Health system response to the Refugee emergency in the Republic of Moldova

Inter-agency refugee HEALTH working group
Refugee emergency in the Republic of Moldova

➢ Type of health care services offered in the country by
  ❑ the national public health and health care providers &
  ❑ international medical teams (EMTs, mobile clinics, NGOs, etc)

- Emergency care
- Primary health care, community, including MHPSS
- Hospital care
- Specialized care

➢ Medical evacuation – third EU countries
Refugee health care provision in the Republic of Moldova - Daily weekly monthly - updates
(since 24 February 2022 as of 17 January 2023)

~15
PHC consultations per day

9 933
patients received primary health care

3 072
hospitalizations

297
pregnant women received primary health care

~41%
children among all PHC consultations

4 037
children received primary health care

1 487
children hospitalized

97
pregnant women hospitalized

Partner coordination meeting, 18 January 2023
Coordination and communication

- Ministry of Health focal point meetings (initial phase) – coordination platform

- Coordination of health service delivery
  - MOH orders no 136, 166, 167, 168 etc
  - Contingency Plan approved by the MoH

- All health care services and supplies, including immunization – free of charge

- Unique management center, created by the Government for coordination

- Green line for the Republic of Moldova – 080080011

- Collection of the health system related Qs in the different phases of the emergency
# Health system pillars and interventions

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| • Type of services, designation of the institutions  
• List of essential medicines | • Regulation on refugee camp  
• Immunization  
• Outbreak prevention and response | • Need assessment tool  
• PSM chain and logistics  
• Coordination of the procurement and delivery |
Health System Response and Assurance of the Continuity of the Health Services

- Refugee and migrants
- Population of the country

Principles of the health care:
- Addressed to the target groups
- Primary health care is first level of care
- Not parallel systems and build on existing structures
- Equity of care and access between refugee and host populations
- Referral is a medical decision
- Transparency of process through consultation, clear communication and wide spread dissemination
Health System Response and Assurance of the Continuity of the Health Services

Health facilities and health services planning

a) estimating health needs
b) Immunization service delivery
c) Identification of area for case management and possible extension of services
d) case management including referrals protocols
e) supplies: stockpiles, local sourcing etc...
Public health

Surveillance, early warning and response
a) surveillance – e-form for refugees was developed (screening of migrants & health care services provided)
b) training of staff
c) protocols and pathways for laboratory services

Social mobilization, health information and education
a) Health education activities related to potential outbreaks
b) health messages: what messages to give out, how and where
c) Risk communication

Protection of personnel (IPC) & COVID-19
a) Infection prevention and control
b) disease specific protection

Outbreak detection and management
a) list of potential epidemics by camp, depending on local situation and past history
b) guidelines on the way a specific disease outbreak will be responded to
Next steps

- Update the Contingency plan for emergency preparedness and response
- Donor & partner combined need assessment
  - Financial protection
  - Coordinate the supplies management and distribution
- Continuous risk assessment and adjustment of the scenarios
Thank you