eHealth Inception mission

May 25

2012

WHO-NST visit to Moldova 9-12 May

The Ministry of Health (MoH) has requested support from the World Health Organization (WHO) to develop an eHealth strategy as part of the governmental 'Strategic Programme for e-Transformation'. The aim of the inception visit was to explore how WHO may assist in strengthening the governance and facilitate the process of linking the several national and international initiatives and activities in ICT & health into an eHealth action plan and a vision towards 'Moldova eHealth 2020'. This report is a summary of the findings and recommendations to the MoH from the mission team.

Contents

Background

Since its declaration of independence in 1991, the Republic of Moldova has gone through a series of transitions. In 2012, Moldova is still in the midst of numerous reforms of its public institutions, legislations, and policy agenda. Renewed economic growth in 2010 and potential opportunities related to European Union integration have created an environment conducive to modernization and positive change in Moldova (UN country report 2011).

In 2005, the Government of the Republic of Moldova adopted a National Strategy on building an Information Society, 'Electronic Moldova' (2005-2010). The strategy had a special section on eHealth as health was (and still is) a priority area for the government. The aim of the programme was to give the population better quality of and access to the health care service. The aim of the strategy was to use information and communication technologies (ICT) in all sectors of health: primary health care (PHC), specialized and emergency health care, prevention, health education and training.

Integrateg Medical Information System adopted by Governamental Decizion Nr 1128 from 14.10.2004

In 2010, the Government launched the e-Transformation process, and in 2011 the corresponding 'Strategic Programme for e-Transformation' was adopted to digitalize public services. All public sectors are part of the programme; health is considered one of the leaders in the development. The Ministry of Health (MoH) is in the process of developing an eHealth strategy as part of the programme and has requested support from international agencies and institutions, among these the World Health Organization (WHO). It was agreed to have an inception visit 9-12 May to see if (and how) WHO may assist in strengthening the governance and facilitate the process of linking the several national and international initiatives and activities in ICT & health into a realistic eHealth action plan and a vision towards 'Moldova eHealth 2020'.

Why eHealth development is important in Moldova: links to national objectives:

- Health reform to improve health care services functioning and delivery, mainly Primary Health Care, including the exchange of information across different areas of the health system
- Need to have mechanisms and tools for managing, monitoring and evaluating performance of the health system, through integration of health information system
- Health information needs to be more openly available for many users
- e Government developments and use of intelligence
- eHealth servicies are a priority

Methods

The inception visit took place on 9-12 May 2012 with the WHO-team:
1. **Dr Enrique Loyola**, WHO Regional Office for Europe;
2. **Dr Hege K Andreassen** from the WHO Collaborating Centre of Telemedicine and eHealth, Norway;
3. **Ms Tove Sorensen** from the WHO Collaborating Centre of Telemedicine and eHealth, Norway.

In addition, Dr Jarno Habicht, Head of WHO Country Office and Dr Silviu Domente, WHO country office, organized the agenda and participated in some of the meetings (see Agenda programme of the mission in Appendix 2). The first day of the mission the team met with international organisations in Moldova, the next two with various stakeholders in eHealth. The MoH had a briefing meeting with the team on 10 May. On the last day of the mission, the team reported the preliminary findings and some recommendations to the Minister of Health. The report is compiled on the basis of these meetings and the background documents sent to the team after the mission (Appendix 1 for a list).

Current situation

In this section we will give a brief summary of what we saw during the visit. The visit was explorative in nature hence this overview is by no means an exhaustive list of eHealth activities in the country. Also, it was not our intention to recommend one product or project over another. Our recommendations are more generic: If we would recommend anything, it would be to assess the systems in place, using recognized evaluation-criteria for the relevant system, before selecting one in particular.

Definition of concept

Prior to embarking into the discussions, it is also important to have a clearer understanding of the eHealth concept. The concept of 'eHealth' is an inclusive term for Medical Informatics, Health Informatics, Telemedicine, eLearning and more 'e(m)-' services. The term often refers to technology health and commerce. A review found 51 unique definitions of e-health, and decided to propose their own (Oh et al 2005). Telemedicine is understood as 'the delivery of health care and the exchange of health care information across distances' (Wootton 2006) therefore telemedicine is usually taken to mean curative practices especially – compared to eHealth which also includes exchange of health information and e-learning. The term 'ICT in health' is encompassing the two. When introducing telemedicine / eHealth into an organization, community, region or country, there are several issues that should be addressed: The requirements from the clinicians, patients and health facilities, and an assessment of the technologies most suited for the telemedicine service. A strategy on telemedicine should include a specification of the application and equipment, staff and other resources involved in the process.

> **Challenges for eHealth development in Moldova:**
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> - There are a number of small-scale applications unable to effectively communicate or share information with other health systems or across geographies, technologies or programs
> - There are a series of infrastructural and organizational barriers to scale up systems to support a larger patient and care provider base
> - Need to make explicit health priorities to drive meaningful planning
> - Uncoordinated efforts may lead to overspending and impossibility to integrate solutions

National strategies and policies

Over the last decade, several eHealth, telemedicine and eLearning projects and initiatives have taken place in Moldova. eHealth
Telemedicine activities in Moldova are and have been in the character of pilot projects or short-term initiatives within one or a few institutions.
The country participated in the second Global eHealth Observatory survey (2009).[1] With the Governmental 'Strategic Programme for e-Transformation', there is a call for increased governance and linking the several initiatives and activities in ICT & health into a long term strategy or vision ('eHealth 2020) and a realistic eHealth action plan for the next 2-3 years. The World Bank has proposed a designated initiative to develop an eHealth strategy (programme) for 2012-2020.

The Republic of Moldova is undergoing an e-Government Transformation program under the auspice of the Prime Minister which is executed by the e-Government Centre (eGC). The 'e-Government centre' (eGC) was set up by the Government of Moldova in August 2010 to carry out the development and implementation of the e-Government agenda which aims at ensuring the country's sustainable development. The eGC's mission is to foster the use of Information and Communication Technologies (ICT) to enhance the Government efficiency, increasing the country's international competitiveness and improving the standards of living. By 2020, the plan is that eight back-office processes should be digitized every year.

To achieve these objectives, the government will invest in IT solutions that will contribute to delivering quality and efficient public services at minimal cost. Saved resources can be used for investment in priority areas for citizens as health, education, social protection, and to develop an economy based on knowledge and innovation.[2]

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[1] http://www.who.int/goe/publications/atlas/mda.pdf checked 20 May 2012
[2] The Strategic Program for Governance Technological Modernization (e-Transformation), point 6.

Through the eGovernment programme, all ministries will establish a special unit on e-Transformation coordination. This unit will have a tailored structure for each Ministry and the MoH is in the forefront among the ministries. At the time of our visit, the MoH was in the process of implementing the new structure, including a coordinator, an ICT expert and other supporting technical staff. Mr Alexandru Rosioru is appointed the eHealth focal point in the MoH and he is CeT (eTRansformation Coordinator - equivalent of Chief Information Officer). This unit will enforce the eHealth action plan and deployment if given appropriate resources.

The MoH has selected Information System (National Database in mCloud) for Primary HealthCare, an electronic patient scheduling system for diagnostic services in third level facilities and the national centralized Electronic Health Record system as the priority areas in eHealth.
Under the eGovernment programme, the development and implementation of 3 projects have been selected activities for health:

> National wide Information system for Primary HealthCare;
> National wide Information system for Hospitals
> e-appointments system

. This is in line with the citizen focus of the programme. Other areas could be health promotion and lifestyle-related diseases. The eGovernment programme in general is focusing on centralised services. This may be a challenge for prioritising activities in the health sector since strengthening the PHC (local government) is a key target area.

eReadiness (ICT status) situation

The ICT status in Moldova is quite advanced and has developed substantially over the last years. The ICT sector contributes with approximately 10% of GDP with around 153 IT companies, seven major Internet Service Providers (ISP) and three mobile operators (MoldCell, Orange and Unité?). The overall Internet penetration in the country is 42%, for mobile broadband it is 15%. The network infrastructure is through a fibre link (99% of localities) with the last mile via Ethernet, ADSL or ISDN. The mobile penetration is close to 94% and there are more than 3 million subscribers.[3]

In 2010, a national survey was sent to all health care facilities to assess the number and quality of ICT equipment (hardware, software) as well as connectivity. The response rate was 40%. The team has seen the questionnaire (in Romanian), but not the report.

e-Health initiatives in Primary Health Care

The country has approximately 2,000 family doctors. Each PHC facility has at least one PC, but not for every doctor.
Several PHC facilities are using a decentralized electronic health record (EHR). MEDEX2.0 is currently the EHR platform in use at the Territorial Medical Association Centre (AMT) in Chisinau. The system was developed under the EC funded project "EU support to the Health Reform: Strengthening of Primary Health Care in Moldova". The AMT was involved in the development of the various modules (including registry/appointment, diagnostic and laboratory services, patient e-card with status and

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[3] Presentation by Dona Scola, Deputy ICT Minister, March 2012

activities and resources use but still missing others such as e-signature e-prescription, link to national health insurance for payments, access to appointments via web, diagnostic image handling capacity). MEDEX2 is currently in use among 400 (of 500) staff members at AMT. The scaling up of MEDEX2 will need a centralized system with a common database for all PHC institutions.

At the PHC Clinic of the Medical and Pharmaceutical University another software called Cabinet Manager is in use by approximately 40 staff members. This is a commercial product developed by a InforWorld SRL .

Both systems have been integrated into the clinical processes and are use on a daily basis from handle the patient registration based on a patient electronic card (barcode scanning). However, reporting back to the National Health Insurance Fund is not done electronically, but via printed reports. According to the National Health Insurance Fund, the integration of a reporting module from MEDEX2 is a minor job which they could help to or undertake.

As far as the team could judge both software had the basic functionalities for a patient administration system although some modules were not in place, e.g. reporting to the national health insurance company, e-prescription.
  Without a further assessment of the systems, based on specifically developed requirements on interoperability for software in use in Moldavian Health care, it is not possible to advise if the authorities should recommend one, both or none of the systems to be further developed and implemented on a large scale.

Telemedicine and e-health initiatives in specialised and emergency care

Today the number of hospitals in the country is 66, with the plan of down-scaling or merging hospitals into a total of 45. In addition to cost savings, one aspect taken into account is that travelling by road from the capital Chisinau takes three hours to the northernmost or southernmost part of the country.

At the National Scientific and Practical Centre of Emergency Medicine hospital in Chisinau with 600 beds and mostly dedicated to surgical activities (e.g. emergency, clinical services and ambulatory care), the Hippocrates platform, developed by Romanian Software Company, is in use for patient management, allowing tracking from the first call, including the handling of images. The system was initially donated by a Romanian software company. New modules (e.g. e-signature) and upgrading of the system is on a fee-for-service base. The team was able to see the system demonstrated. However, due to time constraints, we were not able to see if and how the systems were connected to each other and to other programmes.

The Swiss Development Cooperation Agency (SDC) has funded two ICT and health related projects in Moldova: The 'Moldova Swiss Perinatology Project' (MSPP) and the 'Regionalisation of the Paediatric Emergency and Intensive Care Services in Moldova' (REPEMOL). In addition to the clinical components (see below), an additional system Health Technology Management (HTM) system, named OpenMEDIS was developed. This project focused on the development and implementation of sustainable equipment maintenance systems in paediatric and perinatal care and on policy development and

improved regulations. Since 2009, OpenMEDIS manages more than 4,500 medical devices of 37 facilities.

The team visited the Scientific Research Institute in the field of Mother and Child health which is partner in the SDC-project and has implemented a telemedicine system to serve other hospitals in the country with clinical consultations. The institute is also using the system for distance education from collaborating partners in the USA and from the clinic to other facilities on a weekly basis. The hospital is also using Skype for consultations with other clinics although the Internet capacity can be a limitation. In other countries Skype is not allowed for communication of patient sensitive information.

eLearning & human resource development

Moldova has one medical university in the capital, educating all types of health personnel. The associated School of public health (SPH) is deploying eLearning (video conferencing) for its Masters programme in public health. The system is based on the Moodle-platform, and is module based. The SPH has also had some telemedicine activities over the years. The director, Mr Oleg Lozan, informed of his work on telemedicine implementation that will be presented by the end of May this year (in Romanian only, summary in English).

Continuing education is of the highest importance in the medical and other health professional fields, with rapid changes in both clinical guidelines, technological development. E-learning can ensure continuous quality improvements in the health care sector as well as a strengthening of evidence based medicine as a foundational base for health care provided in the country.

The model developed at the Maternal hospital and the initiatives at the School of public health could be further developed to include all hospitals in Moldova in their specialities (neurology, maternal health) and could be assessed for feasibility for other areas of the health care sector. It may also be used for continuing education of nursing and medical staff in the clinical settings for both clinical protocols and training on the use of EHR, among others.

What we found on health information development in Moldova

- Health information is fragmented in different systems
- Information collection and transfer to different users is based on paper making it inefficient
- Many actors, both nationally and internationally working to produce and improve health information, but not necessarily working with common objectives or coordinated.
- Not all stakeholders that may contribute in the process are involved

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Recommendations

The situation in Moldova is favourable for developing eHealth: The country has substantial experience in eHealth, Health Infomatics, telemedicine, eLearning and Health Information Management Systems , the Internet and mobile penetration is high, and the Government's 'Strategic Programme for e-Transformation' is acknowledging the health sector as a priority area of work in the public and private sectors. The shortage of skilled ICT personnel is not only a challenge, but could be a motivating factor for smart working and increased collaboration between public sectors. The basis for an eHealth action plan is to some extent laid in the previous strategies and programs. Above all, what is needed, is governance, compiling and revision of programs and plans and last, but not least: to establish an inter-institutional and multi-sectoral eHealth task-force involving all relevant stakeholders to ensure the process from plan in paper into plan in action. The list of stakeholders to involve should be based on a thorough mapping of the eHealth situation in the country.

How to move towards eHealth in Moldova: suggested next steps

- Need to have a manager/coordination mechanism that is inclusive, known and recognized by others
- Cooperate with international partners with experience and interest in the field.
- Identify and engage stakeholders to move together with dialogue and discussions
- Establish the strategic context of eHealth by making explicit what is its expected role
- Draft, share and agree on an initial national vision of eHealth for the country
- Identify mechanism for eHealth development not to compete with other helath priorities

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Proposed timeline

The team would like to propose a three step approach:

a. Immediate actions May-September 2012. Aim /indicator: to develop a joint vision of eHealth 2020 and an eHealth action plan (2013-14) with indicators for success
b. Implement the Moldovan eHealth Action plan 2013-2014 according to aim and indicators developed in a.
c. Full eHealth integration in the sector (2020) according to indicators developed in   a. and b.

Immediate actions (May – September 2012)

The team would recommend to initiate a short term study- and planning phase (tentative duration of 3-4 months) which will result in a short term eHealth action plan (2013-2014) and a long term eHealth strategy ('eHealth 2020') both focusing on *quality improvement in health delivery and management.*

This phase would consist of:

1. Conducting an eHealth study: Overview of eHealth status in Moldova
2. Compilation of a list of relevant strategies and concept papers and make these available for anyone interested (will ease work and avoid duplicating efforts), and perhaps the most relevant and approved being available on the Web
3. ICT-assessment in health care, starting with revision of existing assessments)
4. If not already in place, a national eHealth Taskforce should be established as a first step. The national taskforce should ensure representatives from the following sectors (un-complete list):
    a. Government (MoH, eGC, MoICT,…)
    b. Health service providers (all levels)
    c. Health information & statistics agency
    d. National insurance agency
    e. Academic institutions (School of Public health)
    f. Others with experience & interest in the field (e.g. the newly established interest organisation for telemedicine and e-health)
5. Workshops and study visits (national and international)

The team would recommend that the MoH will collaborate with the international agencies and institutions which have experience and programmes in the field: The World Bank (WB) through the eGovernment Initiative, Swiss Development Cooperation (SDC) through the Swiss Institute of Tropical Medicine (SIT) and iPath, and the European Commission through the project 'EU support to the Health Reform: Strengthening of Primary Health Care in Moldova'. These agencies met with the team and expressed an open interest and willingness to contribute to the national effort in developing an eHealth strategy.

Proposed immediate actions outcomes (indicators) (by October 2012):

1. Minimum technology requirements on interoperability for software in use
2. Report: Overview of eHealth & telemedicine in Moldova.
3. Report: Status on ICT-infrastructure & connectivity
4. eHealth taskforce established
5. Model/ agreement for collaboration with international agencies
6. Study visits (minimum 2)
7. Workshops (national with international experts) (2-3)

See summary table at the end for more details on the content, outcomes, suggested agencies involve and timeline.

Implementing the eHealth Action Plan (Towards 2020)

As the basis for an eHealth vision and action plan will be decided during phase 1, the team can only make some general recommendations. The implementation phase should be guided by a set of indicators that are specific enough to be achieved within the power (outreach) of the eHealth task-force. At the same time, the indicators for 2020 are likely to be revised in the process after 2013.

Some eHealth indicators have already been agreed in the document 'National Strategy on Building Information Society –(e-Moldova)', e.g. percentage of citizens (older than 16 years) using Internet to look for medical information; General percentage of medical workers using electronic record of their patients; number of specialists in healthcare and social assistance using computer in their work places'. It is recommended that these indicators are discussed and revised if need be during the initial phase.

The following are some indicators for the first phase of the eHealth action plan:

1. Moldova Health portal for citizens established
2. Monitoring & evaluation research established (e.g. eHealth Barometer)
3. All EPRs / HIS in use can report electronically to the National health Insurance Fund
4. All EPRs / HIS in use can report electronically to the National Information and statistics office
5. Annual presentation during the European Commission eHealth conference
6. Telemedicine equipment in a defined number of hospitals and commitment to participate in telemedicine conferences / e-learning on a regular basis. (Tertiary – secondary care cooperation, with a special aim to include rural / district hospitals.)
7. Set of indicators for eHealth development towards 2020

Draw the National eHealth Architecture;
Establish Health Data exchange standards (HL7, CEN TC 251 or others)

Potential WHO role in this process

WHO through the WHO Collaborating Centre of Telemedicine and eHealth is willing to help in the process of strengthening the governance in eHealh according to the needs of the MoH. The WHO/NST can contribute in the first phase as well as on a long-term perspective. The potential roles of WHO would be to:

   i.   Strengthening the governance in eHealth by working with the MoH
   ii.   Facilitate the process of defining the eHealth programme / action plan
   iii.   Co-ordinate (contribute to) a study on eHealth status in the country
   iv.   Co-ordinate (contribute to) a feasibility study in eHealth
   v.   Assist in the status report on ICT-infrastructure & connectivity
   vi.   Assist in some activities (research and monitoring) – and/or programme management (long term) (to be defined)
   vii.   Coordinating various initiative and projects

WHO can assist the MoH with providing eHealth expertise to support the process within the ministry and other stakeholders. If available resources, one eHealth expert from WHO/NST can work together with the MoH on a regular basis to develop the eHealth Action plan (3-4 months duration).

eHealth development steps	Outcome	Responsible	Timeline
eHealth study Map (or review existing map) of eHealth status in the health sector The eHealth assessment involves meeting with the MoH and a variety of national level stakeholder groups to assist the MoH in identifying the current use of ICT for health, current challenges and future priorities. Compile a list of relevant strategies and concept papers and make these available for anyone interested (will ease work and avoid duplicating efforts) If time and resources allow, the study could be expanded into a feasibility study	Report	NST / WHO Regional Office for Europe, eGovernance Initiative With support from the Ministry of Health	June – July, 2012
Status on ICT-infrastructure & connectivity Compile reports and collect data from health facilities and agencies to a report on ICT in health care in Moldova	Report	Ministry of Health, eHealth Unit with support from the eGovernance Initiative and the National Health Insurance Fund	June-September 2012
Ministerial Appointed eHealth Task-force According to the eHealth inception visit, there is fragmentation of eHealth related activities carried out by various bodies resulting in insufficient governance of eHealth uptake in the Republic of Moldova.	Task-force established	Ministry of Health, eHealth Unit with support from NST/ WHO Regional Office for Europe and the SDC (tentative)	June 2012
Advise (review and recommend) in the development of the National eHealth vision and action-plan This activity involves working with the Republic of Moldova to develop an eHealth strategy towards 2020 with an eHealth action-plan (2013-2014).	Strategy (action plan) with list of indicators	Ministry of Health, ehealth Unit with support from NST/ WHO Regional Office for Europe and the World Bank (tentative) eHealth Taskforce	July- September 2012
Study visits Organize study visits to countries with similar health system with the purpose to study: interoperability, eHealth governance and EHR	Minimum 2 visits with 2-5 people each. Visit reports	Ministry of Health, eHealth Unit	June-September 2012
Workshop (conference) **1.** Kick-off (brain-storming workshop for initial input to the studies on eHealth and ICT assessment: first step towards a joint vision 2. Launching eHealth programme workshop with kick-off for activities (2013-2014)		Ministry of Health, ehealth Unit With support from NST/ WHO Regional Office for Europe and the World Bank (tentative)	June and October 2012

Table 1: Proposed joint work plan for eHealth action-plan development May-October 2012

APPENDIX 1 Documents relevant to eHealth development in Moldova

№	Title	Author (sent by)	Date	Co
1	Moldova Governance e-Transformation Strategy (PPT)	Dona Scola Deputy ICT Minister	March 2012	Pre Slo
2	The Strategic Program for Governance Technological Modernization (e-Transformation)	Approved by Government Decision nr. 710	20 September 2011	
3	Regarding the approval of the Roadmap 2012-2014'Accelerating reforms: addressing the needs of the health area through investment policies'	Minister of Health, Andrei Usatii	31 May 2011	26. eH IV
4	Questionnaire ICT in hosiptals (nationwide)	Alexandru Rosioru	2010	Rep rate
5	Global eHealth Observatory 2009 http://www.who.int/goe/publications/atlas/mda.pdf	Alexandru Rosioru co-ordinated survey reply	2009	
6				
7	National Strategy on Building Information Society – "e-Moldova"	Prime-minister Vasile TARLEV Minister of Transport and Communications, Vasile Zgardan Minister of Economy, Marian Lupu Minister of Finance, Zinaida Grecianîi	2005	Cha eH (11 inst pag P 4 Ion goa p. 7 (re
8	Strengthening the Primary Health Care in Moldova. Baseline Analysis for designing an Information System for Primary Health Care in Moldova	Dr Ion Stanciu EuropeAid126047_C_SER_MD	10 March 2009	
9	Strengthening the Primary Health Care in Moldova Introduction to the IT Component Discussion paper for Ministry of Health	EuropeAid126047_C_SER_MD	2008?	
10	Public Access to Information and ICTs. Phase II report. Republic of Moldova	Prepared for the Univ Washington, Center for Information & Society. Institute for Polling and Marketing (IPM-Georgia); OPINIA, Independent Sociological and Information Service (Moldova)	2008	

11	Healthcare System Development for the period 2008-2017	MoH	2007
12	National Health Policy 2007-2021	Government of Republic of Moldova, NO 886	6 August 2007
13	The evaluation of the Health Information System in the Republic of Moldova	Health Metrics Network	February 2007

Appendix 2 Programme

Agenda
WHO mission on e-health
(Enrique Loyola, Tove Sørensen, Hege Andreassen)
08-12 May 2012

Time	Activities	Participants
Tuesday, 08 May		
Night	Arrival and accommodation in hotel "Dacia"	
Wednesday, 09 May		
09:00 – 10:00	WHO Country Office *Short debriefing on recent development and overall policy environment in the health sector. Discussions on the potential WHO's assistance in the area of e-health. Discussions on the mission's agenda and expectations.*	Jarno Habicht Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
10:15 – 11:15	World Bank in Moldova *Discussions on the potential WB assistance in the field of e-health and opportunities for synergy, as well as on common vision and preliminary sequence of interventions.*	Jarno Habicht Irina Guban Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
11:30 – 12:30	Swiss Development Cooperation *Discussions on the potential SDC assistance in the field of e-health and opportunities for synergy, as well as on common vision and preliminary sequence of interventions.*	Jarno Habicht Georgette Bruchez Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
12:30 – 14:00	Lunch	
14:00 – 15:00	Meeting with EU Delegation to Moldova *Discussions on previous and potential future EU assistance in the area of e-health*	Jarno Habicht Cornel Riscanu Enrique Loyola Tove Sørensen Hege Andreassen
15:30 – 17:00	Meeting with the consultant on mortality statistics *Discussions on the process and the expected outputs*	Jarno Habicht Enrique Loyola Fern Greenwell
17:00 – 18:00	Working in the WHO CO *Preparations for the meetings at the governmental institutions*	Enrique Loyola Tove Sørensen

	responsible for e-health	Hege Andreassen Silviu Domente
Thursday, 10 May		
09:00 – 10:00	National Centre of Health Management *Meeting with the units responsible for different e-health and IT-related initiatives*	Oleg Barba Petru Crudu Alexandru Rosioru Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
10:15 – 12:15	Territorial Medical Association Centre *Discussions on the experience in implementing the software Medex 2, developed and piloted with EU support*	Adela Glavan Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
12:30 – 13:30	PHC Clinic of the Medical and Pharmaceutical University *Discussions on the experience in implementing another software provided by a private company*	Ala Nemerenco Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
13:30 – 14:30	Lunch	
15:00 – 16:00	Ministry of Health *Meeting the minister or deputy-minister of health. Discussions on the Government's and MoH's agenda regarding e-health, potential WHO's support and role, timeframes and resources available.*	Mihai Magdei Alexandru Rosioru Tatiana Zatic Eugenia Berzan Galina Buta Jarno Habicht Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
16:00 – 17:30	Ministry of Health *Working with technical units involved in e-health policy development. Detailed discussions on visions, processes, actors and expected support*	Alexandru Rosioru Enrique Loyola Tove Sørensen Hege Andreassen
17:30 - 18:30	Working in the WHO CO *Wrap-up of the day. Planning for the next stage of the mission*	Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
Friday, 11 May		
09:00 – 10:30	Visit to the Scientific Research Institute in the field of Mother and Child Health *Familiarisation with the health technology management system implemented with SDC support*	Marin Rotaru Petru Stratulat Enrique Loyola Tove Sørensen Hege Andreassen
11:00 – 12:30	Visit to the National Scientific and Practical Centre of	Gheorghe Ciobanu

	Emergency Medicine *Discussions on the experience in implementing the information system*	Enrique Loyola Tove Sørensen Hege Andreassen
12:30 – 13:30	Lunch	
14:00 – 15:30	Government of Moldova, E-Governance Centre *Discussions on the overall vision for e-Governance in Moldova, with particular emphasis on the health sector; current external assistance and future needs.*	Stela Mocan Jarno Habicht Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente
16:00 – 17:00	National School of Public Health *Discussions on the initiatives related to telemedicine, achievements and future plans.*	Oleg Lozan Enrique Loyola Tove Sørensen Hege Andreassen
Saturday, 12 May		
09:00 – 11:00	Ministry of Health *Debriefing on the missions outcome. Presentation of preliminary findings and suggestions for the way forward.*	Andrei Usatii Alexandru Rosioru Jarno Habicht Enrique Loyola Tove Sørensen Hege Andreassen Silviu Domente