2                 |                     |  |  |                  |                    |                               |
| "Șor" Party  | 4                 |                     |  |  |                  |                    |                               |
| Party of Action and Solidarity                         | 30                | 9                   | 5  | 1  |                  | 2                  |                               |
| Common Action – Civic Congress Party                   | 7                 | 2                   | 2  |  | 1                |                    |                               |
| Democratic Party of Moldova                            | 12                |                     | 2  | 2  | 3                |                    |                               |
| Party for the Development and Consolidation of Moldova | 17                | 11                  | 3  |  | 1                | 1                  | 1                             |
| Party of Law and Justice                               | 1                 | 2                   |  | 1  |                  |                    |                               |
| Party of Regions of Moldova                            | 11                | 5                   | 1  |  | 1                |                    |                               |
| Party of Change  | 3                 | 1                   | 1  |  |                  | 2                  |                               |
| National Unity Party                                   | 2                 |                     | 1  |  |                  |                    |                               |
| Ecologist Green Party                                  | 4                 |                     |  |  |                  |                    |                               |
| Dignity and Truth Platform                             | 11                | 2                   | 3  |  |                  |                    |                               |
| <b>Total</b>   | <b>133</b>        | <b>37</b>           | <b>27</b>  | <b>12</b>  | <b>9</b>         | <b>6</b>           | <b>1</b>                      |

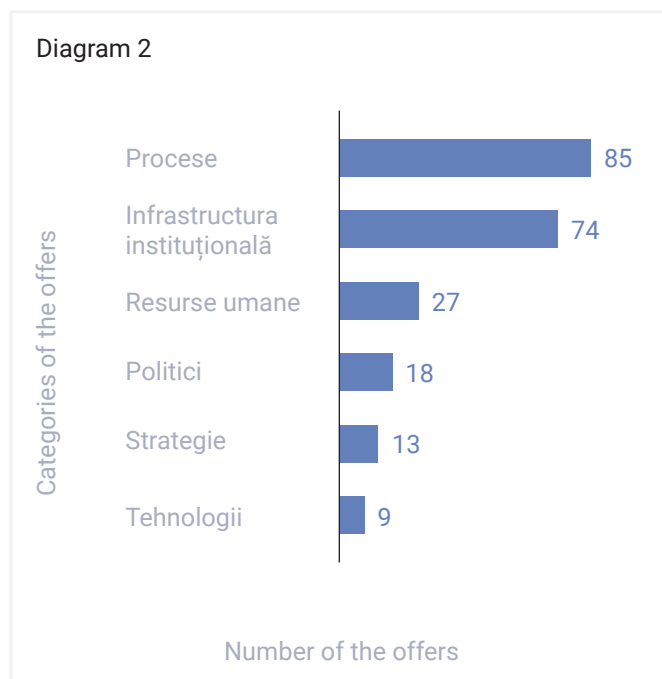
The candidates' teams of these two parties included ex-ministers of health, meaning persons with in-depth knowledge of health system problems.

The least covered area by the electoral programs was that of Scientific Research in Health, which was mentioned by one single electoral offer (Party for the Development and Consolidation of Moldova), followed by Health Emergencies and Health Promotion, which were tackled in six and respectively nine electoral offers.

The electoral offers were distributed quantitatively also by applied criteria, the so-called categories mentioned in the previous chapter (Table 2).

The majority of offers refer, from practical point of view, to amending processes (85 offers) and changing the institutional infrastructure of the health system (73 offers). The least tackled areas by the health electoral commitments refer to technologies (9 offers), strategies (13 offers) and policies (18 offers). (Diagram 2).

The analysis of electoral programs from the strategic areas' perspective and that of applied criteria reveals that all the political actors from the campaign includes in the



respective study focused mainly on electoral commitments related to health protection, health emergencies being tackled less (second-to-last place in the ranking by number of offers).

The distribution of electoral offers by priority areas is provided in the below diagrams, according to the number of offers corresponding to the analyzed political parties.

These diagrams mirror the strategic direction tackled by the electoral offers, and namely,

Table 2

|                              | Health protection | Population health surveillance | Staffing the public health area with competent and sufficient human resources | Disease prevention, including disease early identification | Health promotion | Public health emergencies | Scientific research in public health | Total |
|------------------------------|-------------------|--------------------------------|---|--|------------------|---------------------------|--------------------------------------|-------|
| Processes                    | 52                | 18                             | 2   | 9  | 1                | 2                         | 1                                    | 85    |
| Institutional infrastructure | 62                | 7                              |   |  |                  | 3                         |                                      | 73    |
| Policies                     | 9                 | 1                              |   | 1  | 6                |                           |                                      | 18    |
| Strategies                   | 5                 | 5                              |   | 2  | 2                | 1                         |                                      | 13    |
| Technologies                 | 4                 | 5                              |   |  |                  |                           |                                      | 9     |
| Human resources              |                   | 1                              | 25  |  |                  |                           |                                      | 27    |
| Total                        | 133               | 37                             | 27  | 12   | 9                | 6                         | 1                                    | 225   |

Diagram 3. Priority area – Health protection



Diagram 4. Priority area – Health surveillance:

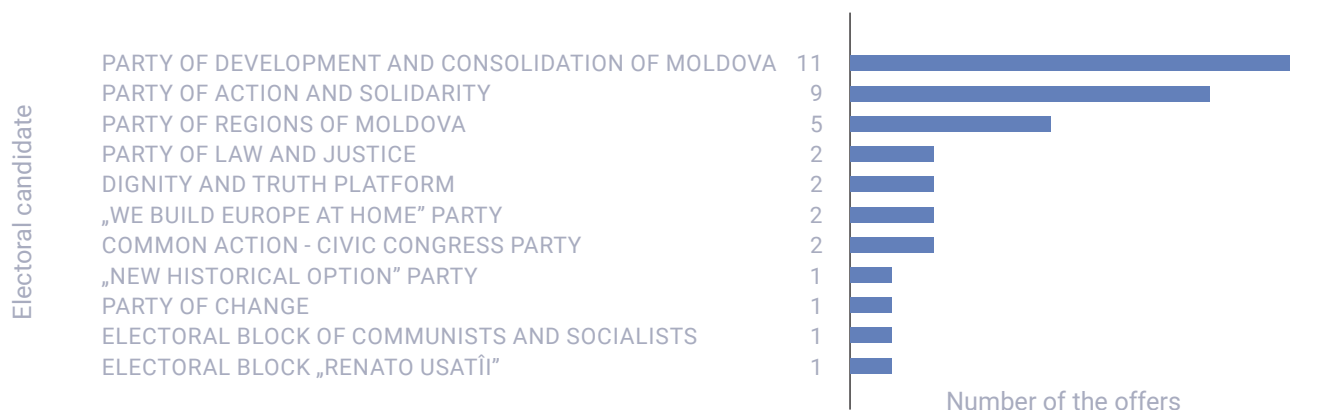


Diagram 5. Priority area – Staffing the area of health with competent and sufficient human resources





Diagram 6. Priority area – Disease prevention



Diagram 7. Priority area – Health promotion



Diagram 8. Priority area – Health emergencies



towards increasing access to health services by amending processes and developing infrastructure. Health promotion and disease prevention got a lower level in the electoral offers.

The priority area of Health Emergencies was tackled only by 6 offers, in spite of the fact that elections were organized during the pandemic period. (Diagram 8)

The priority area of Scientific Research in Health was tackled only by one electoral offer.

### 3.2 Political leaders’ opinion regarding the health system development

The 2021 electoral campaign was preceded by a longer-than-one-year period of polemics and discussions about health, especially about the way in which the health system responded to COVID-19 pandemic. Hence, several expert voices became visible in the public space, and many of them got afterwards involved in the electoral campaign.

The specialized portal in health information - [sanatate.info](http://sanatate.info) – mentioned in one of its article that this electoral campaign registered a “record number of doctors on electoral lists”. “During this election, as never before, dozens of doctors, nurses, pharmacists or dentists got registered on the lists of the parties willing to accede to the Parliament – all in all, 79 persons from the medical area – 61 doctors, 11 nurses, and 7 pharmacists. “We Build Europe at Home” Party had 4 doctors and 1 nurse on its list; Common Action – Civic Congress Party – 1 doctor and 1 nurse, Electoral Bloc “Renato Usatii” – 2 doctors, 1 dentist and 1 pharmacist, “Şor” Party had on the list an ex-minister of health in Filip’s Government, Party Action and Solidarity – 2 doctors, Electoral Bloc of Communists and Socialists had no health worker on its list; Democratic Party of Moldova – 2 doctors, Dignity and Truth Platform – 3 doctors, 1 dentist and 1 nurse; National Unity Party – 1 doctor, 1 dentist and 2 pharmacists, Party for the Development and Consolidation of Moldova had on its list 28 doctors, 1 pharmacist, 2 heads of divisions from the Ministry of Health and 1 consultant from the Ministry of Health; Alliance for the Union of Romanians – 4 doctors and 1 nurse; Ecologist Green Party – 3 doctors and 1 nurse; Party of Law and Justice, People’s Power Party – 2 doctors, Party of Regions of Moldova – 1 pharmacist; Party of Change – 2 doctors and 1 pharmacist.”<sup>230</sup>

The presence of a big number of specialists in the health area, obviously, meant an increased frequency of discussions during the electoral debates, especially, about the electoral offers related to health. The leaders had similar opinions in relation to certain important topics, such as motivation of medical personnel, modernization of infrastructure or improvement of access to quality healthcare.

For instance, Viorela Dumbraveanu, a

candidate on the list of the Party for the Development and Consolidation of Moldova, ex-minister of Ministry of Health, Labor and Social Protection in Chicu’s Government until the 1st of January 2021, the minister who manager the pandemic crisis from the very beginning until her resignation, stated the following: “When the COVID-19 pandemic emerged, the public health system in the Republic of Moldova was in a poor condition. The operation period of those 61 hospitals in the country exceeded 50 years. The prehospital healthcare service had 400 transportation units, out of which 70% were with a wear and tear level over 100%. About 30% of primary healthcare institutions from villages have no water and sewerage supply. Staffing with family doctors is of 4.7 per 10 thousand inhabitants or 2 times lower than in EU. (...) Intangible reserves of medicines, medical devices, protection equipment necessary in exceptional situations or for public health emergencies were missing. We have been facing brain drain of doctors for years, as well as young specialists’ leave abroad.”<sup>231</sup>

Ala Nemerenco, ex-Minister of Health in Sandu’s Government, presidential advisor in health area, current Minister of Health has also come with an evaluation of the health system: “The problem of personnel is rather important and when we talk about suffocation of hospitals, we refer to lack of equipment, medicines and personnel. It is not just the problem of spaces. (...) All our hospitals, especially the ones from districts have very bad infrastructure. (...) Necessary medicines are missing from hospitals. (...) And every person who has suffered from COVID, regardless of the fact if treated in hospital or at home, met only people who have provided him/her care, but, we also have seen very well the drawbacks of the system, the areas where no work has been done. We have to do all the possible so as to reanimate this system.”<sup>232</sup>

<sup>230</sup> [https://www.ipn.md/ro/ex-ministru-al-sanatatii-despre-lectia-dura-legata-de-8004\\_1080804.html](https://www.ipn.md/ro/ex-ministru-al-sanatatii-despre-lectia-dura-legata-de-8004_1080804.html)

<sup>231</sup> [https://www.facebook.com/watch/live/?v=1594670567372318&ref=watch\\_permalink](https://www.facebook.com/watch/live/?v=1594670567372318&ref=watch_permalink)

<sup>232</sup> <https://www.jurnal.md/ro/news/86d84c41e7684aca/dezbateri-electorale-la-jurnal-tv-fostul-guvern-chicu-merita-nota-2-cu-minus-pentru-modul-cum-a-gestionat-pandemia.html>

Mihai Stratulat, doctor, candidate on the list of People's Power Party, also provided an analysis of the health system: "The medical system is a disaster and I mainly refer to the district hospitals – we have hospitals with no doctors, no medical equipment, with no major repair works for years. This makes us undertake a reform at the hospital level and I am referring to regionalization – meaning a reorganization of district hospitals, creation of two regional hospitals and we already have hospitals in Chisinau to serve as republican hospitals."<sup>233</sup>

Ala Nemerenco talked about the need of building regional hospitals: "We need at least 2 modern regional hospitals – in the South and in the North – to solve the problems of people in the country, who have no chances in these district hospitals with old infrastructure. The hospitals should be concentrated by well-defined purposes."<sup>234</sup>

The majority of leaders from the area speak about the importance of primary healthcare system reforms. During the electoral debates, Mihai Stratulat mentioned that "We cannot modernize at once all the hospitals that we have now. We have to enhance the system of urgent healthcare and primary healthcare service". And Viorica Dumbraveanu stated the following: "The reform in the primary healthcare system did not have the expected impact. The employees from healthcare area want not only decent salaries, but also adequate work conditions. A young graduate, having the possibility to get employed in big cities or to leave abroad, will clearly not want to go to a rural locality, which is elementary missing a road, transportation means and medical devices necessary for patients'

investigation."<sup>235</sup>

The politicizing of the health area, but also corruption in the system are criticized to the same extent by all mentioned leaders. "The politics has managed the infection in our country. If they let doctors to manage in the way they know it better, I am sure that the situation would be different today."<sup>236</sup> Not politicians, but doctors should discuss about prevention measures. (Ala Nemerenco)<sup>237</sup> "The subject got politicized, hence we have resistance to vaccination today not only from general population, but also from the medical personnel. (Viorica Dumbraveanu)"<sup>238</sup> Viorica Dumbraveanu also thinks that it is important to ensure non-involvement of the politics in health aspects: "The competence regarding the process of vaccination should be tackled by professionals in the area." (TVR, Electorala 2021, 30 iunie 2021)

The following was mentioned by Ala Nemerenco about corruption: "The health system is a system destroyed by too many diseases. Corruption is one of the most serious. And I am not referring to the unofficial payments to the personnel (which is also a problem), but to big corruption – that of medicines, equipment, repair works, information systems, partnerships, contracting, tenders, etc."<sup>239</sup>

"We should have a mixed healthcare system, as well as state and private hospitals. If there is competition and managers of medical institutions are not appointed by political criteria, both sectors: private and state – will get developed. If we have directors of medical institutions who pay 100-150 thousand Euro for this position, this person has one single thought, to recover the invested money and

<sup>233</sup> <https://www.facebook.com/ala.nemerenco/videos/2561338494118400/>

<sup>234</sup> [https://www.ipn.md/ro/viorica-dumbraveanu-in-moldova-se-insista-mai-mult-pe-8004\\_1080810.html](https://www.ipn.md/ro/viorica-dumbraveanu-in-moldova-se-insista-mai-mult-pe-8004_1080810.html)

<sup>235</sup> <https://www.facebook.com/ala.nemerenco/videos/2564462533805996>

<sup>236</sup> <https://www.facebook.com/ala.nemerenco/videos/2561338494118400/>

<sup>237</sup> [https://www.ipn.md/ro/viorica-dumbraveanu-in-moldova-se-insista-mai-mult-pe-8004\\_1080810.html](https://www.ipn.md/ro/viorica-dumbraveanu-in-moldova-se-insista-mai-mult-pe-8004_1080810.html)

<sup>238</sup> <https://www.facebook.com/ala.nemerenco/posts/2813698598882387>

<sup>239</sup> <https://www.jurnal.md/ro/news/86d84c41e7684aca/dezbateri-electorale-la-jurnal-tv-fostul-guvern-chicu-merita-nota-2-cu-minus-pentru-modul-cum-a-gestionat-pandemia.html>

<sup>240</sup> <https://www.jurnal.md/ro/news/86d84c41e7684aca/dezbateri-electorale-la-jurnal-tv-fostul-guvern-chicu-merita-nota-2-cu-minus-pentru-modul-cum-a-gestionat-pandemia.html>

not to develop the institution” was mentioned by Mihai Stratulat during electoral debates.<sup>240</sup> The analysis of statements from several political leaders and experts in the health area shows that many of these opinions are shared at the society level – the need to modernize hospital infrastructure, motivation of medical personnel, de-politicizing the health system and fight against corruption.

### 3.3 Identification of possible common priorities

The evaluation of electoral programs, as well as of the most important statements from the electoral campaign in the health area reveals that a number of priorities are similar for the majority of political actors. When analyzing the electoral commitments regarding the health services, it may be noted that there is consensus regarding the need to improve access to existing services and extending the range of provided services. We present below the formulations of different electoral competitors in relation to this topic: “getting closer to the patients, extending the list of free-of-charge medical services”, “simplification of procedures to increase access to health services”, “ensuring with necessary assisting devices and technologies the persons with disabilities”, “overcoming the discrepancy in access to healthcare services between different groups of population”, “continuous access of population to vital medical services, rapid and fair access to healthcare”, “ensuring access to medical services for all potential beneficiaries, reducing differences between diverse social groups”, “qualitative social and medical services for all”.

Some common commitments are noted during the 2021 electoral campaign in relation to physical access, financial affordability and/or geographic access to medicines, price control, and cost compensation: “extending the list of compensated medicines, ensuring accessibility to medicines for rural patients”, “pensioners will benefit from a 30% compensation of the medicines’ value”,

“essential medicines will be provided free of charge to pensioners”, “we will double the number of compensated medicines”, “compensated medicines”, “we will compensate 100% of the medicines’ cost for elderly people with low incomes”, “increasing access to pharmaceutical services in rural sector”, “ensuring fair prices and fair access to medicines”, “accessible medicines for all”, “public control over price increase for medicines”.

The second important area of electoral commitments refers to institutional infrastructure, with an agreement related to the need of building new hospitals and to modernizing the existing ones: “building 5 big, modern hospitals in districts”, “we will build 3 high-performance regional hospitals”, “establishing three big republican hospitals, endowed with modern equipment”, “implementation of the National Program for Modernization of medical institutions”, “starting building two regional hospitals”, “technical modernization of medical institutions at a wide scale”, “creating a network of modern and well-equipped hospitals”, “we will ensure the construction of 3 new hospitals”, “accelerating the modernization of medical institutions”, “making more efficient and retrofitting hospitals”.

The promises from the electoral programs refer, in the majority of analyzed offers, to infrastructure of water and sewerage systems, as well as to improving road infrastructure: “we will develop the infrastructure of water supply and sewerage”, “we will solve the problem of water quality”, “we will develop centralized water supply”, “we will build or rehabilitate 3.000 of networks of centralize water supply and sewerage”, “assurance of qualitative drinking water will increase from 50.7% to 70% in 2025”, “we will implement the program “Good water for everyone”, “development of water and sewerage infrastructure”, “building a modern network of roads”, “infrastructure in the country like in Orhei”, “we will rehabilitate and repair 3.000 km of rural streets and roads”, “we will restore and repair 3600 km of local

streets and roads”, “1 km of road repaired in every village, every year”.

The third area covered in a number of electoral offers is combatting corruption, especially in public procurements and under the aspect of informal payments. The promises from different parties related to this topic are presented below: “decisive fight against corruption schemes and theft of public money in the sector, combating the phenomenon of informal payments, reformatting the system of public procurements in healthcare”, “elimination of dubious interests and criminal schemes in the pharmaceutical and medical systems”, “ensuring transparency of public procurement in health”.

Common priorities may be identified also in relation to increasing access to primary healthcare in rural localities and improving quality of primary healthcare: “reducing social unfairness by enhancing the capacity of primary healthcare”, “modernizing outpatient specialized services”, “organizing a network of feldshers’ and obstetrical points and health centers in rural area”, “every village/commune will have a medical center and pharmacy”, “enhancing the role of primary healthcare”.

At the same time, there is unanimity in relation to the need of ensuring the necessary number of health workers, but also motivating and retaining medical personnel in the system: “a doctor in your village”, “motivated and professional labor force”, “sufficient and competent medical personnel by increasing salaries, improving work conditions and providing qualitative continuous training”, “complete staffing with qualified personnel”, “at least one doctor in every village”, “increasing the prestige of doctors, including by increasing the minimum salary in healthcare”, “increasing doctors’ salaries up to the level of judges’ salaries”, “increasing salaries of doctors and pharmacists, health workers with secondary medical and pharmaceutical education and of other personnel in the area”, “developing urgent policies for motivating and retaining medical personnel by providing them social benefits

and facilities”, “salaries will be increased by 40%”, “the family doctor will receive a salary of at least 35 000 MDL”, “salary motivation, ensuring on-job security and assurance with dwelling”.

Consensus may be noted for a number of electoral competitors in relation to prevention and prophylaxis of diseases: “free-of-charge deep medical investigation of all the citizens”, “facilitating population access to prophylactic check-ups”, “introducing mandatory annual medical check-ups for all the citizens covered by the NHIC”.

Hence, it may be concluded that many of the most important development priorities for the health system are common for the majority of political parties. Differences are registered in relation to the level of commitment specificity, feasibility and/or implementation. Vague definition of certain commitments, lack of a clear mechanism for practical implementation or non-substantiation of promises on financial realities and human resources of the state are specific for a series of electoral offers. The common priorities, which actually reflect the needs of the health system may serve as foundation for a consistent and stable policy for health system development.



## 4. Conclusions and recommendations

A number of 23 electoral competitors participated during the parliamentary elections of 2021. Out of the total number of electoral competitors, only 17 had electoral programs which were launched officially, including with electoral offers covering the health area. As a result, 225 electoral offer-expressions were classified with impact on health according to “Health in all policies” principle, of which 177 focused directly on health.

### Priority areas of intervention of electoral offers are:

- Health protection – 133 electoral offers
- Health surveillance – 37 electoral offers
- Staffing the health area with competent and sufficient human resources – 27 electoral offers
- Disease prevention, including disease early identification – 12 electoral offers
- Health promotion – 9 electoral offers
- Health emergencies - 6 electoral offers
- Scientific research in health - 1 electoral offer

No electoral competitor had a holistic offer for the health area, meaning a balanced offer, that would contain proposals for all the priority areas of intervention. A number of 133 offers out of the total number of offers, or over 50% of them tackled the priority area of Health Protection. The strategic direction promoted by electoral offers focuses on increasing access to health services by modifying processes and developing infrastructure. Health Promotion and Disease Prevention get less attention in the electoral offers. Although the Republic of Moldova has been in pandemic crisis for 18 months, public health emergencies were mentioned only in 6 electoral offers by only 4 electoral competitors. Scientific research in health was missing in the electoral offers of

the parliamentary parties, being present in the electoral offer of one electoral competitor.

For the purpose of increasing the practical applicability of the present study, the electoral offers were classified according to the following applied criteria: processes, institutional infrastructure, policies, strategies, technologies, human resources.

### The recommendations for a possible action plan for the purpose of implementing the changes suggested by the electoral offers would be classified into 6 workstreams and namely:

**Workstream 1:** Processes – representing new processes or new elements encompassed in already existing processes, are part of the changes that do not need a lot of investments; may be carried out quickly; would demand motivated and engaged human resources; and producing changes in the short run.

**Workstream 2:** Institutional infrastructure – representing changes in system infrastructure, by establishing new elements or upgrading the existing ones; will need significant financial investments; represent changes which last for a long term; and produce changes in the long run.

**Workstreams 3 and 4:** Policies, strategies – largely representing drafting of new laws or amendments to existing laws; processes not needing investments; require time for achieving a community-wide consensus; produce changes in the midterm.

**Workstream 5:** Technologies – representing the incorporation of artificial intelligence in some processes; changes needing financial investments; some may be made quickly; depend on processes; may generate mid- or long-term changes.

**Workstream 6:** Human resources – actions that include a combination of processes, policies and strategies; may

be carried out in the short term, but the results will become tangible in the mid-term; some of the processes will need financial investments.

These changes may be carried out through merged processes by a team of short-term experts, with subsequent approval through a transparent decision-making process and correct implementation.

**Recommendations for workstream 1 (processes) are provided in detail in Annex 1 and include:**

- Amendments of legislative acts.
- Changes in the Single Health Insurance Program.
- Drafting the National Health Strategy for 2021-2031.
- Internal processes – may be regulated through a Quality Institutional Manual.
- Changes in institutional regulations; charter; internal processes for segregating responsibilities and decision-making power.
- Development of procedures, operational standards; audit; reports.

**Recommendations for workstream 2 (institutional infrastructure) are provided in Annex 2 and include:**

- Amendments of legislative acts; budget allocation; corresponding infrastructure.
- National Project for modernizing medical institutions; an advance feasibility study is recommended.
- Elaboration of hospital system reform concept.
- Building a hospital represents a complex process, which also includes a feasibility study; design; financing; construction; equipping; launch into operation; all components to be well-documented and approved according to the laws in force.
- Institutional projects; a national concept is necessary for geriatrics area.

**Recommendations for workstream 3 (policies) are provided in Annex 3 and include:**

- Investments are necessary in the respective urban infrastructure; new health promotion policies.
- New policies to be developed and approved.
- The plan may be included in the National Public Health Strategy for 2021-2031.
- To elaborate and approve the health program “Healthy Life”.
- Inter-sector policies; corresponding infrastructure.
- A National Program for developing local pharmaceutical industry would cover more aspects for the purpose of supporting the area.
- Amendments of legislative acts; budget allocation; institutional capacity of the NPHA.
- Amendments of legislative acts; budget allocation; corresponding infrastructure.
- Approving the National Plan for Rare Diseases; budget allocation; corresponding infrastructure.

**Recommendations for workstream 4 (strategies) are provided in Annex 4 and include:**

- Approving the National Public Health Strategy for 2021-2031.
- Approving the new edition of the Law on Health.
- Approving a National Program for supporting local pharmaceutical industry.

**Recommendations for workstream 5 (technologies) are provided in Annex 5 and include:**

- Amendments of legislative acts.
- Changes in the Single Health Insurance Program.
- Budgetary support.
- Corresponding infrastructure.

**Recommendations for workstream 6 (human resources) are provided in Annex 6 and include:**

- Amendments of legislative acts; new staffing policies; budgetary support.
- Institutional procedures, new standards.
- Law on doctor's and patient's rights.

It is impossible to calculate the costs without carrying out a feasibility study of all the actions according to the priority directions.

# 5. Annexes

## Annex 1

### Workstream 1: Actions recommended for the electoral offers focused on “processes”

|          | Electoral offers   | Actions  |
|----------|--|--|
| <b>1</b> | <b>Families with many children</b>   |  |
| 1.1      | Families with 3 and more children will receive monthly allocations of 9 000 MDL.   | Amendments of legislative acts.  |
| <b>2</b> | <b>Free-of-charge access to new services</b>   |  |
| 2.1      | Children under 18 years old, pregnant women, mothers during one year after giving birth to a child and pensioners will be ensured with free-of-charge dental services and, to this end, the network of public dental centers, sections and offices in district policlinics will be extended. | Changes in the Single Health Insurance Program.                                    |
| 2.2      | We will continue in the next 4 years the Program “A New Life”, launched in December 2018, through which we provide gift boxes with necessary products for every newborn in the Republic of Moldova.  | Amendments of legislative acts.  |
| <b>3</b> | <b>Prevention and prophylaxis</b>  |  |
| 3.1      | We will organize free-of-charge in-depth medical investigation of all the Republic of Moldova citizens for prophylactic purposes, in order to have a healthy nation.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.2      | Facilitation of population access to prophylactic check-ups and promotion of healthy lifestyle.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.3      | A system of population health condition diagnostics will be implemented at all the lifecycle stages (children, youth, middle-age population and elderly population) for disease prevention and early detection.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |

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| 3.4      | The measures for preventive check-ups of population in educational institutions, enterprises and organizations will be extended.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.5      | Prophylaxis check-ups for rural population will be carried out annually (including lung radiography, cardiograms, blood pressure measuring, mammography and gynecological examination for women, dental consultations for children, etc.) and consultations provided by different profile specialists. | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.6      | The program "A Doctor for You" will be significantly extended.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.7      | 100% coverage by 2025 with prophylactic check-ups for rural inhabitants and surveillance for persons identified with chronic diseases.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 3.8      | Increasing the role of physical education and sports in the national education system.   | Approving the National Public Health Strategy for 2021-2031.                       |
| 3.9      | Introduction (reintroduction) of annual mandatory medical check-ups for all the citizens of the country, financially covered by the NHIC, as well as, from the state budget means.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| <b>4</b> | <b>High-performance healthcare</b>   |  |
| 4.1      | We will include in the insurance policy the partial compensation of costs for prostheses. We will create a public and transparent register for keeping the records about prostheses' beneficiaries, but also of people who are going to obtain them.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 4.2      | Improving the efficiency of specialized healthcare.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| <b>5</b> | <b>Treatment abroad</b>  |  |
| 5.1      | Signing long-term contracts with clinics from abroad for treating the citizens suffering from diseases the treatment for which is not yet available in the Republic of Moldova.  | Identification of partners and negotiating contractual conditions.                 |
| <b>6</b> | <b>Access to health services</b>   |  |
| 6.1      | Getting closer to patients, decentralization of complicated and complex diagnosis and treatment services.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |



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| 6.2  | Extending the list of free-of-charge medical services, provided according to the health insurance policy.  | Changes in the Single Health Insurance Program and amendments in legislative acts.  |
| 6.3  | De-bureaucratizing patient's path in the system and simplifying procedures for increasing access to health services.   | Changes in the Single Health Insurance Program and amendments in legislative acts.  |
| 6.4  | Reviewing the normative framework for ensuring the functionality of the public health service.   | Appointing the team of experts and preparing the draft for amending legislative acts.   |
| 6.5  | Implementing the mechanism for verifying food products.  | NPHA – through approval of processes.   |
| 6.6  | Improving communication of medical institutions with the patient, by creating a feedback mechanism regarding the quality of provided/received services, visits, information flow.  | Internal processes – may be regulated through a Quality Institutional Manual.   |
| 6.7  | Assessing the modality for determining the disability and workability, especially the level of disability, examination modality and procedures.  | Amendments of legislative acts and existing regulations.  |
| 6.8  | Ensuring the persons with sight, hearing, and mobility impairments with necessary assisting devices and technologies.  | Changes in the Single Health Insurance Program and amendments in legislative acts.  |
| 6.9  | Overcoming the gap in access to qualitative medical services between different groups of population, including between urban and rural population.   | Changes in the Single Health Insurance Program and amendments in legislative acts.  |
| 6.10 | Increasing continuous access of population to vital medical services, especially the ones related to diagnosis and early detection of diseases; ensuring rapid access to qualified doctors' consultations according to the population needs, in a fair way and for all the population segments, with no discrimination based on residence, type of disease or other characteristics. | Changes in the Single Health Insurance Program and amendments in legislative acts.  |
| 6.11 | Developing and applying a transparent decision-making process, according to European standards by increasing the level of accountability for health system institutions.   | Changes in institutional regulations; charter; internal processes for segregation of responsibilities and decision-making powers. |
| 6.12 | Increasing the responsibility of all the factors involved in the management of public financial resources, which would allow to ensure sustainable development of health protection system.  | Developing procedures, operational standards; audit; reporting.   |
| 6.13 | Ensuring the fulfilment of Sustainable Development Goals by implementing efficient policies in health area.  | Clear processes for implementing new policies.  |

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| 6.14     | Enhancing the system for public health surveillance, increasing capacities to identify and monitor the risks, the capacities over the entire chain of intervention, and assessing the impact of public health measures.  | Operational procedures for majority of processes; internal policies for risk assessment and continuity assurance.              |
| 6.15     | Promoting health policies, which are necessary for enhancing the scientific research agenda, academic and teaching activities in the health system.  | The scientific component will be included in the National Health System Strategy for 2021-2031.                                |
| 6.16     | Ensuring access to medical services for all potential beneficiaries, improving quality of provided medical services, reducing differences between different social groups, different regions of the country and increasing the patient's level of satisfaction, including ensuring continuity of service provision focused on the person, family, community. | Changes in the Single Health Insurance Program and amendments in legislative acts.   |
| 6.17     | Reviewing and reestablishing the complete chains of healthcare service provision to insured and uninsured persons.   | Changes in the Single Health Insurance Program and amendments in legislative acts.   |
| 6.18     | Involving the nongovernmental sector as a valuable partner in provision of alternative and support medical services, community care and homecare.  | Written institutional operational procedures, which would allow direct involvement in the mentioned processes.                 |
| 6.19     | Involving professional organizations and beneficiaries of healthcare services (including patients) in the process of developing, implementing and monitoring health policies.  | Drafting a new policy about decisional transparency and implementing it.   |
| 6.20     | Qualitative social and medical services for all.   | Changes in the Single Health Insurance Program and amendments in legislative acts.   |
| 6.21     | We will solve the problem of improving the system of independent evaluation of medical services' quality from patients' and professional community's points of view; we will increase the efficiency of medical services' quality and will get the medical services closer at maximum to the patient.  | Changes in the Single Health Insurance Program and amendments in legislative acts.   |
| 6.22     | We will take over control over the quality of medical assistance for children and of obstetrical services so as to reduce infant and maternal mortality.   | Changes in the Single Health Insurance Program and amendments in legislative acts.   |
| 6.23     | Changing the governance model for medical institutions from the unipersonal model to the corporate and collegiate governance model of public medical-sanitary institutions and regionalizing high performance hospital services.   | Changes in institutional regulations; charter; internal processes for segregating responsibilities and decision-making powers. |
| <b>7</b> | <b>Combatting corruption</b>   |  |
| 7.1      | De-criminalizing the cases of patients' offering some small gifts to doctors.  | Standard operational procedure about gifts, benefits, motivation.  |

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| 7.2      | Decisive fight against corruption schemes and theft of public money in the sector, revealing the schemes in the pharmaceutical area, production and sale of performance-enhancing drugs, public procurements which we carried out mainly during the pandemic time.                      | Amendments of legislative acts; operational procedures for procurements; audit etc.   |
| 7.3      | Combating the phenomenon of informal payments for health services and corruption in health by modernizing governance and management of medical institutions in the country.   | Changes in institutional regulations; charter; internal processes for segregation of responsibilities and decision-making powers. |
| 7.4      | Reformatting the system of public procurement in health, realigning it to the needs of the system, combatting corruption in procurement of medical services and equipment and ensuring efficient use of public money.   | Amendments of legislative acts.   |
| 7.5      | Eliminating dubious interests and criminal schemes in the pharmaceutical and medical system.  | Amendments of legislative acts; Operational procedures for procurements; audit etc.   |
| 7.6      | Stabilizing the mechanisms of public procurements in health to ensure continuous supply with medicines and consumables of the medical institutions for the purpose of ensuring continuity of the medical act, and excluding the incompliant payments for medicines or medical services. | Amendments of legislative acts; Operational procedures for procurements; audit etc.   |
| 7.7      | Ensuring transparency of public procurements in health, enhancing the role and coordination capacities of the CCPH in observing planning deadlines, compliant organization and fulfilment of public procurement contracts in health.  | Amendments of legislative acts; Operational procedures for procurements; audit etc.   |
| 7.8      | Mobilizing sufficient financial means, in line with the financing indicators initially set as basis for the mandatory health insurance system and their efficient use for the needs of the health system.   | Amendments of legislative acts; Operational procedures for procurements; audit etc.   |
| <b>8</b> | <b>Access to medicines</b>  |   |
| 8.1      | Amending the legal framework to allow the activity of social mobile pharmacies.   | Amendments of legislative acts; Institutional operational procedures.   |
| 8.2      | Approving the list of essential medicines based on the model-list of the World Health Organization.   | Amendments of legislative acts; Institutional operational procedures.   |
| 8.3      | Extending the list of compensated medicines by including all the essential medicines from the WHO model-list, as well as those included in national clinical protocols, the efficiency of which is proved based on technological assessment in health.                                  | Amendments of legislative acts; Institutional operational procedures.   |

|      |  |  |
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| 8.4  | Ensuring accessibility of medicines to rural patients through a state network of pharmaceutical assistance principles of good practice.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.5  | Organizing the supervision of medicines' flow on the national market to identify the stocks and prevent deficits lor.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.6  | Reviewing the legal framework regarding the modality of selling medicines, over-the-counter medicines (without prescription), the competition and monopoly aspects, and access of population to qualitative and safe medicines in line with the requirements of aquis communautaire. | Amendments of legislative acts; Institutional operational procedures.              |
| 8.7  | Facilitating the process of registration of medicines on the pharmaceutical market to increase the number of efficient and qualitative medicines included in the State Nomenclature of Medicines.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.8  | Pensioners will benefit from a compensation of 30% of the value of medicines.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.9  | Free-of-charge medicines for pensioners.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.10 | Essential medicines will be provided to pensioners free of charge, and the rest with a discount of 60–90%.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.11 | Developing a direct mechanism for compensation of insulin and medical devices for people with diabetes.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.12 | We will compensate 100% of the cost of medicines for elderly people with low incomes.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.13 | We will double the number of compensated medicines, up to 300 international non-proprietary names, and the electronic network will become functional.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.14 | Compensated medicines.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.15 | Enhancing capacities and practices for regulating the area of medicines and medical devices, aligning to international standards for ensuring quality, safety and efficiency of medical products and medical devices placed on the market.   | Amendments of legislative acts; Institutional operational procedures.              |
| 8.16 | Increasing access to pharmaceutical services in the rural sector of country.   | Amendments of legislative acts; Institutional operational procedures.              |

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| 8.17      | Developing the monitoring system and reducing the risks associated with use of medicines and medical devices, guaranteeing pharmaceutical security.   | Amendments of legislative acts; Institutional operational procedures.              |
| 8.18      | Reducing financial burden on population by ensuring fair prices and fair access to medicines and medical devices, including by extending access to compensated medicines.   | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.19      | Accessible medicines to all.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.20      | We will solve the problem of medicines' supply to patients after high-technology surgical intervention, with partial reimbursement from the budget of the cost for medicines which indeed reduce the number of complications endangering life and exacerbating the disease. | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.21      | Control over the situation on the pharmaceutical market.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.22      | We will adopt laws allowing for restricting price increase on the market of medical devices, and we will increase the availability of medicines for population.   | Amendments of legislative acts; Institutional operational procedures.              |
| 8.23      | We will review the list of vital and essential medicines, which will be established in an open way and with direct participation of professional community. This list will be updated and extended in a regular way.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.24      | We will facilitate the access of patients in need to strong analgesics. Thanks to innovations in legislation and strict control over legislation enforcement, the supply of analgesics will increase many times.  | Changes in the Single Health Insurance Program and amendments in legislative acts. |
| 8.25      | We will ensure public control of price increase for essential medicines, limiting the price increase at the inflation level.  | Amendments of legislative acts; Institutional operational procedures.              |
| 8.26      | Every medicine sold on the territory of the Republic of Moldova should have a detailed description in Russian language.   | Amendments of legislative acts; Institutional operational procedures.              |
| <b>9</b>  | <b>Health emergencies</b>   |  |
| 9.1       | Continuing the measures to stop the spread of COVID-19.   | Amendments of legislative acts; Institutional operational procedures.              |
| <b>10</b> | <b>Disease control</b>  |  |



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|-----------|---|---|
| 10.1      | Ensuring prevention and control of non-communicable diseases by promoting health, education for health and healthy lifestyle, as well as good practices, by tackling the main risk factors influencing the health condition, such as food, drugs, alcohol, tobacco. | Inter-sector processes; Drafting the National Public Health Strategy 2021-2031.                                       |
| 10.2      | Ensuring full control over infectious diseases with major impact on public health, especially TB and HIV/AIDS by creating wide access to specialized interventions, as well as increasing the preparedness for public health threats and emergencies.               | Amendments of legislative acts; Institutional operational procedures; Changes of the Single Health Insurance Program. |
| 10.3      | Applying the mechanism for setting up the prices for retailing cigarettes. Decreasing the limit of nicotine quantity in 1ml of liquid in electronic cigarettes.   | Inter-sector processes; amendment of legislative acts.  |
| 10.4      | Reintroducing restrictions for promoting devices and accessories for using, recharging and heating tobacco.   | Inter-sector processes; amendment of legislative acts.  |
| <b>11</b> | <b>Health insurance</b>   |   |
| 11.1      | Developing supplementary health insurances with increased share of private funds.   | Amendments of legislative acts.   |
| 11.2      | Cancelling the payment for mandatory health insurance for unemployed citizens.  | Amendments of legislative acts.   |
| 11.3      | Increasing significantly transparency in the area of health insurance and enhancing public control over the activity of health insurance organizations.   | Amendments of legislative acts.   |
| 11.4      | We will establish legislatively the right for every person insured in the mandatory health insurance system to select the health center and a specific specialist – a family doctor, which implies the setup of personal professional liability.                    | Amendments of legislative acts.   |
| <b>12</b> | <b>Environmental processes</b>  |   |
| 12.1      | Carrying out springs' cleaning works on permanent basis.  | Inter-sector processes; amendments of legislative acts.   |
| 12.2      | Planting on annual basis forestry windbreaks of 20.50, 100 and 1000 meters, depending on the river size, until implementing the normative framework for 100%.   | Inter-sector processes; amendments of legislative acts.   |
| 12.3      | Planting forests – we assume ourselves to stop immediately illegal / excessive logging and implementation of a national afforestation program.  | Inter-sector processes; amendments of legislative acts.   |

## Workstream 2: Actions recommended for electoral offers focused on “institutional infrastructure”

|          | Electoral offers  | Actions  |
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| <b>1</b> | <b>Building new hospitals and modernizing the existing ones</b>   |  |
| 1.1      | Building 5 big and modern hospitals in districts.   | Building a hospital represents a complex project, which includes a feasibility study; design; financing; construction; equipping; launch into operation; All components well-documented and approved according to the laws in force. |
| 1.2      | We will build 3 high-performance regional hospitals, to cover the demand of health services.  | Building a hospital represents a complex project, which includes a feasibility study; design; financing; construction; equipping; launch into operation; All components well-documented and approved according to the laws in force. |
| 1.3      | Computerizing medical institutions with 100%.   | Approving a national concept; Amendments of legislative acts.  |
| 1.4      | Establishing three big republican hospitals endowed with modern equipment – in Chisinau, Balti and Cahul.   | Building a hospital represents a complex project, which includes a feasibility study; design; financing; construction; equipping; launch into operation; All components well-documented and approved according to the laws in force. |
| 1.5      | Inadmissibility of transferring medical institutions and areas, including of Emergency Service, into private hands through the so-called “public-private partnership”.  | Amendments of legislative acts.  |
| 1.6      | Development and implementation of a special state program for technical retrofitting of all institutions providing medical services to population.  | National project for modernizing medical institutions; a prior feasibility study is recommended.   |
| 1.7      | Modern development of community, geriatric, palliative, and rehabilitation services; organization and launch into operation of more departments for elderly people in hospitals / geriatric sections, including departments for palliative services, for chronic diseases to be treated as close as possible to their home. | Institutional projects; A national concept for geriatrics area is necessary.   |

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| 1.8  | Implementation of a National Program for Modernization of Medical Institutions, financed from the state budget and with the participation of foreign partners, for the purpose of renovating, equipping, and technically, logistically and informationally restructuring the medical institutions; development of the concept for hospital sector modernization; launch into operation of the hospital from Vorniceni. | National project for modernizing medical institutions; a prior feasibility study is recommended; For Vorniceni hospital – it is necessary to allocate financial sources for finishing the works; through amendments of legislative acts. |
| 1.9  | Starting the construction of two regional hospitals which would serve people from the northern and southern part of the country .  | Building a hospital represents a complex project, which includes a feasibility study; design; financing; construction; equipping; launch into operation; All components well-documented and approved according to the laws in force.     |
| 1.10 | Enhancing and extending the 112 service .  | Concept of the service – to review; an extension plan – on the area of institutional development.  |
| 1.11 | We will build two modern regional hospitals – in Balti and Cahul. We will implement a national program for modernizing medical institutions financed from the state budget, including with the participation of foreign partners for the purpose of renovating and endowing, especially, the district medical institutions.  | Building a hospital represents a complex project, which includes a feasibility study; design; financing; construction; equipping; launch into operation; All components well-documented and approved according to the laws in force.     |
| 1.12 | Large-scale technical modernization of medical institutions.   | National project for modernizing medical institutions; a prior feasibility study is recommended.   |
| 1.13 | All medical institutions from all the localities of the country will be connected to water, sewerage and heating supply systems within a period of 4 years.  | May be a separate project; may be part of other regional projects.   |
| 1.14 | To improve the technical condition of medical institutions, a state program will be launched for “technical modernization in health area” with the purpose of renewing and better endowing the medical institutions with modern equipment, carrying out major repairs of buildings.  | National project for modernizing medical institutions; a prior feasibility study is recommended.   |
| 1.15 | No hospital will be closed and the number of beds will not be reduced.   | No actions are necessary.  |
| 1.16 | We will continue equipping the prehospital emergency service, by procuring additional 200 modern ambulances and, for the first time, an AVIASAN helicopter.  | National project for modernizing medical institutions; a prior feasibility study is recommended.   |
| 1.17 | We will start the reform of hospital system by creating a network of modern and well-equipped hospitals, with well-paid specialists.   | Developing the concept of hospital system reform.  |
| 1.18 | We will facilitate private hospitals, located according to the state regulated plan and profile, by allocating land plots and exempting from income tax for a period of 5 years.   | Amendments of legislative acts.  |

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| 1.19     | Vor fi facilitate spitalele private, amplasate conform planului și profilului reglementat de stat, prin alocarea de terenuri și scutirea de impozit pe venit pentru o perioadă de 5 ani.   | Modificări în acte legislative.  |
| 1.20     | We will increase the direct investments in hospitals.  | National project for modernizing medical institutions; a prior feasibility study is recommended. |
| 1.21     | We will increase investments in medical infrastructure.  | National project for modernizing medical institutions; a prior feasibility study is recommended. |
| 1.22     | We will accelerate the modernization of medical institutions on the entire territory of the country, creating adequate work conditions for health personnel and providing higher health services to population.  | National project for modernizing medical institutions; a prior feasibility study is recommended. |
| 1.23     | Modernization and adjustment of healthcare system.   | National project for modernizing medical institutions; a prior feasibility study is recommended. |
| 1.24     | Connection to digital infrastructure and communication system from Romania.  | It might possible for some areas; amendments of legislative acts; corresponding infrastructure.  |
| 1.25     | Increasing the capacities of the hospital sector by increasing the efficiency and technologizing hospitals, organizing the service by estimating profiles and number of beds according to population needs.  | National project for modernizing medical institutions; a prior feasibility study is recommended. |
| <b>2</b> | <b>New structures in health system</b>   |  |
| 2.1      | Creating the Control Body of the minister.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.                 |
| 2.2      | Integrating all existing healthcare information systems and managing them through the newly-created Health Information Center (HIC).   | Investments in infrastructure and software; with corresponding maintenance.                      |
| 2.3      | Increasing the quality of medical services through a modernized system of evaluation and accreditation of healthcare institutions and creating the National Center of Evaluation and Accreditation in Health, sub-governmental agency.   | Amendments of legislative acts; budget allocation; corresponding infrastructure .                |
| 2.4      | Development and implementation of tools for quality assurance and control of healthcare services provided to population, by enhancing human potential, technical-material basis, endowment with medical devices, lab equipment, medicines, high-performance technologies of medical institutions and for State Public Health Surveillance. | Amendments of legislative acts; budget allocation; corresponding infrastructure .                |

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| <b>3</b> | <b>Specialized high-performance healthcare</b>  |  |
| 3.1      | Creating specialized vascular centers for providing specialized emergency healthcare (acute myocardial infarction).   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| <b>4</b> | <b>Primary healthcare</b>   |  |
| 4.1      | Reducing social inequalities by enhancing the capacities of primary healthcare and partnerships with local communities.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 4.2      | Modernizing specialized outpatient services, integrated health centers for treating patients as close as possible; To improve the organization of primary healthcare provision, to increase primary healthcare availability and quality, including for the residents from rural area, we will ensure the organization of a network of feldshers' and obstetrical points and health centers in rural area, depending on population, dimension and distance from other medical organizations. | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 4.3      | Every village/commune will have a health center and a pharmacy, for which special budgetary funds will be allocated for building the premises, for personnel and technical support.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 4.4      | To improve the working conditions in villages, we will repair or rebuild 300 family doctors' offices.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 4.5      | Enhancing the role of primary healthcare in the health system mainly focusing on promoting healthy lifestyle, disease early identification, supervision of persons in outpatient conditions, community care and development of medical rehabilitation services.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 4.6      | Supporting the efforts of local governments in developing and enhancing the infrastructure of primary healthcare in rural localities.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| <b>5</b> | <b>Palliative and rehabilitation care</b>   |  |
| 5.1      | We will establish in Moldova a system of high quality palliative care, for the terminal sick persons to be able to live as comfortably as possible, and without pain.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 5.2      | We will open more departments for elderly people in hospitals, including sections for providing care to elderly people, for the chronic diseases to be treated not only in Chisinau, but also in districts.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |



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| 5.3      | We will develop and implement a rehabilitation system for patients with chronic diseases, as well as for patients who suffered complicated surgeries.  | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| <b>6</b> | <b>Health emergencies</b>  |  |
| 6.1      | Taking into account the experience of combating the COVID-19 pandemic, the working system in case of health emergencies will be improved, and measures will be developed to improve preparedness for such situations (creating the reserve of medicines, equipment, etc.) and to prevent the emergence of such situations (detailed monitoring and evaluation of epidemiological risks). | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| 6.2      | Reconfiguring the hospital system to cope with both challenges – COVID pandemic and efficient treatment of non-Covid cases.  | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| 6.3      | 10% of beds of a hospital should be envisaged for intensive therapy and be endowed with corresponding equipment and ensured with medical personnel with qualifications needed for intensive therapy.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| <b>7</b> | <b>Access to medicines</b>   |  |
| 7.1      | A state pharmacy will be opened in every district.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| 7.2      | A medicines' vending machine in every village.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| <b>8</b> | <b>Healthcare provision in schools</b>   |  |
| 8.1      | We will ensure adequate conditions for hygiene and health of children and pupils by building and repairing sanitary blocks and modern canteens in all schools and kindergartens.   | Amendments of legislative acts; budget allocation; it might be a national project. |
| 8.2      | Enhancing prevention programs through rehabilitation of medical offices in every school.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.   |
| <b>9</b> | <b>Public infrastructure</b>   |  |
| 9.1      | Implementing a National Program for building public infrastructure, focused on 3 main elements – network of roads, water and sewerage supply, solid waste management infrastructure. Financing the projects envisaged in this Program by attracting the necessary means from the international financial institutions and from foreign financial markets.                                | Amendments of legislative acts.  |

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| 9.2       | Supporting local authorities through a National Investments Program – NIP – 100 million euro annually, to provide financial support for modernizing roads, building water and sewerage networks, and rehabilitating educational buildings, and other. | Amendments of legislative acts.  |
| <b>10</b> | <b>Water and sewerage systems</b>   |  |
| 10.1      | We will develop the water supply and sewerage infrastructure and the infrastructure necessary for waste water treatment.  | Amendments of legislative acts.  |
| 10.2      | We will solve the problem of water quality in Republic of Moldova's localities. The water problem is one of the biggest challenges for the Republic of Moldova.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.3      | Developing centralized water supply (bringing the level of centralized water supply level at 100%).   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.4      | We will build or rehabilitate 3.000 km of centralized water and sewerage supply networks. We will connect the districts from the central part to Chisinau aqueduct and the districts from the northern part to Bălți-Soroca aqueduct.                 | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.5      | Assurance of qualitative drinking water in localities will increase from 50.7% to 70% in 2025, and a public sewerage system will be gradually introduced in rural localities.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.6      | We will implement the program "Good water for everyone" – national program for connecting 100 000 persons annually to water and sewerage.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.7      | Ensuring all localities with aqueducts and sewerage.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.8      | Developing water and sewerage infrastructure, including extension of treatment plants.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 10.9      | Developing and implementing an efficient water management system.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| <b>11</b> | <b>Good roads</b>   |  |
| 11.1      | Only in 4 years, no village in the Republic of Moldova will have muddy roads, through integral repairing of roads in white version, asphalt version or concrete version.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |

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| 11.2      | Building a network of modern roads.   | Amendments of legislative acts; budget allocation; corresponding infrastructure  |
| 11.3      | Over a period of two years, we will build the infrastructure in the country as it is in Orhei.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 11.4      | We will rehabilitate and repair all the national roads which are in poor and very bad condition - 2.800 km. We will rehabilitate and repair 3.000 km of rural streets and roads.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 11.5      | In 4 years, we will restore and repair 3600 km of local streets and roads, hence ensuring qualitative road communication between districts and rural settlements, the link among villages and access to villages from the main arteries.                                | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 11.6      | We will ensure 1 km of repaired road in every village, every year.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 11.7      | Tripling allocations for local roads.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| <b>12</b> | <b>Waste processing</b>   |  |
| 12.1      | Building three big regional plants for waste recycling.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 12.2      | We will invest in infrastructure for collecting, sorting and utilizing waste, including through acceleration of available European funds' absorption and attracting necessary additional funds for improving the system of waste management in the Republic of Moldova. | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 12.3      | We will invest in waste water management infrastructure by building treatment stations and extending sewerage networks in cities with over 10 thousand inhabitants, by attracting foreign funds.  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 12.4      | We will create the Waste Management Agency: an integrated system for waste management, ensuring in parallel the liquidation of all unauthorized landfills at the country level.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 12.5      | Developing waste management infrastructure by implementing projects financed from national funds and foreign assistance funds, already ratified by the Republic of Moldova.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 12.6      | Creating a national system of sustainable management of waste and harmful substances.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |

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| 12.7      | Solving the problem of wastes – we commit ourselves to create by 2030 a viable infrastructure of waste management in the entire country by developing regional services. | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| <b>13</b> | <b>Other ecological aspects</b>  |  |
| 13.1      | Strengthening the capacities of animal health assurance system, by enhancing the sector of sanitary-veterinary services in the country.                                  | Amendments of legislative acts; budget allocation; corresponding infrastructure. |
| 13.2      | Building monitoring capacities for air, water and soil quality through technical endowment of laboratories of reference.   | Amendments of legislative acts; budget allocation; corresponding infrastructure. |

### Workstream 3: Actions recommended for electoral offers focused on “new policies”

|          | Electoral offers  | Actions   |
|----------|---|---|
| <b>1</b> | <b>Health promotion</b>   |   |
| 1.1      | Switching to ecological transport (cycling), especially for persons living in urban localities.   | Investments are needed in the respective urban infrastructure; new policies for health promotion.                                 |
| 1.2      | Supporting and implementing outreach programs about healthy lifestyle.  | New policies to be developed and approved.  |
| 1.3      | It is planned to develop and implement an action plan for 4 years, with the purpose of promoting healthy lifestyle, reducing risk factors for disease development, including promotion of healthy lifestyle, sport, using social advertising, among others. | The plan may be included in the National Public Health Strategy for 2021-2031.  |
| 1.4      | “Healthy Life” – national program for promoting healthy lifestyle (healthy food, active lifestyle, combatting smoking, use of alcohol and drugs).   | To develop and approve the program.   |
| 1.5      | Promoting harmless healthy products’ consumption, ensuring more rigorous control over imported agro-food products, by developing labs at the regional level, which would be accredited for control over agro-food products.                                 | Inter-sector policies; corresponding infrastructure.  |
| 1.6      | Health programs.  | To develop and approve the program.   |
| 1.7      | Increasing the awareness level about the need to observe a healthy lifestyle at all life stages, reducing communicable and non-communicable disease burden, enhancing integrated control of risk factors for population health.                             | Inter-sector policies; corresponding infrastructure.  |
| <b>2</b> | <b>Local pharmaceutical industry</b>  |   |
| 2.1      | Establishing policies to support local producers for the purpose of ensuring pharmaceutical security.   | A National Program for developing local pharmaceutical industry would cover more aspects for the purpose of supporting this area. |



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| <b>3</b> | <b>Child health and wellbeing</b>  |  |
| 3.1      | We will increase up to 10.000 MDL the allowance for child birth and we will increase by 50% the fiscal exemption for children.   | Amendments of legislative acts; budget allocation.                                     |
| 3.2      | A food assistance program will be implemented for families with many children and low incomes, which will improve significantly children's feeding and, at the same time, will partially compensate the cost of food products for these families.  | Amendments of legislative acts; budget allocation.                                     |
| 3.3      | Every child from our country will receive additionally 200 MDL on monthly basis, since birth until the age of 18 years old.  | Amendments of legislative acts; budget allocation.                                     |
| <b>4</b> | <b>Disease early identification</b>  |  |
| 4.1      | We will strengthen public health prevention system, by finishing the initiated reform. We will support disease prophylaxis programs and healthy lifestyle promotion programs: - "A checkup for you" – annual free-of-charge prophylactic checkup, covering a set of investigations (general blood test, lung radiography, electrocardiogram, mammography, dental checkup, ophthalmological checkup). | Amendments of legislative acts; budget allocation; Institutional capacity of the NPHA. |
| 4.2      | "I take care of myself" – national screening program (cervical cancer, breast cancer, colon cancer, and diabetes).   | Amendments of legislative acts; budget allocation.                                     |
| <b>5</b> | <b>System governance</b>   |  |
| 5.1      | Making more efficient health system governance, at the central and local levels, by developing and implementing policies based on the "no one to be left without access to healthcare" approach.   | Amendments of legislative acts; budget allocation; corresponding infrastructure.       |
| <b>6</b> | <b>Health insurance</b>  |  |
| 6.1      | We support supplementary health insurances and the extension of the role played by private funds, able to co-finance qualitative and sustainable medical services.   | Amendments of legislative acts; budget allocation.                                     |
| 6.2      | We support the right of any person to choose the type of most appropriate health insurance, maintaining the function of state regulation, alongside the function of financing and providing the insurance services, monitoring and interventions in exceptional situations.  | Amendments of legislative acts; budget allocation.                                     |

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| <b>7</b> | <b>Rare diseases</b>  |   |
| 7.1      | Implementation of "Seven lives" Program, according to which the patients suffering from rare diseases and diseases with very expensive treatment would receive essential medicines in the detriment of the republican budget. | Approving the National Plan for Rare Policies; budget allocation; corresponding infrastructure. |
| <b>8</b> | <b>Abortion control</b>   |   |
| 8.1      | We will launch an active educational activity to reduce the number of abortions.  | New policies approved.  |

## Workstream 4: Actions recommended for electoral offers focused on “new strategies in health”

|          | Electoral offers   | Actions  |
|----------|--|--|
| <b>1</b> | <b>General strategies</b>  |  |
| 1.1      | Placing population health in state’s priorities.   | Approving the National Public Health Strategy for 2021-2031. |
| 1.2      | Reviewing state’s approach to health protection and inclusion.   | Approving the National Public Health Strategy for 2021-2031. |
| 1.3      | Restoring the health system for accessible healthcare in all the localities of the country.  | Approving the National Public Health Strategy for 2021-2031. |
| 1.4      | We will increase the budgetary allocations to the health system up to 9% of the public budget.                                     | Approving the National Public Health Strategy for 2021-2031. |
| 1.5      | The expenditures for healthcare will get doubled during 2021-2025.   | Approving the National Public Health Strategy for 2021-2031. |
| 1.6      | Increasing health system potential for prevention, intervention and response to public health emergencies.                         | Approving the National Public Health Strategy for 2021-2031. |
| <b>2</b> | <b>Law on Health and Health Strategy for 2021-2031</b>   |  |
| 2.1      | We will ensure the adjustment of the legislative framework by modernizing the Law on Health.                                       | Approving the Law on health in the new edition.              |
| 2.2      | Developing the new Law on Health in strict compliance with the European norms.   | Approving the Law on health in the new edition.              |
| 2.3      | Finalizing and approving the National Health Strategy for 2021-2031.   | Approving the National Public Health Strategy for 2021-2031. |
| 2.4      | Drafting and implementing the normative framework related to development of the rehabilitation service in the Republic of Moldova. | Approving the Law on health in the new edition.              |

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| <b>3</b> | <b>Health promotion</b>  |  |
| 3.1      | We envisage developing sports infrastructure at the rural level. Sports infrastructure – in every village.   | Approving the National Public Health Strategy for 2021-2031.               |
| 3.2      | “A sporting nation – a prosperous nation” – a national program for attracting public and private investments in the development of sports infrastructure.              | Approving the National Public Health Strategy for 2021-2031.               |
| <b>4</b> | <b>Local pharmaceutical industry</b>   |  |
| 4.1      | Fostering local pharmaceutical industry, enlarging the range of production of medicines, phyto-therapeutic preparations; creating mixed enterprises focused on export. | Approving a National Program for supporting local pharmaceutical industry. |

## Workstream 5: Actions recommended for electoral offers focused on “new health technologies”

|          | Electoral offers  | Actions  |
|----------|---|--|
| <b>1</b> | <b>Telemedicine and information systems</b>   |  |
| 1.1      | We will implement telemedicine.   | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.2      | Implementation of high-tech technology at affordable prices in healthcare, increasing its availability.   | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.3      | Development of modern digital technologies, which would allow increasing access of population to medical services of high specialization, rational use of medicines, remote diagnosis services.   | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.4      | We will foster the use of innovations in healthcare, and will test telemedicine solutions according to the French model.  | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.5      | We will implement modern information systems in healthcare, which would allow introducing electronic passports, interaction among medical institutions, between the medical institution and the patient in real time and providing medical consultations remotely, etc.                       | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.6      | Digitalization of health services through the system of patients' electronic monitoring, integration of services provided systemically and patient's permanent situation.   | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.7      | Intensification of digitalization of processes in health protection system, which would ensure a qualitatively new level in processing information and ensuring the flow of medical information in electronic format among the different structures of the health system, being interrelated. | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |

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| 1.8 | We will fight against the presence of counterfeit and false medicines on the market, we will develop interactive services of constant availability, with the help of which the consumer may inform rapidly about the use of false or counterfeit medicines. | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |
| 1.9 | Modernization of medical services by applying telemedicine technologies.  | Amendments of legislative acts; Changes in the Single Health Insurance Program; budgetary support; corresponding infrastructure. |



## Workstream 6: Actions recommended for electoral offers focused on “human resources”

|          | Electoral offers  | Actions   |
|----------|---|---|
| <b>1</b> | <b>Staffing with health workers</b>   |   |
| 1.1      | A doctor in your village according to the European standards.   | Amendments of legislative acts; new staffing policies.                    |
| 1.2      | Ensuring the health system with motivated and professional labor force.   | Amendments of legislative acts; new staffing policies.                    |
| 1.3      | We will assure the medical institutions with sufficient and competent health workers by increasing salaries, improving working conditions and providing qualitative continuous training. We will increase the allowance for young specialists, including by compensating the expenditures for dwelling and transport. | Amendments of legislative acts; new staffing policies.                    |
| 1.4      | Complete staffing of medical institutions with qualified personnel.   | Amendments of legislative acts; new staffing policies.                    |
| 1.5      | We will ensure at least one doctor in every village of the Republic of Moldova, by finalizing the reform in primary healthcare and fostering free practice of family doctor. There will be no village without a doctor in our country.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 1.6      | We will ensure the localities with a population over 300 persons with a family doctor and nurse, and those with fewer than 300 persons with a nurse (feldsher).   | Amendments of legislative acts; new staffing policies.                    |
| <b>2</b> | <b>Salary and other motivation</b>  |   |
| 2.1      | Increasing the prestige of doctors, including by increasing the minimum salary in healthcare to be 3 times higher than the average salary per economy.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.2      | Increasing doctors' salaries up to the level of judges' salary in Moldova.  | Amendments of legislative acts; new staffing policies; budgetary support. |

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| 2.3  | Increasing the salaries of doctors and pharmacists, health workers with secondary medical and pharmaceutical education, and of other workers in the area, for salaries to really become attractive and fair.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.4  | Developing urgent policies for motivating and maintaining health workers by providing social benefits to health workers, facilities for rural or deprived areas, and for certain specialties.   | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.5  | Salaries in the public health system will be increased by 40%. Salaries of secondary and auxiliary medical personnel will increase proportionally to doctors' salary increase.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.6  | The system of facilities for young specialists with medical and pharmaceutical education, employed in rural areas, will be enhanced: the value of the single allowance will be indexed annually and a partial compensation will be approved for the cost of building or procuring the dwelling.                                   | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.7  | The family doctor will get a salary of at least 35 000 MDL.   | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.8  | Attractive mechanisms for motivating health personnel working in the health system by creating sustainable and efficient conditions for including qualified specialists in all the medical institutions of the country (individual transportation for getting to rural regions, circular employment).                             | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.9  | Introduction through new regulations of facilities expected by health workers (reducing the retirement age, transport facilities, pensions according to undertaken efforts, etc.).  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.10 | Unifying the payroll and social assistance system: minimum salary per economy – 10 thousand MDL; single monthly allowance for children – 1.5 thousand MDL; minimum pension – 4 thousand MDL.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 2.11 | Making more efficient the management of human resources in health sector using efficient methods for motivating personnel: salary motivation, ensuring on-job security, ensuring with dwelling through state programs, like „First house „, early qualitative and safe education services for families with small children, etc.. | Amendments of legislative acts; new staffing policies; budgetary support. |

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| <b>3</b> | <b>Education</b>  |   |
| 3.1      | Reestablishing the profession of Pediatrician.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.2      | Increasing accessibility to qualitative continuous medical education, including outside the country.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.3      | Admission of rural students to medical education institutions shall be free of charge, with free-of-charge places in dormitories, under the condition of concluding contracts which will oblige them to work for 5 years after graduation, according to the distribution made by the line ministry, depending on the needs of medical institutions located, mainly, in rural areas. | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.4      | The State will subsidize the interest rates for bank loans taken to pay for getting medical education, under the condition that after graduation, the specialist will work in Moldova for 10 years.   | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.5      | Updating and adjusting the offer and demand for training scientific and research workers, health workers and medical personnel, depending on the needs and development trends of the health protection sector, ensuring financial opportunities for these measures.   | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.6      | Improving the mechanisms for recruitment, continuous education, maintaining and developing human resources in health system.  | Amendments of legislative acts; new staffing policies; budgetary support. |
| 3.7      | Reviewing by the Medical and Pharmacy University of the strategy for training university specialists, in line with the needs/demands of the medical system.   | Amendments of legislative acts; new staffing policies; budgetary support. |
| <b>4</b> | <b>Insurance and protection against malpractice</b>   |   |
| 4.1      | Making harsher the punishments for provoking health damages and death due to negligence and bad faith of doctors.   | Law on Doctor's and Patient's Rights.                                     |
| 4.2      | Urgent de-politicizing of the health system and stopping the process of appointing the heads of medical agencies and institutions based on political criteria.  | Standardized institutional procedures.                                    |
| 4.3      | Regulating the relations between doctors and patients, protecting both sides against crisis situations and unforeseen circumstances, ensuring the medical workers, but also the patients with safe conditions, certainty and defense of their essential rights (regulating malpractice situations).   | Law on Doctor's and Patient's Rights.                                     |