

MAIN ACHIEVEMENTS OF THE HEALTHY LIFE: REDUCING THE BURDEN OF NON-COMMUNICABLE DISEASES PROJECT, PHASE I IMPLEMENTATION (2016-2020)

AIMS AND APPROACH

The Healthy Life Project (Phase 1, 2016-2020) aims to reduce the burden of Non-Communicable Diseases (NCDs), thus contributing to the improved health and well-being of the Moldovan population, with a particular focus on rural areas.

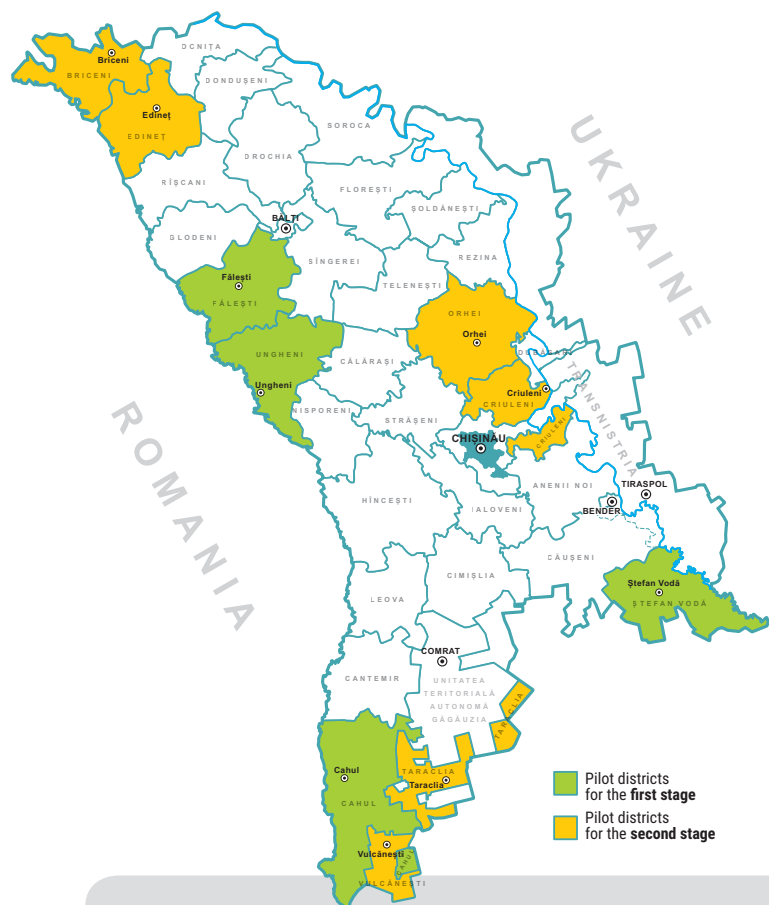
The project supports the Ministry of Health, Labour and Social Protection of the Republic of Moldova to implement the national health reform agenda and progress towards the health related Sustainable Development Goals, especially in the areas of Public Health and Primary Health Care (PHC). The project focused on:

- 1** **Strengthening** the enabling policy environment for decentralized and integrated management of NCDs;
- 2** **Expanding** access to quality integrated care, including outreach services, related to NCDs;
- 3** **Improving** healthcare seeking behaviour and reduced NCDs risk behaviour.

Working closely with national partners, the project was present in 10 districts: Briceni, Cahul, Criuleni, Edinet, Falesti, Orhei, Stefan-Voda, Taraclia, Ungheni, and Vulcanesti.

CONTEXT

Although much progress has been made in recent years, the Republic of Moldova is still faced with a high prevalence of NCDs related to lifestyle and health behavioural factors. It is also the country with the highest general mortality rate in the European Region. With almost 60% of the population living in rural areas, it is essential to make quality NCD prevention, treatment and management more accessible.



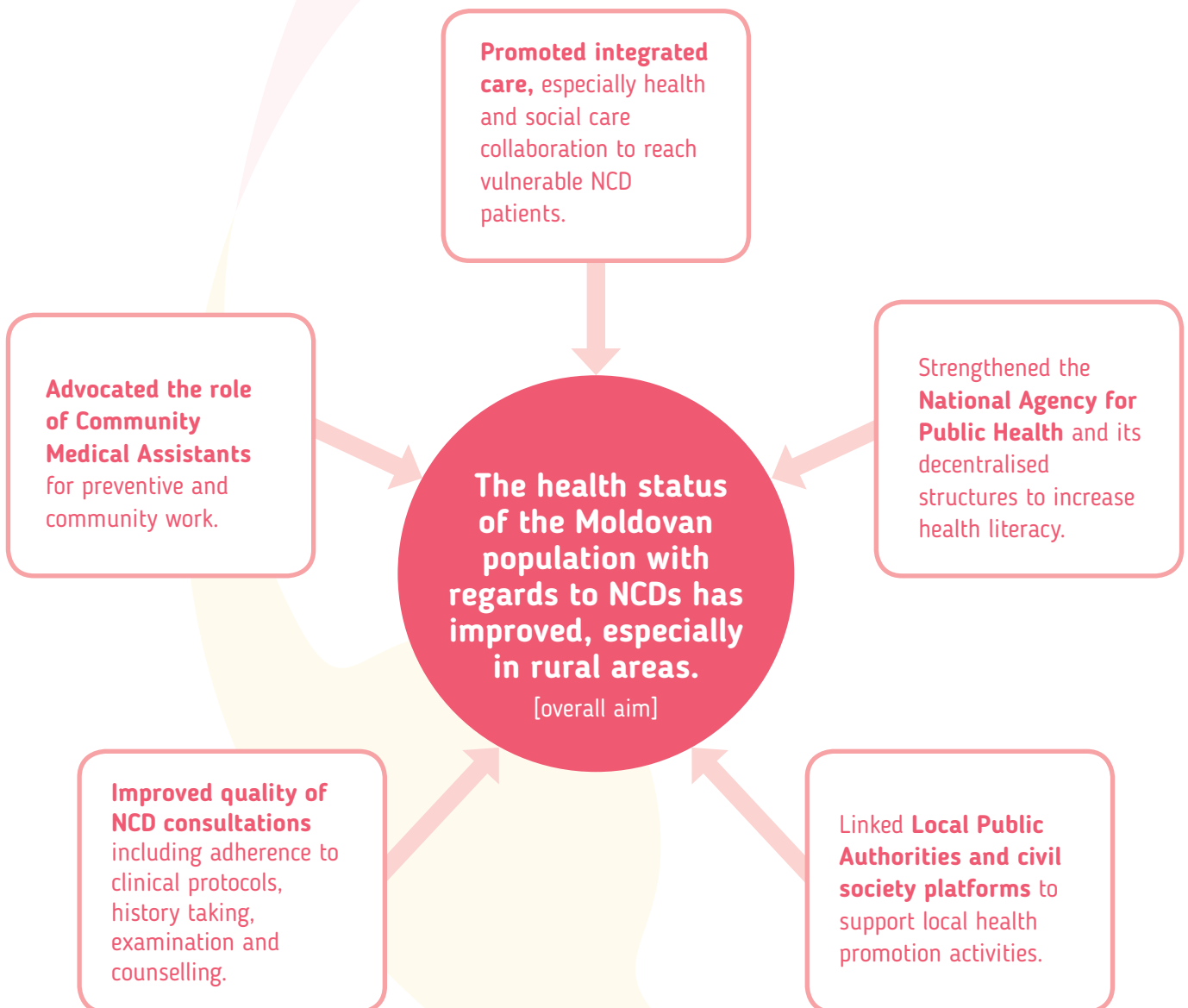
- ◆ **1 in 3 people** in Moldova has three or more risk factors for NCDs.
- ◆ **Nearly 9 out of 10 deaths** are related to NCDs – mainly cardiovascular disease, chronic respiratory diseases, diabetes and cancer.

Source: WHO (2014) STEPS Survey

By strengthening the policy environment for decentralised, integrated management of NCDs, improving the quality of care and building higher levels of health literacy, the project aimed to increase both the supply and demand for NCD services with emphasis on three tracer NCDs (hypertension, diabetes type 2, and chronic form of ischemic heart disease).

The project thus sought to take on a comprehensive approach to reduce the NCD burden in the wider population. The latest evidence was used to tailor the project objectives and activities, including the Healthy Life project baseline surveys (Blake et al 2019).

KEY PROJECT ACHIEVEMENTS



HOW WE ACHIEVED THESE RESULTS

OUTCOME



Working with national health authorities to create an enabling policy environment for decentralized and integrated management of NCDs

The project remit and objectives were defined through close consultation with the Ministry of Health, Labour and Social Protection (MHLSP), the National Agency for Public Health (NAPH), the National Health Insurance Company (NHIC) and the World Health Organisation (WHO) Country Office. Working in partnership ensured project activities were implemented to support decentralisation and the integration of NCD prevent management at PHC and community level.

KEY OUTPUTS:

- **Built institutional capacity of the National Agency of Public Health** and its decentralised structures in evidence-based planning, and health promotion.
- Supported the **development of the National Health Strategy 2030** in relation to Public Health, and the new National NCD Programme and Action Plan (2021-25).
- Worked with the National Association for Family Medicine and Association of Nurses **to facilitate the completion and implementation of standard operational procedures implementation of MoHLSP Quality Manual for PHC practice.**
- **Developed and rolled-out gender-sensitive patient education guides** on hypertension, diabetes type 2, and ischemic heart disease.
- Supported the **revision of legislation on integrated community care** (health and social care) and the **normative base for Community Medical Assistants** – including to highlight potential cost savings to the system.
- **A new course on Health Promotion and Behaviour Change was established** by the project – and is now managed by a team of national trainers and made available to health promotion specialists across the country (*Sécula et al 2020*).

BIBLIOTEȚA SĂNĂȚĂII



6
video
tutorial



8
guides
and
brochures



35
posters,
flags,
leaflets

TOTAL **51**
titles of informative and
didactic materials in romanian
and russian languages



OUTCOME



Improving people's access to quality integrated care for NCDs, including outreach services

The project invested in improving the quality of care at primary care and community level by promoting people-centred integrated care (Zahorka et al 2019). At facility level this involved facilitating the roll-out of the Package of Essential Non-Communicable (PEN) disease interventions for PHC in low resource settings (PEN protocols) - once the WHO Country Office had provided the proof of concept for Moldova (Collins et al 2019). Moreover, a Continuing Professional Development course on the PEN protocols was introduced to the State University of Medicine and Pharmacy "Nicolae Testemitanu".

The project strengthened the role of nursing in Moldova by assessing how the role nurses and community medical assistants could be better integrated within family medicine teams (Zarbailov et al 2019).

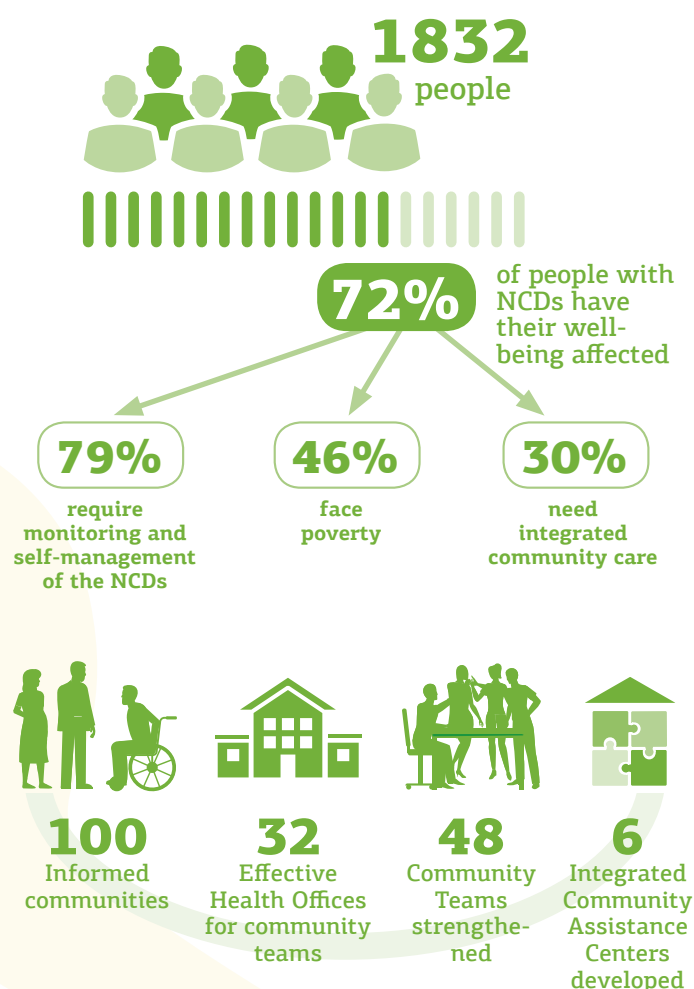
Finally, there was an increased collaboration of the health and social sectors at LPA level, with the aim of strengthening basic service provision and to expand community outreach services. An emphasis was also placed on reaching the most vulnerable in health, social and economic terms; namely, elderly patients with multimorbidity (two or more chronic diseases) living in underserved rural areas.

KEY OUTPUTS:

- Across the **10 project districts**, access to **quality NCD care** (4 and more visits of PHC institution during last 12 months) was available for **64,3% NCDs patients** (KAP survey, 2020).

- **Strengthened understanding of the importance of community medical assistants (CMA)** for prevention and outreach. In intervention raions **77.3% of staff were convinced of the importance of CMA** compared to 22.2% control raions.
- In three pilot intervention districts, **48 community integrated teams** were established, as well as **six centres for integrated care established** using existing resources and workforce in health and social care sectors, LPAs and civil society.

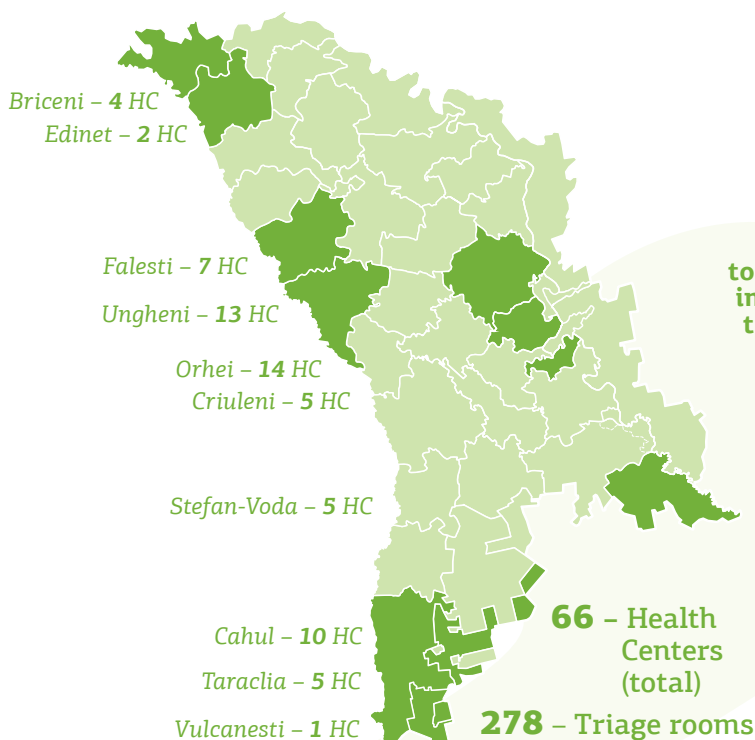
Results of the application of integrated assistance in the districts



Dynamics of cascade PEN trainings (3 stages)

- **Increased availability of NCD clinical protocols** (90% in intervention compared to 50% in control districts).
- A large majority of **family doctors in project districts were trained on hypertension, Ischemic Heart Disease and Diabetes type 2.**
- **Trained health workers on NCD clinical protocols** (PEN1, PEN2) (63.3% of health workers in intervention, compared to 26.1% in control districts).
- **Strengthened 278 triage rooms of 66 health centres** and affiliated offices of family doctors **with basic equipment.** Facilities received equipment for early diagnosis and monitoring of NCDs and were trained on its use and maintenance.

Equipping the Health Centers (HC) with the necessary equipment for the implementation of PEN



OUTCOME



Improved health seeking behaviour and reduced NCD-related behavioural risk factors

The project used a “health in all policies” approach to promote the adoption of healthy behaviours in the Moldovan population (Sécula et al 2020). This included the development of a training course for Mayors and local officials that is run by the School of Management in Public Health. At national level, the project worked with the NAPH to design two national NCD prevention campaigns based on the latest evidence and social marketing principles.

District level ‘Health Profiles’ were an important building block, as these supported local evidence-based, intersectoral and health promotion planning and intervention design. Key gender and equity sensitive indicators for these health profiles were agreed upon with the government. The project ensured the dissemination of Health Profile’ results at the community level as well, by presenting them to LPAs and community representatives of pilot villages.

To increase peoples’ awareness of the role they can have in promoting and protecting their own health, the project engaged diverse range of actors at local level. Health seminars were implemented in remote villages, always involving local resource persons like family doctors and community medical assistants.

Civil society coalitions were capacitated to work as equal partners with their LPA to design and implement health promotion activities for their communities through small grant funding from the project. These activities were based on insights from the health profiles, and a community “asset-mapping” process where local stakeholders

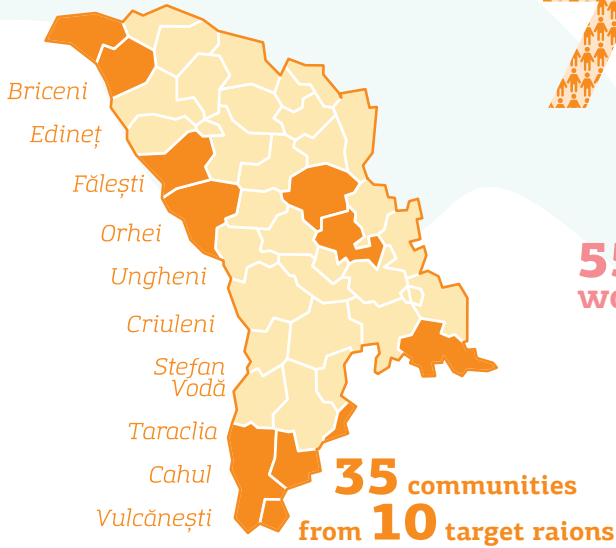
were encouraged not only to see what they lack, but also their strengths and how to take full advantage of them.

Finally, the project introduced an innovative patient self-management programme to Moldova. The initial evaluation showed a statistically significant increase of patient self-efficacy scores from 5.33 before the intervention to 8.32 afterwards.

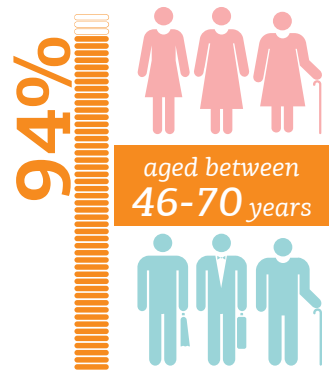
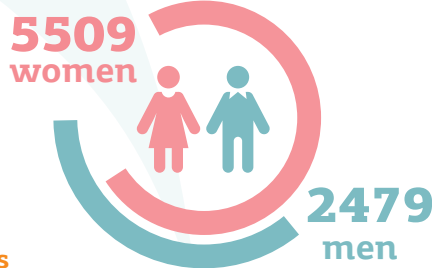
KEY OUTPUTS:

- In **20 pilot communities**, LPAs (Mayors and their teams) **were engaged to strengthen their leadership** in local decision-making for health.
- **Evidence-based “health profiles” were developed**, including gender and equity data, and used in all intervention districts as the basis of health action plans.
- Capacity building of **20 local civil society organisation** (CSOs) to work as **partners with LPAs and implement community health promotion activities** through small grant financing.
- Health seminars delivered across **35 localities increased the knowledge of 7’988 people** (5’504 women and 2’479 men) on NCD risk factors and prevention measures.
- **Piloting of a Chronic Patient Self-Management Programme, that reached 342 participants** (251 women and 91 men) **enabling them to better manage their own conditions**. This evolved into a very important support network with the onset of Covid-19.
- **The NAPH was supported to create and launch national health education campaigns on the topics of “salt intake” and “trans-fat” with coverage of 78% and 93% of population respectively**. Videos and animated spots were broadcast on TV and shared online. An age and gender-sensitive approach was used in the content development.

Behavior change for a healthy life



7988 people



- 7** topics
- hypertension
 - type 2 diabetes
 - obesity and healthy nutrition
 - harmful effects of alcohol and tobacco consumption
 - family health
 - stress management
 - men's health

Synergy Cooperation with the MENSANA Project, Healthy Generation and Cervical Cancer Projects

Reaching out the population with messages in the National Health Education Campaigns

CHOOSE WHAT YOU EAT!

78%

ALEGE CE MĂNÂNCI!

REDU GRĂSIMILE TRANS DIN ALIMENTAȚIE

Informează-te pe www.alege.prosanatate.md



93%

REDUCE SALT IN FOOD

REDU SAREA DIN MÂNCĂRE

până la 5g pe zi, echivalentul unei lingurițe

Afiă câtă sare consumi zilnic și ce poți face pentru a te alimenta sănătos pe

www.prosanatate.md

INFORMATION ABOUT THE PROJECT

Project website: <https://www.viatasan.md/>

The Swiss Agency for Development and Cooperation (SDC)'s Healthy Life Project is implemented by the Swiss Tropical and Public Health Institute, from the Chisinau office. Working closely with national partners the project aimed to reduce the burden of Non-Communicable Disease thus contributing to the improved health and wellbeing of the Moldovan population, with a particular focus on rural areas. The project is implemented in 10 pilot districts: Briceni, Cahul, Criuleni, Edinet, Falesti, Orhei, Stefan Vodă, Taraclia, Ungheni, and Vulcanesti.

Main National Partners:

Ministry of Health, Labour and Social Protection, National Agency for Public Health and Territorial Public Health Councils; National Health Insurance Company; State University of Medicine and Pharmacy "N. Testemitanu"; School of Management in Public Health; Centre of Excellence in Medicine and Pharmacy "Raisa Pocalo"; Medical Colleges; CME Centre for Nurses and Midwives; Association of Family Doctors; Nursing Association, PHC Healthcare Institutions from intervention districts, LPA and communities.

Main International Partners:

The World Health Organization.

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