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PATIENT OPINION POLL RESULTS 2018



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Abbreviations

PAS - Center for Health Policies and Studies

SISI OPINIA – Independent Sociology and Information Service OPINIA

Key Findings of the Opinion Barometer

The Health System in the Republic of Moldova

Perceptions of health status

- In general, the population appreciates their health status as good (32.1%) or satisfactory (44.7%).
- Almost half of respondents (46.7%) say that compared to 2013, their health has worsened.
- 44.4% of respondents mentioned that it happened that they could not work for health reasons in the last year.
- Half of the respondents (50.5%) stated that they suffered from chronic disease, requiring permanent or periodic treatment.
- When they have a health problem, respondents firstly call their family doctor (79%).

Perceptions about the quality and accessibility of healthcare services

- The vast majority (80.4%) of respondents appreciated the quality of medical services in the Republic of Moldova as good or average.
- 73.7% of respondents perceive healthcare services as being accessible and somewhat accessible.

Perceptions of health system reforms

- 32.1% of respondents believe that in the last five years, the state health system in the country has improved, 30.3% consider that it has worsened and 32.9%, that it has remained unchanged.
- The most important health problems in the country were named the following:

| Issues | % respondents |
|----------------------------------------------------------------|---------------|
| Corruption | 38,1 |
| Insufficient provision of modern medical equipment and devices | 37 |
| The high cost of treatment | 36,3 |
| The short list of compensated drugs | 32,9 |
| The attitude of medical staff towards patients | 30,8 |

- Nearly half of respondents (44.9%) consider that reforms in the health system are stagnating and 27.5% consider that they are headed in a good direction.
- The most important source of information on health services in the country was mentioned to be television - 66.2%, followed by the internet - 37.9% and conversation with friends, colleagues, neighbors, etc. - 36.9%.

Healthcare Insurance

- The survey shows that 86% of respondents have healthcare insurance (90.8% of respondents from Chisinau and Balti municipalities, 88.4% of all respondents in rayon centers and other small localities and 83.6% of respondents from rural areas). Their share is higher than the official statistics because of the filters applied at the selection of respondents. It is worth mentioning that the vast majority of survey participants are medically insured by the Government (retired persons, people with disabilities, pregnant women or newborns) or by the employer.
- More than 70 percent of survey respondents claim to know their rights and obligations provided by their status of insured persons.
- The information on health-insured persons' rights and obligations are mainly received from family doctors - 53.2%, the media - 37.8% and from relatives, friends or colleagues - 30.5%.
- The vast majority of people without healthcare insurance are not employed - 56.6%, followed by people who believe that healthcare insurance is useless since they have to pay for services anyway - 20.1%.
- The vast majority of respondents (60.1%) declared to be partly informed regarding the health care services covered by health insurance, and 11.8% declared totally informed.
- 53.1% of respondents are unaware that under the Unique Programme of Mandatory Health Insurance, people, whether or not health-insured, can benefit from a guaranteed amount of emergency and primary care services.

Primary Health Care

- Almost 85% of respondents state that there is a permanent family doctor on duty in the respondent's place of residence and 100% report there is a nurse to serve the population.
- 66.7% of the respondents do not have a permanent family doctor; they report to be served by doctors coming from other places 2-3 times per week.
- The vast majority - 55.2% of respondents state that they live at a distance of less than 1 km from the nearest medical institution and 80% of respondents need up to 30 minutes to reach their family doctor.
- The most common reason for seeing a family doctor was poor health condition - 75.8%, followed by the need to receive a referral to a specialist doctor - 29.3% and prophylactic check-up (including children) - 28.3%.
- 59.8% of the respondents had scheduled their visit to the family doctor and 82.7% were received at appointed time.
- The largest share of respondents (43.4%) had to wait less than 15 minutes to be consulted, followed by 34.9% who had to wait up to 15-30 minutes.
- 85.3% of respondents mentioned that they were served by the same family doctor for more than 3 years, and 97.3% said that the family doctor was assigned according to the place of residence and they did not have the possibility to make the choice.
- 32.1% of respondents mentioned that they can switch to a different family doctor whenever they wish, 22.1% - once a year and 12.3% - once every 6 months. 17.5% said they can not opt for a different family doctor because there is no other doctor in the locality, and 6% had the conviction that they do not have the right to choose.

- The majority of the respondents (38.85%) mention that a visit to the family doctor lasts for 15-20 minutes on average , and 80.2% consider that the time offered by the family doctor is sufficient.
- The question regarding the manner of communication employed by the family doctor had the following answers:

| Responses | % respondents |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| The doctor listened | 92 |
| The doctor showed respect | 90,6 |
| The doctor explained the peculiarities of the diagnosis, investigation and treatment plan using the language understood by the respondents | 84,3 |
| Have trust in doctor's professionalism | 78,9 |
| Trust doctors in keeping personal information confidential | 74,4 |

- More than half of respondents mentioned that they had discussed the subject of healthy lifestyle with the family doctor:

| Subject | % of informed respondents |
|--------------------------------------------|---------------------------|
| Diet | 78,5 |
| Importance of prophylactic medical control | 75 |
| Physical activity | 74,6 |
| Alcohol consumption | 66 |
| Reduce/giving up smoking | 61,1 |

- 76.3% of the respondents mentioned that the family doctor issued drug prescriptions, of which 46.6% were bought at full price, 40.6% were fully compensated, 28.6% were partly compensated and 5.4% were bought without prescription.
- 97.5% of the respondents mentioned that the family doctor had offered instructions on how to take the medicines.
- The largest share of the respondents (80.9%) mentioned that the doctor prescribed the medicines using only the prescription form, followed by the use of a prescription form and a separate sheet of paper with commercial names of medicines - 12%.
- 60.1% of respondents know that the pharmacist should provide a wider range of medicines and inform the customers on their price, so people can choose the medicine they want.
- 27.2% of respondents do not opt for certain pharmacies when they need to buy medicines and the most common reasons to refer to a particular pharmacy for the other 72.8% of respondents are the following:

| Reasons | % respondents |
|--------------------------------------------------------------------|---------------|
| Low drug prices | 37,9 |
| The pharmacy is situated within the medical institution they visit | 23,3 |
| Polite pharmacist | 17,6 |

| | |
|------------------------------------------------------------------------------------------|------|
| Pharmacy with a good reputation | 14,2 |
| Pharmacy recommended by the doctor | 8,6 |
| Pharmacy that provides discount cards | 7,4 |
| The pharmacy that is closest to home or work place | 4,3 |
| Pharmacy that provide herbal drugs | 3,9 |
| Pharmacy providing services for measuring blood pressure, blood glucose, body mass, etc. | 2,1 |

- 27.3% of respondents consider that the prescribed treatment has contributed to a significant improvement of their health condition and 35.5% report only a slight improvement.
- 94.5% of the respondents claim that they did not have to pay for certain services prescribed by the family doctor at the last visit and 95.1 mentioned that they did not pay for any services at the cashier's desk at the primary care institution during the last 3 months.
- In the cases of payment for certain services, 74.7% of respondents stated that they had been issued the cash receipt.
- In the last 3 months, the respondents or their relatives (acquaintances) paid the largest amount of money for medicines - 63.1%, followed by laboratory and medical examinations - 11.3% and consultations at the specialist doctor - 11.2%.
- The impact of direct costs for referring and receiving treatment at the family doctor was estimated as follows:

| The impact of costs | % respondents |
|-------------------------------|---------------|
| Cost were none | 34,6 |
| Costs were acceptable | 20,9 |
| Costs were minimal | 20,8 |
| Costs were significant | 15,6 |
| Costs were difficult to cover | 8,1 |

- If necessary, the respondents would refer to the same family doctors' center or would recommend it to relatives, friends and other people: surely 26.3%, probably yes - 46.2%, and definitely not - 2.1%.
- The performance level of the primary health care institution in respondents' place of residence was evaluate on average by 7.81:

| Type of health center | Evaluation |
|-------------------------------|------------|
| Health centers in rural areas | 7,97 |
| Health centers in urban areas | 7,86 |
| Municipal health centers | 7,26 |

- The highest share of respondents (46.8%) believe that primary healthcare in the country needs many changes, followed by 39.7%, who consider that minor changes are needed.
- The most necessary changes in primary healthcare, in the opinion of the respondents, are the following:

| Necessary changes | % respondents |
|------------------------------------------------------------------------------------------------------|---------------|
| Provision of medical equipment | 39,9 |
| Extend the list of fully compensated medicines | 36,1 |
| Provide health centers with family doctors, and specialist doctors | 36,1 |
| Increase the salary of medical staff | 23,8 |
| Fill the vacant position of nurses and other medical staff | 23,8 |
| Provide health centers with furniture, fitting out the waiting rooms, etc | 23,3 |
| Improve the behavior, attitude towards patients | 22,9 |
| Improve the working hours, doctor's working schedule | 20,8 |
| Enhance the doctors' professional training | 19,9 |
| Organize prophylactic check-ups by the family doctor | 17 |
| Improve the state of health center buildings, sanitary rooms, heating in the cold period of the year | 12,4 |

Hospital Services

- 57.8% of respondents mentioned the urgent need for hospitalization.
- The most frequent ways of admission were based on the referral ticket from the family doctor - 39% and through the ambulance service - 38.7%.
- For the vast majority of those who were admitted, the waiting time in the hospital admission service was less than 15 minutes - 46.1%, followed by 15-30 minutes - 31.1% and 30-60 minutes - 15, 2%.
- 62.5% of respondents consider that they have been well informed about the proposed medical procedures/interventions, the risks and alternatives of the proposed interventions and 14.4% consider that they have been very well informed.
- During the last hospitalization, 25.8% of the respondents underwent a surgery intervention and 90.5% claimed to have signed the informed consent for the surgery in the medical record.
- Concerning hospital treatment, 75.9% of respondents claim that the drugs were administered by the hospital free of charge, and 21.2% mentioned that some of the drugs were provided by the hospital and some were procured on their own.
- The main reason for the medicine procurement during the hospitalization period was that the hospital did not have some medicines in stock - 48.4%, followed by the fact that the hospital had none of the necessary medicines - 34.6%.

- When needed, the highest rate of responders (54.1%) procured the medicines based on a simple prescription delivered by the treating doctor, followed by 39% who procured the medicines without a prescription.
- With regard to oral medication intake, the respondents stated:

| Modes of medicine administration | % respondents |
|--------------------------------------------------------------------------------------------------------|---------------|
| Were instructed on how to administer oral medicines during treatment | 95,4 |
| The nurse brought the necessary medicines to the patient's room before each administration | 61,9 |
| They received the drugs in the morning for the whole day and administered them by their own | 17,5 |
| They were invited to the nurse station to receive the necessary medication before its administration | 14,6 |
| They have received all the medicines for their entire hospital stay and administered them by their own | 4,6 |

- Regarding the number of hospitalized persons in the patient ward, it was found:

| Number of patients in the hospital ward | % respondents |
|-----------------------------------------|---------------|
| 4 patients | 34,6 |
| 2 patients | 20,3 |
| 3 patients | 19,6 |
| 6 patients | 11,4 |

- Only 14.1% of the respondents mentioned that they needed to consult the hospital doctor on duty during night, on Saturdays, Sundays and on official holidays. Of these, 75.8% called on the medical assistant who organized the consultation with the doctor on duty, and 11% had to wait until morning or working day despite the fact that they informed the medical assistant.
- The distribution of respondents who were very satisfied and satisfied with the medical care provided in the hospital was the following:

| Period | % respondents |
|-----------------------------------------|---------------|
| During the day | 83,2 |
| During the night | 81,3 |
| On Saturday, Sunday and during holidays | 64,1 |

- Approximately 23.5% of the respondents said they had free access to their own medical records and 11.4% - only in the presence of medical staff. At the same time, 49.2% mentioned that they did not need access to the medical records.
- A share of 78.6% of respondents said they had received all the information they needed from the supervising doctor.
- The result of hospital treatment was estimated by 54.8% as a significant health improvement, followed by some improvements in 31.3% of cases.

- Most respondents - 68.1% said that they received clear and in detailed guidance on how to continue outpatient treatment at hospital discharge and 23.8% mentioned that they received only minute information. At the same time, 88% of the respondents mentioned that they were told by the treating doctor where to go/whom to consult in case of aggravations, complications.
- 25.8% of the respondents mentioned that the treating doctor discussed where they could refer to if they needed other services than medical ones after hospital discharge (social, legal services, etc.), and 58.7% of the respondents mentioned that they did not need such information.
- About 12% of respondents were paying for some services at the hospital cashier's desk during the hospital stay, and 77.2% of them declared that the cash receipt was issued.
- The most common services for which the respondents or their relatives paid formally were the following:

| Service | % respondents |
|-----------------------------------------------------|---------------|
| Medicines | 60,8 |
| Day-bed payment for the entire stay in the hospital | 27,8 |
| Surgery expenses | 25,3 |
| Nursing services | 22,8 |
| Laboratory tests | 22,8 |
| Radiological examination | 22,8 |
| Consultation of the doctor | 21,5 |

- The most common services for which the respondents or their relatives paid **informally** were the following:

| Service | % respondents |
|------------------------------------|---------------|
| Consultation of the doctor | 46,9 |
| Nursing services | 35,7 |
| Medicines | 15 |
| Expenses for anesthesia | 14 |
| Expenses for surgical intervention | 12,1 |

- Informal payments to hospital staff were reported by 31.4% of respondents. The main reasons for the informal payments were:

| Reason | % respondents |
|----------------------------------------------------------|---------------|
| Informal payment at personal initiative (thank you gift) | 56 |
| Medical staff had conditioned / requested the payment | 12,6 |
| Followed the advice of other patients | 11.6 |
| All three mentioned above | 19.8 |

- Most of the respondents (81.3%) mentioned the transportation costs, including the ones incurred by relatives visiting the patient at the hospital, 76.2% - food expenses.
- In the respondents' opinion, the direct expenses during hospital stay were the following:

| Types of expenses | % respondents |
|----------------------------------------------|---------------|
| Minimal expenses | 27,7 |
| Everything was free of charge | 27,2 |
| Acceptable expenses | 27 |
| Significant expenses | 17 |
| Large expenses which were difficult to cover | 5,9 |

- The source of money to cover the cost of hospital stay was largely family savings - 50.1%, salary - 39.8%.
- The rate of patients who were very satisfied and satisfied with the hospital services was as follows:

| Services | % respondents |
|----------------------------------------------------------------------------------------|---------------|
| Knowledge, doctors' qualification | 81,9 |
| Knowledge, nurses' qualification | 78,8 |
| Attitude of medical staff (politeness, behavior etc.) | 70,6 |
| Attitude of nurses, kitchen staff (politeness, behavior etc.) | 62,2 |
| The time spent by the treating doctor for consultations | 75,1 |
| Room conditions (cleanliness, furniture, space, etc.) | 68,5 |
| Room comfort (temperature, furniture, etc.) | 66 |
| Bed linen, blanket | 58,7 |
| The sanitary facilities | 60,4 |
| Conditions in the treatment room and other premises | 71 |
| Availability of hand sanitizer gel for patients and visitors | 45,8 |
| Availability of cold and hot water during 24 hours, the possibility of taking a shower | 59,2 |
| Food in the hospital | 49,8 |
| Recreation (TV, newspapers, rest, conditions for family visits etc.) | 30,9 |
| The level of service costs | 34 |

- When having an important question, 65.9% of the respondents received complete and understandable answers from the doctor and 61% from the healthcare assistant.
- The confidentiality during the hospital stay was always respected by the doctor as reported by 69.8% of respondents, and by the healthcare assistants - 63.9% of respondents.

- Never did the doctor discuss the case in the presence of the patient in a manner as if he/she were not present reports 77.4% of respondents, and in the case of medical assistants - 76% of respondents.
- The largest share of the respondents - 84.2%, stated that during their stay in the hospital they had a treatment plan that they were informed about.
- Would choose or would definitely recommend the hospital they were treated in - 22.6% of respondents and 58.3% would probably choose or recommend.
- The level of hospital performance in their locality / rayon was appreciated by respondents with an average score of 7.86:

| Type of hospital | Evaluation |
|----------------------|------------|
| Private hospitals | 8,5 |
| Rayon hospitals | 7,96 |
| Republican hospitals | 7,92 |
| Municipal hospitals | 7,48 |

- The most needed changes in hospital activity, in the respondents' opinion, are as follows:

| Necessary changes | % respondents |
|----------------------------------------------------------------------------|---------------|
| Provision with modern medical equipment and devices | 50,2 |
| Renovation of hospitals (buildings, furniture, utilities) | 50,1 |
| Fighting corruption and informal payments | 36,3 |
| Improving attitudes, understanding of patients by healthcare professionals | 27,8 |
| Improve the hygiene, cleanliness and patients' diet | 21,7% |

The Results of Social Exercise

- The population in the intervention districts are more informed about the quality and performance of hospital services. 77.7% of the citizens of these districts correctly answered the conceptual questions regarding the quality and performance of their hospital, compared to 22.3% of the residents of control districts.
- 9.4% of the residents of the intervention districts could accurately determine the performance of their hospital compared to the average of other districts.
- The number of residents of intervention rayons who were able to appreciate the performance of their health centers was bigger compared to the number of residents of control rayons (53.2% vs. 46.8%).

Project Background “Implementing Participatory Social Accountability for Better Health”

The Center for Health Policies and Studies (PAS Center) implements the project "Implementing Participatory Social Accountability for Better Health" funded by the World Bank through the Global Partnership for Social Accountability. The project aims to support the Government's effort to improve health governance, increase the efficiency of health sector development and empower citizens by creating a favorable environment for social accountability interventions in Moldova. The project aims to increase citizens' participation, knowledge and use of conventional mechanisms by promoting transparency and civic involvement so that they can understand what an efficient medical institution means and be able to make better decisions regarding the choice of medical institution and quality of care to be required from these institutions. The project is carried out based on 4 components:

1. Promote the monitoring of hospital institution performance

The primary objective of this component is to improve the flow of information on hospital performance by mobilizing participatory monitoring and evaluation tools. To this end, performance evaluation forms were developed for 55 public hospitals based on the indicators reported to the relevant institutions, in other words administrative data are translated into a format that citizens could understand. All performance evaluation forms are available on www.spitale.md, which is used as a platform for information and transparency.

Within this component, a social experiment has been carried out in 18 randomly selected rayons.

In this respect, in 9 rayons (intervention rayons), hospital performance evaluation forms have been distributed to the residents using the door-to-door method, accompanied by a dissemination message. In this way, the citizens of these districts have been informed about the performance, quality and efficiency of hospitals within their residence. The impact of the social experiment is measured through the health barometer, comparing the result obtained in 9 intervention and 9 control rayons.

Table 1: List of intervention and control rayons within the project

| Intervention rayon | Control rayon |
|--------------------|---------------|
| Cahul | Basarabeasca |
| Cantemir | Causeni |
| Donduseni | Cimislia |
| Falesti | Criuleni |
| Glodeni | Ocnita |
| Nisporeni | Rezina |
| Orhei | Rascani |
| Soldanesti | Soroca |
| Taraclia | Straseni |

Also, within the same component, the project aims to strengthen the voice of citizens and establish participatory monitoring mechanisms, one of them being assessing patient

satisfaction with the quality of the health services received. Thus, two evaluation tools are planned to measure the satisfaction of patients discharged from 55 public hospitals.

2. Strengthen the performance-based payment system in primary health care

The primary objective of this component is to compile and translate the administrative data generated by the current payment for performance mechanism in primary health care into a format that citizens can understand, for a sample of 72 randomly selected primary care institutions. In this respect, a social audit tool of primary health care institutions was developed, similar to the hospital performance evaluation forms, which was distributed to the citizens in the intervention rayons as part of the social experiment. As for the other primary care institutions, they are accessible on www.spitale.md The impact of the social experiment is also measured within health barometer, comparing the results obtained in 9 intervention and 9 control rayons.

3. Create a favorable environment for public health dialogue

The activities included in this component are geared towards creating an environment leading to effective public participation, including complementing existing evaluation processes, improving information flow and promoting opportunities to improve public dialogue. One of these activities includes the implementation of the National Health Barometer Survey.

4. Facilitating knowledge and learning to enhance the efficiency of social accountability interventions

The aim of this component is to ensure that learning and sharing mechanisms are developed both to support social accountability advocates in Moldova and to ensure that lessons learned through the implementation of social accountability mechanisms are taken into account to increase awareness.

Introduction

The "Health Barometer of the Population of the Republic of Moldova 2018" survey was conducted to identify the citizens' views and opinions about the health services provided within the country health system. The Barometer will be held for two consecutive years in the framework of the project "Implementing Participatory Social Accountability for Better Health" implemented by the Center for Health Policies and Studies (PAS Center) with the financial support of the World Bank / Global Partnership for Social Accountability.

The study intends to present the population's perceptions on two important issues: (1) self-assessment of their own health status and (2) evaluation of health services in the Republic of Moldova and access to health services both in primary and hospital care. The study sample is representative of the population segments across the country, which referred to primary health care during the last 3 months or were admitted to hospitalized treatment during the last 12 months.

Survey objectives:

- Self-assessment of health status;

- Identifying customers' attitudes towards healthcare quality and access to healthcare services;
- Evaluating the perceptions of the final beneficiaries on the evolution of the healthcare system in the country;
- Identification of information sources used by customers;
- Evaluate the perception of mandatory healthcare insurance;
- Measuring the customers' degree of satisfaction related to primary and hospital healthcare services;
- Identification of beneficiaries of formal and informal payments in the healthcare system in the country;
- Evaluate the level of performance of health centers and hospitals in the sample. The information gathered in this research describes the public's opinion on access to health services and public awareness of key concepts of quality and performance of health services, as well as the degree of satisfaction with primary and hospital care. At the same time, this study allows to highlight the link between the health status of the population and certain demographic factors (gender, age, residence, income and occupational status).

Methodology

This survey included all the members of randomly selected individual households on the territory of the Republic of Moldova. The survey sample included 74 rural and urban localities from 18 rayons.

The ISIS OPINIA survey is based on a random sample of 1318 respondents. This allows us to develop representative estimates for all respondents aged over 15.

Sampling universe

Adult population of the Republic of Moldova aged 15 and over living in households.

Characteristics of the sample

Type: multistaged, stratified, non-probability.

Volume: 1318 respondents from the Republic of Moldova from 74 rural and urban localities from 18 rayons of the country. The sample was also divided into two representative groups - intervention group and control group. In the intervention group, there were 20 interviews per locality and in the control group - 10 interviews per locality. Over-sampling was carried out to include Chisinau and Balti municipalities in the survey area. The detailed sample of the study is included in **Annex I**.

The total sample size (1318 respondents) was distributed among regions in proportion to the 15+ population in each region as well as to the urban and rural areas according to the proportion of the population living in each region.

The target group of the study were 15+ year old respondents living in randomly selected individual households in 74 Moldovan localities who either received primary health care in the last 3 months or were beneficiaries of hospital services in the last 12 months. Identification of this segment was conducted using a screening questionnaire.

Household selection

The households in which the interviews were conducted were selected according to the random route method based on a predetermined statistical step. At a sampling point, at most 7 successful interviews from 3 allowed visits were performed.

Control rate: 40%

Research technique

Direct interview ("face-to-face") with the selected respondent using the Kish grid. The direct interview took place at the respondents' home in Romanian or Russian, depending on the interviewee's preferences. All interviews were conducted in accordance with the sampling plan.

Set of tools

Standardized Sociological questionnaire, composed of thematic blocks of questions. The questionnaire is included in **Annex II**.

- Opinion on the health system in Moldova;
- Primary healthcare assistance;
- Hospital services;
- Socio-demographic data.

Pretesting the set of tools

In accordance with the sociological research rules, OPINIA had pre-tested the questionnaire for qualitative improvement and its subsequent use in the field. The questionnaire pretesting took place between 01-06 April 2018.

Reference period

The survey questions used different periods of time as reference points: *the last 3 months prior to the interview* for the set of questions regarding primary health care services; *the last 12 months prior to the interview* for questions on hospital care.

Data collection

The information was collected in the field by SISI "OPINIA" interviewers. Prior to starting work on the ground, SISI OPINIA organized 3 training sessions for regional, local and intergovernmental supervisors on regarding the goal and objectives of the study, implementation method and techniques, questionnaire structure, and interviewing practices.

Period of data collection

17.04.2018 - 29.05.2018.

Data processing

The collected information was introduced and processed using the SPSS software, which was also used to analyze the required statistical data, bivariate frequencies and correlations.

Survey estimates contain a **margin of error of +/- 3%**.

The confidence intervals represent a range in which there is a certain probability that the true value is valid. In this case, the probability level of 95% was selected.

Response rate – 72,2% (Response rates were calculated using the response rates of the American Association for Public Opinion Research (AAPOR)¹).

Survey results are presented both generally and disaggregated by residence area, gender, age groups, level of education, medical insurance status and self-assessment of health status.

In some cases, there may be slight discrepancies between the indicated totals and the included component amounts, which is explained by rounding the data by up to 0.05 percentage points.

¹American Association for Public Opinion Research (2011), p.46

Methodological limitations

When analyzing the data collected during the study, it is necessary to take into account certain factors that could influence the quality of the respondents' answers: the sensitive components of the study (in particular questions related to informal payments made by the respondents to health centers or hospitals) and the reminding technique of the circumstances that occurred after a few months or even a year (especially related to hospital services).

Table 2. Respondents' (service customers) area of residence

| | | Primary healthcare | Hospital services | Total |
|--------------|-------------|--------------------|-------------------|--------------|
| Urban | Abs. | 279 | 279 | 558 |
| | % | 21.2 | 21.2 | 42.3 |
| Rural | Abs. | 380 | 380 | 760 |
| | % | 28.8 | 28.8 | 57.7 |
| Total | Abs. | 659 | 659 | 1318 |
| | % | 50.0 | 50.0 | 100.0 |

Table 3. Respondents' gender and area of residence

| | Abs. | % | Male | % | Female | % |
|-----------------------------------|-------------|-------------|------------|--------------|------------|--------------|
| Chisinau and Balti municipalities | 238 | 18,1 | 129 | 9,8 | 109 | 8,3 |
| Rayon center/town | 320 | 24,3 | 148 | 11,2 | 172 | 13,1 |
| Rural locality | 760 | 57,7 | 333 | 25,3 | 427 | 32,4 |
| Total | 1318 | 100% | 610 | 46,3% | 708 | 53,7% |

Table 4. Distribution of the general sample by age group

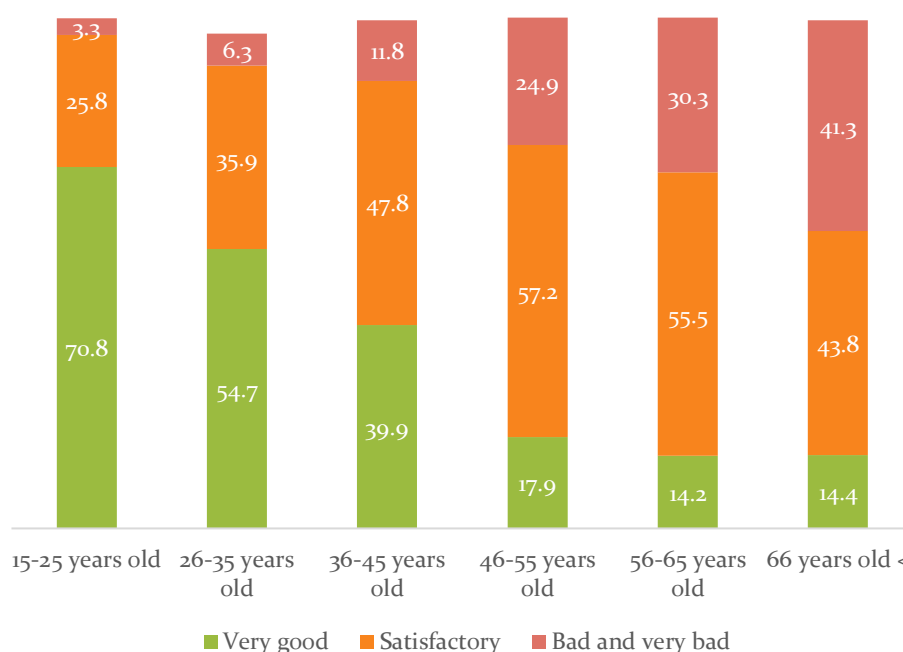
| | Abs. | % |
|-----------------|-------------|-------------|
| 15-25 years old | 209 | 15,9 |
| 26-35 years old | 223 | 16,9 |
| 36-45 years old | 203 | 15,4 |
| 46-55 years old | 201 | 15,3 |
| 56-65 years old | 274 | 20,8 |
| 66 years old < | 208 | 15,8 |
| Total | 1318 | 100% |

II. HEALTHCARE SYSTEM IN MOLDOVA

2.1 Perceptions of Health

The state of health of the population is a complex biological, psychological, social, cultural phenomenon, which synthetically explains the health characteristics of the community members viewed as a whole. Most respondents rate their health status as good (32.1%) or at least satisfactory (44.7%). The distribution of self-assessment of health status by gender and age revealed traditional differences in this respect. Survey data showed a more positive evaluation in men as regards their health compared to women of all age groups and a decrease in evaluation rate as they age. Most people who rated their health as good and very good were in the age group of 15-35, both men and women. In the 36-55 age group, most respondents assessed their health as satisfactory, while most respondents over 56 years old stated poor or very poor health. The overweight of the elderly population in rural areas and the increase in the risk of chronic diseases is one of the reasons for a higher rate of negative health assessment among the respondents in the villages.

Figure 1. Population structure by perception of health status distributed by age group, %

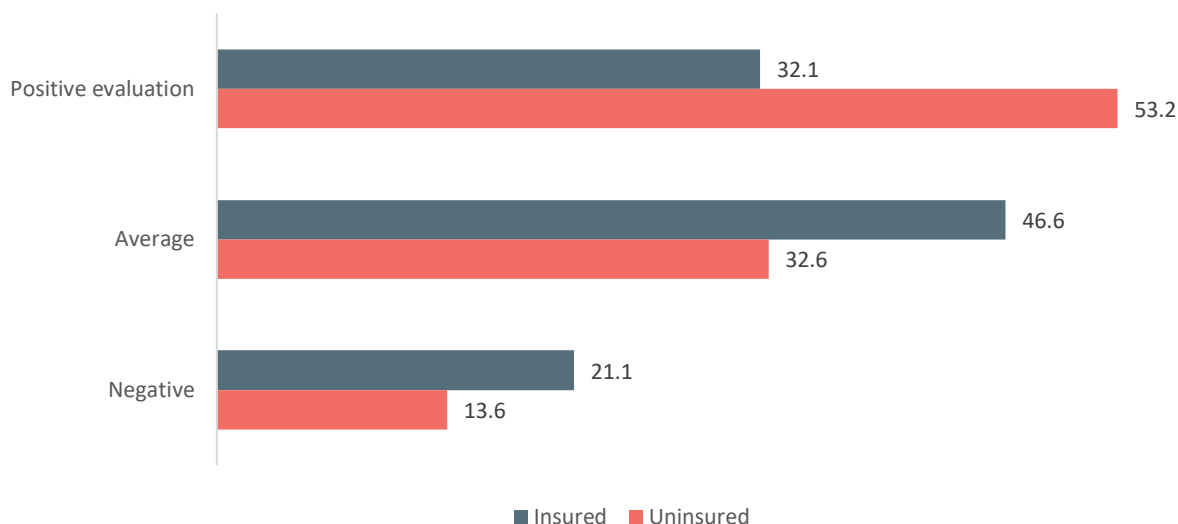


There are more pronounced differences in this respect among the older people and at the disaggregation of the data based on gender. Generally, health is traditionally more critical to women, and men are much more optimistic in self-assessment of their health status.

At the same time, lower health indicators belong to groups of people with primary or secondary education, low incomes, and residents of rural areas - most of those who declare to be happy with their health status are city people (34,8 %), by more than 4 percentage points compared to the villagers who believe that their health is good. It should also be noted that a large number of respondents with healthcare insurance stated that they have poor or very poor health (21.1%), compared to 46.7% of uninsured respondents who self-assessed their health status as good.

In the context of health evaluation, a quasi-important indicator is the income level of the respondent's household. Insufficient income in a household affects the quality of nutrition, the quality of family living conditions, the possibilities of procuring medicines and the ability to follow a healthy lifestyle and to apply preventive measures to insure a good health. Respondents in low-income households more often assess their health as bad and very bad compared to those coming from families whose income is higher than the average.

Figure 2. Evaluation of health status based on availability of healthcare insurance, %



Nearly half of respondents say that their health has worsened compared to 2013. Most of them come from rural areas (49.3% vs. 43.2%). Most of the city people believe that their health have remained the same (40.9% vs 34.2% rural) during this period.

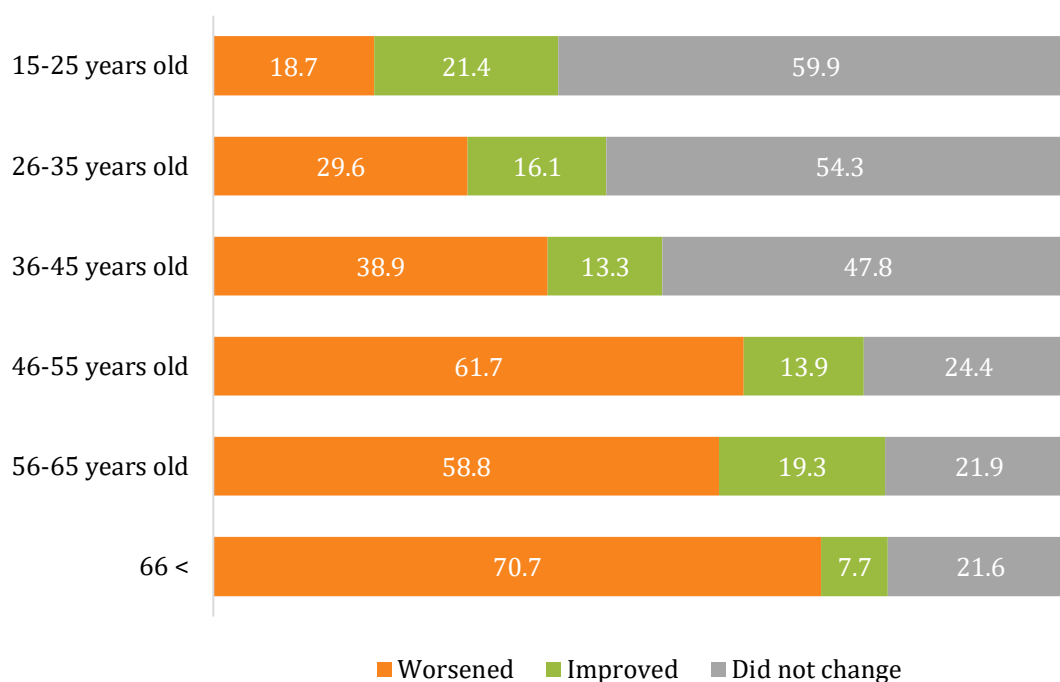
There is a gender disparity, with more women reporting that their health has suffered, while more men say that their health has improved over the past 5 years.

Approximately half of respondents aged 15 to 45 say that their health did not change during this period, while the respondents aged over 45 state that their health worsened, the rate being up to 70.7% in the case of those aged over 65.

It is also noted that the share of insured persons whose health has worsened is roughly equal to that of uninsured persons who do not mention any change in their health status - around 50 percent in both cases. In fact, 62.7% of respondents whose health has suffered since 2013 have been hospitalized in the last 12 months, while 42.6% of those whose health has remained unchanged have received primary health care in the last 3 months.

It is also noted that every second respondent who assessed their health as being very good and good now, say that they have had a stable health status in the last 5 years or it has even improved. People who state the worsening of their health in recent years are largely those who are assessing themselves as sick or very sick at the moment.

Figure 3. Perception of health status evolution over the last 5 years by age group, %



The proportion of those who have been incapacitated for health reasons over the past year is about 10 percentage points lower compared to respondent who have not suffered such inconveniences.

However, the results show that the number of people in the urban area who experienced difficulties in carrying out daily activities for health reasons at least once in the last 12 months exceeds that of rural residents (46.1% vs. 43.2%), just as the number of women who happened to be unable to work for health reasons are considerably more than men (47.7% vs 40.5%).

Also, nearly 70 percent of respondents without medical insurance said they were never unable to work for health reasons in the last year. It is also noted that half of those who could not work during this period because of their health status benefited of both hospital services and family doctor assistance.

Determination of population health status underwent along time a transition to chronic conditions such as Type II diabetes and cardiovascular disease. Half of the respondents stated that they suffer from a chronic disease that requires permanent or regular treatment, their share being equally distributed in urban and rural areas. It is found that the prevalence rate of chronic diseases increases with age. Most people in this category - over 75 percent - are aged over 56, and the fewest number of people - about 15 percent - are aged between 15 and 25 years old.

Respondents who self-assess their health as very poor or poor usually suffer from a chronic illness.

Figure 4. Share of the population with chronic diseases, based on the declared state of health, %



In fact, nearly 55% of people with chronic diseases have healthcare insurance, and 27.8% of them said they are not insured.

Figure 5. Prevalence of chronic disease by age group, %

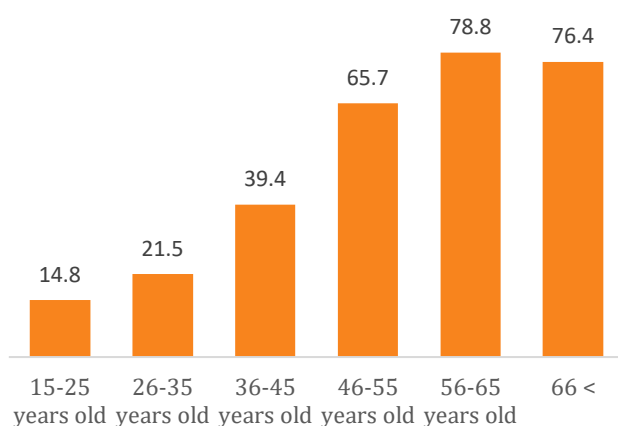


Figure 6. Prevalence of chronic diseases, based on the availability of healthcare insurance, %

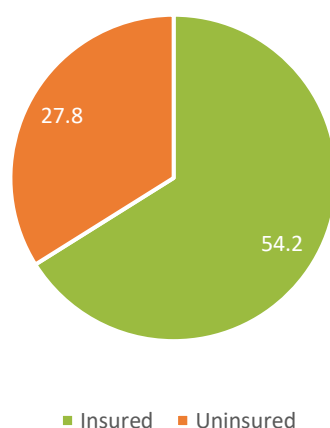
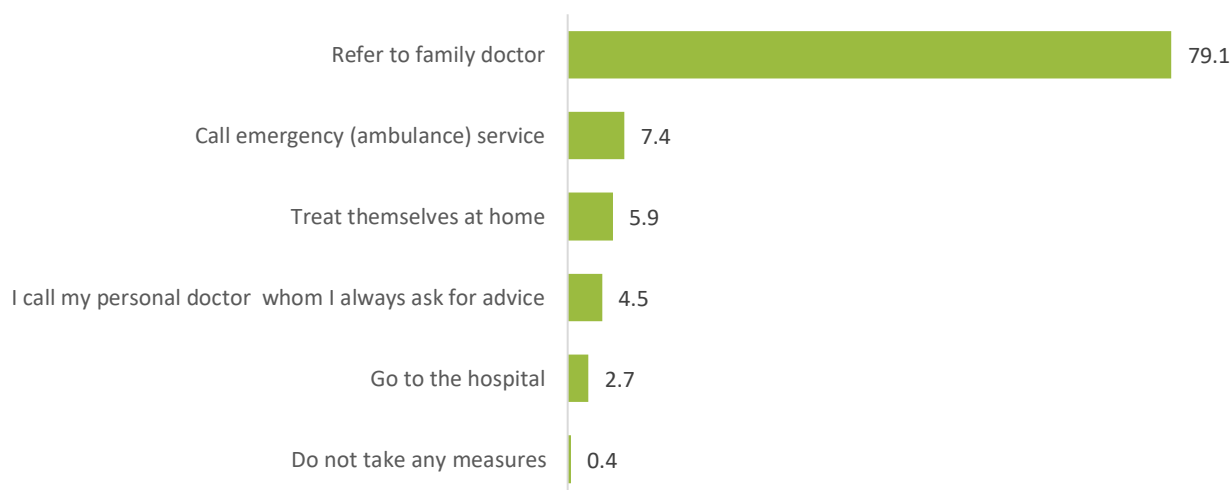


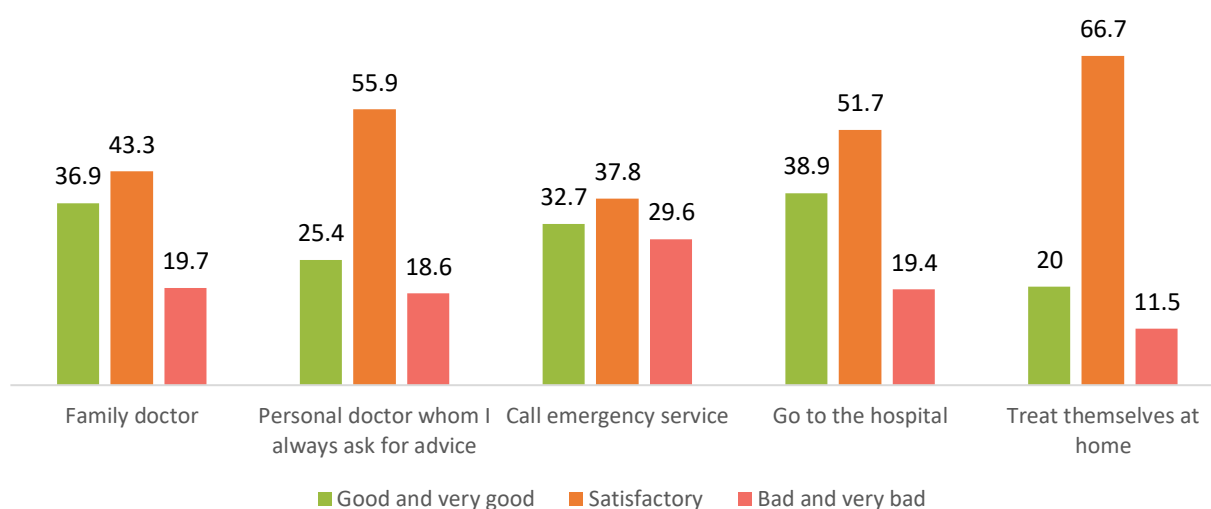
Figure 7. Distribution of responses regarding the initial behavior of the population when a health problem occurs (worsening of chronic condition), %



The vast majority of respondents (79.1%) refer, first of all, to the family doctor in case of aggravation of health problems, 7.4% call emergency services, 4.5% refer to a personal doctor who they usually consult for advice and 2.7% go straight to the hospital. However, 77 respondents (predominantly from the urban area) stated that in such situations they treat themselves at home without consulting the healthcare staff. Self-treatment is also practiced by a relatively large number of uninsured respondents (10.9%) aged between 26 and 35 (10.0%), whereas the respondents who call emergency services in the first place are people over 65 (12.0%).

Respondents who say to have good and very good health when facing a health issue, first of all, as a rule take independent measures or consult a known doctor for advice, while those assessing their health as poor and very poor - call the emergency healthcare service.

Figure 8. Distribution of responses regarding the initial behavior of the population when a health problem arises (sharpening of a chronic disease) after self-assessment of health, %



Although most respondents refer to the family doctor, there are considerable differences between those who suffer from a chronic disease and those who do not have any chronic conditions or have not been diagnosed with one yet. Patients with chronic illnesses are more responsible and suffering from a disease requiring constant supervision, they know about the complications that may arise in case of negligence. That is why, when their state of health gets worse, they call the emergency service or call a doctor they are used to consult, while those who have no chronic diseases or do not know about their presence choose not to take any action in critical situations, to treat themselves or to refer directly to hospital services.

Figure 9. Distribution of responses regarding the initial behavior of the population when there is a health problem (sharpening of a chronic disease) within territorial profile, %

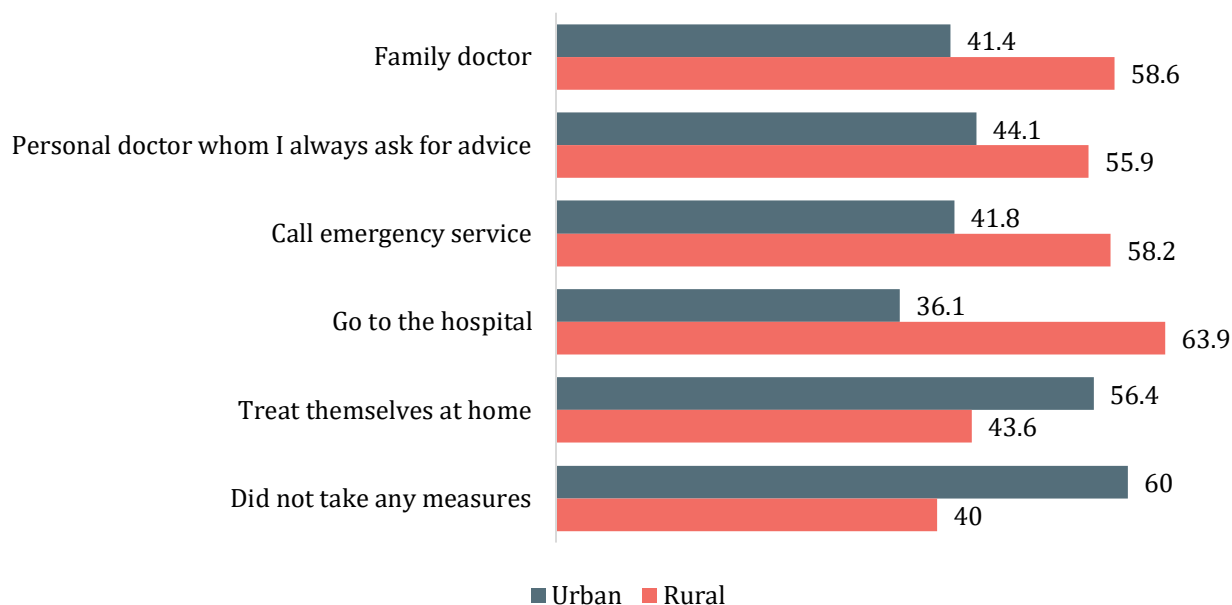
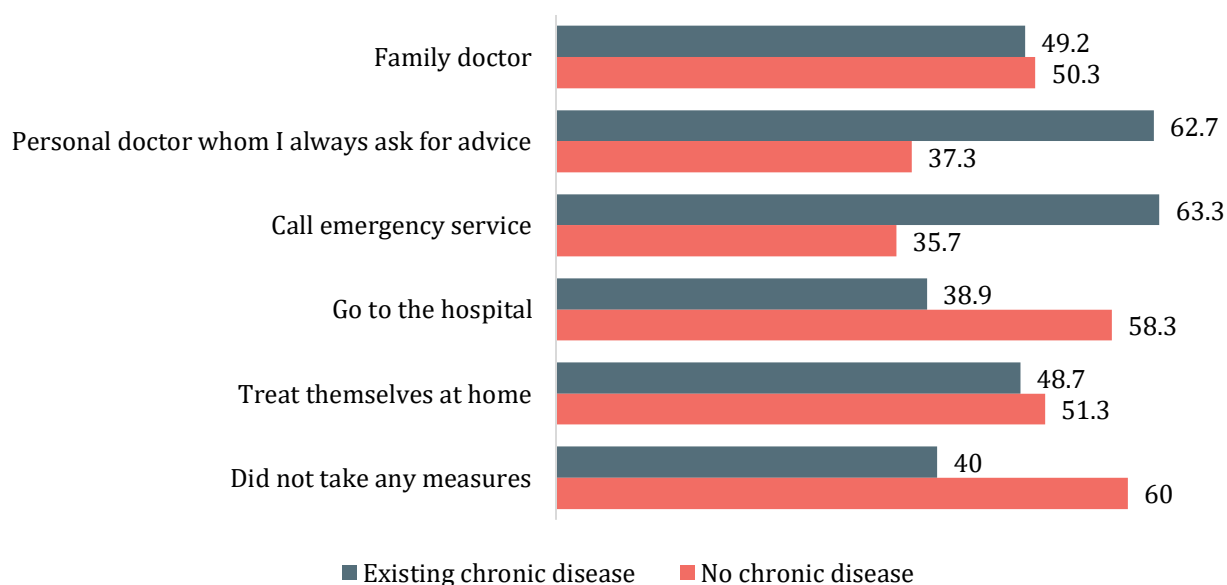


Figure 10. Distribution of responses regarding the initial behavior of the population when a health problem occurs (sharpening of a chronic disease) based on the prevalence of chronic diseases, %



Asked when they last had a health problem for which they needed medical attention or special care - 42.7% said that it occurred in the last 30 days, 38.6% - in the last 3 months, 15.6% - in the last 12 months and 40 people said that a health problem that required medical occurred more than 12 months ago. Most respondents who needed medical services are people of 46-55 years of age (52.8%).

Healthcare services have been requested over the last month mostly by insured persons (43.4%), while quite a large number of non-insured respondents have not referred to a doctor for more than 3 months (17.4%).

Approximately 80 percent of respondents opted for a family doctor when they needed counseling or medical care, mostly those with a medical insurance policy. 12.1% of the

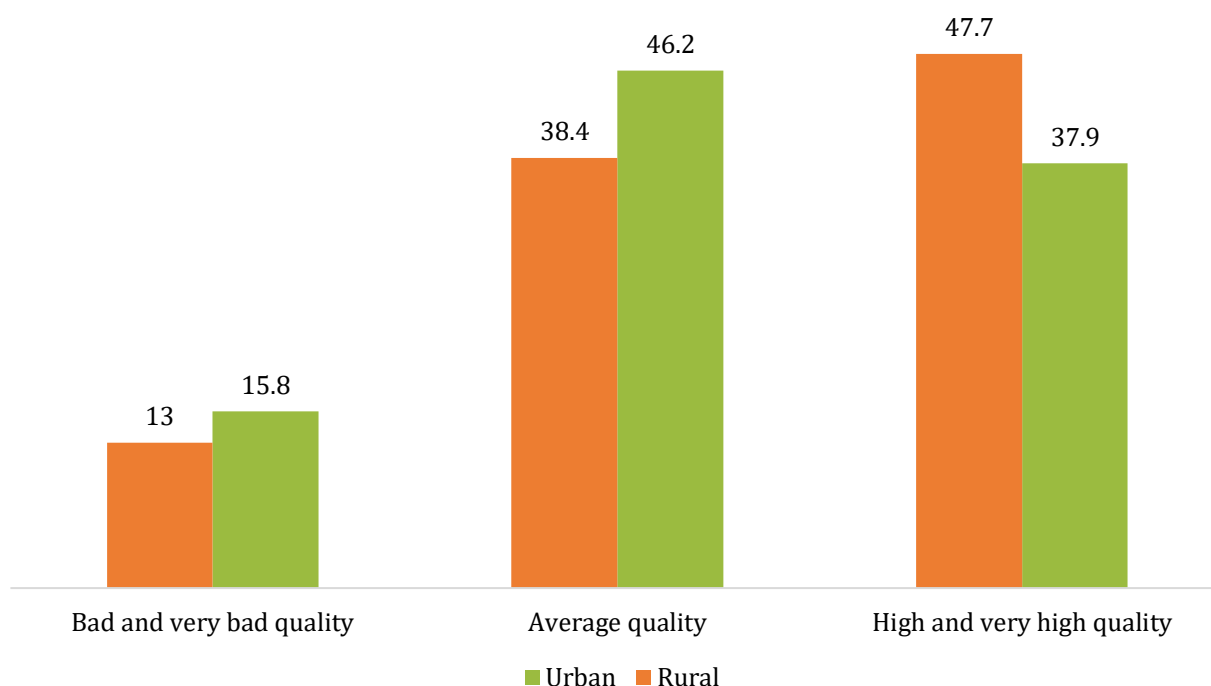
respondents aged 26-35 who asked for medical services, referred directly to a specialist, similarly to 12% of the uninsured respondents. 7.6% of the latter called the emergency service.

2.2 Perceptions of the Quality and Accessibility of Healthcare Services

Most interviewed persons consider the quality of healthcare services in the Republic of Moldova as good or average - a total of 80.4 percent.

In territorial terms, it is noted that urban residents consider healthcare services of average (46.2%) or even bad (12.2%) quality, while those from rural areas more often categorize them as of good (40.9%) or even very good (6.8%) quality. Every second respondent who received hospital services in the last 12 months perceives the overall quality of medical services in the country as good and very good (50.4%), while the respondents who received only primary health care perceive the quality of services as medium (42.5%)

Figure 11. Evaluation of the quality of healthcare services offered by the healthcare system in the Republic of Moldova, by residence area, %



73.7% of respondents perceive the medical services provided in Moldova as accessible and somewhat accessible. Depending on the residence environment, each third resident in the city declares that healthcare services are inaccessible and somewhat inaccessible, whereas in rural areas health services are more often perceived as accessible.

The number of women who consider healthcare services somewhat accessible or affordable is higher than that of men. Obviously, most of the insured respondents consider healthcare services to be accessible (67.6% vs 63% of the uninsured persons).

Figure 12. Evaluation of the accessibility of healthcare services in the Republic of Moldova in the perception of the beneficiaries of primary care and hospital services, %

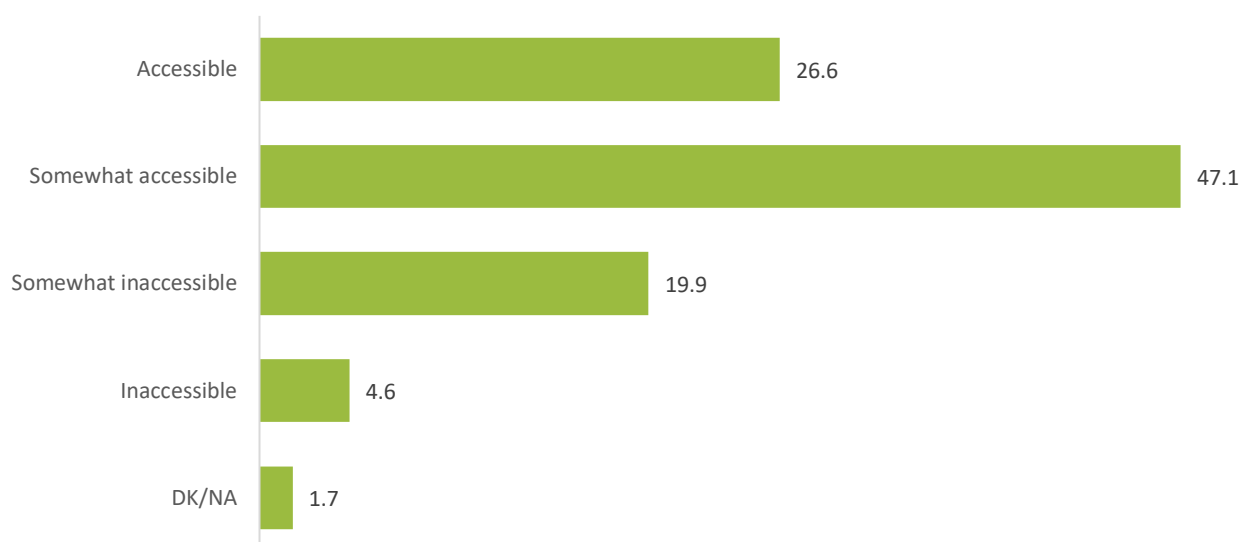
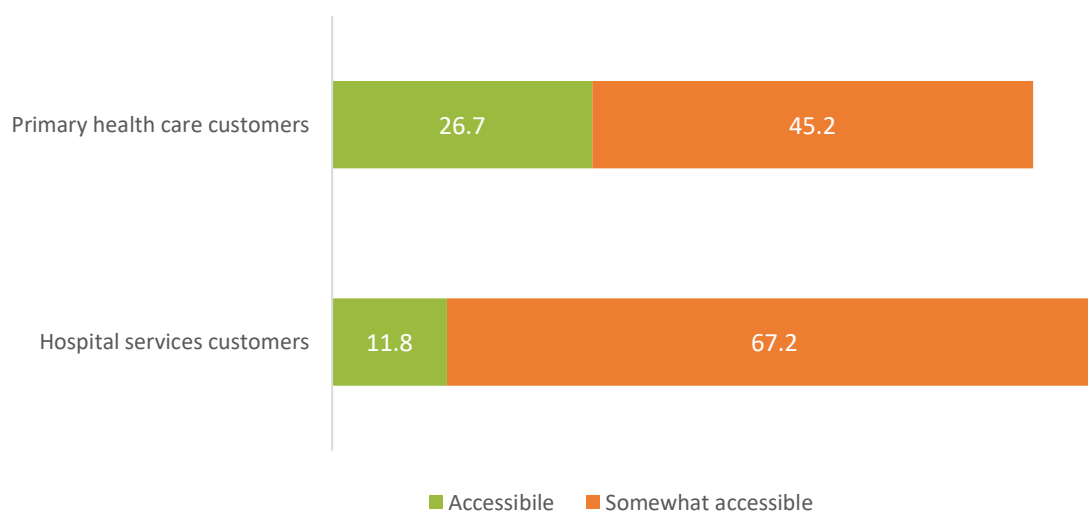


Figure 13. The level of positive evaluation of the accessibility of healthcare services in the Republic of Moldova by the customers of primary health care and hospital services, %



The most important issues in the healthcare system of the Republic of Moldova, in the opinion of the participants, are corruption (38.1%), poor supply of medical equipment and devices (37.0%) and high costs for prescribed treatments (36,3%). Another issue mentioned is the state's inability to provide the population with sufficiently compensated and free medicines, and sometimes the inability to place on the market some currently unavailable medicines (for which patients are willing to pay) and to ensure the quality of provided medicines. In the opinion of survey participants, another fact that is causing alarm is the inefficient way of organizing the activity of health centers and family doctors, including the bureaucracy – it takes a long time to doctors to fill out the forms during the patient visits and the latter perceive this as lack of attention and the inability of family doctors to serve a reasonable number of citizens. Also, another issue related to work organization is the dissatisfaction with the long waiting time for the scheduled dates of the visits to specialists.

Another problem noted by each of the forth respondents is the low level of professionalism and incompetence of some of the medical staff serving them, the negligence of some doctors and assistants and the poor attitude towards the patients. People in rural areas and small towns invoke the problem of shortage of healthcare personnel (family doctors, specialists and support staff), which leads to a decrease in the capacity to provide quality services to citizens in the sectors. The respondents from villages are aware that doctors need higher wages to be able to work in rural areas with a heavy workload and complain that local healthcare staff are far behind retirement age and do not perform the visits at home as they should because they serve more localities or because they merely have physical difficulties in moving. Also, some respondents in rural areas, especially in remote villages located far away from rayon centers, underline that the ambulance service is not organized at the required level, that they lack general medical laboratories and ambulatory services in the village.

Both urban and rural residents mention the high cost of the insurance policy and its factual value when they need healthcare assistance, especially with regard to specialist doctors and hospital services.

2.3 Perceptions of Reforms within the Health System

Remarkably, respondents' views on the efficiency of healthcare reforms were roughly equally divided among those who consider that the situation improved (32.1%), worsened (30.3%) and remained unchanged (32.9%).

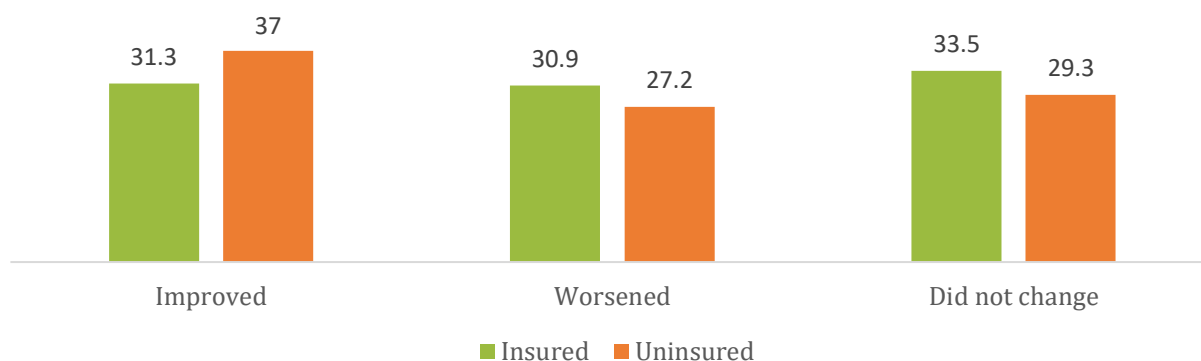
However, these quotas take on new dimensions based on respondents' area of residence, gender, age, and medical insurance status.

For example, most of the respondents from villages are of the opinion that the situation has improved (34.2% vs. 29.2% urban). Similarly, women show more confidence than men (34.0% vs. 29.8%). Also, among those who think things are better, young people aged between 15 and 35 (34.1%) prevail, while respondents aged over 46 tend to believe that the health system in the country has worsened in the past 5 years.

Surprisingly, the number of uninsured respondents who see an improvement in the situation (37% vs 31.3%) is higher than those insured, the latter saying that, on the contrary, the situation worsened in the last years (30.9% vs 27.2%).

An improvement in the situation is also reported by those who have received both primary care and hospital services over the past year (32.8%).

Figure14. Perception of the evolution of the health system in the country in the last 5 years, based on the availability of medical insurance, %



Nearly half of respondents consider that the reforms in the health care system are stagnating, 27.5% consider that they have a plausible direction and 21% of respondents have been discontented by the system reform. The reform direction is wrong in the opinion of every third respondent in the urban area, while every second interviewee in rural area does not perceive any progress of these reforms.

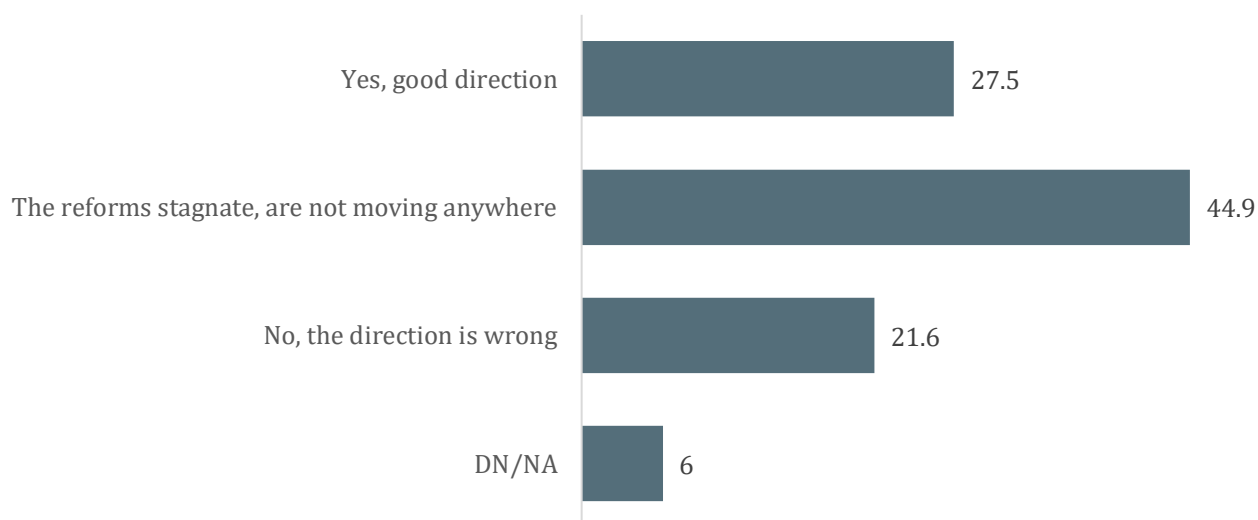
Young people under the age of 35 are the ones who give the most credit to reforming efforts in the health system, which is opposite in case of people aged 46 to 65. But more than half of the 65-year-old respondents are of the opinion that things are stagnating. The survey results testifies that the direction of the reforms in the health system in the country is appreciated by every third beneficiary who used both the primary and the hospital care services in the last 12 months.

Primary care customers predominantly consider that reforms are stagnating and respondents, who were hospitalized over the past year but did not see their family doctor, show more often dissatisfaction with the direction of reforms in the field.

Returning to the self-assessment of health status, we find that people who are not satisfied with their health status are more likely not to perceive any changes determined by reforms in the health system, and 32.7% of them consider primary health care in the country to be very poor and requiring complete reformation.

While respondents assessing their health as very good evaluate the system reforms as being positive and are more optimistic about their impact, 38.7% of them state that primary care and health centers do not require changes or only minor changes are needed.

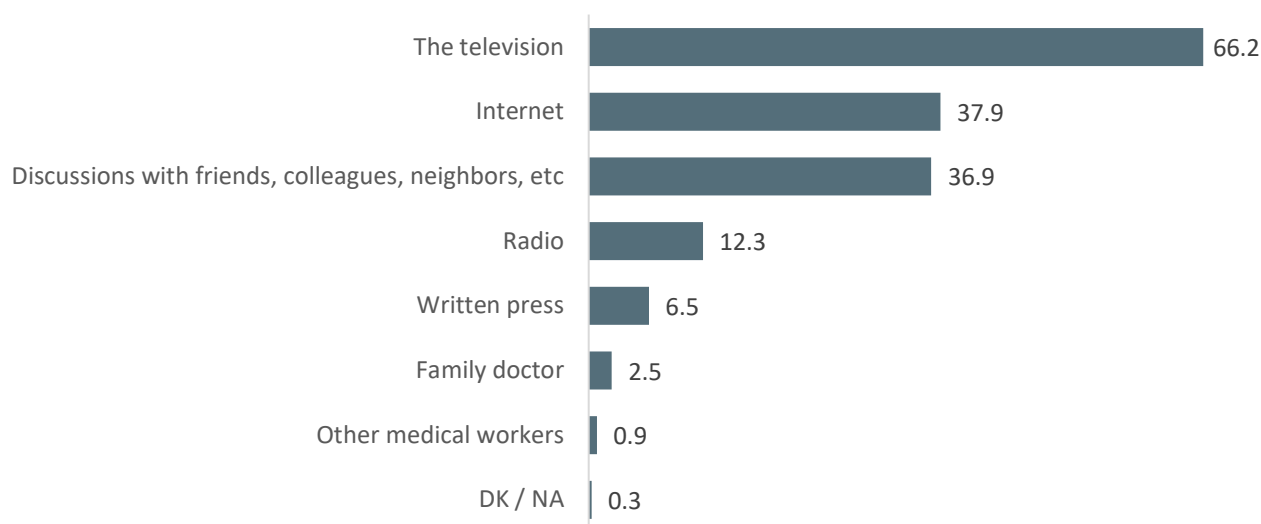
Figure 15. Perception of the reform of the health system in the country, %



Sources of Information on Health Services in the Country

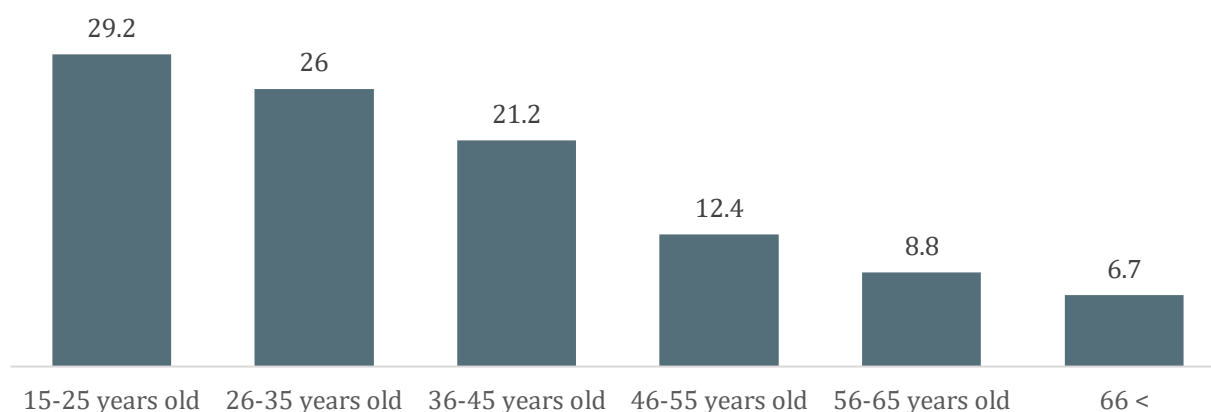
Information on health services in the country is received by the respondents from television (66.2%), from internet (37.9%) and from discussions with friends, colleagues, neighbors, etc. (36.9%). By comparison, information obtained directly from the family doctor or other health workers (3.4%) is insignificant, according to survey results.

Figure 16. Distribution of sources of information about health services in the country, %



17.2% of the respondents confirmed that they heard about www.spitale.md. Among them, urban and female respondents predominate. The number of respondents who heard about www.spitale.md decreases by age group - from 29.2% of 15-25-year-olds to 6.7% of those over 65 years old. Every second respondent who stated that they know of the site, also know that through www.spitale.md they could give an appreciation to the hospital where they were treated. Most of those who know about this, however, come from urban areas (10.6% vs 8.9%), and are mostly of 15 to 45 years of age.

Figure 17. The distribution of the population that know about www.spitale.md, by age group, %



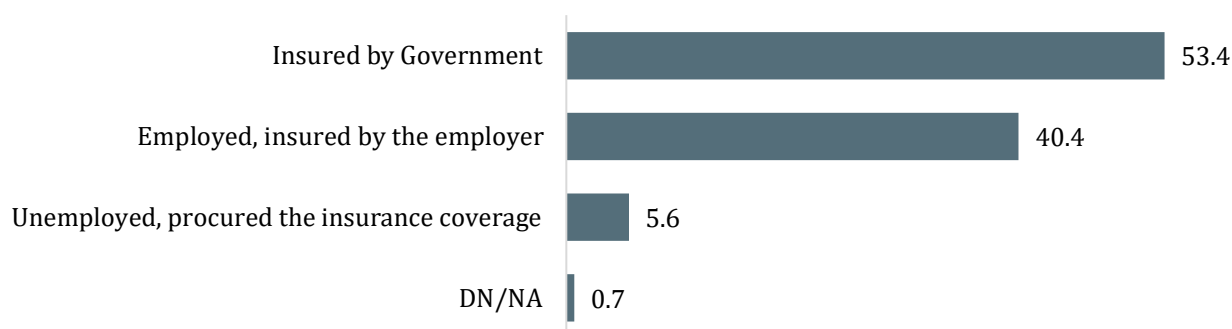
III. HEALTHCARE INSURANCE

3.1. Profile of Persons Insured by NHIC

All public healthcare institutions in the Republic of Moldova are active within the Mandatory Health Insurance Program (AOAM). The survey reveals that 86% of respondents have healthcare insurance (90.8% of respondents from Chisinau and Balti municipalities, 88.4% of all respondents in rayon centers and other small towns and 83.6% of interviewed persons in rural areas). Most people are insured by the employer and the Government. In Chisinau and Balti the share of persons insured by the employer is 57.4%, in rayon and small towns - 40.3%

and in villages - 34.6%. Insured by the government are predominantly rural residents (59.4%) and people living in rayon centers (52.7%). The share of respondents who procured their health insurance policy by their own is less than 6%.

Figure 18. Distribution of healthcare insured population by categories of insured persons, %



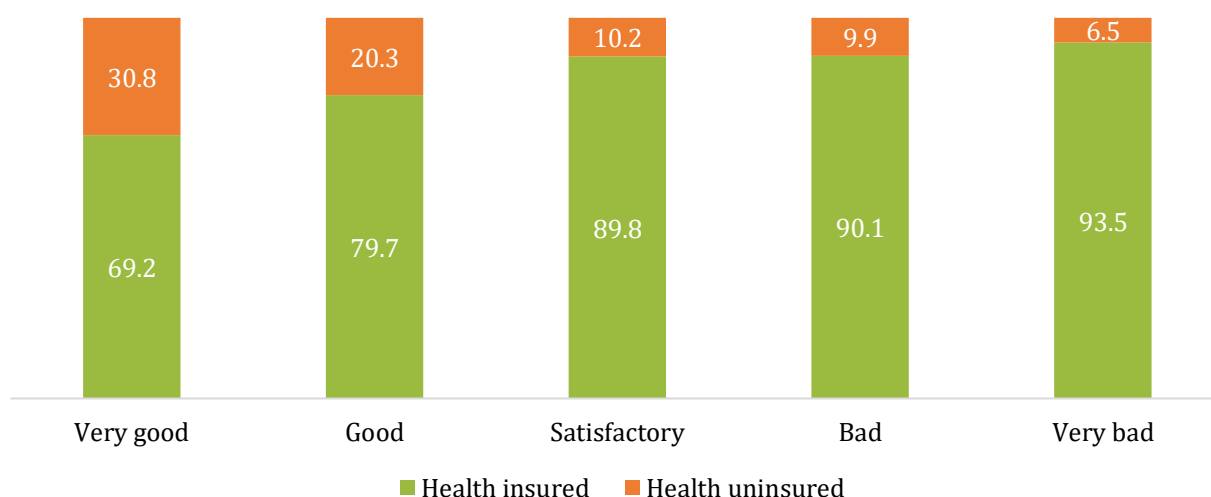
Every third respondent who assesses their health status as good and very good is not healthcare insured, while 9 out of 10 of those who are unsatisfied with their state of health (describe it as bad or very bad) report to have healthcare insurance.

In the age categories of 26 to 45-year old, the beneficiaries are insured by employers - over 70%, and the health insurance provided by the Government is most often held by people over 56 years old - up to 91.7% of those over 65 years old. 9% of respondents aged 46-55 purchased their health insurance on their own.

Most of the respondents hospitalized in the last 12 months are insured by the Government (62.9%), while the holders of health insurance paid by the employer referred most frequently to primary care services (42.9%).

30% of respondents who are self-assessing their health status as very good and 20% of those who assess it as good are not currently health insured with the National Health Insurance Company, most of them say that the system is corrupt and that they will have to pay for health services anyway.

Figure 19. Distribution of population by the availability of health insurance based on self-assessment of health status, %



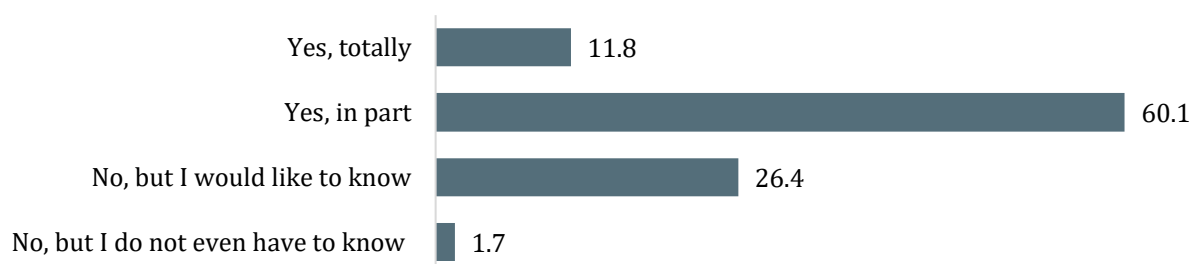
The vast majority (65.2%) of the uninsured respondents argue that they are not insured by the NHIC because they are not employed or are employed unofficially. Every fifth respondent who have no health insurance claim that the it is useless, because they should pay for medical services anyway. Another reason why the respondent do not have health insurance is seasonal or temporary work outside the country or work in the agricultural or freelance field. 14 people in the total sample claimed they had another type of health insurance.

3.2. Level of Knowledge regarding the Services Covered by Health Insurance

Many health insurance holders do not know about the full spectrum of health insurance opportunities - $\frac{1}{4}$ of the interviewed people do not know the medical services covered by the health insurance, and 60 % of the interviewed persons are only partially informed.

People who live in cities have better knowledge of full (12.7%) or at least part of (63.1%), medical services covered by health insurance policy compared to those living in rural area (full 11.1% and part of covered services 57.9%).

Figure 20. Level of knowledge of the population about healthcare services covered by health insurance, %



Gender-based, women are more aware of the range of medical services they could benefit from with healthcare insurance than men (12.4% vs. 11.0%). By correlating the results according to respondents age group, we find that people aged 15-45 know better what services are covered by the insurance policy compared to the elderly, beside that , over $\frac{1}{4}$ of those over 46 years confess that they do not know what the benefits of health insurance might be, though they would like to know.

We also mention that every third respondent who received hospital services in the last 12 months did not know which medical services are covered by their health insurance.

More than 45% of respondents know that they can benefit from a guaranteed amount of emergency and primary care services, even though they do not have a health insurance, a little higher knowledge in this respect being recorded again in the case of women. Also, most respondents who know this fact fall into the 26 to 55 age group. Nearly 50% of respondents who received primary care in the past three months were also aware of the fact.

3.3 Level of Knowledge of the Rights / Obligations as Insured Persons

More than 70 percent of survey respondents claim to know their rights and obligations arising from their status as insured persons. And in this case, better knowledge is attested in the urban area (74.7% vs 68.7%) and among women (73.2% vs. 69.2%). A marked lack of knowledge required in this respect can, however, be noted among young people aged 15-25 (30.4%), and also among those aged over 47 years old - 37.6%.

Figure 21. Share of persons who know their rights and obligations as insured persons, %

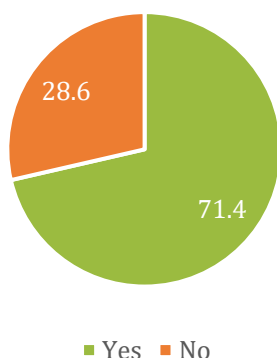
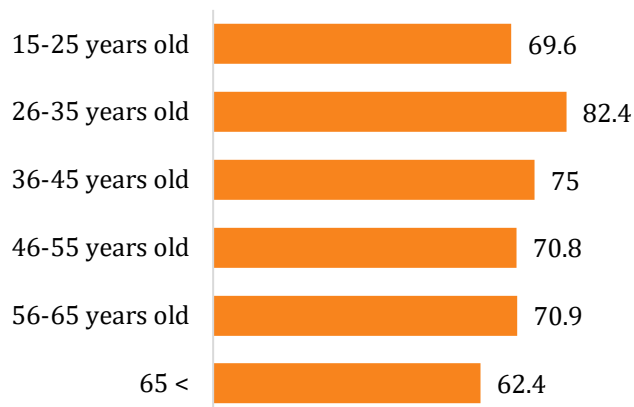


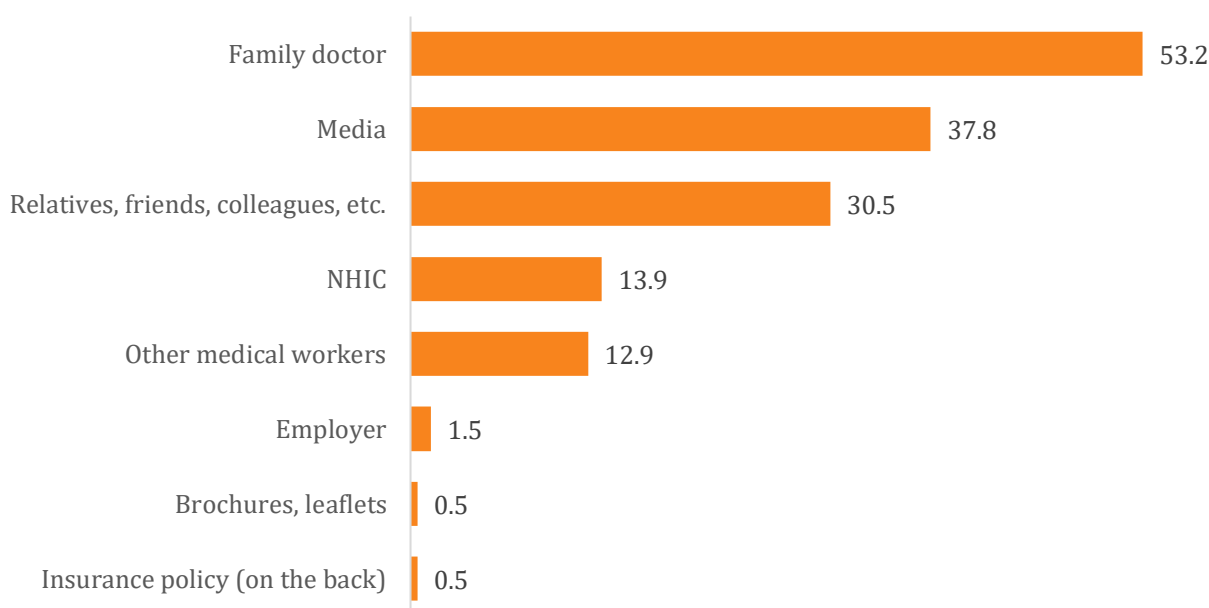
Figure 22. Share of persons who know their rights and obligations as insured persons by age group, %



Respondents who received primary health care and hospital services over the last year are also amongst the best informed on their rights and obligations as health insurance holders (74.7%). Based on the obtained results most knowledge on rights and obligations is obtained from the family doctor (53.2%), the media (37.8%) and relatives, friends or colleagues (30.5%).

Also, the respondents state that they are informed on the rights and obligations as insured persons through the National Health Insurance Company, from informative materials available in health centers and employers.

Figure 23. Distribution of sources of information to persons with medical insurance on their rights and obligations, %



IV. PRIMARY HEALTHCARE

4.1. Level of Coverage with Health Centers and Healthcare Staff

In Moldova, the insufficient provision with healthcare staff of medical-sanitary institutions affected in particular the primary healthcare segment. Primary healthcare customers testify the direct impact of this human resource shortage on the quality of services provided by these institutions, which lower their satisfaction with the services they receive. Although the municipalities are assured with family doctors in sufficient number, the share of family doctors in rayons is low while in some rural it reaches a critical level.

Almost 85 percent of the respondents say that they have a family doctor who is permanently in their hometown, with 100% access to family doctor services in the city and under 73.7% in rural areas. At the same time, 22.4% of the respondents mentioned that despite the fact that there is a family doctor in the village, he/she do not serve them every day, while another 3.9% of rural residents say that the family doctor comes from another locality.

Figure 24. Availability of family doctors in the respondents' place of residence, %

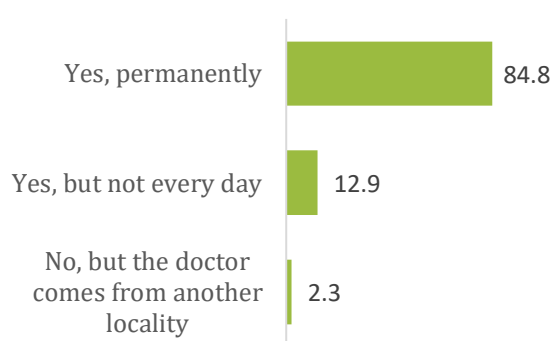
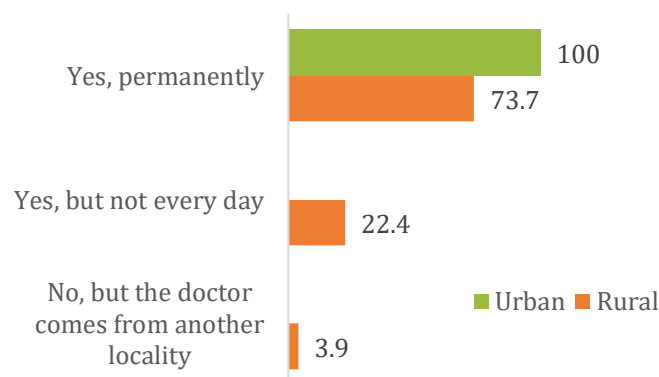


Figure 25. The availability of family doctors in respondents' place of residence, based on territorial profile, %



Exhaustion and workload are considerably higher for family doctors in rural areas than for those in urban areas.

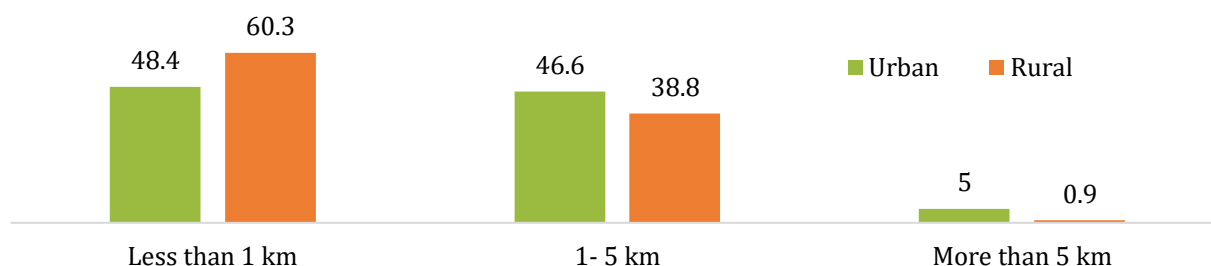
In one third of the localities served by a doctor from another locality, the doctor is available once a week, and in the remaining two thirds of localities - 2-3 times a week, as it result from the answers received. All the respondents, without any exception, stated that they have a nurse in their place of residence.

From the respondents' answers, it can be concluded that in rural localities healthcare institutions are usually located at a shorter distance from potential healthcare customers. Thus, 60.3% of people living in rural areas showed that the nearest healthcare institution is less than one kilometer away. The distance between 1 and 5 kilometers was, however, indicated by several urban people (46.6% vs 38.8%), as well as the distance of over 5 kilometers, which should be covered by 5% of the city's inhabitants, compared with 0.9% for the villagers.

Figure 26. Distribution of responses regarding the distance from the respondents' home to the nearest healthcare institution, %



Figure 27. Distribution of responses regarding the distance from the respondents' home to the nearest healthcare institution, based on territorial profile, %



More than 80 percent of respondents need less than 30 minutes to reach a family doctor, rural residents (82.1%) outnumbering the urban population in this case (77.8%). At the same time, more of 19.7% of the respondents who stated that they need between 30 minutes and 1 hour, come from the urban area (22.2%).

Most respondents (85.3%) say they have been using the services of the same family doctor for over 3 years. But, segmented, it can be seen that respondents who go to the same family doctor for less than 2 years (7.8%) and those who do it for 1-3 years (6.0%), are most from urban areas, while 93.2% of respondents in the rural areas are served by the same doctor for over 3 years.

This trend is repeated somewhat in relation to the age of respondents, since most respondents served by a family doctor for less than 2 years are between 15 and 45 years old, while about 90% of people over 46 years of age go to the same doctor for over 3 years.

Figure 28. Distribution of responses regarding the period of service of the current family doctor, %

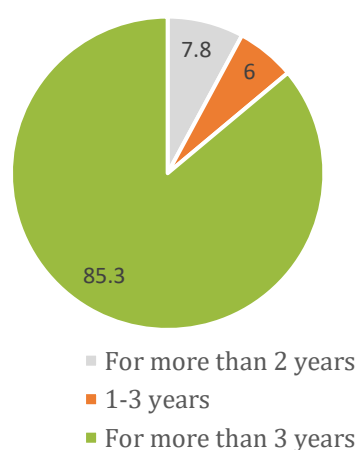
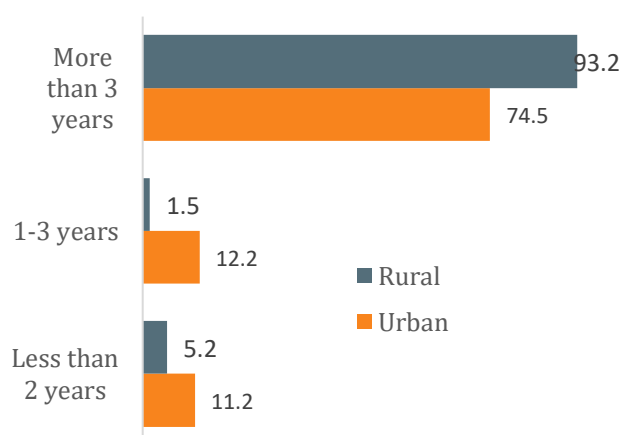


Figure 29. Distribution of responses regarding the period of service of the current family doctor based on territorial profile%



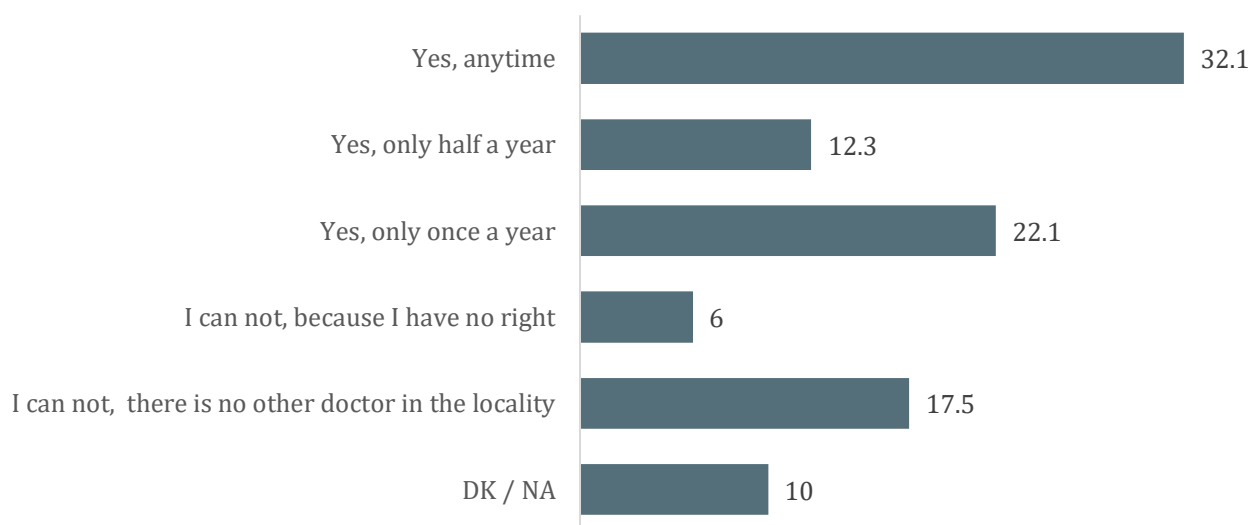
97.3% of respondents declare that they did not choose the family doctor, he/she was assigned based on the place of residence. Only 2.4% of the respondents used the opportunity to choose their own family doctor, none being from rural areas. Most of them are in the 25-45 years old category - between 4 and 5% and healthcare insured (2.6%).

One third of the survey participants think they can change the family doctor at any time, in particular, female respondents and respondents from urban areas.

Also, a large number of respondents say they have the opportunity to change their family doctor once every half a year (12.3%) or only once a year (22.1%). 6% of respondents consider that they do not have this right, most of those who believe this are men (7.3%) and people without health insurance (8.6%).

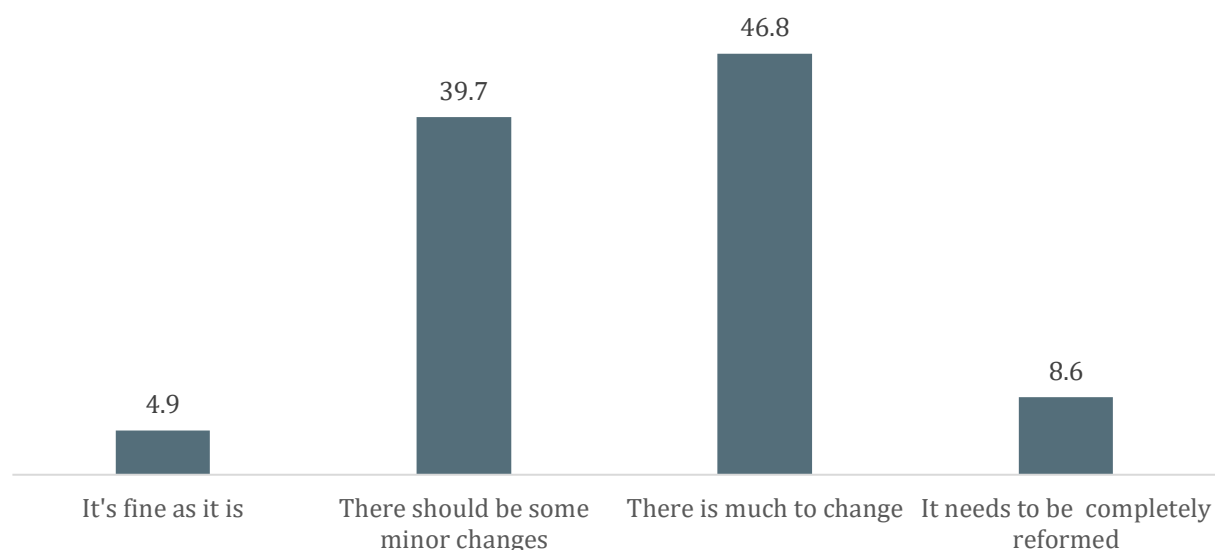
It should be remarked that a significant part of the respondents (17.5%) stated that they can not change their family doctor because there is no other doctor in the locality, the answer being characteristic for the dwellers of the villages (25.6%). Also, 10% of respondents do not know that they can choose a family doctor, most of them are from rural areas (11.9%) and uninsured (12.9%).

Figure 30. Level of knowledge of primary care customers on the their right to register with a different family doctor at will, %



The majority of respondents (86.5%) consider that changes in the activity of health centers are necessary. In this case, the supporters of minor changes are city dwellers (41.8%), young people aged 15-25 (44.4%), and people over 55 - approx. 40%. Significant changes are supported mostly by rural residents (47.9%), and people aged 26 to 45 - approx. 50%.

Figure 31. Perceptions on the current organization of primary health care in the country, %



In the top of the suggestions for the necessary changes in the activity of the family doctor and the health center are better supply with medical equipment (39.9%), prescription of more compensated and/or free medicines (36.1%) and higher provision with family doctors and specialists (36.1%).

There are differences in the organization of primary health care at country level. Urban residents mentioned more often the dissatisfaction with family doctor's activity, bureaucracy, and insufficient time for the patient's medical check-up because of the family doctor's preoccupation to fill out various forms and cards during the patient's visit.

While respondents using the services in rural health care centers are more concerned about the conditions of health care settings. They advocate for the renovation of health center buildings, fitting with furniture, waiting room, sanitary facilities (toilet, bathroom) for patients, heating in the cold seasons of the year and cleanliness. In the same vein, the village residents would like the family doctor to live in the same village, the work schedule and the doctor's program to be extended and, besides the health center, to open an ambulatory and / or rehabilitation center.

The scheduling system and the waiting time for consultations with specialists are not functional from the perspective of primary health care customers; this system has only made the access to medical services more difficult and their quality worse.

The activity of doctors, as well as the conditions in which they work, also occupies an important place among the respondents' concerns. They were worried about the level of pay of medical personnel, which should be higher and poor provision with healthcare workers (mostly perceived by rural residents), which is a barrier to citizens' access to basic healthcare services. In the same vein, there is a low level of satisfaction among beneficiaries regarding the professional training of specialists of primary care and their behavior and attitude towards patients. Therefore, there are suggestions to conduct accountability campaigns for medical staff and a more rigorous control of their work by central authorities.

Other changes suggested by survey participants are the eradication of corruption in the work of family doctors and health centers, the prescription of cheaper medications by family doctors and specialists, and informing the population about vaccines, risks and adverse effects

and, at the same time, the organization by family doctors of annual prophylactic check-ups for served population.

Only 50 people out of 1318 interviewed said they did not require any changes in the health center's activity or the organization of the work of the family doctor.

4.2. Ways to Access Primary Care Services

41.5% of survey respondents referred to the family doctor 2-3 times during the last year and another 21.8% -- 4-5 times during the same period. $\frac{1}{4}$ of them went to the doctor more than 5 times in a year. City residents, in particular, refer to the family doctor less than three times a year, while among the respondents in rural areas predominate those who visited the doctor more than 4 times in the last year. Based on the age category, nearly half of the young people referred to the family doctor 2-3 times in the last year, and one third of people over 56 - more than 5 times.

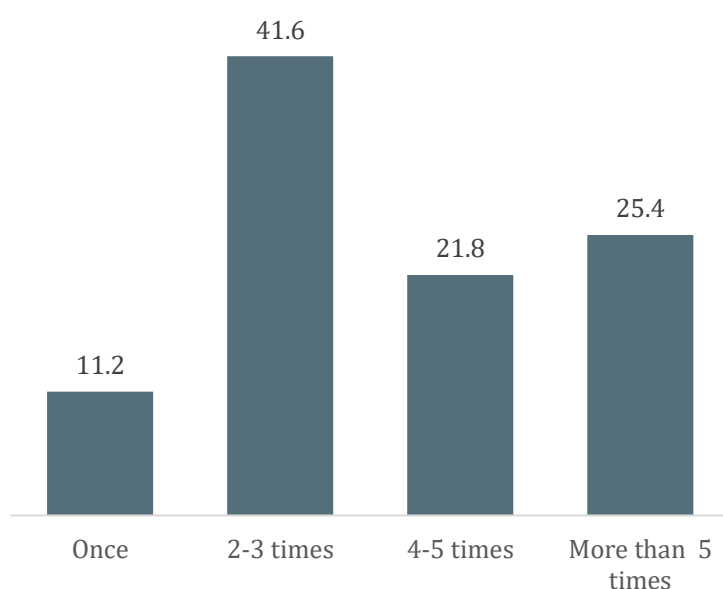
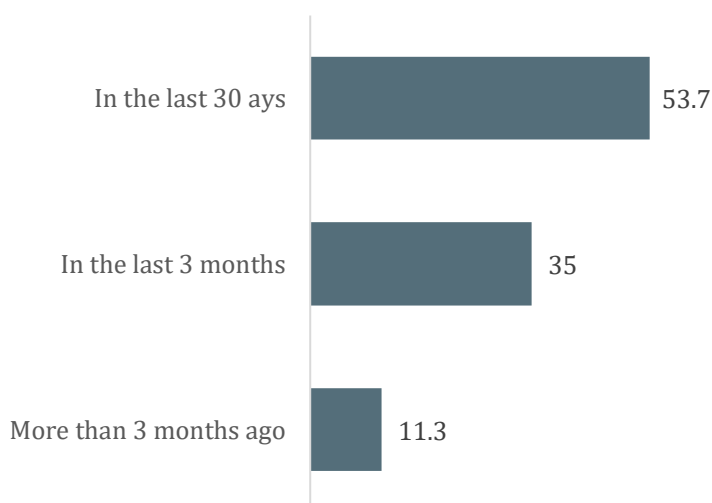


Figure 32. Frequency of referrals to the family doctor in the last 12 months, %

More than 50% of the interviewed persons, mostly women, have referred to the family doctor in the last 30 days. The respondents who most often used primary health services during this period were respondents aged 46-55 (57.2%) and 56-65 -- (58.8%) and insured persons (54.8%). Slightly more than 11% of respondents visited the family doctor more than 3 months ago.

Figure 33. Share of people at last visit to family doctor, %



75.8% of study participants said they needed consultation on a health issue at their last visit to their family doctor. Popular reasons to visit the family doctor were to receive referrals to specialized physicians, prophylactic control (including for children) and prescription of compensated medications. Only 1 out of 10 respondents said the last visit to the family doctor was at the doctor's or nurse's request.

Figure 34. Type of services received by the respondents at the primary care institution in the last 3 months, %



The overwhelming majority (3/4) went to the family doctor for the past three months to consult a health problem. In such cases, rural residents (77.1%) and uninsured respondents (76.1%) predominate. Health problems that have led to a visit to the doctor were reported more often by people over 46 years old - approx. 80%.

For 29.3% of the respondents, a visit to the family doctor was necessary to receive a consultation with a specialist. In this respect urban areas obviously dominates (42.0%) over the rural one. Most of those who needed a referral - over 35% - were people in the 36-55 age group. Also, half of the survey participants who have requested a specialist consultation have been hospitalized over the last year.

28.3% went to the family doctor for prophylactic control, including for child, most of them being residents of urban areas, as well as women. At the same time, the prophylactic control was mainly followed by residents in the 26-35 (44.2%) and 36-45 (32.6%) age groups, the healthcare insurance status not being a criterion for differentiation in this case.

Prescription of compensated medicines requested 26.7% of respondents, especially those aged between 46-55 years old (27.0%) and those over 56 years old - over 40%. Approximately one third of the compensated medicines seekers have been hospitalized over the last 12 months and 28.7% have received both hospital and primary care.

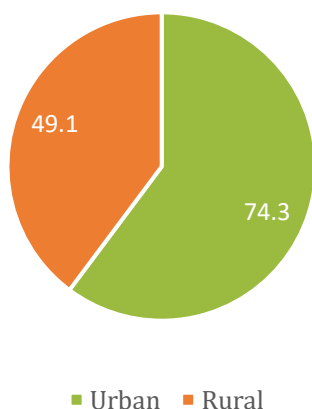
A visit to the family doctor to obtain the results of laboratory investigations and/or analyzes was made by 19.7% of respondents, predominantly urban residents (28.1%). The study results show that health tests and investigations were undertaken especially by the persons aged between 36-65 - approx. 22%.

16.4% have requested a medical certificate or prolongation of the sick leave, a characteristic request, again, for urban residents and men. Among them, however, people aged between 15-45 years old are most representative with over 20%. More customers were registered among uninsured respondents. A check-up at the request of a doctor or nurse was invoked by 8.7%

of the respondents, mostly those aged between 15-45 years old, and between 56-65 years old - over 9%. Uninsured people are, in this case, predominant (10.4% vs. 8.4%).

60% of interviewed persons confirmed that they had scheduled the last visit to the family doctor. However, the appointment system is more respected and lucrative in cities (74.3% vs 49.1% in rural areas). In city health centers, the waiting time to a family doctor, with a prior appointment, is less than in villages (% vs%).

Figure 35. Share of scheduled visits to the family doctor, by area of residence, %



It is also worth noting that uninsured persons more rarely, with a 20% difference, pre-scheduled their visit to the doctor compared to those who are insured (62%).

43% of interviewed respondents waited less than 15 minutes to see the doctor and 35% of respondents said they did not wait for more than 30 minutes - a confirmation of the effectiveness of scheduled appointments in reducing waiting time at the doctor's door. Although, the waiting time varies in correlation with some indices. The distribution of answers to this question reveals that waiting at the family doctor for the

majority of respondents does not exceed 30 minutes.

Uninsured respondents say they are often in the situation to wait between 1-2 hours at the family doctor (6.1% vs. 5.2% insured).

80% of the respondents consider that the family doctor offered them sufficient time for the requested services, with a high degree of similar answers obtained in the rural area (85.4%), compared to the urban area (73.3%). Women more often than men (14.2% vs. 11.8%) request additional time for family doctor consultation, as is the case for people aged 15-46 (14.8% vs 18%). At the same time, people over 56 are most often satisfied with the duration of the visit (82.9%), as is the case for those who have health insurance policy (81.0% vs. 75 , 5% uninsured).

4.3. Customers Level of Satisfaction with the Health Center

92% of the respondents confirmed that the doctor listened their problem, and 90% of the respondents appreciated the respect showed by the family doctor during his last visit. Most patients also welcomed the way they were explained the diagnosis and the plan of investigation and treatment to be conducted.

Most people who are happy with the attitude of the doctor are from rural areas, young people up to 25 years old and elderly people over 56 years of age. The registered difference between the insured and uninsured persons satisfied with the doctor's attitude is insignificant.

The respect given to them by the doctor was appreciated by 90.6% of respondents and this time with increased satisfaction among the villagers (91.5%) and among the persons over 36. A certain discontent is more pronounced among urban residents and uninsured people.

The explanations and the way the doctor provided the information regarding the diagnosis, investigation plan and treatment were satisfactory for 84.3% of the respondents, mostly from the rural area, aged over 56 (over 90%) and those insured (85.5%). A slight dissatisfaction

expressed by 12% of respondents was recorded among urban residents (13.3 percent), people aged 26 to 45, and uninsured people.

Among the people who expressed confidence in doctor's professionalism (78.9%), men state it with more determination, compared to women. Most often respondents aged 15 to 45-year-old, the uninsured, as well as those who received both primary care and hospital services have a low degree of confidence in the professional skills of their family doctor.

74.4% believe that the doctor kept the confidentiality, especially respondents over 46 years old and the insured ones. The doubts or total mistrust expressed in this respect by nearly 20% of respondents were more predominant among young people aged up to 35 and the uninsured customers.

Of the 7.5% of respondents who have the impression that the doctor did not understand their problem, the highest share is represented by urban residents, women, people aged 15-45 and the uninsured ones.

Only 4.4% of respondents argue that the doctor did not offer them the opportunity to ask questions - substantially less than those who partially agreed with such an affirmation (11.0%), the difference stays the same without taking into account gender, age, or insured status criteria.

Family doctors discuss with patients about the importance and ways of health protection and maintenance: healthy lifestyle through proper and balanced nutrition and physical activity, reducing alcohol consumption and quitting smoking and the need for regular preventive checks-ups.

Among the 78.5% of the respondents who received nutrition counseling from the doctor to maintain their health, the highest incidence is reported by rural respondents (86.0%), persons over 56 years old (over 85%), people with insured status (79.0%), people who have been hospitalized in the last 12 months and have received primary care (over 80%).

Rural residents were also more often advised (81.1% vs. 66.9% urban) to follow regular medical checkups. Regarding physical activity (74.6%), women and respondents over 56 years of age were more often urged to practice exercise.

The appreciation of the effectiveness of the treatment prescribed by the family doctor was stated by 59.2% of the respondents (35.5% found a slight improvement from the administered treatment and another 27.3% - a significant improvement). Most of them are insured and come from rural areas. Also, a slight improvement is especially characteristic of people over 56 years of age, while a significant one was reported by respondents aged 26-35 and between 46-55 years of age.

The prescribed treatment was not effective in the opinion of 7.5% of the respondents, especially among the urban and of 36-45 year of age.

At the same time, the full recovery, reported by 4.2% of the sample participants, is registered with a high share among young respondents aged 15-35.

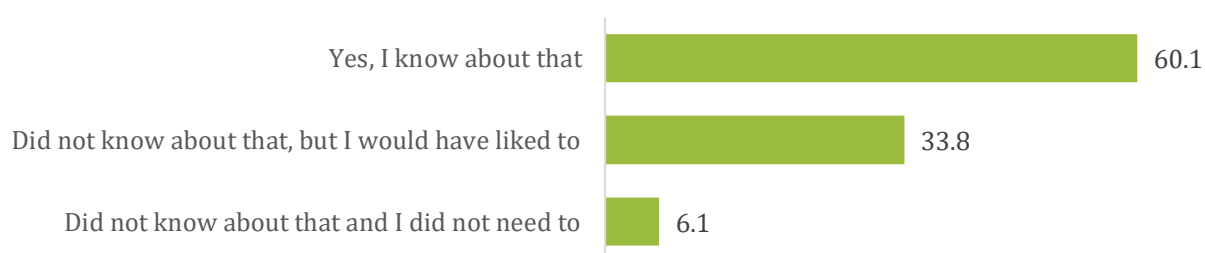
4.4. Ways of Treatment and Medicine Prescription

Following the consultations with the family doctor on the state of their health, more than $\frac{3}{4}$ of the respondents said that they had been prescribed medication for treatment. The absolute majority of patients who were prescribed a drug treatment state that their doctor explained how to administer the prescribed drugs.

The proportion of respondents who declare that they bought the medicines from the pharmacy based on a fully compensated treatment prescription (40.6%) or paid only a fraction of their price (28.6%) exceeds by 23% the share of patients to whom the family doctor prescribes uncompensated drugs and for which they had to pay the full price. Only 5% of respondents said they purchased the medicines without a prescription issued by the doctor.

The practice of prescribing medicines on the prescription form is asserted by 80.9% of interviewees. This is more strictly applied in rural areas and in the case of insured persons. At the same time, alternate prescription, sometimes only on the prescription form, other times also on a sheet of paper with a trade name, applies more often in urban areas and uninsured respondents.

Figure 36. Level of respondents' awareness of the fact that the pharmacist should provide a wider range of medicines for the consumer's health issue and report on their prices, %



60% of survey respondents say that know about the pharmacist's obligation to provide them with a wider range of medicines and to inform buyers about their prices so that consumers can choose which medicine they want. It is noted that the most informed in this regard are the population of rural areas. 1/3 of respondents were unaware of their right to be informed in this regard, although would have wanted to be and 6.2% of the respondents said they were not aware of, but did not even feel the need because they would have not been able to understand the differences between producers, quality, active substances, etc.

In this context, the price of medicines is the most important factor in choosing the pharmacy (37.9%). Another factor in choosing the pharmacy to buy drugs is convenience, which determines many respondents to go to the pharmacy located at the medical institution they are served (23.2%) or the one around their house or place of work.

While some of the interviewees choose the pharmacy recommended by the doctor, there are people who, as a matter of principle, go to a pharmacy other than that.

The kind attitude of the pharmacists is also an important factor for 17.6% of respondents, and a good reputation for the institution - for another 14.2%. In addition, respondents prefer the pharmacies, which provide discount cards, have longer working hours, pharmacies that sell a wider range of pharmaceuticals and parapharmaceuticals.

For some respondents, an important factor is the availability of medicines based on herbs, teas, etc. in pharmacies for others availability of such services as the measurement of blood pressure, glucose, weight, and free of charge water. In some rural locations, it is attested that patients do not have a choice when they have to buy the medications prescribed by the family doctor and go to the only local pharmacy when there are emergencies. At other times, they

turn to other people traveling to the rayon center or larger cities with a request to buy the necessary drugs, so the decisive factor in choosing a pharmacy is no longer theirs.

4.5. Official and unofficial costs for consulting and treatment at the family doctor

Only about 5 percent of respondents say they paid for medical services at the primary care facility's cash register during the last 3 months. Paid primary healthcare services are more often used in urban areas (8.4%), by people of 26-45 year olds (7.6%) and by the uninsured (9.2%). As a rule, payments are made predominantly for laboratory and medical examinations and for consultations with certain specialist. Payment cases for family doctor services or treatment prescription were very rare in this study, but some respondents said they had to pay for medical certificates or health monitoring forms.

Primary healthcare customers who declared to have paid at the health center cashier received a cash receipt, the procedure being strictly observed in urban areas (81.0% vs. 53.3% in rural areas). Both official and informal payments made in health centers are mostly up to 100 lei.

Figure 37. The share of payments at the last visit to the family doctor?

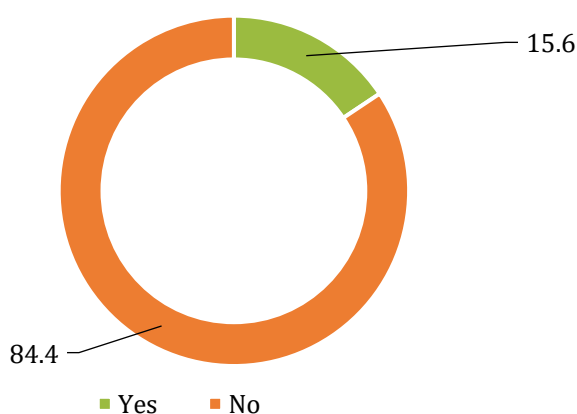
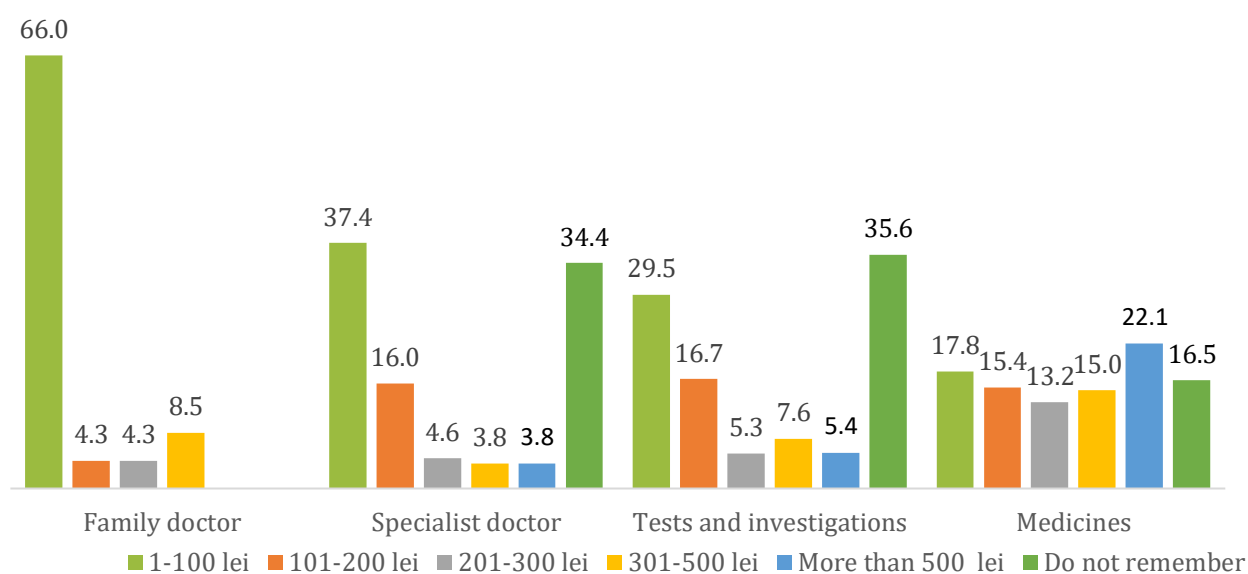


Figure 38. Distribution of services for which payments were made to the primary care institution based by their cost, %



Formal payments at the cashier desk of the medical institution were made predominantly for laboratory and medical examinations and for the consultation of the specialist. Of the

respondents, whose relatives or acquaintances paid for laboratory tests and medical examinations over the last 3 months, most of them are mainly resident of rural areas, aged between 15 and 55 and without medical insurance. In the case of the 11.2% of the interviewed people whose relatives paid for the consultation of the specialist, the same proportion is observed - predominantly in the rural area, among the active persons and those without medical insurance policy. This is also the case for the relatives or acquaintances who paid the treatment or part of it for 5.5% of the respondents. 10.3% of them are between 36-45 years of age and 9.8% are uninsured. The consultation of the family doctor were paid by relatives or acquaintances of 4% of the respondents, again the predominantly villagers and the uninsured ones, but the focus is on young people aged between 15 and 35 this time.

Figure 39. Distribution of the amount of official payment at last visit, %

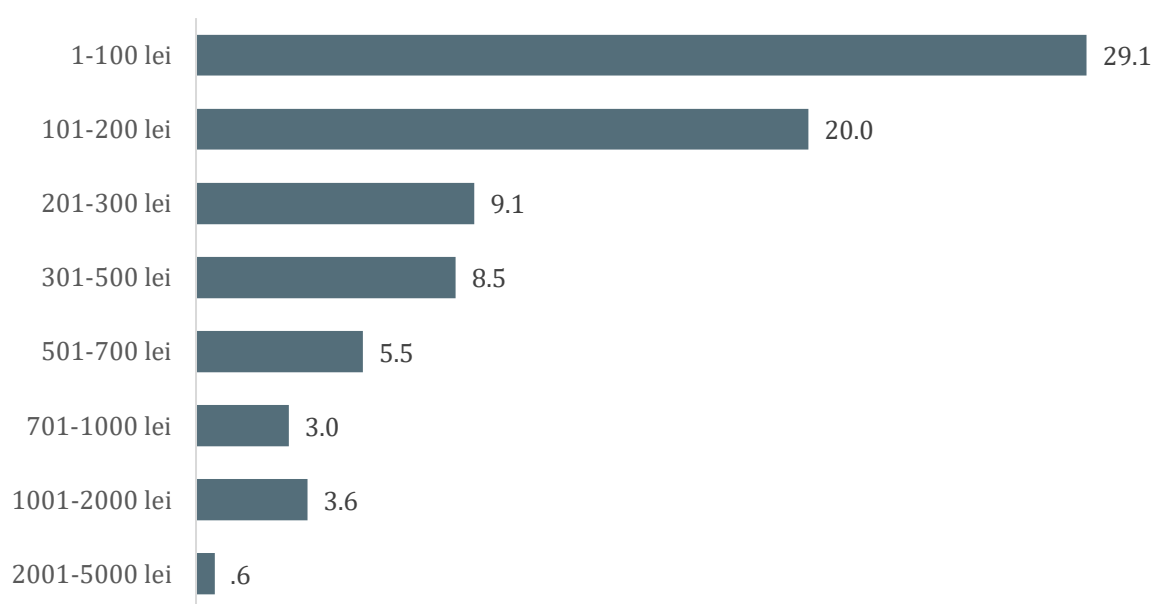
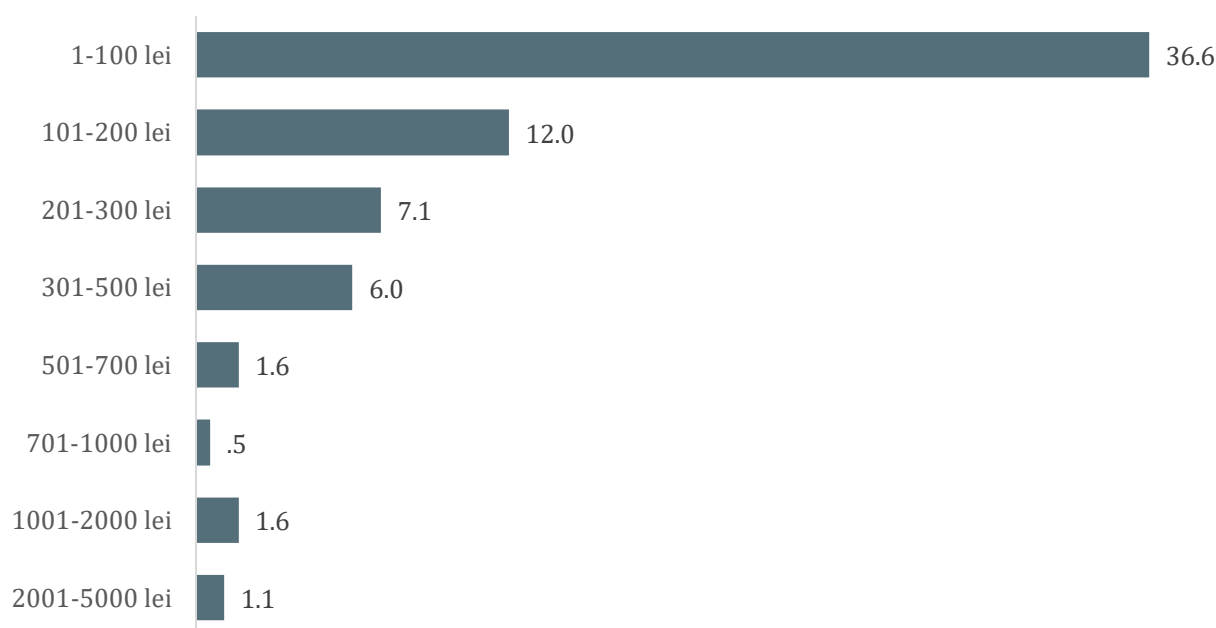


Figure 40. Distribution of the amount of informal payments at last visit, %

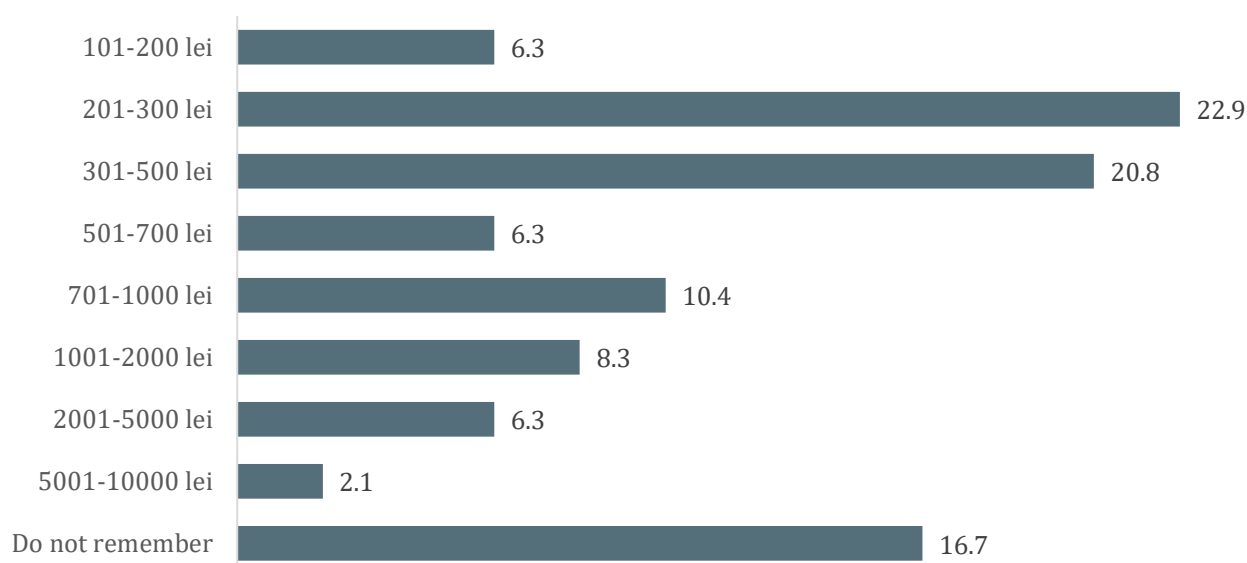


Higher costs were recorded by respondents who, following a visit at family doctor on a health issue, were prescribed a medicated treatment. Medicines, though sometimes compensated,

have prices that alarm the sick, and they do not always afford themselves to follow the prescribed treatments. 43% of the respondents who have received primary care in the last 3 months state that they paid up to 500 lei for medicines, 17% paid over 500 lei and 17% of the interviewees who visited the family doctor were prescribed a medicated treatment of 1000 lei and more.

Of course, the rate of insured persons receiving compensated medicines is much lower than those who are not insured among the patients who had to pay more than 1000 for medicines. Also, people who evaluate their state of health as very badly declare expenses for specialists of over 1000 lei.

Figure 41. Amount of payments for medications prescribed by the family doctor, %



34.6% of survey respondents claim they have received primary healthcare free of charge, saying that the direct costs for the visit at the doctor and treatment were zero, for another 20.8% of respondents - the costs were minimal and easy to bear, and another 20.9% reported acceptable spending, with only a minor consequences on their personal budget.

Predominantly, the inhabitants of the cities were the ones to receive free or at minimal costs treatment. 40% of the respondents over the age of 65 did not pay for their treatment, and the minimum expenses were mostly received by those between 46 and 65 years old. Acceptable costs accounted for about a quarter of people aged 15 to 45 and also for as many uninsured respondents.

Significant expenditures, which caused some difficulties, reported by 15.6% of respondents, were particularly felt in rural areas, as were the very high ones, reported by 8.1% of respondents. Many people in the last category are people over 56 (over 13%).

4.6. Suggestions for improving the work of family doctor and health center

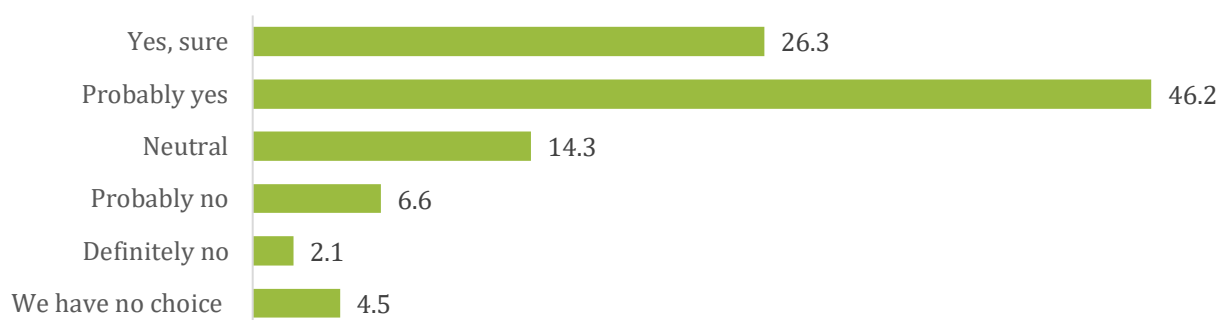
The loyalty index took into account the answers to the question if respondents would opt for the same center of family doctors, or would recommend it relatives, friends and others (repetitive use and recommendation of services) if necessary. More than 70 percent of the sample individuals said they would surely choose or would likely recommend the same health

care center to relatives, friends and acquaintances. The highest share of them is represented by respondents from rural areas and by people with medical insurance.

Probably not or even categorically opposed would be 8.7% of the respondents, in most cases they are uninsured persons, the age category being in this case less relevant.

4.5% of participants do not have a choice in the absence of another health center in their home town.

Figure 42. Probability of repetitive use of the same center of family doctors, %



The performance of the respondents' health center was appreciated by the beneficiaries with grades from 1 to 10. The country average score is 7.81. The health centers in rural areas were better appreciated by the beneficiaries (7.97), followed by the rayon health centers (7.86). The lowest scores were obtained for the municipal health centers, with an average grade of 7.26.

High performance rates (9-10 points) were given to primary care institutions by 34.1 % of survey participants, with a predominant proportion among rural residents (39.9%) and among the insured ones (38, 3%). A significant, stand out number of high grades were granted by young people aged 15-25 (36.4), as well as by people aged over 65 (48.7%). One third of the respondents gave a score of 8 points to the primary care institution where they are served.

Figure 43. Evaluation of district primary care institution level of performance, %

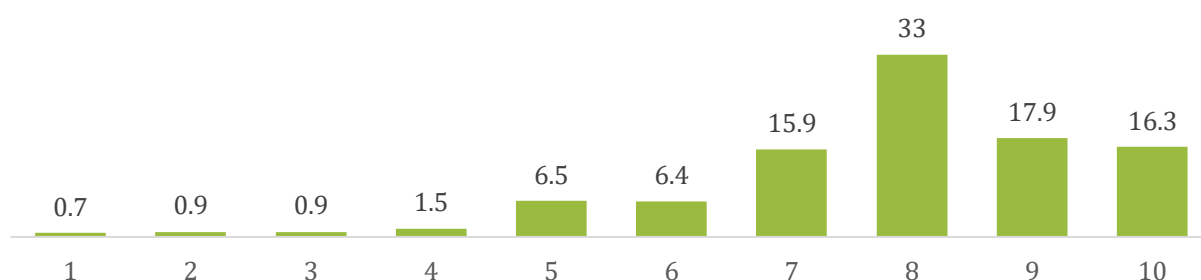
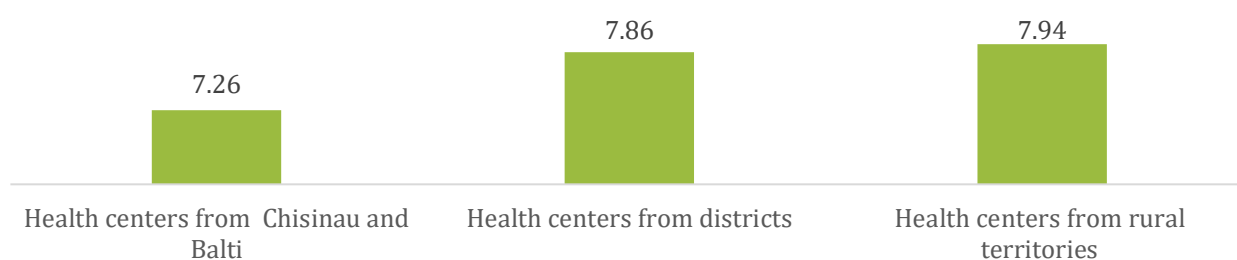


Figure 44. The performance index of the district primary care institution assigned by the respondents, based on the territorial profile of the health centers, %



V. HOSPITAL SERVICES

5.1. Hospital coverage level and service capacity

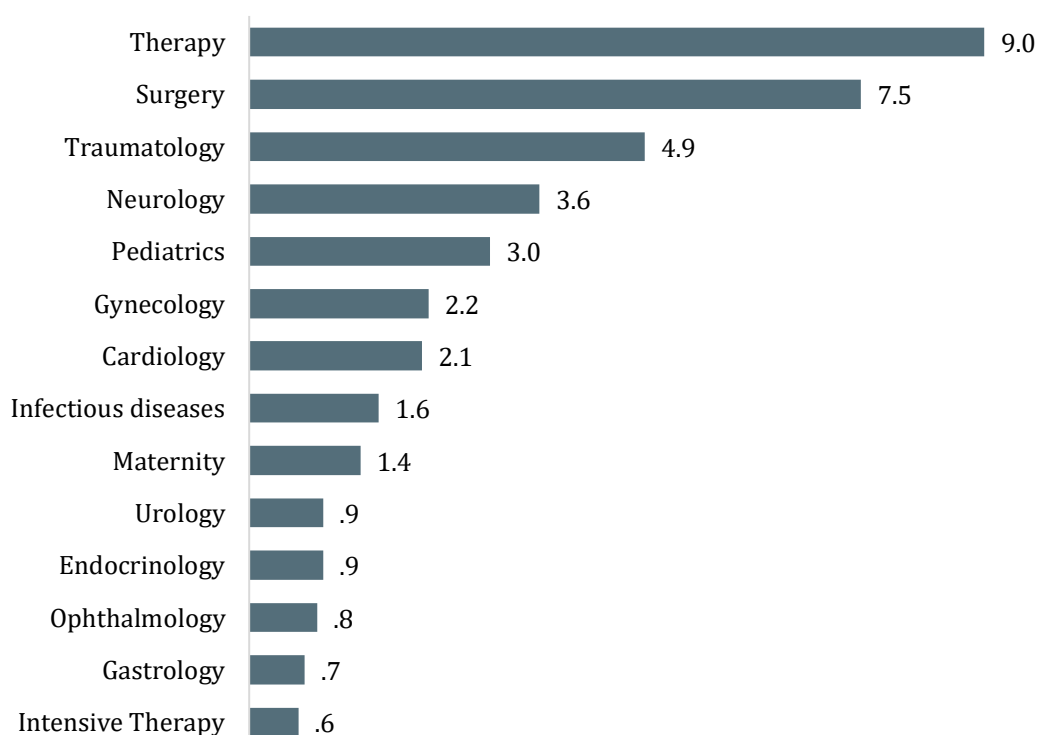
The majority of the respondents who received hospital services in the last 12 months stated that they were hospitalized in rayon institutions (60.4%), 19.7% in municipal hospitals, and 18.7% of respondents benefited from these services at the republican level . Also, among the interviewed persons there were also customers of hospital services at private clinics (0.9%).

Table 5. Types of hospital to which the respondents were admitted

| | Abs. | % |
|----------------------------|------------|-------------|
| Rayon hospital | 398 | 60,4 |
| Municipal hospital | 130 | 19,7 |
| Republican hospital | 123 | 18,7 |
| Private hospital or clinic | 6 | 0,9 |
| Refusal | 2 | 0,3 |
| Total | 659 | 100% |

It is noted that the most requested hospital departments in which the respondents were hospitalized were the departments of therapy, surgery, traumatology, neurology, pediatrics, gynecology and cardiology.

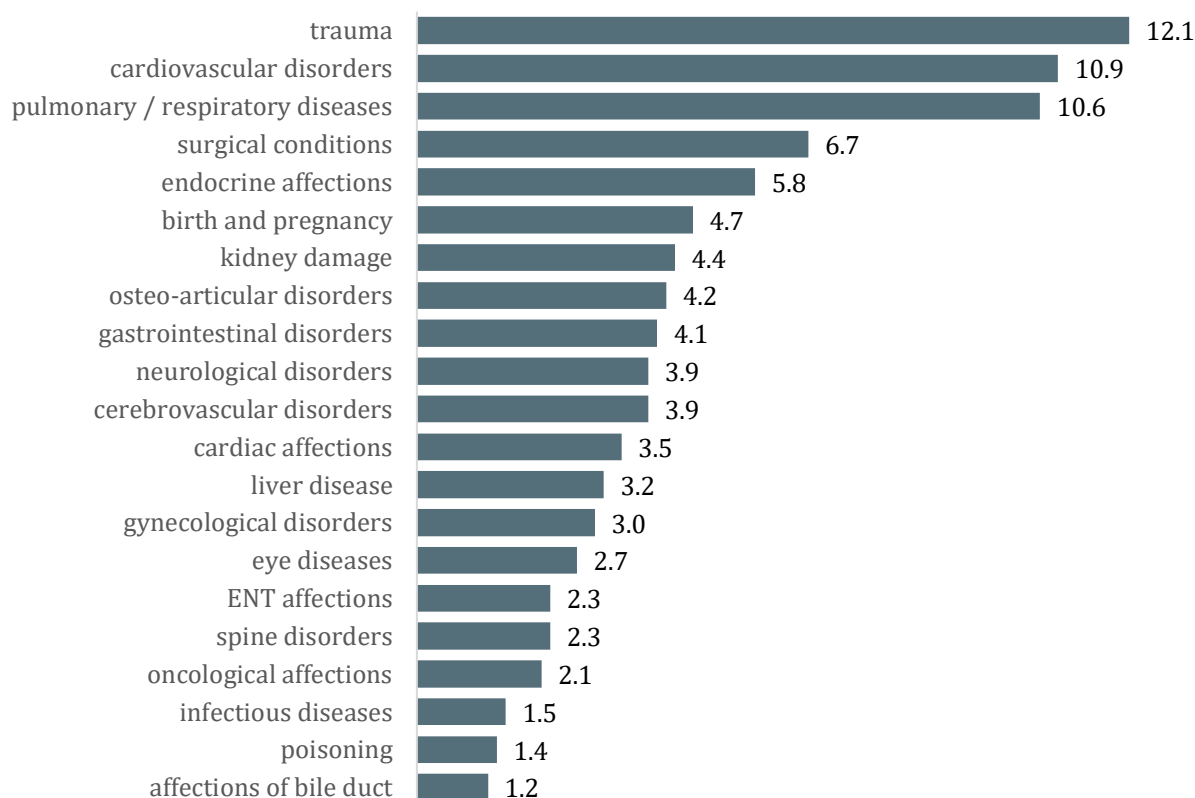
Figure 45. Share of hospital department profiles where the respondents were hospitalized, %



Respondents aged between 15-25 years old were mostly hospitalized with trauma, eye disorders and ENT, surgical and infectious diseases. Those aged 26-35 years old have been hospitalized over the last 12 months because of gynecological, renal, gastrointestinal, lung and respiratory conditions, liver disease and poisoning. 36-45 year olds were more frequently

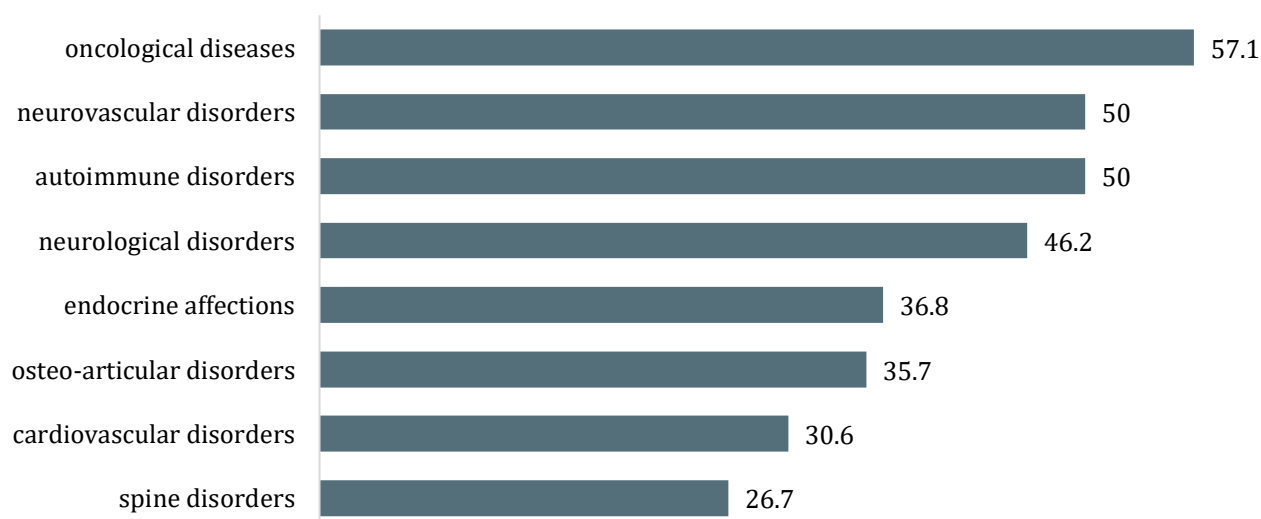
hospitalized with diagnoses related to gynecological, surgical, allergic and endocrine disorders. The 46-55 year olds were hospitalized mainly for spinal cord diseases, CNS oncology and urination disorders. People in the 56-65 age group prevailed with cerebrovascular, neurological, gallbladder and endocrine disorders. Older hospital customers (over 65 years of age) have been hospitalized over the past 12 months with predominantly cardiovascular, respiratory system, eye, endocrine, neuro-vascular and osteo-articular disorders.

Figure 46. The share of diseases with which the respondents were hospitalized, %



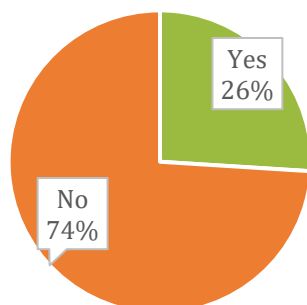
The type of affection influences the perception of health. Respondents evaluating their health as bad and very bad have predominantly oncological, neurovascular, autoimmune, neurologic, endocrine, osteo-articular, cardiovascular and spinal disorders.

Figure 47. The share of diseases at hospitalization, following the self-evaluation of health status as bad and very bad, %



The share of insured persons who benefited from hospital services in the last 12 months is significantly higher (88.9% vs. 13.7% uninsured). The vast majority of those hospitalized with health insurance are persons insured by the Government (54.8%), 38.1% have medical insurance from the employer and 6.1% independently procured the medical insurance.

Figure 48. Share of people who underwent surgery at the last hospitalization, %



Every fourth respondent who claimed to have been hospitalized in the last 12 months was subjected to a surgery intervention, to a larger extent these are residents of urban localities (29.4% vs. 23.2% rural) and men (35.3% vs. 20.4% women). Reported to age categories, most people who underwent surgery are between 36 and 55 years old - over 33%.

5.2. Mode of Access to Hospital Services

The number of emergency cases (57.8%) exceeds those of planned hospitalization (42.2%). In a planned order, were mostly hospitalized mothers with children suffering from newborn diseases, people with osteo-articular, urinary, allergic, eye diseases, liver, neurovascular, endocrine, gynecological, cerebrovascular, and neurological disorders. Also, most people with oncological, autoimmune and gastrointestinal affections say they were hospitalized with referral from the family doctor in planned order. Respondents who claimed to have been admitted to the hospital in the last 12 months usually suffered of poisoning, trauma, CNS disorders, surgery, respiratory / lung diseases, gall bladder, kidney, cardiac or spinal disorders.

The cases of urgent hospitalization prevail among men (62.2% vs. 55.3% women), as well as among people aged 15 to 45 - over 62%. Women were more often hospitalized (44.7%), as well as people over 46 years of age. The number of respondents with medical insurance (44.2%) who were hospitalized in planned admissions is prevalent over the number of persons hospitalized in the absence of medical insurance (26.0%).

Figure 49. Share of hospitalized population according to the mode of admission, %



The proportion of respondents hospitalized with a referral ticket from the family doctor (39.0%) is close to the share of people hospitalized by the emergency service (38.7%). The most of the persons hospitalized by family doctor's referral are between 46-55 years of age (49.9%). Men are predominant among the hospitalized patients by referral ticket from the specialist doctor (9.4%) and the women are predominant among the hospitalized respondents by their own initiative (12.9%).

The most people hospitalized without a referral ticket were of 15 to 45 years of age (about 15 percent).

The number of those with a referral ticket from the family doctor is higher among the insured respondents (40.8% v), people without a medical insurance policy are mainly admitted through the ambulance services (47.9%) or on their own initiative (16.4%). It is noted that the residents of rayon centers and of rural localities are hospitalized on planned admission in the proportion of 40% on the basis of the referral ticket from the family doctor, while the population of the Chisinau and Balti municipalities on the basis of tickets received from specialist doctors (14.3%) or on their own initiative (16%).

46.1% of the respondents waited in the hospitalization department for less than 15 minutes, most of them coming from urban areas (48.7% vs. 44.2% rural). Among interviewees whose waiting time at hospitalization was up to 30 minutes (31.1%), were women (78.9% vs. 74.4% men) and uninsured (78.1% % vs 77.1% insured). It should be noted that most of the respondents included in this category were hospitalized on planned admission (34.2%)

Figure 50. Share of patients' waiting time at hospital admission, %

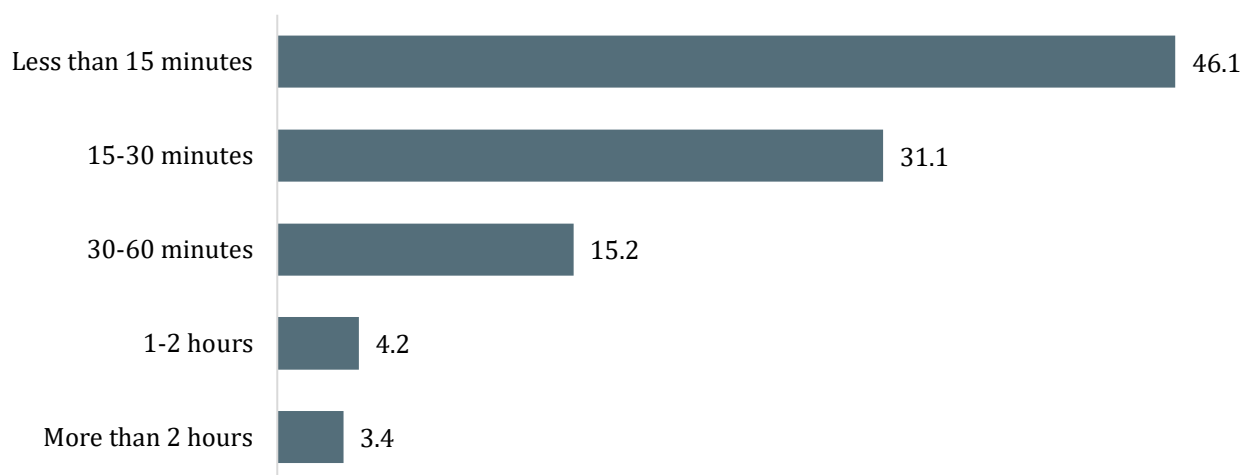


Table 5. The waiting time in the hospital admission department by type of hospital

| | Less than 15 minutes | | 15-30 minutes | | 30-60 minutes | | 1-2 hours | | More than 2 hours | |
|---------------------|----------------------|-------------|---------------|-------------|---------------|-------------|-----------|------------|-------------------|------------|
| | Abs. | % | Abs. | % | Abs. | % | Abs. | % | Abs. | % |
| Rayon hospital | 188 | 47,2 | 131 | 32,9 | 54 | 13,6 | 14 | 3,5 | 11 | 2,8 |
| Municipal hospital | 58 | 44,6 | 37 | 28,5 | 24 | 18,5 | 5 | 3,8 | 6 | 4,6 |
| Republican hospital | 54 | 43,9 | 33 | 26,8 | 22 | 17,9 | 9 | 7,3 | 5 | 4,1 |
| Private hospital | 2 | 33,3 | 4 | 66,7 | 0 | 0,0 | 0 | 0,0 | 0 | 0 |
| Refusal | 2 | 100,0 | 0 | 0,0 | 0 | 0,0 | 0 | 0,0 | 0 | 0 |
| Total | 304 | 46,1 | 205 | 31,1 | 100 | 15,2 | 28 | 4,2 | 22 | 3,3 |

The average number of patients in the ward during the hospitalization as declared by the customers of hospital services at the republican level is of 4 persons. The declared average number of patients in the ward in rayon hospitals was of 3.6 people and in municipal hospitals - 3.5 people. Private hospitals and clinics have higher capacities in this respect, the customers of their services state that the average number of patients in the ward is of 2.4 people.

Most of the respondents lived in a ward of four persons (34.6%), among them the predominant were rural residents (36.8%), male (39.5%) and insured patients (35.0%).

Figure 51. Average number of patients in the ward by type of hospital, no. of people



Table 6. The number of patients in the ward correlated with the type of hospital

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ | Total |
|---------------------|-------------|------------|-------------|-------------|-------------|------------|-------------|------------|------------|------------|
| Rayon hospital | Abs. | 16 | 80 | 77 | 150 | 27 | 43 | 4 | 1 | 398 |
| | % | 4,0 | 20,1 | 19,3 | 37,7 | 6,8 | 10,8 | 1,0 | 0,3 | 100 |
| Municipal hospital | Abs. | 7 | 31 | 25 | 42 | 12 | 11 | 1 | 1 | 130 |
| | % | 5,4 | 23,8 | 19,2 | 32,3 | 9,2 | 8,5 | 0,8 | 0,8 | 100 |
| Republican hospital | Abs. | 3 | 20 | 24 | 35 | 13 | 21 | 3 | 4 | 123 |
| | % | 2,4 | 16,5 | 19,5 | 28,5 | 10,6 | 17,1 | 2,4 | 3,2 | 100 |
| Private hospital | Abs. | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 6 |
| | % | 16,7 | 33,3 | 33,3 | 16,7 | 0,0 | 0,0 | 0,0 | 0,0 | 100 |
| Refusal | Abs. | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| | % | 0,0 | 50,0 | 50,0 | 0,0 | 0,0 | 0,0 | 0,0 | 0,0 | 100 |
| Total | Abs. | 27 | 134 | 129 | 228 | 52 | 75 | 8 | 6 | 659 |
| | % | 4,1 | 20,3 | 19,6 | 34,6 | 7,9 | 11,4 | 1,2 | 1,0 | 100 |

The number of hospitalized patients in the wards of two (20.3%) and three persons (19.6%) is relatively comparable, as is the gender structure and insurance status - the share of women (over 20%) and of uninsured (over 23%) being the dominant.

At the same time, it can be noted that the number of insured persons living in crowded wards - of four (34.6%), five (7.9%) and six persons (11.4%) - is constantly higher than that of uninsured residents.

5.3. The Mode of Treatment and Medicine Prescription

The majority of respondents (75.9%) state that they were given free medication during hospitalization, mostly emergency patients (77.7%) and health insured (76%).

Figure 52. The level of medicine provision during hospitalization, %



It is noted that rayon and municipal hospitals more often provide patients with the necessary amount of medication during hospitalization than republican hospitals (80.8% and 73.8% vs. 65.3%). At the same time, 21.2% of those surveyed say that they administered both hospital and procured medicines. Predominant in this category are patients treated in republican hospitals (29.8%), hospitalized on planned admission (23.0%) and uninsured (31.5%). Patients who benefited from hospital services in private institutions (16.7%) and uninsured people (6.9%) constituted the majority of the respondents who procured medicines on their own.

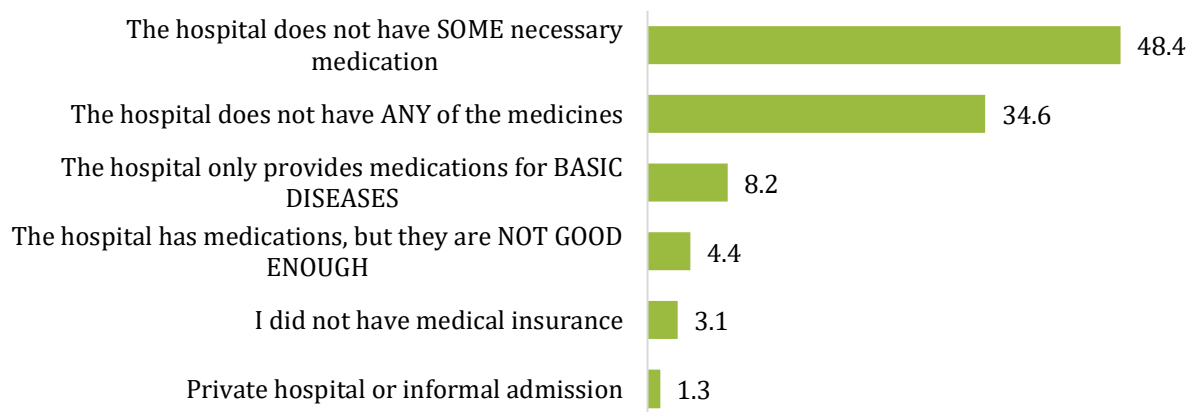
Almost half of the respondents who had to buy medicines during their hospitalization were told by the doctor that the hospital would not have some necessary medication. The situation is especially characteristic of the respondents in urban localities (56.3% vs. 43.2% rural). In other almost 35 percent of the cases, respondents were informed that the institution did not have all the medicines needed to treat them, with a higher incidence in rural areas (40.0% vs. 26.6% urban).

In another 8.2 percent of the cases, the doctor said that the hospital only provided the medicines needed to treat the main disorder of the hospitalized person or the child he accompanied, but not for comorbidities. 4.4% of respondents were advised by the doctor to buy more "efficient" drugs than those available at the hospital, and 3.1% had no medical insurance.

Rayon hospitals more often tell patients that they lack medication needed for their treatment (39.5%) or claim the ineffectiveness of their medication (6.6%); private and municipal hospitals claim more often that the hospital has only a part of medicines needed for patients and in order to complete the treatment the patients are forced to buy also other medicines (55.9%). Patients, who were required to buy medication because the hospital could only provide necessary drugs for the basic treatment, but not for the comorbidities, were mostly hospitalized in municipal institutions (11.8%).

Structured by age groups, it can be seen that the highest proportion of people who had to buy all of their medications were between 15-45 years old or over 65 (over 52%); most of the respondents who accepted the doctor's recommendation to buy other medicines were over 56 years old, and the highest number of survey participants among those who had to buy drugs for the treatment of comorbidities were of 26 to 55 years old.

Figure 53. Share of the reasons for which the patients bought the drugs during hospitalization period, %

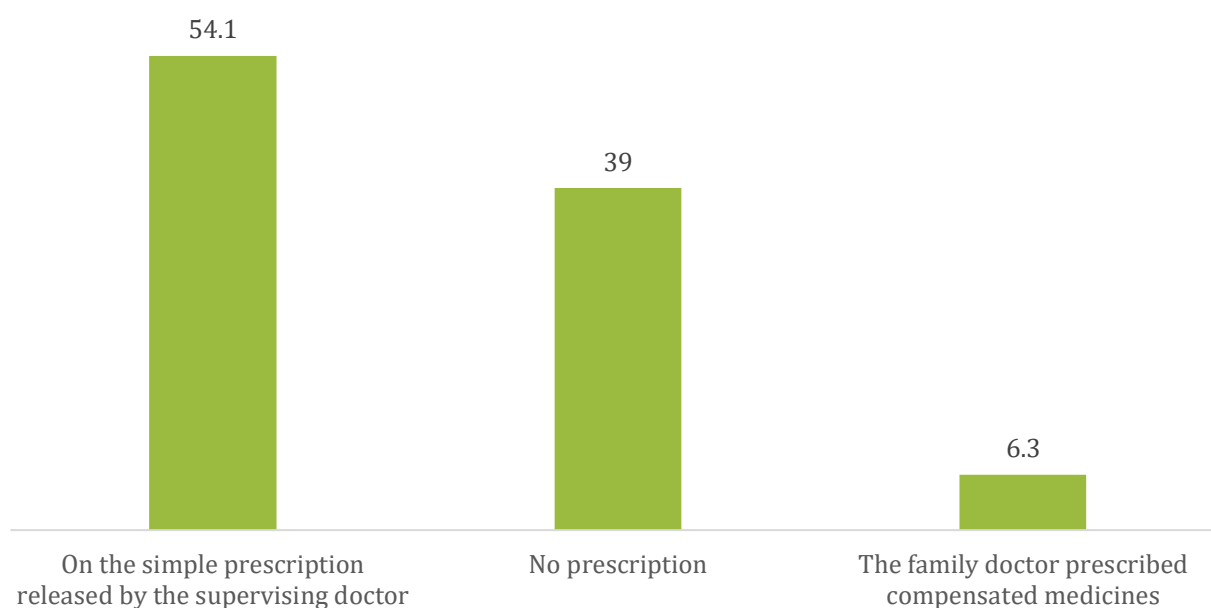


The majority (54.1%) of the respondents who were hospitalized and forced to buy additional medication needed for the treatment bought them on the basis of a simple prescription delivered by the doctor, while 39% of the patients who had to buy medication during hospitalization bought them without a medical prescription. 6.3% of hospital care customers in the last 12 months who had to buy their medicines called on the family doctor for the prescription of compensated medicines.

The insured persons, regardless of the type of hospital they were hospitalized at, make up 56.5% of the respondents who bought the medicines based on the prescription issued by the ward doctor. It has been noted that the proportion of patients who received hospital services in republican hospitals and private clinics and procured drugs without a prescription is far superior (45.2% and 66.7%).

Among the 6.3% of the survey participants who turned to a family doctor for a prescription, the most numerous are in the age groups between 46 and 65 (about 12%), and in the case of 39, 0% of respondents who procured drugs without a prescription the share of uninsured people is the largest (46.4% vs 37.4% insured).

Figure 54. Share of means of medicines procurement during the hospitalizations period, %



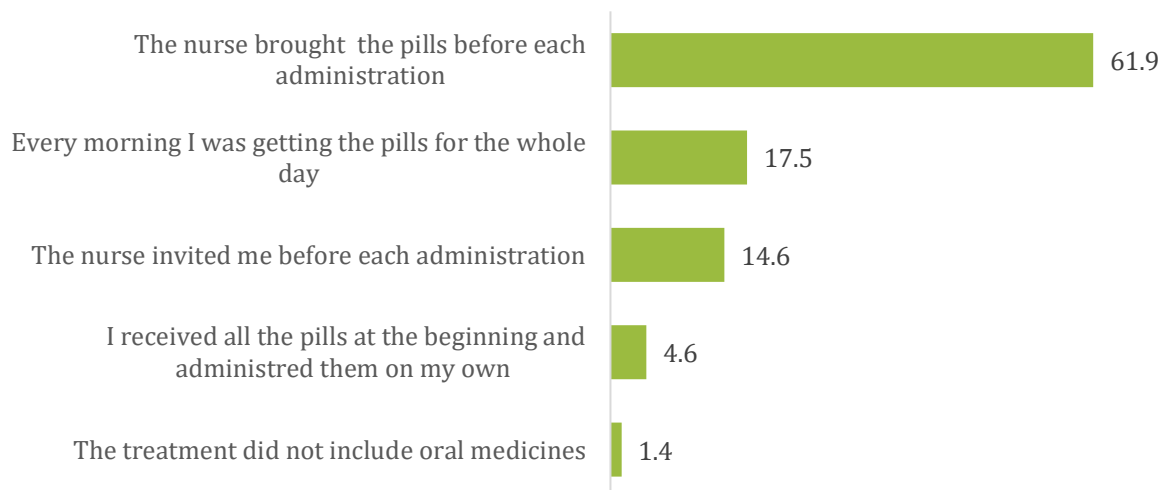
Over 95 percent of respondents who were hospitalized in the last 12 months and whose treatment included oral medicines (pills, powders, syrups) said they were informed about how to administer the prescribed drugs.

Most patients (61.9%) state that the medications were brought to the ward by the nurse before each administration. 17.5% of respondents received medication for one full day every morning and 14.6% were invited to nurses' station for medicines administration (predominantly in the urban area 16, 8% vs 13.0% in district hospitals).

Respondents who were hospitalized in the rayon center institutions claim more frequently that the medication was brought to the ward each time right before its administration (66.7%), this mode being largely applied also at other types of hospitals (60.3% in the Republican

hospitals and 52% in the municipal ones). However, this model of drug administration is less practiced (16.7%) in private medical institutions, where patients most often say that they received the medicines in the morning for the whole day and they were self-administered according to the recommendations from the supervising doctor (50 %), this model is also applied in 25% of cases in municipal hospitals.

Figure 55. Distribution of models of oral medication administration during hospitalization, %



5.4. The Access of the Customers of the Hospital Services to the Information that Concerns them

More than $\frac{3}{4}$ of the respondents consider that they have been well or even very well informed about medical procedures or interventions, risks and alternatives to proposed interventions. Most of these are from rural areas (81.6% vs 70.6%), young people aged 15-25 (80.7%) and uninsured persons (86.2% vs. 75.6%). The least informed were the respondents who were hospitalized in municipal hospitals (-40%).

Figure 56. Evaluation of patients' level of information on proposed treatment, procedures and interventions, %

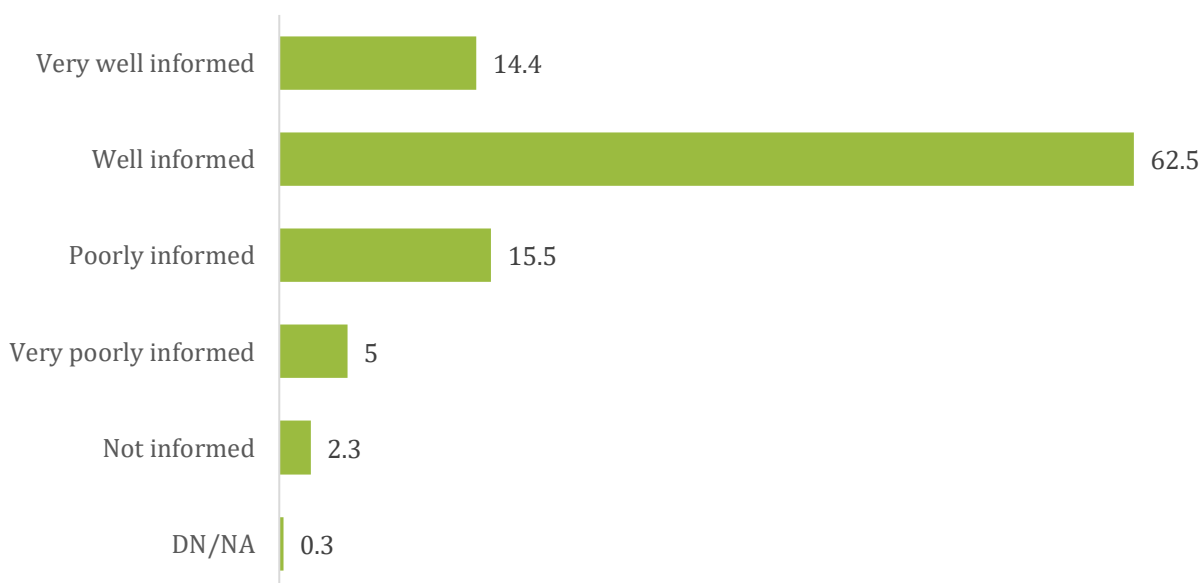


Figure 57. Distribution of patients satisfied with the level of information on the proposed treatment at hospitalization, based on territorial profile, %

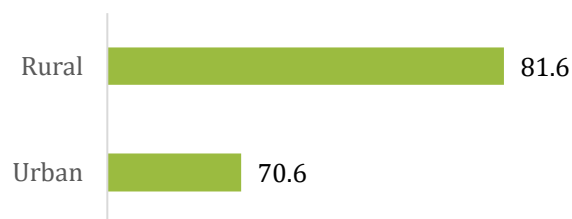


Figure 58. Distribution of patients satisfied with the level of information about the proposed treatment at hospitalization, based on the availability of health insurance, %

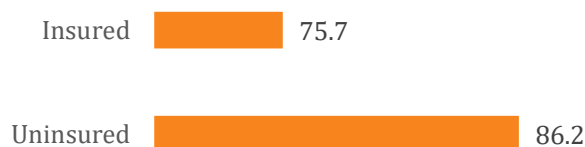
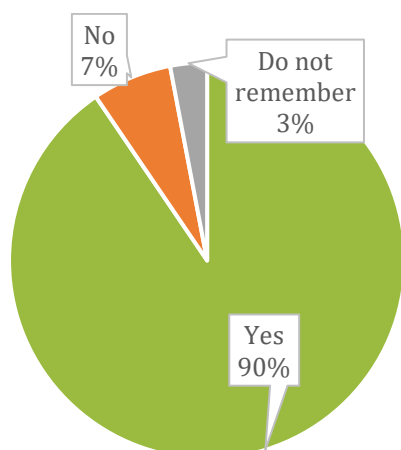


Table 7. The level of patient information on the prescribed treatment in correlation with the type of hospital

| | | Very well informed | Well informed | Poorly informed | Very poorly informed | Not informed | DK /N A | Total |
|----------------------------|-------------|--------------------|---------------|-----------------|----------------------|--------------|------------|------------|
| Rayon hospital | Abs. | 51 | 271 | 50 | 14 | 10 | 2 | 398 |
| | % | 12,8 | 68,1 | 12,6 | 3,5 | 2,5 | 0,5 | 100 |
| Municipal hospital | Abs. | 24 | 54 | 35 | 13 | 4 | 0 | 130 |
| | % | 18,5 | 41,5 | 26,9 | 10,0 | 3,1 | 0,0 | 100 |
| Republican hospital | Abs. | 19 | 80 | 17 | 6 | 1 | 0 | 123 |
| | % | 15,4 | 65,0 | 13,8 | 4,9 | 0,8 | 0,0 | 100 |
| Private hospital or clinic | Abs. | 0 | 6 | 0 | 0 | 0 | 0 | 6 |
| | % | 0,0 | 100,0 | 0,0 | 0,0 | 0,0 | 0,0 | 100 |
| Refusal | Abs. | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| | % | 50,0 | 50,0 | 0,0 | 0,0 | 0,0 | 0,0 | 100 |
| Total | Abs. | 95 | 412 | 102 | 33 | 15 | 2 | 659 |
| | % | 14,4 | 62,5 | 15,5 | 5,0 | 2,3 | 0,3 | 100 |

The overwhelming majority - over 90 percent - of the interviewed people signed an agreement in the medical file prior to surgery intervention, mainly the respondents from the urban area (93.8%) and the insured (91.4%). Those without a medical insurance policy are, however, more (11.8%) among respondents who have not signed such an agreement - 6.5%. In this respect, people over 65 years old (23.8%) prevail. The signing of the informed agreement for surgery was confirmed by 100% of the hospitalized respondents in private clinics, 93.3% and 90% of the republican and municipal hospitals, and by 87.5% of the patients who underwent surgery in the hospitals at the rayon level.

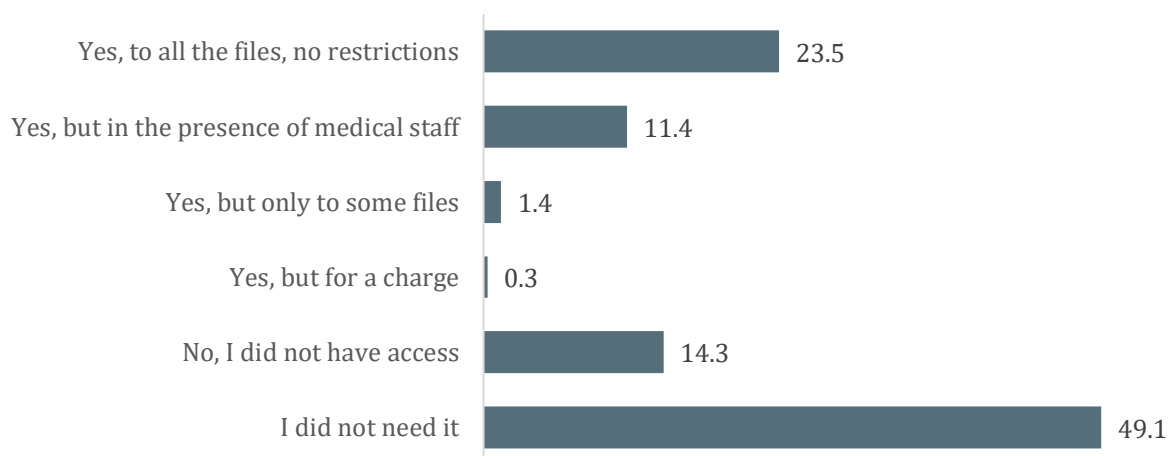
Figure 59. The share of patients who signed the informed consent for the operation in the medical file before the surgery, %



Access to their own medical record to check the diagnosis and treatment, including medications prescribed during hospital stay, was claimed by 14.3% respondents, and every second interviewee said they did not need access to their medical records. Free access to the hospital medical record was mostly confirmed by respondents admitted to private hospitals. Only one out of 3 patients at the republican hospital and 1 in 4 at rayon hospitals had access to the medical record without any restriction.

Municipal hospitals, however, are the least permissive in this respect, only 20% of the patients in the municipalities could have access in the presence of medical staff or only to some of the files in the record.

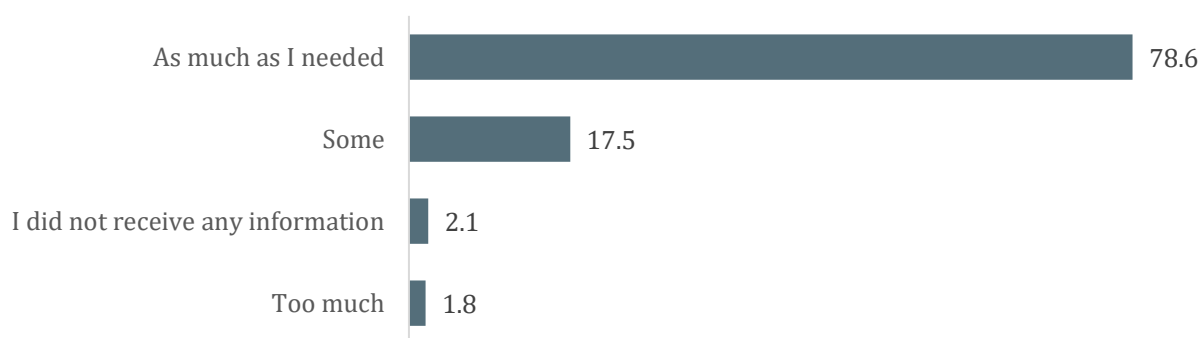
Figure 60. Distribution of responses regarding the confirmation of free access of patients to their personal medical records during hospitalization, %



Content with the level of information during discharging from the hospital regarding the health condition and the treatment received, were 78.6% of respondents. Satisfied with the amount of information received were mainly the persons who underwent hospital treatment within rayon, republican and private institutions. At the same time, every third respondent discharged from the municipal hospital state insufficient information received from the doctor who treated the about the current state of health.

Among the 17.5% of people who consider that the information provided is small, a higher percentage is represented by urban respondents (21.1% vs. 14.7% rural), men (20.1% vs 15.9% women) and uninsured (19.1% vs 17.2% insured).

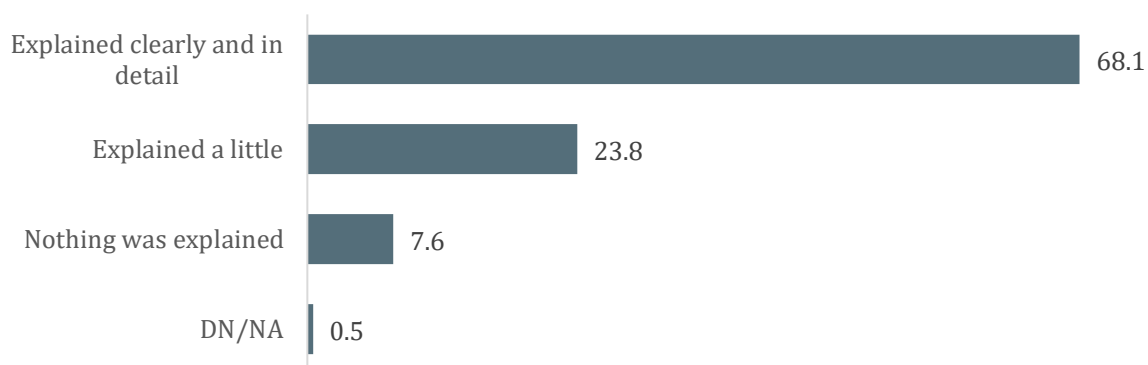
Figure 61. Evaluation the amount of information needed by patients from the doctor who treated them during hospitalization on the health condition and administered treatment, %



More than 90% of patients on discharge were informed of how to follow the outpatient treatment. 68.1% of them state that this information was given to them in detail and 23.8% believe that the information received was insufficient. We mention that the largest proportion of people satisfied with the detailed explanations on ambulatory treatment received at discharge were patients who claim to have offered informal payments for medical consultations (68.0% vs % of those who did not provide financial support). The age of most respondents who received the necessary explanations ranged from 36 to 55 years old (over 70%).

7.6% of those claiming to have not received explanation are mostly the customers of republican hospitals (12.4%), their share being the double of those who received treatment in rayon or municipal hospitals (6.8% and 6.2%).

Figure 62. Evaluation of the explanations regarding the outpatient treatment received at hospital discharge, %



The distribution is similar in the case of 88.9% of respondents who received information on where or whom to refer to in the event of aggravation or complications. Most of these are people who were hospitalized in rayon (92.0%) and republicans (88.7%) hospitals. The majority among them claim to have offered informal payments (90.7%), the proportion being reversed, in favor of those who did not "thank" the doctor for consultation (27.3%) in the case of 10.6% of respondents who did not get the necessary explanations.

Furthermore, people over 46 (more than 90%) prevail among those satisfied with the information they received, and respondents aged 15 to 45 (13-18 %) among those who expressed dissatisfaction.

It should be mentioned, that every 5th respondent who underwent hospital treatment at municipal level claims that he/she did not receive information on where to refer to in the event of complications or aggravation of health condition.

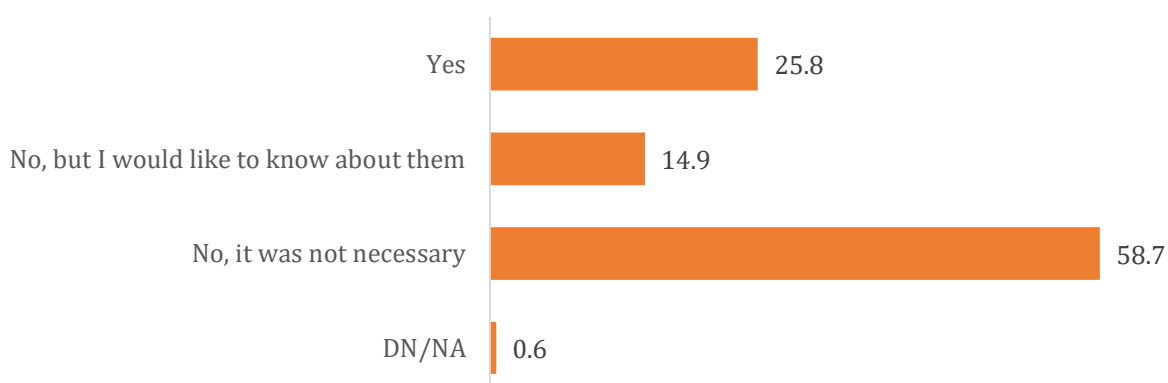
Figure 63. The proportion of the population that was informed when / to whom to refer to in the case of aggravations, complications, %



Every fourth respondent states that he/she discussed with his doctor the possibility to refer to services such as social or legal, other than medical, after hospital discharge and 58.7% of respondents claim that they did not need such information - most of them being among rural residents (62.1% vs. 54.1% urban). It should be mentioned that respondents who received hospital services in private clinics or municipal hospitals (16.7% and 22.3%) were the least informed about the possibilities of referring to social or legal services. However, of the quarter of respondents who stated that it would have been useful to receive such advice from the doctor at their discharge from the hospital, most were city residents (16.8% vs. 13.4% rural) and aged over 36 (about 30%).

Almost 85% of respondents had a treatment plan while in hospital, most of them being insured (85.2% vs. 76.7% uninsured). On the other hand, among those who claim not to have such a plan (15.8%), a fairly large proportion is represented by the young people aged 15-25 years old (25.0%) and the patients of republican and municipal hospitals.

Figure 64. The proportion of the population who confirmed that the doctor who treated them informed them where to refer to for other than medical services at hospital discharge, %



Over 80% of patients hospitalized over the last 12 months say that healthcare professionals have respected their confidentiality while in hospital and received understandable answers to the questions posed to the doctor and nurses.

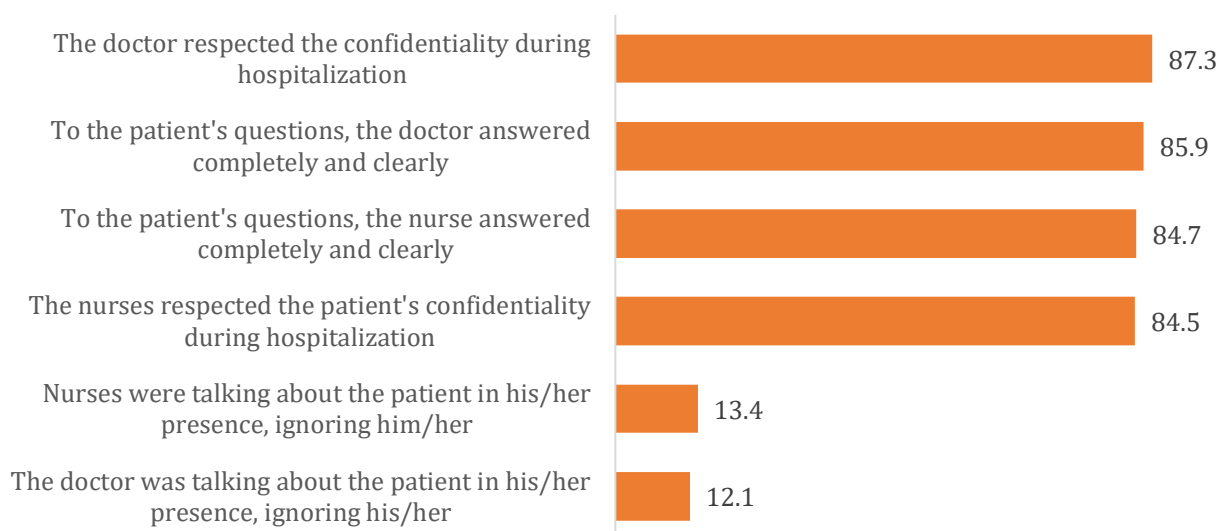
Regarding the issue of confidentiality, 87.3% of the respondents answered that it was partly or totally respected. It is noted that among the respondents who did not know how to answer this question (5.3%), the highest proportion is among respondents between 46-55 years old (12.0%).

86.8% of respondents say that their doctors never talk about them to someone as if they were not present. However, among those affected by such behavior there is a high incidence of uninsured persons (23.3% vs. 10.8% insured).

There are more rural residents (89.5% vs 78.2% urban) than urban ones among the 84.7% of respondents who confirm that they often or each time received complete and understandable answers from nurses. Dissatisfaction in this sense, expressed by 15.3% of respondents, is less pronounced among people over 56, but more evident among the uninsured (17.8% vs 15% insured).

10.9% of respondents say that nurses never or never fully preserved the confidentiality of personal information during their stay in the hospital; the most unhappy with the indiscretion of nurses are women (13.1% vs. 7.1% men).

Figure 65. The share of situations during the hospitalization that occurred often or each time with the respondents, %

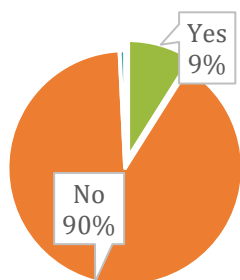


5.5. Formal and Informal Costs for Consultation, Treatment, and Surgery

90% of people hospitalized in the last 12 months claim that they did not pay at the cashier's desk during hospitalization. Among 9% of the respondents who incurred officially paid expenses, the higher share belongs to uninsured persons (17.8% vs. 11.3% insured), and related to the age groups - most of them are aged 26- 45 years old (15.2%) and 56-65 years (16.9%).

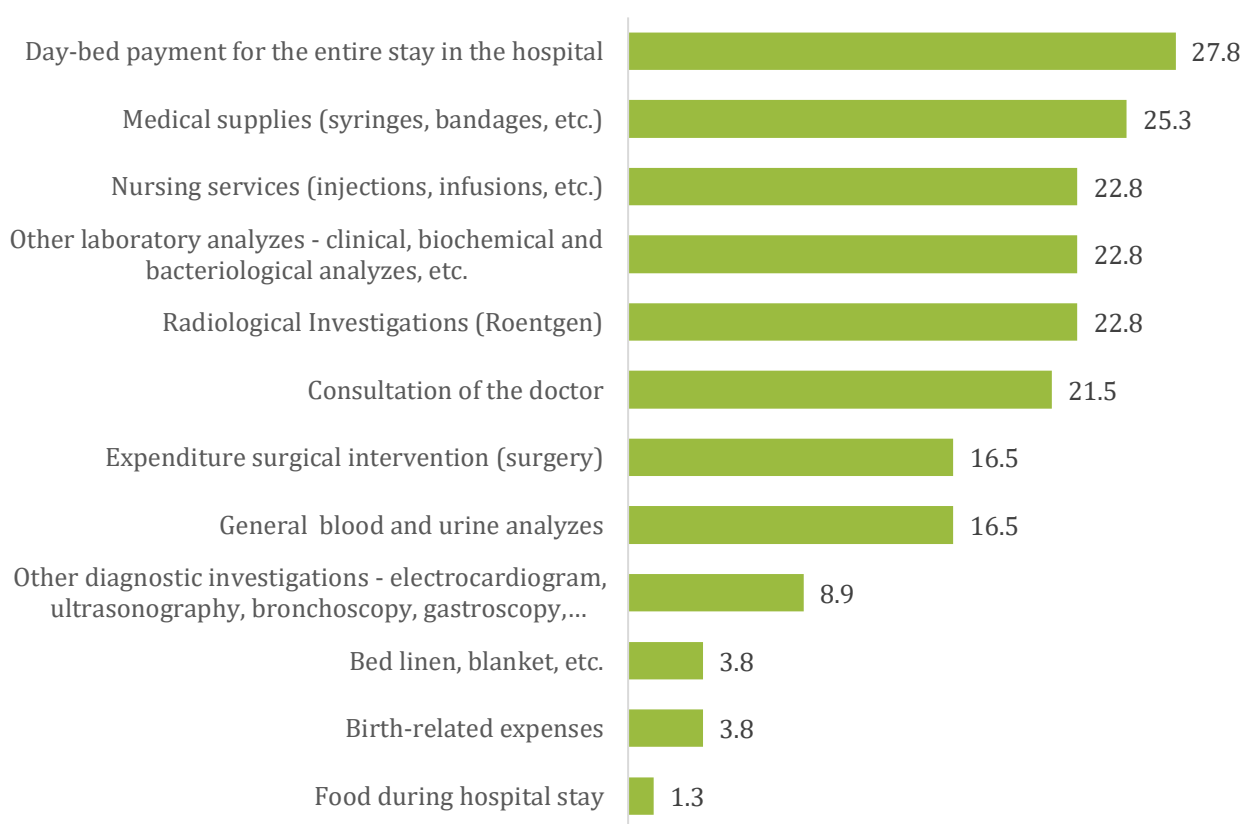
Formal cash payments were made mostly by people hospitalized in private medical institutions (50%). Mostly, formal payments were made by residents of municipalities (12.6% vs 5.0% of rayon centers and 9.5% of rural localities). The lowest share of formal payments were recorded in rayon, municipal and republican hospitals (5.7%, 10.8%, 15.9%). 77.2% of the people who paid at the cashier's desk in the hospital where they were admitted received a cash receipt and 13.9% did not remember whether or not a receipt was issued. The share of patients who did not receive a cash receipt after the official payment for hospital services is of 10% higher in rural areas compared to urban ones (13.0% vs. 3.0%).

Figure 66. The share of the population that made payments at the hospital cashier's desk during the hospitalization, %



The most important share of formal payments made by respondents who had been hospitalized were for hospital beds, medical supplies, medical services (infusions, injections), analyzes and investigations, and consultations with doctors.

Figure 67. The share of services for which the patients made formal payments during hospitalization period, %



Of the total number of persons who made formal payments at the hospital's cashier's desk, 27.8% of interviewed persons paid for bed per day during the entire period of hospitalization, the proportion of those in the rural area outnumbering that of urban residents (30.4 % vs. 24.2%). This type of service was paid mostly by uninsured persons (69.2% vs 19.7% insured) and by patients hospitalized in republican hospitals (44%) and private clinics (33%). At the same time, most of these respondents were hospitalized on emergency basis (36.6%) and on their own initiative (47.1%). The average amount of expenses for day/bed service ranged between 700-1500 lei.

The doctor's consultation was officially paid for by 21.5% of the respondents, especially by persons between 36-45 years old (60.0%), mostly uninsured (30.8%), hospitalized (34.4%) and on their own initiative (35.3%). The share of patients hospitalized in private clinics who paid for doctor's consultations is of 66.7%, - 2 times higher than among the patients in

republican and municipal hospitals and 7 times higher than in district hospitals (9.1 %). The average amount of these formal payments range range between 100-200 lei.

Formal payments for nursing services were made by 22.8% of respondents who used such services. The highest share of people who have incurred such expenses is among those aged 26-45 (from 26% to 43%), hospitalized on planned admission (26.3 percent), hospitalized with a referral ticket from the family doctor or specialist (about 25%) and mostly hospitalized in municipal hospitals (35%). The average amount of formal payments for this service range between 50-100 lei.

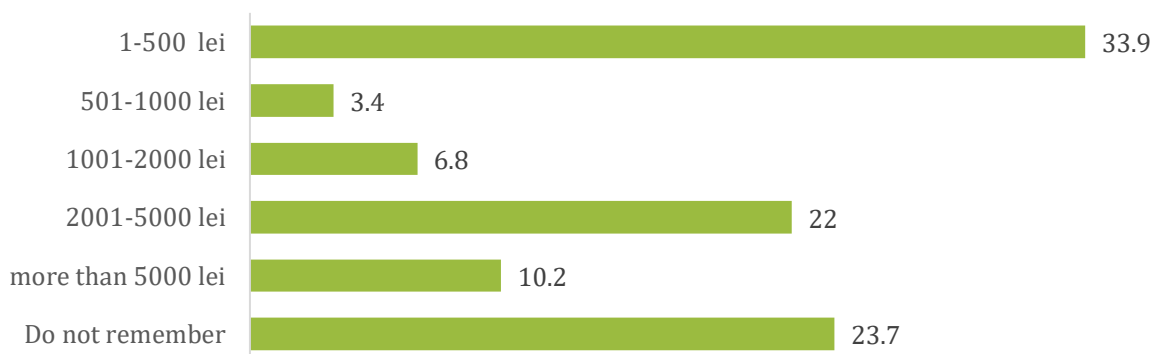
15.5% of the respondents paid officially the hospital charge for general blood and urine analysis, mainly uninsured people (23.1% vs 15.2% insured). Most of the respondents who incurred such expenses were hospitalized on emergency basis (24.4%), with a referral ticket from the specialist (37.5%). On average, the respondents paid between 100-200 lei at the cashier's desk.

The cost of other analysis, such as clinical, biochemical or bacteriological tests were paid at the hospital cashier's desk in 22.8% of cases, mostly by patients hospitalized in municipal hospitals (47.1%). Most people who incurred such expenses are aged between 15 and 55 years old (from 20% to 60%), and usually hospitalized on emergency basis (29.3%) through the ambulance service (28.0%) or on their own initiative (41.2%). The formal payments for medical analysis vary between 100-400 lei.

Formal payments for radiological investigations were reported by 22.8% of the respondents, most of them being residents of municipalities (41.2%), uninsured persons (30.8%), hospitalized on emergency (31.7%), through ambulance service (28.0%) or on their own initiative (35.3%). On average, the patients officially paid charges ranging from 100-400 lei. Of the 8.9% of respondents who officially paid for other diagnostic investigations, most were hospitalized on planned admissions (13.2%) in republican hospitals (16.0%). The expenses for diagnostic investigations usually raised up to 100 lei.

Medical supplies were procured by 13.9% of the interviewed persons, most of them were without medical insurance (30.8%). Proportionally, the consumables were paid by the respondents with a referral ticket from the specialist doctor (25.0%), self-employed (23.5%) and those who were taken to hospital by the ambulance (16.0%). Surgery services had to be paid for by 25.3% of respondents, especially those hospitalized in municipal hospitals (41.2) or in private clinics (33%). This service was mainly paid by young people aged 15-25 (40.0%) and people aged 36-45 (46.7%), most of payers were uninsured (38.5% vs 22.7 % of insured persons) and hospitalized on their own initiative (47.1%) or on emergency basis (29.3%).

Figure 68. General distribution of formal payments at the hospital, by amount, %



The amount of most of formal payments made by patients who received hospital services in rayon hospitals raised to 1-500 lei. 42.9% of the respondents in municipal hospitals declared to have made formal payments of up to 1000 lei and 28.6% of the formal payments reported by the respondents who were treated in the municipal hospitals constituted sums of 1000-2000 lei.

According to the obtained results, informal payments were made by 31.4% of the hospitalized respondents during the reference period. Their share is higher among persons who underwent hospital treatment in municipal (45.4%) and republicans (36.6%) healthcare institutions. The share of hospitalized persons who performed informal payments is significantly higher among residents of Chisinau and Balti (52.9%), by 30% higher than that of residents of rayon centers and small towns (21.9%) and by 24% higher than that of rural residents (28.7%). The informal payments are spread to the lowest level in private hospitals and clinics - only 16.7% mentioned them.

Figure 69. Share of respondents that made informal payments at the hospital, %

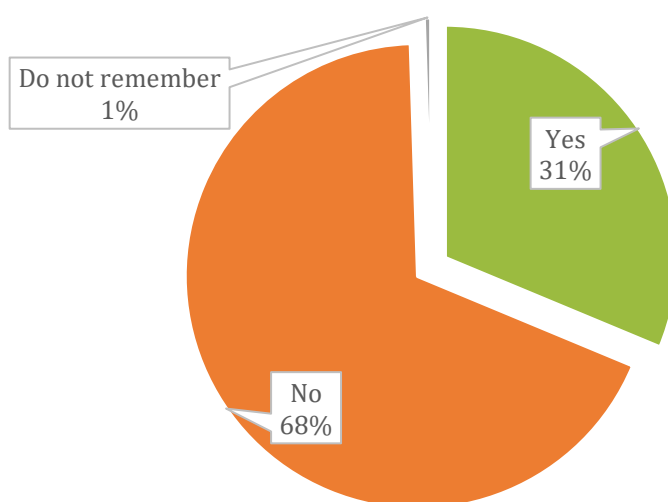
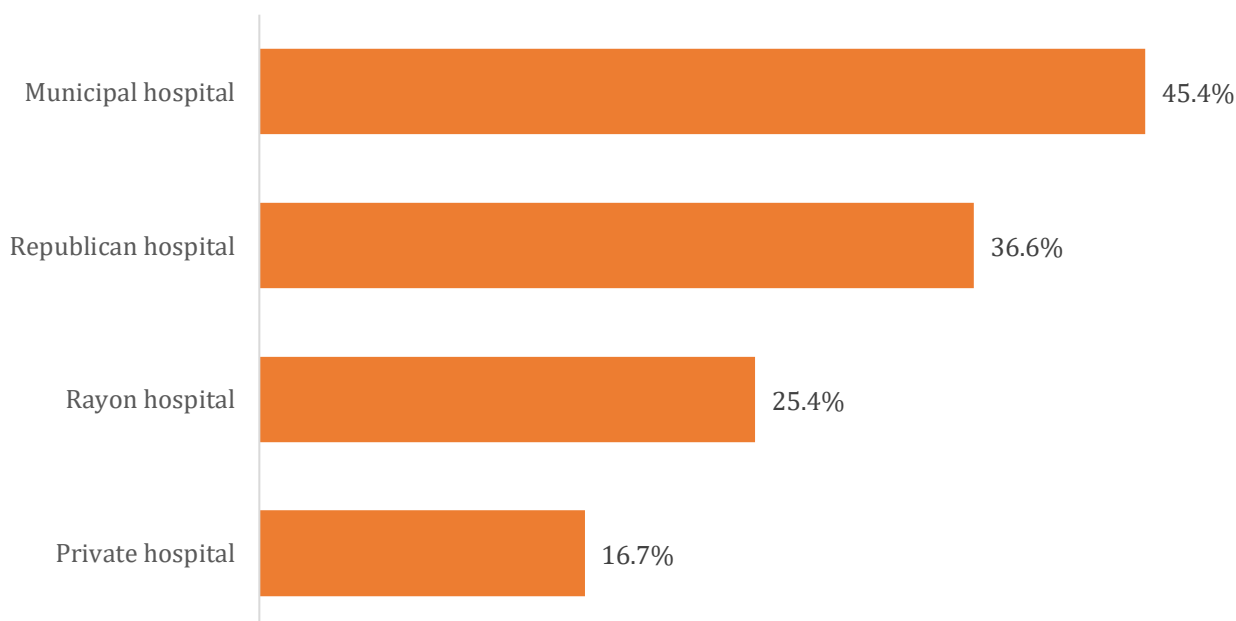


Figure 70. Share of the population that made informal payments, by the type of hospital where they were hospitalized, %



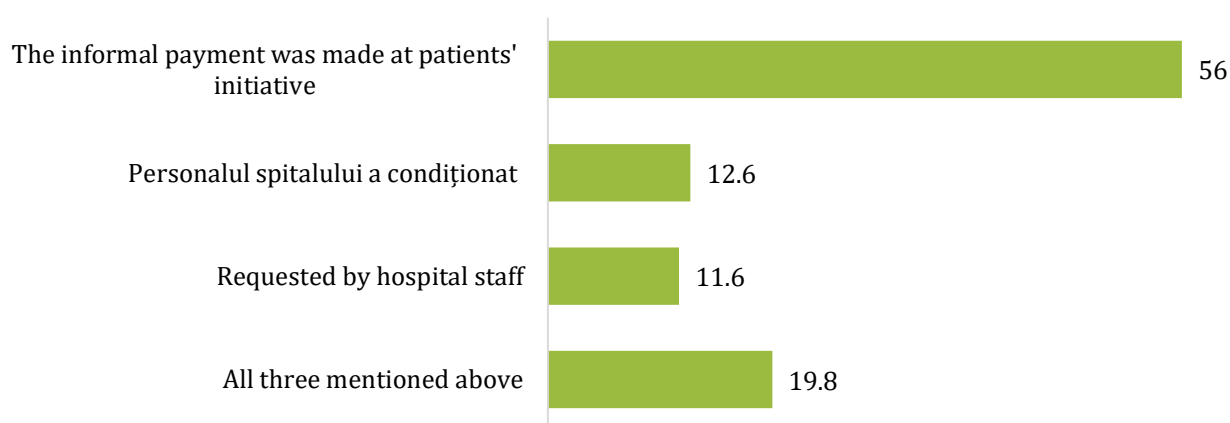
It is found that informal payments are made predominantly by people aged 15-46. Most of them are also patients who do not have healthcare insurance (37% vs 30.7% insured). At the same time, it is noted that the smallest share of the survey participants who had to pay directly to the medical staff for the surgical services are the ones hospitalized through the ambulance service.

Every fifth respondent who received hospital services in the last 12 months and offered informal payments to the medical staff state that they acted in that manner being constrained by three circumstances at the same time - the request from the medical staff, the advice received from other patients and the desire to thank the medical staff for their services. Thus, the informal payments were mainly justified by the persons who were hospitalized in the municipal hospitals. Personal initiative is the main reason invoked by the respondents for making informal payments - 56.0%. This reason was stated mainly by patients who received treatment in rayon (60%) and municipal hospitals (55.7%). Most of them were 56-65 years old, were hospitalized based on the referral ticket issued by a specialist doctor (58.3%) or on their own initiative (63.3%).

Another 12.6% of respondents claim that they were required to make informal payments for certain services, including men (17.1%), young people aged 15-25 (15.4%), people aged 46-55 years old (15.2%) and uninsured (18.5%). Most of the people who paid for the hospital services on demand were hospitalized on emergency basis (16.8%) and through ambulance service (20.5%). The reason for the informal payments determined by the demand of the medical staff was more often invoked by the patients of the republican hospitals (15.7%).

The highest share among the 11.6% of the respondents who were guided by other patients is represented by persons over 65 years old (18.2%), with insured status (12.8%), who were hospitalized on planned admission basis (18.2%), with a referral ticket from the family doctor (17.5%). This reason was mainly reported by patients in municipal hospitals (15.4%).

Figure 71. Distribution of reasons for informal payments, %



Informal payments made by respondents during hospitalization were mainly for doctor's consultation (46.9%) and nurses' services (35.7%). Persons undergoing surgery also claim that they were forced to make informal payments pay for the surgery and narcosis.

Informal costs for doctor's consultation were reported mainly by patients who underwent hospital treatment in municipal and rayon institutions (48% and 45.9%). 76.3% of respondents who incurred such expenses say that doctor's consultation costed up to 500 lei. Informal payments for doctor's consultation were reported mainly by women (51.1%), respondents over 46 years of age (over 50%), the insured (48.3%), and those who were taken to the hospital by the ambulance (54.8%) or were hospitalized on their own initiative (33.3%).

44% of respondents hospitalized during the reference period rewarded medical staff with gifts, souvenirs, food or other items. The highest share is recorded by those hospitalized in the municipal hospital (49.2%) and republican hospitals (49.1%) with a difference of 10 percentage points of the share of respondents who provided such payments to district hospitals. Most respondents who rewarded the medical staff are those aged 15-25 (56.4%) and 36-45 years (52.2%), the uninsured (51.9%) and those admitted with a referral ticket from the family doctor (50.0%). The value of gifts and souvenirs in 47.8% of cases was up to 500 lei and 15.2% of respondents declared expenses of 500-1000 lei for the gifts for the medical staff.

Also, in municipal and republican hospitals there is a more pronounced trend (42.5% and 44.6%) of informal payments for nursing services. In total, this kind of payments were made by 35.7% of respondents, especially from urban areas (44.9% vs 27.5% rural), and mostly health-insured (37.8% vs. 22.2%). With regard to the mode of hospitalization, most of them had a referral ticket from the specialist (37.5%) or were taken by the ambulance (39.7%). 81.1% of the respondents who offered money to the nurses said that the total cost of these services was up to 500 lei during the hospitalization period.

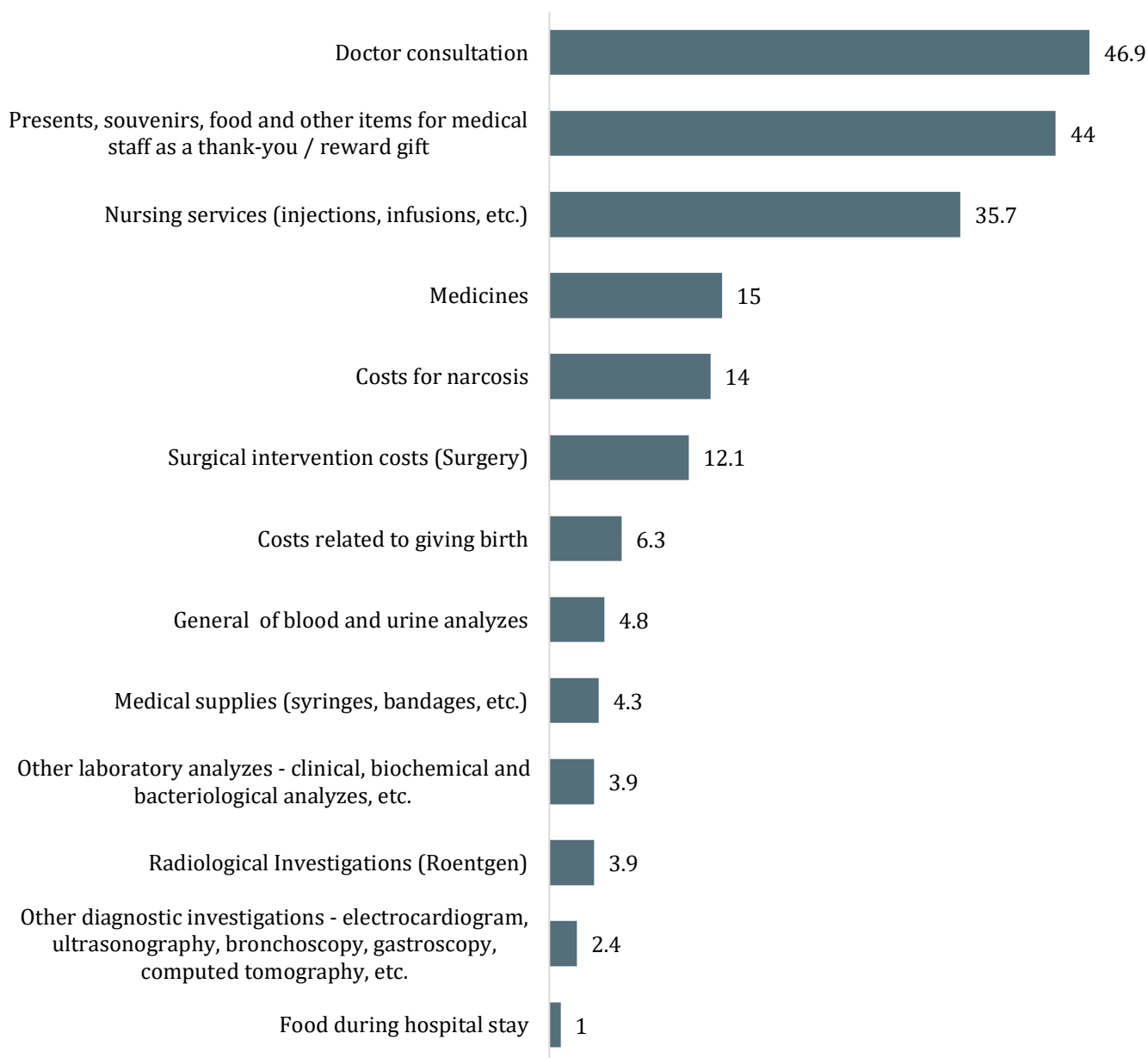
Informal expenses for surgery were incurred by 12.1% of respondents, mostly those hospitalized in republican (17%) and municipal (15.3%) hospitals. Related to the age group category, most of the time, medical staff was financially stimulated for such services by young people aged 15-25 (23.1%) and insured respondents (12.8% vs. 7.4% uninsured). The informal cost of surgical interventions was predominantly between 1000-2000 lei (16.1%). This amount also included informal payments for births (46.2%). As a rule, informal payments for surgery are combined with those for narcosis. Informal charge for narcosis services were paid by every fourth respondent who received hospital services in a municipal hospital and by 13.3% of the patients in the republican hospitals and their value was mainly between 500-1000 lei. The lowest share of respondents who contributed to this expenditure component are those admitted by referral ticket from the family doctor (7.5%).

The general analyses of blood and urine were informally paid for by 4.8% of respondents. Most of them come from the countryside (6.4%), belong to 36-55 years of age group and possess health insurance coverage (5.0%). The highest share among the 3.9% of the respondents who informally paid for other laboratory analyses is represented by respondents who were hospitalized on emergency basis (15.0%) and those admitted to the hospital on their own initiative (10.0%). The respondents hospitalized on their own initiative are the most (10.0%) among the 3.9% of respondents who made informal payments for radiological investigations. Other diagnostic investigations were informally paid for by 2.4% of respondents. Most of these are from urban areas (3.1%) and uninsured (7.4%). Also, respondents hospitalized on emergency basis (3.4%) prevail, with an incidence of over 4% in case of those hospitalized

based on the referral ticket from the specialist doctor or ambulance service, and over 3% in case of those hospitalized on their own initiative.

Informal payments for medical supplies were made by 4.3% of respondents. This category includes uninsured persons (11.1%) and those hospitalized on emergency basis (5.0%).

Figure 72. Distribution of services for which patients made informal payments during hospital stays, %



The main group of out-of-pocket expenses incurred by the respondents, relatives or friends during the hospitalization period was transport charges - 81.3%. The situation is especially characteristic for people living in rural areas (86.1%) and uninsured (86.3%), but it is inversely proportional to the respondents hospitalized through the ambulance service (78.0%).

Food was purchased or brought by the relatives in 76.2% of cases.

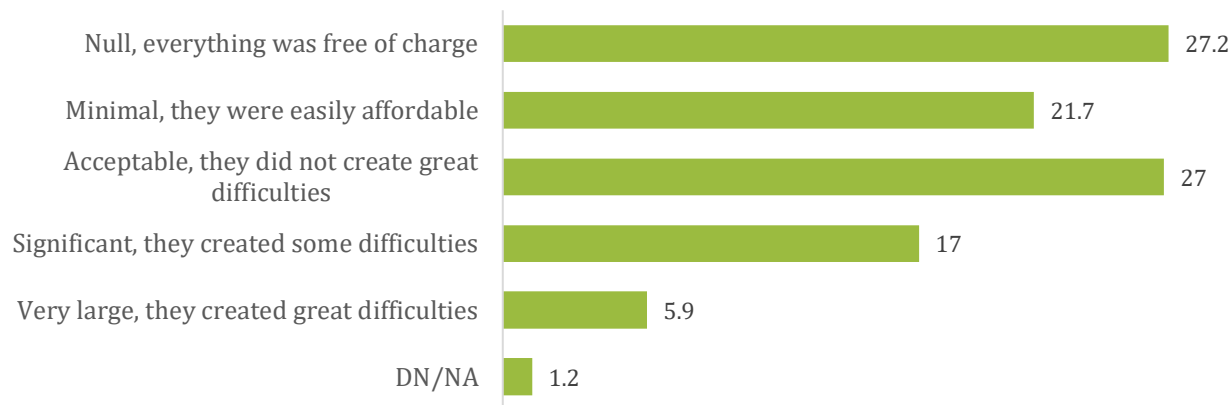
Among those who were satisfied with the food served by the hospital, the most numerous are the respondents aged over 56 (about 32%) and the insured persons (24.7%).

Figure 73. Share of types of out-of-pocket payments made by patients and relatives / friends during the last respondent's hospitalization, %



Patients who received hospital services in rayon hospitals are the most satisfied (83.0%) with the amount of direct hospitalization costs, with a difference of 12.3% compared to those treated in municipal hospitals and with a significant difference compared to people discharged from republican hospitals (58.6%). The lack of any additional expenditure (zero costs) was reported by 27.2% of the interviewed persons, most of them were patients hospitalized in rayon healthcare institutions (35.6%), aged over 56 years (about 36%) and insured (28.2% vs. 19.2% uninsured).

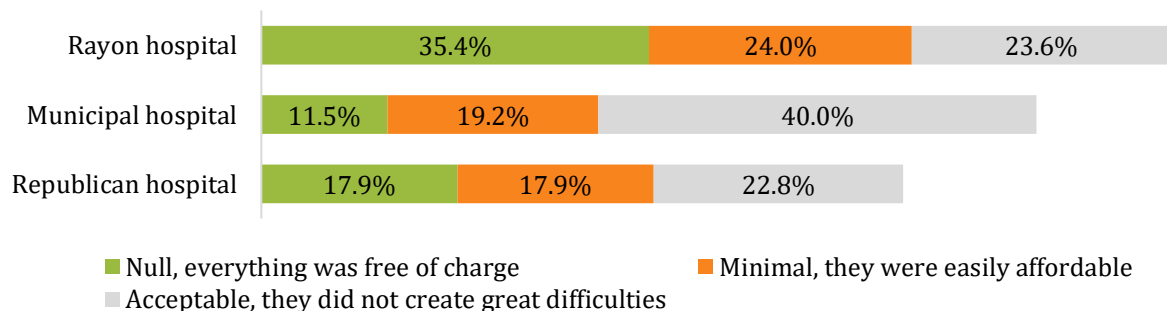
Figure 74. Evaluation of direct costs of hospitalization, %



Among the 27.0% of the respondents who consider the direct costs incurred during the hospitalization to be acceptable, without having caused them great difficulties, the highest share belong to urban population (32.6%), to the age group of 15-35, and of 46-55 years old (over 30%).

The direct costs for hospitalization were estimated as significant and generating difficulties for the household budget by 22.9% of hospitalized persons, most of them being uninsured (26.0% vs. 22.5% insured) and with incomes lower than the average on the sample.

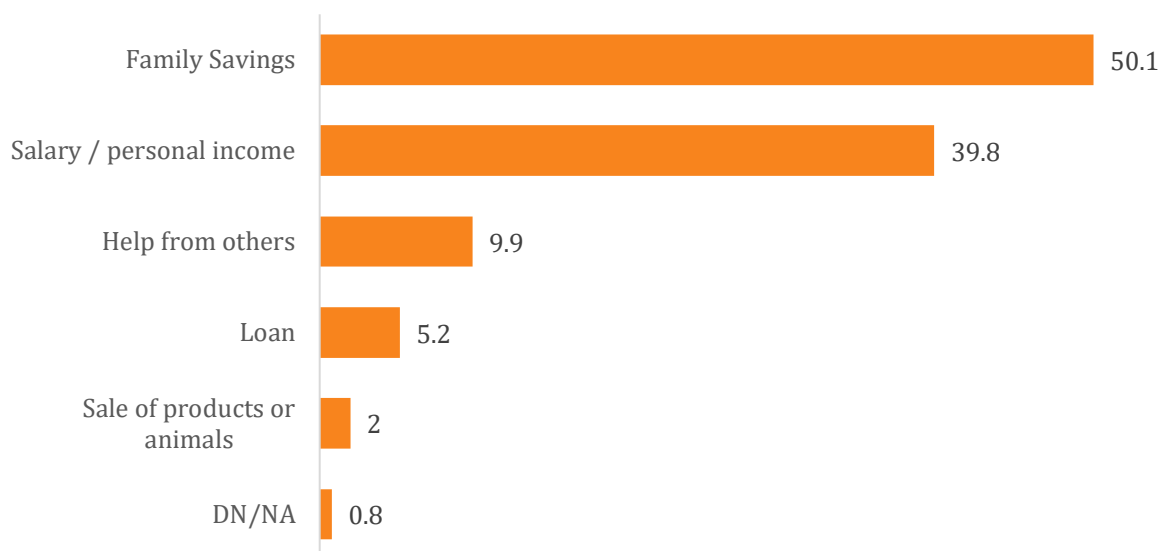
Figure 75. The proportion of the population that estimated the direct costs of hospitalization as null, minimal or acceptable, according to the type of hospital, %



Family savings, including money received from abroad, formed the main source of payments for medical services during hospitalization in case of half of the respondents, another important financial being the salary or other personal income of the respondents - almost 40%.

Almost 10% of respondents were help by relatives, friends, colleagues or acquaintances. 5.2% were forced to borrow, and 2 % of them - even to sell certain goods, objects, agricultural or animal products.

Figure 76. Distribution of sources used by patients to cover the cost of hospitalization, %



With regard to the sources for hospital services payments, city residents predominantly reported wages and personal income (48.7%) , help from family and friends (16.0%), and loans (8.4%). Those in smaller towns and rayon centers mentioned family savings (including remittances from abroad) - 52.5% as the main source to cover hospital expenses and personal income as the second (40.0%).

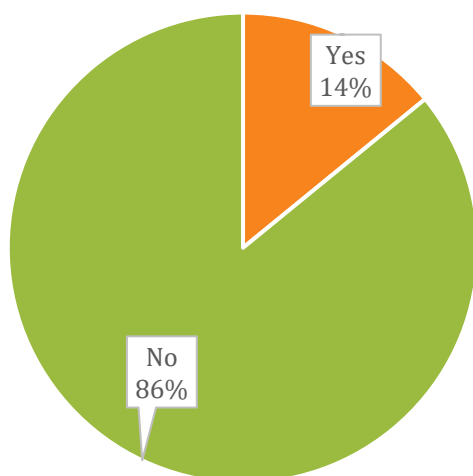
Respondents in rural areas also indicated family savings (54.5%) as the first source for payments, personal income (36.8) and support from relatives and friends (10.5%) was mentioned as the second. They also sometimes had to sell things or objects to cover hospital expenses (2,9).

5.6. The Degree of Respondents' Satisfaction with the Hospital Services

14% of the respondents who were admitted to the hospital said they needed consultations with the doctor on duty during the night, on weekends or on official holidays, their share was higher among those who received hospital services in republican hospitals (18.3%) and lower among those hospitalized in rayon institutions (12.5%). Patients undergoing surgery also needed more consultation (19.4% vs 12.3% of those who did not undergo surgery).

Most of those who needed doctor's consultation at night, during the weekend or on holidays called for a medical assistant.

Figure 77. Share of patients who needed consultation of the doctor on duty during the night, on weekend and on official holidays, %

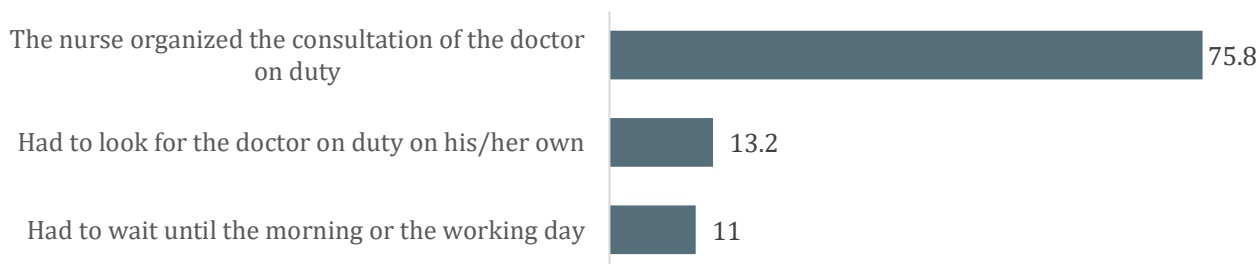


The visit of the doctor on duty was organized in such situations by the healthcare assistant for 75.8% of the respondents, which was mainly reported by rural respondents (81.5%), especially by those over the age of 46 (over 80%) and by insured respondents (78.9%). The doctor's visits at the patients' request are organized by healthcare assistants in 82% of cases in rayon hospitals, 71.6% - in the republican hospitals, and 66.6% - in municipal hospitals provide such visits.

Most of the respondents who had to look for the doctor on duty on their own (13.2%) belong to 36-45 age group (31.6%) and were hospitalized in municipal institutions (22.1%).

In the case of those who were not visited by the doctor (11.0%), urban residents (16.2% vs 7.4% rural) and young people aged 15-25 (20.0%) prevail. The lowest share of respondents who requested consultations at night, on weekends, or on official holiday are among the 65-year-olds (9.8%).

Figure 78. Share of nurses' responses to the patients' request for doctor consultation at night, on weekends or official holidays, %



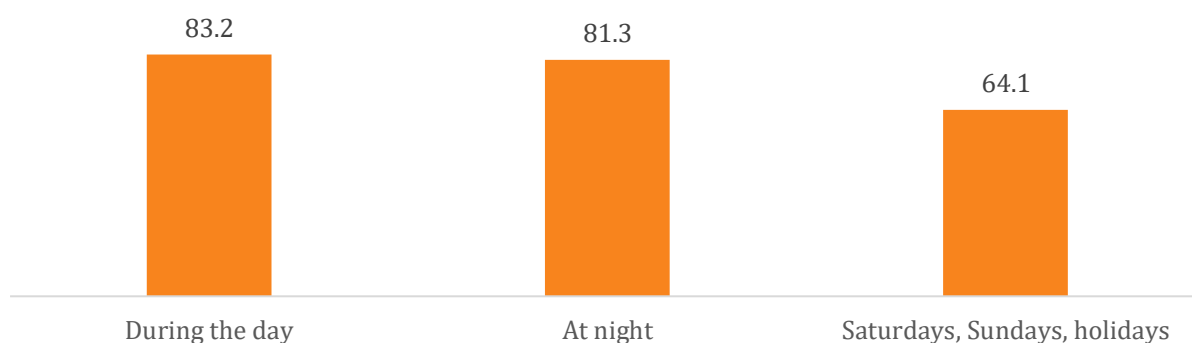
Overall, respondents are satisfied with the health care provided in the hospital. 83.2% of them say they were satisfied with the daytime assistance, 81.3% said they were satisfied with the assistance they received during the night and 64.1% remained satisfied with the hospital services they received on weekends and holidays. Most of the respondents among the satisfied and very satisfied with the medical care during the day come from the urban areas (87.1%), are over 56 (about 90%) and insured (82.1%). A lower level of satisfaction in this respect was reported by people aged 15-45 (over 4.4%) and those without a medical insurance policy (6.8%).

High satisfaction with the assistance received during the night was reported mostly by respondents from urban areas (85.8%), 56-year-olds (over 86%) and the insured (82.1%). Discontent or completely unsatisfied with the services were 5% of respondents, predominantly from rural areas (6.1%) and the uninsured (6.8%). The share of respondents

satisfied with weekend or holiday care is the highest among rural patients (69.2%), those over 46 year old (about 66%) and insured ones (65.0%).

The respondents who were hospitalized at the rayon hospitals are the most satisfied with the services received during the day and at night (86.2% and 85.4%) followed by the respondents who received care in republican hospitals (83, 6% and 83.2%). Municipal hospitals made their patients less satisfied with day and night care, especially the level of dissatisfaction among these patients is reflected in a share of 60% regarding the care received on weekends and official holidays.

Figure 79. Distribution of persons who reported a high level of satisfaction with hospital care, %



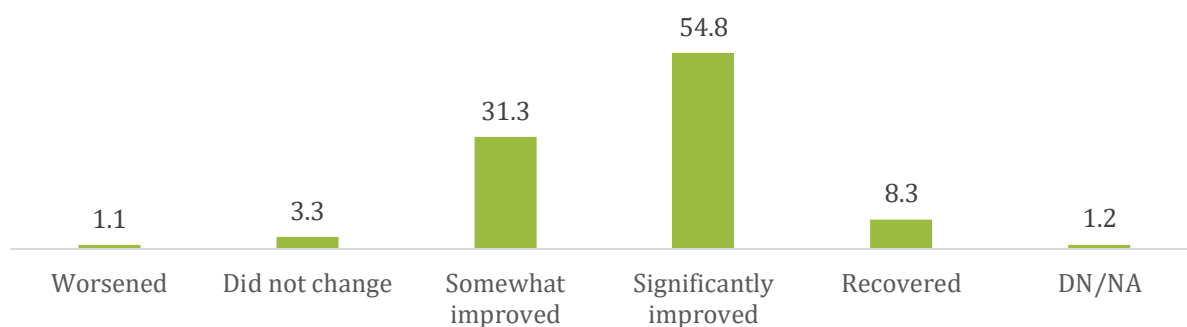
At the analysis of the perception of the outcome of the hospital treatment, only 8.3% of the respondents declared a complete recovery, almost 55% experienced a significant improvement after the treatment, and another 32.3% - some improvements after discharge.

At the same time, 3.3% reported no change, and 1.1% - even worsening of their health condition. Most young people (15-25 years old (18.2%) and 26-35 years old (15%) felt completely recovered after hospitalization. Significant improvements were reported by respondents aged over 56 (over 50%) and some improvements were mainly reported by respondents in the 46-55 age group (42%).

Among those who find some health improvements, most are insured (31.9%), while the uninsured prevail in the category of those who felt completely recovered (11.0%).

Related to the type of hospital in which the respondents received the treatment, it was found that the patients who felt fully recovered were mostly discharged from municipal and republican hospitals, while the share of persons discharged from rayon hospitals is higher among those who show significant improvements after hospital treatment. At the same time, one out of 10 patients discharged from republican hospital did not feel any treatment results (9.1% vs. 2.3% from rayon and 1.5% from municipal hospitals).

Figure 80. Distribution of the results of hospital treatment outcome evaluation, %



Respondents who were hospitalized in rayon hospitals are more satisfied than those who received treatment in municipal and republican hospitals with the costs of hospitalization, the qualification of medical staff (doctors and assistants), their attitude to patients and the time spent by supervising doctors with the patient. At the same time, patients in republican hospitals showed a higher level of satisfaction than those in municipal and rayon institutions regarding conditions and comfort in the wards and procedures offices, are more satisfied with the conditions of sanitary blocks, the availability of sanitizers and cold and hot water, with food in the hospital and the existing recreational facilities.

The degree of satisfaction with the knowledge and qualifications of doctors, estimated by 81.9% of the survey participants, is more often reported by rural residents (84.2% vs 78.9% urban), by young people aged 15-25 (85.2%), but also by persons over 56 years of age. Similarly, more rural residents than city residents positively evaluated the qualification of nurses - 80.5 vs 76.3%. Such opinion is particularly characteristic for residents over 56 (about 83%) and insured persons (79.7% vs. 71.2% uninsured).

70.6% of the respondents reported to be satisfied with the medical staff attitude, again, most of them being from rural areas (74.2% vs 65.6% urban) and over 65 (78%). On the other hand, most of those dissatisfied (12.1%) are registered in the 36-45 age group (12.1%).

The share of people satisfied with the attitude of nursemaids or kitchen staff (62.2%) remains the highest among people over 56 (over 69%), but most dissatisfied are patients of 36-55 years old (17-19%).

75.1% of the respondents are satisfied with the consultation time of the supervising doctor, the proportion remaining invariably favorable in case of rural residents (77.9% vs. 71.4% urban). On the contrary, dissatisfied respondents are represented by urban respondents (12.2% vs. 5.3% rural), those aged 26-35 (11.5) and uninsured (11.0% vs. 7.9%). Similarly, rural respondents (70.5% vs 65.9% urban) and those over 56 are the most satisfied with the conditions in the wards - 68.5%, and the most unsatisfied are people aged 26-35 (13.2%).

Satisfied with the comfort of the wards were 66% of survey respondents, mostly among rural residents (73.4% vs. 56% urban), and over 46 years old (over 70%). However, also a large number of young people aged 15-25 years old (69.3%) declared themselves satisfied. On the opposite side, the mostly dissatisfied are urban respondents (10.4% vs. 6.3% rural) and those aged 26-45 (9-13%).

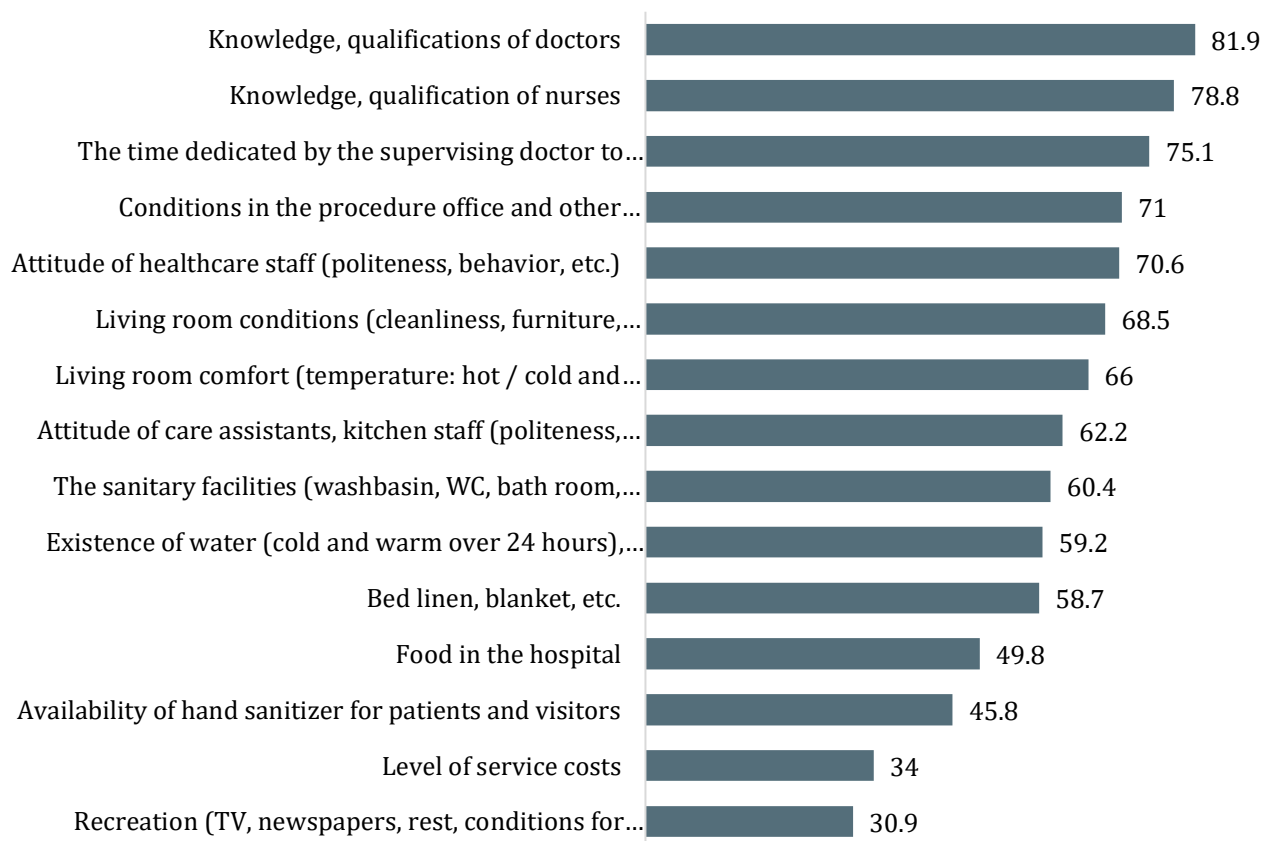
With regard to distribution of people satisfied with bedding, blanket, etc. - 58.7%, the most favorable responses were invariably given by residents of rural areas and insured persons. However, dissatisfaction is more evident among urban residents (11.8% vs. 9.2% rural), people aged 15-45 (over 10%) and uninsured (15.1% vs. 9.7%). The urban residents (17.2% vs. 10.5% rural) also prevail among those unhappy with the conditions of the sanitary facilities. The unavailability of sanitizers also disliked by urban residents (29.4% vs. 19.4% rural). The permanent supply of hot and cold water, as well as the possibility to take showers were appreciated by 59.2% of those interviewed, mainly by rural residents (63.7% vs 53% urban) and those over 56 (63.3%), but claimed as unsatisfactory by most respondents aged 36-45 (about 17%).

Satisfied and very satisfied with the hospital food were 49.8% of the respondents, mostly from rural areas (52.1% vs 46.6% urban), over 56 years old (over 60%) and insured (51.1% vs. 39.8% uninsured). Proportionately, the most dissatisfied are young people aged 15-25 (23.9%).

The lowest level of satisfaction was recorded for the recreational facilities in the hospital - 30.9%, the most discontent in this respect was obviously shown by people aged 15-24 (about 24%) and among the uninsured (31.5% vs 18.9% insured). By contrast, the highest proportion of those satisfied is attested among 56-year-olds (41.2%).

The level of service costs was positively appreciated by only 34% of the interviewed people, surprisingly among them the most were uninsured (42.4% vs. 32.9% insured). The highest level of dissatisfaction with the cost of hospital services is among urban residents (14.0% vs 9% rural), respondents between 36-45 years old (19.2%) and insured (10.7% vs. 13.7% uninsured).

Figure 81. Distribution of services received during the hospitalization period based on the patients' high level of satisfaction, %

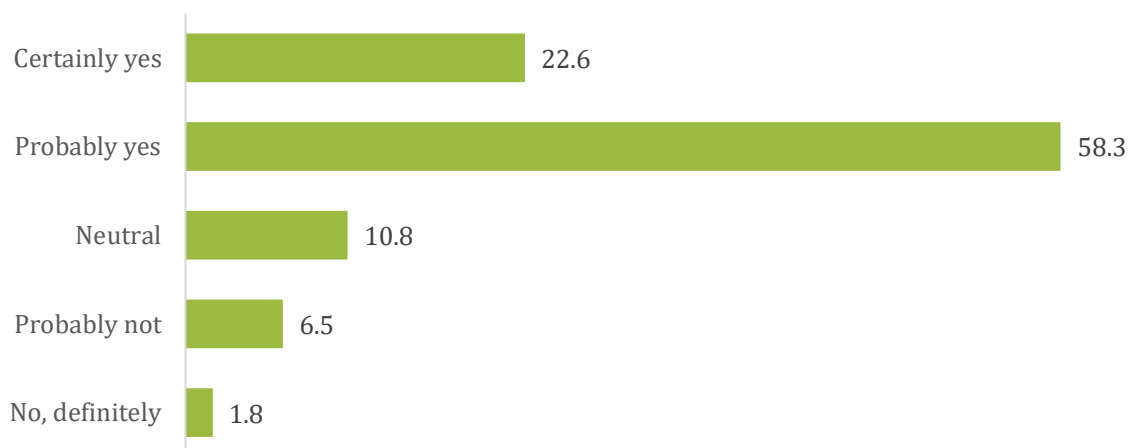


80.9% of respondents would be willing return back for treatment if needed or recommend the hospital to others. Of them, every 4th respondent would choose the same hospital, and 58% would probably prefer to be admitted to the same institution. Most of these respondents are the insured persons (81.4%), aged between 26-35 years old (81.4%) and over 65 (84-95%).

Patients who were hospitalized in republican hospitals (36.6% vs 21.5% municipal and 18.1% of rayon) express more certainty in this regard. Probably the same hospital would be chosen by patients discharged mainly from rayon hospitals (64.3% vs 50% municipal and 48.7%

republican). Municipal hospitals accumulated the lowest score, the beneficiaries of these institutions showed a more neutral or even negative attitude towards the possibility of a repeated experience of hospitalization (17.7% neutral, 7.7% probably not 3.1% definitely not). Young people aged 15-25 (14.8%), and those between 46-55 years old (11.0%) prevail among those who would not make such a choice. Most of the uninsured respondents (13.7% vs 7.7% insured) share the same opinion.

Figure 82. Probability of choosing again the same hospital, %



5.7. Suggestions for Hospital Services Improvement

The hospital performance was appreciated by the beneficiaries with grades from 1 to 10. The country average score was 7.96. Private hospitals received the highest grade (8.5) followed by hospitals in rayon centers (7.96) and republican ones (7.91). The lowest scores were obtained by municipal hospitals, with an average score of 7.48.

High grades (9 and 10) were given by 37.8% of interviewees, with a predominant proportion among rural residents (40.0%) and among insured (38.3%). The significant number of high grades were offered by young people aged 15-25 (36.4), as well as those over 65 (48.7%), is highlighted.

Figure 83. Evaluation of the local/rayon hospital performance, %

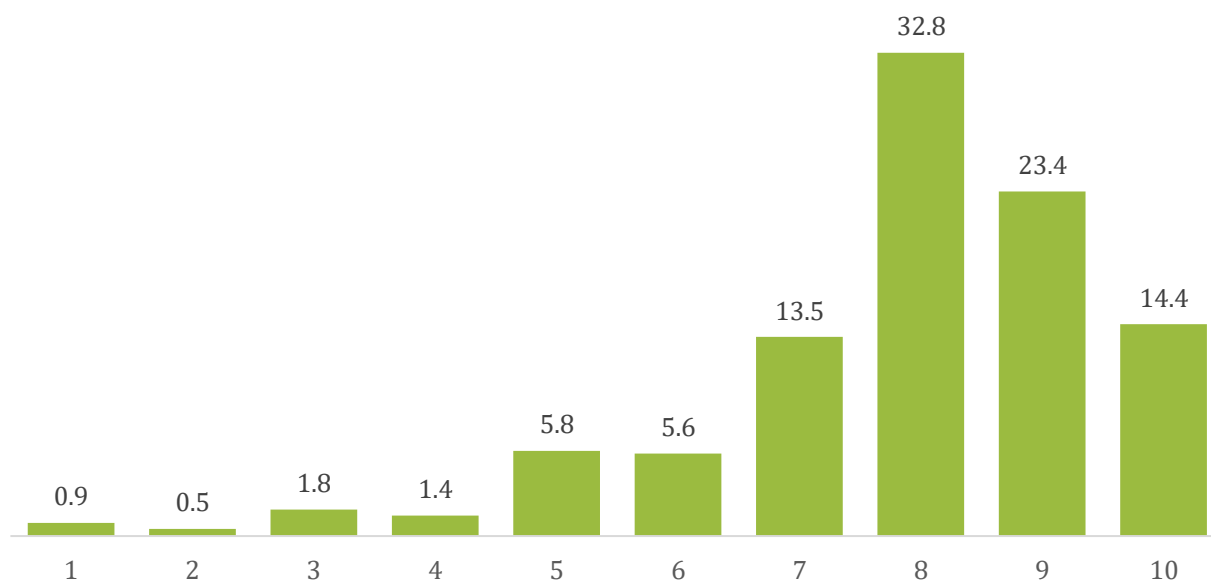
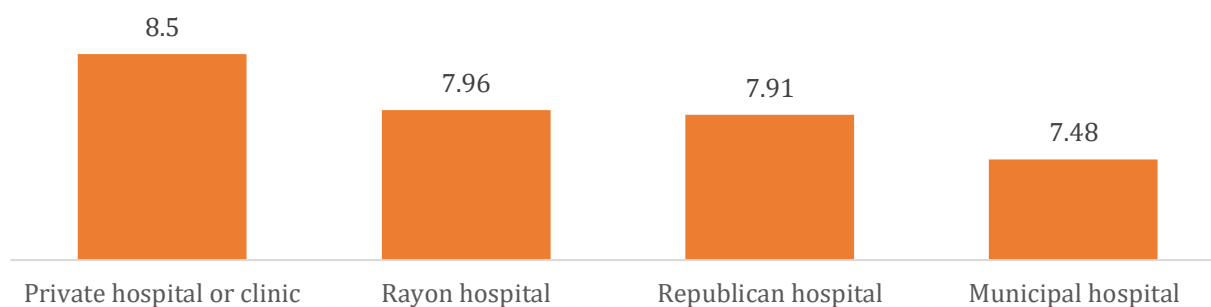


Figure 84. The performance index of the hospital institution attributed by respondents by type of hospitals, %



Asked to report the most serious problem they faced during hospitalization, almost half of the respondents - 53.1% - mentioned the insufficient attention, attitude and understanding with which they were treated by medical staff and sometimes even their professionalism and ineffective treatments. Also, a large number of respondents voiced claims about hospital staff shortages, bureaucracy and poor organization.

Another aspect claimed by patients was their limited access to information on treatment to be applied and information on services that are and are not covered by the healthcare insurance policy. In the same order, corruption and demand for informal payments, high costs for diagnosis using high-performance devices, and treatment costs are other issues faced by respondents during the hospitalization period..

The long waiting time for elective admissions based on medical insurance coverage and the impossibility of admission without referral from the doctor and the fact that the patient can not choose the supervising doctor during hospital stay were problems reported predominantly by urban residents.

Among the respondents who were hospitalized in rayon institutions, some mentioned that hospitals required repairs, they were not fitted with modern medical equipment, the wards were over-crowded, hygiene standards in the wards were not respected and in some cases the unavailability of a procedure office in their division, thus having to receive care and be present during care provision directly in the ward where they were hospitalized. Some patients admitted to republican hospitals reported that they were not provided with transport services when they were referred to undertake medical tests or exams outside the hospital.

Asked to formulate a set of recommendations needed to improve the work of hospitals, each second respondent considered necessary, in equal proportions, the modernization of hospitals, provision of up-to-date equipment and technologies. Moreover, every third respondent insisted on the eradication of corruption and the practice of informal payments. Another topic highlighted by the people who were hospitalized in the last 12 months was the lack of attention, friendly attitude and understanding provided by the medical staff, they also consider necessary to increase the professionalism and specialization of the medical staff. The need for better hygiene conditions and patient food programs were also mentioned.

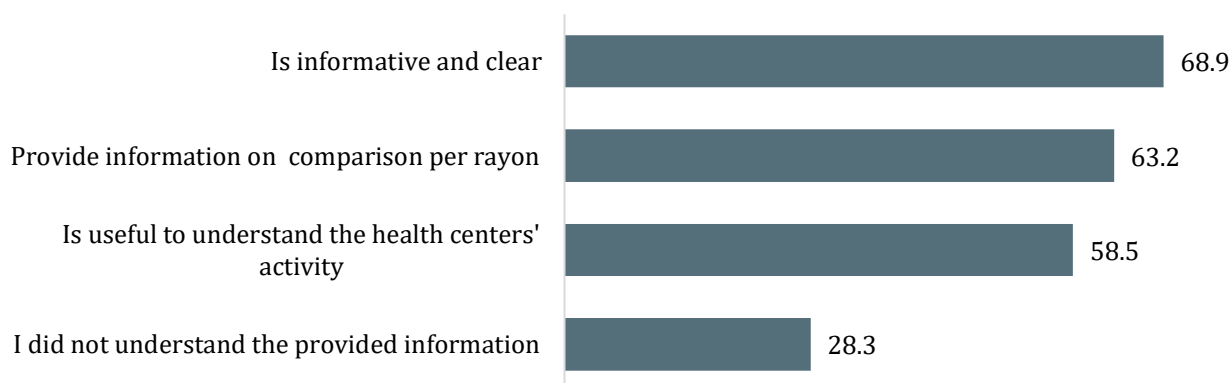
Preferences such as free treatment, increased capacity of hospital service, recreation and leisure facilities, higher salaries for medical staff, or increased number of days of hospitalization under the insurance coverage were also mentioned. Almost 10% of respondents say that no change are needed.

VI. INFORMATION CAMPAIGN ON THE PERFORMANCE OF HEALTH CENTERS AND HOSPITALS

Approximately 20% of survey respondents say they received information about the performance of health centers in their place of residence and about the performance of hospital institutions in their area of residence during the year 2018.

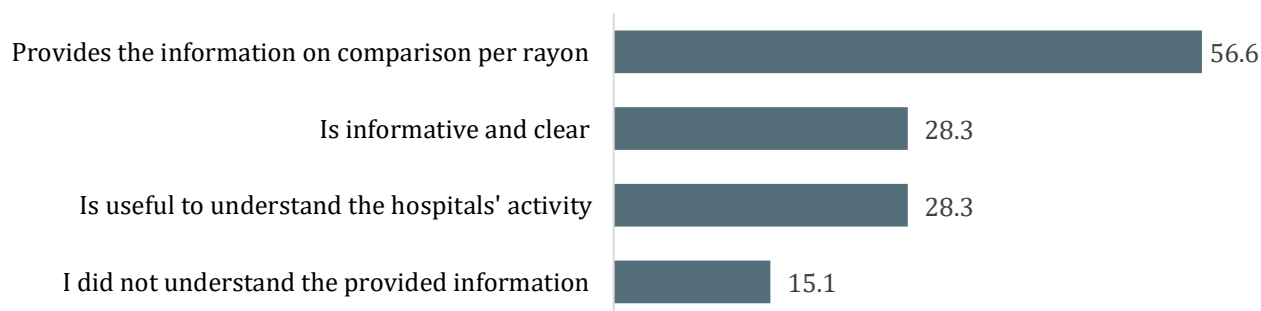
In health centers, the content of the health center card is generally evaluated as positive by the majority of respondents. Thus, 68.9% believe it is informative and clear, and 63.2% of them think that it provides the necessary comparison with the average in the rayon.

Figure 85. Share of respondents who agree and partially agree on the accessibility and usefulness of health center cards, %



As far as the hospital cards are concerned, the perception of the survey participants is different - the useful information for the comparison with the average scores for the rayon institutions was unreservedly appreciated by more than half of the sample (56.6%). At the same time, more than 60% of them only partly qualified the content as informative and clearly defined, as well as sufficient to understand the activity of the district hospital. Another 15.1 percent of respondents did not understand the information presented well enough.

Figure 86. Share of respondents who agree and partially agree with the accessibility and usefulness of hospital cards, %



6.1 Suggestions for Enhancing the Usefulness of Information in the Health Institution Performance Card

To improve the health center cards, 20% of respondents suggest providing the information in a more accessible form, understandable for general population. Also, a more interactive presentation of the information is proposed. In order to increase its usefulness, respondents believe that the card should contain contact numbers of their health center, work schedule and available services, more information on successful experiences of doctors in their locality. It would also be useful if the card included information about specialist doctors in the rayon health center, available services, and official consultation prices for specialist doctors.

In the respondents' opinion, information about the medical services covered by the health insurance, the rights and obligations of the patients, as well as where they can claim their rights should also be provided.

The need for information on the Unique Program, motivational brochures for doctors or a list of compensated and free medicines were also mentioned. In the opinion of 4.7% of respondents, there is too much information provided in the health center card.

Ask to give some suggestions for improving the hospital record, about $\frac{1}{4}$ of the sample population claimed, similarly to the case of health centers, a sophisticated presentation that was hard to understand for the simple audience. Likewise, a large number of respondents indicated the need for additional information about patients' rights and obligations or about medical services covered by the health insurance policy. A list of useful phone numbers (including the green line for cases of corruption) is also needed. Respondents also suggest disseminating the list of services provided by the district hospital, information on the experience of doctors working in the hospital and the diseases that can be treated at the hospital in their area.

VII. Correlation of Perceptions of Health Centers and Hospitals Performance between the Intervention and Control Group

The information campaign on the performance of health centers and hospitals was held before the "Population Health Barometer of the Republic of Moldova" study. The locations in which this campaign was carried out will be referred to as the intervention group. Localities where the campaign was not held until the initiation of the field work within the study mentioned in this report - will be hereafter referred to as the control group.

Indicator 1.

Respondents were offered 5 sets of hypotheses about service quality and hospital performance. The concepts included in the set of hypotheses formed the first indicator - an integrated indicator - describing the share of interviewees who responded correctly to all conceptual questions based on the group type (intervention and control).

The direct relationship between the attitude of the medical staff and the satisfaction with the quality of the services provided was confirmed by 98.8% of the respondents.

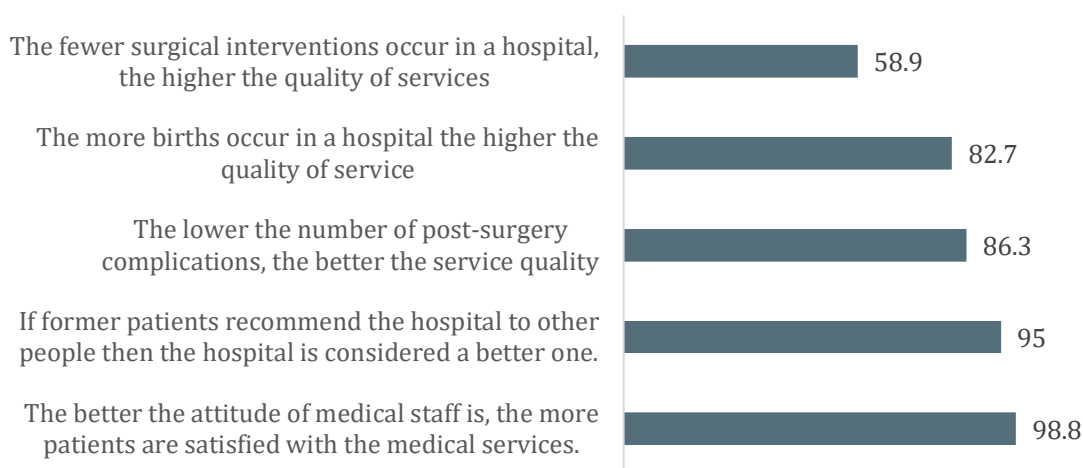
The ratio of former patients' recommendations and hospital performance is estimated to be fair by 95% of respondents. Those who most often disagree with this claim are young people aged 15-25 (8.0%) and people aged 36-45 years old (8.1%).

82.7% of respondents would agree with the statement that the more births occur in a hospital, the higher the quality of services is. Insured respondents prevail again in this case (83.3% vs 78.1% uninsured). The share of those who think differently is the highest among respondents aged 15-25 (20.5%).

58.9% of respondents believe that the reduced number of surgeries could be a positive indicator of the quality of hospital services. This opinion is particularly characteristic of rural residents (65.5% vs 49.8% urban) and vice versa, those who consider otherwise are more among urban residents (50.2%).

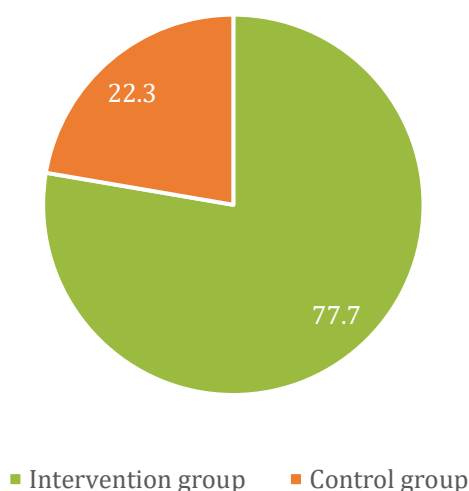
The relationship between the lowest number of post-surgery complications and the quality of hospital services is accepted as fair by 86.3% of the survey participants.

Figure 87. The share of confirmed hypotheses about the perception of high hospital performance



It is noted that the residents of the intervention group managed to answer correctly to the conceptual questions in a triple proportion compared to those in the control group (**77.7% vs. 22.3%**).

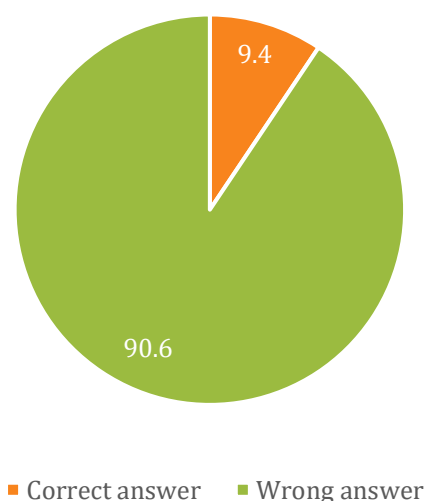
Indicator 1. The share of the correct answers to the conceptual questions from the total of the correct answers in the intervention and control group, %



Indicator 2.

Another project indicator is the share of the correct assessment of the district hospital performance. After analyzing the answers of respondents from the intervention group regarding their perception of the rayon hospital performance compared to the rayons' average with the PAS Center data on the performance level of each hospital, it was found that 9.4% of respondents from the intervention group gave a fair answer. Respondents from Baimaclia and Glinjeni gave a fair answer in 100%. There is a trend of overestimating the performance of rayon hospitals among the respondents in the intervention group, especially among those who receive referral tickets from rural health centers, older people and those who are less satisfied with the quality of services at the district health centers - the hospital serving as a benchmark.

Indicator 2. Share of the correct assessment of district hospital performance in the intervention group

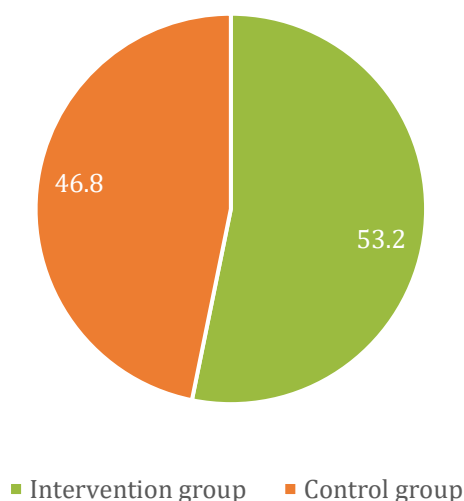


Indicator 3.

And the third indicator is the share of the respondents who can correctly assess the performance of the health centers compared to the national average, as well as the share of the correct answers from the intervention and control rayons.

It is noted that **16.6%** of the survey participants who received primary medical services over the last 3 months correctly assessed the performance level of the health center. The share of respondents who gave a fair appreciation to the health center in the intervention group is higher than that in the control group (**53.2% vs. 46.8**). We note that every fourth respondent in the intervention group who gave a fair appreciation of the level of health center performance received the information card on the performance level of the local health center.

Indicator 3. The share of the correct assessment of the health center performance according by the group



The data show the effectiveness of the information campaign on the performance of health centers and hospitals in the district area, and more precisely its impact on a correct appreciation of the quality of the services offered compared to the national average.

Annex I. The Sample of the Population Health Barometer of the Republic of Moldova 2018

| Group Type | Region | Rayon | Locality | Population | 1.Urban 2. Rural | No. of interviews |
|------------|--------|------------|------------------|-----------------|---------------------|-------------------|
| 1 | 1 | Donduseni | Donduseni | 10,000-49,999 | 1 | 20 |
| 1 | 1 | Falesti | Falesti | 10,000-49,999 | 1 | 20 |
| 1 | 1 | Glodeni | Glodeni | 10,000-49,999 | 1 | 20 |
| 1 | 1 | Soldanesti | Soldanesti | Under10,000 | 1 | 20 |
| 1 | 1 | Donduseni | Sudarca | Under10,000 | 2 | 20 |
| 1 | 1 | Donduseni | Taul | Under10,000 | 2 | 20 |
| 1 | 1 | Falesti | Chetris | Under10,000 | 2 | 20 |
| 1 | 1 | Falesti | Bocsa | Under10,000 | 2 | 20 |
| 1 | 1 | Falesti | Glinjeni | Under10,000 | 2 | 20 |
| 1 | 1 | Glodeni | Limbenii Vechi | Under10,000 | 2 | 20 |
| 1 | 1 | Glodeni | Hijdieni | Under10,000 | 2 | 20 |
| 1 | 1 | Glodeni | Sturzovca | Under10,000 | 2 | 20 |
| 1 | 1 | Soldanesti | Vadul-Rascov | Under10,000 | 2 | 20 |
| 1 | 1 | Soldanesti | Răspopeni | Under10,000 | 2 | 20 |
| 1 | 1 | Soldanesti | Cotuijenii Mari | Under10,000 | 2 | 20 |
| 1 | 2 | Nisporeni | Nisporeni | 10,000-49,999 | 1 | 20 |
| 1 | 2 | Orhei | Orhei | 10,000-49,999 | 1 | 20 |
| 1 | 2 | Nisporeni | Grozesti | Under10,000 | 2 | 20 |
| 1 | 2 | Nisporeni | Bolduresti | Under10,000 | 2 | 20 |
| 1 | 2 | Nisporeni | Milestii Mici | Under10,000 | 2 | 20 |
| 1 | 2 | Orhei | Cucuruzeni | Under10,000 | 2 | 20 |
| 1 | 2 | Orhei | Susleni | Under10,000 | 2 | 20 |
| 1 | 2 | Orhei | Peresecina | Under10,000 | 2 | 20 |
| 1 | 3 | Cahul | Cahul | 10,000-49,999 | 1 | 20 |
| 1 | 3 | Taraclia | Taraclia | 10,000-49,999 | 1 | 20 |
| 1 | 3 | Cantemir | Cantemir | Under10,000 | 1 | 20 |
| 1 | 3 | Taraclia | Tvardita | Under10,000 | 1 | 20 |
| 1 | 3 | Cahul | CS Larga Noua | Under10,000 | 2 | 20 |
| 1 | 3 | Cahul | CS Moscovei | Under10,000 | 2 | 20 |
| 1 | 3 | Cahul | Giurgiulesti | Under10,000 | 2 | 20 |
| 1 | 3 | Cahul | CS Colibasi | Under10,000 | 2 | 20 |
| 1 | 3 | Cantemir | Baimaclia | Under10,000 | 2 | 20 |
| 1 | 3 | Cantemir | Cociulia | Under10,000 | 2 | 20 |
| 1 | 3 | Cantemir | Gotesti | Under10,000 | 2 | 20 |
| 1 | 3 | Taraclia | Corten | Under10,000 | 2 | 20 |
| 1 | 3 | Taraclia | Valea Perjei | Under10,000 | 2 | 20 |
| 2 | 1 | Balti | Balti | 100,000-499,999 | 1 | 38 |
| 2 | 1 | Riscani | Riscani | 10,000-49,999 | 1 | 10 |
| 2 | 1 | Soroca | Soroca | 10,000-49,999 | 1 | 10 |
| 2 | 1 | Ocnita | Frunza | Under10,000 | 1 | 10 |
| 2 | 1 | Ocnita | Otaci | Under10,000 | 1 | 10 |
| 2 | 1 | Ocnita | Ocnita | Under10,000 | 1 | 10 |
| 2 | 1 | Riscani | Saptebani | Under10,000 | 2 | 10 |
| 2 | 1 | Riscani | Recea | Under10,000 | 2 | 10 |
| 2 | 1 | Riscani | Mihaileni | Under10,000 | 2 | 10 |
| 2 | 1 | Riscani | Corlateni | Under10,000 | 2 | 10 |
| 2 | 1 | Soroca | Rudi | Under10,000 | 2 | 10 |
| 2 | 1 | Soroca | Vadeni | Under10,000 | 2 | 10 |
| 2 | 1 | Soroca | Slobozia-Cremene | Under10,000 | 2 | 10 |
| 2 | 1 | Soroca | Vasilcau | Under10,000 | 2 | 10 |
| 2 | 2 | Chisinau | Chisinau | Capitala | 1 | 200 |
| 2 | 2 | Rezina | Rezina | 10,000-49,999 | 1 | 10 |

| | | | | | | |
|---|---|-------------|-------------------|---------------|---|----|
| 2 | 2 | Straseni | Straseni | 10,000-49,999 | 1 | 10 |
| 2 | 2 | Criuleni | Criuleni | Under10,000 | 1 | 10 |
| 2 | 2 | Criuleni | Hrusova | Under10,000 | 2 | 10 |
| 2 | 2 | Criuleni | Magdacesti | Under10,000 | 2 | 10 |
| 2 | 2 | Criuleni | Dubasarii Vechi | Under10,000 | 2 | 10 |
| 2 | 2 | Rezina | Pripiceni-Razesii | Under10,000 | 2 | 10 |
| 2 | 2 | Rezina | Ignatei | Under10,000 | 2 | 10 |
| 2 | 2 | Rezina | Ciniseuti | Under10,000 | 2 | 10 |
| 2 | 2 | Straseni | Codreanca | Under10,000 | 2 | 10 |
| 2 | 2 | Straseni | Micauti | Under10,000 | 2 | 10 |
| 2 | 2 | Straseni | Cojusna | Under10,000 | 2 | 10 |
| 2 | 3 | Basarabasca | Basarabasca | 10,000-49,999 | 1 | 10 |
| 2 | 3 | Causeni | Causeni | 10,000-49,999 | 1 | 10 |
| 2 | 3 | Cimislia | Cimislia | 10,000-49,999 | 1 | 10 |
| 2 | 3 | Causeni | Cainari | Under10,000 | 1 | 10 |
| 2 | 3 | Basarabasca | Bascalia | Under10,000 | 2 | 10 |
| 2 | 3 | Basarabasca | Sadaclia | Under10,000 | 2 | 10 |
| 2 | 3 | Causeni | Firladeni | Under10,000 | 2 | 10 |
| 2 | 3 | Causeni | Tanatari | Under10,000 | 2 | 10 |
| 2 | 3 | Causeni | Salcuta | Under10,000 | 2 | 10 |
| 2 | 3 | Cimislia | Javgur | Under10,000 | 2 | 10 |
| 2 | 3 | Cimislia | Gura-Galbenei | Under10,000 | 2 | 10 |

