



# MOLDOVA EXPERIENCE: FROM NATIONAL TO LOCAL

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Diseases

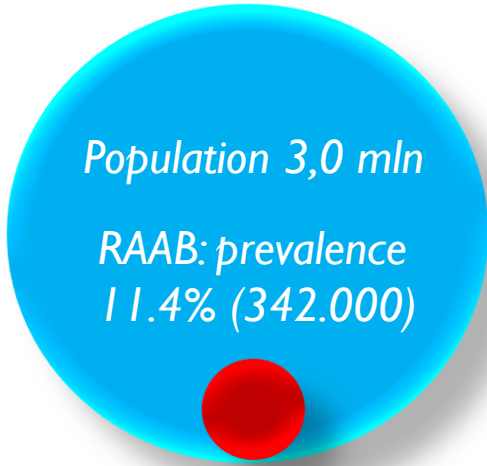
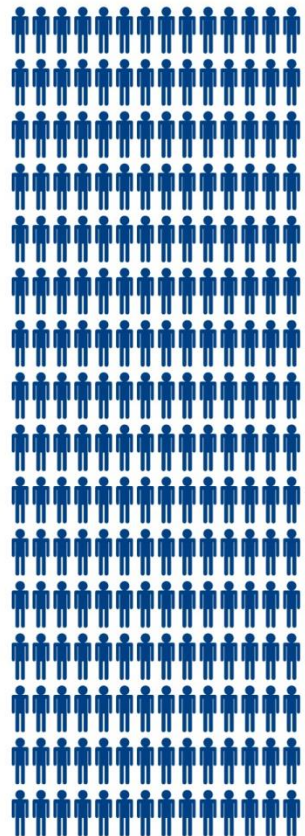


WORLD **DIABETES** FOUNDATION

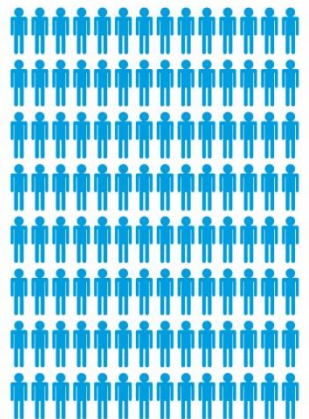


# DIABETES AND DIABETIC RETINOPATHY FACTS

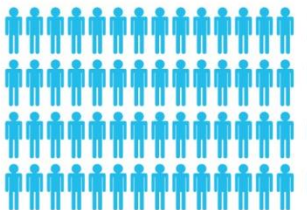
diabetes



diagnosed



receive care



achieve treatment targets



achieve desired outcomes



- Official statistics 2019: prevalence 4% (120.000)
- IDF Atlas 2019: prevalence 5.7%
- RAAB 2015\*:
  - 11,4% of population above 50 have diabetes ~ 342.000
  - DR prevalence of 55,9 % with sight threatening condition in 14,6%

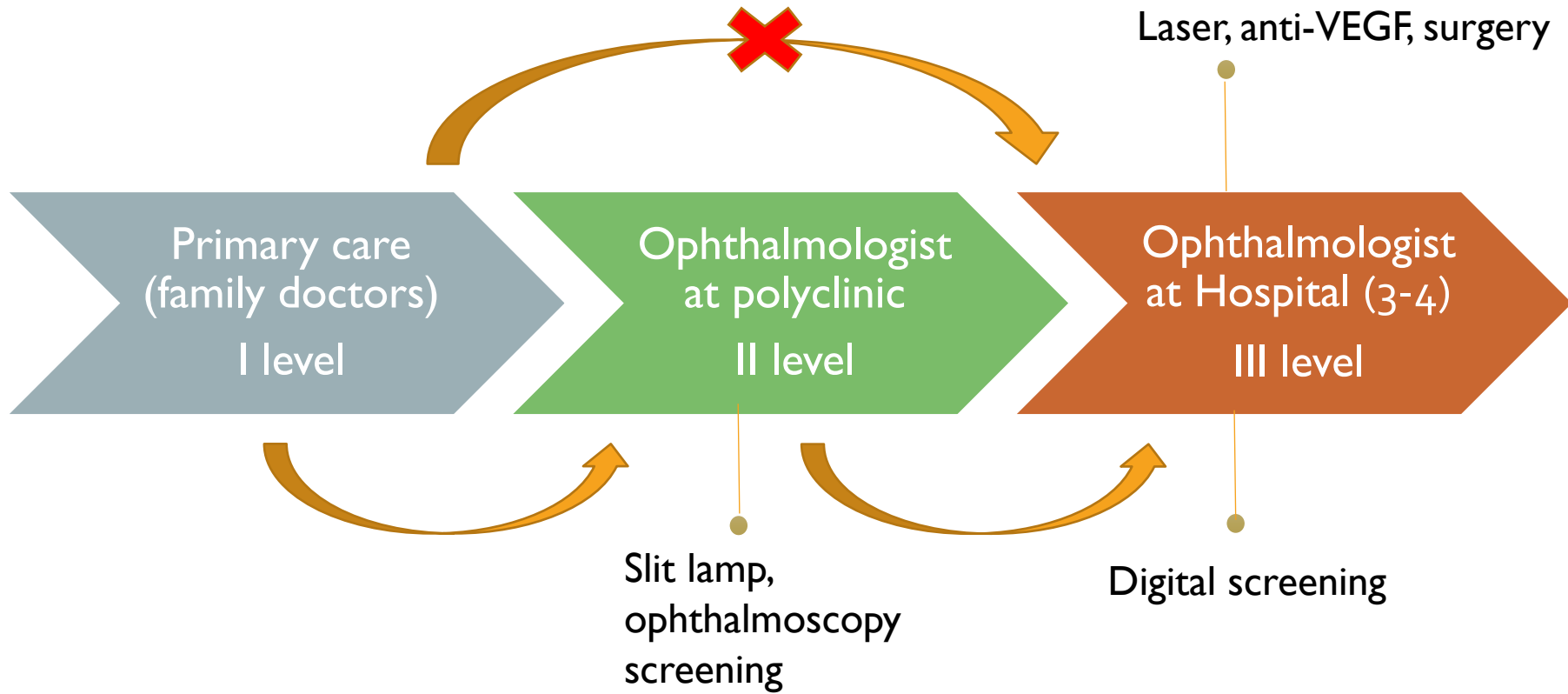
*\*Rapid assessment of avoidable blindness and diabetic retinopathy in Republic of Moldova. Tatiana Zatic et al. Br J Ophthalmology 2015 Jun;99(6):832-6*

## CHALLENGES IN MOLDOVA

- Lack of lasers (concentrated in the capital + 1 regional clinic)
- Lack of trained ophthalmologists (10 of 36 regions have no ophthalmologist)
- Uneven distribution of ophthalmologists in the regions and in the capital
- No diabetes registry
- Lack of communication between different levels of diabetes care
- Lack of “real” data about diabetes and DR prevalence
- Lack of data reporting by family doctors



# DR REFERRAL PATHWAY



# INITIAL PLAN

- Initiated in 2011 by Association for the Study of Chronic Diseases (NGO) with the support of Ministry of Health and external partners (World Diabetes Foundation)

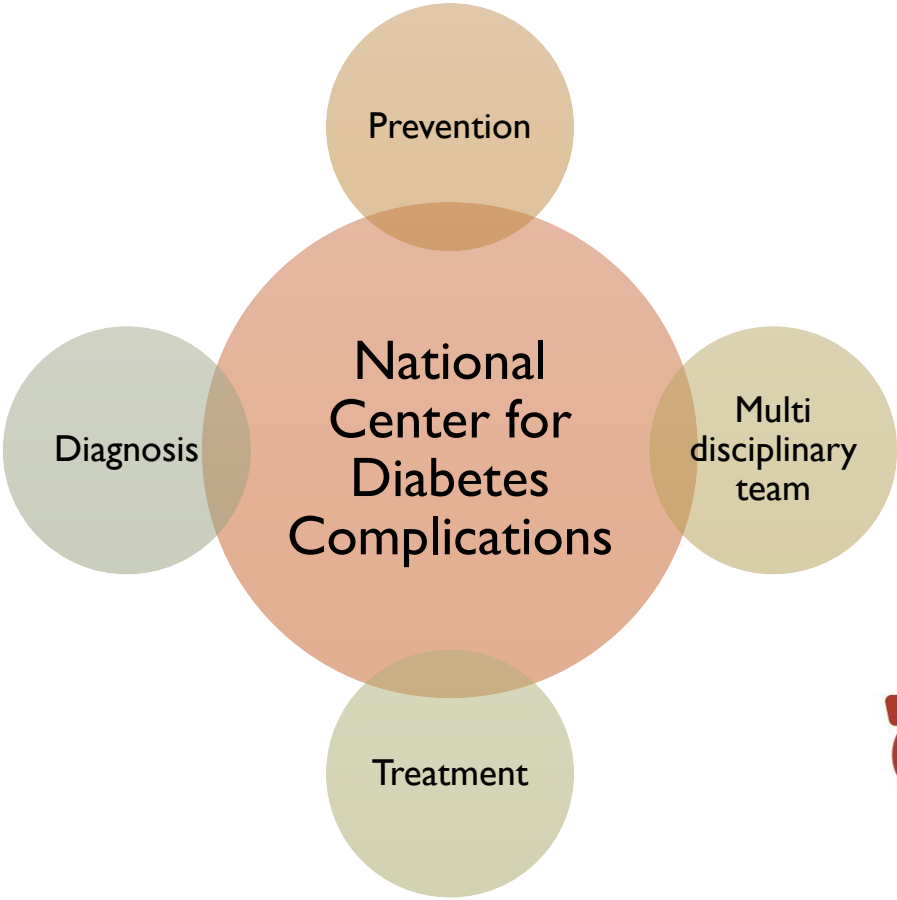
- State of the art equipment
- Accessible through insurance
- Geographical accessibility



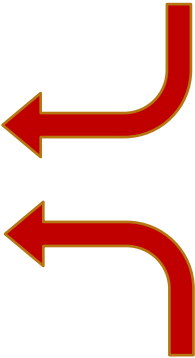
- Interaction between primary care (I level), ophthalmologists of II and III level
- Training of HCP
- Screening
- Awareness raising campaigns in general population
- Patients education



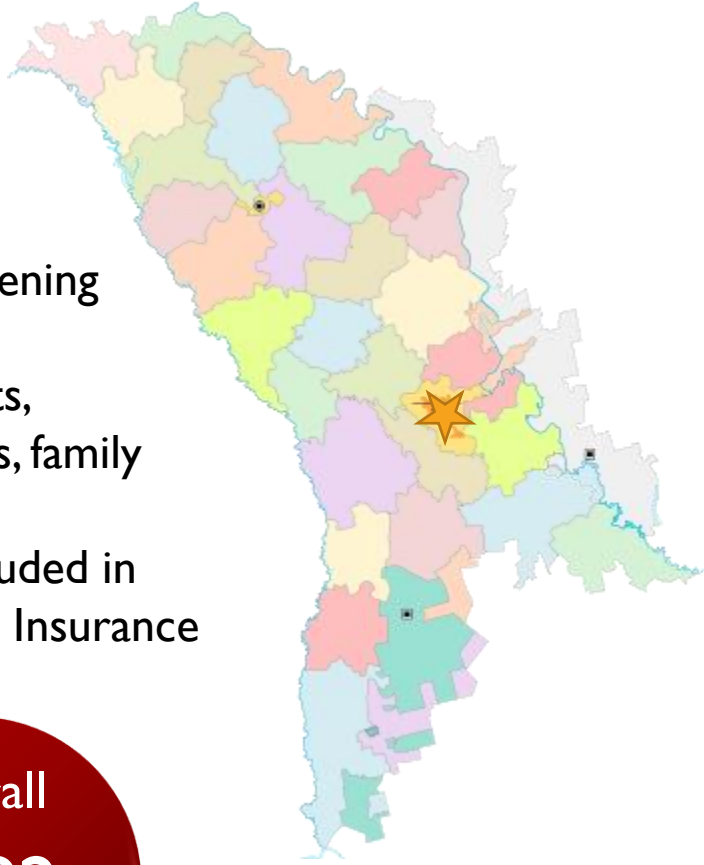
# I STEP – NATIONAL CENTER



Established 2012



- 36 regions
- Mobile van screening
- Referrals from ophthalmologists, endocrinologists, family doctors
- In 1.5 years included in National Health Insurance scheme



overall  
**7582**  
patients

2012-2015





# II STEP – TRAINING (TOT MODEL)



**Total  
847**

Doctors

**200**

Ophthalmologists

**1700**

Nurses

# III STEP - MOBILE SCREENING



4780

3 years



# AWARENESS RAISING



WHAT TO DO WHEN THE EXTERNAL  
FINANCING ENDS...



AND INTERNAL IS LIMITED...

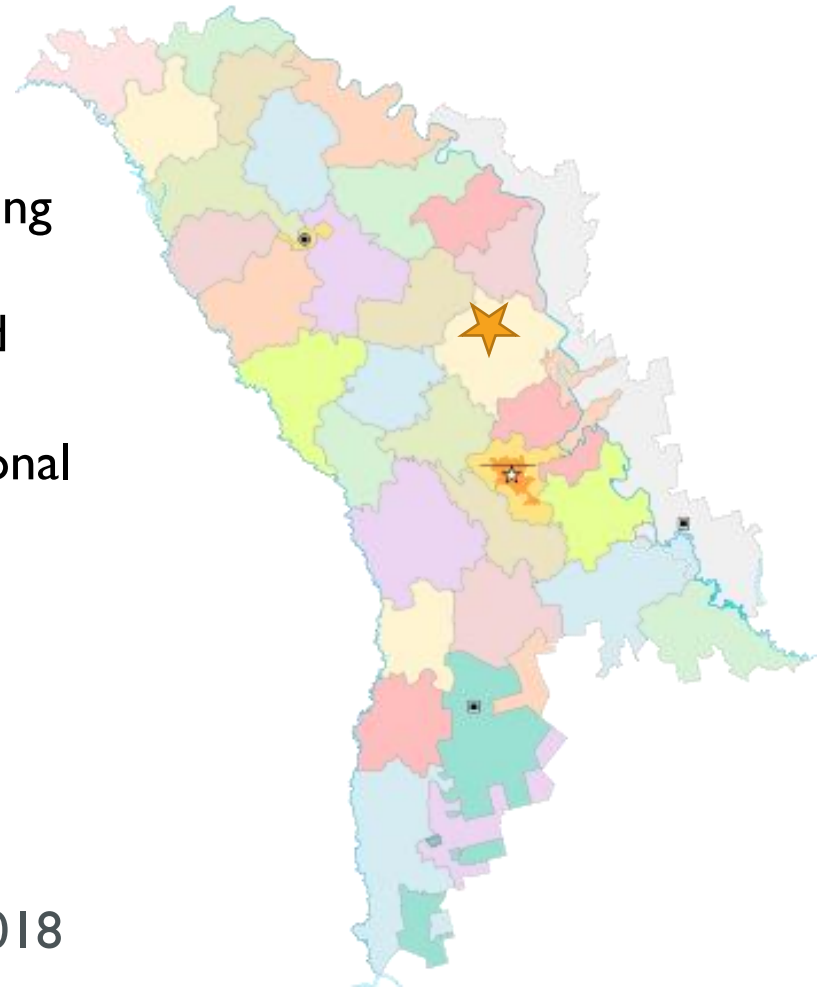
# MAKE IT LOCAL...



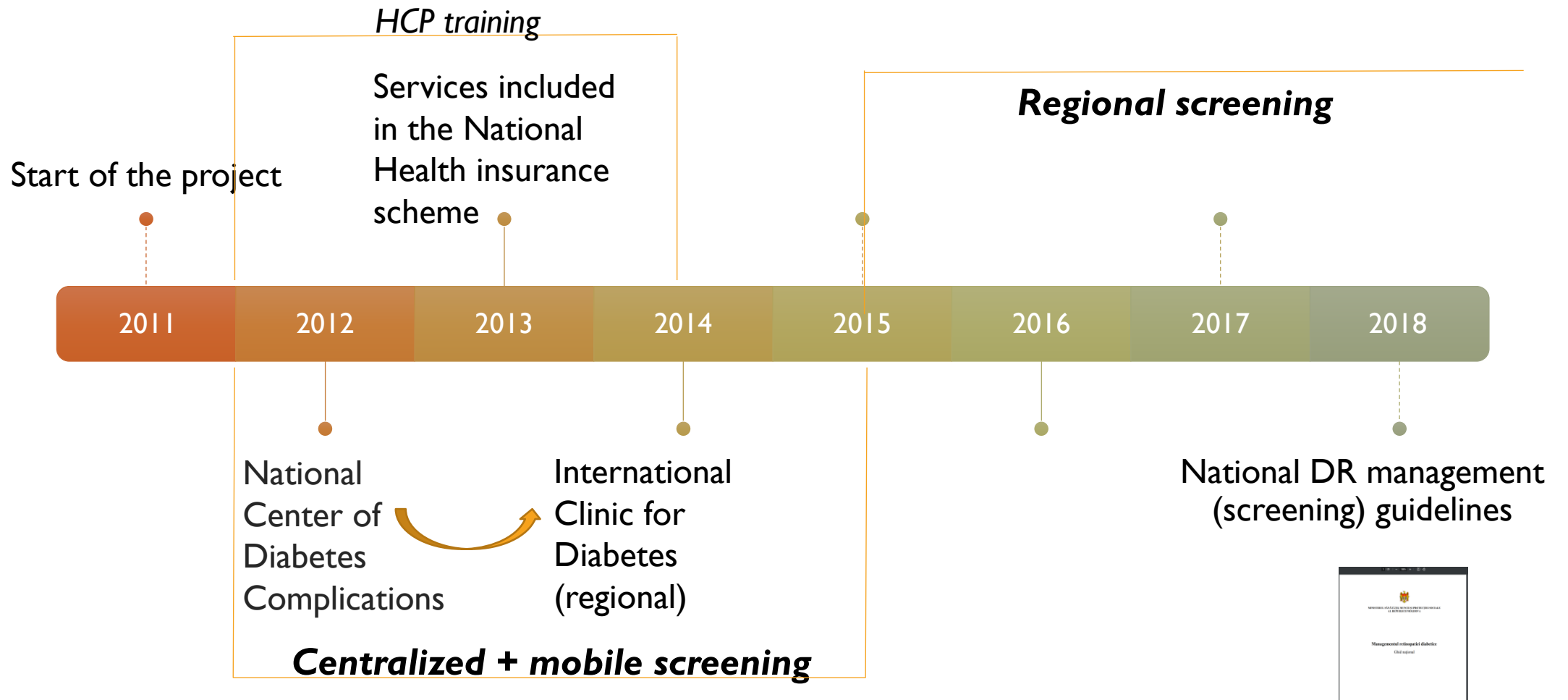
Established 2014

- 10 northern regions
- Digital photo screening + OCT
- Accent on integrated approach
- Integrated into National Health Insurance scheme

overall  
**5500**  
patients 2015-2018



# TIMELINE OF EYE SCREENING





# SUCCESSFUL DR SCREENING PROGRAM IS ABOUT INFRASTRUCTURE



## PITFALLS

- National screening is hard to sustain even in small countries ->start local
- Mobile screening is an intermediary solution, not a permanent option
- Nurses involvement as diabetes educators could be a key, but only in case of recognizing it as a separate specialty

## KEY ESSENTIALS

- Build capacity
- Involve stakeholders
- Advocacy for diabetic patients
- Awareness for general population

## SUSTAINABILITY

- Use existing structure
- Build commitment from MoH

THANK YOU!