Assessment of psychiatric hospital care services in the Republic of Moldova subordinate to the MoH

Report

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1. Overview

Psychiatric hospital services in Moldova are provided within 3 facilities:

- Psychiatric Clinical Hospital;
- Psychiatric Hospital in the municipality of Balti;
- Psychiatric and Phthisiopulmonology Hospital in Orhei

Pursuant to the Government Decision no.379 of 7 May 2010 'on the Hospital Care Development Program 2010-2012', these are national hospitals, with MoH acting as the founder of those.

According to the hospital classification criteria (GD no.379 of 7 May 2010), psychiatric hospitals are grouped as follows:

1. Tertiary care hospitals (by complexity of healthcare) providing highly-specialized inpatient care that may not be provided by lower-tier hospitals;
2. Public (by ownership);
3. Long-term care (by length of specialized healthcare) providing specialized healthcare to people who lost their physical and/or mental autonomy and requiring health attention and support treatment, and length of hospital stay may be extended depending on the condition;
4. National, providing highly-specialized healthcare to people in a predefined area;
5. Specialized (by specific condition) providing highly-specialized healthcare in a certain specialty linked to other complementary specialties;
6. University (in terms of being an education facility) with university clinics acting as the clinical base of medical education facilities located in healthcare

facilities and medical-social facilities, securing highly-specialized health care service delivery to people, graduate and postgraduate training, in-service training for health workers, and providing conditions for research in the area. In order to run the medical, diagnostic and therapeutic activities, the teaching staff is subordinate to hospital administration, as per the legal provisions in place.

2. Psychiatric Hospital Performance Assessment

Overall, there are 2,080 psychiatric hospital beds:

Psychiatric Clinical Hospital (PCH) – 1,110 beds;

Psychiatric Hospital in Balti (PHB) – 770 beds;

Psychiatric and Phthisiopulmonology Hospital (PPPH) in Orhei – 200 beds

It renders a rate of **58.43 beds** per 100,000 people. Of 2,080 beds in psychiatric hospitals, 1,885 are for psychiatric purposes, and 195 – for the management of drug addiction (PHB (155) and PPPH (40)).

Performance indicators for the psychiatric hospitals during 2009-2011 are listed in *Annex 1*.

Psychiatric hospitals provided treatment services to 21,607 patients (2011), of which 17.5% were uninsured – down as compared with 2009 (20%).

The mortality rate in psychiatric hospitals was 0.5% in 2011 vs. 0.9% in 2009.

Average length of stay was 32.8 days.

Bed occupancy was rather flat during 2009-2011 averaging 340 days.

The bed turnover rate was 10.4 in 2011.

3. Health Staff

MoH endorsed 195 FTEs for psychiatrists in Moldova overall (as per the staffing standards approved by MoH ordinance no.100 of 10 March 2008 ‘on the Staffing Norms’), including 148.25 FTEs of psychiatrists in national facilities (psychiatric hospitals), i.e. 76%.

Moreover, the 3 psychiatric hospitals require 240 FTEs for psychiatrists, 194.75 were filled in, or 142 individuals. For nurses: 646.5 planned FTEs, with 571.25 FTEs filled in, or 543 individuals.

Of the 171 psychiatrists, 106 are operating in psychiatric hospitals (0.5 per 10,000 people) countrywide, accounting for 62%. According to statistical data, there are 89 physicians with a qualification category in national facilities and 146 physicians overall in the country.

4. Hospital Budgets

The health services provided by psychiatric hospitals are paid for with mandatory health insurance funds (MHIF), including the reserve fund of health care facilities of up to 10% channeled for upgrading and improving the technical and material assets of facilities, and Government budget funds (Law on Health Service Delivery no.411 of 28 March 1995).

Psychiatric hospital budgets tally up MDL 133,475.68 thousand (PCH – MDL 70.7 million; PHB – MDL 52.5 million; PPPH in Orhei – MDL 10.3 million) in 2012. If divided by the number of patients treated, it totals MDL 6,177 per patient. Average length of stay within inpatient settings was 32.8 days. Hence, the cost of treating a patient in day care inpatient settings was MDL 188.33.

Government budgets earmarked for mental health:

1. Funds earmarked for psychiatric hospitals;
2. Funds earmarked for the psychiatrists working in psychiatric care rooms within the consultative-diagnostic (outpatient) department of district-level hospitals (payroll of physicians and nurses, operational costs);
3. Funds earmarked for running Community Mental Health Centers (CMHC);
4. Funds earmarked for providing inpatient treatment free of charge.

   It tallies up to MDL 154,475,680: MDL 133,475,680 (budget of psychiatric hospitals in 2012), MDL 7,000,000 (payroll and operational costs), MDL 2,000,000 (CMHC), and 12,000,000 (drugs for free outpatient treatment).

   MDL 154,475,680 (earmarked for MH overall), including 86% for running psychiatric hospitals.

When looking at the structure of conditions prevailing in the above 3 psychiatric hospitals, one may notice that people have uneven access to specialized services and tendency to encourage the hospitalization of patients with certain conditions.

Hence, we may conclude that the actual costs differ in the 3 hospitals, as they basically employ different approaches and costs, as per the treatment standards, to relevant conditions. By and large, the cost of treated case is the same for all conditions, and currently there are no clear differences by diagnosis or duration.

5. Breakdown of Admissions

Listed below is the structure of admissions by clinical diagnoses. The profile of prevailing conditions dealt with in the 3 psychiatric hospitals differs. Patients with schizophrenia prevailed in the PCH with 45.7% of all admissions, while in the PHB mental and non-psychotic behavior disorders prevailed with 33.5%, and PPPH in Orhei with patients admitted for chronic alcoholism and alcohol-driven psychoses – 33.3% (Psychiatric Hospital reports).

Approximately 50% of admitted patients are from the 30-49 y.o. age group, i.e. working age. Number of relapses increases as a disease is progressing; thus, the hospitalization rate is highest if related to the onset of a mental illness – 41.3% - in patients with onset between 5 to 10 years (PPPH Orhei report).

There are two ways to get admitted to a psychiatric hospital: appointment (planned) and emergency (emergency healthcare) (Methodological Standards for using the Basic Package of MHIF).

Hence, according to statistical data, emergency admissions accounted for 32.7% only, and the remaining were visits through circumscribed psychiatrists (referral slip), i.e. by patients or their relatives seeking car. It also includes about 8-9% admissions for specific services, such as the examination of recruits, psychiatric forensic investigation, clinical research, or other groups.

Therefore, one may conclude that 42% of admissions to psychiatric hospitals are required, while the remaining 58% are patients referred by the psychiatrists from the outpatient department, given that there were no conditions to treat patients at district level, both in terms of bylaws (no regulations for skilled specialized health care service delivery) and hands-on issues (health workers lacking skills, no appropriately equipped space). Under the circumstance, patients are referred for treatment to psychiatric hospitals.

The share of rural patients admitted to national facilities differs across psychiatric facilities: PCH (54%), PHB (56%) and PPPHO (77%).

According to statistical data, approximately 30% of patients relapse during the

same year and 80% of patients during their lifetime.

Today, there are 28,594 people with mental disabilities and behavior disorders with limited access to rehab services. The only treatment option available was hospitalization or outpatient care (drugs paid by MHIF).

At the same time, 60% of the people admitted to the PCH are mentally-ill people (with disability) and merely 8% of them have a job.

6. Outpatient Sector

a. Overview

The extra-hospital sector for specialized MH care service delivery is represented by the psychiatrists from the outpatient departments of district hospitals, CMHC, outpatient wards of psychiatric hospitals, municipal hospitals and medical territorial associations [*PHC and outpatient care*] (MoH ordinance no.591 of 20 August 2010 'on the layout and operations of MH Services in the Republic of Moldova').

b. Performance Indicators

One may judge about the work of the extra-hospital sector by the total number of 348,146 annual visits to a psychiatrist in the country, as per Annex 3. There are 265,688 annual visits to the psychiatrists from the outpatient clinics (consultative-diagnostic dept.) of district-level hospitals (42 positions). Hence, a psychiatrist from the outpatient settings deals with about 6,326 visits each year. Given the number of working days in a year of 260 days, with 24 visits / day and if extrapolated for 52 weeks, there are 122 visits a week, or 3.5 visits an hour.

According to existing standards (MoH ordinance no.100 of 10 March 2008 'on the Staffing Standards'), it is recommended to deal with 3 visits/hour for adults and 2 visits/hour for children. Given that of the total number of 265,688 annual visits to a psychiatrist, 81,520 are people under 18 years of age, there is a bigger gap as compared to prescribed standards. Taking into account the psychiatrists' annual leaves of 6 weeks, it further deepens the gap.

c. Staffing Indicators

The outpatient sector is covered by 42.00 positions of psychiatrists within the consultative-diagnostic departments (outpatient) of district hospitals, accounting for 21% of all, and 7.00 FTE for psychiatrists within municipal Territorial

Medical Associations [PHC and outpatient].

7. Data Review

a. Performance of Hospitals

Based on the number of hospital admissions in 2011, one may derive the overall hospitalization rate countrywide of 633 people per 100,000 people. This figure differs across regions and does not depend on the size of general population or the prevalence of MH and behavior disorders in any given region. As an example we looked at two districts – Cahul and Criuleni. The district of Cahul has a population size of 119,300, with MH prevalence of 2,034.4 and a hospitalization rate of 301. The district of Criuleni population size is 72,300, MH prevalence of 2,411.9 and hospitalization of 303 people. In absolute figures, the prevalence of MH and behavior disorders was 2,535 in the district of Cahul and 1,762 people in the district of Criuleni. The number of visits to the doctor: 12,020 (Cahul) and 10,183 (Criuleni). There are significant difference population-wise, prevalence and number of visits, but they are not inter-correlated. Geographic distance is influencing the frequency of attending a hospital service. One may notice same trends in other districts around the municipality of Chisinau, where the PCH is located, such as the district of Ialoveni (621), Hincesti (542), Calarasi (435), Anenii-Noi (331) and going down as the distance increases, so that the districts of Causeni (282), Stefan-Voda (274), Cantemir (220), Cimislia (221), Leova (177), Taraclia (119), Comrat (179), Ciadir-Lunga (143), Vulcanesti (47).

Annex 2 data show no correlation between the incidence, prevalence and the number of hospitalizations in any given district, with each district having its peculiarities, depending on geographic proximity to a hospital, the work of the psychiatrist in terms of early detection and population's care-seeking behaviors, outpatient treatment, structure of population, breakdown of conditions in any given group.

b. Staffing Standards

According to existing staffing standards for psychiatry beds within district hospitals, there are 22-25 and 28-30 beds per nurse per shift (even under current standards of 25 beds, the time required for a physician during the day is 17 minutes, or 84 minutes/week, given the specifics of this condition, tackling psychological and social issues mostly, it is planned to have a longer contact with a patient for psychotherapeutic purposes).

These standards are significantly discordant with the standards set for a specialty related to psychiatry, namely – neurology, with 12-14 and 14-16 beds per nurse per shift, i.e. two times less. This issue is driven by the psychiatrist's stigmatizing past, when a psychiatrist was responsible for a big number of beds (100-150 beds) and is kept to date in certain specialized facilities, such as psycho-neurological boarding houses (1 physician per 250–300 people).

8. MH Needs Assessment

a. Bed Needs

Assessing the optimal number of beds requires using the following formula (MoH ordinance no.100 of 10 March 2008 'on the Staffing Standards'):

Number of hospital beds by profile is computed as follows:

$$\textbf{Nps} = \frac{\textbf{Nbtr x Dms}}{\textbf{Dmpu}}$$

Nps _____ number of required beds

Nbtr _____ number of inpatients treated by specialty in any given facility during the previous year (number of patients requiring hospitalization)

Dms _____ average length of stay by bed

Dmpu _____ average bed occupancy a year by specialty

Dmpu (in days):

Internal medicine and pediatrics – 340;

Surgery – 310;

Obstetrician-gynecology – 300;

Infectious diseases – 280 days

Dms (average length of hospitalization) by specialty in the Republic of Moldova during the previous year or forecasts for the next year

Hence, it was estimated that Moldova needs 2,084 psychiatric beds.

This formula is directly proportionate to the average length of hospitalization, which is long for this specialty. The shorter the hospital stay, the fewer beds are required. The formula below shows the hospitalization index for the beds required at any given time:

$$\text{Hospitalization index} = \frac{\textbf{Dms} \_ \text{average length of hospitalization by specialty bed}}{\textbf{Dmpu} \_ \text{average length of bed occupancy by specialty a year}} =$$

$= 0.0964 \sim 0.1$

The bed needs in district hospitals varies by several factors, including:

- Hospitalization rate in psychiatric hospitals during the year is 630 patients per 100,000 inhabitants a year (average countrywide need);
- Statistical data show that approximately 33% of patients are admitted to hospital through the emergency health care services;
- Hospitalization index is about 0.1 (see above), depending on the average length of stay (ALOS);
- Hence, pursuant to the aforesaid data and as per existing standards, with about 208 patients per 100,000 inhabitants a year (ALOS countrywide × share of patients requiring hospitalization for an emergency condition with no outpatient treatment option available) × hospitalization index of 0.1, one may get approximately 20 beds / 100,000 people, or 1 bed per 5,000 inhabitants for the inpatient care layout in district hospitals for the patients presenting with a worsening in their mental condition and no outpatient therapy options available.

b. Staffing Needs

The layout of psychiatric beds within district hospitals is in line with the standards set forth for therapeutic beds (MoH ordinance no.100 of 10 March 2008 ‘on the Staffing Standards’) and requires 2 psychiatrists, 3 shift nurses and 2 orderly positions to oversee the mentally ill 24/7. Staffing needs are to be filled in by co-opting nurses from other subdivisions of the district hospital on a rotation basis.

Computations on nationwide indicators suggest the following:

- The initial need in psychiatric beds in district hospitals is 20 beds / 100,000 people × total population size of the district; hence, the total number of beds is 505 (beds covering the emergency care needs);

- Pursuant to existing standards (MoH ordinance no.100 of 10 March 2008 'on the Staffing Standards'), one needs 21 psychiatrist FTE to service those beds and 21 (×3) shift nurses, and 42 (×3) station orderlies, yet these prescribed norms shall be distributed across all relevant healthcare facilities in any given region (district hospitals);
- Regarding outpatient care services, as per Annex 3 data, one may conclude the following: Given the number of working days for a psychiatrist, i.e. (365 (calendar days in a year) – 104 (weekends) – 48 (annual leave) – 11 (national holidays)) × 420 minutes (7 hours a day for a working day × 60 minutes) = 84,840 minutes / 20 minutes (time per visit) = 4,242 visits / psychiatrist / year. Hence, there are 63 psychiatrists (FTEs) to deal with the requests coming from districts = 265,688 (total visits in 2011) / 4,242 (visits/psychiatrist/year);
- For covering one administrative-territorial unit of some 100,000 residents, for which 20 psychiatric beds are planned, there is one FTE to cover psychiatric beds and 3.5 FTEs for psychiatrists to work in the outpatient department, who shall take turns in the future to service those beds, while also keeping the community MH centers up and running, subject to demand for outpatient visits;
- There is need to have 180 psychiatric beds to cover the emergency care needs of municipality residents (1 bed per 5,000 population), topped up by some beds earmarked for specific groups (8–9% of all hospital admissions in 2011, consisting of various services and user fees) and for cases referred to tertiary care facilities (accounting for 20% of the total number of hospital admissions from a district in any given year, which is inclusive of primary and complicated cases).

9. **Conclusions**:

✓ MH services are mostly delivered through hospitals. About 86% of funds and 76% of the human resources in the MH system are concentrated in psychiatric hospitals;
✓ Actual hospital admissions for emergencies account for 33% of all;
✓ Admission to a psychiatric hospital is more linked to geographic distance than it is with the actual situation in the coverage area;
✓ The structure of conditions dealt with differs across the 3 psychiatric hospitals, highlighting a specialization of hospitals: schizophrenia patients prevail in the PCH – 45.7% of all admissions, non-psychotic mental and

behavior disorders prevail in the PHB – 33.5%, and patients with alcoholism and alcoholic psychoses make up the majority of patients in the PPPH in Orhei – 33.3%;

- ✓ The outpatient sector is not covered with quality consultative services and is absolutely lacking the actual support it needs;
- ✓ An outpatient psychiatrist deals with 6,326 visits each year, i.e. 3.5 visits an hour, thus leaving him/her virtually no time for health advocacy;
- ✓ Current staffing standards do not meet the actual needs for MH, as shown by statistical data, thus contributing to building a cursory approach to people with mental disabilities and behavior disorders;
- ✓ Having no outpatient treatment option available takes the relapse rate up to 80%, disabling this group;
- ✓ Most inpatients are 30 to 49 years-old and lack rehab alternative options;
- ✓ Rural population has limited access to hospital services at around 55%, while the statistical data shows that rural people account for 74%.

10. Psychiatric Hospital Reform Plan

The psychiatric hospital reform concept draws upon the actual needs for healthcare delivery to the mentally ill. Hence, according to the statistical data and the MH performance indicators countrywide, MH services are currently not meeting the actual needs of beneficiaries. Most specialized services are concentrated in psychiatric hospitals. The ultimate goal of social, professional and family inclusion may not be reached under the current layout of MH services.

Given all of the above and the actual need to reshape the system, it is timely to suggest some changes to the hospital system: cut down the number of psychiatric hospitals and/or beds, and open psychiatric beds in general district hospitals in districts and municipalities. A phased approach is suggested to guide through the process:

Phase I (initiation)

a) Cut down 300 beds in psychiatric hospitals, i.e. about 15% of the current capacity of psychiatric beds;
b) Open 300 psychiatric beds in the hospitals that currently meet the requirements and located in remote areas;
c) Develop treatment standards for the psychiatric beds in the general district-level hospitals;
d) Design the criteria for the contracting of psychiatric beds in the general

profile hospitals.

Phase II (scale-up)

a) Set up psychiatric beds in all districts as per the local needs;
b) Subsequently take the number of beds in psychiatric hospitals down to the number of beds required to cover adjacent regions (municipalities) about 180 beds;
c) Use up to 20% of the current number of beds to cover primary and difficult cases diagnosis- and treatment-wise at district level;
d) Use 8% of special cases (examination of recruits, at court decision, military or forensic expertise etc.);
e) Change the length of treatment for the psychiatric beds in the general profile hospitals to up to 21 days.

Phase III (final)

a) Consolidate the final number of beds in psychiatric hospitals;
b) Make use of an appropriate number of specialized beds in the psychiatric hospitals (pediatric psychiatry, psycho-tuberculosis, drug addiction);
c) Set up long-stay beds within psychiatric hospitals;
d) Build conditions for stay and treatment within psychiatric hospitals;
e) Change the criteria for psychiatric hospital care contracting.

Hence, as a final stage:

In psychiatric hospitals it is planned to have 180 beds for municipalities + 160 beds for special services + 400 beds for tertiary care facilities + 100 pediatric psychiatry beds + 50 psycho-TB beds + 195 drug addiction beds = 1,085 beds overall.

Listed below are some of the unfavorable factors:

1. Uneven and centralized distribution of MH services:
a. Up to 86% of the funds earmarked for the MH system services go to psychiatric hospitals;
b. Skilled staff in psychiatric hospitals only;
c. No intermediary link between medical and social services;
d. No PHC physician involvement at the initial stage;
e. Geographic distance to specialized services;
f. ALOS

Annex 1 Psychiatric Hospitals Performance Indicators, 2011

Indicator	Year	INPATIENT							TOTAL Inpatient		
		PCH	SH Balti			SH - Orhei					
			Total	Psych.	Drug addict.	**Total**	Psych.	Drug addict.	**Total**	Psych.	Drug addict.
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Number of beds, avg. / year	2009 2010 2011	1110 1110 1110	970 770 770	775 620 620	195 150 150	---- 200 200	---- 155 155	---- 45 45	2080 2080 2080	1885 1885 1885	195 195 195
Patients as of 1 Jan.	2009 2010 2011	920 625 890	966 933 787	624 595 555	342 338 232	---- ---- 211	---- ---- 145	---- ---- 66	1886 1558 1888	1544 1220 1590	342 338 298
Patients admitted	2009 2010 2011	9943 10628 10497	11364 8505 9229	8627 6601 7519	2737 1904 1710	---- 2208 2102	---- 1409 1401	---- 799 701	21307 21341 21826	18570 18638 19417	2737 2703 2409
Patients discharged	2009 2010 2011	10136 10336 10385	11271 8968 9027	8518 6991 7235	753 1977 1792	---- 2257 2091	----- 1443 1395	---- 814 696	21407 21561 21503	18654 18770 19015	2753 2791 2488
Uninsured among discharged	2009 2010 2011	1354 1034 1158	2915 1958 2083	1376 854 1029	1539 1104 1054	---- 631 524	---- 225 188	---- 406 336	4269 3623 3765	2730 2113 2375	1539 1510 1390
% uninsured	2009 2010 2011	13,3 10.0 11,1	25,8 21.8 23,0	16,1 12.2 14,2	56 55.8 58,8	---- 28.0 25,0	---- 15.6 13,5	---- 49.9 48,3	20 16.8 17,5	14,6 11.2 12,5	56 54.1 55,9
Deaths	2009 2010 2011	31 35 27	128 102 68	86 79 56	42 23 12	---- 7 9	---- 2 3	---- 5 6	159 144 104	117 116 86	42 28 18
Patients as of year-end	2009 2010 201	625 890 936	933 787 703	595 555 485	338 232 218	---- 211 148	---- 145 83	---- 66 65	1558 1888 1787	1220 1590 1504	338 298 283

	1										
Patients used	2009 2010 2011	9943 11253 11387	11364 9438 10016	8627 7196 8074	2737 2242 1942	---- 2208 2313	---- 1409 1546	---- 799 767	21307 22899 23714	19769 19858 21007	2737 3041 2707
Bed turnover	2009 2010 2011	8,9 9.6 9,4	11,7 11.0 11,9	11,1 10.6 12,1	14,0 12.7 11,4	---- 11.0 10,5	---- 9.1 9,0	--- 17.7 15,6	10,2 10.2 10,4	9,8 9.9 10,3	14,0 13.8 12,3
Number of days/bed	2009 2010 2011	316009 330490 328774	399511 292652 306185	320774 237507 249338	78737 55145 56847	---- 76831 70890	---- 52414 50405	----- 24417 19945	715520 699970 705849	636783 620411 628517	78737 79562 77332
ALOS	2009 2010 2011	31,1 31.9 31,6	35,4 32.6 33,9	37,6 34.0 34,4	28,6 27.9 31,7	---- 34.0 33,9	---- 36.3 36,1	---- 30.0 28,6	33,4 32.4 32,8	34,1 30.0 33,0	28,6 28.5 31,0
Mortality	2009 2010 2011	0,3 0.3 0,2	1,5 1.4 0,7	1,2 1.3 0,7	3,4 2.7 0,6	---- 0.4 0,4	---- 0.1 0,2	---- 1.2 0,8	0,9 0.8 0,5	0,7 0.7 0,4	3,4 2.2 0,7
Bed throughput	2009 2010 2011	284 297 296	411 380 398	413 383 402	403 367 379	---- 384 354	---- 338 325	---- 542 443	344 336 339	338 329 333	404 408 396

Annex 2 Comparison of indicators, 2011

District code / name		Incidence		Prevalence		Hospital admissions	General population	Total disability	
		Absolute	Indicator	Absolute	Indicator	Absolute	Absolute (thousand)	Absolute	Indicator
1	Chisinau	4166	528.7	21381	2713.7	4383	759.8	5149	653.5
2	Balti	361	243.0	4511	3036.7	2827	127.8	1460	982.8
3	**Total municipalities**	**4527**	**483.4**	**25892**	**2764.9**	**7210**	**887.6**	**6609**	**705.7**
4	Anenii-Noi	237	285.2	2461	2961.3	331	82.1	610	734.0
5	Basarabeasca	88	300.3	1138	3883.4	101	28.5	224	764.4
6	Briceni	451	597.3	1693	2242.3	646	75.2	484	641.0
7	Cahul	188	150.9	2535	2034.4	301	119.3	920	738.3
8	Cantemir	230	365.4	1491	2368.5	220	61.0	467	741.8
9	Calarasi	267	338.2	2181	2762.5	435	73.5	628	795.4
10	Causeni	352	380.7	2203	2382.9	282	89.4	504	545.2
11	Cimislia	333	537.5	1648	2660.2	221	59.4	103	166.3
12	Criuleni	243	332.6	1762	2411.9	308	72.3	660	903.4
13	Donduseni	117	258.0	1319	2908.3	371	43.9	478	1054.0
14	Drochia	235	260.1	2228	2465.9	676	85.2	804	889.8
15	Dubasari	113	321.1	645	1832.6	124	35.1	278	789.9
16	Edinet	562	676.3	2585	3110.8	451	81.2	560	673.9
17	Falesti	364	392.4	2204	2376.2	927	88.8	899	969.2
18	Floresti	246	272.4	1948	2157.2	466	86.4	701	776.3
19	Glodeni	213	343.3	1590	2562.6	399	59.2	537	865.5
20	Hincesti	467	381.5	3481	2844.0	542	118.2	1154	942.8
21	Ialoveni	229	231.7	2302	2328.8	621	98.8	861	871.0
22	Leova	70	130.1	1524	2832.6	177	51.7	556	1033.4
23	Nisporeni	230	343.6	1245	1859.7	227	64.6	407	608.0
24	Ocnita	227	403.9	1273	2265.1	153	54.8	423	752.7
25	Orhei	219	174.0	3127	2483.8	1429	115.3	1471	1168.4
26	Rezina	145	274.9	1517	2875.8	355	50.0	455	862.6
27	Riscani	469	667.7	1685	2398.7	572	67.1	565	804.3
28	Singerei	249	266.2	2438	2606.1	1333	86.7	1217	1300.9
29	Soroca	153	152.2	3462	3443.1	433	99.0	598	594.7
30	Straseni	210	229.8	1635	1788.9	312	88.6	693	758.2
31	Soldanesti	165	379.7	1204	2770.9	227	41.2	407	936.7
32	Stefan-Voda	339	470.2	2357	3269.3	274	69.8	613	850.3
33	Taraclia	426	961.7	1493	3370.6	119	42.3	286	645.7
34	Telenesti	189	254.0	1510	2029.6	591	69.5	402	540.3
35	Ungheni	623	530.7	3438	2928.5	325	110.7	1642	1398.7
36	ATU Gagauzia	433	270.0	5320	3316.8	369	156.7	1759	1096.7
44	Comrat	160	228.0	1820	2593.0	179	98.7	685	976.0
45	Ceadir-Lunga	243	376.0	2838	4391.1	143	469.1	870	1346.1
46	Vulcanesti	30	117.3	662	2588.3	47	78.1	204	797.6
37	**Total districts**	**9082**	**345.9**	**68642**	**2614.3**	**14318**	**2 525.4**	**21956**	**836.2**
39	**Total MoH excl. Transnistria**	**13609**	**382.1**	**94534**	**2653.9**	**21528**	**3 413.0**	**28565**	**801.9**
41	**Total Moldova**	**14655**	**411.4**	**97525**	**2737.9**		**3 413.0**	**28594**	**802.7**

Annex 3 Outpatient visits, including preventive, 2011

#	Name	Visits to a physician, including preventive ones			Preventive			For sickness		
		Total	Of which		**Total**	0-18 y.o.	adults	**Total**	0-18 y.o.	adults
			Insured	0-18 y.o.						
1	Chisinau	64162	59285	22937	10433	3565	6868	53729	19372	34357
	Incl. TMA Buiucani	9293	8234	2096	1652	980		7641	1116	6525
2	Balti	18296	8171	1705	3408	1191	2217	14888	514	14374
3	**Total municipalities**	**82458**	**67456**	**24642**	**13841**	**4756**	**9085**	**68617**	**19886**	**48731**
4	Anenii-Noi	13064	9910	5131	6288	3238	3050	6776	1893	4883
5	Basarabeasca	4390	4085	888	1734	570	1164	2656	318	2338
6	Briceni	5234	2810	561	1522	269	1253	3712	292	3420
7	Cahul	12020	6912	4177	0	0	0	12020	4177	7843
8	Cantemir	6951	4733	1332	2733	797	1936	4218	535	3683
9	Calarasi	8109	6514	4041	3857	1872	1985	4252	2169	2083
10	Causeni	6509	4150	1178	2024	73	1951	4485	1105	3380
11	Cimislia	6840	4189	1803	2515	1168	1347	4325	635	3690
12	Criuleni	10183	7655	3252	4745	2235	2510	5438	1017	4421
13	Donduseni	4700	3002	1891	3499	1699	1800	1201	192	1009
14	Drochia	8873	6436	2660	2617	1261	1356	6256	1399	4857
15	Dubasari	0	0	0	0	0	0	0	0	0
16	Edinet	11118	5975	3800	7612	2537	5075	3506	1263	2243
17	Falesti	7551	5418	3715	4528	2448	2080	3023	1267	1756
18	Floresti	6207	2502	295	3596	185	3411	2611	110	2501
19	Glodeni	5112	3379	1894	2433	559	1874	2679	1335	1344
20	Hincesti	15849	15367	4747	3265	1082	2183	12584	3665	8919
21	Ialoveni	7700	7331	2261	1968	1504	464	5732	757	4975
22	Leova	4039	2412	693	1298	383	915	2741	310	2431
23	Nisporeni	7733	4347	1291	2948	1013	1935	4785	278	4507
24	Ocnita	6487	6486	987	2798	777	2021	3689	210	3479
25	Orhei	9615	5992	1941	5010	1325	3685	4605	616	3989
26	Rezina	5804	4100	1591	3634	1168	2466	2170	423	1747
27	Riscani	9759	8099	5649	4681	3330	1351	5078	2319	2759
28	Singerei	11250	7528	4320	5895	2384	3511	5355	1936	3419
29	Soroca	5334	3972	400	1248	0	1248	4086	400	3686
30	Straseni	9082	8133	3073	4551	1319	3232	4531	1754	2777
31	Soldanesti	2989	1500	655	1498	613	885	1491	42	1449
32	Stefan-Voda	8223	6204	3994	3466	1681	1785	4757	2313	2444
33	Taraclia	8140	6989	3161	4673	2209	2464	3467	952	2515
34	Telenesti	5003	3018	1167	2745	825	1920	2258	342	1916
35	Ungheni	12891	7534	3853	0	0	0	12891	3853	9038
36	Comrat	6364	3858	1521	341	341	0	6023	1180	4843
37	Ceadir-Lunga	9800	7962	3348	1657	1657	0	8143	1691	6452
38	Vulcanesti	2765	2078	250	1274	44	1230	1491	206	1285
39	**ATU Gagauzia**	**18929**	**13898**	**5119**	**3272**	**2042**	**930**	**15657**	**3077**	**12580**
40	**Total, districts**	**265688**	**190580**	**81520**	**102653**	**40566**	**62087**	**163035**	**40954**	**122081**
41	**Total, MoH Moldova**	**348146**	**258036**	**106162**	**116494**	**45322**	**71172**	**231652**	**60840**	**170812**
42	Other Departments	19079	3534	111	12205	78	12127	6874	33	6841
43	**Total Moldova**	**367225**	**261570**	**106273**	**128699**	**45400**	**83299**	**238526**	**60873**	**177653**

Annex 4 Breakdown of Psychiatric Hospital Costs

Budget line	**PH Balti, 2012**	**SH Orhei, 2012**	**PCH, 2012**
Payroll	26417290	10276.9	34800.0
Nutrition	4600000	5592.2	8000.0
Drugs	5600000	1104.3	5000.0
Utilities	-	1000.1	7850.0
Other costs	16181490	2580.3	15050.0
Total	**52798.7**	**10276.9**	**70700.0**