

## Republic of Moldova (the)



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Total population (2005) <sup>1</sup>	4 206 000
% under 15 (2005) <sup>1</sup>	18
Population distribution % rural (2005) <sup>1</sup>	54
Life expectancy at birth (2004) <sup>2</sup>	67
Under-5 mortality rate per 1000 (2004) <sup>2</sup>	28
Maternal mortality ratio per 100 000 live births (2000) <sup>3</sup>	36
Total expenditure on health as % of GDP (2004) <sup>4</sup>	7.5
General government expenditure on health as % of general government expenditure (2004) <sup>5</sup>	11.3
Human Development Index Rank, out of 177 countries (2003) <sup>5</sup>	115
Gross National Income (GNI) per capita US\$ (2002) <sup>6</sup>	710
Adult (15+) literacy rate (2003) <sup>5</sup>	96.2
% population with access to improved drinking water source (2002) <sup>5</sup>	92
% population with improved access to sanitation (2002) <sup>5</sup>	68

**Sources:**

- <sup>1</sup> United Nations Population Division
- <sup>2</sup> World Health Report 2006
- <sup>3</sup> World Health Report 2005
- <sup>4</sup> WHO data on National Health Accounts
- <sup>5</sup> Human Development Report 2005
- <sup>6</sup> World Development Indicators 2005 (World Bank)

The Republic of Moldova gained independence in 1991 and became a parliamentary republic in 2000. It is one of the poorest countries in Europe and the most densely populated country in the former Soviet Union with an area of 33 844 km<sup>2</sup> divided into 12 administrative regions<sup>a</sup>. After armed conflict in 1992, the left bank of the Dniester River gained a high degree of autonomy and is known as the "self-proclaimed republic of Transdnister".

The economy is based on agriculture and limited industry (mainly in the capital Chisinau); 55% of trade is conducted with the Russian Federation. The country is poor in energy resources (limited coal reserves); it faces serious economic challenges and there is marked regional and social inequity. Governments have been inconsistent in implementing structural and economic reforms.

### HEALTH & DEVELOPMENT

**Deterioration of the population's health status** during the transition after independence is shown in all health indicators. Moldova has one of the lowest levels of life expectancy at birth in the WHO European Region.

**Introduction of compulsory health insurance (CHI)** is the major development in Moldova's health sector. Moldova used to have one of the most extensive healthcare delivery networks in the world. The economic crisis led to major cuts in government expenditures on health care and health standards deteriorated rapidly. Between 1998 and 2000, the Ministry of Health (MOH) drastically reduced the number of primary health care facilities and hospitals, and many rural hospitals were closed. About 95% of all drugs used in the country are imported.

**Communicable diseases are major causes of morbidity and mortality.** There is insufficient capacity to detect and respond to outbreaks. Tuberculosis remains an important public health concern with increasing notification rates (new cases and relapses). The incidence of sexually transmitted infections, particularly syphilis and HIV/AIDS, are also increasing. Viral hepatitis B, C and delta account for a significant morbidity and mortality burden.

**Maternal and child health are relatively poor.** Maternal mortality rates due to pregnancy-related pathologies and complications (such as haemorrhages) remain high. Infant mortality rates are 10-15% higher in rural areas and mainly due to perinatal conditions, reflecting poor maternal health and hospital care. Respiratory diseases are the main causes of infant and under-five mortality<sup>b</sup>.

**Noncommunicable diseases are increasing.** The main reported causes of adult mortality are diseases of the circulatory system, particularly high blood pressure related conditions, followed by cancer, digestive system-related pathology (the country has the highest rate of mortality related to diseases of the digestive system) and poisoning from polluted water sources.

**Lifestyle-associated health problems are widespread.** Smoking is prevalent; around 46% of the male and 18% of the female population smoke<sup>c</sup>. Up to 14% of the population present problems related to excessive alcohol consumption<sup>d</sup>. Unhealthy diet, obesity, iodine and iron nutrient deficiency are common.

**Economic challenges continue.** For over a decade the economic situation has worsened and poverty rates averaged 63% from 1997 to 2001. Industrial development is limited and approximately 45% of employment is provided by agriculture which contributes 31% of gross domestic product (GDP). Socioeconomic development is hindered by unemployment, inequality in income distribution and massive workforce migration. Migration is particularly high in rural areas where up to 10% of the population of every small community works abroad<sup>e</sup>. Moldova remains highly indebted and is dependent on neighbouring Romania, the Russian Federation and Ukraine for energy. There are some tentative signs of economic recovery with growth in GDP, but this is mainly driven by consumption rather than production.

<sup>a</sup> Republic of Moldova, Common Country Assessment, UNDP 2000.

<sup>b</sup> The situation of children and women in the Rep. of Moldova, 2001, Assessment and analysis, UNICEF Moldova. 2001.

<sup>c</sup> The European Report on Tobacco Control Policy. European Ministerial Conference for Tobacco-free Europe. Warsaw, WHO, 2002.

<sup>d</sup> UNDP, Moldova National Human Development Report, 1999. UNDP, Chisinau, 1999.

<sup>e</sup> IOM, Trafficking in Women and Children, Moldova 2001.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Health sector reform perceived as a top priority for the MOH</li> <li>• Government approval of the National Strategy of the Integrated Health Information System development, the National Strategy for Reproductive Health 2005-2015 and the National Cancer Control Programme 2005-2010</li> <li>• The 2004-06 Economic Growth and Poverty Reduction Strategy Paper (EGPRSP) became the legal basis of a policy framework for sustainable development</li> <li>• MOH recognized the need to enhance managerial capacity of service providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Despite constant structural changes the MOH remains institutionally weak</li> <li>• Unavailability of medicines and obsolete equipment limit the quality of healthcare services</li> <li>• Inadequate health financing system despite the introduction of CHI</li> <li>• Poor use of the health information system for stewardship and decision making</li> <li>• Effective immunization programme hindered by vaccine shortages and lack of equipment.</li> </ul>

## PARTNERS

International partners are active in the health sector in the country, providing help in the form of technical assistance, training and donations with special focus on health system development, maternal and child health and communicable disease (HIV/AIDS, tuberculosis, immunizations).

Multilateral agencies include the European Union, the International Development Association and the World Bank. The Global Fund to fight AIDS, Tuberculosis and Malaria supports the HIV/AIDS and tuberculosis programmes; the Global Drug Facility provides first-line drugs for tuberculosis management.

Bilateral partners include Japan, Sweden, Switzerland and the United States of America. Codex Alimentarius and international nongovernmental organizations such as Caritas Luxemburg, Counterparts International, the International Federation of Red Cross Societies, the Peace Corps, the Pharmacists Without Borders, the Soros Foundation, and some others are also important contributors to health assistance.

United Nations (UN) agencies are working in poverty alleviation, integrated management of childhood illnesses (IMCI), control of diarrhoeal diseases and acute respiratory infections, reproductive health and family planning and HIV/AIDS prevention.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The Government developed credible relations with international partners</li> <li>• Consensus among major international partners could have a synergistic impact at political level</li> <li>• World Bank-approved Country Assistance Strategy (CAS) for 2005-08 lending, analytical work and technical assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak stewardship, coordination and management capacity of the Government.</li> </ul>

## WHO STRATEGIC AGENDA (2004-2010)

WHO will contribute to health sector development, advocating health promotion policies and providing technical leadership in collaboration with the Government and other actors in the health sector to make the health system more responsive to the needs of the population and to enhance the stewardship capacity of the MOH. The strategic agenda focuses on:-

- **Health financing.** Supporting health financing policy development particularly on the conceptual design of the new health financing system; provide technical assistance for the analysis of interventions.
- **Health policy: monitoring and evaluation; health information system.** Framing and enabling policy and creating an institutional environment for the health sector; promoting an effective health dimension to social, economic, environmental and development policy. Provide technical assistance to the MOH in use of information for stewardship, prioritization, monitoring and evaluation, supervision and decision-making.
- **Human resources (HR).** Providing technical assistance for systematizing primary health care as the basis for delivering integrated primary care and improving the effectiveness of referral systems. Assistance for restructuring HR, reducing brain drain and increasing HR capacity in line with efforts to strengthen primary health care facilities.
- **Pharmaceuticals:** Strengthening pharmaceutical regulation and monitoring of national drug policy implementation.
- **Disease prevention and control.** Providing technical support for disease prevention and control. Reducing morbidity and mortality from tuberculosis and HIV/AIDS; improving maternal and child health through an integrated approach; addressing maternal mortality through prevention, treatment and logistics.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/mda/en/>

EURO country page <http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=MDA&CtryInputSubmit>

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