JOINT EXTERNAL EVALUATION
OF IHR CORE CAPACITIES
of the
REPUBLIC OF MOLDOVA

Mission report:
1–5 October 2018

World Health
Organization

JOINT EXTERNAL EVALUATION OF IHR CORE CAPACITIES
of the
REPUBLIC OF MOLDOVA

Mission report:
1–5 October 2018

World Health Organization

WHO/WHE/CPI.2019.54

CONTENTS

ACKNOWLEDGEMENTS

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
AMR	antimicrobial resistance
ANRANR	Moldovan National Agency for Regulation of Nuclear and Radiological Activities
ARI	Acute respiratory infections
BioDoseNet	WHO global network of biodosimetry laboratories
BSL	biosafety level
CAESAR	WHO Central Asian and Eastern European Surveillance of Antimicrobial Resistance
CBRN	chemical/biological/radiological/nuclear
CCPPH	Moldovan Centre for Centralized Public Procurements in Health
COC	Coordination Operations Centre
CPE	continuing professional education
EBS	event-based surveillance
ECDC	European Centre for Disease Prevention and Control
ELISA	enzyme-linked immunosorbent assay
EMT	emergency medical teams
EOC	emergency operations centre
EPIS	Epidemic Information System
EQA	external quality assessment
EU	European Union
EVM	effective vaccine management
FAO	Food and Agriculture Organization of the United Nations
FETP	field epidemiology training programme
GAP	Global Action Plan
GLASS	WHO Global Antimicrobial Surveillance System
HCAI	healthcare-associated infections
Hib	Haemophilus influenzae type b
HIV	human immunodeficiency virus
HPV	human papillomavirus
IAEA	International Atomic Energy Agency
IBS	indicator-based surveillance
IGSE	Moldovan General Inspectorate for Emergency Situations
IHR (2005)	International Health Regulations (2005)
IHR NFP	International Health Regulations (2005) national focal point
ILI	influenza-like illness
INFOSAN	WHO International Network of Food Safety Authorities
IPC	infection prevention and control

ISO	International Standards Organisation
JEE	joint external evaluation
LAT	laboratory assessment tool
LIMS	laboratory management information system
MAC	maintenance action code
MCV	measles-containing vaccine
MediPIET	Mediterranean programme of intervention epidemiology training
MoHLSP	Ministry of Health, Labour and Social Protection
MoIA	Ministry of Internal Affairs
MoARDE	Ministry of Agriculture, Regional Development and Environment
MoHLSP	Ministry of Health Labour and Social Protection
MOLDAC	Moldovan National Accreditation Centre
NCAA	National Council for Accreditation and Attestation
NCCP	National Codex Contact Point
NCS	National Communications System
NFP	national focal point
NFSA	National Food Safety Agency
NIP	National Immunization Programme
NITAG	National Immunization Technical Advisory Group
NLOCN	National Laboratory Observation and Control Network
NPHA	National Public Health Agency
OIE	World Organisation for Animal Heath
OPCW	Organization for the Prohibition of Chemical Weapons
PCR	polymerase chain reaction
PHE	public health event
PHEIC	public health emergency of international concern
PQS	performance, quality and safety
QA	quality assurance
QMS	quality management system
RASFF	European Commission Rapid Alert System for Food and Feed
REMPAN	WHO Radiation Emergency Medical Preparedness and Assistance Network
NPHLN	National Public Health Laboratory Network
SAE	Moldovan comprehensive electronic surveillance tool
SARI	severe acute respiratory infection
DPHEM	Department on Public Health Emergency Management
SOP(s)	standard operating procedures(s)
STI	Sexually transmitted infections
WNV	West Nile virus

EXECUTIVE SUMMARY

Findings from the joint external evaluation

The JEE team would like to express its appreciation to the Republic of Moldova for volunteering for a Joint External Evaluation. This shows a commitment, foresight and leadership from senior levels of government that will be critical to success in building and maintaining Moldova's core capacities under the International Health Regulations (IHR (2005)).

During the JEE mission, Moldova's capacities in 19 technical areas were evaluated through a peer-to-peer, collaborative process that brought Moldovan subject matter experts together with members of the JEE team for a week of collaborative discussion and field visits. This process led to consensus on scores and priority actions in those 19 technical areas.

Four overarching recommendations emerged from the week. These are intended to address cross-cutting challenges affecting Moldova's capacities across many of the different technical areas that are explored in greater depth in the JEE process. These overarching recommendations are outlined below.

1. Adopt a five-year national action plan for strengthening IHR core capacities (NAPHS), based on the national context and a national risk and needs assessment, with a clear definition of funding and a time frame for each action.
    Moldova currently suffers from a lack of human and other resources that hampers capacity building under the IHR (2005). A NAPHS that includes full involvement of the private sector, and which explicitly addresses staff incentives and retention, will help strengthen the foundations of the health sector's existing efforts.

2. Develop a public health emergency management training programme, integrated into the multistage civil protection plan, for training and exercising all sectors from local to national level, emphasizing joint work, cooperation, standard procedures and mutual understanding of the operation of the entire system.
    The programme should link existing training and exercise programmes in different sectors under an overarching vision designed to build capacity under the IHR (2005), and should be carried out as far as possible in collaboration with neighbouring and partner countries and with the private sector.

3. Adopt and implement the One Health and all hazards approaches throughout government, across sectors and between ministries.
    The One Health approach is a necessity for combatting global health threats. In this era of globalization and emerging diseases, pathogens of animal origin are an important and growing global threat. The One Health approach should be accompanied by approval of all necessary MOUs, SOPs and other administrative mechanisms that formalize communication and coordination across sectors. Across sectors, SOPs do currently exist, but they do not always penetrate down to the lowest levels of the public health system. They are not always reliably linked with those of other sectors, and are not always dependably updated and implemented.

4. Update electronic systems for surveillance of communicable diseases and public health events, and implement IT solutions for data collection and communication.
    Moldova has a clear need for joined up, interoperable electronic systems to collect, manage and report data, which impacts the majority of technical areas assessed under the JEE. Meeting this overarching challenge would strengthen capacities across all these areas, and make a major contribution to the strength of the health system.

Moldova Scores and Priority Actions

The following table is the summary of the final scores for each technical area (details and priority actions are shown in the respective report chapters), as agreed by the national and external JEE teams. The principles of the scoring system are described in the JEE tool, available from:

http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/

Briefly, the scoring is a 5-step Likert scale in which a score of 1 designates no capacity, and incremental obligatory criteria for each indicator must be fulfilled to reach the next level. A score of 5 designates that the country has the required capacity and is able to sustain it. Indicators are proxies and are chosen with the aim of representing a probable wider capability than the actual measured factor.

For ease of overview, a "traffic light" colouring system is used, whereby scores of 1 are shown as red; scores of 2 and 3 are yellow; and 4 and 5 are green.

SCORES AND PRIORITY ACTIONS

Technical areas	Indicator no.	Indicator	Score	Priority Actions
PREVENT				
National legislation, policy and financing	P.1.1	The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the IHR	4	Revise and update the national IHR Implementation Plan. Allocate sufficient budgets for the implementation of all IHR capacities, with timely national and sub-national distribution, in all relevant ministries or sectors. Keep the regulatory framework updated in response to new challenges around public health emergencies of international concern (PHEIC).
	P.1.2	Financing is available for the implementation of IHR capacities	3	
	P.1.3	A financing mechanism and funds are available for timely response to public health emergencies	2	
IHR coordination, communication and advocacy	P.2.1	A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	4	Establish procedures for operationalizing the early warning mechanism, especially for chemical and radiological hazards and/or deliberate events. Establish an integrated system for notification of public health events. Strengthen the capabilities of the IHR NFP through a programme of training and exercises and increased human and financial resources.
Antimicrobial resistance	P.3.1	Effective multisectoral coordination on AMR	2	Approve, implement and monitor the implementation of the Strategy and Action Plan for Surveillance and Combating of AMR. Improve and strengthen the AMR surveillance system. Monitor the implementation of normative Acts addressing infection prevention and control. Elaborate and implement rational consumption programmes for antimicrobials. Strengthen monitoring of antimicrobial consumption in hospitals and livestock farms.
	P.3.2	Surveillance of AMR	3	
	P.3.3	Infection prevention and control	3	
	P.3.4	Optimize use of antimicrobial medicines in human and animal health and agriculture	2	
Zoonotic disease	P.4.1	Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	2	Conduct joint prioritisation of zoonosis using international standard guiding documents. Develop a robust surveillance system, including for the four priority zoonotic diseases/pathogens of greatest public health concern. Develop laboratory capacity to confirm outbreaks of priority and emerging zoonoses, including through networking with international reference laboratories.
	P.4.2	Mechanisms for responding to infectious and potential zoonotic diseases established and functional	3	

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Food safety	P.5.1	Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	3	Ensure accreditation of laboratories to ISO 17025 and increase their analytical capacity. Build human resource capacities on epidemiological data analysis methods and promote professional engagement through international networking. Develop awareness of food safety issues and build further related capacity through public-private partnership.
	P.5.2	Mechanisms are established and functioning for the response and management of food safety emergencies	3	
Biosafety and bios-ecurity	P.6.1	Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	2	Elaborate and improve the comprehensive national legislative framework for strengthening the biosafety and biosecurity system. Include laboratory licensing and mechanisms for its implementation. Establish a National Register of Microbiological Laboratories and a system for managing it. Establish a functional national cross-sectoral authority (Biosafety & Biosecurity Committee) to monitor biosafety/biosecurity issues in institutions working with pathogens and dangerous toxins.
	P.6.2	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	3	
Immuni-zation	P.7.1	Vaccine coverage (measles) as part of national programme	3	Implement communication and advocacy measures to increase vaccination coverage, particularly addressing vaccine-hesitant groups and healthcare workers.
	P.7.2	National vaccine access and delivery	5	Finalize and implement the electronic immunizations registry. Implement periodic seroprevalence surveys to estimate population immunity, and compare to coverage estimates. Allocate sufficient resources to modernize cold chain equipment at local level.

DETECT

Technical areas	Indicator no.	Indicator	Score	Priority Actions
National labora-tory sys-tem	D.1.1	Laboratory testing for detection of priority diseases	4	Ensure preparation of medical laboratories for accreditation by MOLDAC in accordance with the requirements of ISO 15189.
	D.1.2	Specimen referral and transport system	3	Harmonize the legal framework for laboratory diagnosis with international laws.
	D.1.3	Effective national diagnostic network	4	Designate pathogen-specific reference laboratories.
	D.1.4	Laboratory quality system	3	Strengthen interministerial and inter-laboratory partnerships through collaborative activities including external quality control and networking.

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Surveillance	D.2.1	Surveillance systems	4	Strengthen electronic reporting by re-establishing the SAE tool, further integrating it with parallel surveillance reporting tools, and ensuring its sustained funding and maintenance.
	D.2.2	Use of electronic tools	2	Further prioritize communicable diseases covered by the surveillance system. Revise case definitions and develop guidelines and SOPs for surveillance in the context of the reorganization of the Public Health Agency.
	D.2.3	Analysis of surveillance data	4	Establish training modules for surveillance staff at all levels, covering in particular the analysis of surveillance data based on epidemiological data analysis methods, including for detecting public health events.
Reporting	D.3.1	System for efficient reporting to FAO, OIE and WHO	4	Establish data exchange mechanisms between ministries and agencies involved in public health response, with SOPs on minimum reporting requirements for collection, analysis and reporting of information. Establish multisectoral mechanism for evaluating procedures and reporting to WHO, OIE and FAO, and hold regular (quarterly) meetings.
	D.3.2	Reporting network and protocols in country	3	Establish direct communication with focal points in neighbouring countries. Conduct more frequent simulation exercises on reporting to WHO & OIE.
Human resources (animal and human health sectors)	D.4.1	An up-to-date multi-sectoral workforce strategy is in place	3	Revise the Human Resources Development Strategy, including incentives for staff motivation and retention, taking account of changes resulting from recent health sector reforms.
	D.4.2	Human resources are available to effectively implement IHR	3	Enact and implement law on veterinary practice. Develop a One Health integrated training programme for public health including epidemiologists and animal health and food safety specialists.
	D.4.3	In-service trainings are available	2	
	D.4.4	FETP or other applied epidemiology training programme in place	3	Align training of public health specialists and veterinarians to EU schedules and standards.
RESPOND				
Emergency Preparedness	R.1.1	Strategic emergency risk assessments conducted and emergency resources identified and mapped	2	Adopt a methodology and SOPs for risk assessment. Establish a common, easily accessible, user friendly electronic platform for accessing national risk assessment and mapping studies.
	R.1.2	National multi-sectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	2	Further develop and improve capacities in civil protection mechanisms through a training and exercise programme.

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Emergency response operations	R.2.1	Emergency response coordination	3	Implement a training programme for capacity building, supported by multisectoral exercises based on public health emergencies and exceptional situations. Elaborate and improve standard operational procedures for the emergency operations centre (EOC). Implement regular testing of emergency response operations, at least every two years.
	R.2.2	Emergency operations centre (EOC) capacities, procedures and plans	3	
	R.2.3	Emergency Exercise Management Programme	2	
Linking public health and security authorities	R.3.1	Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	3	Review existing agreements between the health sector and security services, and develop SOPs for joint investigation of, and responses to, public health events. Conduct regular joint, cross-sectoral trainings and exercises with all stakeholders involved in response to public health emergencies. Develop a mechanism for public health and security authorities to exchange information on events of joint concern at national, intermediate and local levels, using formal links or protocols.
Medical countermeasures and personnel deployment	R.4.1	System in place for activating and coordinating medical countermeasures during a public health emergency	2	Establish a mechanism to strengthen national multisectoral collaborative capacity for activating, coordinating and managing countermeasures, including deployment. Develop a comprehensive guide and SOPs for emergency case management for all IHR-relevant hazards. Develop a comprehensive training programme on deploying and/or receiving experts in emergency situations. Align national capacities with international standards through participation in international alert and response networks (e.g. GOARN) Create partnerships with regional/international organizations, with formal agreements on countermeasures and deployments.
	R.4.2	System in place for activating and coordinating health personnel during a public health emergency	2	
	R.4.3	Case management procedures implemented for IHR relevant hazards	2	
Risk communication	R.5.1	Risk communication systems for unusual/unexpected events and emergencies	3	Strengthen institutional capacity in health communication through continuous training of existing capacities. In the next 2-3 years, build research and analytical capacity in health communication and behaviour change. In the next year, improve collaboration through development of cross-sectoral communication plans and strategies for all possible emergencies. In the next year, create a sustainable mechanism of funding risk communication activities in both routine and emergency situations.
	R.5.2	Internal and partner coordination for emergency risk communication	3	
	R.5.3	Public communication for emergencies	3	
	R.5.4	Communication engagement with affected communities	3	
	R.5.5	Addressing perceptions, risky behaviours and misinformation	3	

Technical areas	Indi-cator no.	Indicator	Score	Priority Actions
IHR-RELATED HAZARDS AND POINTS OF ENTRY				
Points of entry	**PoE.1**	Routine capacities established at points of entry	**2**	Continue to strengthen and institutionalize collaboration with external partners and stakeholders to improve and fully equip designated points of entry.
	PoE.2	Effective public health response at points of entry	**3**	Within two years, create a specific budget line for maintenance of screening and detection systems. Continue to provide regular training to multi-sectoral point of entry personnel, and test systems through multi-hazard table top and simulation exercises. Continue to explore ways to address concerns and requirements regarding points of entry along contested state borders, in accordance with the IHR (2005).
Chemical events	**CE.1**	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	**3**	Develop data management software for potentially toxic chemical substances following the approval of the Law on Chemical Substances. Develop a national interdepartmental plan of response to chemical emergencies that sets out the duties and responsibilities of the relevant services.
	CE.2	Enabling environment in place for management of chemical events	**2**	Develop standardized clinical protocols for exogenous acute poisoning in adults. Institute a regular programme of training and exercises that includes a national drill on responding to a chemical event. Make the planned national poison centre operational.
Radiation emergen-cies	**RE.1**	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	**2**	Equip MoHLSP laboratories with special equipment, such as the whole body counters and thermoluminescent dosimeters for monitoring the levels of radioactive contamination of the human body. Allocate human and financial resources to meet requirements related to protection against radiation and ensure the safety of the population.
	RE.2	Enabling environment in place for management of radiological and nuclear emergencies	**2**	Update relevant legislation, regulations and SOPs to meet the new IAEA standards for radiological emergencies, and implement them. Strengthen, train and motivate staff in the area of radiation protection and radiological emergencies. Training should emphasize compliance with relevant international certification.

Scores: 1=No capacity; 2=Limited capacity; 3=Developed capacity; 4=Demonstrated capacity; 5=Sustainable capacity.

PREVENT

NATIONAL LEGISLATION, POLICY AND FINANCING

INTRODUCTION

The International Health Regulations (IHR) (2005) provide obligations and rights for States Parties. In some States Parties, implementation of the IHR (2005) may require new or modified legislation. Even if new or revised legislation may not be specifically required, States may still choose to revise some regulations or other instruments in order to facilitate IHR implementation and maintenance. Implementing legislation could serve to institutionalize and strengthen the role of IHR (2005) and operations within the State Party. It can also facilitate coordination among the different entities involved in their implementation. See detailed guidance on IHR (2005) implementation in national legislation at http://www.who.int/ihr/legal_issues/legislation/en/index.html. In addition, policies that identify national structures and responsibilities as well as the allocation of adequate financial resources are also important.

> ### Target
>
> *Adequate legal framework for States Parties to support and enable the implementation of all their obligations and rights made by the IHR. Development of new or modified legislation in some States Parties for the implementation of the Regulations. Where new or revised legislation may not be specifically required under a State Party's legal system, the State may revise some legislation, regulations or other instruments in order to facilitate their implementation in a more efficient, effective or beneficial manner. States Parties ensure provision of adequate funding for IHR implementation through the national budget or other mechanisms. Country has access to financial resources for the implementation of IHR capacities. Financing that can be accessed on time and distributed in response to public health emergencies, is available.*

LEVEL OF CAPABILITIES

The Republic of Moldova has specific primary and secondary legislation in place for all relevant sectors to enable compliance with the IHR.

The challenge of full implementation of this legal framework is being addressed in the National IHR Implementation Plan, approved by the Government in 2008. This plan requires continuous adjustment to new international challenges. Laws always follow new events but given the importance of preparedness and readiness to detect, prevent and respond to public health emergencies, the continuous attention of law-makers to this area will be necessary.

The MoHLSP is responsible for policy development in the field of public health, while the National Public Health Agency (NPHA) and other partners implement those policies. A legal framework is in place at national level that regulates the development, endorsement and implementation of directives, legislature and normative and technical acts. Within this system, draft documents developed by the authority responsible for a specific area of expertise are subject to a consultative process of examination and endorsement by other relevant central public authorities.

Although budget lines are available for IHR-related capacities, the maintenance of capacities and human resources is under continuous budgetary pressure. As the IHR (2005) are closely related to food safety and animal health under the One Health perspective, allocation of appropriate budgets and human resources to these sectors should be an integral part of national policy.

Indicators and scores

P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the IHR – Score 4

Strengths and best practices

- Legal provisions are in place regarding the drafting, approval and implementation of national legislation.
- Moldova has an approved national action plan for IHR implementation.
- National legislation regulates specific areas including but not limited to surveillance, food safety, early warning, and IHR-relevant training.
- Mechanisms for monitoring and reporting are in place.
- Moldova carries out annual self-assessments based on a WHO questionnaire.

Areas that need strengthening and challenges

- Revision of the national IHR implementation plan is needed.
- The regulatory framework for specific areas (resistance to antimicrobials, biosafety, etc.) needs continuous development and improvement.
- There is a need to allocate a budget for implementing the legal framework for the IHR.

P.1.2 Financing is available for the implementation of IHR capacities – Score 3

Strengths and best practices

- A mechanism is in place for planning and budgeting surveillance and response programmes and plans.
- Financing mechanisms for some IHR-related activities constitute part of existing international collaborations.
- A regulated and functional mechanism exists for distributing funds from the state budget at national and regional levels.

Areas that need strengthening and challenges

- There is a need to evaluate budget lines and mechanisms for funding.
- Health programmes and plans for IHR implementation require continuous financial support.
- There is a need to prioritize different aspects of IHR implementation for the purposes of allocating budgets.

P.1.3 A financing mechanism and funds are available for the timely response to public health emergencies – Score 2

Strengths and best practices

- Specific funds for emergency and preventive measures related to IHR have been established and maintained.
- Mechanisms are in place to mobilize funds at national and territorial levels in case of a public health emergency.
- A mechanism is in place for requesting and receiving international assistance and financial support in emergency situations.
- The Material Reserves Agency acts as the receiving and distributing authority in case of national emergency situations, including public health emergencies.
- Special procedures are in place for use of unauthorized drugs, vaccines and laboratory supplies in case of a national public health emergency.

Areas that need strengthening and challenges

- Procedures are required for immediate mobilization of a response, and use of extra budgetary funding, during a national public health emergency.
- There is limited domestic availability of the financial and human resources required for preparedness and management of public health emergencies.

Recommendations for priority actions

- Revise and update the national IHR Implementation Plan.
- Allocate sufficient budgets for the implementation of all IHR capacities, with timely national and sub-national distribution, in all relevant ministries or sectors.
- Keep the regulatory framework updated in response to new challenges around public health emergencies of international concern (PHEIC).

IHR COORDINATION, COMMUNICATION AND ADVOCACY

INTRODUCTION

The effective implementation of the IHR requires multisectoral/multidisciplinary approaches through national partnerships for efficient alert and response systems. Coordination of nationwide resources, including the designation of a national IHR focal point (NFP), and adequate resources for IHR implementation and communication, is a key requisite for a functioning IHR mechanism at country level.

> **Target**
>
> *Multisectoral/multidisciplinary approaches through national partnerships that allow efficient alert and response systems for effective implementation of the IHR. Coordinate nationwide resources, including sustainable functioning of a National IHR Focal Point – a national centre for IHR communications which is a key obligation of the IHR – that is accessible at all times. States Parties provide WHO with contact details of National IHR Focal Points, continuously update and annually confirm them.*

LEVEL OF CAPABILITIES

The IHR (2005) are fully integrated into national legislation, and since 2010 the Republic of Moldova has reported on IHR implementation to WHO. The authority responsible for coordinating implementation is the Ministry of Health, Labour and Social Protection (MoHLSP). The Republic of Moldova has established an intersectoral coordination mechanism, the National Extraordinary Public Health Commission ("the Commission"), which coordinates all hazard public health emergency preparedness and operates during emergencies. The Commission falls under the authority of the prime minister.

There is an established and functional IHR National Focal Point (NFP) at the National Public Health Agency (NPHA).

The Republic of Moldova has a National Action Plan for implementing the IHR (2005), and ten national authorities are involved. All have clearly defined roles, responsibilities and terms for implementation. There is a mechanism for coordinating the activities of the NFP with those of other national authorities.

Coordination and communication functionality has been tested through table top exercises. There is a need for better implementation of procedures for early warning against deliberate events and/or chemical and radiological hazards.

Several legal documents have been adapted to meet the requirements of the IHR:

- Government Decision (GD) No. 475 of 26.03.2008 regarding the approval of the Action Plan on the Implementation of the International Health Regulations in the Republic of Moldova
- Government Decision No. 820 of 14.12.2009 regarding the National Extraordinary Public Health Commission
- Government Decision No. 1340 of 04.12.2001 regarding the Commission for Emergency Situations of the Republic of Moldova
- Government Decision No. 1431 of 29.12.2016 for the approval of the Regulation on the early warning and rapid response system for the prevention, control of communicable diseases and public health events
- Government Decision No. 531 of 3 July 2014 on implementing the International Health Regulations to prevent the cross-border transmission of public health threats
- MoHLSP Order No. 268 of 06.08.2009 on the implementation of the provisions of GD No. 475 of 26.03.2008.

There are several other IHR stakeholders in different ministries and sectors at national, regional and district level, variously responsible for implementation, communication, coordination and advocacy under IHR (2005).

Indicators and scores

P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR – Score 4

Strengths and best practices

- National legislation reflects IHR provisions and addresses intersectoral coordination, designation of an IHR NFP, and the identification of responsible authorities.
- A functional intersectoral coordination mechanism is in place, under the authority of the Prime Minister. Responsibility for coordinating IHR implementation has been assigned.
- The IHR NFP is established and functional.
- The WHO notification/consultation mechanism is established and regulated.
- A mechanism has been established for coordinating activities between the NFP and other national authorities.
- Different ministries and agencies collaborate for the prevention of public health emergencies.
- The NFP is responsible for communication, dissemination of information and data consolidation, both in routine activity and during public health emergencies.
- Standard operating procedures (SOPs) are in place for communication and consultation with the WHO Regional Office for Europe in the event of the risk or triggering of a public health emergency.
- Systems are in place for early detection and prevention of cross-border transmission of public health hazards (through the Customs Service and Border Police).
- The intersectoral coordination mechanism is regularly tested (for example, through convening the multisectoral committee to examine recent outbreaks of measles, anthrax and Ebola).
- National authorities have been trained on the mechanisms for coordinating activities with the NFP (most recently in 2017 and 2018).
- NFP functionality is tested (most recently in 2016, with tabletop exercises in four districts and nationally, supported by the Kingdom of Norway).

Areas that need strengthening and challenges

- Early alert mechanisms should be operationalized, especially for chemical, radiological and/or deliberate events.
- Training programmes for NFP specialists should be elaborated and adjusted.
- There is a need to strengthen NFP capabilities, particularly related to human resources.
- The emergency operations centre (EOC) needs to be equipped in accordance with standard requirements.
- Exercises are required to test NFP functionality.
- Work in this area is hampered by the emigration of capable staff.
- There is a need to address the security and privacy of information.
- Data exchange mechanisms (electronic systems) are only partly functional.

Recommendations for priority actions

- Establish procedures for operationalizing the early warning mechanism, especially for chemical and radiological hazards and/or deliberate events.
- Establish an integrated system for notification of public health events.
- Strengthen the capabilities of the IHR NFP through a programme of training and exercises and increased human and financial resources.

ANTIMICROBIAL RESISTANCE

INTRODUCTION

Bacteria and other microbes evolve in response to their environment and inevitably develop mechanisms to resist being killed by antimicrobial agents. For many decades, the problem was manageable as the growth of resistance was slow and the pharmaceutical industry continued to create new antibiotics.

Over the past decade, however, this problem has become a crisis. Antimicrobial resistance is evolving at an alarming rate and is outpacing the development of new countermeasures capable of thwarting infections in humans. This situation threatens patient care, economic growth, public health, agriculture, economic security and national security.

> ### Target
>
> *A functional system in place for the national response to combat antimicrobial resistance (AMR) with a One-Health approach, including:*
>
> *a) Multisectoral work spanning human, animal, crops, food safety and environmental aspects. This comprises developing and implementing a national action plan to combat AMR, consistent with the Global Action Plan (GAP) on AMR.*
>
> *b) Surveillance capacity for AMR and antimicrobial use at the national level, following and using internationally agreed systems such as the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and the OIE global database on use of antimicrobial agents in animals.*
>
> *c) Prevention of AMR in health care facilities, food production and the community, through infection prevention and control measures.*
>
> *d) Ensuring appropriate use of antimicrobials, including assuring quality of available medicines, conservation of existing treatments and access to appropriate antimicrobials when needed, while reducing inappropriate use.*

LEVEL OF CAPABILITIES

National analysis of the antimicrobial susceptibility of isolated pathogens shows alarming resistance to drugs included in the national protocols for first-line therapy. Primary and secondary multidrug-resistant tuberculosis (MDR-TB) recorded high rates (26 and 64% respectively) compared to respective averages of 12% and 50% for the WHO European Region. About 60% of microorganisms isolated from patients with surgical site infections are resistant to antimicrobials.

Moldovan authorities are aware of AMR as a threat to human and animal health. The Extraordinary National Public Health Commission is responsible for cross-sectoral coordination and collaboration as well as the integrated approach to public health threats including AMR. The Commission coordinates the implementation of preventive and management activities for public health emergencies.

Through a multisectoral process, a National Strategy and Action Plan against AMR are being developed. Systems for surveillance and infection prevention and control are in place, but not yet fully implemented in all areas.

Moldova has a State Policy on Medicines ensuring access to good quality, effective and harmless medicines; regulating the prescription and release of medicines; providing good Drug Distribution Practice (GDP) guidelines and Good Product Manufacturing Practice (GMP) rules; and establishing a list of compensated drugs.

More effort is needed to increase awareness around, and control of, the use of antimicrobials in both the human and animal sectors.

Indicators and scores

P.3.1 Effective multi-sector coordination on AMR – Score 2

Strengths and best practices

- Antimicrobial resistance is listed among the threats to public health, and is among the issues addressed in measures for prevention of cross-border transmission of public health hazards.

- There has been a thorough process of multisectoral involvement in developing the draft national AMR Strategy and action plan.

Areas that need strengthening and challenges

- There is a need to approve the draft national Strategy and AMR action plan, and identify the resources necessary to implement it.

- The approval process for the AMR Strategy and Action Plan should be stepped up in the context of reforms to central public authorities, and other reorganizations.

P.3.2 Surveillance of AMR – Score 3

Strengths and best practices

- Modern equipment for microbiological analyses and rapid identification and testing of antimicrobial sensitivity is available at territorial and national levels.

- Evaluation and interpretation of AMR data makes use of the EUCAST Version 8.1 standard, valid from May 2018. Staff are trained to test and interpret the results.

- The national public health laboratory network (NPHLN) has been participating for three consecutive years in the WHO Quality Control Outsourcing Programme.

- TB reference laboratories can diagnose resistant and multidrug resistant antimicrobial tuberculosis.

Areas that need strengthening and challenges

- The national AMR surveillance system needs the financial, human and other resources necessary to implement it fully, including the provision of standardized data comparable to that of WHO's Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network.

- Food safety and veterinary laboratories require increased funding and strengthening, including through human resource training.

- The national laboratory network for environmental testing does not carry out investigations of AMR.

- The ability of networks to share human and animal health data should be strengthened.

- Emigration of human resources, and limited capacity and financial resources, are all challenges to efforts to address AMR.

- There is a particular need to strengthen AMR surveillance and monitoring of antibiotic prescriptions in the household farming/smallholding sector, and for pets.

P.3.3 Infection prevention and control – Score 3

Strengths and best practices

- Infection prevention and control actions are part of specific national programmes such as those addressing tuberculosis prevention and control, HIV/AIDS, viral hepatitis, and immunization.

- National programmes and contingency plans for zoonotic diseases approved at national level include plans for infection prevention and control.

- The national system for epidemiological surveillance and control of communicable diseases and public health events includes a list of diseases subject to mandatory reporting, as well as nosocomial infections.
- A surveillance and control guide is in place that covers surveillance and control of health care acquired infections (HCAI) as well as policy and strategy for organizing infection control in healthcare institutions.
- The comprehensive Action Plan for Prevention and Control of HCAI is updated annually by an Infection Control Committee.

Areas that need strengthening and challenges

- There is currently no dedicated national programme for prevention and control of HCAI
- A lack of financial resources hampers efforts to address this issue.

P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture – Score 2

Strengths and best practices

- In stock-out cases, the government has an internal mechanism for accessing the State Reserve (2016), and a mechanism for importing unauthorized drugs in emergency situations.
- A regulation on the testing of veterinary medicinal products is in place.
- Rules of Good Practice for the production of veterinary medicines have been established.
- Monitoring of antimicrobial use in human health is based on WHO methodology (2011) regarding import and production. For animal health, it is based on the methodology published in 2014 by the World Organization for Animal Health (OIE).
- A national policy and programme on pharmacovigilance cover both the human and the veterinary sectors, and are being implemented in hospitals and in the veterinary sector.
- In the health sector antibiotics are released only with prescription.

Areas that need strengthening and challenges

- There is a need to develop and implement an AMR stewardship programme to preserve antimicrobial medicines by taking measures to promote their control, appropriate distribution and appropriate use in hospitals.
- There is a need to develop and implement guidelines for appropriate use of antimicrobials.
- Mandatory prescriptions for antimicrobials and pharmacovigilance are not implemented for household farming and pets.

Recommendations for priority actions

- Approve, implement and monitor the implementation of the Strategy and Action Plan for Surveillance and Combating of AMR.
- Improve and strengthen the AMR surveillance system.
- Monitor the implementation of normative Acts addressing infection prevention and control.
- Elaborate and implement rational consumption programmes for antimicrobials.
- Strengthen monitoring of antimicrobial consumption in hospitals and livestock farms.

ZOONOTIC DISEASES

INTRODUCTION

Zoonotic diseases are communicable diseases that can spread between animals and humans. These diseases are caused by viruses, bacteria, parasites and fungi carried by animals, insects or inanimate vectors that aid in its transmission. Approximately 75% of recently emerging infectious diseases affecting humans are of animal origin; and approximately 60% of all human pathogens are zoonotic.

Target

Functional multi-sectoral, multidisciplinary mechanisms, policies, systems and practices are in place to minimize the transmission of zoonotic diseases from animals to human populations.

LEVEL OF CAPABILITIES

The Ministry of Agriculture, Regional Development and Environment (MoARDE) is the authority responsible for developing and promoting animal health policies, and the National Food Safety Agency (NFSA) is responsible for policy implementation in this area. The NFSA is recently established and has benefited in the recent past from funding, staff training, and equipment including two regional laboratories, all implemented in a context of strong collaboration with EU institutions.

Zoonosis surveillance documents have undergone a consultation process and been endorsed by the MoHLSP and the NFSA. All legislation regulating zoonotic issues has been harmonized with European Regulations and Directives.

The area of zoonotic disease has benefited from strong intersectoral collaboration, with major methodological support having been provided by the "Nicolae Testemitanu" State University of Medicine and Pharmacy and the State Agrarian University of Moldova, which assisted in the development of various methodological guidelines for disease surveillance. Further documents and guidelines have been developed separately by different services, and reviewed together and validated by all sectors.

National contingency plans are in place for swine fever; avian influenza; Newcastle disease; foot-and-mouth disease; classical swine fever; bovine spongiform encephalopathy; and bluetongue disease. These include surveillance, control and eradication components. Prioritization of zoonotic diseases is based on:

1. Importance in terms of human morbidity and circulation of causative agents among livestock
2. Economic considerations based on morbidity among livestock, leading to loss and economic impact
3. Key EU regulations concerning zoonotic agents.

A national coordination body for zoonotic diseases meets during epizootics/epidemics. In case of outbreaks, extraordinary meetings are convened to gather all sectors (including economic bodies) to develop a joint strategy. For example, at time of writing the current rabies situation has led to meetings gathering hunters' associations, the forestry association and other stakeholder authorities. These meetings are chaired by the Prime Minister of Moldova. Once decisions are made, the NPHA (which acts as secretary of the National Extraordinary Commission for Public Health) informs the responsible authorities to ensure their implementation.

African swine fever and lumpy skin disease, while they are transboundary animal diseases of economic importance, also provide an opportunity to collaborate with the European Commission in the fight against zoonoses, as they present a threat to the whole of Europe. Moldova is a buffer country for fox rabies in

Europe, and the EU supports oral rabies vaccination of foxes within 50km of the Romanian border—which assists the national rabies elimination strategy.

Indicators and scores

P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities – Score 2

Strengths and best practices

- Approved functional surveillance systems are in place for priority zoonoses.
- Approved national contingency plans for zoonotic diseases, which include surveillance and control components, are in place for priority zoonoses.
- A functional intersectoral coordination mechanism is in place.
- There is operational exchange of information on the recording of disease cases/outbreaks.
- Joint measures are implemented to combat the foci/outbreaks for priority zoonoses.
- Joint trainings are carried out for selected topics.

Areas that need strengthening and challenges

- There is a need for jointly-developed strategies, directives and intervention plans based on identified priorities for zoonotic diseases.
- Regular and joint reviews are required of the level of implementation of normative acts.
- Insufficiency of human and financial resources hampers efforts in this sector.
- The population is insufficiently aware of zoonotic risk.

P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional – Score 3

Strengths and best practices

- The policy on response to communicable diseases, including zoonoses is set out in the Early Warning and Rapid Alert Regulation.
- The medical and veterinary sector has documents containing sectoral strategic provisions to combat and prevent zoonoses, and practical guides for investigation and response (including emerging infections).
- Joint investigation and response is carried out for zoonotic diseases such as anthrax and rabies, outbreaks of salmonellosis, etc.
- Territorial plans are in place for dealing with zoonoses cases/outbreaks.

Areas that need strengthening and challenges

- There is a need for strengthening intersectoral collaboration by implementing the One Health approach.
- There is a need to use information systems with data exchange modules for managing and processing surveillance data, including laboratory results.
- Retention of qualified and trained professionals is an issue.

Recommendations for priority actions

- Conduct joint prioritisation of zoonosis using international standard guiding documents.
- Develop a robust surveillance system, including for priority zoonotic diseases/pathogens of greatest public health concern.
- Develop laboratory capacity to confirm outbreaks of priority and emerging zoonoses, including through networking with international reference laboratories.

FOOD SAFETY

INTRODUCTION

Food- and water-borne diarrhoeal diseases are leading causes of illness and death, particularly in less developed countries. The rapid globalization of food production and trade has increased the potential likelihood of international incidents involving contaminated food. The identification of the source of an outbreak and its containment is critical for control. Risk management capacity with regard to control throughout the food chain continuum must be developed. If epidemiological analysis identifies food as the source of an event, based on a risk assessment, suitable risk management options that ensure the prevention of human cases (or further cases) need to be put in place.

Target

A functional system is in place for surveillance and response capacity of States Parties for foodborne disease and food contamination risks or events with effective communication and collaboration among the sectors responsible for food safety.

LEVEL OF CAPABILITIES

The Republic of Moldova has a well-organised, systematic approach to maintaining food safety. Large outbreaks of foodborne diseases do not occur regularly. Surveillance systems are in place for the detection and monitoring of foodborne diseases and food contamination.

The National System of Communicable Disease Surveillance and Control includes the surveillance of foodborne diseases and related public health events, and provides for integrated coordination and collaboration activities to improve prevention and control of communicable diseases.

The public health system's list of high priority communicable diseases and special health problems includes acute diarrhoeal diseases and food poisonings, including salmonellosis. The prioritization of diseases for the surveillance system does take into account the national epidemiological situation, but more needs to be done to develop a functional laboratory-based surveillance system that includes specific foodborne pathogens such as E. coli, campylobacter, and listeria.

The MoHLSP maintains and manages the National System of Communicable Disease Surveillance and Control as well as the surveillance of public health events through the NPHA.

A General Crisis Management Plan is in place for the food and feed sector, and includes all categories of hazards for food safety (biological, chemical and physical). Moldova participates in the activities of the WHO International Network of Food Safety Authorities (INFOSAN) and the European Commission Rapid Alert System for Food and Feed (RASFF), and has a designated INFOSAN emergency contact point that coordinates with the IHR NFP, the National Codex Contact Point (NCCP) and the OIE delegate during food safety emergencies.

It is seen as a challenge by those maintaining the good standards of Moldovan food safety to keep standards high and food safe when budgets are tight and human capacity is draining out of the country.

Indicators and scores

P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination – Score 3

Strengths and best practices

- Moldova has a national system for surveillance and control of communicable disease that includes foodborne diseases and public health events/outbreaks.

- Foodborne diseases are included in the national list of priority diseases, with developed case definitions.

- At national and regional levels, multidisciplinary rapid response teams ensure risk assessment, communication and coordinated response measures for events caused by contaminated food.

- Laboratory testing for detection of pathogens causing foodborne diseases, including in outbreaks, is provided by accredited laboratories of the NPHLN. The National Food Safety Agency implements monitoring and control programmes for food and feed safety, with national coverage.

- Standard procedures and mechanisms for detection, information, and cooperation in case of foodborne disease/outbreaks and food contamination are set up as part of early warning systems for (a) communicable diseases and public health events and (b) food and feed. These are managed by the NPHA and the NFSA.

Areas that need strengthening and challenges

- There is a need to strengthen the legislative framework for food safety, and harmonize it with European requirements.

- Modernization and accreditation of laboratories is required, following the reform of the NFSA.

- The alert system for food and feed should be operationalized by designating contact points within the responsible national authorities and approving standard operating procedures.

- Moldova suffers from reduced numbers and capacities of public servants due to high turnover of personnel, caused partly by lack of motivation mechanisms.

- Further financial resources are needed to equip laboratories and train staff according to international requirements

- More effort is required to build and maintain relationships and partnerships with international institutions.

P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies – Score 3

Strengths and best practices

- A general crisis management plan is in place for the food and feed sector, determining the types of situations involving direct or indirect risks to human and animal health caused by food and/or feed that cannot be prevented, eliminated or reduced to an acceptable level.

- Moldova has a laboratory management information system (LIMS) designed to cover all laboratories in the country.

- A mechanism is in place for operational information exchange between authorities and sectors regarding the occurrence or suspicion of outbreaks of foodborne diseases and food safety emergencies. It forms part of an early warning and rapid response system for communicable diseases and an alert system for food and feed at national and territorial levels.

- National Emergency Contact Points ensure links and data exchange with INFOSAN and OIE.

- A National Laboratory Network (NLOCN) is in place to respond to environmental contaminations with radioactive, poisonous, highly toxic and biological agents. This network includes the NPHA, the NFSA and other institutions with laboratories.

Areas that need strengthening and challenges

- There is a need for an integrated national system for control and management of food safety.
- National activities as part of the RASFF and INFOSAN networks should be prioritised and improved.
- There is a need to elaborate and implement the integrated e-NFSA system with clear flows for collecting, reporting, processing and storing data.
- Laboratory research capabilities should be strengthened following the NFSA reform.
- Work in this area is hampered by insufficient human and financial resources.

Recommendations for priority actions

- Ensure accreditation of laboratories to ISO 17025 and increase their analytical capacity.
- Build human resource capacities on epidemiological data analysis methods and promote professional engagement through international networking.
- Develop awareness of food safety issues and build further related capacity through public-private partnership.

BIOSAFETY AND BIOSECURITY

INTRODUCTION

It is vital to work with pathogens in the laboratory to ensure that the global community possesses a robust set of tools – such as drugs, diagnostics, and vaccines – to counter the ever-evolving threat of infectious diseases.

Research with infectious agents is critical for the development and availability of public health and medical tools that are needed to detect, diagnose, recognize and respond to outbreaks of infectious diseases of both natural and deliberate origin. At the same time, the expansion of infrastructure and resources dedicated to work with infectious agents have raised concerns regarding the need to ensure proper biosafety and biosecurity to protect researchers and the community. Biosecurity is important in order to secure infectious agents against those who would deliberately misuse them to harm people, animals, plants or the environment.

> ### Target
>
> *A whole-of-government multisectoral national biosafety and biosecurity system with dangerous pathogens identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach conducted to promote a shared culture of responsibility, reduce dual-use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing and pathogen control measures in place as appropriate.*

LEVEL OF CAPABILITIES

Biosafety and biosecurity remain major concerns because of the alarming rise of biological threats to public health across the globe. The Republic of Moldova has acceded to the ratification and implementation of international conventions and agreements such as the IHR (2005), the Convention on Biodiversity, the Cartagena Protocol on Biosafety, and the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and their Destruction.

A national biosafety and biosecurity system implies a number of essential elements and requires a comprehensive, multisectoral approach. This is the approach in Moldova, where more than ten national authorities/institutions are involved in biosafety and biosecurity, including the Ministry of Defence.

Laboratories in both the human and animal health sectors are responsible for fulfilling the biosecurity and biosafety requirements laid out in the National Biosafety Guide (2014). Pathogenic microorganisms are collected in the Microbiological Laboratory of the NPHA, the Diagnostics and Animal Health Laboratory, and the Testing Laboratory for Food Products of Animal Origin.

The monitoring of biosafety and biosecurity activities is carried out by each authority in a separate way for its own area, and is done at international, national and institutional levels. Monitoring of biosafety is based on institutional procedures and mechanisms (e.g. the 2017 Manual of Quality Management in Labs in the Public Health System). There are record keeping documents for stores of pathogenic microorganisms and toxins, but these forms need to be updated.

Public health labs are periodically assessed in relation to biosafety and biosecurity aspects as part of certain relevant specific programmes, such as epidemiological surveillance of flu, poliomyelitis, TB, etc. The Laboratory Assessment Tool (LAT) was used in NPHA labs to assess quality management

elements, including biosecurity and biosafety compartments, in 2016. An external evaluation of biosafety and biosecurity aspects of the Animal Health and Diagnosis Lab was carried out in 2016 by Weisstechnik. The external evaluation of biosafety and biosecurity in national labs was carried out in 2014 under the EU CBRN CoE initiative.

Moldova sets a regional example of best international practices for integration of legislative frameworks for biosafety and biosecurity.

Laboratory personnel are periodically trained in topics related to biosafety and biosecurity. Each sector (human, veterinary and agriculture) performs biosafety and biosecurity training at universities, early-stage laboratories, and periodically according to internal plans. The Nicolae Testemițanu State University of Medicine and Pharmacy has training programmes and curricula for students, residents, doctors and microbiologists.

Periodic audits for labour protection are carried out by specialists (technical engineers, technicians in gas evolution, electricians etc.). SOPs are developed for some specific activities (disinfection of air and surfaces, waste management, etc.). There are periodical internal audits for handling equipment that implies biological risk.

Indicators and scores

P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities) – Score 2

Strengths and best practices

- Normative acts harmonized to EU requirements.
- The National Classification of Biological agents and bio-security levels of laboratories have transposed the relevant EU directives and are classified into four risk groups according to their level of risk of infection.
- Moldova has regulations and guides related to biosafety, handling and transportation of infectious substances.
- Named institutions are tasked with developing normative acts and regulating sanitary/hygienic requirements and work safety.
- Standard operational procedures are in place for handling biological samples, waste inactivation, etc.

Areas that need strengthening and challenges

- A comprehensive national system is required that covers all elements of biosafety and biosecurity.
- There is a need to update relevant national legislation and ensure continuous harmonization with international regulations. This process should include collaboration with relevant international institutions and centres of excellence.
- A national cross-sectoral authority should be created to monitor biosafety and biosecurity issues.
- A National Register of Microbiological Laboratories should be established and maintained.
- Documentation and records for pathogen and toxin storage should be updated and standardized.
- Procedures and regulations should be continuously elaborated, and working practices with biological agents should be frequently tested.
- There is insufficient cooperation among ministries and sectors relevant to the field of biosecurity.
- A shortage of financial resources hampers the preparation of laboratories for international accreditation (according to standard CWA 15793: 2011).
- Mechanisms for monitoring biosafety and biosecurity issues in private laboratories are insufficient.

P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture) – Score 3

Strengths and best practices

- Training programmes are in place at university and postgraduate level, along with internal laboratory training programmes that include biosafety and biosecurity issues in relation to assessed risks.

- National biosafety and biosecurity training modules have been developed and provided under the auspices of EU CBRN projects.

- Continuous biosafety and biosecurity training is available to staff working in facilities handling pathogens and dangerous toxins.

Areas that need strengthening and challenges

- There is a need for national training programmes/modules on biosafety and biosecurity for all relevant institutions.

- Continuous biosafety/biosecurity training of staff is required in all relevant institutions.

- It is necessary to strengthen biosafety and biosecurity components at the national and subnational/institutional levels as part of the coordination and quality management system.

- Emigration of young staff is a problem, and most current working staff are at or near retirement age.

Recommendations for priority actions

- Elaborate and improve the comprehensive national legislative framework for strengthening the biosafety and biosecurity system. Include laboratory licensing and mechanisms for its implementation.

- Establish a National Register of Microbiological Laboratories and a system for managing it.

- Establish a functional national cross-sectoral authority (Biosafety & Biosecurity Committee) to monitor biosafety/biosecurity issues in institutions working with pathogens and dangerous toxins.

IMMUNIZATION

INTRODUCTION

Immunizations are estimated to prevent more than two million deaths a year globally. Immunization is one of the most successful global health interventions and cost-effective ways to save lives and prevent disease. Measles immunization is emphasized because it is widely recognized as a proxy indicator for overall immunization against vaccine preventable diseases. Countries will also identify and target immunization to populations at-risk of other epidemic-prone vaccine preventable diseases of national importance (e.g. cholera, Japanese encephalitis, meningococcal disease, typhoid and yellow fever). Diseases that are transferable from cattle to humans, such as anthrax and rabies, are also included.

Target

A national vaccine delivery system – with nationwide reach, effective distributions, access for marginalized populations, adequate cold chain and ongoing quality control – that is able to respond to new disease threats.

LEVEL OF CAPABILITIES

Moldova is currently implementing its 5th National Immunization Plan (NIP) for 2016-2020. The plan is aligned with the WHO Global Vaccination Action Plan and the European Vaccine Action Plan and includes 13 vaccine-preventable disease antigens: hepatitis B, tuberculosis (Bacille Calmette-Guérin/BCG), diphtheria, tetanus, pertussis, haemophilus influenzae type b (Hib), poliomyelitis, rotavirus, pneumococcal infection, measles, mumps, rubella, and human papillomavirus (HPV). Vaccines included in the NIP are free of cost.

Three vaccines—against rotavirus, pneumococcal infection and HPV—were introduced in the last 10 years (in 2012, 2014 and 2017 respectively), with HPV introduced through GAVI's demonstration programme. Other vaccines, such as hepatitis A, rabies and influenza, are available, following epidemiological indications, within the NIP. The private sector offers additional vaccines for purchase—for instance, against varicella, yellow fever and meningococcal infection. A monitoring system for adverse events following immunization was recently implemented.

Vaccination is mandatory unless there is a contraindication, and is a precondition for school admission (except for HPV, which is indicated for girls from 10 years old). Immunization coverage is one of the performance indicators based on which family doctors receive salary increments.

Measles outbreaks in 2018 in selected population groups have led to catch-up vaccination interventions and have resulted in increased coverage among the affected communities.

Vaccination coverage is monitored monthly and annually through vaccination records. The coverage estimate for the first dose of measles-containing vaccine among one-year-old children was 87.1% in 2017 (versus 87.7% in 2016), while before 2014 it was above 90%. Overall, vaccination coverage for immunizations has gradually decreased for all vaccines except BCG.

Vaccines included in the NIP are covered by the state budget and procured through the UNICEF mechanism following forecasting with help of the Immunization Forecast Tool. All are pre-qualified by WHO. After its introduction with GAVI support, the government purchased HPV doses to ensure vaccination sustainability, but funds are not sufficient to cover boys as well as girls. There have been no vaccine stock-outs in the three years preceding the publication of this report. The cold chain is aligned with effective vaccine management (EVM) recommendations and PQS (performance, quality and safety) equipment is used.

In 2017, a national communication strategy for behavioural change was launched to address vaccine hesitancy and refusal. It is a comprehensive action plan comprising eight different areas. Progress on activities is reported annually. Healthcare workers have recently been trained on interpersonal communication skills to support this effort.

Indicators and scores

P.7.1 Vaccine coverage (measles) as part of national programme – Score 3.

Strengths and best practices

- Vaccination with vaccines included in the NIP is free of charge and access is equitable.
- Immunization is a political priority recently confirmed in parliament. The main goals are eliminating measles and rubella and maintaining polio-free status.
- A national communication strategy addressing vaccine-hesitant population groups has been implemented.
- There is regular monitoring of population perceptions around vaccines and Q&A through social networks.
- Vaccine information coverage with evidence-based materials is provided through partners' official websites.
- A National Immunization Technical Advisory Group (NITAG) is in place for decision-making around vaccine introductions.

Areas that need strengthening and challenges

- Vaccination coverage should be increased for all antigens included in the NIP.
- An electronic information system should be implemented for immunization recording.
- Approaches are needed to reach at-risk communities and reduce vaccine refusal—which, despite implemented efforts, still constitutes a problem.
- Healthcare workers should be trained in detection of rare vaccine-preventable diseases, vaccination contraindications and improved communication skills.
- National immunization coverage is affected by lack of family doctors in some rural areas, and human resource fluctuation throughout the health sector.
- Infectious disease outbreaks in neighbouring countries with low vaccination coverage result in case importation risks.

P.7.2 National vaccine access and delivery – Score 5

Strengths and best practices

- Sustainable government funding is in place for vaccine procurement.
- Moldova enjoys efficient needs forecasting and large storage possibilities at central level. There have been no vaccine stock-outs in recent years.
- WHO pre-qualified vaccines are procured through UNICEF.
- Cold chain equipment compliant with PQS standards is in place at central and intermediate level and during transport.
- Vaccine stocks at peripheral level are confirmed monthly.
- Standard operational procedures are in place for effective vaccine management.

Areas that need strengthening and challenges

- An electronic vaccine inventory system should be implemented for real-time stock monitoring.
- Local equipment should be upgraded according to PQS standards.
- Medical workers should be trained in effective vaccine management.
- Financial resources are needed for cold chain equipment.
- There is a lack of human resources for vaccine management.

Recommendations for priority actions

- Implement communication and advocacy measures to increase vaccination coverage, particularly addressing vaccine-hesitant groups and healthcare workers.
- Finalize and implement the electronic immunizations registry.
- Implement periodic seroprevalence surveys to estimate population immunity, and compare to coverage estimates.
- Allocate sufficient resources to modernize cold chain equipment at local level.

DETECT

NATIONAL LABORATORY SYSTEM

INTRODUCTION

Public health laboratories provide essential services including disease and outbreak detection, emergency response, environmental monitoring and disease surveillance. State and local public health laboratories can serve as a focal point for a national system, through their core functions for human, veterinary and food safety including disease prevention, control and surveillance; integrated data management; reference and specialized testing; laboratory oversight; emergency response; public health research; training and education; and partnerships and communication.

> ### Target
>
> *Surveillance with a national laboratory system, including all relevant sectors, particularly human and animal health, and effective modern point-of-care and laboratory-based diagnostics.*

LEVEL OF CAPABILITIES

Moldova's national public health laboratory system is able to perform diagnostic tests for the 10 priority infectious diseases of national importance. Testing methods are standardized using similar diagnostic procedures, ensuring quality control of investigations, etc. The Republic of Moldova is part of various international networks including but not limited to networks addressing influenza, poliomyelitis, measles/rubella, rotavirus infection and tuberculosis. The EUCAST standard is used to test the antibiotic susceptibility of isolated microorganism strains.

Laboratory functionality is ensured through centralised procurements organised on the basis of the stand-alone public auction, or by the Centre for Centralized Public Procurements in Health (CCPPH). Contracts for the maintenance, verification, calibration and servicing of equipment are concluded annually on the basis of public tenders.

The licensing of microbiological laboratories by the Chamber of Licensing ceased in 2010. There is currently no national authority for licensing the laboratories.

A quality management system (QMS) is in place and maintained in all laboratories of the NPHA network, tuberculosis diagnostic laboratories and NFSA laboratories. National monitoring of internal and external control as an element of QMS is carried out by the National Accreditation Centre (MOLDAC) and the National Council for Accreditation and Attestation (NCAA).

NPHA laboratories send tested samples for confirmation/validation (e.g. measles, rubella, rotavirus infection or isolated strains, influenza, poliomyelitis, etc.). Transport requirements are laid down in the National Guidance on regulations for the Transport of Infectious Substances, and in QMS documents. There are records (referrals, work registers) of strains sent from territorial laboratories to national laboratories for confirmation/identification.

Individual laboratories have quality assurance plans/programmes in line with ISO requirements. The National Council for Assessment and Accreditation uses national standards for accreditation that

were developed on the basis of ISO 17025/15189. National laboratories for the diagnosis of influenza, poliomyelitis, measles/rubella and tuberculosis participate annually in external quality control programmes organised by WHO.

There is a system of sample traceability according to which a unique identification number is assigned to each laboratory. The documents related to this process are the dispatch and release form of the result of the laboratory investigation. Sample traceability in the NFSA laboratory is possible in real time based on electronic systems (LIMS).

Laboratories for testing animal food products participate in the proficiency testing/inter-laboratory comparison exercise (PT/ILC) at international level for every accreditation indicator in an accreditation cycle, and annually at national level.

In case of suspected anthrax, rabies, etc., the exchange of data between laboratories, epidemiologists, veterinarians and the NPHA and NFSA multidisciplinary rapid response team is initiated immediately in order to start organizing response measures.

Within the Veterinary Service, the transportation of the samples is carried out according to NFSA Order No 411 of 2 September 2009 Guidelines on Sampling, Primary Processing, Packaging and Transport Methodology of Samples Intended for Laboratory Examinations in the Field of Animal Health.

Indicators and scores

D.1.1 Laboratory testing for detection of priority diseases – Score 4

Strengths and best practices
- There is an optimized laboratory system with clearly defined roles and responsibilities for all laboratories at all levels of the network.
- Diagnostic algorithms are in place for pathogens including HIV, influenza, measles/rubella, poliomyelitis, tuberculosis, etc. Standardized methods are in place for testing and determining susceptibility (WHO, EUCAST).
- Moldova has a system of centralized acquisition, with a legal framework for public procurement at state level (Law No. 131/2015, GD nr. 1128/2016).
- There is a reference laboratory for antimicrobial resistance in the national epidemiological surveillance system.
- External quality programmes are available for national and subnational laboratories. National Reference laboratories have access to international EQA programmes.

Areas that need strengthening and challenges
- Tests and test algorithms are needed at each level of the laboratory network.
- A sustainable, cost-efficient, adequate, competitive funding mechanism is required to develop laboratory infrastructure. Investment should be attracted through projects, grants and other sources, in order to ensure continuous strengthening and technological development of laboratories.
- Laboratory diagnostic capacity should be strengthened to address emerging infectious diseases (such as West Nile Virus and Q fever).
- Whole genomic sequencing is needed for detection of AMR genes and identification and traceability of foodborne pathogens.
- Insufficient funding hampers servicing, maintenance, repair and procurement of supplies.
- Retention and motivation of laboratory staff presents problems. In the context of a general lack of human resources for the sector, there is a lack of staff qualified to service high-performance equipment (e.g. equipment for enzyme-linked immunosorbent assay/ELISA and polymerase chain reaction/PCR testing).
- There is no performance-based payroll system.

- The procurement system should be strengthened by simplifying procurement procedures and training competent staff.

D.1.2 Specimen referral and transport system – Score 3

NB A system is in place to transport specimens to national laboratories for advanced diagnostics from 50–80% of intermediate levels/districts within the country. A score of 4 could be achieved with an increase in the proportion of samples transported, perhaps through the procurement and use of more modern sample transport vehicles.

Strengths and best practices

- A methodology for sampling and transporting laboratory samples is in place, with established transportation requirements, responsibilities, and accompanying documentation. A sample traceability system is in place.
- National laboratories are part of regional networks for diagnosis of influenza, polio, measles/rubella and tuberculosis.
- Samples are transported by car or using services provided by post offices and couriers, including in public health emergencies.
- The LIMS sample transportation monitoring system is in place in all NFSA subdivisions, including laboratories.

Areas that need strengthening and challenges

- Guidelines on regulations for the transportation of infectious substances, drawn up in 2018, should be approved and implemented.
- Unified SOPs on the transportation of infectious substances, which have been developed with WHO support, should be approved.
- Increased financial resources are required to strengthen capacity for the safe transportation of laboratory samples, and to enable sampling and proper transportation of infectious and pathological materials to laboratories.
- Laboratories should be supplied with modern transport units that enable maximally efficient transportation of samples.
- A cost-effective, safe, and efficient system should be created for collection, transportation and storage of samples.

D.1.3 Effective national diagnostic network – Score 4

Strengths and best practices

- Moldova has documented and fully implemented tier-specific diagnostic testing strategies, and a national system of sample referral and confirmatory diagnostics that culminates in performance of molecular or serological techniques at national and/or regional laboratories.
- Point-of-care/farm-based diagnostics are being used according to tier-specific diagnostic testing strategies for diagnosis of country priority diseases.
- An updated list of tests and test algorithms is available at national and territorial level.
- Specialized services are provided by national laboratories (complex molecular and serological testing of HIV, salmonella, tuberculosis, influenza and anthrax).
- Acquisition is centralized and done according to planned needs.
- There is easy, fast, and equitable access to qualitative laboratory services (HIV, tuberculosis, etc.).
- National public health laboratories participate in the regional surveillance network (measles/rubella, polio, rotavirus infection etc.).
- National Reference Laboratories (for influenza, TB, etc.) are accredited by international bodies.
- External quality control programmes are in place.

DETECT

Areas that need strengthening and challenges

- National laboratory legislation should be harmonized with international (EU) legislation.
- A national multi-sectoral One Health strategy is required for all laboratory services responsible for human and animal health.
- Access to laboratory services should be improved at the medical centres that provide care 24/7.
- Laboratory results from public, academic and private laboratories should be fed into the national surveillance system.
- Secure digital information systems are needed for sending results in real-time, exchanging laboratory information, and exchanging data between laboratories and authorities.
- There is a need for a coordinating board to oversee implementation of national policies for laboratories.
- There is no single legal framework covering all public and private laboratories.

D.1.4 Laboratory quality system – Score 3

Strengths and best practices

- A quality management system is in place.
- Centres and laboratories have been appointed to organize PT/ILC at national level.
- There are laboratories accredited by the National Assessment and Accreditation Council in Health (CNEAS), MOLDAC (ISO17025) and the Romanian Accreditation Association (RENAR) (ISO17025 and ISO 15189).
- WHO-accredited national laboratories are in place for influenza, poliomyelitis and rubella/measles.
- External quality assurance (QA) programmes are in place at national level.
- The Moldovan Medicines and Medical Devices Agency is the competent authority for drugs, medical devices, and pharmaceuticals.

Areas that need strengthening and challenges

- The laboratory licensing system is only voluntary. Licensing of laboratories remains problematic, and financing is a perennial issue that prevents Moldova from taking part in international competence tests.
- There is a need to strengthen the capacity of the centres/laboratories engaged in competence tests for ISO 17043 accreditation.
- Laboratories should be accredited to the requirements of ISO 15189 and ISO 17025.
- There is a need for an improved training system for qualified quality management specialists.
- There is a lack of human resources, exacerbated by high turnover, for maintenance of equipment, and a lack of financial resources for lab reagents and kits. There is also a lack of competent specialized laboratory managers.
- The increased cost of accreditation procedures and participation in proficiency testing is a problem.
- There is no record of participation in the External Quality Assurance (EQA) of all state and private laboratories.
- There has been no licensing of microbiological laboratories since 2010.

Recommendations for priority actions

- Ensure preparation of medical laboratories for accreditation by MOLDAC in accordance with the requirements of ISO 15189.
- Harmonize the legal framework for laboratory diagnosis with international laws.
- Designate pathogen-specific reference laboratories.
- Strengthen interministerial and inter-laboratory partnerships through collaborative activities including external quality control and networking.

DETECT

SURVEILLANCE

INTRODUCTION

The purpose of real-time surveillance is to advance the safety, security and resilience of the nation by leading an integrated surveillance effort that facilitates early warning and situational awareness of all IHR hazard-related events.

> ### Target
>
> *(1) Strengthened foundational indicator- and event-based surveillance that are able to detect events of significance for public health and health security; (2) improved communication and collaboration across sectors and between sub-national (local and intermediate), national and international levels of authority regarding surveillance of events of public health significance; and (3) improved national and intermediate level regional capacity to analyse and link data from and between, strengthened, early-warning surveillance, including interoperable, interconnected electronic tools. This would include epidemiologic, clinical, laboratory, environmental testing, product safety and quality and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with the IHR and OIE guidelines.*

LEVEL OF CAPABILITIES

The Republic of Moldova has implemented a national surveillance system for detection and control of public health threats and monitoring of national prevention and control programmes. A comprehensive legislative and regulatory framework, aligned with European Union requirements, supports the surveillance system. The framework includes protocols for clinical case management and guidelines for specific disease surveillance.

Indicator-based surveillance relies on routine reporting of all cases for 72 diseases and three specific health issues (nosocomial infections, antimicrobial resistance and adverse events following immunisation), using standard case definitions. Surveillance of rotavirus infections, bloody and watery diarrhoea, influenza (influenza-like illness/ILI; acute respiratory illness/ARI; and severe acute respiratory illness/SARI) and pneumonia in children under five years of age is conducted in sentinel sites during seasons of increased risk of transmission. A 2007 prioritisation exercise highlighted 30 priority diseases and specific health issues for surveillance. Specific surveillance systems have been implemented for TB, HIV/AIDS and sexually transmitted infections (STIs), and include the monitoring of treatment.

Basic capacity for case confirmation is in place, with referral mechanisms to the national surveillance laboratory for further analysis, typing and sequencing.

A comprehensive electronic surveillance tool (SAE) was implemented using World Bank funding. The system covered reporting and analysis of data for all diseases at all levels, and included a data exchange mechanism across sectors (food safety, animal health and public health). However, sustaining funding and maintenance of the system proved difficult, and resulted in the interruption of the system in recent years.

Event-based surveillance complements indicator-based surveillance through a mechanism to detect and report public health events of concern. A centre for the management of public health emergencies, staffed with eight specialists, conducts epidemic intelligence activities at national level and coordinates risk assessment of emerging threats.

DETECT

Primary medical care and emergency care institutions are responsible for detecting public health events and priority disease cases and implementing preliminary control measures. Such cases and events are reported to intermediate level institutions (medical care facilities, public health institutions and laboratories) to confirm the status of cases, provide risk assessments, and report to the national level as per the appropriate protocols.

Quality management of the surveillance system is well established for laboratory capacity to confirm cases, but more limited regarding data management and completeness and timeliness of information. The sensitivity of surveillance is not evaluated throughout the system, even though some specific surveillance capacities (e.g. for measles) are currently undergoing such evaluation. As an illustration, West Nile virus (WNV) infections have not been reported in the Republic of Moldova in the past even though high transmission of WNV infections is currently reported in regions of Romania bordering Moldova. This suggests possible under-detection of cases.

Some cross-border surveillance mechanisms have been established in recent years through direct links between IHR NFPs in the region, INFOSAN, and the inclusion of Moldova in regional surveillance networks (in particular the ECDC EPIS platforms for food- and water-borne pathogens and travel-associated Legionnaires' disease, and WHO FluNet).

Indicators and scores

D.2.1 Surveillance systems – Score 4

Strengths and best practices
- A comprehensive surveillance system is operational in Moldova. It includes indicator- and event-based surveillance and is based on a solid regulatory foundation.
- Lists of notifiable priority diseases and case definitions based on EU and WHO requirements have been approved at national level.
- Public health laboratories are integrated into the surveillance system and ensure detection and confirmation of cases/outbreaks of communicable diseases and other threats.
- Regular reports and feedback are produced, including for the public, and disseminated through regional and national websites.

Areas that need strengthening and challenges
- The management of surveillance data quality remains limited to the laboratory component of surveillance.
- Case definitions for surveillance need to be updated.
- The list of diseases and specific conditions under surveillance needs to be further prioritised, potentially resulting in the removal of some diseases in order to decrease the burden of reporting.
- The integration of parallel surveillance systems for HIV, STI and TB into the overall surveillance system should be actively considered.

D.2.2 Use of electronic tools – Score 2

Strengths and best practices
- A comprehensive electronic surveillance tool covering all priority diseases, at all levels and across sectors, has been developed with World Bank funding, and has been successfully used.
- Guidelines for users of the Electronic Surveillance System have been developed and disseminated at all levels of the health system.
- A postgraduate electronic surveillance training module has been set up and training has been provided for professionals (clinicians, laboratory specialists, epidemiologists).

Areas that need strengthening and challenges

- Operation of the electronic surveillance tool could not be sustained because local funding sources were not identified to ensure basic maintenance of the system once external funding was no longer available.

D.2.3 Analysis of surveillance data – Score 4

Strengths and best practices

- The surveillance system produces regular weekly, monthly and annual reports including descriptive analyses and trend monitoring.
- Routine reports cover some determinant indicators (e.g. vaccination coverage) and risk factors (e.g. for TB, HIV and hepatitis B and C).
- Mechanisms are in place to link clinical, laboratory and epidemiological data related to communicable diseases.
- Risk assessment is coordinated by the Centre for the Management of Public Health Emergencies.

Areas that need strengthening and challenges

- Capacity for surveillance data analysis is currently limited.
- Risk assessments are conducted in response to detection of cases or events (i.e. reactively). Proactive assessments, when a risk is identified without cases having been reported (e.g. for West Nile virus infections), are less common.

Recommendations for priority actions

- Strengthen electronic reporting by re-establishing the SAE tool, further integrating it with parallel surveillance reporting tools, and ensuring its sustained funding and maintenance.

- Further prioritize communicable diseases covered by the surveillance system. Revise case definitions and develop guidelines and SOPs for surveillance in the context of reorganization of the Public Health Agency.

- Establish training modules for surveillance staff at all levels, covering in particular the analysis of surveillance data based on epidemiological data analysis methods, including for detecting public health events.

REPORTING

INTRODUCTION

Health threats at the human–animal–ecosystem interface have increased over the past decades, as pathogens continue to evolve and adapt to new hosts and environments, imposing a burden on human and animal health systems. Collaborative multidisciplinary reporting on the health of humans, animals and ecosystems reduces the risk of diseases at the interfaces between them. The national IHR focal points, the OIE delegate, and WAHIS national focal point should have access to a toolkit of best practices, model procedures, reporting templates, and training materials to facilitate rapid (within 24 hours) notification of events that may constitute a public health emergency of international concern (PHEIC) to WHO and listed diseases to OIE, and will be able to rapidly (within 24/48 hours) respond to communications from these organizations.

> ### Target
>
> *Timely and accurate disease reporting according to WHO requirements and consistent reporting to/information of FAO and OIE.*

LEVEL OF CAPABILITIES

The Law on State Surveillance of Public Health designates the MoHLSP as the central public authority in charge of notifying WHO on the implementation of the IHR (2005). The Ministry coordinates the development, implementation and monitoring of standards for identification, information, confirmation, and notification, and organizes response measures in case of public health events subject to reporting under the aforementioned Law.

In 2009, the MoHLSP (through Order No 268/2009) designated the National Scientific-Practical Centre of Preventive Medicine (now under the NPHA) as the NFP for notifying WHO, and approved a Regulation addressing activity and mechanisms for notifying WHO within 24 hours.

The NFSA is the responsible national authority and contact point for the OIE (under GD No 600/2018).

Key strengths include a solid legal framework, the clear identification of contact points and competent authorities, and well-adopted international standards for reporting. Areas that need strengthening include awareness and implementation of the IHR (2005) across different sectors, and a lack of enhanced cooperation with neighbouring countries.

Systems and processes for timely reporting are exercised, but not frequently enough. There is a need to harmonize internal national procedures and ensure better cooperation between the different institutions, through establishing data exchange mechanisms and strengthening multisectoral cooperation.

Development of SOPs with minimum reporting requirements is a key challenge.

Indicators and scores

D.3.1 System for efficient reporting to FAO, OIE and WHO – Score 4

Strengths and best practices

- A functional IHR NFP and a Focal Point for OIE are both in place.
- Collaboration with national authorities forms part of early alert systems for (a) communicable diseases and public health events, and (b) food and feed.

- Reporting and consultation mechanisms with WHO, OIE and the Food and Agriculture Organization of the United Nations (FAO) are tested and exercised in practice by the relevant sectors.
- Legal provisions addressing hazards and events are reported by national authorities to the NFP, and hazards and related information are reported by the NFPs to WHO, OIE and FAO.
- Moldova is integrated into regional surveillance networks.
- There is daily, weekly and emergency reporting to interested stakeholders by mail and phone, or through extraordinary meetings called by the NFP.

Areas that need strengthening and challenges

- There is a need to strengthen direct communication with focal points on public health emergencies in neighbouring countries.
- Specific training programmes for NFP specialists are currently limited and should be adjusted.
- Event evaluations in accordance with IHR Annex 2 should be more thoroughly tested and exercised across both the health and non-health sectors.
- Workforce emigration is a problem.
- Measures to protect information confidentiality should be strengthened.

D.3.2 Reporting network and protocols in country – Score 3

Strengths and best practices

- The legal framework clearly stipulates mechanisms for reporting to international organizations.
- Procedures are in place for the authorities/organizations responsible for monitoring and reporting of public health threats/emergencies to NPHA.
- WHO notification decisions are based on IHR Annex 2.
- Standard operating procedures are in place for communication and consultation with the WHO Regional Office for Europe in case of risk or triggering of a public health emergency, in line with international standards.
- Mechanisms are in place for early detection, notification and response to prevent cross-border transmission of public health hazards (in collaboration with the customs service and the border police).

Areas that need strengthening and challenges

- There is a need to operationalize data exchange mechanisms with and between the authorities/ organizations involved in responding to public health emergencies.
- Standard operating procedures and minimum reporting standards for data collection, analysis and reporting should be synchronised and updated.
- Internal national procedures should be harmonized.

Recommendations for priority actions

- Establish data exchange mechanisms between ministries and agencies involved in public health response, with SOPs on minimum reporting requirements for collection, analysis and reporting of information.
- Establish multisectoral mechanism for evaluating procedures and reporting to WHO, OIE and FAO, and hold regular (quarterly) meetings.
- Establish direct communication with focal points in neighbouring countries.
- Conduct more frequent simulation exercises on timely reporting to WHO and OIE.

DETECT

HUMAN RESOURCES

INTRODUCTION

Human resources are important in order to develop a sustainable public health system over time by developing and maintaining a highly qualified public health workforce with appropriate technical training, scientific skills and subject matter expertise. Human resources includes nurses and midwives, physicians, public health and environmental specialists, social scientists, communication, occupational health, laboratory scientists/technicians, biostatisticians, IT specialists and biomedical technicians and a corresponding workforce in the animal sector: veterinarians, animal health professionals, para-veterinarians, epidemiologists, IT specialists etc.

The recommended density of doctors, nurses and midwives per 1,000 populations for operational routine services is 4.45 plus 30% surge capacity. The optimal target for surveillance is one trained (field) epidemiologist (or equivalent) per 200,000 populations who can systematically cooperate to meet relevant IHR and PVS core competencies. One trained epidemiologist is needed per rapid response team.

> ### Target
> *States Parties with skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005).*

LEVEL OF CAPABILITIES

With 36.7 doctors and 69.2 health staff with secondary education per 10,000 inhabitants, in quantitative terms public healthcare staff coverage in Moldova is close to the average for the WHO European region (33.3 and 76.5 respectively). Human resources are not, however, equally distributed, and rural areas are underserved (with as low as 2.1 doctors per 10,000 inhabitants).

Emigration of Moldovan medical doctors, whose qualifications are accepted in the European Union, is a challenge, and applications for the paperwork required to do this are increasing. Incentives for doctors and nurses serving in rural areas were introduced in 2007 and raised in 2017 in an attempt to address this situation; the scheme is more successful in retaining nurses.

There are about 1,300 animal health workers in Moldova, roughly 600 of whom are trained veterinarians. This is sufficient to cover current needs.

Healthcare staff are present at all three administrative levels (central, regional and peripheral). Laboratory staff, epidemiologists, IT specialists, sociologists, veterinarians and food safety professionals are present at regional and central level.

At central level, an interministerial working group supervises and implements national activities. Recent national public health and food safety reforms have led to important changes in the health, food safety and animal health sectors, and the eventual framework and strategies still have to be finalised and implemented.

A human resources development strategy is part of the 2016 Health Care System Strategy which, among other things, strives to ensure sustainable staff funding and improve staff retention. Career tracks targeted by this are those for family doctors, pharmacists, nurses, epidemiologists and hygienists. Implementation

DETECT

of this strategy is monitored and reported annually. It does not include provisions for occupational safety, but these are covered in other legal and regulatory acts (e.g. vaccination of healthcare staff against viral hepatitis B). Aspects pertaining to workforce strategy for the animal health sector are included in the Food Safety Strategy 2018-2022.

A continuing professional education (CPE) programme for doctors and pharmacists is implemented by the state university (the Continuing Medical Education Department of the Nicolae Testemitanu State University for Medicine and Pharmacy) and the Public Health Management School. Trainings on outbreak preparedness and response are targeted at a range of professionals including doctors, epidemiologists, hygienists, microbiologists, virologists, bacteriologists, parasitologists, nurses and laboratory assistants. The NPHA is also involved in the CPE of health staff, and the training of managers and professionals is carried out at the Public Health Management School. Thematic workshops and trainings are organized regularly at national and regional levels, including with the support of international partners. Annual exercises or simulations to prepare for and respond to exceptional situations and public health emergencies are conducted annually in 5-7 districts.

Training of Veterinary Health Specialists takes place at the Agrarian University of Moldova, the College of Animal Husbandry, and Bratuseni Veterinary Medicine. Continuous professional education for animal health and food safety is ensured with help of diverse international partners working collaboratively with the government.

Between 2014 and 2018, Moldova benefitted from the Mediterranean Programme for Intervention Epidemiology Training (MediPIET). Two trainees undertook this fellowship programme, and two supervisors and 15 additional specialists also partially benefitted from the programme.

Indicators and scores

D.4.1 An up-to-date multi-sectoral workforce strategy is in place – Score 3

Strengths and best practices
- Moldova has a Human Resources Development Strategy for the Health System for 2016-2025, with supporting documents approved by the government.
- Relevant stakeholders are committed to annual reporting on implementation and evaluation of this strategy.
- A public health staff register is maintained and includes demographic data and staff specialisations.
- The 2018-2022 food safety strategy establishes strategic actions including staffing, professional development and staff training.

Areas that need strengthening and challenges
- There is a need to revise, update and implement the Human Resources Development Strategy to account for recent healthcare sector reform and contemporary challenges (staff migration, budget limitations).
- The regulatory framework for the veterinary health and food safety component of human resources development should be implemented.
- Financial resources for implementing the strategy are limited.

D.4.2 Human resources are available to effectively implement IHR – Score 3

Strengths and best practices
- Skilled and experienced human resources required by the public and animal health systems are generally present at the levels required to implement IHR core capacities.
- NPHA medical staff needs are satisfied to approximately 70%.

- Incentive schemes to attract and motivate public health professionals to practice in rural areas are in place and were strengthened in 2017.

Areas that need strengthening and challenges

- Retention of qualified staff is a major challenge, especially in rural environments.
- The draft law on veterinary practice has been approved but not enacted and implemented.
- Remuneration of NPHA and NFSA staff at all levels should be increased.

D.4.3. In-service trainings are available – Score 2

Strengths and best practices

- Continued professional education (CPE) is in place for public and animal health staff.
- Moldova has a range of postgraduate training programmes.
- Public health management school curricula for managers and professionals include modules on surveillance and outbreak investigation and preparedness for and management of public health risks and emergencies.

Areas that need strengthening and challenges

- Training of public health specialists and veterinarians is not aligned with that of the EU.
- There is a need for regular, integrated, multisectoral CPE on the One Health approach.
- A lack of financial resources hampers efforts in this area.

D.4.4 FETP or other applied epidemiology training programme in place – Score 3

Strengths and best practices

- Intervention epidemiology is taught during medical studies and there is a regular CPE module.
- The MediPIET (Mediterranean programme of intervention epidemiology training) has benefited Moldova in the past.
- Postgraduate studies are offered in specialist areas, and there are research opportunities within international projects.

Areas that need strengthening and challenges

- The future of MediPIET is uncertain.
- Training is not aligned with EU programmes.

Recommendations for priority actions

- Revise the Human Resources Development Strategy, including incentives for staff motivation and retention, taking account of changes resulting from recent health sector reforms.

- Enact and implement law on veterinary practice.

- Develop a One Health integrated training programme for public health including epidemiologists and animal health and food safety specialists.

- Align training of public health specialists and veterinarians to EU schedules and standards.

DETECT

RESPOND

EMERGENCY PREPAREDNESS

INTRODUCTION

Emergency preparedness is defined as "the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging or current emergencies." A state of preparedness is the combination of planning, allocation of resources, training, exercising, and organizing to build, sustain, and improve operational capabilities at national, intermediate and local or primary response level based on strategic risk assessments. A strategic risk assessment identifies, analyses and evaluates the range of risks in a country and enables risks to be assigned a level of priority. Strategic risk assessments include analyses of potential hazards, exposures and vulnerabilities, identification and mapping of available resources, and analyses of capacities (routine and surge) at the national, intermediate and local or primary levels to manage the risks of outbreaks and other emergencies. Emergency preparedness applies to any hazard that may cause an emergency, including relevant biological, chemical, radiological and nuclear hazards, natural hazards, other technological hazards and societal hazards.

> **Target**
>
> *(1) Existence of national strategic multi-hazard emergency risk assessments, risk profiles, and resource mapping (2) Existence of multi-hazard emergency response plans, (3) Evidence, from after action and other reviews, of effective and efficient multisectoral emergency response operations for outbreaks and other public health emergencies.*

LEVEL OF CAPABILITIES

The civil protection mechanism in the Republic of Moldova incorporates governing organizations; the role of the National Laboratory Observation and Control Network (NLOCN) in responding to environmental pollution with radioactive, poisonous, highly toxic and biological agents; the means of mitigating the effects of exceptional situations; the training system for civil protection; and an alert system.

The territorial organization of the civil protection mechanism is structured in a clear hierarchical way, from Prime Ministerial level down to local authorities and city mayors. It involves numerous stakeholders, including public administration authorities, educational institutions, the Republican Training Centre, and the Technical University of Moldova. In the area of civil protection, responsible authorities cooperate with many international partners, such as the Academy of Civil Protection under the Ministry of Emergency Situations of the Russian Federation and the Alexandru Ioan Cuza Police Academy of Romania.

Training for the civil protection mechanism covers a large segment of the Moldovan population.

Over the past five years, Moldova has developed a comprehensive risk assessment resulting in the elaboration of a country profile addressing all CBRN threats. In addition, Moldova has developed a guide to disaster risk assessment for districts, and multisectoral preparedness plans for interventions in exceptional situations. National stock summaries and health emergency resource maps are available and have been updated over the past five years.

Indicators and scores

R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped – Score 2

Strengths and best practices

- Over the past five years, Moldova has developed a comprehensive risk assessment resulting in the elaboration of a country profile addressing all CBRN threats.

- In addition, Moldova has developed a guide to disaster risk assessment for districts, and multisectoral preparedness plans for interventions in exceptional situations.

- National stock summaries and health emergency resource maps are available and have been updated over the past five years.

Areas that need strengthening and challenges

- Risk assessment and resource maps are not currently available in electronic format.

- Stock summaries and health emergency resource maps are not currently available in electronic format.

- There is currently no plan for managing and distributing stockpiles.

R.1.2 National multisectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested – Score 2

Strengths and best practices

- A well-organised civil protection system is in place, with comprehensive legislation and clear, defined roles and responsibilities.

- Preparedness multi-hazard plans are in place and amended annually at national, district and city levels, as well as in institutions with more than 50 employees.

- Plans are regularly tested across sectors and levels.

Areas that need strengthening and challenges

- There is a need to reinforce emergency preparedness training and motivation for leaders and members of public entities.

Recommendations for priority actions

- Adopt a methodology and standard operating procedures for risk assessment.

- Establish a common, easily accessible, user friendly electronic platform for accessing national risk assessment and mapping studies.

- Further develop and improve capacities in civil protection mechanisms through a training and exercise programme.

EMERGENCY RESPONSE OPERATIONS

INTRODUCTION

A public health emergency operations centre is a central location for coordinating operational information and resources for strategic management of public health emergencies and emergency exercises. Emergency operations centres provide communication and information tools and services, and a management system during a response to an emergency or emergency exercise. They also provide other essential functions to support decision-making and implementation, coordination and collaboration.

> **Target**
>
> *Countries will have a coordination mechanism, incident management systems, exercise management programmes and public health emergency operation centre (EOC) functioning according to minimum common standards; maintaining trained, functioning, multisectoral rapid response teams, and trained EOC staff capable of activating a coordinated emergency response within 120 minutes of the identification of an emergency.*

LEVEL OF CAPABILITIES

Government-level responsibility for public health emergency preparedness and response is shared between several authorities, including civil protection and public health.

Public health emergency preparedness and response is structured across three levels—local, intermediary and national—and involves Public Health Centres, emergency care and hospital care in cooperation with local and central public authorities. The multi-sectoral Extraordinary Public Health Committee (at national and rayon level) ensures an integrated approach, applying prevention and management measures, multi-sectoral mobilization and coordination of responses to public health threats and emergencies. The Committee is headed by the Prime Minister and is the only body that can establish or remove public health emergency status. The NPHA represents the Secretariat of the National Extraordinary Public Health Committee. The Director of the Public Health Centre (NPHA Territorial Department) is responsible for coordinating the medical response in exceptional situations and public health emergencies, and acts as secretary of the territorial Extraordinary Public Health committee.

At local level, parallel committees meet when a limited territory is affected, or in order to fulfil the decision of the national committee.

In exceptional situations generated by natural disasters, large-scale accidents, fires, epidemics, epizootics etc., the multi-sectoral Commission for Emergency Situations (national and rayon level) is responsible for implementing preventive measures, verifying emergency preparedness and managing the situation. Within the General Inspectorate for Emergency Situations, a National Command Centre is responsible for coordinating exceptional situations, managing information, communicating, notifying and providing public information.

According to IHR (2005) provisions, in 2009 the MoHLSP designated the NPHA as National Focal Point for IHR (IHR NFP). The NPHA Department of Public Health Emergency Management acts as national health emergency operations centre (EOC) available 24 hours per day, 7 days per week. Regulations and mechanisms for activating the EOC were approved at national level.

Simulation exercises are carried out periodically to test the capacity of the system and its decision-making processes and operational performance.

RESPOND

Indicators and scores

R.2.1 Emergency Response Coordination – Score 3

Strengths and best practices

- There is a well-defined legal framework for coordinating emergency response.
- A multisectoral committee is in place for complex situations, and has executive authority.
- Emergency response coordination is performed at national and local level.
- Training of managers in the Public Health Management School includes a training module on public health risks and emergency management.
- The Republican Training Centre, under the General Inspectorate for Emergency Situations (IGSE), organizes lessons on the foundations of civilian emergency preparedness planning.
- The IHR NFP is available 24/7.
- The MoHLSP and the NPHA assess risk in the case of any alerts or events and propose an alert level; after review, the Committee decides whether to institute an alert or not.
- Only the Committee has the right to declare or end a state of emergency in public health.
- The legal framework approves the list of events notified under the early warning and rapid alert system.

Areas that need strengthening and challenges

- Resource capabilities should be enhanced by organizing tabletop and simulation exercises.
- There is a need for multisectoral training through operational coordination exercises.
- There is a need for SOPs on emergency communication on a common channel.
- The composition of the committee (ministers, directors) is often changed.
- Limited human resources hamper efforts across sectors.

R.2.2 Emergency Operations Centre Capacities, Procedures and Plans – Score 3

Strengths and best practices

- When activated, NPHA's Operational Guidance Centre (EOC) maintains the link between different structures and levels of the health system involved in emergency management, constantly assesses the situation, and informs the committee, which in turn mobilizes the necessary structures. Activation can be done in several hours by order of the NPHA director. In 2018, the EOC was activated to manage the situation related to measles outbreaks.
- Since 2009 the EOC has operated within the Department of Public Health Emergency Management (DPHEM), with eight functional units. It can detect, monitor and analyze risks as well as generate information to justify response measures.
- Different specialists are mobilized in case of emergencies.
- The EOC operates on the basis of regulations approved by the NPHA Director.
- The EOC has internet, email, phone, and fax connections, with clear notification and receipt procedures.
- Staff training is carried out periodically.
- Standardized forms are used to collect and generate information.
- The EOC is closely connected to all relevant structures through well-established channels of information and communication.

Areas that need strengthening and challenges

- Standard operating procedures are required for the EOC.

- Exercises should be conducted to test national activation of the EOC, and relationships with sub-national authorities should organized and subjected to SOPs.

- The EOC is unable to convene participants from ministries and agencies from all relevant sectors, and other national and multinational partners, as this role belongs to the Extraordinary Public Health Committee.

R.2.3 Emergency Exercise Management Programme – Score 2

Strengths and best practices

- There is strong collaboration with international institutions/organizations, including the Norwegian Public Health Institute, and a series of joint exercises was run in 2016.

- Exercises were structured using similar modules (public health event, anthroponosis and zoonosis), performed at different levels (central and local), and combined with field visits.

- Fictitious scenarios focused on events (e.g. outbreaks of infectious disease) to identify gaps and areas in which to improve detection, evaluation, alert and response. Exercises were designed to introduce specific challenges associated with different phases in a multisectoral public health event.

- Multi-sectoral participation is established.

- The basic functions of the IHR NFP have been tested in real public health emergencies of international concern (e.g. Ebola 2014; microcephaly clusters and other neurological disorders 2016). In 2017, the NPHA, NFSA, border police and others conducted a joint simulation exercise.

- In 2018, applying the risk assessment methodology, the Extraordinary Public Health Commission declared the orange code for public health emergencies as a result of the measles outbreak.

Areas that need strengthening and challenges

- A field epidemiology training programme (FETP) should be established for capacity building.

- More active multisectoral collaboration is required.

- Collaboration with the Norwegian Institute should be continued.

- New partners should be identified, including for organizing exercises with neighbouring countries.

- Resources for organizing exercises are limited.

- There is high staff turnover in the public health emergency management department.

Recommendations for priority actions

- Implement a training programme for capacity building, supported by multisectoral exercises based on public health emergencies and exceptional situations.

- Elaborate and improve standard operational procedures for the emergency operations centre (EOC).

- Implement regular testing of emergency response operations, at least every two years.

LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

INTRODUCTION

Public health emergencies pose special challenges for law enforcement, whether the threat is manmade or naturally occurring. In a public health emergency, law enforcement will need to quickly coordinate its response with public health and medical officials.

> ### Target
>
> *Country conducts a rapid, multisectoral response for any event of suspected or confirmed deliberate origin, including the capacity to link public health and law enforcement, and to provide timely international assistance.*

LEVEL OF CAPABILITIES

The national legislative framework lays out the respective responsibilities of national authorities in organizing and implementing complex response and control measures in case of public health emergencies. It also stipulates the mechanism and standard procedures for handling information, consultation, cooperation and enforcement of response measures in case of danger or a public health emergency.

The system of early warning and rapid response for public health events covers exchange of information concerning cases of certain diseases/syndromes and particular public health events (e.g. chemical, biological and/or radiological events).

Specific collaboration agreements have been approved at national level between different authorities. These include:

- A cooperation agreement between the MoIA and MoHLSP regarding intervention in road accidents
- Collaboration agreements between the MoHLSP and the NFSA
- Regulation of data exchange within the SAE and SITA automated electronic systems
- Standard operating procedures for preventing trans-border transmission of public health hazards, approved between the Border Police Department, the Customs Service, the Institute of Emergency Medicine and the NPHA

Key strengths include a well-defined legal framework for coordinating the emergency response and an established framework for a multisectoral committee for managing extraordinary situations that includes representation from 17 authorities, including the MoIA, MoHLSP, NPHA, NFSA, and other institutions. The committee has the sole right to declare or cancel a state of emergency in public health.

The legal framework also approves the list of events that must be reported under the Early Warning and Rapid Alert System. These include biological, chemical and radiological incidents.

Joint trainings (e.g. antiterrorist exercises in 2012 and 2013 and CBRN exercises in 2011 and 2017) have been conducted at intermediate and national levels, including for public health and security authorities and other national partners.

Some areas need strengthening. For example, there is a need for multisectoral training in operational coordination exercises, and SOPs for emergency communication on a common channel need to be implemented. In addition, a limited pool of human resources hampers efforts in all relevant sectors.

Indicators and scores

R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event – Score 3

Strengths and best practices

- There is a well-defined legal framework for coordinating emergency responses.

- A multisectoral committee is in place for complex situations, and has executive authority. Standard mechanisms and procedures for informing, consulting, cooperating and implementing response measures are well-defined.

- Collaboration agreements between different authorities have been approved at national level.

- Emergency response coordination is performed at national and local level.

- Training of managers in the Public Health Management School includes a training module on Public Health Risks and Emergency Management

- The Republican Training Centre organizes lessons on the foundations of civilian emergency preparedness planning.

- The IHR NFP is available 24/7.

- The MOHLSP and the NPHA assess risk in the case of any alerts or events and propose an alert level; after review, the committee decides whether to institute an alert or not.

- Only the committee has the right to declare or end a state of emergency in public health.

- The legal framework approves the list of events notified under the early warning and rapid alert system.

- The legal framework is in place for adherence to the Biological and Toxin Weapons Convention (BTWC) and prevention and management of public health emergencies including bioterrorism.

- Joint trainings and exercises are conducted for national authorities responsible for public health event management, CBRN hazards and deliberate events.

Areas that need strengthening and challenges

- Resource capabilities should be enhanced by organizing tabletop and simulation exercises. There is a need for multisectoral training in operational coordination exercises.

- There is a need to develop SOPs for joint investigation/risk assessment of public health events/ emergencies, including suspected deliberate events.

- There is a need for SOPs on emergency communication on a common channel.

- The composition of the committee (ministers, directors) is often changed due to the high turnover of personnel caused by political instability.

- Limited human resources hamper efforts across sectors.

- Regular joint training should be conducted to institutionalize knowledge and practices related to CBRN threats.

- Bilateral information sharing related to public health events should be improved.

- There are limited training programmes/modules for personnel outside the health system.

Recommendations for priority actions

- Review existing agreements between the health sector and security services, and develop SOPs for joint investigation of, and responses to, public health events.

- Conduct regular joint, cross-sectoral trainings and exercises with all stakeholders involved in response to public health emergencies.

- Develop a mechanism for public health and security authorities to exchange information on events of joint concern at national, intermediate and local levels, using formal links or protocols.

RESPOND

MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

INTRODUCTION

Medical countermeasures are vital to national security and protect nations from potentially catastrophic infectious disease threats. Investments in medical countermeasures create opportunities to improve overall public health. In addition, it is important to have trained personnel who can be deployed in case of a public health emergency for response. Regional (international) collaboration will assist countries in overcoming the legal, logistical and regulatory challenges to deployment of public health and medical personnel from one country to another. Case management procedures should be available to all staff, and implemented across the system during health emergencies due to IHR related hazards.

> ### Target
> *National framework for transferring (sending and receiving) medical countermeasures, and public health and medical personnel from international partners during public health emergencies and procedures for case management of events due to IHR related hazards.*

LEVEL OF CAPABILITIES

In Moldova, procedures for declaring emergency situations are approved at national level. Procedures and legal frameworks for mobilizing resources during public health emergencies are in place. The allocation of means from emergency funds (regulated by government and managed by the Material Reserves Agency) is carried out through central and local emergency response resources. At governmental level, these funds constitute 1-2% of the total budget.

Legislation regulates the procedures for the introduction, reception, preservation, distribution and recording of humanitarian aid and the deployment of personnel. The process of allocating medical countermeasures is facilitated by a cross-sectoral specialized commission. The legislative framework for the deployment of staff for public health events was revised in 2017.

The government is the main actor in the conceptual management of medical countermeasures, and approves the budget and actions. Ministries and relevant technical institutions carry out implementation in the field. The MoHLSP is the central specialized body of public administration, and is mandated to develop, promote and ensure the fulfilment of state policies concerning humanitarian assistance provided to the Republic of Moldova.

Other relevant bodies and stakeholders include the interdepartmental and territorial Commissions for Humanitarian Assistance; the Ministry of Agriculture, Regional Development and Environment (MAoRDE); the Material Reserves Agency; the General Inspectorate for Emergency Situations (IGSE); the NPHA, the NFSA, republican and district health care institutions (hospitals); and local public authorities.

The Republic of Moldova does not have industries producing drugs or medical equipment; all such products are imported, and they come from over 20 countries. Three months' reserves of medicines and medical devices are kept at national level (funded under the state budget). Each health care institution has reserve capacity for response of at least 100 medical kits for 100 people in case of a public health event. The entry into the country of medicines, consumables and medical devices is allowed in line with regulations on usage instructions and quality control. Currently, the country has a stock of emergency medical kits provided by WHO.

National multisectoral simulation exercises are carried out at least once every five years in each administrative territory. The most thoroughly tested mechanism of distribution from national to territorial level is that for distributing vaccines and biocides, as this is periodically activated (e.g. during the flu pandemic period).

The Republic of Moldova is not currently part of mechanisms for regional/international procurement, or agreements for sharing and/or distributing countermeasures.

In 2018, the NPHA and the MoHLSP initiated the membership procedure for the WHO Global Outbreak Alert and Response Network (GOARN). On approval, this will facilitate international partnerships and the ability to share and receive experts from different fields for support in responding to public health events.

Indicators and scores

R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency – Score 2

Strengths and best practices

- Medical countermeasures are included in the national emergency response strategy. A legislative and regulatory framework is in place for transferring medical countermeasures and deploying personnel.
- Moldova has experience in coordinating medical countermeasures on several occasions (e.g. for mumps in 2008, flu in 2009, Ebola in 2014 and measles in 2018).
- Appropriate institutions have approved plans to receive and distribute medical countermeasures.
- A prophylactic fund, managed by National Health Insurance Company, can be mobilized in case of a public health emergency.

Areas that need strengthening and challenges

- There is a need for national training and simulation exercises to test the functionality of the entire system for coordinated sending and/or receiving of medical countermeasures during a public health emergency.
- Stockpiles in the state material reserves should be increased, and there is a need to promote strict control of the reserves held by each institution.
- There is insufficient communication between key partners.

R.4.2 System in place for activating and coordinating health personnel during a public health emergency – Score 2

Strengths and best practices

- The relevant legal framework was revised in 2017.
- Mechanisms are in place for deployment of local and international intervention teams (including professional profiles and legal and financial preparations).

Areas that need strengthening and challenges

- The functionality of the 2017 deployment mechanism has not yet been tested operationally.
- There is a need for a national and international regional programme to train staff in response to cross-border public health emergencies.
- Closer collaboration is required with partners in neighbouring countries.
- Limited human capacity hampers efforts in this field.

RESPOND

R.4.3 Case management procedures implemented for IHR relevant hazards – Score 2

Strengths and best practices

- National clinical protocols are available for the majority of cases of priority (infectious) diseases.
- Specific guidelines have been implemented for interventions in various areas and aspects of public health emergencies.

Areas that need strengthening and challenges

- There is a need for updated SOPs and case management guidelines for all IHR-relevant hazards at all levels of the health system.
- A case management training programme should be conducted, with international involvement.

Recommendations for priority actions

- Establish a mechanism to strengthen national multisectoral collaborative capacity for activating, coordinating and managing countermeasures, including deployments.
- Develop a comprehensive guide and SOPs for emergency case management for all IHR-relevant hazards.
- Develop a comprehensive training programme on deploying and/or receiving experts in emergency situations.
- Align national capacities with international standards through participation in international alert and response networks (e.g. GOARN).
- Create partnerships with regional/international organizations, with formal agreements on countermeasures and deployments.

RESPOND

RISK COMMUNICATION

INTRODUCTION

Risk communications should be a multilevel and multifaceted process which aims at helping stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. An essential part of risk communication is the dissemination of information to the public about health risks and events, such as disease outbreaks. For any communication about risk caused by a specific event to be effective, the social, religious, cultural, political and economic aspects associated with the event should be taken into account, including the voice of the affected population.

> ### Target
>
> *State Parties use multilevel and multifaceted risk communication capacity. Real-time exchange of information, advice and opinions between experts and officials or people who face a threat or hazard (health or economic or social wellbeing) to their survival, so that informed decisions can be made to mitigate the effects of the threat or hazard and protective and preventive action can be taken. This includes a mix of communication and engagement strategies, such as media and social media communications, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement and community engagement.*

LEVEL OF CAPABILITIES

At time of writing, risk communication activities are a component of public health emergency response planning, though dedicated health communication plans are being developed. In a public health emergency, the response communication roles, responsibilities and authorities of various state entities (i.e. the MoIA, the MoHLSP, the Commission for Emergency Situations, and the NPHA) are clearly laid out.

At the more tertiary levels of the health system, specialists in other areas are tasked with communication related to their primary functions. There is no specifically-dedicated funding line item for communications in response planning: communication activities are budgeted from general response funds.

Much of the risk communication focus appears to be on information dissemination, though partner coordination, community engagement and a variety of communication channels are also present.

Good examples of communication in response to a recent measles outbreak have demonstrated some foundational capacity.

Several public health communication plans are in place or being developed. These include the following:

- Avian Influenza Prevention Communication Campaign (2006-2008)
- Pandemic Influenza (H1N1) Prevention Communication Campaign (2009-2010)
- The Communication Strategy on Behavioural Change for the National Immunization Programme (2016)
- Measles National Communication Plan, which is being conducted for the outbreak current at time of writing (2018)
- General National Communication Strategy for Public Health Emergencies (currently being developed in collaboration with the WHO).

RESPOND

Indicators and scores

R.5.1 Risk communication systems for unusual/unexpected events and emergencies – Score 3

Strengths and best practices

- Communication mechanisms between authorities/institutions and civil society are in place for emergency situations. Commissions charged with responding to emergency situations are created at multiple levels.

- Staff capacity for risk communication is built systematically through ongoing training and operational exercises at different levels. Experience in engaging at-risk communities has been gained through the recent measles outbreak.

- Communication with the public and mass media for different situations (messages, channels, communication frequency, designation of authority for communicating with the mass media, etc.) is tested during training and in operational exercises, which are organized and conducted at different levels.

- Media outlets provide means and systems for telecommunications at no charge during times of risk and before and during emergency scenarios.

Areas that need strengthening and challenges

- The Cross-sector National Communication Strategy in Public Health Emergencies is not yet finalized.

- There is limited risk communication expertise at subnational levels. Strengthening institutional capacity at various levels, through the hiring and/or training of dedicated health communication specialists in charge of communication, is needed.

- There is no sustainable, dedicated mechanism to fund risk information and communication in emergency situations.

R.5.2 Internal and partner coordination for emergency risk communication – Score 3

Strengths and best practices

- A functional coordination mechanism is in place for internal and cross-sector communication in emergency situations (constituting the National Cross-sector Commission for Emergency Situations and the National Extraordinary Commission for Public Health). It is an effective mechanism for coordinating communication activities and provides a platform for discussion and coordination of communication messages.

- Memoranda have been developed between the authorities of the Republic of Moldova (MoHLSP, MoIA) and neighbouring countries (Romania, Ukraine, Russian Federation). These are memoranda for joint intervention in case of emergency/disasters, and for provision of emergency healthcare.

Areas that need strengthening and challenges

- There is a need to continue to strengthen risk communication collaboration by internal and external stakeholders, particularly involving the private sector.

- There is an ongoing need to test (with simulation exercises) the capacity to coordinate health communication actions, both internally and across external partners, and to conduct after action reviews.

RESPOND

R.5.3 Public communication for emergencies – Score 3

Strengths and best practices

- Authorities responsible for managing emergency situation (MoIA, MoHLSP) have trained teams in charge of collaboration with the media, public relations, and public information dissemination in emergencies.
- Public communication activities are planned and carried out on the basis of the assessment and analysis of previous experience in emergency situations.
- Communication with the general population and specific target groups in preparedness for pandemic influenza in 2009 proved to be effective, demonstrably improving the level of knowledge and practices of the population around prevention, care and treatment measures.

Areas that need strengthening and challenges

- There is high turnover of trained staff in charge of public communication and media and public relations.
- There is a need for stronger field testing of public communication messages in emergency situations.
- Health workers are insufficiently involved in communication with the population.

R.5.4 Communication engagement with affected communities – Score 3

Strengths and best practices

- NPHA has a subdivision in charge of community mobilization, communication and health promotion. The staff make up the working group for intervention and prevention of consequences in public health emergencies.
- The concerns of the population on a particular issue are taken into account when planning communication actions, as is any controversial information that may circulate in the media.
- Communication messages are tailored for target populations depending on age, residence, spoken language, etc., as demonstrated through the communication response to the measles outbreak ongoing at time of writing.

Areas that need strengthening and challenges

- There is insufficient involvement of civil society in communication, and not enough community engagement at local levels.
- NPHA communications capacity is limited.
- There is a need for more cross-sector collaborations in the field of community health promotion, behaviour change and social mobilization at all levels.

R.5.5 Addressing perceptions, risky behaviours and misinformation – Score 3

Strengths and best practices

- Feedback from affected populations is a key element of communication in emergency situations and is solicited regularly, taking into account the nature and origin of public health risk.
- The effectiveness of communication messages and public perceptions are assessed before and after the implementation of a communication campaign—if financial resources are available.
- When planning and implementing the 2012 national communication campaign for the introduction of the vaccine against rotavirus, the results of a qualitative study on medical workers' and the general public's perceptions and attitudes towards immunizations were taken into account. The Communication Guide for Health Workers included the chapter 'Myths and Truths about Vaccines'.

Areas that need strengthening and challenges

- Behaviour change research capacity building is needed in order to conduct stronger assessments of the concerns and perceptions of at-risk and marginalized communities.

- Improved support and resources are needed for health professionals so that they can better solicit and tailor messaging and communication methodology for affected communities in emergency situations (guidelines, recommendations, etc.).

- There is a need to continue to strengthen systematic engagement of targeted/at-risk communities in developing and field-testing health communication strategies.

Recommendations for priority actions

- Strengthen institutional capacity in health communication through continuous training of existing capacities. In the next 2-3 years, build research and analytical capacity in health communication and behaviour change.

- Improve collaboration through development of cross-sectoral communication plans and strategies for all possible emergencies.

- Create a sustainable mechanism of funding risk communication activities in both routine and emergency situations.

IHR-RELATED HAZARDS AND POINTS OF ENTRY

POINTS OF ENTRY

INTRODUCTION

All core capacities and potential hazards apply to "points of entry" and thus enable the effective application of health measures to prevent international spread of diseases. States Parties are required to maintain core capacities at designated international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings), which will implement specific public health measures required to manage a variety of public health risks.

> ### Target
>
> *States Parties designate and maintain core capacities at international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings) that implement specific public health measures required to manage a variety of public health risks.*

LEVEL OF CAPABILITIES

Moldova has a strong legal framework with authorities and compliance legislated according to the IHR (2005). Regulations are based on the principles of multisectoral cooperation (within competencies) to prevent cross-border transmission of public health hazards.

Human capacity to detect and respond effectively to public health threats has been built through specific multi-hazard trainings targeting border crossing personnel and carried out in collaboration with international partners. Moldova has also conducted regular "Operational Tactical Exercises" that have included simulation activities and tabletop and practical field exercises (on mass casualty incidents, pandemic flu, bioterrorism, etc.).

Standard operating procedures are in place for temporary isolation for ill travellers, though facilities at some border crossings are inadequate. Chisinau International Airport's 24-hour medical unit, isolation area, mobile medical supply vehicles and full-time onsite ambulance together provide strong capacity to respond to public health emergencies.

During a JEE field visit, however, a key piece of screening equipment at the airport (a thermal detector) was discovered not functioning. As noted in both the Moldovan self-evaluation and the site visits, some points of entry lack adequate equipment and facilities.

Food safety and animal health appear well integrated at points of entry, with electronic surveillance systems, representatives onsite at points of entry, and close collaboration with an accredited biosafety level 2 (BSL2) lab for rapid testing and results.

OTHER

53

Indicators and scores

PoE.1 Routine capacities established at points of entry – Score 2

Strengths and best practices

- IHR-compliant legislation, policies, guidelines, SOPs and protocols for points of entry are in place and well developed.
- Designated points of entry have been established in collaboration with public health authorities, the Customs Service and the Border Police.

Areas that need strengthening and challenges

- Some border crossings need more space and improved isolation facilities.
- Due to contested areas, the Moldovan state does not fully control all its land borders.
- There is insufficient provision of chemical and biological equipment.
- Emigration of qualified staff presents problems.

PoE.2 Effective public health response at points of entry – Score 3

Strengths and best practices

- There is good response capacity at points of entry. Action plans have been developed, and free emergency health services and medical transport are provided.
- Chisinau International Airport has mass casualty capability with a fully equipped medical supply unit and an onsite ambulance for rapid transport.
- Practical exercises are conducted regularly (simulations and tabletop exercises) and protocols are updated based on lessons identified.
- Systems for rapid response have been developed through the Coordination Operations Centre (COC) and the National Communications System (NCS), under the General Inspectorate for Border Police.

Areas that need strengthening and challenges

- Not all designated Points of Entry have the necessary equipment or isolation facilities available or functional to detect and/or respond to a public health emergency.
- Resources to maintain equipment are inadequate.

Recommendations for priority actions

- Continue to strengthen and institutionalize collaboration with external partners and stakeholders to improve and fully equip designated points of entry.
- Within two years, create a specific budget line for maintenance of screening and detection systems.
- Continue to provide regular training to multi-sectoral point of entry personnel, and test systems through multi-hazard tabletop and simulation exercises.
- Continue to explore ways to address concerns and requirements regarding points of entry along contested state borders, in accordance with the IHR (2005).

OTHER

CHEMICAL EVENTS

INTRODUCTION

Timely detection and effective response of potential chemical risks and/or events requires collaboration with other sectors responsible for chemical safety, industries, transportation and safe disposal. This would entail that State Parties need to have surveillance and response capacity to manage chemical risk or events and effective communication and collaboration among the sectors responsible for chemical safety.

> ### Target
>
> *States Parties with surveillance and response capacity for chemical risks or events. This requires effective communication and collaboration among the sectors responsible for chemical safety, industries, transportation and safe disposal, animal health and the environment.*

LEVEL OF CAPABILITIES

Management of potential chemical risks and/or events is an intersectoral activity, responsibility for which is shared among authorities/institutions such as MoARDE, MoHLSP, MoIA, the General Inspectorate for Emergency situations, NPHA and others, in collaboration with industries, transportation bodies, etc.

Moldova has ratified a series of International Conventions including those of Rotterdam, Stockholm, Minamata and Basel, and is party to the Chemical Weapons Convention (CWC) and the BTWC. European legislation is gradually being transposed into the national legal framework.

Under national legislation, public health specialists have the following duties (or will have them once the necessary legal frameworks are in place):

- Exercising state control of compliance with the law on arrangements for harmful products and substances
- Establishing, keeping and updating the national register of potentially toxic chemicals (NB this register has not yet been developed, and remains pending until the required law on chemicals is enacted)
- Updating the regulation on the use and neutralization of harmful products, substances and waste
- Endorsing, continuously, the list of chemical and biological preparations for plant protection and growth stimulation
- Authorizing activities in the field of use of harmful products and substances, according to the GD No. 1045 of 5 October 2005
- Approving the use of harmful substances in soil, water, air and food products
- Conducting toxic-sanitary examination of potentially toxic chemicals and approving their registration.

There is daily reporting of cases of chemical exogenous non-professional acute poisoning that happen in territories, which comes via the health ministry focal point to the NPHA. People intoxicated with chemical substances are diagnosed and treated in toxicology units at national level. Adults are managed at the 20-bed Sfanta Treime hospital, and children in the 40-bed paediatric resuscitation and toxicology unit of the Mother and Child Institute.

The compliance of household goods with sanitary standards is monitored only by means of the sanitary endorsement procedure for placing products on the market. This procedure examines the chemical substances in the product.

OTHER

The NPHA holds data on chemical residues in the soil, water and air but is dependent on the database of the National Pharmacists' Organization. Institutions at national and territorial level assess chemical pollution using facilities in private laboratories under contract.

Indicators and scores

CE.1 Mechanisms established and functioning for detecting[1] and responding to chemical events or emergencies – Score 3

Strengths and best practices

- A system is place for the hygienic surveillance of chemical events and acute and chronic intoxications.
- MoHLSP Order No 906 of 30 November 2015 regulates the duties of various authorities in case of acute poisoning of chemical aetiology.
- A standardized clinical protocol is approved for exogenous acute poisonings of children.
- Laboratory facilities are available for the confirmation of chemical events.
- Two national toxicology units provide diagnosis and treatment for acute intoxications with chemicals.
- There is daily collection and reporting to decision-makers on cases of chemical exogenous non-professional acute poisonings.
- Public health professionals set maintenance action codes (MAC) in foodstuffs and other household products.
- In order to ensure a high level of preparedness in healthcare facilities, Guidelines have been implemented for healthcare facility teams intervening in public health emergencies.

Areas that need strengthening and challenges

- There is a shortage of well-trained professional staff with chemicals expertise.
- There is a need for instruction on hygienic surveillance, monitoring, assessment and management of chemical events.
- Financial resources are required for management of activities that pose public health dangers of chemical origin, which need expensive measures and specific equipment.
- Because of limited budgets, accredited laboratories have a limited number of reagents/standards.
- There is no list of standardized clinical protocols for exogenous acute intoxication in adults.
- There is a lack of software regarding potentially toxic chemicals that lead to acute intoxications.
- There is currently no toxicology information centre/poisons centre.

CE.2 Enabling environment in place for management of chemical events – Score 2

Strengths and best practices

- The National Public Health Agency has a preparedness and response plan for emergency situations, developed and approved in 2014, which is annually updated.
- A programme is in place that outlines strategic directions for the management of chemicals, including waste. It is set into the National Development Strategy for 2008-2011, as approved by Law No 295 of 21 December 2007.
- There are guidelines on healthcare facility teams intervening in public health emergencies, developed in order to ensure a high level of emergency preparedness in healthcare facilities.

---

1 Detection capacity also includes not only surveillance but also the laboratory capacity required for the verification of any events.

- The National Report on State Surveillance of Public Health in the Republic of Moldova is drafted annually on the basis of district and municipal data, and includes a section on chemical safety and toxicology.

Areas that need strengthening and challenges

- There is no separate national inter-departmental plan of response to chemical emergencies that sets out the duties and responsibilities of relevant services.
- There is a need to update SOPs for specific chemical interventions in the plan (providing health care to exposed people, decontamination of premises and people, etc.).
- There is a need for stronger capacity for assessment and management of risks related to chemical events.
- Communication related to chemical events should be improved.
- There are currently no approved guides on the assessment and management of risks related to chemical events.
- No national register of potentially toxic chemicals has yet been developed.

Recommendations for priority actions

- Develop data management software for potentially toxic chemical substances following the approval of the Law on Chemical Substances.
- Develop a national interdepartmental plan of response to chemical emergencies that sets out the duties and responsibilities of the relevant services.
- Develop standardized clinical protocols for exogenous acute poisoning in adults.
- Institute a regular programme of training and exercises that includes a national drill on responding to a chemical event.
- Make the planned national poison centre operational.

OTHER

RADIATION EMERGENCIES

INTRODUCTION

To counter radiological and nuclear emergencies, timely detection and an effective response towards potential radiological and nuclear hazards/events/emergencies are required in collaboration with sectors responsible for radiation emergency management.

> ### Target
> *States Parties should have surveillance and response capacity for radiological emergencies and nuclear accidents. This requires effective coordination among all sectors involved in radiation emergencies preparedness and response.*

LEVEL OF CAPABILITIES

A system of legislation and regulation of radio-nuclear safety, aligned with basic safety standards, has been established. Obligations regarding the management of radiation and nuclear safety and emergency response are described in a large body of laws and other official documents. Early detection, risk assessment and response measures for radiological emergencies are integral parts of the all-hazards preparedness and response process at national and territorial levels. There are national policies, strategies, plans and operational activities to identify, assess and respond to radiological emergencies.

In emergency situations, the MoIA General Inspectorate for Emergency Situations plans and coordinates the activities of public administration authorities in responding to the emergency. Several designated authorities, institutions and agencies are responsible for radiation surveillance and monitoring. The National Agency for Regulation of Nuclear and Radiological Activities (ANRANR) and the NPHA are the main actors in the safety control of radio-nuclear events.

ANRANR develops and implements public policy in the nuclear and radiological field, as well as the relevant national strategies and legal framework. It promotes their implementation and adopts measures for the efficient regulation of nuclear and radiological activities. ANRANR is also an intrinsic part of the national response system in case of nuclear or radiological emergency.

For medical radiation, NPHA monitors the fulfilment of radiation safety requirements for working with ionizing radiation sources, and for diagnostic and therapeutic exposure. NPHA is also responsible for monitoring human consumption of products that have been subjected to irradiation or which contain radioactive materials, and monitors the influence of nuclear and radiological activities on health.

Consumer goods are monitored for radioactive contamination. Moldova has laboratory capacity within the national network for timely monitoring and detection of environmental radioactive contamination; but the laboratories do not have equipment such as whole body counters. The ability to monitor and estimate levels of radioactive contamination of humans and external exposure of people in a radiological emergency is therefore limited.

Coordination and communication mechanisms are in place between national authorities responsible for radiological emergencies and nuclear events, and the MoHLSP and/or the IHR NFP.

Moldova has acceded to the Early Notification of Nuclear Emergency (1986) convention. If necessary, ANRANR requests international technical assistance in line with international treaties to which the Republic of Moldova is a party.

Emergency responders can benefit from national training programmes, and, under IAEA projects, have access to training abroad (including exercises).

Indicators and scores

RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies – Score 2

Strengths and best practices

- Professional Institutions are tasked with clear powers in the area of radiation protection and nuclear security.
- Legislation is in place for radiological emergencies.
- There is international collaboration with various relevant organizations in the area of radiation protection and nuclear security.
- Moldova has approved operational and priority-based surveillance systems.

Areas that need strengthening and challenges

- There is a need for periodic joint review and updating of regulatory documents and SOPs in the area of radiological emergencies, as well as assessment of their implementation. This should include prioritization of duties in the event of radiological emergencies.
- There should be one shared system of communication between relevant institutions.
- Strengthening, hiring, preparing and motivating of human resources all require improvement.
- There is a need to equip national MoHLSP laboratories with the necessary equipment, including whole body counters for monitoring and estimating levels of radioactive contamination of the human body and new equipment for determining individual doses for personnel working in the nuclear and radiological fields (thermoluminescent dosimeters/TLD).
- Official relationships should be established with the global networks (e.g. REMPAN, WHO BioDoseNet, etc.).

RE.2 Enabling environment in place for management of radiation emergencies – Score 2

Strengths and best practices

- Trainings are conducted regularly, and include drills and exercises practicing the various parts of response to radiological emergencies (including communication for international support and international notification).
- National policies, strategies and plans are in place to identify, assess and respond to radiological emergencies.
- Mechanisms are in place for monitoring radiological situations.
- A focal point has been appointed for coordination and communication with the health ministry and/or IHR NFP in case of radiological emergencies.

Areas that need strengthening and challenges

- There is a need for joint policies of response to radiological emergencies and their implementation.
- Coordination and communication mechanisms between national authorities responsible for responding to radiological emergencies should be improved.

Recommendations for priority actions

- Equip MoHLSP laboratories with special equipment, such as the whole body counters and thermoluminescent dosimeters for monitoring the levels of radioactive contamination of the human body.
- Allocate human and financial resources to meet requirements related to protection against radiation and ensure the safety of the population.
- Update relevant legislation, regulations and SOPs to meet the new IAEA standards for radiological emergencies, and implement them.
- Strengthen, train and motivate staff in the area of radiation protection and radiological emergencies. Training should emphasize compliance with relevant international certification.

OTHER

APPENDIX 1:
JEE BACKGROUND

Mission place and dates

Chisinau, Republic of Moldova 1-5 October 2018.

Mission team members:

- Ran Adelstain (team lead), Department of Emergency Situations, State of Israel Ministry of Health
- Frode Forland (team co-lead), Infectious Diseases and Global Health, Norwegian Institute of Public Health
- Elizabeth Bell, United States of America Centers for Disease Control and Prevention (US CDC)
- Denis Coulombier, European Centre for Disease Prevention and Control (ECDC)
- Gyanendra Gongal, WHO Regional Office for South-East Asia
- Ariane Halm, Robert Koch Institute
- Abebayehu Assefa Mengistu, World Health Organization
- Mark Nunn, independent technical writer
- Henk Jan Ormel, Food and Agriculture Organization of the United Nations (FAO)
- Vladimir Petrovic, Institute of Public Health of Vojvodina, Serbia
- Siegal Sadetzki, Cancer and Radiation Epidemiology Unit, Chaim Sheba Medical Center, Israel

Objective

To assess the Republic of Moldova's capacities and capabilities relevant to the 19 technical areas of the JEE tool for providing baseline data to support the Republic of Moldova's efforts to reform and improve their public health security.

The JEE process

The JEE process is a peer-to-peer review. The entire external evaluation, including discussions around the priority actions, the strengths, the areas that need strengthening, best practices, challenges and the scores are collaborative, with JEE team members and host country experts seeking full agreement on all aspects of the final report findings and recommendations.

Should there be significant and irreconcilable disagreement between the external team members and the host country experts, or among the external experts, or among the host country experts, the JEE team lead will decide the outcome; this will be noted in the final report along with the justification for each party's position.

Limitations and assumptions

- The evaluation was limited to one week, which limited the amount and depth of information that could be managed.

- It is assumed that the results of this evaluation will be publically available.

- The evaluation is not just an audit. Information provided by the Republic of Moldova will not be independently verified but will be discussed and the evaluation rating mutually agreed to by the host country and the evaluation team. This is a peer-to-peer review.

Key host country participants and institutions

- Aliona Serbulenco, State Secretary, Ministry of Health, Labour and Social Protection

- Stela Gheorghita, WHO Country Office

- Nicolae Furtuna, Deputy Director, National Agency for Public Health

- Natalia Caterinciuc, National Agency for Public Health

- Ion Bahnarel, National Agency for Public Health

- Dumitru Capmari, National Agency for Public Health

- Ala Halacu, National Agency for Public Health

- Iurie Pinzaru, National Agency for Public Health

- Natalia Silitrari, National Agency for Public Health

- Ecaterina Busuioc, National Agency for Public Health

- Andrei Ciburciu, National Agency for Public Health

- Ion Ursulean, National Agency for Public Health

- Arcadie Gutu, National Agency for Public Health

- Olga Burduniuc, National Agency for Public Health

- Svetlana Prudnicionoc, National Agency for Public Health

- Natalia Costic, National Agency for Public Health

- Alexei Ceban, National Agency for Public Health

- Stela Bradu, National Agency for Public Health

- Anatol Gudumac, Ministry of Health, Labour and Social Protection

- Valeriu Goncear, Ministry of Health, Labour and Social Protection

- Gheorghe Gorgeag, Ministry of Health, Labour and Social Protection

- Alexandru Ghidirimschi, National Pre-hospital Emergency Medical Assistance Center

- Sergiu Junea, General Inspectorate for Emergency Situations, Ministry of Internal Affairs

- Dumitru Carasic, General Inspectorate for Emergency Situations, Ministry of Internal Affairs

- Nicolae Malancea, Ministry of Agriculture, Regional Development and Environment

- Angela Panciuc, Ministry of Agriculture, Regional Development and Environment

- Victor Pislaru, National Food Safety Agency

- Angela Sirbu, National Food Safety Agency

- Svetlana Svet, National Food Safety Agency

- Cristina Sirbu, National Food Safety Agency

- Radu Musteata, National Food Safety Agency

- Diana Curchi, National Food Safety Agency
- Mihail Timpau, National Food Safety Agency
- Vitalie Porcescu, National Food Safety Agency
- Oleg Galbur, "Nicolae Testemitanu" State University of Medicine and Pharmacy
- Angela Cazacu-Stratu, "Nicolae Testemitanu" State University of Medicine and Pharmacy
- Ionel Balan, National Agency for Regulation of Nuclear and Radiological Activities
- Sergiu Virlan, National Agency for Regulation of Nuclear and Radiological Activities
- Marius Balea, General Inspectorate of Border Police, Ministry of Internal Affairs
- Stefan Mocanas, Customs Service
- Elena Cataman, Civil Aviation Authority
- Andrei Romancenco, Center for Simulation in Medical Training, "Nicolae Testemitanu" State University of Medicine and Pharmacy
- Negrescu Gabriela, Infectious Disease Hospital mun. Chișinau

Supporting documentation provided by host country

NATIONAL LEGISLATION, POLICY AND FINANCING

- Law No 100 of 22 December 2017 on Normative Acts, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373698

- GD No 33 of 11 January 2007 on the Development Rules and Single Requirements for Policy Documents, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=319904

- Law No 221 of 19 October 2007 on Veterinary Activity http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348201

- GD No 645 of 19 July 2010 Approving the Regulation on the Calculation of Compensations to Owners of Animals Slaughtered, Euthanized or Otherwise Affected by the Rapid Elimination of Outbreaks of Transmissible Animal Diseases and other normative acts approved by the Government http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=335399

- Law No 181 of 25 July 2014 on Public Finance and Budgetary and Fiscal Accountability http://lex.justice.md/md/354213/

- GD No 862 of 18 December 2015 Approving the Regulation on the Management of the Emergency Funds of the Government, http://lex.justice.md/md/362475/

- GD No 594 of 14 May 2002 Approving the Regulation on the Establishment and Management of Compulsory Health Insurance Funds http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=296530

- Law No 280 of 15 December 2017 on Compulsory Health Insurance Funds for 2018 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373681

- GD No 1340 of 4 December 2001 on the Commission for Emergency Situations of the Republic of Moldova http://www.asm.md/galerie/HG%20nr_1076.pdf

- GD No 820 of 14 December 2009 on the National Extraordinary Commission for Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- MOHLSP Order No 371 of 5 March 2018 on the Commission for Emergency Situations and Public Health Emergencies of the Ministry of Health, Labour and Social Protection http://old2.ms.gov.md/sites/default/files/legislatie/ordinul_371_05.03.2018_situatii_exeptionale_final.pdf

- GD No 408 of 6 June 2017 Approving the Framework Regulation on Supporting the Host Country in Emergency Situations http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=370574

- Law No 1585 of 27 February 1998 on Mandatory Health Insurance, Article 16 http://lex.justice.md/md/311622/

- GD No 475 of 26 March 2008 Approving the Action Plan Implementing the International Health Regulations in the Republic of Moldova http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=327526

- GD No 1431 of 29 December 2016 Approving the Regulation on Early Warning and Rapid Response System for Prevention and Control of Communicable Diseases and Public Health Events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- GD No 1160 of 20 October 2016 Approving the 2016-2020 National Programme for Tuberculosis Control http://lex.justice.md/md/367268/

- GD No 342 of 26 May 2017 Approving the 2017-2021 National Programme for Combating Viral Hepatitis B, C, and D http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=372554

- GD No 1113 of 6 October 2016 Approving the 2016-2020 National Immunization Programme http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=367033

- GD No 531 of 3 July 2014 Implementing the International Health Regulations to Prevent the Cross-border Transfer of Public Health Hazards, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353754

- Law No 10 of 3 February 2009 on State Surveillance of Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169

- Law No 113 of 18 May 2012 Establishing the General Principles and Requirements of Food Safety Law, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=344007

- GD No 951 of 25 November 2013 Approving the Regulation on the National System for Epidemiological Surveillance and Control of Communicable Diseases and Public Health Events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

- GD No 264 of 12 April 2011 Approving the Regulation on the Monitoring of Zoonoses and Zoonotic Agents
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=338139

- GD No 59 of 7 February 2017 Approving the Measures for the Nationwide Implementation of the Early Warning System for Food and Feed, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368828

- MH Order No 368 of 13 December 2004 on the Submission of Urgent and Mandatory Information to the Ministry of Health on Emergency Situations and Natural Disasters http://old2.ms.gov.md/sites/default/files/legislatie/ordin_368_13.12.2004.pdf

- Law No 1456 of 25 May 1993 on Pharmaceutical Activity, Article 11 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313276

- GD No 564 of 10 September 2009 Approving the Sanitary Regulation on Setting the Conditions for Placing Biodistructive Products on the Market http://lex.justice.md/index.php?

- MH Order No 299 of 6 May 2010 on Biodistructive Product Registration

- National Clinical Protocols http://old.ms.md/public/info/Ghid/protocolls/pcnlistaordinnum/

- External assessment missions reports:
http://old.ms.gov.md/_files/3205-Assessment%2520of%2520health%2520security%2520and%2520crises%2520management%2520capacity%2520in%2520the%2520Republic%2520of%2520Moldova.pdf
 http://www.euro.who.int/en/health-topics/emergencies/pages/news/news/2015/06/emergency-health-system-crisis-preparedness-assessment-mission-to-republic-of-moldova

- GD No 973 of 15 August 2016 on Emergency Anti-Epizootic Committees, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=366280

- GD No 886 of 6 August 2007 Approving the National Health Policy http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=324940

- GD No 1471 of 24 December 2007 Approving the 2008-2017 Health System Development Strategy http://lex.justice.md/md/326615/

- GD No 1032 of 20 December 2013 Approving the 2014-2020 National Public Health Strategy http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350833

- Biennial Agreement with the WHO Regional Office for Europe for 2018-2019 https://msmps.gov.md/ro/content/tratate-bilaterale-vigoare

- Law No 289 of 15 December 2017 on 2018 State Budget (Annual State Budget Law) http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373684

- Law No 277 of 29 July 2006 Ratifying the Financing Agreement (Draft Avian Influenza Control, Human Pandemic Preparedness and Response Activities) between the Republic of Moldova and the International Development Association http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=317009

- GD No 827 of 16 December 2009 Approving the Regulation on the Organisation and Operation of the Agency for Material Resources, Structure and Minimum Level of Staffing of its Central Administration http://lex.justice.md/md/333154/

- GD No 889 of 23 October 2014 on the Purchase of Medical Devices and Protective Equipment to Meet the Urgent Needs of the Healthcare System in Preventing of the Spread and Treatment of Ebola Haemorrhagic Fever http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=355250

- GD No 1407 of 10 December 2008 Approving the Regulation on Public Procurements from a Single Source http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=330023

- MH Order No 559 of 29 June 2017 http://farmaciesociala.usmf.md/wp-content/blogs.dir/168/files/sites/168/2014/05/Ordin-MS-nr.-559-din-29.06.2017.

IHR COORDINATION, COMMUNICATION AND ADVOCACY

- GD no. 820 of 14.12.2009 regarding the Extraordinary National Commission of Public Health

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- GD no. 1340 of 04.12.2001 on the Commission for Emergency Situations of the Republic of Moldova

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- GD no. 475 of 26.03.2008 regarding the approval of the Action Plan on the Implementation of the International Health Regulations in the Republic of Moldova

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=327526

- GD no. 1431 of 29.12.2016 for the approval of the Regulation on the early warning and rapid alert system for the prevention, control of communicable diseases and public health events

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- GD no. 951 of 25.11.2013 for the approval of the Regulation on the national system of epidemiological surveillance and control of communicable diseases and public health events

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

- HG Nr. 531 of 03.07.2014 on the implementation of the International Health Regulations in preventing the cross-border transmission of public health hazards

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353754

ANTIMICROBIAL RESISTANCE (AMR)

Parliament Decisions:

- Nr. 1352 of 03.10.2002 on the approval of the State Pharmaceutical Policy, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=307874

Laws:

- No.1456 of 25.05.1993 on pharmaceutical activity, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311594

- No.1409-XII of 17.12.1997 on medicinal (drugs) products, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311586

- Nr. 221 of 19.10.2007 regarding the sanitary veterinary activity, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=327196

- No.119 of 05.07.2018 on Veterinary Medicinal Products, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376819

Government Decisions:

- Nr. 1372 of 23.12.2005 on the way of compensation of medicinal products in the conditions of compulsory health insurance, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=299013

- No 939 of 04.08.2008 for the approval of the Sanitary-Veterinary Norm regarding the measures for surveillance, control and control of the avian influenza, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=328864

- Nr. 1405 of 10.12.2008 Sanitary veterinary norm on fodder hygiene and content of undesirable substances in fodder, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=330066

- Nr. 820 of 14.12.2009 on the extraordinary national public health commission, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- No. 663 of 23.07.2010 for the approval of the Health Regulation regarding the hygiene conditions for the medical-sanitary institutions, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=335428

- No. 93 of 15.02.2012 on the approval of the Good Practice Rules for the Production of Veterinary Medicines, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=342262

- No. 169 of 06.03.2013 for the approval of the Regulation on the testing of veterinary medicinal products, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=347075

- Nr. 462 of 02.07.2013 Feed requirements in animal feed, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348608

- Nr. 951 of 25.11.2013 for the approval of the Regulation on the national system of epidemiological surveillance and control of communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

- Nr. 169 of 06.03.2013 for the approval of the Regulation on the testing of veterinary medicinal products, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=347075

- No. 531 of 03.07.2014 on the implementation of the International Health Regulations in preventing the cross-border transmission of public health hazards, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353754

- Nr. 1368 of 19.12.2016 on the approval of sanitary-veterinary norms, http://lex.justice.md/md/368050/

- Nr. 1090 of 18.12.2017 on the organization and functioning of the National Agency for Public Health, http://lex.justice.md/md/%20373337/

- Nr. 696 of 11.07.2018 for the approval of the Health Regulation regarding the management of waste resulting from medical activity, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376791

- Project on the approval of the National Strategy for Surveillance and Combating of Antimicrobial Resistance for the years 2019-2028, http://particip.gov.md/proiectview.php?l=ro&idd=5384

Decisions of the Chief State Sanitary Doctor:

- Nr. 2 of 26 January 2006 on the approval and implementation of the Methodical Guidelines on the information, investigation and recording of outbreaks of food-borne illnesses

- Nr. 2 of 13 February 2015 on the approval of the Instruction on the monitoring of the movement of causative agents of cholera and other acute diarrheal diseases

MOHLSP orders:

- No. 100 of 10.03.2008 on the Norms of medical personnel, http://old2.ms.gov.md/sites/default/files/legislatie/ordin_nr._100_din_10.03.2008.pdf

- No. 51 of 16.02.2009 on the surveillance and control of nosocomial infections

- No 371 of 03.06.2010 on the organization of measures for the prophylaxis and combating of cholera and other acute diarrheal diseases in the Republic of Moldova

- Nr. 521 din 01.06.2012 privind controlul de privind controlul de stat al calității medicamentelor, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=343718

- Nr. 1033 of 16.10.2012 on approving the strengthening of hospitals in Moldova for 2012-2016, http://old.ms.md/_files/13119-Ordin%2520siguranta%2520spitalelor.pdf

- Nr. 960 of 01.10.2012 Prescribing and releasing medicines, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=345095

- No. 309 of 26.03.2013 on the approval of Good Manufacturing Practice (GMP) rules for human use, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=347388

- Nr. 1400 of 09.12.2014 on the approval of the Good Practice of Distribution of Medicines (GDP) for human use, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=356271

- Nr. 265 of March 31, 2017 regarding the modification and completion of Order no. 960 of 1 October 2012, Annex 4, point 13, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=369917

- Nr. 358 of 12 May 2017 on the approval of the Regulation concerning the conduct of pharmacovigilance activities, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=372933

- Nr. 559 of 29.06.2017 on the regulation on the authorization of imports of medicines, other pharmaceuticals, parapharmaceuticals and unpainted medical raw materials in RM, http://farmaciesociala.usmf.md/wp-content/blogs.dir/168/files/sites/168/2014/05/Ordin-MS-nr.-559-din-29.06.2017.pdf

- No. 711 of 07.06.2018 on the national epidemiological surveillance system for antimicrobial resistance

- Nr. 729/230 of 11.06.2018 List of Medicines Compensated from Compulsory Health Insurance Funds (International Joint Denominations - DCI), http://cnam.md/editorDir/file/Medicamente_compensate/Medicamente%20compensate.pdf

NFSA orders:

- No. 235 of 10.07.2007 on the approval of the African swine fever contingency plan and the Operations Manual for intervention in outbreaks of African swine fever, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/ordin%20nr_235.PDF

- Nr. 176/2012 for the approval of the Sanitary veterinary norm regarding the model of prescription, for the issuance of the veterinary medicinal products and the methodological norms related to their use.

- Nr. 46 of 27.02.2014 approving the contingency plan for Newcastle disease and the Operations Manual for intervention in outbreaks of Newcastle disease, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/Ordin%20nr_%2046%20din%2027_02_2014%20Plan%20conting_%20Manual%20operat_%20BN.PDF

- Nr. 302 of 01.12.2014 approving the contingency plan for foot-and-mouth disease and the Operations Manual for outbreaks of foot-and-mouth disease, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/Ordin%20nr_%20302.PDF

- Nr. 341 of 23.12.2015 on the approval of the contingency plan for classical swine fever. The Operations Manual for Classical Swine Fever Outbreaks and the Operational Manual on the Control of Classical Swine Fever and African Swine Fever in Wild Pigs, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/ordin%20nr_341%20(2).PDF

- Nr. 3 of 09.01.2016 regarding the approval of the Bluetongue Plan of the Republic of Moldova, the Operational Manual for Bluetongue outbreak (Bluetongue disease), http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/Ord%20nr_3.PDF

- Nr. 418 of 12.08.2017 on approval of the Program strategic actions surveillance, prevention and control of animal diseases and prevent transmission of diseases from animals to humans, 2018

- Nr. 74 of 12.02.2018 regarding the approval of the contingency plan for avian influenza and the Operational Manual for interventions in outbreaks of avian influenza, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/Ordin%2074.pdf

- Nr. 19 of 15.01.2018 on the approval of the contingency plan for bovine spongiform encephalopathy and the Operations Manual for Intervention in the Bovine Spongiform Encephalopathy, http://www.ansa.gov.md/uploads/files/Sanitar-Veterinar/Planuri-Manuale/Ordin%2019.pdf

Provisions of the MOHLSP:

- No. 382d of 17.06.2016 on the training workshop

- No. 418-d of 01.07.2016 on the WHO mission in the field of antibiotic resistance

- No. 228d of May 18, 2018 on the WHO mission to develop the National Strategy and National Action Plan for Retaining Antimicrobial Resistance

Guidelines:

- Guidelines for Surveillance and Control in Nosocomial Infections, 1st and 2nd Edition; approved by the Order of the MOHLSP No. 51 of 16.02.2009

- Practical Guide to "Safety of Injections", approved by the Order of the MOHLSP No. 765 of 30.09.2015

- Practical Guide "Ebola virus disease", approved by the Order of the MOHLSP No. 237 of 30.10.2015

- ILI/ARI/SARI and MERS-CoV Surveillance and Diagnosis Guidelines, approved by the Order of the MOHLSP No. 896 of 30.10.2015

- Guidance on the prudent use of antimicrobials in veterinary medicine, 2017

Reports:

- Antimicrobial Medicines Consumption (AMC) Network, WHO, http://apps.who.int/medicinedocs/documents/s23195en/s23195en.pdf

- National report on state surveillance of Public Health, 2017, http://ansp.md/wp-content/uploads/2014/07/2.Raport-2017-Web.pdf

- The report on Equal Access to Water and Sanitation prepared by the United Nations Economic Commission for Europe, http://ansp.md/wp-content/uploads/2014/08/Access_Echitabil_Scorecard_Ro.pdf

Other:

- Order of the Ministry of Agriculture and Food Industry No. 176 of 06.11.2012 for the approval of the Sanitary Veterinary Norms regarding the model prescription for the issuing of the veterinary medicinal products and the methodological norms related to their use, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=346099

ZOONOTIC DISEASES

- GD no.264 of 12.04.2011 endorsing the regulations for the surveillance of zoonoses and zoonotic agents, http://www.justice.gov.md/file/Centrul%20de%20armonizare%20a%20legislatiei/Baza%20de%20date/Materiale%202010/Acte/HG%20264%20din%202012.04.11.pdf

- Law no.221 of 19.10.2007 on sanitary-veterinary activity, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348201

- Law no.100 of 22.12.2017 on normative acts, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373698

- GD no.33 of 11.01.2007 on the rules for developing and on standardized requirements for policy papers, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=319904See presentation

- GD no.1431 of 29.12.2016 endorsing the regulations on the early warning and rapid response system to prevent and control communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- MOHLSP ordinance no.72 of 06.02.2017 on implementation of the Government Decision no.1431 of 29.12.2016

- GD no.1092 of 19.12 2017 on civil protection measures in the RM in 2018, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373488

- GD no.645 of 19.07.2010 endorsing the regulations on the new modality for calculating compensations granted to owners of culled / slaughtered / otherwise affected animals following prompt containment of outbreaks of animal communicable diseases, and other normative acts endorsed by Government, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=335399

- MOHLSP ordinance no.218 of 20.08.2002 on improving the diagnostic, preventive measures and surveillance for certain zooanthroponoses

- MOHLSP ordinance no.422d of 09.06.2017 on conducting an intersectoral workshop

- MOHLSP ordinance no.300d of 19.06.2018 on conducting an intersectoral workshop

- NFSA ordinance no.418 of 08.12.2017 endorsing the Programme of strategic actions for the surveillance, prevention and control of animal diseases and prevention of animal-to-human transmission in 2018

- MOHLSP ordinance no.385 of 12.10.2007 approving of the case definitions for the surveillance and reporting of communicable diseases in the RM

- Law no.231 of 20.07.2006 on identification and registration of animals, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=316997

- MOHLSP ordinance no.361 of 15.05.2017 on monitoring the epizootic situation of zooanthroponoses, http://old2.ms.gov.md/sites/default/files/legislatie/ord._361_din_15.05.2017_situatia_epizootolgica_0.pdf

- Methodological instructions for: anthrax, brucellosis, leptospirosis, tularemia, Q-fever, rabies, Lyme borreliosis

- Joint MOHLSP and NFSA ordinance no.787/311 of 13.10.2016 on strengthening prevention and control measures for salmonellosis, food poisoning and other food-borne acute diarrheal diseases

- MOHLSP ordinance no.74 of 12.03.1999 on improving rabies prevention measures

- MOHLSP ordinance no.715 of 28.07.2014 endorsing the practical guidelines on anthrax

- National guidelines for regulating the shipment of infectious substances, Chisinau, 2011

- MoAFI ordinance no.34 of 27.02.2006 endorsing the sanitary veterinary norm on announcing, declaring or notifying certain communicable diseases in animals

- Agreement between the Ministry of Health, Labor and Social Protection and National Food Safety Agency no.772/9 of 13.10.2016

- GD no.475 of 26.03.2008 endorsing the Plan of actions enforcing the International Health Regulations in the Republic of Moldova, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=327526

- Methodological prescriptions on data sharing, investigation and registration of outbreaks of food-borne diseases, endorsed through the Chief Sanitary Doctor's decision no.2 of 26.01.2006

- NPHC decision no.4 of 16.10.2014 on the epidemiological situation of Ebola virus disease, as well as prevention and response actions, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=355460

- MOHLSP ordinance no.1249 of 10.11.2014 on beefing up EVD prevention and control actions, http://old2.ms.gov.md/sites/default/files/legislatie/v.carp_.pdf

- NFSA ordinance no.418 of 08.12.2017 endorsing the Programme of strategic actions for the surveillance, prevention and control of animal diseases and prevention of animal-to-human transmission for 2018.

FOOD SAFETY

- Law No 113 of 18 May 2012 Establishing the General Principles and Requirements of Food Safety Law, Article 19 (c) http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=344007

- Law no. 50 of 28.03.2013 on official controls to verify compliance with food and feed animals legislation, health and animal welfare rules http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348113

- Law No 10 of 3 February 2009 on State Surveillance of Public Health, Article 5(1),(2) http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169

- Law No 221 of 19 October 2007 on Veterinary Activity http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348201

- GD No 680 of 11 July 2018 Approving the General Crisis Management Plan in the Food and Feed Sector http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376449

- GD No 600/2018 on the Organisation and Operation of the National Public Health Agency http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376205

- GD no. 298 of 27.04.2011 for the approval of the Sanitary-Veterinary Rules regarding the monitoring and control measures of some substances and their residues to live animals and their products, as well as of the residues of veterinary medicines in animal origin products. http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=338641

- GD No 951 of 25 November 2013 Approving the Regulation on the National System for Epidemiological Surveillance and Control of Communicable Diseases and Public Health Events http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

- MS Order no.368 of 13.12.2004 Regarding to the presentation of   urgent and mandatory information MS on exceptional conditions and natural calamities http://old2.ms.gov.md/sites/default/files/legislatie/ordin_368_13.12.2004.pdf

- Joint Order of MOHLSP and NFSA No 787/311 of 13 October 2016 on strengthening the prevention and control measures of salmonellosis, food poisoning and other acute diarrheal diseases with food transmission route

BIOSAFETY AND BIOSECURITY

- Law No. 221-XVI of 19 October 2007 on sanitary-veterinary activity

- Law No. 451 of 30.07.2001 "Law regulating through licencing the entrepreneurship activity, amended via the Law 176 of 15.07.2010.

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313293

- Law No. 755 21.12.2001 on Biological Security http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=312871

- Law No. 209 of 29.07.2016 on Waste. Decision No. 5 of 14.12.2001 on approval and implementation of the "Regulation on management of medical waste"

- GD No. 1032 of 20.12.2013 approving the National Public Health Strategy for 2014-2020 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350833

- GD No. 95 of 03.02.2009 for approving some normative acts regarding the implementation of the Law on Security and Occupational Health No. 186-XVI of 10.07.2008

- GD no. 1282 of 29.11.2016 for approving the Health Regulation on the modality of determining and establishing the diagnosis of professional disease (intoxication) http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=367874

- GD No. 696 of 11.07.2018 approving the Health Regulation on management of waste resulting from medical activity http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376791

- GD Decision No. 1092 of 16.08.2006 on protection of workers against the risks related to exposure to biological agents at work. https://www.ilo.org/dyn/natlex/docs/SERIAL/75971/79329/F1580267118/ROM-75971.pdf

- Guide " Tuberculosis laboratory biosafety manual". © World Health Organization 2012" http://www.who.int/tb/publications/2012/tb_biosafety/en/

- National Biosafety Guide, 2011 http://ansp.md/wp-content/uploads/2016/02/Ghid-national-de-biosiguranta-pentru-laboratoare_2011.pdf

- National Guide for Regulating the Transportation of Infectious Substances Chisinau 2011.

- http://ansp.md/wp-content/uploads/2016/02/Ghid-national-de-reglementari-pentru-transportul-substantelor-infectioase_2011.pdf

- Country report EU CBRN CoE PROJECT P7, Point A 1.5/1.6: Analysis, Comparison, Summary and Recommendations of the International practices in biosafety/biosecurity against those in the national three partner countries Serbia, Moldova, and Macedonia. Moldova. 2014

- ISO 15190 Medical laboratories — Requirements for safety https://med.mahidol.ac.th/patho/sites/default/files/u2/patho/Doc_Form/ISO15190Y20030.pdf

- SOP 8.12 Waste management Regulation No. 205 of 14.01.2002 on management of medical waste

- SOP 3.4 Measures in case of biological accidents

- SOP 5.2 Sampling, storing and transporting the pathogen material – (for TB compartment)

- SOP 8.56 Interventions in case of accidents with trauma, without trauma, contamination with pathogen biological agents, emergency and prevention measures

- SOP 8.76 Record-keeping, storage and study of properties of strains, pathogen agents from the collection of the microbiological lab.

- SOP 3.6 Monitoring the regime for storage of bacterial strains in the freezer

- SOP 3.10 Storage of strains of reference

- Manual of instructions regarding the methodology of sampling, primary processing, packing and transporting the samples meant to be tested by labs in the area of animal health

- Instructions for security and occupational health; Medical record http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=328774

- Report of VDRC BSL Laboratories On-Site Inspection, September 2016

- Harmonised Draft of the WHO Guide of Regulations for transportation of infectious substances, re-updated in 2017

- Quality Management Manual in the labs of the public health system. 2017. CZU 978-9975-3042-9-0

IMMUNIZATION

- National Immunization Programme 2016-2020 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=367033

- Law no. 10 from 03.02.2009 on the state public health supervision http://lex.justice.md/md/331169/

- National Immunization Programme Comprehensive Multi-Year Plan 2016-2020 https://drive.google.com/open?id=1S5LX-PFBMKTfAva7MB4mq531yfeyR40-

- Practical guide "Immunization activities in medical practice" 2016, ISBN 978-9975-53-768-1 http://ansp.md/wp-content/uploads/2017/08/ghidpracticrus.pdf

- Country action plan for strengthening the vaccine procurement system in the Republic of Moldova https://drive.google.com/file/d/108OzrpFzbjWItkKSPdFsE4UTnSFaZoq-/view?usp=sharing

- EVM assessment from 2014 https://drive.google.com/open?id=1-GhMvhB3DDXfxs06Jg-sYi_sgqGcIJi2

- Joint Appraisal report 2017 https://drive.google.com/open?id=1GZhNUTLCIldKJbkYWpxghQGghud3Mti1

- Republic of Moldova. Introducing the HPV vaccine: the need to strengthen resilience at multiple levels http://www.euro.who.int/__data/assets/pdf_file/0004/374494/resilience-sc-eng.pdf?ua=1

- Official vaccination web page in Moldova http://ansp.md/index.php/vaccinarea/

- Official Facebook page promoting vaccinations in Moldova https://www.facebook.com/vaccinare1/

- Communication Strategy for Behavioral Change for the National Immunization Programme Republic of Moldova 2017 - 2020 https://drive.google.com/file/d/1EpSH8r02rfrjlxyLc9RRD1XuJvjYiEw8/view?usp=sharing

NATIONAL LABORATORY SYSTEM

- Law 10-XVI on Public Health Surveillance

- Government Decision No.1032 of 20 December 2013 on the approval of the National Public Health Strategy for 2014-2020, Annex 1 Action Plan on the Implementation of the National Strategy for SP

- Law No 221-XVI of 19 October 2007 on Veterinary Activity, Article 29

- GD No 1150 of 20 December 2017 " Concerning the approval of the Food Safety Strategy 2018-2022 "

- MOHLSP Order No 184 of 25 March 2016 on the Modernization and Reorganization of the Laboratory Service

- MOHLSP Order No 385 of 12 October 2007 Approving the Case Definitions for the Surveillance and Reporting on Communicable Diseases in Moldova

- MOHLSP Order No 180 of 8 May 2007 Optimising Tuberculosis Control and Prevention in Moldova

- Order No 418 of 8 December 2017 Approving the 2018 Programme of strategic actions regarding surveillance, prevention and combating animal diseases, and prevention of animal-to-human disease transmission and environmental protection.

SURVEILLANCE

- GD No 951 of 25 November 2013 Approving the Regulation on the National System for Epidemiological Surveillance and Control of Communicable Diseases and Public Health Events.

- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

- MH Order No 385 of 12 October 2007 approving the case definitions for surveying and reporting the communicable diseases in the Republic of Moldova

- http://ansp.md/wp-content/uploads/2014/07/Ordin-385-Definitii-caz.pdf
- GD No 1164 of 22 October 2016 on the National Programme for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2016-2020 http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1
- GD No 1160 of 20 October 2016 Approving the 2016-2020 National Programme for Tuberculosis Control, http://lex.justice.md/md/367268/
- Law No 10 of 3 February 2009 on State Surveillance of Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169
- GD No 1431 of 29 December 2016 endorsing regulations on the early warning and rapid response system to prevent and control communicable diseases and public health events
- http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353
- MoH Order No 824 of 31 October 2011 Improving the Surveillance System for Influenza and Acute Respiratory Infection (set up Sentinel surveillance ILI, ARI, SARI) http://old2.ms.gov.md/?q=legislatie&field_legtip_tid=16
- MH Order No 252 of 20 June 2008 Implementing the sentinel surveillance for Rotavirus Infection in the Republic of Moldova
- MoH Order No 48 of 23 January 2017 Sentinel surveillance on Bloody/Watery Diarrhoea Syndromes
- MoH Order on the Epidemiological sentinel surveillance of community acquired pneumonia in Children under 5 Years http://old2.ms.gov.md/sites/default/files/legislatie/ord._1190_din_23.10.3_supravegherea_epidem._pneumonii_comunitare.pdf

REPORTING

- LAW no. 10 of 03.02.2009 on state public health surveillance, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169
- GD no. 820 of 14.12.2009 regarding the Extraordinary National Commission of Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111
- GD no.264 of 12.04.2011 for the approval of the Regulation on the monitoring of zoonoses and zoonotic agents, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=338139
- GD no. 951 of 25.11.2013 for the approval of the Regulation on the national system of epidemiological surveillance and control of communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538

HUMAN RESOURCES

- GD No 452 of 15 April 2016 Approving Strategy of the Human Resources Development in the Health System for 2016-2025, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=364384
- Law No 411 of 28 March 1995 on Health Care http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=312823
- Law No 1456 of 25 May 1993 on Pharmaceutical Activity http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313276
- Law No 264 of 27 October 2005 on Performing the Profession of a Doctor http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313062
- Law No 10 of 3 February 2009 on State Surveillance of Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169

- MOHLSP Order No 394 of 13 March 2018 on Certification of Health Care and Pharmaceutic Staff with Secondary Specialised Education https://msmps.gov.md/sites/default/files/ordin_msmps_394_din_13.03.2018_atestarea_personalului_medical_cu_studii_medii.pdf

- Law No 1585 of 27 February 1998 on Mandatory Health Insurance, including for remuneration of the employees. http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311622

- GD No 381 of 13 April 2006 on Conditions of Staff Remuneration http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=326354

- GD No 1150 of 20 December 2017 Approving the Food Safety Strategy for 2018-2022 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373834

EMERGENCY PREPAREDNESS

- Law 271 of 09.11.1994 on civil protection http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311639

- GD 282 of 14.05.2005 for the approval of the Regulation on training in civil protection. http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=300735

- GD 1092 of 19.12.2017 on the measures for preparation of the civil protection of the Republic of Moldova for the year 2018 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=373488

- GD 1340 of 04.12.2001 on the Commission for Emergency Situations of the Republic of Moldova,

- HG 1076 of 16.11.2010 on Classification of Exceptional Situations and on the Accumulation and Presentation of Information in the Field of Protection of Population and Territory in Case of Exceptional Situations, Published: 19.11.2010 in the Official Journal no. 227-230, art. No. 1191.

- GD Nr. 531 of 03.07.2014 on the implementation of the International Health Regulations in preventing the cross-border transmission of public health hazards, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353754

- GD no. 1431 of 29.12.2016 for the approval of the Regulation on the early warning and rapid alert system for the prevention, control of communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- GD no. 600 of 27.06.2018 on the organization and functioning of the National Agency for Food Safety, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=376205

- GD no. 59 of 07.02.2017 on the approval of measures to implement the rapid alert system for food and feed at national level, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368828

EMERGENCY RESPONSE OPERATIONS

- GD No 820 of 14 December 2009 on the National Extraordinary Commission for Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- GD No 1340 of 4 December 2001 on the Commission for Emergency Situations of the Republic of Moldova http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=295793

- GD no. 1431 of 29.12.2016 for the approval of the Regulation on the early warning and rapid alert system for the prevention, control of communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- MOHLSP Order No 928 of 5 December 2014 on the Coordination of Preparedness, Response and Elimination of Medical Consequences of Exceptional Situations and Public Health Emergencies.

- Law No 271 of 9 November 1994 on Civil Protection http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311639

- MoHLSP Order No 371 of 5 March 2018 on Commission for Emergency Situations and Public Health Emergencies of MHLSP
http://old2.ms.gov.md/sites/default/files/legislatie/ordinul_371_05.03.2018_situatii_exeptionale_final.pdf

LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

- Law No. 10 of 03.02.2009 on State Surveillance of Public Health
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169

- GD No. 1431 of 29.12.2016 approving the Regulation on Early Warning System and Rapid response for preventing, controlling communicable diseases and public health events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- GD No. 475 of 26.03.2008 approving the Action Plan for enforcing the International Health Regulations in the Republic of Moldova http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=327526

- GD No. 1092 of 19.12.2017 on civil protection preparedness of the Republic of Moldova for 2018

- MH Order No. 268 of 06.08.2009 for enforcing the provisions of the Government Decision No. 475 of 26.03.2008

- Order of the MHLSP No. 72 of 06.02.2017 for enforcing the Government Decision No. 1431 of 29.12.2016

- The plan for medical assistance for population in exceptional situations
http://old2.ms.gov.md/?q=situatii-exceptionale/planul-asistentei-medicale-populatiei-situatii-exceptionale

- Cooperation Agreement between the Ministry of Internal Affairs and the Ministry of Health in relation to the intervention in case of road accidents, approved via the Joint Order of the MIA and MH No. 78/206 dated 04.03.2013

- Agreement between Ministry of Health, Labour and Social Protection and the National Agency for Food Safety No. 1772/9 dated 13.10.2016

- Algorithm of standard operation procedures for preventing trans-border transmission of public health hazards, approved between the Border Police Department, Customs Service, Institute of Emergency Medicine and National Public Health Agency dated 03.11.2014

- After-Action Report, Outbreak Response and Bioterrorism Investigation US-Romania-Moldova Trilateral Forum and Tabletop Exercise Chisinau, Republic of Moldova, 19-21 October 2010

MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

- GD No. 408 of 06.06.2017 for approving the Framework Regulation on support for host country in exceptional situations,
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=370574

- GD No. 862 of 18.12.2015 for approving the Regulation on management of emergency funds of the Government
http://lex.justice.md/md/362475/

- GD No. 594 of 14.05.2002 on approving the Regulation on the modality of establishing and administrating the compulsory health insurance funds
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=296530

- Law No. 1491 of 28.11.2002 on humanitarian assistance provided to the Republic of Moldova
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311600

- GD No. 653 of 02.06.2003 on the Inter-departmental Commission for Humanitarian Assistance
http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=296616

- MH Order No. 367 of 26 09 2007 on humanitarian assistance provided to public medical-sanitary institutions
http://old2.ms.gov.md/sites/default/files/legislatie/ordin_nr._367_din_26.09.2007.pdf

- GD No. 827 of 16.12.2009 on approving the Regulation for organizing and operating the Material Reserves Agency, the structure and limit-number of personnel in its central apparatus
http://lex.justice.md/md/333154/

- The Plan of the MoHLSP for preparedness, response and liquidation of medical consequences in exceptional situations and public health emergencies
http://old2.ms.gov.md/?q=tipul-situatii-exceptionale/plan

- Order of the MoHLSP/MoIA/NFSA/Customs Service No 342 of 13 November 2017 on the approval of Standard Operating Procedures for the request for international assistance, the granting of international assistance and the transit of the territory of the Republic of Moldova by international intervention teams / modules

RISK COMMUNICATION

- GD No 475 of 26 March 2008 'Approving the Action Plan Implementing the International Health Regulations' http://lex.justice.md/md/327526/

- GD No 1431 of 29 December 2016 Approving the Regulation on Early Warning and Rapid Response System for Prevention and Control of Communicable Diseases and Public Health Events, http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=368353

- GD No 1076 of 16 November 2010 on the Classification of Emergency Situations and on the Manner of Collecting and Submitting the Information on Population and Territory Emergency Protection http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=336766

- GD No 820 of 14 December 2009 on the National Extraordinary Commission for Public Health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333111

- Law No 10 of 3 February 2009 on State Surveillance of Public Health http://lex.justice.md/md/331169/

- GD No 1048 of 6 October 2005 Approving the Regulation on the Organisation of Notification and Transmission System in Case of Danger or Occurrence of an Emergency Situation. http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=297306

- Methodological recommendations for the conduct of civil protection exercises with the governing bodies of the district (municipality, town, village, site)http://dse.md/sites/default/files/pdf/Recomandari%20aplicatiei.pdf

- Order of the MoH No 524 of 1 June 2012 on the development and ongoing use of education and information materials aimed to promote health http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=344130

CHEMICAL EVENTS

- Law No 10 of 3 February 2009 on State Surveillance of Public Health http://lex.justice.md/md/331169/

- GD No 928 of 8 October 2010 Approving the Regulation on the Organization and Exercise of State Supervision in the field of Civil Protection http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=336294

- GD No 1340 of 4 December 2001 on the Commission for Emergency Situations of the Republic of Moldova http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=295793

- Ministry of Health Order No 184 of 25 March 2016 on the Modernization and Reorganization of the Laboratory Service of SPHSS http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=364427

- Order of the Ministry of Health No 668 of 10 June 2013, GN No 533 of 13 July 2011 Approving the List and Tariffs for Paid Public Health Care Services Provided to Individuals and Legal Entities http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=339403

- GD No 961 of 21 August 2006 Approving the Regulation of the National Network for Laboratory Observation and Control over the contamination (pollution) of the environment with radioactive, poisonous, highly toxic substances and biological agents http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=317145

- National Profile for Chemicals Management in the Republic of Moldova, 2008 http://www.moldovapops.md/app/includes/files/NPCM%20Moldova%20Rom.pdf

- Law No 389 of 25 November 2004 Moldova's Accession to the Rotterdam Convention http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313152

- Law No 40 of 19 February 2004 Ratifying the Stockholm Convention on Persistent Organic Pollutants http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313160

- Parliamentary Decision No 1599 of 10 October 1998 on Moldova's Accession to the Basel Convention http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=308270

- Parliament Decision No 1546-XIII of 23 June 1993 http://date.gov.md/ckan/dataset/9dfb12c0-4285-443f

- Law No 1236 of 03.07.1997 on the Arrangements for Harmful Products and Substances http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311560

- Order No 906 of 30 November 2015 http://ansp.md/wp-content/uploads/2014/08/Ordin-MS-semnat.pdf

RADIATION EMERGENCIES

- Law No 132 of 8 June 2012 on Safe Nuclear and Radiological Activity

- Law No 10-XVI of 3 February 2009 on State Supervision of Public Health

- Law No 212 of 24 June 2004 on the State of Emergency, Martial Law and War

- Law No 93 of 05 April 2007 on the Civil Protection and Emergency Situations Service

- Law No 271 of 9 November 1994 on Civil Protection

- Fundamental Radiation Protection Norms. Hygienic Requirements and Rules (NFRP-2000) No 06.5.3.34 of 27 February 2001

- GD No 1210 of 3 November 2016 Approving the Sanitary Regulation on Ensuring Radiation Protection and Radiological Security in Nuclear Medicine Practice

- GD No 961 of 21 August 2006 approving the Regulation of the National Network for Laboratory Observation and Control over the contamination (pollution) of the environment with radioactive, poisonous, highly toxic substances and biological agents

- GD No 1340 of 4 December 2001 on the Commission for Emergency Situations of the Republic of Moldova

- GD No 475 of 26 March 2008 Approving the Action Plan Implementing the International Health Regulation in the Republic of Moldova

- GD No 1076 of 16 November 2010 on the Classification of Emergency Situations and on the Collection and Presentation of Information in the Field of Population and Territory Protection in Case of Emergency Situations

- Order of the Ministry of Health No 201 of 24 May 2007 on the implementation of the Rules for calculating the required parapharmaceutical and medical supplies for the provision of medical care in case of emergency situations

- MOHLSP Order No 668 of 10 June 2013 Regarding the Program for the Development of the Network of SPHSS Laboratories in the Republic of Moldova
- MOHLSP Order No 528 of 4 June 2012 approving the Guidelines for the development of the Hospital Preparedness and Response Plan for emergency situations
- MOHLSP Order No 556 of 11.06.2012 on classifying hospitals according to their involvement in public health emergency response actions
- Order of the Ministry of Health No 201 of 24 May 2007 on the implementation of the Rules for calculating the required parapharmaceutical and medical supplies for the provision of medical care in case of emergency situations

World Health Organization

JOINT EXTERNAL EVALUATION
OF IHR CORE CAPACITIES
of the
REPUBLIC OF MOLDOVA

Mission report:
1–5 October 2018