Ukraine Situation Refugee Response

HEALTH AND NUTRITION working group meeting

14 May 2025

Inter-Agency Refugee

HEALTH and NUTRITION

Technical Working Group

Regional Refugee Response for the Ukraine Situation

Agenda

Inter-agency refugee HEALTH AND NUTRITION working group meeting

14 May, 2025

TIME	TOPIC	SPEAKER
14:45-15.00	Topic: **Health and Nutrition Working Group, Standing meeting** *Time: May 14, 2025 15:00 Chisinau* *Join Zoom Meeting* *https://who.zoom.us/j/98625985875* *Meeting ID: 986 2598 5875* *Passcode: refug14@*	
15:00-15:10	**Welcome words. Presentation of the Agenda items.**	MoH representative, WHO
15:10 -15:20	**Operational updates: Health Sector Response**	MoH, WHO, UNHCR, UNFPA, UNICEF, IOM, NGOs
15:20 – 15:30	**Health Services Provided to Refugees in 2025**	NHIC
15:20-15:40	**Partners update on health support to refugees**	WHO, UNFPA, UNICEF, IOM, NGOs
15:40 –15:50	**Equitable access of refugees with TP to quality health services – update on initiative**	WHO
15:50-16:00	**Study on Access to Health Services – Concept Presentation**	REACH, IMPACT Initiatives
15:10-15:20	**Strengthening hospital preparedness for Mass casualty incidents (MCI)**	WHO
15:20-15:30	**Action points. Conclusions and next steps.**	All participants

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Health Sector Response: Operational update

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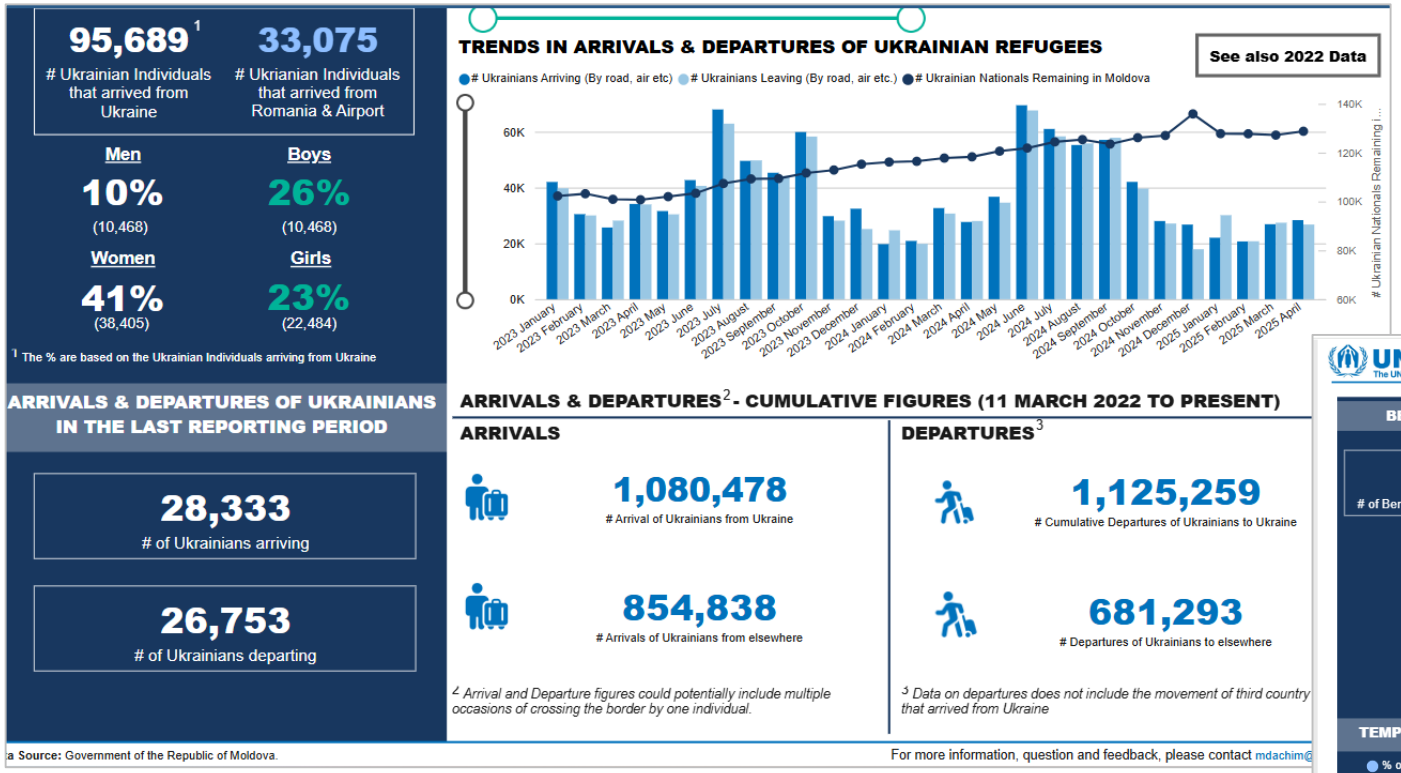

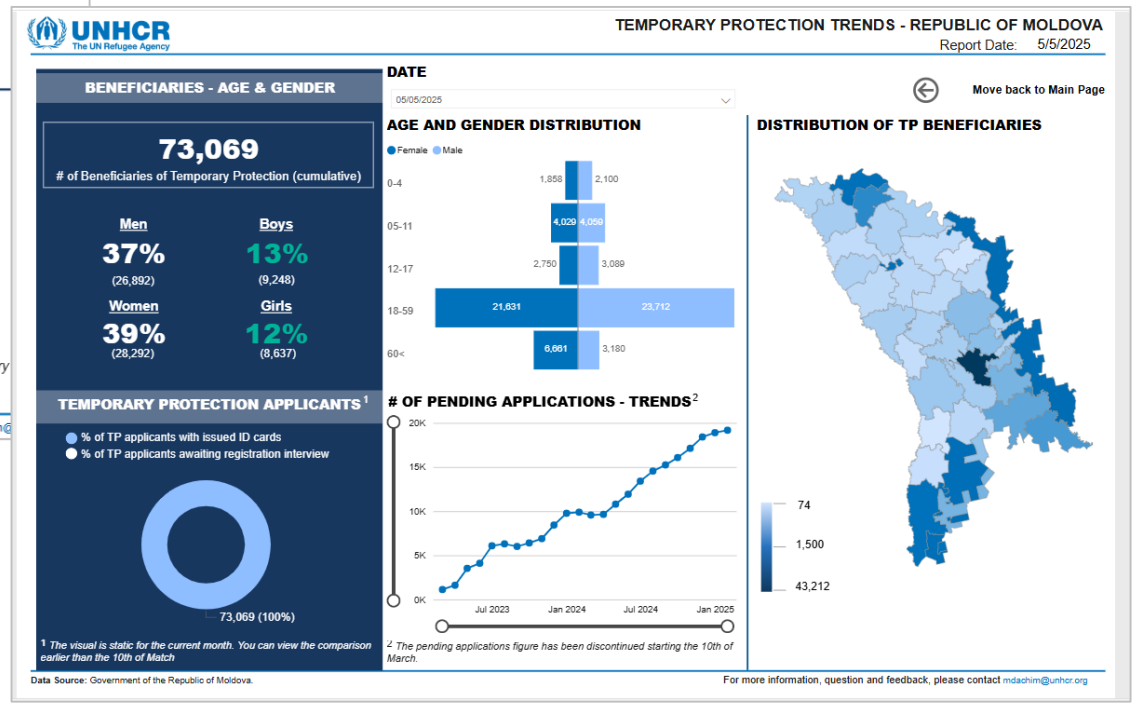

Republic of Moldova: Daily Population Trends (unhcr.org)

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Coordination, governance and leadership

Completed during February 2025 – May 2025

Inter- Agency Health and Nutrition Working Group End of the Year Report developed

Health Sector Council Meeting on External Assistance to highlight the existing funding gap for the health benefit package – 13th of March 2025

The National Launch of the RRP 2025-2026

Extension of TP status starting on March 1 2025, based on the Gov Dec 21/2023

Amendments to Law on asylum in Moldova (Nr. 270/18-12-2008)

Ongoing

National plan for gradual integration of foreigners was developed

Meetings of the MoH working group to agree on the activities for gradual integration of foreigners, including refugees and migrants into the national health system

Development of draft benefit packages, differentiated by beneficiary categories (people with special needs, asylum seekers, children, etc.).

Updated informative materials and development of new one dedicated

Distribution of available Informative materials

Planned

Resource mobilization

Operationalization of NEXUS

Information campaign

new
continuing
reported before

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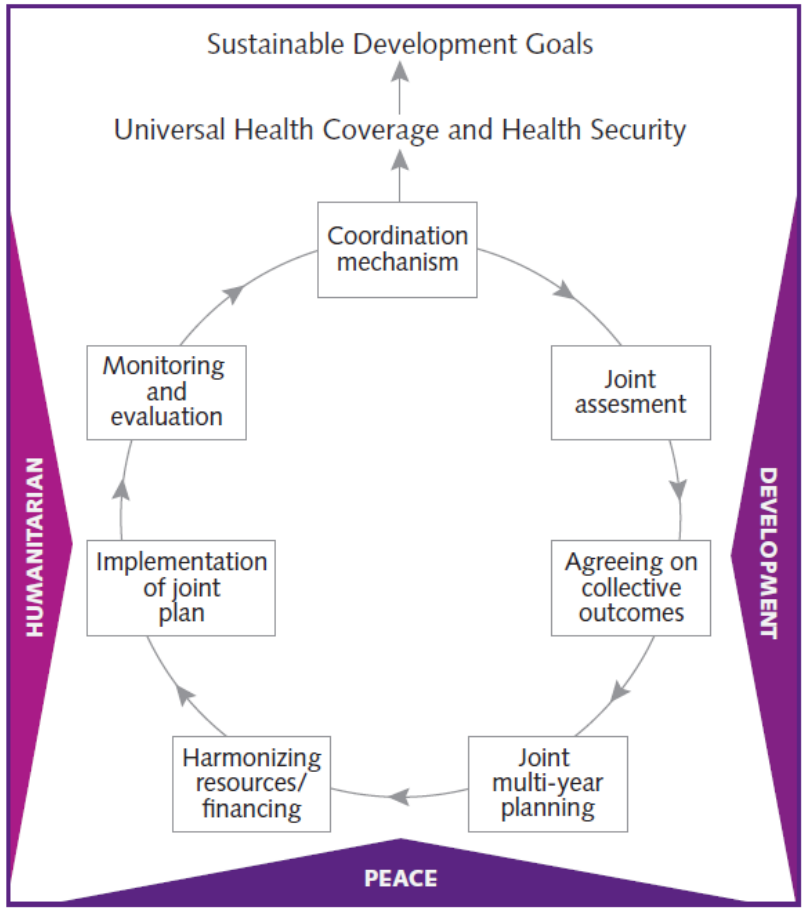
RRP reprioritization update

- Prioritization exercise ongoing, managed by UNHCR, regional process
  - Tiered prioritization (1 – critical, 2- essential, 3 – desirable)
- RRP review in Q3 2025
- Optimization of coordination structures – 4 WG remain, technical task forces to be integrated

Operationalizing Health Nexus in Moldova

- Core Nexus Principles
  - Prioritize **immediate lifesaving activities** while working towards reducing future need, risk and vulnerability.
    - RRP prioritization in Moldova
  - Reconcile tensions between **humanitarian and aid effectiveness** principles
    - Joint coordination efforts
  - **Integrate** nexus approaches from the beginning
    - Infrastructure and capacity building interventions
  - Advance the **localization** agenda
    - Delivery of services, capacity building, Hospital preparedness programme
  - Ensure **conflict sensitivity and peace responsiveness**
    - Cross-Dniester operations



Identified NEXUS areas based on current response

1 Governance

Mechanism for gradual integration of foreigners (IOM, UNHCR, WHO)
National All-Hazards EOP Review

2 Health Financing

Long-term funding mechanism (budget + development aid)
Inclusion of refugees in National Compulsory Health Insurance

3 Health Service Delivery

Phasing out service delivery and vouchers programmes

Transformation of outreach approach from the humanitarian to transitional horizontal approach – development of the operational mechanisms to link refugee communities with the public system

Emergency Care System reform

Hospital emergency care mentorship project

4 Access to technologies and medicines

Telemedicine for outreach services

5 Healthcare workforce development

Increase share of UA healthcare professionals
Capacity building to ensure quality and safe healthcare (focus on emergency and primary healthcare)

6 Emergency Preparedness and Readiness

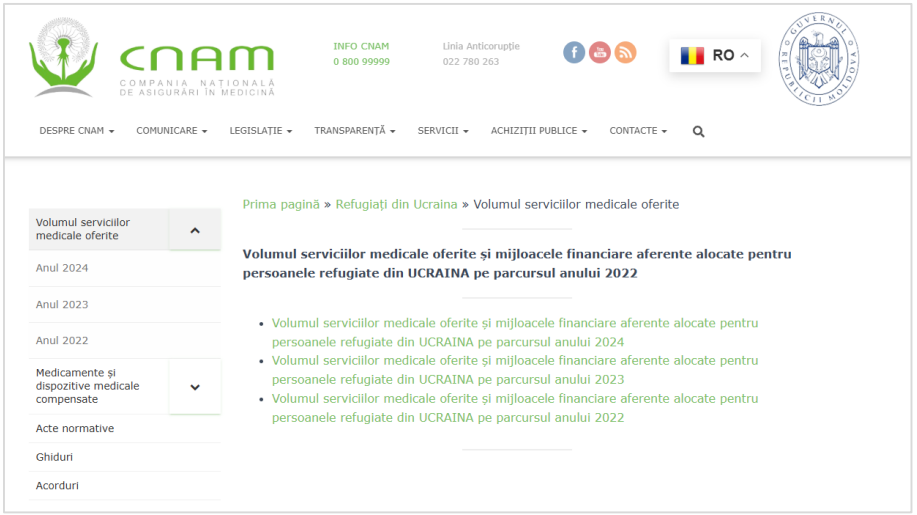
Safe and Scalable Care Programme
Hospital preparedness initiative (trauma, MCI)
National EMT Capacity Building

Data and information management

Completed during February 2025 – May 2025

Reporting in the ActivityInfo platform with activities aligned to the RRP 2025

Information on service usage by refugees with TP on CNAM website



Ongoing – Planned

Regular updates on service usage and needs

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Health financing and financial protection

Completed during February 2025 – May 2025

WHO CO supported national authorities in forecasting and costing the granted benefit package for 2025 for refugees with TP (volumes and amounts)

Signed agreement between NHIC and UNFPA, to continue to cover the health services for ukrainian refugees women (aged 18-55 y.o.) with TP.

Signed agreement between NHIC and UNICEF, to continue to cover the health services for ukrainian refugees children with TP

Signed agreement between NHIC and IOM / 01 March -30 June 2025/ coverage of emergency health care for males and women aged 55 and above); primary health care including medicines and medical products; specialized outpatient services; compensated medicines and devices for UA refugees for men and women aged 55 and above.

12 March 2025 - Steering Committee Meeting organised by IOM and WHO on the MPTF Project - Ensuring equitable access of refugees with temporary protection to quality health services

Ongoing – Planned

Policy dialogues – financing of health services for refugees in 2025

Development of package of documents for legislative framework update and further regulatory framework approval for integration of foreigners in the health system.

new
continuing
reported before

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http://cnam.md/refugiatii-din-ucraina/

Health workforce

Completed during February 2025 – May 2025

- Health mediators were trained by the NHIC with the support of the WHO on 01.03.2025 - 11 mediators (IOM and WHO)
- Number of health professionals trained in 2025 through WHO-supported clinical trainings (e.g., BEC, ATLS, BLS, ABG, etc.): 441 participants
- Number of non-health workers trained on FAT under WHO support by the national Red Cross Society (emergency workers and refugee population) - 169

Ongoing – Planned

Trainings on healthcare access for mediators, refugees with TP and healthcare workers (benefit package, referral pathways, refugees' rights, etc.)

Risk Communication and Community Engagement

Completed during February 2025 – May 2025

Information sessions (online) on the healthcare access and benefit of refugees. A total of 2,066 individuals participated in the 83 information sessions, including 462 men and 1,604 women. The sessions were facilitated by 11 health mediators, who also assisted 522 refugees with TP in registering with a family doctor (IOM)

Communication of health services available to refugees targeting refugees, host community and helathcare workers

Trainings on healthcare access for mediators, refugees with TP and healthcare workers (benefit package, referral pathways, refugees' rights, etc.)

new
continuing
reported before

Risk Communication and Community Engagement (UNICEF)

- STUDY LAUNCHED: Results of the Infant and Young Child Feeding study presented in March 2025, highlighting current practices and attitudes on breastfeeding and child nutrition for children under 2.
- INFORMATION MATERIALS DISTRIBUTED:
  - 3,300 nutrition guides for school medical staff (developed with WHO), 3,000 child development cards, 3,000 breastfeeding/diversification guides, and 1,000 immunization calendars delivered to PHC facilities, including for Ukrainian refugees
- HEALTH COMMUNICATION & OUTREACH:
  - 5 vaccination info videos created for Ukrainian refugees in partnership with NCUM and Chisinau Public Health Center—shared across 46 channels, reaching over 374,000 people
  - Sessions for Ukrainian refugees:
    - Disability status application: 11 participants received legal and procedural guidance
    - Access to healthcare (Congaz): 16 residents informed on registering with family doctors, reimbursed medicines, and vaccinations
    - Girls' session (ages 11–17) on hygiene, boundaries, and support services—delivered through interactive methods
- SOCIAL COHESION EVENT (MAR 13):
  - "A Healthy Breakfast Just for You!" engaged 51 Moldovan and Ukrainian children in hands-on nutrition education, promoting well-being and community connection

new
continuing
reported before

Health Mediators Contact Information

Region	Name, Surname	Phone number	Email
Chisinau	Yevheniia Deinis	+37378606494 (Viber)	deinisgarder@gmail.com
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Chisinau	Nataliia Vasyliuk	+37378808386/ +380502908537 (Viber)	natalibesttt3@gmail.com
Orhei	Inna Mihova	+37369306696 (Viber)	innamigova1234@gmail.com
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Health Services Provided to Refugees in 2025

Updates from National Health Insurance Company (NHIC)

Partenerii de dezvoltare 2024 - 2025 (I semestru)

- UNFPA
- UNICEF
- OIM

Volumul serviciilor medicale și mijloacelor financiare aferente alocate prestatorilor de servicii medicale pentru serviciile prestate persoanelor refugiate din UCRAINA, beneficiare de protecție temporară 01 ianuarie – 31 decembrie 2024

CNAM
COMPANIA NAȚIONALĂ DE ASIGURĂRI ÎN MEDICINĂ

Tipul asistenței medicale	Numărul de persoane pe lista medicului de familie/beneficiari medicamente compensate	Numărul de servicii medicale (consultație, investigație, caz tratat, ședințe) acordate	Suma aferentă serviciilor acordate (mii lei)
Fondul de bază, total	11 761	12 391	43.009,9
inclusiv			
Subprogramul „asistența medicală urgentă prespitalicească”	11 761		3.152,6
Subprogramul „asistența medicală primară”	11 761		7.046,6
Subprogramul „asistență medicală specializată de ambulator”		9 832	2.875,1
Subprogramul „asistența medicală spitalicească”		2 559	28.651,2
Medicamente și dispozitive medicale compensate	854		1.284,4

Volumul serviciilor medicale și mijloacelor financiare aferente alocate prestatorilor de servicii medicale pentru serviciile prestate persoanelor refugiate din UCRAINA, beneficiare de protecție temporară 01 ianuarie – 31 martie 2025

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COMPANIA NAȚIONALĂ DE ASIGURĂRI ÎN MEDICINĂ

Tipul asistenței medicale	Numărul de persoane pe lista medicului de familie/beneficiari medicamente compensate	Numărul de servicii medicale (consultație, investigație, caz tratat, ședințe) acordate	Suma aferentă serviciilor acordate (mii lei)
Fondul de bază, total	12 418	9 677	13.709,3
inclusiv			
Subprogramul „asistența medicală urgentă prespitalicească”	12 418		1.367,3
Subprogramul „asistența medicală primară”	12 418	4 913	2.681,0
Subprogramul „asistență medicală specializată de ambulator”		4 042	899,4
Subprogramul „asistența medicală spitalicească”		722	8.076,0
Medicamente și dispozitive medicale compensate	595		685,6

Health Services Provided to Refugees:

Updates from Health Partners

IOM

Implementation Partner Agreement signed with CNAM / 01 March -30 June 2025/ coverage of emergency health care for males and women aged 55 and above); primary health care including medicines and medical products; specialised outpatient services; compensated medicines and devices for UA refugees for men and women aged 55 and above.

- **Pre-hospital emergency care - 3831** (2261 men and 1570 women)
- **Primary health care – 3831** (2261 men and 1570 women)
- **Medicines and medical products -502 people** (223 men, 279 women)
- **Urgent Hospital Care – 189 people** *(115 men and 74 women)*
- **Specialised outpatient health care services – 435** *(239 men and 196 women)*
- **Cancer care and treatment - 343 people** (142 male, 201 female)
- **Dialysis sessions: 5 people** (4 male, 1 female), 184 dialysis sessions

IOM

Primary Health Care Support for Refugees in Transit and Third Country Nationals (TCNs)

A total of 351 individuals (157 males and 194 females), including Ukrainian refugees in transit and TCNs, received primary health care consultations.

Among them:

- 60 individuals (32 males and 28 females) received stabilization treatment prior to departure.
- 11 individuals (9 males and 2 females) were provided with medical support during their journey to their destination countries.
- Six bedridden individuals are currently receiving rehabilitation treatment and long-term care in Moldova.

MHPSS

- **Mobile team intervention** - 2 Male
- **Psychiatric counselling, including Psychotherapy** – 155 sessions (62 men, 93 women)
- **Psychological counseling** in Balti, Calarasi, Chisinau, Drochia, Nisporeni, Orhei, Riscani, Stefan Voda, Telenesti, Ungheni and Left Bank – 381 sessions (1015 people 178 men, 837 women)
- **IOM psychological support hotline** / 11 calls
- **Shelter housing for the elderly and people with combined disabilities**, including treatment, Mental Health Crisis Centre, and Livelihoods 607 sessions (25 people, 13 men, 12 women)
- **Socio-relational activities** including Left Bank 626 sessions (4152 (1077 men, 3075 women)
- **Trainings (Personal Boundaries and Stress Resilience / Two-day training on burnout prevention "Support Points**: Inner Resources for Working with People" / Seminar: Age-related Crises – How to Support Your Child and Stay Calm / "Points of Support – Inner Resources for Working with People") 7 sessions (78 people 5men,73 women)

IOM

Issues and challenges

Construction of the elevator and accessibility ramp to facilitate access for persons with disabilities, the elderly, and families with young children for the RC " Constructorul SPB".

UNICEF

Since the beginning of the crisis, UNICEF partnered with the National Health Insurance Company to cover temporary protection (TP) -registered refugee children.

During Jan-March 2025:

- **PHC**- more than 5,000 children and 160 received compensated medicines;
- **Specialized Health care** – 1211 children;
- **Hospital care** 379 children.
- 7 refugee children and women without TP **benefited out of specialized and hospital care** through the Institute of Mother and Child.
- 71 refugee children were **vaccinated** under the National Immunization Programme in Q1 2025
- 3,280 children and adolescents (55 per cent girls) **received MHPSS counseling** and referrals via the Youth Health Help Line in Q1 2025
- Additionally, 1,345 adolescents and young people received **primary care from mobile youth-friendly health clinics** including 69 refugees (44 girls, 25 boys), and 9,597 youths gained health knowledge and skills through clinic counseling session during Jan-March 2025
- Six specially designated **breastfeeding spaces** were opened with UNICEF support in Health Centers in Anenii Noi, Călărași, Briceni, Cahul, Vulcănești, and Fălești.

UNFPA

Past Healthcare services provided to refugees for Q1 2025

1. Costs of healthcare, including SRH-related services (at the level of pre-hospital emergency medical assistance, primary healthcare, specialized outpatient care and hospital healthcare) for women and girls refugees from Ukraine aged 18-55 years, who have Temporary Protection status. Thus UNFPA, in its partnership with the **National Health Insurance Company**, covered the financial cost of the following in Q1 2025:
   - **3,568** women refugees aged 18 to 55 years covered with primary health care and outpatient compensated drugs and medical products for
   - **1,074** ambulatory specialized healthcare services
   - **154** hospital emergency treated cases.
2. The access to youth-friendly health services, including SRH healthcare, was improved for young refugees from Ukraine and young people from host communities in rural areas in Moldova - the **Youth-Friendly Health Centers Network** which provided in Q1 2025 health services to **783** and information/education services to **2,400** to young refugees and those from host communities in Moldova

UNFPA: Ongoing and Planned Healthcare services provided to refugees for Q2 2025

1. In the framework of the Work Plan (WP) with the **National Health Insurance Company**, the cost coverage for women refugees aged 18-55 will be ensured to guarantee access to quality emergency prehospital, primary, specialized, and hospital emergency health care, including compensated medicines and medical products.

   - Number Hospital emergency treated cases Target 150
   - Number of women aged 18 to 55 years registered to family doctor with access to outpatient compensated drugs and medical product Target 3,000
   - Number of specialized healthcare services provided to women refugees aged 18 to 55 years Target 800

2. In the framework of the Work Plan (WP) with the **Health for Youth Association**, the provision of youth-friendly health services, counseling, and information/education (including SRH-related topics) will be ensured for young people. Target 1,200 for health services, including SRH care; Target 2,500

Ensuring equitable access of refugees with temporary protection to quality health services

WHO, Iuliana Garam

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Temporary Protection – Health Benefit Package

Starting in March 2024, Refugees in Moldova under the TPS are granted free-of-charge health care through the national health insurance system:

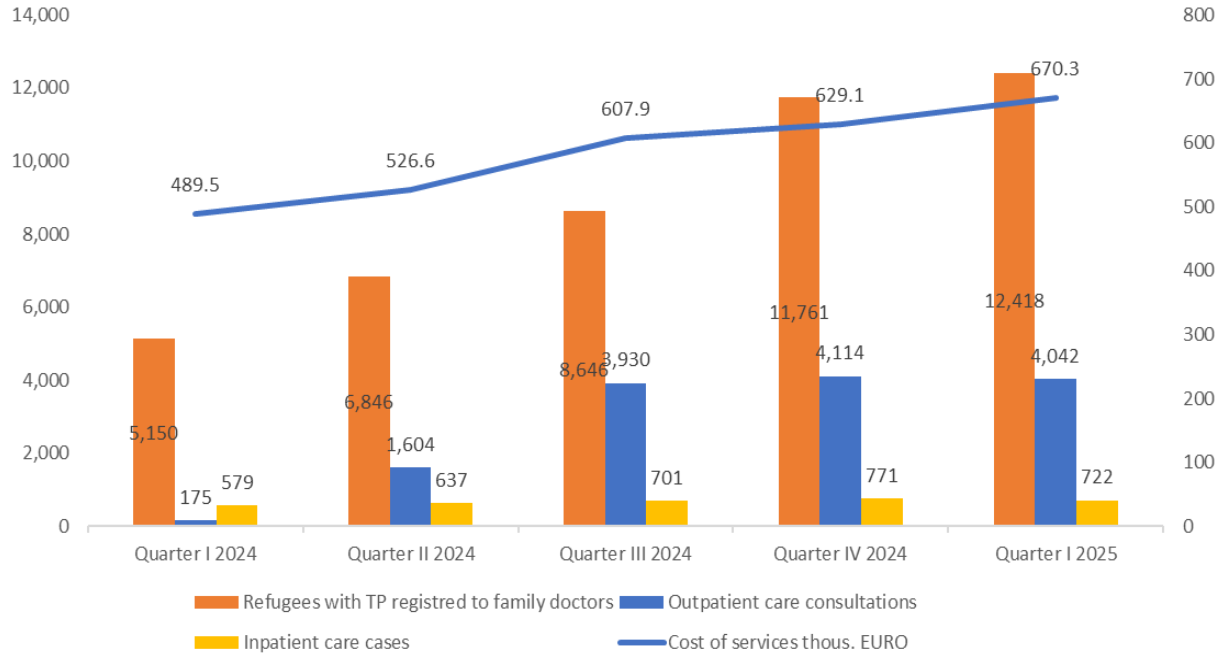
- Pre-hospital emergency medical care
- Primary health care
- Emergency dental care
- **Specialized outpatient care** (including dialysis services)
- Hospital medical assistance in case of medical-surgical emergencies (including dialysis services)
- **Compensated drugs and medical products**

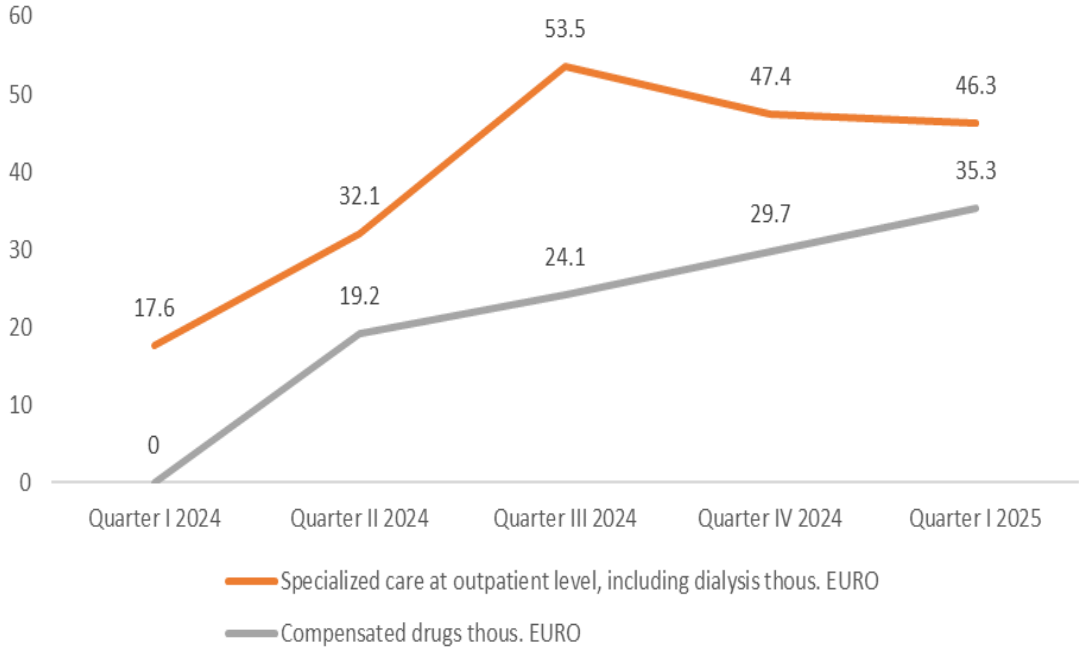
Free-of-charge health care outside the mandatory health insurance system:

- Oncology medical services, including diagnosis and treatment
- Mental health specialized and psychosocial services
- Medical examinations for public health reasons (prevention and control of communicable diseases: sexually transmitted infections, HIV, tuberculosis, COVID-19, viral hepatitis B and C).

WHO – health financing

- Support to NHIC and MoH in forecasting for 2025 and transfer of knowledges. Populated forecasting tool available and methodological principles developed in close collaboration with NHIC.
- Benefit package designed using WHO platform in 2024, with added continuity of care remaining in place for 2025





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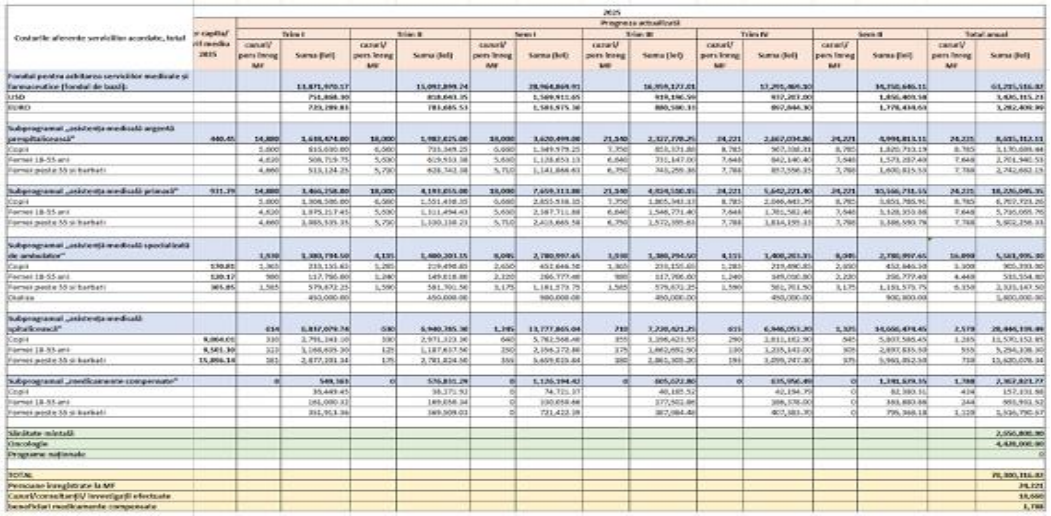
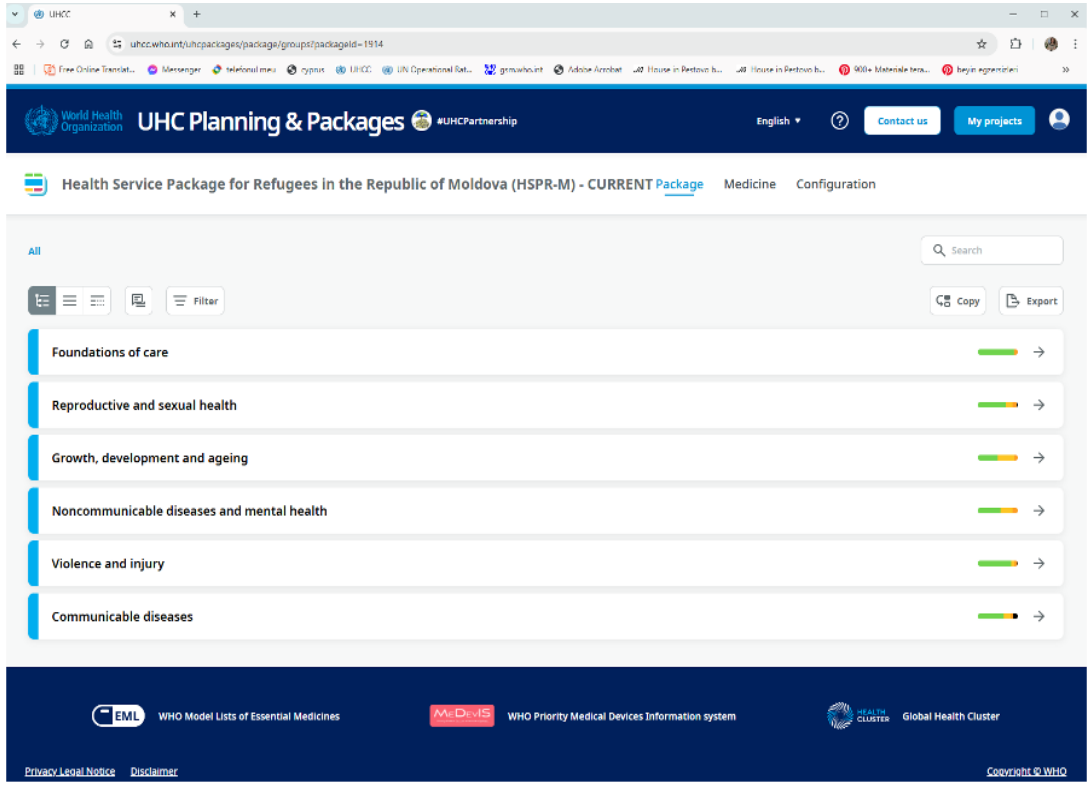
WHO – health financing

- Raise awareness on the gap in coverage of cost for granted benefit package for refugees with TP (1.5 mln USD)
- WHO presentation on donor meeting on 13th of March 2025 on RRP
- Developed background document for further advocacy for legislations amendments on integration of foreigners in the MHIS and accession of international dedicated fund (sustainable financial mechanism)

WHO Tools and platforms used for forecasting,

costing and designing benefit packages





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https://uhcc.who.int/uhcpackages/package/groups?packageId=1914,

WHO – digital

- Support to NHIC in data provision trough mConnect for refugees with TP from General Inspectorate for Migration
- NHIC integrated the data in information system for evidence of insured persons as a separate category
- Support to NHIC in updating the Website with info for refugees http://cnam.md/refugiatii-din-ucraina/

Planned:

- Scale up the e-Prescription system and integrate the data on refugees with TP to allow refugees with TP to benefit from electronic prescriptions for compensated drugs and medical products and raised capacities of NHIC in on-line monitoring and evidence of data, and provision of disaggregated data for reporting: by gender, age, areas, localities.
- Explore the interaction trough mConnect with DRG payment system and raised capacities of NHIC in on-line monitoring and evidence of data for in-patient care, and provision of disaggregated data for reporting: by gender, age, areas, localities.

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WHO – awareness raising

- Updates of informative materials and development of Informative flyers on specific topics (according to IOM mediators identified needs), like:
- Access to health services for pregnant women, lactating mothers and children
- The difference between health services available to refugees insured through a work contract and those with temporary protection, registered with a family doctor
- Informative material for health care workers

on refugees with TP rights and granted benefit package according to Gov decision 21/2023

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Gradual integration of foreigners into the health system

WHO activities

Gov plan for gradual integration of foreigners:

Support to NHIC and MoH in

A. Benefit package design for different categories of foreigners using WHO platform - ***UHC Service Planning, Delivery & Implementation (SPDI)***, used in October 2023 to design the approved benefit package for refugees before of knowledges.

   https://uhcc.who.int/uhcpackages/package/groups?packageId=1914,

B. costing of benefit packages, models and mechanism for coverage

C. development of package of documents for legislative framework update and further regulatory framework approval for integration of foreigners in the MHIS.

Study on Access to Health Services Concept Presentation

Tara Mccoy, IMPACT Initiatives

Health Access Assessment

May 2025

REACH Informing more effective humanitarian action

Contents

01 Context and Rationale

02 Assessment Concept

03 Discussion

01

Context and Rationale

Healthcare in Moldova

- Republic of Moldova – Centralized health system with a single purchases of publicly financed health services (Compania Nationala de Asigurari in Medicina, CNAM)
- Services for everyone (regardless of insurance status): emergency care, primary care, medicines for selected diseases, inpatient care for specific conditions
- Benefits for those insured: prescribed outpatient medications, outpatient and inpatient care, emergency dental care, and a limited range of dental services for pregnant women and children

1 PARLIAMENT LAW No. 1585 of 27-02-1998 on compulsory health care insurance. Published: 30-04-1998 in Monitorul Oficial No. 38/39 art. 280. AMENDED LP297 of 26.12.24, MO8-10/16.01.25 art.21; in force 16.01.25 : LP1585/1998, consulted 10/03/2025.

Healthcare in Moldova – Refugees

- Refugees with TP status are granted access to several healthcare services, including free emergency medical assistance, primary care (including compensated medicines and family devices), specialized outpatient medical assistance, and free medical examinations for public health reasons
- To access primary care services, refugees with TP status must register with a family doctor
- Refugees who are formally employed, hold Moldovan citizenship or have permanent or temporary residence status have the right to access health insurance

*IGM, https://igm.gov.md/wp-content/uploads/2024/04/hg_21_2023_ro-1.pdf, consulted 05/03/2025.

*Compania Națională de Asigurări în Medicină, Medical Assistance for refugees from Ukraine with temporary protection covered by FAOHM, consulted 10/03/2025.

*Government of the Republic of Moldova, Regarding the amount, method and terms of payment of compulsory health insurance premiums, consulted 10/03/2025.

Existing Gaps

- Socio-Economic Insights Survey (SEIS) 2024: among HH members who were unable to access healthcare when needed (n=46), most frequently reported reasons were the inability to afford the fee at the clinic or cost of medication (50%) and the inability to afford hospital fees (39%)
- Older Individual Needs Assessment (2024): findings indicate that both refugee respondents reportedly face difficulties in meeting their basic healthcare needs, despite most holding health insurance or TP health benefits, with 75% (n=160) reporting healthcare services and medication as a top unmet need
- Potential barriers to accessing health services: financial constraints; bureaucracy of accessing health services; other priorities; registration with a family doctor

REACH, Socio-Economic Insights Survey (SEIS) - Tabular Analysis, October 2024, consulted 10/03/2025.
REACH, REACH_MDA_OINA_Situation_Overview_March_2025.pdf, March 2024, consulted 07/04/2025.

Existing Gaps

- Energy Vulnerability Reduction Fund Assessment (2025): among beneficiary HHs that were unable to meet all of their basic needs (n=173), the top reported need they could not meet was access to healthcare (58%).
  - Among non-beneficiary HHs that were unable to meet all of their basic needs (n=38), 42% could not meet their needs related to healthcare
- Potential barriers to accessing health services: financial constraints; bureaucracy of accessing health services; other priorities; registration with a family doctor

REACH, Energy Vulnerability Reduction Fund Assessment Situation Overview 2025

02

Assessment Concept

Mixed Methods Health Access Assessment

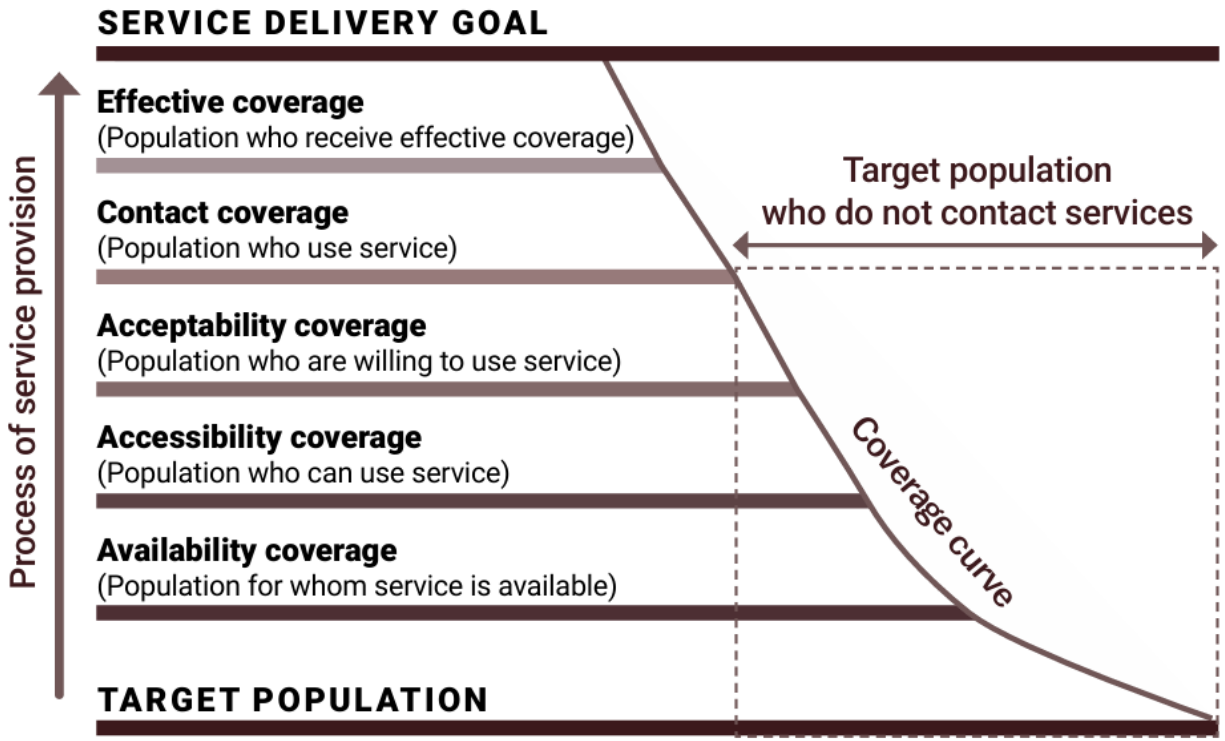
To better understand the availability, accessibility, and acceptability of healthcare services for refugee and host community households as well as their priority healthcare needs and current utilization of healthcare services

Mixed Methods Health Access Assessment

To better understand:

- Demand Side barriers and facilitators to accessing and utilizing healthcare services
- Supply Side barriers and facilitators affecting healthcare service providers' ability to provide services

Mixed Methods Health Access Assessment



Source: Tanahashi (1978); WHO (2016a); WHO (2019a).

Mixed Methods Health Access Assessment

Household (HH) Survey

- Population of Interest: Refugee and host community HHs
- To assess healthcare needs, accessibility and acceptability of healthcare services, and current levels of service utilization

Geospatial Mapping

- Mapping of healthcare facility availability in targeted localities

Key Informant Interviews

- Population of Interest: representatives from both the public and private healthcare sectors
- To capture providers' perspectives on barriers to healthcare access

Focus Group Discussions

- Population of Interest: refugee and host community member
- To capture experiences, challenges, and perceptions of healthcare access

Thank you for your attention

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REACH Informing more effective humanitarian action

Strengthening hospital preparedness for Mass casualty incidents (MCI)

Cornelia Panico, WHO

Background & Context

Mass Casualty Incidents (MCIs)

- Events that overwhelm a healthcare system's ability to provide adequate care
- Impact patients, healthcare workers, and entire communities

Why This Matters for Moldova

- Regional risks (e.g., Ukraine crisis) highlight the need for readiness
- Hospital Emergency Departments (EDs) are frontline responders during MCIs
- Timely triage, resuscitation, and referrals are critical in the first hours

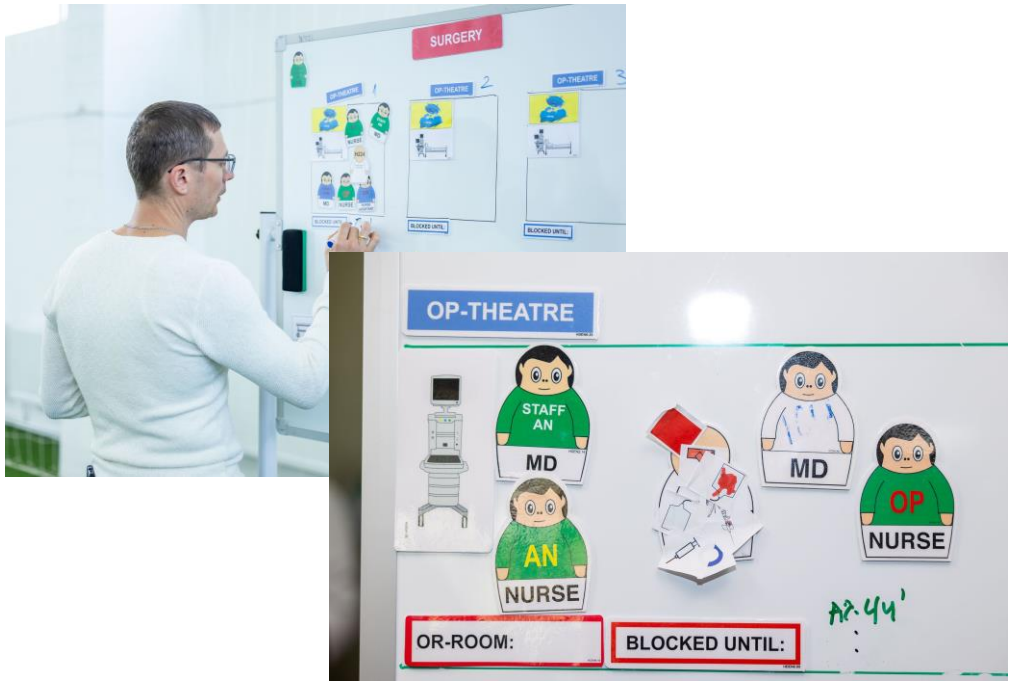
This Initiative Aims To:

- Address identified gaps through simulation, capacity building, and contingency planning
- Strengthen hospital readiness for high-impact emergencies while contributing to long-term health system resilience and NEXUS strategies

Hospitals involved:

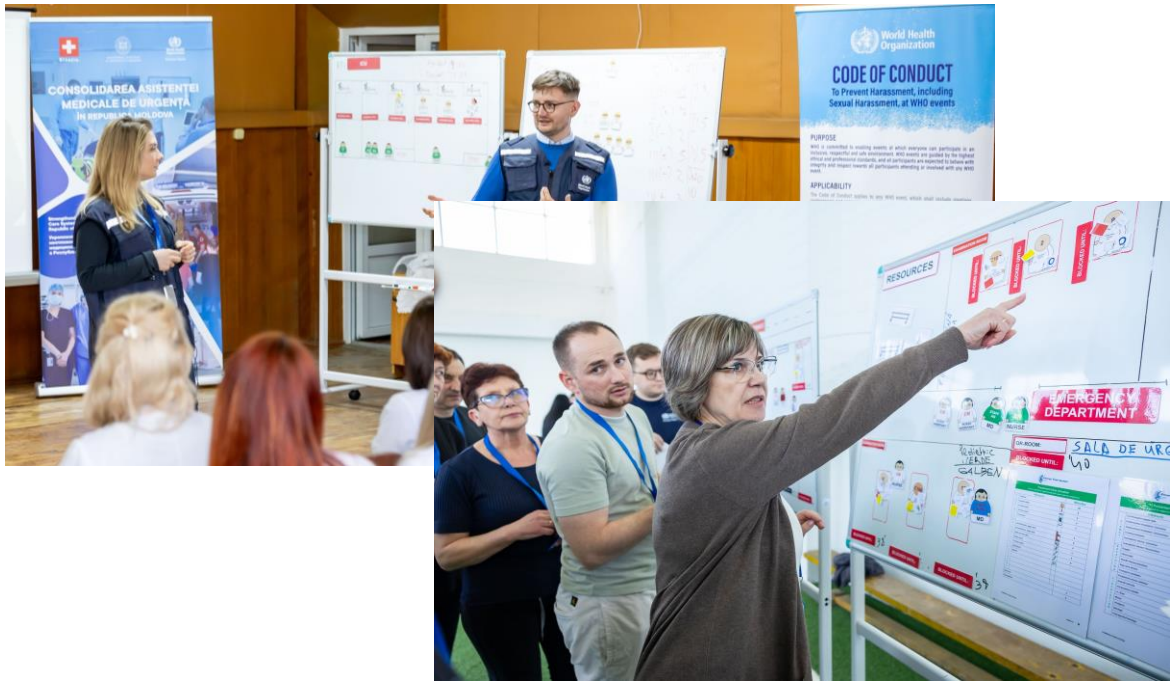
2024

Emergency Medicine Institute (IMU), Bălți Clinical Hospital, Stefan Voda District Hospital



2025

Orhei District Hospital, Cahul District Hospital, Ungheni District Hospital



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Aim and Objective of the SimEx:

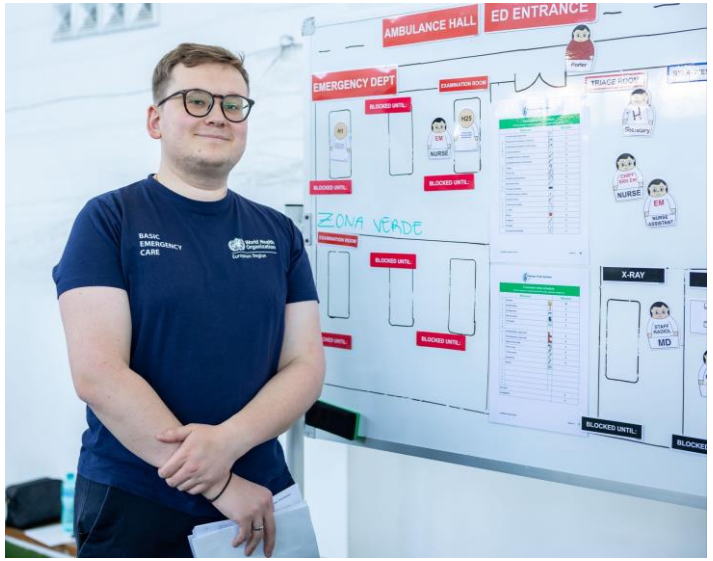
Aim

Evaluate the hospital's readiness and response capabilities in managing mass casualty events, including natural disasters, industrial accidents, and pandemics.

The objectives of the SimEx are to:

1. Identify strengths and areas for improvement in the hospital's emergency preparedness plans, protocols, and procedures.
2. Enhance coordination and communication among hospital staff, departments, and external stakeholders involved in responding to mass casualty incidents.
3. Test the effectiveness of resource management, triage protocols, patient flow processes, and surge capacity strategies under simulated crisis conditions.

Methodology/Approach



STEP 1: Stakeholder Engagement

Identified priority hospitals in coordination with the Ministry of Health

Engaged hospital managers, emergency care staff, and civil protection authorities

Aligned with national emergency preparedness frameworks

STEP 2: Assessment & Plan Review

Reviewed existing hospital contingency plans

Conducted technical consultations to identify gaps and required updates

Used WHO tools and MCI planning checklists

STEP 3: Simulation Exercises (SimEx)

Designed realistic MCI scenarios tailored to local context

Conducted SimEx in 6+ hospitals to test and validate contingency plans (under the support from national facilitators)

Facilitated debriefings and After-Action Reviews

STEP 4: Continuous Improvement

Provided follow-up support to revise plans based on SimEx findings

Documented lessons learned to inform national-level updates

Supported alignment with broader health system strengthening efforts

Key outputs:

200+ healthcare workers trained on mass casualty incident (MCI) response, triage protocols, and hospital emergency procedures

6 hospital contingency plans reviewed and revised to strengthen preparedness and coordination during MCIs

6 simulation exercises (SimEx) conducted in WHO-supported hospitals to test and validate updated plans

6 regional hospitals equipped with technical guidance and follow-up consultations to support plan implementation

Improved inter-agency coordination through joint workshops and simulation planning involving MoH, civil protection, and local stakeholders

Initial steps taken to revise the national MCI response guide, ensuring alignment with international standards

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Conclusions and next steps

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Thank you!

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