

NEW RESEARCH: ACCESS TO HEALTH CARE IN MOLDOVA

New research highlights that many citizens of Moldova cannot access health services and face high payments at the point of use.

Health is a vital national investment: inequalities in health are estimated to result in a 1.4% loss of GDP¹, or 1.2 billion leu every year in the case of Moldova. The situation requires urgent action.

This policy brief provides results from a nationally-representative household survey of 1,800 randomly selected people in 2010 from the Health in Times of Transition (HITT) study (<http://www.hitt-cis.net>). Further details on the research can be found in the source listed below.

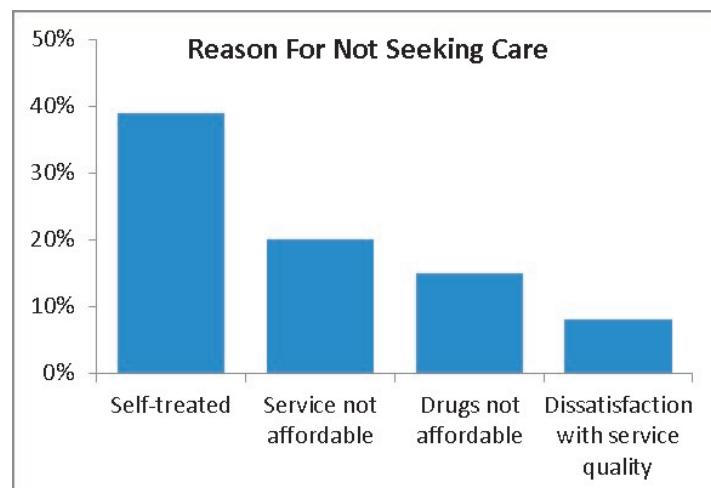
KEY STUDY FINDINGS

People do not access care when needed

1 in 3 respondents did not access health care when they experienced a problem serious enough to require medical attention in the past four weeks.

39% of respondents self treated instead of seeking care, which may be because home-based treatment is cheaper and therefore a substitute for health services.

Affordability of drugs and services were also common reasons for not seeking care.



People who access care face high payments

96% of respondents who had used health care in the past 4 weeks had made a payment for drugs or services. These payments for health care are likely to place significant burden on household resources.

	Respondents that accessed care	
	Made a payment	Average cost of payment
Outpatient Care	37%	150 MDL
Inpatient Care	29%	800 MDL
Drugs	91%	270 MDL

¹Mackenbach JP, Meerdink WJ, Kunst AE. (2007) *Economic implications of socioeconomic inequalities in health in the European Union*. Luxembourg, European Commission.

POLICY RECOMMENDATIONS

Expand coverage of Mandatory Health Insurance

Moldova must further broaden the proportion of its population covered by Mandatory Health Insurance, particularly focussing on financially vulnerable groups. As people do not know when they will need health care, and the costs of care are so high, risk pooling is vital to ensure people access services and to protect people from catastrophic spending.

Reduce out of pocket payments

To improve access to care, the financial barriers that force people to self-treat must be removed. Informal payments are a leading financial barrier, which can be addressed by raising official salaries of health care workers, and clearer communication with the public about the price of services. Both formal and informal payments can also be reduced by refining the scope of the Mandatory Health Insurance benefits package.

Access to pharmaceuticals

More equitable access to pharmaceuticals must be reached by strengthening pricing control, and by expanding the scope of insurance coverage to include reimbursement of pharmaceuticals.

SOURCE:

BALABANOVA, D., ROBERTS, B., RICHARDSON, E., HAERPFER, C. & MCKEE, M. 2011. Health Care Reform in the Former Soviet Union: Beyond the Transition. Health Services Research.

<http://www.ncbi.nlm.nih.gov/pubmed/22092004>

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