Biennial Collaborative Agreement

between

the Ministry of Health of the Republic of Moldova

and

the Regional Office for Europe of the World Health Organization

2024/2025

Signed by:

For the Ministry of Health

Signature | *Date* 21 November 2023

Name *Dr Ala Nemerenco* | *Title* Minister of Health

For the World Health Organization

Signature | *Date* 21/11/2023

Name *Hans Henri P. Kluge* | *Title* Regional Director for Europe

Table of contents

Contents

INTRODUCTION 2

TERMS OF COLLABORATION 3

PART 1. STRATEGIC OUTLOOK ON COLLABORATIVE PRIORITIES 4

PART 2. PROGRAMMATIC PRIORITIES FOR COLLABORATION IN 2024/25 12

PART 3. BUDGET AND COMMITMENTS FOR 2024–2025 13

3.1 Budget and financing 13

3.2 Commitments 13

3.2.1 Commitments of the WHO Secretariat 13

3.2.2 Commitments of the Government 13

LIST OF ABBREVIATIONS 14

ANNEX 1: GPW 13 RESULTS FRAMEWORK 15

ANNEX 2: BIENNIAL COLLABORATIVE AGREEMENT (BCA) – REPUBLIC OF MOLDOVA 16

ANNEX 3: COUNTRY IMPACT AND RESULTS FRAMEWORK 20

Introduction

This Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Ministry of Health of the Republic of Moldova, on behalf of its Government, for the biennium 2024–2025 constitutes a practical framework for collaboration, agreed in a process of successive consultations between national health authorities and the WHO Regional Office for Europe on behalf of WHO, and with the overall aim to achieve the targets of the WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), the European Programme of Work 2021-2025: United Action for Better Health in Europe (EPW) and of the national health policies of the Republic of Moldova.

GPW 13 provides a high-level strategic vision for the work of WHO and its Member States and provides an overall direction for the five-year period beginning in January 2019. WHO's Programme budget 2024–2025, as approved by the Seventy-fourth World Health Assembly, aims to turn the vision of GPW 13 into reality by delivering positive health impact for people at the country level. Its results framework (see Annex 1) demonstrates how its inputs and outputs translate into and are crucial for achieving the triple billion targets of GPW 13 and for maximizing impact on people's lives at the country level.

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the European Programme of Work 2020-2025, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. In line with the EPW the BCA thus aims to support the Republic of Moldova in promoting universal access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.

Description of the Biennial Collaborative Agreement

Through a consultative process, WHO and the Republic of Moldova agreed on the broad prioritization of areas for collaboration, which were reviewed and refined in preparation of this document. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and services deliverables.

Achieving the prioritized outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Republic of Moldova.

BCA will be implemented through optimal and best fitting modes of delivery ranging from country-specific (for outputs that are highly specific to the needs and circumstances of individual countries), to intercountry (addressing countries' common needs using Region-wide approaches) and multicountry (for subregional needs).

Terms of collaboration

The collaborative programme may be revised or adjusted during the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2024–2025 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Government as a result of, for example, changes in the country's health situation, changes in the country's capacity to implement the agreed activities, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

The Ministry of Health will nominate a WHO national counterpart and national technical focal points. The national counterpart will be responsible for the overall coordination of the implementation of the BCA on the part of the Ministry and will liaise with all national technical focal points on a regular basis. The WHO representative (WR) in the Republic of Moldova will be responsible for implementation of the BCA on behalf of WHO in close coordination with and overseen by the Regional Office and will coordinate any required support from WHO headquarters.

Implementation will start at the beginning of the biennium 2024–2025.

WHO will allocate baseline budget for the biennium as an indicative estimated costs of delivering the planned work. To the extent possible, this budget allocation will encompass the total expenditure for the implementation of BCA, regardless of level of WHO from which the work will be delivered. Funding will come from both WHO corporate resources and any other resources mobilized through WHO. These funds will not be used to subsidize or fill financing gaps in the regular operations and delivery of services of the health sector, to supplement salaries or to purchase supplies. Activities and purchases of supplies and donations as part of crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

The expenditures on staffing of WHO based in WHO headquarters, the Regional Office and the staff of the Country office in the Republic of Moldova are not reflected in the indicated budget.

The value of the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA or the indicated budget.

This BCA is open to further development and contributions from other sources, in order to supplement the existing programme or to introduce activities that have not been included at this stage.

PART 1. Strategic outlook on collaborative priorities

1.1.Health Situation Analysis

1) country context

The Republic of Moldova, a country of 2.51 million inhabitants[1] applied for EU membership in March 2022 and on 23 June 2022 the European Council granted candidate status to Moldova[2]. Parallel to the enlargement process, the EU and Moldova also cooperate to strengthen political and economic relations, including through the Eastern Partnership. Since 2016, an association agreement between the EU and Moldova is in force and the partners have been continuously working on its implementation, aimed at further deepening Moldova's political association and economic integration with the EU.

The EU candidate status creates premises for intensifying the process of harmonization of national regulatory frameworks with the EU acquis in all areas of social and economic life of the country according to a defined agenda with priorities set. Health sector has identified around 3,000 regulatory acts that require priority revision, along with feasible and accountable mechanisms of their implementation.

Moldova has achieved good progress in terms of advancing human development over the last decades. Between 1990 and 2019, the Human Development Index (HDI) value of Moldova increased from 0.690 to 0.750, an increase of 8.7%. Life expectancy at birth has increased by an annual average of 1.6 years over the last six years, primarily due to decline in infant mortality rates. The gross national income of Moldova *per capita* decreased by about 3.6% between 1990 and 2019.[3]

Overall social cohesion in the country is fragile, according to the United Nations Moldova Social Cohesion and Reconciliation (SCORE) Index[4]. High rates of migration and the resultant brain drain, repressive attitudes towards women and poor social tolerance continue to impact on overall social cohesion, as does the protracted Transnistria Region conflict.

The country has started an ambitious pathway towards EU accession at the times of economic crisis in the Region and in country in particular. The war in Ukraine succeeds the COVID-19 pandemic and the country is still in protracted crisis and in emergency situation according to the Parliament Decision as of 24 February 2022[5].

Since 24 February 2022, over 890,000 individuals have fled from Ukraine to the Republic of Moldova. Out of this total, approximately 110,000 refugees (which represents some 4,4% of the population of Moldova), currently remain in the country, and more arrive daily. The refugee population in Moldova comprises mainly women (59% of all age groups), children (46%, 24% boys, and 22% girls), and older persons.

Nearly one and a half year later, WHO, jointly with the Ministry of Health, continues to coordinate the health system response to the Ukranian refugee emergency declared by the Government, helping the health system to adapt to the changing environment. Refugee response health interventions are being coordinated with the Ministry of Health and other central and local public authorities and are aligned with the national health system development strategies.

Since March 2023, refugees in Moldova have had access to a more stable and predictable legal status by implementing of the temporary protection regime, which requires partners to support refugees' access to the associated rights – including health care (emergency and primary healthcare). The national health system is stretched and requires sustained support.

[1] https://statistica.gov.md/index.php/ro/statistic_indicator_details/25
[2]https://www.consilium.europa.eu/en/policies/enlargement/moldova/#:~:text=Moldova%20applied%20for%20EU%20membership,on%20its%20EU%20membership%20application.
[3] https://moldova.un.org/sites/default/files/2022-11/Common%20Country%20Analysis%202021%20%28UN%29%205.pdf
[4] United Nations Moldova, Moldova Social Cohesion and Reconciliation Index (2018).
[5] https://www.legis.md/cautare/getResults?doc_id=130079&lang=ro

Strengthening the health system capacities is key to supporting Moldovan society in addressing the needs of host and refugee communities.

2) health and health equity situation in the country,

According to the 2023 Sustainable Development Report, the Republic of Moldova was ranked 25 out of 166 countries, based on SDG Index Rank. The level of SDG targets achievement by the Republic of Moldova is 78.6%, positioned above the regional average (71.8%), with a slight trend of increase over the last several years.. More than 75% of SDG3 (Health) targets were assessed as being achieved or on track in the Republic of Moldova, which is considered "moderately good progress".

However, inequalities and barriers to access to health services persist. Although the proportion of the population with mandatory health insurance has increased, out-of-pocket payments are still significant, and in 2019 they accounted for approximately 36% of total health expenditure.

The significant share of out-of-pocket payments leads to multiple cases of catastrophic spending, inequity among socio-economic strata and the possibility of more people falling below the poverty line. The share of catastrophic health expenditures (more than 40% of the payment capacity of households) was 17.1% in the Republic of Moldova in 2016, up from 14% in 2008, which is higher when compared to most European countries. For the most part, they are borne by the poorest quintiles of the population, concentrated among the rural population and pensioners.

The main gaps in coverage are related to a significant number of uninsured people; very limited positive list of outpatient prescribed medicines covered by insurance; co-payments for medicines; and informal payments, particularly for inpatient care. Although the financial accessibility of health care services is improving, some social groups continue to face significant unmet demand for health care services. Every second elderly person is limited in their opportunities of living an independent, healthy, and safe life, while in the EU countries only a third of the elderly are in such a situation.

The 2019 WHO estimate UHC index score for the Republic of Moldova was 67, increasing by 37% since 2000. Official national data are not currently available.

Regarding the general population, the proportion with mandatory health insurance (MHI) increased slightly from 76.4% to 81.9% in 2014 to 2020 respectively, below the level of EU countries of 83-100%.

In the Republic of Moldova, as in most countries with economic growth, total health expenditures increased faster than GDP. In 2017, for example, total health expenditures in the Republic of Moldova accounted for 7% of GDP, more than the global average (6%), but remained less than the average for the WHO European Region (8%).

Health care costs are expected to rise in the Republic of Moldova due to an increased risk of communicable diseases, including the COVID-19 pandemic and the prevalence of NCDs increasing. The trend in healthcare costs continuing to rise will be amplified by the emergence of new drugs and increasingly sophisticated diagnostic and treatment procedures.

Optimizing budget allocations for health, sufficiently widening the fiscal space and prioritizing health in public spending, with an emphasis on UHC, while ensuring fiscal sustainability, remains the basic requirement of funding policies in the National Health Strategy 2030. It is appropriate to increase, sufficiently and efficiently, public spending on health, in line with the national context and priorities and to achieve the target recommended by the WHO and its Member States – to increase by 2030 by at least 1% of GDP. This is crucial for achieving UHC and the health-related SDGs, as well as for sustainably financing the health needs of the population of the Republic of Moldova.

The Republic of Moldova has seen an almost continuous increase in life expectancy over the past two decades, largely due to improved socio-economic and environmental conditions and

better preventive and curative health services. However, the COVID-19 pandemic caused a decrease in life expectancy in 2021, bringing the average to 69.1 years, 11.3 years lower than the average life expectancy at birth in the 27 EU countries in 2020 (80.4 years). Women have a significantly longer life expectancy than men (73.1 years and 65.2 years, respectively), with rural populations living less than urban populations (68.5 years and 69.8 years, respectively).

The population of the Republic of Moldova faces a double communicable and non-communicable disease burden. The country ranks among those with the highest overall mortality rate in the European region due to non-communicable diseases.

According to estimates by the Institute for Health Measurement and Evaluation[6], the main risk factors determining the burden of disease, measured in potential years of healthy life lost through disability or premature death (DALYs), in the Republic of Moldova are high blood pressure, dietary behaviour, and tobacco use, followed by obesity, alcohol consumption and high plasma glucose levels.

The prevalence of non-communicable diseases remains high. Data from the Population Access to Health Services Survey 2021 indicate that every third person (31.1%) suffers from at least one chronic disease, and every second person suffers from at least two chronic diseases.

Over several years, cardiovascular, respiratory diseases, cancer, diabetes mellitus, chronic hepatitis and cirrhosis, and mental disorders, have been the leading cause of death among the population and are responsible for about 40% of primary disability and around 80% of mortality.

Thus, in 2021, 53.2% of deaths were caused by diseases of the circulatory system, 12.6% - by malignant tumours, 6.3% - by diseases of the digestive system, 4.4% - by diseases of the respiratory system (19.3% of deaths from other causes, predominantly COVID-19), and 4.2% - by accidents, poisoning, and trauma.

At the same time, mental health problems are becoming increasingly evident among the population of the Republic of Moldova. According to data from the Ministry of Health, one in twelve adults shows characteristic signs of depression, with a frequency twice as high among women (10.8%) than among men (5.8%).

The *Household survey on the prevalence of noncommunicable disease risk factors (STEPS)* was conducted in 2021/22 to determine the current prevalence of common modifiable risk factors among the population of the Republic of Moldova using WHO-approved methods, to evaluate trends comparing data with the 2013 survey results and findings, and to contribute to monitoring and evaluation of the implementation of the national programs in the area of NCDs prevention and control. Some of STEPS survey results show a clear need to focus on supporting the country to decrease the burden of NCDs by reducing their leading behavioural and metabolic risk factors.

Namely, in the Republic of Moldova, 29.9% of the population reported being current tobacco users, and the prevalence in men was about seven times higher (52.0%) than among women (7.7%). Almost 16% of young people have tried smoking at some point in their lives, with the prevalence of tobacco use highest among 15- and 17-year-old boys (12% and 26%, respectively)[7]. The rise in popularity of new tobacco products such as e-cigarettes, hookahs, and heated tobacco increased tobacco consumption among the population.

Almost half of the population reported consumption of unrecorded alcohol during the past seven days among current drinkers (53.2% of the men and 38.9% of the women). Unrecorded alcohol consumption accounted for 41.5% and was higher in rural areas in comparison with urban ones (49.5% vs 34.9%). Among young people, 1 in 10 adolescents has been drunk two or more times

[6] https://vizhub.healthdata.org/gbd-compare/, http://www.healthdata.org/moldova

in their lifetime[7]. In addition to the broad spectrum of health problems it causes, alcohol consumption, associated with a multitude of negative social aspects such as family and community violence, public disorder, poor work performance, requires a comprehensive approach and multi-sectoral interventions.

Fruit and vegetable consumption is generally low: 63.4% of the population reported consuming fewer than five servings of fruit and vegetables per day, thus not meeting WHO recommendations and being at higher risk for NCDs. Sugary sweetened soft drinks are consumed daily by 5.3% of the population and 4-6 times per week by 13.5%. In the case of young people, less than half of adolescents (46%) eat fruit daily, and 3 out of 10 continue to consume sweets daily[7].

The average consumption of salt among the population of the Republic of Moldova (10.8 g per day), exceeds twice the WHO recommended maximum limit of 5 g per day is very high[8]. More than 60% of all food products sold in street food, fast food, and supermarket establishments have trans fatty acid content in amounts exceeding the WHO recommended limit recently legislated in most European countries[9].

Physical inactivity is another major factor causing overweight and obesity, cardiovascular disease and diabetes with one in 11 individuals (9.1%) did not meet WHO recommendations on physical activity for health, with a decreasing trend in time spent on physical activity for both sexes and all ages. Not meeting WHO recommendations on physical activity for health is about two times more frequent among the urban population (12.9%) than among rural one (5.0%).

Every twelfth adult (8.3%) reported symptoms consistent with depression, with prevalence twice as high among women (10.8%) as among men (5.8%). Only one in seven individuals with probable depression (1.7% of the overall population) had been told by a doctor or healthcare professional that they had depression. Every second person diagnosed with depression (54.5%) is receiving treatment, either with antidepressant medication or psychological therapy.

The state of the environment is crucial to human health and well-being, and polluted water and air, exposure to noise, and hazardous chemicals pose major risks to people's health. In the Republic of Moldova, the main sources of air pollution are emissions from car transport and stationary sources of economic agents. In 2020, the share of exceeding the maximum permissible concentration of pollutants in atmospheric air was 17.7% of the total air samples investigated. According to the National Agency for Public Health data, the share of water samples that do not comply with the sanitary standards established by law constitutes 71% of underground sources and 74% of wells. Non-compliance with microbiological parameters is in 26.5% of underground sources, about 9.2% of urban communal aqueducts, 37% of rural aqueducts, and 55% of wells.

3) national health and development agenda

On 14 June 2023, the Government of the Republic of Moldova has approved the National Health Strategy "Health 2030"[10]. The country has defined its major priorities in health for the next seven years after a thorough process of consultation with national and international development partners, with support from WHO and other UN agencies. The National Health Strategy will focus on the following areas: public health; health services; medicines and medical devices; medical staff; digitizing the health system and ensuring its interoperability; financing the health system; governance of the health system.

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[7] WHO (2020), Adolescent Health Behaviours and Perceptions (WHO Collaborative Study of Health Behaviours in School-aged Children (HBSC) 2017-2018 for Europe and Canada

[8] WHO (2018), Study on dietary salt consumption in the Republic of Moldova, 2016). At the same time, the availability of products with increased trans fatty acid content

[9] WHO (2017), The food environment description in cities in Eastern Europe and Central Asia - Republic of Moldova

[10] https://www.legis.md/cautare/getResults?doc_id=138493&lang=ro

Public health targeted actions are required to maintain the positive trends of decreasing some behavioural and environmental risk factors in the country, together with addressing the high prevalence of other risk factors having a negative impact on the population health. Joint efforts will prevent additional social costs, both at individual and community levels.

WHO has addressed the SDG 3 achievement progress in Moldova through the prism of health system “building blocks”: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. This allowed us identifying major areas of concern that might have an impact on the achievement of the health and health-related SDG targets, including:

- Financing the health sector out-of-pocket expenditure on healthcare, including for medicines remains high, creating financial barriers towards accessing healthcare.
- Health workforce capacity and capability issues. Emigration of skilled workers, uneven geographical distribution of health workforce.
- Need for improvement of public health emergencies preparedness and response planning base on the “all hazard” approach.
- Need for integration of health and health-related data at both national and local levels.

4) partnership environment

Moldova has actively engaged with various international partners and organizations to address its developmental challenges. The country has been a recipient of aid, investments, and technical assistance from entities such as the European Union, the United Nations, the World Bank, and other bilateral donors. These partnerships aim to support Moldova's efforts in areas such as governance, economic reforms, social development, and healthcare.

The Government of the Republic of Moldova and the United Nations are committed to working together to achieve the national development priorities, the Sustainable Development Goals and other internationally agreed development goals and treaty obligations.

Above all, strategic planning for health sector improvement in Moldova is taking WHO’s Thirteenth General Programme of Work, 2019–2023 (GPW 13) outcomes prioritization as the Point of departure. Particularly, the Member States in partnership with WHO with continue the operationalization of GPW 13 through prioritization of its nine technical outcomes and the cross-cutting outcome on data and innovation for the five-years duration of GPW 13, thus providing a medium-term strategic planning horizon agreed between WHO and Member States.

An umbrella bringing together 12 of the leading global health and development organizations, the Global Action Plan for Healthy Lives and Well-being for All (GAP) and is an initiative to enhance coordination across UN Agencies and other development partners for better health and well-being.

1.2. Strategic Priorities and Key Interventions

The National Health Strategy of Moldova establishes the major objectives in all areas of health sector interventions through the prism of health system “building blocks”: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. A fundamental reconfiguration of the public health system aimed at protecting health, preventing diseases and promoting responsible behaviour is imperative in the context of the current health profile of the population of Moldova.

Strategic Priority 1: Reducing the burden of communicable and non-communicable diseases through disease prevention, health protection and health promotion at all age.
Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.

Key interventions: WHO will support the country to:

- Strengthen integrated patient-centred TB, HIV, Hepatitis, STIs prevention and control services;
- Implement 2023-2027 National Program for Prevention and Control of Noncommunicable Diseases;
- Implement 2023-30 National Mental Health Program with focus on community engagement and social services development;
- Implement National Cancer Control Program with system strengthening actions;
- Strengthen the capacity of MNCAHA system (maternal, newborn, child, adolescent health and aging);
- Implement the European Immunization Agenda 2030.

Strategic Priority 2: Strengthening access to high-quality, people-centred health services in PHC and hospital system, with focus on comprehensive essential service packages for both general and refugee population

Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.

Key interventions: WHO will support the country to:

- Strengthen people centred PHC and improve access to comprehensive essential service packages for both general and refugee population;
- Build capacities in provision of emergency medical care;
- Design the regionalization of service delivery for critical care and support further implementation;
- Strengthen disability, rehabilitation and assistive technology and palliative care policies and their implementation;
- Strengthen healthcare quality management system.

Strategic Priority 3: Strengthening the public health system for emergency preparedness and response

Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.

Key interventions: WHO will support the country to:

- Implement IHR National action plan, followed by proper monitoring and evaluation, including after action reporting (AAR);
- Ensure operational readiness based on identification of risks and improve capacity for emergency response, with sustainable epidemic intelligence, and event based and routine surveillance system update;
- Strengthening the public health emergency operation centre (PHEOC) covering CBRN threats mitigation and High Threat Pathogens detection and management;
- Strengthen One-Health collaboration for effective pandemic preparedness, including the maintenance of Tripartite "One Health" collaboration of WHO/FAO/OIE with national authorities;
- Consolidate cooperation between the national emergency response mechanisms with GOARN, EMTs and Global Health Cluster;
- Develop the essential health service delivery regulatory and operational framework with continuity and maintenance of EHS in emergencies.

Strategic Priority 4: Strengthening country capacity to address social determinants of health across the life course

Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.

Key interventions: WHO will support the country to:

- Address inequities, mainstream gender, equity and human rights in health and broader programmes;
- Implement Environment and Health strategic framework in line with WHO Climate Change priority settings;
- Implement Protocol on Water and Health and improve and monitor global access to WASH in communities, health care facilities and schools;
- Advance FCTC implementation and in the process of accession to the FCTC Protocol on combating illicit trade of tobacco product;
- Strengthen Occupational Health Framework, including HCW safety;
- Prevent unintentional road traffic injury and safer mobility measures, and trauma care (Save Lives package);
- Support in development and implementation of national programs for Health Promoting Schools network, Healthy Cities initiatives and Age-friendly villages – with different communities' engagement.

Strategic Priority 5: Develop in country capacities to implement and maintain digital solutions in health
Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.
Key interventions: WHO will support the country to:
- Develop country capacities in research and promote capacity building to take informed decisions, generate trust and support digital health investments;
- Improve Health Data management and Digital Health action plan and framework implementation;
- Develop and implement eHealth standards, coding and terminologies;
- Strengthen legal framework on digital health.

Strategic Priority 6: Ensure a more equitable access to health products through global market shaping and efficient and transparent procurement and supply systems for medicines and medical devices
Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.
Key interventions: WHO will support the country to:
- Strengthen procurement and supply chains management;
- Strengthen the NRA authority capacity in developing the national bioengineering network;
- Improve nutrition policies ensuring their alignment with existing evidence and CODEX ALIMENTARIUS and regulatory framework in line with EU acquis on novel food, additives and food supplement.

Strategic Priority 7: Implementing equitable health financing strategies and reforms to sustain progress towards universal health coverage
Justification: This strategic priority addresses an area of public health need and is aligned with the national health aims.
Key interventions: WHO will support the country to:
- Improve strategic purchasing for all levels of care (inpatient and outpatient);
- Align policy to increased public funds in health sector, including for national programs and public health services to ensure financial sustainability;
- Strengthen financial protection and build capacity for producing national health accounts and reporting health expenditures according to SHA 2011.

1.3.Implementing Arrangements

To achieve the BCA's priorities and areas of cooperation, technical assistance will be provided to the Ministry of Health and necessary medical equipment and supplies will be purchased. To this end, the Country Office cooperates with the Ministry of Health, national partners, NGOs, and international partner agencies to implement the agreement. In addition, the Country Office is working with the academic community and the media. The implementation of this agreement requires technical support from both the Regional Office (RO) and the Headquarters (HQ).

1.4.Monitoring and Evaluation

Annual monitoring, mid-term, and final review/evaluation activities are scheduled. The WHO Secretariat will provide reports on its annual and biennial program budget implementation to the Regional Committee.

PART 2. Programmatic priorities for collaboration in 2024/25

The collaboration programme for 2024–2025, as detailed in Annex 2, is grounded in the above analysis and was mutually agreed on and selected in response to public health concerns and ongoing efforts to improve the health status of the population of the Republic of Moldova.

Above all, strategic planning for health sector improvement in Moldova is taking WHO's GPW 13 outcomes prioritization as the point of departure. Particularly, the the Republic of Moldova along with other Member States partners with WHO to continue the operationalization of GPW 13 through prioritization of its nine technical outcomes and the cross-cutting outcome on data and innovation for the five-years duration of GPW 13, thus providing a medium-term strategic planning horizon.

The high vulnerability of the health system to global epidemics, including that of COVID-19 pandemic, followed by regional refugee crisis, has demonstrated the need for reform to ensure universal access to essential services, safe, qualitative and affordable medicines and vaccines. With the input from a myriad of contributors, opinion leaders, representatives of CSOs, academia, citizens and corporate citizens, the Government of Moldova underwent the first Voluntary National Review (VNR) of its efforts to achieve the Sustainable Development Goals. It reflects the joint work done in health system strengthening, to which WHO has contributed enormously. The VNR, together with other similar analytical exercises, trace the main directions of further interventions for 2024-25, aligned to WHO's GPW13 and EPW.

Based on the UNSDCF 2018-22, health falls under the priority area of Inclusive and equitable social development, with the outcome for the "*people of Moldova, in particular the most vulnerable, to demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services*". This serves as a mutual accountability framework between the Government of Moldova and United Nations system agencies.

The principles of universal health coverage (UHC), based on fairness and non-discrimination, respect and dignity, quality and accessibility of health services to name a few, form the foundation of the new National Health Strategy of Moldova-2030, developed with technical support from WHO. Its main vision is *"By 2030, the health of the population will improve significantly, supported by a modern and efficient health system, organized based on the principles of universal coverage with quality health services, which contributes to achieving the Sustainable Development Goals"*. This vision grew on the strong partnership with the UN agencies, including WHO, in regard to health with the Government of Moldova and pertinent national stakeholders, and is envisaged in BCA 2024-25 implementation period. Many aspects of the long-term national health strategy are a reflection of EPW, a WHO living document, which has been developed in consultation with countries and depicts coordinated efforts to be made in the European states during the COVID-19 pandemic and beyond. The new BCA 2024-25 includes aspects of health care service provision to every person in the Republic of Moldova, including the large group of refugees, asylum seekers and forcefully displaced people from Ukraine, other local vulnerable groups of people, work migrants and returnees to Moldova.

Finally, the BCA has incorporated all global health initiatives, including universal access to immunization services, digital health, and healthy behaviour changing strategies. Emergency context considered in line with GPW13 and EPW, and with consideration of protracted crisis in the region due to the war in Ukraine.

PART 3. Budget and commitments for 2024–2025

3.1 Budget and financing

The total budget of the Republic of Moldova BCA is US$ 3,000,000.00. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA74.3, the Director-General will make known the distribution of available funding, after which the Regional Director can consider the Regional Office's allocations to the BCAs.

The WHO Secretariat will report on its annual and biennial programme budget implementation to the WHO Regional Committee for Europe and the World Health Assembly.

3.2 Commitments

The Government and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver this BCA.

3.2.1 Commitments of the WHO Secretariat

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the outputs and deliverables defined in this BCA. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution in line with WHO's rules on procurement.

3.2.2 Commitments of the Government

The Government shall engage in the required policy and strategy formulation and implementation processes, and, to the extent possible, provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

LIST OF ABBREVIATIONS

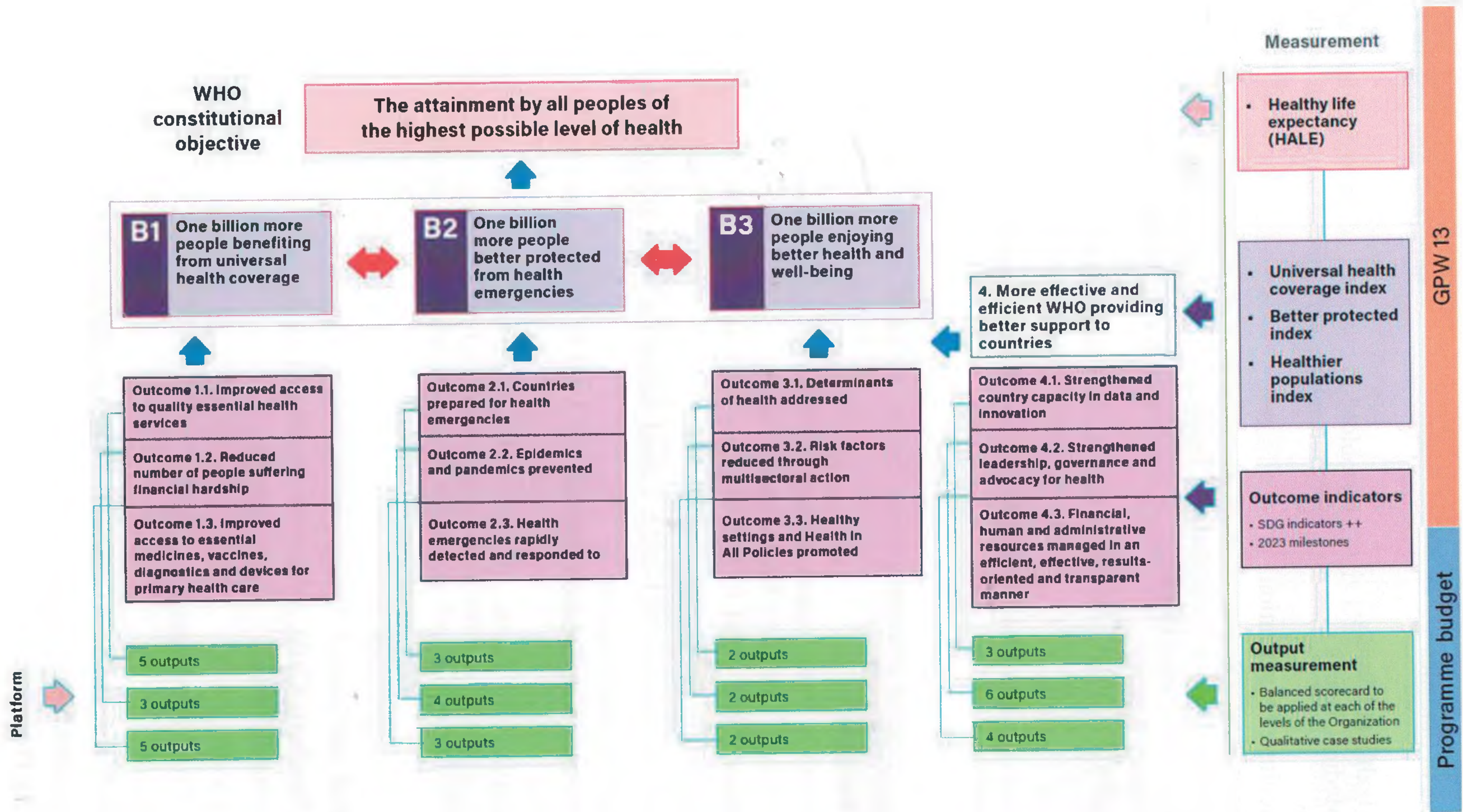
General abbreviations

BCA – biennial collaborative agreement
BNS – National Bureau of Statistics
CO – country office
EHS – Environment Health and Safety
EMTs – Emergency Medical Teams
EU – European Union
FAO – Food and Agriculture Organization
GDP – Gross domestic product
GPW 13 – WHO Thirteenth General Programme of Work
NAPH – National Agency for Public Health
NRA – National Regulatory Agency
OIE – World Organization for Animal Health
SDG – Sustainable Development Goal
UHC – Universal Health Coverage
UNSDCF - United Nations Sustainable Development Cooperation Framework
WR - WHO Representative

Technical abbreviations

AAR – After Action Reporting
AMR – Antimicrobial Resistance
CBRN – Chemical, Biological, Radiological and Nuclear materials
COVID-19 - Infections disease caused by SARS-CoV-2 virus
DALYs – Disability Adjusted Life Years
EPHO – Essential Public Health Operations
EPW - European Programme of Work 2021-2025: United Action for Better Health in Europe
EWAR - Early Warning Alert and Response
FCTC – Framework Convention on Tobacco Control
GAP - Global Action Plan
HCW – Health Care Worker
HDI - Human Development Index
HRH – Human Resources for Health
IHR – International Health Regulations
IPC – Infection Prevention and Control
MNCAHA - Maternal, Newborn, Child, Adolescent Health and Aging
NCDs – Noncommunicable diseases
PHC – Primary Health Care
PHEOC - Public Health Emergency Operation Centre
PHS – Public Health Services
SCORE - United Nations Moldova Social Cohesion and Reconciliation Index
SHA - System of Health Accounts
SOP – Standard Operating Procedure
STEPS - Household survey on the prevalence of noncommunicable disease risk factors
STIs – Sexually Transmitted Infections
TB – Tuberculosis
WASH - Water, Sanitation and Hygiene

ANNEX 1: GPW 13 RESULTS FRAMEWORK



ANNEX 2: Biennial Collaborative Agreement (BCA) – Republic of Moldova

Biennial Collaborative Agreement (BCA) – Republic of Moldova

Strategic Priority / Outcome	Output	Description of Products or Services
SP1. One Billion More People Benefiting from Universal Health Coverage		
1.1	1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	Strengthening people-centred PHC and improve access to comprehensive essential service packages for both general and refugee population; Build capacities in provision of emergency care; Support to design the regionalization of service delivery for critical care; Support in strengthening disability, rehabilitation and assistive technology policies development and implementation; Support in strengthening palliative care policies development and implementation; Technical assistance to strengthen the healthcare quality management; IPC core components implementation.
	1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	Technical support in strengthening integrated patient-centred TB, HIV, Hepatitis, STIs prevention and control services; Support to government in revision of the mental health coercive treatment in persons committing crimes; Support in national 2023-30 mental health program implementation with focus on community engagement and social services development; Support in National Cancer Control Program implementation with system strengthening actions; Support in 2023-2027 National Program for Prevention and Control of Noncommunicable Diseases implementation with a focus on system strengthening actions and community engagement.
	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	Strengthening the capacity of MNCAHA (maternal, newborn, child, adolescent health and aging); Technical support in implementation of European Immunization Agenda 2030.
	1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	Technical assistance for health system governance strengthening; Support development of collaborative local plans with local public authorities.
	1.1.5 Countries enabled to strengthen their health and care workforce	Technical assistance to strengthen HRH management.

Strategic Priority / Outcome	Output	Description of Products or Services
1.2	1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	Improve strategic purchasing for all levels of care (inpatient and outpatient); Support policy alignment to increased public funds for national programs and public health services to ensure financial sustainability.
	1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making	Provide technical support for strengthening financial protection; Coordination and capacity building for producing national health accounts and reporting health expenditures according to SHA 2011.
	1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy	Develop core capacities in health economics for evidence-informed decisions; Support in-country costing exercises, identification of resource gaps & allocative efficiencies for resource mobilization.
1.3	1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists	Improvement of legal framework of medicines and medical device in line with the EU Regulations; Support in development and implementation of essential medicines and medical devices lists; Support in improvement of regulatory framework in line with EU acquis on novel food, additives and food supplements.
	1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	Strengthening procurement and supply chains management; Support in strengthening the NRA capacity in developing the national bioengineering network; Support national authorities in improving nutrition labeling policies ensuring their alignment with existing evidence and CODEX ALIMENTARIUS.
	1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services	Support in strengthen the pharmacovigilance and vaccine safety surveillance system of the NRAs; Support NRA to pass the WHO benchmarking assessment, by reaching the third maturity level.
	1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	Technical assistance to support AMR plan implementation.
SP2. One Billion More People Better Protected from Health Emergencies		
2.1	2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported	Support national authorities in IHR National action plan implementation, monitoring and evaluation; Support in conducting after action reporting (AAR).

Strategic Priority / Outcome	Output	Description of Products or Services
	2.1.2 Capacities for emergency preparedness strengthened in all countries	Support in ensuring operational readiness based on identification of risks and improving capacity for emergency response; Support in maintain epidemic intelligence, event based and routine surveillance system update.
	2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	Support for transformation of the PHS in the framework of EPHO implementation; Technical assistance for strengthening the Public health emergency operation centre (PHEOC); Technical assistance in CBRN threats mitigation; Support in High Threat Pathogens detection and management.
2.2	2.2.2 Proven prevention strategies for priority/epidemic-prone diseases implemented at scale	Develop and adapt to the national context guidance on decision-making principles, clinical pathways and SOPs on the disease-specific prevention strategies.
	2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness	Support improvement of pandemic preparedness planning by development and updating of the relevant national plans and tools; Strengthen One-Health collaboration for effective pandemic preparedness.
2.3	2.3.1 Potential health emergencies rapidly detected, risks assessed and communicated	Support implementation of Epidemic Intelligence from Open Sources by relevant stakeholders (PHEOC); Strengthen EWAR through revision and implementation of the relevant legal frameworks and regulations.
	2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	Strengthen emergency response planning and coordination through implementation of simulation exercises; Consolidate cooperation between the national emergency response mechanisms with GOARN, EMTs and Global Health Cluster.
	2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings	Technical assistance in developing the essential health service delivery regulatory and operational framework; Provide support to ensure continuity and maintenance of EHS in emergencies.
SP3. One Billion More People Enjoying Better Health and Well-Being		
3.1	3.1.1 Countries enabled to address social determinants of health across the life course	Support in addressing inequity, mainstreaming gender, equity and human rights in health and broader programmes; Support in Environment and Health strategic framework implementation in line with WHO Climate Change priority settings; Technical assistance in Occupational Health Framework strengthening, including HCW safety;

Strategic Priority / Outcome	Output	Description of Products or Services
		Support in prevention of unintentional road traffic injury and safer mobility measures, trauma care (Save Lives package)
	3.1.2 Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach	Support Tripartite "One Health" collaboration of WHO/FAO/OIE with national authorities; Technical assistance in assessing the food safety component.
3.2	3.2.1 Countries enabled to address risk factors through multisectoral actions	Raising awareness on health promotion and prevention of main health risk factors and public health protection.
	3.2.2 Country enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	Technical assistance to manage NCDs and related risk factors effectively; Provide technical support to the Government to advance FCTC implementation and in the process of accession to the FCTC Protocol on combating illicit trade of tobacco products.
3.3	3.3.1 Country enabled to address environmental determinants, including climate change	Technical support in implementing the Protocol on Water and Health and monitoring global access to WASH in communities, health care facilities and schools.
	3.3.2 Countries supported to create an enabling environment for healthy settings	Support in development and implementation of national programs for: - Health Promoting Schools network, - Healthy Cities initiatives, - Age-friendly villages.
SP4. More Effective and Efficient WHO Providing Better Support to Countries		
4.1	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	Support in improving Health Data management and Digital Health action plan and framework implementation; Support in development and implementation of eHealth standards, coding and terminologies; Strengthening legal framework on digital health.
	4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored	Support in implementation of core variables to disaggregate data to address inequities Institutionalisation of WHO guiding principles in data standards.
	4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.	Develop country capacities in research and promote capacity building to take informed decisions, generate trust and support digital health investments.

ANNEX 3: Country Impact and Results Framework

This Annex contains the short-list of WHO strategic priorities and 2-3 high-level indicators/tracking measures selected to measure progress for each. The selected indicators / tracking measures should be fairly high-level and aligned with SDG, GPW, EPW, UNSDCF, and/or national health indicators, whenever possible. For each of the selected indicators/tracking measures, its alignment with indicators in other key global/regional/national monitoring frameworks should be noted, and the data source, baseline, and target information included. As far as possible, baseline and target information should be aligned with nationally agreed baselines and targets.

Indicator	Baseline	Target	Indicator Alignment	Data Source
PRIORITY 1:				
Indicator 1.1: **Universal Health Coverage Service Coverage Index**	67 (2019)	71 (2025)	SDG National, UNSDSF (SDGs indicator 3.8.1)	WHO database, NAPH website
Indicator 1.1: **HIV incidence per 100,000 population (all ages)**	21,1 (2018)	19,5 (2025)	SDGs National (SDGs indicator 3.3.1)	NAPH website
Indicator 1.1: **TB incidence per 100 000 population (all ages)**	43,2 (2020)	42,7 (2025)	SDGs National (SDGs indicator 3.3.2)	NAPH website
Indicator 1.1: **Hepatitis B incidence per 100 000 population**	22,78 (2018)	21,7 (2025)	SDGs National (SDGs indicator 3.3.4)	NAPH website
Indicator 1.1: **Cardiovascular, cancer, digestive system diseases, diabetes, respiratory system diseases among 30-70 year population, mortality ratio per 100 000 population (30-70 years)**	1004,2 (2020)	850 (2025)	SDGs National (SDGs indicator 3.4.1)	NAPH website
Indicator 1.1: **Cardiovascular diseases, cancer, digestive system dieseases mortality ratio per 100 000 population (all ages)**	1253,4 (2021)	1000 (2025)	SDGs National (SDGs indicator 3.4.1)	NAPH website
Indicator 1.1: **Suicde mortality ratio per 100 000 population**	18,5 (2020)	17,7 (2025)	SDGs National (SDGs indicator 3.4.2)	BNS website
Indicator 1.1: **Matrenal mortality ratio incidence la 100 000 live births**	16,3 (2020)	5,0 (2025)	SDGs National (SDGs indicator 3.1.1)	NAPH website
Indicator 1.1: **Children under 5 mortality ratio per 1 000 live births**	10,4 (2020)	10,2 (2025)	SDGs National (SDGs indicator 3.2.1)	NAPH website
Indicator 1.1: **Infantile mortality ratio per 1 000 live births**	8,5 (2021)	5,0 (2025)	SDGs National (SDGs indicator 3.2.1.1)	NAPH website

Indicator 1.1: Proportion of the population covered by vaccines included in national programme (%)			SDGs National (SDGs indicator 3.b.1)	NAPH website
Indicator 1.1: Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol in rural/urban regions	12,85 Men – 20,61; Women – 5,89 (2019)	14,7 (2025)	SDGs National (SDGs indicator 3.5.2)	WHO database
Indicator 1.1: Tabacco per capita consumption (aged 13-15 years) per sex, %	16,3 (2019)	13% (2025)	SDGs National (SDGs indicator 3.a.1)	NAPH website
Indicator 1.2: **Proportion of population with household expenditures on health larger than 25% of total household expenditure**	1,9 (2020)	1,7 (2025)	SDGs National, Indicator (SDGs indicator 3.8.2.b.)	WHO database, NAPH website
Indicator 1.2: **Proportion of private expenditures (of households) for health, %**	5,5 (2020)	4,9% (2025)	SDGs National Proxy Indicator 3.8.2.	WHO database, NAPH website
PRIORITY 2:				
Indicator 2.1: **International Health Regulations (IHR) capacity and health emergency preparedness** **Health Sector Capacity Index: 1) national legislation, policy and funding; 2) coordination and liaison with national focal points; 3) surveillance; 4) response; 5) preparedness; 6) risk communication; 7) human resources; 8) laboratory; 9) entry points; 10) zoonotic events; 11) food safety; 12) chemical events; 13) radiological and nuclear emergencies)**	62 (2020)	63,5 (2025)	SDGs, UNSDSF (SDGs 3.d.1)	WHO database
PRIORITY 3:				
Indicator 3.2 **Death rate due to road traffic injuries**	11 (2020)	9,7 (2025)	SDGs national (SDGs indicator 3.6.1)	NAPH database