

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

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2. Metadata Update

2.1. Last certification of metadata

31.01.2019

2.2. Last update of metadata

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3. Statistical Presentation

3.1. General description

Health statistics offers necessary information for describing operational condition and performance level of the health system, as well as for assessing population health condition. The generalized information used for guiding the health system contains data about the network, personnel, number of beds in the medical-sanitary institutions, health assistance provision to the population (hospitalization, visits to doctors), prophylaxis tests, immunization, morbidity for all groups of diseases and other. At the same time, it assures comparable data at the national and international levels for the internal users involved in defining, implementing, and assessing health policies, as well as for external users.

3.2. Concepts and definitions

3.2.1. Definitions

I. MORBIDITY, DISABILITY, AND HOSPITALIZATION

Incidence for a certain disease represents the frequency of new cases, registered for the first time by a medical-sanitary institution, in a population, within a given space and time.

Prevalence of a certain disease represents the frequency of new cases, registered for the first time by a medical-sanitary institution and that of old cases (registered before), in a population, within a given space and time.

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

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

Structure of general incidence represents the number of new cases of diseases by the main nosologies, according to the International Classification of Diseases, the X-th revision, per 100 diseases, total new cases, %.

Structure of general prevalence represents the number of new and old cases of diseases, by the main nosologies, according to the International Classification of Diseases, the X-th revision, per 100 diseases total cases, %.

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

Average number of visits per 1 inhabitant per year represents the number of visits paid by inhabitants to doctors in relation to the average annual number of stable population.

Disability of children less than 18 years old represents the frequency of children aged 0 -17 years 11 months 29 days with disabilities, new case, per 1000 children aged 0 -17 years 11 months 29 days, within a given space and time.

Level of sick people hospitalization represents the frequency of hospitalization within in-patient units, per 100 inhabitants, within a given space and time.

Lethality represents the frequency of persons deceased within in-patient units, in relation to the number of discharged patients plus the deceased persons in the given medical-sanitary institution, within a given space and time.

Number of surgical interventions represents the number of surgeries performed for discharged patients plus the deceased persons in the surgery sections, within a given space and time.

Number of patients hospitalized within in-patient units represents the frequency of hospitalization in in-patient units, within a given space and time.

Average hospitalization duration of the patient per bed represents the average number of days spent by one patient per one bed.

Total number of pregnancy termination represents the frequency of pregnancy termination in women of fertile age per 1000 live births.

II. HEALTH SYSTEM RESOURCES

Public hospital represent the medical-sanitary institution with beds, of public utility, with legal personality, which provide specialized medical services in in-patient conditions (**Draft Law on Hospitals**);

Emergency health assistance institutions provide emergency pre-hospital health assistance 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 decay and during the transportation up to patient's transfer to the medical/sanitary institution, including in crisis situations, on the entire territory of the country.

Primary health assistance institutions represent the primary health assistance institutions which provide primary health services to the patients on their own lists based on the application submitted according to the free choice principle, regardless of person's statute (insured or not insured), including from other institutions in case of medical-surgery emergencies or other situations justified from medical point of view. (**Ministry of Health, Labour and Social Protection, Order No. 695 dated 13.10.2010**)

Out-patient individual enterprises represent the institutions which provide health services in out-patient conditions – services of primary health assistance and specialized out-patient services: Family Doctors' Centers, Health Centers, Family Doctors' Offices. Health Offices, Consultation Sections.

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

3.2.2. Unit of measurement

Indicators expressed in absolute values:

- the number of medical personnel, number of hospitalized persons, number of patients by groups of diseases, number of medical-sanitary institutions, emergency medical assistance, number of beds, etc.

Relative indicators per 100/1000/100000 population:

- per 100000 inhabitants: incidence and prevalence of certain diseases, mortality rate, etc.;

- per 10000 inhabitants: level of beds' assurance, level of medical staff assurance, etc.
- per 1000 inhabitants: number of registered patients, number of pregnancy termination, number of children with disabilities etc.
- per 100 inhabitants: hospitalized persons.

3.2.3. Formula of calculation

Level of beds' assurance represents the level of population assurance with beds, by total and by profiles, per 10 thousand inhabitants.

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

A_p - level of beds' assurance

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

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

Level of beds' use in hospitals

$$U_p = \frac{Z_{spit}}{N_p} * 100$$

U_p - level of beds' use in hospitals

Z_{spit} - number of hospitalization days

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

Average hospitalization duration represents the ratio between the number of person-days and number of persons who were hospitalized during the period of reference.

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

D_s - average hospitalization duration

Z_{spit} - number of person-days hospitalization

B - number of persons who were hospitalized during the period of reference.

Level of medical staff assurance per 10 thousand inhabitants represents population assurance with medical personnel per total medical personnel, total doctors, and specialists, per 10 thousand inhabitants by the end of the reference year;

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

A_m - level of medical staff assurance

N_{med} - number of natural persons/medical staff by the end of the year

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

Hospitalization level per 100 inhabitants

$$N_{spit} = \frac{B}{P_{tot}} * 100$$

N_{spit} - hospitalization level

B - number of persons/cases of hospitalization (in-patient units) during the reference period

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

General incidence and incidence by certain diseases per 100 thousand inhabitants represents the total number of new cases of diseases notified during the reference period per 100 thousand inhabitants. It is calculated separately by age groups.

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

I - general incidence or by certain diseases

P_b - total number of new cases of diseases or new cases of a certain disease **b**, according to the International Classification of Diseases, the X-th revision, during the reference period.

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

General prevalence and prevalence by certain diseases per 100 thousand inhabitants represents the total number of disease cases during the reference period, per 100 thousand inhabitants. It is calculated separately and by age groups.

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

P - General prevalence or by certain diseases

P_{tb} - total number of disease cases (new cases registered during the reference period plus the cases registered previously) or of a certain disease **b**, according to the International Classifier of Diseases, the X-th revision, during the reference period.

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

Abortions per 1000 live births represents the frequency of abortions for women of fertile age, 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 aged 15-49 years old, during the reference period.

N - total live births during the reference period

Note: metadata regarding the demographic indicators may be accessed at the following address http://www.statistica.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*, the X-th revision, approved by the World Health Organization during the 43rd General Assembly (May 1990); enforced since 01.01.1996, via the Health Minister Order 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 85 "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 assistance institutions, out-patient 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 starting with 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, profile of provided services, ownership form, area of residence, territorial-administrative unit;
- **Beds in medical institutions:** bed profile, type of medical-sanitary institution, insurance status, age groups, area of residence, territorial-administrative unit;
- **Medical personnel:** specialties, qualification categories, type of medical-sanitary institution, area of residence, territorial-administrative unit;
- **Emergency medical assistance:** medical-sanitary institution type (stations, substations, points), profile of provided services, ownership, profile of emergency health assistance teams, area of residence, territorial-administrative unit;
- **Registered patients:** bed profile, type of medical-sanitary institution, insurance status, age groups, sex, area of residence, territorial-administrative unit;
- **Incidence and prevalence for certain diseases:** nosology form according to the International Classification of Diseases, the X-th revision, age groups, sex, area of residence (tuberculosis, malignant neoplasms, mental disorders, sexually transmitted diseases), territorial-administrative unit;

Restrictions: if disaggregated data cover confidential information (see p.7.1), they are not disseminated; they are aggregated at the minimum available level to ensure data confidentiality.

3.6. Periodicity of dissemination

Monthly –, incidence of infectious diseases and parasitic

Quarterly – diseases and number of patients with narcological disorders, abortions

Annually – general morbidity, alcoholism, and narcology, malignant neoplasms, chronic hepatitis and cirrhosis, syphilis, gonorrhea and dermatomycosis, carriers of human immunodeficiency virus (HIV), including suffering from AIDS, staff of medical institutions, stationary activity of health care facility, mental and behavioral disorders, health service for children with disabilities, enrollment of children with

vaccinations against infectious diseases;
3.7. Timeliness
<i>Monthly</i> – on the 10 th day after the beginning of the month
<i>Annually</i> – the month of March after the reported year
<i>Quarterly</i> - the quarter following the reported quarter
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
<i>Annual data</i> – calendar year
<i>Quarterly data</i> – quarter of reference
<i>Monthly data</i> – month of reference

4. Data Collection and Processing
4.1. Data source
4.1.1. Statistical surveys
<p>Statistical forms are used in relation to the following indicators:</p> <p><i>I. Population Morbidity:</i></p> <ul style="list-style-type: none"> - No.1-săn. “Report on parasitic diseases and combat of hematopoietic diphtheria” - No.2 “Statistical report on infectious and parasitic diseases” - No.5-săn. “Report on preventive vaccinations” - No.6 “Statistical report on covering children with immunization against infectious diseases” - No.7 “Statistical report on new cases of malign tumors” - No.8 “Statistical report on new cases of active TB” - No.11 “Statistical report on diseases and contingents of patients with narcological disorders” - No.12 “Statistical report on number of diseases registered with patients residing on the territory served by the curative institutions” - No.13 “Statistical report on abortions (up to 21 weeks)” - No.14-săn. “Report on monitoring the medical supervision and treatment of HIV carriers and AIDS patients” - No.15 “Statistical report on health assistance provided to the population subject to ionized radiation as a result of Cernobil accident” - No.16-săn. “Report on temporary work incapacity” - No.18-săn. “Report on state supervision of public health in the rayon (municipality)” - No.29-săn. “Report on patients with chronic hepatitis and hepatic cirrhosis” - No.31-săn. “Report on health assistance provided to children” - No.32-săn. “Report on health assistance provided to pregnant women” - No.32a -săn. “Report on health assistance provided to postpartum women” - No.32b -săn. “Report on prophylaxis of HIV infection transmission from mother to fetus” - No.33-săn. “Report on patients with TB” - No.34-săn. “Report on patients with syphilis, gonorrhea, dermal mycosis, and scabies” - No.35-săn. “Report on patients with malign tumors” - No.36-săn. “Report on mental and behavioral disorders” - No.53 “Statistical report on treatment of sick recruits” <p><i>II. HEALTH SYSTEM RESOURCES</i></p> <ul style="list-style-type: none"> - No. 1 –aim “Report on activity of the private economic agent for service provision” - No.12t-săn. “Report on external causes of trauma” - No.17 “Statistical report on personnel establishment and medical-sanitary institutions’ staff” - No.30-săn. “Activity Report of the medical-sanitary institution”

<ul style="list-style-type: none"> - Annex No.1 to the form No.30-săn. "Report on in-patient activity of the medical-sanitary institution" - No.38-săn. "Activity Report of the psychiatric-legal commission" - No.39-săn. "Activity Report of the blood transfusion center (section, office)" - No.40-săn. "Activity Report of the emergency health assistance station" - No.42-săn. "Activity Report of the forensic medical center and its subdivisions" - No.43-săn. "Activity Report of the recovery center for children"
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>The Ministry of Health, Labor and Social Protection collects data and other administrative sources, such as SIME TB (information system for TB monitoring and evaluation).</p> <p>The ministry of Finance provides information on expenses for health in the national public budget.</p> <p>The National Health Insurance House provides information on execution (use) of compulsory health insurance funds.</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 to 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 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/answers in different chapters; to verify if data corresponding to certain indicators fit into normal limits; and to eliminate some illogical or aberrant answers.</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
<p>The data are compiled by National Agency for Public Health by centralizing the information from the questionnaires/reports submitted by the medical-sanitary units. The information is centralized separately by municipalities, districts, republican institutions, institutions subordinated to the Ministry of Health, Labour and Social Protection and other ministries.</p>
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 approved by the UN Economic Commission for Europe in 1992 (and Statistical Commission/UN in</p>

1994), as well as those set forth in the Republic of Moldova Law on Official Statistics.

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.

Important efforts are undertaken to ensure the plenitude and quality of data presentation by the respondents included in the statistical surveys.

Errors, inconsistencies, and suspicious data are brought to light so as to be verified and corrected.

The 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.

To ensure the quality of the primary data, meetings (seminars) are organized with interviewers – respondents for explaining the definitions, the correct way to fill in the questionnaires, especially when they are modified or implemented.

4.4. Data accuracy

4.4.1. Non-response rate

Not applicable.

4.4.2. Sampling errors

Not applicable.

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

The comparability over the time of some indicators is limited according to the following:

- Starting in 2003, the age limit for the children category was modified - from 14 years to 17 years 11 months 29 days.
- Starting in 2004, alongside the implementation of mandatory health insurance, changes were made in statistical reports so as to collect information separately for insured and uninsured persons.
- Starting in 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.

5.3. Coherence with other statistics

The administrative data on morbidity by main diseases are coherent with the data collected within the selective household surveys, such as DHS, MICS, etc.

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.

Being the central statistical body, the National Bureau of Statistics is an administrative authority created

under the Government for leading and coordinating the activity in the statistics area.

In accordance with Government Decision 935 of 24.09.2018 on the organization and operation 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.md, under About NBS (<http://www.statistica.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 on 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 shall have access to individual data in so far as individual data are necessary for producing this information.

The same article stipulates that the access to individual data, which do not allow the direct identification of respondents, may be given 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 shall be obliged to observe the confidentiality of these data during and after termination of employment.

Before being disseminated, the statistical data are verified if they meet the protection requirements set 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. Calendar of statistical publications

Annually the release calendar is developed by NBS.

8.1.2. Access to the calendar of statistical publications

The press release calendar is posted on the NBS official page www.statistica.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 shall be obliged to disseminate the statistical information within the deadlines specified in the programme of statistical works and in the press-release calendar.
- b) The dissemination of statistical information laid down in the programme of statistical works to all categories of users shall be made free of charge and under equal access conditions in terms of volume, quality and time of dissemination

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

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

All the operative information, informative notes, time series, as well as the statistical publications developed by NBS are placed 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.md> under Press Releases, according to the Press Release 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" Compilation – the publication contains information on organization of curative and preventive assistance, sanatorium treatment, medical-demographical aspects of population health, population morbidity, health system resources, etc.;
- Other statistical publications: Statistical Yearbook; Territorial statistics; Statistical pocket-book "Moldova in figures"; Women and Men in the Republic of Moldova; Children of Moldova; quarterly and annual informative notes; etc.

Access to publications:

- in electronic format on the NBS official page www.statistica.md, under Products and services / Publications <http://www.statistica.md/pageview.php?l=en&idc=350&nod=1&>)
- on hardcopies – in the NBS library (more details at the address <http://www.statistica.md/libview.php?l=en&idc=340&id=2400>)
- or me be bought at the NBS office (more details on www.statistica.md , under Publications <http://www.statistica.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 old official page of Ministry of Health <http://old2.ms.gov.md/date-statistice> starting with 1999.

8.2.3. Databases/time series

- **Statistical databank** <http://statbank.statistica.md> , under Social statistics / Health protection

- **NBS official page:** <http://www.statistica.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 are filled in by the Ministry of Health, Labor and Social Protection.

CIS questionnaires:

- 19.1 Regarding the staff and network of medical-sanitary institutions - annually
- 19.2 Population morbidity – annually
- 19.2.1 Population morbidity by sex – annually
- 19.3 Traumatism in production and 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 placed on the official web page in the limits of available information, in line with the Law on Official Statistics. Request can be sent personally, by post, by e-mail moldstat@statistica.gov.md or via online web form – www.statistica.md heading Products and services / Statistical data request http://www.statistica.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.md, under Metadata (<http://www.statistica.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.md, under About NBS / Assessments and opinions on NBS / Assessment reports (<http://www.statistica.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.md, under About NBS / Assessments and opinions on NBS / User surveys (<http://www.statistica.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/