

Goal 5

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IMPROVE MATERNAL HEALTH

Civil Society and Private Sector Contribution
to Achieving the National Targets of MDG 5
in the Republic of Moldova



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LIST OF ABBREVIATIONS

NBS – National Bureau for Statistics

HBR - Households' budgets research

LG – Local government

HDI – Human Development Index

MH – Ministry of Health

MLSPF – Ministry of Labour, Social Protection and Family

ME – Ministry of Education

MDG– Millennium Development Goals

UNO – United Nations Organization

NGO – Non-governmental organization

WHO – World Health Organization

OSCE – Organisation for Security and Cooperation in Europe

SIDA – Swiss International Development Agency

NDS – National Development Strategy

UNICEF – United Nations Children's Fund

EU – European Union

UNFPA – United Nations Population Fund



EXECUTIVE SUMMARY

In 2000, Governments of member states of the United Nations Organization took a number of commitments in terms of society development and poverty reduction. Such commitments are under Government's responsibility and there is limited understanding of each stakeholder's role in the society as a contributor to the process of development.

The last report on final outcomes is expected to be submitted in 2015 and the Republic of Moldova might have arrears in achieving **MDG 5** – maternal health. Therefore, an intense involvement of civil society organizations and private sector, in partnership with central and local public authorities is needed for achieving the established goals. This report is intended to make a synthesis of the level of civil society and private sector involvement in improving maternal health based on the legislation in force and on a survey conducted to such an end among civil society and private sector representatives, as well as among governmental institutions and partners for development.

The first chapters of the report identify the major trends of the existing problems related to **MDG 5** – improve maternal health. The Republic of Moldova develops and implements strategies and policies aimed at modernization of the system of health and its harmonization with the European standards, makes endeavours to enforce as much as possible the women's right to life, to reproductive health, taking into consideration the recommendations of the World Health Organization and the provisions of Millennium Declaration.

The Republic of Moldova is facing serious social-economic, political, labour force migration, public health problems. Nevertheless, the Republic of Moldova took very ambitious commitments focussed on achievement of **MDG 5** – improve maternal health. From such a perspective, in addition to developing sector policies, there is also need for developing and implementing policies intended to encourage civil society organizations and business entities to involve intensely in the process of implementation of relevant activities for reaching **MDG 5** – Improve maternal health.

The Report comes to the conclusion that progress towards reduction and stabilization of the maternal mortality rate in the Republic of Moldova is due to implementation of a series of health care programmes by Government (Ministry of Health) with the support of partners for development, such as regionalization of perinatal health care, "Riskless pregnancy" project, establishing a nationwide network of reproductive health services, compulsory health insurance provided by the State for pregnant and postpartum women, establishing a network of integrated services for youth, etc. Two distinct chapters of this report analyze and assess the contribution of civil society organizations and of private sector to achieving **MDG 5** through such activities, as policy promotion, service provision, information and education. The survey revealed the stakeholders, their territorial distribution and size, as well as the problems faced by them as contributors to the process of achieving **MDG 5**.

The network of non-governmental organizations working in social-medical field is rather wide, 2400 organizations, but a small number of them are really active and involve in making changes at community level. The situation is similar with regard to private sector, as business entities do not have a sufficient involvement in dealing with social-medical issues. Taking into account the problems faced by the Republic of Moldova in terms of improving maternal health, Chapter 5 includes the recommendations and proposals of civil society and private sector for improving the situation in this field, as well as the segments for their involvement as major partners of Government of the Republic of Moldova.



INTRODUCTION

Goal of the survey:

To identify the contribution and the role of civil society organizations and of private sector in achieving **MDG 5** – improve maternal health.

Specific objectives:

- ♦ identification of the activities conducted by four categories of respondents (SCO, private sector, governmental structures and international donors) with a view to achieve **MDG 5** and their possible plans for boosting the process of achieving the national targets of **MDG 5**;
- ♦ identification of the vision of governmental institutions about present and future involvement of the other stakeholders in the process of achieving the national targets of **MDG 5**, as well as of the present gaps or obstacles;
- ♦ determining the needs of SCO, donors and private sector representatives for actions to be undertaken by governmental institutions with a view to achieve the targets of **MDG 5**;
- ♦ determining the level of awareness of the four categories of respondents about MDG-s and the national targets of **MDG 5**, and finding out if they follow the international agenda in this field;
- ♦ identification of the proposals made by each category of respondents in terms of activities intended to ensure a more efficient contribution to the process of achieving the national targets of **MDG 5**.

Relevance of the issue under consideration

The analysis of this issue will allow us, at the level of:

1. Civil society organizations (SCO):

- ♦ to identify the degree of NGO-s' awareness about **MDG 5** and their role in this field;
- ♦ to assess the contribution of NGO-s to achieving **MDG 5** through their activities;
- ♦ to identify the difficulties, obstacles faced while conducting relevant activities to **MDG 5**;
- ♦ to identify the solutions/recommendations submitted by NGO-s with a view to encourage their more active involvement in achieving the targets of **MDG 5**.

2. Private sector (PS):

- ♦ to identify the degree of private sector's awareness about **MDG 5**;
- ♦ to identify to what extent PS recognizes and applies the social standards and practices relevant for **MDG 5**;
- ♦ to show the size and the forms of business entities' sponsorship for community activities, services and projects relevant for **MDG 5**;
- ♦ to identify the level of PS involvement in political dialogue;
- ♦ to identify the solutions/recommendations submitted by PS with a view to encourage their more active involvement in achieving the targets of **MDG 5**.



3. Governmental institutions:

- ◆ to identify the level of involvement of NGO-s, PS and international institutions in the political dialogue about **MDG 5**;
- ◆ to reveal the practices developed by NGO-s and PS which are considered by governmental institutions as models to be followed and which contribute to achieving the targets of **MDG 5**;
- ◆ to identify the level of support that governmental institutions might provide to development partners with a view to make more efficient their involvement in achieving **MDG 5**;
- ◆ to identify the solutions/recommendations submitted by governmental institutions with a view to encourage more active involvement of NGO-s and PS in achieving the targets of **MDG 5**.

4. International organizations:

- ◆ to identify the vision about achieving the targets of **MDG 5** in Moldova;
- ◆ to identify the support provided by international organizations for activities and programmes relevant for **MDG 5**;
- ◆ to reveal the opinions about the degree of NGO-s and PS involvement in achieving the targets of **MDG 5**;
- ◆ to reveal the practices developed by NGO-s and PS which are considered by international institutions as models to be followed and which contribute to achieving the targets of **MDG 5**;
- ◆ to identify the solutions/recommendations intended to encourage more active involvement of NGO-s and PS in achieving the targets of **MDG 5**.

Survey Methodology

The following investigation methods have been used within the survey:

- ◆ Analysis of social documents – official policy documents related to reducing maternal mortality rate in the Republic of Moldova; surveys, analytical reports developed by national and international experts in this field, national databases. Relevant statistical data have been provided by the National Bureau for Statistics, the National Centre for Health Management, Ministry of Health, Ministry of Labour, Social Protection and Family. The above-mentioned resources have particularly been useful while developing Chapters I and II, which describe the present situation and the major trends in the field under consideration;
- ◆ Focuss group (1 cluster meeting) – organized with a view to validate the survey methodology and the report. The focuss-group members are representatives of the categories of respondents included in the survey: governmental organizations, non-governmental organizations and international organizations - Ministry of Health, WHO, UNFPA, ILO, UNICEF; Centre for Reproductive Health and Medical Genetics;
- ◆ Structured interviews – focussed on identification of the contribution of civil society organizations and of private sector to achieving the targets of **MDG 5**. Interviews have been conducted with representatives of the investigation group in order to identify the vision of various stakeholders about the role and contribution of SCO and private sector to achieving the targets of **MDG 5**;

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- ◆ Case studies – dissemination of best practices in this field which shall be promoted and shared by the concerned organizations.

The survey's respondents

- ◆ Civil society representatives which have a contribution to achieving **MDG 5**, identified from the viewpoint of their visibility and importance at national level;
- ◆ private companies which are relevant for the survey's objectives (multinational companies, national companies);
- ◆ representatives of the ministries in charge of developing and implementing social-medical policies relevant for **MDG 5**;
- ◆ representatives of international organizations.

Structure of the questionnaires

I. General part:

- ◆ Respondent's profile.
- ◆ Awareness about international and national documents related to development priorities of **MDG 5**.

II. Special part:

- ◆ Contribution of development institutions to achieving MDG-s.
- ◆ Conclusions and recommendations,

The methodology used for conducting the survey included questionnaires, web resources about SCO and business entities' activities which have a direct or tangential impact on achieving national targets of **MDG 5**. In the process of conducting the survey, an important contribution was brought by members of the cluster group consisting of representatives of central environment authorities, international organisations, civil society organizations, business entities, independent consultants, to whom we are particularly grateful.

The analytical report consists of 5 chapters which analyze the potential of civil society and private sector as contributors to achieving **MDG 5**.

Chapter 1: MDG 5 in the Republic of Moldova – general framework. The first chapter makes a presentation of the Millennium Development Goal 5 – improve maternal health, and its targets, both in international, and national formulation. The chapter also makes the analysis of differences between international formulation of **MDG 5** and national formulation, and explains the reasons for their reformulation at national level.

Chapter 2: MDG 5 – major trends and present situation in this field. This chapter speaks about public policies implemented over the past years by the Government and ministries with a visible focuss on improving medical-social care for women of reproductive age, maternity protection.

Chapter 3: Role of civil society for achieving the targets of MDG 5. This chapter tackles the issue of civil society organizations' development. Since proclamation of the independence of the Republic of Moldova, such organizations make endeavours to strengthen their position in medical-social and political life of the country. In the same time, they remain at an incipient stage of development.



The precarious economic situation, rapid polarisation of the society, deformation of social and communication relations – all these have an unfavourable impact on the development of this important sector in a democratic society.

Chapter 4: Role of private sector for achieving MDG 5. This chapter describes the forms of partnership established by private sector and governmental organizations with a view to improve maternal health: funds for programmes developed by NGO-s, surveys, investigations, policy development, implementing medical-social programmes for service development, educational, information and communication activities, training activities, roundtables, conferences. Private sector's involvement in improving women's health is important, particularly its participation in various surveys and investigations which are relevant for identification of the factors determining maternal health and the support provided for developing effective medical-social services.

Chapter 5: Conclusions and recommendations. This chapter is the result of the initial assessment which revealed a series of findings and recommendations made mainly by the respondents.

The survey's utility and role for public policies

The survey will first of all provide an information about the potential of non-governmental organizations and of private sector of the Republic of Moldova to prevent maternal mortality through improving women's health, solving their problems, enhancing educational, information and communication activities, developing highly efficient medical care services.

The survey also makes a series of proposals for central and local public authorities about how CSO and private sector might be involved in solving the problems related to Millennium Development Goals. The recommendations formulated within this survey will be useful in making public decisions, strategy development and will ensure a more efficient system of monitoring and evaluation of their implementation.



CHAPTER 1.

MDG 5 IN THE REPUBLIC OF MOLDOVA – GENERAL FRAMEWORK

President of the Republic of Moldova, together with heads of state and government of 147 countries (in the total number of 191 states), signed in New York, in 2000, the „United Nations Millennium Declaration: human development – an objective of primordial importance”. The document confirms the commitment of international community to fundamental values of humanity – freedom, equality, solidarity, tolerance, respect for nature and sharing responsibility and points out the importance of solving serious problems related to peace strengthening, respect for human rights, sustainable development and environment protection.¹

Based on Millennium Declaration, were identified the Millennium Development Goals which define concisely the goals to be reached by the year 2015. Concrete targets and monitoring indicators have been established for each goal. The goals derive from the development vision adopted in the Declaration and shall remain unchanged, solely insignificant adjustments to specific country conditions are allowed.

According to Millennium Declaration, the eight development goals and 18 numerical targets are the expression of the political consensus established in the international community in the 1990-s. The United Nations Organization, the World Bank, the International Monetary Fund, etc. selected 48 indicators from a larger set of indicators compiled during intergovernmental processes. The indicators are intended to encourage joint appreciation and understanding of the statute of MDG-s at global, national and regional levels.

The objectives and indicators established at global level have been adapted by the Republic of Moldova to the country's priorities and concrete context, as they have not been conceived as a rigid directive. The Republic of Moldova took into consideration the fact that for achievement of the established goals, there is need for synchronization with global synergies and with integration processes of the European area.

No issue is more important for welfare of people from the whole world than maternal health and perinatal health. Each individual, each family and each community faces at a certain time problems related to pregnancy and possible childbirth complications. Therefore, central and local government, health care system and other systems, particularly education, social protection, economic and political systems, should keep a close eye on the issue of maternal health.

The Republic of Moldova, as a member of the United Nations, accepted millennium challenges and took an identical commitment with the one identified in Millennium Declaration – to reduce the maternal mortality rate by three quarters by the year 2015. It means that maternal mortality rate shall not overpass in 2015 the level of 13,3 cases per 100.000 live newborns, as provides the first target of MDG 5.

1 First National Report „Millennium Development Goals in the Republic of Moldova”, 2005



In 2004, with the support of the Institute for Public Policy (IPP), was developed the first report on adjustment of MDG-s to the national context, whose objectives and targets were at the basis of the long-term Government's agenda for Economic Growth and Poverty Reduction Strategy adopted by the Parliament in December 2004. Afterwards, in 2005, Government, with the support of the United Nations agencies in the Republic of Moldova, conducted the first evaluation of MDG-s implementation, followed by reintegration, update and concretisation of the commitments taken by our country in this process. The report was approved by the Government in March 2005 and provided that public authorities had to develop and approve action plans for achieving the objectives and targets of the established Millennium Development Goals.

International targets defined in the United Nations Millennium Declaration 2000	OBJECTIVE 5. Reduce by $\frac{3}{4}$ the maternal mortality rate by the year 2015. Indicator 5.1 Rate of maternal mortality Indicator 5.2 Rate of births attended by trained medical staff
Initial national targets defined by the Government of the Republic of Moldova	Target 1 Reduce the maternal mortality rate from 28 (per 100.000 live newborns) in 2002 to 15.5 in 2010 and to 13,3 in 2015. Target 2 Maintain the number of births attended by trained medical staff at the level of 99% in 2010 and 2015.
National targets updated in 2007 by Government of the Republic of Moldova	Target 1 Reduce the maternal mortality rate from 21 (per 100.000 live newborns), initial target for the year 2010, to the rate of 15,5 per 100.000 live newborns. The final target for 2015 was not changed - 13,3 per 100.000 live newborns.

Target 1

To reduce the maternal mortality rate from 28 (per 100.000 live newborns) in 2002 to 13,3 by the year 2015 is a rather audacious and not easy to fulfil task for the Republic of Moldova. In order to reach this target, concrete measures were undertaken within the health care system with a view to diminish the factors causing maternal mortality, nevertheless other determining factors which influence on maternal health and may be an obstacle to achieving target 1 of **MDG 5** have not been identified yet.

In addition to deficiencies related to the quality of health care services, other major factors, such as small budgets of families, their financial security, have a negative influence on women's health. Many other factors determining the poor condition of women's health are from outside the health system. As a rule, such basic factors are not given any consideration. These factors are particularly relevant for disadvantaged strata. Low salaries, unsatisfactory sanitary conditions, polluted drinking water and environment, low level of education, migration, deficient food security, lack of adequate infrastructure – all these factors can increase the risk of maternal mortality and cause a higher morbidity among women of reproductive age. Some women and their families do not have the required conditions for being healthy. It concerns mainly poor families, numerous families, families with various religious restrictions, families affected by gender problems, etc.

In-depth understanding of determining factors for maternal health must be at the basis of sector and inter-sector public health policies and of estimation of real possibilities for achieving the targets of **MDG 5**.

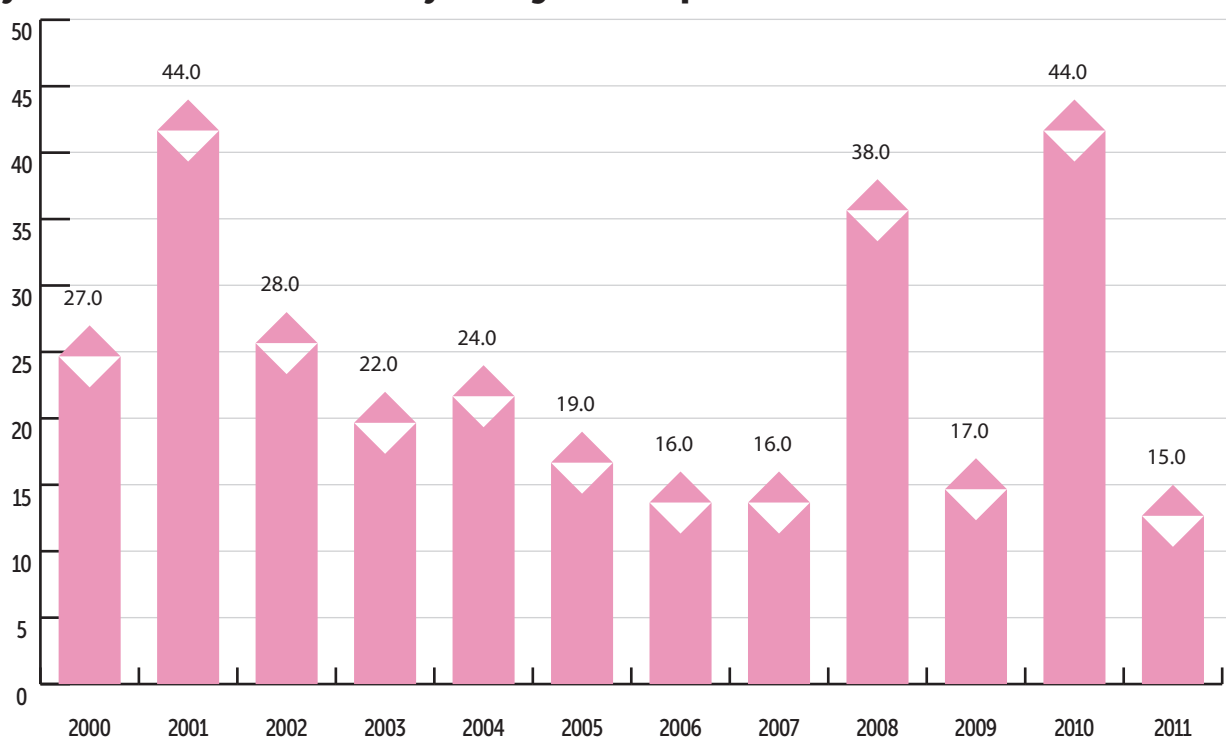
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The results obtained by the Republic of Moldova over the past years in the field of reducing maternal mortality are to a large extent due to public policies implemented with the support of the country's development partners. The issues of maternal health, access to services during pregnancy, childbirth and postpartum period are included in ongoing national programmes and strategies. Despite the efficient measures undertaken over the past years with a view to prevent complications and death of women during pregnancy and at childbirth, maternal mortality is still a problem for Republic of Moldova, as there is still much to do to reduce risk factors.

Although there is a direct relation between the level of a country's development and the maternal mortality rate, the rate of maternal mortality in the Republic of Moldova stands on a satisfactory position and corresponds to the level of developed regions. Compared to developing countries, where the maternal mortality rate is very high, 100-300 cases per 100000 live newborns, in the Republic of Moldova, where the financial income per capita is small, the maternal mortality rate is rather low.

Table nr. 1.

Dynamics of maternal mortality throughout the period 2000-2011

Throughout 15 years, the Republic of Moldova has obtained positive results in terms of improving maternal health due to well-thought policies and strategies implemented with the support of development partners. The right to health during pregnancy and at childbirth is universally recognized by several international legal tools, including by art. 25 of the Universal Declaration of Human Rights which stipulates that motherhood and childhood are entitled to „special care and assistance”. The International Covenant for Civil and Political Rights guarantees the right to life what implies undertaking positive measures intended to reduce mortality, while the International Covenant on Social, Economic and Cultural Rights stipulates in its art. 10 that „special protection should be accorded to mothers during a reasonable period before and after childbirth”. The Convention on the Elimination of All Forms of Discrimination against Women prohibits in art. 12 women discrimination in the field of health care and provides for the concrete obligation of states „to ensure appropriate services in connection with pregnancy „.



Law on Health Protection, Family Code, Labour Code, Law on Reproductive Health and Family Planning, alongside with other normative and legal papers provide for maternity protection measures which comply, in essence, with the requirements of international law. Government (Ministry of Health) has developed and implemented a series of national and sector programmes, strategies and actions plans intended to enforce the provisions of the above-mentioned laws and to achieve the targets of **MDG 5**. Maternal mortality is one of the most sensible and complex indicators of reproductive health. The economic crisis and pandemics which spread over the world, and in the Republic of Moldova, too, not only imperil the achievement of the Millennium Development Goal related to improving maternal health, but also generate conditions for increase of the maternal mortality rate.

The Ministry of Health has developed and implemented a series of concrete measures focussed on improving maternal health. As a result of successful implementation of the National Programme for Perinatal Care in the Republic of Moldova for 1998 – 2002, a regionalized system of health care services for pregnant women and newborns was established by the means of new technologies, in accordance with the recommendations of World Health Organization. The sector programme for Promoting quality perinatal services for 2003-2006 followed up the endeavours undertaken within the previous programme, with a special focuss on improving the condition of maternity wards throughout the country, endowing perinatal services with appropriate medical equipment, setting up a system of regionalization of perinatal health care and sorting the parturitions by three levels. A substantial attention was paid to professional development of medical personnel, particularly to individual woman care, reduction of the administration of medicine during childbirth, partnership at childbirth, etc.

The National Strategy for Reproductive Health 2005-2015 includes a set of long-term measures intended to improve substantially the maternal health. Reducing maternal morbidity and mortality as a result of enhancing the quality and the accessibility of health care services is one of the general objectives of the above-mentioned Strategy. The Strategy also includes well-thought-out actions for influence on factors determining the maternal mortality, such as problems related to abortion, family planning, youth health, uterine cancer, riskless maternity and other.

The National Health Policy 2007-2021 of the Republic of Moldova aims at ensuring equitable and free access to a fixed amount of quality health care services during pregnancy, childbirth and postpartum period for all pregnant women, regardless of their ethnic origin, social and marital status, political affiliation or religion.

According to the provisions of normative documents in force, the Ministry of Health is in charge of implementing maternal health policies. To such an end, was established a National Service for Reproductive Health consisting of 47 reproductive health cabinets located nationwide in the premises of Centres of family doctors. Nevertheless, the access to reproductive health services is not sufficient for all categories of women, because of the low level of information, the limited number of contraceptives delivered free of charge, incomplete delimitation of the functions of above-mentioned cabinets, etc.

The infrastructure for supervision of pregnant women is sufficiently developed. In the Republic of Moldova, there are 38 maternity wards and obstetric departments providing obstetric care. To mention also that, compared to urban women, rural women have limited access to health care services, and they face such problems as transport expenses, and sometimes unofficial payments. In the same time, this example is not relevant for transport in medical and surgical emergencies (childbirths), ensured by emergency medical services whose nationwide infrastructure covers the communities within a radius of 25 km.



Target 2

The second target sets a rate of 99% of childbirths attended by qualified medical staff by the year 2015.

In the Republic of Moldova, pregnant women usually deliver in medical establishments (obstetric departments, maternity wards, etc.). Women are informed by the medical staff about pregnancy and childbirth risks and are hospitalized for parturition by emergency medical services. In the same time, about 1-2% of the total annual number of births take place outside medical establishments, because of rapid (accidental) delivery. Medical care for pregnant, parturient and postpartum women (up to 42 days after delivery) is ensured at all levels by the state, and pregnant women are beneficiaries of free compulsory medical insurance.

On the other hand, the vision of World Health Organization (WHO) of the second target is broader and is not limited to the rate of births attended by qualified medical staff. According to WHO, a birth attended by qualified medical care means presence of a qualified midwife (accoucheur), presence of other specialized physicians, availability of the required conditions for support, access to medicine, transport, emergency obstetric services, care for the newborn.

The measures recommended by WHO are timely and relevant for the Republic of Moldova. Over the past 10-15 years, were undertaken many substantial managerial and conceptual measures aimed at improving the quality and the access to health care services for women of reproductive age and pregnant women. To this end, were implemented several national and sector programmes which resulted in deep system reforms, were applied new cost-efficient technologies in medical establishments providing services to women of reproductive age, pregnant and postpartum women; were developed partnerships with international organizations, such as WHO, UNFPA, and other.



CHAPTER 2.

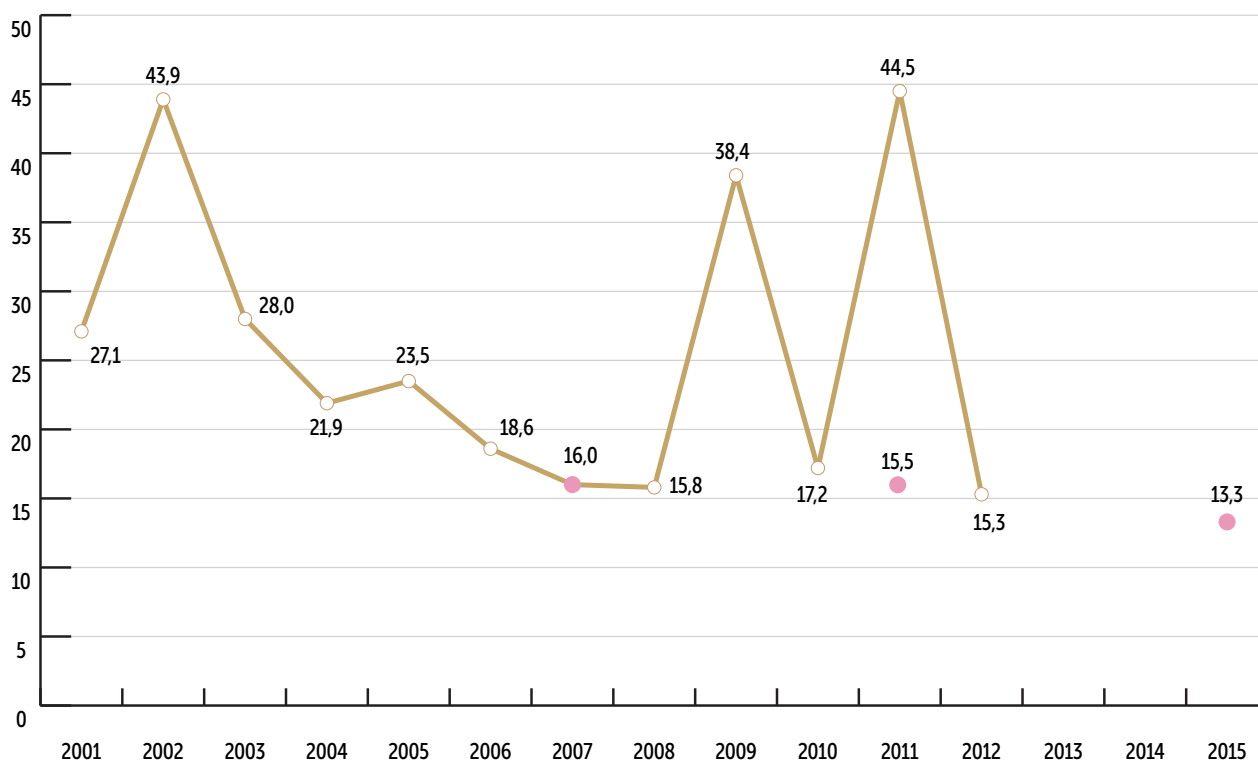
MDG 5 – MAJOR TRENDS AND PRESENT SITUATION IN THIS FIELD

In the Republic of Moldova, the maternal mortality rate has been decreasing over the period 2002-2007. Thus, maternal mortality decreased from 55,2 cases per 100.000 live newborns in 1990 to 27,1 cases in 2000. After a considerable increase of maternal mortality in 2001 (43,9 cases per 100.000 live newborns), this indicator decreased again, reaching the level of 15,8 cases per 100.000 live newborns in 2007. In 2008, there was an essential growth of the maternal mortality rate up to 38,4 cases per 100.000 live newborns, which is a considerable increase compared to the previous years. Confirming its non-linear dynamics, this indicator decreased again to 17,2 cases per 100.000 live newborns in 2009, and registered a new spectacular augmentation in 2010 up to the peak of the past 12 years estimated to 44,5 cases per 100.000 live newborns (Table no.2).

In the same time, since the year 2008, Government started to apply a new technology for defining live births. Such a transition was the result of the Ministry of Health's decision to apply a new methodology for estimation of child mortality, recommended by WHO and defined as an objective in the

Table nr. 2.

Maternal mortality rate in 2010-2011



Action Plan "Republic of Moldova – European Union". Thus, since 2007, a live birth was defined as a birth after the 22nd complete week of gestation of a newborn weighing more than 500 grams. Previously, a childbirth was considered as a live birth after the 30th complete week of gestation if the newborn weighed at least 1000 grams (National Development Strategy, Law no. 295 of 21.12.2007).

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To mention also that the burden was almost totally put under the responsibility of health care system, that is why there is need for concrete managerial and investment measures focussed on further increase of the access and of the quality of health care services.

The decrease of the maternal mortality rate is to a large extent due to renovation and improvement of emergency medical services.

Each inhabitant (of village, commune) has free access to quality and efficient emergency medical services improved over the past 5-10 years.

At the level of primary health care, health care services for women of reproductive age and youth have been strengthened as a result of:

- 1) Regionalization of perinatal services;
- 2) Setting up Centres for youth health throughout the Republic of Moldova;
- 3) Opening reproductive health cabinets in each Centre of family doctors, establishing Centres for women health;
- 4) Developing educational, methodological and information aids, specialized handbooks, standards for provision of health care services (perinatal book, and other);
- 5) Providing free of charge to pregnant women strictly needed medicine – iron supplements and folic acid;
- 6) Providing by the State compulsory medical insurance policies to all pregnant and postpartum women;
- 7) Providing modern contraceptives to disadvantaged categories (from the private humanitarian aid given by UNFPA).
- 8) Conducting a confidential analysis of each case of maternal death and of cases of proximity (in accordance with the recommendations of WHO).

Concrete measures have been undertaken in hospital medical care:

- 1) Setting up regionalized perinatal services in maternity wards/obstetric departments focussed on implementation of new patient-centred technologies;
- 2) Renovation of all maternity wards/obstetric departments and providing them with modern medical equipment;
- 3) Implementing new „safe abortion” technologies;
- 4) Developing clinical protocols for neonatal, obstetric and gynaecologic care;
- 5) Setting up a system for evaluation and monitoring of the quality of health care services provided in maternity wards.

Motivating the medical staff to get employed and to practise their profession, particularly in rural communities

Since the year 2007, young physicians who, after graduation, get employed following the repartition in towns and villages are awarded indemnities /privileges.

In the same time, the level of remuneration of medical staff remains an unsolved pressing problem for health system, because of which young physicians loose motivation to get employed.

The problem of employment of young medical staff in the rural areas is growing more pressing and reduces the access to health care services, including the access of pregnant women.

Social protection of families



- ♦ yearly increase of single childbirth allowance, of the allowance for childcare up to 1,5 years of age (uninsured persons) and 3 years of age (insured persons);
- ♦ granting since the year 2009 a social aid for disadvantaged families;
- ♦ providing social dwelling or ensuring advantageous conditions for acquiring a dwelling for young families („Social Dwelling Construction” Project, funded by the Council of Europe Development Bank – BCE (Framework loan agreement was ratified by Law 215/2007).

The structure of maternal mortality differs from one year to another, likewise the level of maternal mortality rate.

Table nr. 3.

Structure of maternal mortality in the Republic of Moldova throughout the period 2009-2011, depending on the obstetric risk

Anul	Total		Mortalitatea maternă prin risc obstetrical direct						Mortalitatea maternă prin risc obstetrical indirect	
			Total		Inclusiv:					
					Prin complicații – sarcini, nașteri		Prin întreruperea de sarcină			
	abs.	La 100 mii născuți vii	abs.	La 100 mii născuți vii	abs.	La 100 mii născuți vii	abs.	La 100 mii născuți vii	abs.	La 100 mii născuți vii
2009	7	17,2	4	9,8	4	9,8	-	-	3	7,4
2010	18	44,5	8	19,8	7	17,3	1	2,5	10	24,7
2011	6	15,3	3	7,7	3	7,7	-	-	3	7,7

Tabelul nr.4.

Mortalitatea maternă (la 100 mii născuți vii) în Republica Moldova

	2009		2010		2011	
	abs.	la 100 mii născuți vii.	abs.	la 100 mii născuți vii	abs.	la 100 mii născuți vii
Total	7	17,2	18	44,5	6	15,3
Urban	1	6,7	8	52,8	1	6,8
Rural	6	23,2	10	39,5	5	20,3
Sarcina extrauterină	1	2,5	-	-	-	-
Urban	1	6,7	-	-	-	-
Rural	-	-	-	-	-	-
Avort provocat artificial	-	-	-	-	-	-
Urban	-	-	-	-	-	-
Rural	-	-	-	-	-	-
Avort incip.și progredient extraspi-talicesc	-	-	1	2,5	-	-
Urban	-	-	-	-	-	-
Rural	-	-	-	-	-	-
Hemorogie	2	4,9	3	7,4	1	2,5
Urban	-	-	-	-	-	-
Rural	2	7,7	3	11,5	1	4,1
Toxicozele	-	-	-	-	-	-

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Urban	-	-	-	-	-	-
Rural	-	-	-	-	-	-
Septicemie	-	-	3	7,4	-	-
Urban	-	-	3	19,8	-	-
Rural	-	-	-	-	-	-
Alte complicații	4	9,8	11	27,2	5	12,8
Urban	-	-	5	33,0	1	6,8
Rural	4	15,4	6	23,7	4	16,3
	2009		2010		2011	
Domiciliu	1 urban	6,7	1 rural	2,5	1urban	6,7
Staționar	5 rural	19,3	8 urban 9 rural	52,8 35,5	5 rural	20,3
Alt loc	1 rural	3,9	-	-	-	-

The structure of maternal mortality over the past 10 years (Table no. 3) reveals that haemorrhages, late gestoses, post-abortion and post-birth complications, such as septic states, thromboembolism, alongside with chronic diseases in some cases - hepatic cirrhosis, cancer, tuberculosis, influenza pandemic - are the major reasons for maternal decease. Approximately half of the totality of maternal mortality cases (Table no. 4) were influenced by social problems (poverty, migratory living style because of the work abroad, non-request of medical aid, etc.). In the total number of 31 cases reported in the period 2009-2011, 16 cases were caused by an indirect obstetric factor, i.e. one woman in two, 19 women (61,3%) had a domicile in a rural community, what confirms the above-mentioned statements.

In 2007, the intermediary target of reducing the maternal mortality rate established for the year 2010 was modified by Government of the Republic of Moldova from 21 cases per 100.000 live newborns to 15,5 cases. On the other hand, in 2010 was reported the highest maternal mortality rate. The increase was to a large extent determined by the above-mentioned social factors and by high morbidity among pregnant women because of influenza pandemic, as well as by the deficiencies in terms of access and quality of health care services. The level of maternal mortality in the Republic of Moldova is also influenced by a number of medical-social problems, such as unemployment, high woman morbidity because of chronic diseases, post-abortion complications, etc. There is no sufficient monitoring of labour conditions for pregnant women employed in private sector in the Republic of Moldova. Female labour force, particularly the labour force of adolescents, is often exploited at an important period of their life for development of their reproductive function. Women fulfil works which diminish the level of their health: lift weights, work with herbicides and other toxic substances, grow tobacco, etc. The reproductive function is also affected by high air humidity, vibration and high dust concentration in the air, as well as by migration and shortage of high-level medical practices in maternity wards. Despite the significant reduction of the number of abortions - from 37.000 in 1997 to 14.634 in 2009 (with an increase in 2011 - 15710 abortions), post-abortion complications still remain a cause for maternal mortality. It is alarming that the number of abortions suffered by young girls aged 15-19 has been increasing, from 1505 in 2009 to 1769 in 2011. The quality of pregnancy termination services is still insufficient. The maternal mortality ratio caused by abortions decreased from 8,23 in 2001 to 2,5 in 2010 per 100.000 live newborns.

To mention also that the number of abortions reported in official statistics does not show their real number, as a large share of them are not reckoned. Moreover, many women of reproductive age are working abroad, where they have abortions when needed.



The rather large number of abortions points out the need for simplifying the access to quality contraception for all groups of the population. In addition to it, there is need for applying modern methods for family planning and for enhancing school courses of education for health. Limited access to information in the field of family planning and inability to use contraceptive methods cause a growing number of unwanted pregnancies. It is important that both women, and men are aware of the ways how to use the traditional and modern contraception, because the insufficient level of information and inappropriate access to contraceptives lead to the fact that abortion is used as a method of control on fertility.

There is also need for measures of unintended pregnancy prevention and for eradication of abortion as a family planning method. Therefore, sexual education and healthy living shall be taught to children in educational institutions.

Abortion was legalized in the Republic of Moldova in 1955. Since the 60-es until the 90-es, abortion had the statute of essential method for birth control. Over the past 10 years, the ratio of pregnancy interruption within the age cohort 15-19 (according to official statistics) is estimated to about 10% of the total number of abortions suffered by women of reproductive age (Data of the Ministry of Health, National Centre for Health Management). Such a phenomenon was tolerated because of the lack of modern contraceptive methods and because of the limited level of people's awareness about family planning.

The official statistics do not provide any data about the number of complications post unsafe abortions, nor about the number of hospitalizations because of unsafe abortions (per 1000 women) and, in fact, the notions of safe abortion and unsafe abortion are not used at present anymore. The notions of safe or unsafe abortions do not figure in legal and normative papers either (except the National Strategy for Reproductive Health). Despite the decrease in the number of abortions, the United Nations Committee for Human Rights, at the session of October, 12-30, 2009, showed concern about the fact that abortions were still broadly used in the Republic of Moldova as a family planning method.

In the Republic of Moldova is also reported the phenomenon of unregistered abortions. It is thought that providers of pregnancy interruption services prefer not to report abortions as they are a source of revenue for them (Strategic evaluation of aspects of policy, quality and access to contraception and abortion services in the Republic of Moldova, Chişinău, 2006). The legislation on abortions in the Republic of Moldova is among the most liberal in the world, nevertheless, because of various social, economic and educational reasons, illegal abortions still exist. The number of illegal abortions is estimated to 0,1 % of the total number of abortions (Data of the Ministry of Health, of the National Centre for Health Management).

Teenage women are not guaranteed confidentiality in relation with pregnancy interruption services. At present, parental consent or the consent of a close relative is required for abortion. This condition forces many young girls to make unofficial payments, often considerable, or to accept an illegal abortion. Pregnancy among teenagers is a serious public health problem and it is often the result of insufficient information about contraception. Most pregnancies among adolescents end up with an abortion which is not always performed in safe conditions, what imperils their health and even their life. There are no unanimous opinions about the age when adolescents may decide independently about terminating pregnancy (without parental consent). The legislation in force stipulates the age of 18.

**Improve maternal health**

Goal 5

Over the past 15 years, women of risk groups have been provided with contraceptives by UNFPA. To ensure continuity, the State shall now assume the expenditures for providing the women of risk groups with contraceptives.

In the same time, it is worth being mentioned that anaemia tests are done on all women registered by doctors (100%). Moreover, being covered by compulsory health insurance, pregnant women are given iron complements and folic acid free of charge, as outpatients. Nevertheless, the level of anaemia did not decrease significantly, what imposes the need for other actions aimed at anaemia reduction, one of them being already implemented this year – fortification of flour with iron complements.

Uneven developments of the maternal mortality rate do not allow prognoses about the trends and dynamics of this indicator for the coming years, or, despite the reduction of maternal mortality in 2009, the level reached by the Republic of Moldova in 2010 (44,5 cases per 100.000 live newborns) hindered from achieving Target 1 of **MDG 5**. Such a situation might persist because of the economic and social crisis which affected the Republic of Moldova

Taking into account the importance of maternal mortality prevention measures, the analysis of such factors complies with the tasks established by the Republic of Moldova with regard to this goal. Thus, inclusion of indicators for monitoring of such factors in the system of maternal mortality evaluation might help formulate more coherent, well-focussed long-term policies for maternal mortality prevention.

Another problem which might have an influence on achieving Target 1 is the phenomenon of “small figures error”. The maternal mortality rate is estimated every year based on the number of women died as a result of complications related to pregnancy, childbirth and postpartum period (42 days after delivery) per 100.000 live newborns in the year for which the respective rate is calculated. It is also worth being pointed out that such data concern the newborns weighing over 500 grams after the 22nd week of gestation. Consequently, the rate would show the real annual situation of maternal mortality, if the number of live newborns was not lower than 100.000 per year. In the Republic of Moldova, the birth rate is still low, with a number of 35.000-40.000 live newborns per year. Such a fact might explain the large differences from one year to another between the maternal mortality rates: from 15,8 cases per 100.000 live newborns in 2007 to 44,5 in 2010 (Table no. 3). The above-mentioned leads to the conclusion that is difficult to estimate exactly the maternal mortality rate for a fixed year, as for example the year 2015.

When the maternal mortality rate is estimated based on the sum of live newborns for 3 consecutive years, the dynamics of maternal mortality becomes more linear and diminishes the large differences for each separate year (Table no. 5).

We find out that Target 1 of **MDG 5** was not achieved in 2010 when the maternal mortality rate reached the highest level over the past 10 years - 44,5 per 100.000 live newborns, compared to 15,5 cases established in **MDG 5** (Table no. 6).



Table nr. 5.
Average maternal mortality estimated for 3 consecutive years

Years		Number of live newborns	Absolute number of deceased pregnant, parturient and postpartum women	Average maternal mortality (3 years) per 100.000 live newborns
2001	1999	38501	11	33,1
	2000	36939	10	
	2001	36448	16	
	Total	111888	37	
2002	2000	36939	10	33,0
	2001	36448	16	
	2002	35705	10	
	Total	109092	36	
2003	2001	36448	16	31,3
	2002	35705	10	
	2003	36471	8	
	Total	108624	34	
2004	2002	35705	10	24,4
	2003	36471	8	
	2004	38272	9	
	Total	110448	27	
2005	2003	36471	8	21,3
	2004	38272	9	
	2005	37695	7	
	Total	112438	24	
2006	2004	38272	9	19,4
	2005	37695	7	
	2006	37587	6	
	Total	113554	22	
2007	2005	37695	7	16,8
	2006	37587	6	
	2007	37973	6	
	Total	113255	19	
2008	2006	37587	6	23,6
	2007	37973	6	
	2008*	39048	15	
	Total	114608	27	
2009	2007	37973	6	23,7
	2008*	39048	15	
	2009	40801	7	
	Total	117822	28	
2010	2008*	39048	15	33,2
	2009	40801	7	
	2010	40476	18	
	Total	120325	40	
2011	2009	40801	7	35,7
	2010	40476	18	
	2011	39182	6	
	Total	120459	31	

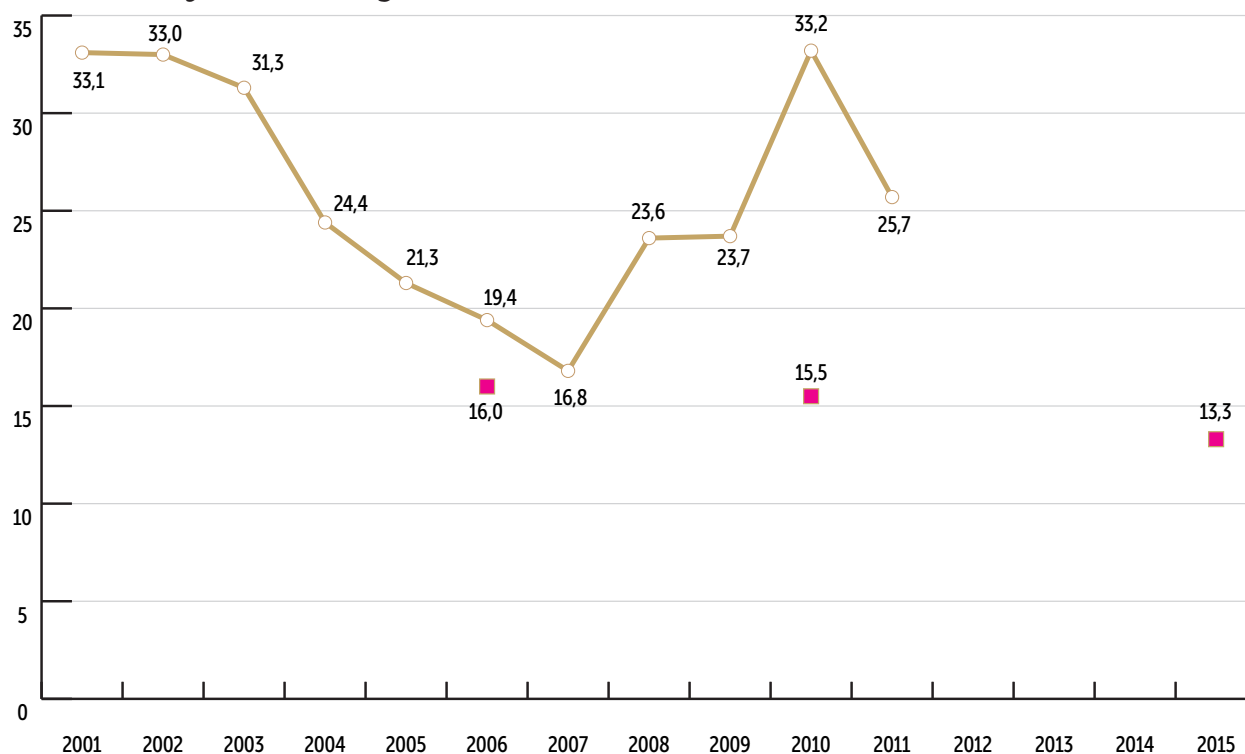
**Improve maternal health**

Goal 5

Target 2.

Maintaining the number of births attended by qualified medical staff at the level of 99% in

Tabelul nr. 6.

Dynamics of maternal mortality throughout the period 2001-2011 estimated for all 3 consecutive years and Target 1 of MDG 5

2015. The second target concerns the rate of births attended by qualified medical staff which shall not be lower than 99% by the year 2015.

Target 2 will be achieved, due to the fact that most births (99.0% - 99.5%) occur in maternity wards/obstetric departments in accordance with medical standards, childbirth being considered as a surgical state of major emergency.

Over the past 10-15 years, were undertaken substantial managerial and conceptual measures intended to strengthen the quality and access to health care services provided to women of reproductive age and pregnant women. To this end, several national and sector programmes which resulted in deep system reforms were implemented, new cost-efficient technologies were applied in medical establishments providing services to women of reproductive age, pregnant and postpartum women, anaesthesia and intensive care services were enhanced, partnerships were developed with international organizations, such as WHO, UNFPA, and other.

It is also worth being mentioned that, as the burden for achieving the targets of **MDG 5** was almost totally put under the responsibility of health care system, there is need for concrete



managerial and investment measures focussed on further increase of the access and of the quality of health care services.

In 2007, the targets of **MDG 5** related to maternal mortality have been updated. In the same time, since the year 2008, Government started to apply a new technology for defining live births and newborns. Such a transition was the result of the Ministry of Health's decision to apply a new methodology for estimation of child mortality, recommended by WHO as an unified methodology for United Nations countries, and defined as an objective in the Action Plan "Republic of Moldova –European Union". Thus, since 2007, a live birth was defined as a birth after the 22nd complete week of gestation of a newborn weighing more than 500 grams. Previously, a childbirth was considered as a live birth after the 30th complete week of gestation, if the newborn weighed at least 1000 grams.



CHAPTER 3.

ROLE OF CIVIL SOCIETY IN ACHIEVING THE TARGETS OF MDG 5

În RM sunt înregistrate circa 8200 ONG-uri, inclusiv circa 3500 de organizații obștești locale. Conform In the Republic of Moldova are registered nearly 8200 NGO-s, including about 3500 local public organizations. According to estimations of many providers of training and development services, representatives of funders community, as well as of the Ministry of Justice, nearly 25 % of the total number of NGO-s are sufficiently active and develop various projects and initiatives. According to State Register of public associations, 75% of them are associations of public benefit. Most registered NGO-s (approximately 65%) are located in Chisinau municipality, although Chisinau counts about 25% of the country's population.

According to State Register of non-governmental organizations published on the site of the Ministry of Justice (www.justice.gov.md), NGO-s have the following legal forms of organization: trade unions, non-commercial organizations, public associations, employers' associations, religious cults, foundations, private institutions, parties and other social-political organizations.

The organizations whose activities are focussed on improving maternal health or are tangential with this field are working in the following sectors:

- ◆ Social assistance - 508
- ◆ Youth support - 319
- ◆ Charity - 508
- ◆ Philanthropy - 522
- ◆ Health care - 563
- ◆ Trade unions - 42
- ◆ Employers' associations - 119
- ◆ Women's health - 108

Idea of a local initiative group	78.0%
Idea of another NGO	5.4%
The result of institutionalization of a project or programme	4.5%
An individual's initiative	2.9%
Initiative of local government (state institutions)	2.5%
Idea of one / several funders	1.8%
Other	3.6%
Don't know/Don't answer	1.3%

But this significant number of non-commercial organizations is not an indicator for estimation of direct involvement in activities aimed at achieving **MDG 5** in the Republic of Moldova.

We might state that solely the organizations that have a direct contribution to implementation of social, health care policies/services, as well as to improving maternal health and have a good practice in such sectors can be considered as important stakeholders in the field of family support and women's health. Non-governmental organizations in social and medical fields are unevenly spread, most of them being concentrated in Chisinau municipality - 41, district of Hincesti - 12, district of Cahul - 11, Balti municipality - 5, in the other districts - 1,2 or 3.



Among the active organizations in the field of health care, we might mention the NGO-s which are the major partners of the Ministry of Health (www.ms.gov.md) and involve in policy making and implementation in the field of public health and provision of medical and social services (19 NGO-s).

To mention particularly the significant contribution of the following civil society organizations to achieving **MDG 5**: Perinatal Medicine Association of the Republic of Moldova, Centre for Health Policy and Analysis, Centre for training in the field of reproductive health, Family Planning Society in the Republic of Moldova, Health for Youth, “Progres pentru alternativă” (“Progress for alternative”) Association. The distribution of such organizations by residence environment and level of coverage is uneven, with a largest share in urban environments, particularly in Chisinau municipality.

3.1 Mapping the Relevant for MDG 5 Civil Society Organizations which Took Part in the Survey.

12 non-governmental organizations responded to questionnaires of **MDG 5**. The questionnaire was shared to a larger number of non-governmental organizations working in the social or health care fields whose activities have more or less links with improving maternal health and a one-month term was given for filling it in, nevertheless the number of organizations which filled it in is rather modest.

In the total number of 12 non-governmental organizations, 5 have the statute of association; 3 – the statute of centre; 2 – the statute of public organization; 1 – the statute of foundation and 1 – the statute of society. The number of people employed by NGO-s shows that the organizations have an average structure: 6 organizations in 12 have 0 - 10 employees, 6 of them have 11-50 employees and none of them has more than 50 employees.

3.2 Awareness of the International Development Agenda.

Health care is the major field of activity of 7 non-governmental organizations out of 12 covered by the survey, 5 organizations work in the field of social policies, journalism, human rights. All 12 organizations conduct their activities countrywide, i.e. are national organizations, and their activities have a positive impact on family health, 7 organizations also conduct activities with a positive impact on maternal health, too.

NGO-s involved in the survey pointed out that they have knowledge about MDG-s, in general, and about **MDG 5** and improving maternal health, in particular. Only one in 12 organizations is familiar with all international treaties mentioned in the questionnaire, and 6 out of 12 are aware of Millennium Declaration 2000, 2 respondents are aware of Paris Declaration 2005, 2 – of Busan Partnership for Effective Development Cooperation 2011, 3 NGO-s are aware of Acra Agenda for Action 2008, 3 are familiar with Istanbul principles for efficient development of civil society organizations. Normative and regulatory papers in the field of maternal health are a matter of awareness for only one in 12 interviewed NGO-s.

While asked which of the eight Millennium Development Goals they are aware of, most of respondents – 10 in 12 – stated they know **MDG 5**. A similar number of respondents have also mentioned MDG 4, a fewer number of them are aware of MDG 3 – promote gender equality and empower women and MDG 1 – poverty eradication. Maternal health is a priority in the activity of 7 out of 12 NGO-s who filled in a questionnaire.

The level of conformity between the priorities of civil society organizations and the targets of **MDG 5** may be described as follows: with regard to 4 NGO-s, there is direct, or very good conformity, 4 other NGO-



s show an average conformity and the other 4 – a low level of conformity or even such targets are far from their competence. The organizations with a good conformity are the ones whose basic activities are centred on health care, particularly on maternal health, youth health and perinatal health (Perinatal Medicine Association of the Republic of Moldova, “Progress for alternative” Association, “Centre for Health Policy and Analysis, Centre for training in the field of reproductive health, Family Planning Society in Moldova, Health for Youth Society).

In the past years, the cooperation between CSO and public authorities has been ascending, but it has not reached the expected level, for sure, although the openness of both parts to partnership relations may strengthen this process in the nearest future.

The major partners of the interviewed NGO-s are international organizations – 6 NGO-s, state institutions – 5 NGO-s, other non-governmental organizations – 5 NGO-s and only one of them has a partnership with business entities. Thus, international and governmental organizations are the basic partners of NGO-s what confirms their direct involvement in promoting and supporting medical and social policies, policy development and implementation.

In their turn, governmental organizations which took part in the survey listed non-governmental organizations among their partners in implementation of improving maternal health activities. Civic-private partnership for achieving MDG-s is underdeveloped, including in the field of improving maternal health (**MDG 5**).

3.3 Policy Promotion. Policy Advocacy

While asked if other NGO-s, business entities or governmental institutions had invited them to co-participate in financing projects focussed on improving maternal health, it came out that no invitations of such nature had been done over the past years.

Civil society organizations pointed out the following problems faced in their activity:

- ♦ rigidity of the society and of other institutions towards maternal health issues;
- ♦ low responsibility and optimism shown by women with regard to their personal health;
- ♦ lack of local government involvement in specific activities of **MDG 5**, as maternal health is neither a priority, nor a problem for local government.

3 in 12 CSO involved in the survey stated they do not face any problems while implementing projects related to **MDG 5**.

The Ministry of Health is open to collaboration, including through its informational system. The ministry's website <http://ms.gov.md/public/info/analiza/> presents analytical reports, conclusions, problems. With a view to ensure the transparency of decision-making process, the Decisional transparency section of the website presents drafts of resolutions submitted to public consultation. Public associations included in the ministry's database are requested electronically to submit proposals and opinions about drafts of resolutions developed by the ministry (drafts of laws, Government decrees, Ministry's ordinances). In addition to it, civil society representatives took part in working groups for drafting some resolutions. In 2011, about 51 drafts of papers developed by the ministry were submitted for public consultation.

In the same time, the Ministry of Health's policy documents require the establishment of tools for involvement of representatives of professional associations, and for delegation of some specific responsibilities.



With a view to develop a permanent dialogue with civil society representatives, the Ministry has created its own page on www.facebook.com social network. Relevant information for civil society is also published on www.civic.md website. The Ministry of Health has signed memoranda of collaboration with other institutions, representatives of national and international NGO-s.¹

In the opinion of non-governmental sector representatives, as well as of governmental institutions, the major performances of NGO-s from this perspective are:

- ♦ participation in drafting and promoting the normative and regulatory framework in the field of health care;
- ♦ participation in developing medical and social services;
- ♦ participation in various surveys, information, education and communication campaigns.

With a view to solve problems related to improving maternal health, the respondents from civil society showed availability to involve during the period 2012-2015 in:

- ♦ conducting surveys, developing the tools for implementation of health care system reforms intended to improve maternal health;
- ♦ information campaigns about pregnancy, riskless childbirth, abortion prevention;
- ♦ implementation of ongoing projects, issuing informational aids, education and information of youth and of women of reproductive age from disadvantaged strata.

On the other hand, it is worth being also mentioned that 4 in 12 respondents do not plan any activity focussed on improving maternal health.

To conduct activities aimed at improving maternal health, CSO require:

- ♦ better support, including financial assistance, from the side of the State for active CSO in this field and for women of reproductive age from the disadvantaged strata;
- ♦ more active involvement of local government in solving maternal health problems, because „maternal health is left in the shadow ” now (a statement from the questionnaire);
- ♦ financial autonomy for civil society organizations;
- ♦ systemic development of the capability of the personnel in the respective spheres of activity.

In the opinion of two respondents from civil society, the present legal, regulatory and administrative frameworks is not favourable for involvement of non-governmental organizations in improving maternal health, while other 5 out of 12 respondents consider that state policy is favourable for the activity of CSO. Another share of respondents expressed a negative opinion on this issue, as they consider that the State does not have any policy intended to support NGO-s working in the field under consideration.

Governmental institutions which took part in the survey stated that the legal, regulatory and administrative frameworks are favourable for NGO activity on this segment and assess as average (4 points) the level of involvement of civil society organizations in improving maternal health.

1 <http://www.ms.gov.md/public/info/analiza/rap/>



3.4 Service Provision

In terms of „CSO contribution to achieving **MDG 5**”, only one in 12 respondents assessed as high their involvement – „four points” (on a scale of evaluation from 0 to 5), 2 assessed it as average - „three points”; 5 respondents assessed it as weak - „2 points” and 4 NGO-s assessed it as very weak – “1 point”.

From the perspective of civil society role in implementing measures and activities aimed at achieving the targets of **MDG 5**, it should be mentioned that CSO sponsor a certain number of activities: projects for youth information and education and for prophylaxis of sexually transmitted infections - 5 in 12 interviewed NGO-s; information about modern methods of contraception, developing policies for internal information of the personnel of various institutions about improving maternal health, projects for education and information about unintended pregnancy prevention - 3 organizations.

Two in 12 organizations involved in the survey mentioned they had sponsored activities in the field of improving the quality of maternal health services provided in maternity wards, of emergency medical services, of primary health care and other two have sponsored activities for community information about the compulsoriness of the annual prophylactic examination of women of reproductive age. Four other SCO proved to be more active in improving the maternal health of women from disadvantaged groups and in promoting best practices in this field.

On the one hand, this fact might be explained by unawareness of non-governmental organizations about the ways how to conduct economic activities. On the other hand, there are some stereotypes related to limited competence of civil society organizations which hinder the public authorities from subcontracting them for some works or services. Public auctions usually encourage, not always groundedly, the participation of business entities, rather than of civil society organizations. Moreover, the system of public payments, based on post service delivery payment, discourages the participation of civil society organizations in such activities, given their present financial vulnerability.

International organizations (most of them) are the major partners which ensure financial support to NGO-s in providing medical-social services, followed from far by other NGO-s, private companies or individual from abroad. But, certainly, each of them enjoys the support of several partners, i.e. a combination of the above-mentioned partners. Unfortunately, most NGO-s usually find their partners outside the country, what proves that Moldovan civil society is not well-prepared for active involvement in solving local problems related to maternal health and provision of quality medical-social services.

Service provision by civil society organizations does not necessarily mean practising an economic activity, although, according to the Law on Public Associations, they may conduct economic activities stipulated by the statutes, provided that the profit is used for reaching their statutory goals. Despite such a right, there are no frequent practices of conducting economic activities by civil society organizations.

3.5 Sensitization and Information

Sensitization and information of beneficiaries are the most important tools for attitude development and change, so necessary in the field of maternal health, including for reducing the factors determining maternal mortality.

The analysis of the questionnaires revealed that eight in 12 NGO-s stated that their basic activities are related to education and information of a certain category of population. Holding training activities, work-



shops, conferences, debates, organizing working groups on various issues related to maternal health and health care in general are the basic activities of eight NGO-s, too.

International organizations (most of them), other governmental institutions, national and international civil society organizations are the major partners of NGO-s in conducting education and information activities.

According to the opinion of governmental institutions, the most important activities conducted by NGO-s on this segment consist in: education and information, training, investigations/service provision.

Likewise in the field of service provision, to make the contribution of CSO more efficient, they need:

- ♦ access to resources provided by the State and by donor organizations for developing projects intended to enhance the quality of medical-social services;
- ♦ larger involvement of other development stakeholders, such as: international organizations, private sector, local government.

3.6 Contribution of Civil Society Organizations to Change

Despite the fact that Target 1 of **MDG 5** was not fully achieved, most respondents assessed as average the progress done by the Republic of Moldova towards achieving the targets of MDG-s. According to civil society representatives, such results are due to the following actions:

Policy development

- ♦ National Health Policy (Government Decree no. 886 of 6th of August 2007)
- ♦ Strategy for Health System Development in the period 2008-2017 (Government Decree no. 1417 of 24th of December 2007)
- ♦ National Development Strategy 2008-2011
- ♦ National Strategy for Reproductive Health (Government Decree no. 913 of 26.08.2005)
- ♦ Law on preventing and countering family violence (Law no. 45 f 01.03.2007)
- ♦ National and sector perinatology programmes (1998-2008)
- ♦ National Mental Health Programme
- ♦ National Programme for countering viral hepatitis

Service provision (contributions)

- ♦ Developing Centres for youth health and Centres for woman health;
- ♦ Developing the countrywide network of reproductive health cabinets;
- ♦ Setting up perinatal centres and a regionalized perinatology service;
- ♦ Implementing new medical technologies for „Safe abortion”.

Training of specialists (family doctors, obstetricians-gynaecologists, midwives, perinatal medical assistants, etc.).

Nevertheless, alongside with the above-mentioned results, civil society has also pointed out serious deficiencies in this field and the need for a massive involvement of institutions in:

- ♦ training of the personnel in this field;
- ♦ information campaigns on family planning;
- ♦ information campaigns for „Youth Health”;
- ♦ developing medical-social services for disadvantaged families.



In the same time, civil society commits to support governmental institutions through its involvement in the following activities:

- ♦ participation in strategy and policy development;
- ♦ participation in campaigns for countering the factors determining maternal mortality;
- ♦ provision of social-medical services;
- ♦ participation in training of the personnel in this field;
- ♦ raising supplementary funds.

Governmental institutions expect that CSO provide support for the following activities:

- ♦ conducting education and information of the society;
- ♦ developing high-quality medical-social services.

International organizations consider that CSO shall provide to governmental institutions support for conducting trainings and other activities centered on women from disadvantaged groups.

Most interviewed CSO stated they have short-term plans of activities or are in process of developing such plans. Lack of funds for activities and non-involvement of public authorities in financing are the major problems related to developing long-term plans.

ROLE MODEL

Perinatal Medicine Association of the Republic of Moldova, founded in 2000

The association took part in the implementation of the Moldovan-Swiss project “Modernization of perinatology system in the Republic of Moldova”, supported by Government of the Swiss Confederation and the Ministry of Health.

The project supported the Ministry of Health’s policy aimed at establishment of a network of perinatal centres, a regionalized system of perinatal services and care for pregnant, parturient and postpartum women.

The association conducted a series of activities aimed at strengthening the capability of professionals in this field for providing quality medical services.

In addition to it, the association involved in two national campaigns for community mobilization, family education and information “Pentru un Făt Frumos și Sănătos” (« For a cute and healthy baby ») (2006-2007), “Copilărie fără risc” (“Riskless childhood”) (2007-2008).

The association has also actively participated in developing clinical protocols and the papers concerning the delimitation of competences for health care professionals, including National Perinatology Guides, a paper on Psycho-emotional preparation of pregnant women and of families, as well as a set of education and information aids for pregnant women “Perinatal book”, „A cute and healthy baby”, etc.

The above-mentioned activities had a contribution to preventing complications related to pregnancy and childbirth, avoiding maternal decease, improving maternal health.



CHAPTER 4.

ROLE OF PRIVATE SECTOR IN ACHIEVING MDG 5

According to the data of State Register, on 01.04.2012, in the Republic of Moldova there were 161 623 companies, including: 67,2 thousand private entrepreneurs, 72,9 thousand limited liability societies, over 4,8 thousand joint stock ventures, nearly 4 thousand cooperatives, about 1,4 thousand state companies and municipal enterprises and 3,1 thousand non-commercial organizations. Over 50% of them are located in Chisinau municipality (85.461).

Nr.	Oficiul teritorial	nr. întreprinderi	Nr.	Oficiul teritorial	nr. întreprinderi
1	mun. Chișinău	85461	6	ofic. ter. Găgăuzia	5143
	Anenii Noi	2501	7	Hîncești	2451
	Ialoveni	3450		Basarabeasca	942
	Criuleni	1517		Cimișlia	1271
	Strașeni	2580		Leova	1127
	Dubăsari	405	8	ofic. ter. Hîncești	5791
	ofic. ter. Chișinău	95914		Orhei	4582
2	mun. Bălți	8266		Telenești	1666
	Fălești	2221		Rezina	1070
	Rîșcani	1840		Șoldanești	1162
	Glodeni	1096		ofic. ter. Orhei	8480
	Sîngerei	1470	9	Soroca	2515
	ofic. ter. Bălți	14893		Drochia	2580
3	Cahul	4515		Florești	1991
	Cantemir	1278	10	ofic. ter. Soroca	7086
	Taraclia	1197		Ungheni	3248
	ofic. ter. Cahul	6990		Călărași	1263
4	Căușeni	1782	11	Nisporeni	1556
	Ștefan Vodă	1239		ofic. ter. Ungheni	6067
	ofic. ter. Căușeni	3021		TDS	1118
5	Edineț	2959			
	Briceni	1874			
	Ocnîța	1169			
	Dondușeni	1118			
	ofic. ter. Edineț	7120			
Total în Republica Moldova 161623					

Sursa: Camera Înregistrării de Stat



In the context of our survey, private sector is approached from the perspective of responsibility towards the society, what implies the managers' obligation to undertake actions which protect the company's interests and enhance the society's welfare.

4.1 Degree of Awareness of Business Entities covered by the Survey about MDG 5

Taking into account the assessment of the respondents, the degree of awareness and the interest of private sector in improving maternal health are "low".

Business entities stated that, from the whole spectrum of international papers, they are aware solely about Millennium Development Goals. As far as the national legal framework was concerned, business entities of health care system could list all legal and normative papers related to maternal health.

4.2 Contribution of Business Entities to Achieving MDG 5 through their Basic Activities

The Ministry of Health made several proposals for modification of the legal framework with a view to establish a Public-Private Partnership (PPP) for health. As a result, the barriers to implementation of PPP projects in health sector have been removed.

Health Care Law no. 411-XIII of 28th of March 1995 suffered modifications which provide for developing public-private partnerships in financing health care services (Law no. 117 of 17th of June 2010 for modification and completion of Health Care Law no. 411-XIII of 28th of March 1995).¹

With a view to establish a public-private partnership for health, on 1st of July 2010, the Ministry of Health and International Financial Corporation signed an agreement on consultancy services in the field of developing public-private partnership for health.

Private sector plays a growing role in providing health care services. According to the official data of the Ministry of Health, in 2010, there were 532 private providers of health care services in the Republic of Moldova. In 2010, 6.996 patients were treated on 204 beds of private hospitals from the country (in 2009 - 6.635 patients). In addition to it, were carried out 9.996 surgical interventions, including 6038 hospitalized patients (in 2009 - 5318 interventions). Consequently, the number of patients cured in private hospitals raised by 5,0% and the number of in-hospital surgical interventions increased by 13.5%. Throughout the year 2010, private medical-sanitary hospitals received 945,4 thousand visits (in 2009 - 883,0 thousand visits), including 401,6 thousand visits to dentists (in 2009 - 378,5 thousand visits), 33,9 thousand people received dental prostheses (in 2009 - 36,6 thousand people). In addition to it, physicians of private hospitals made 30,8 thousand visits at domicile. In 2010, private medical-sanitary institutions made 159,0 thousand echographic investigations (in 2009-126,0 thousand investigations), 9,3 thousand endoscopic investigations and 17,7 thousand laboratory tests, 15,8 thousand patients were given physical-therapeutic treatment, 3,8 thousand people received reflexo- therapeutic treatment.²

Governmental institutions assessed as average the level of private sector involvement in reducing the maternal mortality rate and improving maternal health.

1 http://www.ms.gov.md/_files/8479-Raportul_ministrului.pdf

2 http://www.ms.gov.md/_files/8479-Raportul_ministrului.pdf



Most representatives of non-governmental organizations who took part in the survey assessed as “low” the level of private sector involvement in achieving **MDG 5** – improving maternal health.

Most international organizations assessed as “low” the involvement of private sector in achieving **MDG 5**.

In the same time, most private sector respondents have also assessed as “low” their involvement in achieving the goal under consideration, except private institutions working in health care sector which assessed private sector involvement as “high”.

Governmental institutions covered by the survey expressed the opinion that private sector shall play an important role in diversifying medical-social services centered on improving maternal health.

To such an end, a few business entities develop projects intended to support women at risk, taking into account that the family's welfare depends on their health and on their social-economic capability.

ROLE MODEL

The United Nations Population Fund and ORANGE Moldova Foundation

In July 2011 – the United Nations Population Fund and ORANGE Moldova Foundation launched the social programme „Economic Empowerment of Disadvantaged Women in the Republic of Moldova”, which will be implemented in collaboration with the Ministry of Labour, Social Protection and Family and the Ministry of Health through four partner organizations: Psychologists' Association of Tighina, Association of mono-parental families of Cahul, “SOTIS” Family Crisis Centre of Balti and „Artemida” Public Association of Drochia.

This social project is intended to ensure sustainable integration of disadvantaged women, including victims of family violence, on labour market as a result of enhancing their training and employment opportunities. The project's activities will include, but will not be limited to: providing professional orientation and career counseling services, covering a part of vocational training expenditures, providing non-financial support for starting a business and mediation for employment of beneficiaries.

The project „Economic Empowerment of Disadvantaged Women in the Republic of Moldova” is the second project of ORANGE Moldova Foundation focussed on disadvantaged women. The first project– „Stipends for girls of boarding schools” – was launched a year ago and is intended to improve the access of girls from boarding schools to education and to prevent traffic in human beings among this category of people. For more details access: fundatia.orange.md .

4.3 Positive Social Externalities

Externalities are the consequences or effects which influence on people's life and activity, as well as on natural environment.



They are concretized in costs or benefits which, although existing, are not shown in expenditures and results obtained by business entities. Such effects are suffered by other individuals or groups, different from the ones who produce them.

A model of good practice might be the involvement of tobacco producers and of „TTC – tutun” Company in concrete activities intended to prevent diseases and to fortify the health of women of reproductive age working on tobacco plantations.

4.4 Corporate Social Responsibility

In the Republic of Moldova, there are several companies implementing social responsibility activities in social and environment protection spheres. Developing socially responsible management and business tools by companies is seen as an essential measure for correlation of general commitments with concrete actions.

The most popular fields for implementation of social programmes by companies of the Republic of Moldova are:

- a. Charity actions;
- b. Supporting cultural – educational programmes;
- c. Health care;
- d. Regional development;
- e. Contribution to economic growth and implementation of modern technologies for community development;
- f. Environment protection activities.

The list below presents a share of organizations from various sectors which joined the Global Compact (a total number of 57 member companies in 2010). These organizations are sensible to social needs and involve in various medical-social projects related to their field of activity or provide sponsorship support for other activities. The relation between the organization's profile and priority medical-social programmes is not always obvious. Social programmes consisting of charity acts and support for cultural-educational activities are the most popular fields of intervention, and are mainly a priority for banks, telecommunication companies and producing companies.

The most active companies in this field are:

1. ICS “Red Union Fenosa” Joint Stock Company, Electric energy provision services;
2. „Moldcell” Joint Stock Company, Telecommunication services;
3. “Bioprotect” Ltd., Services for farming producers;
4. “Mobiasbanca–Groupe Societe Generale” Joint Stock Company, Financial services
5. “Moldova Agroindbank” Joint Stock Company, Financial services;
6. “Sun Communications” Ltd. Joint Company, Telecommunication services;
7. “Orange Moldova” Joint Stock Company, Telecommunication services.

An example of constant commitment to the concept of social responsibility was given by “BIOPROTECT” Company which shows concern about local community needs. It has already passed from the stage of “useful to do” to “must do”, not only for the sake of the present interests of the society and of consumers, but also for the sake of business developments which are determined by such a course.

“BIOPROTECT” is one of the first three national companies which pleaded for establishment of the Employers' Association „Network of Global Compact for Moldova”. The association conducts a complex of



actions intended to help the associate companies develop their business operation in accordance with social responsibility principles in relation with the society, environment and human rights, as a whole.

Case Study

“BIOPROTECT” Company supports the new policy for social responsabilization of companies published by the European Commission in October 2011 which is intended both to strengthen the positive effects for the society and companies, and to minimize and prevent negative consequences.

“BIOPROTECT” has actively supported the social project - „In mother’s arms” implemented by “DIACONIA” which is a placement, educational centre for mothers with children under 3 living in precarious conditions, or being in another difficult positions, such as getting pregnant after a rape. A psychologist and other people concerned about the general condition of hosted people are working within this project. “BIOPROTECT” Company could not remain indifferent and involved through volunteership actions. The company bought food, blankets, toys and other needed objects for ten hosted mothers. They promote a good idea. Young mothers are offered moral and material support, they are given a dwelling and have the possibility to learn new things, for example, cooking, childcare, etc.

Source: www.bioprotect.md

In 2010, was held the first national annual contest of corporate social responsibility for small and medium-size enterprises.

A large number of small and medium-size enterprises took part in the event and were afterwards granted prizes during the International Forum of Small and Medium-Size enterprises.

The first edition of the contest of corporate social responsibility aimed at encouraging and promoting the integration of social and environment protection concerns into business activities. The contest was organized by the United Nations Development Programme in partnership with Orange Moldova and Moldova-Agroindbank and the Organization for Small and Medium-Size Enterprises Development.

4.5 Philanthropy and Community Investments

According to Law no. 1420 on philanthropy and sponsorship activities of 31.10.2002, article 1:

1. The notion of philanthropic activity means voluntary material, impartial and unconditioned aid or free services delivered by individuals or legal entities to a person (a group of people), without seeking in return any reward, payment or enforcement of certain obligations and without getting any profit.



2. Sponsorship activities are conducted by individuals and legal entities voluntarily or on request and consist in providing financial resources or other goods as support for public interest actions”

According to the above-mentioned law, philanthropic activities aim at:

1. support and social protection of individuals, including improving the material situation of people in need, social rehabilitation of unemployed, disabled people and other people unable because of physical or intellectual particularities or for other reasons to exert independently their legal rights and interests;
2. preparing the population to overcome the consequences of natural calamities, ecologic or other catastrophes, to prevent possible accidents of disasters;
3. helping the victims of wars, natural calamities, epidemics, ecologic or other catastrophes, social or interethnic conflicts;
4. raising the family's prestige and role in the society, mother and child protection;
5. providing material aid to philanthropic organizations, social and medical institutions;
6. support for other public interest actions requiring financial and material aid.

Article 19 provides that:

1. The State guarantees and ensures the protection of legal rights and interests of individuals and legal entities participating in philanthropic and sponsorship activities.
2. Liable persons who hinder individuals and legal entities from exerting their right to carry out philanthropic and sponsorship activities bear responsibility according to the legislation in force.

From this perspective, private companies which took part in the survey mentioned that state institutions, international organizations, non-governmental organizations, national or foreign private companies are their major partners in philanthropic and sponsorship activities.

An example of collaboration was given by „Diaconia” Social Mission of Bessarabian Orthodox Church, which is a humanitarian, charity and social organization whose Moldovan donors are: „PLAIUL BÂRLĂDEAN” Ltd., „COMBIFURAJ” Joint Stock Company, „MEDICAMENTUM” Joint Stock Company, TROFIM PRIGALĂ (notary), „DEPOFARM” Ltd., „BECAD” Ltd., „CLAVDIBAR” Ltd., „BIOPROTECT” Company, „PROGAGROTER” Ltd., „TURNVESPLAS” Ltd., „POHOARNA-AGRO” Ltd., „VATRA RĂZĂȘEASCĂ” Ltd.³

In terms of private sector involvement in community activities, it is worth being said that each of the above-mentioned companies is involved in various activities and are members of partnerships. In 2010, Plaiul Bîrlădean Ltd. was awarded the Grand Prix for its fruitful activities in this field. The enterprise located in the village of Bîrlădeni, district of Ocnița has built a hostel with 70 places for its employees coming from different zones of the country. The enterprise provides to its employees three meals a day. In addition to it, Plaiul Bîrlădean has renovated the medical centre of the village of Bîrlădeni, which delivers medical and prophylaxis services to community members and to its employees.

³ www.diaconia.md



Being a farming enterprise, Plaiul Bîrlădean takes the required environment protection measures in the process of production.⁴

In terms of role of business associations and unions, it shall be stated that according to Law no. 837 of 17.05.1996 (republished in 2007) on public associations, article 2. „

1. Public associations are founded and conduct their activities with a view to enforce and protect civil, economic, social, cultural and other legal rights and freedoms; to develop people's social activism and initiative, to satisfy their professional and amateur interests in scientific, technical, cultural fields; to protect people's health, to involve them in philanthropic activities, in practising largely sports and physical training; to conduct activities for culturalisation of population; to protect nature, historical and cultural monuments; to perform patriotic and humanistic education; to widen international contacts; to strengthen peace and friendship among nations; to conduct other activities non-prohibited by law.
2. Public associations are classified in public benefit associations and mutual benefit associations.
3. Public benefit associations are the ones whose exclusive object of activity are human rights protection, education, acquisition and dissemination of knowledge, health care, social assistance, culture, arts, amateur sports, liquidation of consequences of natural calamities, environment protection, other field of social utility.
4. Mutual benefit public associations are set up to meet the particular and corporate interests of members of the association.
5. Public association may contribute, through their activities, to fulfilment by public authorities of their goals and tasks of public importance and utility.”

4.6 Policy Dialogue

We would like to start by mentioning that, according to Law no. 239-XVI of 13.11.2008, art. 11 „1) Consultation of citizens, associations, other stakeholders is ensured by the public authority in charge of drafting decisions through the following ways: public debates, public hearings, public opinion polls, referendum, requesting expert opinions, setting up permanent or ad-hoc working groups with the participation of civil society representatives.”

Taking into account these provisions and its basic prerogatives, National Employers Confederation (NECM)⁵ gets involved in drafting and endorsing laws and normative papers which are relevant for the activity of business entities.

NECM is a non-governmental, independent, non-commercial and apolitical organization of employers which represents and defends, at national level, the rights and interests of its members in relation with legislative, executive, judiciary power and with trade unions. At present, it consists of 15 employer and professional organizations:

- ◆ Union of Industrialists and Entrepreneurs (founding member)
- ◆ Union of Transporters and Road Workers (founding member)
- ◆ Federation of Construction Employers (founding member)

⁴ www.globalcompact.md

⁵ www.cnpm.md

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- ◆ League of entrepreneurs with private capital (founding member)
- ◆ National Association of Investment Management Organizations (founding member)
- ◆ National Association of Producers
- ◆ National Club of Business People “TIMPUL”
- ◆ Small Business Association
- ◆ Union of Renters and Entrepreneurs
- ◆ Federation of Trade Employers
- ◆ League of Exporters and Importers with private capital
- ◆ Association of Vinification Employers
- ◆ Federation of Telecommunication and Informatics Employers
- ◆ Association of organizations of detectives, protection and security “SECURICOM”
- ◆ Association of Employers in the field of Public Services
- ◆ National Federation of Farming and Food Industry Employers of the Republic of Moldova
- ◆ Association of Road Work Employers of the Republic of Moldova

4.7 Contribution to Change

The legislation in force is favourable for establishing various forms of public-private partnerships. The legal framework related to this field consists of: Health Care Law 1995, Law on public procurements no. 96-XVI of 13.04.2007, Law on concessions no. 534-XIII of 13.07.95, Government Decree on approval of the Regulations for concession of public utilities no. 1006 of 13.09.2004 and others. On the other hand, the legislation in force does not establish any tool for developing public-private partnerships between public authorities and business sphere, neither the tools for sharing the risks which could emerge in the process of developing public-private partnerships, independent auditing of health care services provided by private sector, including maternal health services.

The broad spectrum of key-problems which have an influence of health, from ensuring a safe workplace to providing high-quality health care services, require a planned and more consistent involvement of business entities.

The principles in force identify a large scale of actions to be assumed by private sector in order to prevent and counter the unfavourable effects of commercial activities, on the one hand, and to maximize their positive effects on maternal health, on the other hand. Such principles are valid for all types of business, transnational and other, regardless of their size, field, owner and structure.

Multilateral partnerships established by development stakeholders – central and local government, civil society and private sector – are the key to equitable society development. For this, each stakeholder should realize the mutual benefits. In the same time, in order to have a better cooperation between private sector and civil society organizations, there is need for improving the legal framework intended to encourage the participation of business entities in supporting the activities of non-governmental organizations.



CHAPTER 5.

CONCLUSIONS AND RECOMMENDATIONS

Civil society and private sector are two important partners of governmental institutions in developing activities aimed at improving maternal health.

In the same time, it comes out that civil society does not have the capability for nationwide coverage of the issue, neither has the required skills, equipment and logistic resources for a better implementation of ongoing programmes. The survey revealed that several strong non-governmental organizations of social-medical sector showed viability and commitment to the field of maternal health. Other NGOs which took part in the survey recognized that they are much dependent on foreign funds, therefore they cannot plan long-term sustainable activities.

Taking into account the large number of officially registered companies and the ones involved in Global Compact (57 in 2010), we may conclude that business entities have a long way to cross before they could state firmly that they are committed to corporate medical-social responsibility actions. A very few number of business entities publish their medical-social responsibility reports, while entrepreneurs do not practically tackle this issue on their websites, neither in their reports.

Another conclusion we could make is that, despite the achievements mentioned in the report, civil society and private sector also warn about the deficiencies in terms of systemic and efficient involvement in maternal health issues and about the need for more support from the side of public authorities, particularly from local government.

Civil society organizations

All development stakeholders shall involve: Government, private sector, civil society organizations and development partners. In order to build a healthy and sustainable society, the efforts of these key-stakeholders shall be joined within a space of constructive dialogue and individual ambitions shall be eliminated.

Civil society and private companies have a particular role to play on this pathway. Therefore, active involvement of civil society and of private companies in the activities aimed at achieving the national targets of **MDG 5** will help reach the established indicators. To such an end, in addition to sector policies, policies for development of civil society and private sector and for encouraging their involvement in ensuring a sustainable environment shall also be promoted.

The respondents from civil society stated they could involve in the following activities aimed at reducing maternal mortality:

Policy advocacy

- ♦ advocacy for promoting the issues related to health of women of reproductive age in all policies and supporting their on-site implementation;

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- ♦ advocacy for encouraging food industry to produce products fortified with iron supplements with a view to reduce anaemia at women of reproductive age;
- ♦ participation in developing and implementing the tools for health system reform focussed on improving maternal health;
- ♦ developing viable and integrated partnerships with local government;
- ♦ providing to the Ministry of Health support for drafting the normative framework intended to improve the quality of health care services in the field under consideration;
- ♦ developing and implementing anti-corruption programmes and improving transparency in the field of health care.

Service provision:

- ♦ improving women's health through development and diversification of medical-social services and reducing the risk factors determining maternal mortality;
- ♦ strengthening medical-social services for women of socially disadvantaged families countrywide;
- ♦ taking part in providing perinatal centres with supplies;
- ♦ raising supplementary funds through maternal health projects.

Information and sensitization:

- ♦ active participation in working groups, training activities, inter-sector roundtables;
- ♦ conducting campaigns for promotion of maternal health policies, for sensitization of decision-makers to risk factors determining maternal health;
- ♦ more active involvement in community mobilization for family education, youth education, family planning;
- ♦ contributing to responsabilization of local government and of women for their personal health;
- ♦ consultation and participation in training of professionals in this field.

Governmental institutions have a number of recommendations for CSO and propose their active involvement in:

- ♦ organizing information campaigns and educational programmes on maternal health;
- ♦ ensuring project sustainability, including of governmental projects;
- ♦ consultation on policies and strategies in the field under consideration;
- ♦ responsabilization of local government for solving medical-social problems related to women of reproductive age from disadvantaged strata of population.

International organizations made the following proposals to NGO-s:

- ♦ supporting governmental institutions in their work with disadvantaged strata of population;
- ♦ community involvement in solving health problems;
- ♦ monitoring and evaluation of implemented policies from the perspective of human rights.



To conduct such activities, the associative sector claims a better coordination of the partnership process by public authorities:

- ◆ providing real statistical data about the degree of implementation of the targets of **MDG 5** and about progress towards achieving them;
- ◆ more information about the involvement of civil society organizations and of private sector in achieving **MDG 5**;
- ◆ financial support from the side of the State.

Civil society considers that governmental institutions shall further involve in:

- ◆ enhancing the legal framework with a view to prevent maternal mortality;
- ◆ developing a system for monitoring of women at risk;
- ◆ employment of qualified medical personnel;
- ◆ developing and implementing efficient tools for separate financing of maternity wards;
- ◆ campaigns for information of population about the factors determining maternal health;
- ◆ providing equitable medical-social care to women of disadvantaged strata of population;
- ◆ undertaking concrete measures for reducing the migration of women of reproductive age;
- ◆ centralized procurement of contraceptives for risk groups.

Private sector

Private sector commits to focuss its further endeavours on:

- ◆ providing subsidies and sponsorship for activities aimed at improving maternal health.

Civil society organizations formulated the following recommendations for private sector:

- ◆ developing private health care institutions;
- ◆ developing high-quality centres for provision of medical services to women of reproductive age;
- ◆ developing public-private partnerships;
- ◆ participating in actions for support to socially disadvantaged families;
- ◆ participating in enforcement of the provisions of Government Decree no. 171 of 19.03.2012 on the approval of measures for reduction of diseases caused by deficit of iron and folic acid;
- ◆ supporting information and sensitization campaigns on risk factors for maternal health;
- ◆ providing free mass-media space for medical-social advertisement;
- ◆ co-funding for medical-social projects;
- ◆ granting financial support to women from disadvantaged families employed at companies.

International organizations consider that private sector shall play an important role in developing programmes for communication with population, conducting philanthropy activities and co-funding projects in the field under consideration.



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