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GENDER ANALYSIS OF PUBLIC SPENDING FOR HEALTH CARE IN THE REPUBLIC OF MOLDOVA

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CONTENTS

INTRODUCTION

Even in the developed countries, resources allocated by government for health-promoting activities and medical care are very limited. The lack of financial resources for covering the existent social needs has led to the appearance of an issue regarding the efficient allocation and distribution of resources within society.

Due to the fact that the healthcare expenditure represents a relevant part of the total, social ones, the question of identification of the current problems regarding the risk-groups and the degree of their coverage represents an important matter for the government. At the same time, the question arises on the subject of the ultimate beneficiaries of the social help, identifying the age and gender categories that benefit the most.

In most European countries, the healthcare reforms are targeting the efficiency of the medical services and the equality of individuals. Studies have shown that a certain healthcare system may have different effects in the case of men and women, as individuals who use the services of this system.

Generally, tax revenues, social insurance contributions, private insurance premiums, direct out-of-pocket payments and community financing are the sources that are used for health care financing. At the same time, developing and low income countries use imposing foreign aid for investments in a certain domain of the healthcare system.

Health care financing determines the availability and as well as who has the access to the medical care in the country. In this matter, an important issue for the social and healthcare administration is to provide equal participation and benefit from healthcare and social programs for both men and women, depending on the degree of their necessities.

Regarding the roles and responsibilities that society assigns to them, men and women are different, and this fact influences the causes, consequences and the management of diseases and the efficiency of health promotion programs. Even though everybody is aware of gender differences and the information on this matter is increasingly available, this is not always taken into consideration within the health planning and program implementation.

Nowadays, the gender statistics is used as a main instrument for the analysis of the current situation, in order to keep track of the gender characteristics, as specific socio-demographical groups, for the elaboration of optimal socio-demographical politics and the realization of the equality of rights and possibilities of men and women. Also we can use it for the identification of the groups that benefit the most from the current budget expenditures for healthcare and social programs implemented by government in this sector.

In order to analyze the gender sensitive budgeting regarding the healthcare in the Republic of Moldova, should be identified the diseases and health risks that mostly affect one or another gender. Due to the fact that different financing is required for the prevention of those risks, and for the cure of the respective diseases the state allocates different amount of funds for one or another gender.

In such a way, the main goal of the current analysis is to identify which are the health risks and diseases that affect predominantly one gender, in this way requiring more state funds for health care. Also, the identification of the main drawbacks regarding this matter can help finding out some solutions for the improvement of the current situation regarding the healthcare budgeting.

I. GENERAL OVERVEIW OF THE PUBLIC EXPENDITURES REGARDING HEALTH CARE IN MOLDOVA

Before the year 2001, the medical care services in the Republic of Moldova were financed through the State Budget, and the sources were coming straight from direct taxes. The private financing in form of pocket payments (unofficial) and private payments being very typical, developing the problem of corruption in this domain. The system had a generally low performance, which led to a low quality of the medical services and limited access to the system for the representatives of different vulnerable categories, including poor people, and especially the female part of the society, which generally has a lower income.

Starting with 2002, the system of mandatory insurance for health care was introduced, within which, the NCMI – an autonomous body – is responsible for the contracting, supervision and partial regulation of the medical service providers, and the Ministry of Health – for the approval of prices for services. After the reform, the financing is divided into the insurance contribution, administered by the NCMI and the Ministry of Finance, the share of the NCMI growing substantially. After the year 2005, the quality of the medical services has improved, the access of socially vulnerable categories has increased and the system as a whole has started to become more efficient.

The approved Budget for the health care for the year 2012 was in the amount of 545.39 mln lei. The public expenditures for the health system have considerably increased from 517.4 mln lei in 2000 to 4,6 bln lei in 2012, and their share in the GDP have increased from 3.2% to 5,0 % during the same period. At the same time, the share of sectoral budget from the national public budget have increased during the last decade, as shown in **fig.1**, from 10% to 12.14%.

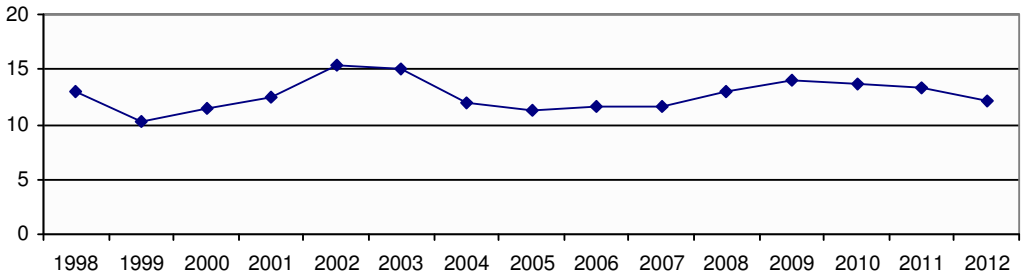

Fig.1 The evolution of the expenditures for health care, represented as a percentage of the total expenditure

Source: made by author based on < http://statbank.statistica.md/pxweb/Database/RO/08%20SAN/SAN06/SAN06.asp>

The main weight in the whole amount of financial resources designated for the health sector for 2012 was represented by the funds transferred from the state budget (59%), followed by the mandatory health insurance primes (40%) and the budgets of the territorial-administrative units (1%), as shown in **fig.2. General overview of the public expenditures regarding**[7]

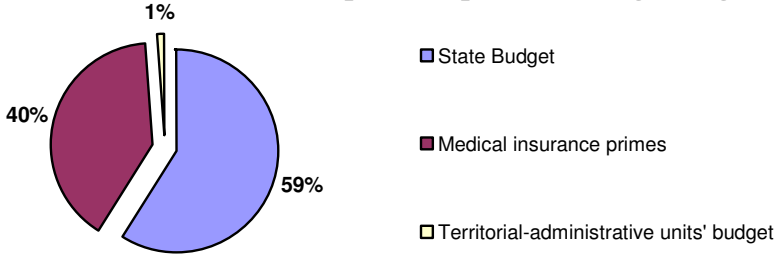

Fig.2 The structure of the funds allocated for healthcare

Source: made by author based on: "Anexa la scrisoarea Ministerului Sănătății nr.01-8/1757 din 06.08.12"

According to the Law No. 271 from 23.12.2011, the funds of the mandatory insurance for medical assistance for the year 2012 were approved in the sum of 3,984.7 mln lei, being mainly directed for the hospital care (50.36%) and primary medical care (30.02%).[2]

The sums of the funds for mandatory insurance for medical assistance (FAOAM) in the first semester of the year 2012 were realized in absolute amount of 1,632,190.4 thousand lei, which represents 83% of the approved plan (1,946,165.6 thousand lei), related with the decrease by 344,700 thousand lei of the budget transfers for the insurance of the categories of individuals insured by the Government.

According to the Law, for the year 2012, the prime for mandatory insurance for medical care as percentage rate was equal to 7%, being paid equally by the employer and employee (3.5% each), and as fixed sum for individuals equal to 2982 lei. The medical insurance package covers most primary care services as well as emergency, although the exact benefits package is determined annually on the basis of affordability. Remarkable exclusions comprise various high technology diagnostic measures such as MRI scans and some reproductive health services such as abortion.

According to the NCMI, in 2011 the share of insured in the total population of the Republic of Moldova and the share of the NCMI in the budget expenditures for healthcare registered an increase during the last years, they being equal to 80.6% (2,751,223 persons), and 84.9 % respectively as shown in **fig.3**. [12]

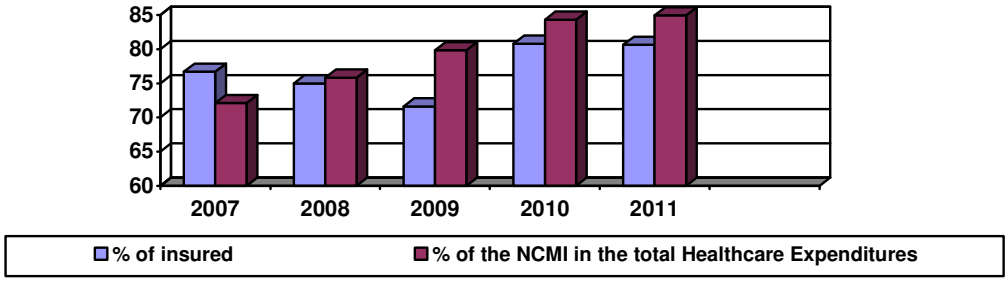

Fig.3 Dynamics of the share of insured in the total number of population and the share of the NCMI funds in the total expenditures for healthcare
Source: made by author based on http://cnam.md/editorDir/file/Rapoarte_activitate/cnam_rapot_activitate_2011.pdf

At the same time, the Government insures the unemployed residents of the Republic of Moldova registered at the authorized institutions, excepting individuals obligated through law to insure themselves individually. Thus, there are 14 categories of individuals insured by the Government, including children up to 18 years old, retired people, disabled, unemployed which benefit from the unemployment help, individuals that benefit from the social help, etc. During the year 2011 funds in the amount of 1,983.3 mln lei were transferred from the state budget, which represent an increase of 2.9% compared to the previous year.[13]

According to a study organized in 2011 by the European Centre on the Health of Societies in Transition in collaboration with the Ministry of Health of Moldova[1], the most predominant uninsured individuals are: males, aged 25-34 years, having marital status, unemployed or self-employed (particularly in agriculture), being in a low-income household and living in a rural area, as shown in **fig.4**.[10]

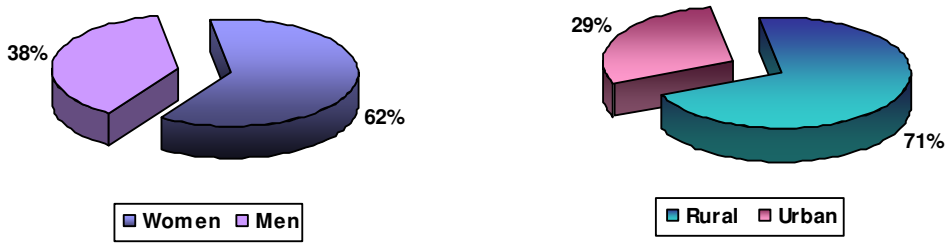

Fig.4 The structure of uninsured according to gender and place of living
Source: made by author based on: *Health insurance coverage and health care access in Moldova*, 2011, E. Richardson, B. Roberts, V. Sava, R. Menon, M. McKee

[1] *Health insurance coverage and health care access in Moldova*, 2011, E. Richardson, B. Roberts, V. Sava, R. Menon, M. McKee, Published by Oxford University Press, available on <http://heapol.oxfordjournals.org/ >

II. GENDER-BASED ANALYSIS OF THE HEALTH CARE EXPENDITURE

The World Health Organization has elaborated a number of studies and specialty analyses targeting the gender analysis and the integration of gender differences into the social policies, and the healthcare ones in particular. The gender-based concept launched by the WHO examines the different work duties, roles and responsibilities of men and women, at the level of households, communities, workplaces, as well as economical and political processes.

According to Enikó Magyari-Vincze, there are three main theories that can be used while making any gender-based decision: *gender-neutral*, *gender-blind* and *gender-awareness*[2]. Depending on the nature and importance of the decision to be taken, one of these concepts is used by the decision subject.

For the planning and realization of the budget expenditure strategies regarding the health care sector, the third concept is more correct, due to the relevant differences between men and women from the biological and social point of view. Several aspects of gender differences should be taken into consideration during the Budget policy construction and the creation of different heath strategies. The bigger the number and seriousness of the diseases that affect predominantly one gender – the greater the amount of expenditures that are made for that certain gender as shown in the scheme from **fig.5**.

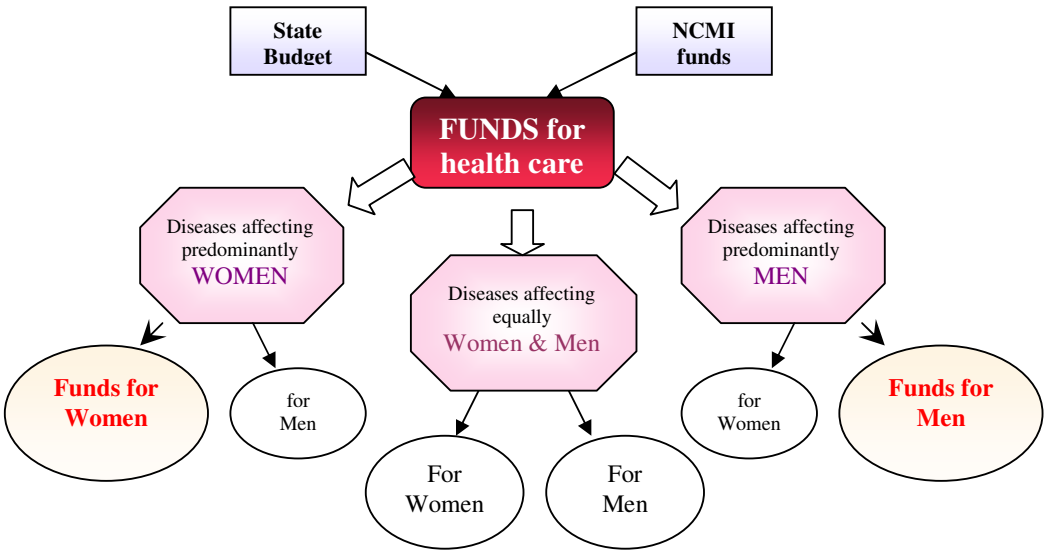

Fig.5 The scheme for centralized funding from the gender-awareness point of view
Source: made by author

The results of the National Bureau of Statistics show a significant differentiation between genders regarding the self-attitude to personal health. The biggest share of visits to doctors is within the female part of the society (with the exception of those younger than 24 years old and older than 75 years old). The most significant differences between genders are registered for the population of the age 35-44 years old, where women have turned to medical consultation in a proportion higher by 12.7 p.p. in comparison with men. [14]

[2] Enikó Magyari-Vincze, Diferenta care conteaza. Diversitatea Social-Culturala prin lentila Antropologiei Feministe, Cluj: Desire, 2002, p.32-33

The services of a specialty doctor were requested mostly by women, with a difference of 5.2 p.p. in comparison with men. Also, male population uses less the services within hospitals and pharmacies (with a difference of 1.2 p.p. in comparison with women). In this way, they require medical services mostly at the medical points and medical centers, in a proportion of 26.3% and 55.3% respectively. Women use more often medical services in the scope of prophylaxis and as a continuation of the treatment with a share of 45.8% and 16.6% respectively, while men use medical services in this scope in a proportion of 32.3% and 15.4% respectively. [14]

Statistical data shows that on average, men spend less on health care compared to women, as shown in **fig.6**. In this context, taking into account the specifics of the morbidity registered among male part of the society, the elaboration of certain screening programs for men is required for the prophylaxis of some diseases. [14]

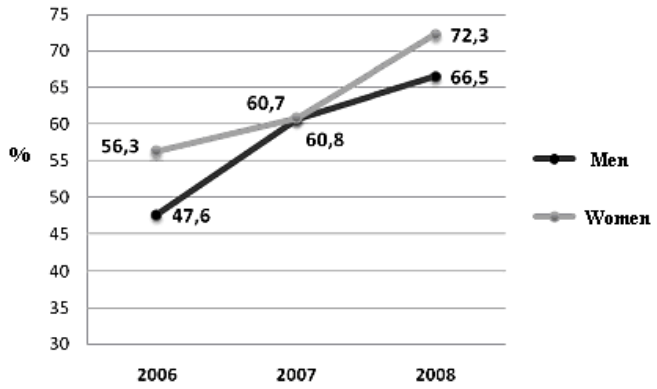

Fig. 6. Expenditures on health care services for men and women, %
Source: National Bureau of Statistics data on "Population expenditures on consumption"

2.1. Health care expenditures for Men

Taking into consideration the gender-based aspects of the state funds' beneficiaries, currently, more that a half of the population of Moldova - 51.9%, is represented by women, which also have a longer life expectancy, by 8.1 years[3]. At the same time, an attention-grabbing fact is that the share of girls in the total number of born children is just 48.5%. By the middle age the number of deaths amongst the male part of the society is higher, they being exposed to a number of risks, several of which are of a medical nature. The exact situation is reflected in the **table 1** and **fig.7.** [11]

	2007	2008	2009	2010	2011
Men	786.1	780.4	793.4	850.5	697.5
Women	271.2	255.9	249.4	250.3	202.6

Table 1. Mortality dynamics (for 100 th persons) for men of age 16-61 and women of age 16-56
Source: Anuarul statistic al Sistemului de Sanatate din Moldova pentru anul 2011

[3] By 01.01.2012 the life expectancy for women and men was equal to 74.92 years, and 66.82 years respectively.

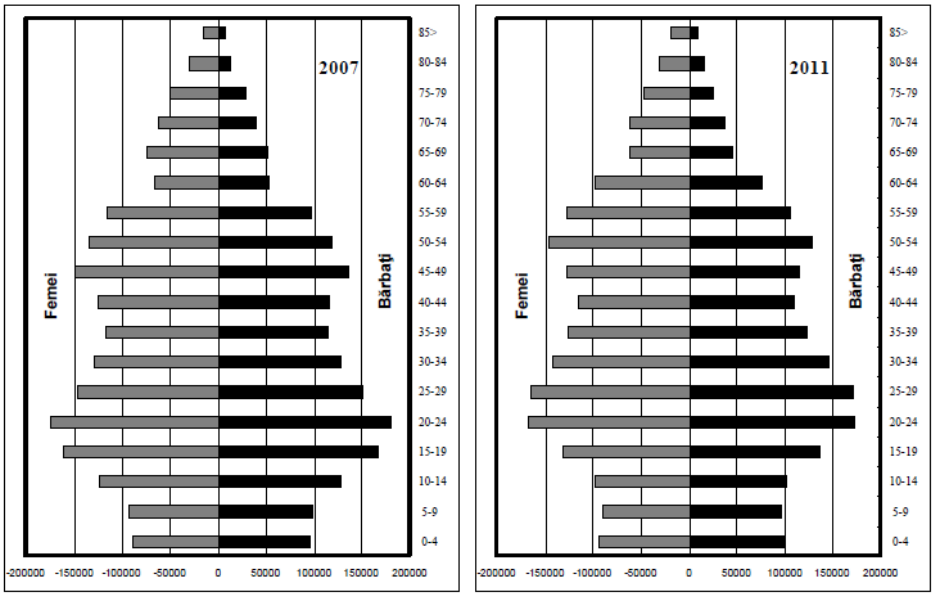

Fig 7. Evolution of the number of men and women depending on age
Source: Anuarul statistic al Sistemului de Sanatate din Moldova pentru anul 2011

This means that one of the main goals for the policy makers is to identify the risks that affect the male population, and allocate budget funds for their prevention. In this way, relevant sums should be annually allocated for the prophylaxis and the cure of diseases that affect predominantly men.

Taking into consideration the incidence of accidents at the working place and professional diseases, the state annually allocates relevant sums from the state fund for their prevention and allocation of disability pensions and other compensations. Due to the fact that men are much more exposed to these kinds of injuries, as shown in **table 2**, we can deduct that they are also the main beneficiaries of the budget funds regarding this matter.

Cause	Beneficiary	2006	2007	2008	2009	2010	2011
Accidents at workplace	Women	0,9	0,9	0,9	0,9	0,9	0,8
	Men	2,8	2,7	2,6	2,6	2,5	2,2
Professional diseases	Women	0.02	0,02	0,02	0,02	0,00	0,03
	Men	0,06	0,06	0,07	0,07	0,10	0,07

Table 2. Evolution of the number of pensioners on basis of profession-based injuries, expressed in thousands persons
Source: made by author based on: http://statbank.statistica.md/pxweb/Database/RO/09%20PRO/09%20PRO.asp

One of the most severe disease that affect predominantly men is the ***active tuberculosis***, as shown in **table 3**. The most vulnerable category is represented by men between 35-54 (41.3%) and 25-34 (23.8) years old.

Age groups	Years										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Men	1 822	2 211	2 155	2 205	2 356	2 774	2 587	2 528	2 323	2 248	2 215
Women	739	807	873	956	941	1 038	1 101	1 018	983	979	894

Table 3. Mortality caused by tuberculosis for the years 2000-2010 for men and women
Source: http://statbank.statistica.md/pxweb/Database/RO/08%20SAN/SAN02/SAN02.asp

Annually, huge amount of money is allocated for the cure and prevention of this disease. During the year 2011, from the state funds was fundamentally fortified the techno-material base of the reference laboratories and the microscopic centers: the National Reference Laboratory (NRL) – innovative equipment for the genotyping of PyroSequencing AB mycobacterium strains; Regional Laboratory (RL) –

implementation of the fast diagnostic method BACTEC MGIT 960 and the molecular-genetic method Geno Type MTBDR Plus (LRR Bălți, LRR Bender și 25 microscopic centers). [7]

During the year 2011 and the first 6 months of 2012 NRL and RL were supplied integrally with reagents and current assets needed for the diagnosis and monitoring of tuberculosis treatment through the microscopic and cultural methods. For the insurance of the social support of patients there was organized a network of 10 communitarian centers, which are completely equipped with furniture and office equipment, automobiles, etc. As well, beginning with the year 2011, NCMI covers the expenditures for food, public transportation to/from house for the uninsured patients with tuberculosis without M.Tuberculosis eliminations. [12]

The amount of allocations from the state budget has increased throughout time, and only between 2005 and 2009 the insurance with anti-tuberculosis medications has increased from 1.98 mln lei to 7.63 mln lei.

There were a range of projects financed by the Ministry of Health targeting the cure of tuberculosis, the funds afterwards affecting the male population:

- the projects „Consolidarea Controlului Tuberculozei în Republica Moldova" and "Fortificarea managementului şi controlului tuberculozei multi-drog rezistente pentru perioada 2009-2014" – 11,502,827 Euro;

- the project „Fortificarea managementului şi controlului tuberculozei multirezistente pentru perioada 2009-2014" – 1,144,710 Euro;

- the project „Parteneriat eficient privind prevenirea şi asistența grupurilor vulnerabile vizând HIV/SIDA în Asia centrală şi Europa de Est" 2nd phase - 2,765,080 US $ for Moldova and Ukraine.[4]

Due to the fact that there haven't been registered a substantial decrease in the morbidity caused by tuberculosis, we can conclude that the measures undertaken currently are not sufficient and need to be reviewed and fortified.

Another disease for which prophylaxis and control annually are allocated relevant amounts of money is ***diabetes***, which represents another malady that affects predominantly men.

For the realization of the National Program of prophylaxis and control of diabetes, in the districts of the Republic of Moldova are allocated funds for the creation of territorial commissions, are elaborated territorial action programs for the control of the diabetes risk factors, for the screening and evidence of the individuals with diabetes hereditary history.

From the budget for health care are allocated funds for the screening, outpatient treatment, emergencies, prophylaxis, research, etc. About 5 mln lei, which constitute 7.5% of the total amount of medications compensated by the state, were allocated in 2011 for oral antidiabetics.[12]

Also, the patients suffering from tuberculosis were insured with insulin in the degree from 60% to 98% in different districts. The degree of covering the necessities for oral antidiabetics (Metformin, Glibenclamid, Glimepirid) for the cure of diabetes of the second type was approximately 90%. [7]

Another group of diseases that affect mostly men are the ***venereal diseases***, such as pox and gonorrhea, as shown in **fig.8.** Due to the fact that men are much more affected by these diseases, they are also the ultimate beneficiaries of the fund allocated by state for the treatment.

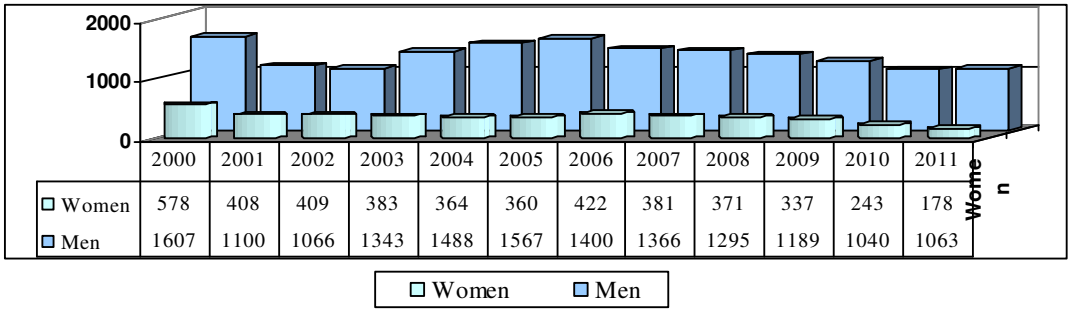

Fig. 8 Mortality caused by gonorrhea for the years 2000-2011 for men and women
Source: made by author based on: http://statbank.statistica.md/pxweb/Database/RO/08%20SAN/SAN02/SAN02.asp

Funds transferred by the Ministry of Health regarding this matter were allocated for ambulatory treatment, hospital treatment and compensation of medications. There are two main institutions that activate in this domain: Dispensarul Dermato-venerologic Republican and the Dispensarul Municipal Dermato-venerologic, for which, in 2011, were transferred 9,537,963 lei and 818,552 lei respectively. [16]

Generally, men are more likely to die from assaults as a result of alcohol consumption. Alcoholism is a disease specific for men, in the situation when the occurrence of ***alcoholism*** for men is 6 times higher in comparison with women. From the total number of persons being on record with the alcoholism and alcoholic psychosis, 84.7% are men and only 15.3% are women. [7]

For the realization of the preventive measures regarding the alcohol consumption and the treatment of the chronic alcoholism, the Ministry of Health has elaborated the National Plan regarding the reduction of alcohol consumption in the Republic of Moldova for the years 2012-2020, approved by through the Government decision No.360 from 06.06.2012. [5]

By January 1st 2012 in Moldova there were 46,395 patients under medical monitoring suffering chronic alcoholism. In the first semester of 2012, there were 10,378 individuals that received medical care, from them:

- 7032 received ambulatory care
- 3346 received hospital care. [7]

Also, starting with the year 2011, NCMI covers the expenditures for coercive treatment (after the specification of the diagnosis) in the case of psychiatric profile. Usually, the beneficiaries of these treatments are uninsured individuals, which are subjected to forced treatment, based on the decision of the court.

Additionally, there are other diseases that present a more discouraging statistics for men, such as **tumors, respiratory tract diseases,** health problems caused by **trauma and poisoning**, as exposed in **table 4.** According to the data, men suffer twice or even three times more often than women because of these illnesses, and require more often emergency and ambulatory care, which is partly or even integrally compensated when the patient has medical insurance, or even for uninsured individuals, for certain kinds of injuries.

		2006	2007	2008	2009	2010	2011
Tumors	Men	180.3	176.3	182.3	190.0	190.2	187.9
	Women	128.7	130.7	134.4	133.1	132.0	134.4
Respiratory tract	Men	99.1	97.2	98.1	89.6	94.2	73.8
	Women	48.8	48.9	41.9	41.8	44.3	34.6
Trauma and poisoning	Men	167.0	160.8	161.5	156.1	167.1	142.5
	Women	48.1	47.4	41.8	42.4	44.8	34.1

Table 4. Mortality dynamics (for 100 th persons) caused by tumors, respiratory tract diseases and trauma

Source: made by author based on http://statbank.statistica.md/pxweb/Database/RO/08%20SAN/SAN02/SAN02.asp

2.2. Health care expenditures for Women

The specific character of gender-based funding aiming the female population first of all must take into consideration the social role of women as mothers, which give birth and in this way support a range of expenditures. In this matter, the Moldovan state insures **free birth/deliveries** for all women, indifferently if the woman is insured or not. As well, medical services in the form of abortion are also for free. Even though the number of abortions Is decreasing in the last decades, as can be seen in the fig.9, their amount is still big, and only in the year 2011 were allocated funds from the state budget for 15,710 abortions.

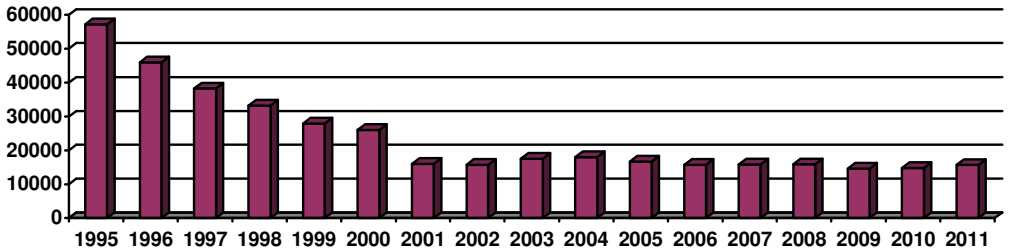

Fig 9. Dinamics of abortions for the years 1995-2011
Source: http://statbank.statistica.md/pxweb/Database/RO/08%20SAN/SAN04/SAN04.asp

On September 26, 2011 was signed the "Memorandum between the Swiss Direction for Development and Colaboration and the Ministry of Health of Moldova, the 3rd phase, which will allow to insure an adequate standard for medical care in the Perinatal Centers of all levels. Also, was published the book "„Infecția nosocomială în maternitate" and organized a training seminar on for 25 specialists in the domain of perinatal medical care. Also, the process of consulting through tele-medicine was extended in the rest of the Perinatal Centers of the 2nd level (6 centers) and have been instructed 53 new users in the Perinatal Centers from Ceadîr Lunga, Orhei, Soroca, Ungheni, Edineț and Căuşeni. In the reference period, on the iPath domain have registered 28 new users, 105 clinical situations were placed and 32 tele-conferences took place with the Perinatal Centers of the 2nd level within the country. [7]

Among the most relevant projects implemented through state funding in 2011 were:

- endowment of the diagnosis and therapy cabinets with electromagnetic athermic waves within the consulting policlinic for women and children within the Scientific Research Institute in the Domain of Mother and Child's Health Care – 220.1 thousands lei;
- the project "Modernization of the perinatal system in the Republic of Moldova" – 3,24 mln CHF, etc. [13]

Also, medications for the prophylaxis of anemia and polyvitamins for pregnant women are integrally compensated, which represent about 5.5% of the whole amount of medications for the prophylaxis of anemia for pregnant women.

The pregnancy and the birth of a child frequently require the interruption of the professional activity of young women. As a consequence, the income in form of salaries decrease with the increase of the number of children in a family, oscillating between 62.7% and 38.5% in the urban communities, and 32.3% and 26.9% in the communities from the rural area. In this context, the necessary expenditures for the care for child and his mother in the period of maternal leave should be covered through allowances provided by state. But, even though the official data for the last five years show that the allowances offered for children in the Republic of Moldova show a upward trend, their sum is far from being enough to cover the monthly expenditures.

Statistics for the entire health system for the year 2011 show that about 57% of all diseases are **ailments of the circulatory system**. The pathophysiology of heart diseases differ significantly between men and women, and it must not be assumed that the treatment strategies are equivalent, which ultimately leads to differences in cardiovascular diseases risk, presentation, diagnosis, mortality and treatment. Unlike men, women are underprevented, underdiagnosed, undertreated and understudied with respect to ischemic cardiovascular diseases.[4] [7]

Generally speaking, cardiovascular disease annually leads to the death of almost as many women as the next five leading causes of death combined, which has directed the health care administration to consider this kind of disease as a leading women's health issue. There exist many differenced between men and women when it comes to symptoms presentation, prognosis, management and outcomes of the cardiovascular disease. And only accurate information of the gender-specific pathophysiology can permit the determination of the suitable diagnostic instruments and the implementation of personalized treatments for men and women.

[4] FINKS, Shannon W., *Cardiovascular Disease in Women,* p.179-180

For the prophylaxis and treatment of these diseases, the Ministry of Health has allocated relevant sums during last years and has developed a list of programs with socio-medical character, such as:

- the screening for the identification of risk factors that provoke the cardiovascular diseases (hypertension, high level of cholesterol, high body mass index, etc) – 25,000 lei;
- implementation of transesophageal echocardiography at the Republican Institute of Cardiology – 800,000 lei, etc. [12]

As well, regarding the ischemic heart disease, according to the analysis of the NCMI transferred sums to 210 pharmacies during the year 2011, about 40.6% of the compensated medications requested against prescriptions were antihypertensive medications.

As well, for the prevention and control of these diseases there was implemented the National Strategy for the prevention and control of the priority non-transmissible diseases in the Republic of Moldova for the years 2012-2020. This strategy follows the creation of adequate conditions for the insurance of a better life of the citizens, through the insurance with drinking water, qualitative foodstuff, creation of better conditions for sports, etc. [6]

As well, one of the most severe disease that affect only women is the ***cervical cancer.*** During the last decade, the cervical cancer represented a constant "leader" through the morbidity caused by the onco-gynecological diseases, being equal to 39.3% in the year 2011.

In the context of promotion activities for the reduction of illnesses and the prevention of cancer, the NCMI has implemented a complex screening program for women:

- the complex clinico-instrumental screening for the detection of precancerous processes and of the mammary gland cancer, for the women of the age 50-69 years; the area of the ongoing project: Anenii-Noi and Floresti rayons;
- the complex clinico-instrumental screening for the detection of precancerous processes and of the cervical cancer, for the women of the age 25-59 years; the area of the ongoing project: Falesti, Straseni and Cahul rayons.

For the year 2011 there were allocated funds in the amount of 5.99 mln lei for this program, but due to the lack of information within society, only the half of the budget was utilized. The beneficiaries of the screening were women from Floresti (2693 women), Anenii-Noi (4170 women), Falesti (2561 women), Straseni (8645 femei) and Cahul (6208 women). [12]

Efficient tests and vaccination programs could eliminate the cervical cancer. And in the Republic of Moldova most women are not informed about the prophylactic examination and the complex screening programs organized for free through the direct support of the Ministry of Health.

Another severe disease that affects preponderantly women is the ***hepatitis C***, which ultimately becomes one of the reasons of the liver tumors. Regarding this matter, should be mentioned that during the last years, the Ministry of Health and the NCMI has significantly emphasized the expensive treatment of such diseases as chronic hepatitis B, C and D. During the last years, the amount of funds allocated for treatment, including antiviral medication, have increased considerably, as expressed in **table 5**. [12]

	2007	**2008**	**2009**	**2010**	**2011**
IMSP SCBI „Toma Ciorbă"	11 044,8	32 061,7	15 556,4	17 232,6	29 125,4
IMSP Spitalul Clinic Republican	4 882,8	7 168,8	-	17 232,6	21 698,7
IMSP SCR pentru copii „E.Coțaga"	-	-	-	902,7	1 611,9
Total	**15927.6**	**39230.5**	**15556.4**	**35367.9**	**52436.0**

Table 5. Funds allocated by the NCMI for the antiviral medication utilized for the hepatitis treatment for the years 2007-2011, in thousands lei

Source: Raport privind Activitatea Companiei nationale de Asigurari in Medicina in anul 2011

As well, another serious disease that affects predominantly women is the **gastric ulcer**. In this way, women are the ultimate beneficiaries of the medications used in the treatment of the gastro-intestinal pathology, they being compensated through state funds in the amount of 50%, 70% and 90% of their total value.

III. CONCLUSIONS

Generally, the term “equity” in health care means the equal treatment to people that have different characteristics, such as gender status, and which suffer from the same health problems. In fact, equity should mean equal effectiveness, and in our case – benefits in form of medical services proportional to the needs of individuals. The most important step at the realization of equity regarding the health care in the Republic of Moldova was made with the implementation of the Mandatory Healthcare Insurance System. It allowed the decrease of the burden of payment for medical care for economically less privileged groups, such as the female population, which achieve less financial sources in form of salaries.

This is caused by the women’s greater necessity for health care due to their reproductive functions, their greater social, cultural and financial vulnerability, and their greater enrolment as both formal and informal health care producers. Furthermore, if decision making is decentralized, women may be under-represented on planning groups, so care must be taken to ensure that the differential needs of men and women are adequately represented.

Gender-sensitive budgeting is an approach intended to utilize the gender aspect into all stages of the budget cycle. It refers to the procedure of planning, approving, executing, monitoring, analyzing and auditing budgets in a gender-sensitive technique. It engages the study of real expenditure on women as compared to those taken on men taking into account their dissimilar requirements and priorities. It helps to make a decision upon the way strategies must be completed, adjusted and reprioritized. It is an instrument for successful policy execution where one can ensure if the allocations are in line with policy commitments and are having the preferred effect.

Taking into account that some diseases affect mostly (or even exclusively) one gender, such as cervical cancer, circulatory system diseases, tuberculosis, birth deliveries, tumors, etc, the funding of medical institutions should be made in accordance with the real needs of their patients. The policy regarding funding of the medical institutions in the Republic of Moldova is made taking into consideration the gender-based risk factors, being ensured the equity between genders. Although this, it needs to be permanently reviewed, to correspond to the current health problems of the society and pay even more attention to some diseases that register a high degree of incidence during the last years, such as tuberculosis, trauma, and others.

As seen through practice, women pay much more attention to their health, compared to men and, in such a way, they use more of the benefits offered by state or through mandatory insurance. This is one of the reasons why the dynamics of incidence or even the morbidity caused by different serious illnesses that affect mostly women is decreasing and the treatment is typically more efficient, compared to the maladies that affect men.

Health encouragement policies that take into account women's and men's biological discrepancy and social vulnerability to health risks are more likely to be flourishing and cost-effective in comparison with policies that are not apprehensive with such differences. In this way, the Health care System administration should keep taking into consideration the gender incidence of different diseases and allocate more sums of money to ensure equal access and the necessary amount of medical services for both genders.

In this context, the financial consolidation alternatives regarding the medical care should explore the existent practice of participation of private financial resources at the financing of the mandatory medical services. In other countries is a well explored practice of combining the public and private sectors in this matter, including the public and private insurance and the combination of mandatory and voluntary insurance systems.

The participation on private insurance companies with voluntary and supplementary services as well as the increasing role of these participants in the system of mandatory medical insurance through the introduction of insurance for supplementary services, could add value for relevant categories of beneficiaries. At the same time, the express decentralization of the healthcare system can lead to the emergence of inequalities and a more difficult access to public medical services. Through other forms of financing, such as the direct payment for medical services or private insurance, there exists a higher risk for the amplification of inequalities regarding the access to medical services, affecting mostly women, who generally have lower financial resources than men.

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