

Republic of Moldova

Highlights on Health and Well-being



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Republic of Moldova

Highlights on Health and Well-being

Abstract

Highlights on health and well-being give an overview of a country's health status, describing data on mortality, morbidity and exposure to key risk factors, along with trends over time. They are developed in collaboration with Member States in the WHO European Region. When possible, each report also compares a country to one or more reference groups, which are in this report the whole WHO European Region and the Commonwealth of Independent States. To make the comparisons as valid as possible, data are as a rule taken from one source to ensure that they have been harmonized in a reasonably consistent way. Whenever possible, the data in the report are drawn from the European Health for All (HFA) database of the WHO Regional Office for Europe. The HFA data are collected from Member States on an annual basis and include metadata that specify the original source of data for specific indicators.

Keywords

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Abbreviations

CIS Commonwealth of Independent States

GDP gross domestic product

HFA Health for All (database)

TB tuberculosis

Overview

The health status of the people of the Republic of Moldova is considerably higher when compared with the situation in the 1990s. Even though progress is impressive, there remain challenges in many areas including communicable and noncommunicable diseases. Data show that the incidence of tuberculosis and HIV infections is still on the rise. While premature mortality from noncommunicable diseases is decreasing rapidly, the levels are still very high, especially for diseases of the digestive system.

The health system of the Republic of Moldova has shown a great capacity for change over the past 20 years. The common goal of improving the health and well-being of the population needs to be sustained and fostered by the government and the whole of society. As the development of action and policy for health continues in the country, it is vital that there is a close alignment with the approaches and concepts described in *Health 2020: the European policy for health and well-being* (the WHO policy framework supporting action across government and society for health and well-being). While there is work to do to bring the health status of the population up to be among the best in the WHO European Region, substantial progress is possible when all sectors coordinate their work.

Introduction

This highlight summarizes the more detailed WHO profile of health and well-being in the Republic of Moldova (1). It begins by setting out how the Republic of Moldova is progressing towards the shared health goals of the WHO European Region set out in Health 2020 (the WHO policy framework supporting action across government and society for health and well-being). It then describes some specific features of health and health policy in the Republic of Moldova. Whenever possible, the data in the report are drawn from the European Health for All (HFA) database (2) of the WHO Regional Office for Europe, unless stated otherwise.

Health 2020

Health 2020 is the health policy of the WHO European Region, which aims to support action across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality (3). Member States in the Region have agreed on a set of core indicators to monitor progress on Health 2020 policy targets in the Region as a whole and in all Member States (4).

Data for core Health 2020 indicators (Table 1) show that the Republic of Moldova demonstrates a strong commitment to children's health with relatively high levels of vaccination against the key childhood illnesses such as measles, rubella and poliomyelitis. There is also good progress against other indicators that contribute to good health including comparatively low levels of unemployment and decreasing income inequalities as measured by the Gini index.

There are, however, environmental and other challenges to health as shown by the value of some of the indicators. The life satisfaction index, measured on a scale from 0 (least satisfied) to 10 (most satisfied), was 6 in the Republic of Moldova, identical to the regional average. In 2013, 76% of the population aged 50 years and above reported that they had relatives or friends on whom they could count when in trouble, nine percentage points lower than the average for

the Region (85%). Only 76% of the population have access to improved sanitation facilities. In addition, while there have been considerable reductions in the infant mortality rate and premature mortality from

Table 1. Core indicators for monitoring the Health 2020 policy targets in the Republic of Moldova, latest available year

| Target | Indicator | Value | | | Year |
|--|--|-------|--------|-------|-----------|
| | | Male | Female | Total | |
| 1. Reduce premature mortality^a | Age-standardized mortality rate from cardiovascular disease, cancer, diabetes mellitus and chronic respiratory diseases among people aged 30 to under 70 years, per 100 000 population | 822 | 406 | 591 | 2013 |
| | Age-standardized mortality rate from diseases of the digestive system among people aged 30 to under 70 years, per 100 000 population | 171 | 101 | 133 | 2013 |
| | Prevalence of tobacco use among adults aged 15 years and over ^b | 44.8 | 5.4 | 23.8 | 2013 |
| | Pure alcohol consumption per capita among adults aged 15 years and over (recorded and unrecorded) (5) | – | – | 16.1 | 2012 |
| | Prevalence of overweight and obese (BMI \geq 25) adults aged 18 years and over (age-standardized estimate) | 46.4 | 46.7 | 46.6 | 2014 |
| | Age-standardized mortality rate from external causes of injury and poisoning, all ages, per 100 000 population | 130 | 33 | 78 | 2013 |
| 2. Increase life expectancy | Life expectancy at birth, in years | 68.2 | 75.7 | 72 | 2013 |
| 3. Reduce inequities^c | Infant mortality rate per 1000 live births | 9.3 | 9.6 | 9.5 | 2013 |
| | Proportion of children of official primary school age not enrolled (net enrolment rate) | 9.4 | 9.4 | 9.4 | 2013 |
| | Unemployment rate (6) | 4.6 | 3.1 | 3.9 | 2014 |
| | National policy addressing reduction of health inequities established and documented | NA | NA | Yes | 2014 |
| | Gini coefficient | – | – | 28.5 | 2014 |
| 4. Enhance well-being^d | Life satisfaction among adults aged 15 years and older (7) | – | – | 6 | 2007–2012 |
| | Availability of social support among adults aged 50 years and older (8) | – | – | 76 | 2014 |
| | Percentage of population with improved sanitation facilities | – | – | 76 | 2015 |
| 5. Universal coverage and right to health | Private household out-of-pocket expenditure as proportion of total health expenditure | NA | NA | 44.6 | 2013 |
| | Percentage of children vaccinated against measles (one dose by second birthday) | – | – | 91 | 2013 |
| | Percentage of children vaccinated against poliomyelitis (three doses by first birthday) | – | – | 92 | 2013 |
| | Percentage of children vaccinated against rubella (one dose by second birthday) | – | – | 91 | 2013 |
| | Total health expenditure as a percentage of GDP | NA | NA | 11.8 | 2013 |
| 6. National targets | Establishment of process for target-setting documented | NA | NA | Yes | 2014 |
| | Evidence documenting: | | | | |
| | (a) national health service aligned with Health 2020 | NA | NA | Yes | 2014 |
| | (b) implementation plan | NA | NA | Yes | 2014 |
| (c) accountability mechanism | NA | NA | Yes | 2014 | |

NA: not applicable.

^a Target 1 includes percentage of children vaccinated against measles, poliomyelitis and rubella.

^b Prevalence includes both daily and occasional (less than daily) use among adults aged 15 years or more.

^c Target 3 includes life expectancy at birth.

^d Target 4 includes Gini coefficient, the unemployment rate and the proportion of children not enrolled in primary school.

Source: WHO European HFA database (2) unless otherwise specified.

noncommunicable diseases, the rates for the Republic of Moldova remain higher than the averages for the Region.

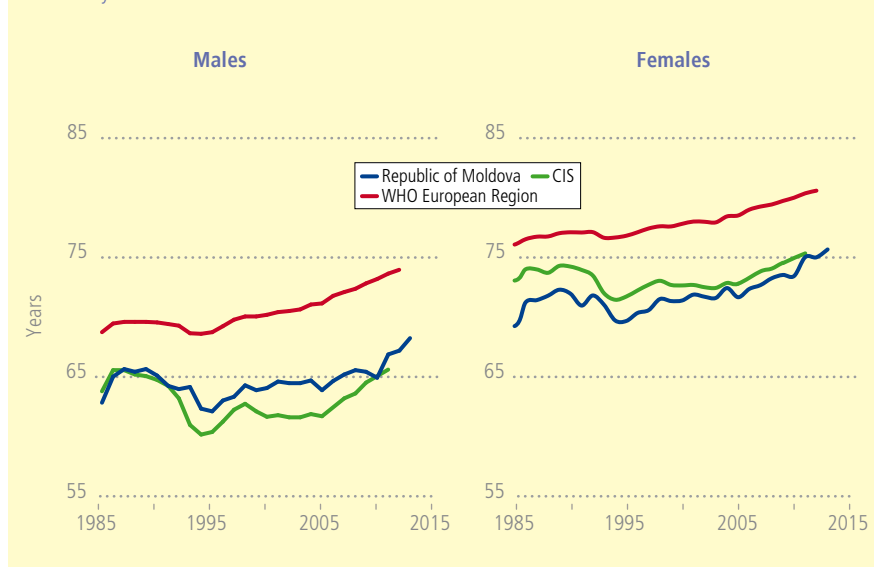
The government is dedicated to bringing about a continuous improvement in the health of the population and in the health system. The national health policy was aligned with Health 2020, and it can be expected that this will result in further acceleration towards achievement of the Health 2020 goals.

Life expectancy

Trends in life expectancy in the Republic of Moldova present a mixed picture. On the one hand, life expectancy has consistently increased in the past two decades (Fig. 1) and has roughly followed trends for countries in the Commonwealth of Independent States (CIS). Between 2000 and 2010, the increase in average life expectancy was 0.2% yearly, only half of the regional average. On the other hand, after 2010 life expectancy started to improve faster, at the rate of 1.4% per year, which has resulted in a narrowing of the gap with the regional average, although in 2013 the levels of life expectancy were still six to seven years lower than those of the Region. Between 2000 and 2013, healthy life expectancy in the Republic of Moldova increased by 2.4 years to 59 years for men and by 3.6 years to 66 years for women, which is four to five years less than the estimates for the Region.

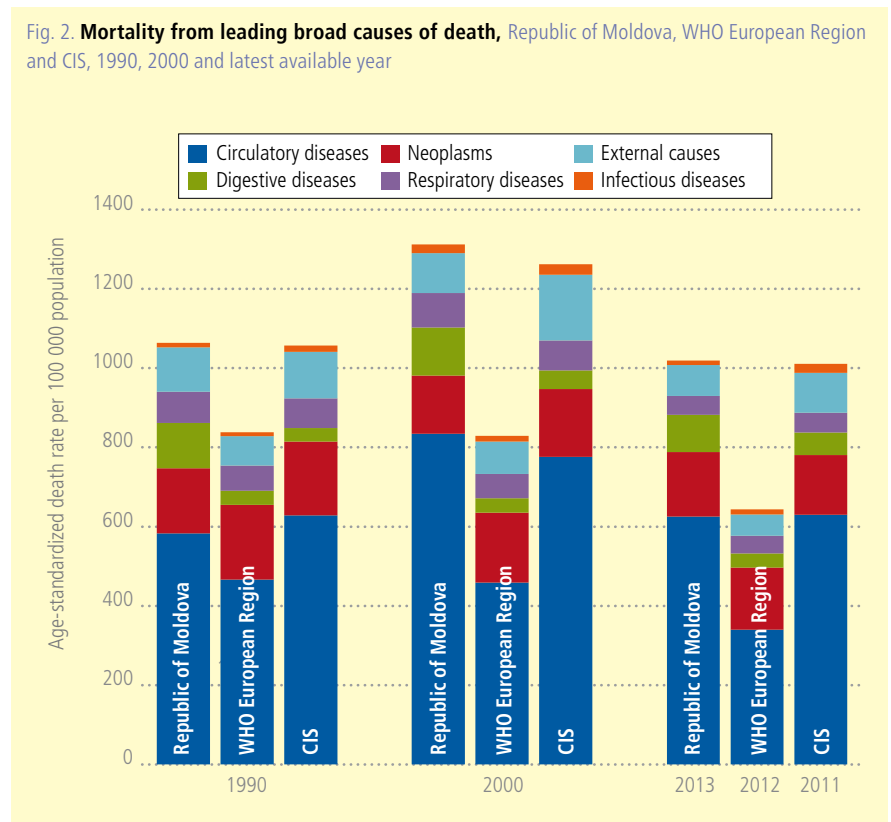
Since 2000 there have been substantial and sustained decreases in the annual number of deaths from a wide range of causes. As shown in Fig. 2, this is true not just for the Republic of Moldova but across the Region and the CIS. There is no single cause for this decline,

Fig. 1. Life expectancy at birth, Republic of Moldova, WHO European Region and CIS, 1985 to latest available year



but the combined action of new and focused health policies, health technologies, better treatments and lifestyle changes (including reducing the consumption of tobacco and alcohol) are thought to have contributed (9). A notable exception in this regard is cancer mortality in the Republic of Moldova, which is increasing, in contrast to the decreasing trends elsewhere in the Region.

Fig. 2. **Mortality from leading broad causes of death**, Republic of Moldova, WHO European Region and CIS, 1990, 2000 and latest available year



Challenges across the life-course

Although the infant mortality rate in the Republic of Moldova halved between 2000 and 2013, when it fell to as low as 9.5 deaths per 1000 live births, levels are still 32% higher than the average for the Region (seven deaths per 1000 live births in 2013). Maternal mortality rates for the country vary considerably on a year-to-year basis, and the most recent values are higher than the averages for the Region and the CIS. These trends in infant and maternal mortality contribute to relatively low levels of life expectancy at birth.

In 2013, 91% of children received the measles/mumps/rubella vaccine, compared to 95% in the Region and in the CIS. The child immunization rate for poliomyelitis was 92% in 2013, three to four percentage points below the regional and CIS averages. One of the key causes of concern for the population's health status is the high incidence and mortality rates of infectious diseases. Incidences of tuberculosis (TB) (126 per 100 000 population, Fig. 3) and HIV infections (20 per 100 000 population, Fig. 4) are among the highest in the Region and have increased by 82% and 382% since 2000, respectively. Despite the increase in incidence, mortality from infectious diseases has fallen by half in the same time and the most

Fig. 3. Incidence of TB per 100 000 population, Republic of Moldova, WHO European Region and CIS, 1985–2013

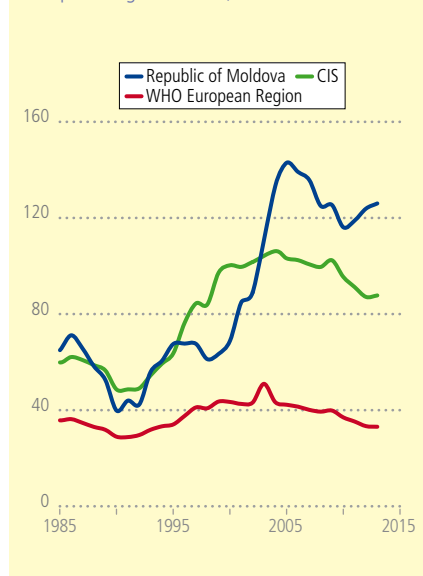
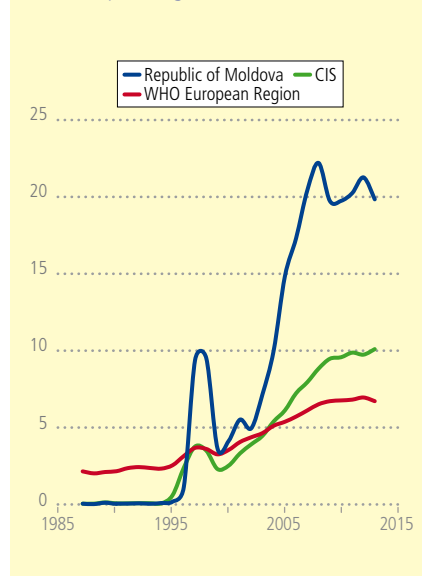


Fig. 4. Incidence of HIV infection per 100 000 population, Republic of Moldova, WHO European Region and CIS, 1988–2013



recent values (12 deaths per 100 000 population) are in line with the regional average and half of the CIS average. This decrease was driven mostly by the fall in deaths from TB, which account for 72% of all deaths from infectious diseases in the Republic of Moldova.

Noncommunicable diseases such as cancers and circulatory, respiratory and digestive diseases are the principal causes of death in the Republic of Moldova and in most European countries. The Republic of Moldova has comparatively high rates of premature deaths from major noncommunicable diseases (Fig. 5) and very high rates of premature mortality from disease of the digestive system (Fig. 6), but the rates are declining faster than elsewhere in Europe.

Fig. 5. Age-standardized deaths from major noncommunicable diseases, adults aged 30–69 years per 100 000 population, Republic of Moldova, WHO European Region and CIS, 1985 to latest available year

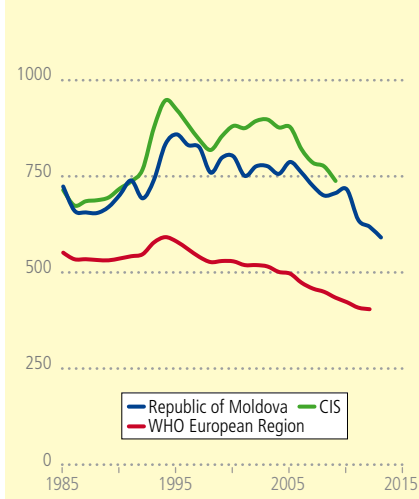
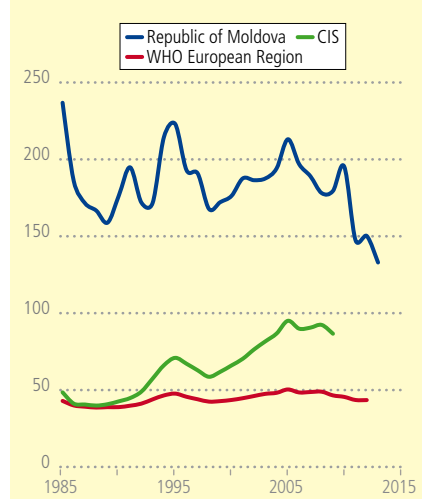


Fig. 6. Age-standardized deaths from diseases of the digestive system, adults aged 30–69 years per 100 000 population, Republic of Moldova, WHO European Region and CIS, 1985 to latest available year



Reorienting towards prevention

As Dr Margaret Chan, Director-General of WHO, said in her speech at the United Nations General Assembly in 2011 (10): “The worldwide increase of noncommunicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep.”

As shown in the previous section, the leading causes of death in the Republic of Moldova are noncommunicable diseases such as cancers and circulatory, respiratory and digestive diseases. The growing body of evidence suggests that these diseases are linked to four common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity (11). It is estimated that the highest burden of disease in the Republic of Moldova is caused by dietary risks, high systolic blood pressure and high body-mass index followed by alcohol and drug use as well as high fasting plasma glucose (12). Reducing the impact of these risk factors is a task for more than the health system. It should include individuals, families, communities, organizations, civil society, businesses and the government – the whole of society.

The latest comparative data for the Republic of Moldova show a mixed picture (Fig. 7). The estimated figure for average tobacco consumption conceals the gap in rates between men and women. The rates in males are very high when compared with other countries and it is estimated that around 10 men are daily smokers for every one woman. There is also a contradiction with the globally published data for alcohol consumption. The recorded rate of alcohol consumption, based on

Fig. 7. **Selected lifestyle data**, Republic of Moldova, 2012, 2013, 2014



sales figures, is considerably lower than in most countries in the Region. Unrecorded alcohol consumption is, however, the highest in the world: in 2012, WHO estimated that the total alcohol consumption was 16.1 litres per capita. The heavy consumption of alcohol and tobacco is potentially responsible (among other factors) for the higher than average levels of deaths from cancer, heart and digestive diseases in the country, particularly among middle-aged men.

Recognition of the value of prevention through both health promotion and intersectoral efforts is a central component of action recommended in Health 2020. The development and implementation of the national public health strategy (13) will be crucial in helping the country to adopt a prevention-based approach and to use governmental, political and societal levers for change.

Health system

The government has made a substantial commitment to reforming the health system in recent years (14). This is shown by the growing levels of national gross domestic product (GDP) being spent on health, which almost doubled between 2000 (6.3%) and 2013 (11.8%) (Table 2). This level of investment is higher than the averages for the CIS and the Region. The relatively low income levels in the Republic of Moldova, however, mean that even with this increase, levels of expenditure per capita (US\$ 553) remain considerably lower than the average for CIS countries (US\$ 1113) and the Region (US\$ 2455). Of particular concern is the very high share (44.6%) of out-of-pocket expenditure on health by private households. This represents a challenge for equitable access to health care, especially for the poorest people in the community.

The number of hospital beds (583 per 100 000 population) has remained at the same level since 2000 and is in line with the regional average but 19% lower than the CIS average (Table 2). Between 2000 and 2013, the number of inpatient care discharges increased by 35% to 18.4 per 100 population and the average length of stay decreased by

Table 2. Comparison of key indicators for health resources, use of health services and health expenditure, Republic of Moldova, WHO European Region and CIS, 2013 or latest available year

| Indicators | Republic of Moldova | Change since 2000 | WHO European Region | CIS |
|--|---------------------|-------------------|---------------------|---------|
| Physicians per 100 000 population | 293.3 | 20% | 307.9 | 270.4 |
| Dentists per 100 000 population | 49.2 | 58% | 53.4 | 34.8 |
| Nurses per 100 000 population | 628.3 | 13% | 729 | 617.2 |
| Midwives per 100 000 population | 20.9 | -34% | 40.2 | 47.4 |
| Hospital beds per 100 000 population | 583.4 | -3% | 566.8 | 745.2 |
| Inpatient care discharges per 100 population | 18.4 | 35% | 18.1 | 19.9 |
| Average length of stay in days, all hospitals | 9 | -37% | 8.6 | 11.2 |
| Outpatient contacts per person per year | 6.5 | 0% | 7.6 | 8.9 |
| Total health expenditure as % of GDP ^a | 11.8 | 5.2 ^b | 8.3 | 6.5 |
| Total health expenditure, purchasing power parity US\$ per capita ^a | 553.4 | 352% | 2 455.1 | 1 112.8 |
| Public sector health expenditure as % of total health expenditure ^a | 46 | -2.6 ^b | 67.2 | 49.3 |
| Private households' out-of-pocket payments on health as % of total health expenditure ^a | 44.6 | 4% | 26.4 | 47 |

^a WHO estimates.

^b Change in percentage points.

37% to nine days, reaching values similar to the regional averages but somewhat below the CIS averages. The size of the health workforce has increased in the Republic of Moldova over the past decade and current levels are mostly in line with other CIS countries and close to the average for the Region. Retaining a high-quality and sustainable health care workforce is a significant challenge for any health care system, and the Republic of Moldova is working with WHO to address this issue (14).

Conclusions

In her foreword to *Health 2020: the European policy for health and well-being* (3), the WHO Regional Director for Europe, Dr Zsuzsanna Jakab wrote: “We are all challenged ... with the task of making sense of and integrating the many different actors and sectoral services ... needed to keep ourselves, our families and our populations healthy and happy.”

To improve and protect the health of the whole population of the Republic of Moldova, a concentrated effort will be necessary on the part of individuals, families, civil society, the private business sector and the government. Health is everyone’s business and the whole-of-government and whole-of-society approaches are essential. Even though the Republic of Moldova has shown good progress in improving the health of the population in recent years, this momentum must be maintained as such an improvement benefits all sections of society. *Health 2020: the European policy for health and well-being* (3) provides a useful framework to develop the required conditions and action to improve health for all.

Ensuring good health across the whole life-course is vital. Equitable access to quality care, such as antenatal care for pregnant women and good palliative care at the end of life, is recognized as part of national health care reforms. Evidence from Health 2020 suggests that the health of populations may be improved and inequalities reduced when policies are implemented to: (i) create and sustain healthy environments; (ii) empower people (especially women) to take control of their health; (iii) improve education and health literacy; and (iv) reduce poverty (3). Sustaining such action requires whole-of-government and whole-of-society approaches for health and well-being, as highlighted in the Health 2020 policy framework (15).

Substantial progress has been achieved in the reduction of mortality from infectious diseases, but the incidences of TB and HIV remain very high. In the Republic of Moldova, 81% of deaths are caused by diseases of the circulatory system, malignant neoplasms (cancers) and external causes of injury and poisoning (accidents, homicides and suicides). Deaths from most causes are falling fast but the rates are still very high. The exception is cancer mortality, which is increasing.

Many of these deaths could be attributable to key lifestyle factors, including a high intake of alcohol and smoking. Evidence from other

countries shows that nationally focused policies and approaches for tackling key risk factors, such as tobacco and alcohol control, can make a difference to the health of the population (16). Such action is not, however, an instant solution and reducing the impact of adverse lifestyle factors will take time and sustained action.

Progress has been achieved in improving selected social determinants of health and well-being such as unemployment and income inequality. However, the country still faces considerable challenges in many areas and with indicators related to social determinants of health, such as the increasing proportion of children not enrolled in school and the low availability of improved sanitation facilities

Ensuring that people can access universal and high-quality health care is a key feature of equitable health systems in the Region. Total health expenditure as a percentage of GDP has increased substantially in the Republic of Moldova to be the highest in the CIS and the second highest in the Region. In order to ensure universal health coverage, it may be necessary not only to continue to raise overall levels of investment but also to ensure that everyone, particularly vulnerable people, has prompt access to affordable, efficient, effective and high-quality health care.

It is also important to ensure that policies that support the education and career development of health professionals are developed and implemented, besides having the aim of keeping them in the country. The long-term health of the population will benefit if health personnel have opportunities to excel in continuing to build quality, research-based approaches to health care that are fit for the 21st century.

The catalyst for change in Health 2020 is the prominent recognition that partnerships and modern approaches to governance are vital to create the conditions for health to flourish. The country's membership of regional networks, such as the WHO South-eastern European Health Network, will help to spread innovation and good practices.

Overall, the Republic of Moldova has made substantial progress in improving the health of its population, but numerous challenges remain. For the country to sustain and accelerate its progress towards the Health 2020 goals, it will need to continue involving all of society and the whole government in the effort to improve and protect the health of the population. By adopting this approach, the Republic of Moldova will move towards a healthier future for all in 2020 and beyond.

References

1. Republic of Moldova. Profile of health and well-being. Copenhagen: WHO Regional Office for Europe; 2016.
2. European Health for All database (HFA-DB) [online database]. Copenhagen: WHO Regional Office for Europe; 2016 (<http://data.euro.who.int/hfad/>, accessed 1 September 2016).
3. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1, accessed 1 September 2016).
4. Targets and indicators for Health 2020. Version 2. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/__data/assets/pdf_file/0009/251775/Health-2020-Targets-and-indicators-Version2-ENG.pdf?ua=1, accessed 1 September 2016).
5. Global Health Observatory (GHO) data [online database]. Geneva: World Health Organization; 2015 (<http://www.who.int/gho/en/>, accessed 1 September 2016).
6. ILOSTAT database [online database]. Geneva: International Labour Organization; 2016 (http://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page137.jspx?locale=en%20&_afLoop=259664688076998&clean=true#!%40%40%3Flocale%3Den%2B%26_afLoop%3D259664688076998%26clean%3Dtrue%26_adf.ctrl-state%3D159yzwiw2n_9, accessed 1 September 2016).
7. Human Development Index (HDI) [website]. New York (NY): United Nations Development Programme; 2016 (<http://hdr.undp.org/en/content/human-development-index-hdi>, accessed 12 September 2016).
8. Global AgeWatch Index 2015 [online database]. London: HelpAge International; 2016 (<http://www.helpage.org/global-agewatch/>, accessed 1 September 2016).
9. Mackenbach JP, Kulhánová I, Menvielle G, Bopp M, Borrell C, Costa G et al. Trends in inequalities in premature mortality: a study of 3.2 million deaths in 13 European countries. *J Epidemiol Community Health*. 2015;69(3):207–17. doi:10.1136/jech-2014-204319.
10. Chan, M. Noncommunicable diseases damage health, including economic health. Address at the High-level meeting on noncommunicable diseases, United Nations General Assembly. New York, United States of America, 19 September 2011 [website].

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- Geneva: World Health Organization; 2016 (http://www.who.int/dg/speeches/2011/un_ncds_09_19/en/, accessed 12 September 2016).
11. Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases, 2012–2016 [website]. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/cancer/publications/2012/action-plan-for-implementation-of-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases-20122016>, accessed 12 September 2016).
 12. GBD Compare [online database]. Seattle (WA): Institute for Health Metrics and Evaluation; 2016 (<http://vizhub.healthdata.org/gbd-compare/#>, accessed 1 September 2016).
 13. Government of the Republic of Moldova. Strategia națională de sănătate publică pentru anii 2014–2020 [National Public Health Strategy for the period 2014–2020]. Chisinau: Government of the Republic of Moldova; 2013.
 14. Turcanu G, Domete S, Buga M, Richardson E. Republic of Moldova: health system review. *Health Syst Transit.* 2012;14(7):1–151.
 15. Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf, accessed 12 September 2016).
 16. 2008–2013 Action plan for the global strategy for the prevention and control of noncommunicable diseases [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/nmh/publications/9789241597418/en/>, accessed 12 September 2016).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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| Estonia | Lithuania | Slovakia | |
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