FUNCTIONAL AND INSTITUTIONAL ANALYSIS OF MINISTRY OF HEALTH

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About CReDO

CReDO is a democracy and human rights nongovernmental organization that provides lobby and consultancy in the implementation of the democratic reform oriented policies. It provides knowledge and solutions in the framework of policy evaluation and assessment, policy management and implementation, developing relevant policy capacities needed to govern efficiently and effectively.

Specifically CReDO consultants provide:

- Cost-benefit analysis,
- Analysis of current policies,
- Analysis of public policy processes,
- Budgetary analyis,
- Institutional Analysis,
- Legislative analysis, regulatory impact analysis,
- Functional Analysis.

Among CReDO beneficaries are international institutions, Moldovan Government and various beneficiary groups.

Chisinau, 2008

Executive Summary

The report has as its objective the Ministry of Health (MoH's) functional and institutional analysis. This institution's human capital consists of defined competences, needed for the achievement of institution's strategic objectives and later, when implementing sector objectives, for the performance of sector leadership by MoH. The Ministry's human capital includes individual capacities and skills, at the team level; institutional capacities expressed through statistical informational disaggregated systems, analytical and qualitative technologies of data interpretation in the process of developing policies and evaluating their efficiency, knowledge and abilities for the policies and sector institutions management. The institutional capacities, needed for the development of the sector are the following: existence of sector policy functions, regulatory function (accreditation and inspection), support functions, including the investigation and collection of data necessary for other functions.

The report findings were periodically discussed during the meetings of the working group members and its content is approved by a ministerial working group.

The report analyses the systems and capacities in terms of their implementation in the MoH and the sector institutions. It identifies the restrictions referring to the lack of sector functions (the support function aimed at systematic collection of data and information relevant for policy processes), low use of statistical instruments for the assessment of needs and policies impact, insufficient professional capacities in the Ministry and external constraints on the development of policy products. The Ministry is overburdened with a big number of petitions, while its role of managing the sector and the sector institutions represents an important challenge.

This report uses some methods of situation investigation and analysis. The main elements of the functional analysis assure delimitation of the detailed functions existing in the Ministry, cost of the functions in the Ministry, products quantification. The analysis of functional responsibilities, together with the in-depth study of the case studies on the Ministry's main products give us the needed information to determine the existing and needed professional capacities. Another approach presents the method of decisional process analysis with regard to policies. Decisional questionnaires, coupled with interviews of various ministerial factors reveal the practice and the methodology used in developing the policy documents and offer the option of cost financial estimates in the process of policy documents development. The specified methods were supplemented by some questionnaires, offering information on the organizational environment, communication and interaction within the Ministry. Finally, questionnaires on personal data, experience and competences are useful to understand the Ministry's staff experience and competences.

The report includes a number of chapters. The first chapter analyzes the Ministry's sector background: groups of beneficiaries, main policies, sector institutional structure, intra and extra-sector relations. The second chapter contains the Ministry's internal environment analysis: quality of the decisional processes, cost of the functions, organizational culture, institutional structure, productivity and others. At the end of each chapter the conclusions obtained during the analysis process are systematized. Chapter 3 contains the analytical summary of findings and conclusions: SWOT analysis and analysis of the main problems from the perspective of Ministry's institutional development. At the end recommendations for the institutional strengthening of the Ministry are suggested.

Contents

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1. Sector context

1.1 Functions, Strategic Objectives

The assessment of the functional capacities cannot be conceived without understanding what are the strategic targets and generic functions of the Ministry[1]. The strategic objectives of the institution dictate the need of some capacities, the systems needed to achieve the targets of the institution. In the nowadays conditions, when the economies, markets and institutions are based on the highly developed knowledge and competences, the lack of the modern technologies in each mentioned aspect makes the efficient and effective achievement of the strategic objectives impossible. This results from the comparative analysis of the functions and competences of the Ministry of Health with the functions and competences of the ministries in the countries with well developed similar practices and institutions. The activity outcome or the outputs of a central executive authority are, firstly, quality and efficient policies, that facilitate the development and accumulation of the public value in the social sector.

As the main institution in the health sector, the Ministry of Health has a unique role of[2]:

1. working out the sector policies (sector strategies, sector policies, legislative and regulatory acts),
2. coordinating the implementation of policies (by delegating responsibilities to sector institutions, alternative use of policy instruments, intra and extrasector cooperation and coordination),
3. assessing the impact and efficiency of intrasector and sector policies (monitor the implementation of policies through systematic collection of data and information about the change of the situation of beneficiary groups, the effects products by the current policies).

At the same time, it is very necessary to develop the other sector function in the sector institutions, subordinated to the MoH[3]:

1) inspection and supervision (the regulatory function is performed through the accreditation of service providers, certification of production or technological processes, inspection of conformity with the legal provisions, etc.)
2) support (including referral mechanisms, collection of the statistical data needed for the performance of policy function and policy coordination, for example the statistics of inspection, certifications, disaggregated data by different types of beneficiaries, needs, providers, incidences, etc.) and sector research,
3) service provision, entrepreneurial activities

These sector functions will be delegated to subordinated institutions or other sector players.

In practice, the Ministry's functions can be performed if at least 4 premises are in place:

a) the evident presence of the leadership role in formulating the vision, the sector strategic objectives and active coordination in their implementation by Ministerial Divisions via subpolicies in the narrower subsector fields (based on the main groups of beneficiaries or main sector instruments, for example insurance instruments, etc),

[1] In this report the following conventions are used: The Ministry is the central executive institution and does not include the public institutions from the sector (in other words the central office of the Ministry). This approach is consistent with the OECD practice of attribution of the sector policy functions to the sector central executive authority.
[2] The OECD principles in carrying out the function of the sector policy, SIGMA
[3] OEDC principles in implementing the function of sector policies and the Functional Analysis Report II, DAI-Europe 2006

b) existence of human resources that would be sufficient, competent, with relevant professional skills in relation to the specific of strategic objectives achievement and of the institutional conditions necessary for making full use of their potential,
c) creation of institutional facilities (informational resources and systems, statistical data, techniques, including programs of modeling, forecasting, etc.), knowledge of advanced technologies in exercising ministerial functions,
d) having the policy instruments needed for the attainment of the strategic objectives (the policies are implemented via means of policy instruments: program-based treasury instruments, subsidies, allocations, regulatory instruments by setting compulsory behavioral norms, informing instruments through informational instruments, self-regulating instruments, fiscal instruments, etc.)

Existence of preconditions do not necessarily guarantee the success in implementing the preset strategic objectives. The institution works in an environment that has many other players on the subordination lines, on the horizontal cooperation lines, and from other sectors. In the context of interdependence with the policies of other states and various international bodies, these players offer opportunities for cooperation and competition. The situation related to the beneficiaries and their needs can worsen or the capacities of service providers could lack for a certain period of time, of the financial subsidizing capacities be limited; all these could prevent the MoH from performing efficiently its functions.

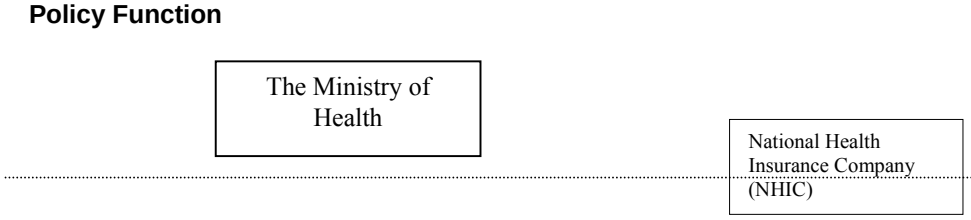
The aforementioned players make full use of their capabilities in order to maximize institutional and departmental interests. These external factors have an adverse influence on the Ministry, but simultaneously offer opportunities and important challenges for the social sector consolidation. The conclusions and findings will be realized with regard to the relevant aspects of the operation of institutions, capacities, etc. (similar institutions, similar functions, etc). This environment gives many opportunities for cooperation, but also has a lot of competitive factors. Thus, insufficient capacities, out-of-date technologies, lack of knowledge, misunderstanding or incorrect use of policy instruments (in conditions of market economy) or other factors prejudice the Ministry's work or lead to adverse effects in the achievement of strategic objectives. There can be distinguished other important factors that are impeding the ministerial sector functions implementation, such as: restrictions in using the tax and treasury instruments, role and functions traditionally exercised by the respective institution. These factors help the Ministry's capacities and possibilities to achieve the set objectives.

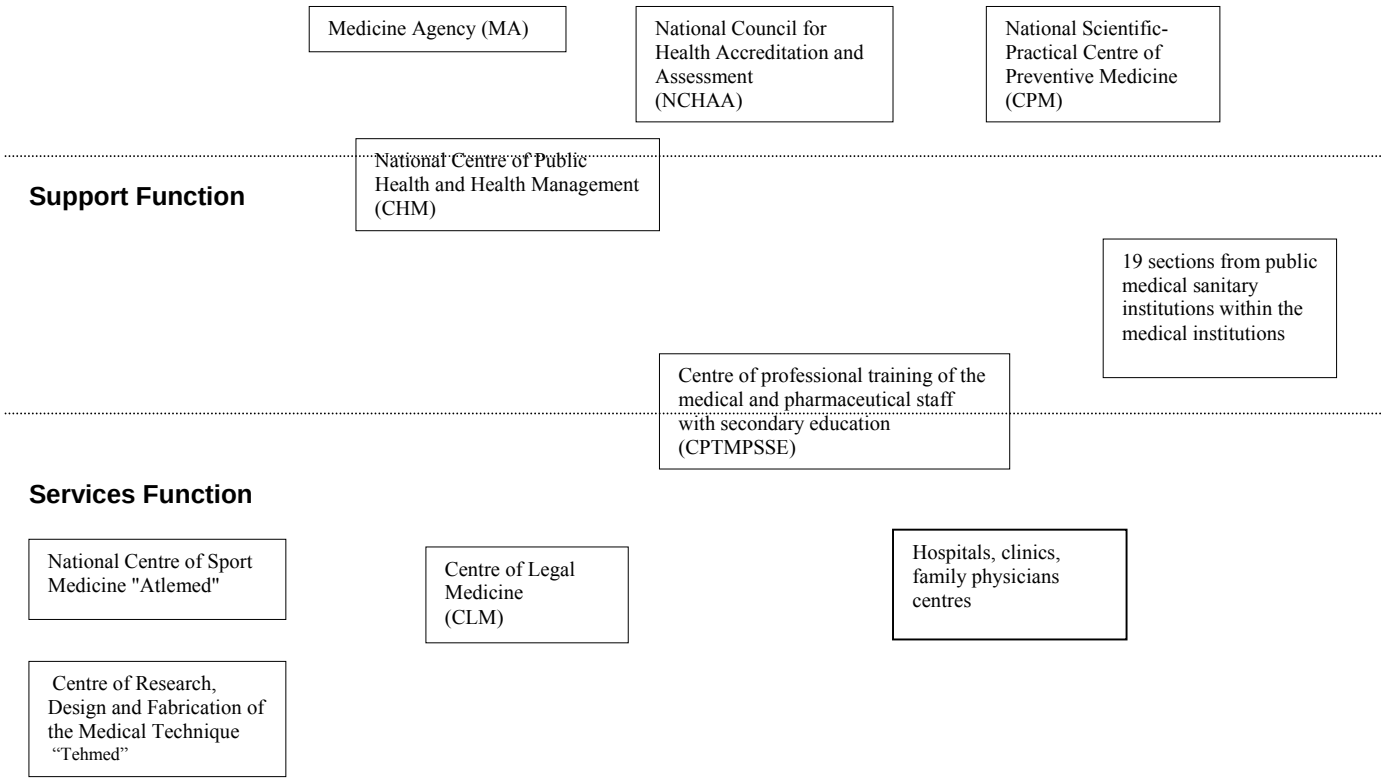
1.2 Sector Position

The present institutional structure of the health sector

Central public authorities in the health sector: General overview of the funding and subordinating lines between the institutions, *de facto situation*:

Figure 1.1





A detailed analysis of the individual role of the sector institutions is presented in the table below. There is a note that a part of the sector institutions hold a few sector functions that are incompatible. For example, the Medicine Agency exercising a regulatory sector function (medicine certification), de facto, exercises the function of policy development in this area (the Ministry having a secondary role), NHIC, de facto, develops insurance policy, the Centre of Health Management, in addition to the supporting functions (data collection, sector information), exercises the regulatory function through accreditation of devises and equipment, or the policy function through elaboration of the price policy.

These cumulated functions create inefficiencies and distortions in health sector policies for the medium and long term. The OECD principles on sector functions, including segregation of sector functions, are laid down under the arguments of the institutional economy and positive practices of public institutions functioning, being guided by the impact of the public policies of these institutions, the principles and application of the regulatory reforms. Thus, the concomitant exercise of the policy function and of the regulatory function creates an additional public cost and reduces the quality and efficiency of the public policy. Simultaneous exercise of the policy function and of the supporting function or the services function distorts the value of the public policy.

Institutions and functions in the health sector

Figure 1.2

Organization	Description (core tasks/authorities)	Core functions (current)
Ministry of Health (MoH)	Development of the policies in the	▪ Development of policies (P1) – development of policies, draft laws, regulatory acts

	public health sector and health insurance	▪ Coordination (C1) – coordination of the implementation of policies, performance monitoring, measures ▪ Support (S1) – management, methodological/administrative support for the subordinate institutions ▪ Support (S2) – administrative assistance
National Health Insurance Company (NHIC)	Management, contracting and supervising of the medical services as part of the compulsory medical insurance.	▪ Development of policies (P1) – development of the draft Health Insurance Budget, proposals for the list of the compensated medicine, coverage for foreign visitors ▪ Elaboration of policies (P2) – implication in other processes linked to insurance ▪ Coordination of services provision (C1) – contracting of medical services from accredited rayon hospitals ▪ Coordination (C2) – coordination of methodological work in territorial offices ▪ Coordination (C1) – information of the Parliamentary and public ▪ Regulation (R2) – audit and control of performance (contracts, finance, services content) of the contracted health services providers (hospitals, clinics) ▪ Supporting function (S2) – administrative support for the territorial offices of the NHIC, financial management
Center of Public Health and Sanitary Management (CPHSM)	Development of policies in the area of health insurance, medical tariffs, medical and public health data collection, regulation/authorization of medical equipment	▪ Development of policies (P1) – development of tariffs for medical services (through insurance and in general) ▪ Development of policies (P2) – development of proposals and recommendations for improvement of the health system, medical services quality and management, medical insurance and medical equipment ▪ Coordination (C1) - collection and systematization of the data on health (50 indicators) ▪ Regulation (R1) – medical equipment authorization ▪ Support (S1) – logistic support, support in informational technologies and infrastructure for health system ▪ Support (S1) – scientific research in the area of health insurance, services quality etc. ▪ Support (S2) – administrative assistance
Center of professional training of the medical and pharmaceutical staff with secondary education (CPTMPSSE)	Continuous training of medical and pharmaceutical staff with secondary education	▪ Coordination (C1) – organizing and coordination of the professional training process ▪ Coordination (C2) – supervising and monitoring of the professional training process ▪ Regulation (R1) – certification of participation in courses ▪ Services provision (SER1) – organization and conduct of professional medical training courses for the staff from drugstores, hospitals and health centers. ▪ Support (S2) – administrative assistance
Republican Instructive Methodological Cabinet (RIMC)	Coordination of the health specialists training	▪ Development of policies (P2) – development of standards for specialized training ▪ Development of policies (P2) – development of regulations of attestation of teaching medical staff ▪ Coordination (C1) – coordination of the activities of medical colleges and CPTMPSSE ▪ Services provision (SER2) – organization of courses for medical staff
National Scientific-Practical Centre of Preventive	Inspection/supervision of food and other products, water, the	▪ Development of policies (P1) – development of policies in the area of disease prevention and public health ▪ Development of policy (P2) – participation in development of sanitary and epidemiological standards and regulations

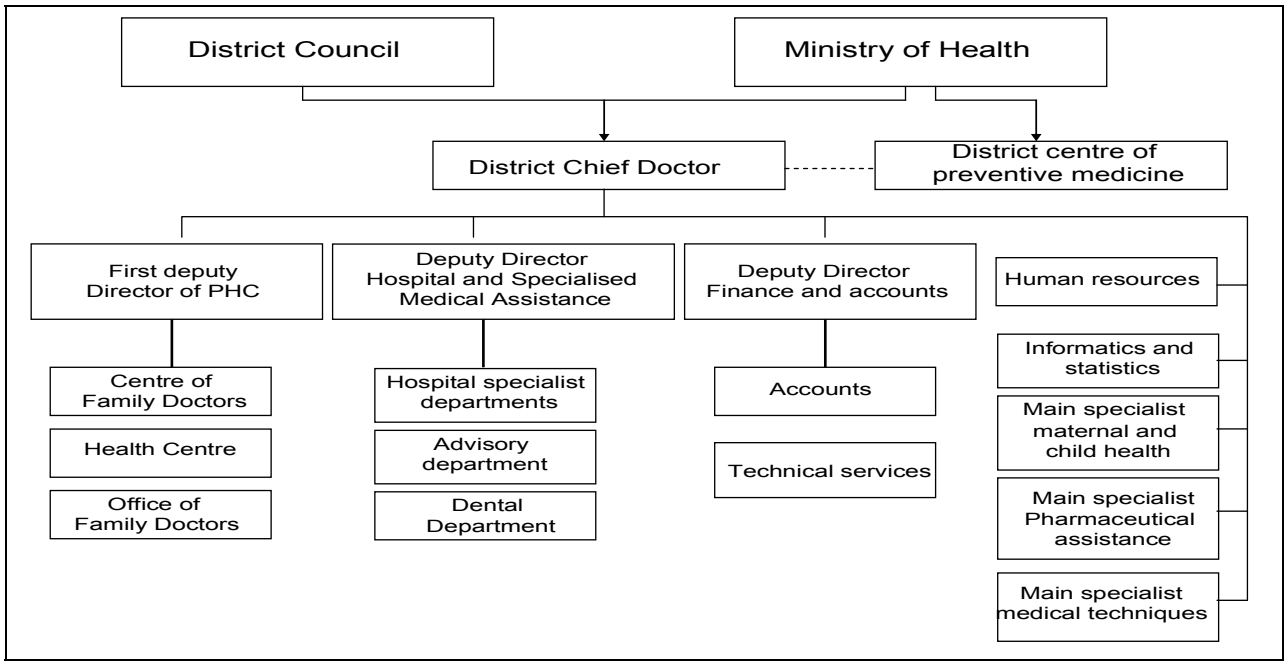
Medicine (CPM)	radiation level etc. in order to prevent transmissible diseases/epidemics	▪ Coordination (C1) – monitoring via data and information collection ▪ Coordination (C2) - internal coordination (territorial offices of CPM) ▪ Regulation (R1) – products certification and authorization for constructions ▪ Regulation (R2) – inspection/supervision of the sanitary standards in a few areas (water, environment, radiation, working place, hospitals, food products etc.) ▪ Services provision (SER1) – health promoting activities, Relevant instructions ▪ Services provision (SER1) – HIV/AIDS counseling and testing ▪ Support (S1) – scientific research ▪ Support (S2) – definition of internal regulations and procedures; administrative assistance for territorial and central offices
National Council for Health Assessment and Accreditation (NCHAA)	Accreditation of public medical sanitary institutions and pharmacies (hospitals etc.)	▪ Development of policies (P1) – development of standards of intuitional accreditation ▪ Coordination (C1) – coordination of the activity of the experts involved in the accreditation ▪ Coordination (C2) – assessment of institutions with a view to compliance with the established standards ▪ Coordination (C2) – supervising and monitoring of the accreditation process ▪ Regulation (R1) – accreditation and assessment of the health and pharmaceutical institutions ▪ Support (S2) – activity plans, administrative assistance
Centre of Forensic Medicine (CFM)	Medical and forensic expertise in criminal cases and on individual requests	▪ Development of policies (P1) – development of national instructions and methodology in order to validate forensic findings ▪ Development of policy (P2) – support in development of laws ▪ Coordination (C2) – coordination of the activity of the territorial offices ▪ Services provision (SER1) – education of medical students in the area of forensic medicine ▪ Services provision (SER1) – medical examination on citizen's requests ▪ Services provision (SER2) – medical examination on the requests of the law bodies
Medicine Agency (MA)	Monitoring of the medicine production, import and export and testing of the medicine produced in the country	▪ Development of policies (P1) – development of standards, medicine code, regulatory acts ▪ Coordination (2) – coordination of the ensured medicine procurement ▪ Regulation (R1) – authorization for import/export ▪ Regulation (R2) – inspection of companies and medicine testing ▪ Services provision (SER1) – delivery of some pharmaceutical products to drugstores ▪ Support (S2) – administrative support
Commercial enterprise of production and commerce	Supply of forms for sick leaves that are to be filled in by	▪ Services provision (SER1) – ensuring and supply of forms for sick leaves that are to be filled in by medical staff

	medical staff	
National Centre for Sport Medicine "Atlemed"	Health examination of persons involved in sports activity	▪ Services provision (SER1) – medical tests with money or free of charge delivered to population4 ▪
State enterprise "Auxiliary Services Division"	Maintenance of a building from Chisinau	▪ Services provision (SER1) – rooms maintenance services with money, provided only to private companies (entrepreneurial activity) ▪ Services provision (SER2) – services with money of maintenance of rooms offered to central public authorities (ministries, public institutions)
Sections of 19 public medical sanitary institutions	Medical services provided to the public	▪ Development of policies (P1) – development of medical protocols, instructions and clinical and medical rules in this area (to be approved by the MHSP) ▪ Coordination (C2) – collection of relevant statistic data from rayon hospitals and family physicians ▪ Regulation (R1) – ad hoc inspections of the quality of the services delivered in the territory hospitals ▪ Support (S2) – professional support (informational technologies, finance, administration and methodology) in medical services delivery.

General overview of the budget and staff in the analyzed institutions from the health sector

Organization of the health care system at the rayon level

Figure 1.3



[4] Atletmed provide free of charge services (medical certification) It is only free of charge for disabled persons.

Figure 1.4

Organization	*Staffing according to the regulations*	*Staff (existing)*	*Budget*	*Expenditures on staff*
The Ministry of Health	89	89	MDL 3.283.000 MDL	MDL 1.450.000
CPHSM	202	130	MDL 5.450.000	MDL 1.930.700
RIMC	4	3	MDL 71.400	MDL 50.000
CPTMPSSE	62,5	33	MDL 1.663.500	MDL 357.300
NCHAA	19	7	MDL 738.100	MDL 608.000
CPM	520,25	310	MDL 19.620.200	MDL 8.490.000
CFM (including the territory staff)	195	194	MDL 8.291.600	*Not available*
MA	150	125	MDL 15.340.000	MDL 4.316.800
NHIC	57	57	MDL 3.000.000.000	MDL 2.218.048

1.3 The main sector policies areas

Policy areas of the ministry

In each policy area of the MoH, the capacities and units accountable for policy management in these areas must be developed.

1. Health Insurance Area, Including Private Health Insurance

Compulsory insurance represents the biggest part of public finances in the health sector, over 3 billion MDL. The insurance system includes primary family medicine, out-patient and in-patient health care services specialized services. NHIC finances services, over 50 hospitals, over 5000 primary care centers and hundreds of other operating service providers. Also, private insurance services are developed, including additional insurance packages. For the time being tens of insurance providers operate on the services market with a corporative sales volume of millions of MDL.

2. Area of primary, in-patient and out-patient services system development

The system of primary health care services is one of the main components of the health system, its weight growing on, and over 30% of the financial resources from insurance are directed to this component. The family doctors centers gained a higher degree of autonomy of functioning and accountability for services and their quality. The in-patient services are delivered through rayon hospitals and through specialized institutions (so called excellence centers). Hospital services providers consume more than 50% of the appropriations from the insurance system, and manage funds from health programs. Their improvement and development represents an important challenge as a policy area.

3. Area of quality of food products and conditions of services provided for public (via inspection, service providers certification)

Hundreds of thousands of public services providers require certificates and licenses. The inspection of the conditions public services are provided is the object of the inspections from CPM. This area of policies

includes regulation of production processes through approval of the regulations of conformation and quality ensuring and the price policy for products certification.

4. Area of public health and reduction of health risks

Health risks represented through various factors need a systematic monitoring. The monitoring is carried out via statistic data and information collected by CPM and CHM. We must analyze this information and forecast and assess the importance of these risks as regards negative effects they may have over the public health. The management of the information and data collected by CPM and CHM, including sorting of the performance indicators represents an area of policies. On the basis of the given information and analyses, the Ministry will work out a set of national programs to reduce and prevent the growth of the risk factors and, actually, to diminish their influence.

5. Area of national health programs

The National Programs, together with health insurance represent the second financial instrument of intervention in the health sector. The national programs are additional leverages of intervention for the areas wherein the services provision through insurance must be complemented by efforts, wherein information actions, specialized services for certain categories of individuals are necessary, or where there are specific problems. National programs require help in identifying needs and problems emerging from the systematically collected information and data. The form of intervention through the national program is carried out as a project with targets, expected results, actions, performance indicators and ways of monitoring and assessing the impact. The implementation of the national program by means of the project management instrument correlated with other priorities represents a task of a ministerial division. For the time being some of the national programs are supported by external technical assistance.

6. Area of production, import and accreditation of medical equipment and devises.

Medical equipment and devises represent another area of policies. Equipment and devises are imported, accredited and this procedure is monitored by CPHSM. The sales volume in this area is considerable and will continue to grow. The management of the policies in this sector require a unit within the Ministry.

7. Area of price policies for medical services in the private and public sectors

Medical services prices are a traditionally critical point. Regulation of prices for public medical services, or those offered by means of public insurance represent an important issue for policies intervention. The prices for the providers of services of various categories of services must be carefully analyzed and much information and data on this subject must be collected systematically. Finally, promoting a loyal competition for the benefit of the public, respecting the regulatory intervention rules only in cases this intervention is justified and there are no other alternatives, contributes to economical efficiency and quality.

8. Area of production, import, storage and commercialization of pharmaceutical products

Pharmaceutical products are an important area as dozens of importers sell pharmaceutical products with a volume of hundreds of millions MDL. The trade activity must be assessed and regulated in order to prevent the effects of monopolization of the pharmaceutical products market. Another aspect is homologation and accreditation of pharmaceutical products, inspection of the quality of their storage and trade. MA is the agency responsible for these functions, while the institutional management of this institution should belong to an entity from the Ministry.

9. Area of private medical services development and investments

The industry of private services in the health sector represents an area which brings investments, job vacancies and a reputation. For the time being, the specialized services have developed vertiginously in

Moldova. There are hundreds of specialized services providers. At the moment, this area, which requires attention in terms of investments stimulation and technologies transfer, may bring considerable benefits for the country.

10. Area of health quality standards

Health quality provision requires a clear establishment of quality standards. The standards are necessary for the party contracting the medical services and for the beneficiary – the customer who benefits from the medical services. There are over 200 of generic treatments that need standardization of the quality, but at present only a few dozens of quality standards are available. The process of quality standards application must be accompanied by monitoring of their implementation by means of NCHAA, specialized methodological sections and professional associations of specialists.

Another aspect of quality standards represents the accreditation of the services providers, including the accreditation in terms of obtainment of the health insurance funds. This activity is carried out by NCHAA. The accreditation conditions and the management of NCHAA are the area of policies of a division within the Ministry.

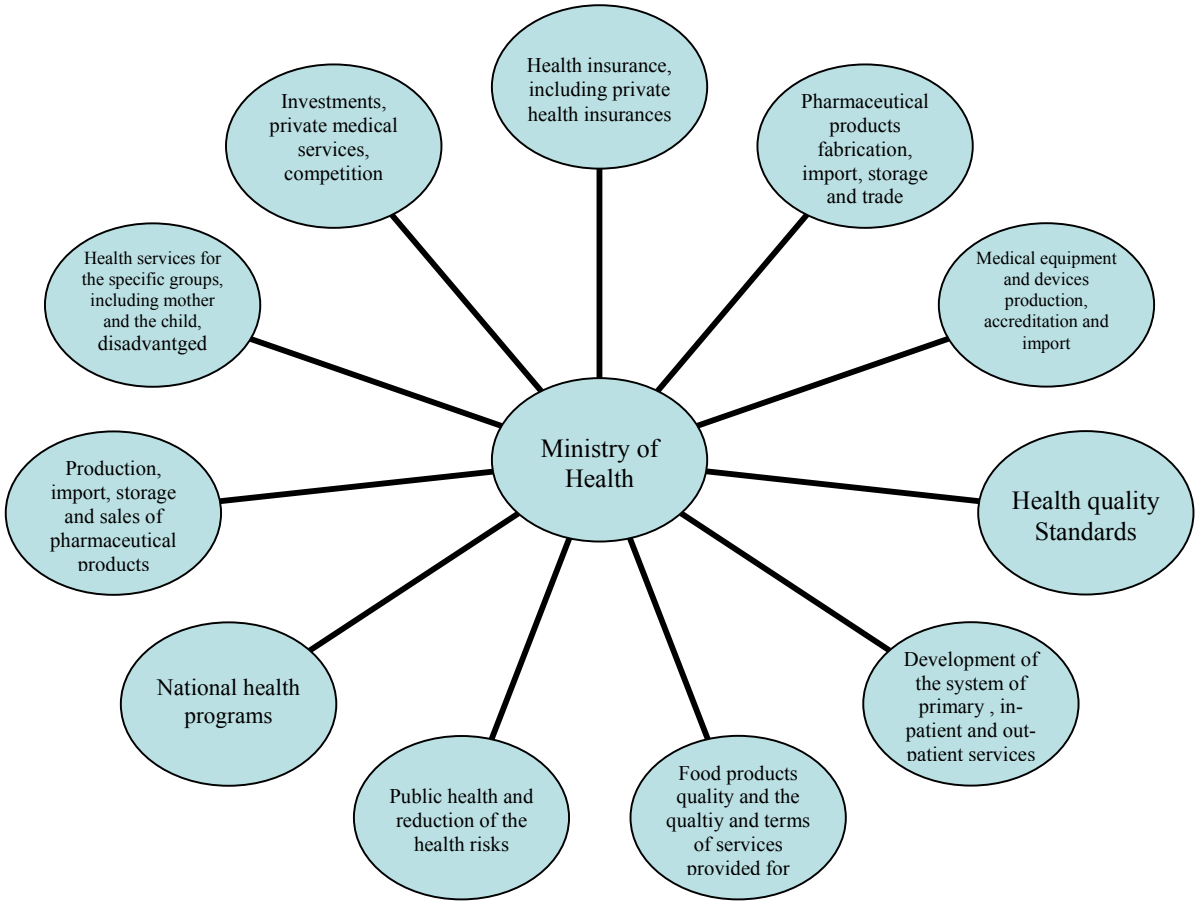
11. Area of Health Services for the specified groups, including the mother and the child, disadvantaged groups.

Some groups of beneficiaries from the population require special attention due to their vulnerability. The mother and the child is a specific group in this respect. This group is quite numerous, the policies regarding this group are various, including the services provided through insurance, some national programs and social policies. The integration of these various policies and the assessment of the cumulative effect over the given group of individuals represent an important task. The ministerial entity will consider the statistic data, the information systematically collected by CPHSM, NHIC and CPM, as well as the results of the identification of trends, of the assessment of policies impact, of the elaboration of the necessary policies to produce a better synergy of the existent policies.

The existence of the given areas of policies requires an approach at the level of exercising the policies function: development and coordination of the policies implementation. Thus, within the Ministry, some units accountable for this given function should exist. An important target is the alignment of the health care standards with the European standards.

Policy areas of the Ministry of Health.

Figure 1.5



In order to manage these policy areas it is necessary to have responsible units in the Ministry.

Health policies cost

The National public budget in relation to GDP[5]

Figure 1.7

[5] MTEF, p. 33.

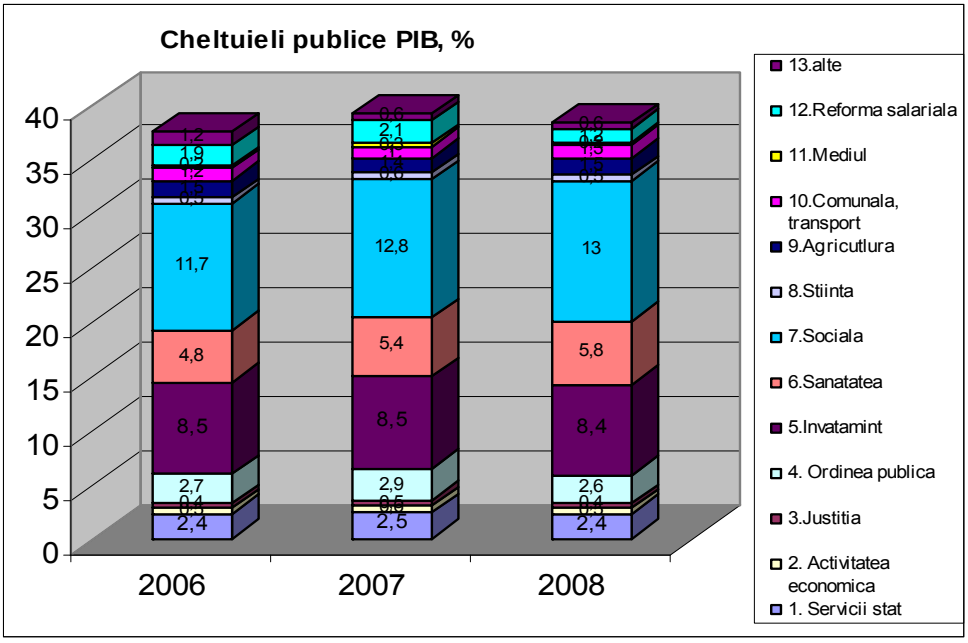
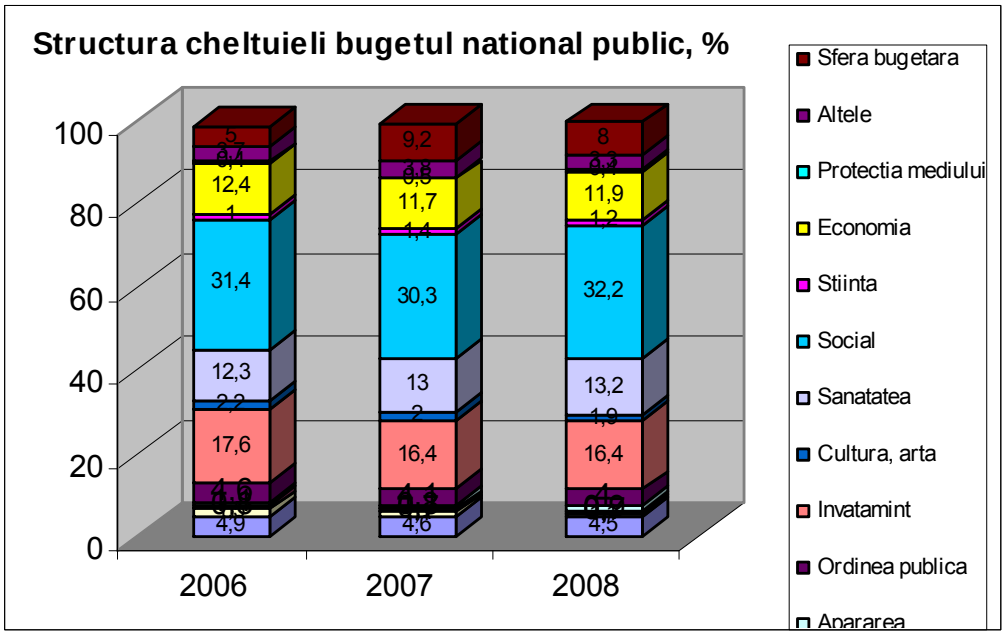


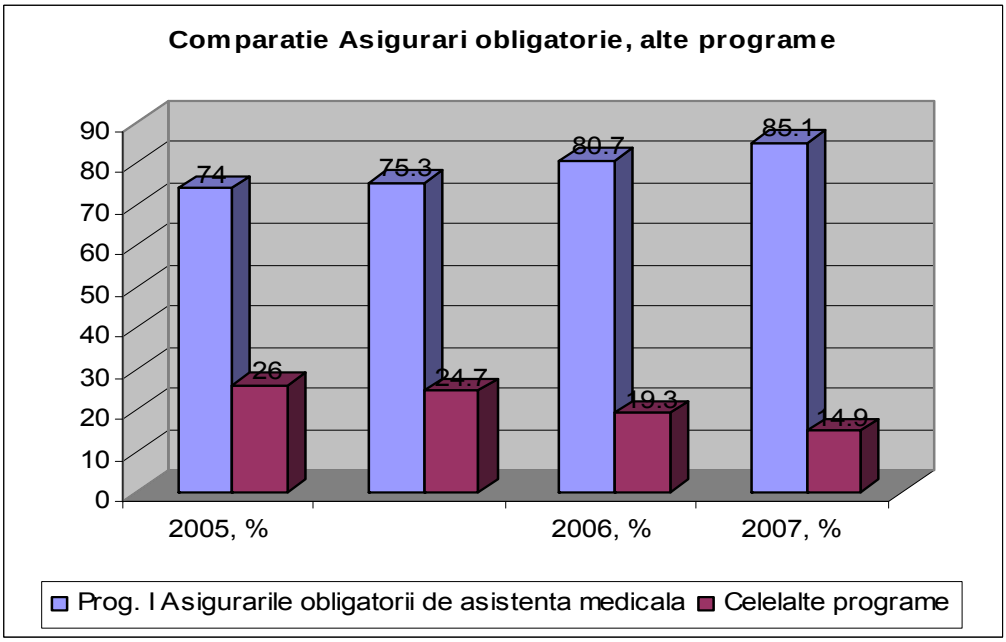
Figure 1.8

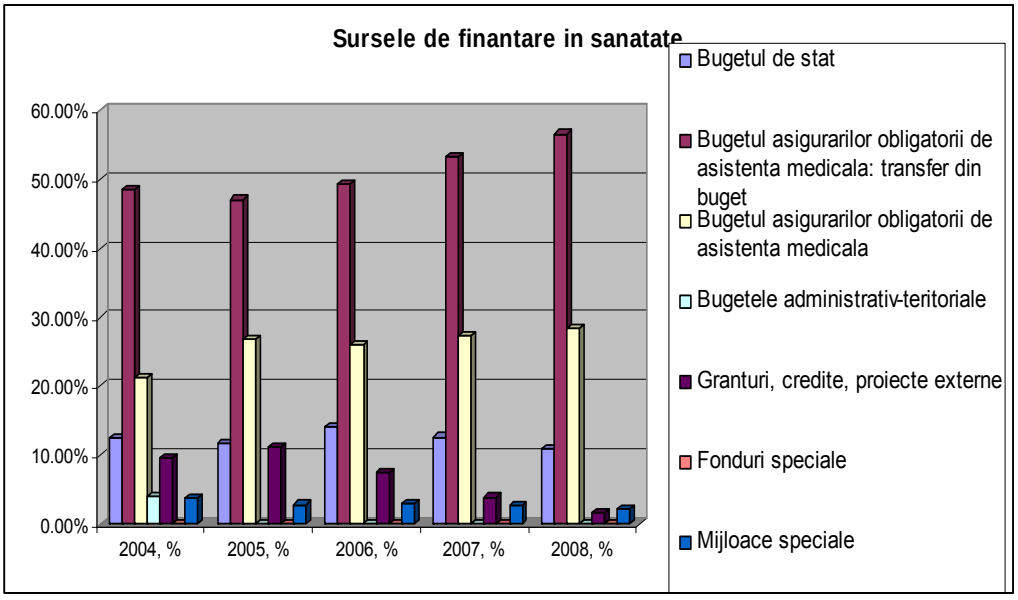


The national public budget by categories of budget[6] and the national public social budget by administrative levels

Figures 1.9, 1.10

[6] MTEF, p. 28.





With the implementation of the compulsory health insurance the share of medical expenditures in the Gross Domestic Product (GDP) increased from 3.9% in 2003 to 4.2% in 2004 and it is expected for them to reach 4.97% in 2008. The share of insurances will continue to increase, reaching 85% in 2008, if compared to 70% of the health budget in 2004. The volume of the medical services, covered by the compulsory insurance, will increase as well.

Figures 1.11, 1.12

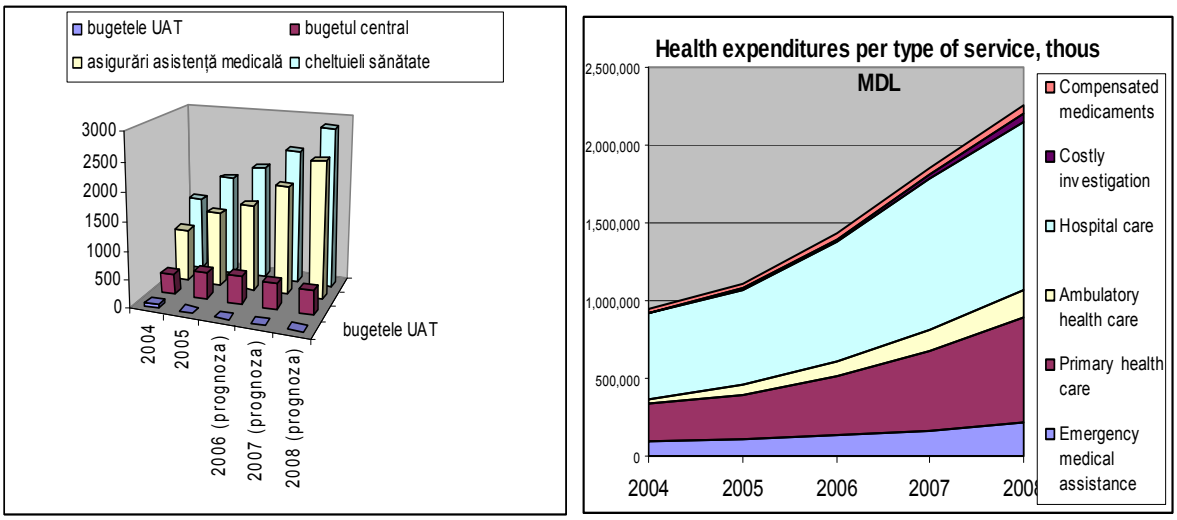
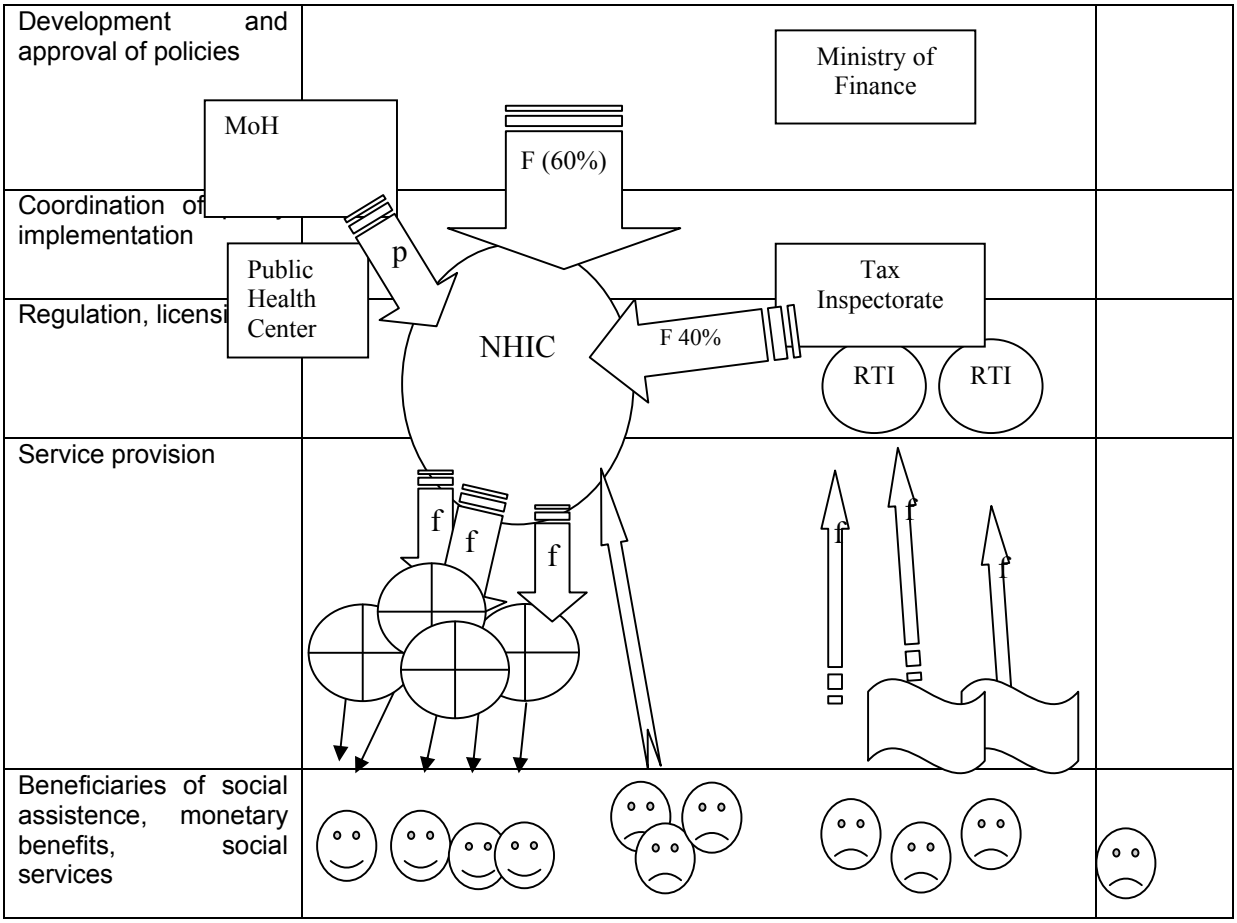


Figure 1.13
Positioning and distribution of function in the health insurances system [7]



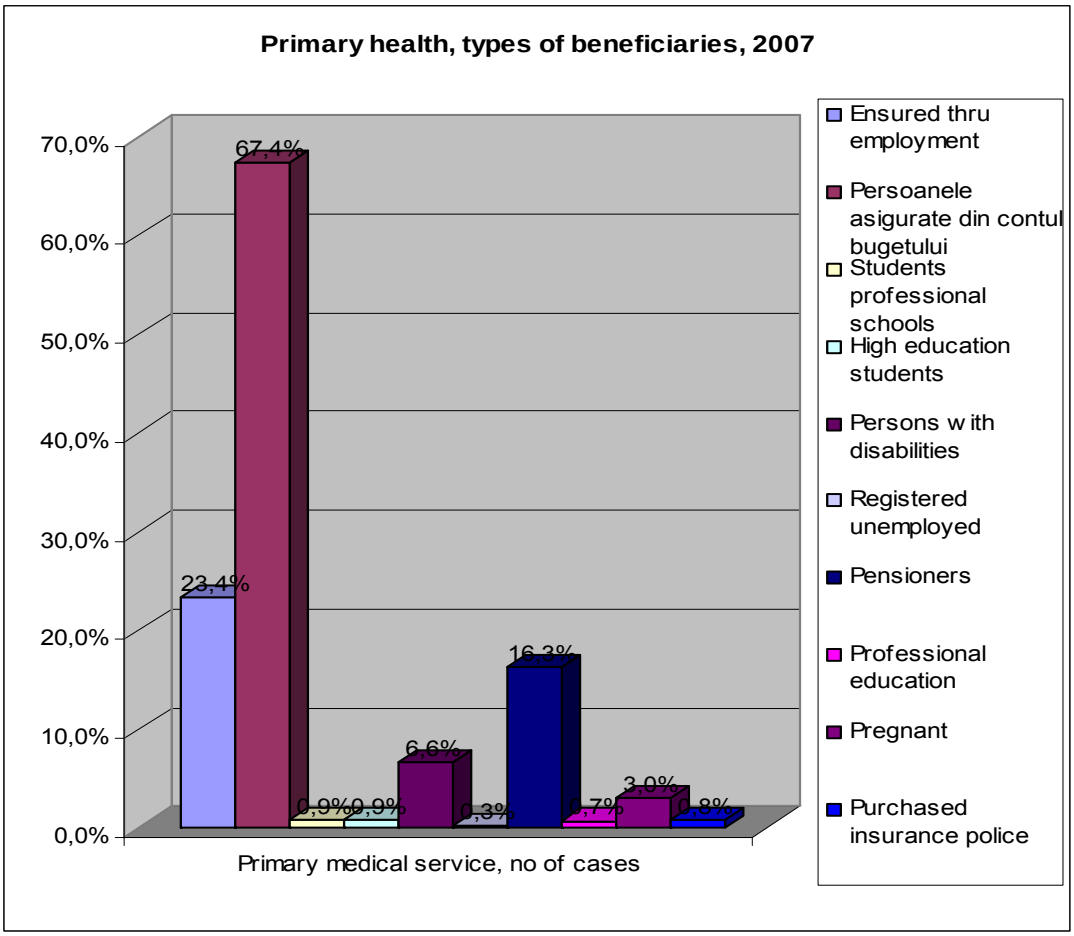
[7] f – flow of funds, p – flow of policies

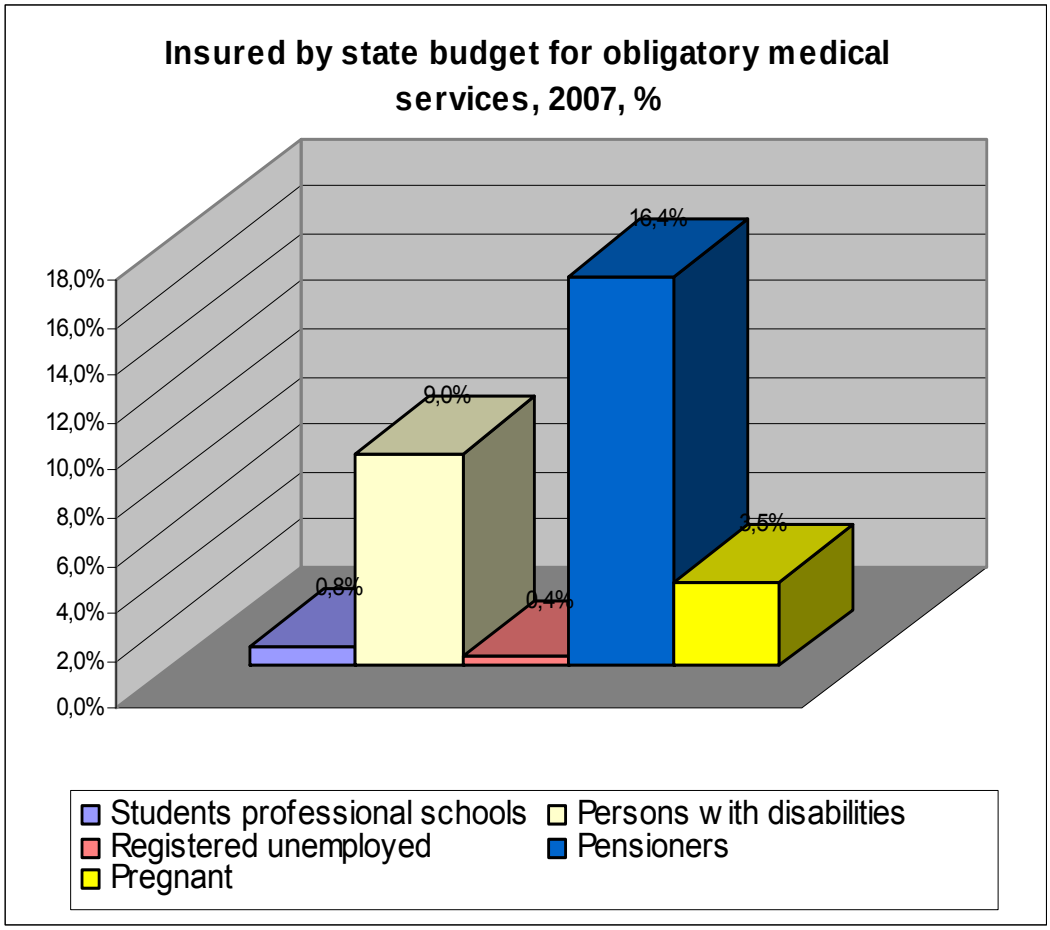
Legend:
- hospitals, policlinics, - employers, - representatives of regional tax inspectorates,

The NHIC receives the individual health insurance contributions from the insured on treasury accounts through the regional tax inspectorates; the money is transferred on the NHIC accounts on the same day. The employees' payments of health insurance are made by the employer. There are very few people who buy insurance policies from the NHIC. The hospitals, policlinics, family doctors provide health care services to their clients on the basis of policies. The Tax Inspectorate supervises is the accumulations were correctly made.

MoH (with the participation of the Center of Public Health and Sanitary Management) and NHIC determine the format of the single health insurance program, the modality of contracting health care services providers. The revenues of the health insurances budget consists of health insurance contributions (40%) and transfers from the State budget (60%).

Figures 1.14, 1.15





The policies and programs in the health area

The policies in the health area are implemented with the help of 2 funding instruments: health insurance and national programs. The national health programs are managed by the Ministry and implemented by sector institutions.

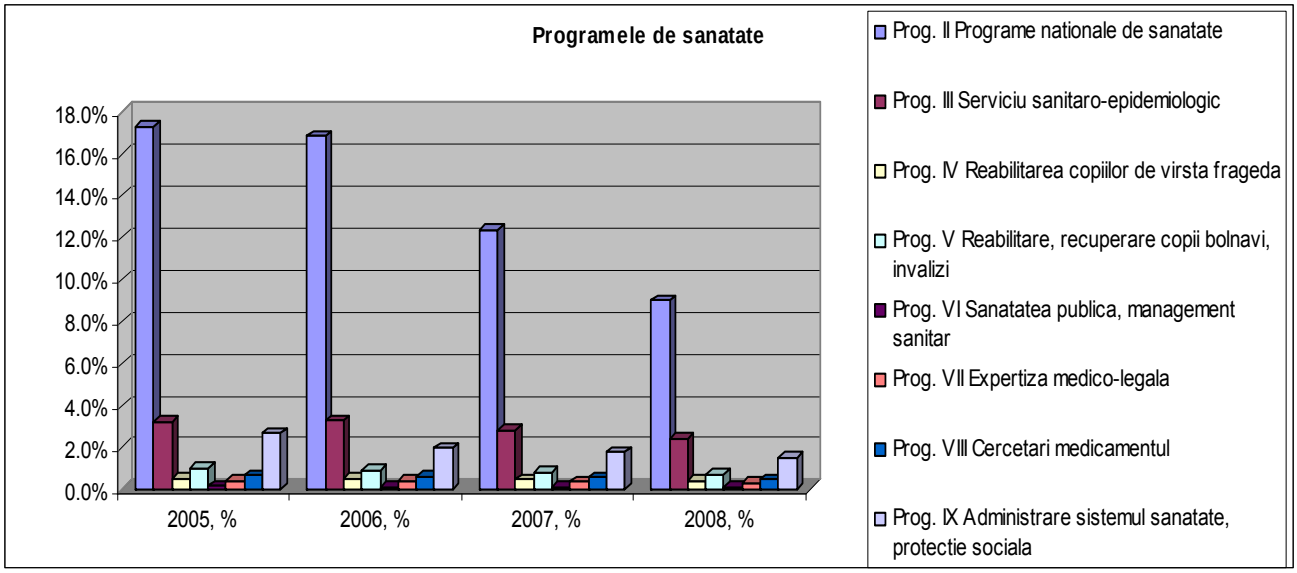
At the same time, there are several programs in the health area:

1. Program I. Compulsory Health Insurance Assistance (MDL 1.3 billion, the budget of this program accounts for 75% of the total health budget, and will increase to 85% in 2008): NHIC, 211 health care facilities,
2. Program II. National Health Programs
3. Program III. Sanitaro-Epidemiological Service, CPM
4. Program IV. Rehabilitation of Young Children
5. Program V. Rehabilitation and Recovery of Sick and Disabled Children
6. Program VI. Public Health and Sanitary Management
7. Program VII. Medical-Forensic Expertise, CFM
8. Program VIII. Researches in the Medicine Area, Medicine Agency
9. Program IX. System Management, other Health and Social Protection Services, MHSP

Comparison between financial sources for the compulsory insurance and other health programs.

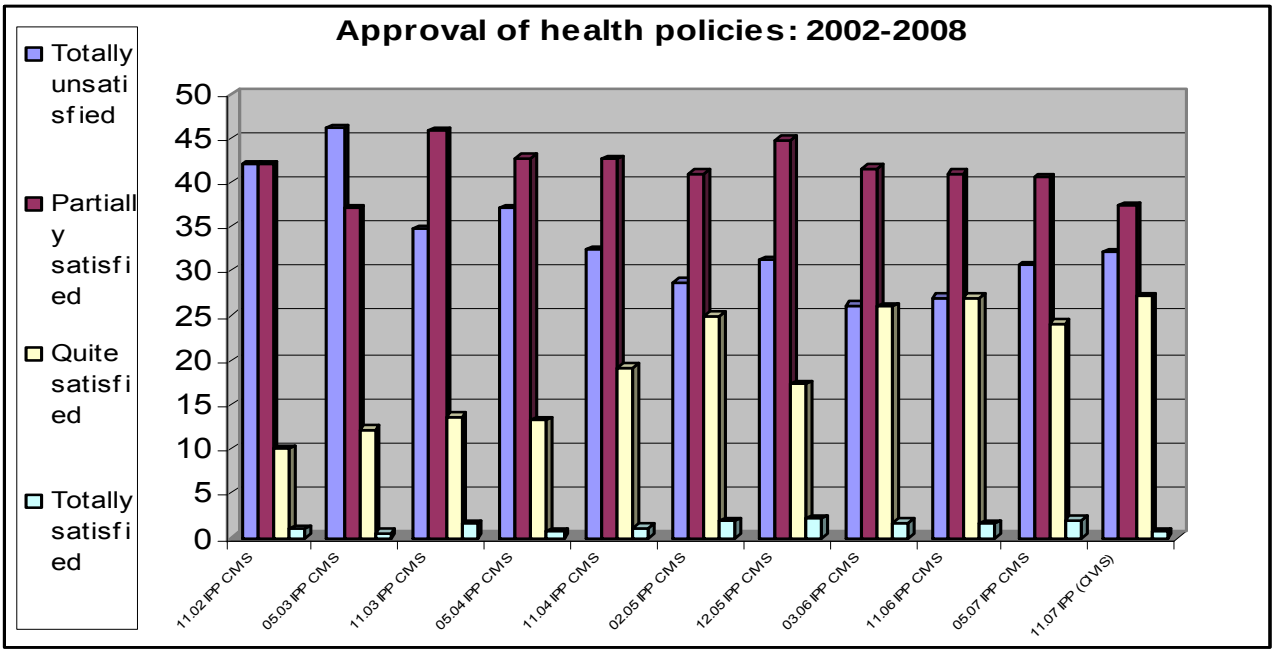
Breakdown of financial sources by programs

Figure 1.16



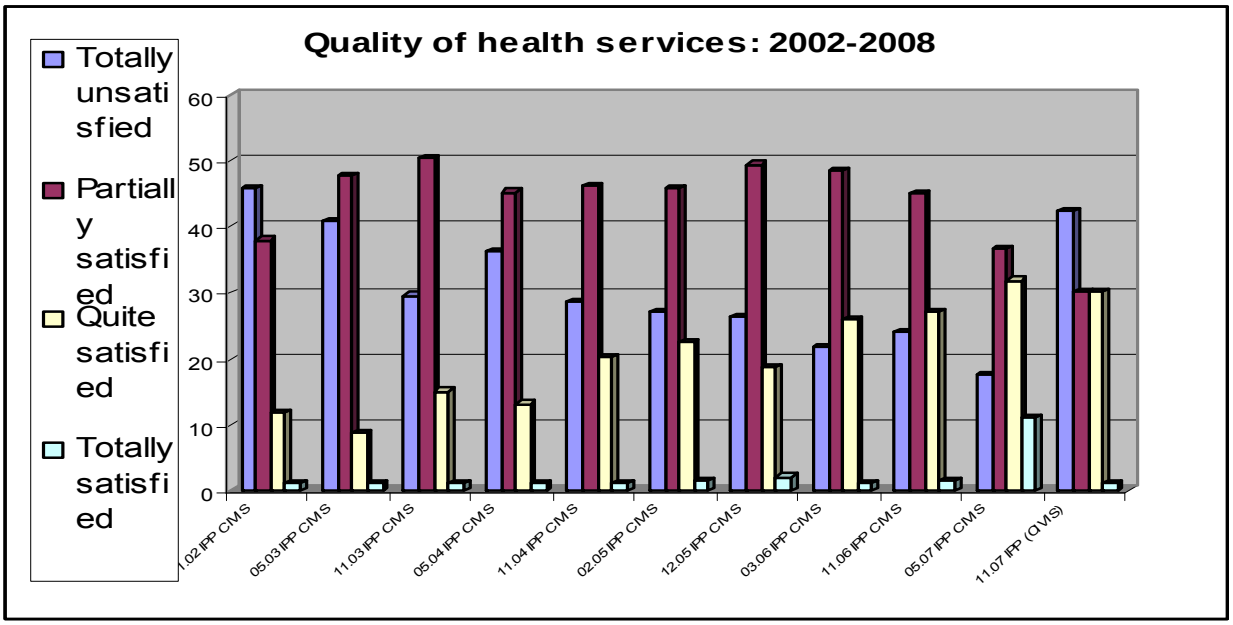
The assessment of health sector policies by the policy beneficiaries is an important indicator for the Ministry. We notice that after the introduction of compulsory insurances in 2004 the health policies are positively appreciated by policy beneficiaries.

Figure 1.17



A similar trend is noticed in the appreciation of the quality of health care services, with the implementation of insurance policies having a positive impact on the beneficiaries' satisfaction.

Figure 1.18



1.4 Chapter Conclusions

1. The health system has a large share in the GDP and public national budget, with health expenditures ranking the second after the social sector expenditures,
2. The health system has developed sector functions and sector institutions, sector accreditation functions, support for the collection of the statistical data and information needed for the performance of policy activities, the inspection of the quality of medical services needs further development
3. The policy function is de facto presented in a number of sector institutions. NHIC in the insurance area, CPHSM in the aria of price policy, MA in the area of certifying the equipment and devices, CPM in the area of certifying the technological production processes.
4. The health area contain 10-12 important policy area, these areas generate benefits, services, working places, set working conditions and requirements, form product markets, important beneficiary groups, functioning of important funding instruments, etc. These areas need intervention and supervision in terms of policies; therefore such units needs to be in place in the Ministry.
5. Only a part of policy documents are not reflected in the organizational structure of the Ministry, so that the policies in this areas are dominated by the implementing agencies in the health area.

2. Institutional capacities

2.1 Organizational structure

The decision on the organizational structure of the Ministry was taken depending on the strategic institutional objectives, priorities of the health sector, development state of the activity areas and the existing institutional framework. Another important issue that determines the organizational structure is the generic sector functions, which the central executive authority is responsible of. The Ministry, as the central executive authority, has the following policy functions: development and coordination of the policies implementation. The other sector functions: regulatory, support, funding, service provision and entrepreneurial are performed by other institutions from the health care sector.

The overall health sector, with all public and private institutions, provides health care services, funds health care services, creates the necessary resources for the functioning of the sector and manages, coordinates the sector[8]. The WHO principles provide expressly that the latter activity – management and stewardship of the sector – shall be carried out by the Ministry of Health. This activity should be performed in accordance to some standards: the predominant and main role in policy development, coordination of policy implementation, decisional power in the activity of collecting of the needed information and data, audit of expenditures in the sector and promotion of transparency in the sector, coordination of the activity of the main players in the sector, review of the evidence-based policies.

The logics of the organizational structure or chart will reflect the aforementioned principles. Hence, the organizational structure may have divisions or sections, related to the main policy areas and the main policy instruments in the sector, in addition the Ministry will have divisions or units that will support the performance of tasks for each area, divisions responsible for long term planning in the health sector. In the health sector we have 2 main instruments, used to implement the health policies: health insurance and health national programs. Thus, these instruments will impact the organizational structure of the Ministry.

For example, in the area of policies on family and child, the responsible division will have the following responsibilities for an efficient management of policies:

1) assessment of the situation, problems, relevant policies (the needs of the beneficiary group, problems faced by the beneficiary group, volume and quality of the requested and existing services, cost distribution, technologies, dynamics of the offer and demand, assessment of the impact of current policies on the sector).

To assess the situation, problems and relevant policies, it is necessary to have a process of systematic collection of data and information that will be supplied to the relevant division of the Ministry that, in its turn, will use them for purposes of analyses, including during the assessment of policies' impact. The CPHSM will provide relevant information in the preferred form, presenting the indicators requested by the division concerned. Similarly, the NHIC will submit relevant and needed information to the Division.

2) development of alternative policies,

3) coordination of policy implementation (with the participation of other subordinated public institutions, other sector institutions and private players).

The function of coordinating the policy implementation is delegated to the subordinated institutions and other institutions from the sector. The Ministry, through this Division, will manage the delegation process via means of annual institutional contracts. The institutional contracts will contain component parts and specific provisions for the respective policy area, as well as relevant performance indicators.

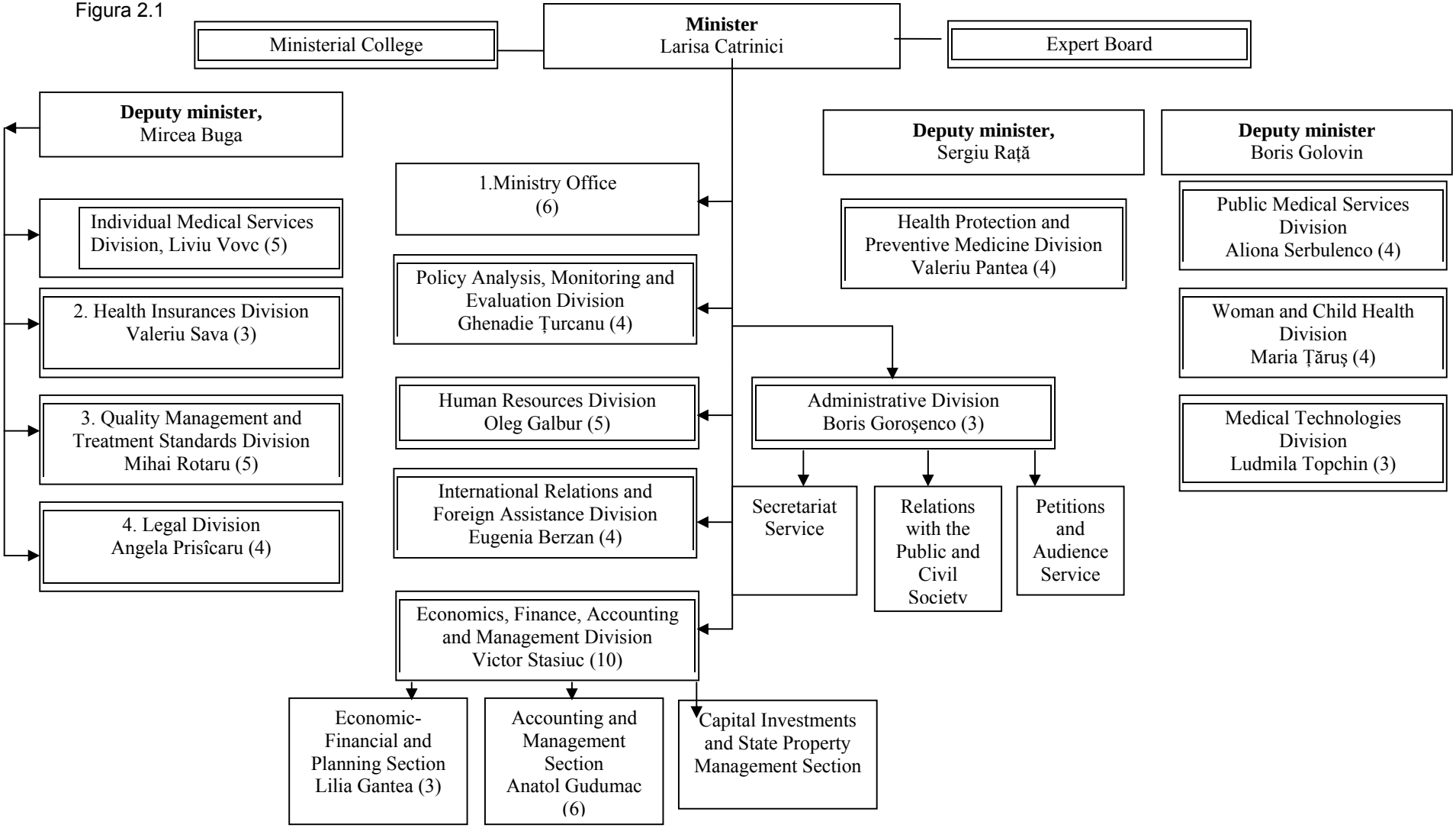
[8] On the basis of the principles of the World Health Organization

Evolution of the internal structure of the Ministry

During the past 3 years the Ministry of Health underwent two significant structural transformations, and namely: June 2005 – merger of the Ministry of Health with the Ministry of Social Protection and March 2007 – return to the Ministry of Health with a new structure, accompanied by massive recruitment of staff, assignment of new directions of activity, etc. Ideally, the functions of a central public administration body should result from the institution's mission. Thus, it is crucially necessary to analyze and assess the real existing capacities of the newly established Ministry of Health in order to be able to clearly define the ministerial duties in terms of its mission.

The current structure of the MoH: from the perspective of internal administrative subordination[9]

Figura 2.1



[9] http://www.ms.md/ministry/structure/organigram

Analysis of the MoH organizational structure

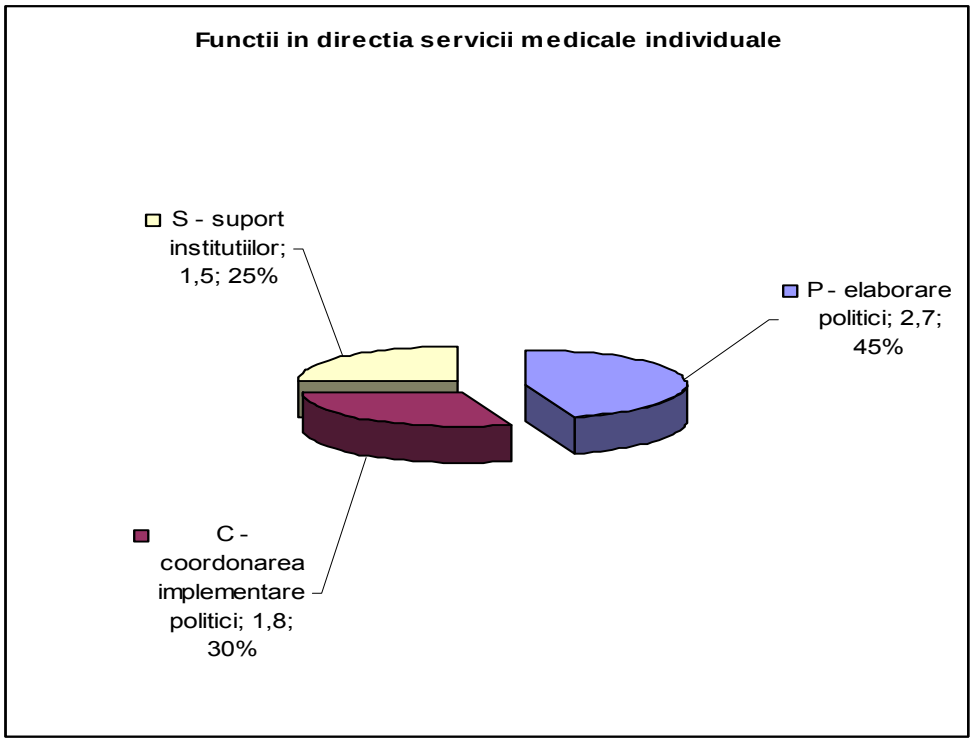
The current organizational structure reflects the subordination to a certain deputy minister, depending on the preferences and competences of the respective deputy minister. We notice that some policy divisions, together with some support divisions are subordinated to a certain deputy minister. On the other hand, we notice the numeric allocation of the staff by divisions depending on the strategic or major important and influence, such as: health insurance, national programs. There aren't any units responsible for some policy area, such as accreditation and inspection of service providers or certification of producers, price policies or in the medicine area.

Further we will analyze the functions and responsibilities of the main policy divisions from the Ministry of Health, after that we will make a systematic and summary analysis of the Ministry and its functions.

Individual Medical Services Division

This division is responsible for the management of integration of health care at all levels, management of public and private services. This divisions had 4 people employed de facto and 6 posts. Annually, the division produced 10 policy documents (1 strategy, 3 draft laws and 6 Government decisions). 2 employees of this division have a significant experience in the health care area. However, the division doesn't have any competences in law, economics, statistics.

Figure 2.2



The support function of this division encompasses activities of replying to individual petitions and requests from authorities. This function takes 25% of the time resources, the rest of the time being used for the policy development and implementation. If the time distribution is appropriate, then the absolute number of people for the policy functions is absolutely insufficient. The area of individual private services is continuously increasing in terms of volume of service, number of medical workers, circulation of funds.

The division's responsibility to manage the individual public services, i.e. in-patient services (several dozens of providers), out-patient and specialized services (over 700 providers) need additional competences due to the dynamics of offer and demand, management of contracting the private public services (this function is carried financially by the NHIC). The international evaluations (World Bank note on the health policies from 2007, EPOS report on the costs in rayon hospitals) reveal excessive allocations of funds and overcapacity of in-patient medical services, over 60% of funds collected from insurances are allocated to hospitals, of which almost half – to republican hospitals. Thus, the main challenges are to promote modern medical technologies, attain higher productivity, allocate costs by variable expenditures direct to beneficiaries, focus on expenditures for development rather than for building maintenance and other indirect costs. These challenges are not reflected in the division's policy.

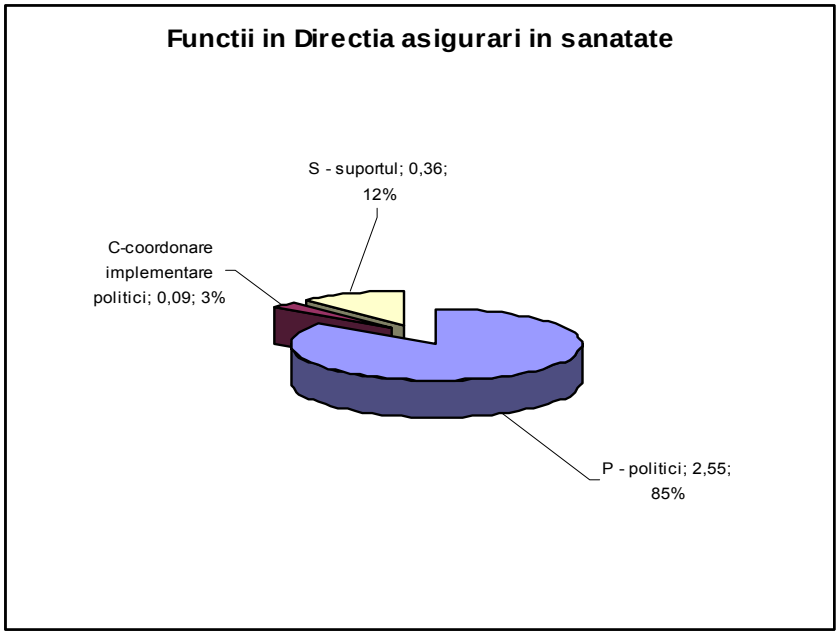
The annual financial cost of the division is by several hundreds thousands MDL lower, whereas the policy areas, managed by it, are worth hundreds of million MDL. The CPM is periodically providing additional information about the functioning of private services, collecting the information directly from the private providers of medical services. This information is not sufficiently disaggregated by categories of services, categories of beneficiaries, financial costs, prices practiced, other information needed for policies.

If we are to compare the administrative cost with the financial flows in the policy area, the opportunities for the development of the managed policy areas, we may conclude that the division doesn't have enough capacities and competences, in numeric terms, to encourage the development of individual medical services.

Health Insurance Division

This division is responsible for the compulsory insurance policies. The compulsory insurances are the most important financial instrument in the health system. 3 people work in the division, of which only 1 person has experience in this area. The division develops annually several policy documents. In terms of policies, the division is responsible for the strategic management of insurance funds, prices in the insurance system, strategic development of the health insurance system.

Figure 2.3



The relative distribution of time resources is reasonable for the fulfillment of the policy functions; however, the absolute number of people in the division is much lower than needed for the performance of this function in an appropriate manner. The policy analysis competences of the employed people are insufficient, there are also no competences in the areas of economics, statistical data analysis and interpretation.

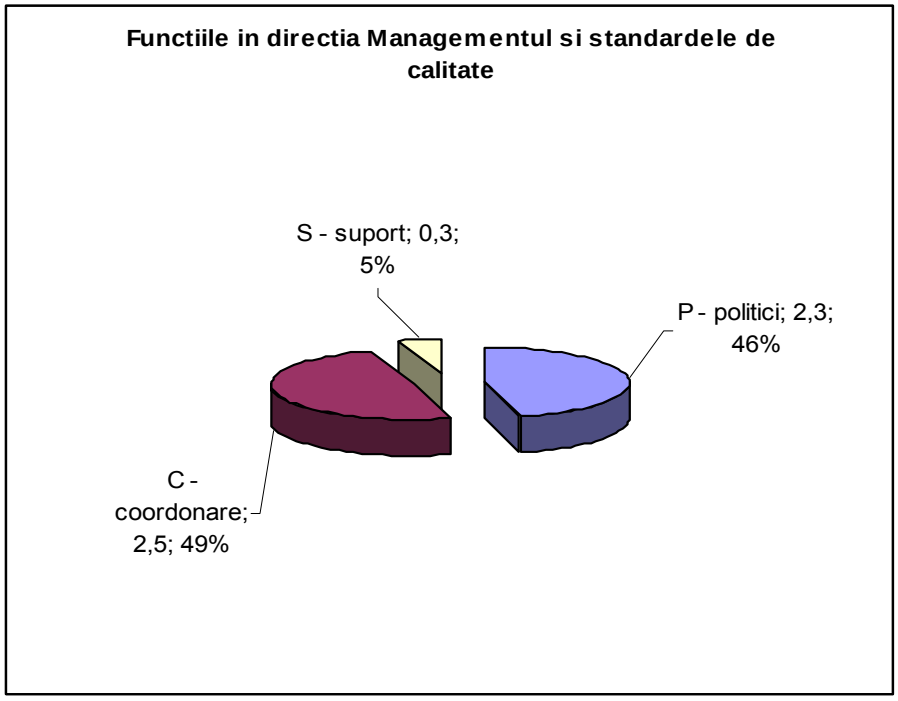
The statistical data and information, provided by NHIC, are frequently very generic and concise, the data provided by CPHSM are useful, but don't correlate with the NHIC data.

This division doesn't have procedures, techniques and skills of systematic data analysis, their correlation with the beneficiary groups and the performance of insurance systems. An important missing instrument is the economic-financial analysis and modeling of financial insurance systems. An entire area is missing, and namely the correlation with the private insurances in health.

Quality Management and Treatment Standards Division

This division is responsible for developing quality standards and clinical protocols in the health care area. This division has recently started its activity. The employees have little experience in this area, with the medical profile dominating the division's activity. The functions of the division are mainly limited to the coordination of the development of standards and clinical protocols, rather than their development; thus the functions and competences of coordination are the most important. The managerial, statistical, economic and assessment competences are another aspect of the competences, needed for this Division.

Figure 2.4

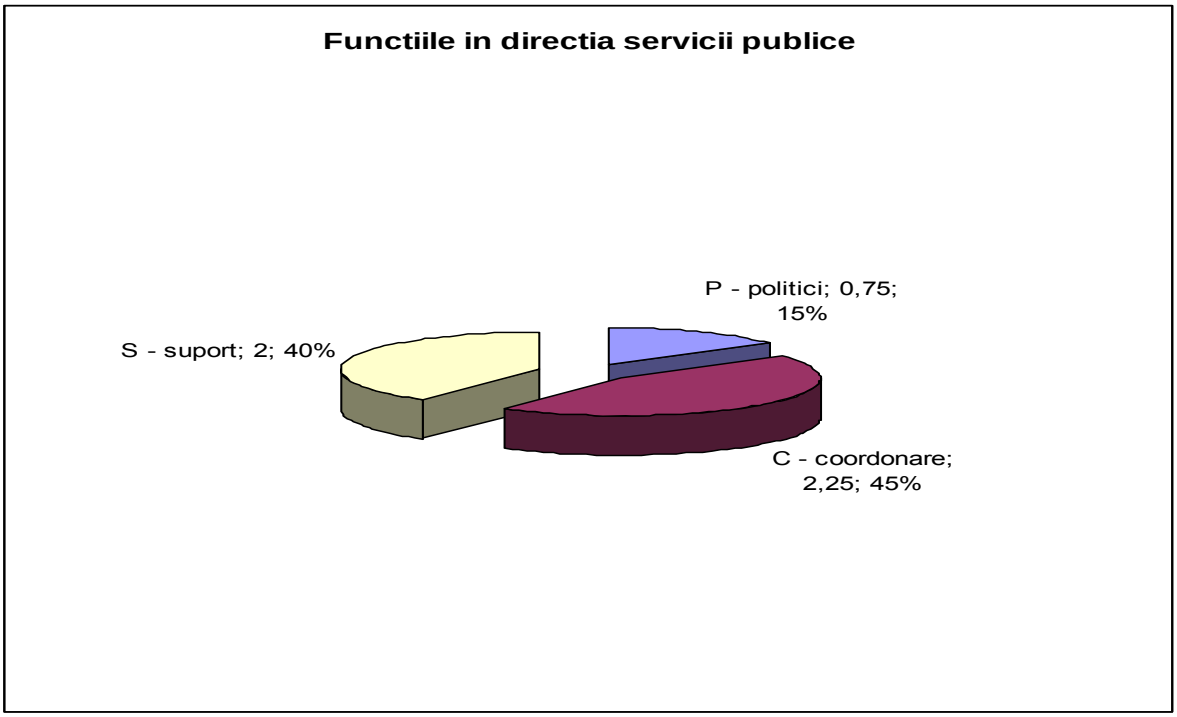


This division is also responsible for the institutional management of NCHAA and the policies on accreditation, implementation of the accreditation policies. The regulatory function is performed by NCHAA. In the future the division will face a lack of competence in the area of clinical protocols assessment.

Public Medical Services Division

This division is responsible for the public health objectives and priorities, management of the main national health programs. This division has 4 employees and 5 posts, provided in the complement of staff. Only 2 people have experience and better knowledge, having participated in re-training courses in the area of public health management. The employees don't have the needed knowledge in the area of public projects management, the analysis of the project impact on the situation in the health care area. The national programs are implemented by the health care services providers through the funds, disbursed by the Ministry of Health. The Division would need a project cycle management system for each national program.

Figure 2.5



This division is responsible for intermediating the relations with health service providers. The division is not very involved in the development of the national program. There are also no feasibility studies and analyses that would justify the needs of programs and, at the same time, assess their impact on problems and attainment of the set objectives. The analysis of the content of the national programs reveals that their structure is very different, only a few recent programs have a generic form.

The division doesn't order statistical data and information for the CPHSM and program implementers that would prove the impact of project implementation on the situation. The specific data and information should take account and reflect the performance indicators of the national programs.

The distribution of functions in the division reflects the allocation of time resources mainly for program coordination and support for their implementation.

Woman and Child Health Division

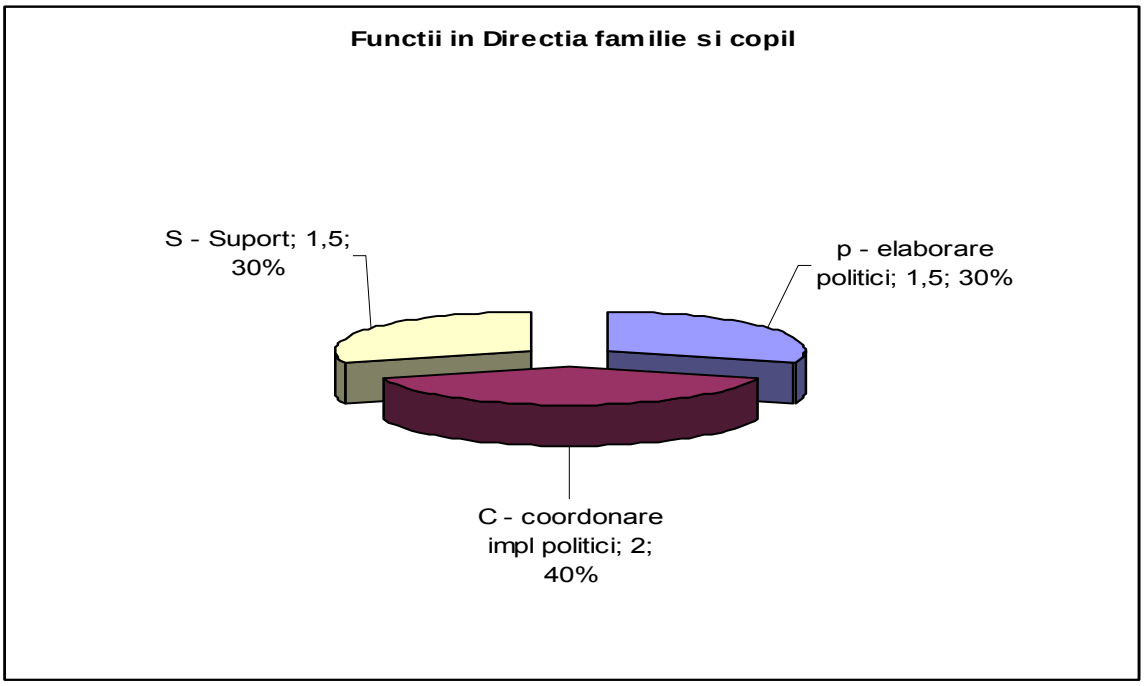
This division is responsible for policies for women and children. This division monitors the main indicators, promotes the proposals of changing policies. The division has 4 employees of 5 posts, according to the complement of staff. Every year this division develops several policy documents, dozens of Government decisions, 2-3 draft laws. The beneficiary group has a strategic importance, several policy mechanisms work for the purposes of this area: diminution of infantile mortality, diminution of maternal mortality, promotion of woman and child health. This is carried out by providing performance indicators in the contracts concluded by the NHIC with primary medicine centers, hospital services for women and children, specialized projects. This division is also responsible for the strategic management of Mother and Child Center – an institution providing specialized services.

The division's staff consists of people with extensive experience and practice in the health care area. They have significant capacities and a good understanding of the problems in the area of woman and health. At

the same time, there are no competences in the economic, managerial, policy and legal area. The participation in international programs and internships can cover these needs only partially.

The relative distribution of time resources is reasonable for the activity of policy development and coordination. At the same time, the absolute number of people, working in this division, is extremely low for an appropriate management of policies in this area.

Figure 2.6



The collected statistical information and data that reflect the development and situation in this area are submitted periodically to the division via the CPHSM, but their interpretation and use for policy purposes is limited. At present the main mechanisms, used to meet the objectives, are the insurance services system (institutional contracts) and international assistance projects (mainly technical equipment and training). There is little use of the policy instruments through national programs, encouragement of specialized private medical services. To make such types of interventions it is necessary to have competence and knowledge of public health policies.

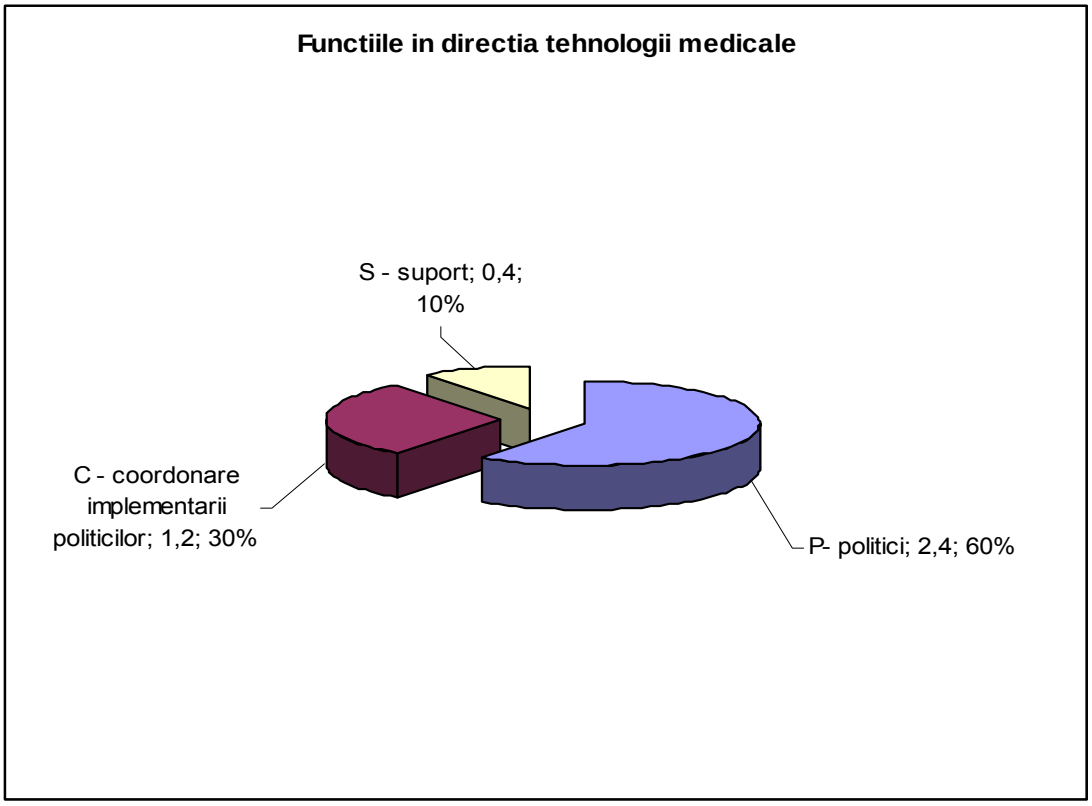
The policies of this division need to be better correlated with the social policies and fiscal policies. To produce reviews and studies on the evolution of the situation of women and children, with the identification of the main problems, it is necessary to have statistical support from the CPHSM and better analytical competences in the division.

Medical Technologies Division

This division is responsible for the procurement, provision with equipment and devices, transfer of modern technologies in the provision of medical services. At present this division employs 3 people out of 4 posts, according to the complement of staff. This division has competences in the medical area and no competences in the economic, managerial, statistical and legal areas.

It manages the policies on medicine, with the Medicine Agency having the regulatory function. There are no institutional procedures for the institutional management of the Medicine Agency. This Division collaborated with the Licensing Chamber.

Figure 2.7

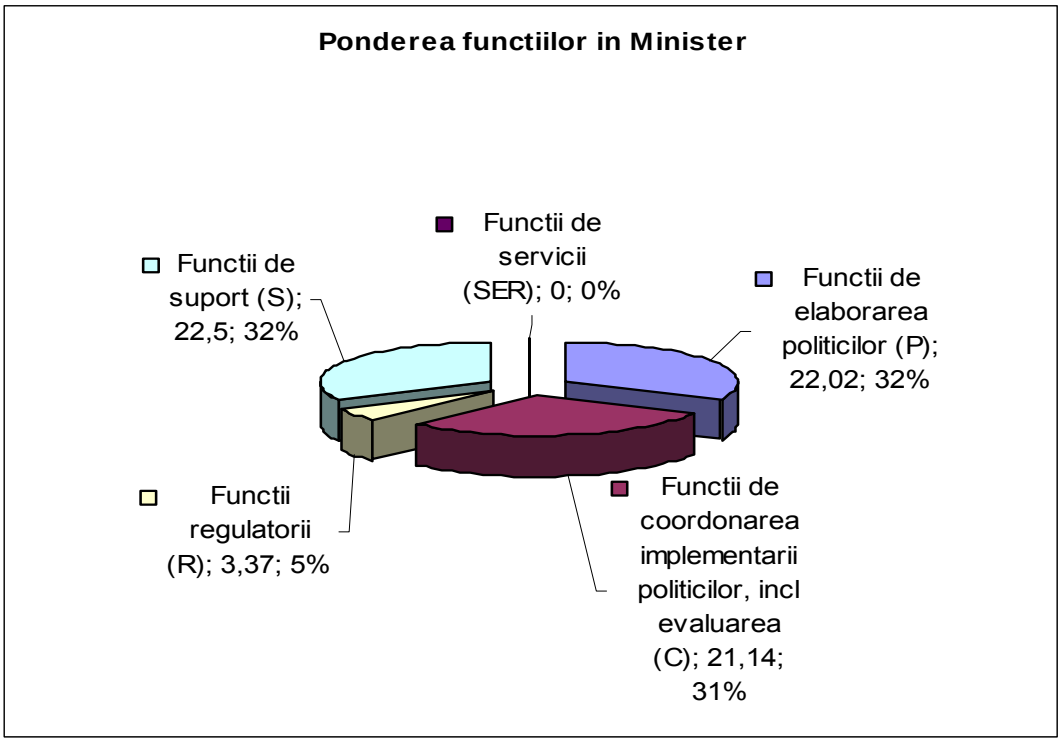


The relative distribution of functions is appropriate; whoever the competence need improvement.

Description of Ministry of Health function

The diagram below presents the share of MoH functions, and their analysis shows the time needed for the performance of various ministerial functions. The functions, absolutely appropriate for the MoH, are policy development – 32% and coordination of policy implementation – 31%. The next significant function is the support one – 32% with 22.5 equivalent full time employees.

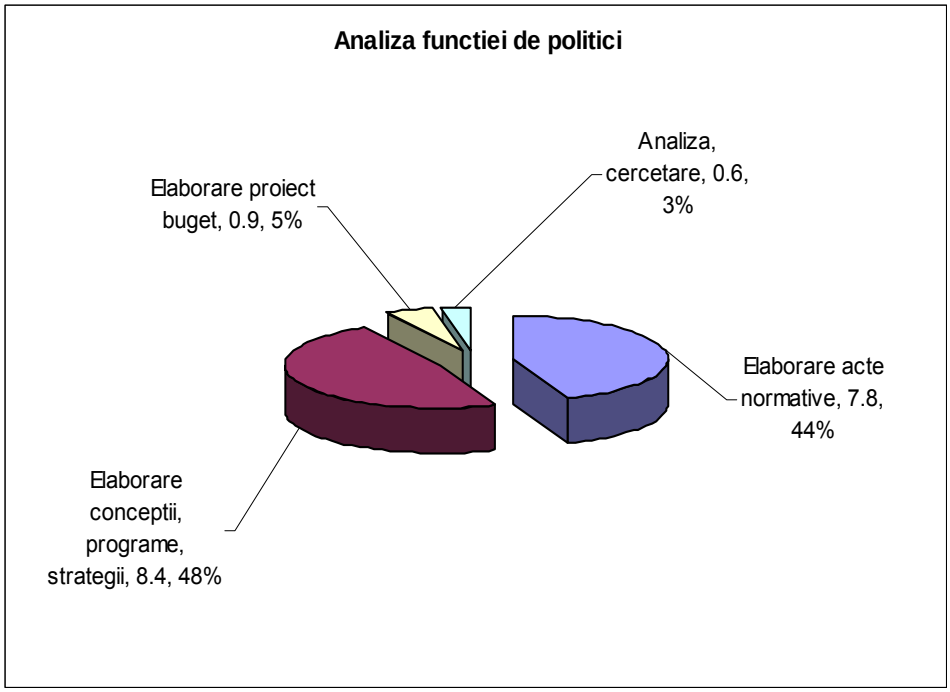
Figure 2.8



The real allocation of resources and time by policy functions is identified with the help of the Time Assessment Questionnaire. The policy functions account for 65% and are performed by about 42 people. In percentage terms, the situation of this Ministry is comparable with the European average and good practices. The absolute number of people, involved in the implementation of policy function, is muck below the European good practices.

We present below the analysis of the policy development function – one of the key duties of the ministry.

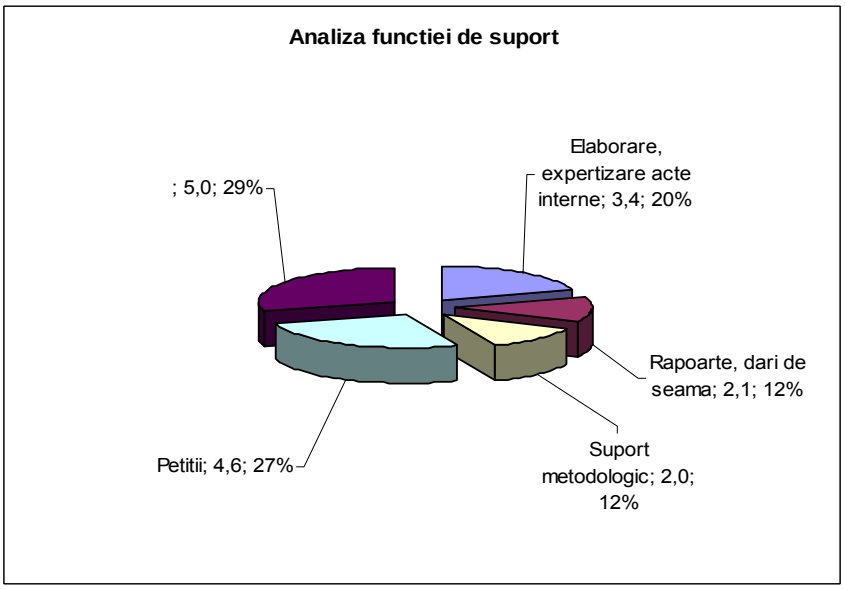
Figure 2.9



The presented information reveals that 8.4 equivalent employees, accounting for 48%, are involved directly in the development of concepts, programs and strategies, 7.8 equivalent employees, or 44% of the MoH staff – in the development of regulatory acts: The development of draft budgets uses 5% of resources, and the R&D component (an essential stage of any policy development process) – only 3%.

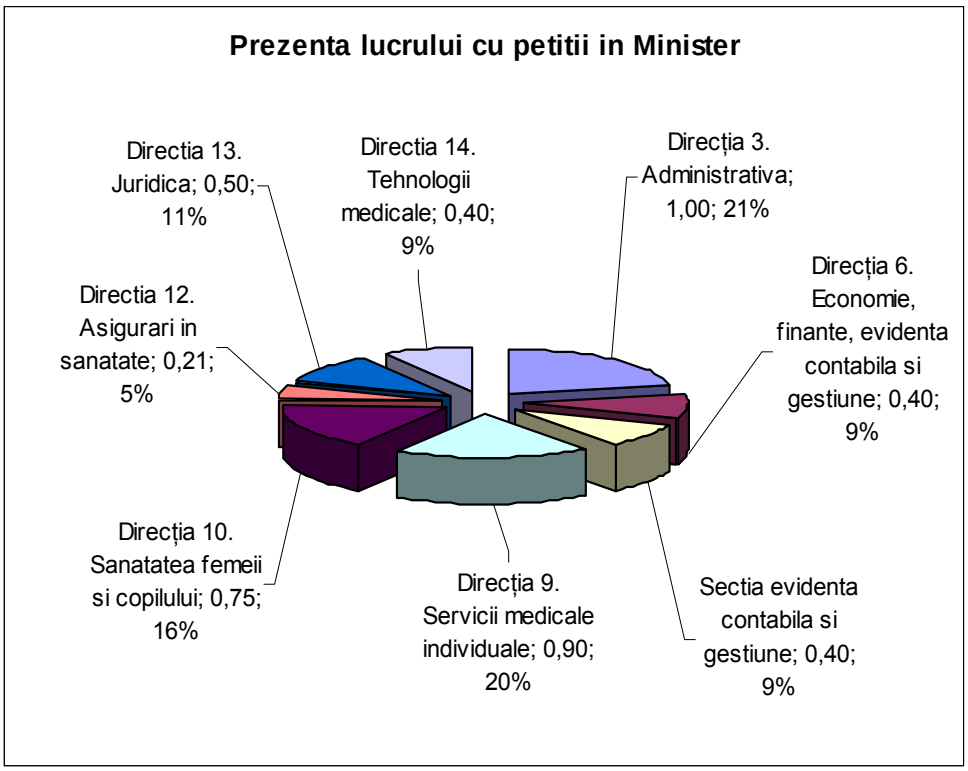
The support function is mainly limited to petition processing (27%), development and expert proofreading of internal acts (20%), reports (12%) and methodological support (12%).

Figure 2.10



The below diagram reveals the flow of the number of petitions by divisions in 2007.

Figure 2.11



Partial conclusions:

(1) Only 63% of the Ministry's resources are involved in the development of policies and coordination of their implementation (according to the best practices, 75% shall be allocated for policy development)
(2) 32% of resources and time are allocated for support activities. A part of them should be delegated to the subordinated agencies. According to the principles of functional analysis, the support functions need to be delegated to the subordinated institutions or agencies that are responsible for the processing of individual cases.
(3) The high number of petitions impacts negatively the MoH activities. A significant part of petitions falls beyond the competence of the Ministry and refer to other institutions from the sector. many of them come from the Government or MPs.
(4) The absolute number of people involved in the implementation of policy functions is not enough for the policy areas, which the Ministry is responsible of.
(5) There are no skills and competences in the economic, statistical, managerial, legal and policy areas. The absolute number of people is extremely low, if compared with the share and importance of policy areas.
(6) The current organizational chart doesn't include several important health areas, discussed in this report.

2.2 Institutional management

Human resources management

The total number of staff in the authority's central office as of 01.01.2008: complement of staff: 95, total employees 76, public officers 61

There is neither a system for the appraisal of the performance of public offices nor a performance-based remuneration system that would ensure the stability and motivation of staff. Because of the lack of a staff promotion and motivation system, including financial motivation, the vacancies are not occupied, though announced repeatedly, though the workload of the existing staff is very high (65% of people declare that work over 40 hours a week, and 69% of staff declare that the workload is big or very big). The staff turnover, though not exaggeratedly high (6.6% dismissals in 2007) and lack of candidates for the vacant posts lead to extremely big workloads and also to the need to employ people otherwise than trough open contests. As most of the newly employed staff is inexperienced (young doctors, immediately after graduation, recent graduators from legal and economic departments, etc.), a staff development methodology or plan is needed, especially for the new employees, which at present doesn't exist. There isn't any Manual of Internal Procedures either, that would allow the new employees to adjust themselves quickly to the activity of the Ministry.

Figure 2.12

- *The age of the employees as of 01.01.2008 (%):* 20-24 years: 6.6% 25-34 years: 31.6% 35-44 years: 21%; 45-54 years: 23.7%; 55-: 17.1%	- *Seniority/experience:* <1 year: - 49.2% 1-5 years: - 13.73% 6-10 years: - 17.65% 10-20 years: - 11.76% > 20 years: - 7.84%
- *The core profession of public officers:* doctors - 43.1% economists - 13.8% jurists - 4.6% other professions - 38.5%	- % of staff fluent in English of the total number of employees: 27.7% - % of computer literate staff (Word application): 67.7% - % of computer literate staff (Excel application): 46.2% - % of computer literate staff (Power Point application): 52.3% - % of computer literate staff (Internet Explorer): 63.1% - % of computer literate staff (MS outlook): 52.3%

The Staff Training Plan is not based on a systematic analysis of the training needs by divisions and the abilities of each employee, but it is based on the offer of training institutions. On the other hand, the participation in training courses increases the workload for the remaining staff. In addition, the participation in training courses doesn't exempt the public officers from their duties, therefore they need to perform them after the training session. Therefore the staff is not motivated to attend training courses. There isn't any system for the assessment of the quality of the training process or post-training assessment of the use of acquired knowledge and skills. The knowledge of English is limited (28% of the staff), just like the computer skills (only 50% of the staff have enough computer skills).

In terms of the working process, the technical endowment is insufficient (PCs, copiers, scanner, lap-tops especially for business travels in the country and abroad, etc). The area used by the Ministry is also limited, with 4 employees in each office on the average. There is only one meeting room (except for the conference room), though the scope of the Ministry calls for frequent meetings of working groups, expert groups, etc.

Training and enhancement

The percentage of staff that attended training and skills enhancement courses in 2007 according to the regulatory acts in force (at least 5 days a year): 64%(39 people). The diagram below shows the share of training skills enhancement events, organized by the MoH in 2007.

Figure 2.13

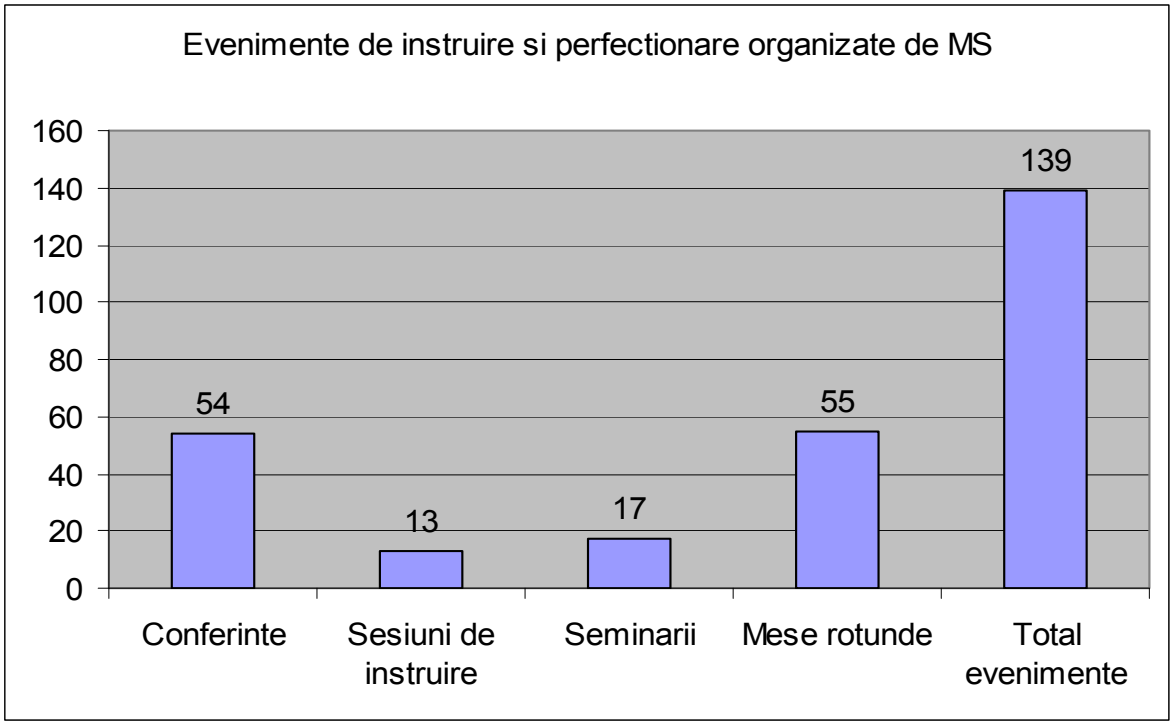
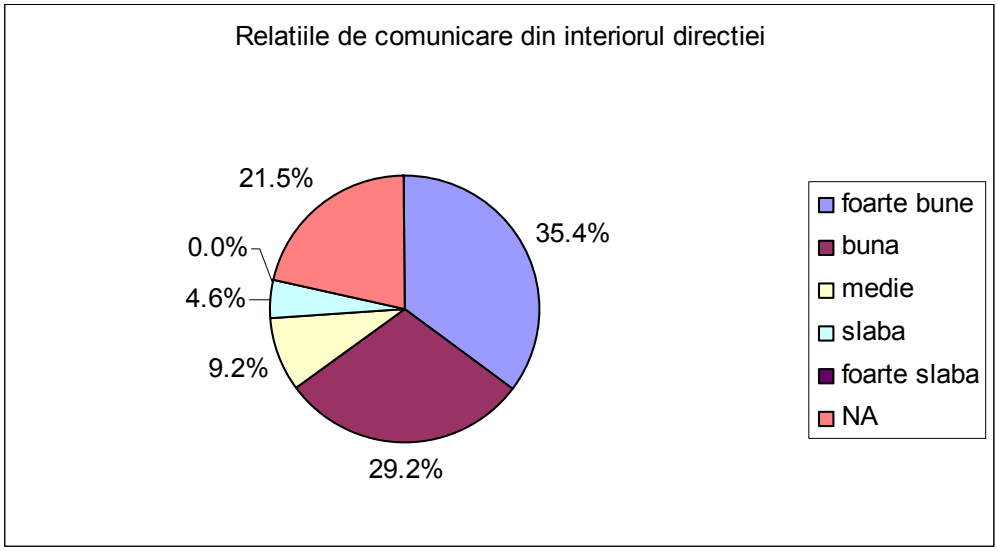
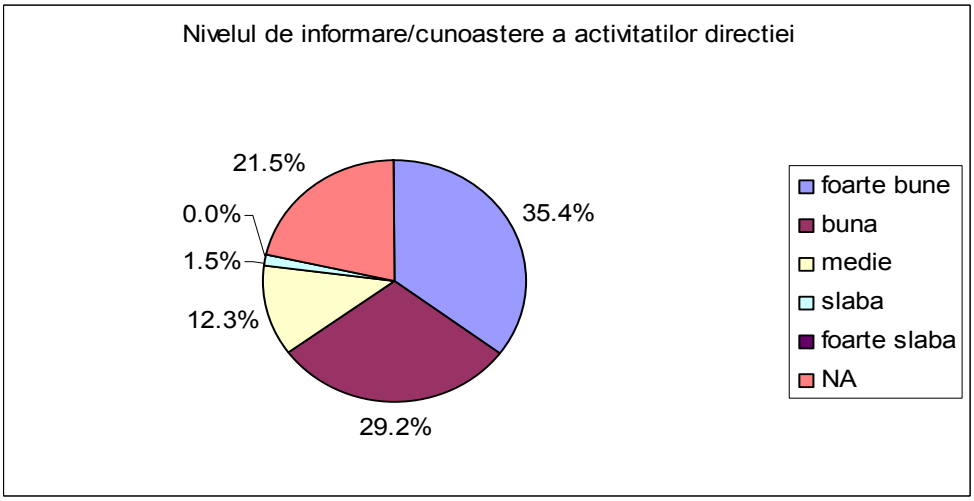


Figure 2.14



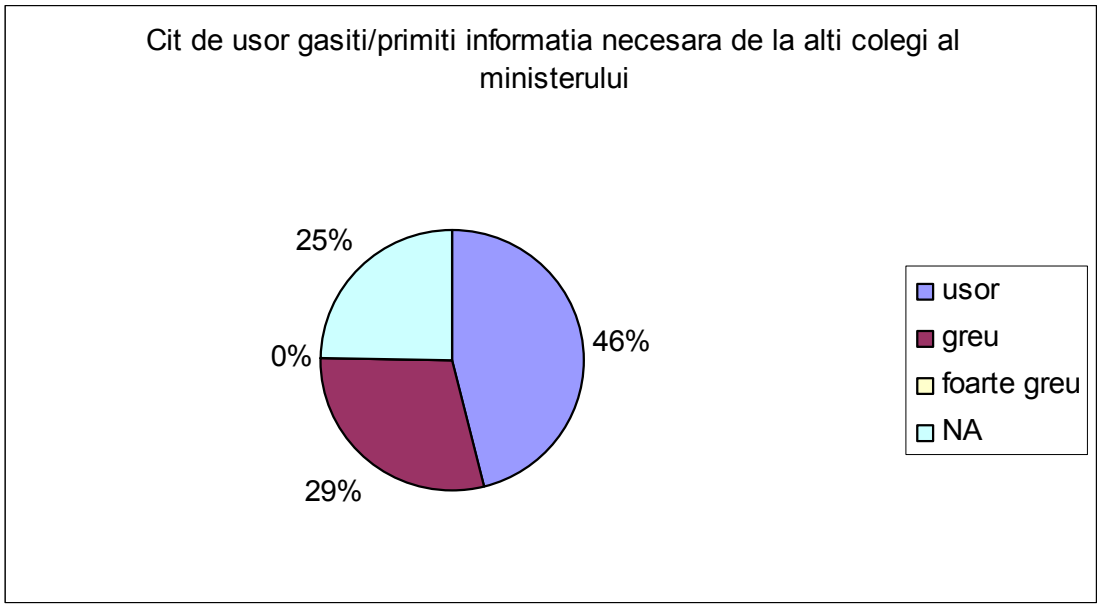
The communication/collaboration of the Ministry of Health with other institutions is reflected in the diagram below.

Figure 2.15



The next diagram reflects the MoH workers' perception of the informational exchanges with their mates. 46% respondents believe the communication and informational exchange among mates is quite low.

Figure 2.16



68% of respondent believe the information received from other central public authorities is accurate, and 26% didn't answer this question. Only 6% of respondents mentioned inaccuracies in the information, received via centralized channels.

Partial conclusions:

1)Introduce a system of annual assessment of performances on the basis of a set of predetermined indicators and respectively introduce a performance-based wage system, that would ensure stability and motivate the staff.
2)Develop a Manual of Internal Procedures, which will help the new employees to learn quickly the activity of the Ministry; in addition, a peer from the Division could be appointed as mentor who will help the new employee to learn his/her functions quickly and efficiently.
3)Develop an Annual Training Plan on the basis of an initial long term training needs assessment, and not on the basis of the existing offer of training courses. Develop a system for the assessment of the quality of the training process or post-training assessment of the use of acquired knowledge and skills.

2.3 Policy-Related Decision Making Processes

Issuance of policy papers

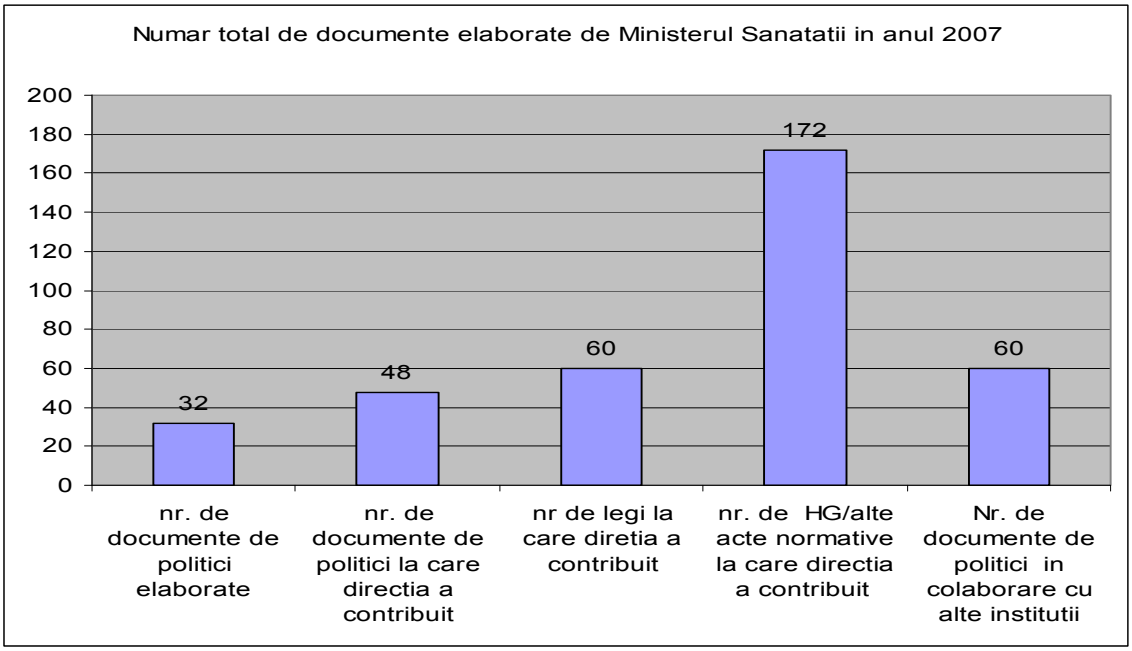
Issuance of policy papers is the key function of the Ministry. We will analyze in detail the process of policy development. The data presented below reveal that over 60% of the policy papers are developed during a period of up to 4-5 weeks, i.e. during one month (not including the advising process). The development period is quite short. The analysis of the procedures of policy paper development reveals a systematic omission of several stages of impact estimation, cost and benefic analysis and consideration of policy alternatives.

The policy documents and regulatory and legislative acts are frequently (31.9%) developed at the initiative of the Ministry's management (minister, deputy ministers); at the indication of the Government (26.1%), at

the initiative of a MoH division on the basis of the indicated needs (27.5%) and 14.5 of the regulatory acts are developed at the initiative of a subordinated institution, on the basis of the identified needs.

The diagram below presents the total number of documents, issued by the Ministry of Health in 2007.

Figure 2.17

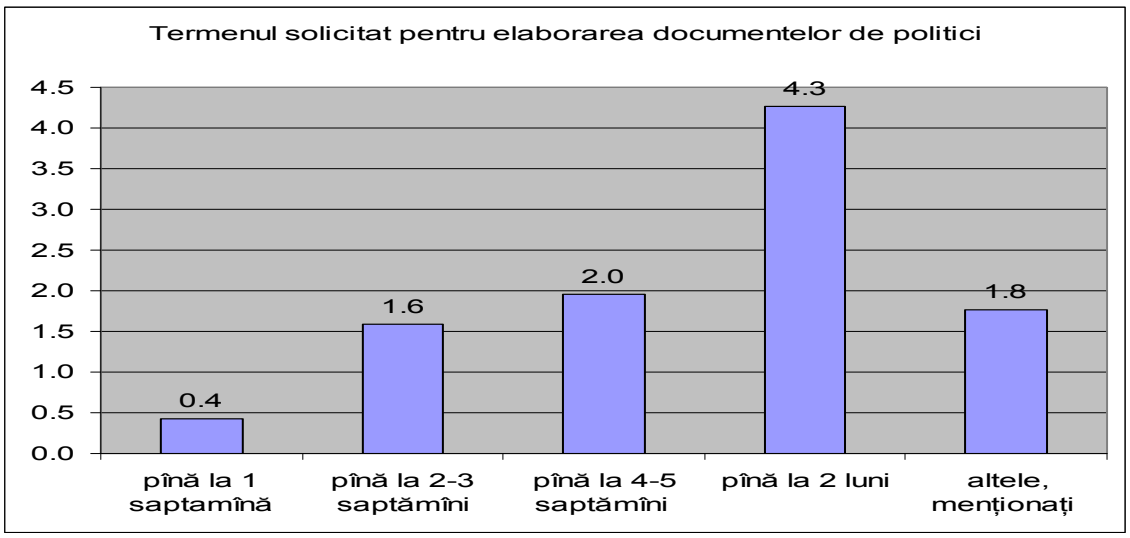


According to the diagram below, most of the policy documents are developed during a period of up to 2 months; the documents developed during a period of up to 4-5 weeks rank the second. It is worth mentioning that the development periods didn't include the period of time needed to get advices on policy documents. In this respect, one disposition is developed during a period of up to one week, one order is developed in 2-3 weeks, one actions plan – in 4-5 weeks, and one concept, strategy, program – up to 2 months.

Figure 2.18

- *Initiation of the development process (of policy documents, regulatory acts):* *Government indication - 25.3%* *Management of the Ministry - 32.2%* *Initiative of a MoH division - 27,6%* *Initiative of an institution, subordinated to MoH, on the basis of the identified needs - 14,8%*	- *The term requested for documents development* *2-3 weeks 20%* *4-5 weeks 20%* *2 months 42%* *Others 18%*

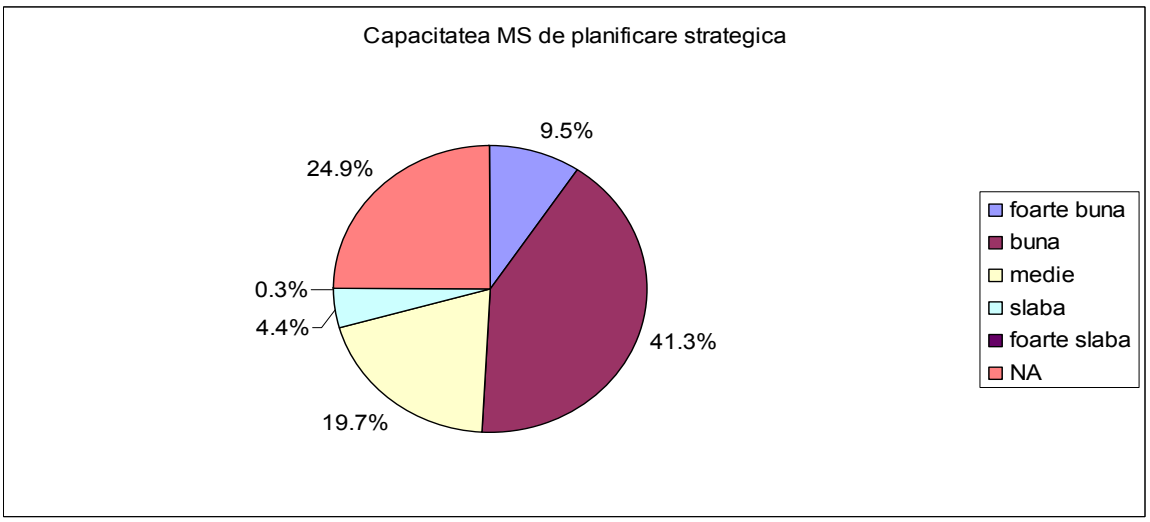
Figure 2.19



According to the existing procedures of policy documents development, the development of one policy documents should include the following compulsory stages: situational analysis, financial analysis, impact estimation, cost and benefit analysis and finally, examination of policy alternatives. As the period for the development of one policy document is quite short (56% of all regulatory acts are developed in less than 2 months, the rest – in a shorter period of time) we suppose that the time pressure leads to the omission of one or more key stages of the policy development process. And this directly impacts the quality of policy documents.

The following diagram reflects the perception of the Ministry of Health staff of the ministerial capacity of strategic planning: 41.3% of the respondents regard it as very weak; 4.4% - as weak; 19.7% - as medium and only 9.5% regard it as very good. It is worth mentioning that 24.9% of respondents didn't answer this question.

Figure 2.20



Regarding the existence of statistical databases, needed for the policy development process, most respondents declared they had to be reviewed, improved and standardized. It was mentioned that the existing databases were not perfect and failed to comply with the terms and periodicity of data

submission. It is necessary to have databases that are easy to access and manage, and update them on a periodical basis. In addition, it is necessary to assess and simplify the procedure of registering, record keeping and reporting of statistical data.

Regarding the statistical data on the monitoring of policy and regulatory acts implementation, they specified the need to review the progress monitoring indicators in all areas. The policy implementation is being monitored on the basis of the following existing statistical data: medical, demographic statistics, the economic activity of PHCF, activity reports, including NHIC, reports on the assessment of PHCF's expenditures, studies, surveys, standardized indicators HIV/AIDS, Tb, HVB,C socio-hygienic monitoring, coverage with vaccines, intestinal infections and cholera, etc. They also use self-assessment data from the regions, replies schemes and assessment of policy implementation.

There aren't any databases at all for a part of the MoH functions: For example: the International Relations and Foreign Assistance Service mentioned the need to establish some internal databases that would allow monitoring the existing assistance, the business travels abroad of the specialists from the health care system and assessing the implementation of recommendations made as a result. They also noted the importance of some databases for the monitoring of official visits, expert mission, bilateral meetings. It is crucially important to develop databases with information about all regulatory acts, developed by the Ministry, classified by medical services, and to establish some criteria for keeping record of petitions, complaints, cases of corruption, doctors' negligence, inappropriate treatment, studies, surveys.

A wide range of sources of statistical data and information, used for the monitoring of policy implementation, was noticed: from the *share of villages without pharmaceutical assistance in the total number of villages and people's access to medicine, dynamics of price index, number of trained people, people's health status assessment indicators, allocated financial resources, didactic materials prepared, informational campaigns, report on the financial and medical activity of PHCF* **to** *patients' satisfaction assessment indicators and number of meetings with mass media, NGOs, level of involvement of the civil society in the decision making process and analysis of MI activity, supervision schemes, Perinatology program and implementation of the national programs, etc.* The plenty of sources, mentioned above, reveals the need to unify, centralize, standardize the monitoring indicators in order to facilitate the work with these indicators.

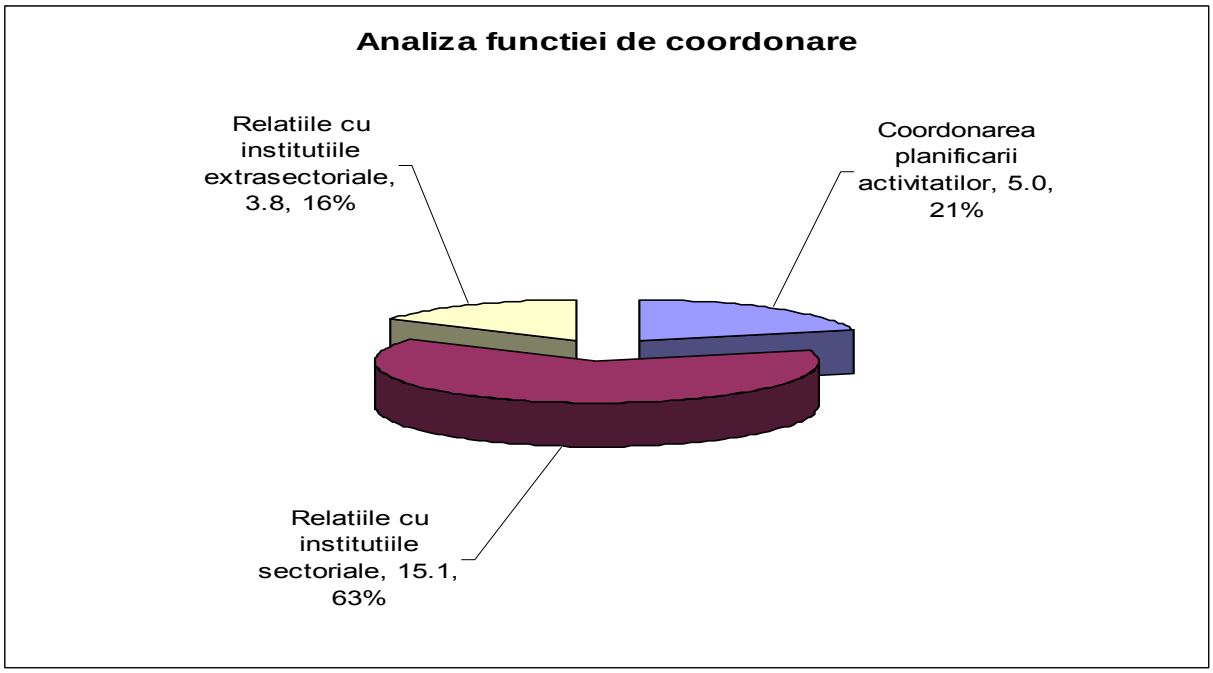
Partial conclusions:

1) the shortage of time, allocated for the policy development process, results from:
   - pressure, caused by the need to perform other duties
   - pressure made by the body that solicited the document
2) limited human resources,
3) insufficient competences needed for policy development
4) a wide variety of statistical data.

Analysis of policy coordination function

The analysis of the activities of coordination of policy implementation (Figure 6) reveals that the biggest share of time is used to coordinate the policy implementation with other actors – 63% with 15.1 equivalent employees, coordination of activity planning – 21% with 5 equivalent employees and coordination of the relation with extra-sector institutions – 16%.

Figure 2.21



Development of health insurance budget

The health care system is undergoing a process of structural reform, administrative and functional decentralization. In this respect, the strategic planning process is of major importance for the fulfillment of the Ministry of Health mission. For an efficient decision-making process, the Ministry of Health needs to have access to an integrated system of qualitative, specific and timely data (based on an integrated informational platform), which could be easily transformed into information and evidence, needed for the development of strategic alternative adjusted to t he needs and available resources. On the basis of the analysis of various options and their consequences they can take the best decisions in the area of sanitary policy and health care system regulation. Sound analytical skills, supported by a good monitoring and assessment system, ensure an efficient decision making process.

The capacity of ministerial divisions to get involved actively and de fact manage the process of policy development in the insurances area is insufficient. The main reasons are related to the lack of appropriate knowledge, lack of systematic procedures for information presentation and the well-established practice of NHIC dominance in this process.

The implementation of policies and strategies also requires knowledge, skills and mechanisms that will allow the Ministry to manage the system through delegation and efficient communication. For an efficient strategic planning, the Ministry needs to establish an appropriate environment for the attainment of the optimum balance between the developed policies and implementing organizations.

Performances related to the decision making process, communication and informational technologies

In 2007 the Ministry of Health developed the sector policy framework: the National Health Policy and the Health System Development Strategy for the period of 2008-2017. All documents, developed subsequently (NDS Actions Plan / health component, MTEF, health programs, etc) comply with the priorities, identified in these strategic documents. In 2007 the Ministry of Health developed 11 policy documents, 6 laws, 50 Government decisions and other regulatory acts.

The strategic document development process is carried out through consultation (subordinated institutions, beneficiaries, international organizations, NGOs). While minimum 70% of the staff regards the collaboration with other ministries, subordinated institutions and international organizations as good or very good, only 43% of the staff believes that the civil society (NGOs) collaborates well with the Ministry.

Besides the annual activity plan there are many plans in the form of annexes that are not consolidated in a strategic activity plan of the Ministry. Thus, at present there are about 35 policy documents, strategies, programs, plans, which the Ministry of Health contributes to or is directly responsible of, which are difficult to monitor and evaluate. It is necessary to review the priorities and activities, and integrate them in the Strategic/Institutional Development Plan for 2009-2011 depending on the priorities and the Ministry's capacity to fulfill them.

The collaboration among central public authorities is sometimes difficult as there isn't any single reporting system on the record keeping and circulation of documents among central public authorities. There also exists a reporting system on request, without having any confidence that the requested documents will be fully used.

Indicators on management of petitions

There are two many requests and documents both from authorities (5607 requests and orders in 2007), as well as from citizens (2750 petitions in 2007), to the detriment of the strategic and regulatory activities. Making a simple mathematical calculation we can notice that about 35 petitions and requests are handled during one working day. We assume that the enforcement of the Law on Electronic Petitions will increase their number even more, demanding more time from the Division staff.

The collaboration with NGOs is not sufficiently developed. The media coverage and external communication of the Ministry's activities needs to be a continuous process. Only about 26% of the staff believes that the activity of the Ministry of covered well or very well.

- The number of petitions received from citizens in 2007: 2750
- The number of requests/orders received in 2007: 5607
- The number of replies to petitions: 2554
- The number of petitions settled on time: 2554
- The number of petitions that fall beyond the competence of the ministry: 196

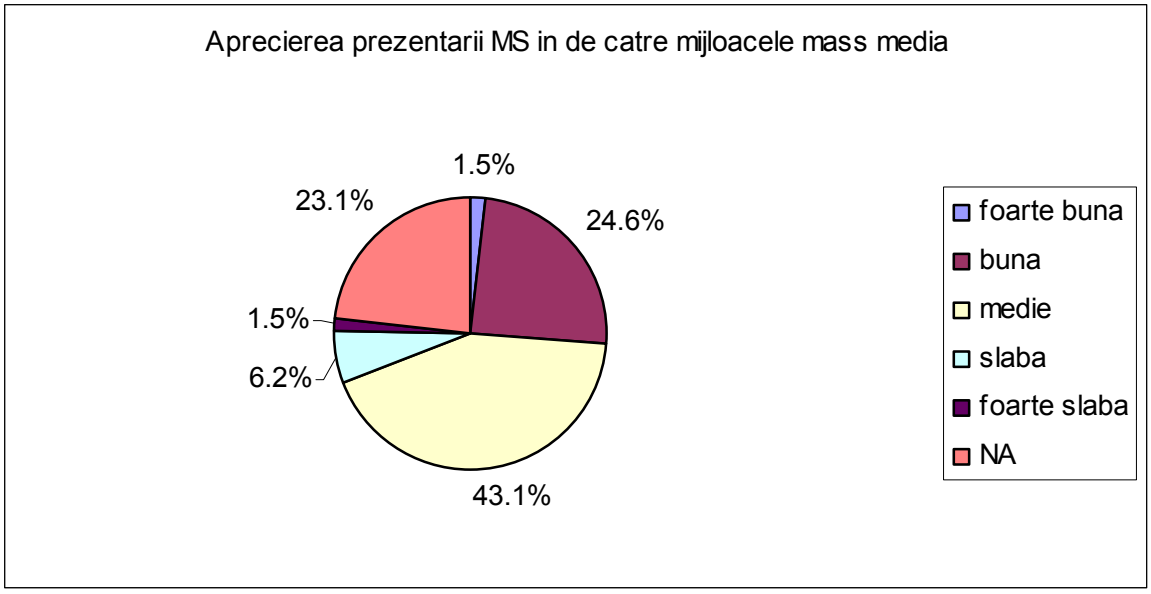
Indicators of collaboration and external communication

The number of NGOs and other partners, consulted by the ministry/authority on a regular basis when developing policy documents: 26

Figure 2.22

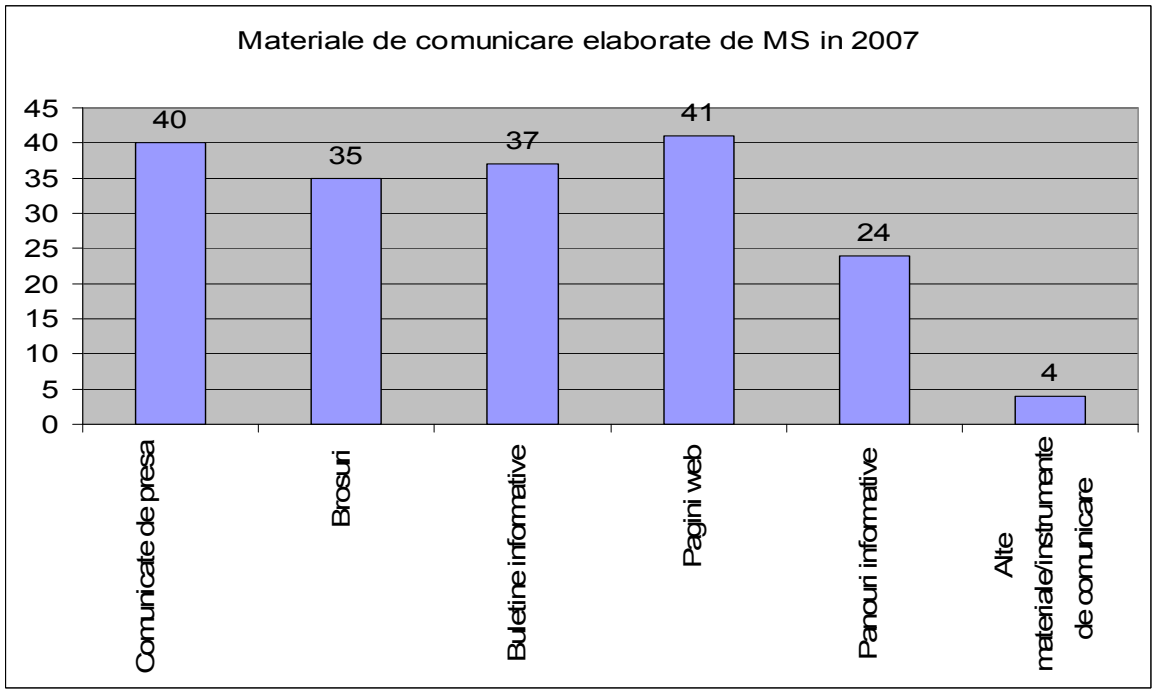
- *Collaboration of the MoH with other ministries* *Very good/good 77.5%* *Medium 16.5%* *Weak/very weak 6%*	- *Collaboration of the MoH with international organizations* *Very good/good 69.5%* *Medium 24.5%* *Weak/very weak 6%*
- *Collaboration of the MoH with the subordinated institutions* *Very good/good 74%* *Medium 22%* *Weak/very weak 4%*	- *Media coverage of the MoH activities* *Very good/good 26%* *Medium 43%* *Weak/very weak 8%* *NA (not answered) 23%*

Figure 2.23



The figure below presents the share of communicative materials, developed by the Ministry of Health in 2007

Figure 2.24



Identification of alternative solutions for petitions processing (a process that takes about 60% of working time in some Divisions). The Ministry needs to develop a system for registering, storing, analysis of the electronic petitions. Three posts may be added in the Petitions and Audiences Service of the Administrative Division (2 doctors with significant experience in the health system, possible part-time, and one legal person) who will be responsible only for processing the petitions, addressed to the Ministry. These posts need the following skills: medical experience, efficient communication, appropriate psychological training. Some requests and orders from the President's House, Parliament, Government, decease cases could be settled in collaboration with the division, responsible for that specific issue. On the other hand, the activity of relations with the civil society falls beyond the scope of the Administrative Division and could be added to the activity of relations with the press. An alternative solution is to delegate the settlement of petitions (only for petitions from citizens) to an subordinated institution, ensuring appropriate number of employees in the complement of staff (for example, Health Management Center).

Updating of the regulations on the internal circuit of documents and development of the internal IT system for processing and storing electronic documents, improvement of document encoding, registering and circulation system at the division level. All regulatory documents need to be advised and then registered in a single register, held by the legal department.

Development of the informational platform for the use of Internet as a common method of communication between divisions and planning of working meetings.

Institutional budgets in the health sector

The institutional budgets of the institutions from the social sector are developed through direct negotiations between the Ministry of Finance and the respective institution on the basis of the ceilings, introduced in the MTEF. The financial resources are allocated on the basis of accounting criteria, considering the needed expenditures, these being subsequently grouped in financial expenditure programs. There is a major gap between the objectives and priorities, on the one hand, and the expenditures and financial allocations, on the other hand, or other fiscal, treasury and other policies. The activity of the subordinated institutions is not assessed in terms of policy implementation on the basis of some performance indicators.

The ministry is continuously carrying out measures of strategic analysis and use of information, obtained for the development of the Medium Term Expenditures Framework (MTEF) in the health care area. The implementation of MTEF by the Ministry of Health improves the annual budgeting and planning processes.

Thus, in the 2008 State Budget Law the health care budget is based on programs and performance (annex no 9 to the 2008 State Budget Law "List of Public Authorities' Budgets, Based on Programs and Performance").

Partial conclusions:

- High pressure, to develop policy documents during a one-month period,
- Preference for regulatory instruments,
- Low use of statistical data and impact analysis stages, policy alternatives analysis,
- The Ministry doesn't have a leading role in the coordination of the health care sector,
- There is no mechanism for the assessment of institutional performances,
- The institutional budgets are developed on the basis of expenditures and not on the basis of policy objectives.

Performances of the financial planning, acquisitions and internal audit

The Ministry of Health budget is fully based on programs and performance. The interaction between policy development and budgeting processes is well developed in the Ministry of Health. Both divisions have proper capacity (Policy Analysis, Monitoring and Assessment Division and Economy, Finance, Accounting and Management Division) of strategic and financial planning.

The Ministry of Health doesn't have an internal audit function (both in the financial area and of the overall internal control system). The activities, provided in the national programs, are not fully funded with funding. In 2008 the allocations for these programs range between 1.8% in emergency and up to 93% in the immunization program, accounting for about 18.5% of the funding. The share of public procurement contract, attributed through open tender (public)

- number of contracts – 22 [10]
- Amount (MDL thousand) 152.406.340, 00

Partial conclusions:

1) Introduce internal audit for national programs and transfers from the State Budget,
2) Gradually develop and strengthen the financial planning on the basis of performance programs and subprograms at the level of subordinated institutions. At present this is practiced, but there are 2 types of reporting: the traditional method and the performance-based method, which leads to overlapping work and disturbs the activity.

2.4 Product portfolio

In this section we will measure the Ministry's productivity. Each identified function has a different productivity. For the policy development function we will measure the productivity as the number of policy papers (for simplicity: strategies, complex regulatory acts, simple regulatory acts, advices) produced by the unit involved full time. For other functions we will have to find other ways to measure the productivity. The policy development, assessment and monitoring function is carried out in the Ministry by 20 full-time employees.

The MoH products portfolio in outline

Social value (results, impact) of the product			
		Insufficient social value	Good social value
Coverage with resources and funding	Good coverage with resources and funding of the product	A. Replies to citizens' petitions and authorities' requests <u>Needs a diminution, redirectioning, delegation to other institutions</u>	B. Coordination of policy implementation
	Insufficient coverage with resources and funding of the product		C. Development of policies D. Development of regulatory and legislative acts E. Advise on regulatory and legislative acts G. Analysis and research aimed

[10] According to the Law on Public Acquisitions

			at developing public policies Requires allocation of additional sources

Products, lacking in the MoH portfolio:

- F. Assessment of the policies' impact,
- H. Sector budget and institutional contracts with the sector institutions aimed at policy implementation (including performance assessment),
- I. Government programs.
- J. External audit of policy implementation by the intra-sector institutions,
- K. Detailed and disaggregated statistics, including administrative data, on the beneficiary groups,
- L. Detailed information about the available social rights and benefits (services and allowances), including the access to and management of benefits.

The lack of the aforementioned products in the Ministry portfolio impairs the quality of the sector policies.

Partial conclusions

1. The Ministry has a high productivity in terms of the number of policy documents, achieved on account of the quality of policy products.
2. The analysis of the main products of the Ministry reveals an average quality of policies, regulatory and legislative acts (lack of rationale based on a cost-benefit analysis, causes of interventions, alignment to the objectives, correlation with other policy instruments), good quality of the replies to citizens' petitions and requests, low quality of policy analyses (it can be performed only with the external support and assistance).

2.5 Chapter Conclusions

Regarding policy processes and products

- The ministry has a good capacity to develop regulatory and legislative acts.
- High pressure, to develop policy documents during a one-month period,
- Preference for regulatory instruments to the detriment of other policy instruments,
- Low use of statistical data and impact analysis stages, policy alternatives analysis,
- The informational system is not integrated in the health area. It cannot be regarded as a strong basis for the decision making process, development of health policies and assessment of their implementation. At present, the data are collected by different institutions and submitted to the Ministry as statistical data, not as disaggregated information, analyses and alternative, on which basis sanitary policy decisions could be made.
- There is practically no policy analysis, evaluation of problems. This is mainly performed by international projects and international organizations.
- Insufficient policy development competences (economics, statistics, public policies, project and program management).

Regarding the organizational structure

- The current structure of the Ministry reflects the main policy areas in the health sector.
- The number of employees is too low and doesn't correspond to the importance of policy areas, covered by the Ministry (primary health services, in-patient services),

- Some important policy areas are not included in the authorities (private insurances, private investments, competitivity and anti-trust in health services area) and the organizational units of the Ministry (compulsory health insurance, prices for private health services, health risks, production and import of equipment, pharmacy products, health services for some important beneficiary groups)

Regarding the management of the sector

- The Ministry doesn't have a leading role in the coordination of the health care sector,
- There is no mechanism for the assessment of institutional performances,
- The institutional budgets are developed on the basis of expenditures and not on the basis of policy objectives.
- Important processes, such as development of the Law on Insurance Funds, establishment of prices for medical services, are performed by the NHIC with a low participation of the Ministry; the Ministry doesn't have any leverages to influence the administrative issues of NHIC (administrative budget, institutional strategic development).

Regarding the coordination of policy implementation

- There is no integrated management of national health care programs, regardless of the funding source (Ministry of Health, local authorities, international credits or grants, etc.)
- Introduce internal audit for national programs and transfers from the State Budget,
- Gradually develop and strengthen the financial planning on the basis of performance programs and subprograms at the level of subordinated institutions. At present this is practiced, but there are 2 types of reporting: the traditional method and the performance-based method, which leads to overlapping work and disturbs the activity

Regarding the human resources management

- Introduce a system of annual assessment of performances on the basis of a set of predetermined indicators and respectively introduce a performance-based wage system that would ensure stability and motivate the staff.
- The remuneration of policy-related functions is 3-4 times lower than in the private sector, therefore competitive people cannot be attracted in this system,
- Develop a Manual of Internal Procedures, which will help the new employees to learn quickly the activity of the Ministry; in addition, a peer from the Division could be appointed as mentor who will help the new employee to learn his/her functions quickly and efficiently.

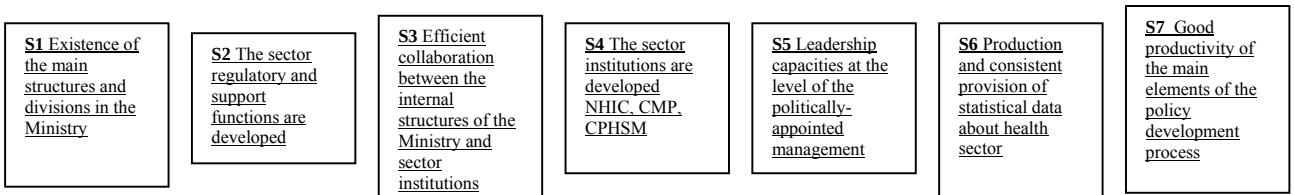
3 Conclusions

This chapter contains the main conclusions of the evaluations, made in the previous chapters. The conclusions are systematized in a SWOT analysis and fish-bone analysis of the main issues related to the institutional development of the Ministry and the overall social sector.

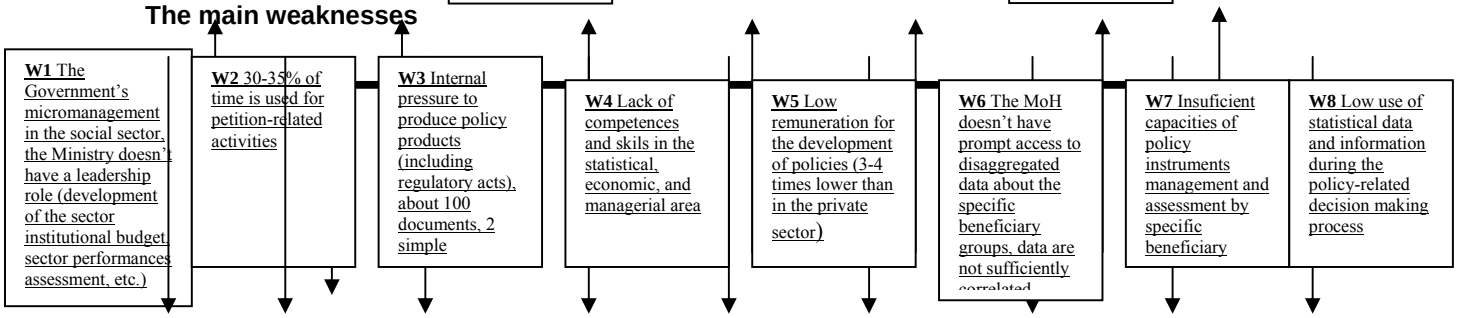
3.1 SWOT Analysis

SWOT analysis in outline, for detailed information see the SWOT table

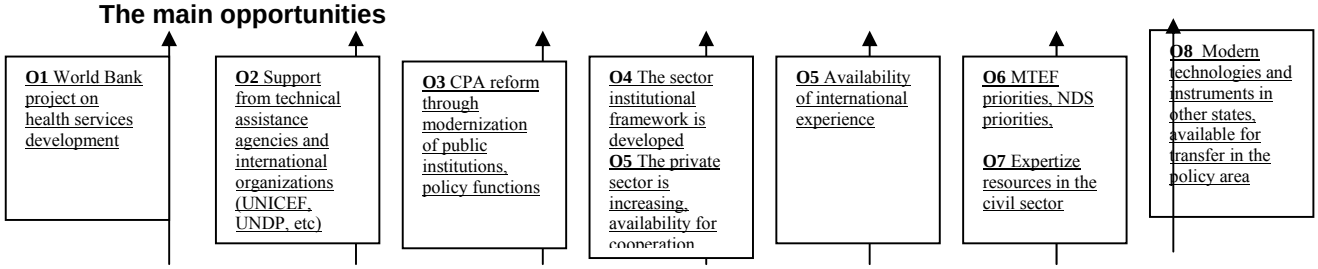
The main strengths



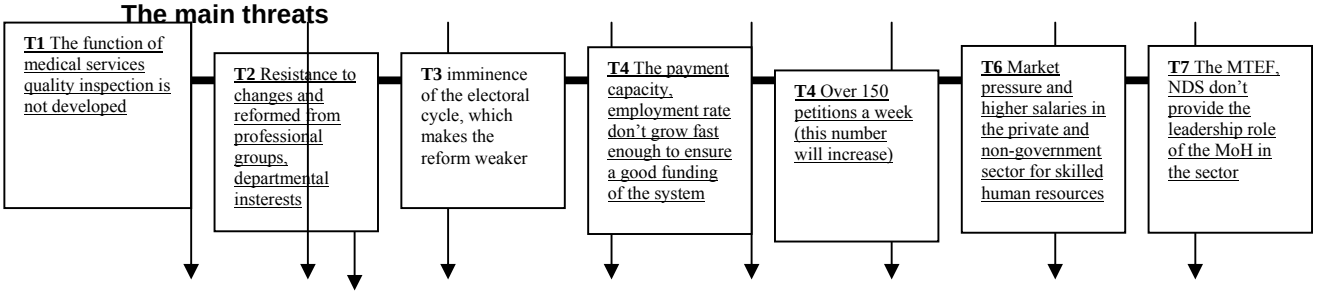
The main weaknesses



The main opportunities



The main threats

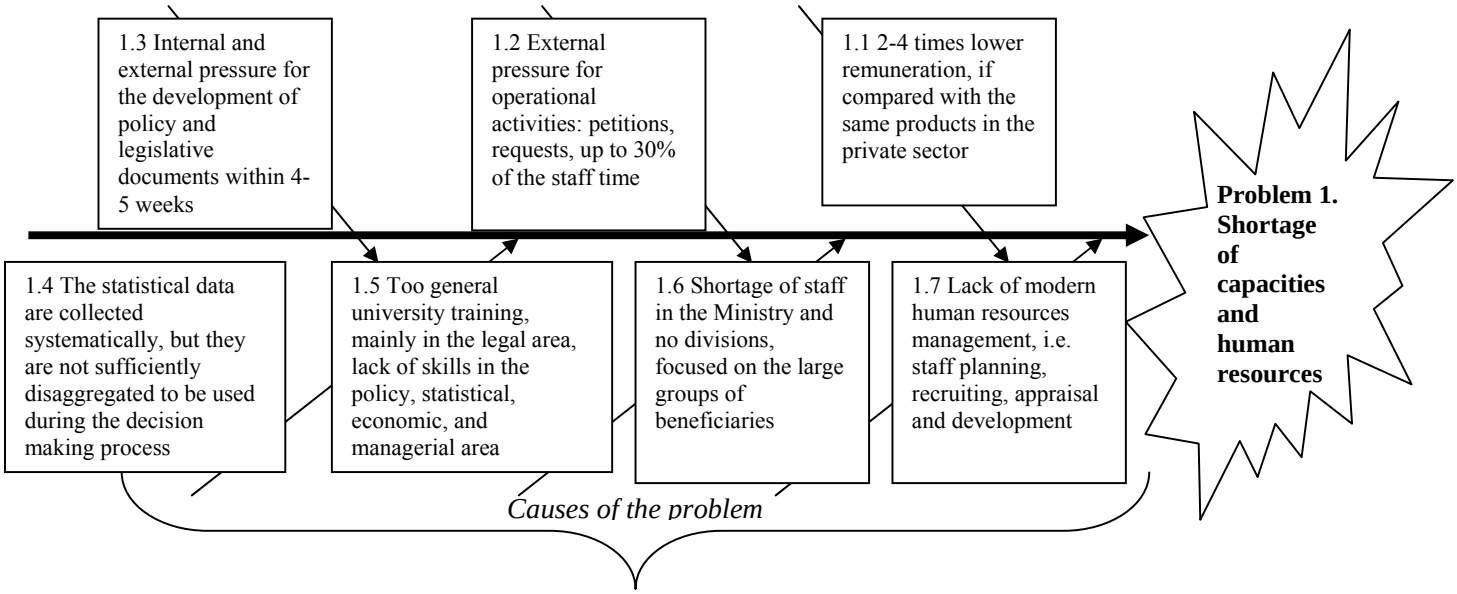


3.2 The main problems related to institutional development

In this section we will systematize the preliminary findings from the previous chapters and will present them as a *fish-bone* analysis[11]. The main problems, related to the institutional development of the MoH and sector institutions are the following:

1)Shortage of capacities and human resources,
2) Insufficient quality of the policy-related decision making process.

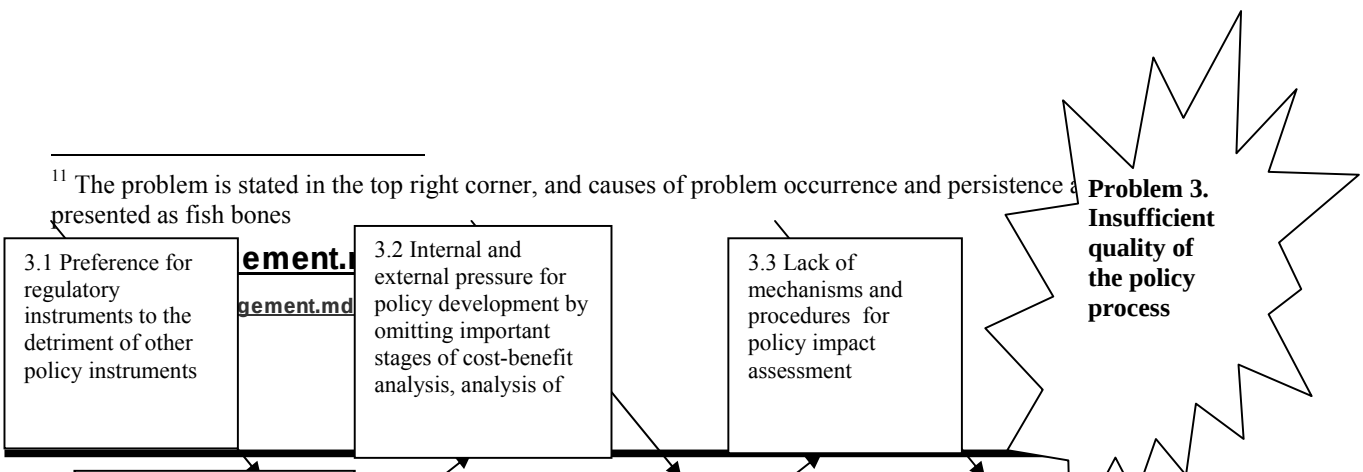
1) Shortage of human resources capacities in terms of knowledge and skills and also in quantitative terms, which are not enough to perform the function of development, coordination of implementation and assessment of sector policies' impact.



This problem is induced by several factors. Of course, if the negative effect of a certain cause is eliminated or diminished, this will improve the situation only partially.

2) insufficient quality of the policy process

[11] The problem is stated in the top right corner, and causes of problem occurrence and persistence a presented as fish bones



3.3 Recommendations

This section presents a summary of recommendations, developed on the basis of Institutional Assessment Report.

- Identify solutions for the settlement of requests and petitions through: accessible and clear information for the petitioners regarding the relevant respondent institutions, 2) requests screening through the Petition Center, 3) development of detailed informational materials about the medical rights for different categories of beneficiaries with clear procedures and contact details, 4) education and information of central authorities about the competences of the ministry and other sector institutions.

- Introduce a performance-based wage system that would ensure stability and would motivate the staff, introduce a system of appreciating the activity of public officers through moral and material stimuli (bring the remuneration package of public office to at least 80% of the remuneration in the private sector for similar functions and responsibilities).

- Speed up the completion of the Integrated Informational System in Health that integrates information from the area of public health, insured services, cases and incidences. Staffing of the data collection institution, who will analyze the data, transform them in information, evidence and options for decision making process.

- Enhance the national health programs by ensuring their integrated management, regardless of the funding source, development of a system for keeping record and monitoring the attainment of the indicators, stipulated in national programs. The development of health programs should be correlated with other health policies and should be based on a situational analysis.

- Development of the professional skills of the staff in the policy, economic, managerial, statistical, program assessment areas.

- Strengthening of the capacities of two subordinated institutions is the most important enhancement measure. CPHSM, NHIC and CMP will provide disaggregated data and information to analyze programs, find alternatives, and take policy-related decisions.

- Introduce representatives of the MoH (Medical Services Division, Insurance Technologies Division, Economic-Financial Division, National Programs Divisions) in the Board, the Board will be presided by a deputy minister or the minister of health, who will ensure a better coordination of health policies.

- Pass exclusively to financial planning on the basis of performance programs and subprograms, excluding the traditional method.

- Change the form of inter-institutional reporting (from subordinated institutions), from paper based reporting to electronic reporting.

- Develop the methodology for the assessment of the performances of the institutions, subordinated to the Ministry in relation to the existing financial resources,

- Continue the practice of placing the approved budget, annual reports, Court of Accounts report, etc. on the Ministry's web page in order to ensure transparency.

- The recommendations regarding the organizational structure of the Ministry are presented separately in this report.

Portfolio of the recommended ministerial sector functions

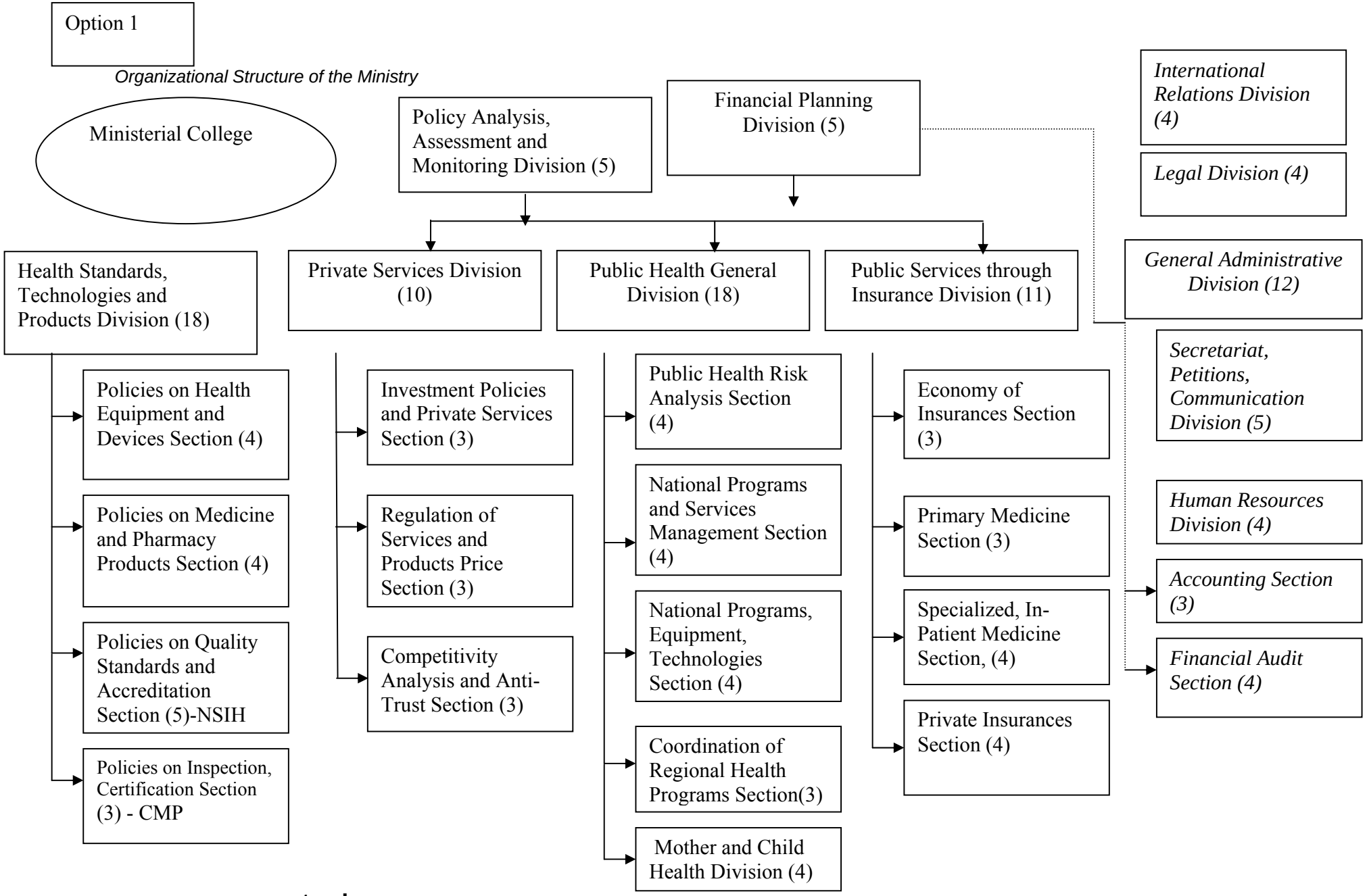
	Sector function	**Sub-function (in detail)**	**Products**	**Responsible structural unit from the MoH**
	Policy development (P)	Development of sector policies	MTEF, NDS, Law on Insurance Funds, national programs, IDP	EAPMD, Financial Planning Division with the participation of divisions and sections by policy areas, groups of beneficiaries
		Development of policy documents by concrete situations and beneficiary groups. Development of regulatory and legislative acts for policy implementation	Policy documents in the area of national programs, policies in policy areas and by beneficiary groups, regulatory impact assessment of the regulatory projects	Divisions and sections by policy areas, beneficiary groups
		Co-participation in the development of policies, regulatory and legislative acts, initiated by other ministries	Advices and opinions on policy documents, regulatory and legislative acts, developed by other central executive authorities	Divisions and sections by policy areas, beneficiary groups, sector divisions
		Analysis of the impact and efficiency of policies	Studies, researches, policy analyses and forecasts by beneficiary groups or policy instruments	Divisions and sections by policy areas, beneficiary groups with the methodological support from EAPMD in cooperation with other relevant research organizations
		Analysis of the sector, monitoring of the situation in the sector	Annual Health Report, report on the situation of the main groups	EAPMD, Financial Planning Division in cooperation with the divisions and institutions

				from the health sector
		Development of Government programs	National programs	Divisions and sections by policy areas, beneficiary groups
	Coordination of policy implementation (C)	Coordination of the central executive institutions from the health sector	Advice on institutional plans, contracts and budgets of the institutions from the social sector	Divisions and sections by policy areas, beneficiary groups with the methodological support of the Legal Division and Financial Planning Division
		Assessment of the performances of the central executive institutions from the health sector	Advices for the reports on the implementation of institutional contracts (sector institutions)	Divisions and sections by policy areas, beneficiary groups with the methodological support of the Legal Division and Financial Planning Division
		Replies to requests and petitions that are not related to legislation amendments, changes in policies	Replies, amendment proposals	Divisions and sections by policy areas, sector divisions, beneficiary groups
		Methodological support and conflict settlement in the activity of central executive institutions	Meetings, visits to central executive institutions, participation in public discussions and debates on health policies	Divisions and sections on policy areas

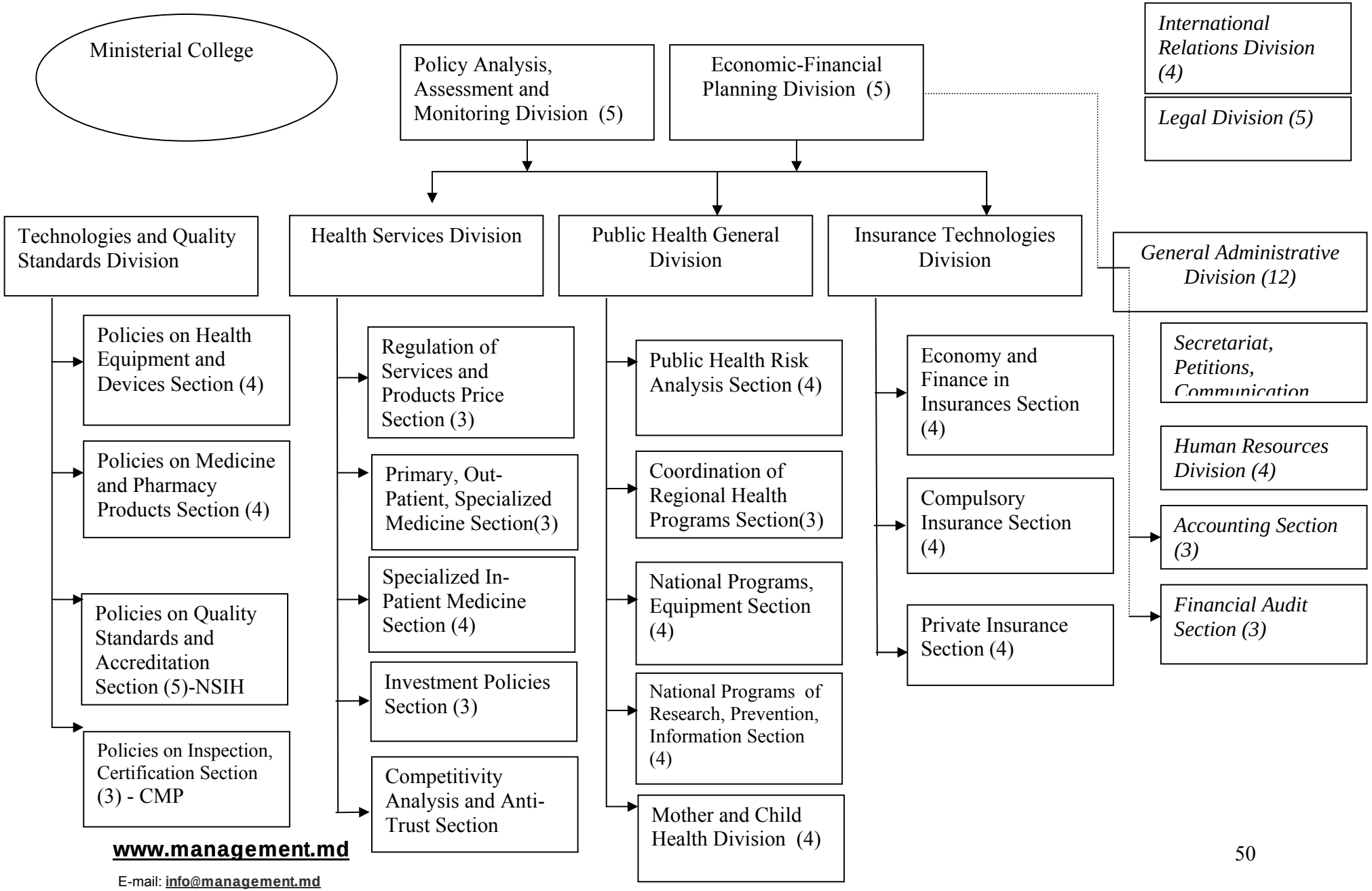
The proposals regarding organizational structure of the Ministry of Health

Option 1

Organizational Structure of the Ministry



Option 2


Ministerial College
Policy Analysis, Assessment and Monitoring Division (5)
Economic-Financial Planning Division (5)
International Relations Division (4)
Legal Division (5)
Technologies and Quality Standards Division
Health Services Division
Public Health General Division
Insurance Technologies Division
General Administrative Division (12)
Policies on Health Equipment and Devices Section (4)
Policies on Medicine and Pharmacy Products Section (4)
Policies on Quality Standards and Accreditation Section (5)-NSIH
Policies on Inspection, Certification Section (3) - CMP
Regulation of Services and Products Price Section (3)
Primary, Out-Patient, Specialized Medicine Section(3)
Specialized In-Patient Medicine Section (4)
Investment Policies Section (3)
Competitivity Analysis and Anti-Trust Section
Public Health Risk Analysis Section (4)
Coordination of Regional Health Programs Section(3)
National Programs, Equipment Section (4)
National Programs of Research, Prevention, Information Section (4)
Mother and Child Health Division (4)
Economy and Finance in Insurances Section (4)
Compulsory Insurance Section (4)
Private Insurance Section (4)
Secretariat, Petitions, Communication
Human Resources Division (4)
Accounting Section (3)
Financial Audit Section (3)

Specific explanations for each unit

	Unit	Policy components	Products	Rationale	Notes
	Policy Analysis, Assessment and Monitoring Division	- Coordination of sector policy development - Assessment of the macro-impact of sector policies - Analysis of the health macro-indicators - Provision of methodical support to divisions on how to develop policies	MTEF, NDS, IDP, Annual Health Report Annual contract and assessment of the annual performances of the CPHSM	- the MoH develops hundreds of policy documents annually - low level of professional training in the policy area	
	Financial Planning Division Financial Audit Section Accounting Section	- provision of methodological support in financial terms to divisions on how to develop policies and make the economic and financial analysis - financial and economic feasibility studies for the national programs (in collaboration with divisions) - performance of the institutional financial audit of the sector institutions (MA, NCHAA, CPHSM, NHIC, national programs, service providers, etc) - payments	MTEF, NDS, IDP, Annual Health Report - annual and unannounced audits of the sector institutions	- the policies don't contain financial components - there aren't any cost-benefit assessments of the policies - efficiency and destination of money	
	Health Standards, Technologies and Products Division				
	Policies on Health Equipment and Devices Section	- Policies on imports, exports, production, policies on licensing - Monitoring and analysis of Moldovan and foreign producers - Management of the institution responsible for licensing and certifying the medical equipment and devices (CPHSM)	- policy and regulation - Annual contracts and annual assessment of the certifying and licensing institution - Report on the equipments and devices of the institutions, development of medical technologies	The CPHSM certifies and licenses equipments,	-
	Policies on Medicine and Pharmacy Products Section	- Policies on imports, accreditation, homologation, production, exports - Monitoring of producers and importers by categories of providers - Management of Medicines Agency	- policies in the medicines area - annual contract and annual assessment, Medicines Agency - annual report on the medicines and pharmacy products (diversity, cost, accessibility, quality)	- MA certifies, homologation - Industry of hundreds of millions - Pharmacy products compensated through insurances (cost)	-
	Policies on Quality Standards Section	- coordination of the development of standards and clinical protocols - monitoring of standards implementation	- institutional contract and annual assessment NCHAA - approved quality	- over 200 standards, PPT (over 50 standards)	-

		- management and cooperation with the institutional framework and institutions, responsible for the assessment of quality standards implementation (methodical sections, professional associations, self-assessment of service providers, NCHAA) - performance management NCHAA	standards, clinical protocols - coordination of food policies and standards (CMP inspects) - Quality standards assessment reports	- policy for implementation by NHIC - coordination of the network NCHAA, ISO, methodical sections for standards assessment	
	Policies on Inspections, Certifying Section	- policies on technological certificates - management of the function of certification and licensing of private producers - Performance management, CMP - Policy on certification prices, inspection	Policy documents on certification Annual reports on the situation in the sector	- hundreds of thousands of certificates, issued by CMP, impact over the entrepreneurs - prices and procedures of certification and conformity inspections	-
	Investments, Private Services Division				
	Investment Policies and Private Services Section	- policies aimed at attracting foreign and domestic investments in health services and industries - analysis of the health areas and industries to identify opportunities for funding and investment - formulate investment proposals	- Investment facilitation policies - feasibility, investment projects	- development of the private sector, especially of specialized services, existence of qualified medical staff, - Increase in the households' expenditures for health	
	Regulation of Services and Products Price Section	- monitoring, regulation of the prices of services and products in the private sector (de facto), - monitoring and regulation of the prices of pharmacy products - assessment of the production costs of medical services and products - comparison of the cost of services in the private and public sectors for the same categories of services and medicine - analysis of the prices of services, medicine and pharmacy products in the country, in foreign countries, wholesale and retail prices, on the external markets	- the prices set for different categories of medical products and services - price analysis in the private sector by groups of products and services	Over 150 providers of specialized services Dozens of million of lei – volume of the industry Hundreds of private pharmacies – dozens of million of lei	
	Competitivity Analysis and Anti-Trust Section	- Analysis of the competition by categories of products and services - Promotion of diversity and variety of services on the market - Monitoring of the loyal behavior of	- analysis of the service industry by categories, including geographic,	Regulatory analysis (Law on Entrepreneurship) of draft regulatory acts	

		service providers and producers - Cooperation with the National Anti-Trust Agency in the medical area - Monitoring the behavior of monopolists on the service market	- periodical reports about providers by categories - recommendations for the National Anti-Trust Agency	The NDS provides the development of private services PPT provides 2 objectives on combating corruption	
Public Health Division					
	Public Health Risk Analysis Section	Analysis of the main health risks (WHO, MDG and other indicators) Development of national programs for attainment of WHO, MDG and other indicators	- periodic reports on the attainment of WHO, MDG indicators - Draft national programs	WHO and other organizations prioritize some objectives, it is necessary to monitor the performance of Moldova in this area, The programs need to be developed to complete the health services through insurance	
	National Programs and Services Section	- Assessment of the issues and needs in the health sector - Development of feasibility studies of draft national programs - Analysis of the correlation of the national programs with the insurance services - Management (coordination of implementation, assessment, reporting, etc.) of the national programs that provide for completion of health services - Assessment of the efficiency and impact of the national programs, including on the groups of beneficiaries and identified problems - Identification of external assistance and technical assistance sources to co-fund the national programs - Contract the implementing institutions	- progress reports, assessment reports - Program impact reports - Establish indicators to monitor the impact of programs	Cost of the national programs exceeds hundreds of millions of lei The programs are not well correlated with the objectives, the impact is not clear	
	National Programs, Equipment, Technologies, Science Section	As above			

	Mother and Child Health Section	- Coordination of policies on the situation of mothers and children - Analysis of accessibility of services, determination of the specific package for the mother and child, - Monitoring of the impact of policies (national programs, insurance, private services) on mothers and children - Coordination with the relevant social programs	- Development of specific policies - Reports on the impact of policies on mother and child	One of the biggest group of beneficiaries The costs and impact on mothers and children are not known	
	Vulnerable Groups Section	The most vulnerable groups: HIV/AIDS, disabled people, etc.	Reports on the impact of policies on mother and child	The costs and impact on mothers and children are not known	
Insurance Division					
	Economy of Insurances Section	- Coordination of the development of the Law on Insurance Funds, - costs of the single package, contracting costs, financial evolution of the insurance system, - advice on the administrative budget of NHIC Monitoring in terms of NHIC policies, - analysis and long term planning of funds in insurance area	- Law on Insurance Funds - Single package - Monitoring of the financial performances of the insurance policies	Over MDL 2 billion annually -	
	Primary Medicine Section	- Coordination of policies on primary medicine - Policies on costs, - Policies on contracting providers - Primary medicine development - Coordination of the primary medicine at the local and regional level	- Costs of services of primary medicine - Policies on contracts in primary medicine - Reports of primary medicine analysis	Over 5000 centers, 40% of insurance budget element of the insurance area The challenges of the primary medicine in terms of relationship with the rayon authorities, hospitals	
	Specialized, In-Patient Medicine Section	- Development and coordination of policies on specialized, in-patient services - Policies on costs, - Policies on contracting providers - Enhancement of the in-patient medicine	- costs of in-patient services - Policies on contracts, “treated case”, etc. - Reports of in-patient medicine analysis	Over 60 providers, 50% of the insurance budget, several national programs	
	Private Insurances Section	- Development and coordination of the policies on private insurances for medical services provision, - Analysis of insurance services providers - Analysis of the demand for private insurances	Policies on private insurances	A number of insurance companies provide private insurance products, encompassing various medical	

				services The private insurances prevent the illegal payments, provide confidence and ensure a more clear development of the sector	
General Administrative Division					
	Secretariat, Petitions, Public Communication Division	- Recording and screening of irrelevant petitions (redirecting them to the relevant institutions) - Monitoring of the execution of relevant petitions (20-25%) - Maintenance and provision of public information about the activity of the Ministry			
	International Relations Division	- External relations, -			
	Legal Division	- Representation of the MoH in courts of law - Methodological support during the development of the Ministry's regulatory and legislative acts - Verification of the legality of administrative acts of sector institutions -			
	Human Resources Division	- Human resources management in the MoH - Methodological support in human resources managements for other sector institutions - Development and coordination of policies on human resources development in the sector - Policies on the assessment and accreditation of the professions of doctors, managers of public institutions	- policies on human resources development		
	Ministerial College	- Discussion of the situation and strategic documents in the health area - Submission and discussion of the annual institutional reports (information from the responsible divisions and	- Consultation with a wider group - Approval of the annual performance reports of		

		relevant institutions)	sector institutions		