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HEALTH BAROMETER OF THE POPULATION OF THE REPUBLIC OF MOLDOVA, 2019



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ABBREVIATIONS

PHC	Primary Health Care
CHI	Compulsory Health Insurance
AS	Asistența spitalicească
HC	Hospital Care
PHB	Public Health Barometer
NHIC	National Health Insurance Company
CHIF	Compulsory Health Insurance Funds
p.p	Percentage points
SPSS	Statistical Package for the Social Sciences - software used in the statistical analysis of data.

KEY TRENDS 2018-2019

General

The public health barometer is a multistage, stratified, non-probabilistic, questionnaire based survey conducted by an interview operator. The 2019 survey included a sample of 1318 persons from individual households in 74 rural and urban settlements in 18 districts of the country (intervention and control districts), and over-sampling in Chisinau and Balti municipalities. The data collection period was 8 October - 9 November 2019 (17 April - 29 May in 2018). The sample comprised 47.4% women and 53.7% men (52.6% women and 46.3% men in 2018), the average age 46 years (45 years in 2018), 42.3% from urban areas and 57.7% from rural areas (same in 2018), 20.7% with higher education in 2019 and 22.4% in 2018, average household income - 5075 MDL in 2019 and 5332 MDL in 2018.

Perception of health status and of the health system development

- In 2019 the respondents assessed their own health status more positively - 39.6% of the interviewees reported good or very good health status (+4.5% compared to 2018);
- In 2019, a higher proportion of respondents considered that healthcare services were accessible or somewhat more accessible compared to 2018 (78.8% in 2019 compared to 73.7% in 2018).
- The perception of quality remained constant, 43.4% in 2019 and 43.6% in 2018 considered that healthcare services were of good and very good quality.
- The share of respondents who noted improvements has not changed significantly (29.4% in 2019 compared to 27.5% in 2018), but a higher share of respondents considered that health reforms stagnated (50.8% in 2019 compared to 44.9% in 2018). The share of respondents who considered that the health system development has worsened significantly in the last year, decreased (14.6% in 2019 compared to 30.3% in 2018).
- Similarly, the share of respondents who considered that the reforms go in a wrong direction decreased, from 21.6% to 14.2%, with the constant share of those who considered that the direction was right (29.4% in 2019 compared to 27.5% in 2018).

The five most important problems remained the same: endowment with modern equipment (41.6%), corruption (38.5%), high cost of treatment (38.4%), attitude of medical personnel (30.8%), access to compensated and free medicines (27.7%). Compared to 2018, the share of respondents who considered access to free and compensated medicines as problematic decreased by 5.2 pp (27.7% in 2019 compared to 32.9% in 2018), and the share of respondents who mentioned the insufficiency of medical personnel slightly increased (26.6% in 2019 and 21.8% in 2018).

Compulsory health insurance

- The share of respondents who stated that they have health insurance policy and know their rights and obligations as insured persons did not change essentially, accounting for 86.3% and 73% respectively. There is a slight increase in the number of respondents who know the range of covered services (75.9% in 2019 compared to 71.9% in 2018).
- There is a substantial increase in the role of the family doctor as a basic source for information for people about their rights and obligations as insured persons, with 18.7 pp (71.9% in 2019 and 53.2% in 2018).

Opinions and experiences regarding primary health care

- The tendency to visit the family doctor as the first access point remains constant: 78.5% in 2019 compared to 79.1% in 2018, while the tendency to call paramedics is slightly increased - 8.6% in 2019 compared to 7.4% in 2018.

- A higher proportion of the respondents reported availability of family doctors in their locality - this indicator showing a 6.2 pp increase (90.6% in 2019 compared to 84.4% in 2018 mentioned that they have a permanent family doctor at the place of their residence), with 100% of nurses availability.
- On the other hand, the proportion of respondents who said that they need less than 30 minutes to reach the family doctor is decreasing: both in the urban area - with 11 pp (66.8% in 2019 compared to 77.8% in 2018), as well as in the rural area - with 4.2 pp (77.9% in 2019 compared to 82.1% in 2018), provided that the share of those who specify a distance of up to 5 km is constant.
- The share of respondents who do not know that they have the right to choose the family doctor increased by 5.7 pp (11.7% in 2019 compared to 6% in 2018).
- Considering the reasons for visiting the family doctor, one can note a 16.4 pp increase (45.7% in 2019 compared to 29.3% in 2018) in the share of respondents who last visited the doctor because they needed to get referrals to medical specialists, and a 8.3 pp increase (36.3% in 2019 compared to 28.3% in 2018) in the share of those who came for a routine control, including for children.
- The average rate of appointments did not change (59.5% in 2019 compared to 59.8% in 2018) among the insured (61.1% in 2019 as compared to 62.4 in 2018), but increased among the uninsured respondents with 6.1 pp (50.3% in 2019 compared to 44.2% in 2018). The share of those who were able to see the doctor according to the scheduled time has increased in urban areas ((86.5% in 2019 compared to 79.7% in 2018), and tends to decrease in rural areas (83.2% in 2019 and 86.1% in 2018). At the same time, the waiting time for the consultation did not change significantly, with 38.8% waiting less than 15 minutes, and 39.8% between 15 and 30 minutes (compared to 43.4% and 34.9% in 2018 respectively).
- The duration of the visit to the family doctor is decreasing: those who waited 10-15 min were by 11.1 pp more numerous (44.7% in 2019 compared to 33.6% in 2018), 15-20 min (35,8% in 2019 and 38.8% in 2018) and the share of respondents who waited longer than 20 min decrease by 7.4 pp in 2019 (14% in 2019 compared to 21.4% in 2018). The frequency of seeing a doctor remains positive, with over 90% of respondents stating that they see the doctor 2-3 times and more.
- The share of respondents who discuss nutrition (81.4%), physical activity (72.8%) remains high, but tends to decrease for subjects related to alcohol consumption (55.1%) and reducing/quitting smoking (53%).
- The share of respondents who received 100% compensated drugs decreased by 6.2 pp (34.4% in 2019 compared to 40.6% in 2018), and the share of those who bought partially compensated drugs increased by 8 pp (36.6% in 2019 compared to 28, 6% in 2018). The share of respondents to whom the doctor explained how to take the medicines remains constantly high (98.3%).
- The proportion of respondents who perceived the result of the treatment received in primary healthcare as a significant recovery increased by 5.3 pp (32.6% in 2019 compared to 27.3% in 2018); the number of respondents reporting slight improvement increased by 6.4 pp (41.9% in 2019 compared to 35.5% in 2018), and those who stated no change also increased by 6 pp (13.5% in 2019 compared to 7.5% in 2018).
- The share of respondents who reported paying for drugs at their last visit to the PHC decreased by 5 pp (58.1% in 2019 compared to 63.1% in 2018).
- There is a slight increase in the patients satisfaction with primary health care services, with the share of respondents who would definitely or likely to choose or recommend the same PHC facility to relatives, friends and other persons increase by 5.6 pp (78.1% in 2019 compared to 72.5% in 2018), and by 5.9 pp (10.8% in 2019 compared to 4.9% in 2018) more respondents appreciating the organization of PHC in the country as good as it is. The level of satisfaction with the medical staff remains constantly high.

- The average score of municipal health centers is 7.06, district health centers is 7.61, and rural health centers is 8.12, increasing for rural, and decreasing for the others (7.26 municipal, 7.86 district and 7.94 rural in 2018) .
- Almost half of respondents continue to believe that major (48.8% in 2019 and 46.8% in 2018), or minor (39.7% in 2019 and 36.1% in 2018) changes are needed, while many stated that the PHC is good as it is (10.8% in 2019 and 4.9% in 2018), and less that it should be completely reformed (7.1% in 2019 and 8.6% in 2018).
- The number of respondents who said that PHC needs to be equipped with medical equipment, as a recommendation to authorities, increased by 8.9 pp (48.8% in 2019 compared to 39.9% in 2018).

Opinions and experiences regarding hospital care

- Compared to 2018, the share of respondents who were urgently admitted to the hospital increased by 14.9 pp (53.6% in 2019 compared to 38.7% in 2018), while the share of respondents admitted based on referral ticket from the family doctor decreased by 9.9 pp (29.1% in 2019 compared to 39% in 2018).
- The share of respondents who declared the waiting time in the admission room to be less than 15 minutes decreased by 12.9 pp (33.2% in 2019 compared to 46.1% in 2018) and the share of those who indicated 15-30 minutes increased by 8 pp (39, 3% in 2019 compared to 31.1% in 2018).
- The share of respondents who declared about unrestricted access to their own medical records decreased by 5.9 pp (17.6% in 2019 compared to 23.5% in 2018), but the share of those who communicated about access only in the presence of medical personnel, or only to some compartments, increased by 8.5 pp (21, 3% in 2019 compared to 12.8% in 2018).
- The share of respondents who were helped by the nurse to get the on-call doctor's care during the night, rest days, or holidays increased by 10.6 pp (86.4% in 2019 compared to 75.8% in 2018).
- The share of respondents who indicated making official payments during hospitalization in the republican hospitals decreased by 4.7 pp (11.2% in 2019 compared to 15.9% in 2018), but increased by 7.5 pp (13.2% in 2019 compared to 5.7% in 2018) in district hospitals and by 7.5 pp (25.3% in 2019 compared to 17.8% in 2018) among the uninsured.
- The percentage of respondents who indicated the diagnostic investigations as an official payment category related to hospitalization increased by 25.5 pp (34.1% in 2019 compared to 8.9% in 2018), while the share of respondents who indicated payment for the doctor's consultation decreased by 18 pp (3.5 % in 2019 compared to 21.5% in 2018), as well as the rate of those who indicated payment for medicines – by 12.6 pp (48.2% in 2019 compared to 60.8% in 2018), the share of respondents who indicated payment for the bed – day decreased by 14.9 pp (12.9% in 2019 compared to 27.8% in 2018), and the share of respondents who declared payment for the surgery decreased by 12.4 pp (12.9% in 2019 compared to 25, 3% in 2018).
- The share of respondents who indicated unofficial payments related to hospitalization in municipal hospitals decreased by 6 pp (39.4% in 2019 compared to 45.4% in 2018), but increased by 7.6 pp (33% in 2019 compared to 2019 of 45.4% in 2018) in District hospitals and by 12.4 pp (49.4% in 2019 compared to 37% in 2018) among uninsured respondents.
- The share of respondents who indicated gifts, souvenirs, food and other reward items for medical staff in the category of unofficial payments decreased by 16.9 pp (27.1% in 2019 compared to 44% in 2018).
- The category of answers “satisfied” and “very satisfied” showed an increase by 15.4 pp (79.5% in 2019 compared to 64.1% in 2018) of the satisfaction with the services provided to respondents during the rest days and holidays-.

- The hospital care efficiency, determined by the share of the respondents who perceived the result of the hospital treatment as a significant improvement decreased by 20.7 pp (34.1% in 2019 compared to 54.8% in 2018), and the share of respondents who did not perceive any changes or felt completely recovered increased by 15.6 pp (46.9% in 2019 compared to 31.3% in 2018) and 2.6 pp (10.9% in 2019 compared to 8.3% in 2018), respectively.
- The share of respondents “very satisfied” with the competency and qualifications of doctors and nurses, the attitude of the nurses and the kitchen staff, the time granted by the ward doctor for consultations, the conditions in the ward, the comfort in the ward, bed linen, duvet, etc., the bathroom, conditions in the medical procedures room and other spaces, the availability of disinfection gel, cold and hot water, food, and recreation conditions, increased on average by 10 pp.
- On average, the hospitals scored 8.01 (7.96 in 2018), private hospitals scoring the highest 9.8 (8.5 in 2018), republican hospitals 8.3 (7.9 in 2018), district hospitals 7.9 (similar in 2018), and municipal hospitals scoring 7.9 (7.5 in 2018).
- By 20.2 p.p. (26.9% in 2019 compared to 6.7% in 2018) less respondents indicated the poor hygiene conditions in the wards (the impossibility of showering, cleaning) as the most serious problem encountered, while the share of respondents who consider lack of attention, understanding, attitude towards the patients by the medical personnel to be a serious problem, decreased by 28.6 pp (17.5% in 2019 compared to 46.1%).
- The share of respondents who suggest to the authorities to improve the situation in the hospital sector by equipping with medical equipment and modern equipment increased by 52 pp (56.3% in 2019 compared to 4.3% in 2018), the rate of those who suggested upgrading hospitals, fighting corruption and unofficial payments and staffing the hospitals, increased also increased by more than 20 pp.

Impact of the social experiment

- The share of people who heard about the platform www.spitale.md doubled (25.9% in 2019 compared to 17.1% in 2018), especially in the regions where the hospital performance fact sheets were disseminated in the health centers (33.3% in the intervention districts and 23.3% in control districts).
- In 2019, about 40.3% of respondents received the health center activity record (compared to 17.2% in 2018) and the share of respondents from the intervention districts who were able to correctly assess the health center performance almost tripled - 37.7 pp (56.6% in 2019 compared to 18.9% in 2018), and the share of respondents from the intervention territories increased by 25 p.p. compared to the share of respondents from control districts (56.6% from the intervention districts compared to 31.6% from the control districts). The majority of 97.9% found the hospital performance fact sheet to be clear and informative.
- The share of those who received the hospital performance fact sheet in the intervention districts has doubled (29.6% in 2019 compared with 14.7% in 2018). The share of respondents from the intervention districts who correctly answered the conceptual questions regarding the hospitals performance increased by 28.2 pp (43.8% in 2019 compared to 27.8% in 2018), and by 16 pp among respondents from the intervention districts compared to control districts (43.8% in the intervention districts and 27.8% in the control districts).
- The share of respondents from the intervention districts who assessed the performance of their hospital as improved, increased by 35.2 pp (68.2% in the intervention districts compared to 33% in control districts).

SUMMARY-TABLE OF KEY FINDINGS

Socio-demographic and health data of the respondents

Indicator %	Year	Men	Women	University education	Average age	Urban	Rural	Average level of income of the households for the previous month
The socio-demographic feature of the sample	2018	53,7	46,3	22,4	45	42,3	57,7	5332
	2019	47,4	52,6	20,7	46	42,3	57,7	5075

Indicator	Year	Very good	Good	Satisfactory	Poor	Very poor	DK / NA
Self-assessment of the health status	2018	3	32,1	44,7	17,7	2,4	0,2
	2019	5,3	34,3	43,8	13,5	3,1	0,2

Indicator %	Year	15-25 years	26-35 years	36-45 years	46-55 years	56-65 years	65 years and more	Insured	Uninsured	Urban	Rural
Prevalence of chronic diseases by age groups	2018	14,8	21,5	39,4	65,7	78,8	76,4	54,2	27,8	50,4	50,7
	2019	19,2	18,3	35,8	51,3	71	80,4	51,5	26,5	44,2	50,8

Opinion on the evolution of the health system

Indicator %	Year	Very good	Good	Medium quality	Poor	Very poor	DK / NA
Opinion on the quality of medical services	2018	4,9	38,7	41,7	11,2	3	0,6
	2019	4,7	38,7	42,9	10,9	2,8	0,6

Indicator %	Year	Accessible	Somewhat accessible	Somewhat inaccessible	Unaccessible
Opinion on the accessibility of medical services	2018	26,6	47,1	19,9	4,6
	2019	27,7	51,1	18	3,3

Indicator %	Year	Improved	Worsened	Remained unchanged	DK / NA
Opinion on the development of the health system in the last year	2018	32,1	30,3	32,9	4,6
	2019	30	14,6	51,6	3,7

Indicator %	Year	Yes, the direction is right	Reforms are stagnating	No, the direction is wrong	DK / NA
Opinion on the direction of health reforms	2018	27,5	44,9	21,6	6
	2019	29,4	50,8	14,2	5,7

Indicator %	Year	Endowment with modern equipment	Corruption	High cost of treatment	Attitude of medical staff	Access to compensated and free medicines	Insufficiency of medical staff	The professionalism and competency of the medical staff	Insufficiency of health budget allocations	Other
Opinion on the most important problems in the health system	2018	37	38,1	36,3	30,8	32,9	21,8	22,3	19,4	6
	2019	41,6	38,5	38,4	31,5	27,7	26,6	25,9	25,6	<10

Indicator %	Year	Television	Medical staff	Internet	Discussions with friends, colleagues	Radio	Press (printed)
The source of information on health services in the country	2018	66,2	3,4	37,9	36,9	12,3	6,5
	2019	61,3	35	32,5	29,4	13,1	5

Compulsory health insurance

Indicator %	Year	Holders of insurance policy	Men	Women	Average age	Urban	Rural	University education	No education	The richest quintile	The poorest quintile
Coverage with compulsory health insurance	2018	86,0	84,8	87,1	47,1	89,4	83,6	91,2	89,5	100	89,2
	2019	86,3	86,1	86,4	48,0	87,9	85,1	90,5	81,6	100	86,2

Indicator %	Year	I know	From the family doctor	From media	From relatives, friends, colleagues	From the CNAM	From other medical staff	From the employer
Knowing the rights and obligations of the insured	2018	71,4	53,2	37,8	30,5	13,9	12,9	1,5
	2019	73	71,9	35,9	23,3	16,3	13,5	3,3

Indicator %	Year	I know well.	I know very partially	I don't know	I do not know (among the insured)	I do not know (among the uninsured)	I do not know (among the richest quintile)	I do not know (among the poorest quintile)	I know (urban)	I know (rural)
Knowing the range of services covered by the health insurance policy	2018	11,8	60,1	28,1	24,7	37	11,1	16,2	12,7	11,1
	2019	11,4	64,5	24,2	20,6	34,3	26,7	23,1	13,7	9,8

Opinions and experiences regarding primary health care

Indicator %	Year	Family doctor	Paramedics	Self-treatment	Personal physician	I'm going to the hospital	I'm not taking any action
The first point of access to health services	2018	79,1	7,4	5,9	4,5	2,7	0,4
	2019	78,5	8,6	4,9	4,4	2,9	0,7

Indicator %	Year	Have a family doctor at their place of residence	There is a doctor who comes regularly to the place of their residence	There is a nurse at their place of residence
Availability of family doctor on site	2018	84,4	12,9	100
	2019	90,6	6,9	100

Indicator, %	Year	Less than 5 km to the nearest healthcare institutions, urban	Less than 5 km to the nearest healthcare institutions, rural	Average time required to reach the family doctor up to 30 min, urban	Average time required to reach the family doctor up to 30 min, rural
Geographic access to primary health care	2018	95	99,1	77,8	82,1
	2019	96,4	99,2	66,8	77,9

Indicator %	Year	Appointment at the family doctor	Appointment among the insured	Appointment among the uninsured	With appointment urban areas	With appointment rural areas	Seeing the doctor according to the scheduled time (urban areas)	Seeing the doctor according to the scheduled time (rural areas)
Appointment to the family doctor	2018	59,8	62,4	44,2	74,3	49,1	79,7	86,1
	2019	59,5	61,1	50,3	70,3	51,7	86,5	83,2

Indicator %	Year	Less than 15 min	15-30 min	30 - 60 min	1 - 2 hours	More than 2 hours
Waiting time for the family doctor's consultation	2018	43,4	34,9	14,4	5,3	2
	2019	38,8	39*,8	16	4	1,4

Indicator %	Year	Less than 10 min	10-15 min	15-20 min.	More than 20 min
The average duration of the visit to the family doctor	2018	6,2	33,6	38,8	21,4
	2019	6,2	44,7	35,1	14

Indicator %	Year	Yes, anytime	Yes, only once in half a year	Yes, only once a year	I can't because I don't have the right doctor in town	I can't, there's no other doctor in town
The right to choose the family doctor	2018	32,1	12,3	22,1	6	17,5
	2019	35,3	7,2	15,5	11,7	16,5

Indicator %	Year	Once	2-3 times	4-5 times	More than 5 times
Frequency of seeing the family doctor in the last 3 months	2018	11,2	41,5	21,8	25,4
	2019	9,4	42,2	24,2	24,3

Indicator %	Year	Nutrition	Physical activity	Alcohol consumption	Reducing/quitting smoking	The need for routine controls
Promoting healthy lifestyle and prevention of illnesses by primary health care, the topic discussed	2018	78,5	74,6	66	61,1	75
	2019	81,4	72,8	55,1	53	71,3

Indicator %	Year	The doctor prescribed the medicines	The doctor explained how to take the medicines	Received 100% compensated medicines	Bought medicines at a partially compensated price	Bought medicines at full price	Bought medicines without prescription
Prescription and coverage with compensated drugs in primary healthcare	2018	76,3	97,5	40,6	28,6	46,4	5,4
	2019	78,3	98,3	34,4	36,6	45,9	8,2

Indicator %	Year	Complete recovery	Significant recovery	Slight improvement	No change	The condition worsened
Perception of treatment outcome at the primary health care level	2018	4,2	27,3	35,5	7,5	1,8
	2019	6,7	32,6	41,9	13,5	1,8

Indicator %	Year	Paid for some services	Medicines	Treatment	Consultation of the family doctor	Consultation of the medical specialist	Laboratory tests and investigations
Payments related to the last visit to the PHC facility	2018	5,5	63,1	5,5	4	11,2	11,3
	2019	6,5	58,1	6,6	4	10,5	11,7

Patient satisfaction with primary health care services

Indicator %	Year	Agree	Slightly agree	Disagree	DK / NA
The doctor listened to the problem I came with	2018	92	7	1	0
	2019	92,5	6,8	0,7	0
The doctor was respectful to me	2018	90,6	7,9	1,5	0
	2019	88,6	10	1,3	0
The doctor explained to me my diagnosis, the investigation and treatment plan	2018	84,3	12	3,8	0
	2019	83,4	13,8	2,8	0
I trust the professionalism of the doctor	2018	78,9	15,5	5,	0,7
	2019	76,4	20,1	3,5	0

I trust that the doctor keeps the confidentiality	2018	74,4	12,7	7	5,9			
	2019	73,7	17,2	4,1	5			
I was left with the impression that the doctor didn't understand my problem	2018	7,5	12,6	79,4	0,5			
	2019	8,8	14,1	77,1	0			
I could not ask my doctor questions	2018	4,4	11	84,4	0,2			
	2019	6,6	12,8	80,5	0			
Indicator %	Year	Yes, absolutely.	More likely, yes	Neutral	More likely, no	Categorically not	Have no other facility to choose from in my town	
If needed, would you choose the same PHC facility, or recommend it to relatives, friends and others ?	2018	26,3	46,2	14,3	6,6	2,1	4,5	
	2019	29,8	48,3	14,3	4,4	0,9	2,4	
Indicator %	Year	Health Centers in Chisinau and Balti		Health Centers in the district towns		Health Centers in rural settlements		
The average rating of the PHC facility assigned by respondents	2018		7,26		7,86		7,94	
	2019		7,06		7,61		8,12	
Indicator %	Year	Expanding the list of compensated drugs	Availability of family doctors	Increase of the family doctors wage	Availability of nurses and other medical staff	Furnishing with furniture	Improving the attitude and behavior of medical staff	Making the doctor's work program more efficient
Suggestions offered by the respondents for the authorities regarding the needs to improve the PHC	2018	36,1	36,1	23,8	23,8	23,3	22,9	20,8
	2019	37,5	39,7	25,5	25,5	23,5	23,7	14,2

Opinions and experiences regarding hospital care

Indicator %	Year	Republican hospitals	Municipal hospitals	District hospitals	Private hospitals	Emergency	Planned	With referral from the family doctor	With a referral from the medical specialist	on its own initiative
Hospitalization	2018	18,7	19,7	60,4	0,9	38,7	61,3	39	9,4	12,9
	2019	14,9	19,3	60,4	1,5	53,6	46,4	29,1	15,2	14,4

Indicator %	Year	Less than 15 min	15-30 min	30 - 60 min	1 - 2 hours	More than 2 hours
Waiting time in the admission room	2018	46,1	31,1	15,2	4,2	3,3
	2019	33,2	39,3	19,4	5,8	2,3

Indicator %	Year	Republican hospitals	Municipal hospital	District hospital	Private hospitals
The number of patients in the hospital wards	2018	4	3,5	3,6	2,4
	2019	3,9	3,8	3,78	1,8

Information of the patient in the hospital

Indicator %	Year	Very well informed	Well informed	Little informed	Very little informed	Not at all informed	DK / NA
Republican hospitals	2018	15,4	65	13,8	4,9	0,8	0
	2019	16,3	65,3	16,3	1	1	0
Municipal hospitals	2018	18,5	41,5	26,9	10	3,1	0
	2019	20,5	44,9	29,9	3,1	1,6	0
District hospitals	2018	12,8	68,1	12,6	3,5	2,5	0,5
	2019	12	67,5	15,3	3,5	1,7	0
Private hospitals	2018	60	40	0	0	0	0
	2019	0	100	0	0	0	0

Indicator %	Year	Unrestricted access	Access only in the presence of medical personnel or only to some compartments	No access	Did not need the information
Access to own medical record	2018	23,5	12,8	14,3	49,2
	2019	17,6	21,3	14,6	44,5

Indicator %	Year	Provided exclusively by the hospital	Partial provision by the hospital and partially bought by the patient	Purchased exclusively by the patient / relatives / friends
Provision of medicines in the hospital	2018	75,9	21,2	2,9
	2019	73,4	22,9	3,6

Indicator %	Year	Instructed on how to take oral medicines
Taking of medicines	2018	95,4
	2019	95,3

Indicator %	Year	Needed the on-call doctor at night, rest days or holidays, total	Upon request, the nurse organized the doctor's consultation	Called or had to look for the doctor themselves	Had to wait until morning or work days
Assistance of the on-call doctor	2018	14,1	75,8	13,2	11
	2019	16,7	86,4	8,2	5,5

Indicator %	Year	The condition worsened	No change	Some improvements	Significant improvement	Felt completely recovered	DK / NA
Perception of the hospital treatment outcome	2018	1,1	3,3	31,3	54,8	8,3	1,2
	2019	1,8	6,2	46,9	34,1	10,9	0

Indicator	Year	Nothing was explained	Little was explained	Explained clearly and in detail	DK/NA
Information on follow-up treatment after discharge and referral to other services	2018	7,6	23,8	68,1	0,5
	2019	4,7	27	68	0,3

Indicator	Year	Paid for services at the hospital cashier	Republican hospitals	Municipal hospitals	District hospitals	Insured	Uninsured
Formal payments at the hospital	2018	12	15,9	10,8	5,7	11,3	17,8
	2019	12,9	11,2	9,4	13,2	11,2	25,3

Official payments categories	2019	2018
Medicines	48,2	60,8
Diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	34,1	8,9
Laboratory tests - clinical, biochemical, bacteriological, etc.	25,9	22,8
Medical supplies (syringes, bandages, etc.)	23,5	13,9
Radiological investigations (Roentgen)	20	22,8
General blood and urine tests	14,1	16,5
Payment for bed days for the entire period of hospital stay	12,9	27,8
Surgery expenses (operation)	12,9	25,3
Services of nurses (injections, infusions, etc.)	12,9	22,8
Payments for anesthesia	8,2	16,5
Doctor's consultation	3,5	21,5
Hospital food	2,4	3,8
Bed linen, duvet, etc.	2,4	1,3
Delivery related expenses	0	0

Indicator	Year	Direct payments to the medical staff, total	Direct payments to the medical staff, republican hospitals	Direct payments to the medical staff, municipal hospitals	Direct payments to the medical staff, district hospitals	Direct payments to the medical staff, insured	Direct payments to the medical staff, uninsured
Unofficial payments related to hospitalization	2018	31,4	36,6	45,4	25,4	30,7	37
	2019	35,8	37,8	39,4	33	34	49,4

Unofficial payments categories		2019	2018
Doctor's consultation		47,5	46,9
Services of nurses (injections, infusions, etc.)		33,9	35,7
Gifts, souvenirs, food and other rewards for medical staff		27,1	44
Medicines		13,6	15
Payments for anesthesia		11,4	14
Expenses for surgery (operation)		10,6	12,1
Delivery related expenses		4,2	6,3
Radiological investigations		3	3,9
Medical supplies (syringes, bandages, etc.)		2,5	4,3
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.		2,5	2,4
Other laboratory tests - clinical, biochemical and bacteriological, etc.		1,7	3,9
Hospital food		1,3	1
General blood and urine tests		0	4,8

Indicator %	Year	Average Score:	Republican hospitals	Municipal hospital	District hospital	Private hospitals
Hospital patients satisfaction	2018	7,96	7,91	7,48	7,9	8,5
	2019	8,01	8,3	7,9	7,9	9,8

Indicator %	Year	Very likely	Very unlikely	Neutral	Very unlikely	Definitely no
Recommending the hospital to others	2018	22,6	53,8	10,8	6,5	1,8
	2019	25,9	50,2	15,8	5,9	2,1

Indicator %	Year	"satisfied" or "very satisfied" with the services provided during the day					"satisfied" or "very satisfied" with the services provided during the night holidays	
Satisfaction with various aspects of the quality of the hospital services and conditions	2018	83,2					81,3	64,1
	2019	85,1					80,1	79,5

Patients satisfaction with different aspects of hospital services and care

		Totally dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	NA
Competencies, qualification of doctors	2018	0,6	3,9	13,5	71,9	10,0	0
	2019	0,9	1,7	22,5	57,1	17,9	
Competencies, qualification of nurses	2018	0,6	3,5	17,1	70,0	8,8	0
	2019	0,9	2,3	25,6	53,9	17,3	
Attitude of medical staff (politeness, behavior, etc.)	2018	1,2	6,8	21,4	60,7	9,9	0
	2019	2,1	3,0	25,6	51,6	17,6	
Attitude of nurses, kitchen staff	2018	0,8	10,8	26,3	54,0	8,2	0
	2019	0,6	3,8	26,9	49,8	19,0	
Time spent by the ward doctor for consultations	2018	1,2	7,0	16,7	63,3	11,8	0
	2019	0,9	2,6	25,0	51,9	19,6	
Ward conditions (cleaning, furniture, space)	2018	1,8	7,0	22,6	56,4	12,1	0
	2019	0,8	5,3	25,9	45,4	22,6	
Comfort in the ward (temperature: hot/cold etc.)	2018	1,5	6,5	25,8	55,2	10,8	0,2
	2019	1,1	6,4	27,0	45,4	20,2	

		Totally dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	NA
Bed linen, duvet, etc.	2018	2,3	8,0	30,5	49,0	9,7	0,5
	2019	1,7	6,8	27,5	43,6	20,5	
Bathroom (washbasin, WC , bath etc.)	2018	2,7	10,6	25,6	53,0	7,4	0,6
	2019	2,4	7,3	26,1	47,0	17,1	
Conditions in the medical procedure room and other premises	2018	0,8	5,8	16,5	62,4	8,6	5,9
	2019	0,8	3,2	22,5	48,9	20,3	4,4
Availability of hand sanitizer gel	2018	7,7	15,9	22,6	39,6	6,2	7,9
	2019	9,9	13,7	29,0	33,4	14,1	
Availability of water (cold and hot 24 hours), possibility of showering	2018	3,2	9,9	25,0	51,9	7,3	2,7
	2019	4,6	8,3	30,5	39,0	17,6	
Food in the hospital	2018	3,0	10,2	35,1	44,3	5,5	2,0
	2019	2,0	9,1	32,9	41,3	13,2	
Recreation (television, newspapers, rest, conditions for relatives visits, etc.)	2018	6,1	14,3	22,0	28,2	2,7	26,7
	2019	16,7	13,7	28,8	31,3	9,6	
Level of services costs	2018	3,0	8,0	17,5	28,8	5,2	37,5
	2019	1,5	8,0	25,3	35,4	5,0	24,7

Indicator %	Year	Time with the ward doctor	Attitude of the cleaning staff, kitchen staff	Attitude of medical staff	Competencies, qualification of nurses	Competencies, qualification of doctors
Patients satisfaction (answers "Satisfied" and "Very satisfied" with competencies, qualification, attitude of the staff)	2018	75,1	62,2	70,6	78,8	81,9
	2019	71,5	68,8	69,2	71,2	75

The most serious problem faced by hospitalized patients, %

Problem	2018	2019
Poor hygiene conditions in the departments (unavailability of showering, cleaning)	6,7	26,9
Attention, attitude, understanding from the medical staff	46,1	17,5
Endowment with modern medical equipment and devices	3,2	12,7
Corruption and unofficial payments	8,6	8
Lack of medicines in the hospital	4,9	7,1
Insufficiency of medical specialists in hospitals	2,6	5,7
High cost of treatment	5,2	3,8
The long waiting period of planned hospitalization covered by the health insurance policy	7,9	3,3
Professionalism of the medical staff	7	2,8
Lack of recreation facilities for patients (TV, wi-fi, benches in front of the hospital)	2,4	0,9
Other	0,4	11,3

Suggestions made by respondents for authorities to improve the situation in the hospital sector

Suggestions	2018	2019
Endowment with modern medical equipment and devices	4,3	56,3
Modernization of hospitals (buildings, furniture, utilities)	12,7	42,9
Corruption, unofficial payments	5,1	30,3
Staffing hospitals with medical staff	5,8	27,6
Attention, attitude, understanding from the medical staff	7,7	23,4

Context of the project “Implementing participatory social accountability for better health”

The Center for Health Policies and Analysis (PAS Center) is implementing the “Implementing participatory social accountability for better health” project funded by the World Bank through the Global Partnership for Social Accountability. The project aims to support the Government’s efforts to improve governance in the health sector, to increase the efficiency of the health sector development and to empower citizens by creating an enabling environment for social accountability interventions in Moldova. The project aims to widen citizens’ participation, knowledge and use of conventional mechanisms by promoting transparency and civic involvement, so that it becomes clear what a performing health facility is and so that people can make better decisions regarding their choice of medical facility and quality of care to be requested from these facilities. The project comprises 4 components:

1. Promoting citizen monitoring of hospital performance

The main objective of this component is to improve information flows about hospital performance by leveraging participatory monitoring and evaluation tools. For this purpose, performance fact sheets based on the indicators reported to relevant institutions, have been developed for the 55 public hospitals, in other words, the administrative data was transposed into a format that citizens could understand. All the files are accessible at www.spitale.md, which is used as a platform for information and transparency.

At the same time, within this component, a social experiment is being carried out in randomly selected 18 districts. In this sense, in 9 districts (intervention districts) hospital performance fact sheets, accompanied by a dissemination message, are distributed to people

in the respective districts using a “door to door” method. In this way, people in these districts are informed about the performance, quality and efficiency of the hospitals in their area. The impact of the social experiment is measured by the barometer of opinion about health services, and comparing the results obtained in 9 intervention districts and 9 control districts (Table 1).

Also, within the same component, the project aims to strengthen the voice of citizens and establish participatory monitoring mechanisms, one of them being the evaluation of patients’ satisfaction with the quality of the medical services received. Thus, two exercises for evaluating the satisfaction of the patients discharged from 55 public hospitals are planned.

Table 1 : The intervention and control districts of the project

Intervention	Control
Cahul	Basarabasca
Cantemir	Causeni
Donduşeni	Cimislia
Falesti	Criuleni
Glodeni	Ocnita
Nisporeni	Rezina
Orhei	Riscani
Soldanesti	Soroca
Taraclia	Straseni

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

The main objective of this component is to compile and transpose the administrative data generated by the current performance payment mechanism in primary health care into a format that citizens could understand, for a sample of 72 randomly selected primary health care facilities. In this sense, a social audit instrument for primary health care facilities was developed, similar to the Hospital Performance Fact Sheet, which as a social experiment, was distributed to people in the intervention districts, and is accessible to other primary health care facilities on www.spitale.md. The impact of the social experiment is also measured by the barometer of opinion health services, comparing the results obtained in 9 intervention districts and 9 control districts.

3. Creating an enabling environment for informed public health

The activities included in this component are targeted towards creating an enabling environment for effective public participation, including complementing the existing evaluation processes, enhancing the information flows and promoting the opportunities for improving the public dialogue. One of these activities is implementation of the Health Barometer Survey at the national level.

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

The objective of this component is to ensure that mechanisms for learning and sharing are developed both to support social accountability practitioners in Moldova, as well as ensure that lessons learned from the implementing of social accountability mechanisms are taken into account to increase awareness.

INTRODUCTION

During the last two decades the health system in the Republic of Moldova has undergone major structural reforms in all areas, including the managerial functions and reorganization of the health system at central and local level, financing, provision of services, provision with medical supplies, immunizations and technologies, as well as information systems, these reforms being aimed at increasing access and quality of the prevention and strengthening the public health services, and implicitly the health system efficiency and performance. The reforms aimed at reorganization of medical services are primarily, and foremostly targeted to strengthening and prioritizing primary health care (PHC) based on family medicine, reforming the financing system through the implementation of compulsory health insurance (CHI), and also strengthening programs combating priority diseases in accordance with the principles and strategies promoted by international multilateral institutions. Implementation of these reforms and programs allowed the population to get access to improved health service, and the financial barriers have been reduced in comparison with the 1990-2000 period, a fact demonstrated by internal statistical data and external evaluations. However, although the share of the uninsured population decreases, it remains high and accounted for 11.8% in 2018 (according to the National Health Insurance Company). Although, percentage wise, public spending on health is kept at fairly high rates, a large part of the population incurs significant out-of-pocket expenses for accessing medical services, and mostly for prescribed drugs.

On the other hand, with the changes in the epidemiological profile and due to aging of population, as well as massive migration, further changes are needed in health services provision patterns in the Republic of Moldova, focused on prevention and patient centered health services provision pattern for both communicable and non-communicable diseases, and with an emphasis on increasing the health services quality, improving the quality of interaction between people and the health system, and increasing the degree of services responsiveness to the needs of the patients and population benefitting from these services, as well as ensuring universal access to basic services for the entire population of the country.

The Ministry of Health, Labor and Social Protection supports the need to continue the health sector reforms to improve the quality of services provided and patients satisfaction with primary health care (PHC) and hospital care (HC), as well as of the need to reform the hospital sector, to increase its efficiency and quality of services, but also to provide the necessary range of services in accordance with the morbidities profile and population needs. In recent years, the patients needs and expectations and the quality of the medical services are the subject of frequent public debates, therefore objective data are needed to monitor the dynamics of public perceptions to both develop informed responses and policies, as well as to monitor their effect and impact.

THE OBJECTIVE AND TASKS OF THE PUBLIC HEALTH BAROMETER

The Public Health Barometer (PHB) was developed to find out the perception of population using health services about the state of the health system, and their experience regarding the use of medical services in the primary and hospital healthcare.

The support objectives of the research are to highlight the factors underlying the health centers and hospitals performance, as well as the barriers in getting the necessary medical assistance at primary and hospital healthcare level, by researching the following aspects:

1. self-assessment of own health status and aspects of compulsory health insurance for health services users;
2. assessment of the general perception of the medical services and of the health system, as well as of the priority problems faced by population while accessing health services;
3. evaluating the respondents' individual experience, the patients satisfaction with the services provided in the primary and hospital healthcare;
4. accessibility and acceptability of the health services at the level of the PHC and HC;
5. evaluation of experience with prescribed drugs at the level of PHC and HC;
6. level of information about the rights, responsibilities and benefits in relation to medical services.

The results of the PHB come to support the Ministry of Health, Labor and Social Protection in developing public policies to improve the quality of primary and hospital healthcare, by providing complete, relevant and valid information about the performance of the medical services from the health services users perspective.

Also, the survey can be used to measure progress in achieving the objectives of the health system reform, given that it has been carried out two years in a row.

METHOD

The research was carried out as a multistage, stratified, non-probabilistic survey based on a questionnaire conducted by an interview operator. The survey covered 1318 persons from individual households in 74 rural and urban settlements in 18 districts of the country (intervention and control districts under the project). The over-sampling was made to include the municipalities of Chisinau and Balti in the survey. The detailed sample of the survey is included in Annex I. In the intervention group 20 interviews were carried out in one settlement and 10 interviews were carried out in one settlement in the control group.

The survey estimates error margin is +/- 3%. Confidence intervals represent a range in which there is a certain probability that the true value is valid. In this case, the 95% probability level was selected.

Data collection period:

Initial survey: 17 April – 29 May 2018

Comparison survey: 08 October – 5 November 2019

The target group consisted of persons living in the 18 districts and Chisinau and Balti municipalities, who used PHC and HC services. A screening type questionnaire was used to identify this segment.

Sampling criteria:

- Respondents over 15 years of age living in randomly selected households.
- Residents of the 18 districts (9 intervention, 9 control, see Table 1).
- Individuals who used primary health care services during the last 3 months prior to the survey.
- Individuals who were hospitalized during the last 12 months prior to the survey.

Selection of households: The household in which the interview was conducted was selected according to the random route method based on a predetermined statistical step. In a sampling point, a maximum of 7 successful interviews were carried out during 3 allowed visits.

Control rate: 40%.

Research method: Direct interview (“face to face”) with the selected respondent using the Kish grid. The direct interview took place at respondents’ homes in Romanian or Russian, according to the interviewee’s preferences. All interviews were conducted in accordance with the sampling plan.

Tool: standardized sociological questionnaire, composed of thematic blocks of questions. The questionnaire was developed by the PAS Center team and finalized by the sociological company OPINIA. In accordance with sociological research rules, the Independent Sociology and Information Service OPINIA carried out the pre-survey for the qualitative improvement of the questionnaire and its subsequent use in the field. The pretesting of the questionnaire took place between 01-06 April 2018. The same questionnaire was used in 2019, only with some improvements. The questionnaire was used by field operators from the network of the Independent Sociology and Information Service OPINIA during 08 October – 05 November 2019.

Response rate: 70.1%. Response rates were calculated using the response rates of the American Association for Public Opinion Research.

Data processing: the collected information was entered and processed using the SPSS software, which was also used to analyze the required statistical data, the bivariate frequencies and correlations. The statistical processing of the answers has been done per total and according to the following variables: place of residence, age category, health insurance status, level of education, welfare quintile and type of services that the respondents used.

In some cases, insignificant discrepancies may occur between the indicated totals and the included component amounts, which is explained by the rounding of the data by a maximum of 0.05 percentage points.

Methodological limitations in generalizing the survey results

When analyzing the data collected during the survey, certain factors that could influence the quality of the respondents’ responses shall be taken into account: the sensitive components of the survey, especially the questions related to the unofficial payments made by respondents in the health centers or hospitals, and reminding about circumstances that occurred a few months or even 1 year ago (especially regarding hospital services).

SURVEY RESULTS

General features of the sample

Demographic features of the sample. Among all respondents, women accounted for majority (52.6%), the same for the rural areas residents (57.7%). The average age of the respondents was 46 years.

Education. Most of the respondents stated that the last educational institution they attended was general school, vocational school or college and only 20.7% of the survey participants declared a high level of education (complete or incomplete higher education). The level of education among the respondents differs depending on the place of residence: the share of respondents with higher education among urban dwellers is higher (26.9 compared to 16.4% in the rural area); at the same time, among the rural inhabitants the number of respondents with incomplete secondary education and graduates of vocational schools was higher (43.8% compared to 29.7% urban).

Employment. Of all respondents, 40.8% are economically active in the formal sector, 3.3% work in the informal sector, 1.2% declared themselves workers abroad, and 54.7% are economically inactive categories. Of those who declared themselves employees, the majority of respondents were employed in the public sector (52.3%), followed by respondents employed in the private sector (38.2%).

Income of individual households. Based on the respondents answers, who agreed to indicate the household income for the month preceding the survey, the average household income for the month preceding the survey was 5075 lei (median 4500 lei), and on average 2011 lei as calculated for each member of the household (median 1600 lei).

The distribution across all categories is presented in the table below (Table 2).

Table 2 : Distribution of the sample according to socio-demographic features (2018-2019)

Socio-demographic data of the sample		2019		2019	
		Abs.	%	Abs.	%
Sex	Female	693	52,6	610	46,3
	Male	625	47,4	708	53,7
Age	15-25 years	182	13,8	209	15,9
	26-35 years	218	16,5	223	16,9
	36-45 years	215	16,3	203	15,4
	46-55 years	197	14,9	201	15,3
	56-65 years	276	20,9	274	20,8
	66 years <	230	17,5	208	15,8
Place of residence	Urban	558	42,3	558	42,3
	Rural	760	57,7	760	57,7
Education	No education	38	2,9	19	1,4
	Incomplete secondary	182	13,8	119	9,0
	General school	319	24,2	331	25,1
	Vocational school	235	17,8	264	20,0
	High school	42	3,2	76	5,8
	College	229	17,4	214	16,2
	University education	273	20,7	295	22,4

Socio-demographic data of the sample		2019		2019	
		Abs.	%	Abs.	%
Civil status	Married	898	68,1	924	70,1
	Divorced	93	7,1	90	6,8
	Widow(er)	132	10,0	101	7,7
	Cohabitation, unmarried	33	2,5	52	3,9
	Never married	162	12,3	151	11,5
Welfare quintile	The poorest	65	11,2	37	7,5
	The second	114	19,6	93	18,8
	Middle	129	22,2	133	26,9
	The fourth	99	17,0	100	20,2
	The richest	15	2,6	9	1,8
	Does not know	30	5,2	10	2,0
	Refusal	129	22,2	113	22,8
Ethnic group	Moldovans	1034	78,5	1085	82,3
	Romanians	39	3,0	23	1,7
	Russians	105	8,0	93	7,1
	Ukrainians	38	2,9	34	2,6
	Gagauz	8	,6	7	0,5
	Bulgarians	93	7,1	73	5,5
	Roma	1	,1	3	0,2
Occupation at present	Employed in the non-agricultural sector	476	36,1	409	31,0
	Engaged in agriculture	62	4,7	54	4,1
	Occasional worker (day laborer)	43	3,3	32	2,4
	Unemployed	150	11,4	177	13,4
	Pupil/student	79	6,0	98	7,4
	Retired/disabled	367	27,8	407	30,9
	Maternity leave/homemaker	125	9,5	129	9,8
	Work abroad	16	1,2	12	0,9
Employment status	Employed in the public sector	304	52,3	249	50,3
	Employed in the private sector	222	38,2	188	38,0
	Non-governmental sector	7	1,2	12	2,4
	Farm/own business - in agriculture	29	5,0	27	5,5
	Own house / own business - non-agricultural	11	1,9	13	2,6
	DK / NA	8	1,4	6	1,2

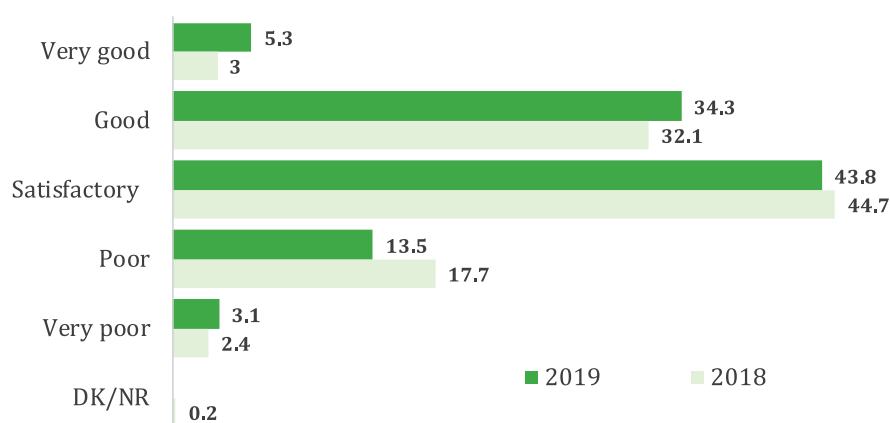
Socio-demographic data of the sample		2019		2019	
		Abs.	%	Abs.	%
Beneficiaries	PHC	Intervention districts	360	27,3	360
		Control districts	180	13,7	180
	HC	Intervention districts	138	10,5	110
		Control districts	54	4,1	26
	PHC and HC	Intervention districts	222	16,8	250
		Control districts	126	9,6	154
Municipalities	PHC	119	50	119	50
	HC	26	10,9	17	7,1
	PHC and HC	93	39	102	42,9
Total		1318	100	1318	100

Respondents' perceptions of their own health

Compared to the data of the 2018 survey, the self-assessment indices of respondents health status increased. 39.6% of respondents consider that they have good or very good health status (+4.5% compared to 2018), and 43.8% say they have a satisfactory health status (44.7% in 2018). One in six people (16.6%) thinks that the overall health status is bad or very bad (-3.5% compared to 2018) (Figure 1). The self-declared poor or very poor health status was mostly stated by rural people (19.3% compared to 12.8% urban respondents), in the age group over 65 years (31.8% compared to 7.7% in the age group 15-25 years). Significant differences in the perception of the health status are noticed in relation to the health insurance status: 36.7% of insured respondents compared to 58% of uninsured respondents consider that they have good or very good health status.

According to the welfare index, respondents with household income falling in quintile 2 and 5 (the richest) are the most satisfied with their own health. Respectively, 56.1% of respondents from quintile 2 and 53.3% from quintile 5 considered their health status to be good or very good, while only 39.6% respondents from the middle quintile and 32.4% from quintile 4 are positive about his health at present. Thus, 12.4% in quintile 3 vs 6.7% in quintile 5 consider that they have poor or very poor health.

Figure 1 : Self-assessment of health status (2018-2019), %



In 2018 respondents were asked how their health status evolved compared to 2013 (i.e. 5 years ago). Almost half (46.7%) of respondents mentioned that their health status in 2018 has worsened compared to 2013. In 2019, respondents were asked to assess changes in their health status over one year (with reference to the period 2018-2019). Half of them said that their health remained the same (48.3%), a quarter reported worsening (26.6%) and another 25.1% said their health has improved over the last 12 months. Health status worsened more frequently among:

- respondents from rural areas (28.5% compared to 23.7% from urban areas),
- respondents from the age group of 65 years and more (44.8% compared to 15.4% respondents from the age group of 15-25),
- insured respondents (27.9% compared to 18.2% of the uninsured),
- respondents from welfare quintile 5 (26.7% compared to 20.0% from quintile 1.

Respondents were asked if they happened to be unable to work due to health reasons during the last year and 48.1% (+3.7% compared to 2018) answered yes. More frequently they were::

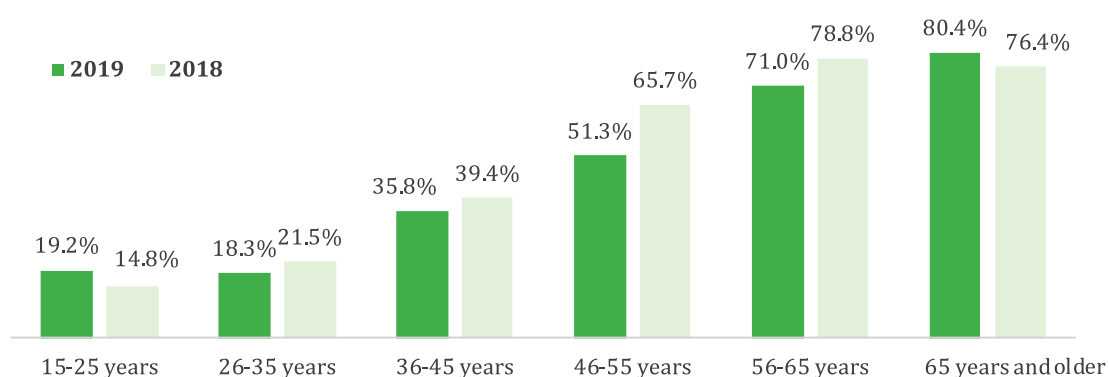
- women (49.6% compared to 46.4% men),
- respondents in the age group 65 years and older (67.4% compared to 34.6% of respondents in the age group 15-25 years),
- respondents from rural areas (51.5% compared to 43.2% from urban areas),
- insured respondents (49.2% compared to 41.4% of uninsured respondents).

Depending on the welfare index, there is also an inversely proportional relation, the upper quintiles stating worsening in a greater proportion than the lower quintiles: quintile 1- 41.4%, quintile 2-36.8%, quintile 3 - 42.6%, quintile 4 - 46.5%, quintile 5 - 53.3%.

Prevalence of chronic diseases among the beneficiaries of health services

48.1% of respondents (50.5% in 2018) stated that they suffered from at least one chronic illness requiring permanent or regular treatment. As in 2018, the chronic diseases prevalence rate increases with age. The highest rates of respondents with one chronic illness are in the age category of 65 years and older (80.4% and 76.4% in 2018), over 70% of the respondents suffering from a chronic illness are older than 56 years (71% in 2019 and 78.8% in 2018), and the fewest respondents - about 19 percent – are between 15 and 25 years old (14.8% in 2018).

Figure 2 : Prevalence of chronic diseases, by age groups, (2018-2019) %



By health insurance status, the prevalence of chronic illnesses among the insured is twice as high (51.5%) compared to the uninsured (26.5%), this trend featuring in the PHB 2018 (54.2% of insured compared to 27.8% of uninsured). Depending on the level of education, there is a significant difference between respondents with low level of education and respondents with high level of education (56.6% versus 41.4%). There are no significant differences depending on the place of residence, gender and welfare index (Table 3).

Table 3 : Prevalence of chronic diseases according to socio-demographic characteristics, (2018-2019), %

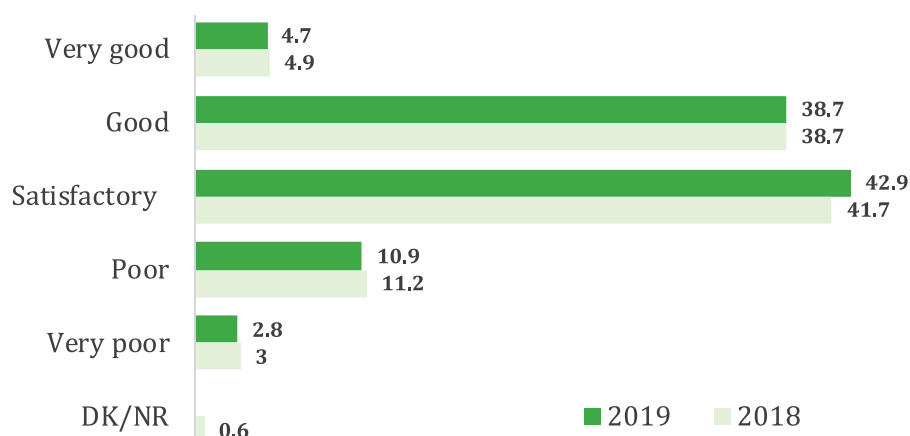
	2019	2018
PLACE OF RESIDENCE		
Urban	44,2	50,4
Rural	50,8	50,7
GENDER		
Male	46,2	49,5
Female	49,8	51,4
AGE		
15-25 years	19,2	14,8
26-35 years	18,3	21,5
36-45 years	35,8	39,4
46-55 years	51,3	65,7
56-65 years	71,0	78,8
65 years and over	80,4	76,4
INSURANCE STATUS		
Insured	51,5	54,2
Not insured	26,5	27,8
BENEFICIARY OF		
PHC in the last 3 months	43,9	46,3
HC over the past 12 months	49,5	52,9
PHC and HC	53,7	55,3
WELFARE QUINTILE		
The poorest	30,8	48,6
The second	32,5	51,6
Middle	41,9	43,6
The fourth	47,5	57,0
The richest	33,3	66,7
EDUCATION		
No education	60,5	63,2
Incomplete secondary education	56,6	51,3
General school	53,3	54,1
Vocational school	47,2	60,2
High school	33,3	28,9
Post secondary school	43,7	46,3
Higher education, including incomplete higher education	41,4	45,4

The perception of the health services beneficiaries of the quality and accessibility of the medical services offered by the health system in the Republic of Moldova and of the health system reforms.

Opinion about the quality of medical services

In general, the population of the Republic of Moldova using medical services in the country has a good perception of the medical services quality. Thus, 4.7% (4.9 in 2018) of respondents consider the quality of medical services offered by the health system to be very good, 38.7% as good, 42.9% (41.7% in 2018) of average quality, 10.9% (11.2% in 2018) of poor quality and 2.8% (3% in 2018) of very poor quality.

Figure 3 : Perception of the health services beneficiaries about the quality of the medical services, (2018-2019), %



- Depending on the place of residence, the quality of medical services is assessed as better by respondents from rural areas (46.6%) compared to respondents from urban areas (38.8%) (in 2018 - 47.7% vs. 37.9%).
- Depending on the welfare index, the lower quintiles perceive the quality of health services as good and very good, unlike the respondents from the richest quintile: 46.1% in quintile 1 and 54% in quintile 2 compared to 20% in quintile 5.
- Depending on age, the proportion of respondents who consider the quality of services poor and very poor increases with the age, from 11.5% in the category of 15-25 years to 12-17% in the categories of 46 years and older.
- Uninsured respondents (49.2%) appreciate the quality of medical services in Moldova more often than the insured (42.5%).
- There are no significant differences by gender (Table 4).

Table 4 : Perception of the quality of the medical services by the health services beneficiaries, by socio-demographic features, %

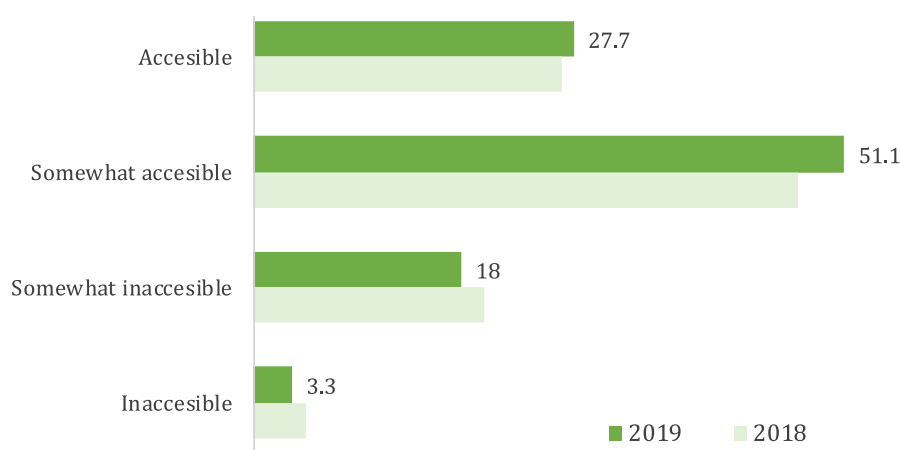
	Very good	Good	Medium quality	Poor	Very poor
PLACE OF RESIDENCE					
Urban	3,0	35,8	45,8	12,8	2,6
Rural	5,9	40,7	40,8	9,6	3,0
GENDER					
Male	4,3	38,2	44,0	10,6	2,9
Female	5,1	39,1	41,8	11,3	2,7

	Very good	Good	Medium quality	Poor	Very poor
AGE					
15-25 years	12,1	45,1	31,3	8,2	3,3
26-35 years	6,9	36,7	43,1	9,2	4,1
36-45 years	2,3	39,1	47,9	8,8	1,9
46-55 years	3,6	36,5	44,2	11,7	4,1
56-65 years	2,5	36,2	43,8	14,9	2,5
65 years and over	2,6	40,0	44,8	11,3	1,3
INSURANCE STATUS					
Insured	4,7	37,8	43,4	11,4	2,7
Not insured	5,0	44,2	39,8	7,7	3,3
BENEFICIARY OF					
PHC in the last 3 months	5,5	36,4	43,9	10,2	4,1
HC over the past 12 months	4,1	46,3	36,7	11,0	1,8
PHC and HC	3,9	38,3	44,4	12,0	1,4
WELFARE QUINTILE					
The poorest	1,5	44,6	38,5	10,8	4,6
The second	7,0	47,4	31,6	9,6	4,4
Middle	5,4	35,7	44,2	11,6	3,1
The fourth		37,4	52,5	8,1	2,0
The richest		20,0	73,3	6,7	
Does not know	3,3	26,7	60,0	10,0	
Refusal	5,4	33,3	52,7	6,2	2,3
EDUCATION					
No education	2,6	31,6	52,6	13,2	
Incomplete secondary education	4,9	36,8	42,3	13,7	2,2
General school	3,8	47,3	35,1	11,3	2,5
Vocational school	5,5	35,3	45,5	11,5	2,1
High school	11,9	26,2	52,4	7,1	2,4
Post secondary school	3,9	40,6	42,8	8,7	3,9
Higher education, including incomplete higher education	4,8	34,1	47,3	10,3	3,7

Opinion about the accessibility of medical services

The majority of the population of the Republic of Moldova who use medical services consider them accessible. 27.7% of respondents stated that health services are accessible (26.6% in 2018) and 51.1% - somewhat accessible (47.1% in 2018). At the same time, 18% consider them somewhat inaccessible (19.9% in 2018) and 3.3% consider them inaccessible (4.6% in 2018).

Figure 4 : Perception of the accessibility of medical services by the health services beneficiaries in the Republic of Moldova, (2018-2019) (%)



- Depending on the place of residence, 76.2% of respondents from urban areas and 80.5% of respondents from rural areas consider the services accessible.
- Depending on the level of education, respondents with lower level of education value the accessibility of local medical services higher than respondents with higher level of education: 86.6% of respondents with no education compared to 78.4% respondents with higher education consider medical services accessible.
- There are no significant differences by sex, age, insurance status and welfare index.

Table 5 : Perception of the medical services accessibility by the health services beneficiaries in the Republic of Moldova, by socio-demographic characteristics (%)

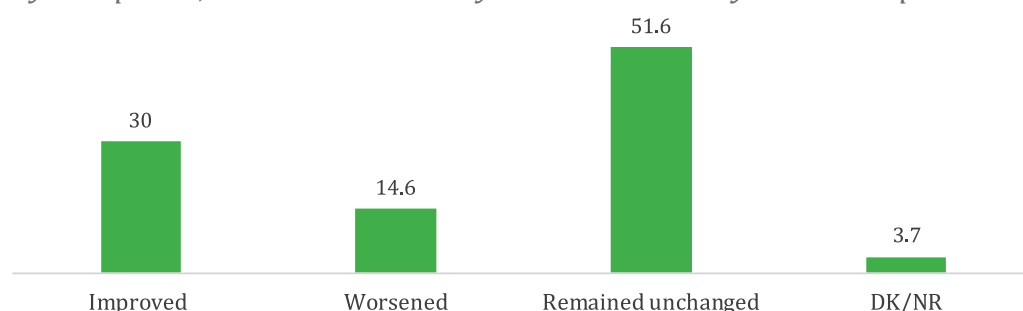
	Accessible	Somewhat accessible	Somewhat inaccessible	Inaccessible
PLACE OF RESIDENCE				
Urban	25,2	51,0	18,6	5,2
Rural	29,4	51,1	17,6	1,9
GENDER				
Male	25,3	52,5	19,0	3,2
Female	29,9	49,8	17,0	3,3
AGE				
15-25 years	32,4	50,0	12,6	4,9
26-35 years	30,3	49,1	17,4	3,2
36-45 years	26,5	52,6	19,5	1,4
46-55 years	31,5	45,7	17,8	5,1
56-65 years	21,7	54,7	20,3	3,3
65 years and over	26,5	52,6	18,7	2,2
INSURANCE STATUS				
Insured	27,6	51,1	18,1	3,2
Not insured	28,2	50,8	17,1	3,9
BENEFICIARY OF				
PHC in the last 3 months	26,3	51,9	17,8	4,1
HC over the past 12 months	25,7	56,0	17,4	0,9
PHC and HC	30,8	47,4	18,6	3,2

	Accessible	Somewhat accessible	Somewhat inaccessible	Inaccessible
WELFARE QUINTILE				
The poorest	27,7	43,1	20,0	9,2
The second	28,9	49,1	16,7	5,3
Middle	28,7	48,8	20,9	1,6
The fourth	29,3	56,6	13,1	1,0
The richest	13,3	66,7	13,3	6,7
Does not know	30,0	56,7	10,0	3,3
Refusal	26,4	51,9	18,6	3,1
EDUCATION				
No education	31,6	55,3	10,5	2,6
Incomplete secondary education	22,0	52,7	23,6	1,6
General school	24,8	52,7	18,5	4,1
Vocational school	27,7	49,8	20,0	2,6
High school	42,9	45,2	7,1	4,8
Post secondary school	29,7	52,8	13,5	3,9
Higher education, including incomplete higher education	30,4	48,0	18,3	3,3

Opinion about the evolution of the health system in the last 5 years

During the PHB 2018 the respondents were asked to express their opinion about the evolution of the health system in the country during the last 5 years. Then, the respondents opinions divided into three roughly equal parts, with small differences: one third of respondents (32.1%) considered that the situation in the health system improved, one third (30.3%) that it got worse, and another third - 32.9% considered that the situation remained unchanged. In the PHB 2019, the reference period was 2018. Thus, half of respondents (51.6%) consider that there has been no evolution in the health system in the country over the year. At the same time, every third respondent (30%) states that the situation has improved and 14.6% believe that during the last year, the health system demonstrated involution.

Figure 5 : In your opinion, how did the health system in the country evolve compared to 2018? %



The differences by socio-demographic features are presented in the table below (Table 6). The following categories of respondents most frequently stated that during the last year the health system has evolved:

- Depending on the place of residence, respondents from rural areas (32%) stated a positive evolution more often, than respondents from urban areas (27.3%),

- Depending on age, young people in the age group of 15-25 years (37.9%) more often stated the evolution of the health system than the elderly respondents (26.4% respondents aged 56-65 and 29.1% of respondents of 65 years and older),
- Depending on the insurance status, a higher proportion of uninsured respondents (38.7%) appreciated the evolution of the health system during the period 2018-2019, compared to insured respondents (28.7%). At the same time, the share of insured respondents (15.7%) who noted worsening of the health system situation during the last 12 months doubled compared to the share of uninsured respondents (7.7%) who participated in the survey.
- There are no significant differences by gender, well-being index and level of education.

Table 6 : Perception of the health system evolution by the health services beneficiaries in the Republic of Moldova compared to 2018, by socio-demographic features, %

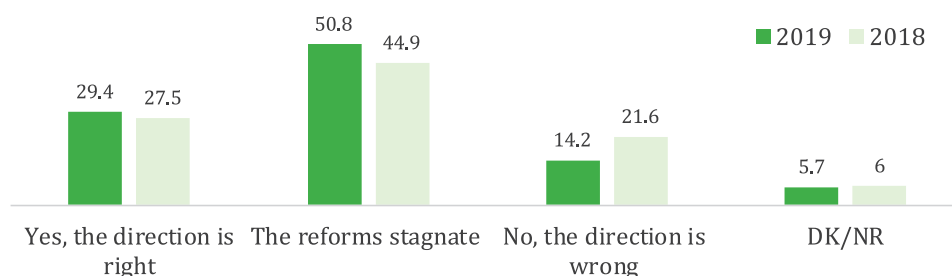
	Improved	Worsened	Unchanged	(DN)
PLACE OF RESIDENCE				
Urban	27,3	16,9	51,6	4,3
Rural	32,0	13,1	51,6	3,3
GENDER				
Male	30,9	14,2	50,6	4,3
Female	29,3	15,0	52,5	3,2
AGE				
15-25 years	37,9	12,1	48,4	1,6
26-35 years	30,7	14,7	51,8	2,8
36-45 years	29,3	10,2	55,8	4,7
46-55 years	28,9	12,7	54,3	4,1
56-65 years	26,4	18,8	48,9	5,8
65 years and over	29,1	17,4	50,9	2,6
INSURANCE STATUS				
Insured	28,7	15,7	51,6	4,0
Not insured	38,7	7,7	51,4	2,2
BENEFICIARY OF				
PHC in the last 3 months	29,0	14,4	53,4	3,2
HC over the past 12 months	35,3	11,9	47,2	5,5
PHC and HC	29,0	16,3	51,0	3,6
WELFARE QUINTILE				
The poorest	33,8	13,8	50,8	1,5
The second	37,7	16,7	45,6	
Middle	34,1	17,8	41,1	7,0
The fourth	29,3	9,1	56,6	5,1
The richest	13,3	13,3	73,3	
Does not know	20,0		80,0	
Refusal	26,4	9,3	56,6	7,8
EDUCATION				
No education	26,3	10,5	60,5	2,6
Incomplete secondary education	28,6	17,6	51,1	2,7
General school	32,3	15,7	48,0	4,1

	Improved	Worsened	Unchanged	(DN)
Vocational school	28,9	13,6	53,6	3,8
High school	35,7	4,8	59,5	
Post secondary school	32,8	12,7	51,1	3,5
Higher education, including incomplete higher education	26,7	16,1	52,4	4,8

Opinion about the direction of health reforms

Overall, the public perception index of the direction of the health system reforms remains stable. As in 2018, most of respondents had a negative opinion about the evolution of the reforms in the health system. Every second respondent (50.8%) considers that the health reforms in the country are stagnant at present and do not move in either direction (44.9% in 2018), while 14.2% consider that the direction is wrong (21.6% in 2018). Only 29.4% appreciated the direction of health reforms as positive (27.5% in 2018).

Figure 6 : In your opinion, are the reforms in the country's health system going in the right direction? (2018-2019), %



Depending on the socio-demographic features, the proportion of respondents who consider that the direction of health reforms is wrong shows the following tendencies (Table 7):

- Urban dwellers (17.4%) are more critical than rural residents (11.9%) in evaluating the direction of health reforms.
- A higher proportion of insured respondents perceive the direction of the reform as wrong (14.9%) than those who do not have medical insurance (9.9%).

Table 7 : In your opinion, are the health reforms in the country going in a good direction, by socio-demographic characteristics, %

	Yes, the direction is good	Reforms are stagnating	No, the direction is wrong	(DN)
PLACE OF RESIDENCE				
Urban	25,8	48,1	17,4	8,7
Rural	31,8	52,6	11,9	3,6
GENDER				
Male	28,8	51,8	13,1	6,2
Female	29,9	49,8	15,2	5,2
AGE				
15-25 years	34,6	47,3	12,6	5,5
26-35 years	32,6	45,9	14,2	7,3
36-45 years	31,6	48,8	14,0	5,6
46-55 years	23,4	56,9	15,2	4,6

	Yes, the direction is good	Reforms are stagnating	No, the direction is wrong	(DN)
56-65 years	25,0	52,2	15,9	6,9
65 years and over	30,4	53,0	12,6	3,9
INSURANCE STATUS				
Insured	29,2	50,1	14,9	5,8
Not insured	30,4	54,7	9,9	5,0
BENEFICIARY OF				
PHC in the last 3 months	28,1	52,2	14,6	5,2
HC over the past 12 months	31,2	48,6	11,0	9,2
PHC and HC	30,4	49,7	15,2	4,8
WELFARE QUINTILE				
The poorest	35,4	41,5	18,5	4,6
The second	27,2	55,3	13,2	4,4
Middle	24,0	48,1	21,7	6,2
The fourth	29,3	46,5	16,2	8,1
The richest	20,0	40,0	13,3	26,7
Does not know	26,7	60,0	6,7	6,7
Refusal	29,5	44,2	14,7	11,6
EDUCATION				
No education	21,1	60,5	13,2	5,3
Incomplete secondary education	24,7	59,3	13,2	2,7
General school	32,0	49,8	13,2	5,0
Vocational school	26,4	52,8	15,7	5,1
High school	33,3	40,5	16,7	9,5
Post secondary school	34,1	46,3	12,7	7,0
Higher education, including incomplete higher education	28,6	48,4	15,8	7,3

Opinion about the most important problems in the health system

The respondents were asked to state which problems in the health system in the country they consider to be most important. Among the most frequently mentioned issues were the insufficient endowment of health facilities with modern medical equipment (41.6% and 37% in 2018), corruption (38.5% and 38.1% in 2018), high cost of treatment (38, 4% and 36.3% in 2018), the insufficiently good attitude of the medical staff towards patients (31.5% and 30.8% in 2018), few compensated drugs (27.7% and 32.9% in 2018) and poor funding of the health sector(25.6%).

At the same time, problems related to the organization of the health system were mentioned frequently: insufficiency of the medical personnel was mentioned by 26.6% (21.8% in 2018), low level of doctors' professionalism - by 25.9% of respondents (22.3% in 2018), as well as the bureaucracy and the poor organization of the system by 20% of respondents (25.6% in 2018).

Table 8 : The respondents answers regarding the most important problems in the health system in the country, %

Problems in the health system	%
Endowment with modern medical equipment and devices	41,6
Corruption (gifts, money, bribes)	38,5
High cost of treatment	38,4
The attitude of the medical personnel towards the patients	31,5
Access to free and compensated medicines	27,7
Insufficiency of medical personnel	26,6
Professionalism and competence of the medical staff	25,9
Insufficient funding of the health sector	25,6
Bureaucracy poor organization of the health system	20
Lack of drugs (in hospitals, on the market)	17,3
Inadequate infrastructure (state of buildings, utilities)	13,9
Low salaries of medical staff	12
Lack of access to medical services	11,6
Activity of family doctors (in terms of organization)	11,5
Other	<10

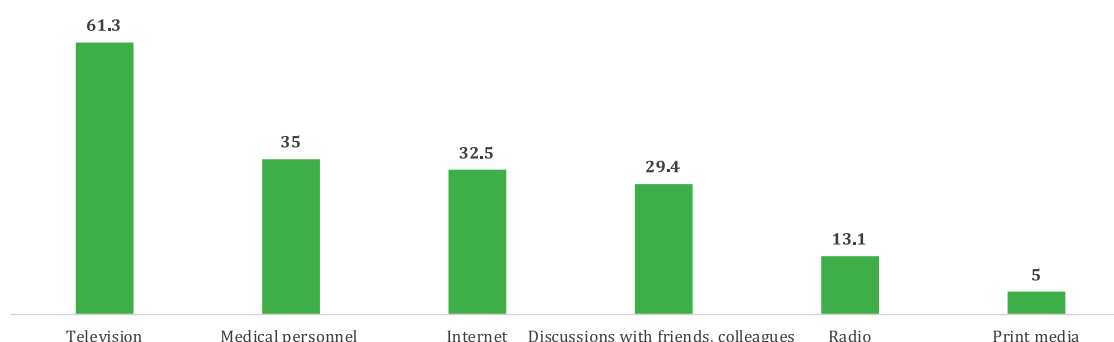
Respondents also mentioned the insufficient provision of health facilities with medicines (17.3%), inadequate infrastructure in the health system (13.9%), low salaries of medical personnel (12%), access to medical services (11.6 %) and the way the activity of family doctors is organized (11.5%).

“Other” option summed up the problems mentioned by fewer respondents regarding long waiting time for the medical specialist’s consultation or waiting for the scheduled date for hospitalization with referral, quality of medicines, organization of the emergency service, age of the family doctors, lack of laboratories in districts, the price and benefit ratio of the insurance policy.

Source of information about health services in the country

Being asked about the source of information about health services in the country, the vast majority - 61.3% of respondents (66.2% in 2018) mentioned television, followed by medical personnel (35%), internet (32.5%), discussions with friends, colleagues, neighbors (29.4%).

Figure 7 : Sources of information about health services in the country, %



By place of residence, rural respondents are more informed from TV (67.9%), compared to urban respondents (51.8%), while urban respondents more often (39, 3%) use the internet as a source of information compared to rural respondents (27.7%). Medical personnel is a

source of information about health services in the country for 36.6% of insured respondents and 24.9% of uninsured respondents.

Coverage with compulsory health insurance and knowing the rights and benefits of the insured

Most of respondents (86.3%) confirmed that they had Compulsory Health Insurance Policy, including 49.8% belonging to the categories of persons insured by the state, 44.9% being insured employees, and 5.3% being self-insured. The coverage with health insurance by different features is presented in Table 9 and is dependent on the following factors:

- Age (91.7% in the 56-65 age group, 85.3% in the 46-55 age group and the lowest coverage with 75.8% in the 15-25 age group compared to 98, 3% in the age group 65 and older)
- Gender (86.4% women and 86.1% men)
- Place of residence (89.9% of respondents from Chisinau and Balti municipalities; 86.4% of all respondents from district centers and other small towns and 85.1% of respondents from rural areas)
- Level of education (90.5% of respondents with higher education (including incomplete) compared to 81.9% of respondents with incomplete secondary education).

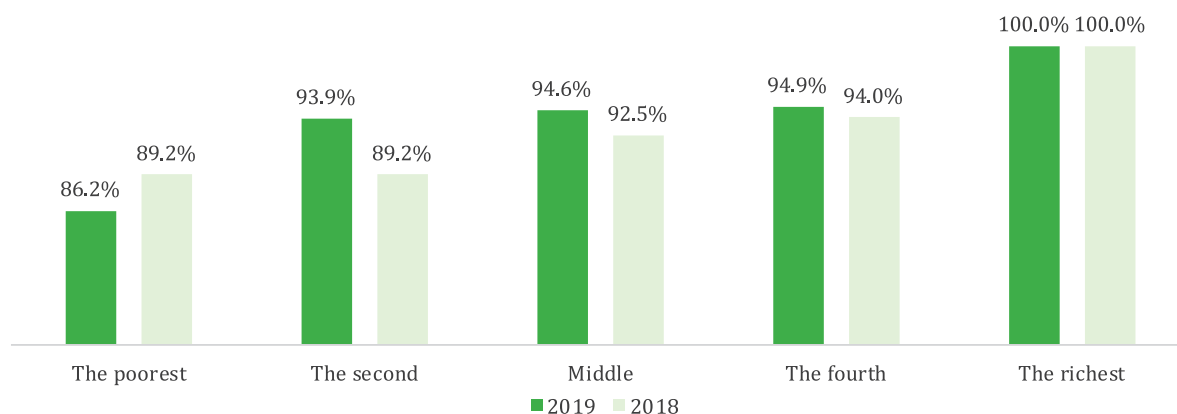
Table 9 : Distribution of respondents by coverage with health insurance, (2018-2019), %

		2019	2018
Gender	Male	86,1	84,8
	Female	86,4	87,1
Age	15-25 years	75,8	80,9
	26-35 years	77,1	71,3
	36-45 years	85,6	81,3
	46-55 years	85,3	88,6
	56-65 years	91,7	94,2
	65 years and over	98,3	98,6
Place of residence	Urban	87,9	89,4
	Rural	85,1	83,6
Education	Education	81,6	89,5
	Incomplete secondary education	81,9	83,2
	General school	83,1	81,6
	Vocational school	86,0	84,8
	High school	85,7	77,6
	Post-secondary school (college)	90,4	91,6
	Higher education, including incomplete	90,5	91,2
Ethnic group	Moldovan/Romanian	85,2	85,3
	Romanian	94,9	95,7
	Russian	86,7	91,4
	Bulgarian	95,7	86,3
	Ukrainian	81,6	88,2
	Gagauz	100	100

Welfare quintile	The poorest	86,2	89,2
	The second	93,9	89,2
	Middle	94,6	92,5
	The fourth	94,9	94
	The richest	100,0	100

The coverage with health insurance is directly proportional to the socio-economic status and the difference between the poorest and richest quintiles for coverage with health insurance was 13.8 percentage points (Figure 8).

Figure 8 : Coverage with health insurance by welfare quintiles, (2018-2019), %



The socio-demographic features of the uninsured respondents

In total, 13.7% of respondents indicated that they did not have health insurance, including:

- 51.3% of respondents with medium level of education (general school, vocational school or high school);
- 64.1% are rural residents;
- 30.4% come from households with income fitting into the second and middle welfare quintile, and 1 out of 5 uninsured respondents comes from households with lower welfare index (poorest quintile);
- 51.9% are aged 15-35 years (24.3% - 15-25 years and 27.6% - 26-35 years).

Reasons for not having health insurance policy

Respondents were asked about the main reason for not having health insurance, choosing from a list of answers. The most frequent response was non-employment (55.2% compared to 56.5% in 2018), unofficial employment or self-employment (unofficial workers - 19.9%, farmers - 1.1%, labor migrants - 7.2%). A significant difference compared to 2018 was noticed with reference to the uselessness of health insurance as the reason for not having it. In 2018 this option was selected by every 5th uninsured respondent, whereas in 2019 only 6.1% of respondents consider that health insurance is useless and health services have to be paid anyway.

There are differences by place of residence, with a higher share of rural respondents mentioning higher unemployment rate as the main reason for not having health insurance (60.3% compared to 46.2% of respondents in the urban areas). A larger proportion of urban respondents consider that health insurance is useless, because they have to pay for the medical services anyway (10.8% of urban respondents in comparison with 3.4% of rural respondents). By gender, twice as many uninsured women invoke unemployment as the main reason (70.2% as compared to 39.1% of men), while men in a larger proportion state that they

do not have health insurance because they are unofficially employed (28.7% compared to 11.7% of women). Also, a higher proportion of men bring the good result of their health self-assessment as an argument in favor of not having health insurance (11.5% of men say they are healthy, compared to 5.3% women).

It was noted that the share of respondents who invoke unemployment as the main reason for not having health insurance is inversely proportional to the level of respondents' education. Respondents from the lower quintile who are unofficially employed showed a difference of 26 percentage points compared to the uninsured and respondents from quintile 4 (the poorest quintile - 66.7% compared to the quintile 4 - 40%). It should be mentioned that 100% of respondents from the richest quintile have health insurance (similar to 2018).

Table 10 : Reasons for not having compulsory health insurance policy. Distribution of respondents by reasons for not having health insurance, (2018-2019), %

The reasons for not having compulsory health insurance policy			Unemployed	Employed unofficially	Migrant workers	Agricultural workers	Self-employed	I am healthy	Needless / have to pay anyway	Other type of insurance.
Gender	2019	Men	39,1	28,7	10,3	1,1	1,1	11,5	6,9	1,1
		Female	70,2	11,7	4,3	1,1	1,1	5,3	5,3	1,1
	2018	Men	48,4	10,8	10,8	2,2	2,2	1,1	23,7	1,1
		Female	64,8	6,6	3,3	2,2		4,4	16,5	2,2
Age	2019	15-25 years	65,9	18,2		2,3		13,6		
		26-35 years	64,0	10,0	10,0		4,0	2,0	8,0	2,0
		36-45 years	32,3	38,7	9,7			16,1	3,2	
		46-55 years	55,2	17,2	6,9			3,4	17,2	
		56-65 years	43,5	26,1	13,0	4,3		4,3	4,3	4,3
		65 years	75,0					25,0		
	2018	15-25 years	62,5	7,5	5,0			5,0	12,5	7,5
		26-35 years	54,7	10,9	4,7	3,1	3,1	4,7	18,8	
		36-45 years	47,4	10,5	10,5	2,6			28,9	
		46-55 years	60,9	4,3	13,0				21,7	
		56-65 years	62,5	6,3	6,3	6,3			18,8	
		65 years	66,7						33,3	
The environment of residence	2019	Urban	46,2	18,5	7,7			13,8	10,8	3,1
		Rural	60,3	20,7	6,9	1,7	1,7	5,2	3,4	
	2018	Urban	44,1	10,2	8,5		3,4	1,7	28,8	3,4
		Rural	62,4	8,0	6,4	3,2		3,2	16,0	0,8

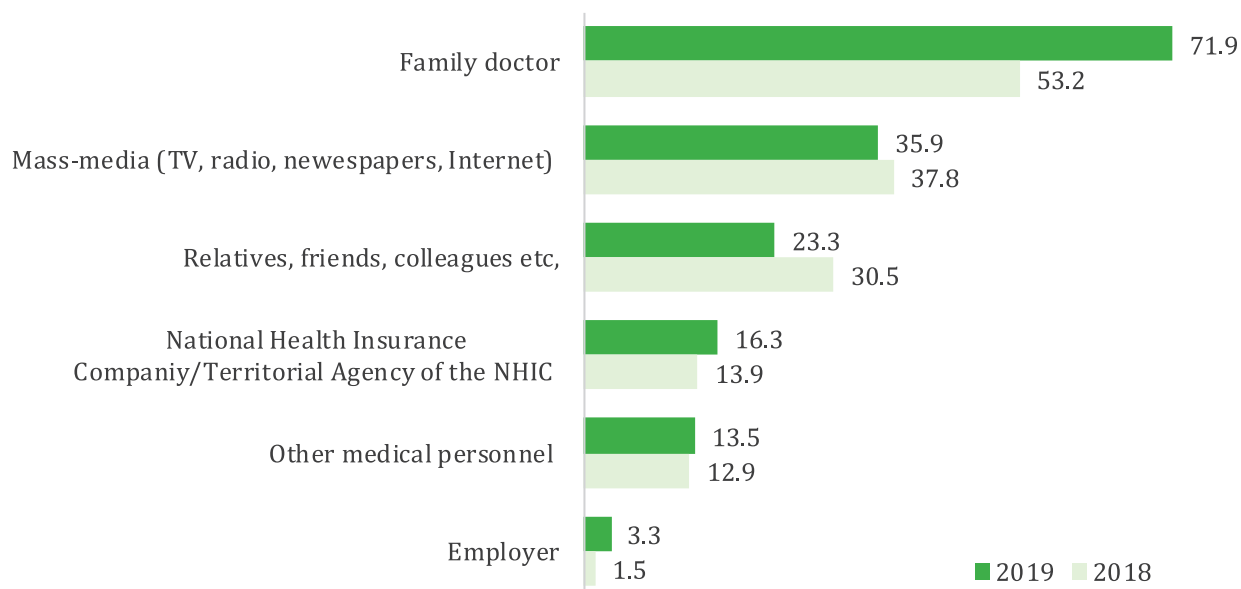
		Unemployed	Employed unofficially	Migrant workers	Agricultural workers	Self-employed	I am healthy	Needless / have to pay anyway	Other type of insurance.
Education	2019	No education	71,4	14,3			14,3		
		Secondary incomplete	60,6	15,2	9,1	3,0	3,0	9,1	
		General school	55,6	22,2	1,9	1,9	1,9	11,1	3,7
		Vocational school	57,6	24,2	6,1		6,1	6,1	
		High school	50,0	33,3			16,7		
		College	40,9	22,7	22,7		4,5	4,5	4,5
		Higher education	53,8	11,5	7,7		3,8	11,5	11,5
	2018	No education	100,0						
		Secondary incomplete	55,0	15,0	10,0			15,0	5,0
		General school	60,7	6,6	3,3	3,3		3,3	21,3
		Vocational school	57,5	10,0	10,0		2,5	2,5	17,5
		High school	58,8	5,9	11,8	5,9		5,9	5,9
		College	72,2	11,1	5,6			11,1	
		Higher education	30,8	7,7	7,7	3,8	3,8	3,8	42,3
Welfare quintiles	2019	Quintile 1	22,2	66,7	11,1				
		Quintile 2	14,3	57,1			28,6		
		Quintile 3	14,3	57,1			28,6		
		Quintile 4	20,0	40,0		20,0	20,0		
		Quintile 5	-	-	-	-	-	-	-
	2018	Quintile 1	75,0				25,0		
		Quintile 2	30,0	40,0	10,0		20,0		
		Quintile 3	20,0	20,0		10,0	10,0	40,0	
		Quintile 4	16,7	16,7		16,7	16,7	33,3	
		Quintile 5	-	-	-	-	-	-	-

Knowing the rights and obligations of an insured person

Of the total number of respondents who have health insurance, only 73% (71.4% in 2018) stated that they know their rights and obligations as an insured person. There are differences between knowing the rights and obligations among the insured respondents by the welfare quintile - respondents from households with a lower welfare index are more informed in this regard than respondents included in the upper quintiles (75% quintile 1 compared to 60% quintile 5) . This fact can be explained by higher insistence of people with lower incomes to be informed about the services they can get for free (based on health insurance) in order to avoid the related costs when they seek medical services.

The main source of information for respondents about the rights and obligations of insured persons is the family doctor. The share of respondents informed in this regard by their family doctor increased by 18.7% over the last year (71.9% compared to 53.2% in 2018). The other sources of information are the media s (35.9% and 37.8% in 2018) and information from relatives, friends, colleagues etc. (23.3% and 30.5% in 2018). The share of respondents who got such information from the NHIC or its territorial agencies increased over the year (16.3% compared to 13.9% in 2018). Another 13.5% were informed about the rights and obligations of insured persons from other medical staff (12.9% in 2018) and very small proportions from employers, leaflets, brochures or other sources. (Figure 9)

Figure 9 : Sources of information on the rights and obligations of insured persons, (2018-2019), %



The family doctor is the main source of information for people about their rights and obligations as insured persons, with differences by place of residence - 74.5% rural respondents and 68.2% urban respondents; and by age - respondents older than 56 years are more likely to indicate their family doctor as the main source of information (78.7% - 56-65 years and 82.7% - 65 years and more) than young people (69.4% - 15-25 years and 62.1% -26-35 years).

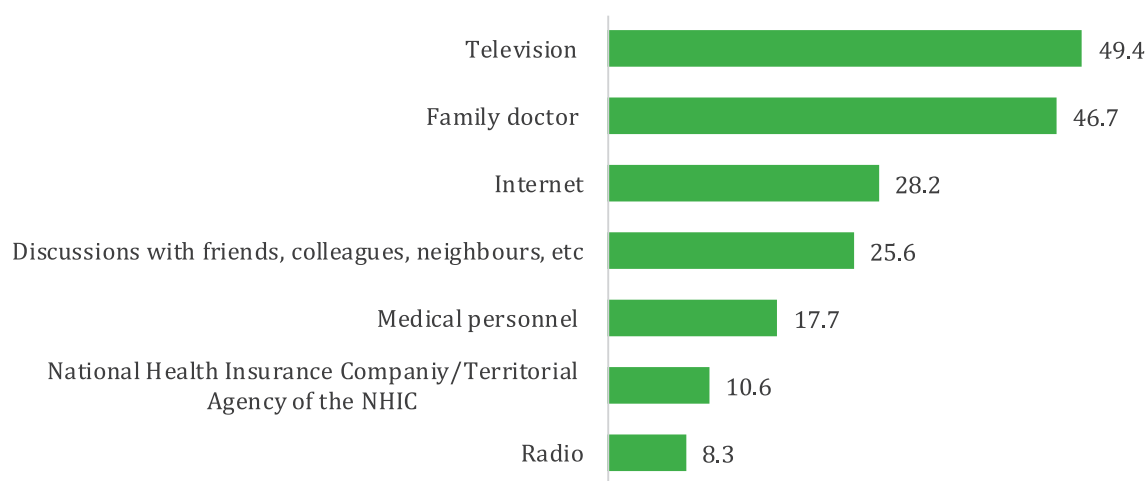
Knowing the range of services covered by the health insurance policy

One quarter of the respondents (24.2%) do not know what medical services are covered by the health insurance, although this indicator dropped compared to 2018 (28.1%). As in PHB 2018, the vast majority of respondents (64.5% and 60.1% in 2018) stated that they are only partially informed about the range of services available under health insurance and only 11.4% believe they know very well what kind of medical services are covered (11.8% in 2018). There are some significant differences by socio-demographic features:

- By age category, the highest proportion of respondents who do not know the package of services covered by the insurance policy is in the category of 65 years and older - 27.0% compared to the age category of 26-35 years - 17.6%.
- By health insurance status: 20.6% of the insured compared to 34.3% of the uninsured do not know the package of services.
- By the welfare index: 26.7% of the respondents from households with an income falling into the upper quintile do not know what services are covered by insurance, compared to 23.1% of respondents falling into the poorest quintile.

The main sources of information about the range of services covered by health insurance are television (49.4%), and family doctor (46.7%). Television serves as the main source of information about the services covered by health insurance mainly for respondents from rural areas (54.2% compared to 42.5% from urban areas), and persons 45 years old and older (over 50% compared to 44% of respondents aged 15-25, and 37.2% of respondents aged 26-35). The family doctor is the main source for respondents aged 65 and older, while 15-25 year old respondents have chosen this option only in 36.3% cases. Other sources indicated by the respondents were the Internet (28.2%), discussions with friends, colleagues, neighbors, etc. (25.6%), other medical staff (17.7%), as well as NHIH and its territorial agencies (10.6%). Less popular are such sources as radio and print media (Figure 10).

Figure 10: Sources of information about the range of services covered by the MHI, %

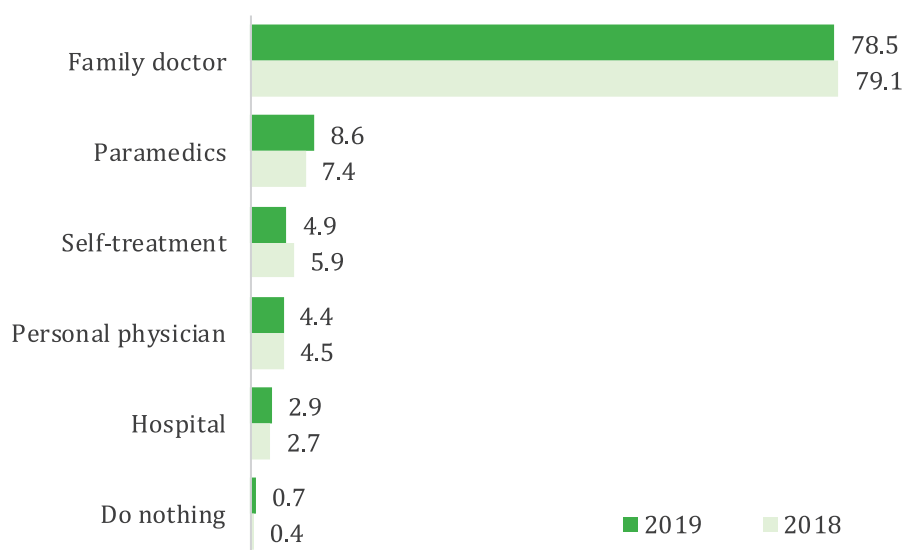


Although the Government has made a number of legislative changes to extend access to primary and emergency health services for the most socioeconomically vulnerable categories of the population, 49% of the respondents do not know (53.1% in 2018) that all citizens, regardless of whether or not they have a health insurance policy, according to the Health Insurance Program, can benefit from a guaranteed number of emergency and primary health care services. There are no significant differences between urban and rural respondents in terms of their knowledge about these provisions, but there are differences by the respondents' level of education (only 39% of respondents with no education stated that they know about universal coverage with PHC and emergency services compared to 52.7% respondents with higher education, including incomplete higher education).

The first point of access to health services

More than three quarters of respondents (78.5% and 79.1% in 2018) stated that when they have a health problem, they first turn to the family doctor; then, by a large margin, the paramedics (8.6% and 7.4% in 2018), try self-treatment (4.9 and 5.9% in 2018), go to personal physician (4.4 and 4.5% in 2018) or go directly to the hospital (2.9 and 2.7% in 2018), and 0.7% do not take any measures (Figure 11).

Figure 11 : Distribution of answers about the first point of access to medical services in case of a health problem, (2018-2019),%



By socio-demographic features, the following differences were noted (Table 11):

- Place of residence: 75.7% of respondents from urban areas compared to 80.5% from rural areas first go to see the family doctor.
- Insurance status: 79.8% of the insured compared to 70.7% of uninsured go to see the family doctor.
- Welfare quintile: the highest rate of going directly to hospital option is in quintile 5 (13%) compared to an average of 3.3% in other quintiles. In the same context, quintile 1 has accumulated twice as high share of respondents who call the paramedics when they have a health problem (12.3% compared to an average of 6.9% of respondents with incomes included in the other categories).
- Education: 16.3% of respondents with low educational level (21.1% with no education and 11.5% with incomplete secondary education) compared to 7.3% of respondents with higher education call the paramedics.

Table 11 : First point of access to medical services in case of an illness (exacerbation), by socio-demographic features, %

	Family doctor	Personal physician	Paramedics	Going to hospital	Self-treatment	Not taking any action
PLACE OF RESIDENCE						
Urban	75,7	5,9	7,1	3,7	7,1	0,6
Rural	80,5	3,3	9,8	2,3	3,3	0,8
GENDER						
Male	77,6	4,0	9,0	3,5	4,6	1,3
Female	79,4	4,8	8,4	2,3	5,1	0,1
AGE						
15-25 years	82,4	3,8	6,0	3,3	2,7	1,6
26-35 years	72,0	6,9	4,6	6,9	8,7	0,9
36-45 years	69,8	6,5	12,6	3,7	6,0	1,4
46-55 years	81,7	5,6	7,1	1,0	4,6	
56-65 years	82,6	2,9	8,7	1,4	4,0	0,4

	Family doctor	Personal physician	Paramedics	Going to hospital	Self-treatment	Not taking any action
65 years and over	82,2	1,3	12,2	1,3	3,0	
INSURANCE STATUS						
Insured	79,8	4,3	8,4	2,7	4,0	0,7
Not insured	70,7	5,0	9,9	3,9	9,9	0,6
BENEFICIARY OF						
PHC in the last 3 months	82,7	3,6	6,2	2,1	4,4	0,9
HC over the past 12 months	69,3	5,5	16,1	3,7	5,0	0,5
PHC and HC	76,9	5,0	8,6	3,6	5,4	0,5
WELFARE QUINTILE						
The poorest	80,0		12,3	4,6	1,5	1,5
The second	77,2	7,0	7,9	1,8	5,3	0,9
Middle	79,8	3,1	7,0	3,1	3,9	3,1
The fourth	76,8	6,1	6,1	4,0	7,1	
The richest	80,0		6,7	13,3		
Does not know	86,7	6,7	3,3		3,3	
Refusal	70,5	7,8	7,8	2,3	10,1	1,6
EDUCATION						
Education	68,4	2,6	21,1	5,3	2,6	
Incomplete secondary education	77,5	3,8	11,5	4,4	2,7	
General school	79,9	2,8	9,7	1,9	5,6	
Vocational school	80,4	3,4	7,7	1,7	6,0	0,9
High school	92,9	4,8		2,4		
Post secondary school	80,3	4,4	7,0	3,5	3,1	1,7
Higher education, including incomplete higher education	73,6	7,7	7,3	3,3	7,0	1,1

Access and experience of the primary health services beneficiaries to the health care services when they last had a health problem

In total, 62.5% (42.7% in 2018) of respondents mentioned a health problem for which they needed medical consultation/care in the last 4 weeks prior to the survey. The reported last illness event showed differences by welfare index factors. Health problems for which respondents needed medical consultation/care in the last month prior to the survey were reported by a higher proportion of the middle quintile compared to the poorest quintile (70.5% and 61.5% respectively).

Of those who needed medical consultation/care for the last health problem, 78.9% (80.4% in 2018) went to see the family doctor (76.4% of urban respondents and 80.6% of rural respondents).

Table 12 : Distribution of respondents by the specialist/health facility they turned to for their last health problem, %

	Family doctor	Medical specialist	Hospital, on own initiative	Hospital, planned hospitalization	Paramedics	Acquaintances / friends / neighbor / etc.	Self-treatment	Didn't take any action
PLACE OF RESIDENCE								
Urban	76,4	7,4	4,3	3,7	7,2	0,2	0,7	
Rural	80,6	7,3	3,0	1,7	6,8		0,5	0,1
GENDER								
Male	75,7	8,3	4,5	3,0	7,8		0,5	0,2
Female	81,8	6,5	2,6	2,0	6,2	0,1	0,7	
AGE								
15-25 years	74,2	8,2	4,4	2,7	9,3		1,1	
26-35 years	75,7	6,0	4,6	3,7	8,3	0,5	0,9	0,5
36-45 years	75,3	11,2	3,7	2,3	6,5		0,9	
46-55 years	76,1	11,2	4,1	3,0	5,1		0,5	
56-65 years	85,5	5,8	2,9	1,1	4,3		0,4	
65 years and over	83,5	3,0	1,7	2,6	9,1			
INSURANCE STATUS								
Insured	80,4	6,9	3,2	2,7	6,3	0,1	0,3	0,1
Not insured	69,6	9,9	5,5	1,1	11,0		2,8	
BENEFICIARY OF								
PHC in the last 3 months	85,3	6,5	2,1	0,9	3,9	0,2	1,1	
HC over the past 12 months	52,8	10,1	9,2	6,9	20,2		0,5	0,5
PHC and HC	82,3	7,3	2,7	2,7	5,0			
WELFARE QUINTILE								
The poorest	81,5	4,6	3,1		10,8			
The second	76,3	12,3	2,6	2,6	5,3	0,9		
Middle	79,8	6,2	4,7	3,1	5,4		0,8	
The fourth	76,8	12,1	3,0	3,0	5,1			
The richest	46,7	6,7	26,7	6,7	13,3			
Does not know	73,3	16,7	3,3		3,3	3,3		
Refusal	75,2	11,6	3,9	0,8	7,0	1,6		
EDUCATION								
Education	71,1	5,3	5,3	5,3	13,2			
Incomplete secondary education	85,2	4,4	4,4		6,0			
General school	81,8	4,7	2,2	2,5	7,8		0,9	
Vocational school	77,9	7,7	4,7	2,1	7,2		0,4	
High school	76,2	14,3	4,8		4,8			
Post secondary school	77,7	6,6	3,1	3,5	7,9		0,9	
Higher education, including incomplete higher education	74,7	12,1	3,3	3,7	5,1	0,4	0,7	

Availability of a family doctor at the place of residence

In total, 90.6% of respondents mentioned that they have a family doctor in their place of residence, and 6.9% that they have a doctor coming to their place. Compared to PHB 2018, there is a slight increase in the number of family doctors permanently based in the sampled localities (84.4% of respondents stated that they have a permanent family doctor and 12.9% that they have a part-time family doctor).

By place of residence, 100% of urban respondents and 95.8% of rural respondents mentioned that they have a permanent family doctor. In case of part-time family doctors he comes 2-3 times a week in 84.8% cases (66.7% in 2018) and once a week in 15.2% (33.3% in 2018).

At the same time, when asked about availability of nurses, 100% of urban and rural respondents mentioned that they have a nurse at their place of residence, which is the same as in 2018.

Geographic access to primary health care

Geographic access was determined, by asking respondents about the distance to the nearest health facility from their home (in km) and the time needed to reach the family doctor (in hours). Most households covered by the survey are less than 5 km away from the nearest medical institution, with differences between urban and rural areas (96.4% and 99.2% respectively).

The geographical access measured as the time required to reach the family doctor is also high, as 74.2% of respondents need a maximum of 30 minutes and 25.8% require a maximum of one hour. By territorial profile, respondents from the rural areas in larger proportion fall within 30 minutes to reach the health center (77.9% compared to 66.8% of respondents from urban areas). The geographical access is presented in Table 13.

Table 13 : Geographic access. Distribution of respondents by geographical access, measured in kilometers and time needed to reach the nearest health facility and family doctor, (2018-2019), %

	Distance to the nearest health facility		Average time required to reach the family doctor			
	Less than 5 km		Up to 30 min		30 min - 1 hour	
	2019	2018	2019	2018	2019	2018
PLACE OF RESIDENCE						
Urban	96,4	95	66,8	77.8	31,2	22.2
Rural	99,2	99,1	77,9	82.1	20,9	17.9
GENDER						
Male	98,6	97	68,8	81.6	31,2	18.4
Female	99,7	97,6	79,1	79.1	20,9	20.9
AGE						
15-25 years	97,8	95,3	68,1	84.2	31,9	15.8
26-35 years	95,9	97,8	71,1	81.6	28,9	18.4
36-45 years	97,7	94,1	73,5	82.3	26,5	17.7
46-55 years	97,5	98,0	73,6	82.6	26,4	17.4
56-65 years	99,2	98,9	81,9	77.4	18,1	22.6
65 years and older	100,0	98,6	73,9	74.5	26,1	25.5
INSURANCE STATUS						
Insured	98,3	97,5	73,9	79.5	26,1	20.5
Uninsured	97,2	96,7	76,2	85.3	23,8	14.7

The reason for last seeing the family doctor

In total, 73.8% of respondents went to the family doctor because of a health problem (70.8% urban respondents and 76.1% rural respondents, with a difference of 5 percentage points by the health insurance status - 74.5% insured compared to 69.7% uninsured). The second reason for seeing the family doctor is the need to receive a referral to a medical specialist - 45.7% (16.4% more than in 2018 - 29.3%). This reason is more often communicated by the insured respondents (48%) compared to the uninsured (31.6%). It is worth mentioning that this reason was stated more often in 2019 by respondents from households with the welfare index above average (quintile 5 - 50%, quintile 4 - 56.3% compared to 42.3% - the poorest quintile). By age, most often this reason was stated by 36-45 year old respondents (53.3%), compared to 15-25 year old respondents (43.9%), or elderly people over 65 (39.1%). There were no significant differences by gender or place of residence.

Prevention (including for children) was stated as reason for seeing the family doctor by 36.3%, with 8 percentage points more than in PHB 2018 (28.3%). There are differences by health insurance status - 44.5% of uninsured respondents compared to 34.9% of insured, and without significant differences by place of residence, welfare index or gender. Another reason for seeing the family doctor with a share of 29.6% is for finding out the results of laboratory tests, investigations (ECG, USG etc.). The highest proportion of respondents who stated this reason were women (34.6% compared to 23.7% men), aged 56-65 (35.7% compared to 24.4% of respondents aged 15-25 years).

26.8% of respondents came for referrals to diagnostic investigations and analyses. Most often this reason was invoked by respondents from urban areas (29.7% compared to 24.7% from rural areas), the insured (27.6% compared to 21.9% uninsured), and respondents from the upper welfare quintile (50% compared to 36.5% in quintile 1).

Another reason for seeing the family doctor invoked by 1 out of 5 respondents was the routine control at the request of the doctor or medical assistant (20.9%). There is a significant difference place of residence - 25.2% of rural respondents compared to 15.1% of urban respondents. Also persons in the age category of 36-45 years were invited for routine control more often (27.2% compared to 15.5% of respondents aged 56-65).

Appointment to the family doctor

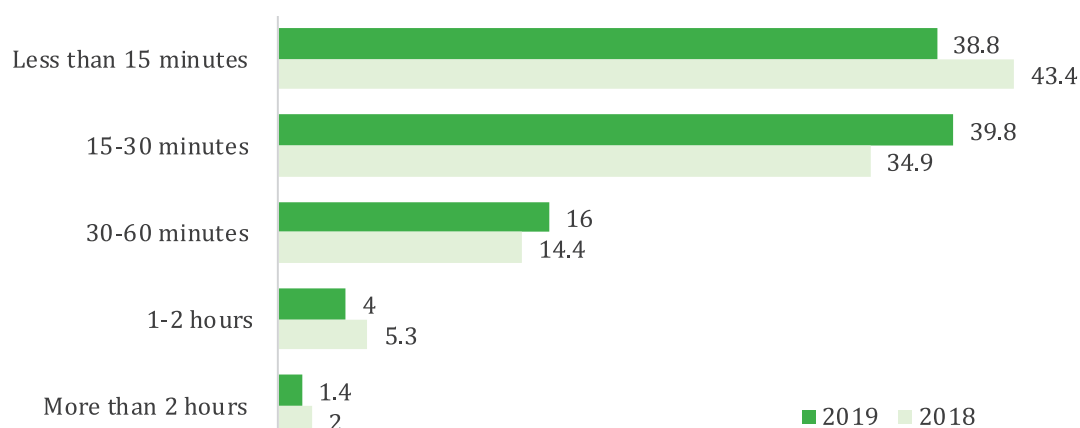
In total, 59.5% (59.8% in 2018) reported that their last visit to the family doctor was by appointment. There are differences by place of residence (70.3% in urban areas versus 51.7% in rural areas). Also, insured respondents go to the family doctor by appointment more often than the uninsured (61.1% compared to 50.3%).

Of the total number of respondents who made an appointment for their last visit to the family doctor, 84.9% (82.7% in 2018) were seen on scheduled time, which more often happens in urban areas (86.5%) compared to rural areas (83.2%).

Waiting time for the family doctor's consultation

Most respondents (38.8%) waited less than 15 minutes to be seen by the family doctor (Figure 12).

Figure 12 : Distribution of respondents by waiting time, (2018-2019), %

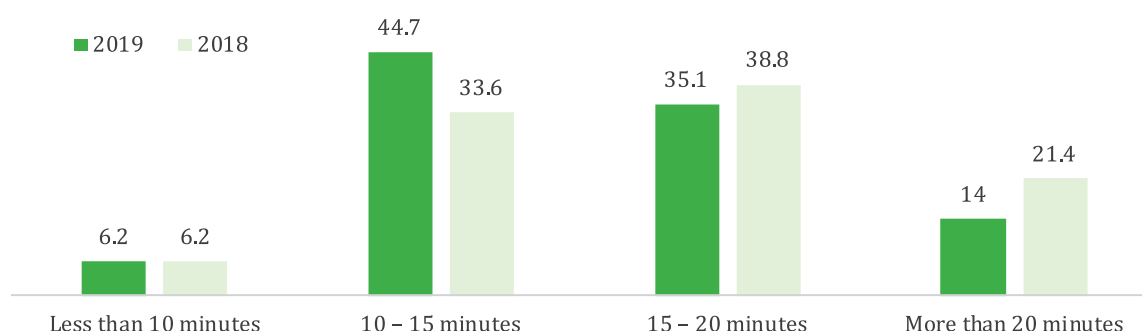


There are some differences in the waiting time by the place of residence (37.4% of urban respondents waited less than 15 minutes, compared to rural respondents - 39.8%), by gender (men - 35.1%, and women - 42.0%), insurance status (insured - 39.3%, uninsured - 36.1%).

The average duration of the visit to the family doctor

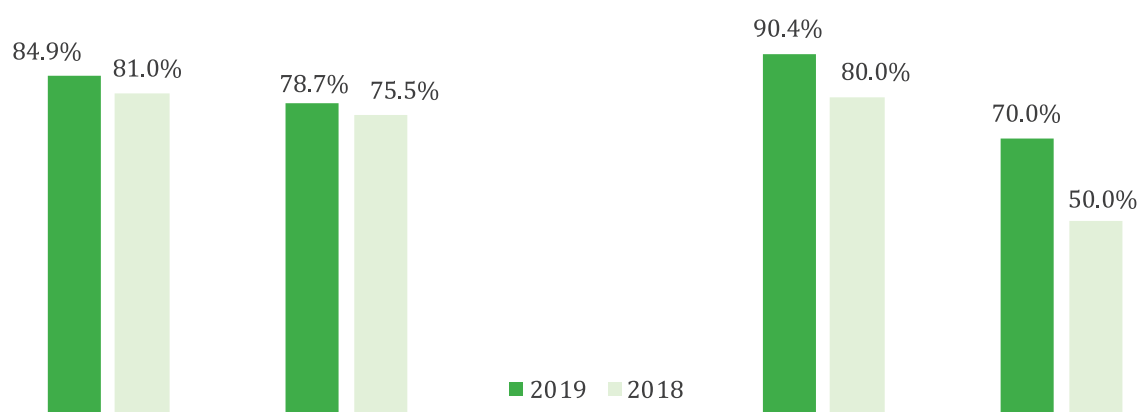
Compared to 2018, the share of respondents who reported that a visit to the family doctor lasted 10-15 minutes increased (36.6% in 2018 and 44.7% in 2019). Respectively, the proportion of those who reported a visit of 15-20 minutes (38.8% in 2018 to 35.1% in 2019) decreased, as well as the share of respondents who reported that a visit lasted more than 20 minutes (from 21.4 in 2018 to 14% in 2019). Less than 10% of respondents consider the duration of the visit to be less than 10 minutes (Figure 13). Differences were noted by socio-demographic indicators. By territorial profile, respondents from urban areas more often say that a visit to the family doctor lasts less than 15 minutes than those from the rural areas (less than 10 minutes 7.3% urban respondents versus 5.4% rural respondents, 10-15 minutes - 47.1% urban versus 43% rural). Respondents older than 55 years more often than younger respondents say that the family doctor consults them 10-15 minutes, (49.2% of respondents aged 56-65 and 47.5% respondents aged 65, versus more than 42,1% of respondents aged 15-25 and 40.4% aged 26-35 years). By insurance status the share of uninsured respondents who state that a visit to the family doctor is less than 15 minutes is two times higher (11%) compared to 5.4% insured respondents.

Figure 13: Distribution of respondents by average duration of the visit to the family doctor, (2018-2019), %



Of the total number of respondents, 84.0% (80.2% in 2018) consider that the time spent with the family doctor was sufficient to provide the necessary medical services. The insured respondents (84.9%) are more satisfied with the amount of time spent with the doctor compared to the uninsured respondents (78.7%). Also, there are by the welfare quintile, respondents from households with a lower welfare index (90.4%) are more satisfied with the amount of time spent the family doctor during a visit than the respondents from the richest quintile (50%). (Figure 14)

Figure 14 : Distribution of respondents who assess the time spent with the family doctor as sufficient, by the insurance status and welfare quintile, (2018-2019, %)



The right to choose the family doctor

Of the total number of respondents, 79.6% (85.3% in 2018) stated that they have the same family doctor for more than 3 years (77.6% of respondents in urban areas and 81.1 % in rural areas), 13.5% for 1-3 years, and 6.9% for less than one year. Of the total number of respondents, the vast majority, 84.7% (97.3% in 2018) stated that they did not choose their family doctor themselves, but were assigned to the family doctor based on their place of residence.

One third (35.3% in 2019 and 32.1% in 2018)) of respondents consider that they can change their family doctor whenever they want, 15.5% consider that only once a year (22.1% in 2018), and 7.2% consider it is possible to do every half year (12.3% in 2018). At the same time, 16.5% (17.5% in 2018) consider that they cannot change the doctor because there is no other doctor (10.1% in the urban areas and 21.3% in the rural areas,) and 11.7% (and 6% in 2018) of respondents do not know that they have this right. (Table 14)

Table 14 : If you wished, would you change your family doctor? %

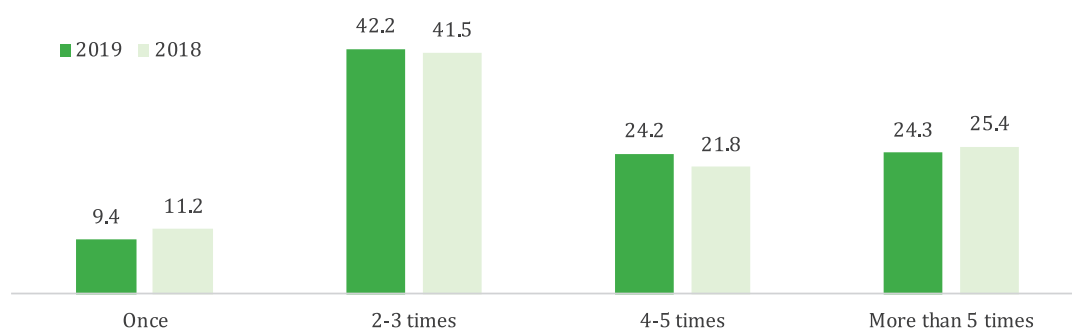
	Yes, anytime	Yes, every half year	Yes, only once a year	I can't because I don't have the right	I can't, there's no other doctor in town	(DK)
PLACE OF RESIDENCE						
Urban	39,4	7,1	15,9	12,0	10,1	15,5
Rural	32,3	7,2	14,6	11,5	21,3	13,1
GENDER						
Male	30,7	6,6	19,1	14,3	16,5	12,7
Female	39,1	7,7	11,9	9,5	16,6	15,2
AGE						
15-25 years	37,2	4,3	19,5	15,2	9,1	14,6
26-35 years	36,0	7,9	18,0	16,3	11,2	10,7
36-45 years	39,4	7,8	18,9	10,0	15,0	8,9
46-55 years	34,2	7,5	14,9	9,9	18,6	14,9
56-65 years	37,4	8,8	11,8	8,4	18,9	14,7
65 years and over	26,8	6,1	9,5	11,7	25,1	20,7
INSURANCE STATUS						
Insured	34,8	7,0	15,9	11,0	16,5	14,8
Not insured	38,1	8,4	11,0	16,1	16,8	9,7

	Yes, anytime	Yes, every half year	Yes, only once a year	I can't because I don't have the right	I can't, there's no other doctor in town	(DK)
BENEFICIARY OF						
PHC in the last 3 months	33,5	7,7	16,8	12,7	14,9	14,3
HC over the past 12 months						
PHC and HC	37,9	6,3	12,7	10,2	19,0	13,8
WELFARE QUINTILE						
The poorest	34,6	3,8	7,7	21,2	19,2	13,5
The second	37,5	7,3	20,8	8,3	14,6	11,5
Middle	36,8	9,4	17,0	10,4	15,1	11,3
The fourth	49,4	5,7	19,5	6,9	9,2	9,2
The richest	40,0	10,0	30,0	10,0		10,0
Does not know	50,0	10,7	3,6	7,1	17,9	10,7
Refusal	33,0	4,3	15,7	13,0	20,0	13,9
EDUCATION						
No education	37,0		11,1	3,7	37,0	11,1
Incomplete secondary education	20,3	8,5	15,7	14,4	30,1	11,1
General school	32,5	8,9	16,2	9,2	11,4	21,8
Vocational school	39,7	4,9	12,5	15,8	14,1	13,0
High school	33,3	11,1	22,2	8,3	5,6	19,4
Post secondary school	36,8	6,8	16,8	11,6	15,3	12,6
Higher education, including incomplete higher education	43,5	6,7	13,8	11,3	15,9	8,8

Frequency of visits to the family doctor

Most of respondents (42.2%) went to the family doctor 2-3 times in the past 12 months, followed by respondents who did it more than five times (24.3%) (Figure 15).

Figure 15 : Distribution of respondents by frequency of visits to the family doctor in the past 12 months, (2018-2019), %



Promoting healthy lifestyle and disease prevention by primary health care

To assess whether family doctors fulfill their duties in terms of promoting health and disease prevention, respondents were asked whether the family doctor discussed with them certain aspects. The answers are summarized in Table 15. Overall, up to three quarters responded affirmatively regarding discussions about nutrition, physical activity, alcohol consumption and quitting smoking, and the importance of routine check-ups.

Table 15 : Percentage Distribution of respondents by aspects related to healthy lifestyle discussed with the family doctor, (2018-2019), %

The topic discussed	2019	2018
Nutrition	81,4	78,5
Physical activity	72,8	74,6
Alcohol consumption	55,1	66
Reducing/quitting smoking	53,0	61,1
Need for routine check-ups	71,3	75,0

The share of respondents who reported that the family doctor discussed with them topics related to the healthy lifestyle, shows that most of all, family doctors discuss the healthy lifestyles with respondents from rural areas (83.6%, compared to 78, 3% urban respondents), women (84.4% compared to 77.7% men), the insured (81.8% versus 78.7% uninsured), and respondents from the upper welfare quintile (90% in quintile 5 compared to 84.6% in quintile 1).

Prescription and coverage with compensated drugs in primary health care

Out of the total number of respondents, 78.3% (76.3% in 2018) reported that the doctor prescribed them medicines and to 98.3% (97.5% in 2018) the doctor explained how to take the prescribed drugs. Compared to 2018, the share of respondents who said the family doctor prescribed medicines only on prescription forms has decreased significantly (from 80.9% to 59.6% in 2019) (61.5% in rural areas and 56.9% urban areas). Respectively, the proportion of respondents who stated that the doctor used both the receipt form , and a sheet of paper with trade names of medicines, increased (from 12% in 2018 to 25.6% in 2019), as well as the share of respondents who stated that the family doctor sometimes prescribes medicines only on prescription form, but sometimes both, on a prescription form and a sheet with trade names (from 5.9% in 2018 to 11.7% this year).

The profile of respondents who were explained how to take the prescribed drugs shows that there are no significant differences by place of residence, gender, age, health insurance status, while the respondents education profile shows that 100% of respondents with no education were explained how to take prescribed drugs (compared to 97.3% respondents with higher education).

Regarding the coverage with compensated prescriptions, about 34.4% (40.6% in 2018) purchased the prescribed medicines with 100% compensation (without paying out of pocket), 36.6% (28.6% in 2018) purchased partially compensated prescribed medicines, and 45.9% (46.4% in 2018) though they had a prescription had to purchase medicines at full price, and 8.2% (5.4% in 2018) bought medicines with no prescription (multiple response).

Of the total number of respondents, 50.6% (60.1% in 2018) know that the pharmacist should suggest a wider range of medicines and tell them the price, and they can choose the medicines they want. This fact was more often communicated by urban respondents (51.8% compared to 49.8% of rural respondents), women (54.2% compared to 46.4% men), respondents from the age group 26-35 years (58,4% compared to 42.2% respondents aged 46-55 years), insured respondents (51.1% compared to 47.7% of uninsured), respondents from welfare quintile 1 (61.5% compared to 40.0% in quintile 5).

Of the total number of respondents who have purchased their medicines, only 14.2% do not select the pharmacy and go to any pharmacy, while respondents who select the pharmacy invoke the reasons specified in the table below:

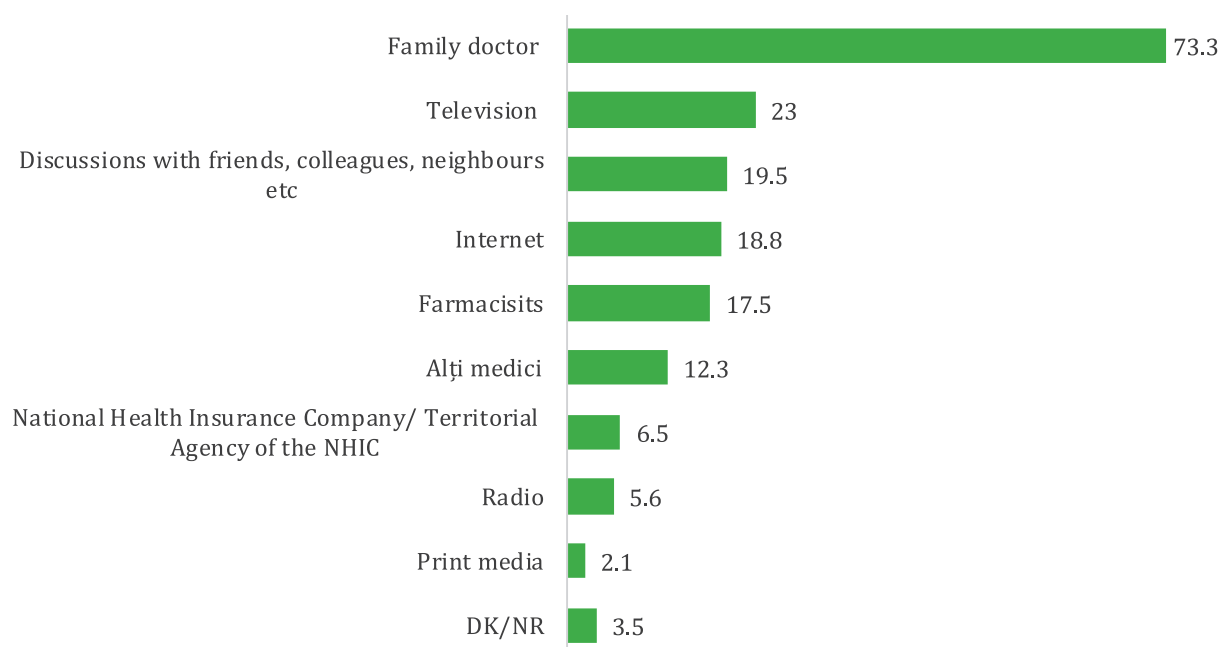
Table 16 : Reasons for selecting pharmacies to purchase medicines, %

Reason	
Low prices	45
Is closer to home or work	23,1
Good reputation	17,2
The pharmacist is kind	16
Where you have a discount card	15,8
The only pharmacy in the town	15,2
The pharmacy of the health facility where you go	14,5
Any pharmacy	14,2
Pharmacy recommended by doctor	12,2

It should be mentioned that most respondents (45% in 2019 and 37% in 2018) selected the pharmacy that had the lowest prices, with a differences by place of residence (49.9% in urban and 41.4% rural) , gender (49.0% women and 40.2% men), health insurance status (45.2% of insured compared to 43.9% of uninsured). Respondents from the welfare quintile 5 often declare that they do not choose the pharmacy and 40% purchase from the pharmacy in the health facility where they go.

The main source from which the respondents find out about the possibility of receiving compensated drugs is the family doctor (73.3%), followed by television (23%), discussions with friends, colleagues, neighbors (19.5%), internet (18.8%), pharmacists (17.5%) and other doctors (12.3%). The least popular sources are the NHIC and its territorial agencies, radio and print media. (Figure 16).

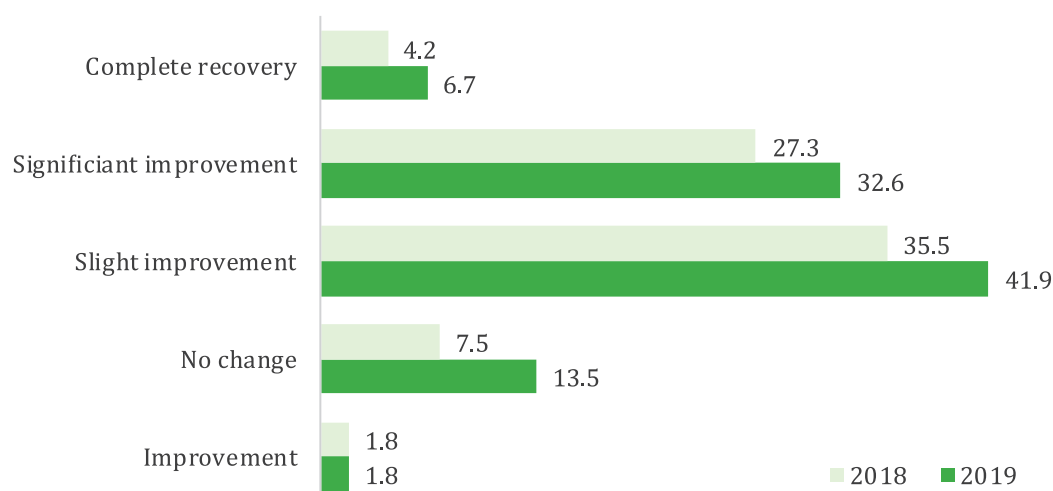
Figure 16: Distribution of sources from which respondents learned about compensated medicines, %



Perception of the treatment outcome at primary health care level

Only 39.3% (31.5% in 2018) of respondents felt that they had completely recovered or that their health had significantly improved as a result of the prescribed treatment. 41.9% (35.5% in 2018) of respondents stated only slight improvement, while others 15.3% (9.3% in 2018) did not notice any change, or stated worsening of their health after treatment. (Figure 17)

Figure 17 : The answers to the question “How do you evaluate the result of the prescribed treatment?”, (2018-2019), %



Payments related to the last visit to the PHC facility

The vast majority, 93.5% (94.5% in 2018) of respondents stated that they did not pay for any services (consultations, procedures, investigations, medicines) prescribed by the family doctor during their last visit. Similar answers were also offered to the question whether any services were paid to the primary healthcare facility's cashier during the last 3 months, 94.6% (95.1% in 2018) did not pay anything extra to the facility's cashier.

It should be mentioned that of 6.5% (5.5% in 2018) of respondents who declared that they paid for some services prescribed by the family doctor and of the 5.4% (4.9% in 2018) of respondents who had paid for some of the services to the primary health care facility's cashier during the last 3 months, the predominant are urban respondents (9.9% and 9.5%, compared to 4.1% and 2.4% of rural respondents), the uninsured respondents (8.4% and 9.0% compared to 6.2% and 4.8% of insured respondents). Of those who paid, the majority (72.9 and 73.7% in 2018) said that they were given a payment receipt.

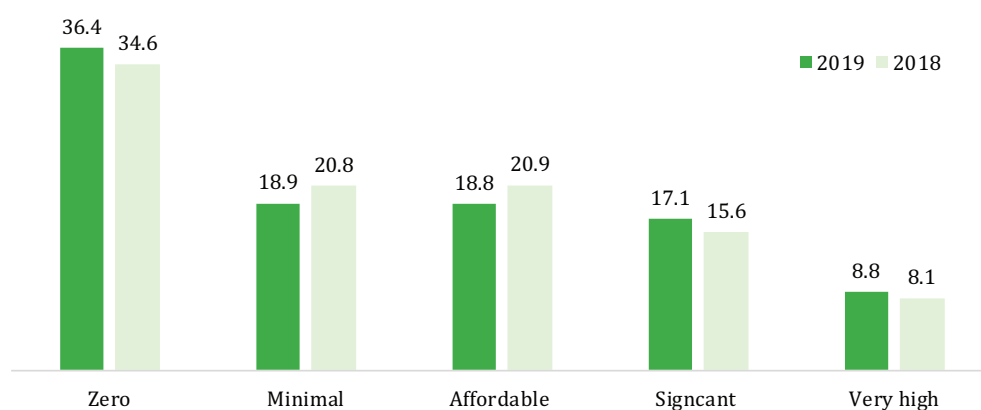
To find out what are the services for which patients or their relatives have to pay, respondents were asked to answer detailed questions about the categories of expenses. The highest proportion of respondents paid for medicines - 58.1%, the second category paid for laboratory tests and investigations (11.7%), consultation by medical specialist (10.5%) and the smallest proportion paid for the consultation to the family doctor (4.0%). There are differences by health insurance status: 20.6% of uninsured respondents who made official payments, paid for the consultation of medical specialists, this category being reported by 8.9% of the insured respondents, 16.1% of uninsured respondents who reported official payments, paid for laboratory tests and investigations, this category being reported by 11% of the insured respondents. There are also differences by welfare quintile: 40% of the richest quintile who reported official payments said they paid the medical specialist, this category being reported by 5.8% of respondents in the poorest quintile, 30% of respondents in quintile 5 paid for medical investigations, this category being reported by 9.6% of respondents in quintile 1, 2% of respondents from quintile 5 stated that they paid for treatment or a part of it, this category being reported by 5.8% of respondents from quintile 1. Differences by place of residence, gender or age were not noted.

Table 17 : Distribution of respondents who answered yes to the question “Please Remember, if you or your relatives (your acquaintances) paid for the services listed below in the last 3 months?”, (2018-2019), %

Category of expenses	2019	2018
Medicines	58,1	63,1
Laboratory tests and medical investigation	11,7	11,3
Consultation by medical specialists	10,5	11,2
Treatment or part of the treatment	6,6	5,5
Consultation of the family doctor	4,0	4,0

To find out what was the impact of the costs incurred for visiting and treatment at the family doctor, the respondents were asked to rate these expenses relative to the personal/family budget. Given that the vast majority of respondents stated that they did not pay anything for the family doctor’s consultation and treatment, 36.4% (34.6% in 2018) reported that the costs were zero, 18.9% (20.8% in 2018) rated them as minimal, 18.8% (20.9% in 2018) as affordable. 17.1% of respondents (15.6% in 2018) rated these costs as significant, creating some difficulties.

Figure 18 : Respondents’ assessment of costs for visits and treatment at the family doctor, (2018-2019),%



- Depending on the place of residence: for rural respondents the burden of expenses was more substantial (responses “significant” and “very high” were given by 19.4% and respectively 8.8% of respondents), compared to urban respondents (14.0% and respectively 8.8%).
- Depending on age: the costs incurred were rated as “Significant” and “Very high” in the age group of 26-65 years, with 25.8% in the age group 26-35 years, 28.9% in the age group of 36-45 years, 29.8% in the age group of 46-55 years, 28.2% in the age group of 56-65 years, versus 21.3% in the age group of 15-25 years and 20.7% in the age group of respondents older than 65 years.
- Depending on the socio-economic status: there were differences depending on the respondent’s income (the average rate of “significant” and “very high” responses for quintiles 1 and 2 were 22.7%, the middle quintile - 22,7%, and quintiles 4 and 5 - 30.1%).

Patients' satisfaction with primary health care services

The degree of patient satisfaction with PHC services is one of the main aspects evaluated by the PHB and it has been evaluated along a number of dimensions:

- Satisfaction with the interaction with the family doctor;
- Whether the respondent would recommend the health facility to his relatives, friends and whether he would choose the same facility again, if needed;
- Evaluation by an overall score awarded to the primary health care facility.

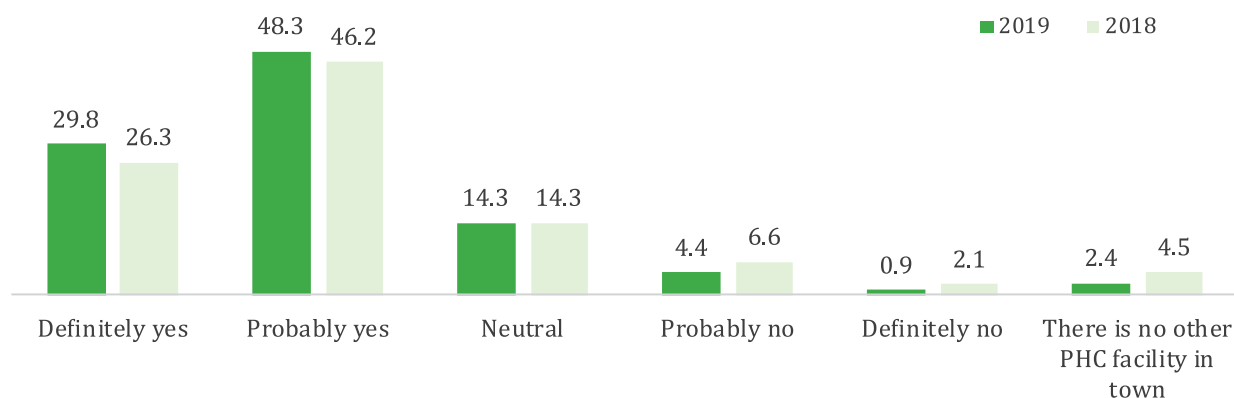
To evaluate communication with the family doctor, the respondents were asked to express their agreement or disagreement with a number of statements. The structure the answers is explained in the table below.

Table 18 : Distribution of respondents by statements regarding communication with the family doctor, (2018-2019), %

		Agree	Somewhat agree	Disagree	DK/NO
The doctor listened to the problem I came with	2018	NO	7,0	1,0	0
	2019	92,5	6,8	0,7	
The doctor was respectful to me	2018	90,6	7,9	1,5	0
	2019	88,7	10,0	1,3	
The doctor explained to me my diagnosis, the investigation and treatment plan in words that I could understand	2018	84,3	12,0	3,8	0
	2019	83,4	13,8	2,8	
I trust the professionalism of the doctor	2018	78,9	15,5	5,0	0,7
	2019	76,4	20,1	3,5	
I trust that the doctor keeps confidentiality	2018	74,4	12,7	7,0	5,9
	2019	73,7	17,2	4,1	5,0
I was left with the impression that the doctor didn't understand my problem	2018	7,5	12,6	79,4	0,5
	2019	8,8	14,1	77,1	
I could not ask my doctor questions	2018	4,4	11,0	84,4	0,2
	2019	6,6	12,8	80,5	

The question whether the respondent would recommend the health facility to relatives, friends and others, and whether the respondent would choose the same health facility again, if needed, was answered affirmatively by 78.1% of respondents (72.5% in 2018), 14.3% had a neutral position, and only 5.3% (8.7% in 2018) answered negatively (Figure 19).

Figure 19 : If needed, would you choose the same PHC facility, or recommend it to relatives, friends and others? (2018-2019), %



By place of residence, rural respondents seem somewhat more satisfied, as 79.6% would recommend their health facility, compared to 76.1% of urban respondents. Also, the degree of satisfaction with the health facility performance grows with age, 83.2% of respondents over 65 years old would choose the same health facility, compared to 75.3% of respondents in the category of 26 -35 years. Other features did not seem to cause significant differences (Table 19).

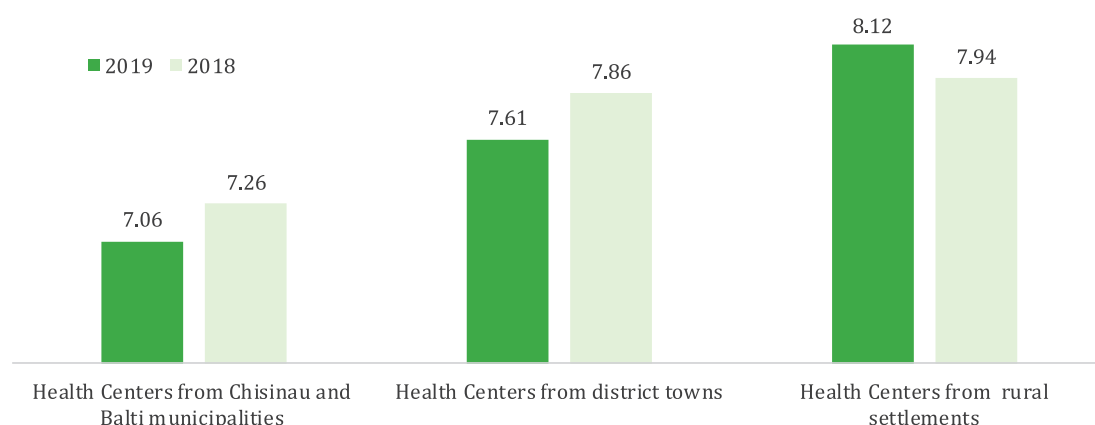
Table 19 : If needed, would you choose the same PHC facility, or would you recommend it to relatives, friends and others? (2018-2019)

	Definitely yes		Probably yes		Neutral		Probably no		Definitely no		There is no other PHC facility	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
PLACE OF RESIDENCE												
Urban	25,8	23,5	50,3	45,4	18,1	19,7	4,1	5,8	1,3	2,4	0,4	3,2
Rural	32,8	28,3	46,8	46,7	11,5	10,4	4,6	7,1	0,6	1,9	3,8	5,6
GENDER												
Male	22,5	24,3	53,6	48,4	16,1	17,0	5,0	5,6	0,8	0,9	2,0	3,8
Female	36,0	27,9	43,8	44,3	12,7	12,1	3,8	7,4	1,0	3,1	2,7	5,2
AGE												
15-25 years	20,7	26,5	56,1	47,4	15,9	10,2	5,5	8,7	0,6	3,6	1,2	3,6
26-35 years	29,2	29,4	46,1	38,1	14,0	17,3	5,6	7,1	2,2	4,1	2,8	4,0
36-45 years	30,0	23,4	46,1	39,7	15,6	24,5	5,0	6,5	1,1		2,2	5,9
46-55 years	27,3	22,4	51,6	48,9	14,9	14,9	2,5	6,3		3,4	3,7	4,1
56-65 years	32,4	27,8	45,8	49,0	15,5	11,0	3,4	7,3	1,3	1,2	1,7	3,7
65 years and over	37,4	27,0	45,8	54,0	9,5	9,2	4,5	2,9		0,6	2,8	6,3
INSURANCE STATUS												
Insured	30,8	26,5	49,0	46,4	13,4	14,4	3,7	6,2	0,5	2,1	2,5	4,4
Uninsured	23,9	24,5	43,9	44,8	19,4	14,1	8,4	9,2	3,2	2,5	1,3	4,9
BENEFICIARY OF												
PHC in the last 3 months	28,5	25,3	48,9	46,0	14,7	15,0	4,2	7,4	1,1	2,0	2,6	4,3
HC over the past 12 months		16,7		66,7				16,6				
PHC and HC	31,7	27,5	47,4	46,1	13,6	13,7	4,5	5,3	0,7	2,4	2,0	5,0
WELFARE QUINTILE												
The poorest	32,7	17,1	42,3	57,1	11,5	8,6	9,6	8,6		2,9	3,8	5,7
The second	28,1	24,4	50,0	48,9	15,6	10,0	3,1	6,7		2,2	3,1	7,8
Middle	24,5	20,0	53,8	51,7	14,2	15,8	5,7	5,8		0,8	1,9	5,8
The fourth	27,6	27,6	51,7	34,5	17,2	28,7	2,3	4,6		1,1	1,1	3,4
The richest	10,0	50,0	80,0	25,0		12,5	10,0			12,5		
EDUCATION												
Education	18,5	23,1	59,3	53,8	18,5	7,7	3,7					15,4
Incomplete secondary education	24,2	22,6	51,0	57,0	15,0	11,8	5,9	5,4	0,7	3,2	3,3	
General school	35,8	27,8	44,6	43,0	12,2	13,7	4,8	7,2	0,7	2,1	1,8	6,2

	Definitely yes		Probably yes		Neutral		Probably no		Definitely no		There is no other PHC facility	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
Vocational school	26,6	23,9	50,0	47,9	16,3	14,3	2,7	6,3	0,5	2,1	3,8	5,5
High school	27,8	27,1	44,4	41,4	16,7	15,7	8,3	8,6		1,4	2,8	5,7
College	32,6	25,0	51,6	51,0	11,6	13,8	1,6	5,6		1,0	2,6	3,6
University education	28,5	28,6	46,0	41,6	15,9	16,4	5,9	7,1	2,5	3,0	1,3	3,3

The level of primary healthcare facilities performance was rated with an average score of 7.8. By place of residence, the health centers in rural areas were rated most positively - 8.12 (7.94 in 2018), following district health centers - 7.61 (7.86 in 2018)), and the lowest scoring municipal health centers with an average score of 7.06 (7.26 in 2018).

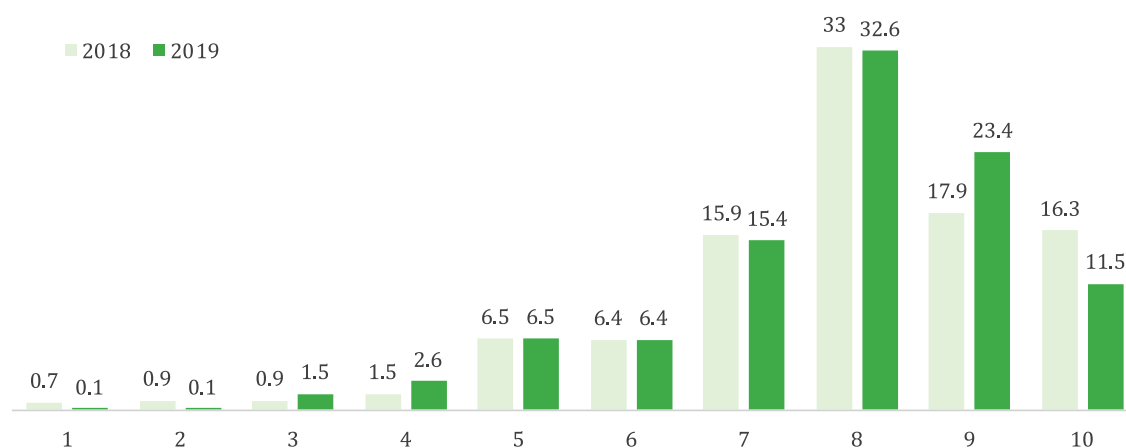
Figure 20 : Assessment of the primary health care facilities performance, by level of PHC, (2018-2019), %



Overall, more than two thirds of respondents rated the PHC facilities positively. High scores (9-10 points) were assigned to primary health care facilities by 34.9% respondents (34.2% in 2018), with a higher proportion among rural respondents (40.8% compared to 26.9% urban respondents) and respondents in welfare quintile 1 (36.5% compared to 30% in welfare quintile 5).

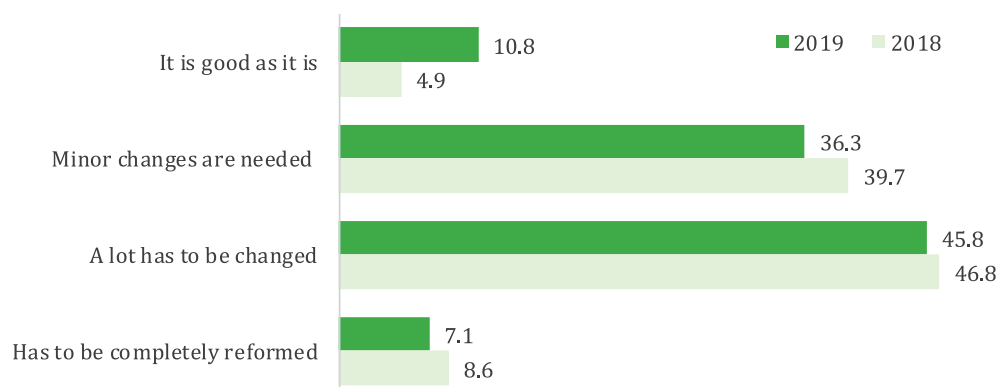
One third of respondents scored primary healthcare facilities at 8 points (similar to PHB 2018).

Figure 21 : Distribution of scores assigned to primary healthcare facilities, (2018-2019), %



In order to find out the respondents' opinion regarding the organization of the primary healthcare in the country, the respondents were asked to select one of the proposed options. Only 10.8% of respondents (4.6% in 2018) consider that "it is as good as it is" and very few 7.1% (8.6% in 2018) consider that it must be completely reformed, while the majority of them 45.8% (46.8% in 2018) consider that substantial improvements are needed, and 36.3% (39.7% in 2018) are for minor improvements. Thus, 82.1% of respondents consider that to a greater or lesser extent changes are needed as to how the primary healthcare is organized in the country. (Figure 22)

Figure 22 : In your opinion, how well is the primary health care organized in the country, (2018-2019), %



Respondents were asked to provide suggestions for authorities in terms of enhancing the quality of primary health care in the country. The first three suggestions were related to endowment with medical equipment (48.8%), staffing the health centers with family doctors (39.7%), provision of more compensated drugs (37.5%) and staffing the primary health care facilities with medical and other personnel (30.4)%. About a quarter of respondents supported the need for better payment of the medical staff (25.5%), respectful behavior and attitude towards patients (23.7%), furnishing health centers with furniture, arranging waiting rooms, etc. (23.5%). (Table 20)

Table 20 : Suggestions offered by the respondents for the authorities regarding the needs of improving the PHC

Suggestions	
Endowment with medical equipment	48,8
Staffing health centers with doctors	39,7
More compensated, or free of charge drugs	37,5
Staffing with nurses and other medical personnel	30,4
Better payment for medical staff	25,5
Respectful behavior, attitude towards patients	23,7
Furnishing health centers (furniture, waiting room, etc.)	23,5
Professional training for doctors	21
Improved conditions, sanitary facilities (WC, bathroom)	19,5
Routine check-ups of patients by the family doctor	16,7
Work schedule, doctor's schedule	14,2
Cleanliness	6,3
Family doctor should live in the same settlement where he works	4,9
Nothing needs to be changed	2,3
DK / NA	1,3

More than 10% of respondents made suggestions regarding the professional training of family doctors, the organization of routine check-ups, family doctors work schedule, sanitary facilities of the health centers etc.

Hospital care

This section of the public health barometer focused on the opinions regarding the access and quality of hospital medical services as perceived by those who had been admitted to the hospital in 12 months prior to the survey.

Hospitalization of patients

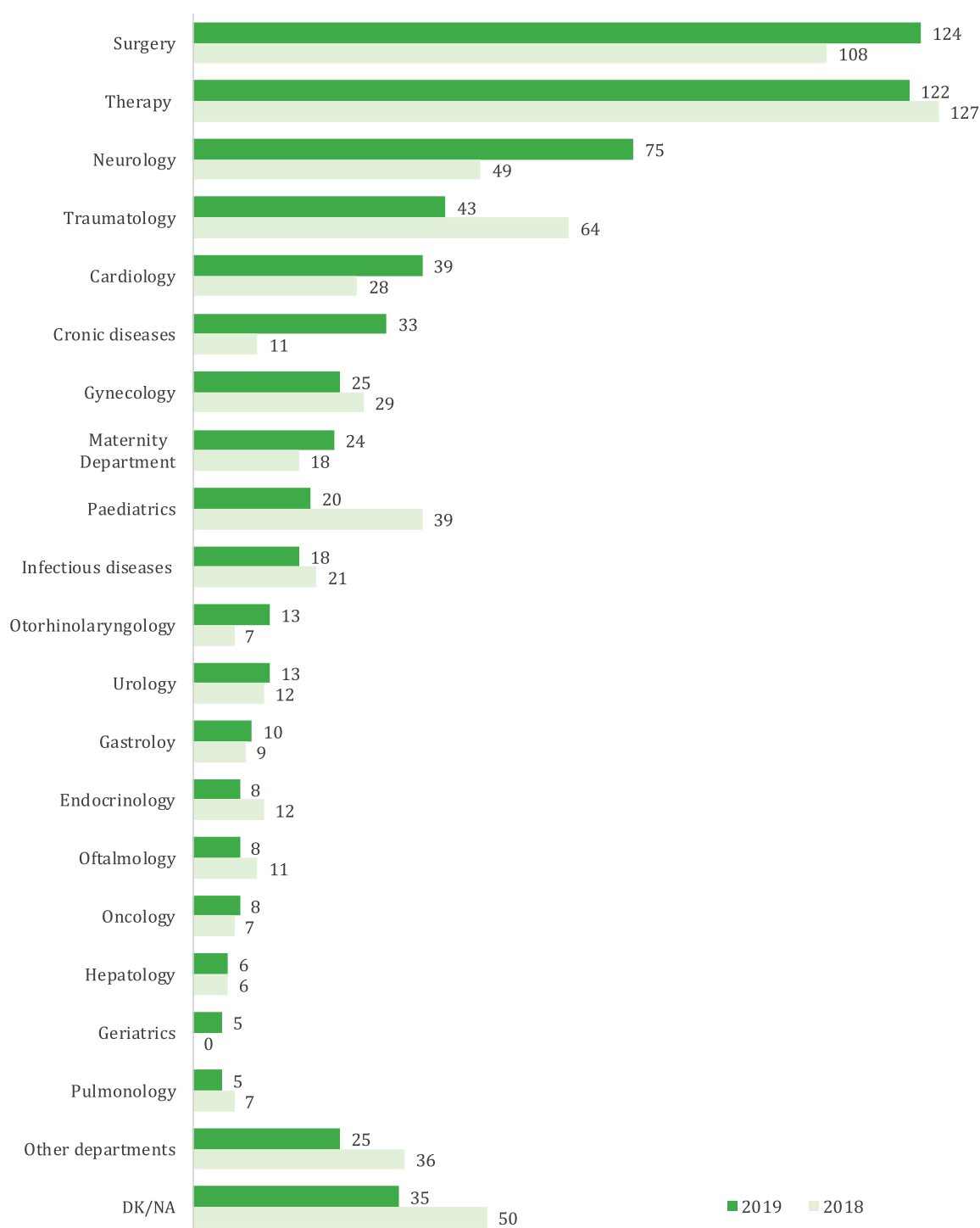
Most of the respondents (64.3%) who benefited of hospital care services in the last 12 months stated that they had been hospitalized in district hospitals (60.4% in 2018), 19.3% mentioned municipal hospitals (19.7% in 2018) and 14.9% respondents benefited from these services in republican hospitals (18.7% in 2018). Also, among the respondents were beneficiaries of hospital services in private hospitals (1.5% and 0.9% in 2018). Thus, district hospitals are an important segment in ensuring access of population to basic hospital care services.

Table 21 : Distribution of respondents by type of hospital in which hospitalized, (2018-2019)

	2019		2018	
	Abs.	%	Abs.	%
District hospital	424	64,3	398	60,4
Municipal hospital	127	19,3	130	19,7
Republican hospital	98	14,9	123	18,7
Private hospital	10	1,5	6	0,9
Refusal	-	-	2	0,3
Total	659	100%	659	100%

Most frequent respondents were hospitalized in surgery, therapy, neurology, trauma, cardiology, chronic diseases and gynecology departments.

Figure 23 : Departments where respondents were hospitalized, number of respondents, (2018-2019)

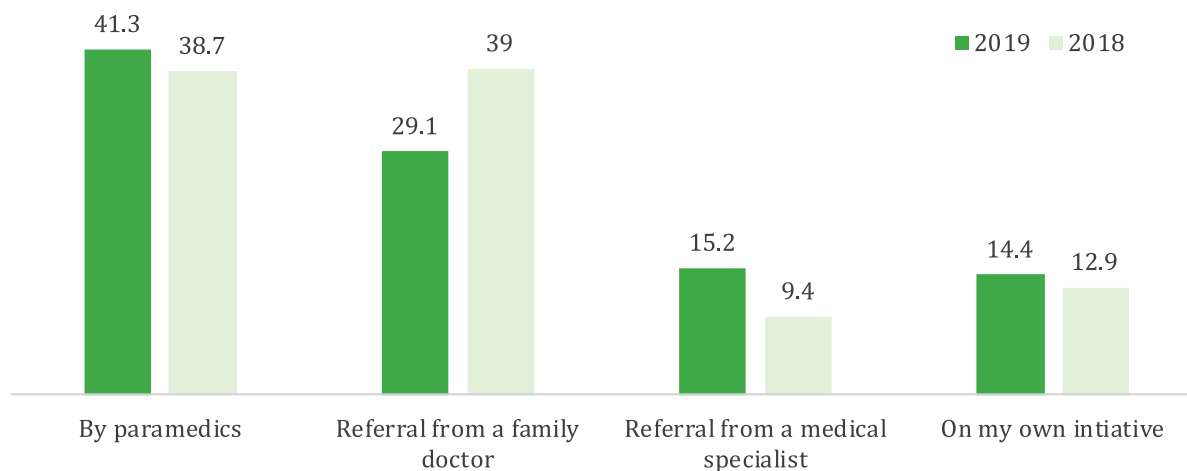


More than half of the respondents (53.6%) stated that they had emergency hospitalization and 46.4% - planned hospitalization. There are significant differences in emergency or planned hospitalization depending on a number of factors:

- Depending on age: the highest share of emergency hospitalizations was reported in the age group of 15-25 years (67.6%) compared to 46.2% aged 46-55 years,
- Depending on health insurance status: 48.4% of insured and 31.6% of uninsured reported planned hospitalization,
- There are no major differences by place of residence, gender and welfare index.

Regarding referral to the hospital, most of respondents (41.3%) stated that they were hospitalized by paramedics (38.7% in 2018), 29.1% stated that they had a referral from the family doctor (-10% compared to 2018) and 15.2% based on a referral from a medical specialist (+5.8% compared to 2018). A small part (14.4%) came to the hospital without referral (+1.5% compared to 2018), on their own initiative or were brought by relatives (Figure 24).

Figure 24 : Types of hospitalization in the general sample, (2018-2019), %



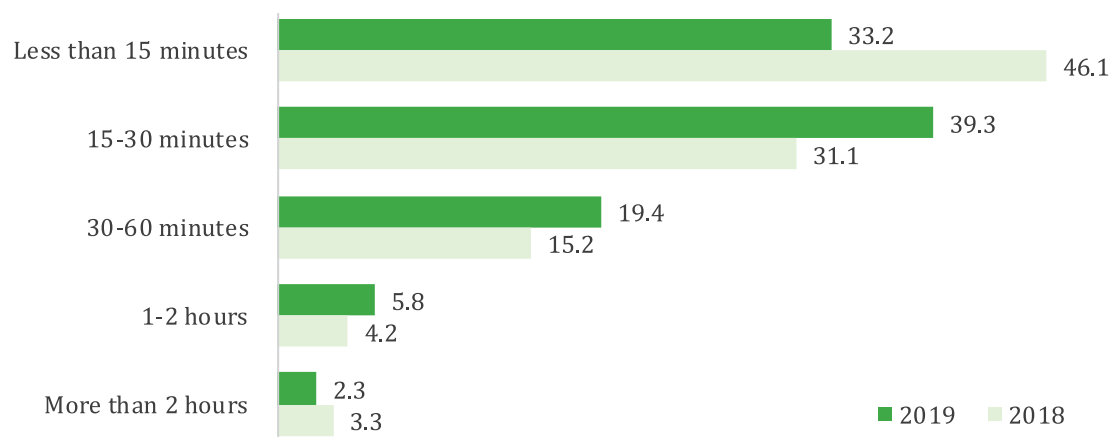
It is noted that the share of respondents who came to the hospital without referral was higher among respondents from urban areas (15.9%) than among respondents from rural areas (13.4%). At the same time, hospitalization based on referral from the family doctor was mainly reported by the insured respondents (30.7%) versus to uninsured (17.7%), similarly to hospitalization based on a referral a medical specialist (16,2% of insured versus 7.6% of uninsured).

Table 22 : Type of hospitalization by place of residence, gender and insurance status, (2018-2019),%

	Family doctor		Medical specialist		Paramedics		Own initiative	
	2019	2018	2019	2018	2019	2018	2019	2018
Urban	31,1	38,7	13,7	10,4	39,3	37,6	15,9	13,3
Rural	27,8	39,2	16,2	8,7	42,7	39,5	13,4	12,6
Male	29,7	36,2	13,5	10,9	42,6	42,4	14,2	10,5
Female	28,7	40,6	16,5	8,5	40,2	36,6	14,6	14,3
Insured	30,7	40,8	16,2	9,2	38,8	37,5	14,3	12,5
Uninsured	17,7	24,7	7,6	11	59,5	47,9	15,2	16,4
TOTAL	29,1	39,0	15,2	9,4	41,3	38,7	4,4	12,9

An important indicator of hospital performance is the length of the patient's waiting in the admittance ward. Compared to PHB 2018, the share of those who stated that the waiting time did not exceed 15 minutes has dropped considerably (46.1% in 2018 and only 33.2% in PHB 2019). For other respondents the waiting time was longer, +8% compared to 2018 waited 15-30 minutes, +4.2% waited 30-60 minutes. (Figure 25)

Figure 25 : Waiting time at admittance, (2018-2019), %



Compared to 2018, in district hospitals the waiting time increased from less than 15 minutes to 15-30 minutes (+8% in 2019), for the municipal hospitals the respondents in a larger proportion declared that they waited 30- 60 minutes (+9.3%) and 1-2 hours (+6.4%), and for the district hospitals the number of respondents who estimated the waiting time at 30-60 minutes increased by 8.6%. (Table 23)

Table 23 : Waiting time in the admittance ward by type of hospital, (2018-2019),%

	Less than 15 minutes		15-30 minutes		30-60 minutes		1 - 2 hours		More than 2 hours	
#	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
District hospital	155	188	172	131	66	54	21	14	10	11
Municipal hospital	28	58	49	37	36	24	13	5	1	6
Republican hospital	27	54	37	33	26	22	4	9	4	5
Private hospital	9	2	1	4	0	0	0	0	0	0
Refusal	0	2	0	0	0	0	0	0	0	0
Total	219	304	259	205	128	100	38	28	15	22
%	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
District hospital	36,6	47,2	40,6	32,9	15,6	13,6	5,0	3,5	2,4	2,8
Municipal hospital	22,0	44,6	38,6	28,5	28,3	18,5	10,2	3,8	0,8	4,6
Republican hospital	27,6	43,9	37,8	26,8	26,5	17,9	4,1	7,3	4,1	4,1
Private hospital	90,0	33,3	10,0	66,7	0,0	0,0	0,0	0,0	0,0	0
Refusal	0,0	100,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0
Total	33,2	46,1	39,3	31,1	19,4	15,2	5,8	4,2	2,3	3,3

Aspects of medical care quality in hospitals

Number of patients in the ward

The number of patients in a hospital ward (including the respondent) ranged from 1 to 9. The average number of patients in the republican hospitals wards is 3.9 persons, in district hospitals - 3.78 persons and in municipal hospitals this indicator is 3.8 patients. Private hospitals and clinics have greater possibilities in this regard, the beneficiaries of their services declare that the average number of patients in the ward in these facilities is 1.8 persons. (Figure 26)

Figure 26 : Distribution of the average number of patients, by hospital type, (2018-2019), %

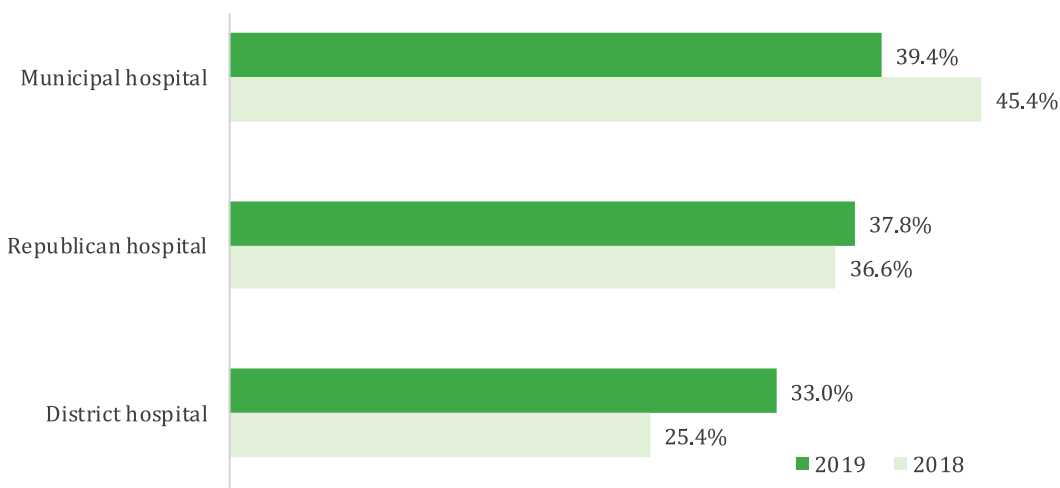


Table 24 : The share of patients in the wards of different occupancy, (2018-2019), %

Nr. of patients in the ward	2019	2018
1patient	3,6	4,1
2 patients	15,5	20,3
3 patients	20,8	19,6
4 patients	34,9	34,6
5 patients	12,9	7,9
More than 5 patients	12,3	13,6

There are some differences by socio-demographic features:

- By gender: 24% women versus 13.2% men were hospitalized in wards for 1-2 persons,
- By insurance status: 25.3% of uninsured respondents versus 18.3% of insured respondents were hospitalized in wards for 1-2 persons,
- By welfare index: 15% of respondents from families with a higher welfare index versus on average 8.8% of respondents from other quintiles were hospitalized in wards for 1-2 persons.
- There were no differences by place of residence and age.

Information of the patient in the hospital

Regarding the level of patient information, the majority of respondents (78% and 78.6% in 2018) consider that they have received sufficient information from the doctor about the treatment, 17% of respondents (17.5% in 2018) consider that there was little information, 1,1% of respondents (2.1% in 2018) said they did not receive information, and 3.5% of respondents (1.8% in 2018) felt that it was too much. The level of information is inversely proportional to:

- Welfare index: the richest quintile being more satisfied with the level of information (90% in quintile 5 compared to the 75.8% in the lower quintile.
- Place of residence: 75.6% of urban respondents compared to 79.7% of rural respondents reported satisfaction with the level of information provided.
- Health insurance status: the insured respondents (78.6%) are more satisfied with the information about the treatment compared to uninsured respondents (73.4%).

With regard to the patient's right to information, Table 25 shows that most of the respondents were well and very well informed about the proposed medical procedures/interventions, about the risks and about the available alternatives. In this sense private hospitals showed maximum rates (100%) versus republican hospitals (81.6%, +1.2% compared to PHB 2018), district hospitals (79.5%, -1.4% compared to 2018) and municipal hospitals (65.4%, +5.4% compared to 2018). However, 22.6% of respondents stated that they were little, very little or at all informed.

Table 25 : In your opinion, have you been informed about the proposed procedures/interventions, risks and alternatives for the proposed interventions? by type of hospital, (2018-2019)

			Very well informed	Well informed	Little informed	Very little informed	Not at all informed	DN/NR	Total
District hospitals	2019	#	51	286	65	15	7	0	424
		%	12,0	67,5	15,3	3,5	1,7	0,0	100
	2018	#	51	271	50	14	10	2	398
		%	12,8	68,1	12,6	3,5	2,5	0,5	100
Municipal hospitals	2019	#	26	57	38	4	2	0	127
		%	20,5	44,9	29,9	3,1	1,6	0,0	100
	2018	#	24	54	35	13	4	0	130
		%	18,5	41,5	26,9	10,0	3,1	0,0	100
Republican hospitals	2019	#	16	64	16	1	1	0	98
		%	16,3	65,3	16,3	1,0	1,0	0,0	100
	2018	#	19	80	17	6	1	0	123
		%	15,4	65,0	13,8	4,9	0,8	0,0	100
Private hospitals	2019	#	6	4	0	0	0	0	10
		%	60,0	40,0	0,0	0,0	0,0	0,0	100
	2018	#	0	6	0	0	0	0	6
		%	0,0	100,0	0,0	0,0	0,0	0,0	100
Refusal	2018	#	1	1	0	0	0	0	2
		%	50,0	50,0	0,0	0,0	0,0	0,0	100
Total	2019	#	99	411	119	20	10	0	659
		%	15,0	62,4	18,1	3,0	1,5	0,0	100
	2018	#	95	412	102	33	15	2	659
		%	14,4	62,5	15,5	5,0	2,3	0,3	100

Out of the total respondents, 28.5% (25.8% in 2018) underwent surgery and the vast majority - 92.6% of them (90.5% in 2018) stated that before the surgery they signed an informed consent for the operation. Signing of the informed consent for the surgery was confirmed by 100% of respondents hospitalized in republican hospitals (+7.3% compared to 2018), 97.6% patients of municipal hospitals (+7.6% compared to 2018) and 87, 5% respondents in district hospitals (same as 2018).

Access to own medical record

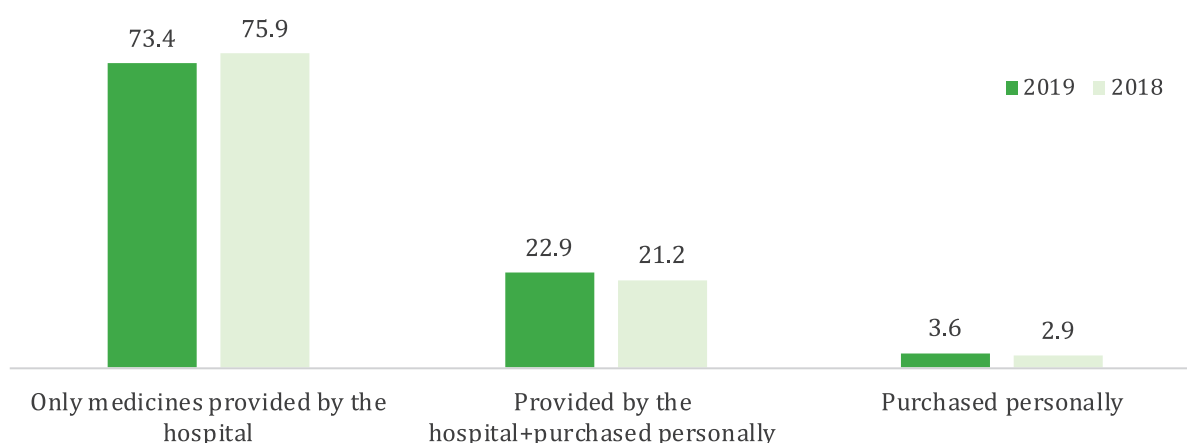
Being asked if they had free access to their own medical record (the hospital medical record), to be informed about the diagnosis and the recommended treatment, including the prescribed drugs during their stay hospital, only 17.6% (23.5% in 2018) stated that they had access to the file without restrictions, other 21.2% (12.8% in 2018) had access only in the presence of the medical personnel or only to some compartments thereof. Also, 14.6% (14.3% in 2018) of the patients mentioned that they did not have access to their medical records, and another 44.5% (49.2% in 2018) of respondents said they did not need the information from the hospital medical record.

The free access to the hospital medical record was confirmed mainly by the respondents admitted to private hospitals. One in 5 respondents hospitalized in district hospitals had free access to their own file and one in 4 was able to access it in the presence of medical staff. In republican hospitals, only 23.5% were able to become acquainted with the contents of their medical record only in the presence of the medical personnel. The least permissive in this sense were municipal hospitals (as in PHB 2018), where only 11.8% of respondents had unrestricted access to their records and 9.5% could have access even in the presence of medical personnel or to some sheets in the record.

Provision with medicines in the hospital

Most of the respondents 73.4% (75.9% in 2018) reported that they were treated with drugs exclusively provided by the hospital, 22.9% (21.2% in 2018) used both the drugs provided by the hospital, and drugs purchased individually, and 3.6% (2.9% in 2018) used medicines purchased personally or by their relatives/friends (Figure 27).

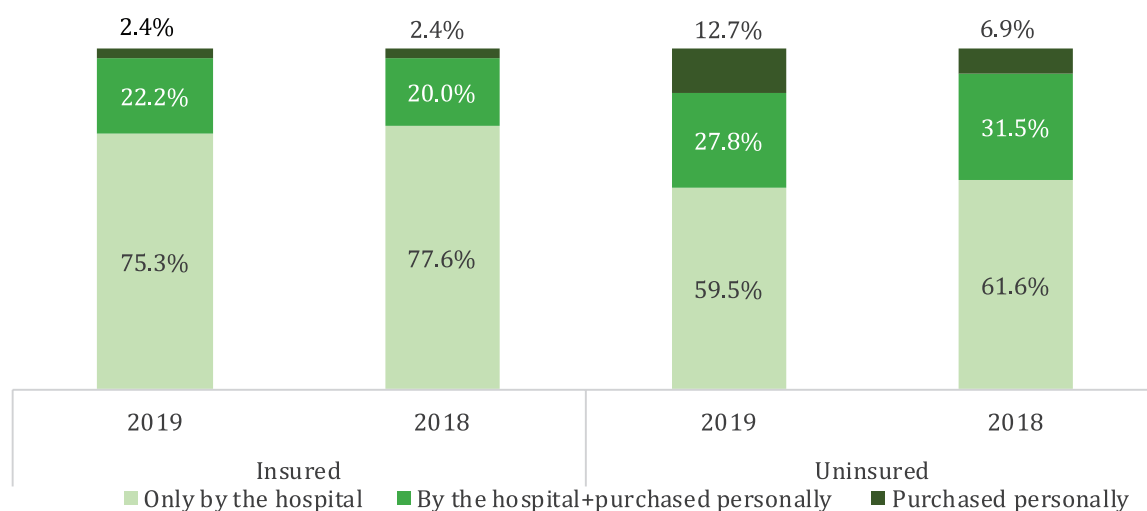
Figure 27 : Access to medicines, (2018-2019), %



It has been stated that republican (80.6%) and district (73.7) hospitals more often provide the patients with everything needed during hospitalization compared to municipal hospitals (67.7%). The rate of provision with all necessary medicines during hospitalization has changed over the year, as the 2018 survey comparative data shows. The share of patients who had to buy some or all medicines was higher among respondents hospitalized in republican hospitals.

There are also differences between the insured and uninsured patients. Thus, the hospital provided the medicines (in whole or in part) for 97.5% (97.6% in 2018) of insured respondents, and 87.3% of uninsured respondents (- 5.8% compared to 2018%). Respectively, medicines were purchased personally only by 2.4% of insured patients and 12.7% (6.9% in 2018) of uninsured patients (Figure 28).

Figure 28 : Provision with medicines by insurance status, (2018-2019)%



The main reason stated by 72.6% of respondents who declared that they had personally (or their family members/friends) purchased the medicines was that the doctor informed them that the hospital did not have some of the medicines needed for their treatment. The percentage was the highest in district hospitals (74.3% and 69.2% in 2018) versus municipal hospitals (73.2% and 48.4% in 2018) and republican hospitals (63.2% and 60.8% in 2018).

Municipal hospitals more often inform patients that their medicines are inefficient (7.3% compared to 4.4% in district hospitals). Republican hospitals in a larger proportion claim that they do not have all the necessary medicines for treatment (10.5% compared to 5.3% district and 2.4% municipal hospitals). At the same time, 50% of respondents hospitalized in private clinics who had to buy drugs said that private hospital provided them only with medicines for treatment of the basic disease - this argument being more rarely invoked with reference to public health facilities (by 13.3% of respondents with reference to district hospitals, 14.6% - municipal hospitals and 15.8% - republican hospitals).

Table 26 : What was the reason that you purchased the medicines yourself? (2018-2019), %

Answer	2019	2018
The doctor told me that the hospital did not have some medicines needed for my treatment	72,6	48,4
The doctor told me that the hospital provided only the medicines needed for the treatment of the basic disease with which I / the child was admitted to the hospital, and for the treatment of concomitant diseases I have to purchase medicines myself	14,3	8,2
The doctor told me that the hospital did not have all the medicines needed for my treatment	5,1	34,6
The doctor told me that the hospital had drugs, but they were not good and I bought the medicines recommended by the doctor	4,6	4,4
I didn't have health insurance	2,3	3,1
The hospital was private or I was unofficially admitted	1,1	1,3

More than half (65.7% in 2019 and 54.1% in 2018) of respondents who personally purchased the drugs stated that they could do it on the basis of a simple receipt, written by the ward doctor, 3.4% (6.3% in 2018) stated that they went to the family doctor to get the prescription for compensated drugs, and 30.9% (39% in 2018) - bought the prescription drugs without a receipt.

Method of administration of medicines

The vast majority (95.3% and 95.4% in 2018) of respondents stated that they were informed on how to take the oral drugs (tablets, pills). Also, being asked to describe how they took oral pills, more than half of respondents (56.3% and 61.9% in 2018) stated that the nurse brought the medicines to the ward before each intake, 22.8% of respondents (17.5% in 2018) reported that they received the drugs every day in the morning and took them alone during the day. Another 14.6% (14.4% in 2018) of respondents reported that before each intake, they were invited to the nurse's post to take their medicines there, and 5.6% (4.6% in 2018)) of respondents stated that they received all the medicines for one week ahead, or for the entire period of their stay at the hospital, and took the medicines independently (Table 27).

Table 27 : How the respondents took the medicines (tablets, pills), (2018-2019), %

Method	2019	2018
The nurse brought my pills to the ward before each intake	56,3	61,9
Every day in the morning I received the pills for the day and during the day I took the medicines independently	22,8	17,5
The nurse invited me before each intake and gave me the necessary pills	14,4	14,6
From the start I received all the pills (for the week or the entire period of my stay in the hospital) and daily, I took them independently	5,6	4,6
The treatment did not include oral medicines	0,9	1,5
Total	100	100

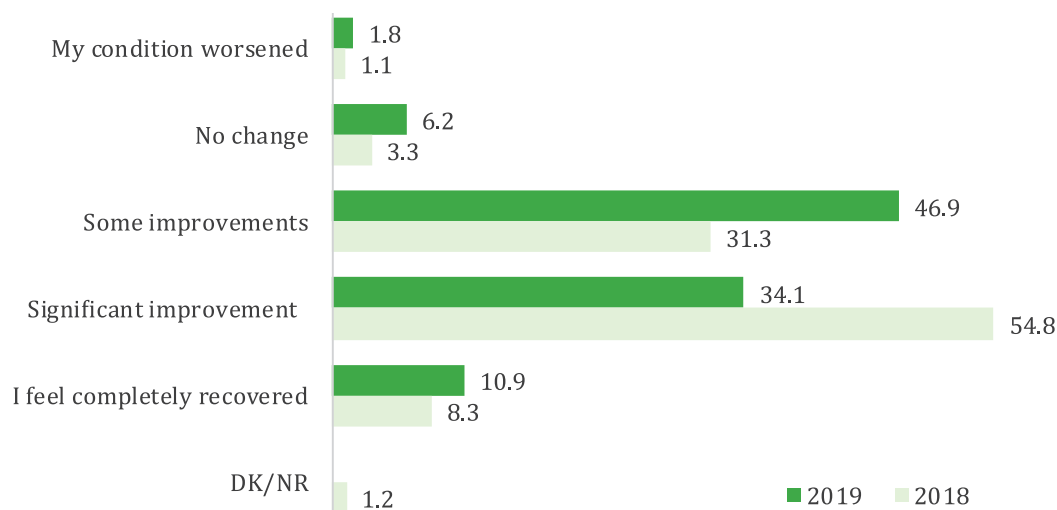
Assistance provided by the on-call doctor

Out of the total number of respondents, 16.7% (14.1% in 2018) said they needed the on-call doctor at the hospital during the night, on Saturdays, Sundays and official holidays. Their share is higher among those who have received hospital services in republican hospitals (20.4% and 18.3% in 2018) and lower among those hospitalized in district and municipal hospital (15.3% and 15.0%). Patients who underwent surgery also required such consultations more often (22.9% compared to 14.2% of those who were not operated), which is equivalent to the situation in PHB 2018 (19.4% vs. 12.3%). Of those who needed it, 86.4% (75.8% in 2018) of respondents stated that they informed the nurse and received the on-call doctor's consultation. 8.2% of respondents (13.2% in 2018) had to look for the on-call doctor themselves, and 5.5% (11.0% in 2018) said they had to wait until morning or after the weekend, because the on-call doctor had not come.

Perception of the hospital treatment outcome

The results of the current year PHB show that only 45% of respondents who were hospitalized stated that they felt recovered as a result of the hospital treatment or that their state of health improved significantly when they were discharged from the hospital, compared to the time when the treatment started, which is an essential drop down in the hospital care efficiency index (-18.1% compared to PHB 2018). At the same time, the share of respondents who reported some improvements increased - 46.9% (+15.6% compared to 2018), and 6.2% (4.4% in 2018) did not notice any change after the treatment or their health condition even worsened after discharge from the hospital (Figure 29).

Figure 29 : How do you assess the outcome of your treatment in the hospital (the condition at the time of discharge from the hospital compared to the beginning of the treatment in the hospital)? (2018-2019), %

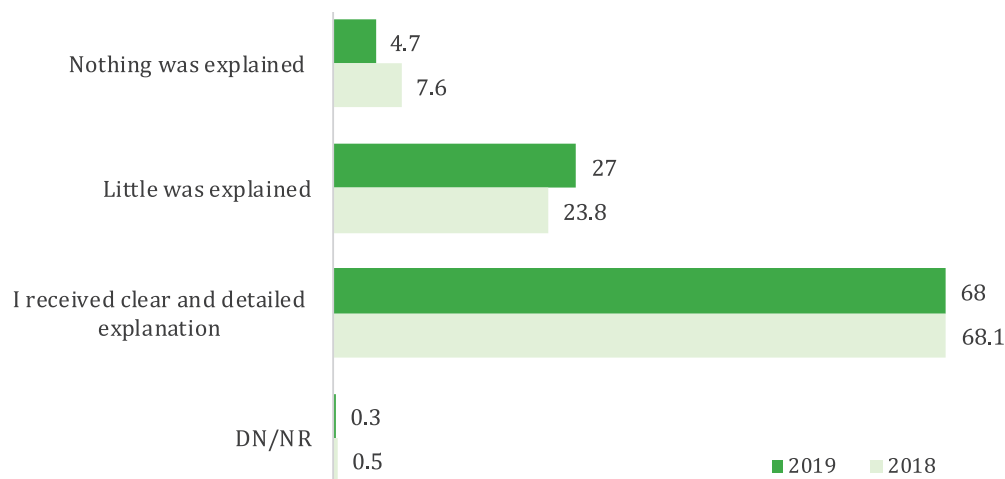


The survey showed that depending on the type of hospital the percentage of respondents who completely recovered and respondents who showed significant improvements after the treatment is higher among the respondents who were treated in municipal hospitals (53.5%), 43.9% of respondents treated in district hospitals and 38.7% respondents treated in republican hospitals. More than half of respondents who were hospitalized in republican hospitals (53.1%) felt some improvement after the treatment.

Information on follow-up treatment after discharge and referral to other services

At discharge from the hospital, 95% (91.0% in 2018) of respondents stated that they were explained where and how to follow the treatment as outpatients, and 68% (68.1% in 2018) stated that the instructions given were clear and detailed. However, 4.6% (7.6% in 2018) of respondents stated that the explanations were not sufficient or were told nothing about how they should continue their treatment after discharge from the hospital (Figure 30). The share of respondents who mentioned that nothing was explained to them about how they should continue their treatment after discharge from the hospital or that the explanation was insufficient was the highest in the district hospitals (58.1% in 2019 and 54% in 2018), followed by municipal hospitals (32.3% in 2019 and 16% in 2018) and republican hospitals (9.7% in 2019 and 30% in 2018).

Figure 30 : When you were discharged from the hospital (receiving the extract), did the doctor who treated you explain to you where and how you should continue the treatment as an outpatient? (2018-2019), %



Out of the total number of hospitalized respondents, 91.7% (88.9% in 2018) stated that when they were discharged they were explained where and to whom to address in case of flare-ups, complications. A higher share of respondents from rural areas answered positively (93.1%) compared to 89.6% of respondents in urban areas.

Ask if the doctor discussed whether the patient needed other than medical services (e.g. social, legal, etc.), more than half of respondents - 54.3% (25.8% in 2018) - said that the doctor who treated them talked about where they can go if they need to, 9.9% (14.9% in 2018) said they did not discuss the above mentioned issue, but wanted to know about the existence of such services, and 35.8% (58.7% in 2018) felt that it was not needed. At the same time, respondents from rural areas more often stated that they were informed in this regard (58.4%), than respondents from urban areas (48.5%). Also, this type of information was directly proportional to the welfare quintile, the share of those informed from the lower quintiles being higher than from the top quintile, 60.6% in quintile 1 and 68.9% in quintile 2 compared to 40.0% in quintile 5.

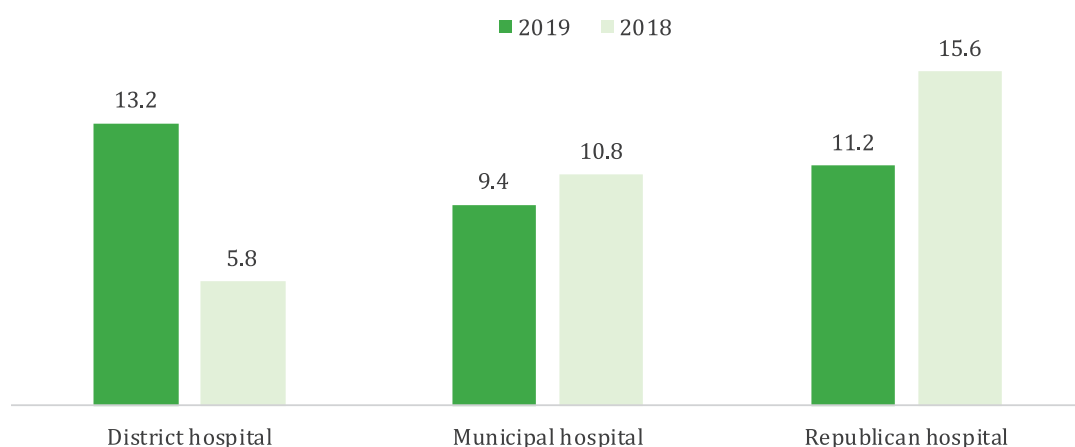
Costs of hospital services

Official payments related to hospitalization

More than three quarters of respondents (85.4% and 87.3% in 2018) stated that during their stay at the hospital they did not pay for services to the hospital cashier, while 12.9% (12.0% in 2018) of respondents answered affirmatively. The share of respondents who officially paid to the hospital's cashier for different hospital services was significantly higher in district hospitals (13.2% and 5.7% in 2018) and republican hospitals (11.2% and 15.9% in 2018) compared to municipal hospitals (9.4% and 10.8% in 2018). (Figure 30).

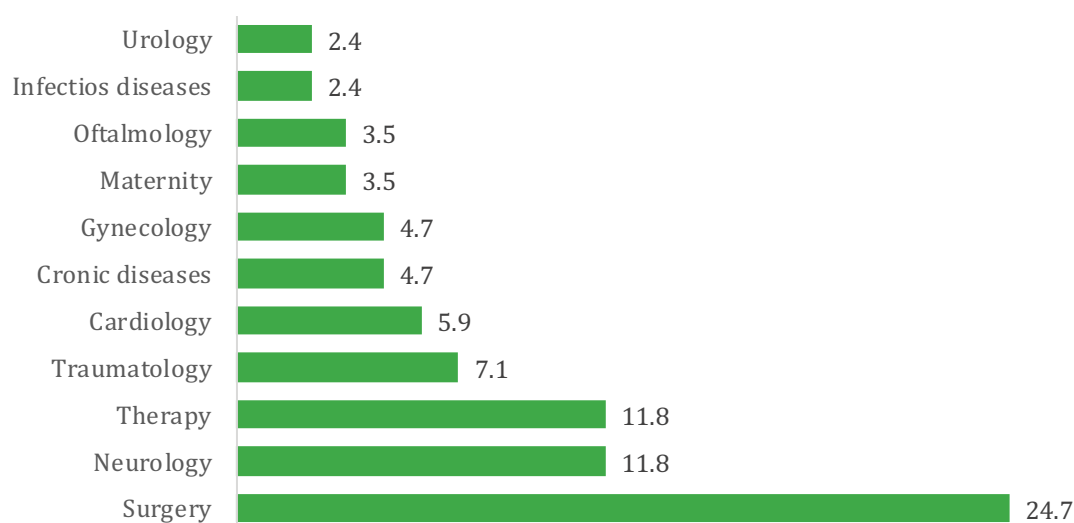
Compared to 2018, the share of respondents who made official payments in the district hospitals has doubled (-7.4%), while the frequency of official payments reported by respondents who were treated in the republican hospitals, decreased (4.4%). (Figure 31)

Figure 31 : Share of patients who have officially paid for hospital services to the hospital's cashier, (2018-2019), %



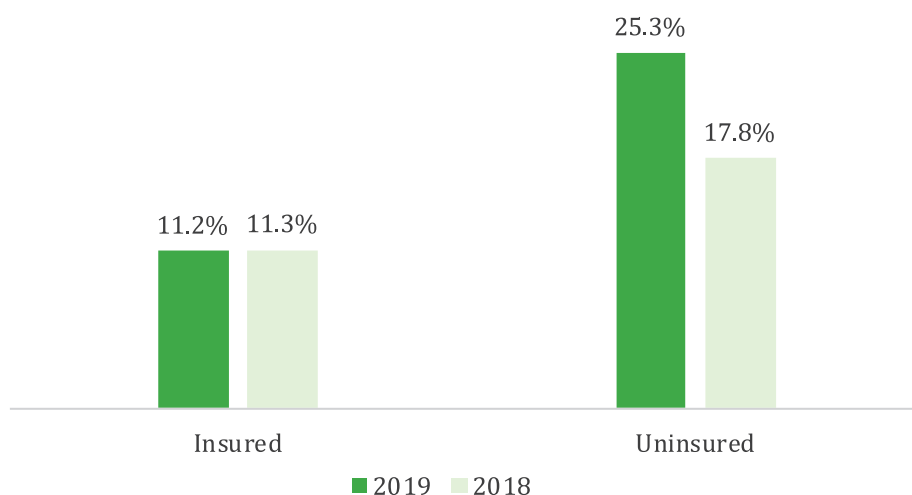
By the profile of hospital departments, more payments to hospital's cashier were made by respondents who were admitted to the surgical department (24.7%), neurological and therapeutic (each 11.8%) departments, traumatology (7.1%), cardiological departments (5.9%). Less than 5% of respondents who paid to the hospitals were hospitalized in chronic diseases, gynecology, maternity, ophthalmology, infectious diseases and urology departments. (Figure 32)

Figure 32 : Share of patients who have officially paid for hospital services to the hospital's cashier, by departments, %



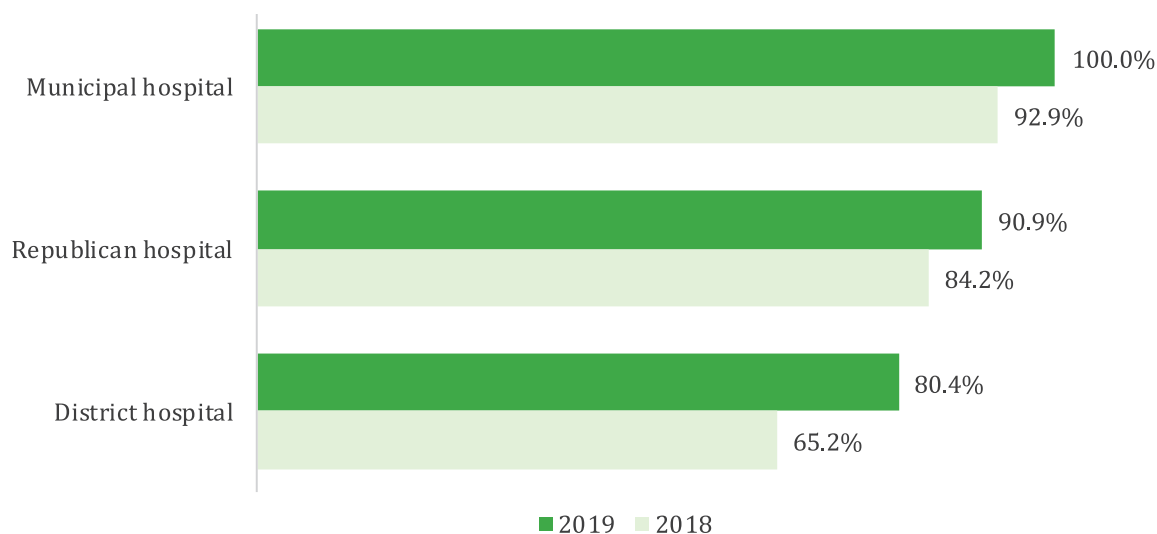
There is a difference in frequency of payment for services to the hospital's cashier, depending on the insurance status: uninsured patients paid for the hospital services to the hospital's cashier more frequently than the insured patients - 25.3% (17.8% in 2018) and, respectively, 11.2% (11.3% in 2018). (Figure 33)

Figure 33 : Share of patients who officially paid for hospital services to the hospital's cashier, by the health insurance status, (2018-2019), %



Most of the people who paid to the hospital's cashier (85.9% in 2019 and 77.2% in 2018) stated that they received a payment receipt. It should be noted that this percentage was significantly lower in district hospitals (80.4% in 2019 and 65.2% in 2018), compared to republican hospitals (90.9% in 2019 and 84.2 % in 2018) and municipal hospitals (100% in 2019 and 92.9% in 2018).

Figure 34 : The share of patients who received a payment receipt for the official payment for hospital services, by type of hospital, (2018-2019), %



The respondents were asked to recall the categories of expenses that they, their relatives, or close persons officially paid (to the hospital's cashier) during their stay in the hospital. The answers to this question are presented in Table 27. Of the total respondents who paid officially, the most frequently mentioned categories were drugs (48.2%), followed by diagnostic investigations (34.1%), laboratory tests (25.9%), medical supplies (23.5%), radiological investigations (20%). Other categories of expenses presented in the table below have accumulated less than 20%.

Table 28 : Share of respondents who (personally and/or relatives/close persons) have officially paid, by categories of expenses, (2018-2019), %

Category of expenses	2019	2018
Medicines	48,2	60,8
Diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computer tomography, etc.	34,1	8,9
Laboratory tests - clinical, biochemical, bacteriological, etc.	25,9	22,8
Medical supplies (syringes, bandages, etc.)	23,5	13,9
Radiological investigations (Roentgen)	20	22,8
General blood and urine tests	14,1	16,5
Payment for days - bed for the entire period of hospitalization	12,9	27,8
Surgery expenses (operation)	12,9	25,3
Services of nurses (injections, infusions, etc.)	12,9	22,8
Payments for anesthesia	8,2	16,5
Doctor's consultations	3,5	21,5
Food	2,4	3,8
Bed linen, duvet, etc.	2,4	1,3
Delivery related expenses	0	0

The respondents were asked to evaluate the total amount they and their family members spent for official payments (with a cash slip) for various items during their hospital stay. The declared level of payments to the hospital's cashier varied considerably from 40 to 35,000 lei, the average amounting to 1767 lei (median - 325 lei). More than half of respondents (56.4%) indicated that the official payments did not exceed 1000 lei (Table 28). Compared to PHB 2018,

the official expenses category “≤ 500-1000 lei” during hospitalization decreased by 19.1% (in 2018 only 37.3% of respondents included official expenses in this category). At the same time, the proportion of those who declared that during hospitalization they incurred official expenses amounting to “2001-5000 lei” (22% in 2018 to 9%) considerably reduced.

Table 29 : The total value of official payments (to the hospital) made during hospitalization, lei /% (respondents who provided an estimate of total payments), (2018-2019)

Payment size, lei	2019	2018
≤ 500	43,6	33,9
501-1000	12,8	3,4
1001-2000	6,4	6,8
2001-5000	9,0	22,0
> 5000	7,7	10,2
Can't remember	20,5	23,7
Total	100,0	100,0

Respondents were asked to estimate the size of these expenses by various categories. As noted in Table 29, the most significant official payments to the hospital were for surgery (8833 lei on average per case), followed by the bed-day payments for the entire period of hospitalization (1147 lei), medicines (795 lei) and diagnostic investigations (699 lei).

Table 30 : Size of payments made directly to the hospital's cashier, by categories of expenses, lei (respondents who evaluated the size by category), (2018-2019)

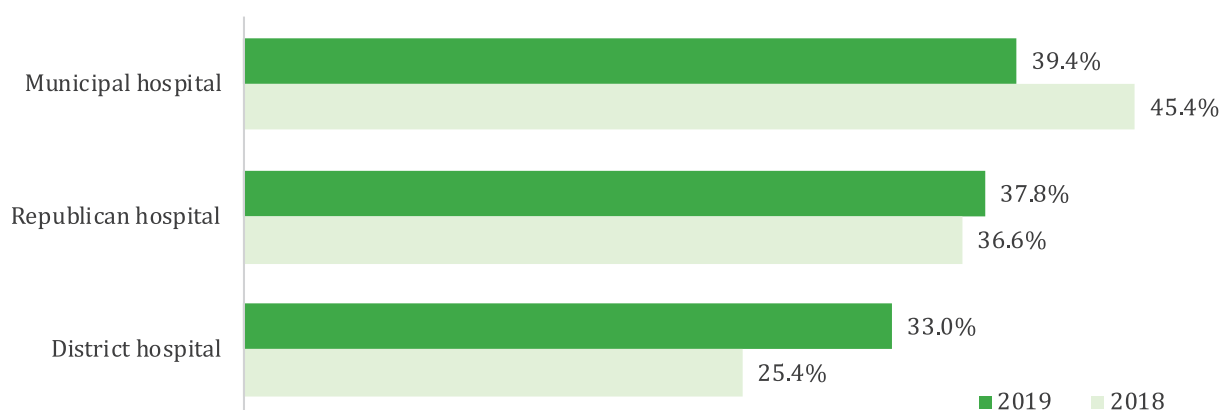
Category of expensesr	Lei				
	No.	Min.	Max.	Median	Average
2019					
Payment for bed- days for the entire period of hospitalization	11	100	4400	600	1147
Doctor's consultation	3	100	1000	200	433
Services of nurses (injections, infusions, etc.)	11	20	400	175	195
General blood and urine test	12	50	500	100	222
Other laboratory tests - clinical, biochemical and bacteriological, etc.	22	90	1000	200	346
Radiological investigations	18	80	1100	110	257
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	29	100	3000	250	699
Medicines	41	50	4000	300	795
Medical supplies (syringes, bandages, etc.)	20	35	2000	125	287
Surgery expenses (operation)	11	200	30000	8000	8833
Payments for anesthesia	7	100	1000	150	310
Delivery related expenses					
Food	2	28	200	114	114
Bed linen, duvet, etc.	2	360	360	360	360

Category of expensesr	Lei				
	No.	Min.	Max.	Median	Average
2018					
Payment for bed- days for the entire period of hospitalization	13	30	3000	800	998,4
Doctor's consultation	11	20	5000	100	553
Services of nurses (injections, infusions, etc.)	12	25	300	100	128
General blood and urine test	7	50	1000	200	278
Other laboratory tests - clinical, biochemical and bacteriological, etc.	12	100	2150	300	457
Radiological investigations	12	60	350	200	183
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	4	50	550	200	215
Medicines	40	20	5000	400	641
Medical supplies (syringes, bandages, etc.)	10	50	500	150	204
Surgery expenses (operation)	14	350	13500	2500	3796
Payments for anesthesia	8	60	4000	250	770
Delivery related expenses	-	-	-	-	-
Food	2	100	200	150	150
Bed linen, duvet, etc.	1	200	200	200	200

Unofficial payments related to hospitalization

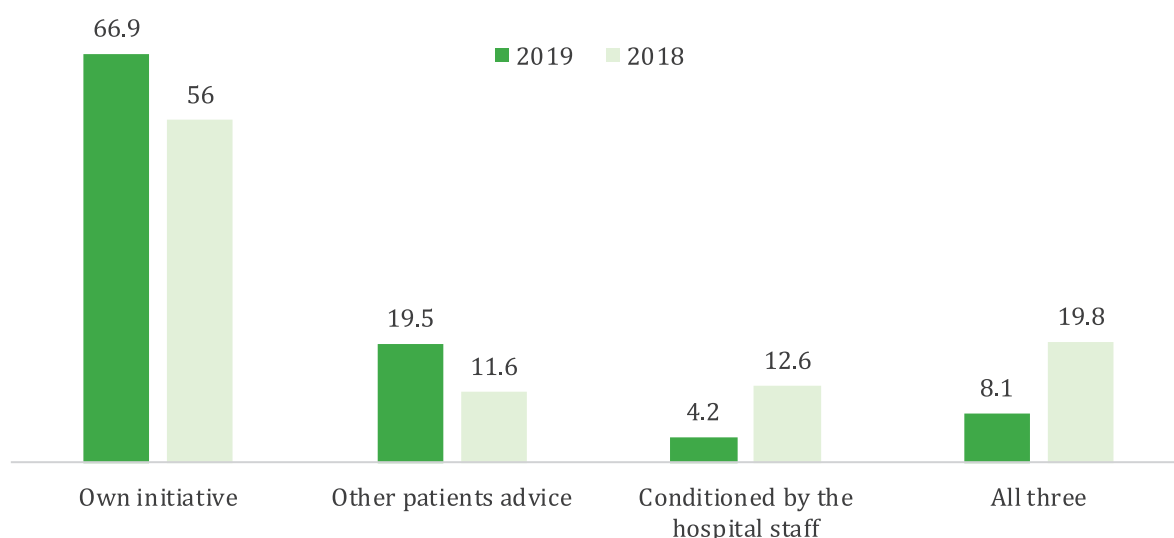
Regarding unofficial payments paid to the medical personnel during hospitalization, 35.8% (31.4% in 2018) of the general sample stated that they made payments not to the hospital's cashier, but directly to the staff. This category of respondents is more numerous among respondents hospitalized to municipal (39.4% and 45.4% in 2018) and republican (37.8% and 36.6% in 2018) hospitals. It should be noted that the share of those who offered unofficial payments in district hospitals increased (+7% compared to 2018). Of the total number of reported cases of unofficial payments during hospitalization, 58.9% were stated by respondents from rural areas, followed by 21.2% of respondents from district towns and small towns and the smallest share -the respondents from Balti and Chisinau municipalities (19.9%). Insured respondents paid to medical staff in hospitals less often (34%), compared to uninsured respondents (49.4%).

Figure 35 : Share of respondents who made unofficial payments, by type of hospital, (2018-2019), %



Of the total number of respondents who stated that they made unofficial payments to the hospital staff, the majority (66.9% and 56% in 2018) stated that they made them on their own initiative –money or gifts as a thank you for the services provided, 19.6% (11.6% in 2018) said that they were advised by other patients, but 4.2% (12.6% in 2018) said that the hospital staff conditioned them. The 8.1% (19.8% in 2018) of respondents reported all three options. (Figure 36)

Figure 36 : Making unofficial payments (directly to the medical staff) for hospital services in the general sample,% (respondents who confirmed that they made unofficial payments), (2018-2019)



Comparing the subgroups divided according to the manner the unofficial payments were made, the following situation became clear. Conditioned payments charged by the hospital staff (alone or in combination with other reasons) were mentioned most often by:

- Respondents from municipal (14%) and republican (13.5%) hospitals, versus respondents from district hospitals (11.4%);
- Insured respondents (12.7%), versus uninsured respondents (10.3%);
- Respondents in the poorest quintile (22.2%), while no respondent from the upper quintile reported being conditioned by medical staff to make unofficial payments;
- Respondents from surgery departments (12.8%) versus respondents from therapeutic departments (12%).

The categories of expenses incurred by respondents as unofficial payments in hospitals, are presented in the table below. The most frequent payments made in cash were payments for doctor's consultations (47.5% and 46.9% in 2018) and for the services provided by nurses (33.9% and 35.7% in 2018), or items for medical staff services (27.1% and 44.0% in 2018). Less often were reported unofficial payments related to medicines (13.6% and 15.0% in 2018), anesthesia (11.4% and 14.0% in 2018), surgery (10.6% and 12.1 % in 2018) or related to deliveries (4.2% and 6.3% in 2018) and very rarely for laboratory tests, diagnostic and radiological investigations.

Table 31 : The share of respondents who (personally or through relatives/close persons) paid for different services directly to the hospital staff, among the total number of respondents who stated that they made at least one unofficial payment, (2018-2019), %

Category of expenses	2019	2018
Doctor's consultation	47,5	46,9
Services of nurses (injections, infusions, etc.)	33,9	35,7
Gifts, souvenirs, food and other items for medical staff as a thank you/ reward	27,1	44
Medicines	13,6	15
Payments for anesthesia	11,4	14
Expenses for surgery (operation)	10,6	12,1
Delivery related expenses	4,2	6,3
Radiological investigations	3	3,9
Medical supplies (syringes, bandages, etc.)	2,5	4,3
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	2,5	2,4
Other laboratory tests - clinical, biochemical and bacteriological tests, etc.	1,7	3,9
Food	1,3	1
General blood and urine tests	0	4,8

As in the case of official payments, the survey participants were asked to estimate the total amount they or their relatives had to spend for unofficial payments during their stay in the hospital. The value of payments varied considerably (from 65 lei to 30000 lei) and summed, on average, 1855 lei (median - 600 lei). At the same time, three quarters of the respondents (81.5% and 66.7% in 2018) mentioned that their unofficial payments were within the limit of 1000 lei (Table 32).

Table 32 : The total value of unofficial payments, paid directly to the hospital staff by the patients during their stay in the hospital, in lei /% (deducted from the number of respondents, who were able to estimate the total expenses), (2018-2019)

Payment size, lei	Quantity	%	Cumulative
2019			
≤ 100	25	13,2	13,2
> 100 ≤ 500	93	49,2	62,4
> 500 ≤ 1000	36	19,0	81,5
> 1000 ≤ 3000	21	11,1	92,6
> 3000	14	7,4	100,0
Total	189	100,0	
2018			
≤ 100	23	11,8	11,8
> 100 ≤ 500	71	36,4	48,2
> 500 ≤ 1000	36	18,5	66,7
> 1000 ≤ 3000	36	18,5	85,1
> 3000	29	14,9	100,0
Total	195	100	

Also, participants in the BSP were proposed to estimate the value of unofficial payments by different categories. As can be seen from table 33, except for the categories in which there were presented figures from a too small number of respondents, the most significant unofficial expenses in the stationary were those for the surgical interventions (1445 lei in average per case), the related expenses. births (1087 lei), followed by medical supplies (1077), doctor's consultation (918 lei), diagnostic investigations (625 lei) and gifts, food, etc. for medical personnel (620 lei). Those who stated that they paid money to the staff indicated an average amount for MD 918 and MD 237 - for healthcare.

Table 33 : Size of direct payments to hospital staff (unofficial payments), (2018-2019)

Category of expenses	Lei				
	No.	Min.	Max	Median	Mean +/- SD
2019					
Doctor's consultations	112	50	10000	400	918
Services of nurses (injections, infusions, etc.)	80	20	2000	200	237
General blood and urine tests	0				
Other laboratory tests - clinical, biochemical and bacteriological tests, etc.	4	200	300	250	250
Radiological investigations	7	40	170	95	102
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	6	100	2000	200	625
Medicines	32	70	500	300	285
Medical supplies (syringes, bandages, etc.)	7	30	3000	200	1077
Surgery expenses (operation)	25	400	4000	1000	1445
Payments for anesthesia	23	100	1000	400	400
Delivery related expenses	10	200	2000	1075	1087
Food	3	200	1000	600	600
Bed linen, duvet, etc.	0				
Gifts, souvenirs, food and other items for medical personnel	64	50	6000	200	620
Doctor's consultations	88	50	20000	200	605
Services of nurses (injections, infusions, etc.)	70	35	500	200	312
General blood and urine tests	6	50	1000	180	271
Other laboratory tests - clinical, biochemical and bacteriological tests, etc.	7	140	1000	300	464
Radiological investigations	5	90	360	100	170
Other diagnostic investigations - electrocardiogram, ultrasonography, bronchoscopy, gastroscopy, computed tomography, etc.	4	100	3000	125	837
Medicines	27	50	4000	500	988
Medical supplies (syringes, bandages, etc.)	5	50	2000	500	630
Surgery expenses (operation)	23	300	59300	1000	4115
Payments for anesthesia	18	100	2000	500	536
Delivery related expenses	12	100	3000	1000	1104
Food	2	150	1000	575	575
Bed linen, duvet, etc.	-	-	-	-	-
Gifts, souvenirs, food and other items for medical personnel	71	50	900	300	948
Other	6	200	35000	1500	7083

Estimation of other costs related to hospitalization

In addition to official and unofficial payments for the services listed above, respondents were asked to estimate the frequency and amount of other costs associated with hospital treatment, such as transportation, food and other non-medical expenses. In the total group of respondents, the reported transport costs had an average value of 214 lei, food an average value of 252 lei and 101 lei for hygiene products. (Table 34).

Table 34 : Frequency and size of other hospital treatment related payments made by patients and their relatives (transport expenses, food and other), in lei, (2018-2019)

Category of expenses		Lei			
2019	No.	Min.	Max	Median	Mean +/- SD
Transport costs	507	6	5000	150	214
Food	439	20	2000	200	252
Hygiene products	424	10	2000	100	101
2018	No.	Min.	Max	Median	Mean +/- SD
Transport costs	466	10	2600	100	182
Food	421	20	3270	200	339
Others	21	30	1700	500	568

The total amount and significance of direct payments

Overall, 226 respondents from the total group (34.2%) were able to estimate the total costs directly incurred by respondents, their relatives for the hospital treatment (both official and unofficial payments for medical services and other expenses). These costs ranged from 100 to 35,000 lei, so on average 2458 lei (median - 700 lei).

Almost two thirds of the patients (64.2% in 2019 and 61.7% in 2018) stated that the amount was within the limit of 1000 lei (Table 35). Being recalculated for the entire sample, the direct costs incurred by respondents amounted to an average of 843 lei.

Table 35 : The total amount of direct payments (official and unofficial) for hospital medical services and other relevant payments, made by the patients and their relatives, in lei /% (n = 226), (in the total group of respondents) (2018-2019)

Amount of payment, lei	Quantity	%	Cumulative
2019			
≤ 100	9	4,0	4,0
> 100 ≤ 500	88	38,9	42,9
> 500 ≤ 1000	48	21,2	64,2
> 1000 ≤ 3000	43	19,0	83,2
> 3000	38	16,8	100,0
Total	226	100,0	
2018			
≤ 100	25	11,3	11,3
> 100 ≤ 500	76	34,2	45,5
> 500 ≤ 1000	36	16,2	61,7
> 1000 ≤ 3000	40	18,0	79,7
> 3000	45	20,3	100,0
Total	222	100,0	

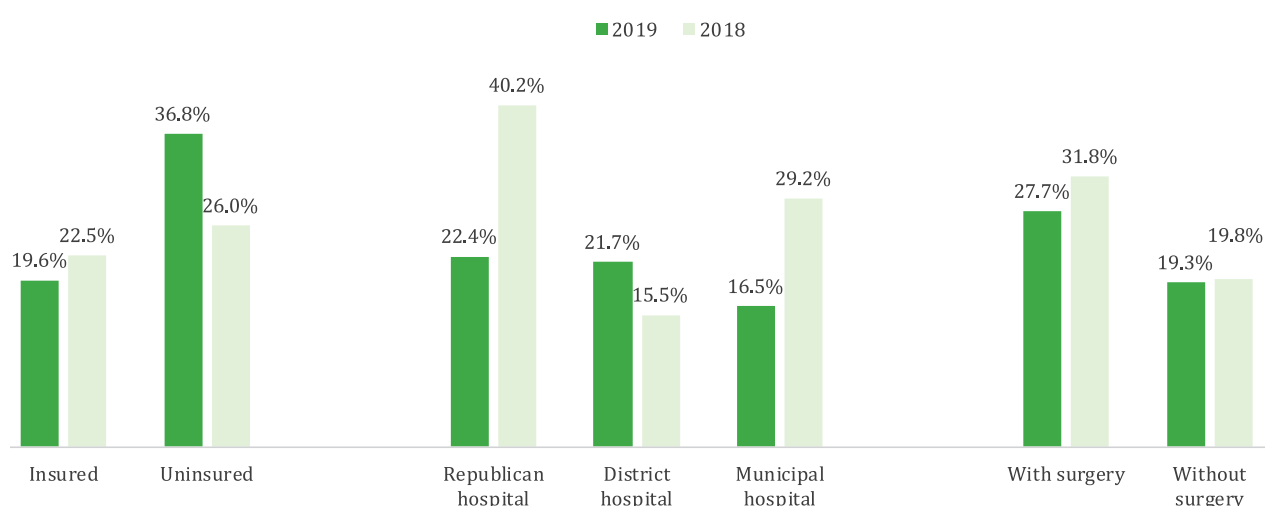
Assessing the significance (burden) of patients' direct expenses paid during hospitalization, in relation to the respondents' income or household budget, 53.5% (48.7% in 2018) said the expenses were minimal or did not create difficulties, while for 15.9% (17% in 2018) of respondents these costs were significant, and for 5.8% (5.9% in 2019) - a very large financial burden (Table 36).

Table 36 : The assessment made by respondents of the significance (burden) of the incurred expenses. 2018-2019), %

	2019	2018
Everything was free	24,7	27,2
Minimally, I could easily handle them	24,1	21,7
Acceptable, it didn't create many problems	29,4	27
Significant, created some difficulties	15,9	17
They were very big, created great difficulties	5,8	5,9
DK / NA		1,2

80% of respondents who stated that they were hospitalized in private clinics reported that the costs incurred were significant and very high for the budgets of their households. In case of public hospitals, the costs were higher ("significant" and "very high") for respondents hospitalized in republican hospitals (22.4% in 2019 and 40.2% in 2018) and district hospitals (21.7% in 2019 and 15.5% in 2018), versus municipal hospitals (16.5% in 2019 and 29.2% in 2018). Respondents who underwent surgery described the direct payments as substantial and very high in 27.7% of cases (31.8% in 2018), compared to 19.3% (19.8% in 2018) of non-operated respondents and there are also differences between the insured (19.6% in 2019 and 22.5% in 2018) and the uninsured (36.8% in 2019 and 26.0% in 2018). (Figure 37).

Figure 37 : Patients' evaluation of their expenses as "Significant" and "Very large", by insurance status, type of hospital and experience of surgical intervention during hospitalization, (2018-2019), %



The sources used by the respondents for payments for various services during hospitalization were personal income (53.0% in 2019 and 39.8% in 2018) and family savings, including remittances from abroad (40.1% in 2019 and 50.1% in 2018). At the same time, a small part have resorted to help from relatives, friends, colleagues, etc. (10% in 2019 and 9.9% in 2018) or borrowing money (3.2% in 2019 and 5.2% in 2018).

Personal income is indicated by urban respondents (61.1% in 2019 and 43.7% in 2018) more than by rural respondents (47.3% in 2019 and 36.8% in 2018). On the other hand, the

respondents from rural area, more often received help from their relatives or had to borrow money for the hospital treatment (11.8% and 4.4% respectively), than urban respondents (7.4% and 1.5%).

Table 37 : The main sources of direct payments for services made during hospitalization, in the total group of respondents, (2018-2019), %

	2019	2018
Salary / income	53	39,8
Family savings (including remittances from abroad)	40,1	50,1
Help (from relatives, friends, colleagues, neighbors or others)	10	9,9
Borrowed money (from relatives, friends, colleagues, neighbors or others)	3,2	5,2
Income from selling goods, objects, cereals, animals, poultry, etc.	1,4	2
I don't know (including because the relatives paid, etc.)	5,3	0,8

Hospital satisfaction

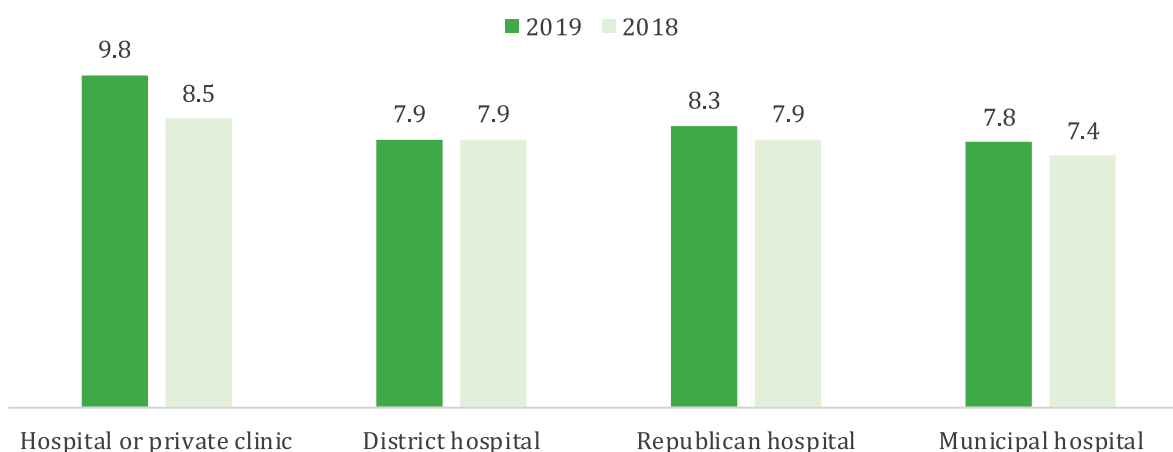
The respondents' hospital satisfaction was one of the key aspects of the Public Health Barometer and covered the following dimensions:

- General assessment and scoring the hospital's performance
- Recommending the hospital to others
- Satisfaction with various aspects of the quality of hospital services and conditions:
 - medical care provided in the hospital during the day, night and rest days;
 - competency, qualification and attitude of the medical personnel;
 - conditions and the comfort in the wards, procedure room, bathrooms, availability of hot and cold water, possibility of showering, hospital food, availability of recreational spaces etc.

Scoring the hospital performance

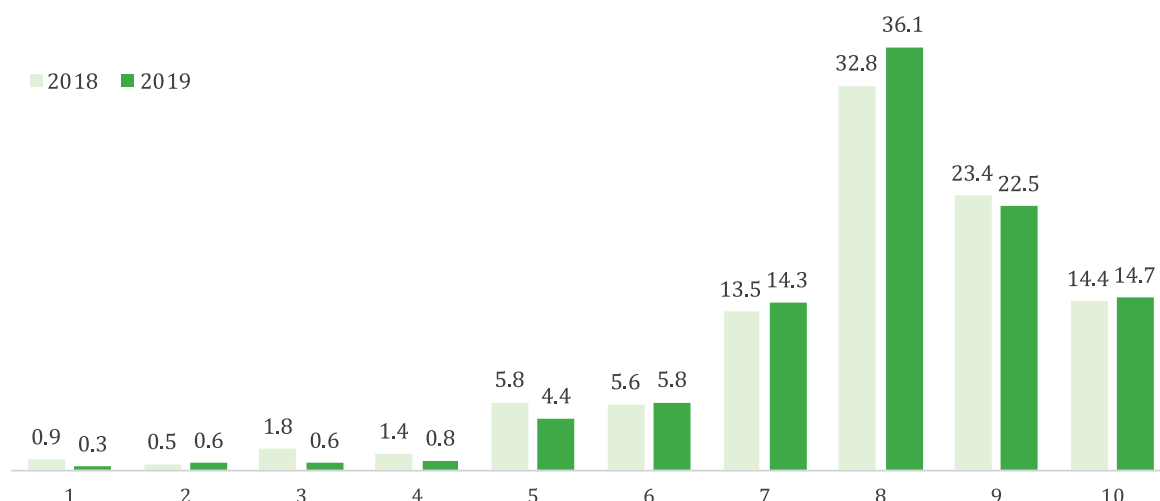
On average, the performance of all hospitals was rated with an average score of 8.01. By type of hospitals, private hospitals got the highest score (9.8 and 8.5 in 2018), followed by republican hospitals (8.3 and 7.91 in 2018). Lower scores received district hospitals (7.9, similar to 2018) and municipal hospitals, their average score being 7.8 (7.48 in 2018).

Figure 38 : Scores assigned to hospitals by respondents, by type of hospitals, (2018-2019)



High scores (9 and 10) were assigned by 37.2% (37.8% in 2018) with a slightly higher proportion among the respondents from rural areas (44.0% versus 27.4% urban) and among the insured (38.3% versus 29.1%). The significant number of high scores was assigned by households from the upper quintiles (50.0%) compared to rates below 35% for quintiles 3, 2 and 1.

Figure 39 : Scoring of local or district hospitals, (2018-2019), %

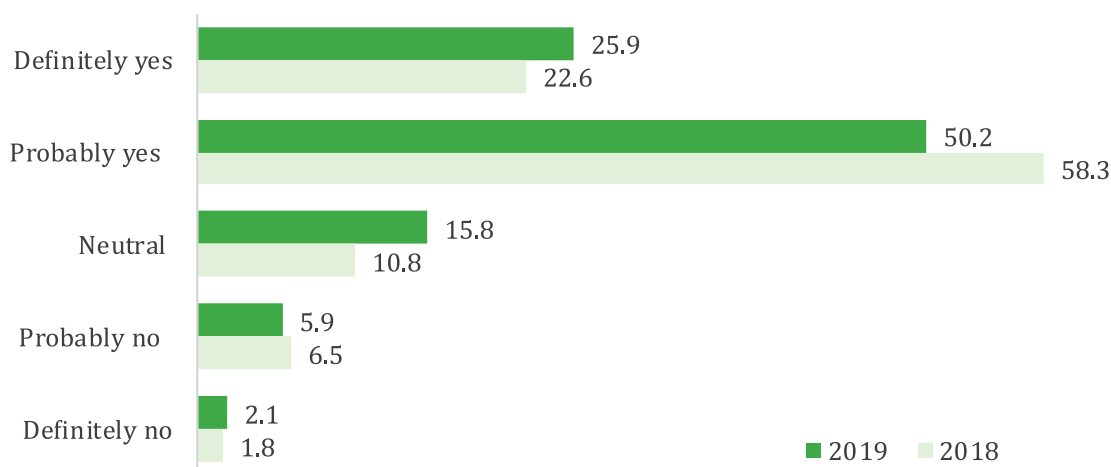


Recommending the hospital to others

When asked whether they would recommend the hospital to others or re-hospitalize in the same hospital, respondents gave mostly positive answers: 25.2% (22.6% in 2018) - “Definitely yes”, 50.2% (58.3% in 2018) - “Very likely”. Another 15.8% (10.8% in 2018) were neutral, 5.9% (6.5% in 2018) answered “Highly unlikely”, and 2.1% (1.8% in 2018) - “Definitely no” . (Figure 40).

By socio-demographic characteristics, satisfaction and recommendation is the highest among the rural respondents (78.1% compared to 73.3% urban), the elderly (86.8% respondents older than 65 years compared to 66.1% respondents in the age group 15-25 years), and the insured respondents (79.3% compared to 53.2% uninsured). There are no differences by the welfare quintile.

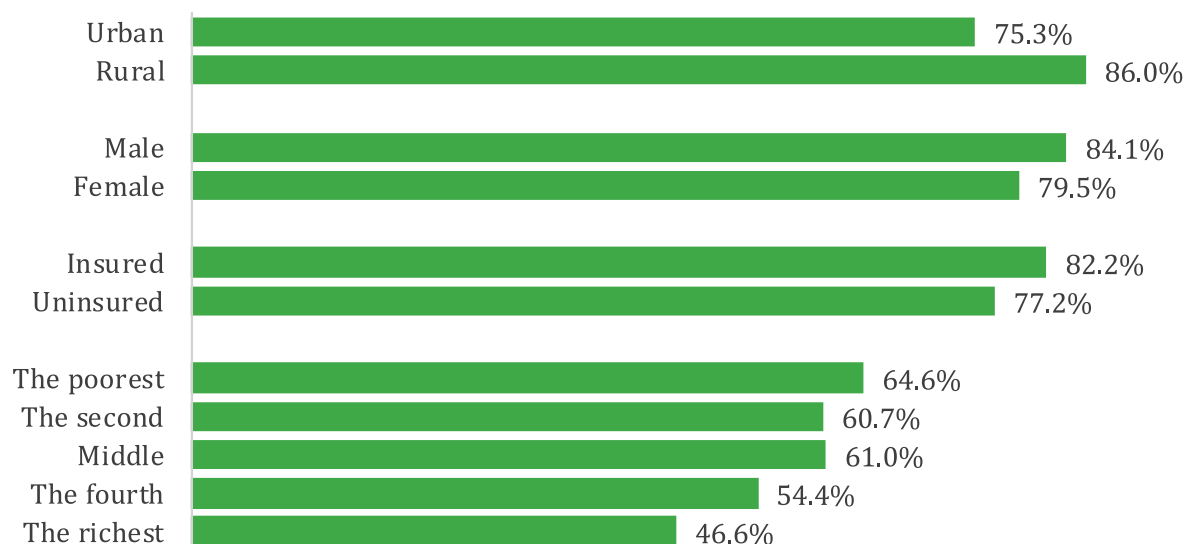
Figure 40 : In case of re-hospitalization, would you choose this hospital or recommend it to your relatives, friends and others? “ (2018-2019), %



Satisfaction with various aspects of the quality of hospital services and conditions

Overall, respondents expressed high satisfaction with the services provided in the hospital. Figure 4.

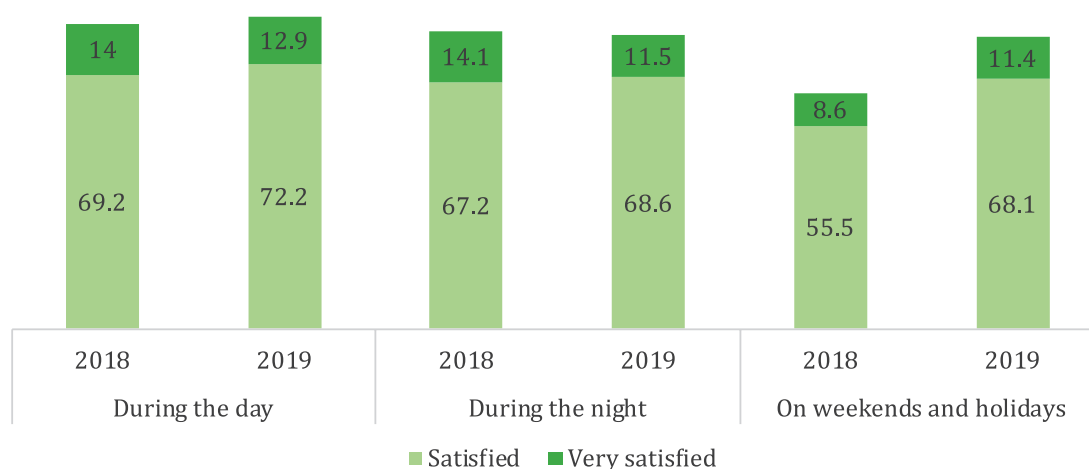
Figure 41 : Patient satisfaction with the hospital care ("Satisfied" and "Very satisfied"), by place of residence, gender, insurance status and welfare index, %



Thus, in the total group, 85.1% (83.2% in 2018) mentioned that they were "Satisfied" or "Very satisfied" with their services during the day, 80.1% (81.3% in 2018) - during the night and 79.5% (64.1% in 2018) - during the rest days and holidays.

The patients satisfaction varied depending on the place of residence. Thus, the majority (88.7%) of respondents from rural areas said that they were satisfied and very satisfied with the medical care provided in hospitals during the day, this indicator tending to decrease to 84.6% for services provided during the night, on rest days and holidays. This indicator is more modestly rated by respondents from the urban areas and, respectively, accounts for 80% for day care, 73.7% for night care and 72.3% for care on rest days and holidays.

Figure 42 : Patient satisfaction with hospital care ("Satisfied" and "Very satisfied") during the day, at night, week-ends and on holidays, %



Patient satisfaction with the medical care provided in the hospital is based on several factors, such as: competency, qualification and attitude of medical staff, conditions and comfort in the wards, conditions in the procedure rooms, bathrooms, availability of hot and cold water, possibility of showering, hospital food, availability of recreational spaces etc. In order to find

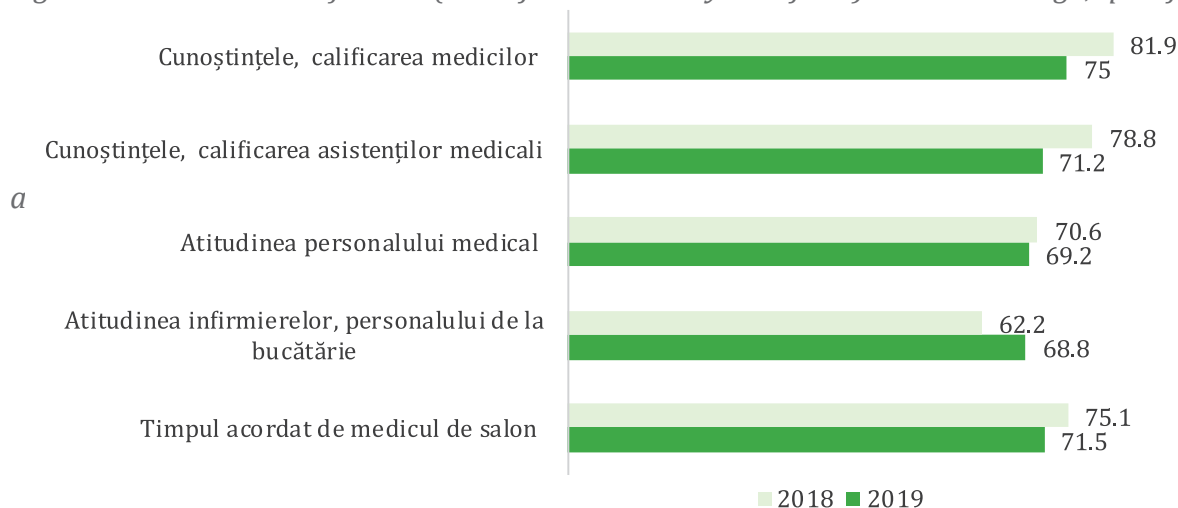
out patients satisfaction with hospital services, respondents had to answer the questions using a five-point response scale (responses from “Totally dissatisfied” to “Very satisfied”). Table 38 presents the distribution of answers in the total group of respondents.

Table 38 : Patient satisfaction regarding different aspects of hospital services and care in the total group of respondents, (2018-2019), %

		Totally dissatisfied	Dis satisfied	Neutral	Satisfied	Very satisfied	NA
Competency, qualification of doctors	2018	0,6	3,9	13,5	71,9	10,0	0
	2019	0,9	1,7	22,5	57,1	17,9	
Competency, qualification of nurses	2018	0,6	3,5	17,1	70,0	8,8	0
	2019	0,9	2,3	25,6	53,9	17,3	
Attitude of medical staff (politeness, behavior, etc.)	2018	1,2	6,8	21,4	60,7	9,9	0
	2019	2,1	3,0	25,6	51,6	17,6	
Attitude of nurses, kitchen staff	2018	0,8	10,8	26,3	54,0	8,2	0
	2019	0,6	3,8	26,9	49,8	19,0	
Time spent by the ward doctor for consultations	2018	1,2	7,0	16,7	63,3	11,8	0
	2019	0,9	2,6	25,0	51,9	19,6	
Living conditions (cleaning, furniture, space)	2018	1,8	7,0	22,6	56,4	12,1	0
	2019	0,8	5,3	25,9	45,4	22,6	
Comfort in the ward (temperature: hot/cold etc.)	2018	1,5	6,5	25,8	55,2	10,8	0,2
	2019	1,1	6,4	27,0	45,4	20,2	
Bed linen, duvet etc.	2018	2,3	8,0	30,5	49,0	9,7	0,5
	2019	1,7	6,8	27,5	43,6	20,5	
Bathroom (washbasin, WC, bathtub, etc.)	2018	2,7	10,6	25,6	53,0	7,4	0,6
	2019	2,4	7,3	26,1	47,0	17,1	
Conditions in the procedure room and other spaces	2018	0,8	5,8	16,5	62,4	8,6	5,9
	2019	0,8	3,2	22,5	48,9	20,3	4,4
Availability of hand sanitizer gel	2018	7,7	15,9	22,6	39,6	6,2	7,9
	2019	9,9	13,7	29,0	33,4	14,1	
24 hours availability of water (cold and hot), possibility of showering	2018	3,2	9,9	25,0	51,9	7,3	2,7
	2019	4,6	8,3	30,5	39,0	17,6	
Hospital food	2018	3,0	10,2	35,1	44,3	5,5	2,0
	2019	2,0	9,1	32,9	41,3	13,2	
Recreation (television, newspapers, rest, conditions for visits by relatives, etc.)	2018	6,1	14,3	22,0	28,2	2,7	26,7
	2019	16,7	13,7	28,8	31,3	9,6	
Costs of service	2018	3,0	8,0	17,5	28,8	5,2	37,5
	2019	1,5	8,0	25,3	35,4	5,0	24,7

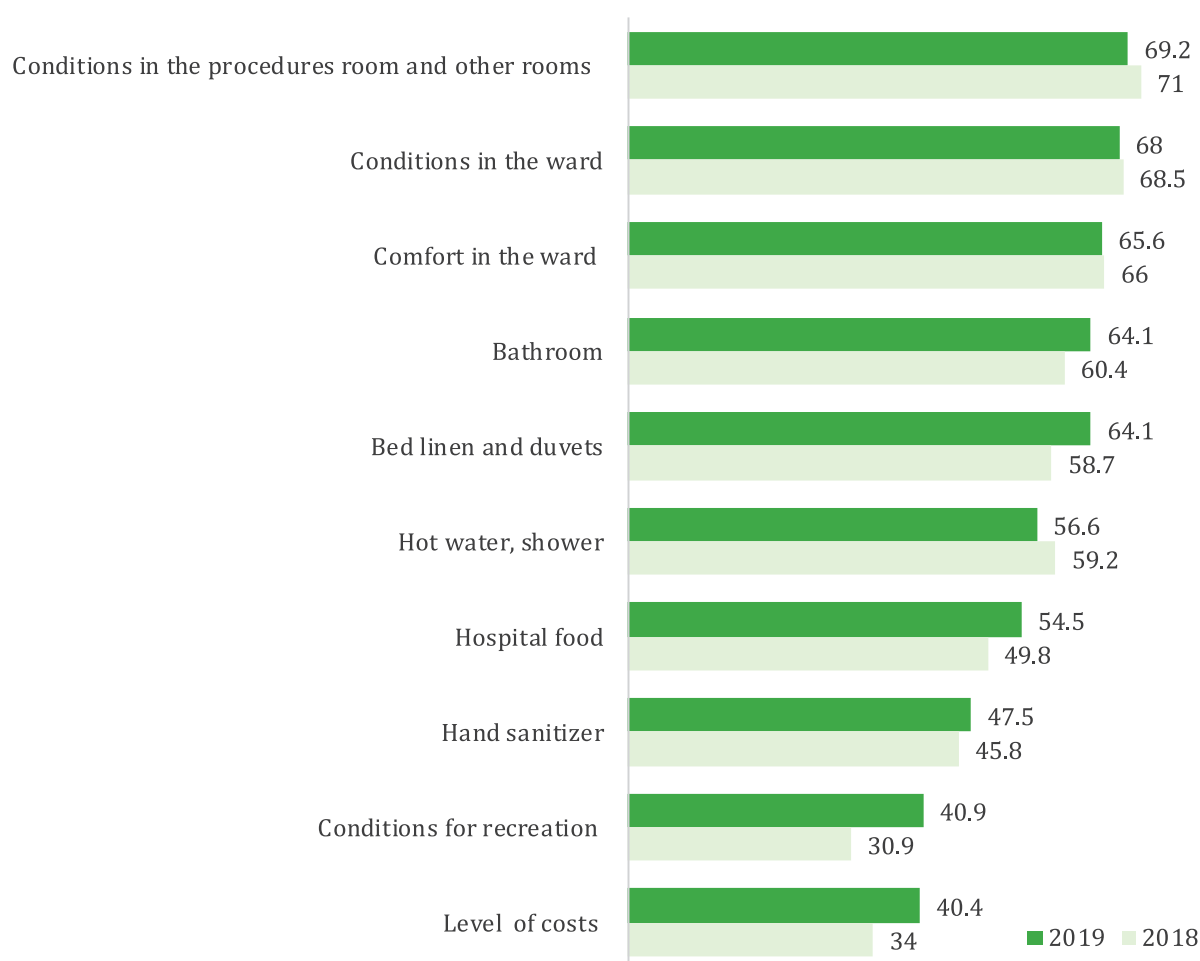
Figure 43 shows that 75% and respectively 71.2% (81.9% in 2019 and 78.8% respectively in 2018) of respondents were satisfied and very satisfied with the competency and qualifications of the doctors and, respectively, nurses during their stay in the hospital. 69.2% (70.6% in 2018) of respondents were satisfied with the attitude of the medical staff (politeness, behavior etc.). Somewhat less, 68.8% (62.2% in 2018) of respondents reported that they were satisfied and very satisfied with the behavior of nurses and kitchen staff, and 71.5% (75.1% in 2018) respondents said that the time spent by the ward doctor for consultations was sufficient.

Figure 43 : Patient satisfaction ("Satisfied" and "Very satisfied") with knowledge, qualification,



When asked to assess satisfaction with hospital conditions, comfort and the level of payment for services, 69.2% (71.0% in 2018) of respondent provided "Satisfied" and "Very satisfied" answers for conditions in the procedure room and in other spaces, 68% (68.5% in 2018) of respondents appreciated the living conditions (cleaning, furniture, space etc.), and (65.5% and 66% in 2018) - comfort in the ward. As for the quality of bed linen and duvets, 64.1% (58.7% in 2018) of respondents were satisfied and very satisfied, same proportion (60.4% in 2018) of respondents remained satisfied with the bathroom conditions. The percentage of respondents who were satisfied and very satisfied with availability of hot and cold water during 24 hours and possibility of showering was lower - 56.6% (59.2% in 2018), with hospital food - 54.5% (49.8% in 2018), with availability of hand sanitizer gel - 47.5% (45.8% in 2018) and with recreation conditions (television, newspapers, rest), conditions for relatives' visits etc. - 40.9% (30.9% in 2018). 40.4% of respondents (+5.6% compared to PHB 2018) were satisfied and very satisfied with the level of payment for hospital services. (Figure 44).

Figure 44 : Patient satisfaction (“Satisfied” and “Very satisfied”) with the conditions, comfort and level of payments for the services provided by the hospital, (2018-2019), %



Behavior and attitude of doctor and nurses

In order to evaluate some aspects of doctor and nurses behavior and attitude, respondents were asked to answer how often they encountered the situations described in the table below. Table 39 shows that in most cases (“often” and “always”), when respondents had questions, they received complete, clear answers from doctors - 88.3% (85.9% in 2018), and 84.1% (84.7% in 2018) of respondents stated the same with regard to nurses. Responses about confidentiality were “often” and “always” - 84.8% (87.3% in 2018) for doctors and 78.9% (84.5% in 2018) for nurses. 3.3% (12.1% in 2018) of respondents stated that doctors “often” and “always” were talking about the patient in the patient’s presence but as if the patient was not present and 5.3% (13.4% in 2018) of respondents said the same about nurses.

Table 39 : Distribution of respondents by the frequency of certain situations while interacting with doctors and nurses, (2018-2019), %

		Never	Sometimes	Often	Always	DK / NA
When you had an important question to ask your doctor, you received a complete and clear answer	2018	1,8	11,8	20,0	65,9	0,5
	2019	1,5	10,2	29,4	58,9	
The doctor kept confidentiality during your stay at the hospital	2018	1,8	5,6	17,5	69,8	5,3
	2019	1,5	5,0	28,8	56,0	8,6

		Never	Sometimes	Often	Always	DK / NA
It happened that the doctor was talking about you in your presence, as if you were not present	2018	77,4	9,4	6,2	5,9	1,1
	2019	88,0	8,0	3,3	0,6	
When you had an important question to ask the nurse, you received a complete and clear answer.	2018	3,9	11,4	23,7	61,0	0
	2019	2,9	13,1	35,8	48,3	
The nurses kept confidentiality during your stay at the hospital	2018	3,3	7,6	20,6	63,9	4,6
	2019	2,3	8,0	28,1	50,8	10,8
It happened that the nurse was talking about you in your presence, as if you were not present	2018	76,0	9,3	7,6	5,8	1,3
	2019	87,1	7,6	3,2	2,1	

Suggestions on the type of improvements in hospitals

Respondents were asked to indicate the biggest (most serious) problem they faced during their hospitalization. Among the most pressing issues were the poor hygiene conditions in the wards - 26.9%, attention, attitude, behavior and understanding shown to patients by the medical staff - 17.5%, and insufficient endowment of hospitals with medical equipment and modern devices - 12.7%. The other types of problems were mentioned much less: corruption, conditioning and demanding unofficial payments (8%), upgrading of hospitals (7.5%), overcrowded wards (7.5%), lack of medicines (7.1%), lack of medical specialist in hospitals etc. (Table 40)

Table 40 : The most serious problem faced by the hospitalized respondents, %

Problem	
Poor hygiene conditions in the wards (no shower, cleaning)	26,9
Attention, attitude, understanding showed to patients by medical staff	17,5
Endowment with medical equipment and modern devices	12,7
Corruption and demanding unofficial payments	8
Upgrading, repairs of hospitals	7,5
Over-crowded wards	7,5
Lack of medicines in the hospital departments	7,1
Insufficiency of medical specialists in hospitals	5,7
High cost of treatment	3,8
Long waiting period for planned hospitalization covered by the health insurance policy	3,3
Professionalism of the medical staff	2,8
Bureaucracy and poor organization	1,9
Information of patients about hospital treatment	1,9
Inefficient treatment	1,9
Lack of recreation facilities for patients (TV, wi-fi, benches in front of the hospital)	0,9
Other	2

At the same time, respondents were asked to tell what they thought should be changed in the hospitals activity. In correlation with the mentioned problems, respondents thought that hospitals need to be endowed with modern equipment (56.3%), repairs and upgrading of buildings, rooms, furniture (42.9%), eradication of corruption and unofficial payments (30.3%), improving the cleanliness and nutrition of patients (27.9%), staffing the hospitals

with medical staff (27.6%), provision with medicines and consumables needed for treatment (27.3%), to enhance professionalism of the medical staff (23.4 %). Only 4.2% of respondents considered that nothing should be changed.

Table 41 : Suggestions made by respondents for authorities to improve the situation in hospitals

Suggestions	
Endowment with medical equipment and modern devices	56,3
Upgrading of hospitals (buildings, furniture, utilities)	42,9
Corruption, unofficial payments	30,3
Hygiene, cleanliness, food	27,9
Staffing hospitals with medical staff	27,6
Providing hospitals with medicines and consumables	27,3
Professionalism, specialization of medical personnel	25,6
Attention, attitude, understanding shown to patients by medical staff	23,4
Increased service capacity in hospitals (more patients)	0,8
Hospital treatment should be free	0,5
Increase the number of days of hospitalization covered by the health insurance policy	0,5
Higher salaries for medical staff in hospitals	0,3
Arrangement of spaces for recreation, walking of the sick	0,2
Nothing should be changed	4,2
DK / NA	2,9

Social experiment

As part of the “Implementing participatory social accountability for better health” project implemented by the Center for Health Policies and Analysis (PAS Center) and funded by the World Bank through the Global Partnership for Social Accountability, aimed at improving information flows, transparency of information in the health sector, meant to help citizens make better decisions regarding the choice of health facilities, the platform www.spitale.md has been strengthened. In parallel, one of the project components includes a social experiment in which people from 9 districts are informed about the features of a performing hospital and about the performance of their district hospital by disseminating the hospital fact sheet. In parallel, fact sheets of randomly selected health centers in four settlements from the district were also disseminated. The primary health care fact sheet includes the health center’s performance relative to some activity and quality indicators for the services covered by compulsory health insurance. The hospital and health centers fact sheets were distributed to population from Cahul, Cantemir, Donduseni, Falesti, Glodeni, Nisporeni, Orhei, Soldanesti and Taraclia districts, selected by random method.

The purpose of using the fact sheets is to improve people’s knowledge about the performance of district hospitals and health centers in the areas where they live. The booklets contain information on the main performance indicators that the two types of medical institutions must reach. Thus, the hospital fact sheet contains information about: efficiency, workload, productivity, use of services, effectiveness, severity, quality and notoriety. In the brochure, people can find information about the values of indicators for their district, compared to the average values for other districts. People can see what is the share of the doctors with higher category in their district hospital, its efficiency, the rate of bed use, the average length of hospitalization, or annual number of deliveries.

Awareness about the platform www.spitale.md

The PHB survey measured the coverage rate and the opinions of respondents about the hospital and the health center fact sheets in the intervention districts, and the entire sample of respondents was asked about their awareness of the platform www.spitale.md. Respondents were asked if they heard about this site and 25.9% (17.1% in 2018) answered positively, with no differences by place of residence, gender or welfare quintile. During the survey it was found that the dissemination of health centers and hospital fact sheets contributed to the increasing the popularization of the platform www.spitale.md. The share of respondents who know about the existence of this site is higher by 10 pp among those who read at least one of the fact sheets (33.3% vs. 23.3% respondents to whom the fact sheets were not disseminated).

It should be noted that more informed about the existence of this platform were:

- By age: respondents in the age group 15-25 years (46.7%), 26-35 years (40.4%) and 36-45 years (40.5%) versus respondents in the age group 46 -55 years (18.8%), 56-65 years (9.1%) and 65 years and older (8.3%);
- By health insurance status: the uninsured (36.5%) versus (24.2%) of the insured;
- By level of education: respondents with higher education (34.1%) versus respondents with no education (15.8%) or secondary education (including incomplete) and vocational education (on average 22.9%).

Of the 25.9% respondents, who stated that they knew about the existence of the site www.spitale.md, 56.3% (53.3% in 2018) reported that they knew about the possibility of assessing the hospital where they were treated by using this site.

Health center fact sheet

The Public Health Barometer survey showed that 40.3% (17.2% in 2018) of respondents from the intervention districts received the fact sheet about the local health center activity.

Being asked to rate the performance of their local health center compared to the district average, 56.6% (18.9% in 2018) of those who received the fact sheet answered correctly. Most of correct answers were given by respondents from the health centers with performance higher than district average (92.7% compared to 7.3% of respondents from the health centers with performance below average); respondents from rural areas (76.8% compared to 23.2% respondents from urban areas). (Table 42)

Table 42 : Distribution of the correct evaluation of the health center performance compared to the district average, (2018-2019),%

	Correct evaluation 2019	Correct evaluation 2018
Group Type		
Intervention group	56,6	18,9
Control group	31,6	23,4
CORRECT EVALUATION IN THE INTERVENTION GROUP		
PERFORMANCE LEVEL	100	100
Above districts average	92,7	80,0
Below districts average	7,3	20,0
PLACE OF RESIDENCE		
Urban	23,2	20,0
Rural	76,8	80,0

	Correct evaluation 2019	Correct evaluation 2018
GENDER		
Male	50,6	45,0
Female	49,4	55,0
AGE		
15-25 years	12,8	25,0
26-35 years	17,1	15,0
36-45 years	20,1	10,0
46-55 years	15,9	15,0
56-65 years	15,9	25,0
65 years and over	18,3	10,0
HEALTH INSURANCE STATUS		
Insured	79,9	85,0
Uninsured	20,1	15,0
BENEFICIARY		
PHC in the last 3 months	49,4	60,0
HC in the last 12 months	11,6	
PHC and HC	39,0	40,0
WELFARE QUINTILE		
The poorest	9,3	25,0
The second	17,4	12,5
Middle	29,1	50,0
The fourth	12,8	
The richest	2,3	
Do not know	1,2	
Refusal	27,9	12,5
EDUCATION		
No education	4,9	
Incomplete secondary education	17,1	5,0
General school	23,8	15,0
Vocational school	15,2	35,0
High school	4,9	5,0
Post secondary school	18,3	30,0
Higher education, including incomplete higher education	15,9	10,0

Of those who received the health center fact sheet, most respondents had positive reactions. Thus, 97.9% (97.2% in 2018) found the fact sheet clear and informative and 97.9% (94.3% in 2018) confirmed that the fact sheet offered the comparison with the district average. On the other hand, about 9.1% considered the information difficult to understand and 28.6% partially agreed (Table 43).

Table 43 : What do you think about the content of the health center fact sheet? (2018-2019), %

		Yes	Partially	No	DK
It is informative and clear	2018	68,9	28,3	2,8	0
	2019	65,5	32,4	2,1	
It is useful to understand the activity of the health center	2018	58,5	38,7	2,8	0
	2019	54,1	43,4	2,4	
Provides comparison with the district average	2018	63,2	31,1	5,7	0
	2019	52,4	45,5	2,1	
The information presented was not understood	2018	28,3	34,9	35,8	1
	2019	7,6	27,6	64,8	

Respondents were asked to provide suggestions for improving the content of the health center fact sheet. The most frequent suggestions referred to presentation of information in a more accessible and interactive language (47.4%), the need to include information about the services available in the district health centers (23.7%) and the list of the medical specialist from the Consultative District Center (7.9%), list of medical services covered by the insurance policy (5.3%) etc. (Table 44)

Table 44 : Suggestions offered by respondents for improving the content of the health center fact sheet, %

Suggestions		
The information presented should be more accessible, to everyone's understanding		47,4
Services available at the district health center and modernization plans		23,7
List of the medical specialist from the Consultative District Center		7,9
Information about the medical services covered by the health insurance policy		5,3
Information on patients' rights and obligations and where they should be addressed		5,3
Motivational brochures for doctors (to prevent leaving town)		2,6
List of compensated and free medicines		2,6

District hospital performance fact sheet

Out of the total number of respondents from the intervention districts, 29.6% (14.7% in 2018) received their local hospital performance fact sheet. Of those respondents who received the fact sheet, the majority (70.6%) considered this fact sheet to be informative and clear and useful for understanding the hospital's activity (68.9%) (Table 45).

Table 45 : What do you think about the content of the hospital performance fact sheet? (2018-2019), %

		Yes	Partially	No	DK
It is informative and clear	2018	28,3	67,9	3,8	0
	2019	70,6	28,2	1,3	
It is useful to understand the activity of the hospital	2018	28,3	62,3	9,4	0
	2019	68,9	31,1		
It provides comparison with the district average	2018	56,6	34,0	5,7	3,8
	2019	70,2	29,0	,8	
The information presented was not understood	2018	15,1	52,8	32,1	0
	2019	4,6	27,7	67,6	

In order to find out the impact of the hospital performance fact sheet with reference to how well the respondents understood the indicators that determine the performance of a hospital, their optimal value, the respondents were offered 5 sets of assumptions about the quality of services and performance of hospitals.

Of the total answers to the conceptual questions offered by respondents in the intervention group - 43.8% (15.6% in 2018) of respondents answered correctly. The majority of respondents who studied the hospital fact sheet and answered the conceptual questions correctly, are residents of the villages belonging to the district hospitals (75.5% compared to 24.5% of residents from the district towns), mainly men (57.5% compared to 42.5% women). (Table 46)

Table 46 : Distribution of correct answers to conceptual questions, (2018-2019)

	Correct evaluation 2019	Correct evaluation 2018
Group Type		
Intervention group	43,8	15,6
Control group	27,8	8,9
CORRECT EVALUATION IN THE INTERVENTION GROUP		
PLACE OF RESIDENCE	100	100
Urban	24,5	22,2
Rural	75,5	77,8
GENDER		
Male	57,5	11,1
Female	42,5	88,9
AGE		
15-25 years	19,8	33,3
26-35 years	18,9	
36-45 years	15,1	11,1
46-55 years	17,0	11,1
56-65 years	16,0	33,3
65 years and over	13,2	11,1
HEALTH INSURANCE STATUS		
Insured	75,5	88,9
Uninsured	24,5	11,1
BENEFICIARY		
PHC in the last 3 months	50,0	
HC in the last 12 months	16,0	22,2
PHC and HC	34,0	77,8
WELFARE QUINTILE		
The poorest	10,0	
The second	14,0	100,0
Middle	36,0	
The fourth	14,0	
The richest	4,0	
Do not know	6,0	
Refusal	16,0	

	Correct evaluation 2019	Correct evaluation 2018
EDUCATION		
No education	1,9	
Incomplete secondary education	13,2	22,2
General school	29,2	22,2
Vocational school	13,2	33,3
High school	4,7	11,1
Post secondary school	22,6	11,1
Higher education, including incomplete higher education	15,1	

Of the total number of people interviewed in the intervention localities, 68.2% were able to correctly evaluate the performance of their hospital compared to the average by districts. If, in case of health centers, mainly the respondents served by health centers with performance higher than district average were able to correctly evaluate the health center performance, then in case of hospitals performance evaluation, the situation was reverse., Performance of district hospitals with de facto more negative rating was evaluated more correctly (74.5% versus 25.5% correct answers in favor of hospitals with a lower performance index than the district average). And in case of hospitals, from the total of correct answers most were received from respondents from rural area (73.3% compared to 26.7% urban).(Table 47)

Table 47 : Distribution of correct evaluation of hospital performance compared to the district average, (2018-2019)

	Correct evaluation 2019	Correct evaluation 2018
Group Type		
Intervention group	68,2	9,4
Control group	33,0	-
CORRECT EVALUATION IN THE INTERVENTION GROUP		
Performance Level	100	100
More positive rating	25,5	20,0
More negative rating	74,5	80,0

Respondents were asked to provide suggestions for improving the content and usefulness of the hospital performance fact sheets. The most frequent suggestions referred to the presentation of information in a more accessible language (35.3%), the need to include the list of services provided by the district hospital (29.4%), the list of medical services covered by the health insurance policy (11.8%). Other suggestions included introducing information on patients' rights and obligations, the list of useful phone numbers (including the hot line for cases of corruption). (Table 48)

Table 48 : Respondents suggestions for improving the content of the hospital fact sheet, %

Suggestions	
The information should be more accessible for everybody	35,3
List of departments in the district hospital	29,4
Information about the medical services covered by the health insurance policy	11,8
Information on patients' rights and obligations	5,9
Information about the expertise of doctors working in the hospital	5,9
List of diseases that can be treated in the district hospital	5,9
Useful phone numbers (including the hotline for cases of corruption)	5,9

APPENDIX I. SAMPLE OF THE PUBLIC HEALTH BAROMETER SURVEY OF THE REPUBLIC OF MOLDOVA 2018-2019

Group type	Region	District	Settlement	Population	1.Urban 2. Rural	No. of interviews
1	1	Donduseni	Donduseni	10.000 to 49.999	1	20
1	1	Falesti	Falesti	10.000 to 49.999	1	20
1	1	Glodeni	Glodeni	10.000 to 49.999	1	20
1	1	Soldanesti	Soldanesti	Less than 10.000	1	20
1	1	Donduseni	Sudarca	Less than 10.000	2	20
1	1	Donduseni	Taul	Less than 10.000	2	20
1	1	Falesti	Chetris	Less than 10.000	2	20
1	1	Falesti	Bocsa	Less than 10.000	2	20
1	1	Falesti	Glinjeni	Less than 10.000	2	20
1	1	Glodeni	Limbenii Vechi	Less than 10.000	2	20
1	1	Glodeni	Hijdieni	Less than 10.000	2	20
1	1	Glodeni	Sturzovca	Less than 10.000	2	20
1	1	Soldanesti	Vadul-Rascov	Less than 10.000	2	20
1	1	Soldanesti	Raspopeni	Less than 10.000	2	20
1	1	Soldanesti	Cotiujenii Mari	Less than 10.000	2	20
1	2	Nisporeni	Nisporeni	10.000 to 49.999	1	20
1	2	Orhei	Orhei	10.000 to 49.999	1	20
1	2	Nisporeni	Grozesti	Less than 10.000	2	20
1	2	Nisporeni	Bolduresti	Less than 10.000	2	20
1	2	Nisporeni	Milestii Mici	Less than 10.000	2	20
1	2	Orhei	Cucuruzeni	Less than 10.000	2	20
1	2	Orhei	Susleni	Less than 10.000	2	20
1	2	Orhei	Peresecina	Less than 10.000	2	20
1	3	Cahul	Cahul	10.000 to 49.999	1	20
1	3	Taraclia	Taraclia	10.000 to 49.999	1	20

1	3	Cantemir	Cantemir	Less than 10.000	1	20
1	3	Taraclia	Tvardita	Less than 10.000	1	20
1	3	Cahul	CS Larga Noua	Less than 10.000	2	20
1	3	Cahul	CS Moscovei	Less than 10.000	2	20
1	3	Cahul	Giurgiulesti	Less than 10.000	2	20
1	3	Cahul	CS Colibasi	Less than 10.000	2	20
1	3	Cantemir	Baimaclia	Less than 10.000	2	20
1	3	Cantemir	Cociulia	Less than 10.000	2	20
1	3	Cantemir	Gotesti	Less than 10.000	2	20
1	3	Taraclia	Corten	Less than 10.000	2	20
1	3	Taraclia	Valea Perjei	Less than 10.000	2	20
3	1	Balti	Balti	100.000 to 499.999	1	38
2	1	Riscani	Riscani	10.000 to 49.999	1	10
2	1	Soroca	Soroca	10.000 to 49.999	1	10
2	1	Ocnita	Frunza	Less than 10.000	1	10
2	1	Ocnita	Otaci	Less than 10.000	1	10
2	1	Ocnita	Ocnita	Less than 10.000	1	10
2	1	Riscani	Saptebani	Less than 10.000	2	10
2	1	Riscani	Recea	Less than 10.000	2	10
2	1	Riscani	Mihaileni	Less than 10.000	2	10
2	1	Riscani	Corlateni	Less than 10.000	2	10
2	1	Soroca	Rudi.	Less than 10.000	2	10
2	1	Soroca	Vadeni	Less than 10.000	2	10
2	1	Soroca	Slobozia-Cremene	Less than 10.000	2	10
2	1	Soroca	Vasilcau	Less than 10.000	2	10
3	2	Chisinau	Chisinau	Capital city	1	200
2	2	Rezina	Rezina	10.000 to 49.999	1	10
2	2	Straseni	Straseni	10.000 to 49.999	1	10

2	2	Criuleni	Criuleni	Less than 10.000	1	10
2	2	Criuleni	Hrušov	Less than 10.000	2	10
2	2	Criuleni	Magdacesti	Less than 10.000	2	10
2	2	Criuleni	Dubasarii Vechi	Less than 10.000	2	10
2	2	Rezina	Pripiceni-Razes	Less than 10.000	2	10
2	2	Rezina	Ignatei	Less than 10.000	2	10
2	2	Rezina	Ciniseuti	Less than 10.000	2	10
2	2	Straseni	Codreanca	Less than 10.000	2	10
2	2	Straseni	Micaui	Less than 10.000	2	10
2	2	Straseni	Cojusna	Less than 10.000	2	10
2	3	Basarabasca	Basarabasca	10.000 to 49.999	1	10
2	3	Causeni	Causeni	10.000 to 49.999	1	10
2	3	Cimislia	Cimislia	10.000 to 49.999	1	10
2	3	Causeni	Cainari	Less than 10.000	1	10
2	3	Basarabasca	Bascalialia	Less than 10.000	2	10
2	3	Basarabasca	Sadacalia	Less than 10.000	2	10
2	3	Causeni	Firladeni	Less than 10.000	2	10
2	3	Causeni	Tanatari	Less than 10.000	2	10
2	3	Causeni	Salcuta	Less than 10.000	2	10
2	3	Cimislia	Javgur	Less than 10.000	2	10
2	3	Cimislia	Gura-Galbenei	Less than 10.000	2	10



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Closer to people

