

Republic of Moldova (the)

The Government of the Republic of Moldova reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the National Center for Public Health Laboratory for Epidemiology of Viral Hepatitis. It has seven staff members. There are 29 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, migrants, prisoners, people living with HIV, contacts of people with acute and chronic viral hepatitis, and medical students.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: Politics and Analytics in Health.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C, D and E, and for the following types of chronic hepatitis: B, C and D.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 7.6% are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government publishes hepatitis disease reports monthly and annually.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory

Population (in millions) (2011)	3.5
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$3640
Total health expenditure as % of GDP (2010)	11.68%
Per capita total health expenditure (PPP int \$) (2010)	\$360.40
Per capita government health expenditure (PPP int \$) (2010)	\$165.05
Life expectancy at birth (in years) (2009)	69
Human Development Index (2011)	0.746
Median age (in years) (2010)	35
Total fertility rate per woman (2010)	1.5

capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are children under the age of 17 years, the general population, people who inject drugs, patients on haemodialysis, blood donors and family members of those with hepatitis B and hepatitis C. The last serosurvey was carried out in 2012.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of reducing hepatitis B to a level that achieves parity with the European Union average by 2016.

Nationally, 99.5% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 99.3% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training, postgraduate training, and at conferences and seminars.

There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are free of charge for all individuals, and are compulsory for health-care workers, patients on haemodialysis, donors and those in regular contact with people infected with hepatitis B or hepatitis C.

Publicly funded treatment for hepatitis B and hepatitis C is available to all people with national health insurance. The amount spent by the government on such treatment is not known.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: pegylated interferon and lamivudine. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon and ribavirin.

The Government of the Republic of Moldova welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).