

# **Tacis National Action Programme 2005**

## **MOLDOVA**

Area of Co-operation:

Support to institutional, legal and administrative reform

### **TERMS OF REFERENCE**

Title of Project:

Support to Health Reform. Strengthening of Primary Health Care in  
Moldova.

Contract budget: €1,200,000

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### LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
AIHA	-	American International Health Alliance
CHI	-	Compulsory Health Insurance
CSP	-	Country Strategy Paper
CIS	-	Commonwealth of Independent States
ENP	-	European Neighbourhood Policy
ENPI	-	European Neighbourhood and Partnership Instrument
EC	-	European Commission
GDP	-	Gross Domestic Product
NHIC	-	National Health Insurance Company
HIF	-	Health Investment Fund
HIV	-	Human Immunodeficiency Virus
IMF	-	International Monetary Fund
IT	-	Information Technology
MDG	-	Millennium Development Goal
MOH	-	Ministry of Health
MTEF	-	Mid Term Expenditure Framework
NCU	-	National Co-ordinating Unit
NDP	-	National Development Plan
NGO	-	Non-governmental Organisation
NHIC	-	National Health Insurance Company
NHP	-	National Health Policy
PHC	-	Primary Health Care
PRSP	-	Poverty Reduction Strategy Paper
SDC	-	Swiss Agency for Development and Cooperation
SEK	-	Swedish Crowns
SIDA	-	Swedish International Development Agency
STD	-	Sexually Transmitted Disease
TACIS	-	Technical Assistance to Commonwealth of Independent States
TB	-	Tuberculosis
UNICEF	-	United Nations Children's Fund
USAID	-	United States Agency for International Development
WB	-	World Bank
WHO	-	World Health Organization

## **1. BACKGROUND INFORMATION**

### **1.1. Beneficiary country**

Republic of Moldova

### **1.2. Contracting Authority**

The European Community, represented by the Commission of the European Communities, for and on behalf of the Government of Moldova.

### **1.3. Relevant country background**

Moldova has a population of approximately 4.3 million people. About one-fifth of the population live in the capital city Chisinau (including the suburban areas). The majority of the population lives in rural areas. The population is decreasing due to increased mortality, decreased birth rate and a relatively large emigration. It is estimated that around 600,000 Moldavians emigrated to work abroad, mainly to Russia and the EU countries around in the Mediterranean area. This leads to a loss of skilled manpower and to high social costs. Moldova became independent in 1991 and the following transition years proved difficult. After holding middle-income status during the Soviet period, by 2000 the per capita GNP was only 40% of that in 1990 and many Moldavians had incomes less than half the subsistence level. Poverty is widespread in small and medium-sized towns and in rural areas, as well as in some urban areas of Chisinau and the other major cities.

The economy of Moldova has grown nearly 40% since 2000, reversing a trend of decline and rising poverty in the first decade of transition. Rural economic growth in GDP grew at over 6% per annum; the inflation rate decreased, but remained high. However, progress in poverty reduction since 2004 has stalled, particularly in rural areas. Macro-economic forecasts have been overshadowed by a number of important risks, including rise in prices for energy (natural gas) and the impact of a ban on wine exports to Russia. Moldova remains one of the poorest countries in Europe.

### **1.4. Current state of affairs in the relevant sector**

According to data from the WHO World Health Report 2004 life expectancy in Moldova in 2002 was 67.8 years – considerably lower than in neighbouring Romania which had a life expectancy of 71.4 years. The infant mortality rate was 12.2 with a maternal mortality rate of 23.6. The main causes of death are cardiovascular diseases followed by cancers and diseases of the digestive tract. Morbidity is characterised by respiratory diseases, digestive diseases, infectious diseases, liver diseases and cardiovascular diseases. Tuberculosis is increasing, along with STDs and incidences of HIV/AIDS.

As far as the epidemiological situation is concerned, the Moldavian healthcare system shows a double epidemiological pattern, which features primarily diseases typical for developing countries, such as infectious and parasitic diseases conditioned by HIV/AIDS and TB epidemics and secondarily, chronic diseases typical for the states in which epidemiological transition has reached an advanced stage; such as cancers and diseases of the circulatory system. For example, the prevalence rates for high blood pressure are 8 times higher in the Republic of Moldova than in

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Great Britain and 6.4 times higher than in the United States. Similarly, diabetes shows patterns similar to the countries mentioned above<sup>1</sup>.

Since 1997 the Government of Moldova has embarked on the massive reform of the health care system and service provision in Moldova. Family doctors, health insurance and a large-scale reorganization of the hospital sector were performed. Since the approval of the PRSP (December 2004) and EU-Moldova Action Plan (February 2005) the sector requirements in these documents were taken as the basis for future improvement of the health sector. The NDP for 2007-2011 makes specific reference to health. The strengthening of capacities of human resources working in the health sector is identified as one of the mid-term national priorities. Moreover, the NDP specifically refers to improving the quality of medical services by purchasing up-to-date medical equipment and improving professional skills of the medical staff<sup>2</sup>.

In March 2007 the MoH presented the new National Health Policy<sup>3</sup> with the overall objectives of a) increase in life expectancy at birth and lengthen the healthy life, b) ensure life quality and diminish the differences in terms of health services for all social groups; c) strengthen the inter-sector partnership in order to improve the population's health; and d) increase of the individual's responsibility for one's own health. The general and specific objectives of the policy are in line with PRSP and EU- Moldova Action Plan.

The MoH also developed a Strategy for the development of the health care system in Moldova for the period 2007-2016. Part of this strategy is the Action Plan, divided into four functional areas, as per major objectives: a) stewardship of the health care system; b) funding of the healthcare system and tools for payment for healthcare services; c) provision of healthcare services; d) management of resources.

The responsibility for developing and updating the sector policy lies with the MoH. Legislation and normative acts are initiated by the MoH and reviewed within the Ministry before being presented to other stakeholders concerned and to the Parliament. The health policy and the strategy are based on consultations with stakeholders from different sectors (education, finance, social protection), professional organisations and NGOs working in the sector.

The share of funding of the health sector in the GDP has been increasing in the past years ranging from 4.2% in 2004 to 5.4% in 2007 and an estimated 6.0% in 2010. The share of funding of the health sector in the national budget has also increased: 11.9% in 2004 (1339.7 million MDL), 12.9% in 2007 (2530.3 million MDL) and is estimated at 14.8% in 2010 (4034.3 million MDL). In 2007, PHC benefited from 30.97% (567.7 million MDL) of the total funds allocated to the health sector. In 2008 the funding forecast in PHC is of 30.89% (765.7 million MDL) of the total amount made available to the health sector. However, the financial sustainability of the health sector is weakened by the low participation rate of the active population in the national medical insurance scheme.

The MTEF (2008-2010) presents a three-year rolling forecast of revenue and expenditures, including the deficit and sources of funding it. Expenditures are broken down by categories and sectors, the latter corresponding to the relevant ministry (ies). In 2007 the health sector benefits from funding in the amount of 2.53 billion MDL allocated to eight budget headings / programmes. One of the programmes relates to Public Health and is in turn composed of eleven National Programmes (diabetes, cancer; TB; etc) totalling a budget of about 140 million MDL. Other budget

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<sup>1</sup> Ministry of Health of Moldova, presentation of compared health indicators

<sup>2</sup> National Development Plan, [http://www.scers.md/files/PND\\_150607.pdf](http://www.scers.md/files/PND_150607.pdf) (Chapter 4, pp 33-39)

<sup>3</sup> Political Nationala de Sanatate, [http://www.ms.gov.md/files/502-Politica\\_Nationala\\_de\\_Sanatate\\_.pdf](http://www.ms.gov.md/files/502-Politica_Nationala_de_Sanatate_.pdf)

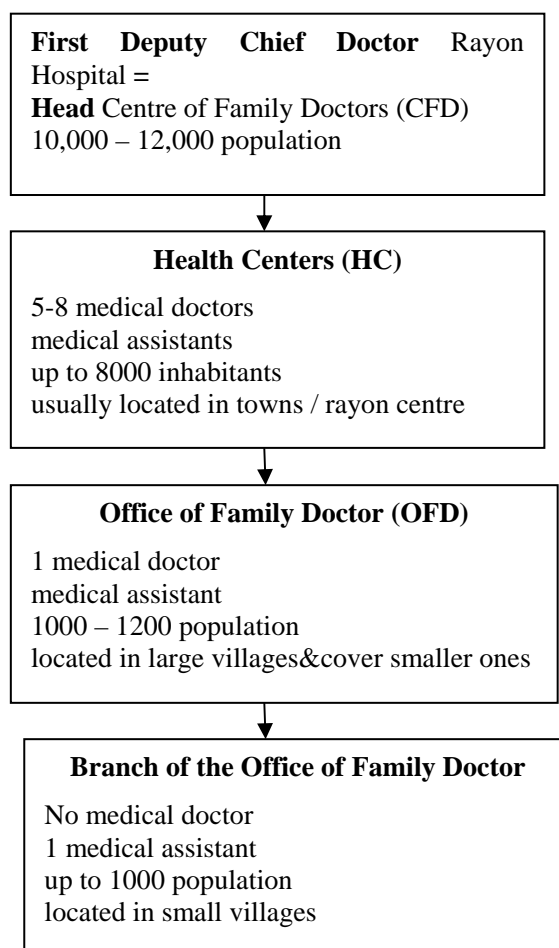
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headings refer to funds to the health management system; human resources; sports and legal medicine, etc.

In some cases, the sources of financing (i.e. for reform of the primary health care and support to professional organisations) are well-defined, whereas in other cases (i.e. for capital infrastructure investment, equipment, etc) there is a need for additional analysis in order to elaborate a long-term financing plan.

At present, there is a hospital in each of the 32 rayons, the three municipalities (Chisinau, Balti, and Bender) and in the autonomous region of Gagauzia. The rayon hospital also incorporates PHC at the rayon level. As a result of the reform of secondary health care, the number of beds in rayon hospitals was reduced. MoH is also aiming at separating PHC from the hospital care. The intention is also to reduce the number of rayon hospitals to several inter-rayon hospitals, to be known as centres of excellence in the North (Balti), South (Cahul) and Centre (Chisinau). Eventually one centre of excellence should be located in the Transnistrian region.

The Primary Health Care system operates country wide according to the scheme below:



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At the Rayon Council level, there is no management structure dealing with the health sector, including PHC.<sup>4</sup> One of the two deputy presidents of the Rayon Council deals, inter alia, with health issues (alongside social, education, and culture).

At present, PHC at the rayon level is part of the rayon hospital (one hospital in every rayon) from the administrative and managerial point of view. The First Deputy Chief Doctor of the rayon hospital is also the Head of the Centre of Family Doctors (CFD) located at the rayon hospital and hence the person following PHC issues at the rayon level. The first deputy chief doctor and the CFD are therefore at the top of the PHC structure. CFD covers normally a population between 10,000 and 12,000 inhabitants. CFD does not have financial autonomy and is covered by the budget of the rayon hospital. The staff of CFD include several family doctors and medical assistants. PHC has a share of 28.8% of the total amount of the contracted services versus 53.2% for medical assistance in hospitals.

There are about 1200 PHC centres in Moldova including all levels (CFD, HC, OFD, Branches of OFD). At 1 January 2007 there were 2100 family doctors and 4500 medical assistants employed in PHC country-wide. The MoH is currently carrying out a country-wide assessment of the state of PHC premises and the equipment available. The assessment is done based on a standard questionnaire and will give an overview of equipment needs based on the officially approved list of standard equipment that should be available in the different types of PHC institutions (depending on the type). The results of the assessment will be available end of September 2007. According to some preliminary estimations by MoH, of the total number of PHC centres approximately 90% have no running water, 80% have an acute shortage of medical equipment and furniture, while major repairs are needed in 90% of all facilities.

The buildings of health centres are generally provided by the local public authorities. The renovation and maintenance of health facilities is under the responsibility of local public administration. However rayon authorities allocate very few resources to infrastructure and equipment, while such costs are not included in medical insurance. The budgeted expenditure for maintenance and equipment has been declining over the recent years.

The PHC budget is composed of funds allocated by the NHIC, the local rayon budget and governmental allocations (which are not allocated specifically to the health sector and are rarely spent on health issues by the regional authorities).

NHIC is currently funded from salary contributions (5% of gross salary - 2.5% paid by the individual and 2.5% contribution by the employer). The intention of the MoH is to increase it to 10% (5%+5%) and a 1% increase will already occur this year (gradual yearly increase). Further increase of funding depends on the political will and commitment of the central government of Moldova.

The PHC is financed according to service based calculations and contracts stipulate the range and volume of services to be provided (but also on the willingness of the rayon hospital to share 'their budget' with the health clinics). Quality is monitored by an expert team of the NHIC comprising clinicians and economists who visit providers to check service standards and activities against norms.

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<sup>4</sup> Although introducing one health coordinator per rayon is foreseen and has already been implemented on a pilot level with EC-funding in rayon Orhei.

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PHC services are provided free of charge to both people covered and not covered by medical insurance, but there are important quality issues, e.g. concerning the drugs prescribed (usually the cheapest ones which do not necessarily have a sufficient medical effect). In general, children under five years, pregnant women and hospitalized patients benefit from medical treatment free of charge. The MoH approves yearly the list of partially compensated drugs for certain groups of diseases. In 2007 the list includes 27 common international specifications of drugs, which constitute 202 registered commercial names of drugs, referring to cardio-vascular diseases; respiratory diseases; system diseases (arthritis, lupus eritematos; pemfigus; etc), whereby a discount of up to 50% is available to the patient. This discount applies to all population covered by the mandatory medical insurance.

### 1.5. Related programmes and other donor activities:

At present donors providing support to the health sector in Moldova include the EC, World Bank, WHO, UNICEF, the Global Fund against HIV/AIDS, Tuberculosis and Malaria, USAID, Sweden and Switzerland. The MoH is in the process of establishing regular monthly co-ordination meetings with the donors. A permanent official is following this matter; usually it is the Head of Foreign Relations Department.

The **European Union** offers assistance to Moldova under the ENPI in the framework of the ENP and in line with the priorities stipulated in the EU-Moldova Action Plan. Three EU-funded projects focusing on different dimensions of health sector reforms have been implemented, the last one finishing end of 2007.

The project "*Support to the Ministry of Health of Moldova*" (2001–2003) provided policy advice to MoH and built the capacity of the regional Health System in the context of regional administration. With the support of the project the government of Moldova adopted two main laws related to the reorganisation of Primary Health Care services and Compulsory Medical Insurance. The project also contributed to the successful introduction of the health insurance system in Moldova.

The project "*Health Promotion and Disease Prevention*" (2003 – 2005, 2.3 MEUR) related to prevention of non-communicable diseases, including heart and mental health, hygiene of water and nutrition and prevention of breast and cervical cancer in the two pilot rayons of Orhey and Cahul. The project also provided equipment to several health care institutions and schools from Cahul and Orhei rayons for a total amount of 200 000 Euro. The project provided support for the development of an effective, appropriate, and financially realistic National Strategy on Health Promotion and Disease Prevention adopted by the Government.

The ongoing project "*Public Health Reform*" (2005-2007, 1.9 MEUR) focuses on improving financial and organisational management practices in health care institutions. The overall objective of the project is to contribute to the sustainable development of an effective and efficient health care delivery system in Moldova. The specific objectives are the strengthening of management capacities in the health system (including the health insurance system) through support for training, health finance, performance measurement, and information systems accompanied by public awareness campaigns on the aims and objectives of the health sector reform and patients' rights.

The **World Bank** funded project "Health Investment Fund" was finished at the end of 2006. It had the objective to assist the government of Moldova in defining and implementing a health care reform strategy, to improve the health status of the population within the limited budget available and to help rationalising the infrastructure, resource allocation and performance. A *Fund for Investment in Health* was set up. The Fund will aim at modernizing primary and emergency health

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care through procurement of medical equipment, rehabilitation of medical facilities, training of medical and managerial staff and modernization of hospital services.

Earlier in 2007, the World Bank launched a project "*Health service and social assistance*" with the primary objective to support the Government's programme to increase the efficiency and effectiveness of health and social assistance systems in line with the MTEF for 2008-2010. This project will run in parallel with the EU-funded NAP 2005 Health Project for which the present ToR apply. Within the health care component (loan of US\$ 10 million) actions will focus on:

- Upgrading the primary care services, more specifically to enable more service provisions in less costly out-patient settings and decrease the need for expensive hospital capacities by building on the initial development made by the Health Investment Fund;
- Ensuring the adequate functioning of hospitals under the modernized health system that places greater emphasis on primary care
- Budget formulation, budget execution, and procurement as well as specific policy and procedural reforms in the health sector.

**SIDA** had several health projects including the reduction of the impact of HIV, integrated child and family protection system, a concept of social work in Moldova, improving the situation for elderly and disabled people, and a pilot phase of the Moldova Social Investment Fund. Within the health and medical care sector projects focused on preventive health care with an emphasis on sexual and reproductive health as well as on life style issues, maternity and infant care, prevention of TB, HIV/AIDS, sexually transmitted diseases and prevention of drug misuse.

**USAID** currently supports two projects. *Strengthening Tuberculosis Control in Moldova* implemented by AIHA (2003-2007). The project assists the Government of Moldova in combating the tuberculosis epidemic in Moldova by enhancing the nationwide implementation of the cost-effective "Directly Observed Treatment, Short Course Strategy" (DOTS) approaches for tuberculosis diagnosis, treatment and surveillance procedures.

The project "*Preventing HIV/AIDS and Hepatitis B & C in Moldova*"( 2006 - 2010) aims at decreasing the transmission of HIV/AIDS and viral hepatitis B and C through cost-effective preventive measures and ultimately contributing to a reduction in the public health risk of these diseases.

**UNICEF** focuses on maternal and child health; child protection; and young people's health, development and participation. The mid-term review of the UNICEF programme indicated that the development and costing of the social assistance and Basic Benefit Package brought free provision of essential health services to pregnant women and to children and increased allocations to primary health care. The national "Integrated Management of Childhood Illnesses" strategy and the developed Prenatal Care Programme achieved nationwide coverage. In January 2007 UNICEF signed a document with the Government of Moldova for the implementation of the 2007-2011 Country Action Plan with the following objectives:

- Protecting children against violence, abuse, neglect and deprivation of a family environment;
- Preventing HIV/AIDS particularly among vulnerable adolescents;
- Ensuring equitable access to quality services in early childhood and
- Basic education for marginalized children.

**The Swiss Agency for Development and Cooperation** supports the implementation of the "*Integrated Management of Childhood Illnesses*" (IMCI) and Prenatal Care (PC) practices programmes by co-financing the UNICEF programme. Another project of SDC is *The Public Health Programme in Moldova*, which is still in the development stage. In the project "*Ensuring*

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*Survival, Care and Protection of Young Children in Moldova*", maternal and child health is being addressed as a priority by the Government and Ministry of Health (MoH) of Moldova, in cooperation with the **WHO** and UNICEF since 1998. In line with the reform of the Health Care System in Moldova, the programme focuses on strengthening the capacities of the PHC workers and maternity wards staff in Mother and Child Health issues in 10 rayons of the country. The overall goal of this project is to improve young children's survival, growth, and development prospects. Another goal of the project is to support the realization of PRSP and the MDGs of reducing child mortality and improving maternal health. These goals are supposed to be achieved through the implementation of the National Prenatal Care Programme (2003-2007), National IMCI Strategy and National Mother and Child Health Programme (2005-2009), with the support of international agencies and donor organizations.

**WHO's** focus over the last 2-3 years has been on health system development, including health insurance WHO also works on the surveillance of communicable diseases including TB. It has been successful in introducing DOTS, and HIV/AIDS, where it has focussed on treatment and care. National groups are developing WHO treatment guidelines. It also supports Mother and Child Health, promoting evidence-based maternal and newborn care in collaboration with UNICEF.

## 2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

### 2.1. Overall objective

The overall objective of the project of which this contract will be a part is as follows:

To contribute to an effective coverage of Moldova with quality primary health care services that impact on major health problems while improving equitable access and considering financial sustainability.

### 2.2. Purpose

The purposes of this contract are as follows:

- To strengthen the capacity of the Moldovan primary health care system in order to be able to address public health needs at primary health care level and to contribute to the implementation of the relevant provisions of the PHC strategy and the National Health Policy;
- To improve the performance of the primary health care system and increase use of PHC services and consequently to achieve better health status of the population.

### 2.3. Results to be achieved by the Consultant

#### Result 1: Improved efficiency and quality of the services at PHC level

- Accompanying the MoH in further implementation of on-going reforms in PHC in Moldova (e.g. consolidating autonomy of PHC; co-ordination of PHC at the rayon level, etc.)
- Support to the National Health System and define a sustainable mechanism in view of developing, revising, approving and implementing Clinical Protocols and Guidelines. The focus will be on disseminating the Clinical Protocols and Guidelines for the most important health issues in the PHC sector in Moldova. This requires co-operation with the relevant national health institutions, donors and other on-going projects in this area.
- Support to the relevant national institution(s) and define and fine-tune the concept of a decentralized information system in the PHC, including consultations on the IT options and features. Provided the necessary hardware is in place (PHC centres in Moldova), prepare the technical specifications and the tender documentation for procurement of specialized software for PHC, compatible with the existing IT systems of relevant institutions in the health system (NHIC, etc) and assist with its installation in PHC centres country-wide.
- Support to the relevant national institution(s) and carry out country-wide information and awareness campaigns concerning PHC, including individual responsibility for own health, the importance of a healthy life style and early diagnosis of diseases. Support to the PHC institutions in developing patient education & awareness programmes.

#### Result 2: Strengthened capacity of health management and medical personnel in PHC

- Support the relevant national institution(s) and train medical doctors and medical assistants working in PHC, as well as relevant management staff at central and rayon level dealing with PHC, in health management and good medical practices, including modern means such as distance learning.
- The capacity of the existing health training institutions improved, including establishment of internationally acceptable training and retraining systems and curricula at the university and intern levels, as well as continuous medical training for specialists in PHC

## 3. ASSUMPTIONS & RISKS

### 3.1. Assumptions underlying the project intervention

- National policy, strategy and legislation conc. PHC are permissive of the action.
- Co-operation and co-ordination within the Ministry of Health and between the MoH and the public administration bodies at the regional and local levels is satisfactory
- The results achieved within previous relevant projects funded by the EU and other donors area are taken on board and built on
- Well synchronised donor co-ordination mechanism is operational in the health sector

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### 3.2. Risks

- Lack of governmental support in application of PHC provisions at the national level
- Local and regional authorities do not regard PHC as priority and are not co-operative
- Local and regional authorities lack a clear management structure to deal with health issues, hence reduced ownership and responsibility for reforms and improvement
- Limited capacity of the MoH, regional and local public administration bodies preclude efficient and timely participation in the project activities and limit their scope

## 4. SCOPE OF THE WORK

### 4.1. General

#### 4.1.1. Project description

The Consultant will support the Moldovan MoH in improving the efficiency and quality of the services at the PHC level by assisting in defining a sustainable mechanism in view of developing, revising, approving and implementing Clinical Protocols and Guidelines, especially in developing Clinical Protocols and Guidelines for the most important health issues in the PHC sector in Moldova in co-operation with other on-going projects in this area. The Clinical Protocols and Guidelines should be available in both Moldovan and Russian. The Consultant will be responsible to support the dissemination among all PHC institutions at all levels in entire Moldova.

The Consultant will support the competent national institution(s) to develop and carry out an information and awareness campaign country wide. This includes the identification of priority health problems and of the most promising approaches to tackle these, based on current scientific evidence in health promotion. The campaign will focus on PHC, including the individual responsibility for own health, healthy life style and early diagnosis of diseases. The consultant will also support to the PHC institutions in developing patient education & awareness programmes. The campaign will target end users and practitioners in the entire country. The Consultant will support the production and dissemination of information material in Moldovan and Russian to all PHC institutions in the whole country.

The Consultant will contribute to strengthening the capacity of health management and the medical personnel in PHC. In order to achieve that result, the Consultant will support the relevant national institutions (the MoH, the State Medical University "N. Testimitanu") in developing and updating the training curricula. Training will target medical doctors and medical assistants working in PHC, as well as the relevant management staff at central and rayon levels dealing with PHC. Training will include modules on health management and practical skills of family doctors and their medical assistants. In doing that, the Consultant will also aim at improving the capacity of the existing health training institutions, including by establishing internationally acceptable training and retraining systems and curricula, at the university and intern levels, as well as continuous medical training for specialists in PHC. Attention will be given to modern means of training such as distance learning.

The Consultant will offer support in defining and fine-tuning the concept of a decentralized information system in the PHC, including consultations on the IT options and features (e.g.

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software, etc.). This activity will take into account previous efforts in this particular field and the technical capacities of the PHC centres for that matter.

In view of ensuring continuity of EU supported actions in the health sector in Moldova, the project will build on the results achieved under previous EU-funded projects and other relevant projects in the sector. The Project will be consistent with the National Health Policy and the Strategy in PHC. In the spirit of donor co-ordination and SWAp, the project should be closely co-ordinated with the WB supported health project that will be running in parallel.

### 4.1.2. Geographical area to be covered

The project will be located in Chisinau and cover the whole country.

### 4.1.3. Target groups

The main target groups will be the Ministry of Health, managerial staff, medical doctors and medical assistants from PHC institutions, and the wider population through a more effective and efficient primary health care system. The description of the activities should detail how the bidder intends to support national capacity in the respective areas.

## 4.2. Specific activities

During the project implementation phase, co-ordination with the World Bank and co-operation with the other donor organizations active in the health sector should be ensured permanently.

The activities outlined below represent the required minimum. Bidders are invited to propose complementary activities duly justified.

### Activity 1. Develop a mechanism for elaboration of Clinical Guidelines and Protocols for PHC

- Support the relevant national institution(s) and develop a sustainable mechanism for developing, revising, approving and implementing Clinical Guidelines and Protocols, especially for the most important health issues in the PHC sector. This specific activity requires close co-ordination with the MoH and the relevant state health institutions, as well as with the WB and WHO and other on-going relevant projects.
- Support the relevant national institution(s) and publish (in Moldovan and Russian) and disseminate within the entire network of PHC centres across the country Clinical Guidelines and Protocols for the most important health issues in the PHC.

### Activity 2. Develop and carry out public information and awareness campaign

- Support the relevant national institution(s) and develop and carry out a public information and awareness campaign concerning PHC in view of informing and raising the awareness of the wider public as to the individual responsibility for own health, the importance of a healthy life style in disease prevention and the importance of early diagnosis of diseases. The campaign should develop patient education & awareness programmes and should therefore be designed to target both patients and PHC practitioners. The campaign should involve PHC centres and their staff across the country.

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- Activities related to the campaign should be carried out at the local, regional and national levels. Production of specific information products such as information materials (printed, radio & TV) should be foreseen.

### Activity 3. Strengthen the capacities, knowledge and skills of practitioners in PHC

- Support the relevant national institution(s) and conduct an assessment of the training needs at the national (MoH, relevant institutions) and regional (rayon and its localities) levels. The assessment should include the precise number of medical doctors and medical assistants working in PHC centres to be trained in health management and practical PHC skills.
- Support the responsible national institution(s) and review the existing training curricula, develop and carry out training modules to suit the needs identified by the assessment. The training programmes to be carried out within the project will include at least the following elements: areas for training (health management and practical skills of family doctors and their medical assistants); training institutions (e.g. Centre for Public Health and Management, the State Medical and Pharmaceutical University "N. Testimianu"); criteria for selection of trainees; methods of delivery of training (e.g. distance learning, on-job training, in-class training, etc.); methods of evaluation of training; translation (into Moldovan and Russian); publication and dissemination of training material. The developed training and retraining systems, as well as the curricula at the university and intern levels, and continuous medical training for specialists in PHC should be internationally acceptable.

### Activity 4. Define the concept of a decentralized information system in the PHC

- Support to the relevant national institution(s) and define and fine-tune the concept of a decentralized information system in the PHC, including definition of the available IT options and features.
- Provided the necessary hardware is in place (PHC centres in Moldova), prepare the technical specifications and the tender documentation for procurement of specialized software for PHC, compatible with the existing IT systems of relevant institutions in the health system (NHIC, etc) and assist with its installation in PHC centres country-wide.

## 4.3. Project management

### 4.3.1. Responsible body

The Delegation of the European Commission in Moldova is responsible for managing this contract.

### 4.3.2. Management structure

The management of the project by contracting authority will follow the TACIS procedures. The MoH will establish the Steering Committee (SC), which will be responsible for the strategic directions of the project as well as for ensuring the full participation of the Moldovan partners. The SC will include high-level representatives of the MoH, a relevant representative of the EC Delegation to Moldova, and representatives of the Ministry of Economy and Trade (NCU) and the WB-funded health projects as observers. The overall co-ordination of the project in the wider perspective of the health sector will be achieved during regular meetings between the MoH and donors.

## **Terms of Reference**

The project management team will be responsible for the operational management of the project. It will meet at least once every two weeks and the project Team Leader will chair these meetings. The Management team should closely monitor project activities to ensure that they are performed according to the agreed schedule and to address any problem that might impede the progress of the project. The management team will be responsible for determining the inputs of short-term experts, including reviewing CVs of local short-term experts and preparing their Terms of References, preparing tenders for equipment, and submitting the necessary documentation related to procurement. The management team will also be responsible for preparing press releases and contacts with the media regarding the project.

A very important task of the management team will be to keep constant contact with other donor organizations to insure proper coordination of all donors' activities. The WB and EC support to PHC are working on the same ground and should be viewed as a single programme; therefore its management and implementation should be joint, well synchronised and transparent.

### **4.3.3. Facilities to be provided by the Contracting Authority and/or other parties**

The MoH will be the main Moldovan stakeholder and will co-ordinate and supervise the participation of other partners and stakeholders. The MoH plays the key role in the strategic decision-making within the project. As the MoH is to benefit from the project, its input into the project implementation is crucial.

The MoH shall appoint a high level member of its staff as Project Director. He/she will be responsible to ensure that the Moldovan partner gain maximum benefit from the project in strengthening institutional capacity. He/she shall allocate a minimum of one day in two weeks to supervise and discuss with the project management team any major issues related to the project. He/she shall ensure that staff of the appropriate level is made available to work alongside the Consultant's staff.

The MoH will provide such assistance to the Consultant as necessary to arrange visas for the Consultant's expatriate personnel, and customs clearance and inland transport (from border point to final destination) for the equipment imported by the Consultant and/or the Contracting Authority.

The MoH shall also provide all possible assistance to solve unforeseen problems that the Consultant may face. The possible failure to solve some of the Consultant's problems encountered locally will not free the Consultant from meeting its contractual obligations vis-à-vis the Contracting Authority.

## **5. LOGISTICS AND TIMING**

### **5.1. Location**

The operational base of the project will be in the capital city Chisinau. The project will be implemented on a countrywide basis. The actual physical location of the project office will be decided immediately after signature of the contract. Project activities will take place at national, regional, and community levels. At the national level work will be undertaken with the relevant public authorities and national institutes. At the regional and local levels PHC medical doctors and medical assistants shall be involved in project activities where relevant.

### **5.2. Commencement date & Period of execution**

The intended commencement date is November 2008. Please refer to Articles 4 and 5 of the Special Conditions for the actual commencement date and period of execution.

## Terms of Reference

The exact list of PHC centres and their location will be decided at the beginning of the project in close co-ordination with the MoH and the WB health project. When producing the final list of beneficiaries the Consultant will also take into account any other similar work done by other donor organisations at that moment in time. Criteria for selection of the beneficiaries should be developed and could include the existence of the necessary overall infrastructure, willingness of the local stakeholders to participate and accept change etc. The activities will involve local administrations, health facilities, and community groups.

## 6. REQUIREMENTS

### 6.1. Personnel

#### 6.1.1. Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. The key core team of experts will consist of four long-term experts with the following profiles:

- Senior health economist or health manager (Team Leader)
- Senior health expert to co-ordinate development of Clinical Protocols and Guidelines (Deputy Team Leader)
- Senior training expert
- ICT expert
- Communication expert

The profiles of the key experts for this contract are as follows:

#### **Key expert 1: Team Leader – 24 months**

The Team Leader will supervise all the project components and overall management of the project. He/she will hold full responsibility for the provision of deliverables and the project's authority; co-ordinate the project activities and progress with and through the Steering Committee and Management Team, beneficiaries and the EC Delegation in Moldova. If needed, the Team Leader will support the MoH in organizing the monthly co-ordinating meetings with donors. The Team Leader will be based in Moldova on a permanent basis and will be working full time in Chisinau.

#### Qualifications and skills

- Advanced degree in economics, health economics, health care management or equivalent.
- Sound experience in the health sector reform, including primary health care
- Experience in managing a team composed of international and local experts
- Experience in organising and overseeing administrative and logistic support
- Good communication skills with beneficiaries and other stakeholders
- Fluent English. Knowledge of Moldovan would be an asset.

## Terms of Reference

### General professional experience

- At least 10 years of experience in PHC and in management of health care reform projects and health care financing and policy issues.

### Specific professional experience

- Experience in organisation and planning of health systems at national and regional level
- Experience in health management
- Experience in supervising and co-ordinating all components of a project and technical aspects of a contract
- Work experience in the CIS or transition countries in Central and / or Eastern Europe
- Good communication skills and experience overseeing multi-cultural project team
- Financial skills necessary to manage budget over Euro 1 million

### **Key expert 2: Senior Health Specialist – 24 months**

The Senior Health Specialist will assist the relevant national institution(s) in defining a sustainable mechanism in view of developing, revising, approving and implementing Clinical Protocols and Guidelines. The focus will be on disseminating the Clinical Protocols and Guidelines for the most important health issues in the PHC sector in Moldova. This specific activity requires close co-ordination with the MoH and the relevant state health institutions, as well as with the WB and WHO. The Senior Health Specialist will be based in Moldova on a permanent basis and will be working full time in Chisinau.

### Qualifications and skills

- Advanced degree in health
- Sound experience in the health sector reform, including primary health care
- Experience in co-ordinating activities between several teams, including donor organizations
- Good communication skills with beneficiaries and other stakeholders
- Good English and knowledge of Moldovan and Russian.

### General professional experience

- At least 10 years of experience in PHC and in management of health care reform projects and health care financing and policy issues.

### Specific professional experience

- Experience in developing clinical protocol and guidelines

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- Practical experience as medical doctor is welcome
- Work experience in the CIS or transition countries in Central and / or Eastern Europe

### **Key expert 3: Senior training expert – 24 months**

The senior training expert will be responsible for supporting the relevant national institutions in preparing a training package (training modules and materials) for medical doctors and medical assistants working in the PHC based on the existing training curricula. He/she will assess the existing curricula and if needed will improve it together with the MoH staff. He/she will supervise the organization of the training process and identify appropriate experts for delivery of training in close co-ordination with the MoH staff and the Medical University of Moldova (other relevant training institutions). The senior training expert will work in Chisinau (at least 65% of the time) and have missions to rayons.

#### Qualifications and skills

- University degree in a relevant field of expertise
- Experience in co-ordinating activities with the other components of project
- Experience in ensuring good communications with beneficiaries and other stakeholders
- Good English and knowledge of Moldovan.

#### General professional experience

- At least 10 years' experience in development, implementation and evaluation of capacity building / training programmes

#### Specific professional experience

- Experience working with training institutions and public authorities
- Experience in reform of the health sector or PHC system
- Experience working in the CIS or transition countries in Eastern and / or Central Europe

### **Key expert 4: ICT expert – 24 months**

The ICT expert will be offering support to the relevant national institutions in view of defining and fine-tuning the concept of a decentralized information system in the PHC, including definition of the available IT options and features. The ICT expert will oversee the installation of the specialized PHC software and the training offered to end users.

#### Qualifications and skills

- Advanced degree in ICT, other relevant field or equivalent
- Experience in co-ordinating activities with the other components of project

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- Experience in ensuring good communications with beneficiaries and other stakeholders
- Good English and knowledge of Moldovan.

### General professional experience

- At least 5 year experience in planning and developing information technologies involving public administration bodies
- Experience in developing networks

### Specific professional experience

- Experience with IT in transition countries, preferably the CIS and or Central and Eastern Europe
- Experience in preparing tenders for IT equipment according to EC guidelines

## **Key expert 5: Communication expert – 24 months**

The communication expert will assist the relevant national institutions in developing and implementing the public information and awareness campaign at the national and regional levels. He/she will ensure co-ordination with the relevant public authorities and PHC centres and their staff. The communication expert will assist the relevant bodies in the process of producing specific information products and information materials and their dissemination.

### Qualifications and skills

- Advanced degree in Journalism, Communication, other relevant field or equivalent
- Experience in co-ordinating activities with the other components of project
- Experience in ensuring good communications with beneficiaries and other stakeholders

### General professional experience

- At least 5 year experience in developing and implementing national and regional communication, information and public awareness campaigns involving public administration bodies

### Specific professional experience

- Experience in transition countries, preferably the CIS, Central and / or Eastern Europe
- Good English and knowledge of Moldovan and Russian.

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### 6.1.2. Other experts

CVs for experts other than the key experts are not examined prior to the signature of the contract. They should not have been included in tenders.

The Consultant shall select and hire other experts as required according to the profiles identified in the Organisation & Methodology. These profiles must indicate whether they are to be regarded as long-term/short-term and senior/junior so that it is clear which fee rate in the budget breakdown will apply to each profile. All experts must be independent and free from conflicts of interest in the responsibilities accorded to them.

The selection procedures used by the Consultant to select these other experts shall be transparent, and shall be based on pre-defined criteria, including professional qualifications, language skills and work experience. The findings of the selection panel shall be recorded. The selection of experts shall be subject to approval by the Contracting Authority.

Note that civil servants and other staff of the public administration of the beneficiary country cannot be recruited as experts, unless prior written approval has been obtained from both the European Commission and the public administration concerned. For Moldovan experts, the definition of civil servants and public administrations should be those laid down in Moldovan law.

### 6.1.3. Support staff & backstopping

The costs of support staff must be included in the fee rates of the experts.

### 6.2. Office accommodation

Office accommodation of a reasonable standard and of approximately 10 square metres for each expert working on the contract is to be provided by the Moldovan MoH free of charge.

### 6.3. Facilities to be provided by the Consultant

The Consultant shall ensure that experts are adequately supported and equipped. In particular it shall ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support its activities under the contract and to ensure that its employees are paid regularly and in a timely fashion.

The Consultant must consequently provide full-time assistants to work with the Team Leader, long-term and short-term specialists, make their own arrangements for translation of formal 'deliverable' reports, bear all the costs for interpreters, and translations of working documents and reports from and into Moldavian, ensure that the project personnel (including all key and non-key experts and support staff) are equipped with any equipment, which the Consultant estimates is required in order for them to carry out their tasks effectively. This includes equipment for the offices to be set up by the project, such as computer equipment, furniture, telephones, printers, faxes, photocopiers, etc. The consultant shall also bear office running costs, telecommunications and copying costs and all costs relating to the provision of experts (including travel to/from the beneficiary country and subsistence once there, apart from missions specified in these terms of reference). Sufficient provision must be made for these costs in the Consultant's fee rates.

The Consultant's staff shall have no representational role on behalf of the European Commission or of any Commission programme, other than where specifically authorised in writing by the European Commission. This particularly applies in terms of co-ordination of initiatives with other external assistance providers. The Consultant's staff may, however, support such initiatives in their

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role as specialist technical advisers. The Consultant must also observe the latest visibility guidelines (refer to: [http://europa.eu.int/comm/europeaid/visibility/index\\_en.htm](http://europa.eu.int/comm/europeaid/visibility/index_en.htm)) concerning acknowledgement of EC financing of the project.

If the Consultant is a consortium, the arrangements should allow for the maximum flexibility in project implementation. Arrangements offering each consortium partner a fixed percentage of the work to be undertaken under the contract should be avoided.

### 6.4. Equipment

No equipment is to be purchased on behalf of the beneficiary country as part of this service contract or transferred to the beneficiary country at the end of this contract. Any equipment related to this contract which is to be acquired by the beneficiary country must be purchased by means of a separate supply tender procedure.

This contract will be running in parallel with a supply tender procedure for equipment for a maximum amount of **€4,500,000**. The procurement of this equipment, including contracting, will be carried out by the Contracting Authority. The Consultant may assist, if required by the Contracting Authority, in the evaluation of tender offers and in supervising and assistance for the installation of equipment.

### 6.5. Incidental expenditures

The Provision for incidental expenditure covers the eligible incidental expenditures incurred under this contract. It cannot be used for costs which should be covered by the Consultant as part of its fee rates, as defined above. Its use is governed by the provisions in the General Conditions and the notes in Annex V of the contract. It covers:

- a) Study tours and training expenses (other than experts fees and if required to support activities outlined in Chapter 4.2, Activity 3);
- b) Development and publication of Clinical Guidelines and Protocols, and training materials (as outlined in Chapter 4.2, Activity 1);
- c) Communication and public relations (as outlined in Chapter 4.2, Activity 2);
- d) Travel costs and subsistence allowances for missions to be undertaken as part of this contract from the base of operations in the beneficiary country;

The Provision for incidental expenditures for this contract is EUR 300,000. This amount must be included without modification in the Budget breakdown.

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The Consultant will need prior written approval from the Contracting Authority before spending the funds related to following components within the incidental expenditures: a) study tour(s) and training, b) development and publication of Clinical Guidelines and Protocols and training materials and c) communication and public relations.

No written approval from the Contracting Authority will be needed for spending funds related to the d) component. However all supporting documents must be kept by the Consultant as indicated in Article 25 of the General Conditions for service contracts financed by the EC.

No funds of the incidental expenditures budget may be used for fees for experts. During contract implementation, the Consultant may request the Contracting Authority for transfer of funds from Fees to Incidental Expenditures. Such a change will require prior written approval from the Contracting Authority. Transfer of funds from Incidental Expenditures to Fees will not be possible.

Any subsistence allowances to be paid for missions undertaken as part of this contract from the base of operations in the beneficiary country must not exceed the per diem rates published on the Web site [http://europa.eu.int/comm/europeaid/index\\_en.htm](http://europa.eu.int/comm/europeaid/index_en.htm) at the start of each such mission.

### **6.6. Expenditure verification**

The Provision for expenditure verification relates to the fees of the auditor who has been charged with the expenditure verification of this contract in order to proceed with the payment of interim payments.

The Provision for expenditure verification for this contract is EUR 15,000. This amount must be included without modification in the Budget Breakdown.

This provision cannot be decreased but can be increased during the execution of the contract.

## **7. REPORTS**

### **7.1. Reporting requirements**

Please refer to Article 26 of the General Conditions. Interim reports must be prepared every six months during the period of execution of the contract. They must be provided along with the corresponding invoice, the financial report and an expenditure verification report defined in Article 28 of the General Conditions. There must be a final report, a final invoice and the financial report accompanied by an expenditure verification report at the end of the period of execution. The draft final report must be submitted at least one month before the end of the period of execution of the contract. Note that these interim and final reports are additional to any required in Section 4.2 of these Terms of Reference.

Each report shall consist of a narrative section and a financial section. The financial section must contain details of the time inputs of the experts, of the incidental expenditure and of the provision for expenditure verification. The final report must be accompanied by the final invoice, the financial report and an expenditure verification report.

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### 7.2. Submission & approval of progress reports

Two copies of the progress reports referred to above must be submitted to the EC Delegation to Moldova for approval. The progress reports must be written in English and Moldovan.

Before interim progress reports and the final report are submitted to the EC Delegation to Moldova for approval, each report shall be approved in writing by the beneficiary ministry. The approval letter from the MoH may include any dissenting opinions, if necessary.

In addition, notes must be submitted to the EC Delegation to Moldova, as frequently as considered necessary by the EC Delegation to Moldova, in order to monitor the substance and the quality of the technical assistance. Meetings between the Consultant and the EC Delegation to Moldova and other appropriate EU Commission services, will be organized as required.

In addition to the above formal reports, the Consultant shall provide information on project progress as required by the EC Delegation to Moldova, and shall regularly inform the EC Delegation to Moldova of political, economic or institutional developments of relevance to the project.

The Consultant shall in particular provide the EC Delegation to Moldova with copies of all technical reports (including assessment studies, reports for dissemination, etc.) and publications produced under the contract in the quantity requested. In addition, before the end of the contract, the Consultant will provide the EC Delegation to Moldova with a CD ROM containing all the documents/reports/publications produced during the implementation of the project.

No report or document shall be distributed to third parties without prior approval by the EC Delegation to Moldova. The Consultant shall pay particular attention to the confidentiality of data. Reports, as well as press statements, etc. made by the Consultant will make clear that any opinions expressed therein remain those of the Consultant and do not represent the opinion of the European Commission.

All reports shall be submitted in hard copy and electronic format (as a single Word file). Copyright on all reports and other materials prepared under this contract shall reside with the European Commission.

## 8. MONITORING AND EVALUATION

The project will be monitored according to the standard procedures.

Project monitoring and evaluation will be based on periodic assessment of progress on delivery of specified project results towards achievement of project objectives.

### 8.1. Definition of indicators

During the implementation of the contract, the indicators used shall be those included in the Logical Framework of the project. The indicators will determine the quality and quantity of the outputs to be delivered by the Consultant.

### 8.2. Special requirements

None