

# 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

10.03.2020

### 2.2. Last update of metadata

10.03.2020

## 3. Statistical Presentation

### 3.1. General description

Health statistics offers necessary information for describing performance 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, health care resources, number of beds in the medical institutions, health assistance provision to the population (hospitalization, doctor visits), prophylactic examination, immunization, morbidity by all groups of diseases and other. At the same time, health statistics 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 of a certain disease*** represents the frequency of new cases of a certain disease that occur for the first time in a population, registered by a medical-sanitary institution within a given space and time.

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

***General incidence rate*** 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*** 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.

***Structure of incidence through diseases*** represents the number of new cases of the main groups of diseases, according to the International Classification of Diseases, the X-th revision, divided by the total number of new cases registered, expressed at 100%.

***Structure of prevalence through diseases*** represents the number of new and old cases of the main groups of diseases, according to the International Classification of Diseases, the X-th revision, divided by the total number of new cases registered, 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 rate** represents the frequency of illnesses that totally or partially interrupt the work capacity, new case, registered for the first time by a medical / social institution, 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.

**Repeated disability rate** represents the frequency of illnesses that totally or partially interrupt the capacity of work, repeated case, registered by a medical-sanitary / social institution, per 10 thousand inhabitants, within a given space and time.

**Average number of visits per 1 inhabitant per year** represents the number of registered visits of the population to doctors, expressed at the average annual number of population.

**Hospital admission of patients** represents the frequency of hospitalization within in-patient units, per 100 inhabitants, within a given space and time.

**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 died persons within in-patient units, in relation to the number of discharged patients plus number of died 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 died persons in the surgery sections, within a given space and time.

**Abortion rate** represents the frequency of abortions in women of fertile age (aged 15-49 years) per 1000 live births.

## **II. HEALTH SYSTEM RESOURCES**

**Public hospital** represent the medical-sanitary institution of public utility with beds and legal personality, which provide 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** represent the institutions that provide primary medical services by the family doctor to the patients on their own lists based on the application submitted according to the principle of free choice, regardless of person's status (insured or uninsured), including 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 center, Family Doctor Offices, Health Offices. (**Ministry of Health, Labour and Social Protection, Order No. 695 dated 13.10.2010**)

**Specialized ambulatory health care institutions** are institutions that provide specialized ambulatory care and medical services on a stationary basis by a profile specialist doctor, together with medium medical staff.

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

**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 medical-sanitary institutions, number of requests for emergency care, number of beds, etc.

*Relative indicators per 100/1000/100000 population:*

- per 100000 inhabitants: incidence and prevalence through 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 abortions, number of children with disabilities etc.
- per 100 inhabitants: hospitalized persons.

### 3.2.3. Formula of calculation

**Bed availability** represents the degree of population assurance with beds, by total and by profiles, per 10 thousand inhabitants.

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

$A_p$  - bed availability

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

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

**Bed occupancy in hospitals**

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

$U_p$  - Bed occupancy in hospitals

$Z_{spit}$  - number of hospitalization days

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

**Average length of stay** represents the ratio between the number of hospitalized days-bed and 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/ medium medical personnel) per 10 thousand inhabitants by the end of the reference year (per

total doctors/ medium medical personnel and by specialities).

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

$A_m$  - density of medical staff

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

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

***Hospital admission of patients per 100 inhabitants***

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

$N_{spit}$  - hospital admission of patients

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

$P_{tot}$  - 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 new cases of diseases notified during the reference period per 100 thousand inhabitants. It is calculated separately and for adults/children.

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

$I$  - general incidence rate or through 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 population during the reference period

***General prevalence rate and prevalence rate through 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 for adults/children.

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

$P$  - general prevalence rate or through certain diseases

$P_{tb}$  - total number of disease cases (new cases registered during the reference period plus old 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 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 life 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](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*, the X-th revision, approved by the World Health Organization during the 43<sup>rd</sup> 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 29<sup>th</sup> 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 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, adults/children, 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, profile of emergency health assistance teams, area of residence, territorial-administrative unit;
- **Registered patients:** bed profile, type of medical-sanitary institution, insurance status, adults/children, area of residence, territorial-administrative unit;
- **Incidence and prevalence through certain diseases:** diseases according to the International

Classification of Diseases, the X-th revision, age group, sex, area of residence (tuberculosis, malignant neoplasms, mental disorders, sexually transmitted diseases), territorial-administrative unit;

- **People with disabilities:** type of disability, degree of disability, sex, area of residence, causes of disability, age group, territorial-administrative unit.

Restrictions: 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.

### 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 institutions, mental and behavioral disorders, health services for children with disabilities, coverage of children with vaccinations against infectious diseases;

### 3.7. Timeliness

*Monthly* – on the 10<sup>th</sup> day after the beginning of the month

*Annually* – March after the reported year

*Quarterly* - the quarter following the reporting 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

*Annual data* – the calendaristic year

*Quarterly data* – the reference quarter

*Monthly data* – the reference month

## 4. Data Collection and Processing

### 4.1. Data source

#### 4.1.1. Statistical surveys

The following statistical reports are used:

##### 1. Population Morbidity:

- No.1-săn. “Report on parasitic diseases and combating of hematopoietic diphtheria”
- No.2 “Statistical report on infectious and parasitic diseases”
- No.5-săn. “Report on preventive vaccination”
- No.6 “Statistical report on coverage of 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 patients with narcological disorders”
- No.12 “Statistical report on number of diseases registered with patients living 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"
- 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"

## II. HEALTH SYSTEM RESOURCES

- No. 1 –aim "Report on the activity of the private economic agent in providing services"
- No.12t-săn. "Report on external causes of trauma"
- No.17 "Statistical report on medical staff of medical-sanitary institutions"
- No.30-săn. "Activity Report of the medical-sanitary institution"
- 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 rehabilitation center for children"

### 4.1.2. Administrative sources

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.

Other administrative sources that produce data in the field of health are: *Public Medical-Sanitary Institution "Dermatology Hospital and Communicable Diseases" (HIV data)*, *Public Medical-Sanitary Institution "Phthisiopneumology Institute" Chiril Draganiuc "(data on tuberculosis)*, *National Council for Determination of Disability and Work Capacity (data on disability)*, subordinated to the Ministry of Health, Labor and Social Protection.

The Ministry of Finance provides information on health expenditures in the national public budget.

### 4.1.3. Estimations

Not applicable

## 4.2. Characteristics of the statistical survey/administrative sources

### 4.2.1. Objective and background

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.

<b>4.3. Processing and compilation of data</b>
<b>4.3.1. Validation of data</b>
Data are verified and analyzed from the quality point of view, especially, the internal coherence, temporal coherence and coherence with other data.  <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.  <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.
<b>4.3.2. Compilation/extrapolation of data</b>
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 separately, by municipalities, districts, republican institutions, institutions subordinated to the Ministry of Health, Labour and Social Protection and other ministries.
<b>4.3.3. Adjustments</b>
No adjustments are made.
<b>4.3.4. Quality assurance</b>
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.  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.  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, 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.
<b>4.4. Data accuracy</b>
<b>4.4.1. Non-response rate</b>
Not applicable.
<b>4.4.2. Sampling errors</b>
Not applicable.

<b>5. Comparability and Coherence</b>
<b>5.1. International comparability</b>
Health statistics complies with the international standards and especially the WHO norms.
<b>5.2. Comparability over the time</b>
The comparability over the time of some indicators is limited according to the following:  – 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 the population, from 2014 have been revised to the number of the population with usual residence (until 2018 they were calculated to the number of resident population).

**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.

### 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, Survey on population access to health services 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.

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 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](http://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](http://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](http://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](http://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.

<b>8.2. Dissemination format</b>
<b>8.2.1. Operative information / Analytical notes</b>
<p>The operative information and analytical notes are published on the official page of NBS: <a href="http://www.statistica.gov.md">http://www.statistica.gov.md</a> under Press Releases, according to the Data Dissemination Calendar.</p> <p>The information in health area is also published on official page of the National Agency for Public Health : <a href="http://ansp.md">http://ansp.md</a>.</p>
<b>8.2.2. Publications</b>
<p>The publications developed by NBS covering statistical data in health area:</p> <ul style="list-style-type: none"> <li>- “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.;</li> <li>- Other statistical publications: Statistical Yearbook; Territorial statistics; Statistical pocket-book "Moldova in figures"; Women and Men in the Republic of Moldova; Children of Moldova; annual informative notes; etc.</li> </ul> <p>Access to publications:</p> <ul style="list-style-type: none"> <li>- in electronic format on the NBS official page <a href="http://www.statistica.gov.md">www.statistica.gov.md</a>, under Products and services / Publications <a href="http://www.statistica.gov.md/pageview.php?l=en&amp;idc=350&amp;nod=1&amp;">http://www.statistica.gov.md/pageview.php?l=en&amp;idc=350&amp;nod=1&amp;</a>)</li> <li>- on hardcopies – in the NBS library (more details at the address <a href="http://www.statistica.gov.md/libview.php?l=en&amp;idc=340&amp;id=2400">http://www.statistica.gov.md/libview.php?l=en&amp;idc=340&amp;id=2400</a>)</li> <li>- or can be purchased at the NBS office (more details on <a href="http://www.statistica.gov.md">www.statistica.gov.md</a>, under Publications <a href="http://www.statistica.gov.md/pageview.php?l=en&amp;idc=350&amp;id=2219">http://www.statistica.gov.md/pageview.php?l=en&amp;idc=350&amp;id=2219</a>)</li> </ul> <p>Publications developed by the Ministry of Health, Labor and Social Protection:</p> <ul style="list-style-type: none"> <li>- Statistical Yearbook “Public Health in Moldova”, which is available on the old official page of Ministry of Health <a href="http://old2.ms.gov.md/date-statistice">http://old2.ms.gov.md/date-statistice</a> starting with 1999.</li> </ul>
<b>8.2.3. Databases/time series</b>
<ul style="list-style-type: none"> <li>- <b>Statistical databank</b> <a href="http://statbank.statistica.md">http://statbank.statistica.md</a>, under Social statistics / Health protection</li> <li>- <b>NBS official page:</b> <a href="http://www.statistica.gov.md">http://www.statistica.gov.md</a>, under: <ul style="list-style-type: none"> <li>• <i>Press Releases</i></li> <li>• <i>Statistics by themes / Social statistics / Health protection</i></li> <li>• <i>Products and services / Publications / Social statistics.</i></li> </ul> </li> </ul>
<b>8.2.4. Questionnaires/data sent upon request from international organizations</b>
<p>The international questionnaires are filled in by the Ministry of Health, Labor and Social Protection.</p> <p>The questionnaires of the Statistical Committee of the Community of Independent States (CIS):</p> <ul style="list-style-type: none"> <li>• 19.1 Regarding the staff and network of medical-sanitary institutions - annually</li> <li>• 19.2 Population morbidity – annually</li> <li>• 19.3 Primary disability – annually</li> </ul>
<b>8.2.5. Requests for additional data</b>
<p>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 <a href="mailto:moldstat@statistica.gov.md">moldstat@statistica.gov.md</a> or via online web form – <a href="http://www.statistica.gov.md">www.statistica.gov.md</a> heading Products and services / Statistical data request <a href="http://www.statistica.gov.md/solicitare_informatii_statistice.php?l=en">http://www.statistica.gov.md/solicitare_informatii_statistice.php?l=en</a></p>

## 9. Useful References (links)

### 9.1. Accessibility of documentation on methodology

The methodology is available on the official page [www.statistica.gov.md](http://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](http://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](http://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	<a href="http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-family-of-databases-hfa-db">http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-family-of-databases-hfa-db</a>
EUROSTAT database	<a href="https://ec.europa.eu/eurostat/data/database">https://ec.europa.eu/eurostat/data/database</a>
UNData database	<a href="http://data.un.org/Browse.aspx">http://data.un.org/Browse.aspx</a>
Statistical database of the United Nations Economic Commission for Europe	<a href="http://w3.unece.org/pxweb/Dialog/">http://w3.unece.org/pxweb/Dialog/</a>