

Health Protection Statistics

Metadata

National Bureau of Statistics of the Republic of Moldova (NBS)

1. Contact Information

1.1. Responsible subdivision within NBS

Social Services Statistics Division

1.2. Contact person

Nadejda Cojocari, Head of Division

tel.: 0 22 40 30 77, 067770011

e-mail: nadejda.cojocari@statistica.gov.md

2. Metadata Update

2.1. Last certification of metadata

15.02.2021

2.2. Last update of metadata

15.02.2021

3. Statistical Presentation

3.1. General description

Health statistics refer to data on health system resources (network of medical institutions, medical staff, bed density in medical institutions), providing medical care to the population (hospitalization, visits to the doctor, prophylactic examinations), health status of the population (incidence and prevalence of diseases), as well as data on immunization, primary disability of the population and health care expenditures.

3.2. Concepts and definitions

3.2.1. Definitions

1. HEALTH SYSTEM RESOURCES

Public hospital - represents the medical-sanitary institution of public utility with beds and legal personality, which provides specialized medical services in in-patient conditions. Public hospitals include hospitals subordinated to the Ministry of Health, Labor and Social Protection and hospitals subordinated to other Ministries and central public authorities.

Private hospital - hospital organized as a legal entity under private law. The medical-sanitary institutions set up within non-governmental organizations or commercial companies, which provide hospital medical services according to the law, are equivalent to private hospitals.

Emergency care institutions - provide pre-hospital urgent medical care and assisted medical transportation, upon the patient's or other persons' call, or upon the request of the medical workers in continuous regime, from the place of accident or illness and during the transportation up to patient's transfer to the medical/sanitary institution, including in crisis situations, on the whole territory of the country.

Primary health care institutions - institutions that provide primary medical services by the family doctor to the patients on the lists based on the application submitted according to the principle of free choice, regardless of person's status (insured or uninsured), including from other institutions in case of medico-surgical emergencies or other situations justified from medical point of view. Primary health care is provided in: Family Doctors Centers, Health Centers, including autonomous centers, Family Doctor Offices, Health Offices. (Ministry of Health, Labour and Social Protection, Order No. 695 dated 13.10.2010)

Specialized ambulatory health care institutions - institutions that provide specialized ambulatory care

and medical services on a stationary basis by a specialist doctor together with medium medical staff.

Ambulatory individual enterprises - private institutions that provide outpatient medical services, in ambulatory conditions – services of primary health care and specialized outpatient services.

Pharmacy - pharmaceutical enterprise, part of the health system, with the right and obligation to provide assistance with drugs, other pharmaceutical products and the provision of other pharmaceutical services aimed at the benefit of the population.

Medical personnel – represents the number of doctors or paramedical personnel, during the reference period.

II. MORBIDITY, DISABILITY, AND HOSPITALIZATION

Population morbidity - represents the totality of cases of illness registered during the year, when addressing in the medical institution or during the prophylactic examination.

Incidence of a certain disease represents the number of people who develop a certain disease for the first time, registered by a medical institution, during the reference period.

Prevalence of a certain disease represents the number of people who develop a certain disease for the first time (new case) and of people previously registered (old case) with a certain disease, by a medical institution, in the reference period.

General incidence rate of diseases represents the frequency of new cases of all diseases that occur for the first time in a population, registered by a medical-sanitary institution, per 100 thousand inhabitants, within a certain space and time.

General prevalence rate of diseases represents the frequency of new cases of all diseases that occur for the first time and that of old cases (registered before), in a population, registered by a medical-sanitary institution per 100 thousand inhabitants, within a certain space and time.

The share of vaccinated children represents the number of children covered with preventive vaccines, by type of vaccine, divided by the total number of registered children, expressed at 100%.

Disability - a generic term for impairments / deficiencies, activity limitations and participation restrictions, which denote the negative aspects of the interaction between the individual (who has a health problem) and the contextual factors in which the individual lives (environmental and personal factors).

Primary disability – establishing a degree of disability for the first time in the reference year, following the expertise of vital capacities by the National Council for Determining Disability and Work Capacity.

Repeated disability - re-assignment of the degree of disability after repeated expertise of vital capacities, to assess the rehabilitation or worsening of the person's health, in the reference year by the National Council for Determining Disability and Work Capacity.

Disability without a term of re-expertise - establishing the degree of disability without a term of re-expertise by the National Council for Determining Disability and Work Capacity. In children, disability without a re-expertise period is established only for the period up to 18 years.

Primary disability rate represents the frequency of illnesses that totally or partially interrupt the work capacity, new case, registered for the first time, in the reference period, per 10 thousand inhabitants, within a given space and time.

Primary disability rate of children aged up to 18 years old represents the frequency of children aged 0 - 17 years 11 months 29 days with disabilities, new case, in 1000 children aged 0 -17 years 11 months 29 days, within a given space and time.

Average number of visits per 1 inhabitant/year represents the number of registered visits of the population to doctors, including for prophylactic purposes, as well as the number of visits made by doctors at home compared to the average annual number of the population.

Average length of stay for inpatients per bed represents the number of hospitalized days/bed divided by the number of patients discharged.

Lethality represents the frequency of people who die in hospital compared to the number of patients discharged (including deceased persons) from the given medical institution, in a given space and time.

Number of surgical interventions represents the number of surgeries performed on patients discharged (including deceased persons) from the surgical departments, in a given space and time.

Abortion rate represents the frequency of abortions in women per 1000 live births.

3.2.2. Unit of measurement

Indicators expressed in absolute values:

- the number of medical institutions and pharmacies, the number of medical staff and pharmacists, the number of beds, the number of patients registered with a new case, the total number of patients registered, the number of abortions, the number of requests for emergency medical care, the number of people with disabilities, etc.

Relative indicators per 100/1000/100000 population:

- per 100000 inhabitants: incidence and prevalence through certain diseases, etc.;
- per 10000 inhabitants: hospital bed density, density of medical staff, etc.
- per 1000 inhabitants: number of registered patients, number of abortions, number of children with disabilities etc.
- per 100 live-births: abortions.

Relative indicators, expressed in %:

- coverage of children with vaccinations, the level of completion of medical institutions with medical staff.

3.2.3. Formula of calculation

Hospital bed density per 10 thousand inhabitants represents the number of hospital beds, by total and by profile, per 10 thousand inhabitants.

$$A_p = \frac{N_p}{P_{tot}} * 10000$$

A_p - bed density.

N_p - total number of beds by the end of the year.

P_{tot} - average number of population during the reference period.

Average length of stay represents the ratio between the number of hospitalized days/bed and the number of patients discharged during the reference period.

$$D_s = \frac{Z_{spit}}{B}$$

D_s - average length of stay.

Z_{spit} - number of hospitalized days-bed.

B - number of patients discharged during the reference period.

Density of medical staff per 10 thousand inhabitants represents the number of medical personnel (doctors/ paramedical personnel) per 10 thousand inhabitants by the end of the reference year (per total doctors/ paramedical personnel and by specialty).

$$A_m = \frac{N_{med}}{P_{tot}} * 10000$$

A_m - density of medical staff.

N_{med} - number of individuals/medical staff (doctors/ paramedical personnel) by the end of the year.

P_{tot} - average number of population during the reference period.

General incidence rate and incidence rate through diseases per 100 thousand inhabitants represents the total number of people who develop a certain disease for the first time, registered by a medical institution in the reference period, per 100 thousand inhabitants. It is also calculated separately for adults / children.

$$I = \frac{P_b}{P_{tot}} * 100000$$

I - general incidence rate or through certain diseases.

P_b - total number of persons registered with a new case of a certain disease **b**, according to the International Classification of Diseases, 10th revision, during the reference period.

P_{tot} - average number population during the reference period.

General prevalence rate and prevalence rate through certain diseases per 100 thousand inhabitants represents the total number of people who develop a certain disease for the first time (new case) and of people previously registered (old case) with a certain disease in the reference period, registered by a medical institution in the reference period, at 100 thousands of inhabitants. It is also calculated separately for adults / children.

$$P = \frac{P_{tb}}{P_{tot}} * 100000$$

P - general prevalence rate or through certain diseases.

P_{tb} - total number of persons registered with a new case of illness and of persons previously registered (old case) with cases of a disease with a certain disease **b**, according to the International Classification of Diseases 10th revision, in the reference period.

P_{tot} - average number of population during the reference period.

The rate of primary disability / through certain diseases per 1000 inhabitants represents the total number of people certified for the first time with a degree of disability due to a certain disease, in the reference year, following the expertise of vital capacities by the National Council for Determining Disability and Work Capacity, per 1000 inhabitants. It is also calculated separately for adults / children.

$$D_z = \frac{P_{dz}}{P_{tot}} * 1000$$

D_z - primary disability rate / due to certain diseases.

P_{dz} - the number of people with a primary disability established in the reference year, due to a certain disease.

P_{tot} - the total number of population in the reference period.

Abortions per 1000 live births represents the frequency of abortions for women per 1000 live births. It is calculated separately and by age groups.

$$\hat{I}_s = \frac{S_{int}}{N} * 1000$$

\hat{I}_s - abortions per 1000 live births.

S_{int} - total abortions for women, during the reference period.

N - total live births during the reference period.

Note: metadata regarding the demographic indicators can be accessed at the following address http://www.statistica.gov.md/public/files/Metadate/en/Populatia_en.pdf

3.3. Used classifications

Diseases: Morbidity and mortality are classified according to the *International Classification of Diseases*, 10th revision, approved by the World Health Organization during the 43rd General Assembly (May 1990); enforced since 01.01.1996, via Order of the Ministry of Health No. 381 dated 24.08.1995.

Surgical interventions and procedures are classified according to the *International Classification of surgical interventions and procedures* approved by the World Health Organization during the 29th General Assembly (May 1976); enforced since 01.01.1983.

Administrative-territorial units: Data are developed according to the Classifier of Administrative-Territorial Units of the Republic of Moldova (CUATM - *Clasificatorul unităților administrativ-teritoriale al Republicii Moldova in Romanian*), approved via the Moldova - Standard Department Decision No. 1398-ST dated 03.09.2003; enforced since 03.09.2003.

Ownership forms: Data are developed according to the Classifier of Ownership Forms in the Republic of Moldova (CFP - *Clasificatorul formelor de proprietate din Republica Moldova in Romanian*): approved via the Decision of the Standards, Metrology, and Technical Supervision Department No. 276-st dated 04.02.1997.

3.4. Scope

3.4.1. Sector coverage

The statistical surveys in health area cover all the units with legal personality, regardless of their ownership form, which according to the Classifier of Activities in Moldova Economy (CAEM) carry out activity 86 "Health and Social Assistance".

3.4.2. Statistical population

The statistical surveys in health area cover all the medical-sanitary institutions: hospitals (republican, regional, municipal, district, departmental, private), emergency health assistance institutions (stations, substations, points), primary health care institutions, ambulatory individual enterprises, medical points from educational institutions and enterprises, from urban and rural areas.

3.4.3. Geographical coverage

Statistical surveys in health area do not cover the medical institutions located on the left side of the river Nistru and in Bender municipality.

3.4.4. Time coverage

Time series are available since 1995.

3.5. Level of disaggregation

The data resulting from the statistical surveys in health area are disaggregated by:

- **Medical-sanitary institutions:** type of medical-sanitary institution, ownership form, territorial-administrative unit;
- **Pharmacies:** territorial - administrative unit;
- **Hospital bed density:** bed profile, territorial-administrative unit;
- **Medical personnel:** specialty, territorial-administrative unit;
- **Visits to doctors:** specialty, territorial - administrative unit;
- **Requests for emergency medical assistance:** area of residence, territorial-administrative unit;
- **Incidence and prevalence through certain diseases:** classes of diseases according to the

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| <p>International Classification of Diseases, 10th revision, age groups, sexes and area of residence (tuberculosis, malignant tumors, mental disorders, sexually transmitted diseases), territorial-administrative unit;</p> <ul style="list-style-type: none"> ▪ Abortions: age groups and territorial-administrative unit; ▪ Vaccination coverage: type of vaccine and age; ▪ People with disabilities: classes of diseases according to the International Classification of Diseases, 10th revision, degree of disability, sex, area of residence, age groups, territorial-administrative unit. <p><u>Restrictions:</u> if disaggregated data contains confidential information (see p.7.1), they are not disseminated; they are aggregated at the minimum available level to ensure data confidentiality.</p> |
| 3.6. Periodicity of dissemination |
| <p><i>Quarterly</i></p> <p><i>Annually</i></p> |
| 3.7. Timeliness |
| <p><i>Quarterly</i> - 20th day after the end of the reporting quarter.</p> <p><i>Annually</i> – August.</p> |
| 3.8. Revision |
| Annual data are final at the first dissemination, while the quarterly data may be adjusted when finalizing the annual data. |
| 3.9. Period of reference |
| <p><i>Quarterly data</i> – the reference quarter.</p> <p><i>Annual data</i> – the reference year.</p> |

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| 4. Data Collection and Processing |
| 4.1. Data source |
| 4.1.1. Statistical surveys |
| <p>The following statistical reports are used:</p> <p><i>I. HEALTH SYSTEM RESOURCES</i></p> <ol style="list-style-type: none"> 1. No. 1 –aim “Report on the activity of the private economic agent in providing services” 2. No.12t-săn. “Report on external causes of trauma” 3. No.17 “Statistical report on medical staff of medical-sanitary institutions” 4. No.30-săn. “Activity Report of the medical-sanitary institution” 5. Annex No.1 to the form No.30-săn. “Report on in-patient activity of the medical-sanitary institution” 6. No.38-săn. “Activity Report of the psychiatric-legal commission” 7. No.39-săn. “Activity Report of the blood transfusion center (section, office)” 8. No.40-săn. “Activity Report of the emergency health assistance station” 9. No.42-săn. “Activity Report of the forensic medical center and its subdivisions” 10. No.43-săn. “Activity Report of the rehabilitation center for children” <p><i>II. POPULATION MORBIDITY:</i></p> <ol style="list-style-type: none"> 11. No.1-săn. “Report on parasitic diseases and combating of hematopoietic diphtheria” 12. No.2 “Statistical report on infectious and parasitic diseases” 13. No.5-săn. “Report on preventive vaccination” 14. No.6 “Statistical report on coverage of children with immunization against infectious diseases” 15. No.7 “Statistical report on new cases of malign tumors” 16. No.8 “Statistical report on new cases of active TB” 17. No.11 “Statistical report on diseases and patients with narcological disorders” 18. No.12 “Statistical report on number of diseases registered with patients living on the territory served by the curative institutions” |

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| <p>19. No.13 “Statistical report on abortions (up to 21 weeks)”</p> <p>20. No.14-săn. “Report on monitoring the medical supervision and treatment of HIV carriers and AIDS patients”</p> <p>21. No.15 “Statistical report on health assistance provided to the population subject to ionized radiation as a result of Cernobil accident”</p> <p>22. No.16-săn. “Report on temporary work incapacity”</p> <p>23. No.18-săn. “Report on state supervision of public health in the rayon (municipality)”</p> <p>24. No.29-săn. “Report on patients with chronic hepatitis and hepatic cirrhosis”</p> <p>25. No.31-săn. “Report on health assistance provided to children”</p> <p>26. No.32-săn. “Report on health assistance provided to pregnant women”</p> <p>27. No.32a -săn. “Report on health assistance provided to postpartum women”</p> <p>28. No.32b -săn. “Report on prophylaxis of HIV infection transmission from mother to fetus”</p> <p>29. No.33-săn. “Report on patients with TB”</p> <p>30. No.34-săn. “Report on patients with syphilis, gonorrhea, dermal mycosis”</p> <p>31. No.35-săn. “Report on patients with malign tumors”</p> <p>32. No.36-săn. “Report on mental and behavioral disorders”</p> <p>33. No.53 “Statistical report on treatment of sick recruits”</p> |
| 4.1.2. Administrative sources |
| <p>The Ministry of Health, Labor and Social Protection has the necessary infrastructure for collecting and processing statistical data in public health area. The National Agency for Public Health is the responsible unit for producing statistical data in health area; it centralizes the key data on health based on a unique system of primary data collection and processing.</p> <p>Other administrative sources that produce data in the field of health are: <i>Public Medical-Sanitary Institution "Dermatology Hospital and Communicable Diseases" (HIV data)</i>, <i>Public Medical-Sanitary Institution "Phthisiopneumology Institute" Chiril Draganiuc "(data on tuberculosis)</i>, <i>National Council for Determination of Disability and Work Capacity (data on disability)</i>, <i>Agency for Medicines and Medical Devices (pharmacy data)</i>, subordinated to the Ministry of Health, Labor and Social Protection.</p> <p>The Ministry of Finance provides information on health expenditures in the national public budget.</p> |
| 4.1.3. Estimations |
| Not applicable |
| 4.2. Characteristics of the statistical survey/administrative sources |
| 4.2.1. Objective and background |
| <p>The health statistics has a historical background of over 40 years. The activity of the Health Statistics Office within the Ministry of Health, Labor and Social Protection started in 1970. While restructuring the health system, changes were made in the name of the National Center for Health Management and its Activity Regulation. At the end of 2017, National Center for Health Management merged into the National Agency for Public Health.</p> |
| 4.3. Processing and compilation of data |
| 4.3.1. Validation of data |
| <p>Data are verified and analyzed from the quality point of view, especially, the internal coherence, temporal coherence and coherence with other data.</p> <p><i>Logical control conditions</i> at the questionnaire level aim: to follow and verify the logical flow in the questionnaire; to observe the correlation between the data in different chapters; to verify if data correspond and fit into normal limits of certain indicators; and to eliminate some illogical inconsistencies.</p> <p><i>Integrity verification conditions</i> aim to follow the correlation and to verify the identification data of reporting units from the nomenclature (list) with those filled in with data, to ensure the coverage of all reporting units, etc.</p> |
| 4.3.2. Compilation/extrapolation of data |
| Data are compiled, by the National Agency for Public Health through centralizing the information from the questionnaires/reports submitted by the medical-sanitary units. The information is centralized |

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| separately, by municipalities, districts, republican institutions, institutions subordinated to the Ministry of Health, Labour and Social Protection and other ministries. |
| 4.3.3. Adjustments |
| No adjustments are made. |
| 4.3.4. Quality assurance |
| <p>The quality of statistical data is assured by observing the Fundamental Principles of Official Statistics adopted by the UN General Assembly on 29 January 2014, as well as those set forth in the national Law on Official Statistics no. 93 of 26 May 2017.</p> <p>In its activity of producing statistical information, NBS pays huge importance to ensuring high quality of data. In this respect, a number of measures for quality assurance are carried out at every stage of the statistical process: organization of statistical surveys, collection, processing, and development of statistical information.</p> <p>Important efforts are undertaken, to ensure the plenitude and quality of data presentation by the respondents included in the statistical surveys.</p> <p>Errors, inconsistencies, and suspicious data are brought to light so as to be verified and corrected.</p> <p>Primary data are verified and analyzed from internal coherence point of view (within the questionnaire), temporal coherence (with data from previous periods), with data of other similar units, as well as with data available from other statistical surveys and administrative data sources. The missing or inconsistent data are imputed, if needed.</p> <p>To ensure the quality of the primary data, there are organized meetings (seminars) with the personnel responsible for completing the statistical reports to explain the definitions, the correct way of completing the questionnaires, especially when they are modified or implemented.</p> |
| 4.4. Data accuracy |
| 4.4.1. Non-response rate |
| Not applicable. |
| 4.4.2. Sampling errors |
| Not applicable. |

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| 5. Comparability and Coherence |
| 5.1. International comparability |
| Health statistics complies with the international standards and especially the WHO norms. |
| 5.2. Comparability over the time |
| <p>The comparability over the time of some indicators is limited according to the following:</p> <ul style="list-style-type: none"> – Since 2003, the age limit for children was modified - from 14 years to 17 years 11 months 29 days. – Since 2004, with the implementation of mandatory health insurance, changes were made in statistical reports so, as to collect information separately for insured and uninsured persons. – Since 2008, the Republic of Moldova began implementing the European Standards and criteria for registering in the official statistics of births and newborns from 500 g and 22 weeks of gestation, making the necessary changes in the statistical reports on newborns record keeping. – Since 2018, the relative indicators related to the number of population are calculated based on the number of usual resident population (until 2018 they were calculated based on the number of resident population). The data have been revised since 2014. <p>Usual residence is defined as the place at which the person has lived continuously for most of the last 12 months, not including temporary absences for recreation, holidays, visits to friends and relatives, business, medical treatment or religious pilgrimage.</p> |

5.3. Coherence with other statistics

Not applicable.

6. Institutional Mandate (normative-legal basis)

The NBS activity is based on respecting the Republic of Moldova Constitution, the Law on Official Statistics No. 93 dated 26.05.2017, other legislative and normative acts, NBS management decisions and orders.

The Law on Official Statistics regulates the organization and functioning of the system of official statistics and sets the legal framework for the development, production, dissemination and coordination of official statistics (art.1).

Art. 5 of the Law provides that the production of statistical information is based on respecting the following principles: impartiality, objectiveness, relevance, transparency, confidentiality, cost-efficiency etc.

The National Bureau of Statistics as a central authority in the field of statistics, is an independent institutional and professional administrative authority, created by the Government in order to coordinate the national statistical system on the development and production of official statistics.

According to Government Decision No 935 from 24.09.2018 on the on the organization and functioning of the NBS, the Bureau exercises the following tasks:

- 1) Coordinates the national statistical system on the development and production of official statistics;
- 2) Elaborates and implements strategies for the development of the national statistical system, annual and multiannual statistical programs;
- 3) Elaborates the normative and institutional framework necessary for the achievement of the strategic objectives in its field of activity, as well as the mechanisms for their implementation in practice;
- 4) Performs the management and control of the achievement in quality conditions of the programs and statistical plans adopted at central and regional level;
- 5) Harmonizes and aligns national statistical indicators, methodologies, methods and techniques with international regulations and standards;
- 6) Promotes the statistical culture in the society.

The legislative and normative acts ruling the activity of the NBS are available on its official page www.statistica.gov.md, under About NBS (<http://www.statistica.gov.md/pageview.php?l=en&idc=323&>)

7. Confidentiality

7.1. Principles

According to art. 19 of the Law on Official Statistics No. 93 dated 26.05.2017, producers of official statistics shall take all regulatory, administrative, technical and organizational measures to protect confidential data and prevent their disclosure.

Chapter VII of the above-mentioned law stipulates that data collected, processed and stored for the production of statistical information are confidential if they allow the direct or indirect identification of the respondents. The following shall not be considered confidential:

- a) data that can be obtained from publicly accessible sources according to the legislation;
- b) individual data referring to address, telephone, name, type of activity, number of employees of legal entities and individual entrepreneurs;
- c) data referring to public enterprises, institutions and organizations funded from the budget, submitted at the request of the public administration authorities.

According to the Law on Official Statistics, art. 20, access to confidential information is granted to the persons who, according to their official functions, participate in the production of statistical information having access to the extent that individual data is required to produce this information.

The same article stipulates that, the access to individual data, which do not allow the direct identification

of respondents, can be offered for scientific survey projects, whose expected results do not refer to identifiable individual units, under the regulation approved by the central statistical authority.

Art. 23 (5) of the Law stipulates that the the statistical information cannot be disseminated to users if it refers to 1-3 statistical units.

7.2. Practical assurance of the confidentiality rules

To ensure the protection of confidential statistical data in compliance with the Law on Official Statistics No. 93 dated 26.05.2017, the National Bureau of Statistics undertakes all the regulatory, administrative, technical, and organizational measures to protect the confidential statistical information and prevent its disclosure.

In compliance with the above-mentioned law, the employees of producers of official statistics, including temporary employees who, according to their official functions, have direct access to individual data are obliged to respect the confidentiality of these data during and after leaving the respective position.

Before dissemination, statistical data are verified, if they meet the protection requirements for confidential data. If the statistical data contain confidential information (see p. 7.1), they are not disseminated, but aggregated at the minimum available level which ensures the protection of data confidentiality.

8. Access to Information and Dissemination Format

8.1. Access to information

8.1.1. Data Dissemination Calendar

Annually a data dissemination calendar is developed by NBS.

8.1.2. Access to the calendar of statistical publications

The data dissemination calendar is available on the NBS official page www.statistica.gov.md.

8.1.3. Access to statistical data

According to the Law on Official Statistics No. 93 dated 26.05.2017, art. 23:

- a) Producers of official statistics are obliged to disseminate the statistical information within the deadlines specified in the programme of statistical works and in the data dissemination calendar of official statistics.
- b) The dissemination of statistical information according to the programme of statistical works to all categories of users is free of charge and under equal access conditions in terms of volume, quality and time of dissemination.

The program of statistical work can be accessed on the web page www.statistica.gov.md, under About NBS / legislative and normative acts (<http://www.statistica.gov.md/pageview.php?l=en&idc=323&>)

The NBS web page www.statistica.gov.md represents the most important information source for ensuring users' access to different statistical information and transparency about the NBS activity.

All operative information, informative notes, time series, as well as the statistical publications developed by NBS are available on its official web page.

8.2. Dissemination format

8.2.1. Operative information / Analytical notes

The operative information and analytical notes are published on the official page of NBS: <http://www.statistica.gov.md> under Press Releases, according to the Data Dissemination Calendar.

The information in health area is also published on official page of the National Agency for Public Health : <http://ansp.md>.

8.2.2. Publications

The publications developed by NBS covering statistical data in health area:

- "Health Protection in the Republic of Moldova" – the publication contains information on organization of curative and prophylactic care, sanatorium treatment, medico-demographic aspects of population health, population morbidity, health system resources, etc.;
- Other statistical publications: Statistical Yearbook; Territorial statistics; Statistical pocket-book "Moldova in figures"; Children of Moldova; Quarterly statistical bulletin, annual informative notes; etc.

Access to publications:

- in electronic format on the NBS official page www.statistica.gov.md, under Products and services / Publications <http://www.statistica.gov.md/pageview.php?l=en&idc=350&nod=1&>)
- on hardcopies – in the NBS library (more details at the address <http://www.statistica.gov.md/libview.php?l=en&idc=340&id=2400>)
- or can be purchased at the NBS office (more details on www.statistica.gov.md, under Publications <http://www.statistica.gov.md/pageview.php?l=en&idc=350&id=2219>)

Publications developed by the Ministry of Health, Labor and Social Protection:

- [Statistical Yearbook “Public Health in Moldova”](#), which is available on the official page of NAPH, available since 1999.

8.2.3. Databases/time series

Time series on Healthcare Statistics are available in:

- **Statistical databank** <http://statbank.statistica.md>, under Social statistics / Health protection
- **NBS official page:** <http://www.statistica.gov.md>, under:
 - *Press Releases*
 - *Statistics by themes / Social statistics / Health protection*
 - *Products and services / Publications / Social statistics.*

8.2.4. Questionnaires/data sent upon request from international organizations

The international questionnaires of WHO are filled in by the Ministry of Health, Labor and Social Protection.

Questionnaires completed by the NBS:

- Eurostat questionnaire – annually
- The questionnaires of the Statistical Committee of the Community of Independent States (CIS):
 - 19.1 Regarding the staff and network of medical-sanitary institutions - annually
 - 19.2 Population morbidity – annually
 - 19.3 Primary disability – annually

8.2.5. Requests for additional data

NBS makes available for users additional statistical information beyond the data presented in the statistical publications, informative notes, operative information, as well as the data available on the official web page within the limits of available information, in line with the Law on Official Statistics.

Request can be sent personally, by post, by e-mail to the address: moldstat@statistica.gov.md or via online web form – www.statistica.gov.md heading Products and services / Statistical data request http://www.statistica.gov.md/solicitare_informatii_statistice.php?l=en .

9. Useful References (links)

9.1. Accessibility of documentation on methodology

The methodology is available on the official page www.statistica.gov.md, under Metadata (<http://www.statistica.gov.md/pageview.php?l=en&idc=351&nod=1&>).

9.2. Accessibility of documentation on Evaluation Reports

The NBS assessment reports are available on the official page www.statistica.gov.md, under About NBS / Assessments and opinions on NBS / Assessment reports (<http://www.statistica.gov.md/pageview.php?l=en&idc=399&id=2739>).

9.3. Accessibility of information on user surveys

User surveys are available on the official page www.statistica.gov.md, under About NBS / Assessments

and opinions on NBS / User surveys
(<http://www.statistica.gov.md/pageview.php?l=en&idc=399&id=2740>).

9.4. Other useful references

| | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WHO database | http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-family-of-databases-hfa-db |
| EUROSTAT database | https://ec.europa.eu/eurostat/data/database |
| UNData database | http://data.un.org/Browse.aspx |
| Statistical database of the United Nations Economic Commission for Europe | http://w3.unece.org/pxweb/Dialog/ |
| Global database on UN Sustainable Development Goals indicators | https://unstats.un.org/sdgs/indicators/database/ |