Palliative Care in Moldova

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Abstract
The article describes the important steps of palliative care development in Moldova, the current status, main achievements and challenges to be addressed in the future. It covers background information, policy development, medicines access and availability, education, and training, as well as services’ provision. Palliative care development in Moldova registered real progress in spite of frequent political changes at governmental levels and difficulties to ensure the continuity of the development process during the last 10 years. However, the unmet need for palliative care for patients with life-limiting illnesses from different disease and age groups remains high. Further effort is needed to increase the availability and access to opioid analgesics and other essential palliative care medications. Government commitment and support, together with adequate funding, trained and educated health care professionals, and easy access to and availability of medicines, are essential to ensure the successful implementation of palliative care services nationwide, and to deliver the most appropriate qualitative palliative care for patients. To speed up palliative care development, a national strategy on palliative care development should be considered. The authors took part and continue to be involved in different ways in palliative care development in the country.

Background
Republic of Moldova gained independence in 1991. The transition to a democratic society and market economy was complicated by severe economic downturn, worsened living conditions, and massive labor migration. In 2015, the total population of Moldova was 3,553,159 with 42.2% in urban areas and 57.5% in rural areas.1 Life expectancy at birth was 71.5 years, and mortality rate was 11.2 per 1000 inhabitants, 15.3% were cancer related. Cardiovascular diseases are the leading cause of death with cancer following.2 The incidence and prevalence of cancer per 1000 inhabitants is 2.66 and 14.4, respectively.3

The main system of health financing and coverage is based on national compulsory health insurance since 2004. The benefits package offers universal access to emergency and primary care and includes specialized outpatient and hospital care, and a limited list of medications.

The development of palliative care in Moldova began in the early 2000s and was supported by committed organizations and individuals, including nongovernmental national and international organizations, pain and palliative care providers, and academic leaders. An initial palliative care needs assessment described to date health care system and its financing and provided necessary information for policy change (e.g., number of hospitals and clinics, physicians and nurses, medicines available, existing palliative care services and providers, people in need of palliative care, and educational needs for health care professionals). The assessment described the existing barriers to palliative care development and outlined practical recommendations. The assessment revealed that there

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are about 25,000–27,500 patients in palliative care need in Moldova annually.

The assessment led to the creation of a national task force composed of palliative care experts, government officials, and academic leaders to develop a national palliative care implementation plan.

To increase the number of trained palliative care professionals in the country, regional and international palliative care experts were invited to conduct trainings and support the development of educational materials and curricula. Moldovan health care professionals and policy makers visited palliative care centers of excellence in Poland and Romania and met relevant staff, government officials, and drug control authorities to discuss management, financing, and legislation controlling opioid availability.

**Policy**

The assessment revealed few health policy documents in which palliative care is mentioned: the National Health Policy for 2007–2021, the Strategy of Health System Development for 2008–2017, and the methodological norms for the benefits package of the National Mandatory Health Insurance. The national palliative care task force developed the National Concept and Measures Plan for the Development of Palliative Care Services, which was approved by the Ministry of Health (MOH) in June 2008. The document defined palliative care according to the WHO definition, identified barriers to palliative care development, outlined the steps needed to change/adjust/develop the necessary legislative and regulatory documents, and outlined the socioeconomic impact of palliative care implementation. Because of political changes in government and concurrent competing priorities, the plan was not fully implemented.

In June 2009, MOH approved the regulation on palliative care services development. The document defined the various types of palliative care services, established the basic concepts and principles of palliative care, the organization of palliative care, criteria for selection of beneficiaries, and the obligations and rights of palliative care providers. Inspired by the Romanian palliative care model and after extensive national debates, the National Palliative Care Standard was approved in December 2010. In parallel, MOH approved the revised norms for medical personnel for hospital care and estimated costs for inpatient palliative care provision. At that time, the reference cost was underestimated and proved to be unattractive for service providers. Subsequently, the necessary revision was conducted by Romanian experts with support of the Soros Foundation—Moldova and the Open Society Foundations/International Palliative Care Initiative in 2011 and is re-evaluated on biannual basis. The costs were developed for three types of palliative care services: inpatient, home-based care, and a mobile unit. As a result, the National Health Insurance Company started to procure palliative care services from providers (including nongovernment organizations) in 2012. In the same year, national palliative care protocols were approved by the MOH. The MOH issued an order to Rayon Hospital managers to ensure inpatient palliative care provision based on these protocols.

The regulations governing palliative care service organization were re-evaluated and updated in December 2015. According to the updated MOH order, primary health centers’ managers are responsible for organizing palliative care services at the primary health care level through specialized palliative care mobile teams. In 2015, the National Council of Evaluation and Accreditation in Health approved the Standards for Evaluation and Accreditation of Palliative Care Service Providers, and the National Health Insurance Company approved Standards for the Validation of Services Provided by Palliative Care Providers. Political changes in the government jeopardized efforts to adopt a National Program on Palliative Care. However, palliative care is mentioned in some existing national programs. Currently, a national protocol on pediatric palliative care is under development.

**Education and Training**

Initially, Moldovan health professionals were supported to attend training and education programs abroad, primarily in Romania, Poland, UK, and Belarus. In 2008, a palliative care curriculum for nurses was developed, approved, and piloted at the National Medical College. Based on the pilot results, the course became mandatory in all medical colleges throughout the country. The continuing medical education curriculum for nurses includes palliative care.

Eighteen national palliative care trainers were recognized and certified by the MOH in 2009. The N. Testemitanu State Medical and Pharmaceutical University introduced an optional course on palliative care and pain management in 2010 to be taught to family medicine and anesthesiology specialists.

Palliative care education was provided by different organizations to various health care professionals based on their identified needs. The mobile palliative care team from the Oncology Institute organized two training courses for oncologists on adequate pain management; the Hospice Angelus Moldova delivered palliative care seminars for physicians and offered a one-week training program for newly established palliative care services; the National Association of Pharmacists delivered information on palliative care to its members; and the National Association for Palliative Care Treatment
organized regional seminars to promote national palliative care protocols. In 2015, MOH recognized and certified competences in palliative care of specialists from palliative care units. In late 2015, N. Testemitanu State Medical and Pharmaceutical University started to integrate palliative care into all educational programs based on European Association for Palliative Care recommendations on Palliative Care Curriculum. The curriculum is adapted to the national context to ensure sustainable education in the field.

**Drug Availability and Access to Opioids**

A great deal of work preceded the revision and modification of the national legislation to improve access to controlled medicines: national workshops and roundtables were organized in partnership with Hospice Casa Sperantei from Brasov, Romanian National Palliative Care Association, the US National Hospice and Palliative Care Association and the Pain and Policy Studies Group at the WHO Collaborating Center at the University of Wisconsin-Madison, the National Association of Pharmacists, and the National Palliative Care Association. Participation of Moldovan stakeholders at the Romanian national conference on modern opioid legislation brought an additional value into the process of change. As a result, the law governing the circulation of narcotic, psychotropic substances, and precursors has been revised, amended, and promulgated by the President in May 2010. Dosage limitations were removed, the length of prescription was extended from 7 to 30 days, and the fixed provisional norms on morphine consumption were abolished. Subsequently, MOH authorized every doctor to prescribe opioids; select the appropriate medicine, the dosage, and the quantity to be prescribed for up to 30 days; and reduced the number of authorizing signatures required on a prescription.

The National List of Essential Medicines was revised and extended in 2011. It includes oral forms and different dosages of morphine. Slow-release oral morphine has been available in Moldova since March 2012, and short acting forms have been available since 2015. However, there are dispensing limitations because opioids are only available from authorized pharmacies governed by severe restrictions. In addition, physicians need to purchase special opioid prescription forms, and they are still reserved to prescribe opioids because of a lack of training. The yearly estimate of opioid consumption is based on historical use and not on need. Consequently, opioid consumption in Moldova is still extremely low.

A specific situational analysis on opioid use was conducted in 2015 and reported the following: 1) there are limited opioids for pain management, in terms of types, dosages, and routes of administration; 2) doctors are cautious to prescribe opioids; 3) health care professionals continue to under assess chronic pain; 4) there is no methodology to estimate opioid consumption based on the real needs of the population; 5) there are uncertainties about the number of pills which are dispensed and used by the patient; 6) suppliers are obligated to return unused opioids; 7) there is an additional need for health care professional training on pain assessment and management; and 8) an additional need for public information about palliative care. In 2015, an analysis of the regulations and policies impacting adequate access to opioid medication was conducted. The analysis was done according to the methodology used in the Access to Opioid Medication in Europe project documents.

As a result, the Moldovan legislative and regulatory frameworks were analyzed, barriers were identified, and recommendations were developed. The law governing the circulation of narcotic, psychotropic substances, and precursors was amended in 2016, and further adjustments of regulatory documents will follow. A draft methodology to estimate opioid consumption in palliative care services is pending approval.

**Service Availability**

According to latest global update on the levels of palliative care development, Moldova was placed into group 3a—isolated palliative care provision. In 2014, about 10% of the population in need of palliative care received palliative care. Until 2015, there were three inpatient units: two units in Chisinau city (including one for HIV/AIDS patients) and one unit in Zubresti Village, one mobile hospital team in Oncology Institute, while palliative care services at home were exclusively provided by nongovernmental organizations. In 2015, palliative care beds were designated in every rayon/district in the country based on the size of the rayon/district population. Because of the lack of trained palliative care professionals to provide inpatient palliative care in each rayon/district, the number of patients receiving palliative care is still below expectations.

**Conclusion and Challenges**

Palliative care development in Moldova registered progress in spite of frequent political changes at governmental level and the difficulties to ensure the continuity of the development process during last 10 years. The unmet need for palliative care for patients with life limiting illnesses from different disease and age groups, remains high. However, the established inpatient palliative care services and the recent emphasis on the integration of palliative care in primary health care are promising to reach additional patients in need.
Training and education programs for health professionals were very limited. There is a need to prioritize and strengthen workforce and develop institutional capacity to ensure the most appropriate palliative care for people in need. Physicians and nurses working in palliative care services need to be involved in undergraduate and postgraduate university training.

There is still limited availability and access to opioid analgesics, mainly in oral and pediatric forms, and other essential palliative care medications. Adequate supply and access to medications have to be ensured. Appropriate policies and regulations need to be implemented to improve the provision of timely palliative care services to all Moldovans in need. To speed up palliative care development, a national strategy on palliative care development should be considered.

References


