Tackling noncommunicable diseases in the Republic of Moldova

WHO country office in the Republic of Moldova
Introduction

In 2015, the Swiss Agency for Development and Cooperation (SDC) and the WHO Regional Office for Europe agreed on the second phase of a three-year project to support the Government of the Republic of Moldova as it tackles challenges in public health. The challenges include improving the public’s access to better-quality health care, reforming public health and primary health care, and improving health-system financing.

Noncommunicable diseases (NCDs) are at the heart of these areas of concern. Heart disease, stroke, cancer, diabetes and chronic respiratory disease are estimated to account for 88% of deaths annually in the Republic of Moldova; preventing and controlling NCDs is a priority issue for the Government.

In 2016, the probability of dying prematurely from NCDs was 24.9%, with the rate almost twice as high for men (33.7%) as women (17.3%). This burden is driven by some of the highest rates of NCD risk factors, particularly in relation to tobacco and alcohol use, in the WHO European Region.

In brief – what has the project achieved?

The project has supported significant and wide-reaching policy decisions and measures critical to preventing and controlling NCDs. This has been achieved through using the latest evidence to inform and formulate policies, encouraging continuous and consistent policy discussions, making new evidence on best practice available, and providing training on capacity-building. Innovative interventions in primary health care that are essential to preventing cardiovascular diseases (CVDs) and strengthening the public health service have been introduced through organizational restructuring.

The significant progress made is due to close collaboration and continuous dialogue among the Ministry of Health, Labour and Social Protection, Parliament, government agencies, academic institutions and civil society guided by WHO, which provided support to build new capacities to provide effective, patient-centred health promotion and disease prevention services.
To enable the national health authorities to steer and manage the health system in an effective and evidence-based manner
Working together

The aim was to create an enabling policy environment based on evidence of what works best. The Ministry’s leadership role was strengthened as it developed health policies, programmes and regulations based on the latest evidence, and coordinated their effective implementation. The WHO Country Office worked with the Ministry, the Parliamentary Commission’s Committee for Social Protection, Health and Family, the Government, intersectoral stakeholders, civil society and health stakeholders to ensure in-depth and informed discussion of measures and, consequently, achieve the necessary involvement for successful formulation and implementation.

Results

Diabetes

With WHO support, a complex evaluation was made of the national diabetes programme 2011–2015, on the basis of which a new national programme and action plan on prevention and control of diabetes for 2017–2021 was developed and approved by the Government in November 2017. The programme sets national objectives and identifies the interventions needed by 2021 to reduce the burden of diabetes in the country by 5%.

Cancer

Cancer is the second leading cause of death in the Republic of Moldova, and the trend is increasing. The draft national cancer control programme for 2016–2025, which had been developed in the first phase of the project with WHO support through capacity-building and policy advice, was approved by the Government in December 2016 after wide consultation. A coordination committee has been established under the Deputy Prime Minister and an executive coordination committee under the National Institute of Oncology to supervise the planning, coordination, governance and oversight of programme implementation at different levels.

Preparing for change

Knowledge, attitudes and practices (KAP) surveys monitor changes in alcohol- and tobacco-related behaviours and measure the impact of, and attitudes toward, legislative changes on tobacco control. A fourth survey round on alcohol and tobacco use in the Republic of Moldova was conducted in June 2017.

Tobacco

The Republic of Moldova has a relatively high prevalence of smoking, with one in four people (25.3%) smoking tobacco. The WHO STEPwise approach to noncommunicable disease surveillance (STEPS) risk factor survey in 2013 showed that the percentage of men who smoke is 43.6% and in women 5.6%. WHO provided important support to the Government of the Republic of Moldova in developing, adopting and enforcing provisions of the Law on Tobacco Control and other cost-effective interventions, including a ban on smoking in public places, new packaging regulations and pictorial warnings.

Guidelines were developed to assist public health inspectors and police inspectorate staff who inspect premises and locations to enforce compliance with the Tobacco Control Law and protect the public from exposure to tobacco smoke. The guidelines were endorsed in May 2016 through a joint ordinance of the ministries of health and the interior.

Regulations on the presentation of health warnings and messages for tobacco products were approved by the Government in May 2017. These include textual and graphic health warnings that became mandatory for all tobacco products from January 2018 and are lodged in the national electronic library.
A report on tobacco taxation policy in the Republic of Moldova was developed in 2017 and published in 2018. The conclusions of its assessment were presented at a high-level policy dialogue that informed the subsequent decision to increase tobacco tax.

Over 30 journalists and media experts participated in high-level roundtable discussions on the provisions of the Tobacco Control Law and enforcement mechanisms. The event encouraged interactive dialogue with Parliament, Government, civil society organizations, WHO and media representatives, and mobilized media and population support for the law and its implementation.

Natalia Munteanu, general practitioner
Surveillance of NCD risk factors has improved a lot in the Republic of Moldova in the last three years, and this is thanks to the technical support of the WHO and SDC. Studies will contribute to better assessments of the indicators on salt intake, alcohol consumption and tobacco use. When you have the data and the knowledge, the way forward is much clearer.

Salt
The country’s first national salt intake survey was conducted in 2016, with the study report to be launched in November 2018. Preliminary data show that the average consumption of salt in the country is 10.8 g per day, which is double the recommended level. Findings revealed the baseline salt intake among adult residents, as well as iodine and potassium intake. Food products that contribute to high dietary sodium intake were identified, along with the frequency of consumption and the iodine content in the samples of table salt used in the diet. Building on the research evidence and comprehensive data, policy-makers are committed to designing effective national policies and public health interventions to reduce sodium intake in the population and better manage high blood-pressure levels, with the associated cardiovascular risks.
Twenty-five public health specialists were trained in intersectoral planning on salt reduction and how to develop practical steps to intervene to reduce salt intake through a multistakeholder approach. The course took into account national and international guidance documents and identified gaps in knowledge and evidence on implementation.

Alcohol

The annual alcohol consumption level in the Republic of Moldova of 15.2 l per person in 2018 is one of the highest in the WHO European Region. Among adults aged 18–69, 61.9% currently consume alcohol, and one in five people has engaged in heavy episodic drinking (defined by the STEPS NCD risk factor survey as six or more drinks on any one occasion in the past 30 days).

Marcela Tirdea, Division of Policy Analysis, Monitoring and Evaluation, Ministry of Health, Labour and Social Protection

The evidence brief for policy provided important support to decision-makers and stakeholders in making informed decisions on alcohol. The brief is a synthesis of the best available evidence, most of which is from systematic reviews, and is developed in a systematic and transparent manner. We found this very valuable.

An evidence brief for policy, Justification of the draft law related to alcohol control policies in the Republic of Moldova, was developed with the project support. The brief was presented at a range of policy dialogues at government level and informed the policy decision to ban alcohol advertising that was endorsed by Parliament in June 2017. Brewery products previously categorized as food are now legally recognized as alcohol products.
Objective 2.

To improve the performance of the key public health institutions and their capacities to implement reforms in their areas.
The project has focused on improving capacities in key public health institutions to reform the financing, governance and quality of care in the health system and health insurance scheme, while also addressing the quality of health-care services. The work included designing and implementing a feasibility study based on the WHO package of essential noncommunicable disease (PEN) interventions, providing evidence on the prevention of CVDs at primary health-care level and making recommendations to scale up new practices. The overall objective was to strengthen public health services through organizational restructuring and capacity-building, with a focus on NCDs.

Working together
WHO works closely with the Ministry of Health, Labour and Social Protection, the National Public Health Agency, the State University of Medicine and the Nicolae Testemitanu Pharmacy, the Association of Family Physicians and the Association of Nurses of the Republic of Moldova, and medical staff from 20 pilot primary health-care units representing the northern, central and southern regions of the country.

Results
Prevention of CVDs in primary health care
A feasibility study on implementing and evaluating essential interventions for preventing CVDs in primary health care was designed and performed through partnership - working with health-care professionals and policy-makers. It is now under evaluation with a view to scaling-up across the country, and providing greater capacities in the health system to provide cost-effective and patient-centred interventions for the prevention and control of NCDs. The feasibility study aims to assess and measure within the primary health-care service:

- baseline performance in preventing and managing CVDs;
- ability to implement and adapt WHO PEN protocols in pilot areas;
- changes produced after 12 months of implementation of protocols compared to control clinics where usual practices were applied; and
- feasibility of collecting quantitative data for future activities and studies to assess the effectiveness of primary health care in preventing and managing CVDs.

The programme developed the study protocol, adapting WHO PEN protocols to the national context with baseline data collected from 20 primary health-care clinics, then developed a training package for primary health-care workers in the pilot region. All doctors and nurses from 10 NCD intervention clinics, 200 in total, received the training.
A structured clinical exam allowed evaluation of the knowledge and practical skills they had gained, before the adapted PEN protocols were implemented on the ground for 12 months. The training course will be integrated into the curriculum of the Moldova State University of Medicine and Pharmacy.

A team of national experts was created to ensure back-up in this new area of activity. The team offered on-the-job and distant support to the intervention centres during implementation. Follow-up quantitative and qualitative data were collected and analysed. The findings of the analysis will be integrated into a final report and shared with key stakeholders, including health staff from the participating centres.

**Training the trainers**
Over 30 primary health-care physicians, nurses and drug-addiction specialists, joined by representatives of the Ministry, the National Agency for Public Health and the Moldova State University of Medicine and Pharmacy, participated in training-the-trainers workshops on NCD risk factors and their prevention.

The workshops covered advice for patients on nutrition and physical activity, screening programmes for early detection of alcohol abuse and brief interventions for smoking cessation. They were designed to build the capacity of national counterparts as they make interventions on key NCD risk factors and prepare a national training package based on skills and training materials from WHO.

**A new agency created**
The Government endorsed the statute that established a National Agency for Public Health in December 2017. The new agency will help to ensure coherence in, and a higher profile for, prevention and control of NCDs. WHO provided important support to the Ministry of Health, Labour and Social Protection in designing and implementing ongoing institutional reform of the public health service. Strengthening involves integrating essential public health functions, such as health promotion and prevention and control of NCDs and their risk factors, with monitoring of the population’s health status at national and local levels.

**Health promotion**
Two video and audio spots in Romanian and Russian languages were produced and distributed to all media providers to raise awareness about the ban on smoking in public places and the benefits of abiding by the Tobacco Control Law. These spots formed part of a larger communication campaign to reduce smoking among adolescents and adults.
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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