



## HEALTH AND NUTRITION

Meeting Details	
Date	16 August 2023
Time	14:00-16:00
Chair	Dr. Ala Nemerenco, Minister, Ministry of Health Dr. Vitalii Stetsyk, WHO
Reporting	Inter Agency Health and Nutrition Working Group Members
Email	<a href="mailto:stetsykv@who.int">stetsykv@who.int</a> <a href="mailto:vadim.aftene@ms.gov.md">vadim.aftene@ms.gov.md</a>
Agenda	
<p>Agenda point 1: Welcome words. Presentation of the Agenda items</p> <p>Agenda point 2: Health Services Provision for holders of Temporary Protection: status update, benefit packages, current issues, ongoing mitigation efforts.</p> <ul style="list-style-type: none"><li>• Update and presentation from CNAM</li><li>• MOH reflection</li><li>• Ongoing efforts by Health WG Partners</li></ul> <p>Agenda point 3: Reflections on Health Services Provision for holders of Temporary Protection</p> <p>Agenda point 4: Updates from the Mental Health and Psychosocial Support (MHPSS) TWG</p> <p>Agenda Point 5: Oncology Institute response in the context of the Refugee emergency</p> <p>Agenda point 6: Action points. Conclusions and next steps</p>	
Information collection and relevant links	
Moldova operational data portal: <a href="https://data2.unhcr.org/en/situations/ukraine/location/10784">https://data2.unhcr.org/en/situations/ukraine/location/10784</a>	
Health and Nutrition <a href="https://data.unhcr.org/en/working-group/333?sv=54&amp;geo=10784">https://data.unhcr.org/en/working-group/333?sv=54&amp;geo=10784</a>	
Participants	
Ala Nemerenco, Minister, Ministry of Health	Vitalie Slobozian, UNICEF
Ion Prisăcaru, Ministry of Health	Baltaga Ruslan, Oncology Institute
Vadim Aftene, Ministry of Health	Giulia Olivieri, INTEROS
Andrei Cazacu, Ministry of Health	Marco Buono, INTEROS



Ion Dodon, Director, NHIC	Natalia Plugaru, UNFPA	Eugenia Berzan, UNFPA
Maria Lifciu, NHIC	Pippa Bonn, FCDO	Andrei Hincu, CARE and SERA Romania
Doina-Maria Rotaru, NHIC	Igor Codreanu, UNICEF	MarynaBozkurt, OHCHR
Miljana Grbic, WHO	Martina Bogdeva, UNHCR	Ines Arnautovic, Danish Refugee Council
Vitalii Stetsyk, WHO	Inga Pasecinic, SDC	Oleg Hincu, Palladium, D4I
Alexandru Voloc, WHO	Oxana Gumenaia, Ombudsman's Office	Martina Sainaghi, HP
Daniela Madan, WHO	Carolina Cazaciuc, Ombudsman's Office	Sachiko Kareki
Daniela Martini, WHO	Violina Nazaria, IOM	Angela Cutasevici, vice mayor
Iuliana Garam, WHO	Corina Tesu, REACH	Giulia di Porcia, WHO
Daniela Demiscan, WHO	Diego Nardi, UNHCR	Veronica Lupu, AFCJ
Dumitru Capmari, WHO	Oleg Palii, CDA	Andrew Painter, UNHCR
Ion Chesov, WHO	Andrei Esanu, Families Federation	Nigina Abaszade, UNFPA
Arina Turcan Dontu, WHO	Veronica Stetco, CDA	Lilian Severin, UNAIDS Moldova
Ardita Tahirukaj, WHO	Diana Alexei, Chisinau City Hall	Monica Vazquez, UNHCR
Valeriu Sava, WHO	Niculescu Dilnoza, Caritas Moldova	Andrew Painter, UNHCR
Alexandru Mosgoreanu, Ro Embassy	Joanna Filopoulos, Impact-Initiatives	Elena Cojocar, interpreter
Boris Victorsov Zemtsov, USAID	Teodora Zafiu, UNDP	Cristina Melnic
Heather Jue-Wong, WHO Euro	Sara Sivkova, UNHCR	

### Summary of discussions and agreements/ action points

Agenda	Discussion	Agreements/ Actions
<i>Presenters' name, position, organization, E-mail</i>	<i>Summary of discussion with highlights. Please provide links to documents/sources of information whenever mentioned.</i>	<i>Key agreements and follow-up actions with deadlines and focal points</i>
Agenda point 1 Welcome words. Presentation of the Agenda items	<b>Health and Nutrition WG chair</b> opened the meeting. The panel and agenda were presented. Participants were encouraged to use the opportunity of having Minister as a Meeting chair and raise outstanding questions related to the main topic of the discussion – TP implementation in the health sector.	



	<p><b>The Ministry of Health (MoH)</b> expressed gratitude for the attendees, acknowledging an important contribution of the partners to the governmental response to UA refugee crisis. The goal of meeting is to discuss the challenges observed on the ground and jointly find solutions. MoH is willing to facilitate regulations and ease access to healthcare services for refugees and the workload and financial burden of medical institutions. The government of Moldova and its health partners remain dedicated to supporting refugees.</p> <p><b>WHO CO Moldova representative (WR)</b>, welcomed participants and extended appreciation to the Government's efforts in responding to UA refugee crisis. She also welcomed MOH leadership and chairmanship during Health/Nutrition WG meetings. Gratitude was also extended to the collaborative team, health authorities, and partners for their resolute commitment to crisis support. Since the beginning of the crisis, the determination to continue the collaborative efforts remains continuous. It is time to take stock of ongoing activities and jointly review the challenges, and find opportunities to improve provision of healthcare to UA refugees and people of Moldova.</p>	
<p>Agenda Point 2</p> <p><i>Health Services Provision for holders of Temporary Protection: status update, benefit packages, current issues, ongoing mitigation efforts.</i></p> <ul style="list-style-type: none"><li>• Update and presentation from NHIC</li><li>• MoH reflection</li><li>• Ongoing efforts by Health WG Partners</li></ul> <p><i>Ion Dodon, director, NHIC</i></p>	<p><b>The Director of the National Health Insurance Company (NHIC)</b> has provided a comprehensive report that covers various aspects of the organization's operations and partnerships for 2022 and the first half of 2023. The report included the new legal framework for providing health services to Ukrainian refugees, financial figures, collaboration agreements with international health partners, the list of health services offered to refugees, and the volume of services provided.</p> <p>The new legal framework for the provision of health services to refugees from Ukraine</p> <ul style="list-style-type: none"><li>• <a href="#">HG no.21 of 18.01.2023 on granting temporary protection to displaced persons from Ukraine;</a></li><li>• <a href="#">SSC Order No.78 of 28 July 2023;</a></li><li>• <a href="#">MS Order No.143 of 28.02.2023 on medical services for beneficiaries of temporary protection;</a></li><li>• <a href="#">Joint MoH and NHIC Order No.142/54-A of 28.02.2023 on the approval of the Regulation on registration with the family doctor of beneficiaries of temporary protection</a></li></ul>	<p>Partners requested to share documented cases of limitation of access to healthcare for refugees with Health WG.</p> <p>Partners are requested to contribute to the advocacy paper on challenges and solutions on provision of healthcare to refugees from Ukraine.</p> <p>Ministry of Health, NHIC, to conduct meetings with UNICEF and UNFPA to discuss alternative methods of financial reimbursement for</p>



<p><i>Natalia Plugaru, UNFPA</i> <i>Giulia Dixon, INTERSOS</i> <i>Violina Nazaria, IOM</i> <i>Igor Codreanu, UNICEF</i></p>	<p>List of medical services included in the Temporary Protection package according to the new legal framework:</p> <ul style="list-style-type: none"><li>• Pre-hospital emergency medical care;</li><li>• Primary healthcare;</li><li>• Hospital care for medical and surgical emergencies, provided in emergency units and inpatient units;</li><li>• Specialized outpatient care (outpatient dialysis services only);</li><li>• Dental care (emergency dental services).</li><li>• The abovementioned services are provided on a free-of-charge basis to TP holder. Beneficiaries would be required to pay for the services not included in the TP package directly to healthcare provider (e.g. for specialized elective care).</li></ul> <p>- Beneficiaries of temporary protection registered with the family doctor until 30.06.2023 - 475 persons, including 182 children;</p> <p>- Temporary protection beneficiaries treated in hospital in March-June 2023 – 100 persons;</p> <p>- Hospitalized and treated persons who did not provide temporary protection in any form - 85 person.</p> <p><b>The year 2022 (February 2022- February 2023):</b></p> <ul style="list-style-type: none"><li>• Total Costs: 54,664,471.44 lei</li><li>• Uncovered Costs: 1,006,863.19 lei</li></ul> <p><b>First Half of 2023 (March-June 2023):</b></p> <ul style="list-style-type: none"><li>• Estimated Costs: 18,525,397.8 lei</li><li>• Uncovered Costs: 1,006,863.19 lei</li></ul> <p><b>The year 2022 – agreements on health services financial coverage with development partners for Ukrainian refugees</b></p> <ul style="list-style-type: none"><li>• CEB - hospital care (medical and surgical emergencies + COVID-19);</li><li>• UNFPA - health services for women aged 18-55;</li><li>• UNICEF - health services for children 0-18 years;</li><li>• IOM - dialysis services (hemodialysis and haemodiafiltration sessions);</li></ul>	<p>health services offered to refugees.</p> <p>Ministry of health, NHIC and UNICEF to develop and sign an agreement for covering the vaccination costs of all refugee children, regardless of their Temporary Protection Status.</p>
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**The year 2023**– agreements on health services financial coverage with development partners for Ukrainian refugees, beneficiaries of TPS

- IOM - dialysis services: hemodialysis and haemodiafiltration sessions, medical and surgical emergencies for men over 18 and women over 55, including all types of medical services provided during January -February 2023;
- UNICEF - primary health care and emergency health care services for children 0-18 years, including all services provided to children during January-February 2023;
- UNFPA - hospital health services provided to women aged 18-55, including all health services provided to women aged 18-55 during January-February 2023.

Health partners were invited to present challenges for refugees to reach health services they observe during daily operations (please consult the slides attached).

**The UNFPA representative** expressed a commitment to sustaining their support for the healthcare system and NHIC, aiming to cover the expenses for health services of refugees as per the scope defined in the relevant national legislation on TP. In contrast to the prior year, they have adopted a modified approach since March 2023, limiting their coverage exclusively to TP beneficiaries. With recent regulatory modifications, they will extend coverage to support the health expenses of refugees who have requested TP and are currently awaiting its approval.

**The INTEROS representative** shared the main challenges based on their field observations in the past months:

- **Gaps in the package provided for refugees with TP:** The non-urgent outpatient specialized services are not covered, which is a critical need considering that INTERSOS target refugee population is mostly composed of older adults with chronic conditions, requiring specialised follow-up.
- **Absence of coverage for refugees who have faced barriers and challenges in registering for TP by the 13th of August:** From INTERSOS field observations, refugees without TP receive reduced scope of services, since hospitals are paying the expenses from their own budgets.



INTERSOS has taken temporary mitigation measures. To address the first identified gap, they have signed direct contracts at the polyclinic level within three main districts (Chisinau, Anenii Noi, Stefan-Voda).

**The INTEROS representative** expressed two specific requests to health authorities to enhance clarity and future planning:

- To understand if the package provided for refugees with TP will be expanded to include non-urgent outpatient services equal to what is covered for Moldovan citizens with CNAM.
- To understand the plan for health coverage for refugees who have faced barriers and challenges in registering for TP by the 13th of August.

**The IOM representative.** Alongside their agreements with NHIC (CNAM), IOM has renewed the collaboration agreement with the Oncological Institute to cover the costs of diagnosis and treatment for refugees and third-country nationals who require oncological care. IOM facilitates registration processes for TP throughout the country and supports the healthcare system strengthening by procuring medical equipment for core clinics in coordination with the MoH. Observed challenges lie in the need for refugees of hygiene education and information and knowledge of rights to access health services. In the EU Solidarity Platform context (MEDEVAC), certain cases faced refusals and subsequently found placement in Constructorul Sanatorium where they receive palliative support.

**The UNICEF representative** provided insights into their efforts to ensure adequate healthcare for Ukrainian refugee children in accordance with Moldova's legislation. With the introduction of TP regulations, children require TP to receive health services (which was not the case in the past). UNICEF invited MOH to consider expanding the scope of services under the current TP regulations for children. This expansion could either encompass services for all children or extend the health services list for children with TPS.

Discussions have occurred with the MoH and NHIC regarding the feasibility of broadening the existing agreement. UNICEF is also open to exploring alternative contracting arrangements, such as direct agreements with health institutions.



In addition to their engagements with MoH and CNAM, UNICEF has established partnerships with medical institutions, among which are: Institute of Mother and Child; Municipality Hospital 'G.Paladi'; Municipality Hospital from Balti; Hospitals from Cahul, Causeni, Ceadir-Lunga, Edinet, Hincesti, Orhei, Soroca and Ungheni. These collaborations extend to procuring essential medical equipment to meet the health needs of refugees and the Moldovan population.

**MoH response:** on vaccination, MOH is committed in ensuring access to vaccination for children from Ukraine. MoH is willing to revise the existing legislation to unblock the bottleneck.

**The Ministry of Health** emphasized their openness to learn on the observed bottlenecks in implementation of the TP and provision of healthcare to UA refugees. MOH welcomes a pragmatic approach, therefore invites partners to propose solutions to the observed bottlenecks.

MoH is open in revising and adjusting the relevant regulations to improve the provision of care to refugees. For example, MOH already introduced the additional regulation to facilitate provision of care to refugees who applied to TP but awaiting the decision.

The Ministry of Health consistently reviews NHIC data and is willing to extend its support. On the other hand, MOH reported that the existing financial mechanisms for partner's support require adjustment. Namely, healthcare providers report an overwhelming reporting requirement in case of health service charged to CNAM through donor-supported contracts. The low figures of utilization of primary healthcare, reported by CNAM, might not reflect the real situation since GPs might not report all the cases of consultation of refugees due to the difficult reporting process.

**The NHIC** is concerned with the low TP registration rate among refugees. NHIC encouraged the partners to advocate for TP application among refugees and reemphasised an importance of conducting communication campaign to manage expectations of TP holders vis a vis health system.

**Inter-Agency Health and Nutrition WG co-chair (WHO)**



	<p>encouraged partners to share potential operational strategies to address the challenges effectively through the joint advocacy note. Partners are encouraged to share challenges and solutions through the advocacy note, which will be circulated by Health WG Secretariat shortly following the meeting.</p> <p><b>The Ministry of Health</b> invited UNICEF and UNFPA partners to discuss alternative mechanisms for covering the health services of refugee children and, respectively, birth-related health services.</p>	
<p><i>Agenda point 3: Reflections on Health Services Provision for holders of Temporary Protection – discussion, QA MoH and international/national partners</i></p>	<p><b>Intervention 1</b> <b>The executive director of the Law Centre of Advocates</b> requested MoH and Health WG to consider asylum-seekers while revising the TP package of service for UA refugees. According to the data of the General Inspectorate for Migration, at the moment, around 600 Ukrainian refugees hold asylum seeker status.</p> <p><b>MOH response:</b> asylum seekers fall under the provisions Ministry of Interior (MOI), therefore MOH suggested engagement with MOI, identifying the problems in access to healthcare and relaying with MOH and MOI for further solutions.</p> <p><b>Intervention 2</b> Representative of the <b>Ombudsman's Office</b> informed that they have been monitoring the refugee situation since the beginning of the war, including from the perspective of access to medical services. The representative addressed several questions to the health representative present at the meeting.</p> <ol style="list-style-type: none"> <li>1. Request to NHIC for breakdown of data for categories of individuals who have benefited from medical services, focusing on people with disabilities, Roma individuals, and the older adults.</li> <li>2. Request to MoH for the information on public health measures in RACs to prevent outbreaks of infectious diseases, such as TB. Suggested implementation of additional measures (NB: not specified which ones) to prevent outbreaks of TB in RACs.</li> <li>3. Request to Health WG in sharing information on ongoing MHPSS activities for refugees.</li> </ol>	<p>MOH, CNAM and partners to meet and discuss funding mechanisms to support provision of healthcare services not reimbursed under TP (e.g. through direct contracts with healthcare providers)</p> <p>Partners encouraged to support communication campaign through sharing messages and other relevant products among their contacts and beneficiaries.</p>





**NHIC response:** NHIC only maintains records based on age and gender categories due to the complexity of reporting. In 2022, **NHIC** facilitated reimbursements for healthcare services provided to refugees by two key psychiatric hospitals in Chisinau and Balti cities.

**MoH** answered the questions of Ombudsman's Office representative, highlighting:

1. No refugee with tuberculosis has been denied access to health services and treatment. The Ministry of Health adheres to protocols and standards for detecting tuberculosis, HIV and other communicable diseases based on the relevant international guidance and practices. RACs deploy all the required PH measures commensurate with the relevant national and international technical guidance and IHR.
2. Every refugee centre deploys a medical team with MHPSS capacities. MOH fully recognises importance of MHPSS in the context of crisis response. . Mental health centers are established in every district and city, forming a comprehensive network. Additionally, a significant portion of mental health support has been extended by international NGOs, often equipped with specialized expertise to address the needs of individuals affected by the aftermath of war and personal loss.

**MHPSS TWG co-chair response** confirmed that MHPSS working group is available to share information with Ombudsperson's office on the MHPSS activities, as well as invited them to join the WG meetings. A significant number of organizations have played and continue to play active roles in offering MHPSS services to refugees. MHPSS-related information is documented at the community mental health center, supplemented by the MENSA project, which gathers and consolidates such data. If there is interest, the group is readily available to pursue discussions and exchange information in this particular direction.

**WHO response:** from the beginning of the Ukrainian refugee response, the WHO has actively provided technical support to MOH in strengthening communicable diseases control among refugees, including those in temporary accommodation centres. Case detention is considered functional since there were already cases identified among refugees through the enhanced surveillance mechanisms.

**Intervention 3**



**The UNHCR Refugee Response Coordinator** intervention:

1. The necessity to address the regularization of refugees' stay in Moldova. According to their assessment, approximately 80% of respondents intend to apply for TPS. However, refugees' inability to provide sufficient proof of residency is a considerable challenge in the application process.
2. The importance of investigating mechanisms that would enable refugee children, irrespective of their status, to exercise their right to healthcare services effectively.

**MoH response:** Given its limited direct influence over the application process methodology, the Ministry of Health suggests an additional meeting to engage relevant parties responsible for temporary protection.

The Ministry proposes considering an alternative approach for covering the health services of certain categories, regardless of their status. Separate meetings with relevant agencies measure their willingness to extend coverage, especially in primary healthcare. Services could be reimbursed directly to the institutions on an expenditure basis.

**NHIC Response:** Under Government Decision no.21 of 18.01.2023, NHIC covers the health service to refugees with confirmed protection status and those who have submitted applications. Furthermore, the provision made by the Exceptional Situation Committee on July 28 empowers NHIC to provide coverage even if individuals previously received medical care and subsequently obtained Temporary Protected Status (TPS) within a reasonable timeframe.

NHIC proposed that UNICEF and other health agencies identify 2-3 institutions for direct funding, a suggestion that UNICEF is welcomed. UNICEF informed that currently considering, conversations being in progress with the Mother and Child Institute and the hospital in Balti.

In a related context, the Ministry of Health suggested that UNFPA explore a similar approach for birth-related services.

**Intervention 4**

**WHO** provided update on the communication campaign to increase awareness about TP health benefit package among refugee and healthcare providers. The materials are being



	developed by WHO in coordination with MoH and collaboration of UN agencies and currently at the final stages of message development at the MoH.	
<p><i>Agenda Point 4</i> Updates on MHPSS activities in the context of the Refugee emergency</p> <p><i>Andrei Esanu, MHPSS co-chair</i></p>	<p>The MHPSS TWG co-chair presented the progress on MHPSS and briefed partners on completed and planned activities.</p> <p><b>The MDM Mental MHPSS Adviser</b> introduced their upcoming initiatives: deployment of a medical coordinator who will serve as the MDM representative, procurement of medical equipment and essential medicines for primary healthcare institutions, provision of both group and individual counselling as part of their MHPSS program, extending their activities outside Chisinau.</p>	<p>Partners were invited to register for the upcoming Mental Health Wellness Fair planned for October 7.</p> <p>MDM and Ombudsperson's office are invited to join meetings of MHPSS Working Group.</p>
<p><i>Agenda Point 5</i> <i>Oncology Institute response</i> in the context of the Refugee emergency</p> <p><i>Ruslan Baltaga, director, Oncology Institute</i></p>	<p>The Director of the Oncology Institute presented a comprehensive report detailing the institute's response within the context of the refugee emergency accomplished with the support of MoH, NHIC, and health partners. Presentation slides are attached to the minutes.</p>	<p>NA</p>
<p><i>Agenda point 5</i> <i>Action points. Conclusions and next steps</i></p>	<p><b>The Nutrition and Health WG</b> updated participants on the upcoming activities, which are focused on winterization exercise and preparations for the refugee response planning for 2024. More details and information on both planning exercises will be shared soon with health partners.</p> <p><b>Ministry of Health:</b> Concluding the meeting, the Ministry of Health expressed gratitude to the participants for their valuable contributions and active engagement since the beginning of the refugee response.</p>	<p>Health WG to share MoM with partners attended the meeting</p>