

Moldova



General data

POPULATION, 2023
2,457,783
PHYSICIANS / 1,000 INH, 2021
3.24

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
6,729
HEALTH EXPENDITURE (% GDP), 2021
7.75
UNIVERSAL HEALTH COVERAGE, 2021
71



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC

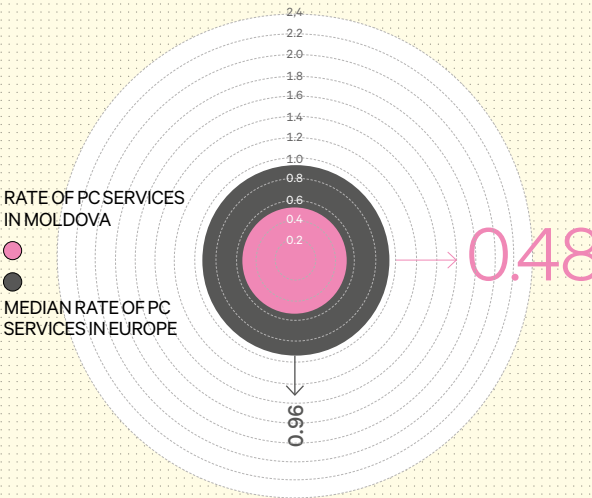


Consultants: Vadim Pogonet and Natalia Carafizi.
National Association: National Association for Palliative Treatment.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

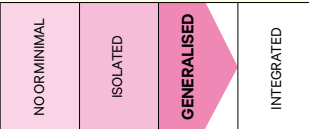
F Provision of PC (Specialised Services)

Total number of Specialised PC services
12
Rate of PC services per 100,000 inhabitants
0.48

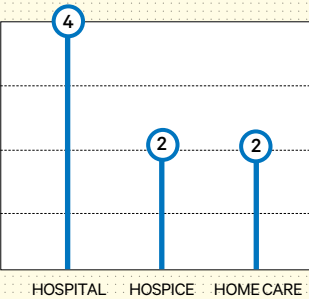
Moldova in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



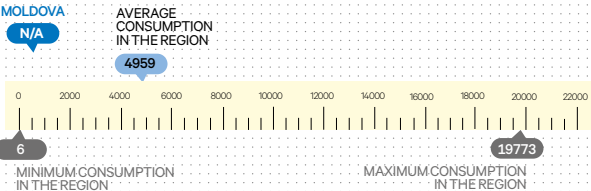
Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2
TOTAL NUMBER
2

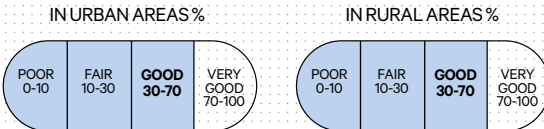
D Use of essential medicines

Opioids consumption (excluding methadone)
N/A
S-DDD/MILL INHABITANTS/DAY

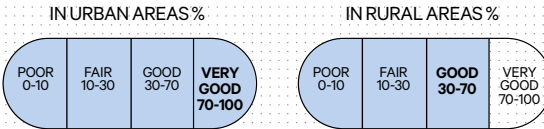
Moldova in the context of European region



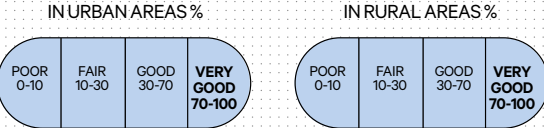
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
1/1

Nursing schools with mandatory PC teaching
5/5

PC Full Professors
0

Recognition of PC specialty
2

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1




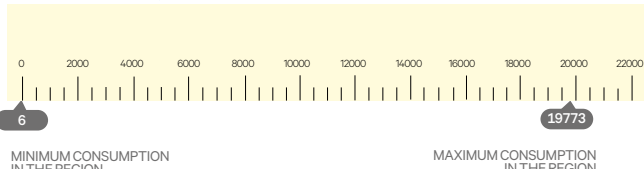
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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.	Although advocacy remains limited, two NGOs work actively in this field. Since 2000, Hospice Angelus Moldova promotes paediatric PC and advocated for the rights of patients with life-threatening illnesses through non-discriminatory, high-quality services and professionals training. In 2000, home-based PC services were set for cancer adults, in 2008 home-based PC services for children (also non-cancer), and since 2017 an inpatient hospice was activated at the time that all the home-based services were closed gradually during 2023. Since 2008, Hospices of Hope Moldova raises awareness at all levels, engaging stakeholders, including the MoH, to enhance governmental commitment. The National Association for Palliative Treatment also does promotion, advocacy, and education. Other NGOs focus on specific patient groups and promote their rights ensuring access to medications and paramedical goods.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	No evidence found.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is integrated into the National Programme on Cancer Control (2016–2025), which includes implementation indicators and a monitoring framework for palliative care. Although there is no stand-alone national palliative care plan, Moldova has a National Standard on Palliative Care, issued in 2010 by the Ministry of Health, which serves as an official guideline defining minimum quality and operational standards for palliative care services. This framework establishes criteria and best practices for palliative care providers.







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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Palliative care is recognised in Moldova's legal framework under Law No. 411 of March 28, 1995, on Health Protection, published in the Official Gazette No. 34, Article 373, on June 22, 1995, specifically in Chapter IV – Medical Assistance, including Article 20 (Right to Medical Assistance) and Article 35. Although palliative care is officially included as part of the services provided by family physicians, its implementation remains limited due to a lack of knowledge and experience in the field, with most interventions restricted to drug prescriptions. According to the National Cancer Control Plan 2016–2025, palliative care teams are not available at the primary healthcare level, further highlighting the gap between policy recognition and actual service provision.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 There is no authority defined.	There is no national coordinating authority for palliative care within the Ministry of Health. The only existing structure is a Specialty Commission on Palliative Care, which has a purely consultative role and is not involved in decision-making processes. Within the Ministry of Health there is a Department of rehabilitation, Geriatric and Long-term Care (that might include palliative care), but it does not have any interdisciplinarity.
5.2. The national authority has concrete functions, budget and staff.	 Does not have concrete functions or resources (budget, staff, etc.)	



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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 Only sporadic or non-periodical conferences or meetings related to palliative care take place.	Moldova has never hosted a national congress or scientific meeting exclusively dedicated to palliative care. However, non-governmental organisations and medical societies have periodically organized conferences or workshops on specific palliative care topics, such as the regular inclusion of palliative care themes in national cancer conferences, with the most recent occurrence in 2020.
Ind7:1 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	 Minimal or non-existent number of articles published on the subject.	
Ind7:2 Inclusion of PC topics in national research calls.	 There are no national research calls at all.	There are no national research calls on palliative care.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div> <div>N/A</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> </div> <div> <div>COUNTRY VS REGION</div> <div> <div>MOLDOVA</div> <div>N/A</div> </div> <div> <div>AVERAGE CONSUMPTION IN THE REGION</div> <div>4959</div> </div>  <div> <div>MINIMUM CONSUMPTION IN THE REGION</div> <div>6</div> </div> <div> <div>MAXIMUM CONSUMPTION IN THE REGION</div> <div>19773</div> </div> </div>	




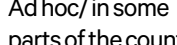


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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	 	<p>The National EML is a common one for both adults and children (it contains mentions about children for dosing, formulations, etc.) The EML for PC at the primary care level is WHO list with few exceptions – complementary lists in the National Essential List includes Tramadol (oral and injectable) and oral Methadone. Also, National EML does not have the full range of forms. The list of essential medicines is standardized nationwide, but patients in rural and suburban areas often need to travel to regional centres or towns to obtain free-of-charge medication, as the pharmacies that distribute opioids are placed in the Region Centres (one pharmacy per each Region Centre that give access to opioids). This results in additional financial burdens due to transportation costs on patient's families.</p>
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	 	<p>All rural ambulatory facilities (polyclinics) have access to a pharmacy that provides immediate-release oral morphine, though liquid formulations (drops) remain rare. Actually, the Acquisition of morphine immediate release formulations is a centralised process for the whole country and the quantities that are annually procured correspond to the quantities that are requested by pharmacies for each year, in majority of formulations. The problems usually are with some opioids (Codeine, Methadone) due to small quantities requested through the years (Pharma companies are not interested to participate in central acquisition processes). In village medical centres, patients are typically referred to regional polyclinics or hospitals where pharmacies can dispense immediate-release oral morphine when needed.</p>
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	 	<p>In Moldova, health facilities can obtain morphine (oral, parenteral, immediate- and long-release, oral drops), fentanyl patches, and methadone after estimating opioid consumption and submitting a written request for the required formulations. While urban health facilities handle this process independently, rural facilities rely on regional polyclinics or hospitals to conduct consumption analysis and submit requests on their behalf.</p>

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p>	<p>1/1</p> <p>0/1</p> <p>5/5</p> <p>5/5</p> <p>0</p> <p>No</p>	<p></p> <p>Palliative care is formally included in the undergraduate curricula of both medical and nursing schools in Moldova. The only State Medical University (1/1) has a mandatory palliative care course, but it is mainly taught by theoreticians—medical doctors from various specialties without specialised accreditation or significant practical experience in palliative care. The course is offered under the Department of Family Medicine, which does not have professors specialised in palliative care. On their end, all five nursing schools (5/5) provide compulsory palliative care education, following an identical curriculum. Similar to medical education, palliative care is primarily taught by theoreticians—medical doctors or nurses who have taken theoretical courses but do not practice palliative care. Occasionally, experienced palliative care professionals are invited to present specific topics within the course.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities.)</p>	<p>In Moldova, palliative care is not recognised as a medical specialty or subspecialty. There are no national certification programmes for physicians specializing in palliative medicine. Some continuing education courses on palliative care are available for medical doctors and nurses who have completed their degrees, but these courses are not part of a structured specialisation programme and remain separate from their main medical specialty.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>Moldova has 12 specialised palliative care (PC) services/teams though over 40 hospitals and medical institutions provide some non-qualified care to palliative care patients. All have annual contracts with the National Healthcare Insurance Company (CNAM). Regional state hospitals have dedicated palliative care departments/beds. Specialised services comprehend four freestanding hospices (3 run by NGOs: AO Gloria, AO Prosperare Zubresti, Fundatia Hospice Angelus Moldova, and 1 state-run: SCM nr. 4), two of them also providing home-based services. Hospices of Hope Moldova operates five interdisciplinary mobile teams covering: Ocni a, Soroca, Orhei, Taraclia, and Chisinau (funded by the National Health Insurance Company). There is also one further mobile palliative care team at the Institute of Oncology working as a consultation/support team for other departments. The National Association for Palliative Care, being a NGO, has provided home-based PC services for cancer and non-cancer adult patients since 2024 in Chisinau and suburb areas.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MOLDOVA 0.48</p> <p>0.96</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>12 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p>	<p>In Moldova, there are only two institutions with beds that provide pediatric palliative care: 1. Institutul Mamei si Copilului (Institution of Mother and Child) – A state medical institution that offers general pediatric medical care, including palliative care beds, and 2. Fundatia Hospice Angelus Moldova – A free-standing pediatric hospice providing specialised pediatric palliative care services. There are no dedicated home-based pediatric palliative care services or teams.</p>