

Public health of the nation as a sum of individual healths

The health protection and the process of existent maladies control have been one of the paramount human activities from the ancient times till present and in so will be the future.

Health is not just an individual problem, it is a complex problem, which refers to the whole society and determines exclusively the physical existence of the nation per continuum.

Thus we have the duty to support and promote the principles of the World Health Organization "Health for everybody in the 21st century". These principles derive from the fundamental human right to life and to health, stated by the United Nations Organization.

The development of the society conditions a healthy and a long life as one of the most essential options and one of the fundamental priorities of the human community.

The new direction the social-economic life of our country took after the obtaining of independence modified substantially the theory and the practice of the public health as well as the sanitary (health) medium. The new state confronted from the very beginning with an increase level of diseases caused by the critical ecological state, by the labor conditions, by the way of life, individual behavior, all these factors to a big extent being inherited from the previous historical period. In the same time, the social-economic decline that followed increased the health problems, a fact that contributed to a more negative modification of the health indexes.

In order to make an appreciation of the public health in the Republic of Moldova we will enounce the main indexes which reflect the state of the public health, based on the data of the Scientific-Practical Center for Public Health and Sanitary Medium

The exponent of the health quality – the medium period of life hope at birth continues to decrease. Comparing with 1990 the medium period of life hope at birth decreased by 1,1 years, representing in 1999 for women 71,0 years and for men 63,7 years the medium being of 67,4 years. For the male this decrease were much more significant – about 1,3 years. This way, the medium period of life hope at birth in Moldova is one of the shortest in Europe and is in continuous process of aggravating.

One of the most alarming manifestations in the unfavorable demographic development in the country is the growth of population's mortality. In 2000 there demised 41,2 thousands persons, the mortality rate being of 11,3 men to a thousand.

The number of the demised people went beyond the number of the born by 4285 men. The structure of the mortality on the causes of demise in 2000 shows that most demises have as a basis the cardiovascular apparatus diseases (55,85); followed by the malignant tumors (11,2%); digestive apparatus diseases (9,1%); accidents, poisonings and traumas (8,2%); respiratory apparatus diseases (6,1%). It is remarkable the fact that in the same time the incidence of the cases among males is more frequent that among females. The tendency of mortality rate growth of the economically active population is also very alarming. In comparison 1993 its level grew by 1,1, in present constituting 23,6 of general mortality structure.

Along with a high rate of mortality and morbidity there were emphasized a tendency of dramatic decrease of the birth rate. Comparing with 1994 the coefficient of the birth rate decreased by 4,5% in 2000 constituting the quota of 9,8% to 1000 men. There were registered 46,8 thousands of newborn, 15400 less than in 1994. The implicit effect of the precarious state of the health assistance sector had its influence on the demographic parameters in the Republic of Moldova. As a result of these facts the natural growth of the population registered the minimal value in the post world war II period – minus 1,7% and this situation will persist in the future because the premises which would generate a positive change of this evolution do not exist. The main reason of this resides in the general coefficient of the fertility, which decreased to 1,38 in 2000 and does not assure the simple reproduction of the population. All these factors will assure in the future the phenomenon of depopulation in the republic a fact

that would have a long-term negative impact over the nation's genofund. Starting with 1992 the population of the republic is in continuous decrease. In the last years the annual rate of the population growth is negative, in 2000 being minus 0,3% and will probably stay negative in the future.

Table 1. The basic indexes of health protection, years 1994 – 2001

Nr. crt.	Index	1994	1995	1996	1997	1998	1999	2000	2001
1.	Population, mln.	4,348	4,338	4,317	4.312	4.298	4,281	4,264	4,232
2.	Birth rate to 1000 men	14,3	13	12	11,9	10,9	10,1	9,8	10,0
3.	Mortality rate to 1000 men	11,8	12,2	11,5	11,9	11,1	11,4	11,5	11,0
4.	Natural growth	2,5	0,8	0,5	0	-0,2	-1,3	-1,7	-1,0
5.	Life hope at birth	66,1	65,8	66,7	66,6	67,9	67,8	-	-
6.	Infantile mortality rate	22,6	21,2	20,2	19,9	17,8	19,1	18,4	16,4
7.	Maternal mortality ratio	25,8	40,8	40,2	48,3	36,3	28,6	27,1	43,9
8.	Number of hospitals to 10000 people	11,6	11,6	11,5	11,0	10,6	7,6	7,1	5,4
9.	Number of beds to 10000 people	116	116,7	114,7	109,6	106,4	76,7	70,6	62,9
10.	Number of physicians to 10000 people	38,0	37,1	37,5	37,4	37,6	33,7	32,6	31,3
11.	Number of medical personnel to 10000 people	104,0	99,0	96,1	93,0	89,5	79,1	76,0	70,5

The system of public health in the Republic of Moldova till 1992 was represented by a National system of Health, characteristic to the socialist economic system we knew and which collapsed: first of all because of the economic reforms: deetatization and privatization, insufficient budgetary financing, etc; second: because of the extensive character of inconveniences in tariffs for the medical workers and because of incorrect correlation volume-quantity of the medical services. The principles of the National Health System had a state character, unitary and planned. This character was accomplished through the integration of the health programs in the social-economic development plans, by an unitary state rule at central and local level. These actions were determined by the central power.

In the period of so-called "developed socialism" the growth of the national income, the improvement of the work conditions, of life and nourishment conditions, the development of the physical culture and sport, the development of the sanitary culture of the population, the extension of the technical-material basis in medicine was in the apogee of its development. The accessibility, the territorialization and the hierarchization of the medical assistance was accomplished in conformity with the relevant legislation. The medical assistance was guaranteed by the state to all the citizens of the country. The hierarchization of the assistance and of the health units was accomplished by the nominalization of the medical activity acts with the establishment of the degree of medical assistance competence. There were

established components for every hierarchical degree. For our republic there were established different degrees of hierarchy – village ambulatory, circumscription hospitals, numbered district hospital and central district hospitals, municipal hospitals, republican hospitals, etc. The system had a centralized subsystem of units for the assurance of the population and of the health units with medicaments, pharmaceutical products, medical equipment and technical-medical products. In order to assure the health, the system used such methods as mass active medical surveillance and health education. The prophylactic table examinations were effected in order to appreciate the initial “state” of health. There were also periodical prophylactic examinations and special prophylactic examinations. Besides, The National Health System used the dispensarization of the population and of several groups of population. The system was protecting in a special way some groups of population and was solving their health problems (mother and child, social diseases-tuberculosis, sexual catching diseases, oncological diseases, etc)

Let’s see what we have in the public health at present. As a result of formation of the independent state Republic of Moldova the state organs at central and local level had essential changes. There were chosen the Parliament of the Republic of Moldova, there were several governments which normally couldn’t stay for a long time in power and which didn’t pay too much attention to the health, a health that was in a big decline.

All the state power and specialized organs in these years of reforms accomplished their functions in the limits of their material and financial possibilities and their competencies, but the public health depends on the whole social-economic ensemble and its indexes were decreasing year by year.

As referring to the compartment of social assistance organization system we should mention that the technical-material base of the health protection remained the same and just slowly deteriorated from material point of view and from the point of view of special equipment. There were privatized only the store “Optica” and the drug stores on patrimonial bills. In this period the number of the medical and medical-sanitary units didn’t decreased essentially. The decrease of the hospitals number began in 1998-1999 by the liquidation of the circumscription hospitals and their transformation into health centers in the rural sector. The equipment of the hospitals with necessary drugs also changed.

As to the medical staff, the period before 1999 was more stabile and the essential decrease started later. It becomes more and more obvious and in several district the situation is already critical, for example in Lapusna judets– 15,4, Chisinau judets – 15,9, Cahul judets – 17,0 doctors to 10000 persons. The situation is more alarming as to the medium medical staff. In comparison with 1994 the number of medium medical workers decreased by 28,0 to 10000 persons , reaching in Chisinau Judets – 42,2, in Lapusna – 51,5 in Orhei – 56,8 medical workers to 10000 persons, totally reducing in this way the medical assistance in several localities. There were established that every year about 800 physicians abandon their specialty (most of them being of certain experience and qualification in the sphere). The main causes of are: insufficient remuneration, abroad migration and the reorganization of the actual system of public health at local and regional level.

Though in the government’s activity programs there is stipulated first of all the maintenance of the free and state guaranteed medical assistance system, the creation of conditions of gradual transition to the assurance and private medicine, we should mention that de facto the principle of free accessibility is not respected anymore. The ill citizen pays for his medicaments, which are very expensive and for the paramedical necessary, etc. Instead of a medicine by assurance we have a medicine by payment in the budgetary policlinics and hospitals. The mechanism of the medicine by assurance does not function. There were several attempts to transform the state budgetary units in state institutions, which led to a collapse and which according to the law will be separated of the state and sold by auction. The public health is a barometer of the economic state of the country and to be more exact, it characterize the demographic indexes.

The analysis of the demographic processes allow us to state that the dynamics of health in the Republic of Moldova is characterized by:

- decrease of the population number;
- an unique decrease of the birth rate;
- a high level of infantile and maternal mortality;
- getting old of the population;
- chronicization of the pathologies;
- increase of the disabilities among children;
- increase of the number of infectious and sexual transmissible diseases;
- increase of the psychic disturbances;
- there is still a very high level of abortions;
- deterioration of the situation of the new-born children till 1 year

The analysis of the demographic phenomena denotes the danger that threatens the genofund of the country. This situation imposes the necessity to work out new strategies of health system development. These aspects determined the necessity to elaborate a conception of reforms of the health system in the Republic of Moldova in the new economic conditions for 1997-2003, approved by the Government of the Republic of Moldova by the decision No. 668/ July17, 1997. The essence of this strategy of developing the health system is in the implementation of a policy that would assure the full access of the population to the quality medical services, based first of all on the primary medicine, sustained by the secondary and third one. The conceptions provides the working out of new legislative and normative acts, national programs with special destination for the gradual accomplishment of as new public health system. There are taken several measures in order to ameliorate the public health, to optimize and rationalize the expenditures with the creation of the new extra-budgetary funds. The health system reforms emphasize the importance of the primary sector of the primary health assistance.

The basic strategies of health system development in the Republic of Moldova provides:

- observance of the fundamental human values in the offering of the medical assistance to population;
- a relevant financing, management and granting of services that would assure the necessary access and the assistance at efficient prices and costs;
- orientation to a primary assistance, defining the tasks of prevention and prophylactics of diseases and their complications with an effective coordination of the primary, secondary and third services;
- granting of qualified medical; assistance using the modern technologies, having as a main purpose the amelioration of the population health;
- inclusion of different payment forms for the services, in the same time keeping access to the basic medical services carried out for all the citizens;
- encouragement of developing the private sector in the granting of medical services;
- encouragement of the patients to participate at the choice of the medical services as well as the free choice of the physician;
- practice of multi-sector approach, having the active support of the leading persons, of the executive authorities, of community, other involved organizations, to make the granting of the public health the main priority of the nation's development;
- Assurance with competent workers in the domain, workers that would have the necessary qualifications, respecting the professional ethics, remunerated in accordance with the volume and the quality of the carried medical services and which would be able to satisfy the requirements of a high quality medical assistance.

For the years 1999-2003 the strategy of public health system development also provides:

- introduction of compulsory medical assistance assurances;
- accomplishment of strategies and of actions which would increase the number of the funds available for the public health system in the both sectors: state sector and private sector;
- modification and completion of the laws in the sphere of public health;

The reform in the primary, secondary and third system, based on the number of beds in hospitals with the redistribution of the available for the primary services will be deepened and continued. The mechanisms of financing of the medical institutions also modified, passing from traditional allocation for a day bed to financing on number of inhabitants. The specialized services are optimized through the preparation and application of the intensive technologies and of the evaluation schemes of the results of treatment efficiency. The intensification of these reforming actions will be possible and will depend on the achievements and failures of the carried actions at the previous stage. In this context, it is necessary to emphasize the importance of continuous monitoring and of the critical evaluation of this process..

The health is multidimensional and can not be achieved but through the integral effort of the society, of the state, of the local community and of every individual.

In the last years many factors decrease the efficient accomplishment of the reform in the public health system and it stops the accomplishment of the social and individual rights of the citizens in the medical assistance;

- structure and mode of financing of the health protection national system;
- increase of costs of the medical services;
- carrying of a large spectrum of chargeable services and as a result of this –the limitation of the equitable access of the citizens to the basic medical services;
- subjectivism in the determination of the priorities and in the application of the reform in the sphere of public health;
- lack and insufficiency of a legislative frame which would regulate the relation physician - patient – medical institution, which would eliminate or at least reduce the lack of responsibility, the negligent attitude or the attempts of fraud;
- lack of an efficient mechanism of control over the granted medical assistance;
- : presence of obvious disproportion in the mode of granting of medical assistance, namely (V. Valovei):
 - the stationary service uses about 80 - 85% of all the financial sources allocated for the system, while in Western European countries this percent is of 35 –50;
 - the quota of medicine men which activate in the primary sector constitute 30 – 35% of all the medicine men number and in developed states this percent is of 50 (Canada – 60%)
 - the level of hospitalization is 20-21 per 100 men, in Europe it is 12-17 per 100 men;
 - percentage of the patient sent by the sector physicians to the consultant specialists is 30 from the primary visits, while in Europe is 4-10%
 - the slow process of changing the population’s mentality towards their own health

. In present there is a tendency to take into consideration the possibilities to rationalize the system of providing the medical services carrying. The problems emerge due to the fact that the demand and the supply of medical services aren’t known and the resources necessary for the sanitary sector are poor.

The researches proved that in the matter of covering the medical assistance the maximum rate of population pronounced for a partially chargeable medicine (60,04%), for a medicine free of charge (34,9%) and only (5,07%) for the totally chargeable medicine (E. Popusoi).

The analysis of the conditions in which the population would prefer to pay for the health services, emphasized the following proposals (E. Popusoi):

- 42,6% - high quality for the medical assistance;
- 20,1% - accessible prices;
- 16,7% - choice of the medicine men and of the medical institution, staying firmly on the position of a free of charge medicine.

The majority of respondents (98,6%) pronounced themselves for the free medical assistance for a several of populations (pensioners, persons with disabilities, children, unemployed people, students, etc). The analysis of the degree of information received by the population regarding the law of health assurances emphasized the fact that 85,3 % of population aren't informed about the protection of the relevant Law

As to the attitude of the respondents towards the medicine by assurance:

- 50,1% - do not understand this form of organization of the medical assistance;
- 42,5% - think positively;
- 7,4% - think negatively;

The knowledge of these strategies would allow a more profound understanding and support by the population of the reforms promoted in the sphere of public health.

In order to emphasize the stringent problems and the needs in some areas of practical medicine and to improve the present situation in the area, the Government of the Republic of Moldova approved by several Decrees a number National Programs concerning some concrete areas of the practical medicine, such as:

- National Program of viral hepatitis B, C and D control (Decree of the Government of the Republic of Moldova no. 507 from 03.07.97);
- National Program of prevention and control of cardiovascular diseases in the Republic of Moldova in 1998 – 2002 years (Decree of the Government of the Republic of Moldova no. 6-7/19 from 29.01.98);
- National Program of improving the medical perinatal assistance for 1997-2000 years (Decree of the Government of the Republic of Moldova no. 1171 from 05.02.98);
- National Program of iodine deficit diseases till 2004 (Decree of the Government of the Republic of Moldova no. 46 from 16.01.98);
- National Program of prevention and control of and other acute diarrheic diseases till 2002 (Decree of the Government of the Republic of Moldova no. 357 from 02.04.98);
- National Program of education for health of the population and promoting of a healthy way of life (Decree of the Government of the Republic of Moldova no. 1000 for 28.09.98);
- National Program of assistance in family planning and health protection i the area of reproductive health in the years of 1999-2003 (Decree of the Government of the Republic of Moldova no. 527 from 08.06.99);
- National Program of emergent medical assistance development in the years of 1999-2003 (Decree of the Government of the Republic of Moldova no. 689 from 23.07.99);
- National Program of Primary Medical Assistance (Decree of the Government of the Republic of Moldova no. 1134 from 09.12.97);

- National Program of tuberculosis control for the years of 2001-2005 (Decree of the Government of the Republic of Moldova no. 559 from 28.06.2001);
- National Program of prevention and control of the insulin – dependent diabetes “MoldDiab” for the years of 1998 – 2001 (Decree of the Government of the Republic of Moldova no. 1186 from 08.12.98).

As we can see the number of national programs approved by the Government of the Republic of Moldova is rather imposing. Besides, the importance of their accomplishment for the public health is indisputable. Furthermore, according to the importance of the program, the amount of cost list for the accomplishment of these programs is varying: between 2.672.000 lei – “National Program of iodine deficit diseases till 2004” and 92.661.100 lei – “National Program of emergent medical assistance development in the years of 1999-2003”.

In order to offer an analysis of the implementation efficiency of these programs, the intermediary indexes that determine the aim and the reason of the programs are presented.

Table 2. National Program of improving the medical perinatal assistance for 1997-2000 years

No. crt.	Indicator	Year 1996	Year 2000
1	Infant mortality at 1000 newborns	19,5	18,3
2	Perinatal mortality at 1000 newborns	15,2	15,2
3	Mortality at 1000 newborns	7,5	6,8
4	Neonatal mortality at 1000 children	10,2	10,7
5	Maternal mortality at 100000 newborns	40,2	27,1

Table 3. National Program of prevention and control of cardiovascular diseases in the Republic of Moldova in 1998 – 2002 years

No. crt.	Indicator	Year 1996	Year 2000
1	Rate of occurrence of cardiovascular diseases at 10000 people	65,3	100,3
2	Mortality by cardiovascular diseases at 100000 people	576,6	632,0

Just about the same situation exists in the accomplishment of the other national programs. One of the main causes that obstruct the mentioned programs implementation is the insufficient financing of these programs, in some cases the financing is given in the charge of international organisms and institutions. Another cause consists in the fact that the programs did not have the necessary methodological and logistic support and practically were forgotten by the principal state bodies.

The Government of the Republic of Moldova is initiated to promote the National Politics of Health, traced out in 1997, after consult with the National Organization of Health, which fact can be see by the approve of the Governmental Decrees concerning a number of

National Programs that were mentioned above. Also, a number of laws that regulates several areas of public health were adopted. Furthermore, the “Strategy for reforming and development of health care system in Republic of Moldova for 1997-2003 years” approved by the Government in July 1997 is in force.

According with the principles of National Politics of Health, the “Law of the Republic of Moldova concerning the compulsory medical assistance insurance” from 27.02.98. was approved.

According to this law the compulsory medical assistance insurance represent a state guaranteed system of population welfare protection in the area of health protection, by forming, on the basis of the insurance bonuses, of monetary funds intended to cover the treatment expenses of estates caused by the occurrence of ensured events. The volume of offered medical assistance within the frame of compulsory insurance is foreseen in the unique Program of compulsory insurance of medical assistance. The unique Program contains the list of the diseases and of states that need medical assistance financed by the means from the compulsory insurance of medical assistance. Within the system of compulsory insurance of medical assistance the National Company of Insurance in Medicine and its territorial agencies is the insurance agent. The compulsory insurance of medical assistance is accomplished according to the territorial principle and to the production areas and includes all the population of the Republic of Moldova. The Bringing of the Law concerning the compulsory insurance of medical assistance into operation was planned in two stages:

The first stage that should be accomplished in 1998 included the training of the necessary normative staff, simultaneously there should be accomplished facultative insurance of health.

At the second stage from 1999 there was foreseen the complete operation of the present Law.

Until present there was not accomplished any of the desideratum of this conception. The actual Governance turned back to this Law and insists to put it into operation.

The state of the medical assistance by insurance at the actual moment remain at the optional level and practically do not have any influence upon the functioning of Public health.

In new economic condition, taking into account the market relations, the insufficient financing of the health system, the development of paid medical services became an actual and extremely necessary process, that have as aim the following tasks:

- extension of the possibilities and the access of the population to the qualitative medical services;
- growth of the medical service level;
- extension of medicine-social services;
- financial stimulation of the self-administrating medical institutions (of consultative, physiotherapeutic, stomathologic profiles, hospital sections of patients care etc.;
- development of diagnostic, treatment and home care medical services;
- optimization of using and of the medical equipment etc.

In order to regulate the process of offering paid medical services and to protect the patients, there were worked out and presented to the medical institutions the limit level of the prices at the medical services. Thus, on the basis of Decree of the Government of the Republic of Moldova No. 547 from 4.08.95 “Regarding to the measures of coordination and regulation of the prices by the state” and of Decree of the Government of the Republic of Moldova No. 270 from 10.05.94 “Regarding to the main attributions of the Ministry of Health concerning the working out the tariff for paid medical services” the price Catalog of the medical services with the appropriate attachments was approved, it correlates the prices with the inflation.

The dynamics of the accumulation of the extra-budgetary means resulted from paid services and their proportion in comparison with the budgetary subsidies suffered a rapid

growth beginning with 1994 and continue to grow with a tendency to be a dominant factor in the financing of public health.

Table 4. Accumulation of extra-budgetary means

Year	Extra-budgetary means, <i>millions lei</i>	Quota of the health protection budget, %
1994	2,3	2,45
1995	4,8	2,64
1996	14,0	7,65
1997	20,0	9,49
1998	21,2	10,01
1999	27,0	17,16
2000	58,3	32,38
2001	81,2	38,88

In 1995, on the basis of the Constitution of the Republic of Moldova and of the Law of health protection, the Ministry of Health started to work out the main Packet of state guaranteed medical services, and stipulating the necessity of development of the paid medical services with the purpose to extend the population accessibility to the medical assistance.

Within the implementation of the compulsory medical insurance the main Packet of guaranteed medical services would be considered the start point for working out the state insurance Program. The approving of the main Packet of medical services supposes rendering of medical services to the population for money. The volume of realization of these services depends on the population possibilities in cover the expenses.

Because the paid medical services are not developed in the medical institutions, 80% of actual payments do not reach the accounts departments of the medical institutions, and contribute to the development of obscure economy in the health system.

A study concerning the state of medical assistance revealed that actually the population pays for certain medical services as follows:

- acquirement of the medicines in stationary – 43+2,2%;
- for a visit to the doctor – 18+1,8%;
- diagnostic procedures - 24+1,8%;
- other situations - 15+1,4%.

The results of this study point out that the population pay for a case of treated disease an average of 161,9 lei, from which for the medications – 142,7 lei. It can be observed that in some cases the population has the possibility to support the expenses for certain medical services. At the same time, to increase the efficiency of these sources it is necessary to create an adequate mechanism of emphasizing the financial sources, their use and control, which fact will contribute to the increase of the population access to a more qualitative medical assistance.

In the last years on the medical services market the private sector became more and more visible: individual enterprises, medical – sanitary units, medical points, private hospitals. In 2000 in the Republic of Moldova 8 private hospitals were functioning with a capacity of 55 beds and 334 ambulatory institutions where 701 doctors and 402 secondary medical personnel were activate. Naturally, the majority of private medical institutions have a

stomathologic, diagnostic and physiotherapeutic, rehabilitation profiles, but this is a good beginning for the private sector to take more precise positions on the market of medical services.

The transition to the market economy facilitate the appearance of the medical services market and of the pharmaceutical products, which is a system of relations created in the process of production and circulation of medical merchandises with the purpose to improve the state of population health.

On the market of medical services the interaction “demand-offer” occurs in the conditions of economic competition.

In order to understand how the market of medical services must operate we have to admit the existence of fundamental problems that need to be solved:

- What medical assistance must be offered?
- What pack of medical services will satisfy in the best manner the needs of the society?
- How many medical services are necessary?
- What volume from the existent resources must be designated for the practical activity of the doctor?
- Who must take advantages from medical assistance?
- What is the modality of distribution of medical assistance among the society members?
- What organizational – juridical form can be used for the practical activity of the doctor?

Premises for the setting up of the health services market are:

- existence and great number of property types and of administration forms;
- unlimited number of competition persons, free and equitable access to the market and exits from it;
- equitable access of all the medical institutions to the existent resources;
- possession by each competitor (doctor or patient) of the complete volume of information about the market (about the demand of medical services, offers, prices);
- possibility of regulation and coordination of market principles in the health protection.

The development and implementation as urgent as possible of these principles will make the medical and pharmaceutical service market in Republic of Moldova a reality. The market of pharmaceutical services is more advanced, although its development has a chaotic character and do not respond exactly to the demands of the people. The net of state pharmacies is very reduced. The regulation mechanisms of the pharmaceutical market are not yet utilized. Many medicines are imposed on the market, while those well known and less expensive are removed. About 10-15% from all the medication come into market illegally. Another serious problem for the pharmaceutical market is the counterfeit of medications, that represents a major danger for the life and health of the patients. In the Republic of Moldova do not exist any program for control this plague of the pharmaceutical market, which is manifesting by:

- necessity of the pharmaceutical market in Republic of Moldova constitute about 115 millions US dollars per year;
- market saturation is of 70-80%, which constitutes 85-90 millions US dollars;
- import cover about 40% from all the necessary medications or 45 millions US dollars;
- local production of the pharmaceutical preparations is only 5% from the market volume or 6-7 millions US dollars;
- by humanitarian aid the market receives 10-15% or about 10 millions US dollars.

In order to support the reforming process of the health system, the Republic of Moldova received a credit from the World Bank and a grant from the part of the Dutch Government in the sum of 15.720 USD. The project proposed for the Investments for Health have as purpose the amelioration of the health state of the population in Moldova and the increase of the quality and efficiency of the public health sector through the increase of poor people access to the essential services. The basic objectives of the project are:

- guarantee of the access to the minimal set of medical services;
- modernization of emergency services and of the primary medical assistance;
- reduction of excessive capacity in the frame of health sector;
- strengthening of the institutional capacity of the health sector;
- support the working out of the strategies for control over TBC and AIDS/HIV.

In order to reach these objectives the project will sustain the development of the health policy and the institutional strengthening of the Ministry of Health by creating an appropriate legislative frame as well as the accomplishment of a public communication campaign or financing of a program of technical and managerial instruction. In order to satisfy the people's necessity in medical services a special attention will be paid over the elaboration and development of the primary medical assistance, which will play a decisive role in strengthening the health sector. For this purpose there will be procured equipment for the offices of the family doctors, there will be rehabilitated the office buildings.

The credit and the Dutch grant will be administrated by the Fund for Health Investments, on the basis of a competitive mechanism of allocation of the resources for all the districts (judets), for district of Chisinau and for the republican investments.

The primary medical assistance, in its ambulatory aspect which is assured by the primary profile medicine men proved to be economically and scientifically profitable, because of its small cost and predominantly preventive character, in comparison with the specialized medical assistance which is very actual and necessary, but too expensive.

The reforming program of the primary sector of medical assistance which is in process now is a real implementation of the conception of reforming the health system, which contains suggestions and recommendations of the expert group TACIS, of the international specialists and of the specialists from the Ministry of Health of the Republic of Moldova.

In order to obtain a fair result, in present there are accomplished radical organizational and structural actions:

1. Division and complete separation of the primary sector (administrative and financial) of the stationary sector, including the transformation of polyclinics, ambulatories into juridical persons with separate accounts; separate planing and distribution of the sources to the local financial Departments;
2. Modernization of the university, post-university programs and of the medical colleges which prepare the specialists for the primary medical assistance.
3. Supplying with a necessary minimum the medical offices of general profile and of the relevant personnel.
4. Organization of the medial services at home, using at maximum the services of the medium medical frame, creation of the new structure: centers of home services, polyclinics of "Nursing" type.

The key problem remains the stimulation and the financial support of those involved in the primary medical assistance. A successful activity of the primary sector may be accomplished in conditions of a normal subsidization. According to the decisions of the Ministry of Health the financial budgetary quota allocated for primary sector is 35%. In present and for the perspective it would be rational to pass from the system of remuneration by stabile salaries to the system of remuneration of work by financing per capita, based on the

number of patients that attended the family doctor. In these conditions the primary sector is separated of the specialized hospital sector.

It is important to mention that the development of the primary sector have to be oriented first of all to the assurance of the universal access and to the quality of the medical services and the modifications in the financing system have to serve as a basis for the assurance of the efficiency of the medical assistance.

In the context of actions program, along with the territorial-administrative reform in the republic, the whole population of the country have been distributed by sectors in which the medical assistance will be granted by the principle of general profile. Thus, there have been created 36 centers of Family Medicine men on the basis of the ex- district polyclinics in the city-centers of judets and in the ex-district centers.

There have been created Health Centers with 2-5-10-15 medical offices of family doctors with an auxiliary services structure, which activate under the aegis of Family Doctors centers.

In the district of Chisinau, there have been reorganized the polyclinics for the matures, children and consultations for women in the mixed territorial polyclinics, which in present are named Centers of Family Doctors.

This way the reform of the primary sector is an inevitable necessity for the society, family and individual, which in present have to be implemented as fast as possible.

A “priority” has been obtained by the signing in 1994 the convention regarding the children’s right, our country also participating in the summit regarding the interests of the child in 1999. The content of these laws contains the following aspects:

The physical and mental development of the children should become the priority of the society and mother and child in the spectrum of the priorities of every state are on the first plan, regardless of the party that rule the country or of the internal situation in the country.

In the Republic of Moldova the situation in the sphere of mother and child health protection became alarming and in every moment may lead to critical situations. In this way the affirmation that the health of the woman is a priority, stays only as a statement at any level.

In this way from the total number of pregnant women, 60% returns from the maternity hospital with different extra-genital pathologies which have a negative impact over th evolution of pregnancy and birth, contributing to severe complications, gestozes, bleedings, septic complications, etc. Despite of the fact that the dynamics of maternal mortality is in decrease: from 40,8 in 1995 to 27,1 for 100 000 newborn alive in 2000, the analysis proved that the demised women even if they were included in the “risk groups”, haven’t been cured and the pregnancy spread up in a unfavorable context.

The unsatisfactory health of the women of fertile age contributes to a high morbidity and mortality of the newborn. The last year about 40% of the newborn, were born ill, a fact that contribute to the maintenance of the prenatal level of mortality (15,2%) and to the infantile death which remain constant in the last years and constitute 18,3 to 1000 newborn.

The real care over the mother and child impose other forms of activity, other more efficient, humanist technologies, oriented for the care and communication, centered on prophylactics, education and family.

The complexity of the problems imposed the elaboration of some new policies and strategies in the service of mother and child reflected in national and branch problems:

1. Peritontology program;
2. Medical Genetics program;
3. Reproductive health and family planing;
4. Child alimentation program;
5. Strategy of integral behavior of children diseases;
6. Extended program of imunizations.

We can not base ourselves further only on the exploitation of the human factor. There are necessary concrete investments –both in the cooperation of the concrete implementation mechanisms and in the creation of the family doctor working conditions, including the working out of the regulations, normative acts, treatment standards and protocols, etc.

It is necessary for the family doctor to find its subject in every program, especially in prenatal assistance of the fetus, in treatment and health recovery of the fertile woman from the risk group, in immuno-prophylactics, in sanitary education, in care and correct treatment of the ill children the family, in teenagers problems.

As a result of social/economic crisis the situation of the social diseases as drug addiction, alcoholism, tuberculosis became more acute.

The problem of drugs addiction in the Republic of Moldova, as in the other countries, became very acute. According to the statistics the drug addiction in the Republic of Moldova is spread epidemically. The beginning of the epidemic was in 1985. In 1980 there were detected and put into evidence only 4 persons with drug addiction, in 1986 there were 136 drug addicted. From 1993 to 1997 their number increased by 420% in general and the number of drug addicted which have less than 18 is becoming double every year. The experience of the Republican Drug Dispensary, the epidemiological data, the data of Ministry of Internal Affairs state that every registered addicted person is reported to 10 non-registered addicted persons. On 01.01.2001 in official accounts there were 2052 drug addicted, the biggest rate being in Balti judets – 1255 cases or 24,8% (according to the mentioned statistics, in the Republic of Moldova there are 50520 drug addicted persons).

Also ver alarming is the situation of alcoholism and of the alcoholic psychoses, which in 2000 constituted for alcoholic persons 109.9 to 100 000 persons and alcoholic psychoses 8,2 to 100 000 persons and is in continuous growth.

Another social disease is tuberculosis, which in the countries that have a low level of development, social – economic crisis, unemployment, massive migration of population, insufficient financing of the medical problems, becomes a special problem for the public health because of its extension among the population and because of social-economic implications. In this way in the last decade of the 20st century there is a growth of the tuberculosis incidence by 53,2%, reaching in the 2000 the number of 59,9 to 100 000 persons and in the penitentiary institutions the morbidity is 42,7 times bigger that the medium rate on the country. In the last ten years there also increased the index of mortality by 3,9% and which in 2000 constituted 19,6 to 100 000 persons, 70% of them died because of disease progression. According to the estimations of the OMS experts in problems of tuberculosis which visited the Republic, the official data are just the visible part of the iceberg, the real data being at least two times bigger.

In order to accomplish at least partially the exposed problems in this survey regarding the state of health in the Republic of Moldova it is necessary to receive a massive financial support. The budgetary allocations are in the minimal limit of supporting the health system. The budgetary financial allocations do not have a concrete character with paramount destinations in the branches of public medicine which are in critical situation and in the directions were the reforming process began. They carry an auxiliary, non-important, dispersed character a fact that led to the actual critical state of the public health system.

Table 5. Dynamics of budgetary allocations for the health protection system

Year	Budget of the Health protection system <i>mln. lei</i>	Budget of the Republic of Moldova <i>mln. lei</i>	Budget of the Health protection system <i>In % from the budget of the Republic of Moldova</i>
1996	183.000,0	1.984.700,0	9,22

1997	210.700,0	2.246.500,0	9,40
1998	211.787,8	2.639.900,0	8,02
1999	157.300,0	2.453.900,0	6,41
2000	180.046,7	3.395.600,0	5,30
2001	213.699,9	3.643.000,0	5,86
2002	251.997,3	3.907.400,0	6,44

Conclusions

The state of the public health is an integrated index of the social development of the country, a reflection of the social-economic and moral welfare, a decisive factor of influence over the economic, cultural potential and over the laboring population in the society.

The maintenance and the strengthening of the health is a primordial social task of the state which can be solved only by the common efforts of the state and public organizations, medical bodies and institutions, by mutual cooperation, increase of the responsibility of each part and the real interest of each citizen in keeping his own health and the public health.

In the last decade in the country there was established an unfavorable medical-demographic situation. Comparing with 1990 the medium period of life hope at birth decreased by 1,1 years, representing in 1999 for women 71,0 years and for men 63,7 years the medium being of 67,4 years. There is a dramatic decrease of the birth rate. In comparison with 1994 the birth rate decreased by 4,5% reaching in 2001 the quota of 10,0 %.

The mortality continues to increase, its rate being in 2001 – 11,0%. The structure of the mortality on the causes of demise in 2000 shows that most demises have as a basis the cardiovascular apparatus diseases (55,85); followed by the malignant tumors (11,2%); digestive apparatus diseases (9,1%); accidents, poisonings and traumas (8,2%). There is a very high rate for the infantile mortality – 16,4%. In consequence the natural growth of the population registered the minimal value in the post world war II period – minus 1,7%. This coefficient became a little better in 2001, constituting -1,0%. The general coefficient of the fertility decreased to 1,38 in 2000 and does not assure the simple reproduction of the population. All these factors will assure in the future the phenomenon of depopulation in the republic a fact that would have a long-term negative impact over the nation's genofund. Starting with 1992 the population of the republic is in continuous decrease. In the last years the annual rate of the population growth is negative, in 2000 being minus 0,3%..

Analyzing the actual medical-demographic tendencies, we see the appearance of several unfavorable structural modifications in general age structure of the population: number of children and teenagers decrease and the number of old and inapt for work persons increase.

In the period after the declaration of independence in the health system of the country took place essential changes, expressing the period of transition form the old system of health protection ("Semasco" type) to a new type of public health based on the state medicine, medicine by assurance and private medicine which is nor formed completely yet and which have some aspects that imperils the access of the population to the medical services as chargeable services in the state medical institutions, which actually reached the level of 81,2 mln.lei, a fact that constitute 38,0 % form the health protection budget of the Republic of Moldova, in this way forming a mutant of the state private medicine.

The number of hospital decreased, a process that began in 1998-1999 by the liquidation of the circumscription hospitals and their transformation into health centers, most in the rural sector. There is an alarming decrease of the number of doctors, reaching 31,3 to 10000 persons and in some districts as Lapusna, Chisinau, Cahul reaching quotas of 15,4; 15,9 and 17,0. The situation regarding the medical staff is more alarming, reaching the quota of 70,5 to 10000persons, a fact that questions the possibility to grant medical assistance to the inhabitants of the mentioned regions.

In order to solve the emerged problems the Government of the Republic of Moldova adopted a series of national programs, but the effect of implementation of these programs is minimal, the main causes being the insufficient financing, the lack of the methodological support of these programs.

As to the medicine by assurance, it is in the process of implementation and can not have an essential influence over the public health system.

The market of the medical services is in the initial period because of these factors and the development of this market may lead to the development of the medicine and its transformation to one of the most cost-efficient branch of the national economy.

The involvement of the international organisms, especially of the World Bank in the development of the medical reforms by granting credits and by the creation of the Medicine Investment Fund is very profitable. The dynamics of subsidization of the public health by the state is very serious, the decrease of financing from 9,2% in 1996 to 6,4% from the budget of Republic of Moldova in present make more critical the situation in the sphere of public health protection.

According to this we will enumerate the basic factors which would influence positively the development of the sector:

- a relevant financing, management and granting of services that would assure the necessary access and the assistance at efficient prices and costs;
- orientation to a primary assistance, defining the tasks of prevention and prophylactics of diseases
- encouragement of developing the private sector in the granting of medical services;
- encouragement of the patients to participate at the choice of the medical services as well as the free choice of the physician;
- practice of multi-sector approach, having the active support of the leading persons, of the executive authorities, of community, other involved organizations, to make the granting of the public health the main priority of the nation's development;
- Assurance with competent workers in the domain, workers that would have the necessary qualifications, respecting the professional ethics, remunerated in accordance with the volume and the quality of the carried medical services and which would be able to satisfy the requirements of a high quality medical assistance;
- Introduction of compulsory assurances for medical assistance;
- Accomplishment of the strategies and actions which would increase the available funds for the system of public health in the both sectors: state and private
- Modification and completion of the laws in the sphere of health.

These are the directions, which could lead to a decisive change in the accomplishment of the reforms, in their acceleration in the public health system. The efficient involvement of all the active factors of the society, of the state structures, of the private sector, of the civil society, of all the citizens in the amelioration of health will stop the decline in the sphere of public health and will give an important role to the life of the society in the development of the whole nation.