



Public health and health service-based interventions to tackle NCDs in the Republic of Moldova

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SDC supported Healthy Life Project: “Reducing the burden of non communicable diseases”

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Context

- **NCDs account for more than 80% of all deaths** in Moldova – mainly cardiovascular disease (55%)
- **Men and rural population are affected disproportionately**, making them key groups for public health interventions
- **High prevalence of NCDs related to lifestyle and health behavioural factors:** current tobacco users (27.6% among adults aged 18-69 years) and 63.2% consume alcohol, physical inactivity rate (9.1% practice less than 150 minutes per week), obesity (22,7% with BMI \geq 30), poor nutrition (consumption of trans fats, lack of fresh vegetables and fruits)
- **Demographic changes** caused by cumulative factors of aging of population (23,8 aging coefficient, 3.8 increase in 5 years), *intensive emigration* of working age population (73.7% of emigrants)
- **Social Determinants of health**, low socio-economical statute and bad life conditions especially in rural areas (26.8% of absolute poverty rate, every ninth inhabitant of the country live in extreme poverty, especially of elderly and families with 3+ children, persons with disability living in rural area)
- **Life expectancy decreased** (69.1 years, with 0.7 years compared to the previous year and 11.3 years less than in the 27 EU countries in 2020 (80.4 years), with a considerable gender disparity (73.1 years for women and 65.2 years), and living area (68.5 years for rural and 69.8 for urban population)
- **Cumulative effect of COVID-19 pandemic and crises** linked to Ukraine pressurize health and social services:
 - ✓ **most NCD patients left without proper PHC**, esp. those with complex needs, isolated in their homes in the community
 - ✓ **Over 1 million refugees entering from Ukraine and most of them are hosted (over 100,000) in communities and use public services.**

Strategic vision in approaching NCD



- **National Strategy for Development, European Moldova 2030** recognize NCD as a national priority and promote holistic and trans-sectorial approach to the determinants of health
- **National Health Strategy 2030** vision is to improve the physical and mental health of the population through the active contribution of a modern and efficient health system that responds to the needs of each individual:
 - ✓ prevent and reduce NCD,
 - ✓ integrated people centered approach,
 - ✓ accessible health services and medicines,
 - ✓ motivated and strengthened health personnel,
 - ✓ digitalization of health system,
 - ✓ financial sustainability
- **National Program for prevention and control of NCD for 2023-2027 years** is considering integrated approach of health risk factors and multisectoral actions in reducing NCD through:
 - ✓ health promotion and healthy environments,
 - ✓ reduction of tobacco and alcohol consumption,
 - ✓ healthy nutrition,
 - ✓ reduction of air pollution,
 - ✓ better management of NCD in health services

Healthy Life Project: key information



- **2 phases:** 1 (2016-2020) – piloting in 10 districts, 2 (2021-2024) – extension in other 25 districts
- Applies a **combination of complex best-buys public health interventions** (“policy”) and health service-based interventions.
- **Focuses on 3 NCDs** (HTA, CVD, DM), **nutritional risk factors** (salt, sugar and trans fat) and **rural population**
- **Holistic and systemic approaches** to implement the Project interventions:
 - **Working at all levels by adopting “whole-of-community approach”** (communities, local leaders, districts, national levels) and **working with all actors of the health system** (institution, government, providers, patients, etc.)
 - **Promotes primary prevention measures at the population level** and **strengthens the self-care capabilities** of NCD patients and the necessary **support for vulnerable groups**
 - **Ensures the practical implementation of WHO concepts** - Health in all policies, Healthy Community, Integrated person-centered care, as well as the **WHO tools** - the Health profile and the Package of essential interventions for the integrated conduct of the patient with NCDs (PEN Protocols).



Main public health interventions

Public health interventions

- Promoting **WHO best buys**
- Building institutional capacity of the National Agency of Public Health/ its decentralized structures in **evidence-based planning & health promotion**
- Establishing **multisectoral health platforms**
- Increasing **health literacy** at national and local level



Public health interventions



- **Promoting WHO best buys**
 - **Changes to the legislative framework** regarding trans fats and salt levels in food products, and their control procedure throughout the food chain
 - **Policy dialogues with food industry representatives, public authorities, academia, etc.** to advocate about the damage of excess of salt, sugar and trans-fat in industrial products.
- **Establishment of multisectoral health platforms at national and district level**
 - **Capacity building of Territorial Public Health Councils** in «Health in All Policies» and in basic public health concepts
 - **District Health Profiles** (data/evidence) and **Health Promotion Action Plans** development and implementation
- **Increasing health literacy**
 - **3 national communication campaigns** “*What to eat*” (2019-2022) focused on reducing salt, sugar and trans-fat, having an average market share above 80%
 - **Educational activities** to promote healthy food in **42 Healthy Schools**
- **Healthy Communities Models**

A 5-step Healthy Community model

A holistic, whole-of-community approach that is fostering local leadership in health promotion for the prevention of NCD:

- Establishment of the **community coalitions** for health between local leaders, community members and civil society (in 70 communities of 35 districts)
- Fostering community leadership in defining local health priorities and solutions through the review of **local health data** and **health asset mapping** exercises (941 community members involved)
- **Strengthening health literacy** through raising awareness events, workshops on health risk factors and patients' rights for community members (20,645 people)
- **Implementation of community-led health projects** based on identified needs (49 outdoor spaces and 25 indoor gyms, 4'383 community members engaged in total of 733 informational activities, sports competitions, cooking masterclasses)
- **Empowering chronic patients** for healthy behavior change through community-based self-management workshops (1'430 NCD patients reached in 70 communities of 35 districts).



Health service-based intervention

Improving the quality of care at primary care and community level

- Revision **regulatory framework for the Community Medical Assistant (CMA)**,
- Initial training of CMA
- **Strengthening triage rooms** in PH institutions
- Roll out **PEN protocols trainings**
- Developing **Health Library** in Family Doctors Office



Integrated Community Care

- Developing the **Concept and Regulation of Integrated Community Care (ICC)**
- **Piloting ICC models**



Improving the quality of care at primary care and community level



- **Improved processes in PHC institutions through developed standard operational procedures and building capacity**
 - Worked with the National Association for Family Medicine and Association of Nurses to **facilitate the completion and implementation of standard operational procedures** implementation of MoH Quality Manual for PHC practice.
 - Training on clinical aspects: PEN protocols, Management of diabetic foot, HTA, Communication
 - Training on quality improvement /management
 - Health Library in FD Office (51 didactic and informative materials, incl. video)
- **Improved infrastructure of PHC institutions**
 - Strengthened 637 triage rooms of 221 health centres and affiliated offices of family doctors with basic equipment
 - Quality improvement projects (40)

Dynamics of PEN cascade trainings (3 stages)



Implementation of PEN protocols: step by step approach



- The feasibility of implementing and evaluating the WHO PEN approach in PHC determined (2017-2018) – **“Proof of concept”**
- **Preparation for roll out:** medical equipment availability, work on team building, educational materials development, Training of Trainers
- **Cascade training:** work-place training with practical skills development, mixed PHC team education approach
- **Training for rising awareness** (managers, National Health Insurance Company staff)
- **Peer group meeting** for monitoring and implementation
- **PEN training embedded in CME curricula** for Family Doctors and medical assistants at Medical University and Medical Colleges.

A real-world assessment of adherence to PEN protocol in PHC, 2022

- Longer NCD consultation durations
- Higher proportion of primary NCD consultations
- Medical assistants took on a more pronounced role in NCD care

Development of the Concept and Regulation of ICC

(WHO approaches on integrated person-centred care, Health in All Policies, Healthy Communities, existing intersectoral cooperation mechanisms)

Policy framework and strategic vision for ICA

(Health Strategy 2030, NCD Program, strengthening Territorial Public Health Councils, role of LPAs in health, multidisciplinary, resilience of patients, etc.)

Community Integrated Care

Strengthening the role of the CN/ CMA

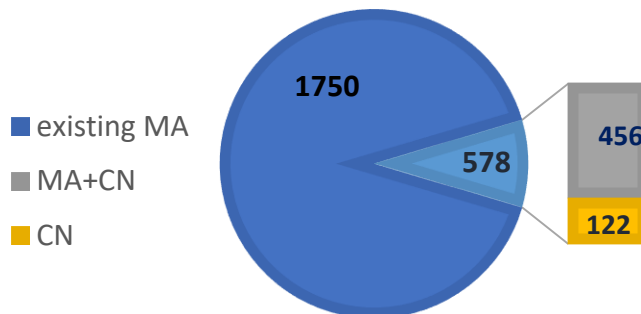
(working tools and procedures for prevention, health management, care coordination, initial and continuous training, digitization)

Piloting ICC and collection of the evidence data

(CN and SW core team, facilitated access to health and social services, LPA role in coordinating teamwork, involve NGO, formal and informal carers, volunteers, patients)

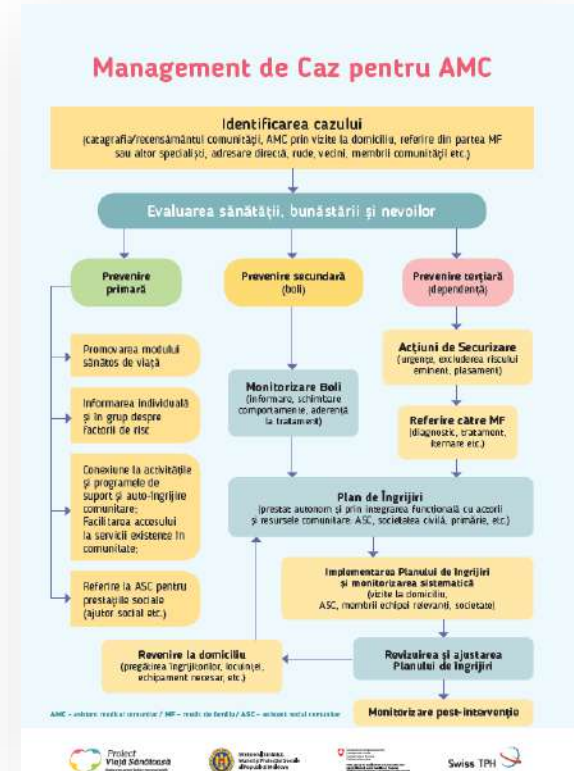
Stages of consolidation of Community Medical Assistant role at PHC level

Normative framework related to CMA activity:
 Revision of MoH Order no.157, Facilitate employment (full position), Division of roles within the FD team

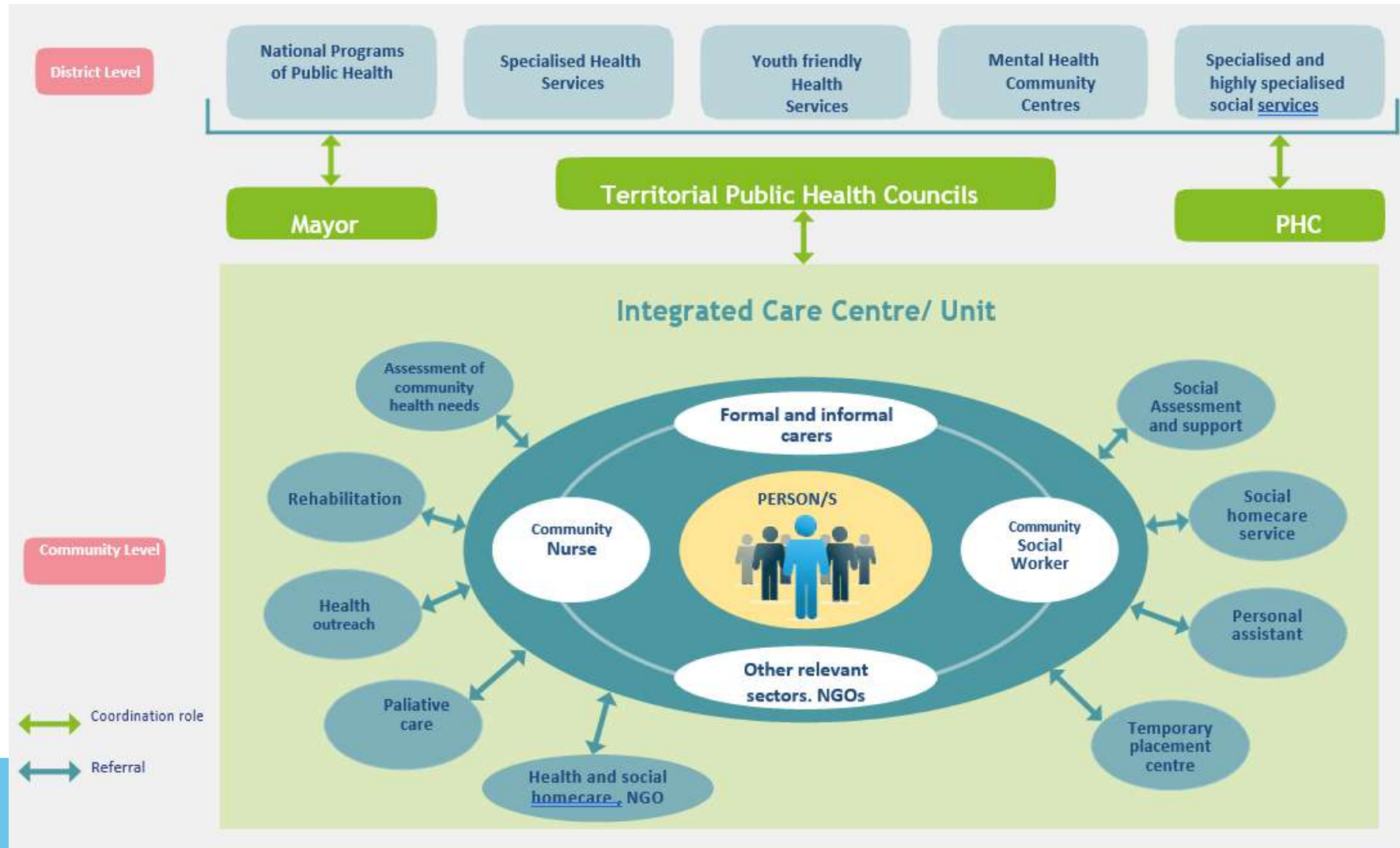


Initial training of CMAs:
 Train Network of CMA trainers, Develop the Occupational Standard (2023)

CMA IT Module
 Digitalisation of health record activity and disease management



Health service-based interventions: Integrated Community Care Model



Conclusions



- **Ensuring multisectoral approach and practical implementation of WHO concepts and Evidence - based planning using WHO tools** are essential elements in policy influencing, development and implementation.
- The integrated multidisciplinary management of NCD **has clear advantages compared to traditional care models**, especially in terms of early identification of risks, preventive actions and facilitating access to health and social care services.
- Community approaches are playing an important role in **coordination of efforts to support the most vulnerable**, including hosted refugees, and thus show further potential and flexibility.



Thank you

[Swiss-Moldovan Cooperation: The Healthy Life Project to Reduce the Burden of NCDs by Swiss TPH - Issuu](#)

