

On approval of the National Policy on Health

Resolution of the Government of the Republic of Moldova

№ 886 of August 6, 2007

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Approved

Government Decision

№ 886 of August 6, 2007

NATIONAL HEALTH POLICY

INTRODUCTION

1. The general health of the population is of paramount importance in politics of any state, since health is the most valuable asset and an integral component of social development and prosperity.

2. National policy on health is a priority for the Government and civil society and focused on the continuous strengthening of public health and improving the socio-economic situation of the country.

3. When formulating national health policy takes into account the experience of European countries, including the approach to the priorities and the introduction of various short-and long-term programs in the health field. In developing this instrument were taken into account policy guidelines of the World Health Organization "Health for All" European Region, the Millennium Development Goals, adopted by the UN, and the Action Plan Republic of Moldova - European Union.

4. By definition, the World Health Organization's health - it is "a state of complete physical, mental and social well-being and not merely the absence of disease and injury. This wording reflects the fact that health is determined by a wide range of factors: economic, social, related to environmental conditions, hereditary, individual

characteristics, including lifestyle of every individual. Therefore, health requires as prerequisites of economic and social security, harmonious interpersonal and social relationships, a safe and healthy environment for working and living, good quality drinking water, air and soil, sufficient and balanced diet, supplemented with a healthy lifestyle and the availability of quality medical services.

5. Improving the health of the population parameters can be achieved only through a multidisciplinary and intersectoral interventions, and the need to involve all social sectors, policies and programs that affect the health of society.

6. Provision of social, economic, environmental, food safety, as well as promoting a healthy lifestyle requires a new approach to protecting, promoting health and eliminating disparities in regard to the health of different population groups. This involves creating the best framework conditions for the health by reducing risks and implementing measures to prevent diseases in individuals and in society.

7. This document serves as a tool for a systematic approach to health issues and integrating cross-cutting efforts aimed at improving the quality of life and health throughout the life cycle, especially during periods of increased risk to health: the beginning of life, adolescence and old age. The proposed principles orient normative and legislative framework for health promotion, disease prevention and accessibility of quality health services for all citizens, regardless of their social status. National policy on health is the foundation for the development and adoption of specific action plans with clearly defined objectives for each competent authority, taking into account the views of doctors, public and non-governmental organizations.

CHAPTER I

NATIONAL POLICY HEALTH:

GENERAL

8. ... is a set of priorities and directions of development in health, determined political decision on the 15-year period in order to promote health and reduce inequalities between different social groups and regions of the country.

9. The purpose of the National Policy on Health is to create optimal conditions for maximizing the health potential of each person throughout life and achieve adequate standards of quality of life.

10. The main objectives of the National health policy are:

a) increasing the chances of survival at birth and increase the duration of active life;

b) To ensure the quality of life and reduce disparities in health concerns of all social groups;

c) strengthening multi-sectoral partnerships to promote health;

d) increased sense of responsibility for their own health.

11. The specific objectives of the National health policy are:

- a) promoting the economic and social security;
- b) health promotion and disease prevention;
- c) Ensuring a healthy start in life;
- d) maintaining the health of the young generation;
- e) promote the health of older people;
- f) control of chronic non-communicable diseases;
- g) Creating a healthy and safe environment;
- h) a balanced diet and increased physical activity;
- i) creating a society free of tobacco, alcohol and drugs;
- j) guarantee a life without violence and injuries;
- k) provision of conditions for improving mental health;
- l) control of infectious diseases;
- m) to achieve new successes in the health care system.

12. The principles and procedures to carry out tasks:

a) The obligation of the State

State structures recognize assume and implement their responsibilities for protecting and improving the health of its citizens. State monitors the implementation of the commitments of all partners involved in the process of implementation strategies developed and approved under the National health policy, as well as coordinating international cooperation in the field.

b) The legislative framework

Harmonization of the legal field with the requirements and standards of the European Union, as well as to develop new instruments are indispensable introduction of the National Policy on Health and the Action Plan Republic of Moldova - European Union. The objectives of this policy is fully consistent with the Constitution of the Republic of Moldova and with relevant international agreements to which the Republic of Moldova. National health policy is a system of principles of integrated approach to support the fulfillment of the provisions of the Convention on the Rights of the Child, the International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination Against Women, the Millennium Development Goals, UNGASS Declaration and other documents. This policy will be implemented in the context of the implementation of other national policies, programs and strategies,

such as the Economic Growth and Poverty Reduction, the National Program «Satul Moldovenesc», national program to combat and prevent HIV / AIDS, the National Strategy of Reproductive Health, National Concept friendly services for young people.

c) cross-cutting actions

National policies and programs affecting the health of the population, based on cross-sectoral collaboration, information exchange and reciprocity.

d) Justice and Solidarity

The basic principle of national health policy is to ensure equitable and appropriate level of access to health services for all citizens of the Republic of Moldova. A comprehensive solidarity, especially with regard to financial participation and risk sharing, the main mechanism to ensure social justice.

e) Long-term financing and resource generation

Planning, mobilization and allocation of resources at all levels are determined by the needs of those calculated to maintain an appropriate level of health, as well as reduction of risk factors.

f) Deconcentration, Decentralization and accountability

Improved legal framework provides a balanced deconcentration and decentralization of functions of protecting and improving public health. The responsibility of central and local public authorities is clearly defined, aligned with the resources and managerial abilities to the full and successful implementation of approved policies and programs.

g) Public participation and interaction

Trade unions, employers, NGOs, other civil society organizations and community groups will actively participate in creating an enabling environment for the successful implementation of the National Health Policy. Involving the media in order to raise public awareness on health issues is of paramount importance, especially in regard to informing every citizen of its responsibility for their own health.

13. Roles and Partners:

a) The **Government** co-ordinates and monitors the implementation of national strategies and programs that affect the health, ensures the coordination of government policies for the allocation of funds with the basics of implementing the strategic priorities and key objectives of health care in accordance with national health policy;

b) **The Ministry of Health** formulates health policy and provides strategic planning of the health system at various levels: it creates an appropriate regulatory environment and ensure consistency between policy objectives, organizing, financing and management in the health system, manages the health care system, set standards, priorities and allocates determine their achievement in a package of services provides a favorable environment for cross-sectoral collaboration and

social mobilization; provides regulation and quality monitoring services;

c) **sectoral ministries** reflect the objectives of health sector policies through the renewal of its own legal framework, implementing multi-sectoral strategies and programs to improve the health of the population;

d) **The Academy of Sciences of Moldova** provides advice on health policy based on scientific approach, as well as in all areas of the country's development, affecting the health of the population ensures harmonization of strategic and priority areas of science and innovation projects and research programs in the context of National Policy health; coordinates etiopatogennuyu assessment of the most common diseases, as well as the development and implementation in practice of new methods and technologies for diagnosis, treatment, prevention, rehabilitation and epidemiological surveillance of diseases;

e) **Local public authorities** carry national strategies for health plans and programs at district and local level, provide for their implementation and monitoring, as well as involving local people in making and implementing decisions;

f) **National Health Insurance Company** organizes the accumulation of financial assets in fund of obligatory medical insurance funds for necessary medical treatment of insured persons as stipulated in a single program of compulsory health insurance, as well as activities aimed at preventing the disease, to monitor the amount and quality of medical care, provided to insured citizens;

g) **National Council for Assessment and Accreditation in the health system** organizes and carries out the assessment process and accreditation of health facilities and pharmaceutical companies;

h) **health care facilities, as well as public health agencies** carry preventive and curative interventions, monitor the implementation of programs to promote health and prevent disease;

i) **non-governmental organizations** contribute to the maintenance of health through participation in thematic programs and projects, liaise with representatives of all strata of society, facilitating social dialogue;

j) **economic agents** provide adequate working conditions conducive to the implementation of activities, safe for the environment and health of workers;

k) **the media** objectively cover health problems and inform the public in an accessible form on the measures and methods of prevention, prevention of disease, as well as healthy lifestyles;

l) **international partners are** technical cooperation and interaction with government agencies in the priority areas of Health;

m) **citizen** involved in decisions on health issues, is responsible for their own health and the health of family members and fellow citizens.

14. Implementation of the National Policy on Health provides a wide range of approaches, strategic elements, legislative, financial, analytical tools, and methods of coordination. Strategies will be developed, supported by adequate regulatory and legislative framework. Coordination of implementation and evaluation of national health policy will be achieved through the establishment of the Government of the sectoral council.

CHAPTER II

SUPPORT ECONOMIC AND SOCIAL SECURITY

15. Most of the factors that affect the health of the population do not apply to health care and the competence of health workers. Economic and social factors have a greater impact on human health and constitute the greater share in the structure of the components that determine health. There is a direct relationship between these factors and health, and this relationship was most pronounced in rural areas where there are clear differences in economic development. In order to understand the impact of economic and social factors on health is necessary to review their coverage and public debate at various levels.

16. Sustained economic growth in all spheres of national economy is a prerequisite for the implementation of social policy that promotes health and development of health and social protection. However, higher levels of public health will ensure long-term development of national economy. In this context, would be strengthened by measures aimed at economic development and poverty alleviation, which will prevent the emergence of economic and social upheaval throughout society. Thus, the state will compensate for the lack of domestic natural resources by facilitating access to foreign investment, openness and diversification of foreign trade, development and efficiency of market mechanisms to encourage the development of free enterprise and private property, including health care.

17. Proceeding from the necessity of improving the legislation and its harmonization with EU standards, national policy objectives in the field of health will be reflected in development strategies of all sectors of the national economy. With the improvement of legislation will focus on measures to eliminate or reduce economic inequality areas, which in turn, will help reduce regional disparities in health indicators of the population.

18. To ensure equity in the allocation of public resources for health and social services, planning of these resources will be implemented based on the degree of economic development of territories.

19. Will support initiatives for small and medium-sized enterprises in the underdeveloped from an economic point of view of the regions will be developed and approved the provisions on the removal or reduction of risks associated with consumption (abuse, questionable quality local and imported products), with the professional activity, with deficiencies in education etc.

20. There will be mechanisms in place economic and social security that will allow greater access to health care, social services support to all members of society, including vulnerable populations.

In this sense, will be encouraged to develop the principle of solidarity in the management of funds intended for the health and social protection.

21. Will be introduced strategies to improve social cohesion and inclusion of vulnerable groups in order to prevent and combat social discrimination through the creation of equal chances of integration in the labor market.

CHAPTER III

PROMOTION OF HEALTH AND DISEASE PREVENTION

22. Prevention of predictable health problems, the preservation of existing health and promoting healthy lifestyles will be implemented by using two methods: *universal* - as the main advantages for the benefit of each and *sampling* - for individual troops or groups affected by actual or potential health risks as well as subgroups at high risk.

23. The process of promoting healthy lifestyles and disease prevention will be comprehensive and encompass all of society, and activities will be implemented at all levels: the state (as the decisive power) at a level territorial-administrative units (districts, municipalities, cities, Rural), economic units, families and individuals. This will be achieved realization of the concept of the Ottawa Charter for Health Promotion (1986), under which health promotion is "the process of giving people the power to exercise control over their own health and improve it."

24. Policies, strategies and legislation relating to health promotion and disease prevention, will include activities based on:

a) clearly defined roles and responsibilities of the state and institutions in the field of health promotion and disease prevention, as well as the interaction between health, local public authorities and other agencies related to health;

b) arrangements, including financial, planning, implementation and evaluation action programs, focusing on the priority diseases identified on the basis of research and needs assessment;

c) personal skills gained through awareness and health education, and life skills;

d) consolidation of efforts of public and giving people authority;

e) primary health care as a basic structure of the health system.

25. There will be the focus on strengthening the legal framework for health promotion and disease prevention by updating the most important laws and regulations and their harmonization with EU legislation. For health promotion and disease prevention will be provided with adequate funding.

26. Relevant ministries, local public administration authorities, individuals and legal entities will organize and conduct activities to reduce the environmental factors that negatively affect health.

Authorized institutions will assess risks to health and to monitor them and inform the population.

27. Health promotion will be on target populations and implemented through health education, social marketing of ideas, promote mutual support and social mobilization to promote public health policy.

28. Health promotion will be implemented through the consolidation of efforts of society, citizens and groups, support the economic, institutional, social and cultural events aimed at introducing a healthy lifestyle.

29. Sustainability of the physical environment and resources will reduce and eliminate the influence of negative factors, as well as the risks associated with work, life and social environment. It will encourage greater responsibility for the overall welfare of society and its members using the benefits of joint solution of problems of public welfare.

30. Will be tightened for primary prevention as a form of health promotion and disease prevention.

31. Together, will be excluded propaganda of violence and pornography in the media, increased the role of literature, theater, film, television, press, radio, in motivating the adoption of the people's lifestyle, positive influence on health.

32. Develop and implement a modern system of health education of various population groups will include, in addition to standard programs for wellness education of the younger generation, and joint actions on a more positive attitude towards health, both personal and social problem of all members of society, including those in the field conclusion. Will be monitored and educational measures to prevent and control infectious and chronic diseases, and will be strengthened action to prevent accidents, especially related to traffic accidents.

33. Wellness education and public awareness will be provided by institutional resources and expertise, professional skills of health promotion.

CHAPTER IV

Ensuring Healthy Start in Life

34. Ensuring a healthy start in life will be recognized as national priority, which will set out the mechanisms for funding and providing universal services in health and social care of mothers and children in order to comply with obligations under the Millennium Development Goals.

35. All pregnant women, regardless of nationality, social status, marital status, political or religious affiliation, and newborn children will enjoy free access to an equal volume set of quality health services during pregnancy, childbirth and the postpartum period. Maternity hospitals will have the status of "Hospital - a family friend."

36. The introduction of standards and protocols relating to the provision of medical services in reproductive health based on scientific evidence, will determine the improvement in prenatal care for mothers and reduce health risks during pregnancy and after childbirth.

37. Universal access to health services in reproductive health and family planning services result in a lower number of unwanted pregnancies and abortion (which, if necessary, will be conducted in a safe and secure environment).

38. Employers agencies and organizations, regardless of the status and legal form, and local public administration authorities will provide pregnant and lactating women safe working conditions, flexible working hours and shorter working hours and maternity leave and benefits in the manner prescribed by laws.

39. Pregnant women and their families will use the services of psychosocial support during pregnancy and childbirth, as well as a program to train / prepare for childbirth and the role of parent. Will the role of families in providing a secure environment for the harmonious development of the child and in making decisions concerning health and health care.

40. At the national level will be held on the new campaign to introduce the most important practices in integrated care for a child in the family. By the media will be prepared and submitted to the transfer and public service ads that contain key information about health and harmonious development of the child.

41. In order to prevent a lack of nutrients women and children will include measures to ensure the mandatory iodization of salt and the saturation of flour with iron and folic acid.

42. Children will provide universal access to basic health services - immunization, growth monitoring, healthy and sick child, etc.

43. Special attention will be given to promoting physical and emotional development of children. Program will be established to inform and advise parents with young children through pre-school education. Will be undertaken to prevent accidents and injuries in children. Programs for general secondary education will include special training for family life and the role of parent.

44. Local public administration will establish mechanisms to support and ensure the promotion of socially-oriented services to needy families in which there are pregnant women and children, mobilizing key actors at the community level to implement educational activities and support to these families. Particular attention will be paid to nutrition of infants and young children from vulnerable families and children living in pre-school, primary and secondary general education.

CHAPTER V

HEALTH OF THE YOUNG GENERATION

45. National security and sustainable development of society will be achieved by supporting and strengthening the health of the younger

generation through partnerships between public authorities (central and local), communities, civil society and international organizations.

46. The State shall establish appropriate conditions for the coverage of compulsory schooling for all children in educational institutions with good internal and external environment, thus supporting, creating an optimal social environment for the upbringing and development of the younger generation.

47. Wellness education will be implemented multilaterally in the spiritual and cultural life of society through the media, literature, cinema, etc., which will generate the appropriate and responsible behavior for the health of adolescents. There will be free access to information on sexual and reproductive health, and will promote the participation of adolescents and youth in decision-making concerning their own health.

48. The population will be informed about the beneficial effects of family planning. Family planning services will be available to all, regardless of social status, economic status, religion, political opinion, ethnic origin, marital status, geographical location or other factors. These services will evolve and meet the real needs of the population, especially teenagers and young people from socially vulnerable groups. Family planning services would be safe and effective and provided in an intimate atmosphere with safeguarding the privacy and quality. Adolescents, the needy and those who are at higher risk of maternal-infant morbidity and mortality, will be provided with modern contraceptives at reasonable prices or free of charge.

49. This will create an efficient network of medical, social and psychological support for teens and young adults, including through the involvement of volunteers to participate in educational programs (young for the young), and through the organization of "crisis" centers to provide psychological assistance to adolescents and young adults. Will be strengthened and developed to provide network-friendly health services for adolescents and resource centers for youth. Measures will be undertaken to prevent the use of teenagers and youth drug use, alcohol and tobacco.

50. Through cross-sectoral collaboration for adolescents and young people suffering from chronic diseases and disabilities will create conditions for adequate treatment, rehabilitation, adaptation, inclusion and social integration.

51. The local public administration together with the community will identify children and young people living in adverse conditions, and take measures to support them. Activities will be encouraged to supply teenagers from socially vulnerable groups, as well as educational and medical institutions.

CHAPTER VI

Healthy and active elderly people

52. The state will provide economic and social security of older persons through the establishment of mechanisms and implementation of

intersectoral action in order to preserve and prolong the period of independence of older people.

53. This will create mechanisms to engage in labor activity of the elderly after retirement through the creation of jobs and retraining, if necessary.

54. Will encourage more active participation of families in financial support to older people.

55. There will be promoting healthy lifestyles among older people with the creation of conditions to ensure a balanced diet, through diversification and the saturation of food products with essential vitamins and nutrients, in accordance with the physiological age. In order to ensure adequate physical activity for older people will be expanded green zones in rural and urban areas.

56. Will be promoted integration of older persons in all spheres of public life. Will be implemented interventions to prevent discrimination and to assist in the social integration of older people through the direct involvement of local social welfare and welfare agencies within the City Hall.

57. Will encourage more active involvement of civil society and communities in the provision of public services to lonely elderly people. Local public administration will establish mechanisms to support and favorable conditions for the mobilization of key actors at the community level for development of public institutions for care, as well as the social network of hostels for the elderly.

CHAPTER VII

MONITORING chronic noncommunicable diseases

58. The risk of premature mortality, morbidity and disability due to chronic noncommunicable diseases (cardiovascular disorders, neoplasms, mental disorders, diabetes, improper lung disorders, diseases of the gastrointestinal tract, disorders of the musculoskeletal apparatus) will be reduced by the complex cross-cutting activities Prevention of risk factors, as well as to improve the socio-economic indicators.

59. The efforts of the society will focus on primary, secondary and tertiary prevention of disease, so as to avoid and reduce risk factors that prevent associative disability and mortality in the early stages of life.

60. Will be developed and implemented multi-sectoral programs to prevent disease and reduce risk factors at national and local levels, which define a positive impact on the health of all population groups.

61. Programmed action will be taken to eliminate smoking, the organization of a balanced diet, reduce alcohol consumption, combating physical inactivity, the fight against obesity and blood pressure control, diabetes and dyslipidemia.

62. In the process of implementation of preventive action will be involved as workers in the field of primary health care, and representatives of local public authorities, educational institutions, civil society and the media.

63. Will be consolidated capacity of the health system for early detection, proper treatment and monitoring of communicable diseases.

64. The success of the activities will be provided through the establishment of adequate premises for the following principles:

- a) The widespread perception of a coherent prevention as an investment in health throughout life;
- b) creating an enabling social environment and ensuring the financial security of every person as essential conditions of a healthy lifestyle;
- c) promoting citizen, regardless of age and social status, to take care of their own health and to interact effectively with health services;
- d) Strengthening and integration of care at all levels, based on professional ethics and responsibility, in order to ensure consistency and quality of services provided;
- e) increasing the availability of medical services as a key factor in ensuring equality in health;
- f) Increasing public access to information as an essential condition for health promotion and disease prevention;
- g) cooperation and collaboration of all political, economic and social structures as the defining principle of social cohesion necessary to improve the health and welfare.

CHAPTER VIII

Clean environment

Better health

65. In order to ensure a healthier environment for the life and work will be undertaken by the joint action of all key performers, but their implementation will take place at the state level, the level of administrative and territorial unit of settlement, economic unit, the family. It is envisaged improving the environment by updating and strengthening treatment systems contaminated centers, reducing air pollution in cities. There will be universal access, particularly the rural population to safe and quality drinking water resources. There will be an appropriate temperature conditions in homes, educational institutions, etc. This will create the appropriate hygienic living conditions, physically secure and hygienic conditions in the workplace (in the workplace, in the field of study, education).

66. Effective management of activities in environmental health will be provided with cross-sectoral council, composed of representatives of government agencies and interested non-governmental organizations.

67. Will strengthen efforts to fully implement the provisions of international agreements on environmental protection, to which the Republic of Moldova (of Aarhus Convention on access to information, justice and popular participation in decision-making in the field of environment, the Stockholm Convention on Persistent Organic Pollutants, the Convention on Biological Diversity and the Cartagena Protocol on Biodiversity; Basic United Nations Convention on Climate Change, Kyoto Protocol, etc.).

68. Particular attention will be paid to strengthening the legislative framework in respect of environmental health and hygiene, especially in regard to harmonization with the European legislation in the relevant field. Will be developed, approved and committed to the practice of national health standards for drinking water quality and methods of control. Will be actualized quality standards and requirements for components of the environment, as well as environmental work, study, living and leisure.

69. Measures aimed at reducing the negative environmental impact on health, will include clear instructions to increase the capacity of environmental services. It will be updated national health plan in conjunction with the environment, including the development component of the "health of the child" in relation to the environment, followed by the development, adoption and implementation of local social planning.

70. Environmental Services will monitor the implementation process and evaluate the effectiveness of measures taken. There will be raising awareness of the key performers of its own responsibility for the environment and public health.

71. Will be improved and developed guidelines for evaluating health risks caused by chemical pollution and microbial contamination of the environment. Surveillance of population health will be implemented in conjunction with the factors affecting it, in assessing the effects of adverse environmental factors and the monitoring indicators for the development of forecasts and take adequate measures.

72. In order to ensure more active participation of all key actors will provide continuous, complete and reliable information on health status in conjunction with the quality of environmental factors. Communication process will be enhanced through the use of all media. Will be carried out education campaigns to raise awareness of every individual, family and society, the economic unit of the risks associated with environmental factors, not quality standards. Will be encouraged to update the pre-university programs, university and postgraduate education in terms of health education in collaboration with the environment.

73. In order to reduce risks to health in rural areas will develop the practice of financial investments, including from external sources, to address the most pressing issues of communities, including the problem of providing universal access to improved water sources. I will support the creation of specialized services for maintenance of water supply and sanitation in rural areas. To be implemented micro-projects for water supply and wastewater treatment plants retechnologizatsii with the development of mechanisms for the active participation of local population in security activities, or if necessary, in efforts to preserve and improve the living conditions of the population.

74. To be completed arrangements for the collection, centralized storage and neutralization of non-use of pesticides. Will be developed and implemented special programs for harvesting villages in order to reduce contamination of soil organic matter.

75. There will be tightened to protect public health through the optimization of the relationship: Vehicles - Environment - Health. For this purpose, will be developed and implemented strategic plans for territorial development, including the development of transport routes. Will be consolidated system monitoring and oversight of chemical and acoustic pollution.

76. Will be encouraged to use environmentally friendly vehicles (bicycles, public electric), as well as walking. To this end, the road and the conditions for vehicular traffic will be improved to bring them into line with European safety standards. In big cities and regional centers will be established bike route and expanded pedestrian zones. Will be strengthened measures to equip the vehicle fleet of modern vehicles, the relevant environmental standards.

77. Will promote measures aimed at increasing forest and green areas in urban centers across the country, in accordance with the state program of reforestation and afforestation of forest land for years 2003-2020.

78. Efforts will be made to improve the efficiency of health services to the population in the workplace, as well as to create a more reliable and secure jobs.

79. Work will be done to prevent accidents and occupational diseases through a culture of prevention of occupational hazards and health security. Each company will be developed and implemented programs to ensure adequate sanitation, working conditions and rest. It will be the enhancement of health education for employees.

80. Will be updated position on how the organization of the

preliminary medical examination upon employment and periodic medical examinations of persons exposed to negative factors in the workplace. Will improved accounting system, treatment, rehabilitation and prevention of occupational diseases.

CHAPTER IX

Balanced diet and adequate physical ACTIVITY

81. In order to ensure food security will be promoted to all measures designed to increase agricultural productivity and improving the quality of the final materials. Will be developed and implemented social mechanisms to ensure that vulnerable groups (children from orphanages and boarding schools, disabled, needy elderly people, etc.) in food products essential.

82. Will significantly strengthen measures aimed at creating a culture of rational and healthy food since early childhood. To be taken to develop and promote national food pyramid, introduction of which will promote awareness of the need to reduce consumption of refined products and increase consumption of fruits and vegetables throughout the year.

83. More attention will be paid to the rational nutrition for pregnant women and infants. Would be introduced to new technologies of enrichment of certain food items with missing supplements (iron, folic acid, iodine, etc.).

84. Proper diet will be implemented through the organization of power in state institutions of children of preschool children from nursery schools and kindergartens, as well as systematic in promoting the rational nutrition.

85. Citizens will be informed about the principles of nutrition, the risks of excessive consumption of food, salt, saturated fats, as well as the risks of unhealthy food and food products sold and consumed without complying with sanitation requirements.

86. Will be promoting the consumption of fruits, vegetables and other food products, integral components of a balanced diet.

87. In order to ensure food safety regulatory and legislative framework will be strengthened and coordinated with the European. To be approved a national strategy in this area and developed an action plan to ensure the safety of food products. Emphasis will be placed on monitoring and evaluation of food quality and the risks associated with food products. For this purpose, shall be established a reliable system of control throughout the food chain - from raw materials to the consumer (the principle of "from the garden and monastery - to the consumer").

88. Increase the responsibility of manufacturers for quality and safety of manufactured food products. Particular attention will be given to collective farms and farmers. There will be security of the production technologies, transport, storage of food raw materials of vegetable and animal origin. All enterprises engaged in production, transport, storage and sale of products, will apply the principles of the system to ensure hygienic quality, based on the assessment and prevention of risks (critical control points).

89. To ensure state control over the degree of safety of the food cycle will reform the existing system of food control.

90. Particular attention will be given to integrated action to protect public health nutrition. Actions will be aimed at combating obesity and increase physical activity to promote health throughout life and to protect the public from the risks and dangers of food properties. To this end, would expand the information and sanitary education, will also be increased participation by non-governmental organizations and the public.

91. The fight against sedentary lifestyles and increased physical

activity will affect all populations, including those who have a sedentary lifestyle or with minor physical exertion. Will practice setting breaks for employees who are working or sitting in a monotone mode.

92. In order to promote increased physical activity of urban population will expand public green areas within the municipalities and towns. Local authorities will be equipped special territory, which would make the more active involvement of the masses to the physical training and sport.

93. Within schools, as well as in the production units will be revived the practice of periodic short breaks for exercise.

94. Physical culture will be promoted through training programs, as well as encourage and support sports activities in communities and among people of all ages.

CHAPTER X

COMMUNITY WITHOUT TOBACCO, Substance Abuse

95. Prevention and control of smoking, the abuse of alcohol and illicit drug use - the three factors high-risk behavior for health - will be implemented through integrated multi-sectoral response.

96. Would be introduced to modern technologies for the production of tobacco products in order to reduce levels of harmful substances in tobacco products.

97. Protection against passive smoking in the workplace, in public transport, in public places will be mandated responsibility.

98. It is prohibited any advertising of tobacco products - visual, radio and television, including the organization of various raffles and give-away initiative sponsoring a variety of mass sports or artistic activities.

99. Warning labels affixed to the compulsory on the packages of tobacco products will be changed and brought into conformity with the provisions of the Framework Convention of the World Health Organization on tobacco control.

100. There will be stricter laws prohibiting the sale of tobacco products to minors. Restricting the sale of tobacco products to minors will be implemented by banning the retail sale of tobacco products and the placement of kiosks selling tobacco products near educational establishments with the imposition of appropriate penalties.

101. The success of informing and educating people in order to reduce and prevent smoking will depend on the implementation of partnership between civil society, communities, medical and educational institutions, that will be educational programs.

102. Intentions to quit smoking will be supported by different mechanisms for stimulating the part of employers, trade unions, etc.

103. Controlling the abuse of alcohol will be implemented through further combat any form of illegal trade in alcoholic products, including smuggling, clandestine manufacture and distribution of counterfeit products.

104. In order to prohibit driving while intoxicated will continue to implement certain legislative measures, with different penalties depending on the degree of concentration of alcohol in the blood.

105. There will be stricter laws concerning the prohibition of supply and sale of alcoholic beverages to persons under 18 years. There will be a strict ban on advertising and promotion of alcoholic drinks among young people. In the case of the sale and supply of alcoholic beverages to minors will be fined for sellers and distributors.

106. On the packaging of alcoholic beverages will be dealt additional warnings on the harmful effects of alcohol (pregnant women, drivers, etc.).

107. Education programs will be accurate and impartial information about the features of the population safe alcohol consumption and negative effects of alcohol on health, family and society.
108. With a view to early identification of excessive and harmful use of alcohol at the level of primary health care will be screened using alcohol, as well as brief advice, which, according to World Health Organization recommendations, one of the most effective action.
109. Those who are inclined to drink alcohol in risky or unhealthy quantities, as well as their families would benefit from access to effective treatment and rehabilitation services, governed by the relevant legal framework.
110. Illicit drug use in the Republic of Moldova would be classified and treated as a reality that concerns not only the inner world of a person who uses drugs, but a problem of society.
111. Drug dependent people and their families will benefit from a multidisciplinary support to prevent and mitigate the effects of illicit drug use, reduction of social injustice, providing psychosocial support, care dependency and promote the social reintegration of these persons.
112. A key element in the activities of specialized agencies will focus on prevention, which aims to reduce illicit use and trafficking of drugs to minimally acceptable from the standpoint of public safety level. In order to ensure the effectiveness of comprehensive measures to reduce the illicit supply of and demand for drugs will be improved legislative framework and consolidated efforts of the State, civil society, families and schools to protect young people from this danger.
113. Successful implementation of inter-sectoral activities to prevent and eradicate the illicit use and trafficking of drugs will be guaranteed as the introduction and enforcement of the system of monitoring and evaluation of such activities.
114. Through international cooperation, both at government and civil society levels are achieved successes in the global fight against illicit drug use.

CHAPTER XI

LIFE WITHOUT VIOLENCE AND INJURIES

115. In order to prevent abuse (neglect, abuse, human trafficking) and injuries (physical and mental) - phenomena that have been taking place in society, will establish a common information system for monitoring and evaluation of data related to these social ills and their consequences.
116. Studies will be conducted to determine the causes and consequences of these negative phenomena, as well as to assess the damage caused in the national economy.
117. Will be enhanced national and international cooperation to reduce violence and injuries associated with the trafficking of drugs and weapons from the precondition of compliance with international agreements and improvement of national legislation.
118. Will be strengthened, both at national and international level, cooperation and exchange of information pertaining to issues related to the prevention and control of violence and injury - at home, the workplace, in society, etc.
119. This will create the group coordinator with the involvement of civil society, who will be trained in order to coordinate measures to combat and prevent violence and injuries.
120. This will create a unified cross-platform and multi-disciplinary activities in order to prevent acts of violence and reduce their impact.
121. Action to combat and reduce violence and injury will be based on

respect for human rights, human dignity and focused on the involvement of the public (central and local) authorities, civil society, communities and every citizen.

122. The priority will remain the primary prevention of violence and injuries, as well as providing advice and assistance to victims of such cases.

123. The focus will be on educating the society through:

a) a holistic awareness of the prevalence of violence in society and about its effects;

b) the public perception of the need for active participation in measures to combat violence;

c) education of the population in order to create harmonious relationships based on respect and trust in the family.

124. Prevention of violence as part of social and educational policies that will promote social and gender equality.

125. In order to provide advice in crisis situations, victims services will be developed in the form of "hot" phone lines.

126. Persons who are victims of violence, will have access to treatment and rehabilitation services in the public shelters and rehabilitation centers.

127. Emphasis will be placed on training staff involved in providing advice and rehabilitation of victims of violence.

CHAPTER XII

Ensuring conditions for improvement

MENTAL HEALTH

128. Improving mental health status would be considered a priority for the state, so be enforced obligations assumed by the Republic of Moldova upon accession to the Declaration of Mental Health, as well as the Helsinki Action Plan on Mental Health.

129. Legislation in the field of mental health will be coordinated with the European requirements. The objectives and measures of reforming the system of services for people with mental illness will be identified in the framework of national programs on mental health, the objectives of which will be aimed at the prevention of mental illness and social support for persons with mental pathologies.

130. In order to promote quality services in mental health will be supported by mutual cooperation of governmental structures, major professional organizations, consumers and civil society.

131. Will encourage and support participation of direct users, their families and associations in the process of reforming mental health care system and decision making.

132. The development of services for mental health will be implemented according to the community, including:

a) provision of infrastructure services community, including through the reorganization and optimization of the current infrastructure; direction of persons with mental disorders, for services provided by these services, and providing ongoing mental health support;

b) vocational training, including family physicians in the field of public psychiatry. Emphasis will be placed on training of psychiatric nurses to conduct their activities within the public services for mental health;

c) providing users of psychotropic drugs of a new generation;

d) optimization of the psychiatric hospital support through the establishment of offices of mental health in general hospitals.

133. There will be a program designed to eradicate discrimination, prejudice and violation of the rights of persons with mental disorders.

134. There will be reform of the existing mental health services by removing the isolation practiced during the treatment. Community

services for mental health will focus on rehabilitation and psycho-social integration of their users.

135. Community services for mental health will complement hospital treatment. Centers will be established for mental health of all support structures, including through the reorganization and optimization of existing infrastructure. Community services for mental health will be provided by multidisciplinary teams.

136. Primary care services will improve accessibility and full coverage of mental health through early detection and immediate appropriate action in case of availability of mental disorders.

137. Will be developed, standards and rules for each type of public services, which will be developed as a constituent entities of the mental health care with an independent legal personality.

138. Community services for mental health will be presented:

a) daytime community centers for mental health, as well as agencies for temporary accommodation, which include advisory services, as well as service on employment issues;

b) services for resources, vocational and special outreach, including through the establishment of information centers;

c) protected studios and workplaces;

d) social housing.

139. List of major psychotropic drugs will be supplemented by atypical antipsychotics. Medicines of the new generation will be distributed through health insurance.

CHAPTER XIII

Infectious Disease Control

140. In order to control infectious diseases will be strengthened system of supervision and control over this disease and its integration into the European and international systems through the application of modern information technology. The system will provide rapid epidemiological diagnosis of an epidemic situation in the submission of an immediate solution to improve it, to monitor the relevant diseases in the region and protecting the population through vaccination and other preventive measures, including preventive treatment and early detection of infectious diseases, in particular due to the new pathogenic agents .

141. Legislative and regulatory framework will be aligned with the International health regulations, the provisions of the Action Plan Republic of Moldova - European Union, as well as the Stability Pact for South Eastern Europe. Would be introduced to new technologies for the prevention, diagnosis and treatment of infectious diseases.

142. Particular attention will be given to stabilize the epidemiological situation of tuberculosis. Strategies for TB control will be focused on the measures taken by central and local public authorities, aimed at improving living conditions and diet of socially vulnerable categories of citizens.

143. Will consolidate the efforts of the state, communities, NGOs and international organizations in order to control tuberculosis, prevention of infection in the community and the development of MDR TB. To be agreed upon measures for the health care of patients suffering from various forms of tuberculosis, based on the principles of the World Health Organization, European and regional specialized organizations, in order to keep a stable and reduce the incidence of the disease susceptible, and especially resistant to the classical forms of treatment.

144. Tuberculosis patients from socially vulnerable groups and their families will be provided social support. This will create conditions for retraining and / or employment of persons cured of tuberculosis.

145. Will be strengthened capacity for monitoring of tuberculosis in

prisons.

146. Will be organized and implemented activities to inform and educate, eradicate erroneous views on the treatment of tuberculosis, to prevent discrimination against TB patients and their families.

147. This will create the appropriate sanitation and logistical conditions in institutions of specialized services for diagnosis, treatment and prevention of tuberculosis.

148. Scientific research in the field of TB control will be directed at increasing efficiency and improving methods of diagnosis, treatment, surveillance and prevention of tuberculosis.

149. It will be closely monitoring the spread of HIV / AIDS and increased the degree of state responsibility for the implementation of measures to prevent HIV / AIDS and sexually transmitted infections, and also to provide medical, social, psychological and legal services for those infected.

150. In order to inform the public on prevention of HIV / AIDS and sexually transmitted diseases through, will be expanded opportunities and measures to educate and inform society, youth and vulnerable groups.

151. Will be created and brought into action a unified system of life skills for young people, will be hosted by the continuous training of teachers to improve education in the health plan. Will be formed a strategic communications framework for HIV / AIDS / STIs.

152. It will increase the accessibility that people with high risk behavior to programs to prevent HIV / AIDS, based on the principles of a strategy to reduce doses. Personal protective equipment will be available to all social strata.

153. Events for the rehabilitation and social integration of risk groups will be supported by local public administration in accordance with applicable law and non-governmental organizations. Persons applying and injecting drug use will have access to rehabilitation programs through therapy with the use of substitutes.

154. Due to government sources will be funded program to treat HIV infection, with priority given to prevention of transmission from mother to fetus. This will create the conditions necessary for the diagnosis and treatment in outpatient disease, sexually transmitted diseases. For AIDS patients and HIV-infected persons would be allowed access to specific antiretroviral treatment.

155. Measures will be undertaken by medical and social rehabilitation of HIV-infected persons and AIDS patients with the provision of support services and home care.

156. There will be security of blood transfusions and medical procedures, and public health facilities will be provided with equipment and materials necessary to ensure these actions. Services and practice of blood transfusion will be brought into line with international standards and rational use of blood components in the health system. At the national level will be established reserves of blood to meet the needs of the State, the relevant safety requirements. Self-sufficiency needs of the health system in blood products will be treated as civil liability company, implemented through voluntary and free donation of blood.

157. In the primary care program will be implemented to prevent infectious diseases and with the support of local public administration include activities to specific and general prevention at the individual, families, institutions and communities. To this end, relevant agencies will be equipped with the capacity and resources and introduce modern technology.

158. Local governments will implement the output of livestock farms from areas of the housing stock in accordance with zones of sanitary protection. There will be control over the number of wild and stray animals and rodents, and limited their access to the residential

zone, the sources of drinking water to businesses for the production and trade in food products. Will be strengthened epizootic and epidemiological monitoring, as well as sanitary protection of the country.

159. Through the implementation of preventive measures and antiepidemicheskikh will achieve and maintain status of a country free from polio, measles, tetanus, congenital rubella, diphtheria, typhoid ekzantematicheskogo, tularemia, cholera, hemorrhagic fever, malaria, rabies in humans. In some cases, be reduced the incidence of tetanus, typhoid fever, anthrax convulsive cough, invasive forms of infection Haemophilus influenzae type b, meningococcal disease, mumps, rubella. Would be significantly reduced incidence of salmonella, viral hepatitis, acute respiratory infections and acute intestinal diseases, helminthiasis, disease, sexually transmitted diseases. Measures will be taken to strengthen the institutional framework and development of diagnostic services, monitoring the evolution of new infections (avian influenza, severe acute respiratory syndrome - SARS, etc.) to prevent the risk of these infections and urgent action is undertaken in the event of a crisis.

160. The state will ensure compliance with international obligations on biosecurity and non-biological agents. Will be developed and implemented an early warning system to detect and prompt reporting of incidents of biological terrorism and crisis epidemiological situations.

161. Will operate a permanent and effective system of training and informing the public about acts of biological terrorism, the crisis of epidemiological situations, as well as on measures to reduce their impact on health.

CHAPTER XIV

ACHIEVEMENT OF NEW RESULTS IN THE SYSTEM OF HEALTH

162. Republic of Moldova undertakes to strengthen the health system to ensure full implementation of the citizen's right to health, based on the principles of equality and solidarity funding commitments from the state and every individual.

163. New achievements in the health care system driven by the success of implementation of four main functions: management, financing, resource generation and service delivery.

164. Managing the health care system will be implemented in accordance with the principles recognized in international and European level, based on the multi-sectoral partnership, transparency and openness in the health care system to exchange information.

165. In order to implement the priorities of the health system at national and local levels will be formed strong alliances, responsible for its commitments.

166. Decentralization through the transfer of a number of rights and responsibilities of local authorities and territorial health authorities, the involvement of professional bodies and health consumers (including patients) to participate in finding solutions to various problems will increase management efficiency and transparency in the health system.

167. Financing the health system will be implemented through the equitable distribution of resources, avoiding the financial crisis of families in the event of illness, stable and predictable resource mobilization, as well as through respect for solidarity in the process of accumulating adequate funds for health care. Financing of the sectoral programs will be coordinated with national policy priorities in health and appropriate strategies.

168. The accumulation of funds for health will be implemented through the diversification of funding sources, equal pay contributions and

reducing fragmentation of insurance funds. Will be introduced improved arrangements accumulation, regulation and control of financial resources within the compulsory health insurance funds.

169. Equitable distribution of funds by type of service will be conducted according to the needs of the population and abilities service provider. There will be a high degree of transparency in the allocation of financial resources by informing the public about the rights and responsibilities within the service package provided.

170. Reducing the burden on health services due to family budgets and reducing financial barriers to access to necessary health care will be possible through the diversification of forms of medical insurance.

171. Generating the resources of the health system will be implemented through a more rational investments in training, their uniform distribution in accordance with the scheme the organization of health services.

172. Improving human resources management and development planning mechanisms medical staff, which will meet current and future needs of the health system will be implemented by maintaining the required level of competence, quality and productivity using a post-graduate system of lifelong learning and training. There will be mechanisms to motivate those working in the health care system, in order to achieve high results and increased the salaries of the employees of this industry to the level of the average wage in the national economy.

173. Human development will be fostered through education and health professionals from other fields of national economy.

174. Continuous generation of resources will be provided through additional investments from various sources (donations, grants, etc.) in accordance with the law in the development of physical infrastructure the pharmaceutical industry and medical technology.

175. Improving the health system will be ensured through the creation of an integrated medical information system that will avoid fragmentation and information asymmetry.

176. The introduction of information technology in the field of pharmaceutical services will provide a central register of medicines in the domestic market and will effectively promote the safety of pharmaceuticals. To be guaranteed access to basic and quality medicines.

177. Managing the provision of services will be improved through optimal and most efficient implementation of complex collective and individual services. There will be universal access and maximum coverage of health services. Access of the poor and socially vulnerable population to quality health services will be considered an important indicator in assessing the effectiveness of health systems.

178. Improving the quality and affordability will be achieved by diversifying services, development of social partnership at national and local levels, the effective involvement of civil society and communities, as well as by a combination of public and private health services.

179. Respect for the susceptibility of the health system to the needs and aspirations of the population, ensuring the safety of patients and medical personnel will be key ingredients for improving the quality of medical services.

180. Rationalization of services, adherence to the principles of separation, standardization of the volume of interventions for each level of care will contribute to achieving the goals in terms of providing universal access of the population.

181. Medical services will be redirected to the policy of treatment on the policy of health promotion and disease prevention. Measures of primary and secondary prevention of diseases will be based on the

results of applicative and fundamental research. The effectiveness of the system will be achieved by prioritizing the development of primary health care, nursing services, as well as the upgrading of hospital services in a flexible and modern network of service providers, depending on the needs of the population and available resources.

182. Mechanisms to improve the quality and safety services would include building infrastructure, equipped with modern medical equipment, information technology, the use of World Wide Web, and telemedicine.

183. Licensing, certification and accreditation of medical facilities will become a universal way of ensuring diversity and quality of public health services.

184. Shall promote and encourage health and social services to patient populations with special needs (paralyzed patients, patients with end-stage of disease, disabilities, etc.) through the involvement of civil society, families and communities to provide them with appropriate assistance and support.

185. Particular attention will be paid to the development of legislative and regulatory framework that will create and implement public health and social services, and services for home care with the exception of any kind have been obstacles in access to these services. Training programs in health, education and social assistance will include the mandatory aspects of care for people with special needs.

186. Support will be the development and ensure appropriate coordination of various forms of organization of health and social care with a wide range of services aimed at meeting the needs of patients and their families. Will be an integration of data services for both vertically and horizontally in the system of health and social care by developing and implementing the necessary mechanisms.

187. Access to palliative care will be based on the principle of respect for the dignity and the specific needs of a patient with the final form of the disease and include a mandatory control over pain and other symptoms, psycho-emotional and spiritual support, family support, including the period of mourning. Will be simplified access to essential medicines (including opioid analgesics) in the appropriate medical use of formulas and dosages by harmonizing the regulatory framework of standards and recommendations of the Council of Europe and the World Health Organization.