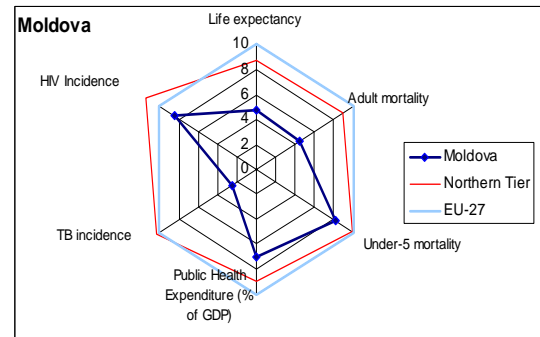




Overview: USAID’s former health program in Moldova focused on strengthening infection disease prevention and control with a special focus on HIV/AIDS and Hepatitis B and C. Previously completed activities strengthened the government’s capacity to address tuberculosis and avian influenza threats. Due to changing country development priorities, however, there are no current health programs in Moldova.

Health Statistics

Population: 3.8 million (2007)
GDP per Capita (PPP): \$2,704 (2008)
Population below poverty line: 28.4% (2009)
Life Expectancy: 69 (2007)
Adult Mortality Rate (15-59): 232 per 1,000 (2007)
Under-5 Mortality Rate: 18 per 1000 live births (2007)
Total Health Expenditures per Capita (PPP): \$242 (2006)
Public Health Expenditure: 4.4% of GDP (2006)
Reported HIV Incidence: 148 per 1 million (2006)
Estimated Tuberculosis Incidence: 115 per 100,000 (NTP, 2009)



Northern Tier refers to the Czech Republic, Hungary, Poland, Slovakia, and Slovenia.

Health Vulnerability Highlights

Moldova is the one of the poorest countries in the Europe & Eurasia region.

In January 2010 a cumulative number of 5,700 HIV cases were registered, including 1,794 in the Transnistrian region. The reported number of new HIV infections increased from 360 in 2004 to 795 in 2008, therefore the national incidence has more than doubled to 19.3 in 2008 compared to 8.4 in 2004. Since 2004 heterosexual transmission has become the major mode of transmission, constituting 75.8% in 2008 compared to 48.2% in 2004. There has been a feminization of the epidemic with an increase in the share of HIV-infected women from 26.7% in 2001 to 43.7% in 2008.

Tuberculosis continues to be a problem in Moldova. The 2009 NTP data showed a decrease to 115 of new cases per 100,000. However, resistance to anti-TB drugs represents a serious obstacle to effective control of the TB epidemic. The nation-wide Drug Resistance Data for 2009 revealed very high prevalence of MDR-TB of 22.1% among new smear positive cases and 67.8% among previously treated cases. Despite an increasing case detection during 2002 – 2008 in Moldova, the treatment success rates for new smear positive cases is stagnant or even decreasing. The main cause for this is an insufficient Directly Observed Therapy (DOT) during the out-patient phase of treatment. NTP estimated only 65% of patients receive DOT during the continuation phase.

In 2003, **non-communicable diseases** accounted for 87% of all deaths in Moldova. There is an extremely high prevalence of chronic liver disorders. Moldova has the highest rate of **adult mortality** due to diseases of the digestive system in all of Europe and Eurasia. **Cardiovascular diseases** were responsible for 59% of overall mortality.

**This graph compares the country’s health status against EU and E&E regional averages. For each indicator, a score of 10 corresponds with the EU average, suggesting ideal performance. A score of 1 indicates the poorest performance in that indicator in the E&E region. The country’s performance is then plotted against this scale. A score of 10 is ideal performance for all indicators and all countries.*

USAID Health Programs

Note: There are no active health programs currently in Moldova.