



# BRIDGING SYSTEMIC ACCESS GAPS FOR CANCER MEDICINES: A POLICY PERSPECTIVE FROM THE REPUBLIC OF MOLDOVA

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## Context

Cancer remains a leading cause of morbidity and mortality in the Republic of Moldova, yet access to essential oncology medicines is hindered by systemic barriers:

- ❖ Declining procurement success rates
- ❖ High humanitarian aid dependency
- ❖ Fragmented governance across multiple funding streams

### Research objectives:

- ❖ Analyse integrated management system of oncological medicines used in public health system
- ❖ Identify critical access gaps and system failures
- ❖ Study policy misalignment, focusing on procurement bottlenecks, reimbursement limitations, and the emerging use of health technology assessment (HTA) as a value-based policy tool
- ❖ Propose sustainable financing model

## Methods and Materials

A structured policy analysis was conducted, including desk review of national legislation, pricing and reimbursement regulations, and procurement procedures. National data (2023-2026) on procurement outcomes, reimbursement decisions, and medicine expenditure were analysed. Consultations with policymakers and patient representatives provided qualitative insights.

### Data Sources (2019-2026):

- ❖ National Health Insurance Company (CNAM) databases
- ❖ Institute of Oncology annually reports
- ❖ Centralized public procurement database
- ❖ Ministry of Health financial reports

### Analytical framework:

- ❖ Seven-component system assessment
- ❖ Gap analysis
- ❖ Financial sustainability modeling
- ❖ Stakeholder impact assessment

## Key findings:

**System performance indicators:** overall integrated management system score: 46.4/100 based on seven-component assessment.

### Critical performance gaps:

1. HTA/Evaluation 70% below target (25% vs 95%),
2. Regulation 52% gap (38% vs 90%),
3. Monitoring 50% gap (35% vs 85%),
4. Governance 40% gap (45% vs 85%),
5. Financing 38% gap (42% vs 80%),
6. Procurement 27% gap (68% vs 95%)
7. Distribution 18% gap (72% vs 90%)

### Procurement system deterioration:

- Success rates declined: 88.1% (2022) → 77.5% (2023) → 77.0% (2024) → 68.0% (2025) → 68.1% (2026)
- Four WHO essential medicines with complete procurement failure: Asparaginasum, Chlorambucilum, Vinblastinum, Vincristinum
- State procurement covered 68% of needs, MAS humanitarian program covered 100% of its portfolio, CNAM compensated medicines reached 45% target.

### Financial structure evolution:

- Public spending increased from 6.89M USD (2019) to 16.6M USD (2024) - 141% growth
- Humanitarian aid dependency: 26.4% (2021) → 51.2% (2022) → 54.2% (2023) → 34.1% (2024)
- MAS program value: 58.0M MDL (2021) → 78.6M MDL (2022) → 147.2M MDL (2023) → 89.9M MDL (2024)
- 2024 funding distribution: State Budget 32.1%, CNAM Insurance 25.8%, Humanitarian Aid 34.1%, Patient Out-of-Pocket 8.0%

### Access and coverage metrics:

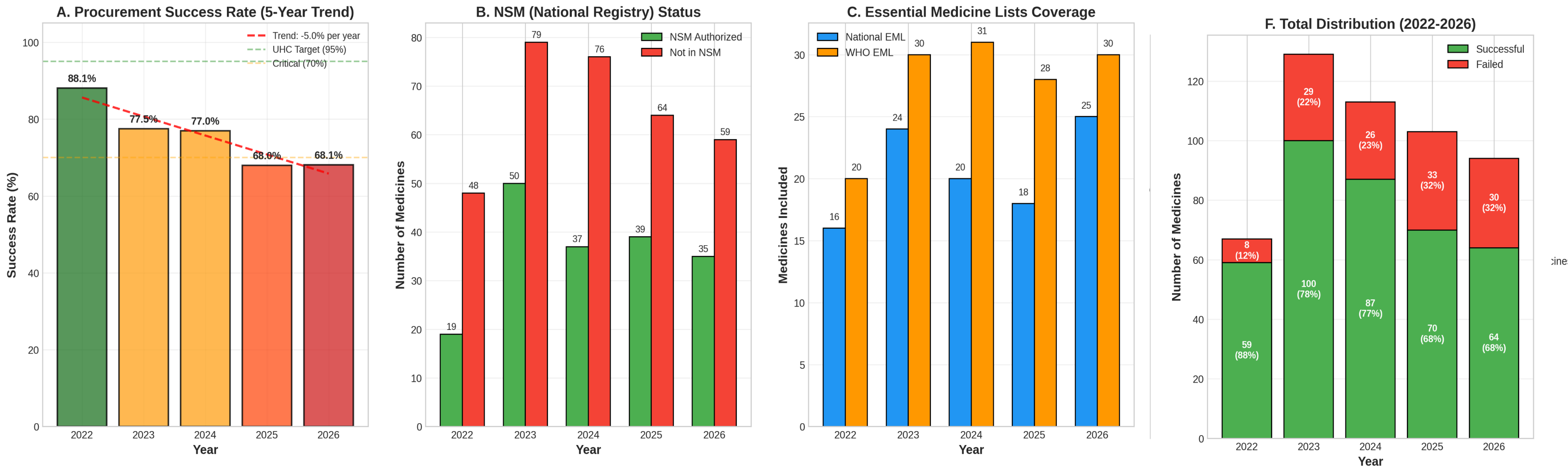
- CNAM pharmaceutical compensation beneficiaries: 737,892 persons (2024)
- Reimbursement decision outcomes: 11 applications total, 4 approved, 7 rejected - 36.4% approval rate
- HTA evaluation timeline: 2 medicines approved in 2023 (of 4 applied), 2 approved in 2024 (of 5 applied), 0 approved in 2025 (of 2 pending)

### Distribution system improvement results:

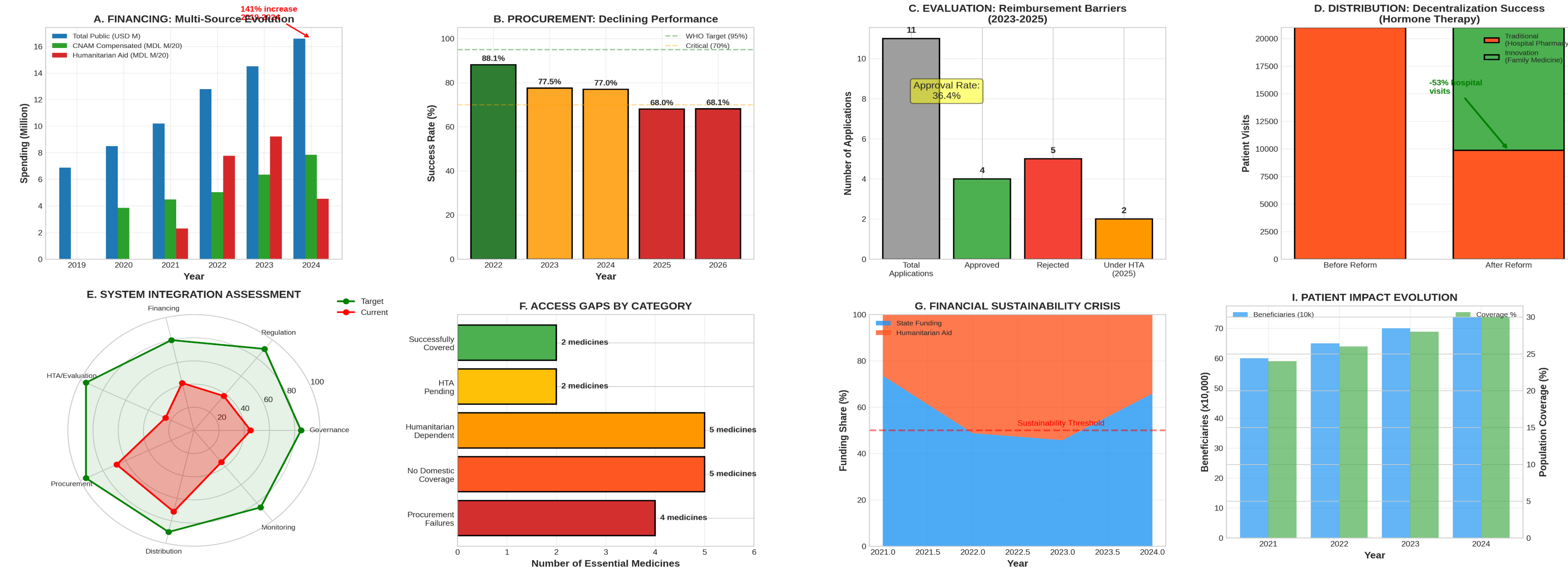
- Hormone therapy decentralization: hospital pharmacy visits reduced from 21,000 to 9,857 (-53%)
- Family medicine integration: increased from 0 to 11,143 patients served
- Centralized vs decentralized distribution shift documented for tamoxifen and anastrozole.

## Results

Oncology Medicines Public Procurement Analysis: Moldova 2022-2026  
Including NSM Authorization & Essential Medicine Lists Status



INTEGRATED SYSTEMS ANALYSIS: Cancer Medicine Access in Moldova  
Holistic Framework for Sustainable Policy Reform



### IMMEDIATE PRIORITIES:

- ✓ Activate emergency procurement for failed medicines
- ✓ Fast-track HTA evaluations for 2 pending applications
- ✓ Implement managed entry agreements for MAS medicines

### SHORT-TERM REFORMS:

- ✓ Integrate MAS program into CNAM coverage
- ✓ Establish transparent HTA criteria
- ✓ Develop outcome-based payment models
- ✓ Strengthen procurement capacity

### SYSTEMIC TRANSFORMATION:

- ✓ Full HTA implementation across oncology
- ✓ Regional joint procurement mechanisms
- ✓ Digital monitoring system deployment
- ✓ Sustainable financing model (<20% aid dependency)

## Conclusion

**System underperformance:** Moldova's cancer medicine management scores 46.4/100 across seven components, with cascading dysfunction from absent HTA infrastructure (25% capacity) through procurement collapse (88%→68% success rate) to fragmented financing (34.1% humanitarian dependency).

**Critical gaps:** No HTA framework for cancer medicines, budget impact analysis, or managed entry agreements result; WHO essential medicines are unavailable; only 36.4% reimbursement approval rate for cancer medicines; three parallel uncoordinated funding streams for outpatient and inpatient system; 141% spending increase without improved access.

**Proven solution:** Hormone therapy decentralization (-53% hospital visits) demonstrates that integrated interventions addressing multiple components simultaneously break dysfunction cycles and deliver transformative outcomes.

**Recommendation:** implementing good integrated management practices in Moldova's oncology medicines subsystem - through unified governance structures, synchronized financing mechanisms, evidence-based evaluation processes, and continuous performance monitoring.

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