

ACCESSIBILITY AND QUALITY OF HEALTHCARE SERVICE IN THE REPUBLIC OF MOLDOVA

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Abstract: *Quality is one of the main characteristics of the assessment of health services. In line with the Sustainable Development Goals, the World Health Organization calls for countries to increase access to quality essential health services, medicines, and vaccines for the entire population, regardless of income level. The degree of implementation of this task in the Republic of Moldova is the research objective of this paper. The purpose of research is to assess the accessibility and quality of healthcare services. The analysis showed that there is a relationship between the level of income of the population and the degree of satisfaction of the population with their health. In this study, the author performed a comparative analysis of access to health services in the Republic of Moldova by area. Likewise, the author analysed the interdependence between population income and access to quality health services. A financial resource is an important condition in ensuring access to certain medical services, so the benefit of treatment or medical observation depends on the level of population well-being.*

Keywords: *access to health services, quality of healthcare services, accessibility in rural and urban areas, population well-being.*

JEL Classification: *I11, I12.*

1. Introduction

Research on the accessibility and quality of healthcare services is relevant for the Republic of Moldova. First of all, population ageing is high. According to the National Bureau of Statistics (NBS), the population ageing rate as of January 1, 2022 was 22.8% (NBS, 2023). The more older people, the more health services are needed, and as a result, access to these services needs to be increased. Second, the population is decreasing annually. On January 1, 2022, the usually resident population decreased by 0.9% compared to January 1, 2021, and 9.3% compared to January 1, 2014. The accessibility and quality of medical services is an indicator that reflects the level of development social and demographic of any modern society.

The study of the opinion of the population regarding the accessibility and effectiveness of healthcare plays a significant role in the management of the healthcare system. Low accessibility is characteristic of social instability in the country (Colesnicova et al., 2021). The lower the disposable income of a citizen, the less quality medical services are available to him. Target 3.8 of the Sustainable Development Goals (SDGs) is to ensure access to quality health care, safe, effective, and affordable essential medicines, and vaccines for the entire population, regardless of income level (SDG, 2023). The research object of the given study is the accessibility of medical services. The purpose of the research is to develop proposals for improving the healthcare system, taking into account the extent to which target 3.8 (SDGs) has been achieved in Moldova.

2. Literature review

Many researchers consider that the fundamental reasons for differences in the accessibility of medical services are the place of residence of a citizen (urban or rural), population density, and transport infrastructure (Bakimchandra et al., 2020; Reshadat et al., 2020; Zhu et al., 2019; Stratan et al., 2022; Gutium and Balan, 2023). Khanh Hung Le, Thi Xuan Phuong La, and Markku Tykkyläinen believe that “location optimization, road

improvements, and the introduction of digital healthcare” are needed to improve the accessibility and quality of healthcare services (Le et al., 2022).

Scholars have different opinions about the notions of access and the need for health services, but most agree that accessibility is a multidimensional concept. Martin Gulliford believes that this concept reflects not only the provision of services but also their financing and organization. In addition to the listed characteristics, accessibility also represents the interaction of groups and individuals in the supply of health services (Gulliford, 2020). Individuals with equal needs for health services may not have equal access to them as there are various barriers they face: financial, social, cultural, and personal barriers. Based on his observations, Gulliford concluded that different groups of people assess the quality of medical services differently. This circumstance must be minded when developing proposals and recommendations for improving the availability and quality of healthcare services. Of great interest is the work of researchers at the University of York, who defined the concepts of need, demand, and supply of medical services. They used a Venn diagram to explain the concepts and established the relationship between the following terms: need, demand, supply, and access to healthcare services (Santana et al., 2023).

3. Analysis of the accessibility of the population of the Republic of Moldova to healthcare services

Population health is influenced by several factors, such as population ageing, the residential environment, and well-being (disposable income). The survey of respondents regarding the health perception showed that 55.9% of respondents in 2021 characterized their health as good, 39.5% as satisfactory, and 4.6% as bad (Fig. no. 1).

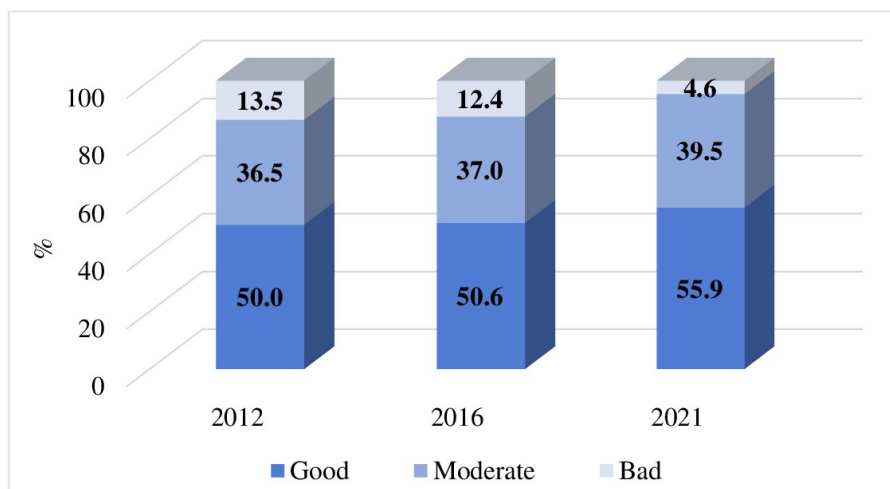


Figure no. 1. Health perception of population in Moldova

Source: NBS, 2022.

From 2012 to 2021, the number of citizens who perceive their health as good increased in urban and rural areas. However, the gap between the health perception as good by urban and rural citizens has increased (Table no. 1).

Table no. 1. Health perception of population in Moldova, by area, %

	2012		2016		2021	
	urban	rural	urban	rural	urban	rural
Good	53	48	52	49	62	52
Moderate	36	37	38	37	35	42
Bad	11	15	10	14	3	6

Source: NBS, 2022.

In 2012 this gap was five percentage points and in 2021 – 10 p.p. More city dwellers perceive its health as good compared to the rural population. One of the factors is the predominance of the elderly population in the rural area and the increased risk of chronic diseases. The trend of youth migration from villages to cities has been established in Moldova.

Analysis of health perception by gender showed that females, compared with males, believe that their health status is worse in terms of self-perceived. During the analyzed period, the positive perception of health increased in men's and women's opinions. The gap in positive health perception by gender changed insignificantly in 2021 compared to 2012 (Table no. 2).

Table no. 2. Health perception of adults population in Moldova, by gender, %

	2012		2016		2021	
	male	female	male	female	male	female
Good	46	37	45	39	51	41
Moderate	39	45	42	44	44	53
Bad	15	18	13	17	5	6

Source: NBS, 2022.

As the author mentioned above, one of the influencing factors in the degree of health perception of the population is the level of well-being (Gutium, 2020). The research results showed that the poor population, compared to the rich, is less satisfied with the state of health. Every second person in quintile one declared their perception of health as good, and 5.6% rated it as bad. The number of people in the V quintile who claim that their health is good is 5.4 p.p. higher than people in quintile I. Only 1.8% of people in quintile V assess the health perception as bad (Fig. no. 2).

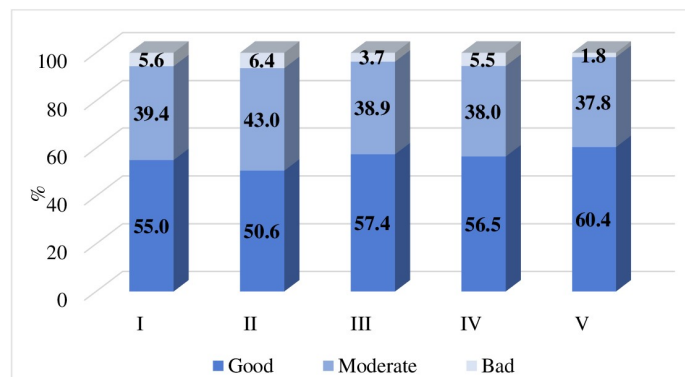


Figure no. 2. Health perception of population in Moldova, by quintiles, 2021

Source: NBS, 2022.

The quota of the population from the urban area, who benefited from medical services in the last four weeks before the interview, constituted 28.4% in 2021, being on the increase compared to 2016 and 2012 (Fig. no. 3). The urban population sought medical advice more often compared to the rural population, although the share of townspeople who perceive their health as bad is lower than the share of the rural population.

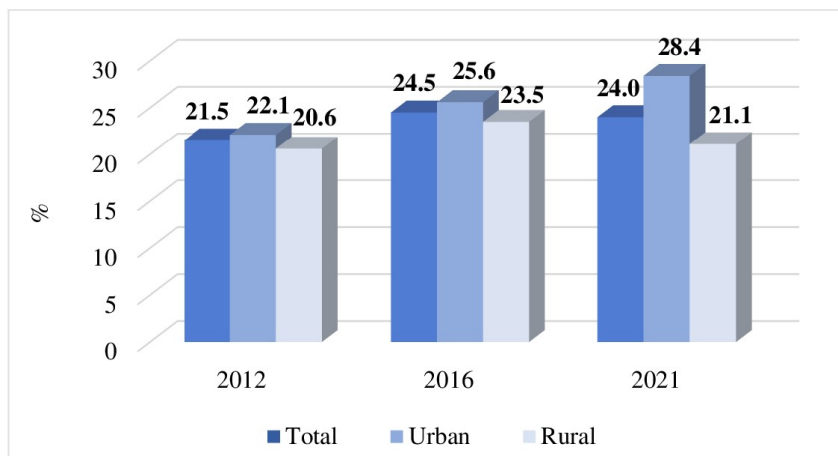


Figure no. 3. Share of people who benefited from medical services in the last 4 weeks before the survey, by area

Source: NBS, 2022.

The population's accessibility to medical services depends directly on medical insurance (Gutium, 2022), so the share of people with medical insurance who have benefited from medical services is considerably higher than the uninsured. The gap was 18.6 percentage points in 2021 (Fig. no. 4). This year, people with medical insurance and those without insurance registered a reduction in access to primary healthcare services compared to 2016.

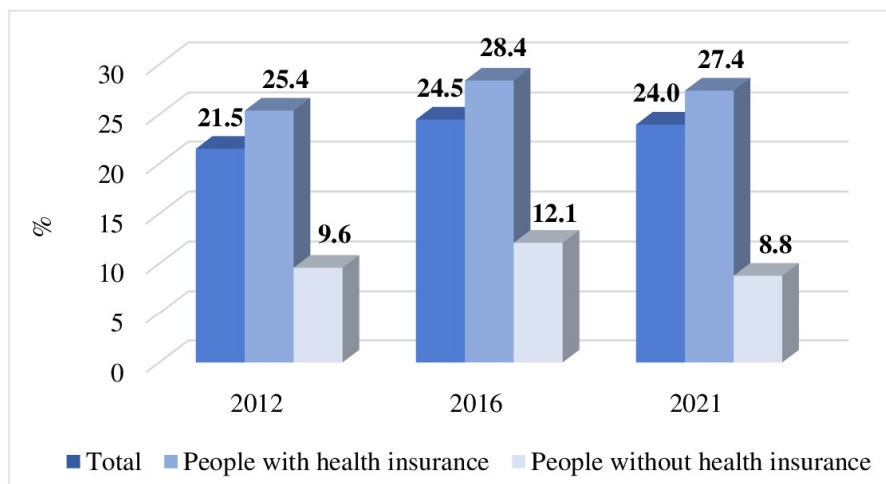


Figure no. 4. Share of people who benefited from medical services in the last 4 weeks before the survey, by health insurance

Source: NBS, 2022.

The population with high disposable income received medical services approximately two times more often than the poor population in 2012. This difference increased in 2021. The population in the V quintile received medical services three times more often than the population in the I quintile (Fig. no. 5). The share of people who benefited from medical services from the V quintile increased by 11.4 p.p. in 2021 compared to 2012, and the quota of persons from the first quintile decreased by 1.5 p.p.

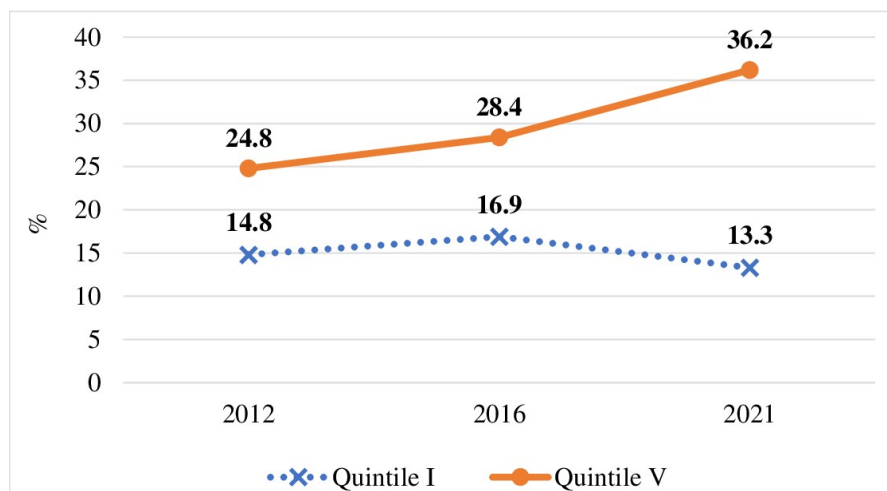


Figure no. 5. Share of people who benefited from medical services in the last 4 weeks before the survey, by quintiles I and V

Source: NBS, 2022.

The analysis of the assessment of access to medical services by area showed that every eighth interviewee from the urban area and every sixth from the rural environment believe that access has increased. Even though medical centers are closing in rural areas and the infrastructure of medical institutions is inferior to that in cities, 16.7% of the rural population mentioned that access to medical services has increased, while only 13.1% of urban residents share the same opinion (Table no. 3).

Table no. 3. Appreciation of access to medical services, by area, %

	2012		2016		2021	
	urban	rural	urban	rural	urban	rural
Increased	22.2	30.1	17.3	26.6	13.1	16.7
Remained the same	41.8	28.6	43.0	34.5	36.2	43.6
Decreased	10.9	8.7	16.0	6.6	30.7	16.9
Have no opinion	25.1	32.6	23.7	32.3	20.0	22.8

Source: NBS, 2022.

Every fifteenth person in urban areas and about every seventh person in rural areas believed that the quality of medical services had improved in 2021. At the same time, every fourth urban resident and every seventh rural dweller claimed that the quality of medical services had deteriorated (Table no. 4).

Table no. 4. Assessment of the quality of medical services for the last 12 months before the survey, by area, %

	2016		2021	
	urban	rural	urban	rural
Improved	15.2	20.7	6.7	15.6
Remained the same	44.3	41.5	47.6	46.9
Worsened	19.7	9.2	27.5	15.3
Have no opinion	20.8	28.6	18.2	22.2

Source: NBS, 2022.

4. Conclusions

From year to year, the number of people who share the opinion that the accessibility of health services increased in Moldova is decreasing. At the same time, the number of those who believe that accessibility decreased continue to grow. In 2021, every third city dweller interviewed claimed that accessibility decreased. Generalizing the opinion of the respondents from the period 2012-2021, we can conclude that the accessibility of health services registered a downward trend.

A comparative analysis of respondents' opinions in 2021 and 2016 showed that the share of respondents who believe that the quality of medical services has improved has decreased. The quota of respondents who say that the quality of medical services has deteriorated has increased. Generalizing the research results, we can conclude that the quality of healthcare service in Moldova has decreased.

Thus, there is an inequality in the access of the population to medical services in the Republic of Moldova. The accessibility of healthcare services depends on the level of population well-being, health insurance, and area.

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