

**Social policies of the Republic of Moldova and Transnistria and possibilities for their synchronization
(based on the healthcare case study)**

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For more than twenty years already development of both the Republic of Moldova and Transnistria is hindered by the presence of a “frozen” conflict. However, economy and population of both banks of the Dniester cannot / should not keep staying hostages of the political settlement. Closure of the problem exclusively on the political settlement, as the experience shows, leads to blocking of economic activities and therefore to loss of positions in commodity markets, to loss of any positive dynamics of economic development, to bankruptcy of businesses, aggravation of social tension in the society.

“Parallel” socioeconomic transformations that are being implemented in Moldova and in Transnistria, which quite often ignore interests of the population on both banks of the Dniester, contributed to loss of confidence in the future on behalf of a significant part of the population.

For demographical reasons (negative rate of population increase) and because of growing emigrational mood, the population size of the Republic of Moldova and Transnistria decreased compared to 1989 (the MSSR (Moldavian Soviet Socialist Republic)) by more than 9%, including also on the right bank – by 7.5%, and on the left bank – by 18.3%.

The crisis of 2008-2009 most definitely demonstrated both to Moldova and to Transnistria that “business as usual” will not work. In fact, both economies failed to get out of the transformational recession or to overcome poverty, in which more than one third of the population of Moldova and Transnistria got stuck. Moreover, the growth model implemented on both banks of the Dniester, which is based on export and remittances of labor migrants, exploitation of which seemingly allowed to “strengthen” and even to develop social orientation of economies, even during the pre-crisis period did not contribute to real growth of living standards of the population, it did not help to reduce its migration related decrease and depopulation, neither did it help to mitigate the problem related to deficit of qualified work force, especially in rural areas.

Negotiation process: The framework of the modern dialogue between the Republic of Moldova and Transnistria was set back in the mid 1990-s of the previous century (1994-1997):

- Foundations of both negotiation mechanism and instruments for implementation of decisions agreed by the negotiating parties were laid and the need to maintain economic relations and logistics systems was marked.

- An agreement “to eliminate all barriers that hinder normal exercise of economic, social and cultural connections and to ensure restoration and further development of such connections was achieved”.ⁱ
- A mechanism for elaboration of coordinated proposals – the Joint Commission for Socioeconomic Cooperation between the Republic of Moldova and Transnistria - was established and 20 permanent working groups, as structural organs of the Joint Commission, including those on economic issues, on use of labor resources and on social protection of the population, on ensuring development of healthcare and development of education, training of scientists and research and educational staff were recommended to be formed.ⁱⁱ

Inclusion of elaboration of specific measures aimed at establishing common economic, social and legal spaces and at deepening of mutual trust and cooperation into priority areas of the negotiation processⁱⁱⁱ resulted in the Agreement on Confidence Measures and Development of Contacts between the Republic of Moldova and Transnistria^{iv} and in the Joint Statement of the participants of Kiev meeting related to normalization of relations between the Republic of Moldova and Transnistria.^v “*A window of opportunities*” for cooperation in the socioeconomic sphere expanded significantly – efforts of the parties focused on coordination of positions, and that allowed for outlining general layout of future agreements.

We have to note that healthcare and social protection systems on both banks of the Dniester turned out to be “market vulnerable” because of drastically reduced financing. That is the cause of *common problems*: expanding poverty and unsatisfactory public health records. Exactly because of that and due to preservation of mutual connections that formed during the years of co-development, unlike other spheres of activities, the dialogue and search for compromise decisions on mutually important issues in the field of public health and sanitary and epidemiological well-being of the population never stopped both in the framework of official political consultations, and in their absence (a dialogue on interdepartmental (expert) level).

In 1999 health authorities of the Republic of Moldova and Transnistria succeeded in the following:

- To agree on the issue of prevention of spread of contagious diseases by means of immunization of the population (centralized procurement / separate payment and use of the same vaccines).^{vi}
- To set a single system of epidemiological supervision and laboratory control over HIV/AIDS infections for the Republic of Moldova and Transnistria^{vii}
- To fix single purchase procedure of test systems for conducting HIV/AIDS infections researches with separate payments carried out by Healthcare Bodies of the Republic of Moldova and Transnistria.^{viii}

Introduction of the system of mandatory health insurance in the Republic of Moldova predetermined the need of “official documentation” of joint actions of healthcare bodies of the Republic of Moldova and of Transnistria.

In order to provide medical treatment to the population living in Transnistria in specialized republican medical preventive institutions of the Republic of Moldova in the conditions of mandatory medical insurance, the parties agreed as follows:^{ix}

1. Healthcare institutions the “Republican Clinical Hospital”, the “Republican Center of Mother and Child” of Tiraspol will conclude agreements according to established form with the republican specialized healthcare institutions of Chisinau on providing medical services to patients sent from Transnistria for treatment and examination. The agreement is prepared according to the fixed form in Moldovan and Russian languages.
2. In case of planned assignment of a patient from Transnistria for treatment or examination to republican specialized healthcare institutions of Chisinau, the Customer and the Executor interact within conditions established by Agreement.
3. In case of urgent state of a patient residing in Transnistria ... an agreement on rendering medical assistance is arranged within 5 days since the moment of hospitalization and payment is made on termination of course of treatment according to the presented financial documents.
4. Payment for the rendered medical services is made as per tariffs set for the residents of the Republic of Moldova ... and applicable at the time of provision of services.
5. For the people from Transnistria, who have citizenship of the Republic of Moldova and who have obtained a policy of mandatory health insurance, medical assistance in specialized general healthcare institutions is provided in the extent set by the “Unified Program of Mandatory Health Insurance”, given the observance of conditions and requirements of this program.
6. Medical preventive institutions of Transnistria send to the republican specialized healthcare institutions of Chisinau for consultations, examination and for hospitalization those patients that have a policy of mandatory health insurance, observing conditions and requirements of the “Unified Program of Mandatory Health Insurance”.
7. Residents of Transnistria, who seek medical assistance in medical preventive institutions of the Republic of Moldova of their own free will, will pay for medical services they received themselves.
8. Healthcare bodies of the Republic of Moldova and healthcare bodies of Transnistria will promote settlement of problems arising in the course of providing medical services to the residents of Transnistria

For many reasons, including those of political nature, the parties turned out to be not ready to continue a constructive dialogue needed to implement agreed decisions in full scope, which fact first of all, to a large extent complicated access to medical services for people living in Transnistria, primarily to specialized and highly technological ones that are provided by healthcare institutions of Chisinau for more than ten years, and, secondly, it provoked

establishment in Transnistria of its own specialized medical services (hemodialysis, nephrology, chemotherapy, etc.), which never existed here before.^x

It is important to note that exactly preservation of existing professional contacts between healthcare bodies allowed within two months (September – November 2013) *discussing and coordinating a set of issues related to operational interaction of healthcare systems on both banks of the Dniester*.^{xi} In essence, a chance appeared to implement in practice *all* provisions of the Protocol on Joint Actions (2004) updated taking into consideration the needs of the population of Transnistria. The parties agreed that the following would be provided free of charge (irrespective of availability or absence of the policy of mandatory health insurance):^{xii}

1. Provision of medical assistance to children under 18 with oncological diseases, and also to adults that need urgent medical assistance and who live in the territory of Transnistria, provided they have Moldovan citizenship.
2. Carrying out examination of children living in Transnistria in order to detect genetic and congenital defects and a number of other investigations.

Competence of the working/expert group on healthcare issues includes the whole spectrum of issues related to implementation/coordination of interaction of healthcare systems of both banks, elaboration and implementation of joint programs and measures, provision of organizational and methodological and technical assistance, including those with the help of authorized international funds.

Unfortunately, in spite of visible success, most of the above mentioned problems have not yet been included in the agenda. To a large extent such situation is explained by lack of coordination in the general approach and by lack of priorities agreed upon on the level of working/expert groups.

The Moldovan side tries to involve the Transnistrian colleagues in the system of mandatory health insurance by means of opening a territorial branch of the National Health Insurance Company in Transnistria. While the Transnistrian side, on the contrary, is not ready for such approach yet and prefer to focus on the need of direct cooperation between healthcare bodies, elaboration of a mechanism for participation of Transnistrian experts in elaboration and implementation of foreign aid projects, etc.

By the way, participation of Transnistrian experts in the work of the Commission on Humanitarian Aid was agreed upon back in 2000.^{xiii}

The situation in the social sphere to a large extent is the result of policies, and not only social one, implemented/ being implemented on both banks of the Dniester. “The development of a society can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health. Health and health equity may not be the aim of all social policies but they will be a fundamental result: economic growth by itself, without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefit to health equity.”^{xiv}

With all, often quite drastic, differences in approaches, methods and mechanisms of formation of social policies in the Republic of Moldova and Transnistria, rather often we can trace two stages of their implementation that coincide in time but differ in contents:^{xv}

The first stage (1992 - 1999) – passive reforms:^{xvi} efforts were concentrated on macroeconomic stabilization, reforms of ownership, structural reforming of the economy. As a rule, social policies were poorly adjusted to economic transformations trying to mitigate their negative impact on the population. In essence, social reforms stood still and, as a result of this multiple “fragments” of the Soviet system in the social field (especially in healthcare and education) and very shy market innovations co-existed.

On both banks a drastic decrease of living standards of the vast majority of the population occurred, it showed through the increase of income and social differentiation, open and hidden unemployment, destruction of previous social schemes in the absence of new ones.

During this period the major actions in the part of reorganization of healthcare systems of RM and Transnistria were: decentralization of governance, ensuring normal activities of the sector in the difficult socioeconomic conditions and pinpoint introduction of market mechanisms. However, they did not succeed in achieving any tangible results. Meanwhile, “despite certain reductions in the healthcare system, in 1997, the network of medical institutions in the Republic of Moldova was one of the most far-reaching both among Western European countries and among former Soviet republics”,^{xvii} the situation in the social sphere, including healthcare, was on the edge of breakdown of the whole system.

The second stage (2000 - ...) – from declarations about priorities to resolution of social problems. It became obvious that negative demographic trends, pauperization of the majority population, underdeveloped institutions present a real threat to the very existence of the society both on the right and on the left bank. Common nature of motives is also clear, in essence, it forced authorities on both banks of the Dniester to undertake reforms in the social sphere (healthcare):

- Poor health indicators in population: low life expectancy, high rate of socially-determined morbidity, high level of disability among able-bodied population, insufficiency of the preventive component in the healthcare system
- Maladjustment/inefficiency of the “planned” healthcare system in market conditions: incompatibility of the volume/availability/quality of health services with available financial resources
- Commercialization of the healthcare sector: less or no access to health care and health services for the population, primarily for vulnerable strata of the population (old people, children, unemployed).
- Widely spread “shadow” payment for health services: practically all services were paid by the population as such, which fact forced many people to refuse from medical services, including those that were vitally important.

Common problems conditioned also similarity of necessary actions:

- Changing the system of healthcare financing with increase of the number of sources of financing and mechanism of payment and with rational use of available limited resources
- Improvement of efficiency of operation of the healthcare system as a whole (restructuring of health services, strengthening of the primary medical aid facilities, determination of a new set of health services that corresponds to possibilities of the budget, etc.)

In spite of existence of common approaches to formulation of the most pressing problems, scenarios for addressing them in the Republic of Moldova and in Transnistria were different. It is notable that *factors that contributed to reforming the healthcare system in the RM, in Transnistria hindered full-fledged implementation of reforms. These factors include:*

- Consolidated support of reform process by all key structures in the field (legislative and executive power, the Ministry of Health, medical and academic communities, patronages and trade unions)
- Consensus in sharing of political risks, including financial risks related to implementation of reforms on all levels of the government
- Coordination on all levels (the ministry and territorial healthcare managing bodies) of the mid-term plan for reorganization of the sector,

In ***the Republic of Moldova*** implementation of reforms in the health sector is closely related to implementation of projects of the World Bank, World Health Organization, UNICEF, countries that are development partners – USA, Sweden, United Kingdom, Switzerland, etc. To a large extent because of this massive support, including financial one, within quite a short period of time a package of documents was developed and approved, these documents determined the grounds for new relations in the healthcare system. *According to international experts, in the economic and social conditions of the Republic of Moldova transition to the system of mandatory health insurance – new mechanisms for collection, accumulation and payment – is the only real way to reform the healthcare system and an instrument for creating a more efficient and fair system of its financing.*

Preparation, implementation and monitoring of the system of mandatory health insurance were carried out with support and direct involvement of international organizations, first of all, the World Health Organization and the World Bank.

Conditions of the RM – small open economy with low level of income and high share of shadow economy and self-employed population – conditioned choice of the model of mandatory health insurance. The insurance model used in the Republic of Moldova suggests combination of contribution of certain percentage from salaries and other income keeping high share of payments from the state budget for insuring certain categories of citizens (pensioners, disabled people, children, unemployed people, etc.), that means that the established system of financing the healthcare system goes far beyond strict division into budgetary and classic insurance systems.

Model of mandatory health insurance in the Republic of Moldova

| <i>Main principles</i> | <i>Key specific features</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Mandatory nature</i> – all public structures, economic entities and the population pay insurance fees | <p><i>Formation of funds:</i></p> <ul style="list-style-type: none"> ▪ Interdependence of the size of fees for different categories of insured persons ▪ High share of contributions at the expense of budgetary funds (the share of contributions paid from the budget comprises more than 2/3 of the insurance fund) ▪ Centralization of payment of fees for unemployed population ▪ Voluntary nature of insurance for self-employed |
| <i>Solidarity</i> – single size of individual contributions (7% of the remuneration fund/income) that does not depend on the level of personal risks related to age, gender or diseases | <p><i>Procurement of medical services</i></p> <ul style="list-style-type: none"> ▪ The single buyer of services is the National Health Insurance Company ▪ Integration of providers of primary and in-patient assistance ▪ Control from the side of the insurer over item by item spending of funds by providers |
| <i>Equality</i> – all insured persons have the right to get the whole range of health services included in the “unified package of health services” that is approved on annual basis. | |

Introduction of mandatory health insurance is considered to be one of the most significant reforms in the Republic of Moldova, since it provided for the following:

- Increased access to unified package of health services for the population, first of all for its socially vulnerable part due to balanced volume of guaranteed services with financial resources
- The health financing reform was done without any temporary failures in operation of medical structures with the low level of administrative expenses (up to 2% of total funds – this is one of the lowest figures in Europe).
- Introduction of new forms of financial planning and methods of financing medical facilities with simultaneous organizational and legal transformations of treatment facilities into autonomous public structure.
- Increase of revenues, enhancement of stability of financing of medical facilities that are included in the system of mandatory health insurance and enhancement of their independence

The main outcome of the 2004 reforms was increased accessibility to free health care for the population, so the healthcare system became more perceptive to the needs of the population.

The next phase of reforms in Moldova focused on quality and population coverage under mandatory health insurance to ensure that all population has adequate access to health services started in 2007 when the National Health policy for 2007-2012^{xxviii} and the Health System Development Strategy2008-2017^{xxix} were approved. Today the health protection and health strengthening is declared as one of the key priorities of the socioeconomic policy. The reforms cover the following areas: improvement of the quality and development of highly technological medical services, health promotion and disease prevention, development of specialized medical assistance.^{xx}

Slowing down of the reforms during the post-crisis period and difficult situation with implementation of key tasks of the Millennium Challenges Goals conditioned development of a new strategic document – “Roadmap 2012-2014. Accelerating Reforms: Addressing the Needs of the Health Area through Investment Policies”^{xxi}. This document serves as an instrument to enable full implementation of reforms outlined in the national policy/strategy in the field of healthcare, with emphasis on the following:

- Further expansion of coverage of the population with health insurance and ensuring fair protection for the whole population from financial risks, turning the system of mandatory health insurance into a really universal system.
- Implementation of measures aimed at reducing the share of informal payments.
- Improvement efficiency of the healthcare system as a whole by means of structural and organizational optimization of medical facilities (regionalization of specialized medical facilities), improvement of managerial functions in the system, enhancement of the role of primary medicine (family doctors), further provision of institutions with the newest equipment, new technologies and information systems.
- Preservation of stability of functioning of the system of mandatory health insurance by means of improvement of funding mechanisms with balanced growth of a package of free medical services alongside with real inflows to the fund of mandatory health insurance.

By the end of 1990-s, in the healthcare *of Transnistria* a set of problems could be clearly identified (commercialization of the healthcare system, decrease of volumes and of the quality of health services) that seriously limited the right of the population to have affordable and free medical assistance. It is quite clear that such situation in the sector was good neither for the population nor for governing bodies or medical workers.^{xxii} The Republic of Moldova became a kind of an accelerator for reforms, since it began its preparation for introduction of mandatory health insurance.

Adoption in 2000 of the Program of Healthcare and Medical Science Development was a response to challenges of the time.^{xxiii}

It was mentioned in the program that in the current conditions the following is of especial important:

- Formation of the state policy in the field of healthcare and raising responsibility of all governing bodies for its implementation;
- Ensuring compliance of financial resources with guarantees in the field of healthcare, gradual increase of the share of funds used to finance healthcare;
- Involvement of professional medical associations to implementation of the policy in the field of healthcare and medical science;
- Development of primary medical and sanitary assistance, re-distribution of some volumes of assistance from patient to outpatient care.

The program envisioned conversion to multi channel system of financing the healthcare system, setting close dependence of the size of financing medical institutions on the volume and quality of services provided by them.

The task was posed: (1) to develop legal mechanisms that provide for compliance of the guaranteed package of medical services to its financial provision, (2) to elaborate and improve methodologies of setting tariffs for health services, (3) to introduce a unified system of payments for provision of medical assistance, and (4) to establish health insurance institutions that deal with mandatory and voluntary health insurance.

It was proposed to implement reforms in two stages:

I stage (2000 - 2001): elaboration of the regulatory base for introduction of health insurance, preparation of the sector to transition to mandatory and voluntary health insurance; elaboration and putting into effect rules for provision of paid medical services for the population.

II stage (2002 - 2005): organization and introduction of health insurance and implementation of target healthcare development programs,

The first stage of the program was implemented by the middle of zero years: structural restructuring of the healthcare system took place (medical institutions of Transnistria became independent economic entities, the outpatient and polyclinic network was reorganized), the special-purpose program planning was introduced, special-purpose programs began operate in the field of healthcare.

Implementation of the second stage of the program “came to a standstill” at the stage of project proposals – the issue of introducing health insurance in Transnistria was discussed twice in 2004-2005. Then it was decided not to hurry up with introduction of health insurance: they failed to agree both on the concept and mechanisms of the reform and on the sources of its financing (lack of expert and financial support from donors in the conditions of rigid budget limitations).

Meanwhile, in the opinion of the Ombudsman, in Transnistria, the healthcare system remains one of the spheres where multiple violations of human rights occur. In order to improve the situation, it is important to start as soon as possible work on preparation and adoption of a set of regulatory-legal documents that are based on international standards, which regulate principles of provision of medical assistance and determined the guaranteed package of medical services allowing the population primarily to socially vulnerable categories to exercise their right for protection of

health and getting medical assistance. Imperfectness of control mechanisms in the field of healthcare, lack of legal responsibility of multiple medical workers make proper protection of patients' rights impossible. Lack of information on experience of other countries in addressing issues of protection of patients' and doctors' rights, unawareness of the population of Transnistria about their rights and freedoms in the sphere of medicine create conditions for abuse of major patients' rights.^{xxiv}

They came back again to discussion of options for converting the healthcare system to principles of health insurance in 2007. A new strategic document was developed – the Concept of Healthcare Development in Transnistria for 2008-2012. Principles and priorities of activities of authorities, of local self-governing bodies and of treatment and preventive facilities related to development of healthcare in Transnistria are formulated in the Concept. Special attention is paid to changing the current system of financing: conversion to the health insurance model.^{xxv}

Introduction of health insurance in Transnistria was viewed primarily as the change of the system of governance of the sector as a whole. The following was assumed: (1) introduction of two types of health insurance – mandatory and voluntary, and (2) establishment of the health and social insurance fund, the revenue part of which was formed at the expense of insurance contributions (payers are legal entities and individuals, the rate is 2% of the income tax and unified social tax).^{xxvi}

In general, everybody agreed that introduction of health insurance would positively affect improvement of the quality of medical services. However, branches of power failed to reach a consensus both because of growing budget deficit (according to estimates of developers, additional budget expenditures could comprise more than USD 12 billion), and because of lack of desire to increase the tax burden for businesses in the conditions of a pause in the negotiation process and changed mechanism of carrying out foreign economic activities^{xxvii} by economic entities of Transnistria.

They again “refused” from health insurance limiting everything to changes in approaches, without changing the form. A normative document^{xxviii} is adopted, which determines types, volumes, conditions and the procedure for provision of guaranteed free of charge medical assistance, as well as mechanisms for compensation of expenses of the population related to consultations and treatment received outside of Transnistria (compensations are made at the expense of the funds of the republican, local budgets).

At present, medical institutions are financed from three sources: budgetary funds, funds received from provision of paid services in healthcare institutions, and funds of the mandatory social insurance fund allocated to medical and preventive treatment institutions for the purpose of medical rehabilitation of employed population, their children and for partial coverage of the cost of operations.^{xxix} However, each year the situation in the sector is only aggravated. It cannot be secured neither by widely spread increase in volumes of paid medical services, nor by the budget funding, which increases from year to year.

Thus, for example, in 2012, because of a very complicated economic situation targeted programs in the field of healthcare were financed only for 35%.^{xxx}

In the opinion of Transnistrian experts, in order to provide necessary medical assistance to population, to equip healthcare institutions with necessary equipment, medicines, in order to repair medical treatment facilities and to provide for at least minimal increase of salaries for medical workers it is necessary to have around USD 135 million.^{xxxii} In reality, based on the results of 2012, the sector received only USD 40.8 million (31% of the necessary amount). Meanwhile, in the total amount of funded expenses labor remuneration comprises 72.8%. In 2012, actual financing of acquisition of medicines comprised USD 5.2 million, out of needed USD 23.3 million, or 22% of the necessary amount. The indicators attest to the fact that funding satisfied the needs only of one out of five in need and entitled to get free medicines.^{xxxiii}

The existing situation is primarily conditioned by chronic, lasting for decades, insufficient funding of the sector, by limited financial resources and lack of common position / vision needed to implement timely, probably painful, but necessary reforms in the healthcare sector.

Problems existing in Transnistrian health system pre-determined the following urgent tasks related to reforms in the sector:

- systematization and clear planning of measures aimed at transformation and rehabilitation of the sector within the next 3-5 years;
- making urgent decisions related to forming a system that would ensure access to adequate health services for population, volumes and types of basic health services should correspond to the level of morbidity and to the needs of the population, and should comply with the latest achievements in medical science.

Now the urgent need to reform the health sector is obvious to ensure quality health services are provided to the population, and the more realistic way to achieve this goal and open broader possibilities for investments in medicine is introduction of health insurance – there are plans to develop a draft law on health insurance and a concept of healthcare development for years 2013-2018.

Main political measures in the area of healthcare are presented in the table below

| Moldova | Transnistria |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1995: Law on Health | 1997: Law on Basics of Healthcare for Citizens |
| 1998: Law on Mandatory Health Insurance | 2000: Program of Development of Healthcare and Medical Science |
| 1999: Law on Minimum Package of Free of Charge Health Care Guaranteed by the State | 2002-2008: Attempts to implement a system of mandatory health insurance |
| 2001-2003: Preparation for implementation of a system of mandatory health insurance – | 2004: Law on Private Medical Activities |

| Moldova | Transnistria |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| establishment of the National Health Insurance Company | |
| 2003: Law on Introduction of Mandatory Health Insurance and Establishment of Mandatory Health Insurance Funds | 2006: The Program of Guaranteed Minimum Package of Free of Charge Health Care |
| 2007: The National Health Policy for 2007-2021 Health System Development Strategy for 2008-2017 | 2007: The Concept of Health Development for 2008-2012 |
| 2012: The Road Map 2012-2014. “Accelerating Reforms: Addressing the Needs of the Health Area through Investment Policies” | 2012: Discussions of a package of laws and possibilities for introducing a system of mandatory health insurance Elaboration of draft Concept of Health Development for 2013-2018 |

Conclusions: Despite existing differences, the Republic of Moldova and Transnistria have largely similar social problems efficient resolution of which assumes formation of a coordinated social policy aimed primarily towards improving living standards and conditions for the population, reduction of unreasonably high social inequality, and creation of comparable starting conditions for social development of people.

Changes happening in the sphere of healthcare in the RM and in Transnistria touch upon interests of the population on both banks of the Dniester. Use of experience accumulated by both sides, of successful practices, improved instruments for provision of medical assistance to the population, primarily to vulnerable population, and it could positively contribute to mechanisms of interaction between healthcare systems of the Republic of Moldova and Transnistria, to development of cooperation between public governing bodies, to forming better understanding of common social problems and ways of resolving them.

It is necessary to strive towards establishment of effective mechanisms and instruments for settling existing disagreements and establishing efficient interaction between the right and left banks in all segments of the social sphere, including healthcare, which fact would significantly reduce “irrational” losses resulting from confrontation. It is important for strengthening trust of the population to fairness in terms of attitude to health, which fact would contribute to strengthening of mutual trust between communities of the Republic of Moldova and of Transnistria.

Recommendations:

1. In the course of forming social policies, the Republic of Moldova and Transnistria should take into consideration mutually accumulated experience: to use positive practices taking into account errors and mistakes that were made.

Taking into consideration the fact that due to similar results of development of economies of RM and Transnistria, major indicators of social development have very insignificant differences, *the model of mandatory health insurance tested and endorsed in the Republic of Moldova could also be used in the conditions of Transnistria.* The possibility of such approach is confirmed also by the fact that on the expert level discussion of problems of implementation of insurance medicine in Transnistria was carried out on the basis of analyzing experience accumulated in the Republic of Moldova.

Involvement of international experts to development of the model, first of all experts from the World Health Organization would allow ensuring both the quality of the reform, and compatibility of health insurance models operating on both banks of the Dniester.

2. Coordination of policies of RM and Transnistria in the field of healthcare should be done in the areas that are determined as priority areas on both banks of the Dniester. The following areas could become possible areas of cooperation:

- Coordination of activities related to structural and organizational optimization of medical institutions of hospital level, optimization of the structure of provision of medical assistance on the territorial level
- Coordination of the legal field in the sphere of healthcare in accordance with international requirements and standards
- Coordination / reconciliation of requirements to licensing of medical treatment facilities and to certification of medical doctors as the grounds for creating a common information system
- Joint elaboration of criteria for determining the degree of social vulnerability of certain categories of population
- Joint elaboration and coordinated implementation of the monitoring and evaluation system of health systems

3. Raising awareness of Transnistria about goals, areas and results of donors' activities in the Republic of Moldova, their intentions with regards to support of the process of cooperation of both banks in the part of socioeconomic development.

4. Examination of a possibility of joint participation of healthcare bodies, medical institutions, medical doctors, lecturers and students of the RM and Transnistria in projects and programs in the field of healthcare.

Offering to the Republic of Moldova and Transnistria assistance projects/programs, implementation of which assumes establishment of contacts, coordination of actions and cooperation between Moldova and Transnistria in the field of healthcare, which fact would contribute to establishment and strengthening of cooperation, *inter alia*, between non-governmental organizations from both banks of the Dniester.

ⁱ Declaration of the leaders of the Republic of Moldova and Transdniestria, April 28, 1994.

ⁱⁱ Agreement on organizational basis of socioeconomic cooperation between the Republic of Moldova and Transdniestria, November 10, 1997.

ⁱⁱⁱ Protocol on several priority steps to intensify the political settlement of Transnistrian problem, Odessa, March 20, 1998.

^{iv}^v Agreement on confidence measures and development of contacts between the Republic of Moldova and Transdniestria, Odessa, March 20, 1998.

^v Joint statement of the Kiev meeting participants concerning issues related to normalization of relations between the Republic of Moldova and Transdniestria, Kiev, July 16, 1999.

^{vi} Protocol decision on spreading of infectious diseases through immunization of the population, Chisinau, July 13, 1999.

^{vii} Protocol decision on the improvement of HIV/AIDS epidemiological supervision, Chisinau, July 13, 1999.

^{viii} Ibid

^{ix} Protocol on joint actions between health authorities of the Republic of Moldova and health authorities of Transdniestria in the field of public health protection, March 18, 2004.

^x <http://www.radiopmr.org/programs/4870/>

^{xi} <http://mfa-pmr.org/index.php?newsid=3240>, 05.09.13

<http://mfa-pmr.org/index.php?newsid=3473>, 05.11.13

^{xii} <http://mfa-pmr.org/index.php?newsid=3473>, 05.11.13

^{xiii} Protocol decision of the meeting of the delegation of the Republic of Moldova and Transdniestria, Chisinau, May 4, 2000.

^{xiv} CSDH (2008) «Closing the gap in a generation: health equity through action on the social determinants/ Final Report of the Commission on Social Determinants of Health». Geneva, World Health Organisation

^{xv} A. Rozhko “Social policy and human development”, Moldova - Transdniestria: Common efforts towards successful future. Social aspects, Chisinau, 2009, (www.cisr-md.org)

^{xvi} It became clear back in the seventies that it is necessary to reform the healthcare system in the (post) Soviet space. However, real reforms began only in the second half of 1980-s. For clear reasons the reform was never completed, but it played a certain role during the period of adapting the sector to the market.

^{xvii} L. Machose. “The healthcare system: time of changes. The Republic of Moldova”. Copenhagen, European observatory on healthcare systems, 2002,

^{xviii} Decision of the Government of the RM No. 886 “On approval of the National Health Policy for 2007-2021”, MO No. 127-130, 17.08.2007

^{xix} Decision of the Government of the RM No. 1471 “On approval of the Health System Development Strategy for 2008-2017”, MO No. 8-10, 15.01.2008

^{xx} In spite of multiple changes in governments, areas and priorities of healthcare system reforms identified in the “National Policy in the Area of Health” and the “Development Strategy for the Healthcare System ”are absolutely timely and relevant

^{xxi} Order of the Ministry of Healthcare of RM No. 172 “On approval of the Road Map 2012-2014. “Acceleration reforms: Addressing the need of the health area through the investment policies” - «Cu privire la aprobarea Foii de parcurs «Accelerarea reformelor: abordarea necesităților din domeniul sănătății prin politici investiționale», 01.03.2012, www.ms.gov.md

^{xxii} <http://www.pridnestrovie-daily.net/gazeta/articles/view.aspx?ArticleID=5767>

^{xxiii} Decree No. 390 “On approval of the Program of development of healthcare and medical science in Transdniestria”, 11.09.2000, <http://zakon-pmr.com/DetailDoc.aspx?document=46208>

^{xxiv} The Report of the ombudsman in Transdniestria, <http://vspmr.org/News/?ID=951>

^{xxv} <http://www.vspmr.org/News/?ID=1005>

^{xxvi} <http://www.vspmr.org/News/?ID=678>

^{xxvii} Costs of the Transnistrian conflict and benefits from its settlement, Chisinau, , 2009, www.cisr-md.org

^{xxviii} The Decree “On approval of the Program of state guarantees of provision of free medical assistance to citizens of Transdniestria”, is approved on the annual basis starting with 2007

^{xxix} <http://www.pridnestrovie-daily.net/gazeta/articles/view.aspx?ArticleID=5767>

^{xxx} <http://novostipmr.com/ru/news/13-06-16/na-strazhe-zdorovya>

^{xxxi} In 2012 budget revenues comprised about USD 155 million

^{xxxii} <http://novostipmr.com/ru/news/13-06-16/na-strazhe-zdorovya>, calculations made by authors.