

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

MOLDOVA COUNTRY PROFILE



Co-funded by
the European Union



THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



Context: existing certification systems and organization of cancer care

The role of the National Council for Evaluation and Accreditation in Health¹

The Ministry of Health exercises, on behalf of the state, the role of founder of the National Council for Evaluation and Accreditation in Health. The National Council for Evaluation and Accreditation in Health is among few institutions of the health system that are not directly subordinated to the Ministry of Health: The Council has been created by the Government in 2002 based on the Law 552/ 18.10. 2001 and functions as a self-financing institution.

Basic functions of the Council include evaluating compliance of health and pharmaceutical institutions and the activity of enterprises with the relevant standards. Based on this evaluation, they provide official recognition that a health and pharmaceutical unit and its personnel are competent to conduct activities specific to its profile, in accordance with the standards and legal provisions in the field of medicine and pharmacy.

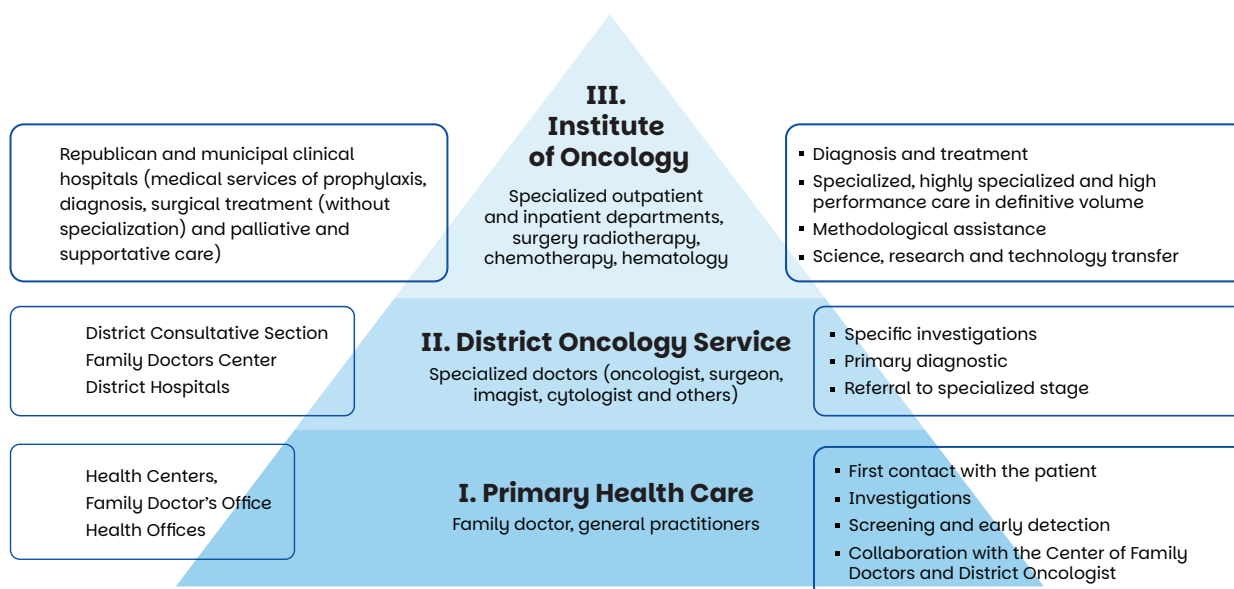
In the Republic of Moldova, medical facilities are granted the right to provide healthcare services only after completing an evaluation process and obtaining an accreditation certificate issued by the National Council for Evaluation and Accreditation in Health. The standards for the evaluation and accreditation of health service providers are elaborated and approved by the Ministry of Health.

All healthcare facilities in Moldova must also obtain an operational authorisation from the Ministry of Health. This includes submitting an organigramme, internal regulations, and securing a sanitary authorisation. To qualify, the facilities must meet sanitary and technical standards, employ qualified staff, follow national medical protocols, and ensure patient safety. The process includes inspections and administrative review (status, emergency plans, staff, etc.) The license is issued for a fixed term and is subject to periodic renewal. They also need to be accredited by the National Health Insurance Company in order to receive public funding. The National Health Insurance Company only contracts the institutions that own Accreditation Certificates issued by the National Council for Evaluation and Accreditation in Health.

Other certifications are not mandatory, and healthcare facilities rarely undertake voluntary certification processes. There is no specific national certification for cancer centers.

Organization of cancer care

In the Republic of Moldova, cancer care is centrally organised. Instituția Medico-Sanitară Publică (IMSP) Institute of Oncology is the only specialised, tertiary cancer center in the country, but cancer care services are also available in regional health care facilities (district hospitals and health centers). Each district (**rayon**) has an assigned oncologist who is responsible for cancer patients in the rayon (registering, prescribing opioids, guiding the patients through the system, early detection, etc.). In addition, some public healthcare facilities provide treatment for cancer patients (surgery) and a few private clinics offer MDT consultancy and chemotherapy. However, Institute of Oncology ensures tumour boards for the most frequent localisations and is the only facility in Moldova that provides radiotherapy.



A national cancer network has been established with the aim to facilitate collaboration between the Institute of Oncology and regional facilities.

The Second National Cancer Control Plan is currently being drafted with the intention to align with Europe's Beating Cancer Plan. Other projects related to cancer services are planned, such as operationalisation of the National Cancer Registry information system and implementation of the Ministry of Health's Order on decentralisation of chemotherapy services.

Identified barriers towards the implementation of EUCCC certification in Moldova

- The research and innovation components might be difficult to reach, due to lack of research financing, difficult access to personalised medicine and innovative therapies
- Prioritisation of cancer control efforts is dependent on political climate
- Outdated or inexistent infrastructure:
 - lack of uniform and exploitable data collection;
 - old and/or insufficient number of necessary machines (for radiotherapy for example);
- Lack of doctors and nurses due to low salaries and lack of possibilities for training (certain specialisations are not available in the country).
- No widespread certification culture beyond that necessary for insurance contracting.

Identified enablers towards the implementation of EUCCC certification in Moldova

- The small size of the country could make it easier to implement changes.
- There is political support for improving digitalisation in health care.
- Several government policies related to cancer-care are underway, in particular the National Cancer Registry information system and decentralisation efforts for chemotherapy are underway.
- Certification would reinforce adherence to EU standards, thus supporting Moldova's EU integration efforts.

Conditions for successful EUnetCCC certification implementation in Moldova

- An EU certified facility could attract more skilled staff and play a role in preventing human capital flight.
- The introduction of the EUnetCCC certification could accompany planned developments in the effort to improve cancer care, such as the creation of regional hubs to provide more equitable access to oncology services across the country.
- In terms of clinical trials, currently mostly scarce and difficult to access, they could become available through collaboration with other European centers. Partnerships could also ensure better access to experimental treatments and innovative therapies (such as CAR-T cell therapy) and thus reduce the need for patients to seek treatment abroad.
- The certification of CCCs could provide the opportunity to transform regional centers into geographically well-distributed specialised reference centers.
- The certification process would allow easier implementation of the latest clinical guidelines and best practices. It could also favour the implementation of new technologies and opening of additional services necessary to obtain the CCC level of certification.

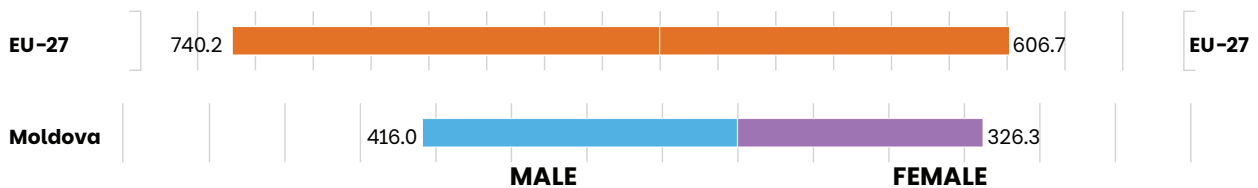
Number of OECI-certified CCCs: 0

Number of EUCCC pilot centers: 1

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites, 2022 (per 100 000 population)



Mortality rate:

Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers:

Colon cancer 5-year survival
% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival
% survival for women diagnosed 2010-2014



Lung cancer 5-year survival
% survival for patients diagnosed 2010-2014



Risk factors

Daily smoking
% of population aged 15+



Alcohol consumption
Litres per capita, population aged 15+



Human resources and infrastructure

Physicians
per 1 000 000 population



Nurses
per 1 000 cancer cases



CT scanners
per 1 000 000 population



MRI units
per 1 000 000 population



Radiation therapy equipment
per 1 000 000 population



Number of clinical trials: 47

Endnotes

1. 'Republic of Moldova: Health System Review 2012'. Accessed 26 March 2025. <https://eurohealthobservatory.who.int/publications/i/republic-of-moldova-health-system-review-2012>.



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