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OMBUDSMAN

OBSERVANCE OF HUMAN RIGHTS
in the provision of Pre-Hospital Emergency Medical Services in the Republic of Moldova

SURVEY

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SURVEY

Observance of human rights in the provision of Pre-Hospital Emergency Medical Services in the Republic of Moldova

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Abbreviations

AMU	Urgent Medical Assistance
AMUP	Pre-hospital Emergency Medical Assistance
AOAM	Compulsory Health Insurance
LPA	Local Public Authorities
CFM	Center of Family Doctors
CNAM	National Health Insurance Company
CNAMUP	Pre-hospital Emergency Medical Assistance National Centre
INPPDO	National Institutions for Protection and Promotion of Human Rights
PAO	People's Advocate Office
OHCHR	Office of the High Commissioner for Human Rights
WHO	World Health Organization
UN	United Nations
PAMU	Emergency Medical Assistance Point
UNDP	United Nations Development Program
SAMUP	Pre-hospital Emergency Medical Assistance Station
UPR	Universal Periodic Review
ATUG	Autonomous Territorial Unit of Gagauzia
ECtHR	European Court of Human Rights

Introduction

The right to health is one of the fundamental human rights. Article 25 of the Universal Declaration of Human Rights expresses the right to a standard of living that ensures health and explicitly access to medical care. Article 36 of the Constitution of the Republic of Moldova, referring to the right to health care, stipulates both the guarantee of this right and the obligation to ensure the minimum of medical care.

In 2014 the UN Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, recommended to the government of the Republic of Moldova to *"proactively ensure that good quality health facilities, goods and services are accessible by and affordable for everyone, especially the most vulnerable or marginalized sections of the population, without discrimination"* and *" ensure that information on health (including sexual and reproductive health) goods and services is fully available, acceptable, accessible and of good quality, and that such information is imparted in a manner that is accessible to the poorest and most marginalized members of society"*[1].

According to the Ombudsman's 2015 Report on the observance of human rights in the Republic of Moldova[2], the quality standards in accessing the health services are not met, especially reduced access to emergency care services in rural areas[3]. Furthermore, the right to health and access to health services was declared by the People's Advocate one of the office's priorities for the forthcoming years. According to the survey „Perceptions on human rights in the Republic of Moldova"[4], jointly developed by the People's Advocate Office and OHCHR, 62% of the country's population considers that the state does not ensure equal access to everyone to quality medical care. The same survey shows that children and women, are in this sense the most vulnerable social categories.

Although the Ministry of Health and its specialized institutions currently conducts a national assessment of the emergency (pre-hospital) care services in Moldova, the rights holders' opinion and perception about their level of satisfaction in accessing these specific care services remains unexplored.

This survey is to serve a credible indicator for further assessing the official data issued by the Emergency Medical Care Service and will provide reliable data and recommendations for further improvement of the emergency care services in the Republic of Moldova.

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[1] Mission to the Republic of Moldova (8–14 September 2013). The full report can be seen at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/059/29/PDF/G1405929.pdf?OpenElement

[2] http://ombudsman.md/sites/default/files/document/attachments/report_2015_engl.pdf

[3] http://www.ombudsman.md/sites/default/files/document/attachments/report_ 2015_ engl.pdf

[4] http://ombudsman.md/sites/default/files/document/attachments/ro-raport_do_final_pentru_tipar.pdf

From those 14 human rights of the patients recognized by the international human rights standards[5], only 7 of them will be assessed via the survey on perceptions of healthcare beneficiaries on respect of human rights in emergency care services in the Republic of Moldova, especially:

1. The right of access
2. The right to confidentiality and privacy
3. The right to information
4. The right to consent
5. The right to complain
6. The right to respect patients' time
7. The right to observance of quality standards.

These rights were selected based on the evaluation of the applications received by the People's Advocate Office during last years, from which it follows that these, compared to the other rights, had been predominantly violated. The same list of rights had also been included in the communication strategy of the People's Advocate Office.

In order to understand the current situation in the pre-hospital emergency care service and the degree of respect for human rights within this service, the research was carried out from the perspective of several dimensions.

First, extensive information was requested from the Pre-Hospital Emergency Medical Assistance National Centre on the structure, capabilities and resources of this service. Subsequently, the team of the People's Advocate Office made multiple visits at national level, at AMUP (Pre-hospital Emergency Medical Assistance) Stations and Points, randomly selected, with a verification grid, developed to monitor the real situation, such as endowment with ambulances and equipment, infrastructure, human resources etc.

The assessment carried out had also as one of the objectives the determination of the degree of insurance of the pre-hospital emergency medical assistance according to the needs of the children, this being a separate investigation carried out by the team of the Children's Rights Ombudsperson.

At the same time, 3 focus groups were created with representatives of the AMUP service from different districts, in order to understand the problems faced by the employees of this service and the causes that condition the violation or non-observance of some rights of the patient who called for AMUP assistance.

At the same time, CBS-AXA - an agency specialized in sociological research, carried out at national level a quantitative study of the satisfaction of the population with regard to the assistance provided by the AMUP service.

Thus, due to the multidimensional approach made in this investigation, it was possible to create an overview of the current situation of AMUP in the country, highlighting its shortcomings, as well as the cause-effect links in the violation of patients' rights in the provision of emergency medical services.

[5] The right to preventive measures, the right of access, the right to information, the right to confidentiality and privacy, the right to consent, the right to complain, the right to compensation, the right to free choice, the right to respect of patient's time, the right to observance of quality standards, the right to security, the right to innovation, the right to avoid unjustified sufferings, the right to personalized treatment.

CHAPTER I. Applying the fundamental human rights in the field of health

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. At the base of human rights are fundamental values such as: human life and dignity, integrity, equality, freedom, respect for the other, non-discrimination, tolerance, etc.

The right to health, one of the fundamental rights, is provided for in a series of international treaties, such as:

- The International Covenant on Economic, Social and Cultural Rights (ICESCR)[6], Article 12;
- The International Convention on the Elimination of All Forms of Racial Discrimination, Article 5 e) iv);
- The Convention on the Elimination of All Forms of Discrimination against Women, Articles 11 (f), 12, 14, 2 b);
- The Convention on the Rights of the Child, Article 24;
- The Convention on the Rights of Persons with Disabilities, Article 25.

The UN Committee for Economic, Social and Cultural Rights approved (in 2000) the *General Comment No. 14* on the right of every human being to the enjoyment of the highest attainable standard of health. Thus, the Committee states that the right to health is the right of the person to have access to the use of a variety of facilities, goods and conditions necessary for the realization of the highest attainable standard of health.

The right to health in all its forms and at all levels contains the following interrelated and essential elements:

- **Availability**

Any state must have a sufficient number of institutions, goods, services and programs in the health system.

- **Accessibility**

The goods and services in the field of health, which the state has, must be accessible to each person from 4 aspects: geographically, economically, equitably and through a wide information.

- **Acceptability**

All health goods and services must comply with the principles of medical ethics and cultural criteria, so as to take into account the particularities

[6] Resolution of the General Assembly of the United Nations 2200A[XXI]. December 16, 1966. http://www2.ohchr.org/english/law/CDESC.htm

of all categories of people (the cultural specificity of certain ethnic groups, women, children, people from rural areas, etc.).

➢ Quality

As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality.

In order to respect the right to health, it is essential to ensure the respect of the patient's rights, which are included in the laws of each country. The patient's rights these are all the possibilities for the individual to defend his or her interests as the patient. These rights aim to promote in the long term within the public health system the dignity and autonomy of the patient, supported by the natural right to life, bodily integrity and health.

Every right of the patient implies an obligation of someone (of the doctor, of the medical institution, of the public authority or of the state) to ensure the effective realization of this right. It should be mentioned that not only the sick person, but also the healthy person who needs or uses health services is considered a patient.

At international level, patient rights are stipulated in the *Declaration of the promotion of patients' rights in Europe*, authorized by the WHO European Consultation on Patient Rights, in 1994, in Amsterdam. The Declaration represents a set of principles for the promotion and implementation of patient rights in WHO European member states and stipulates the following fundamental patient rights: the application of human rights in health care; the right to information, the right to consent, the right to confidentiality; the right to care and treatment.

In 2002, „*Active Citizenship Network*" proposed the European Charter of Patient Rights. Subsequently, in 2005, the European Economic and Social Committee issued an opinion on Patient Rights, recognizing all the rights included in the Charter. The Charter stipulates 14 rights, as follows:

1. Right to Preventive Measures
2. Right of Access
3. Right to Information
4. Right to Consent
5. Right to Free Choice
6. Right to Privacy and Confidentiality
7. Right to Respect of Patients' Time
8. Right to the Observance of Quality Standards
9. Right to Safety
10. Right to Innovation
11. Right to Avoid Unnecessary Suffering and Pain

12. Right to Personalized Treatment
13. Right to Complain
14. Right to Compensation

Next, we will describe the national legislation from the perspective of observance of these rights.

At the same time, in the context of the mentioned rights, we will come up with some examples of concrete cases examined by the European Court of Human Rights, for which the states have been convicted for violating the rights provided by the Convention for the Protection of Human Rights and Fundamental Freedoms. It is worth mentioning that despite the fact that the right to health care, which includes the rights of the patient, is not found in the Convention, the violations reported have been treated in the light of the rights stipulated in the Convention, such as: the right to life[7] , the right to respect for privacy[8], freedom of expression.[9]

It is important to mention that special attention is paid to the conditions and degree of respect for the right to health of the child, based on the specific needs and particularities of the age. The Convention for the Protection of the Rights of the Child[10] states that: „*In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration*." Thus, during this report, the legal framework and the real situation in the Republic of Moldova will be identified and emphasized, reflecting the respect of the rights of the child in the provision of medical care, especially of pre-hospital emergency.

1.1. Right to Preventive Measures

Every individual has the right to a proper service in order to prevent illness.

Although national law does not expressly establish the right to preventive measures, a number of legal provisions could be interpreted as applicable to this right. Ensuring adequate living conditions and a healthy environment, which is not harmful to life and health, from an ecological point of view, is a mandatory condition for the prevention of illnesses. The state must guarantee to every person the right to free access and to the spread of truthful information on the condition of the natural environment, living and working conditions, the quality of food and household items and other factors that may be detrimental to health[11].

[7] Article 2. Right to life.

[8] Article 8. Respect for your private and family life.

[9] Article 10. Freedom of expression.

[10] Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on November 20, 1989 (translation) (republished in the Official Gazette number 314 of June 13, 2001), Article 3, paragraph (1).

[11] Constitution of the Republic of Moldova, Article 37.

One of the fundamental principles of the health protection system is that of prophylactic orientation of the health insurance of the population in all spheres of vital activity. The population has the right to possess the knowledge necessary to ensure his or her health and prevent diseases. Prophylactic anti-epidemic measures are guaranteed by the state from the minimum of free medical insurance[12].

Every person has the right to a favorable living environment, which is ensured by carrying out a complex of measures to prevent the action of the unfavorable factors of the environment[13], and has the right to know the information about the harmful factors of the environment, about the risks and possible dangers for the development of morbid conditions[14].

The state must provide permanent information to the population through messages to prevent the problems of reproductive health, diagnosis and treatment of sexually transmitted infections and HIV infection, measures to prevent sexual violence, of assistance and rehabilitation of victims of violence[15].

1.2. Right of Access

Every individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services.

According to the interpretation of „the right to the highest standard of health", the right to access has several dimensions. Thus, the goods and services in the field of health, which the state has, must be accessible to every person from 4 aspects:

- **non-discriminatory access**, this supposes that any person has the right to use the goods and the health services, without any discrimination; especially vulnerable groups of the population;
- **physical access**, the health goods and services must be physically accessible (distance, access conditions for persons with disabilities, etc.);
- **economic access**, which means that the payment methods for health goods and services are to be based on the principle of social equity, so that they are accessible to the entire population;
- **access to information**, taking into account the right to seek, receive and communicate information on the health system, without violating the principle of individual patient confidentiality.

The legislation of the Republic of Moldova contains concrete provisions against discrimination, this being a constitutional right, which stipulates the principle

[12] Law on health protection number 411 of 28.03.1995, Article 2 (f); Article 18; Article 20, paragraph (2).

[13] Law number 10 of 03.02.2009 on state supervision of public health, Article 27.

[14] Law number 263 of 27.10.2005 on patient's rights and responsibilities, Article 5.

[15] Law number 138 of 15.06.2012 on reproductive health.

of equality of all citizens, regardless of race, nationality, ethnic origin, language, religion, sex, opinion, political affiliation, wealth or social origin. Everyone has the right to health care and a minimum of health insurance offered free of charge by the state[16].

The citizens of the Republic of Moldova are provided with urgent medical assistance in case of danger to life. The legislation in force provides for the free choice of the doctor, the medical institution and the form of medical care[17].

The patient can receive free assistance in the volume established by the legislation; has the right to be insured for medical care (compulsory or voluntary); has the right to examination, treatment and maintenance under appropriate conditions of sanitary-hygienic norms[18].

Everyone has equal access to medical services, regardless of HIV status. It is not allowed to refuse the hospitalization, reception, access to medical services of persons with HIV positive status or to request higher taxes for the provision of the respective services.[19]

Adolescents have the right to information and access to reproductive health services adapted to their needs[20]. The state recognizes the right of the child to use the best technologies for treatment, recovery and prophylaxis of diseases[21].

In the context of ensuring the accessibility of the medical services provided to the children it is very important to mention the presence of the skills of the medical workers with a pediatric profile to be able to interact with the minors of all ages and the ability to inform them within their meaning, depending on the child's age and / or disability.

The legislation in force guarantees the right of persons with disabilities to a respectful and humane attitude from the part of health service providers, without any discrimination on grounds of disability[22].

1.3. Right to Information

Every individual has the right to access to all kind of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.

For the effective realization of this right, it is necessary to ensure the patient with access to information about his or her health status. This moment is

[16] Constitution of the Republic of Moldova, Article 16, Article 36.

[17] Law on health protection number 411 of 28.03.1995, Article 24, Article 25.

[18] Law on patient rights and responsibilities number 263 of 27.10.2005.

[19] Law on HIV / AIDS infection prophylaxis number 23 of 16.02.2007, Article 25.

[20] Law on reproductive health number 138 of 15.06.2012, Article 6.

[21] Law on the rights of the child number 338 of 15.12.1994, Article 4.

[22] Law on social inclusion of persons with disabilities number 60 of 30.03.2012.

very important to determine the real possibility of the patient to make a decision regarding the proposed treatment and interventions. At the same time, we must take into account the size and the way of information of the patient, as long as it was adjusted to the patient's ability to understand. It is recommended to promote the obligation of the written informed consent, which necessarily has the information part and the patient's approval (signature).

Everyone will be provided with access to personal information about themselves. The person has the right to be aware of this information personally or in the presence of another person; to specify this information in order to ensure its completeness and truthfulness; to obtain, if necessary, the rectification of information or their liquidation when they will be treated inappropriately; to find out who and for what purpose has used, uses or intends to use this information; to take copies of documents, information about themselves or some parts thereof[23]. The patient has the right to know the objective situation about his or her health condition, during the medical examination and treatment he has the right to information about the medical procedures that are applied to him, about their potential risk and their therapeutic effectiveness, about the alternative methods, as well as about the diagnosis, prognosis and treatment progress, about the prophylactic recommendations. The patient has the right to consult the information included in the medical observation card or other documents concerning him / her. At the same time, regarding the right of patients - children / adolescents to obtain information about all medical procedures, the beneficiaries of this right are, according to the law, the parents, the guardian or the curator[24].

According to international standards, it is advisable in the process of granting pre-hospital medical care to children, to take into account the accessibility aspect and the informed participation of the minor in the decision making. These elements, in essence, define the phenomenon of child-friendly healthcare. The basic purpose is to inform and involve the child in making the decision at all stages of healthcare.

The state must guarantee to the child capable of discernment the right to freely express his or her opinion on any problem that concerns him, the opinions of the child to be taken into consideration taking into account his or her age and his or her degree of maturity[25].

The opinion of the minor will be taken into account as a more and more decisive factor, depending on his or her age and degree of maturity[26].

[23] Law on access to information number 982 of 11.05.2000, Article 8.

[24] Law on health protection number 411 of 28.03.1995, Article 50.

[25] UN Convention on the Rights of the Child, Article 12.

[26] European * Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (Convention on Human Rights and Biomedicine) of 04.04.1997, Published in the official edition, „International Treaties", 2009, volume 43, pages 466, Published in the official edition, „International Treaties", 2006, volume 38, pages 247, Note: Ratified by Law number 1256-XV of 19.07.2002, Drawn up at Oviedo on April 4, 1997, * In force for the Republic of Moldova from March 1, 2003, Article 6, paragraph (2).

The participation of the knowledgeable minor in the decision making regarding him is an important element in the awareness of the situation in which he is, but also in his or her process of education.

Child-friendly health care services assume that:

- the child knows when and where to call in case of medical emergency;
- the child has easy access to emergency medical services;
- the healthcare provider respects the confidentiality according to the legislation;
- the emergency medical services provider offers effective and comprehensive services according to the child's needs;
- all children have equal access to emergency medical services.

The patient has the right to request information from doctors or medical institution, in written form[27]. The medical information should be presented in a language, as accessible as possible, to his or her level of understanding, and in case the patient does not know the state language, shall be sought another form of communication[28].

The legislation in force provides the information of the persons with special needs, according to their degree and level of understanding, in accessible format, about the medical procedures that are applied to them, about the potential risk they entail and their therapeutic effectiveness, about the alternative methods, about the diagnosis, prognosis and evolution of treatment and about prophylactic recommendations[29]. For the exercise of his or her legitimate rights and interests, the person suffering from mental disorders or his or her legal representative can receive on request the information about the condition of mental health and about the psychiatric assistance granted[30].

From the ECtHR jurisprudence

Case of Open Door and Dublin Well Woman v. Ireland (applications number 14234/88 and 14235/88)

The applicants, two Irish companies, complained that they were prohibited by an injunction to give pregnant women the information as to how they could best have an abortion abroad.

The Court found the violation of Article 10 (freedom of expression) of the Convention.

The court estimated that the restriction imposed on the applicant companies gave rise to a risk to the health of women who did not have sufficient financial means to access other sources of information on abortion. Moreover, given that

[27] Order of the Ministry of Health number 303 of 06.05.2010 on ensuring access to information on their own medical data and the list of medical interventions that require completion of the informed consent // *Official Monitor 108-109/382, 29.06.2010.*

[28] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 11.

[29] Law on social inclusion of persons with disabilities number 60 of 30.03.2012, Article 42.

[30] Law on mental health number 1402 of 16.12.1997, Article 9.

this information can be found elsewhere, and that Irish women could in principle travel to the UK for abortion, the injunction has been shown to be ineffective.

1.4. Right to Consent

Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.

A consent can be considered conscious only when the patient receives the right volume of information, is prevented of the consequences and assumes the risks of a medical intervention. It is necessary to ask from the medical workers the evidence that would show that the patient was fully informed and that the consent was not collected under the conditions of insufficient and superficial information.

The consent of the Patient is required for any proposed medical (prophylactic, diagnostic, therapeutic, recovery) benefit. Expression of the consent of the patient to whom the discernment is affected, either temporarily or permanently, takes place through the legal representative or close relative of the patient[31].

The legislation in force describes in detail how to perfect the informed consent or the voluntary refusal to the patient's medical intervention[32].

The participation of the knowledgeable minor in the decision making regarding him or her is an important element in the awareness of the situation in which he or she is, but also in his or her process of education.

The state must guarantee the child capable of discernment the right to freely express his or her opinion on any matter concerning him or her, the views of the child shall be taken into consideration taking into account his or her age and his or her degree of maturity[33].

The opinion of the minor will be taken into account as a more and more decisive factor, depending on his or her age and degree of maturity[34].

[31] Law on health protection number 411 of 28.03.1995, Article 23.

[32] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 13.

[33] UN Convention on the Rights of the Child, Article 12.

[34] European * Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (Convention on Human Rights and Biomedicine) of 04.04.1997, Published in the official edition, „International Treaties", 2009, volume 43, pages 466, Published in the official edition, „International Treaties", 2006, volume 38, pages 247, Note: Ratified by Law number 1256-XV of 19.07.2002, Drawn up at Oviedo on April 4, 1997, * In force for the Republic of Moldova from March 1, 2003, Article 6, paragraph (2)

Treatment, psychiatric examination, hospitalization for persons suffering from mental disorders is applied only with their consent. Persons declared incapable, in the manner established by law, are granted psychiatric assistance upon request or with the consent of their legal representatives[35].

Testing for HIV markers is done only on the basis of the written, voluntary and informed consent of the person[36].

It is important to ensure the involvement of persons with disabilities in the decision-making process on the condition of personal health in all cases, except for those where there is a serious threat to their health or life. Persons with disabilities consent to medical intervention personally, drawing up the informed consent or the voluntary refusal[37].

From the ECtHR jurisprudence

Case of K.H. and others v. Slovakia (application number 32881/04)

The applicants, eight female of Roma ethnic origin were unable to conceive after receiving medical (gynecological) services in different hospitals. They suspected that a sterilization procedure was performed on them during their stay in these hospitals and complained that they could not obtain a photocopy from their medical records.

The Court found the violation of Article 8 (Right to respect for private and family life) of the Convention, because the applicants were not allowed to make photocopies of their medical records.

1.5. Right to Free Choice

Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information.

Right to Free Choice could be interpreted in two ways: the right to freely choose different treatment procedures, arises from the right to receive information and to provide informed consent for the treatments offered, as well as the right to choose or change the medical institution or doctor (for example, choosing the family doctor).

The relationship between the doctor and the patient must be based on the patient's right of choice[38].

The patient and his legal representative are the main participants in the decision regarding the medical intervention. The patient also has the right to an alternative medical opinion[39].

[35] Law on mental health number 1402 of 16.12.1997, Article 4.

[36] Law on HIV / AIDS infection prophylaxis number 23 of 16.02.2007.

[37] Law on social inclusion of persons with disabilities number 60 of 30.03.2012, Article 42.

[38] Law on the exercise of the profession of doctor number 264 of 27.10.2005, Article 18.

[39] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 2, Article 5.

Pregnant women have right to free choice of doctor and medical-sanitary institution at birth and after birth, unless it is necessary to respect the principles of regionalization and selection of pregnant women in the provision of perinatal health care[40].

From the ECtHR jurisprudence

Case of Csoma v. Romania (Decision of January 15, 2013)

The applicant, a nurse by profession, complained that she had not been properly informed of the risks of the procedure and that because of medical negligence her life had been endangered and she had become permanently unable to bear children.

She considered that the investigation of the case had been superficial and that the forensic authorities had lacked impartiality in issuing the medical expert reports, leading to a situation in which she had not obtained recognition of the serious bodily harm inflicted on her and a guilty person had been protected.

The Court concluded that the right to privacy of the applicant had been infringed (Article 8) by the fact that she was not involved in the choice of the medical treatment and her lack of information regarding the risks inherent in the medical procedure. Moreover, the system existing at the time of the facts of the present case put the applicant in the impossibility to obtain a reparation for the violation of her right to privacy.

1.6. Right to Privacy and Confidentiality

Every individual has the right to the confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical/surgical treatments in general.

The state respects and protects intimate, family and private life[41].

Personal information is the data referring to an identified or identifiable private person, whose disclosure would constitute a violation of the person's privacy[42]. Information about the request for medical care, about the health, diagnosis and other data obtained by the doctor during the examination and treatment of the patient is *personal information* and cannot be disclosed[43]. Medical workers are obliged to keep secret information about the patient's illness, intimate and family life[44]. All data regarding

[40] Law on health protection number 411 of 28.03.1995, Article 33^1 .

[41] Constitution of the Republic of Moldova, Article 28.

[42] Law on access to information number 982 of 11.05.2000, Article 8.

[43] Law on the protection of personal data number 133 of 08.07.2011, Article 3.

[44] Law on health protection number 411 of 1995, Article 14.

the patient's identity and condition, results of investigations, diagnosis, prognosis, treatment, as well as personal data are confidential and will be protected even after his or her death[45].

The right to confidentiality of persons requesting testing for HIV markers or who are diagnosed with HIV is guaranteed[46]. It is necessary to ensure the right to confidentiality in the realization of the rights of each person to reproduction[47].

Information about psychiatric disorders, about requesting psychiatric assistance and treatment in a psychiatric institution, as well as other information about the state of the person's mental health is a medical secret protected by law[48].

The legislation in force guarantees the confidentiality of all personal data, including genetic data, regarding the person from whom were collected organs, tissues or cells and the personal data regarding the recipient, collected as a result of the activity in the field of transplantology[49].

From the ECtHR jurisprudence

Case Radu v. the Republic of Moldova (application number 50073/07)

The applicant underwent artificial insemination at a fertility clinic and became pregnant with twins. She was seen by a doctor from the Centre for Family Doctors (CFD), an institution belonging to the Ministry of Health, who ordered her hospitalisation on account of an increased risk of miscarriage. The applicant's absence from work during her hospitalisation was certified by a sick note.

The applicant's employer requested information from the CFD in connection with the applicant's medical leave. Subsequent, CFD informed the employer of the applicant's hospitalization and a copy of the medical excerpt was attached.

The Court found that the disclosure by the CFD to the applicant's employer of such details about her health and treatment constitutes an interference with her right for private life.

1.7. Right to Respect of Patients' Time

Each individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies at each phase of the treatment.

This right is not expressly mentioned in the national law. However, the legislation provides that medical assistance is initiated without delay in the event of clinical emergencies, even without the patient's consent (for example, when

[45] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 12.

[46] Law on HIV / AIDS infection prophylaxis number 23 of 16.02.2007, Article 14.

[47] Law on reproductive health number 138 of 15.06.2012, Article 8.

[48] Law on mental health number 1402 of 16.12.1997, Article 9.

[49] Law on transplantation of organs, tissues and human cells number 42 of 06.03.2008, Article 25.

a patient is in a coma) and without the consent of his / her legal representative (in case the legal representative could not be contacted due to time constraints).

All persons in the Republic of Moldova are provided with urgent medical assistance in case of danger to life[50]. Each patient is guaranteed free access to the emergency health services, carried out both through the family doctor and through the structures of the medical-sanitary institutions of ambulatory or stationary type within the area of patient stay[51]. In order to receive treatment in due time, any individual has the right to benefit from early screening and detection services[52].

Because the development of tuberculosis as a disease is very dangerous, it is very important to organize the access of patients, as early as possible, to measures of prophylaxis and treatment. The patient with a confirmed or contagious form of tuberculosis is isolated and treated as early as possible in specialized stationary conditions throughout the elimination of the causative agents of tuberculosis[53].

1.8. Right to the Observance of Quality Standards

Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.

The right to quality health services requires that health care institutions and professionals provide satisfactory levels of technical performance, comfort and human relations. This implies the specification, and the observance, of precise quality standards, fixed by means of a public and consultative procedure and periodically reviewed and assessed.

The health care system is based on the principle of the responsibility of the medical-sanitary authorities and units for the accessibility, the opportunity, the quality and the volume of the medical-sanitary benefits, for the quality of the professional training and the improvement of the qualification of the medical-sanitary and pharmaceutical personnel. Citizens of the Republic of Moldova, irrespective of their own incomes, are offered equal opportunities in obtaining timely and qualitative healthcare in the system of compulsory health insurance[54].

The patient has the right to information regarding the quality of the services provided. The realization of the patient's social rights is ensured by exercising control over the quality of the health services provided and accredited in the manner established by the legislation[55].

[50] Law on health protection number 411 of 28.03.1995, Article 21.

[51] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 8.

[52] Law on reproductive health number 138 of 15.06.2012, Article 5.

[53] Law on tuberculosis control and prophylaxis number 153 of 04.07.2008, Article 16.

[54] Law on health protection number 411 of 28.03.1995, Article 20.

[55] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 5, Article 8.

The state ensures for the population the supply of quality reproductive health products, including contraceptives for people from socially vulnerable groups[56].

1.9. Right to Safety

Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.

Patients' safety is ensured by providing the appropriate quality of services. However, ensuring safety could be considered an absolute minimum standard required for medical services. Therefore, this right can be connected by one of the four principles of modern medical ethics - non-maleficence („not to harm").

In many cases, the relevant national legislation specifically addresses the issue of patient safety, in particular through the following: the safety of medical services, the safety of medical equipment and technology, the safety of blood and blood products, the safety of medicines and vaccines, the safety of the environment (including radiation and biological safety), control of nosocomial infections, etc. The safety of patients and volunteers participating in biomedical research is also specifically regulated.

The patient has the right to security of personal life, physical, mental and moral integrity, ensuring discretion during the provision of health services. The patient has the right to choose among the health services the safest methods for ensuring reproductive health. Every patient has the right to efficient and risk-free family planning methods[57].

In performing his or her professional duties, the doctor is not entitled to subject the patient to an unjustified risk, even with his or her consent. The patient or his or her legal representatives will be mandatorily informed by the doctor about the possible risks that involves the medical intervention, with respect for the right to decide and possibly to refuse intervention[58].

Women and men have the right to be informed and to have access to safe, efficient, accessible and acceptable methods of family planning, which they can choose for themselves, as well as the right of access to appropriate medical services that allow women to safely complete the pregnancy and birth[59].

People who have been infected with HIV as a result of blood transfusions, interventions and medical maneuvers must be provided with a pension under

[56] Law on reproductive health number 138 of 15.06.2012, Article 5.
[57] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 5, Article 9.
[58] Law on the exercise of the profession of doctor number 264 of 27.10.2005, Article 17, Article 18.
[59] Law on reproductive health number 138 of 15.06.2012, Article 2.

the legislation in force. The compensation of the moral and material damages caused to the person as a result of the HIV infection belongs to the medical-sanitary institution in which he or she was infected. HIV infection of medical personnel during the fulfillment of the service obligations is considered a professional illness[60].

Patients and volunteers involved in clinical trials are protected by law. The applicant for the clinical tests is obliged, before starting the tests, to sign a contract for the patient's or volunteer's life and health insurance in the manner established by the legislation. In the event of a danger to the life or health of the patient or the volunteer, as well as at his or her wish, the leader of the clinical trial is entitled to stop them[61].

1.10. Right to Innovation

Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations. The health services have the duty to promote and sustain research in the biomedical field, paying particular attention to rare diseases. Research results must be adequately disseminated.

Although there is no specific certain mention of the right to innovation in national law, this stipulates the conditions of biomedical research on human beings and, finally, the right to innovation is indirectly linked to the education and the continuous professional development of the medical personnel, which offers the possibility to offer last-minute services.

Thus, the right of the population to health insurance is guaranteed by the provision of qualified medical care, granted in accordance with the demands of the modern medicine. The doctor may apply new methods of prophylaxis, diagnosis and treatment, as well as new, scientifically substantiated, but not yet approved medicines for mass application, with the written consent of the patient capable of lucid reasoning and with the kept discernment or with the written consent of the parents, guardian or the curator of the patient who has not reached the age of 16 or of the mentally ill person.[62].

Healthy persons (volunteers) and patients, in the treatment of diseases, have the right to participate in clinical trials, with the conclusion of a contract for the life and health of the patient or volunteer, in the manner established by the legislation[63]. The patients have the right to voluntarily express their consent or refusal to participate in biomedical researches[64]. State policy in the field of protection of reproductive health includes the support of scientific research in the field of reproductive health and the university

[60] Law on HIV / AIDS infection prophylaxis number 23 of 16.02.2007, Article 33.

[61] Law on medication number 1409 of 17.12.1997, Article 12.

[62] Law on health protection number 411 of 28.03.1995, Article 17, Article 28.

[63] Law on medication number 1409 of 17.12.1997, Article 12.

[64] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 5.

and postgraduate training of specialists in the field of protection of reproductive health and in the field of the rights to reproduction in accordance with international standards[65].

Decisions in the field of public health must be based on scientific evidence and / or the recommendations of the competent international bodies.[66].

1.11. Right to Avoid Unnecessary Suffering and Pain

Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness.

There are no specific provisions in the national health legislation on the right to avoid unnecessary suffering and pain. However, avoiding and alleviating suffering and pain is the primary goal of palliative care. The provisions governing the placement, isolation and involuntary restraint of patients with mental disorders are closely linked to this right, and its scope also includes the abuse in prison and psychiatric institutions. Finally, this right is related to the right to access, the right to observance of quality standards, the right to security, and the right to free choice.

This principle is found in Article 24 of the Constitution which guarantees the right of every person not to be subjected to torture, or to cruel, inhuman or degrading treatment or punishment.

The medical device that keeps the patient's life in the extreme case can be disconnected only after finding out the brain death. The patient has the right to die in dignity. However, the patient's request to shorten his or her life by medical means (euthanasia) cannot be satisfied. Elderly persons have the right to assistance for ensuring physical and mental needs, to extend the period of active life, to ensure the capacity of socio-psychological adaptation in old age, to prevent chronic illness and disability. People in custody have the right to assistance and living conditions that do not deprive their dignity and do not endanger their life and health. People in arrest or custody are guaranteed medical-sanitary care. Psychiatric treatment will not be applied in the absence of mental illness[67].

The patient has the right to reduce the suffering and alleviate the pain, caused by an illness and / or medical intervention, by all the available legal methods and means, determined by the existing level of medical science and by the real possibilities of the health service provider[68].

[65] Law on reproductive health number 138 of 15.06.2012, Article 14.

[66] Law on state surveillance of public health number 10 of 03.02.2009, Article 3.

[67] Law on health protection number 411 of 28.03.1995, Article 34, Article 38, Article 39, Article 42.

[68] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 5.

The doctor is not entitled to subject the patient to an unjustified risk, even with his or her consent[69].

Everyone with disabilities has the right to the reduction of suffering and to the alleviation of pain through all available legal methods and means, determined by the current level of medical science and the real possibilities of the medical service provider. People with incurable diseases in advanced or terminal stages are entitled to palliative care services, which provide the meeting of physical, mental, emotional and spiritual needs of the patients and their families[70]. The application of torture is incriminated by the *Criminal Code of the Republic of Moldova*, Article 309.

1.12. Right to Personalized Treatment

The health services must guarantee, to this end, flexible programmes, oriented as much as possible to the individual, making sure that the criteria of economic sustainability do not prevail over the right to health care.

Although any healthcare system must provide personalized treatment and assistance to the citizens, this is difficult to achieve under the conditions of existing constraints on financing and resources. National legislation includes this right through the provisions for respecting the patient's dignity and honor and for respecting a patient's culture, religious beliefs and personal values.

Thus, the patient has the right to be informed and to choose, and the medical staff has the obligation to respect these rights. As a result, is outlined the individualized approach to the treatment of patients[71].

The individualized approach of the patient in receiving medical services is recognized by the right to respect his or her moral and cultural values, his or her religious and philosophical beliefs in the process of the medical act. The law recognizes the patient, and in the cases provided by the legislation, his or her legal representative (of the close relative), as the main participant in the decision on the medical intervention[72].

Services in the field of reproductive health should be provided according to the age specific, focused on the following priority areas: sexual and reproductive health of adolescents; sexual health of the elderly; sexual and reproductive health of women and men. Adolescents have the right to information and access to reproductive health services adapted to their needs. Adolescents have the right to age-appropriate sex education to ensure the correct psychosexual development, the prevention of sexually transmitted infections

[69] Law on the exercise of the profession of doctor number 264 of 27.10.2005, Article 17.

[70] Law on social inclusion of persons with disabilities number 60 of 30.03.2012.

[71] Law on health protection number 411 of 28.03.1995, Article 23, Article 25, Article 27, Article 28.

[72] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 2.

and HIV / AIDS infection, of unwanted pregnancy and the formation of responsible parenting skills[73].

When providing medical assistance to women with disabilities, their special needs are taken into account, including gynecological treatment and counseling on family planning and reproductive health[74].

1.13. Right to Complain

Each individual has the right to complain whenever he or she has suffered a harm and the right to receive a response or other feedback.

Right to complain and / or the appeal is defined by the general law. Each person has the right to express his or her dissatisfaction and effective satisfaction with the competent courts against acts that violate their legitimate rights, freedoms and interests. No law can impede access to justice[75].

The national legislation determines the way of examining the petitions of the citizens of the Republic of Moldova, addressed to the state bodies, enterprises, institutions and organizations in order to ensure the protection of their legitimate rights and interests[76]. The law guarantees the right of any person who considers himself of herself injured in his or her right which is recognized by law, by a public authority, by an administrative act or by the non-resolution within the legal term of an application, to have the right to address the competent administrative litigation court in order to obtain the annulment of the act, the recognition of the claimed right and the reparation of the damage that was caused to her or him[77].

The People's Advocate receives and examines the applications on the violation of human rights and freedoms; submit proposals and recommendations to the authorities and / or responsible persons on the restitution of the rights of persons in respect of whom has been found the violation of human rights and freedoms[78].

Any person can lodge an appeal to the illegitimate actions and decisions of the state bodies and the decision-makers that have harmed his or her health. In the case of the unsatisfactory health condition as a result of inadequate medical care, the medical staff must take into account and to respect the right of the patient to request, in the established way, the carrying out of a professional expertise, as well as repairing of the moral and material damage that has been brought to him or her[79].

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[73] Law on reproductive health number 138 of 15.06.2012, Article 3.

[74] Law on social inclusion of persons with disabilities number 60 of 30.03.2012, Article 42.

[75] Constitution of the Republic of Moldova, Article 20.

[76] Law on petitioning number 190 of 19.07.1994.

[77] Law on administrative litigation number 793 of 10.02.2000.

[78] Law number 52 of 03.04.2014 on the People's Advocate (Ombudsman).

[79] Law on health protection number 411 of 28.03.1995, Article 36.

The patient has the right to the assistance of the lawyer or another representative in order to protect his or her interests, in the manner established by the legislation; information on the results of examination of the complaints and requests; lodging an appeal, by extrajudicial and judicial means, to the actions of the medical workers and of other providers of the health services, as well as of the officials responsible for guaranteeing the medical assistance and of the related services in the volume provided by the legislation. The patient can address a complaint against the actions of the healthcare providers in cases where their actions have led to the violation of the patient's individual rights, as well as the actions and decisions of the public authorities and of the persons in charge that have led to the infringement of his or her social rights established by the legislation. The realization of the protection of the patient's rights is ensured by extrajudicial and judicial means, according to the legislation.[80].

1.14. Right to Compensation

Each individual has the right to receive sufficient compensation within a reasonably short time whenever he or she has suffered physical or moral and psychological harm caused by a health service treatment.

National legislation provides the patients' right to claim compensation for the harm caused within the health system. Any individual has the right to effective satisfaction from the part of competent courts against acts that violate his or her legitimate rights, freedoms and interests[81]. It is guaranteed the right to repair the harm caused to the health by harmful factors generated by the violation of the anti-epidemic regime, the sanitary-hygienic rules and norms, of labor protection, of road traffic, as well as of the malicious actions of other people. Patients, health insurance bodies have the right to repair the damage caused to patients by medical-sanitary institutions by failing to comply with the rules of medical treatment, by prescribing of contraindicated drugs or by applying inappropriate treatments that aggravate the health condition, cause permanent disability, endanger the patient's life or results in his or her death[82]. The patient has the right to compensation for damages caused to his or her health, according to the legislation[83].

The repair of the moral and material damages caused to the person as a result of the HIV infection is the responsibility of the medical-sanitary institution in which he or she was infected[84]. Everyone has the right to compensation for life or health damage during

[80] Law on patient rights and responsibilities number 263 of 27.10.2005, Article 5, Article 15.

[81] Constitution of the Republic of Moldova, Article 20.

[82] Law on health protection number 411 of 28.03.1995, Article 19.

[83] Law on patient rights and responsibilities number 263 of 27.102005, Article 5.

[84] Law on HIV / AIDS infection prophylaxis number 23 of 16.02.2007, Article 33.

the provision of anti-tuberculosis medical assistance or by failing to provide such assistance in a timely manner if such assistance was requested[85].

The Civil Code of the Republic of Moldova provides the liability for the damages caused[86].

From the ECtHR jurisprudence

Cause G.B. and R.B. v. Republic of Moldova (Judgment of December 18, 2012) The applicants are husband and wife. On 4 May 2000 the applicant was giving birth to a child by caesarean section, performed by the head of the gynecological department of a district hospital. During the surgical procedure he removed her ovaries and Fallopian tubes, without obtaining her permission. As a result of the operation, the first applicant, who was thirty-two at the time, suffered an early menopause.

According to the results of an examination carried out by a medical panel on 18 March 2003, the removal of the applicant's ovaries and Fallopian tubes had been unnecessary and the surgery had resulted in her being sterilized.

The applicants filed a civil action against the district hospital and the gynecologist, claiming compensation for the damage caused comprising 9,909 Moldovan lei (MDL – approximately 587 euros (EUR) at the time) for pecuniary damage, MDL 1 million (EUR 59,740) for the first applicant and MDL 100,000 (EUR 5,974) for the second applicant in respect of non-pecuniary damage and MDL 2,700 (EUR 160) for legal costs.

On 18 September 2007 the District Court accepted the applicants' claims in part, it ordered the hospital to provide the applicant with the requisite medication until the year 2020. The court also awarded MDL 1,119 (EUR 69) to the applicants for pecuniary damage, as well as MDL 5,000 (EUR 306) to the first applicant and, MDL 1,000 (EUR 61) to the second applicant in respect of non-pecuniary damage.

On 24 January 2008 the Chisinau Court of Appeal partly quashed that judgment, increasing the award for non-pecuniary damage to the first applicant to MDL 10,000 (EUR 607) plus MDL 1,237 (EUR 75) for costs. This judgment was upheld by the Supreme Court of Justice.

The Court examined the case with regard to the amount of damage and found that the sums granted by the national courts are considerably below the minimum limit of the damage granted by the Court in cases where it finds a violation of Article 8 of the Convention.

The devastating effect of loss of reproduction capacity of the first applicant and long-standing health problems is a considerable interference with her rights ensured by Article 8 of the Convention, which requires sufficient just satisfaction.

[85] Law on tuberculosis control and prophylaxis number 153 of 04.07.2008, Article 22.

[86] Articles 1418-1424.

CHAPTER II. The methodology of the research carried out

In order to understand the current situation in the pre-hospital emergency health service, extensive information was requested from the Pre-Hospital Emergency Medical Assistance National Centre about the structure, capabilities and resources of this service.

Subsequently, the team of the People's Advocate Office made multiple visits at national level, at AMUP Stations and Points, randomly selected, with a verification grid developed to monitor the real situation, such as endowment with of ambulances and equipment, infrastructure, human resources etc.

In order to objectively assess the level of achievement of the child's right to pre-hospital medical assistance it was requested additional information, in the form of a questionnaire, from the AMUP Points and Stations. The Children's Rights Ombudsperson has set as objective to monitor the functioning of the emergency medical team, general profile, for the service of children, as well as of the specialized team of urgent medical assistance, resuscitation profile for children.

At the same time, it was hired a sociological company, which carried out the quantitative research of the population's satisfaction with the assistance received through the AMUP service, including the specific aspects related to the emergency medical assistance for the child.

At the same time there were organized three focus groups with representatives of the AMUP service from different districts, in order to understand the problem faced by the employees of this service and the causes that condition the violation or non-observance of some rights of the patient who called for AMUP assistance.

2.1. Methodological aspects of the qualitative survey - focus groups with representatives of the AMUP (Pre-hospital Emergency Medical Assistance) service

As a research tool, the discussion was conducted within **the focus group**, thus using the strengths of such a method as a way to obtain much deeper information about a specific problem from an approved group, invested with authority.

Starting from this idea, as a research technique was used the group interview to delve into the depths of the issues that relate to attitudes, behaviors, opinions, practices, knowledge and values among people with higher and secondary medical education, who work in the field of pre-hospital emergency assistance. These sources of information provided not only descriptive data, essential in qualitative studies, but also made possible a subsequent analysis and formulation of important findings from the study.

Three focus groups were set up in the composition of which were invited to discussions representatives (doctors and medical personnel with secondary medical education) of:

- CNAMUP (Pre-hospital Emergency Medical Assistance National Centre)
- AMUP Stations
- AMUP Points

During the discussion were identified the opinions of the employees of the AMUP service with reference to the working conditions in which they activate and the influence of these conditions on the quality of the medical act rendered, as well as on the level of respect for the patients' rights. At the same time were studied the preferences of the employees, the needs considered as a priority in order to be able to offer emergency medical care to the highest quality standard.

Application of research tools

The group discussion was composed, as a research tool, of the introductory-explanatory part and thematic blocks of questions, including explanatory questions. The *Interview guide* was applied in the development of the research

✓ ***Transition questions***

What is the status of the AMUP service in the health system in our country at the present stage?

✓ ***Key questions***

✓ *Where is the AMUP subdivision located? The building, the property - CNAMUP or LPA? Relationships with those who offer the spaces. Is patient access ensured? Is the ambulance access provided?*

✓ *Does staffing coincide with the needs at the workplace?*

✓ *Employees' opinions on working conditions - resting place, spaces and conditions for receiving patients who come independently during the night. Provision with heat, water, sewerage, light, maintenance of spaces.*

✓ *How do you assess the professional activity - Heavy? Simple? Overworked? Why?*

✓ *How many calls are on average in 24 hours? How many of them are calls for serious cases? Do you consider the employees have all the equipment and medicines necessary to provide adequate medical assistance for all types of emergencies?*

✓ *How long do I get to the farthest locality which fall within their range of service? Do they think they always come at the needed time? What are the reasons for too long to reach the destination?*

✓ *What is the condition of the ambulance that goes to the calls, the wear, its endowment?*

✓ *What does the team do when they have a serious case of myocardial infarction or acute stroke (stroke)? How often do they find the patient not transportable? Why do they find such a conclusion?*

✓ *How often do they have pediatric calls? Do they have the necessary equipment for the urgent medical assistance needed for a small child, from 1-5 years old? How do they do when they come to a serious emergency for a small child?*

✓ *Name 3 major problems that you would like to be solved in the AMUP service and that seriously affect the quality of the activity.*

Basic techniques to support the discussion: pause for a few seconds after each participant's involvement, insistence: we ask details, topic development, explanation, example, continuation.

At the end of the interview, about 10-15 minutes were provided in order to allow participants to add information, issues that were untouched during the interview or unforeseen in the guide.

2.2. Methodological aspects of the quantitative survey - satisfaction of the beneficiaries of AMUP (Pre-hospital Emergency Medical Assistance) services

In order to respect to the maximum possible, the principle of approaching the data with reference to human rights, in carrying out the given study was ensured the possibility of analyzing them through the prism of different disaggregation.

To this end, the quantitative research sample is a probabilistic, multistage and stratified one, so that it is representative for the target group and allows the disaggregation of data according to the following socio-demographic characteristics:

1. Age groups of respondents;
2. Gender of the respondent;
3. Level of education of the respondent;
4. Size of the respondent's household;
5. Economic situation of the household;
6. Status of the respondent;
7. Spoken language;
8. Beneficiary of the emergency care services (adults or children);
9. Area of residence;
10. Geographic region.

The survey was conducted on a sample of 1225 respondents, representative at the national level for the target group, that is for people aged 18+, who had recent experience (in the last 12 months prior to the study) to benefit from the services of emergency assistance in the Republic of Moldova, for adults or children.

It should be mentioned that there is no information available on the territorial distribution of the beneficiaries of emergency medical services, and the available statistics (the number of calls to the Emergency Medical Services) do not give a clear picture due to the multiple calls made by one person during a certain period. That is why the sample was stratified by regions and areas of residence in proportion to the number of the adult population (18+ years), setting the default number of respondents that are part of the target group - at least once during the last 12 months they called for the respective services for them personally or for a close person.

At the same time, more than 5000 people were contacted for the accomplishment of the 1225 interviews. It is realized the recording of all contacts (including of persons who are not part of the target group) so that the obtained statistics (weight of the population that is part of the target group in the total population) could give an overview of the weight of the persons who have called for emergency medical services and their regional distribution. Further analysis of the collected statistical data indicated the absence of major discrepancies in the weight of the target group in the total population, which was the basis for the decision not to apply sample adjustment weights.

Table 1. **Sampling stages**

Stage	Selection procedure
Geographic region	Stratification with the distribution of the sample proportional to the number of the population of 18+ years (adjusted to migration)
Settlement	Random selection of small settlements and the voting sector in large settlements
Household	Random selection of streets, random selection of households using the statistical step method
Respondent	Random selection, using the method of the next birthday

– Socio-demographic characteristics of the respondents –

The research covered all the districts of the Republic, Autonomous Territorial Unit of Gagauzia (ATUG), Chisinau and Balti. In total, 1225 persons aged 18 years and over were interviewed, among them 21.1% men and 78.9% women. The analysis of the research data is presented according to a series of socio-demographic characteristics (Table 2), certain groups were created for statistical representativeness.

Thus, the *age groups* used for data analysis are as follows: 18-29 years, 30-44 years, 45-59 years, 60 years and more.

The level of education of the respondents is analyzed from the perspective of four groups:

- Secondary incomplete: *no studies, unfinished primary (up to 4th form), primary (4th form), incomplete secondary studies (9th form),*
- Secondary general: *general secondary school (11th-12th form), high school (lyceum) (12th form),*
- Secondary professional: *vocational school (1 year of studies), vocational school (3 years of studies),*
- Higher: *college (2-5 years of studies), incomplete higher studies / bachelor's degree (licentiate) (3-4 years), full higher studies (5 and more years), master's degree, doctor's degree.*

According to the ***Occupational status*** of the respondents, five groups were created, as follows:

- Active: *employed in the non-agricultural sphere or in agriculture, occasional worker (day worker), working abroad,*
- Inactive: *unemployed, pupil / student,*

- Retired person
- Disabilities: *disabled person,*
- Housewife: *maternity leave / housewife.*

The respondents were grouped according to their well-being (***socio-economic level***) into three groups, respectively: low level, medium level and high socio-economic level.

The language of communication includes two groups of respondents, speakers of Moldovan / Romanian and Russian / other languages.

Also, a special category was established according to the fact, for which the ambulance was requested, respectively:

- Adult: *persons 18-60 years,*
- Child: *children up to 18 years,*
- Elder: people over 60 years.

The distribution of the respondents according to the socio-demographic characteristics is presented in Table 2.

Table 2. **Distribution of the sample made according to the socio-demographic characteristics of the respondents**

		Number	%
Age of the respondent:	**18-29 years**	195	15,9%
	30-44 years	279	22,8%
	45-59 years	279	22,8%
	60+ years	472	38,5%
Gender of the respondent:	**Male**	258	21,1%
	Female	967	78,9%
Respondent's studies:	**Secondary incomplete**	282	23,0%
	Secondary general	244	19,9%
	Secondary professional	285	23,3%
	Higher	414	33,8%
Number of members in the household:	**One member**	168	13,7%
	2 members	316	25,8%
	3 members	225	18,4%
	4 members	280	22,9%
	5 members	236	19,3%
Status of the respondent:	**Active**	337	27,5%
	Inactive	170	13,9%
	Retired person	487	39,8%
	Disabilities	57	4,7%
	Housewife	174	14,2%

		Number	%
Language of communication:	**Moldovan / Romanian**	916	74,8%
	Russian / other	309	25,2%
Need for the ambulance:	**Adult**	540	44,1%
	Child	217	17,7%
	Elder	468	38,2%
Socio-economic level:	**Low level**	412	33,6%
	Median level	397	32,4%
	High level	416	34,0%
Area of residence:	**Urban**	560	45,7%
	Rural	665	54,3%
Region:	**Chisinau**	242	19,8%
	Balti	53	4,3%
	North	298	24,3%
	Central	362	29,6%
	South	270	22,0%

2.3. Methodological aspects of the quantitative survey - the level of realization of the child's right to pre-hospital medical care

The team of the Children's Rights Ombudsperson has set itself the objective to monitor the degree of insurance of AMUP teams with the capacities necessary for the urgent medical assistance granted to the child. Thus, the team members traveled to the territory and applied a questionnaire to the employees of AMUP Points and Stations to evaluate the current situation on this topic. The following parameters were monitored:

1. *Endowment of the emergency assistance team, general profile, to serve children:*
   a) Means of transport required (number, endowment, condition of ambulance),
   b) Staff required (doctors, nurses, pediatric specialists).
2. *The specialized team of urgent medical assistance, resuscitation profile for children has:*
   ***a)** Means of transport required (number, endowment, condition of ambulance),*
   b) Personnel required (doctors, nurses, pediatric specialists).
3. *Providing with medicines, dressing materials, obligatory consumables that should exist in the emergency care kit of the specialized team, resuscitation profile - children*[87].

[87] According to the List in annex number 49 of the *Order of the Ministry of Health number 85 on the organization and functioning of the Emergency Medical Assistance Service in the Republic of Moldova.*

4. *Frequency and spectrum of emergencies in children for whom the ambulance is requested.*
5. *Identification by the employees of 3 major problems that they consider to seriously affect the quality of the activity;*
6. *Objections, claims, dissatisfaction of parents, legal representatives of children, who request / benefit from emergency assistance.*
7. *Collecting the tragic cases (death) that were registered during the period of granting emergency medical care for children in the period 2015-2016.*

The results of this investigation are provided in the analyzes of the report, with the specification of the cases that refer directly to the particularities needed to be provided to the pediatric emergency care.

CHAPTER III. Pre-hospital Emergency Medical Assistance Service from the Republic of Moldova

3.1. General characteristics of AMUP (Pre-hospital Emergency Medical Assistance) Service

The Pre-Hospital Emergency Medical Assistance Service (AMUP) provides medical assistance throughout the country through five AMUP Stations, 41 substations and 88 AMUP points. Pre-hospital medical assistance is provided on a non-stop basis in the case of medical-surgical emergencies, calamities, disasters and other conditions that endanger the lives of people, by granting the first specialized medical assistance, ensuring the transportation and supervision to the specialized medical-sanitary institutions of the seriously ill patients, injured, pregnant women, etc.

In 2015, the AMUP service was reorganized in the AMUP National Center (CNAMUP), which leads to the possibility of a strategic planning of the service at the national level and the more efficient management of financial and human resources[88]. The development priorities of the AMUP service are set out in the *National program for the development of emergency medical assistance for the years 2016-2020*[89].

The organization and functioning of the AMUP service is based on a normative framework in force[90].

The AMUP service is financed from the budget of the mandatory (compulsory) health insurance funds. According to the Law of the AOAM funds for 2016 number 157 of 01.07.2016 456.6 million MDL were allocated for

AMUP.

[88] Government Decision number 377 of 16.06.2015 „On the establishment of the Pre-Hospital Emergency Medical Assistance National Centre" and the Order of the Ministry of Health number 573 of 26.06.2015.

[89] Government Decision Number 1238 of 11.11.2016 on the approval of the National program for the development of emergency medical assistance for the years 2016-2020 http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=367628

[90] Order of the Ministry of Health Number 85 of 30.03.2009 „On the organization and functioning of the

Emergency Medical Assistance Service in the Republic of Moldova".

The payment method for 2016 in the AMUP is the „per capita" payment which involves the planning of the volume of financing of medical services, based on the number of persons identical to those registered in the medical-sanitary institutions that provide the primary medical assistance located in the service territory of the AMUP institution on December 7, 2015 and the tariff established[91].

The funds allocated to the AMUP are intended for the following expenditure lines: work remuneration, patient supply, medicines and consumables, other expenses which include social insurance contributions, compulsory health insurance premiums, overheads, current fixed assets repair, capital repair of fixed assets, purchase of fixed assets and of intangible assets, etc.

During the years the financing of the service has been reduced, although the needs are increasing (the wear of the equipment and the ambulances purchased long time ago, the repair of the old buildings, etc.). Thus, if in 2008 the financing constituted 9.26%, in 2016 it was reduced to 8.14% from the budget[92]. Of the budget lines requested for funding, many are not covered or partially covered. For example, it is not possible to purchase new ambulances and to improve working conditions (repairs and construction of buildings). In order to cover the current needs, the service needs at least 12.7% financing from the annual budget of the basic funds of the compulsory health insurance.

Thus, despite the extremely important role of the AMUP service in the qualified intervention in time for saving lives and preventing complications, the entity is currently facing serious problems related to the technical-material situation of the service, including the condition and wear of the premises, water supply and sewage systems, insurance with ambulances and their degree of wear, lack of equipment necessary for urgent interventions.

3.2. Infrastructure

According to the information provided by CNAUMP, out of the total number of emergency service buildings (130 buildings) only 40 percent belong to CNAUMP, the others are rented from the local public administration, many of them being located in the buildings of the Centers of Family Doctors (CFM). This situation creates serious problems for the uninterrupted activity of AMUP stations or points in buildings that do not belong to the service. Sometimes, the workers of the AMUP service are assigned a very small and uncomfortable space (for example: AMUP Cazaclia point - 1 room), the access to the sanitary block can be blocked (for example: AMUP point from the Alexandreni Health Center, Sangerei district); or

[91] Order of the Ministry of Health number 597/405 of 21.07.2016 on the approval of the Criteria for contracting the medical-sanitary institutions within the system of compulsory health care insurance for 2016.

[92] Letter of the CNAMUP number 01-4/01-919 of 01.09.2016.

they are offered access to water only on working days and the period of activity of the CFM (for example: Slobozia Mare, Cahul district), they are remaining without water during the holidays (week-end) and the period of night.

Only less than 10% of the buildings are new buildings (owned by CNAMUP), about 35 percent of the buildings have the wear over 50%, the rest 55% of buildings require reconstructions and major repairs, being in a deplorable or even damaged condition.

Findings from monitoring visits

Alexandreni PAMU, Sangerei district (located in the Biruinta town) The building belongs with property right to the Center of Family Doctors from the settlement from which it rented free of charge 4 rooms (premises) on the 1st floor of the building, being paid only the communal services. The rooms rented are separate and are intended for drivers, the reception of patients and for medical personnel.

Calinesti PAMU, Falesti district
The building in which it operates belongs to the local public administration under the property right (it is the building of the former Mayoralty of the locality) and 3 rooms are rented free of charge, being paid only the electricity. One room is intended for rest and preparation of dishes, and two for the reception of patients. Only the rest room is separated from the others.

Buiucani AMU, Chisinau municipality
Rent space in the premises of the Buiucani Center of Family Doctors.

AMU from the Baurci village and AMU from the Cazaclia village, Slobozia Mare PAMU, Cahul district, Cismichioi PAMU, Vulcanesti district
The buildings are the property of the local public authority.

Gavanoasa PAMU, Cahul district
The building belongs to a group of people as part of the value quota.

Although, during the monitoring, it was established that some buildings intended for the AMUP service are owned by CNAMUP (for example: Speia PAMUP and Mereni PAMUP – Anenii-Noi SAMUP); in the Autonomous Territorial Unit (ATU) of Gagauzia (Comrat AMUP and Ceadar-Lunga AMUP), however, most of these rooms are under the management of the local public administration. All AMUP stations and points pay the communal services, but some institutions face problems when paying the rent, as long as the budget offered by CNAMUP does not provide for such expenses. Thus, there is a risk that, due to the absence of the possibility of paying the rent, certain AMUP stations or points will be closed / liquidated. Respectively, this decision will seriously affect the access of the population to the emergency services, because the geographical distribution and location of these AMUP stations or points is very important for the time when the emergency service reaches the patient in an emergency situation.

The CNAMUP administration has realized that only 70 percent of the AMUP buildings are centrally supplied with water and only half have a connection to the sewerage. Of the total number of buildings only 75 percent are provided with gas heating, otherwise every fourth building is heated with stoves on wood and coal. Moreover, in four AMUP Points the heating in the cold period has been completely absent for already 3 years (for example: Baurci, Cazaclia and Tomai, Ceadar- Lunga district and Cismichioi, Vulcanesti district).

This situation was also found in the random monitoring of some AMUP institutions. Most of the institutions visited are heated by stoves, only some have access to centralized sewerage, drinking water (only cold). There were also found institutions that pay only the services for electricity, because other services are missing.

Findings from monitoring visits:

Alexandreni PAMUP, Sangerei district
During the cold period of the year 2 rooms are provided with centralized heating, and another 2 rooms (for the reception and examination of patients and the room of medical staff) are heated with wood and coal stoves purchased by the institution. The point has and has access to the centralized sewage system and drinking water (only cold), but it does not have any water heater.

Calinesti PAMUP, Falesti district
During the cold period of the year, only 2 rooms (where patients are received) are heated with wood and coal stoves purchased by the institution. It does not have a system providing drinking water and sewage, it uses the water from the well in the yard.

Autonomous Territorial Unit of Gagauzia (Comrat AMU, Ceadar-Lunga AMU, Baurci AMU, Cazaclia AMU)
They are provided with heat, except for the point in the Baurci village. Only two institutions are provided with drinking water and sewage (Comrat, Ceadar-Lunga).

Gavanoasa PAMUP, Cahul district
It is provided with thermal energy and water, but the sewerage system does not work.

Cismichioi PAMUP, Vulcanesti district
It is not provided with heat, water and sewerage.

During the discussions held with some AMUP employees they acknowledged that they are working in good working conditions, they are provided with water, sewerage, light and there is an adequate maintenance of the spaces. Such statements came from the persons who work in the institutions that are owned by CNAMUP.

In terms of patient access, different situations have been detected, but for the most part, the conditions are unsatisfactory. Since most AMUP buildings are

adapted buildings, they do not have the structure and arrangement in accordance with the requirements of the activity of this service, such as ensuring easy access for transport to the building, ensuring access and consulting the persons who call directly the AMUP service, especially at night or during rest days. Most AMUP institutions lack garages or storage premises for the ambulances, which makes it impossible to supply medical devices with electric current and, consequently, the medical equipment loses its functionality and cannot be used in emergencies.

Findings from monitoring visits:

Alexandreni PAMUP, Sangerei district (located in the Biruinta town) Patient access is made through the central door on the side of the building, the access stairs in the building are not equipped with access ramps for patients with locomotor disabilities or patients on the wheeled stretcher (wheelchair). The ambulance does not have direct and unobstructed access to the central door because there is a border and the ambulance stops laterally on the central door.

Alexandreni PAMUP does not have a garage or a storage room for the ambulance. It is worth mentioning that in general the access of the ambulance within the PAMUP Alexandreni is very difficult because the direct road is in repair and the bypass road is in a disastrous state.

Calinesti PAMUP, Falesti district
The access of the patient is through the central door. The access stairs in the building are not equipped with access ramps. The ambulance has direct access to the central door, but uses a side entrance.

Speia PAMUP and **Mereni PAMU**
There are installed ramps to ensure access for people with special needs.

Anenii-Noi SAMU
Physical access is not guaranteed, but we received explanations from the administration that shortly the institution will be located in another building, in the design of which were taken into account the needs of persons with disabilities.

Buiucani AMU, Chisinau municipality
Insurance of patient access is satisfactory. The institution is provided with conditions for the access of the ambulance, it has a garage, a storage room for the ambulance.

ATU of Gagauzia (Comrat AMU, Ceadar-Lunga, Baurci, Cazaclia)
The institution is provided with conditions for the access of patients, has a storage room for the ambulance (vehicle).

PAMU Slobozia Mare, Cahul district; Cismichioi PAMU; Gavanoasa PAMU
The institutions do not have premises for ambulance. Only Cismichioi PAMU has a garage.

3.3. Endowment - ambulances and equipment

From the data provided by CNAMUP it is found that out of the 355 vehicles that currently count the AMUP service at national level, 305 units have the wear degree over 80%. We mention that the specialized sanitary transport cannot be exploited within the AMU service if the wear coefficient exceeds 50%[93]. At the same time, it is observed that most of the existing ambulances are not equipped with all the necessary equipment for emergency interventions. It is important to note that in order to ensure the operability of the emergency medical interventions, it is estimated the need for 455 ambulances (vehicles) for the whole territory of the country.

During the monitoring visits, there were identified serious problems regarding the provision of ambulances, their wear and the provision of the necessary equipment.

Findings from monitoring visits:

Gavanoasa PAMUP, Cahul district

The point has a Niva make ambulance, which has been operating since 2000. It is only equipped with an oxygen balloon.

Alexandreni PAMUP, Sangerei district

The staff consider that it has the necessary equipment and medicines to provide adequate assistance for all types of emergencies, but the condition of the ambulance is unsatisfactory. In the ambulance indoors persists a stinging odor of fuel, it often damages even during calls, patients having to travel with their own means of transport.

Calinesti PAMUP, Falesti district

The point has an ambulance in an unsatisfactory condition, in the salon there is a constant odor of fuel, the point has an ambulance in an unsatisfactory state, in the salon there is a constant odor of fuel, the car it is often damaged.

Speia PAMUP and **Mereni PAMUP**

Ambulance wear is 100%. Speia PAMU also has a reanimobile (date of manufacture 2014), but which is practically destroyed due to damaged roads.

Buiucani AMUP, Chisinau municipality

It has 10 subordinate ambulances, but all with practically 100% wear.

ATU of Gagauzia (Comrat AMUP; Ceadar-Lunga; Baurci; Cazaclia)

There is a need for ambulances at all the institutions visited. In the Comrat AMUP 5 vehicles are available, are required - 3 more vehicles; Ceadar-Lunga AMUP available – 4, required – 2 more ambulances; Baurci AMUP available – 1, required – one more ambulance; Cazaclia AMU available – one ambulance, required – one more ambulance.

Baurci and Cazaclia AMUP ambulances are not equipped with cardiac emergency equipment.

[93] Government Decision number 564 of 22.05.2006.

During the group discussions, some participants showed us revolted the situations in the district in which they operate:

„In Orhei district, where operates one of the largest substations, there are only ten cars out of which seven are in a deplorable condition. According to the regulations of the Pre-Hospital Emergency Medical Assistance Service, it is calculated that an ambulance must be for ten thousand people, if we take the population of Orhei district which number about 120 thousand, there should be 12 transport units. Currently, seven emergency assistance teams are active, three in the district center and four are located in the rural localities of Peresecina, Chiperceni, Morozeni and Susleni, so practically the provision of the population with urgent medical assistance in accordance with the regulations in our district is 80%. The norm of ensuring with teams is 0.8 for ten thousand peoples, so Ambulance Service of the Orhei district should have 9-10 ambulance teams. The percentage of ambulance wear far exceeds the permissible limit, is over 70%. The emergency service in Morozeni has only one ambulance. The medical team here serves 14 localities in the neighborhood. The Russian car „Niva", manufactured in 2005, has over 600,000 kilometers on board. The body is very small and the doors barely close! This car is practically all time in repair shops. In Chiperceni, the same situation - an ambulance from 2008, with 600 thousand km on board, which is more in repair than in service!" – an AMUP station head tells us.

The same thing is noticed by another participant in the discussions: *„In our district there is a great crisis of cars. We have three transport units of the „UAZ" type, a transport unit of the „Niva" type and a „Sobol". All are with double traction, but the technical condition is serious, two transport units, which have been in operation since 2003, have a deplorable condition. Due to the poor quality of the roads, being in service for 13 years, they have a 100% wear."*

In this context, another participant in the discussion added: *„For example, in Nemteni there is also only one ambulance - a UAZ from 2007, which has more than 500 thousand kilometers on board. The salon is full of rust and the machines have degraded."*

The participants in the discussion also noted the problem of insufficient equipment of the service. For example, a participant from the Ceadar-Lunga district mentioned that, although in the team arsenal is all the necessary equipment, it is only one. The team needs to react without a complete set of medical equipment or even if necessary, to address to another team.

During the last years, the People's Advocate Office has noticed the increasingly frequent occurrence in the media of cases and situations in which accusations are made to the AMUP service for a low quality of the assistance provided, and especially with regard to the insufficient provision of the respective service with ambulances and necessary equipment. For example:

- Article „*Republic of Moldova - the country where the ambulance also needs help!"* published on November 10, 2016 by the „Realitatea.md"[94];
- The news about an ambulance that caught fire while transporting a 13-year-old child on a street in the Ciocana sector of the Chisinau Municipality, released on July 18, 2016 by the news portal www.publica.md.

These data, as a whole, confirm the alarming state of the situation of the AMUP service in our country. Insufficient provision of transportation and equipment endangers the life and safety of patients in emergency medical conditions, with serious violations of fundamental rights, such as access to health services, respect for time, quality standards, etc.

Providing emergency medical assistance to children

According to the normative framework in force[95], emergency care stations, substations and points must have emergency care team (general profile, for children) and a specialized emergency care team (resuscitation profile) for serving children. Pre-hospital emergency medical care for children is specific and involves additional adaptations necessary to ensure the right to health care.

According to the survey conducted, at national level pediatric emergencies constitute up to 25% of the calls for emergency medical assistance at home and the employees always give priority to them. During the monitoring visits were assessed specific features characteristic for the emergency medical assistance given to the children.

About 63.6% of the respondents mentioned that they have a sufficient number of means of transport, and 68.18% of them mentioned that they are equipped with the necessary ones for the assistance of the children. However, over 36% of AMUP employees mentioned that the transport condition is relatively satisfactory or unsatisfactory. In most AMUP stations / substations / points there was found a lack of emergency medical assistance team for children (resuscitation profile), which contravenes the Regulations of activity of specialized emergency care team, resuscitation profile (for servicing children 0-18 years). The reason for this deficiency is the lack of financial means and personnel. This situation has a negative impact on the quality of the medical services provided, because the emergency medical personnel existing hardly face the flow of calls.

During the last 2 years many addresses have been received by the People's Advocate's Office from citizens who have reported deficiencies in the emergency care system that have led to tragic consequences.

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[94] http://www.realitatea.md/republica-moldova---tara-in-care-si-ambulanta-are-nevoie-de- ajutor--un-reportaj-video-despre-dezastrul-din-domeniul-asistentei-medicale-de-urgent- a-in-raioane_48071.html

[95] Order of the Ministry of Health of the Republic of Moldova number 85 of 30.03.2009 on the organization and functioning of the Emergency Medical Assistance Service in the Republic of Moldova.

The People's Advocate's Office received a request for infringement of the right to health care which led to the death of a minor. It was found during the investigation that in the process of granting medical assistance to the child, were admitted several deviations from the legal norms, and the defective management, aggravated by the insufficient provision of the necessary medical equipment, considerably reduced the capacity to provide qualitative and timely medical care.

Were identified deviations at the stage of the pre-hospital medical assistance in the aspect of the telecommunications service activity within the Emergency Medical Assistance Service, as well as the lack of necessary equipment according to the List of the compulsory medical equipment and equipment for equipping the medical transport units within the Emergency Medical Assistance Station, approved by the Order of the Ministry of Health number 85 of 30.03.2009 On the organization and functioning of the Emergency Medical Assistance Service in the Republic of Moldova. These factors have generated tragic consequences for the child's life.

3.4. Human resources of the AMUP (Pre-hospital Emergency Medical Assistance) Service

According to the data presented by CNAMUP we observe that at the moment the AMUP service in the country is facing an acute insufficiency of medical professionals, both doctors and medical personnel with secondary education.

Insufficiency of medical personnel with pediatric profile is recorded in 86.4% cases in the assessment study carried out by the team of the Children's Rights Ombudsperson.

Table 3. **Degree of assurance of the pre-hospital emergency medical assistance service with personnel, related to the staffing**

	Staffing structure	Individuals	% of insurance
Total doctors and management staff	1020,5	476	46,6
Including: doctors	970,5	427	44,0
Medium-level medical staff	1846	1265	68,5
Inferior-level staff	741,5	474	63,9
Ambulance drivers	1280	940	73,4
Caretakers for service rooms	150	150	100,0
Other categories of staff	340,25	267	78,5
TOTAL	5378,25	3572	66,4

Within the discussions with the employees of the AMUP service we noticed that in most cases the medical staff is dissatisfied and complain about the conditions in which it operates. All the participants in the discussion described their work as difficult. This qualification derives from the following: lack of a means of

transport (ambulance)

equipped with the necessary ones; there are periods when the necessary medicines are missing, especially during the first 3 months of each year; the doctor is not present in all the teams, but only in one; the great distances traveled between localities on roads in a deplorable condition, etc.

A participant to the discussion tells us: *„Our work is both heavy and dangerous, especially at night. We are often called when there are situations of conflict, beatings, aggressive contingent, drunk, drug addicts. There may be patients or their families with inappropriate behaviors, prone to violence, who physically and verbally assault the medical workers. Nobody cares about our job security; we are not protected! I believe that there should be some special provisions for the safety of AMUP workers."*

„*There is no proper cooperation between the emergency service and the police!"* – confirms another participant in the discussion on the same topic.

Another participant in the discussion explains us: *„There are 4 doctors' vacancies at our station. I am alone and sometimes, when there are many calls, we divide how many we are - I go alone to the call, the feldsher - alone to others … It's not easy to go to an emergency call by yourself! In the morning you get overwhelmed, exhausted, but you can be also mocked by people … People are waiting for us wonders, but with empty hands and an outdated car you can't help …"*

A district station chief explains us: *„As in other areas of the health sector, the remuneration of the medical worker is far from what it should be. The low salary and the difficult and overworked working conditions are not attractive for our young specialists, graduates of the residency in emergency medicine. Every year we make requests to the Ministry of Health. But we still have vacancies, nobody wants to come to work in such conditions … And those who remain - are of retirement age or close to retirement… In a short time, we will have no one to work in the rural area".*

The problem identified in the group discussions and during the monitoring visits indicates the risk of reduced population access to AMUP services due to the lack of medical staff. This condition can also seriously affect the level of respect for the right to respect the time and the quality standard of the medical act.

Discussions were also held with the medical staff on the situations of respect and violation of the right to confidentiality and the right to information of the patient, through the respective obligation of medical workers. From the discussions it was observed that the medical workers did not receive any training on human rights or other aspects of the medical legislation on the respect of patients' rights. The actions of the medical workers are related to the observance of known ethical norms from the period of medical studies. There is no additional training at the level of continuous professional training.

CHAPTER IV. Degree of respect for human rights in the provision of Pre-Hospital Emergency Medical Services

4.1. The right of access

The accessibility of public services can be defined and reported by a multitude of criteria. Besides the geographical accessibility (in the sense of the duration of the trip) and the specificity of the problem to be solved, it must be taken into account the financial one, the quality of the services, as well as the confidence in the service provider. An important role is played by the level of information of the service seeker on how these services are provided. Thus, the access to emergency medical services is achieved by providing them at the most accessible distance in time and by ensuring equity for the sick persons, both financially and by the quality of the services offered.

– Geographic access –

It is important to mention that in order to ensure the social equity, the accessibility of the population to AMUP, the operability of the prompt response and service of the medical-surgical emergencies, the geographical it was determined coverage of the service territory with the location of its subdivisions in the territory (AMUP Substations and Points) AMUP[96]. From the quantitative study performed, we observe that in total per sample the AMUP stations are located on average at a distance of 9.2 km, in rural - the distance is more than double as compared to urban (12.3 km as against 5.4 km). We note that, in all cases are respected the normative requirements on the distance of the AMUP stations.

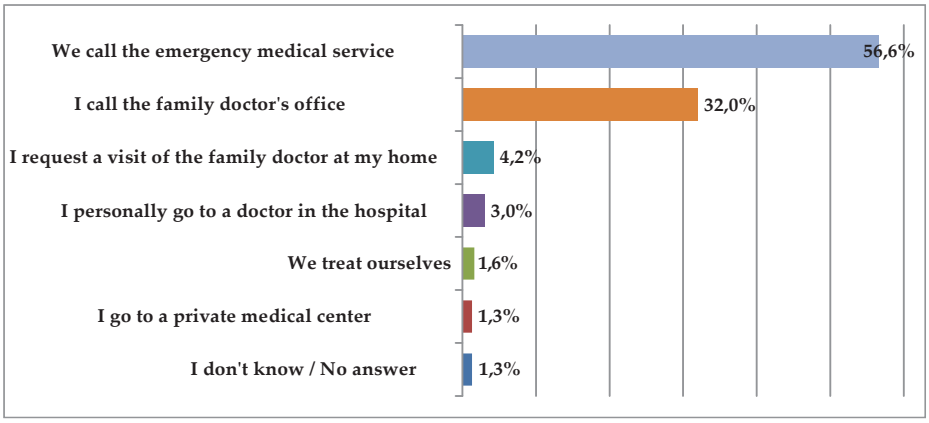
The same situation was also observed during the monitoring visits, where the maximum service distances were recorded up to 25 km away from the station or AMUP point visited.

The population interviewed in the study stated that in case of emergence of an urgent health problem, almost in all cases are accessed the services of two types of providers - AMUP service and primary health care (AMP). Thus, 56.6% of the respondents of the study indicated that in case of health problems they call the emergency service, while others 36.2% go to the family doctor (including 4.2% request a visit of the doctor to their home).

The variations by socio-demographic categories in this chapter are minor, even regional ones or depending on the environment of residence. For example, the calls to AMUP in the urban environment registers 58.9%, and in rural localities 54.6% (Table A1 in the annex).

[96] Order of the Ministry of Health Number 85 of 30.03.2009 „On the organization and functioning of the Emergency Medical Assistance Service in the Republic of Moldova".

Figure 1. **Contacting health care institutions in the event of urgent health problems**[97]

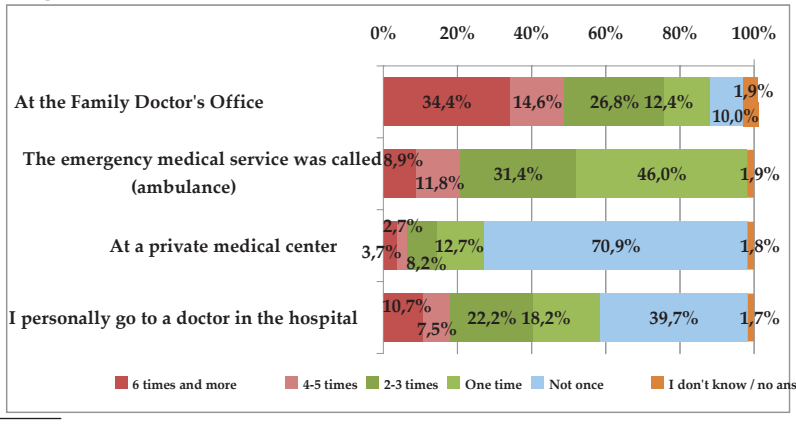


We note that, upon request, the AMUP service is the first, while the AMUP network is placed second in the proximity chapter. A total of 86.5% of the population have access to the CFM in the perimeter of their place of residence, and the network of primary medicine ensures access for 100% population within the limits of the administrative-territorial units of the second level.

For the AMUP service the proximity in the urban environment within the locality is equal to 100%, the situation being different in the rural area. About 17.3% of the population included in the study lives in the localities where are located the AMUP stations and 23.2% in the neighboring localities. More than half of the rural population (56.7%) have access to AMUP stations in the district center.

About half of the respondents stated that, in the last 12 months prior to the study, they went to the family doctor's office 4 times and more, and others almost 40% went there 1-3 times. The ambulance was called 4 times and more by about 20% respondents, and almost 80% requested this service 1-3 times during the 12 months preceding the study (Tables A2-A5 in the annex).

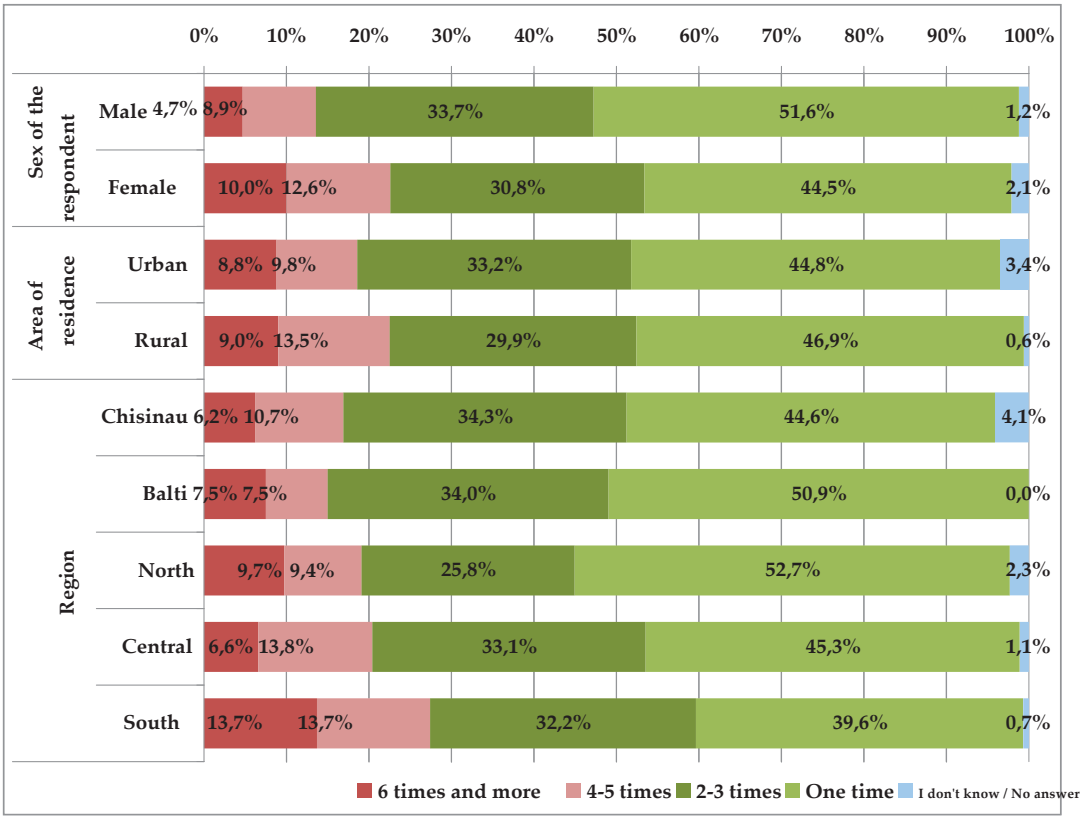
Figure 2. **Frequency of appeals for health services**



[97] Wording the question –„How do you usually do when you have an urgent health problem?".

More often the emergency medical service is requested by women with 22.6% of those who in the last 12 months have requested the ambulance 4 times and more in relation to men, who have said the same thing in a weight of 13.6%. They also stated that more frequent calls to this service come from respondents from rural area than from urban, those from the Southern and Central regions of the republic in relation to the Northern region and the Chisinau and Balti municipalities.

Figure 3. **Frequency of requesting the emergency medical service according to the gender of the respondent and the areas of residence**



Some discrepancies with reference to this indicator are observed according to some socio-economic categories. Thus, it is observed that more often the respondents of 30-44 years have called the ambulance, this being the population group with children, about 22.6% respondents from this group have called the service 4 times and more frequently, as well as 26.1% among the elderly of 60 years and over. The need for emergency services is more common among people with disabilities, with a share of 29.9% who said the same, and among people with low socio-economic level, with 26.5% (Table A3 in annex).

In 44.1% the ambulance was called for an adult, 38.2% - for an elderly person and 17.7% - for a child. The majority of respondents, 64.7%, said that the emergency medical service was called for themselves, and

35.3% called the service for another family member (Table 2 and Table A6 in annex).

Figure 4. **Frequency of requesting emergency medical service by socio-demographic categories**

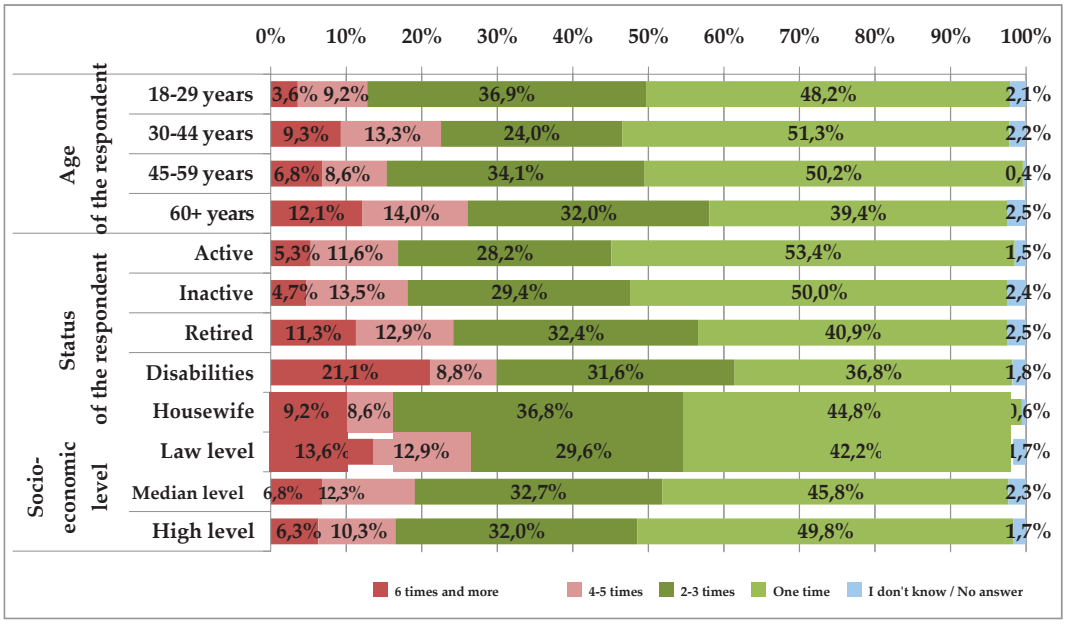
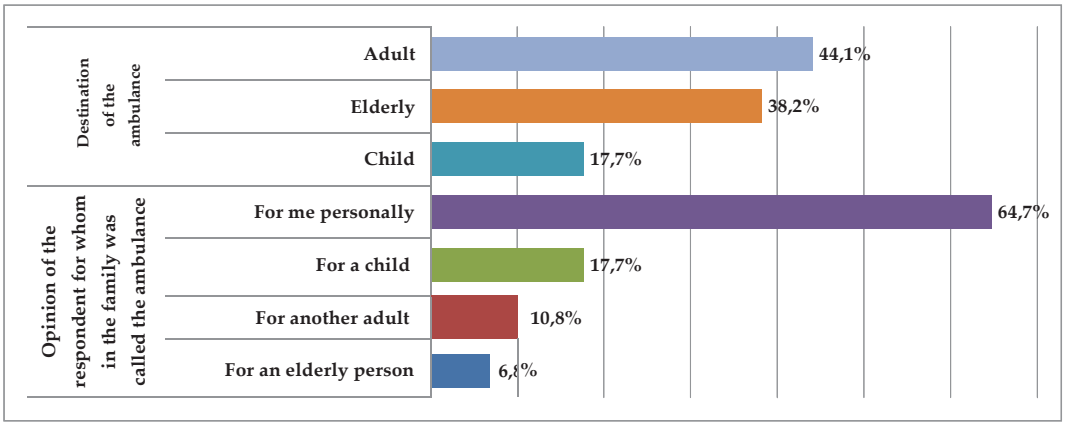


Figure 5. **Destination of requesting the emergency medical service**



The main reason for calling the ambulance was diseases of the cardiovascular system, with 42.3% responses, followed by those of the respiratory system with 26.9% and of the digestive system with 18.4%, these being the main diseases in the case of adults. In the case of the elderly about 1/5 calls had the reasons for the diseases of the nervous system, and in the case of the children, the ambulance was called in 58.1% cases with reference to the diseases of the respiratory system, followed by 24.4% infectious diseases and 18.4 % - of the digestive system (Tables A7 and A8 in annex).

Table 4. **Health problems that were the reason for calling the emergency medical service**

	Total	Adult	Child	Elderly
Diseases of the cardiovascular system	42,3%	35,9%	4,1%	67,3%
Diseases of the respiratory system	26,9%	20,0%	58,1%	20,3%
Diseases of the digestive system	18,4%	19,8%	18,4%	16,9%
Diseases of the nervous system	15,4%	14,8%	6,9%	20,1%
Traumas	13,3%	13,7%	12,0%	13,5%
Osteoarticular diseases	12,0%	10,2%	5,1%	17,3%
Genetic-urinary diseases	10,3%	12,0%	2,8%	11,8%
Infectious diseases	9,7%	7,4%	24,4%	5,6%
Diseases of the eye and ear	9,2%	8,7%	6,9%	10,9%
Endocrine (hormonal) diseases	6,1%	6,9%	2,3%	7,1%
Pregnancy	5,6%	9,6%	5,5%	0,9%
Other	4,2%	5,9%	3,2%	2,8%

These figures indicate a high demand for the AMUP service with specific needs and equipment for the necessary assistance to the medical-surgical emergency group (for example, cardiology, neurology, pediatrics, etc.).

From the discussions made with the AMUP service workers, we identified some problems that influence the access of patients to the necessary services. One of these is an insufficient correlation between the AMUP service and the primary health care.

„There is also a lack of full cooperation with the primary link - family doctors. Although there is the transfer of emergency medical information, which is performed daily through a database of patients who have often called the ambulance, such calls are ignored by family doctors. As a result, the calls continue, we are re-called for the same cases, which could be eliminated by visiting the family doctor." – tells us a doctor from the AMUP service of the southern region of the country.

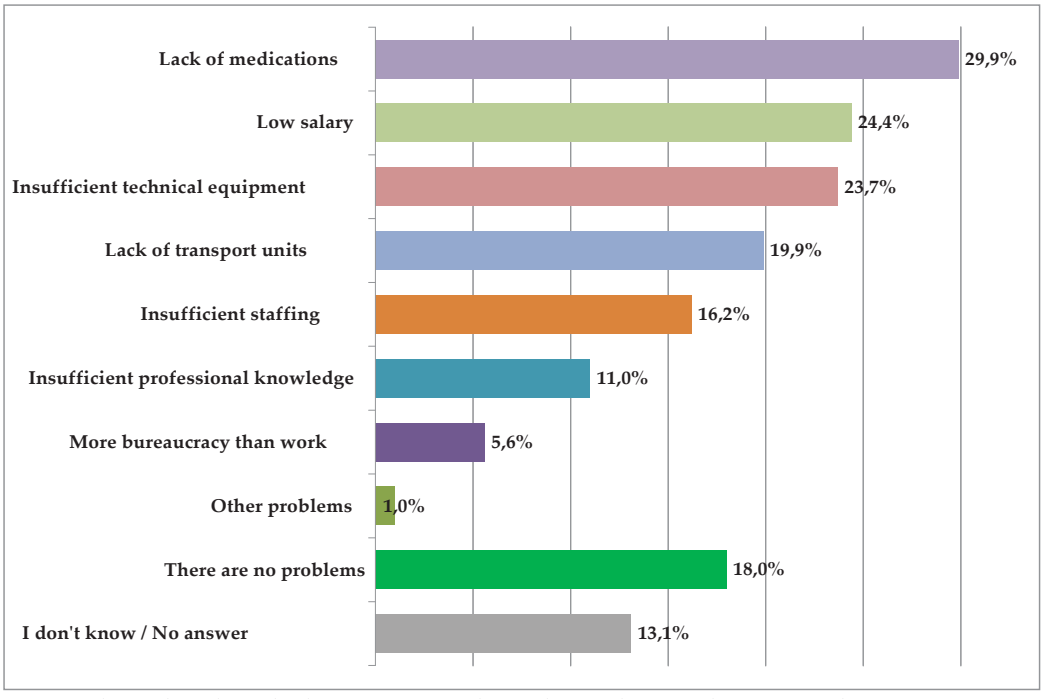
A doctor from an AMUP station in the Central area supports the same idea: *„Some family doctors do their work until a certain hour and then do not answer the phone. The leave a paper on the door of the Center – „Call 903". And people call us for different situations, sometimes not so important. But our service lacks transport and doctors. We go to a simple call and we can't get to a serious case in time, where they really need us."*

In the previous chapter of this report we described the range of problems which the AMUP service is currently facing, including the acute lack of medical staff in rural areas.

As a confirmation we mention the statement of a participant in the focus group: *„In our district there is a need for 8 emergency doctors. How to replace them? No one wants to come to work in such conditions and with such low salaries! That makes us to be late sometimes for the call, we cannot succeed everywhere."*

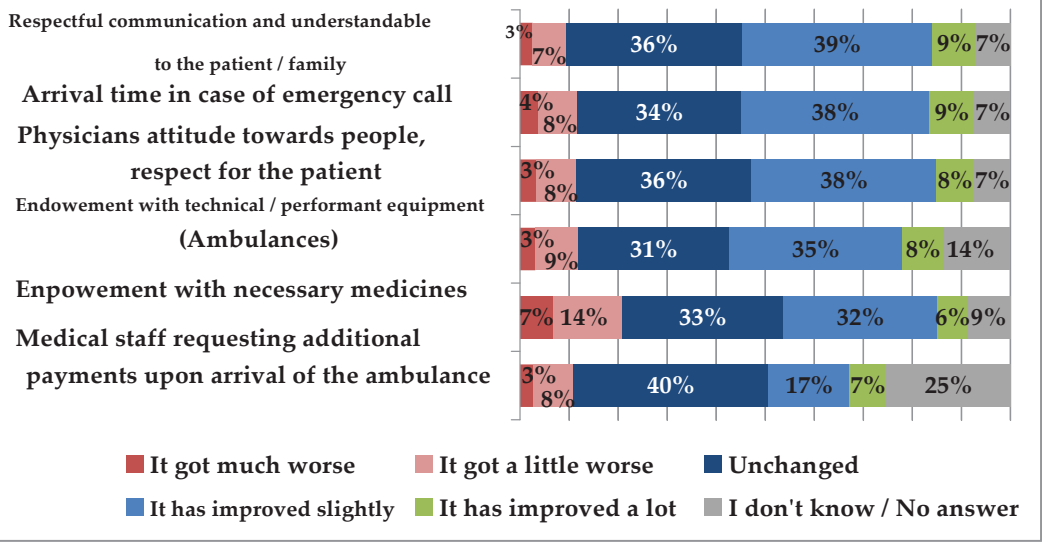
We determined in the study that the population also claims that the AMUP Service is currently facing a wide range of problems and deficiencies. The shortage of medicines (29.9% mentions), inadequate work remuneration (24.4%) and insufficient technical equipment (23.7%) are the first three problems reported by the respondents. A moderate level of mentions records aspects such as the shortage of transport units (ambulances), the shortage of personnel and qualification (insufficient professional knowledge).

Figure 6. **Major problems facing the emergency medical service**



On the other hand, the opinions about how things change in the AMUP service are neutral or positive. The share of respondents who report worsening varies between 10% and 15% in different aspects, while the share of those who have noticed improvements varies between 38% and 48%, except for corruption (medical staff requesting additional payments upon arrival of the ambulance), the decrease of which is noticed only by 24% respondents (17% consider that the situation has improved slightly, 7% - it has improved a lot).

Figure 7. **Perceptions on the evolution of the aspects related to the activity of the emergency medical service (ambulance) during the last 5 years**[98]



– *Financial access* –

Pre-hospital emergency medical assistance (AMUP) is included in the minimum free medical insurance guaranteed by the Constitution to the citizens of the Republic of Moldova[99]. In case of health emergencies[100] that endanger the life of the patient and / or those around him or her may have serious consequences for the patient's health and / or public health, the pre-hospital emergency medical assistance will ensure the necessary assistance, according to standards and protocols approved by the Ministry of Health, which will include activities aimed at stabilizing the patient's vital physiological parameters. AMUP, if necessary, will transport the patient to the nearest specialized medical-sanitary institution, in order to stabilize his or her health condition.

The study indicates that only 84% of the respondents stated that they have medical insurance within the National Health Insurance Company (CNAM). At the same time, only a percentage of 74.5% respondents know that the population can benefit from emergency medical assistance, provided by the state, and about 1/5 do not know this. The degree of knowledge by the population of the spectrum of medical services in general, which are covered by medical insurance is even lower,

[98] Wording of the question – „From what you know, have heard from relatives, friends, acquaintances, how do you think, to what extent have the following aspects related to the activity of the emergency medical service (ambulance) improved during the last 5 years?"

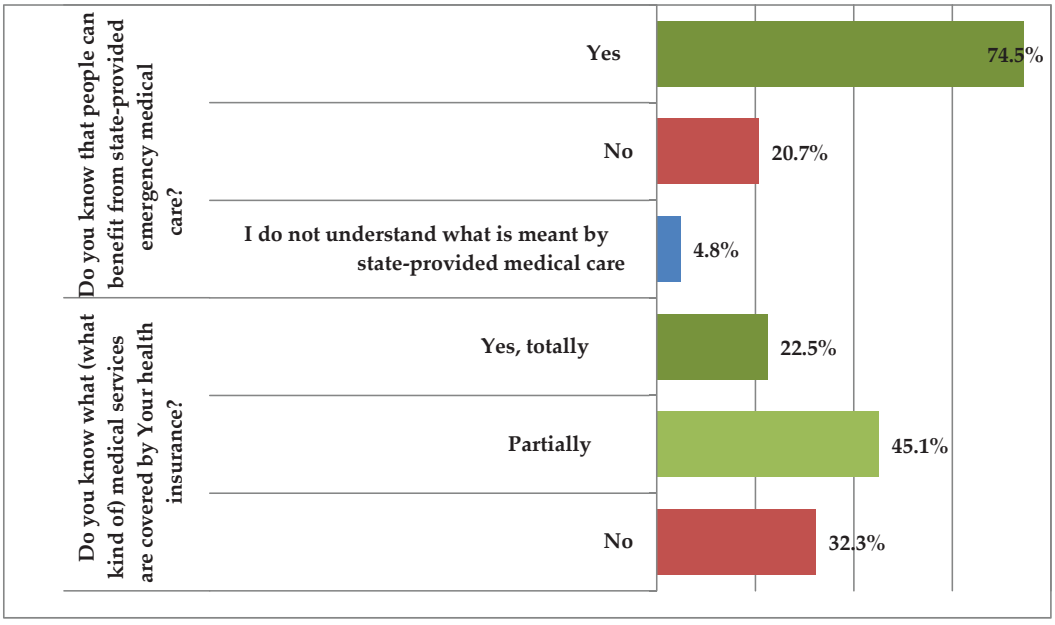
[99] Law on health protection number 411 of 28.03.1995, Article 20 (2).

[100] Their list is described in Annex 1 of the Unique program of compulsory health care insurance approved by Government Decision Number No. 1387 of 10.12.2007.

only 22.5% know about them in full, 45.1% - only partially, and almost 1/3 don't know at all.

The degree of knowledge in both cases is more stressed among young people aged 18-25, with 80% of those who mentioned that they know that they can benefit from state-provided emergency medical care and 72.8% of the respondents who declared that they know, at least in part, about the services that are covered by health insurance. It is noted that the information is dependent on the level of education and well-being, among those with higher respective levels and the degree of knowledge is higher (Tables A9, A10 in the annex).

Figure 8. **Degree of knowledge by the population of the medical services covered by the health insurance**

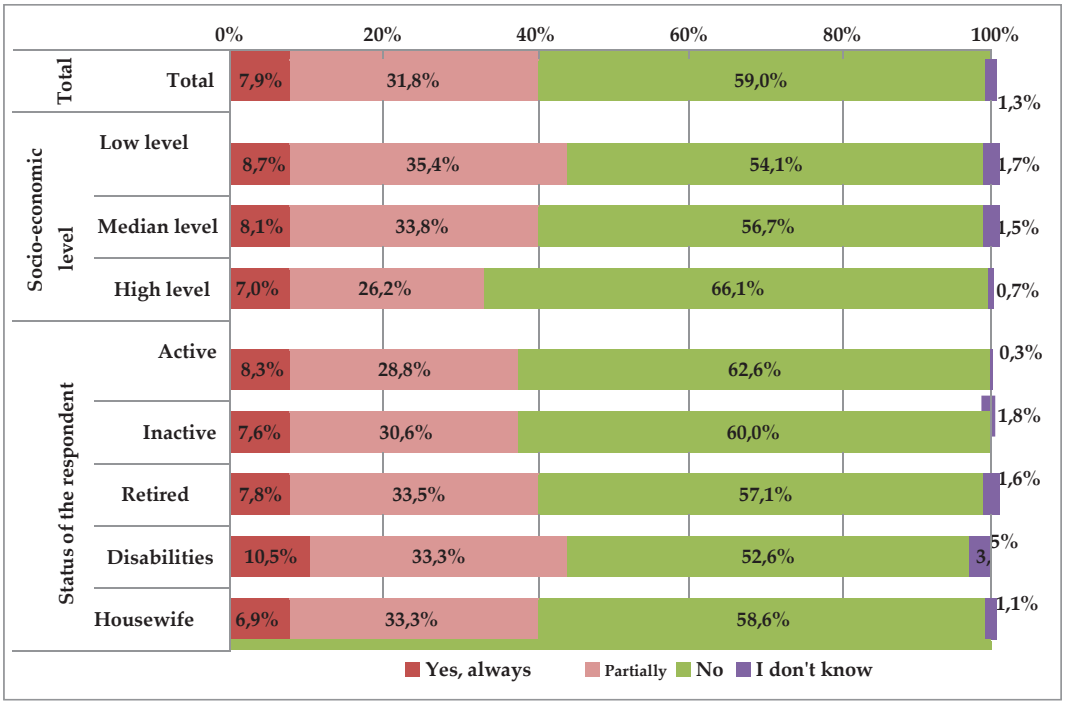


It is also necessary to mention that the degree of knowledge about the spectrum of medical services covered by health insurance is particularly low among those with incomplete secondary education and below, the share of negative answers being about 40%, among Russian speakers, 45%, also inactive respondents, with 36.5% negative answers. In the case of the degree of knowledge that people can receive state-provided emergency medical assistance, it is also lower among those with incomplete secondary education and below, 35.8%, among the respondents of Balti Municipality, by 34% and among people with disabilities, 31.6% negative answers or who said they do not know what this means.

The right of access is limited by the lack of possibilities to pay the expenses related to the treatment, in case of necessity. Almost 40% respondents said that in the last 12 months preceding the study there were cases when they refused to

apply for treatment in case of illness due to the related costs, respectively 7.9% always refused, and 31.8% - partially. More frequently, the treatment was refused by respondents with a low socio-economic level (the poorest), with about 44% of those who said they always or partially refused, compared with about 33% of the wealthy, who said the same thing. Depending on the status of the respondent, the refusal of calls is more common among persons with disabilities with 43.8% share of those who have declared at least partial refusal, but also among retired persons - with 41.3% such answers.

Figure 9. **Refusal to address for treatment in the last 12 months, in case of illness, due to costs (transport, medicines, examinations, consultations) depending on the socio-economic level and the status of the respondent**

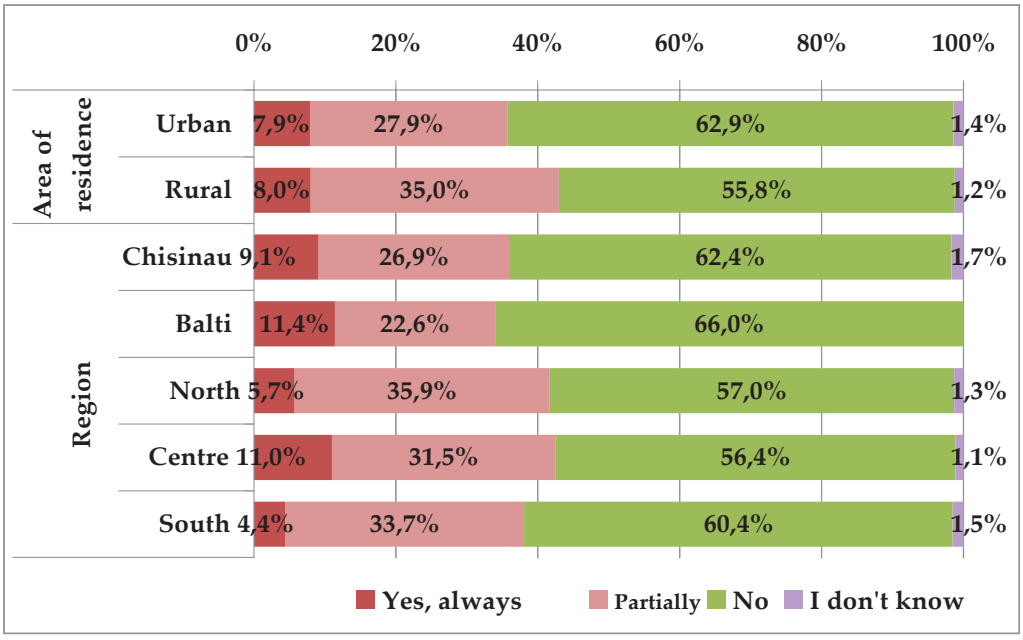


Certain discrepancies are also observed depending on the area of residence. More frequently, those are the respondents from the rural areas who refused compared to those from the urban areas, those from the regions in relation to the inhabitants of Chisinau and Balti municipalities, (Table A11 in annex).

The Republic of Moldova is going through a period marked by an increased level of dissatisfaction of citizens with the state and government institutions. Public Opinion Barometer[101] of April 2016, registered the lowest level of trust in the main institutions of the state. Similarly, 84% of respondents say they are dissatisfied with what the country's leadership does in the field of healthcare.

[101] http://ipp.md/public/files/Barometru/BOP_04.2016_prima_parte_finale-r.pdf

Figure 10. **Refusal to address for treatment in the last 12 months, in case of illness, due to the costs (transport, medicines, examinations, consultations) per area of residence.**



Corruption is a very present phenomenon in the media, and as a problem acknowledged by respondents it is increasing more and more. The phenomenon of corruption has continually risen to the top of the main fears of citizens.

The state institutions are most often associated with this phenomenon. When asked how often they use money, gifts, personal contacts to „solve" problems in medical institutions, 72.3% respondents[102] mentioned that they use unofficial payments very often or always. A higher level of such perceptions is registered only by such institutions as the police and the prosecutor's office.

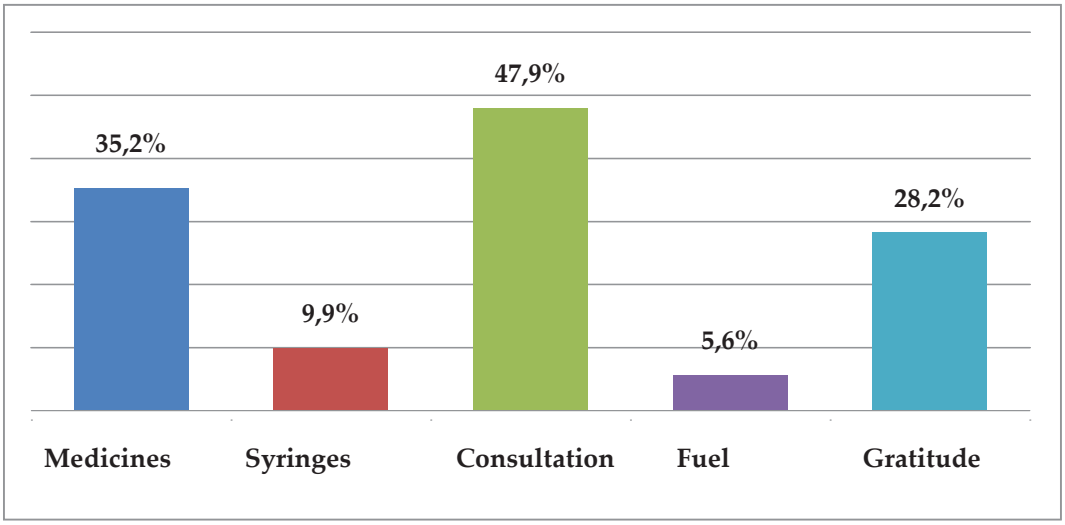
In the study, the incidence of corruption cases constitutes about 6% of the cases, most of the unofficial payments being made at the patient's initiative (4.5%).

Most often such payments are made as a sign of gratitude, for the doctor's consultation (47.9%), to which we must add the 28.2% cases of payments as gratitude, followed by the payments for medicines (35.2 %).

A standard informal payment for medicines constitutes 100 MDL, ranging from 10 to 350 MDL (Table A12 in annex). In the case of payments for consultation, an average payment made equals to about 50 MDL, varying within the limits of 10 and 250 MDL (Table A13 in annex).

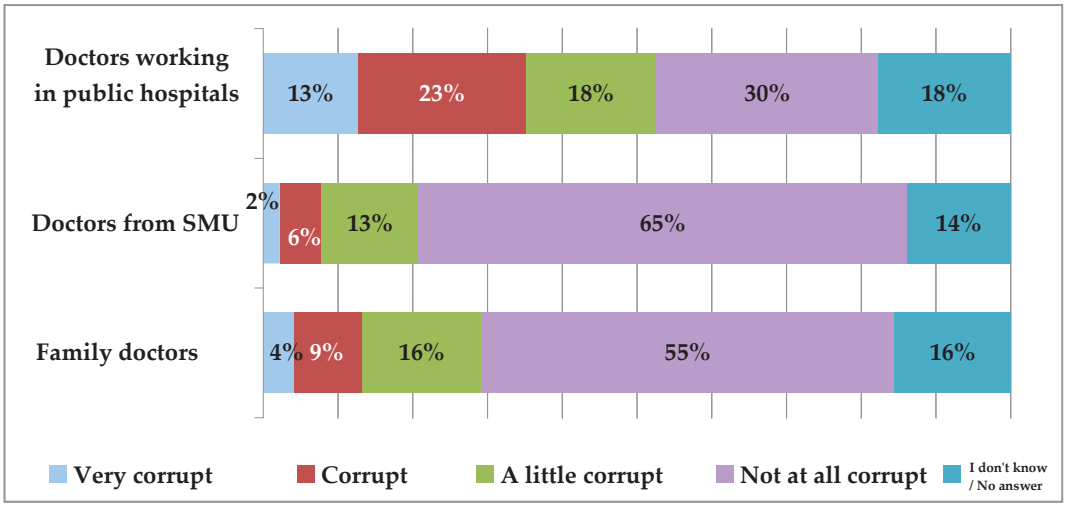
[102] Transparency International Moldova, „Sociological research: corruption in the Republic of Moldova: own perceptions and experiences", 2015.

Figure 11. **For what purpose were informal payments made**



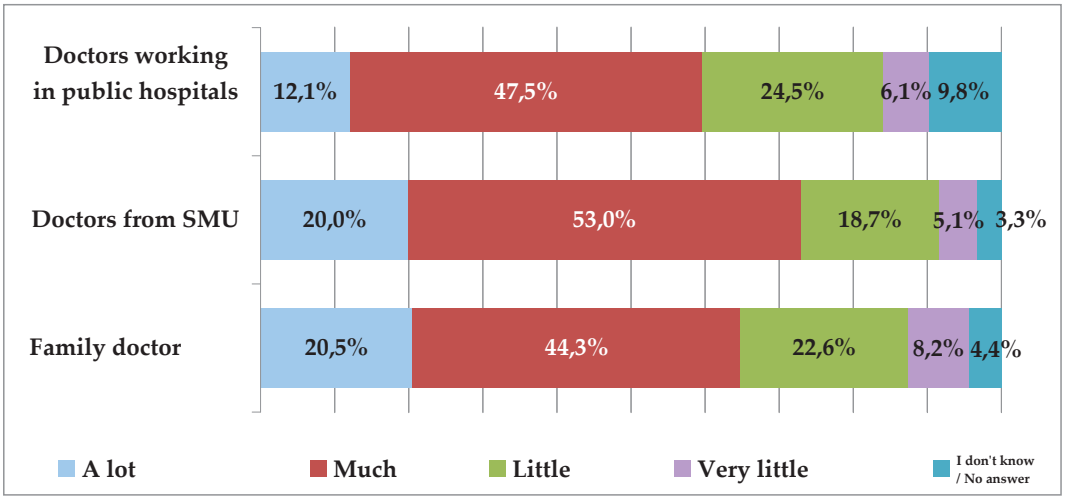
At the same time, against the background of general perceptions, the level of association of medical staff with the practice of corruption is a moderate one, more so, most of the respondents tend to consider that AMUP and family doctors are not at all corrupt, over half of the respondents opt for this answer.

Figure 12. **Perceptions on the degree of corruption among medical personnel**



As a result, the level of trust of the patients towards the medical staff is an increased one. Thus, 73% of the respondents (citizens who have benefited from AMUP services in the last 12 months) said that they have very much or much confidence in the staff of this service.

Figure 13. **Level of trust in medical personnel**



4.2. The right to respect patients' time

Ensuring access to the emergency medical service is closely linked to the realization of the right to respect the patient's time. The location of AMUP stations and points is a key factor in achieving this right. At the same time, we mention that the provision of adequate assistance to the gravity of the medical-surgical emergencies, with the necessary equipment and machinery, in the shortest possible time, is also a compulsory part for the realization of this right.

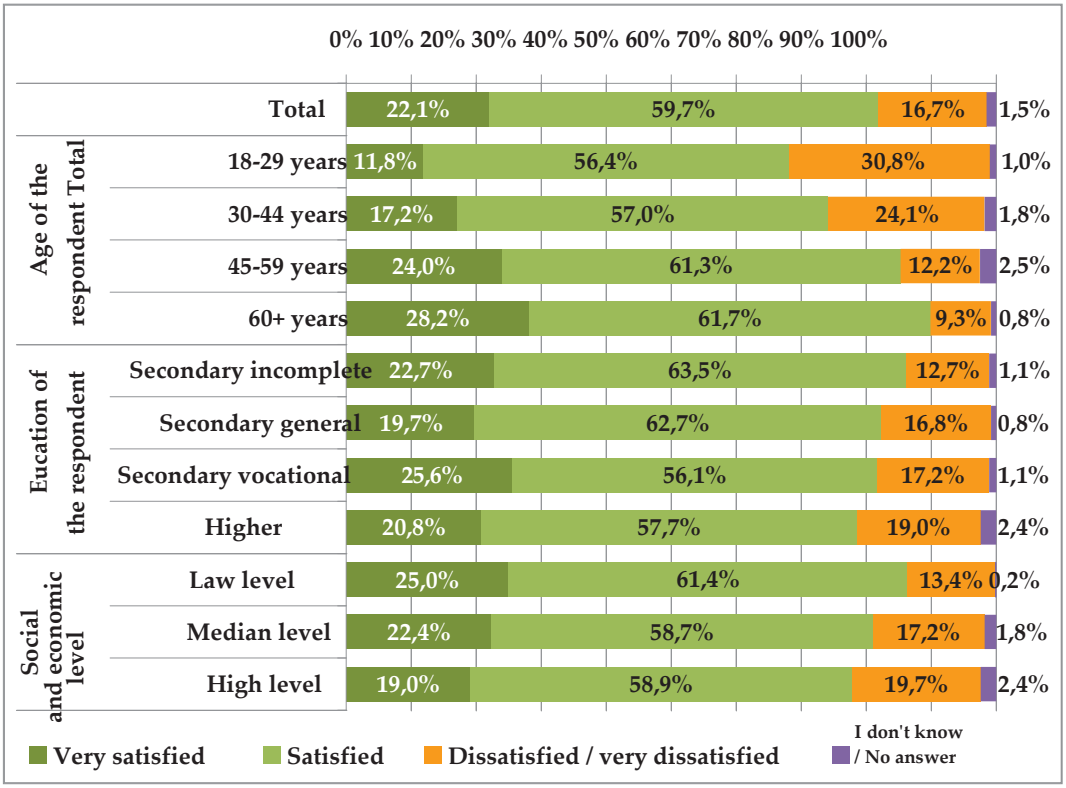
The regulations in the field stipulate the operability of the emergency interventions by ensuring the alarm time under 90 seconds (from taking the call), the time of arriving at the case (from taking the call to the arrival at the site) under 10 minutes in municipal centers, cities, towns, villages, place of residence of the subdivisions of the AMU Station and under 15 minutes in the rest of the calls from other territories. The time from stopping the ambulance to the first contact with the on-call doctor in the emergency medicine department must be less than 90 seconds and under 5 minutes the transmission of the patient to the hospital service[103].

The degree of satisfaction of the applicants for the time of arrival of the ambulance at home comes to express the respect of this important right. About 81.8% of the respondents said they were *very satisfied* with the arrival time of the ambulance at home, yet 16.7% were *dissatisfied / very dissatisfied*.

[103] Regulations on the activity of the emergency assistance team, general profile (for serving the adult population), Annex number 34 **to the Order of the Ministry of Health number 85** of 30.03.2009 *„On the organization and functioning of the Emergency Medical Assistance Service in the Republic of Moldova".*

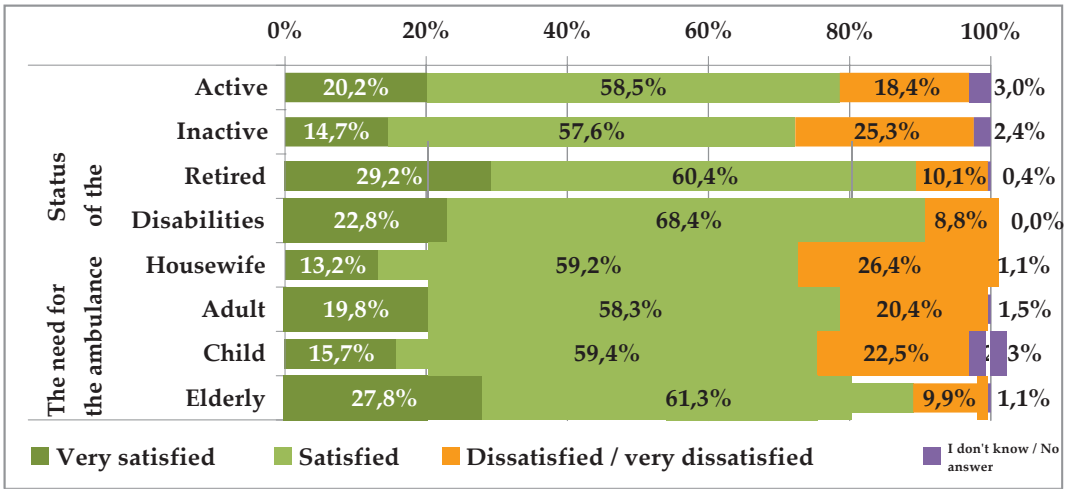
The degree of satisfaction is dependent on the age of the respondents, as well as on the level of education and socio-economic level. Among the young people of 18-29 years *dissatisfied / very dissatisfied* proved to be 30.8%, being decreasing with the increase of the respondents age, among those of 60 years and more the percentage of the dissatisfied is more than 3 times lower (9.3%). Respondents with higher levels of education and socio-economic status were also less satisfied than those with lower levels of education and socio-economic status. (Table A14 in annex).

Figure 14. **Degree of satisfaction with the time of arrival of the ambulance at home according to age, education and socio-economic level**



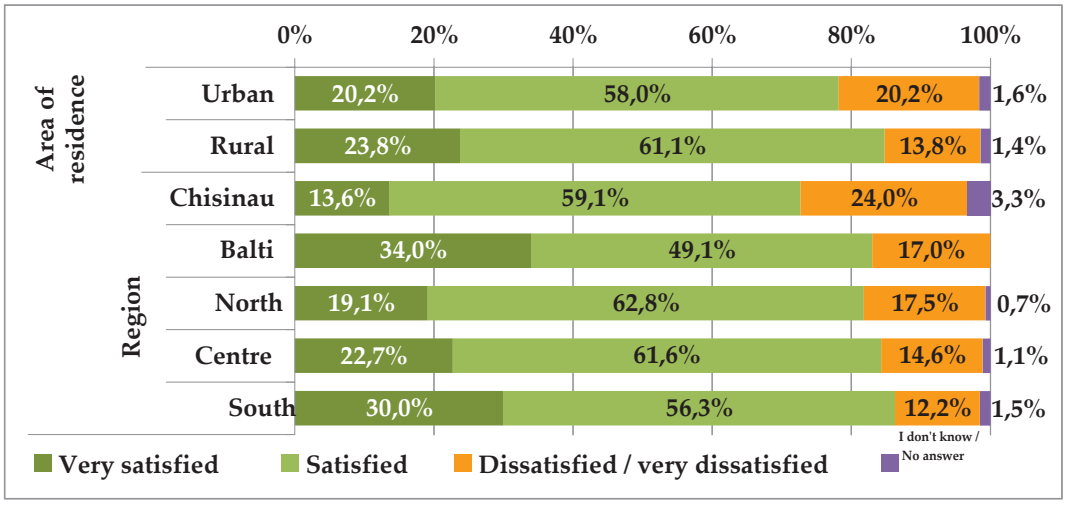
People from vulnerable groups, such as retired persons and people with disabilities, expressed a higher degree of satisfaction compared to other population groups, such as active and inactive people on the labor market. Also, there are differences in the degree of satisfaction and according to the fact, for whom the ambulance was called, thus, a double share of the *dissatisfied / very dissatisfied* respondents was observed among those who called the ambulance for adults and children (over 20%) compared with the group that called the ambulance for the elderly (9.9%).

Figure 15. **Degree of satisfaction with the time of arrival of the ambulance at home by various groups of respondents**



There are some discrepancies in the area of residence as well. Thus, more dissatisfied are the respondents from the urban area, 20.2% stated that they were *dissatisfied / very dissatisfied*, especially in Chisinau Municipality, 24.0%, Balti Municipality and respondents from the Northern region with about 17% who each mentioned the same thing.

Figure 16. **Degree of satisfaction with the time of arrival of the ambulance at home by area of residence**



According to the respondents, the ambulance should come in a shorter time on call than it de facto comes. Thus, on average, the estimated median time that the ambulance came to the call is almost 1.5 times the time it should come, and the maximum time - 1.8 times. In particular, these indicators are more pronounced in the case of urban respondents compared to rural ones, and

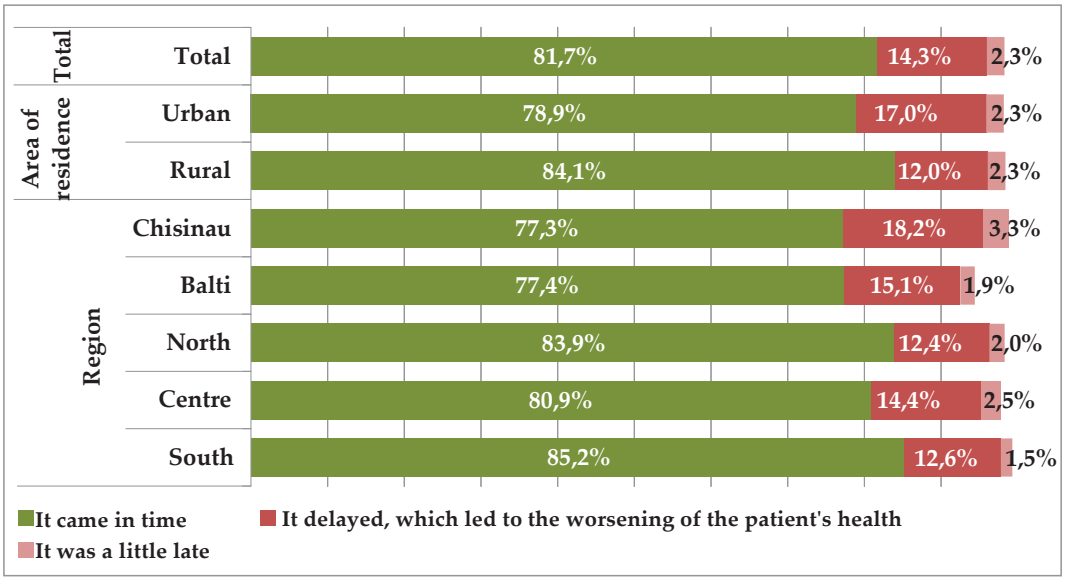
the highest expectations are observed in the case of Chisinau and Balti municipalities and the North region (Tables A15 and A16 in annex).

Table 5. **Arrival time and expected time of arrival of the ambulance at home (minutes)**

	Please tell me, how long did the ambulance come from when you requested it?				Considering the distance, the quality of the roads, the traffic jams and the climatic conditions, how long you think did it take the ambulance to reach your home?			
	Average	**Median**	**Minimum**	**Maximum**	**Average**	**Median**	**Minimum**	**Maximum**
Total	**23,9**	**20**	**3**	**270**	**16**	**15**	**2**	**150**
Urban	21,1	15	3	270	12,9	10	2	150
Rural	26,3	20	3	240	18,6	15	2	150
Regions								
Chisinau	24,1	20	3	270	13,9	10	3	75
Balti	17,1	15	3	40	10,8	10	3	30
North	25,8	20	3	188	17,4	15	2	75
Centre	22,8	20	3	270	15,6	15	2	150
South	24,5	15	3	240	17,8	15	2	150

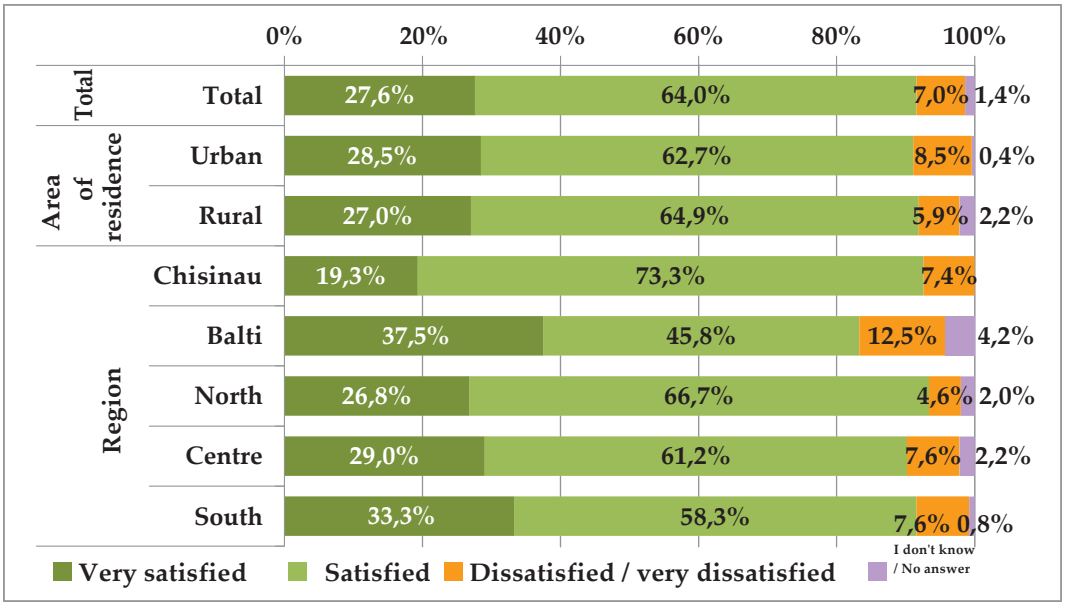
Overall, with a weight of 81.7% the respondents stated that the ambulance arrived on time at home, and 16.6% considered that it was late. Especially more demanding are the respondents from the urban area, especially those from Chisinau, about 1/5 of the respondents from the respective groups consider that the ambulance arrived late (Table A17 in annex).

Figure 17. **Opinions on the arrival of the ambulance on time at home by area of residence**



The respondents seem to be more satisfied with the time when the patient arrived with the ambulance to the hospital, about 91.6% of the total respondents stated that they are very satisfied / satisfied and only 7% expressed some dissatisfaction in this regard. Expectations are higher among the respondents from cities, especially from Balti Municipality, in this group the share of the dissatisfied being 12.5% (Table A18 in annex).

Figure 18. **Degree of satisfaction with the time during which the patient arrived with the ambulance to the hospital by area of residence**



It is worth mentioning that the average time taken to the hospital is 23.2 minutes being about the same, as the one time taken to the ambulance to come at home, 23.9 minutes (Tables A19 and A15 in annex).

During the discussions in the focus group with the representatives of the AMUP service, many of the participants informed us that the time of driving the ambulance to the place of call does not depend solely on the AMUP service. Even if the station or AMUP point is at a short distance from the calling locality, the disastrous quality of the roads makes this travel difficult and time-consuming. In particular, this situation occurs in rainy weather, snow or frost. Due to the bad roads, the ambulance vehicles are severely affected, they frequently are damaged. Another serious problem that affects the time of reaching the patient is the lack of clues to easily find the street or house of the sick person. In the villages there is no numbering of houses, streets are not marked, roads are not illuminated. *„At night we can sometimes rotate for an hour through the village until we find the patient's house. Mayoralties do not consider it a priority to name and light the streets of the village, to number the houses. It might seem simple, but very important to our work"* – explains a focus group participant.

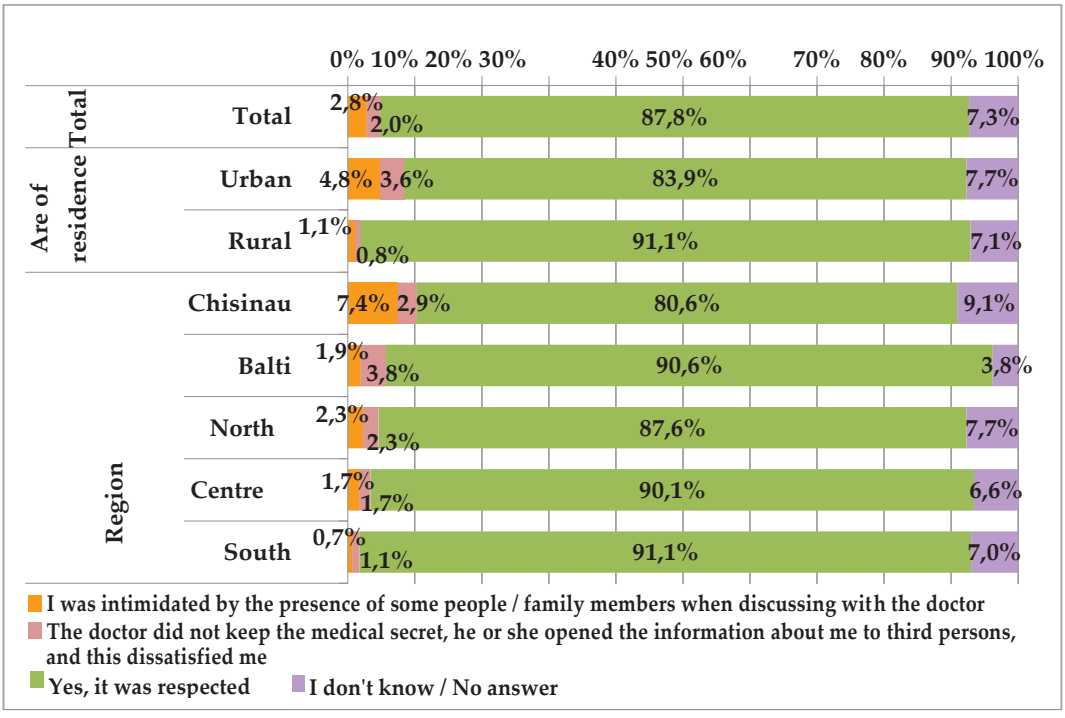
At the same time, it was mentioned during the discussions that due to the insufficient number of medical personnel and teams, sometimes it is necessary for an AMUP team to return from one call to go to another. This is also complicated by the poor sorting that is currently in the system. There are frequent cases when the AMUP team is called for minor situations, which could have been resolved by the family doctor or by telephone consultation, while wasting time to provide the necessary assistance in a serious case, with danger to the patient's life.

4.3. The right to confidentiality and privacy

Respecting the right to confidentiality and privacy in the provision of emergency medical services is a very complex problem, because, usually, the ambulance is called by one of the relatives of the sick person. Thus, the medical workers of the AMUP service must pay special attention to the illness of the sick person with reference to the presence of third persons in the room where the medical assistance will be performed.

Generally, the study indicates that the right to confidentiality and privacy is respected by AMUP medical workers, 87.8% respondents gave an affirmative answer to the question regarding this aspect, and the disaggregation according to socio-demographic groups denote over 80% of the affirmative answers.

Figure 19. **Respecting the right to privacy by doctors**



However, it is noticed that there are still some cases when the medical secret is not kept or the discussion takes place in the presence of third persons, almost 5% respondents mentioned this, and 7.3% did not want to comment on this. It is observed that in the urban area, the share of answers regarding the non-respect of confidentiality by doctors is higher and constitutes 8.4% compared to the rural area with only 1.9%. In Chisinau their share is 10.3%, in Balti - 5.7%, compared to the regions where the share of answers regarding non-observance of rights is below 5%.

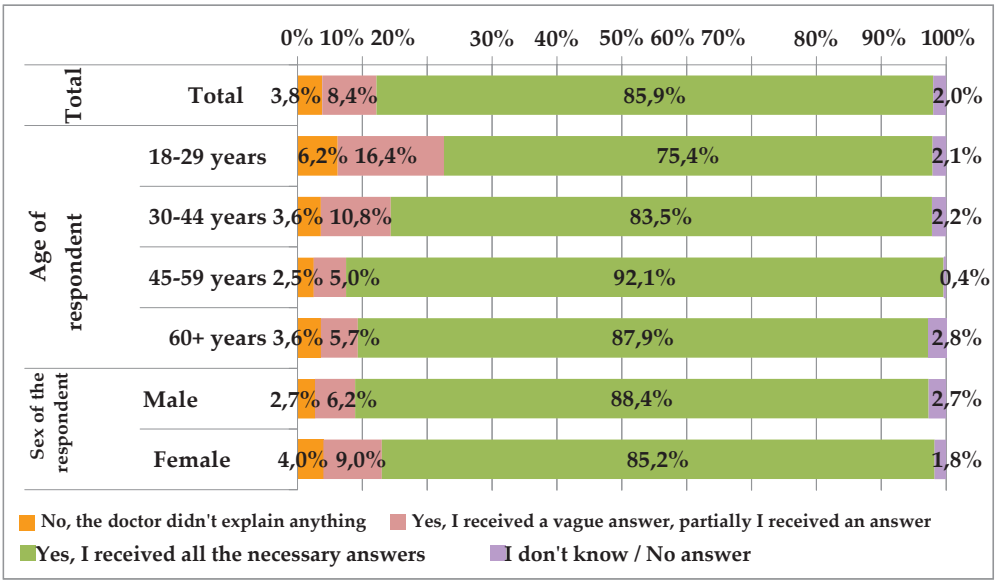
More pronounced are the perceptions regarding the non-observance of the right to confidentiality and privacy among the persons aged 30-44, the active persons (employed in the field of work), the speakers of Russian or a language other than Moldovan / Romanian, these groups have accumulated over 6% negative answers with reference to this aspect (Table A20 in annex).

4.4. The right to information

Informing patients about their health status can become a controversial moment when it comes to patients in medical-surgical emergencies. According to the legislation in force, when conditions are identified that are at risk for the life of the patient, the doctor must act for his or her benefit, without the need of the consent of third parties. However, as far as possible, the doctor should inform the patient or close relatives of the danger, risks and treatments that apply.

In the survey, the majority of the respondents, 85.9%, consider that the last time they called the emergency medical service (ambulance), they received all

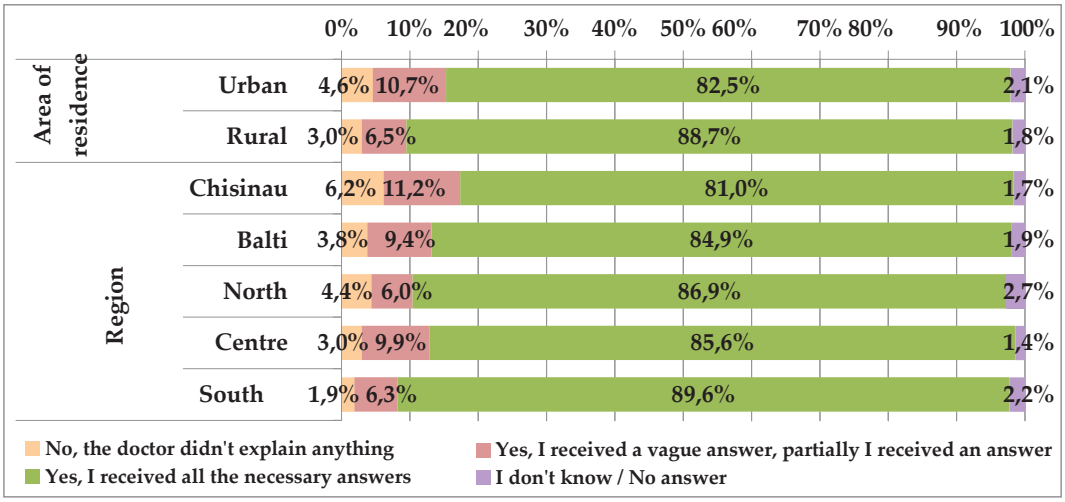
Figure 20. **Observance of the right to information on the health status by age groups, gender of the respondent**



the necessary answers to the questions addressed to the doctor. At the same time, a significant weight of 12.2%, considers that the doctor did not explain anything (3.8%) or offered a vague answer, partially (8.4%). Over 1/5 of the young respondents aged 18-29 consider that they have not been fully informed. And 14.4% of respondents aged 30-44 consider the same thing. Also, the percentage of women who consider they were not fully informed is higher, with a share of negative connotations of 13% compared to 8.9% for male respondents (Table A21 in annex).

It is noted that a higher proportion of the respondents from the urban area, 15.3%, consider that they were not informed or were insufficiently informed by the emergency doctors, compared to 9.5% respondents from the rural area. Mostly reduced information is stated by the respondents from Chisinau and Balti Municipalities, with 17.4% and 13.2% of those interviewed in the respective groups, who consider that they did not receive answers or the doctors were not quite explicit.

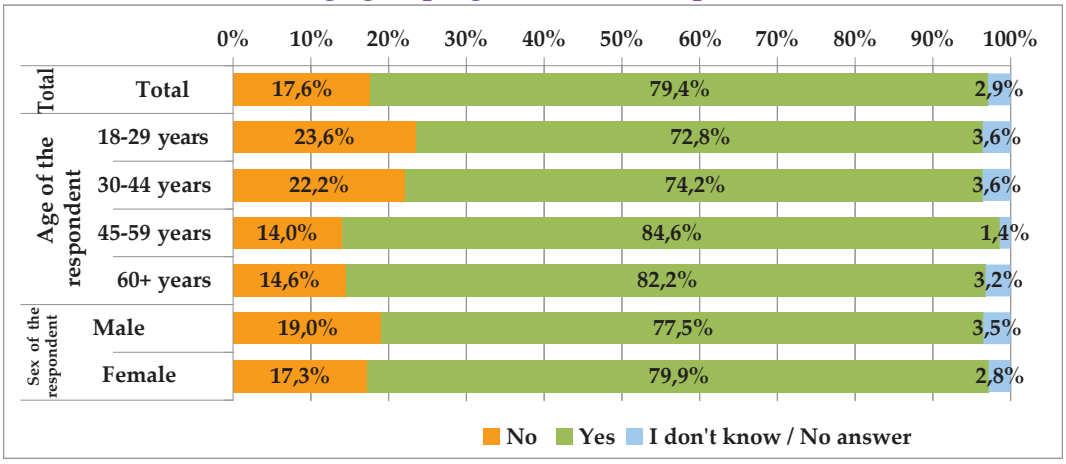
Figure 21. **Observance the right to information about the health status by area of residence**



Another aspect of the right to information is the information about the procedures, treatment or investigations that he or she wishes to apply / has applied to the applicant for service.

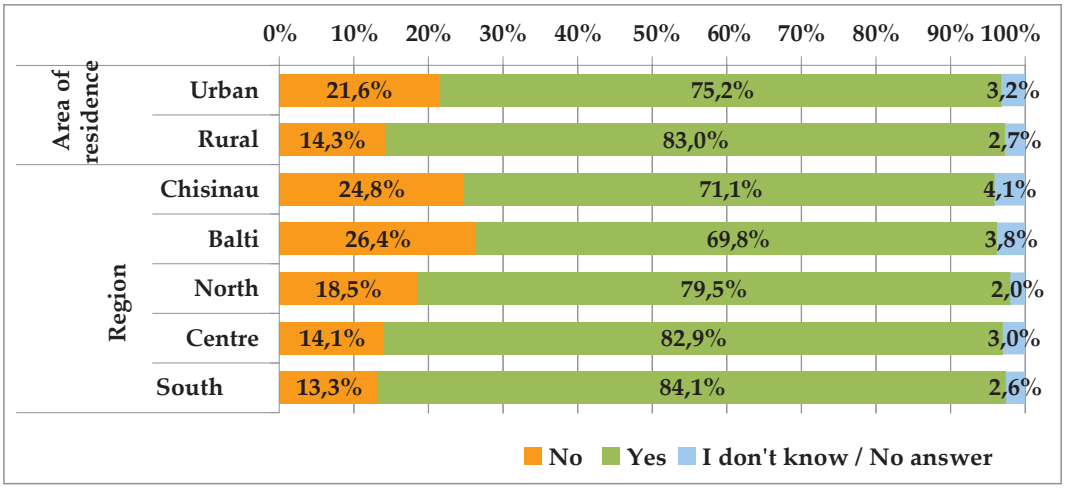
The degree of information in this case is considered lower compared to the previous indicator, only 79.4% respondents said that the staff from the emergency medical service (ambulance) gave them the necessary information, when 17, 6% confirmed the opposite. People in the younger age groups in more pronounced weights of about 23% consider that they were not explicitly informed about the treatments, as well as the male respondents in relation to the female (Table A22 in annex).

Figure 22. **Observance of the right to information about the procedures, treatment or investigations that he / she wishes to apply / applied to the applicant for services by age groups, gender of the respondent**



The same trends are observed in areas of residence, as well as with reference to the previous indicator, only that the weights of the respondents who gave negative answers are higher. Thus, 1/5 of those interviewed from the cities stated that the staff from the emergency medical service (ambulance) did not explain to the applicant the meaning of the services, procedures, treatment or investigations that he wants to apply / has applied. In Chisinau and Balti these opinions are provided by about 1/5 respondents from the respective groups, these findings having a dual explanation: either the respondents are more demanding, or the staff is less explicit in providing information.

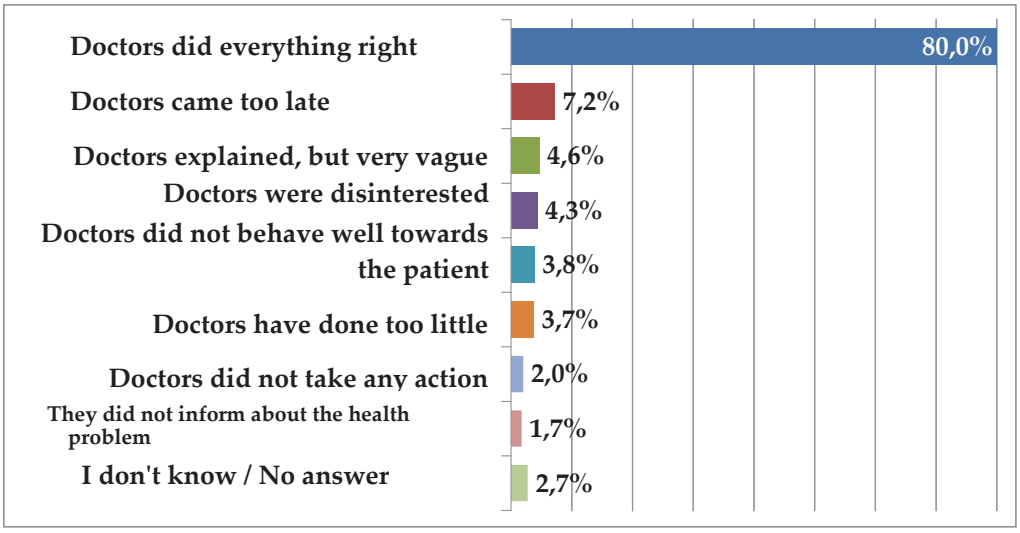
Figure 23. **Observance of the right to information about the procedures, treatment or investigations that he / she wishes to apply / applied to the applicant for services by means of residence**



It should be mentioned that weights of over 20% responses were also observed according to other socio-demographic groups of respondents, such as respondents with higher education, those active or inactive on the labor market.

Most of the respondents appreciated the behavior and the actions taken by AMUP doctors, about 80% consider that the doctors did everything right. At the same time, 4.6% mentioned that the doctors explained, but very vague about the actions taken, and 4.3% thought that the doctors were disinterested, other options accumulated less than 4% answers, all with negative connotation (Table A23 in the annex).

Figure 24. **Opinions on the behavioral aspects of the personnel from the emergency medical service (ambulance)**



It is important to mention that, based on the data provided by CNAMUP and the results of the discussions held in groups, we found that, due to the lack of medical staff, often the calls are attended only by the staff with secondary education (feldsher), which could have difficulties if the patient asks to provide him or her comprehensive treatment responses. This fact can influence the perception of the population with reference to the degree of respect for the right to information.

4.5. The right to consent

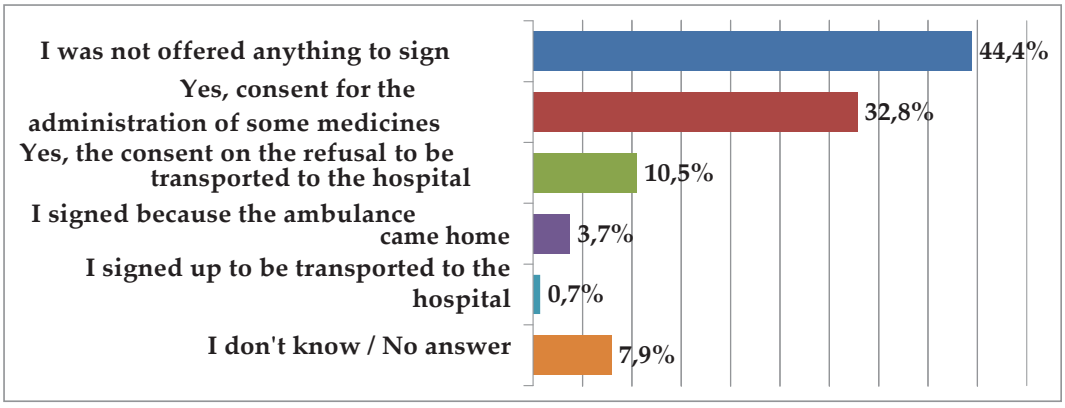
Signature of the informed agreement is a mandatory procedure for the medical act so that the medical worker can apply certain treatments or procedures, except for the cases of risk to the patient's life, when he or she is unconscious or with an affectation of the lucidity of the thought and perception of reality.

With regard to the observance of the right to consent of the applicant for emergency medical services, the opinions of the respondents were divided as

follows: 44.4% reported that at the ambulance arrival nothing was requested from

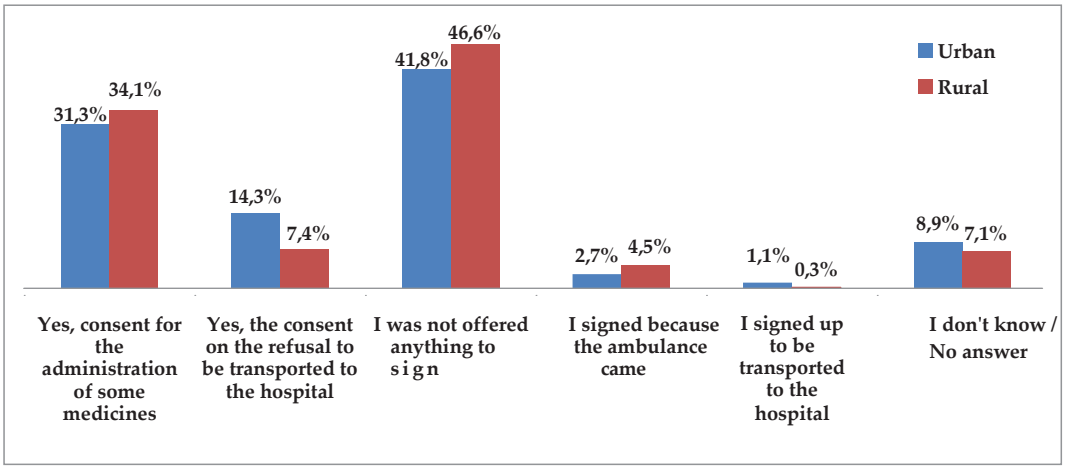
them, 1/3 gave their consent for the administration of some medicines, 10.5% - signed the refusal to be transported to the hospital, 3.7% signed because the ambulance came at home (Table A24 in the annex).

Figure 25. **Observance of the right to the consent for emergency medical services, in total**



More pronounced weights of the respondents from the villages are observed regarding the answers, that they were not requested anything, also 46.6% villages versus 41.8% those in the cities, and in the case of the consent of the administration of some medicines and the fact that the ambulance came home.

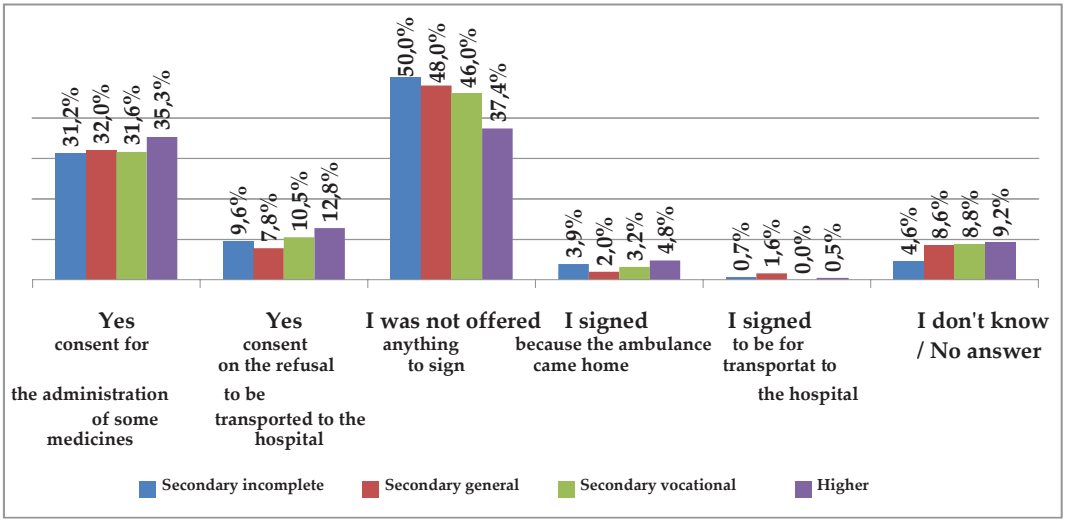
Figure 26. **Respecting the right to the consent on emergency medical services, by areas of residence**



The consent on the emergency medical services is correlated with the studies of the respondents, more pronounced weights of the respondents with higher studies compared to the respondents having lower studies who mentioned that they gave the consent on the administration of some medicines, the refusal to be transported to hospital, the signature for the arrival of the ambulance at home. However,

a smaller percentage is observed of those who declared that they were not offered anything for signing, about 37.4% compared to 50.0% of the respondents with incomplete secondary studies.

Figure 27. **Observance of the right to the consent on the emergency medical services, according to the studies of the respondent**



Also, according to other socio-demographic categories, weights of almost 50% of the respondents, who stated that they were not offered anything for signing, these being the pensioners with 50.7% negative answers, the respondents from the Central region with 49.2%, and among those with low socio-economic level with 48.3% answers.

With regard to the consent for the administration of some medication, the highest weights that gave an affirmative answer, of 40.4%, are observed in the case of persons with disabilities. The refusal to be transported to the hospital is the largest, of about 20%, among the respondents from Chisinau and Balti Municipalities, about 13.8% in the case of calling the ambulance for children, and this indicator is also dependent on the age of the respondents. Thus, among the persons under 44 years the share of those who gave the consent regarding the refusal to be transported to the hospital is about 14% compared to about 8% among those aged 45 and over.

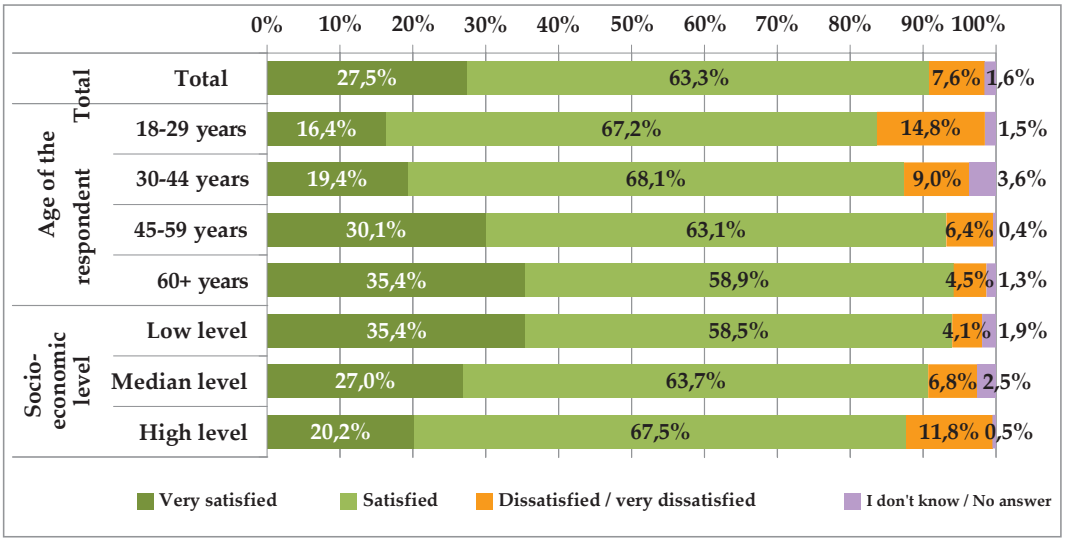
4.6. Right to Complain

The right to complain is conditioned not least by the degree of satisfaction with the medical services provided by the AMUP service.

In the given survey the majority of the respondents, 90.8%, were satisfied or very satisfied with the respective services, and 7.6% - dissatisfied or very dissatisfied with them. The degree of satisfaction of services is correlated with the age of the respondent, the less satisfied are the younger people.

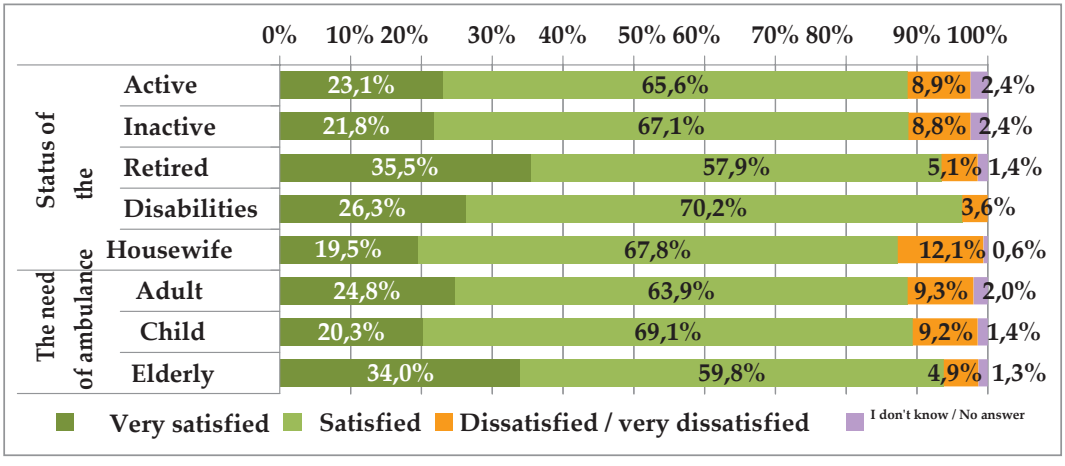
Also, less satisfied are those with higher socio-economic level, about 11.8% mentioned this (Table A25 in the annex).

Figure 28. **Degree of satisfaction of the medical services provided by the personnel from the emergency medical service (ambulance), according to age and socio-economic level**



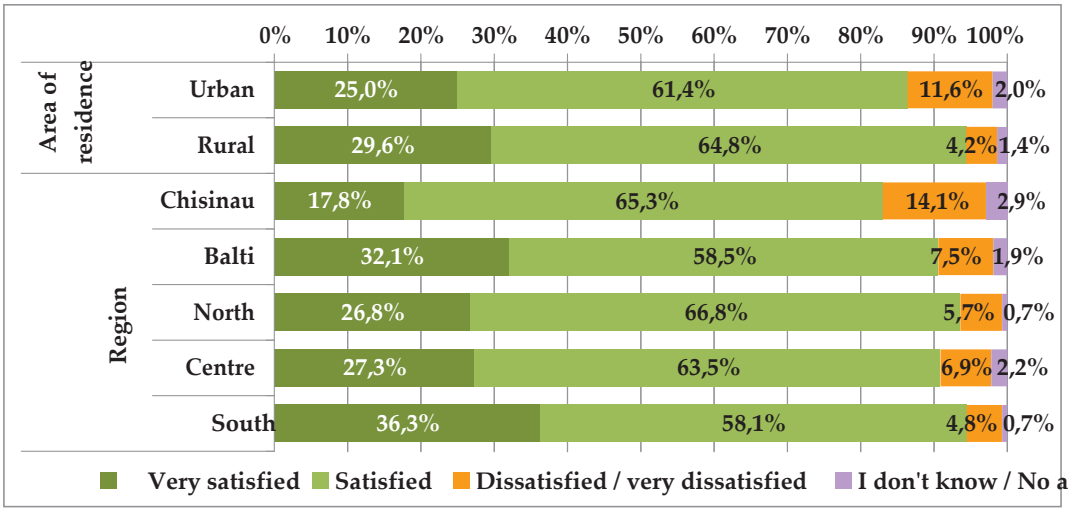
The degree of satisfaction is higher among persons with disabilities and retired persons, less satisfied are the persons who stay at home, 12.1%. Certain trends can be observed depending on the fact, for whom the ambulance was called: adult, child or elderly.

Figure 29. **Degree of satisfaction of the medical services provided by the personnel from the emergency medical service (ambulance), by various groups of respondents**



In the rural area the degree of satisfaction of the services provided also is higher, the share of respondents who said they are satisfied or very satisfied with them is 94.4%, in the urban area being 86.4%. Respectively, those who are dissatisfied or very dissatisfied make up 11.6% in urban areas and 4.2 in rural areas. The most dissatisfied were the respondents from Chisinau with 14.1%, of those who said they were dissatisfied or very dissatisfied, in Balti - with 7.5% and in the Centre with 6.9% such answers.

Figure 30. **Degree of satisfaction of the medical services provided by the personnel from the emergency medical service (ambulance), by area of residence**



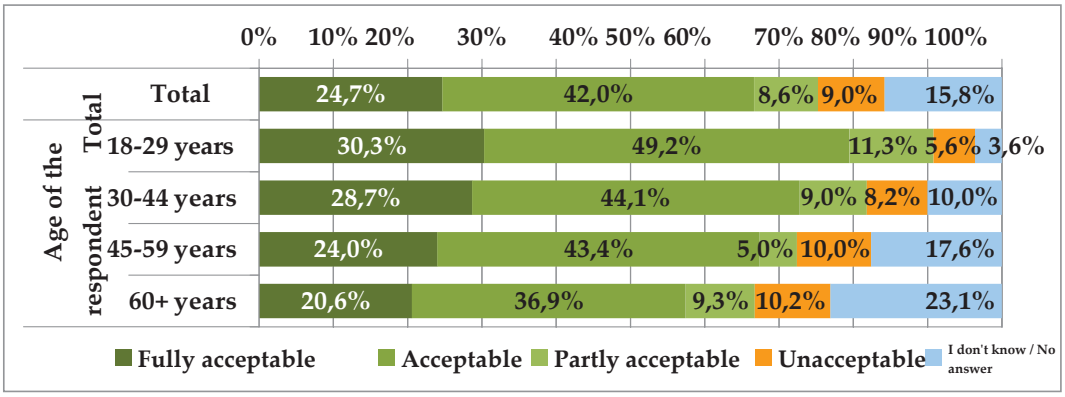
Among the 7.6% respondents of the study who declared themselves to be dissatisfied or very dissatisfied with the respective services, ¾ never thought to write a complaint for the non-qualitative medical services, only 19.4% (18 cases) thought, but they did not write and only a very small number wrote a complaint in this context, they being all from the urban area (Table A26 in the annex). Of the respondents who thought about writing a complaint, but did not write just a few know where they could address for this purpose (Table A27 in the annex).

Respondents were asked to provide an opinion on the right to file a complaint, by answering the question whether this is acceptable.

About ¾ of the respondents consider that it is *fully acceptable / acceptable / partially acceptable* to complain, if he or she is not satisfied with the medical services provided by AMUP staff, 9% consider that it not acceptable, and a significant weight of 15.8% did not want to comment in this context.

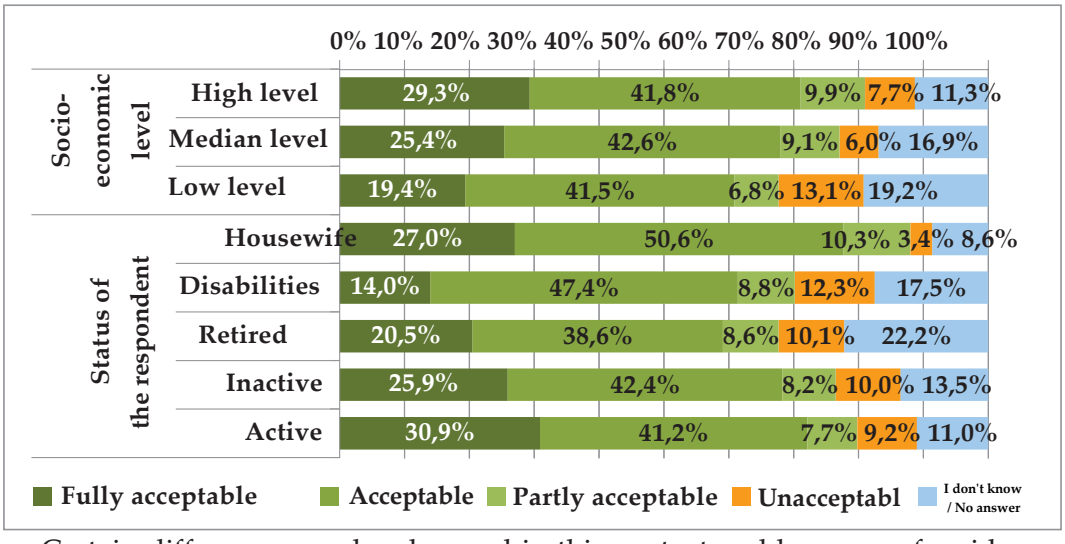
The acceptability of filing a complaint is correlated with age, higher shares of young people aged 18-29, 90.8% accept, at least partially, the submission of complaints, this weight being declining with the increase in age. Thus, those aged 60 and over, who accept the submission of complaints, constitute 66.8%, the difference between weights versus young people constitutes 24 percentage points (Table A28 in the annex).

Figure 31. **Opinions on the right of the applicant to file the complaint, if he / she is not satisfied with the medical services offered by the personnel of the emergency medical service (ambulance), according to the age of the respondent**



The same trend is also observed depending on the socio-economic level, a higher weight, 81.0% of those with a high socio-economic level consider it acceptable to file complaints, compared to only 67.7% of those with a low socio-economic level. Also, less people with disabilities and pensioners accept complaints, compared to other groups of respondents.

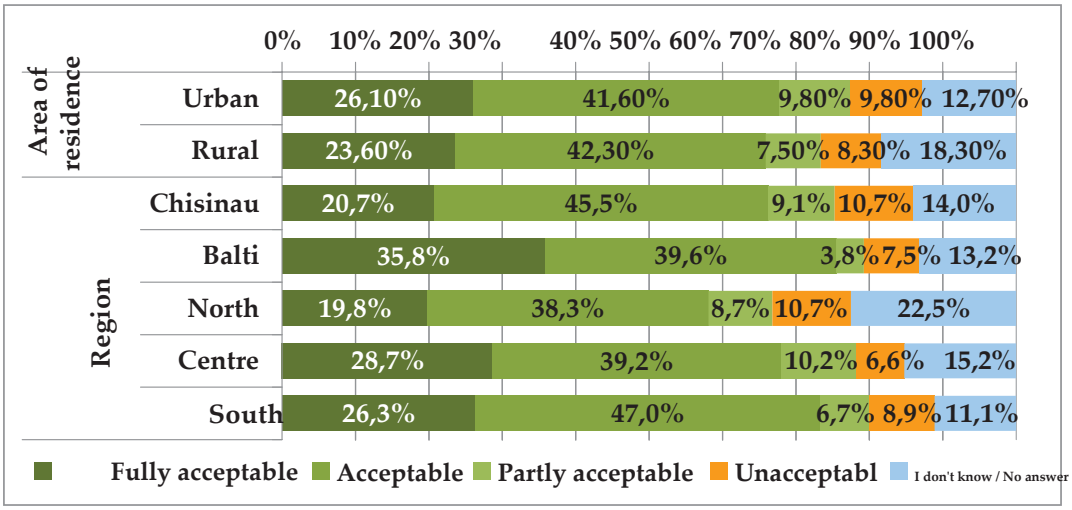
Figure 32. **Opinions on the right of the applicant to file the complaint, if he / she is not satisfied with the medical services offered by the personnel of the emergency medical service (ambulance), according to socio-economic and demographic categories**



Certain differences can be observed in this context and by areas of residence. Respondents from the urban area are more willing to accept the submission of complaints,

in case they are not satisfied with the services, the share being 77.5%, compared to 73.4% among the respondents from villages, who also proved to be the most uncertain in this context. The respondents from the North region are less accepting the submission of complaints, the acceptability among the respondents from Balti and from the South region is greater with about 80% positive opinions.

Figure 33. **Opinions on the right of the applicant to file the complaint, if he / she is not satisfied with the medical services offered by the personnel of the emergency medical service (ambulance), by area of residence**



Respondents were asked to mention the 3 main cases when a person can file a complaint, because he or she was dissatisfied with the medical services offered by the medical staff at the AMUP service. Among the first places, both being noted with about 45% affirmative answers, were placed the opinions:

- *The necessary medical assistance was not granted* and
- *The patient's health condition worsened because the ambulance arrived too late.*

Over 1/3 answers referred to:

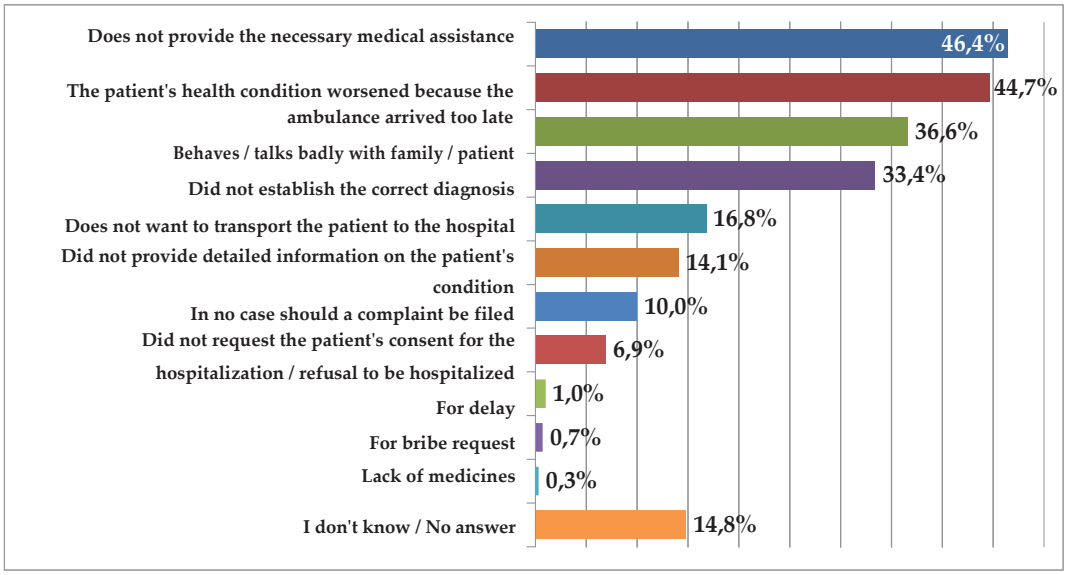
- *When behaving / talking badly with the family / patient* and
- *Has not established the correct diagnosis*.

In the third place after the accumulated answers were placed such opinions as:

- *Does not want to transport the patient to the hospital* (16,8% answers),
- *Has not provided detailed information on the patient's condition* (14,1% answers).

About 10% respondents believe that in no case should a complaint be filed (Table A29 in the annex).

Figure 34. **Opinions on the main cases when a person can file a complaint, because he / she was dissatisfied with the medical services provided by the medical personnel of the emergency medical service (ambulance)**



4.7. The right to observance of quality standards

The quality of the medical services includes a series of aspects that influence the perception of the beneficiaries with reference to the medical assistance received. Thus, were evaluated the quality standards, in compliance with which the status of things was assessed in relation to this right, through several basic aspects:

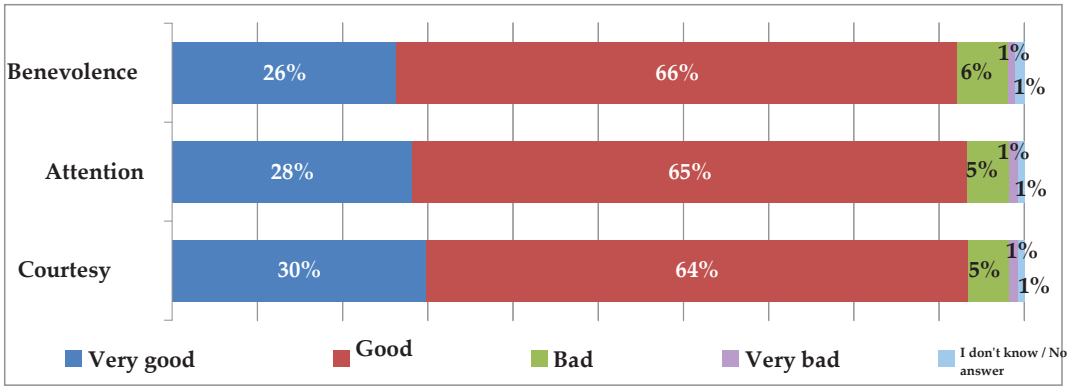
- How the staff approached the patient (attitude and behavior),
- Discriminatory actions from the part of the staff,
- Endowment of the ambulance vehicle with the necessary equipment and medicines,
- Providing the necessary assistance during the transport to the hospital,
- The degree of patient satisfaction with the assistance received.

– *Attitude and behavior* –

In over 90% of cases, patients are positive about how they were treated by AMUP staff - kindness, attention and kind approach.

At the same time, 6-7% of patients reported negative experiences in this regard. The incidence of these cases is higher in the case of the more active socio-economic groups, which probably have higher expectations from the provision of medical personnel. Therefore, the incidence of negative treatment cases by doctors is higher among the young population (18-44 years), with higher education and socio-economic level, economically active, with the place of residence in urban areas, especially in large cities (Tables A30-A33 in the annex).

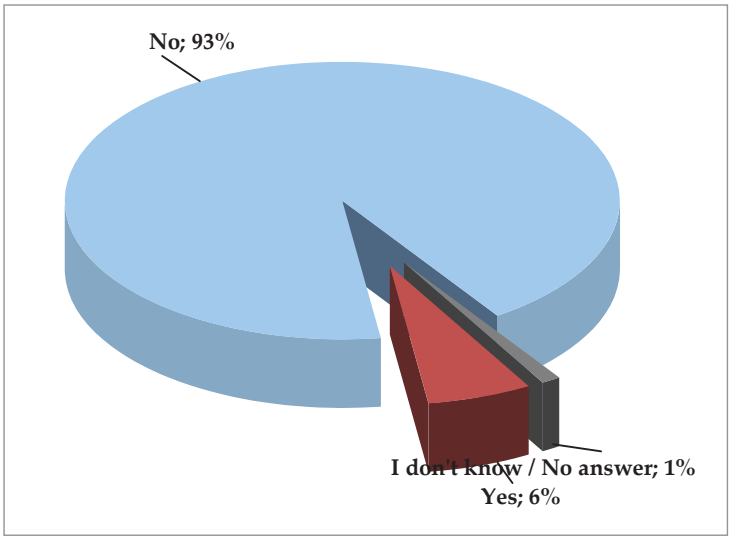
Figure 35. **Attitude of doctors towards patients**



– *Discrimination* –

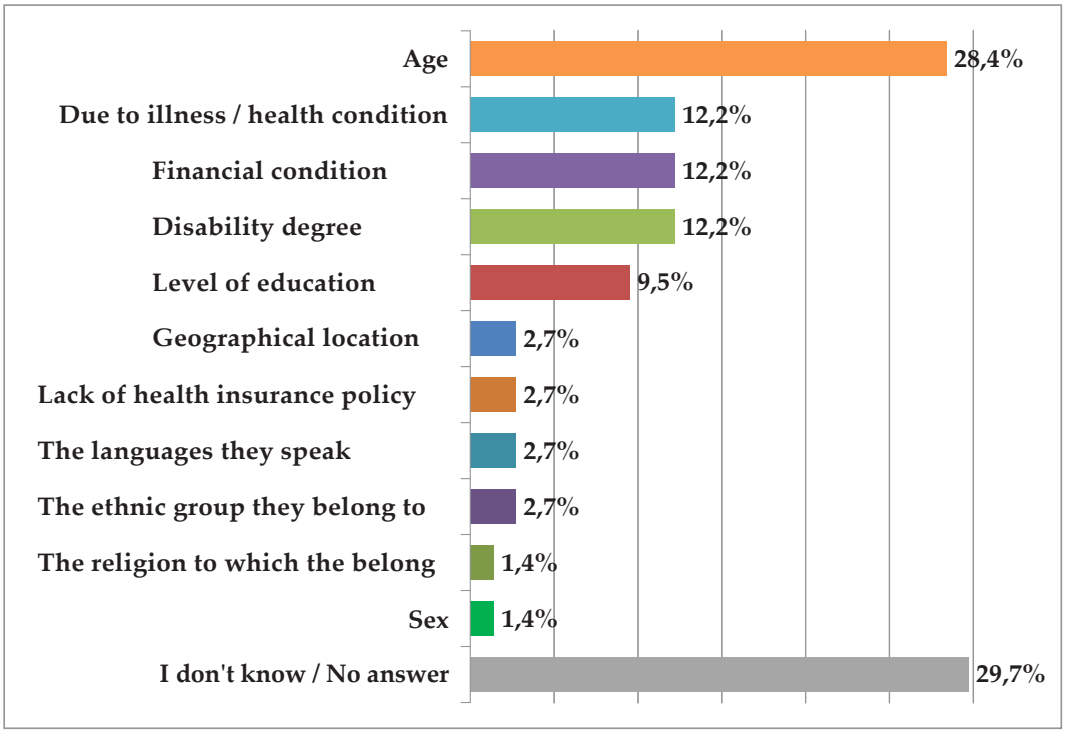
A similar incidence is found also in the case of discriminatory actions by medical staff. Six percent of respondents reported that they had undergone such treatments by AMUP workers. As in the case of inadequate attitudes, the most often reported discriminatory actions are related by young and middle-aged people, economically active, but also by housewives, with a low socio-economic level (Table A34 in the annex).

Figure 36. **Incidence of discrimination cases from the part of doctors**



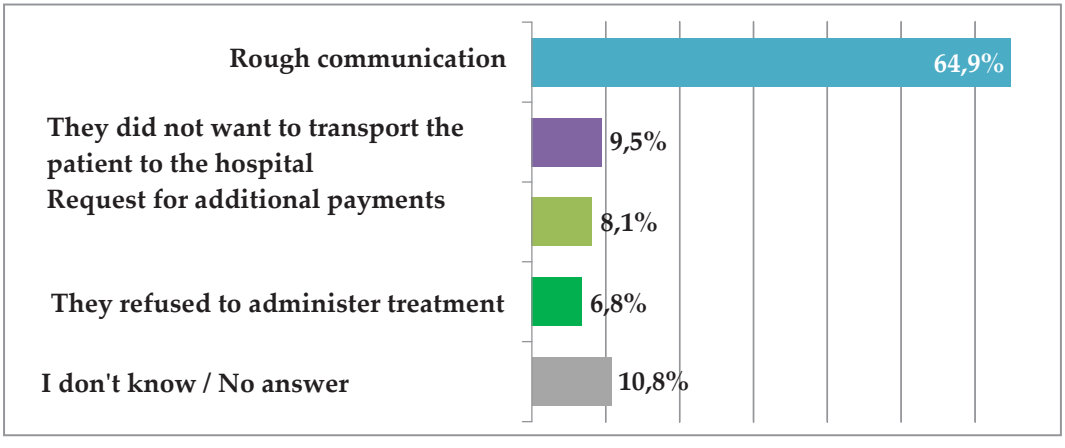
As a result, the age of the patient (young people) is the criterion that most often underlies discrimination. In addition to age, the causes of discrimination include the condition of health, financial status, disability and the level of education.

Figure 37. **Criteria, which, according to the respondents, caused the discriminatory treatment**



In most cases the patients treated as discriminatory approach the fact that the doctors communicated with them in a crude manner (64.9%). In one of ten cases (9.5%) the patients were refused transportation to the hospital, and 6.8% of the patients were refused treatment. In 8.1% of cases, from patients were requested additional payments.

Figure 38. **Type of behavior in case of alleged discrimination by the medical worker**

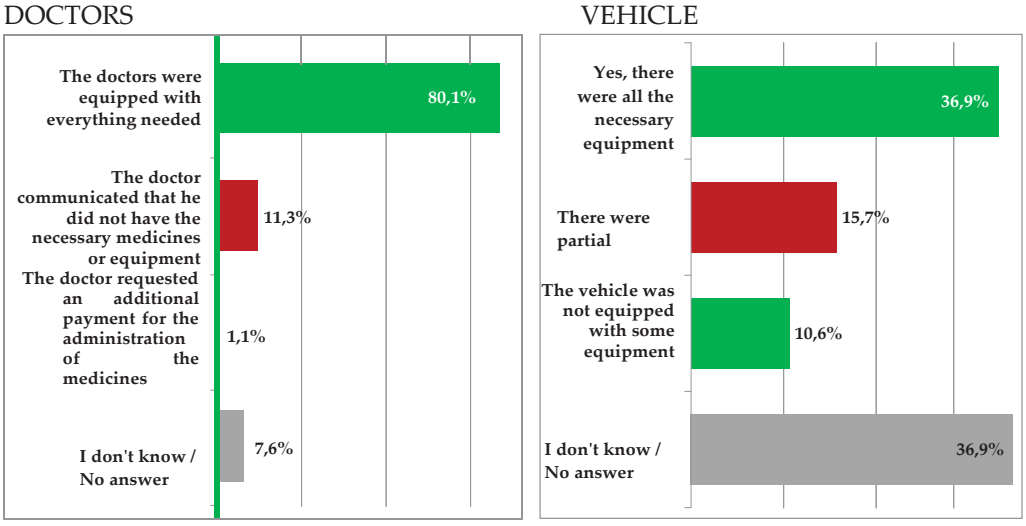


– *Providing the ambulance with the necessary equipment and medicines* –

In one of ten cases (11.3%), the AMUP medical worker informed the respondent that he or she did not have the necessary medicines or equipment.

When it comes to equipping the ambulances, things get even worse. In total, every fourth respondent reported the lack of special equipment for ambulances or only partial equipment.

Figure 39. **Appreciation of equipping the crews with those necessary for the provision of the service**



These data come to confirm the situation reported by the representatives of the AMUP service in the previous chapters on the insufficient provision of the ambulance service and the necessary equipment.

– *Transport assistance* –

In half of the calls for emergency medical services the patient was transported to the hospital (51.2%). It should be noted that most often it was necessary to transport the patient to the hospital in the case of young people (61.5%) and from rural areas (55.2%) (Table A35 in the annex). At the same time, in cases where during the transport the necessary treatment was not given for some reasons are very rare, 49.0% patients stated that no support was needed during this transport, 44.5% were offered this treatment and only 2.4% of the patients who were transported to the hospital say that although they needed support, it was not offered.

– *Degree of satisfaction* –

And finally, regarding the general level of satisfaction with the services received from AMUP teams, over 90% of patients declare themselves satisfied and very satisfied.

Although positive appraisals are prevalent in all socio-demographic groups, however, in those categories for which a higher incidence of discrimination / inadequate treatment from the part of doctors has been found (young people, with a higher level of education, in the urban area), are higher the weights of those dissatisfied with the services they benefited from.

And in the case of particular aspects, the positive ratings vary within the limits of 80% and 90%. This is true for the attitude of the medical workers, the sanitary level of the ambulance, the way the staff examined the health condition, intervened and communicated with the patient.

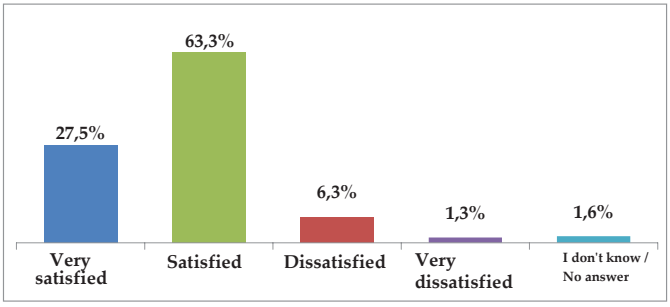
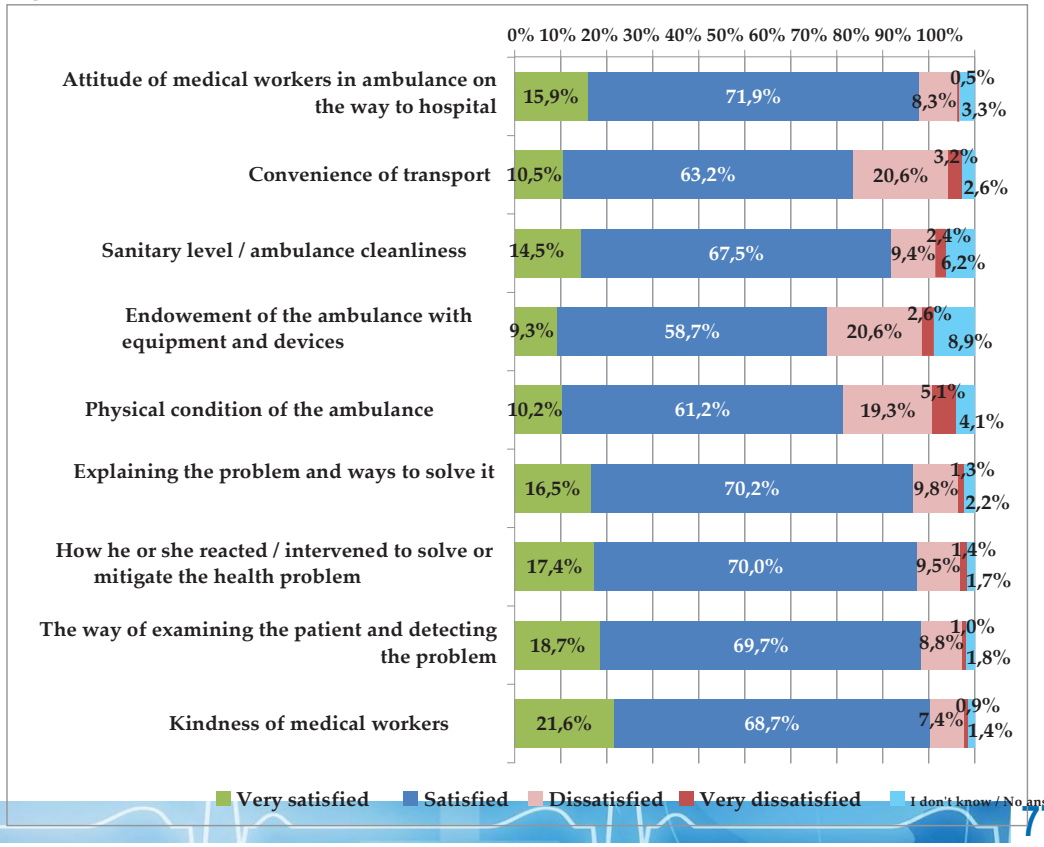


Figure 40. **General level of satisfaction with the AMUP (Pre-hospital Emergency Medical Assistance) services received**

A slightly more moderate level of satisfaction is registered in terms of ambulance endowment, their physical condition and the convenience of transport.

Figure 41. **Level of satisfaction with the particular aspects of the services provided**



Conclusions

1. Based on the results of the researches carried out, the visits for monitoring the real situation in the territory and the official statistical data provided by the authority in charge - CNAMUP, it is created the general conclusion that the current condition of the AMUP service indicates a high risk of violation of fundamental human rights, in particular of the right to access to qualitative medical services and the right to respect the time required for the emergency situation, as well as other rights of the patient. This finding follows from the following:
2. It is determined an under-financing of the AMUP service, with a deplorable state of endowment the service with the necessary equipment. Moreover, during the last years was pursued the trend of reducing the financing of the service, despite the fact that the needs are increasing (the wear and tear of the equipment and ambulances purchased long time ago, the repair of the outdated buildings, etc.).
3. The lack of ambulances or the use of ambulances with a high degree of wear and tear severely affect the quality of the AMUP service provided to people in medical emergencies, affecting their right of access to health services, the right to quality and safe services. At the same time, the lack of garages or ambulance storage rooms in most AMUP institutions makes it impossible to supply medical devices with electric current and, consequently, the medical equipment loses its functionality and cannot be used in emergencies.
4. The lack of adequate endowment of the ambulances decreases the chance of survival of the patient in serious health condition, with the violation of his or her right to life. Insufficient endowment affects the satisfaction degree of the population towards the AMUP service.
5. There exists an adequate regulatory framework to ensure the operability and functionality of the pre-hospital emergency health service, which, according to the geographical location of the subdivisions in the territory should reach the place of call during up to 10 minutes in municipal centers, cities, communes, villages, place of residence of the subdivisions of the AMU Station and under 15 minutes in the rest of the places of calls from other territories. However, there is a delay of the AMUP due to reasons not related to the responsibility of the service such as: poor quality of roads, especially during the cold period of the year and rainy weather, lack of numbering of houses, name of streets in rural localities, lack of street lighting during the night. These circumstances impede the access of the AMUP service to the place of call as soon as possible and thus affect the patient's right to respect for time.
6. It is determined the insufficiency of the necessary endowment for the emergency medical assistance teams (general profile and resuscitation profile) for children.
7. The study data indicate a high demand for AMUP service with specific equipment and equipment needs and endowment for providing the necessary assistance to the medical-surgical emergency group (for example, cardiologic, neurologic, pediatric, etc.). At the same time, there is an insufficient supply of ambulances with such equipment, which seriously influences the quality of the assistance provided, according to the needs of the patient in a life-threatening situation.

8. It is found in the AMUP service an acute shortage of medical staff. The lack of policies to attract, maintain and motivate the medical staff in the AMUP service, especially in the rural area, the difficult working conditions with a degree of danger and the unsatisfactory salaries lead to the abandonment of the profession by the doctors and the refusal of the young specialists to work in the field. As a result, due to lack of staff, the access of patients to the AMUP service is severely reduced, with the serious repercussions on their life and health, when they face medical emergencies.
9. The deplorable state of the AMUP buildings, but also the insufficient supply with drinking water and sanitation in some PAMUP violates the right of the employees of the AMUP service to decent working conditions, as well as the patients' right to quality healthcare.
10. It is found an increased degree of vulnerability of working conditions in cases where the service is located in buildings belonging to local public authorities or Centers of Family Doctors. The location of not belonging to the service buildings creates serious problems for the uninterrupted activity of AMUP stations or points.
11. There are found deficiencies in the system of sorting the patients who call for the emergency service, the unjustified overload of this service, which leads to delays for serious cases. It is noted the insufficient collaboration between the AMUP service and the primary health care.
12. There exists a low degree of awareness by the population of the spectrum of medical services in general, implicitly emergency medical care, which are covered by medical insurance. It is important for people to know the basis and how to use AMUP services. The promotion of this information would be a premise for the diminution of cases of late call to the emergency medical services.
13. It is determined a degree of dissatisfaction from the part of the population regarding the violation of the right to confidentiality and insufficient information from the medical workers of the AMUP service. At the same time, it is found that medical workers do not have training courses in the field of medical law and human rights, which determines of a low level of knowledge in this field.
14. The right of access is limited by the lack of possibilities to pay the expenses related to the treatment, in case of necessity. Refusal of treatment is more often indicated by respondents with a low socio-economic level, but also by persons with disabilities and retired persons.
15. At the same time, on the background of the general perceptions, the level of association of the medical staff with the practice of corruption is a moderate one, more even the majority of the respondents tend to consider that the AMUP doctors are not corrupt, more than half of the respondents opt for this answer.

Recommendations

1. The Government shall review the mechanism for allocating the funds for AMUP from the AOAM budget, with the provision of the current estimated needs of the service (12,5%).
2. Local public authorities shall take measures to facilitate ambulance access in rural localities - compulsory numbering of houses, indication of street names and street lighting, repair of roads.
3. The local public authorities, together with the Ministry of Health and CNAUMP, in order to ensure the quality of the services provided to the beneficiaries, shall review the conditions for the location, reconstruction and maintenance of the AMUP buildings.
4. CNAUMP, jointly with the Ministry of Health shall urgently evaluate the working conditions of AMUP staff and identify solutions to ensure adequate working conditions for service staff, including providing heat to the PAMUP premises.
5. The Ministry of Health and CNAUMP shall examine the opportunity of providing the medical team with resuscitation profile for children with the necessary means of transport and appropriate medical equipment.
6. The Ministry of Health shall identify concrete policies for motivating and ensuring the security of AMUP staff, ensure the service with qualified staff and thus to ensure the right of the population, especially from rural regions, to access medical services.
7. The Ministry of Health shall improve the mechanism of patient selection and effective cooperation of the urgent health service and the primary health care service with the clear definition of responsibilities in order to provide qualitative and prompt medical assistance to population.
8. The National Center for Health Management, the State University of Medicine and Pharmacy „Nicolae Testemitanu", with the support of the Ministry of Education, shall develop the curriculum and initiate continuous courses in the field of medical legislation and human rights for information and education of the medical staff in order to respect the rights of patients during the medical act.
9. It is obvious the need to organize and ensure continuous studies and training of pediatric profile doctors for the emergency health care system.
10. The Ministry of Education shall elaborate and include in the curriculum of the civic education discipline the information on how to request the Emergency Medical Service by children.
11. The Ministry of Health shall take actions to promote and inform the population on the way to request the Emergency Medical Assistance Service, as well as the right to file complaints in case of dissatisfaction with the medical services provided.

Annex: Statistical tables

Table A1. What do you usually do when you have an urgent health problem?

		I officially call the family doctors	I request the visit of the family doctor at home	We call the emergency medical service (ambulance - 903)	I personally go to a doctor in the hospital	I go to a private medical center	We treat ourselves	I don't know / No answer
Total		32,0%	4,2%	56,6%	3,0%	1,3%	1,6%	1,3%
Age of the respondent:	**18-19 years**	37,4%	2,6%	48,7%	8,2%	1,5%	1,5%	
	30-44 years	33,7%	4,7%	54,1%	3,6%	2,5%	0,7%	0,7%
	45-59 years	30,5%	2,9%	58,1%	2,9%	1,8%	2,5%	1,4%
	60 + years	29,7%	5,5%	60,4%	0,6%	0,2%	1,5%	2,1%
Sex of the respondent:	**Male**	31,0%	4,3%	55,0%	4,7%	1,6%	2,3%	1,2%
	Female	32,3%	4,2%	57,0%	2,6%	1,2%	1,3%	1,3%
Education of the respondent:	**Secondary incomplete**	32,3%	3,2%	58,9%	1,8%		1,4%	2,5%
	Secondary general	34,0%	4,5%	57,0%	2,5%	0,4%	1,2%	0,4%
	Secondary vocational	28,1%	6,0%	60,4%	2,5%	0,7%	1,8%	0,7%
	Higher	33,3%	3,6%	52,2%	4,6%	3,1%	1,7%	1,4%
Number of members in the household:	**One member**	23,2%	6,0%	64,3%	2,4%	0,6%	2,4%	1,2%
	2 members	31,6%	2,8%	57,9%	3,2%	1,3%	1,6%	1,6%
	3 members	33,8%	6,2%	46,7%	4,9%	3,1%	4,0%	1,3%
	4 members	39,6%	2,5%	53,2%	1,8%	1,1%	0,4%	1,4%
	5 members	28,0%	5,1%	62,7%	3,0%	0,4%		0,8%
Status of the respondent:	**Active**	31,8%	3,3%	55,8%	5,3%	1,5%	0,6%	1,8%
	Inactive	31,8%	4,1%	51,2%	4,1%	4,7%	3,5%	0,6%
	Retired	31,8%	4,9%	58,9%	0,8%	0,2%	1,6%	1,6%
	Disabilities	28,1%	5,3%	59,6%	5,3%			1,8%
	Housewife	34,5%	4,0%	55,7%	2,9%	1,1%	1,7%	

		I officially call the family doctors	I request the visit of the family doctor at home	We call the emergency medical service (ambulance - 903)	I personally go to a doctor in the hospital	I go to a private medical center	We treat ourselves	I don't know / No answer
Language of communication:	**Moldovan / Romanian**	34,5%	3,9%	54,8%	3,5%	1,5%	1,0%	0,8%
	Russian / other	24,6%	5,2%	61,8%	1,6%	0,6%	3,2%	2,9%
Need for the ambulance:	**Adult**	31,3%	3,5%	55,0%	5,2%	1,9%	2,2%	0,9%
	Child	36,9%	4,1%	52,1%	2,8%	1,4%	0,9%	1,8%
	Elderly	30,6%	5,1%	60,5%	0,6%	0,6%	1,1%	1,5%
Socio-economic level:	**Low level**	32,0%	4,4%	58,0%	3,4%	0,2%	0,7%	1,2%
	Median level	31,7%	3,8%	57,2%	2,3%	0,8%	2,3%	2,0%
	High level	32,2%	4,6%	54,6%	3,4%	2,9%	1,7%	0,7%
Area of residence:	**Urban**	28,9%	3,9%	58,9%	2,9%	2,0%	2,1%	1,3%
	Rural	34,6%	4,5%	54,6%	3,2%	0,8%	1,1%	1,4%
Region:	**Chisinau**	30,2%	4,5%	56,2%	1,2%	3,7%	2,5%	1,7%
	Balti	35,8%	1,9%	52,8%	5,7%		1,9%	1,9%
	North	32,6%	4,7%	54,4%	4,4%	0,7%	1,7%	1,7%
	Center	36,7%	4,1%	53,0%	2,8%	1,4%	1,4%	0,6%
	South	25,9%	4,1%	64,8%	3,0%		0,7%	1,5%

Table A2. How many times in the last 12 months have you addressed the family doctor's office?

		Not once	One time	2-3 times	4-5 times	6 times and more	I don't know / No answer
Total		10,0%	12,4%	26,8%	14,6%	34,4%	1,9%
Age of the respondent:	**18-19 years**	10,3%	18,5%	26,7%	11,8%	31,3%	1,5%
	30-44 years	12,2%	14,3%	26,2%	10,8%	34,1%	2,5%
	45-59 years	11,1%	14,0%	30,1%	14,3%	29,4%	1,1%
	60 + years	7,8%	7,8%	25,2%	18,2%	38,8%	2,1%
Sex of the respondent:	**Male**	13,6%	18,6%	29,8%	14,3%	21,7%	1,9%
	Female	9,0%	10,8%	26,0%	14,7%	37,7%	1,9%
Education of the respondent:	**Secondary incomplete**	9,2%	11,7%	27,0%	13,1%	36,9%	2,1%
	Secondary general	11,9%	13,1%	30,3%	12,7%	30,3%	1,6%
	Secondary vocational	9,8%	14,4%	25,6%	15,8%	33,0%	1,4%
	Higher	9,4%	11,1%	25,4%	15,9%	36,0%	2,2%
Number of members in the household:	**One member**	10,7%	11,3%	27,4%	16,7%	32,1%	1,8%
	2 members	8,9%	12,7%	27,5%	14,2%	34,5%	2,2%
	3 members	12,4%	10,2%	24,0%	15,1%	36,4%	1,8%
	4 members	9,6%	14,3%	27,5%	16,4%	30,4%	1,8%
	5 members	8,9%	12,7%	27,1%	11,0%	38,6%	1,7%
Status of the respondent:	**Active**	12,2%	20,2%	28,5%	13,6%	23,7%	1,8%
	Inactive	16,5%	16,5%	29,4%	11,2%	24,1%	2,4%
	Retired	6,8%	8,4%	27,3%	17,2%	38,2%	2,1%
	Disabilities	8,8%	7,0%	22,8%	8,8%	52,6%	
	Housewife	8,6%	6,3%	20,7%	14,4%	48,3%	1,7%
Language of communication:	**Moldavian / Romanian**	9,1%	12,9%	27,1%	13,8%	35,5%	1,7%
	Russian / other	12,6%	11,0%	25,9%	17,2%	31,1%	2,3%
Need for the ambulance:	**Adult**	10,4%	16,1%	29,8%	11,9%	30,4%	1,5%
	Child	10,6%	12,4%	22,1%	16,6%	35,5%	2,8%
	Elderly	9,2%	8,1%	25,4%	16,9%	38,5%	1,9%
Socio-economic level:	**Low level**	8,7%	9,2%	27,4%	15,5%	36,7%	2,4%
	Median level	11,6%	14,4%	26,4%	12,3%	33,5%	1,8%
	High level	9,6%	13,7%	26,4%	15,9%	32,9%	1,4%
Area of residence:	**Urban**	9,1%	12,9%	28,0%	14,3%	33,9%	1,8%
	Rural	10,7%	12,0%	25,7%	14,9%	34,7%	2,0%
Region:	**Chisinau**	9,5%	9,9%	28,5%	16,5%	33,9%	1,7%
	Balti	3,8%	24,5%	34,0%	20,8%	13,2%	3,8%
	North	14,4%	13,1%	23,8%	14,4%	33,2%	1,0%
	Center	8,6%	13,0%	25,1%	15,2%	35,9%	2,2%
	South	8,5%	10,7%	29,3%	11,1%	38,1%	2,2%

Table A3. How many times in the last 12 months have you addressed / requested the emergency medical service (ambulance)?

		One time	2-3 times	4-5 times	6 times and more	I don't know / No answer
Total		46,0%	31,4%	11,8%	8,9%	1,9%
Age of the respondent:	**18-19 years**	48,2%	36,9%	9,2%	3,6%	2,1%
	30-44 years	51,3%	24,0%	13,3%	9,3%	2,2%
	45-59 years	50,2%	34,1%	8,6%	6,8%	0,4%
	60 + years	39,4%	32,0%	14,0%	12,1%	2,5%
Sex of the respondent:	**Male**	51,6%	33,7%	8,9%	4,7%	1,2%
	Female	44,5%	30,8%	12,6%	10,0%	2,1%
Education of the respondent:	**Secondary incomplete**	44,7%	29,8%	11,3%	12,4%	1,8%
	Secondary general	45,1%	33,6%	10,2%	10,2%	0,8%
	Secondary vocational	46,0%	29,5%	14,7%	7,7%	2,1%
	Higher	47,3%	32,6%	11,1%	6,5%	2,4%
Number of members in the household:	**One member**	44,0%	29,2%	8,9%	16,1%	1,8%
	2 members	47,2%	31,0%	10,4%	9,2%	2,2%
	3 members	44,4%	35,6%	13,3%	4,9%	1,8%
	4 members	48,2%	30,7%	11,1%	7,5%	2,5%
	5 members	44,5%	30,5%	15,3%	8,9%	0,8%
Status of the respondent:	**Active**	53,4%	28,2%	11,6%	5,3%	1,5%
	Inactive	50,0%	29,4%	13,5%	4,7%	2,4%
	Retired	40,9%	32,4%	12,9%	11,3%	2,5%
	Disabilities	36,8%	31,6%	8,8%	21,1%	1,8%
	Housewife	44,8%	36,8%	8,6%	9,2%	0,6%
Language of communication:	**Moldavian / Romanian**	48,7%	30,5%	10,9%	8,7%	1,2%
	Russian / other	37,9%	34,3%	14,6%	9,4%	3,9%
Need for the ambulance:	**Adult**	51,3%	30,6%	9,6%	7,6%	0,9%
	Child	44,2%	35,0%	12,9%	5,5%	2,3%
	Elderly	40,6%	30,8%	13,9%	12,0%	2,8%
Socio-economic level:	**Low level**	42,2%	29,6%	12,9%	13,6%	1,7%
	Median level	45,8%	32,7%	12,3%	6,8%	2,3%
	High level	49,8%	32,0%	10,3%	6,3%	1,7%
Area of residence:	**Urban**	44,8%	33,2%	9,8%	8,8%	3,4%
	Rural	46,9%	29,9%	13,5%	9,0%	0,6%
Region:	**Chisinau**	44,6%	34,3%	10,7%	6,2%	4,1%
	Balti	50,9%	34,0%	7,5%	7,5%	
	North	52,7%	25,8%	9,4%	9,7%	2,3%
	Center	45,3%	33,1%	13,8%	6,6%	1,1%
	South	39,6%	32,2%	13,7%	13,7%	0,7%

Table A4. How many times in the last 12 months have you addressed to a private medical center?

		Not once	One time	2-3 times	4-5 times	6 times and more	I don't know / No answer
Total		70,9%	12,7%	8,2%	2,7%	3,7%	1,8%
Age of the respondent:	18-19 years	63,6%	12,8%	11,3%	6,7%	5,6%	
	30-44 years	59,1%	16,5%	12,2%	3,2%	6,1%	2,9%
	45-59 years	73,1%	13,3%	6,8%	2,2%	2,9%	1,8%
	60 + years	79,7%	10,2%	5,3%	1,1%	1,9%	1,9%
Sex of the respondent:	Male	76,0%	11,6%	8,1%	1,2%	1,9%	1,2%
	Female	69,6%	13,0%	8,2%	3,1%	4,1%	2,0%
Education of the respondent:	Secondary incomplete	78,7%	12,4%	6,0%		1,1%	1,8%
	Secondary general	74,6%	11,9%	7,0%	2,9%	2,0%	1,6%
	Secondary vocational	74,7%	10,9%	7,0%	1,8%	3,9%	1,8%
	Higher	60,9%	14,7%	11,1%	5,1%	6,3%	1,9%
Number of members in the household:	One member	79,8%	10,1%	3,6%	1,2%	3,0%	2,4%
	2 members	73,7%	11,4%	7,6%	2,8%	2,5%	1,9%
	3 members	65,8%	14,2%	10,2%	4,9%	3,6%	1,3%
	4 members	65,4%	15,0%	11,1%	2,5%	4,6%	1,4%
	5 members	72,5%	12,3%	6,8%	1,7%	4,7%	2,1%
Status of the respondent:	Active	60,5%	18,7%	10,4%	3,3%	5,3%	1,8%
	Inactive	67,6%	14,1%	9,4%	2,9%	4,7%	1,2%
	Retired	81,9%	9,0%	5,1%	1,0%	1,4%	1,4%
	Disabilities	77,2%	10,5%	5,3%	1,8%	3,5%	1,8%
	Housewife	61,5%	10,9%	12,1%	6,3%	5,7%	3,4%
Language of communication:	Moldavian / Romanian	71,2%	13,2%	8,4%	2,5%	3,4%	1,3%
	Russian / other	70,2%	11,3%	7,4%	3,2%	4,5%	3,2%
Need for the ambulance:	Adult	67,4%	12,6%	10,2%	3,5%	4,3%	2,0%
	Child	63,1%	16,1%	9,7%	3,7%	5,5%	1,8%
	Elderly	78,6%	11,3%	5,1%	1,3%	2,1%	1,5%
Socio-economic level:	Low level	81,6%	8,5%	5,6%	0,7%	1,7%	1,9%
	Median level	67,8%	16,4%	8,8%	2,0%	2,8%	2,3%
	High level	63,5%	13,5%	10,1%	5,3%	6,5%	1,2%
Area of residence:	Urban	67,0%	13,8%	7,9%	4,3%	5,4%	1,8%
	Rural	74,3%	11,9%	8,4%	1,4%	2,3%	1,8%
Region:	Chisinau	61,2%	12,8%	10,3%	5,0%	8,7%	2,1%
	Balti	64,2%	22,6%	5,7%	1,9%	1,9%	3,8%
	North	73,8%	15,8%	5,7%	2,3%	1,3%	1,0%
	Center	71,0%	11,3%	10,2%	2,2%	2,8%	2,5%
	South	77,8%	9,3%	6,7%	1,9%	3,3%	1,1%

Table A5. How many times in the last 12 months have you personally addressed a doctor in the hospital?

		Not once	One time	2-3 times	4-5 times	6 times and more	I don't know / No answer
Total		39,7%	18,2%	22,2%	7,5%	10,7%	1,7%
Age of the respondent:	18-19 years	30,3%	24,1%	28,2%	7,2%	9,7%	0,5%
	30-44 years	40,1%	19,4%	20,8%	7,5%	11,5%	0,7%
	45-59 years	44,1%	19,7%	18,3%	7,5%	9,3%	1,1%
	60 + years	40,7%	14,2%	22,9%	7,6%	11,4%	3,2%
Sex of the respondent:	Male	40,3%	23,6%	21,3%	3,9%	9,3%	1,6%
	Female	39,5%	16,8%	22,4%	8,5%	11,1%	1,8%
Education of the respondent:	Secondary incomplete	39,4%	16,7%	23,0%	7,4%	11,3%	2,1%
	Secondary general	42,6%	17,2%	22,1%	6,6%	8,6%	2,9%
	Secondary vocational	43,5%	17,5%	20,0%	6,0%	12,3%	0,7%
	Higher	35,5%	20,3%	23,2%	9,2%	10,4%	1,4%
Number of members in the household:	One member	45,2%	15,5%	22,0%	4,2%	10,7%	2,4%
	2 members	42,4%	14,2%	23,4%	7,9%	10,4%	1,6%
	3 members	35,6%	25,3%	22,7%	6,7%	9,8%	
	4 members	37,1%	19,3%	21,4%	9,3%	10,4%	2,5%
	5 members	39,0%	17,4%	21,2%	8,1%	12,3%	2,1%
Status of the respondent:	Active	42,1%	21,7%	19,3%	7,4%	8,0%	1,5%
	Inactive	39,4%	20,6%	27,1%	2,4%	10,0%	0,6%
	Retired	42,5%	14,2%	22,8%	7,4%	10,7%	2,5%
	Disabilities	31,6%	19,3%	15,8%	5,3%	24,6%	3,5%
	Housewife	29,9%	20,1%	23,6%	13,8%	12,1%	0,6%
Language of communication:	Moldavian / Romanian	38,6%	18,7%	23,3%	7,8%	10,0%	1,6%
	Russian / other	42,7%	16,8%	19,1%	6,8%	12,6%	1,9%
Need for the ambulance:	Adult	38,0%	21,9%	21,3%	7,2%	10,6%	1,1%
	Child	42,4%	18,0%	21,7%	7,4%	9,7%	0,9%
	Elderly	40,4%	14,1%	23,5%	7,9%	11,3%	2,8%
Socio-economic level:	Low level	38,6%	17,7%	20,6%	7,5%	12,6%	2,9%
	Median level	43,3%	17,1%	23,2%	7,3%	7,6%	1,5%
	High level	37,3%	19,7%	22,8%	7,7%	11,8%	0,7%
Area of residence:	Urban	41,6%	17,5%	22,7%	6,3%	10,7%	1,3%
	Rural	38,0%	18,8%	21,8%	8,6%	10,7%	2,1%
Region:	Chisinau	44,6%	16,9%	19,8%	7,4%	9,5%	1,7%
	Balti	43,4%	18,9%	22,6%	5,7%	7,5%	1,9%
	North	40,6%	16,8%	21,8%	9,1%	10,7%	1,0%
	Center	41,7%	20,2%	22,7%	5,8%	8,3%	1,4%
	South	30,7%	18,1%	24,1%	8,5%	15,6%	3,0%

Table A6. When you last requested the emergency medical service (ambulance), for whom in the family did you request it?

		For me personally	For another adult (person 18 to 60 years old)	For a child under the age of 18	For a person over 60 years old
Total		64,7%	10,8%	17,7%	6,8%
Age of the respondent:	18-19 years	49,2%	16,4%	29,7%	4,6%
	30-44 years	47,3%	13,6%	34,8%	4,3%
	45-59 years	64,5%	13,6%	17,2%	4,7%
	60 + years	81,6%	5,1%	3,0%	10,4%
Sex of the respondent:	Male	67,8%	12,0%	14,7%	5,4%
	Female	63,9%	10,4%	18,5%	7,1%
Education of the respondent:	Secondary incomplete	72,7%	9,2%	13,1%	5,0%
	Secondary general	63,9%	13,1%	16,8%	6,1%
	Secondary vocational	69,1%	8,4%	16,5%	6,0%
	Higher	56,8%	12,1%	22,2%	8,9%
Number of members in the household:	One member	91,1%	4,2%		4,8%
	2 members	75,0%	8,9%	6,3%	9,8%
	3 members	57,3%	11,1%	24,0%	7,6%
	4 members	50,4%	15,0%	30,0%	4,6%
	5 members	56,4%	12,7%	25,0%	5,9%
Status of the respondent:	Active	51,3%	14,5%	26,4%	7,7%
	Inactive	53,5%	17,1%	23,5%	5,9%
	Retired	80,1%	6,6%	4,7%	8,6%
	Disabilities	82,5%	8,8%	5,3%	3,5%
	Housewife	52,9%	9,8%	35,6%	1,7%
Language of communicati on:	Moldavian / Romanian	66,8%	10,0%	17,0%	6,1%
	Russian / other	58,6%	12,9%	19,7%	8,7%
Need for the ambulance:	Adult	75,6%	24,4%		
	Child			100,0%	
	Elderly	82,3%			17,7%
Socio-economic level:	Low level	74,8%	10,0%	9,5%	5,8%
	Median level	61,7%	11,3%	19,6%	7,3%
	High level	57,7%	11,1%	24,0%	7,2%
Area of residence:	Urban	65,2%	12,0%	17,5%	5,4%
	Rural	64,4%	9,8%	17,9%	8,0%
Region:	Chisinau	64,5%	8,7%	20,7%	6,2%
	Balti	60,4%	11,3%	22,6%	5,7%
	North	65,8%	13,1%	13,8%	7,4%
	Center	68,0%	9,1%	16,0%	6,9%
	South	60,4%	12,2%	20,7%	6,7%

Table A7. What kind of health problems did the person have / did you have to call the emergency medical service (ambulance)?

		Infectious diseases		Diseases of the respiratory system		Diseases of the digestive system		Diseases of the cardiovascular system		Genetic-urinary diseases		Endocrine (hormonal) diseases	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Total		9,7%	90,3%	26,9%	73,1%	18,4%	81,6%	42,3%	57,7%	10,3%	89,7%	6,1%	93,9%
Age of the respondent:	**18-19 years**	16,4%	83,6%	40,5%	59,5%	24,1%	75,9%	14,4%	85,6%	9,2%	90,8%	4,6%	95,4%
	30-44 years	15,8%	84,2%	34,4%	65,6%	18,3%	81,7%	21,5%	78,5%	10,0%	90,0%	3,6%	96,4%
	45-59 years	6,5%	93,5%	19,0%	81,0%	17,6%	82,4%	44,1%	55,9%	9,3%	90,7%	7,2%	92,8%
	60 + years	5,3%	94,7%	21,4%	78,6%	16,7%	83,3%	65,0%	35,0%	11,4%	88,6%	7,6%	92,4%
Sex of the respondent:	**Male**	11,6%	88,4%	24,8%	75,2%	19,0%	81,0%	41,9%	58,1%	8,5%	91,5%	6,6%	93,4%
	Female	9,2%	90,8%	27,4%	72,6%	18,3%	81,7%	42,4%	57,6%	10,8%	89,2%	6,0%	94,0%
Education of the respondent:	**Secondary incomplete**	6,7%	93,3%	25,5%	74,5%	17,0%	83,0%	46,8%	53,2%	11,0%	89,0%	6,0%	94,0%
	Secondary general	9,8%	90,2%	27,0%	73,0%	20,1%	79,9%	40,6%	59,4%	9,8%	90,2%	6,6%	93,4%
	Secondary vocational	9,1%	90,9%	22,8%	77,2%	17,2%	82,8%	46,3%	53,7%	9,5%	90,5%	4,6%	95,4%
	Higher	12,1%	87,9%	30,4%	69,6%	19,3%	80,7%	37,4%	62,6%	10,6%	89,4%	7,0%	93,0%
Number of members in the household:	**One member**	4,8%	95,2%	19,6%	80,4%	16,1%	83,9%	65,5%	34,5%	14,9%	85,1%	9,5%	90,5%
	2 members	6,6%	93,4%	22,5%	77,5%	16,8%	83,2%	57,6%	42,4%	9,5%	90,5%	7,0%	93,0%
	3 members	10,7%	89,3%	29,3%	70,7%	19,1%	80,9%	28,9%	71,1%	12,4%	87,6%	4,9%	95,1%
	4 members	14,3%	85,7%	33,6%	66,4%	20,0%	80,0%	29,6%	70,4%	8,6%	91,4%	6,1%	93,9%
	5 members	11,0%	89,0%	27,5%	72,5%	19,9%	80,1%	33,1%	66,9%	8,1%	91,9%	3,8%	96,2%
Status of the respondent:	**Active**	11,6%	88,4%	27,6%	72,4%	21,4%	78,6%	32,3%	67,7%	8,9%	91,1%	4,2%	95,8%
	Inactive	15,3%	84,7%	35,9%	64,1%	22,9%	77,1%	25,9%	74,1%	10,0%	90,0%	7,6%	92,4%
	Retired	5,7%	94,3%	20,5%	79,5%	16,4%	83,6%	62,2%	37,8%	10,5%	89,5%	6,8%	93,2%
	Disabilities	5,3%	94,7%	22,8%	77,2%	15,8%	84,2%	59,6%	40,4%	14,0%	86,0%	14,0%	86,0%
	Housewife	13,2%	86,8%	35,6%	64,4%	14,9%	85,1%	16,1%	83,9%	11,5%	88,5%	4,0%	96,0%
Language of communication:	**Moldavian / Romanian**	8,4%	91,6%	27,2%	72,8%	19,9%	80,1%	40,6%	59,4%	10,2%	89,8%	6,1%	93,9%
	Russian / other	13,6%	86,4%	25,9%	74,1%	14,2%	85,8%	47,2%	52,8%	10,7%	89,3%	6,1%	93,9%

		Infectious diseases		Diseases of the respiratory system		Diseases of the digestive system		Diseases of the cardiovascular system		Genetic-urinary diseases		Endocrine (hormonal) diseases	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Need for the ambulance:	Adult	7,4%	92,6%	20,0%	80,0%	19,8%	80,2%	35,9%	64,1%	12,0%	88,0%	6,9%	93,1%
	Child	24,4%	75,6%	58,1%	41,9%	18,4%	81,6%	4,1%	95,9%	2,8%	97,2%	2,3%	97,7%
	Elderly	5,6%	94,4%	20,3%	79,7%	16,9%	83,1%	67,3%	32,7%	11,8%	88,2%	7,1%	92,9%
Socio-economic level:	Low level	6,6%	93,4%	22,6%	77,4%	19,7%	80,3%	51,9%	48,1%	12,6%	87,4%	6,3%	93,7%
	Median level	8,6%	91,4%	29,7%	70,3%	16,6%	83,4%	39,5%	60,5%	10,6%	89,4%	5,3%	94,7%
	High level	13,9%	86,1%	28,4%	71,6%	19,0%	81,0%	35,3%	64,7%	7,7%	92,3%	6,7%	93,3%
Area of residence:	Urban	12,9%	87,1%	29,6%	70,4%	18,6%	81,4%	43,9%	56,1%	10,9%	89,1%	8,2%	91,8%
	Rural	7,1%	92,9%	24,5%	75,5%	18,3%	81,7%	40,9%	59,1%	9,8%	90,2%	4,4%	95,6%
Region:	Chisinau	12,8%	87,2%	31,8%	68,2%	19,0%	81,0%	38,4%	61,6%	14,9%	85,1%	10,7%	89,3%
	Balti	18,9%	81,1%	43,4%	56,6%	17,0%	83,0%	37,7%	62,3%	5,7%	94,3%	5,7%	94,3%
	North	8,1%	91,9%	23,2%	76,8%	23,2%	76,8%	43,3%	56,7%	11,4%	88,6%	6,0%	94,0%
	Center	8,0%	92,0%	25,7%	74,3%	16,0%	84,0%	42,0%	58,0%	9,1%	90,9%	4,7%	95,3%
	South	9,3%	90,7%	24,8%	75,2%	16,3%	83,7%	45,9%	54,1%	7,4%	92,6%	4,1%	95,9%

Table A8. What kind of health problems did the person have / did you have to call the emergency medical service (ambulance)?

		Osteoarticular diseases		Diseases of the eye and ear		Diseases of the nervous system		Traumas		Pregnancy		Other	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Total		12,0%	88,0%	9,2%	90,8%	15,4%	84,6%	13,3%	86,7%	5,6%	94,4%	4,2%	95,8%
Age of the respondent:	18-19 years	7,2%	92,8%	10,8%	89,2%	9,2%	90,8%	12,3%	87,7%	14,4%	85,6%	4,1%	95,9%
	30-44 years	6,1%	93,9%	7,2%	92,8%	10,8%	89,2%	15,1%	84,9%	10,0%	90,0%	4,3%	95,7%
	45-59 years	11,5%	88,5%	7,5%	92,5%	16,8%	83,2%	12,9%	87,1%	2,5%	97,5%	5,7%	94,3%
	60 + years	17,8%	82,2%	10,8%	89,2%	19,9%	80,1%	12,9%	87,1%	1,1%	98,9%	3,4%	96,6%
Sex of the respondent:	Male	10,5%	89,5%	11,2%	88,8%	15,1%	84,9%	17,8%	82,2%	2,7%	97,3%	4,3%	95,7%
	Female	12,4%	87,6%	8,7%	91,3%	15,5%	84,5%	12,1%	87,9%	6,3%	93,7%	4,2%	95,8%

		Osteoarticular diseases		Diseases of the eye and ear		Diseases of the nervous system		Traumas		Pregnancy		Other	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Education of the respondent:	Secondary incomplete	15,6%	84,4%	10,3%	89,7%	19,9%	80,1%	15,6%	84,4%	6,0%	94,0%	5,0%	95,0%
	Secondary general	13,1%	86,9%	9,4%	90,6%	17,2%	82,8%	13,1%	86,9%	8,2%	91,8%	4,1%	95,9%
	Secondary vocational	11,6%	88,4%	6,0%	94,0%	12,6%	87,4%	12,3%	87,7%	1,4%	98,6%	4,2%	95,8%
	Higher	9,2%	90,8%	10,6%	89,4%	13,3%	86,7%	12,6%	87,4%	6,5%	93,5%	3,9%	96,1%
Number of members in the household:	One member	17,9%	82,1%	12,5%	87,5%	21,4%	78,6%	11,3%	88,7%		100,0%	3,6%	96,4%
	2 members	12,3%	87,7%	9,8%	90,2%	17,1%	82,9%	12,0%	88,0%	1,6%	98,4%	4,1%	95,9%
	3 members	8,9%	91,1%	7,6%	92,4%	12,9%	87,1%	14,7%	85,3%	10,2%	89,8%	4,0%	96,0%
	4 members	12,5%	87,5%	8,6%	91,4%	12,5%	87,5%	13,9%	86,1%	6,8%	93,2%	4,3%	95,7%
	5 members	9,7%	90,3%	8,5%	91,5%	14,8%	85,2%	14,4%	85,6%	8,9%	91,1%	5,1%	94,9%
Status of the respondent:	Active	9,5%	90,5%	9,5%	90,5%	12,8%	87,2%	13,6%	86,4%	2,7%	97,3%	4,7%	95,3%
	Inactive	7,6%	92,4%	9,4%	90,6%	12,4%	87,6%	12,9%	87,1%	5,3%	94,7%	4,1%	95,9%
	Retired	17,0%	83,0%	9,9%	90,1%	18,5%	81,5%	13,8%	86,2%	1,8%	98,2%	3,3%	96,7%
	Disabilities	21,1%	78,9%	8,8%	91,2%	29,8%	70,2%	19,3%	80,7%	3,5%	96,5%	7,0%	93,0%
	Housewife	4,0%	96,0%	6,9%	93,1%	10,3%	89,7%	9,8%	90,2%	22,4%	77,6%	5,2%	94,8%
Language of communication:	Moldavian / Romanian	11,8%	88,2%	9,5%	90,5%	15,2%	84,8%	14,5%	85,5%	5,7%	94,3%	4,9%	95,1%
	Russian / other	12,6%	87,4%	8,4%	91,6%	16,2%	83,8%	9,7%	90,3%	5,2%	94,8%	2,3%	97,7%
Need for the ambulance:	Adult	10,2%	89,8%	8,7%	91,3%	14,8%	85,2%	13,7%	86,3%	9,6%	90,4%	5,9%	94,1%
	Child	5,1%	94,9%	6,9%	93,1%	6,9%	93,1%	12,0%	88,0%	5,5%	94,5%	3,2%	96,8%
	Elderly	17,3%	82,7%	10,9%	89,1%	20,1%	79,9%	13,5%	86,5%	0,9%	99,1%	2,8%	97,2%
Socio-economic level:	Low level	14,6%	85,4%	10,4%	89,6%	20,9%	79,1%	15,5%	84,5%	2,9%	97,1%	5,8%	94,2%
	Median level	11,8%	88,2%	8,1%	91,9%	13,9%	86,1%	12,8%	87,2%	6,8%	93,2%	4,0%	96,0%
	High level	9,6%	90,4%	9,1%	90,9%	11,5%	88,5%	11,5%	88,5%	7,0%	93,0%	2,9%	97,1%
Area of residence:	Urban	13,6%	86,4%	12,0%	88,0%	13,8%	86,3%	12,7%	87,3%	5,4%	94,6%	2,9%	97,1%
	Rural	10,7%	89,3%	6,9%	93,1%	16,8%	83,2%	13,8%	86,2%	5,7%	94,3%	5,4%	94,6%
Region:	Chisinau	16,5%	83,5%	12,8%	87,2%	14,9%	85,1%	17,4%	82,6%	6,6%	93,4%	3,7%	96,3%
	Balti	11,3%	88,7%	9,4%	90,6%	9,4%	90,6%	9,4%	90,6%		100,0%	1,9%	98,1%
	North	12,1%	87,9%	8,4%	91,6%	15,4%	84,6%	11,4%	88,6%	6,7%	93,3%	5,7%	94,3%
	Center	9,4%	90,6%	9,1%	90,9%	14,6%	85,4%	10,8%	89,2%	5,5%	94,5%	3,6%	96,4%
	South	11,5%	88,5%	7,0%	93,0%	18,1%	81,9%	15,9%	84,1%	4,4%	95,6%	4,4%	95,6%

Table A9. Do you know what (what kind of) medical services are covered by your health insurance?

		Yes, totally	Partially	No
Total		22,5%	45,1%	32,3%
Age of the respondent:	**18-19 years**	20,5%	52,3%	27,2%
	30-44 years	22,6%	41,6%	35,8%
	45-59 years	20,8%	43,4%	35,8%
	60 + years	24,4%	45,3%	30,3%
Sex of the respondent:	**Male**	20,2%	46,1%	33,7%
	Female	23,2%	44,9%	32,0%
Studies of the respondent:	**Secondary incomplete**	20,2%	39,4%	40,4%
	Secondary general	20,5%	45,1%	34,4%
	Secondary vocational	21,4%	45,6%	33,0%
	Higher	26,1%	48,8%	25,1%
Number of members in the household:	**One member**	22,6%	42,3%	35,1%
	2 members	25,3%	45,3%	29,4%
	3 members	19,6%	47,1%	33,3%
	4 members	22,5%	46,1%	31,4%
	5 members	21,6%	44,1%	34,3%
Status of the respondent:	**Active**	24,9%	43,9%	31,2%
	Inactive	18,8%	44,7%	36,5%
	Retired	23,8%	44,1%	32,0%
	Disabilities	21,1%	52,6%	26,3%
	Housewife	18,4%	48,3%	33,3%
Language of communication:	**Moldavian / Romanian**	23,5%	48,5%	28,1%
	Russian / other	19,7%	35,3%	45,0%
Need for the ambulance:	**Adult**	24,4%	42,0%	33,5%
	Child	16,1%	49,3%	34,6%
	Elderly	23,3%	46,8%	29,9%
Socio-economic level:	**Low level**	21,6%	41,7%	36,7%
	Median level	24,2%	43,8%	32,0%
	High level	21,9%	49,8%	28,4%
Area of residence:	**Urban**	23,2%	43,9%	32,9%
	Rural	22,0%	46,2%	31,9%
Region:	**Chisinau**	23,1%	42,6%	34,3%
	Balti	28,3%	37,7%	34,0%
	North	20,1%	44,6%	35,2%
	Center	25,4%	46,4%	28,2%
	South	19,6%	47,8%	32,6%

Table A10. Do you know that people can receive emergency medical care provided by the state?

		Yes	No	I do not understand what is meant by state-provided health care
Total		74,5%	20,7%	4,8%
Age of the respondent:	**18-19 years**	80,0%	14,4%	5,6%
	30-44 years	75,3%	21,5%	3,2%
	45-59 years	74,9%	21,5%	3,6%
	60 + years	71,6%	22,2%	6,1%
Sex of the respondent:	**Male**	76,0%	19,0%	5,0%
	Female	74,1%	21,1%	4,8%
Studies of the respondent:	**Secondary incomplete**	64,2%	25,5%	10,3%
	Secondary general	73,4%	22,1%	4,5%
	Secondary vocational	77,5%	19,6%	2,8%
	Higher	80,2%	17,1%	2,7%
Number of members in the household:	**One member**	69,0%	25,0%	6,0%
	2 members	77,2%	18,4%	4,4%
	3 members	74,2%	21,3%	4,4%
	4 members	76,8%	19,3%	3,9%
	5 members	72,5%	21,6%	5,9%
Status of the respondent:	**Active**	78,0%	19,0%	3,0%
	Inactive	74,1%	21,8%	4,1%
	Retired	72,3%	20,9%	6,8%
	Disabilities	68,4%	26,3%	5,3%
	Housewife	76,4%	20,1%	3,4%
Language of communication:	**Moldavian / Romanian**	75,1%	19,2%	5,7%
	Russian / other	72,8%	24,9%	2,3%
Need for the ambulance:	**Adult**	75,9%	20,0%	4,1%
	Child	78,3%	18,9%	2,8%
	Elderly	71,2%	22,2%	6,6%
Socio-economic level:	**Low level**	66,3%	26,2%	7,5%
	Median level	76,8%	18,9%	4,3%
	High level	80,5%	16,8%	2,6%
Area of residence:	**Urban**	76,8%	18,6%	4,6%
	Rural	72,6%	22,4%	5,0%
Region:	**Chisinau**	77,7%	14,9%	7,4%
	Balti	66,0%	28,3%	5,7%
	North	69,8%	24,2%	6,0%
	Center	76,5%	19,9%	3,6%
	South	75,9%	21,5%	2,6%

Table A11. When you personally felt ill during the last 12 months, were there cases when due to the cost (transportation, medicines, examinations, consultations) you refused to apply for treatment?

		No	Partially	Yes, always	I don't know
Total		59,0%	31,8%	7,9%	1,3%
Age of the respondent:	**18-19 years**	66,2%	29,2%	4,6%	
	30-44 years	59,5%	29,7%	9,7%	1,1%
	45-59 years	55,6%	34,8%	8,2%	1,4%
	60 + years	57,8%	32,2%	8,1%	1,9%
Sex of the respondent:	**Male**	61,2%	31,8%	6,2%	0,8%
	Female	58,4%	31,7%	8,4%	1,4%
Studies of the respondent:	**Secondary incomplete**	52,5%	38,7%	7,1%	1,8%
	Secondary general	64,8%	25,0%	8,6%	1,6%
	Secondary vocational	53,7%	36,1%	8,8%	1,4%
	Higher	63,8%	28,0%	7,5%	0,7%
Number of members in the household:	**One member**	57,1%	32,1%	9,5%	1,2%
	2 members	62,0%	29,1%	7,0%	1,9%
	3 members	57,3%	36,0%	6,2%	0,4%
	4 members	60,7%	29,3%	7,9%	2,1%
	5 members	55,9%	33,9%	9,7%	0,4%
Status of the respondent:	**Active**	62,6%	28,8%	8,3%	0,3%
	Inactive	60,0%	30,6%	7,6%	1,8%
	Retired	57,1%	33,5%	7,8%	1,6%
	Disabilities	52,6%	33,3%	10,5%	3,5%
	Housewife	58,6%	33,3%	6,9%	1,1%
Language of communication:	**Moldavian / Romanian**	57,3%	33,5%	8,0%	1,2%
	Russian / other	64,1%	26,5%	7,8%	1,6%
Need for the ambulance:	**Adult**	59,1%	31,9%	7,6%	1,5%
	Child	58,5%	31,8%	8,8%	0,9%
	Elderly	59,2%	31,6%	7,9%	1,3%
Socio-economic level:	**Low level**	54,1%	35,4%	8,7%	1,7%
	Median level	56,7%	33,8%	8,1%	1,5%
	High level	66,1%	26,2%	7,0%	0,7%
Area of residence:	**Urban**	62,9%	27,9%	7,9%	1,4%
	Rural	55,8%	35,0%	8,0%	1,2%
Region:	**Chisinau**	62,4%	26,9%	9,1%	1,7%
	Balti	66,0%	22,6%	11,3%	
	North	57,0%	35,9%	5,7%	1,3%
	Center	56,4%	31,5%	11,0%	1,1%
	South	60,4%	33,7%	4,4%	1,5%

Table A12. What amount did you need / did you pay on your own initiative to the staff of the emergency medical service (ambulance) for medicines?

		Mean	Median	Minimum	Maximum	Std Deviation
Total		119,2	100	10	350	96,1
Age of the respondent:	**18-19 years**	138,3	100	30	300	96,0
	30-44 years	136,3	100	10	350	109,9
	45-59 years	60,0	50	50	100	22,4
	60 + years	107,5	107,5	15	200	130,8
Sex of the respondent:	**Male**	143,0	100	15	350	135,1
	Female	113,3	100	10	300	87,4
Studies of the respondent:	**Secondary incomplete**	100,0	100	100	100	.
	Secondary general	94,2	75	15	250	83,1
	Secondary vocational	137,5	100	50	350	106,1
	Higher	121,5	75	10	300	106,2
Number of members in the household:	**One member**	166,7	100	50	350	160,7
	2 members	125,0	125	50	200	106,1
	3 members	80,0	50	30	200	63,2
	4 members	114,0	100	15	250	88,8
	5 members	152,5	150	10	300	125,3
Status of the respondent:	**Active**	105,5	100	10	250	77,6
	Inactive	200,0	225	50	350	126,5
	Retired	107,5	107,5	15	200	130,8
	Disabilities	.	.	.	.	.
	Housewife	67,5	75	25	100	36,6
Language of communication:	**Moldavian / Romanian**	106,5	75	10	350	93,9
	Russian / other	170,0	200	50	300	97,5
Need for the ambulance:	**Adult**	113,7	100	25	350	94,6
	Child	130,0	100	50	250	90,8
	Elderly	125,0	100	10	300	124,7
Socio-economic level:	**Low level**	130,0	100	50	350	125,5
	Median level	97,9	50	10	250	105,0
	High level	126,5	100	15	300	85,6
Area of residence:	**Urban**	131,9	100	15	300	88,5
	Rural	105,4	50	10	350	105,9
Region:	**Chisinau**	102,1	100	15	200	73,2
	Balti	.	.	.	.	.
	North	140,6	100	25	300	108,5
	Center	115,7	50	10	350	120,0
	South	110,0	100	30	200	85,4

Table A13. What amount did you need / did you pay on your own initiative to the staff of the emergency medical service (ambulance) for consultation?

		Mean	Median	Minimum	Maximum	Std Deviation
Total		72,5	50	10	250	60,4
Age of the respondent:	**18-19 years**	85,6	80	15	250	75,1
	30-44 years	80,3	50	10	200	66,5
	45-59 years	35,0	35	20	50	21,2
	60 + years	51,4	50	30	100	23,4
Sex of the respondent:	**Male**	100,0	50	50	200	86,6
	Female	69,7	50	10	250	58,5
Studies of the respondent:	**Secondary incomplete**	62,5	50	50	100	25,0
	Secondary general	125,0	125	50	200	106,1
	Secondary vocational	60,0	50	20	100	34,6
	Higher	74,4	50	10	250	70,5
Number of members in the household:	**One member**	.	.	.	.	.
	2 members	86,7	50	20	250	84,1
	3 members	75,8	50	10	200	63,3
	4 members	37,0	30	25	50	12,0
	5 members	78,8	50	30	200	55,1
Status of the respondent:	**Active**	93,6	50	10	250	83,1
	Inactive	87,5	100	50	100	25,0
	Retired	47,5	50	20	100	24,3
	Disabilities	.	.	.	.	.
	Housewife	62,2	50	15	200	57,5
Language of communicat ion:	**Moldavian / Romanian**	83,4	50	10	250	67,8
	Russian / other	48,5	50	15	100	30,6
Need for the ambulance:	**Adult**	73,0	50	10	250	69,2
	Child	80,6	50	15	200	74,8
	Elderly	64,4	50	30	100	27,4
Socio-economic level:	**Low level**	55,0	50	30	100	23,5
	Median level	58,8	50	15	100	36,1
	High level	84,4	50	10	250	74,9
Area of residence:	**Urban**	84,7	50	10	250	73,1
	Rural	54,6	50	15	100	28,8
Region:	**Chisinau**	73,0	50	30	200	50,1
	Balti	225,0	225	200	250	35,4
	North	45,0	50	10	100	28,7
	Center	63,8	50	15	200	53,6
	South	60,0	60	60	60	.

Table A14. Please tell me how satisfied you are with the arrival time of the ambulance at home?

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	I don't know / No answer
Total		22,1%	59,7%	13,2%	3,5%	1,5%
Age of the respondent:	**18-19 years**	11,8%	56,4%	26,2%	4,6%	1,0%
	30-44 years	17,2%	57,0%	17,6%	6,5%	1,8%
	45-59 years	24,0%	61,3%	9,7%	2,5%	2,5%
	60 + years	28,2%	61,7%	7,4%	1,9%	0,8%
Sex of the respondent:	**Male**	22,1%	60,5%	13,6%	2,7%	1,2%
	Female	22,1%	59,5%	13,1%	3,7%	1,6%
Studies of the respondent:	**Secondary incomplete**	22,7%	63,5%	9,2%	3,5%	1,1%
	Secondary general	19,7%	62,7%	12,7%	4,1%	0,8%
	Secondary vocational	25,6%	56,1%	13,7%	3,5%	1,1%
	Higher	20,8%	57,7%	15,9%	3,1%	2,4%
Number of members in the household:	**One member**	32,7%	56,5%	8,9%	0,6%	1,2%
	2 members	25,6%	59,5%	10,4%	2,8%	1,6%
	3 members	20,4%	56,9%	17,8%	3,1%	1,8%
	4 members	16,1%	61,8%	16,1%	4,6%	1,4%
	5 members	18,6%	62,3%	12,3%	5,5%	1,3%
Status of the respondent:	**Active**	20,2%	58,5%	14,5%	3,9%	3,0%
	Inactive	14,7%	57,6%	20,6%	4,7%	2,4%
	Retired	29,2%	60,4%	8,0%	2,1%	0,4%
	Disabilities	22,8%	68,4%	8,8%		
	Housewife	13,2%	59,2%	19,5%	6,9%	1,1%
Language of communication:	**Moldavian / Romanian**	21,6%	60,4%	13,2%	3,6%	1,2%
	Russian / other	23,6%	57,6%	13,3%	3,2%	2,3%
Need for the ambulance:	**Adult**	19,8%	58,3%	16,1%	4,3%	1,5%
	Child	15,7%	59,4%	18,4%	4,1%	2,3%
	Elderly	27,8%	61,3%	7,5%	2,4%	1,1%
Socio-economic level:	**Low level**	25,0%	61,4%	9,5%	3,9%	0,2%
	Median level	22,4%	58,7%	13,9%	3,3%	1,8%
	High level	19,0%	58,9%	16,3%	3,4%	2,4%
Area of residence:	**Urban**	20,2%	58,0%	16,8%	3,4%	1,6%
	Rural	23,8%	61,1%	10,2%	3,6%	1,4%
Region:	**Chisinau**	13,6%	59,1%	21,1%	2,9%	3,3%
	Balti	34,0%	49,1%	13,2%	3,8%	
	North	19,1%	62,8%	13,8%	3,7%	0,7%
	Center	22,7%	61,6%	10,2%	4,4%	1,1%
	South	30,0%	56,3%	9,6%	2,6%	1,5%

Table A15. Please tell me, how long did the ambulance come from when you requested it?

		Mean	Median	Minimum	Maximum	Std Deviation
Total		23,9	20	3	270	23,2
Age of the respondent:	**18-19 years**	26,0	20	3	240	24,7
	30-44 years	25,5	20	3	270	25,7
	45-59 years	25,3	20	5	270	27,5
	60 + years	21,3	15	3	150	17,2
Sex of the respondent:	**Male**	23,0	15	3	270	23,8
	Female	24,2	20	3	270	23,0
Studies of the respondent:	**Secondary incomplete**	23,5	20	3	120	17,1
	Secondary general	25,0	20	3	270	27,3
	Secondary vocational	24,1	20	3	240	24,5
	Higher	23,4	20	3	270	23,2
Number of members in the household:	**One member**	20,2	15	5	150	17,4
	2 members	21,8	15	3	120	17,8
	3 members	23,7	20	3	180	21,1
	4 members	27,1	20	5	270	31,3
	5 members	25,8	20	3	188	23,4
Status of the respondent:	**Active**	23,8	15	3	180	21,9
	Inactive	29,0	20	3	270	37,0
	Retired	21,0	15	3	120	15,5
	Disabilities	25,7	20	5	150	25,0
	Housewife	26,7	20	5	135	24,3
Language of communicat ion:	**Moldavian / Romanian**	24,7	20	3	270	24,2
	Russian / other	21,7	15	3	188	19,6
Need for the ambulance:	**Adult**	24,0	20	3	270	22,5
	Child	28,6	20	3	270	32,5
	Elderly	21,7	18,5	3	180	17,9
Socio-economic level:	**Low level**	25,4	20	3	240	23,1
	Median level	24,9	20	3	270	27,1
	High level	21,5	15	3	135	18,6
Area of residence:	**Urban**	21,1	15	3	270	23,0
	Rural	26,3	20	3	240	23,1
Region:	**Chisinau**	24,1	20	3	270	23,1
	Balti	17,1	15	3	40	9,1
	North	25,8	20	3	188	21,1
	Center	22,8	20	3	270	21,8
	South	24,5	15	3	240	28,4

Table A16. Considering the distance, the quality of the roads, the traffic jams and the climatic conditions, how long you think did it take the ambulance to reach your home?

		Mean	Median	Minimum	Maximum	Std Deviation
Total		16,0	15	2	150	12,9
Age of the respondent:	**18-19 years**	15,6	10	2	150	15,1
	30-44 years	15,9	15	2	130	14,0
	45-59 years	16,5	15	2	150	13,9
	60 + years	15,9	15	2	120	10,4
Sex of the respondent:	**Male**	15,2	15	2	120	12,8
	Female	16,2	15	2	150	12,9
Studies of the respondent:	**Secondary incomplete**	16,7	15	2	90	10,4
	Secondary general	15,6	15	2	120	12,7
	Secondary vocational	16,4	15	3	150	14,4
	Higher	15,4	15	2	150	13,4
Number of members in the household:	**One member**	15,3	10	2	120	12,2
	2 members	15,8	15	2	90	10,8
	3 members	15,0	15	3	60	8,7
	4 members	17,0	15	2	150	16,8
	5 members	16,4	15	2	130	13,8
Status of the respondent:	**Active**	14,8	10	2	120	11,6
	Inactive	18,0	15	2	150	19,1
	Retired	15,6	15	2	70	9,1
	Disabilities	19,5	15	5	120	17,1
	Housewife	16,4	15	2	130	14,7
Language of communication:	**Moldavian / Romanian**	16,5	15	2	150	13,3
	Russian / other	14,6	10	2	120	11,4
Need for the ambulance:	**Adult**	15,3	12	2	150	13,2
	Child	17,2	15	2	150	16,0
	Elderly	16,3	15	2	120	10,6
Socio-economic level:	**Low level**	18,1	15	3	150	14,2
	Median level	16,0	15	2	150	13,2
	High level	13,9	10	2	130	10,8
Area of residence:	**Urban**	12,9	10	2	150	12,7
	Rural	18,6	15	2	150	12,5
Region:	**Chisinau**	13,9	10	3	75	9,3
	Balti	10,8	10	3	30	5,6
	North	17,4	15	2	75	11,3
	Center	15,6	15	2	150	10,7
	South	17,8	15	2	150	19,1

Table A17. How would you rate the time of arrival of the ambulance at home?

		It came in time	It was late, which led to the worsening of the patient's health	Until the ambulance arrived, the patient died	The patient died in the ambulance while being transported to the hospital	A little late	No answer
Total		81,7%	14,3%	0,2%	0,1%	2,3%	1,5%
Age of the respondent:	**18-19 years**	69,2%	25,1%	0,5%		5,1%	
	30-44 years	75,3%	18,6%	0,4%		2,5%	3,2%
	45-59 years	85,3%	11,8%		0,4%	2,2%	0,4%
	60 + years	88,6%	8,7%			1,1%	1,7%
Sex of the respondent:	**Male**	81,8%	15,9%			1,2%	1,2%
	Female	81,7%	13,9%	0,2%	0,1%	2,6%	1,6%
Education of the respondent:	**Secondary incomplete**	83,7%	13,8%			1,1%	1,4%
	Secondary general	82,0%	14,8%			2,0%	1,2%
	Secondary vocational	83,2%	12,6%		0,4%	2,1%	1,8%
	Higher	79,2%	15,5%	0,5%		3,4%	1,4%
Number of members in the household:	**One member**	88,7%	10,7%			0,6%	
	2 members	85,4%	11,1%			2,2%	1,3%
	3 members	77,8%	17,3%			1,8%	3,1%
	4 members	77,5%	18,2%	0,4%	0,4%	2,9%	0,7%
	5 members	80,5%	13,6%	0,4%		3,4%	2,1%
Status of the respondent:	**Active**	78,3%	18,1%			2,7%	0,9%
	Inactive	75,3%	20,0%	1,2%		1,8%	1,8%
	Retired	87,9%	9,0%		0,2%	1,0%	1,8%
	Disabilities	87,7%	10,5%			1,8%	
	Housewife	75,3%	17,2%			5,7%	1,7%
Language of communication:	**Moldavian / Romanian**	80,7%	15,2%	0,2%	0,1%	2,4%	1,4%
	Russian / other	84,8%	11,7%			1,9%	1,6%
Need for the ambulance:	**Adult**	78,7%	17,4%	0,2%	0,2%	2,8%	0,7%
	Child	76,0%	16,6%	0,5%		3,7%	3,2%
	Elderly	87,8%	9,6%			1,1%	1,5%
Socio-economic level:	**Low level**	84,5%	12,6%			1,5%	1,5%
	Median level	81,1%	14,9%	0,5%		2,3%	1,3%
	High level	79,6%	15,4%		0,2%	3,1%	1,7%
Area of residence:	**Urban**	78,9%	17,0%		0,2%	2,3%	1,6%
	Rural	84,1%	12,0%	0,3%		2,3%	1,4%
Region:	**Chisinau**	77,3%	18,2%			3,3%	1,2%
	Balti	77,4%	15,1%		1,9%	1,9%	3,8%
	North	83,9%	12,4%	0,3%		2,0%	1,3%
	Center	80,9%	14,4%			2,5%	2,2%
	South	85,2%	12,6%	0,4%		1,5%	0,4%

Table A18. Please tell me how pleased you are with the time the patient arrived at the hospital by ambulance?

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	I don't know / No answer
Total		27,6%	64,0%	6,4%	0,6%	1,4%
Age of the respondent:	**18-19 years**	20,0%	69,2%	10,8%		
	30-44 years	24,2%	65,1%	6,7%	2,0%	2,0%
	45-59 years	28,7%	60,3%	7,4%	0,7%	2,9%
	60 + years	33,3%	62,6%	3,2%		0,9%
Sex of the respondent:	**Male**	27,8%	63,9%	6,8%		1,5%
	Female	27,5%	64,0%	6,3%	0,8%	1,4%
Education of the respondent:	**Secondary incomplete**	29,7%	65,8%	2,6%	0,6%	1,3%
	Secondary general	28,6%	61,7%	9,0%		0,8%
	Secondary vocational	26,0%	63,8%	5,5%	1,6%	3,1%
	Higher	26,4%	64,2%	8,0%	0,5%	0,9%
Number of members in the household:	**One member**	40,9%	56,1%	1,5%		1,5%
	2 members	30,1%	62,1%	5,2%	0,7%	2,0%
	3 members	22,5%	66,7%	7,0%	1,6%	2,3%
	4 members	21,4%	69,0%	9,0%		0,7%
	5 members	29,9%	61,9%	6,7%	0,7%	0,7%
Status of the respondent:	**Active**	29,5%	61,3%	7,5%	0,6%	1,2%
	Inactive	18,7%	68,1%	9,9%	2,2%	1,1%
	Retired	31,3%	62,6%	4,4%		1,8%
	Disabilities	28,1%	68,8%	3,1%		
	Housewife	24,0%	66,3%	6,7%	1,0%	1,9%
Language of communication:	**Moldavian / Romanian**	26,0%	65,3%	6,9%	0,8%	1,0%
	Russian / other	33,6%	58,8%	4,6%		3,1%
Need for the ambulance:	**Adult**	26,6%	64,0%	6,8%	1,4%	1,1%
	Child	20,0%	66,4%	11,2%		2,4%
	Elderly	33,0%	62,5%	3,1%		1,3%
Socio-economic level:	**Low level**	32,7%	61,9%	3,1%	0,4%	1,8%
	Median level	23,4%	69,3%	5,7%	1,0%	0,5%
	High level	25,9%	61,3%	10,4%	0,5%	1,9%
Area of residence:	**Urban**	28,5%	62,7%	7,7%	0,8%	0,4%
	Rural	27,0%	64,9%	5,4%	0,5%	2,2%
Region:	**Chisinau**	19,3%	73,3%	7,4%		
	Balti	37,5%	45,8%	8,3%	4,2%	4,2%
	North	26,8%	66,7%	3,3%	1,3%	2,0%
	Center	29,0%	61,2%	7,1%	0,5%	2,2%
	South	33,3%	58,3%	7,6%		0,8%

Table A19. Tell me, please, how long did it take the ambulance to get the hospital?

		Mean	Median	Minimum	Maximum	Std Deviation
Total		23,2	20	0	240	19,4
Age of the respondent:	**18-19 years**	22,6	15	0	180	23,1
	30-44 years	23,5	20	5	240	25,0
	45-59 years	23,2	20	0	90	13,8
	60 + years	23,2	20	0	100	15,7
Sex of the respondent:	**Male**	23,7	20	0	240	25,3
	Female	23,0	20	0	180	17,6
Education of the respondent:	**Secondary incomplete**	24,9	20	5	120	16,2
	Secondary general	22,0	20	0	240	23,4
	Secondary vocational	24,4	20	0	180	23,6
	Higher	22,0	20	0	130	15,7
Number of members in the household:	**One member**	22,4	20	0	100	17,0
	2 members	22,5	20	5	90	14,9
	3 members	19,3	15	0	60	11,2
	4 members	26,4	20	5	240	28,8
	5 members	24,7	20	0	130	18,2
Status of the respondent:	**Active**	20,7	15	0	60	12,5
	Inactive	27,8	20	0	240	33,5
	Retired	22,2	20	0	90	13,7
	Disabilities	24,5	15	5	100	21,9
	Housewife	24,9	20	0	130	21,5
Language of communication:	**Moldavian / Romanian**	24,0	20	0	240	20,3
	Russian / other	20,0	15	0	100	15,5
Need for the ambulance:	**Adult**	22,1	20	0	130	16,4
	Child	26,1	20	5	240	29,7
	Elderly	22,8	20	0	100	15,2
Socio-economic level:	**Low level**	24,7	20	0	180	18,8
	Median level	24,1	20	0	240	23,0
	High level	20,8	15	0	130	16,1
Area of residence:	**Urban**	19,1	15	0	240	21,4
	Rural	26,1	20	0	180	17,3
Region:	**Chisinau**	21,8	20	5	240	23,6
	Balti	13,6	10	5	50	9,8
	North	24,9	25	0	90	14,7
	Center	23,0	20	0	90	14,2
	South	24,7	15	0	180	25,8

Table A20. Do you think the doctor violated your right to privacy?

		Yes, it was respected	I felt intimidated by the presence of persons / family members when discussing with the doctor	The doctor did not keep the medical secret, he opened the information about me to third persons, this dissatisfied me	I don't know / No answer
Total		87,8%	2,8%	2,0%	7,3%
Age of the respondent:	**18-19 years**	86,2%	3,6%	1,0%	9,2%
	30-44 years	84,2%	3,2%	3,2%	9,3%
	45-59 years	90,7%	2,2%	2,2%	5,0%
	60 + years	89,0%	2,5%	1,7%	6,8%
Sex of the respondent:	**Male**	87,2%	2,7%	2,3%	7,8%
	Female	88,0%	2,8%	2,0%	7,2%
Education of the respondent:	**Secondary incomplete**	89,4%	1,4%	1,1%	8,2%
	Secondary general	83,2%	2,9%	2,0%	11,9%
	Secondary vocational	88,4%	3,5%	2,1%	6,0%
	Higher	89,1%	3,1%	2,7%	5,1%
Number of members in the household:	**One member**	89,3%	2,4%	3,6%	4,8%
	2 members	90,2%	2,8%	0,9%	6,0%
	3 members	87,6%	3,6%	2,2%	6,7%
	4 members	85,4%	2,9%	2,1%	9,6%
	5 members	86,9%	2,1%	2,1%	8,9%
Status of the respondent:	**Active**	88,1%	3,3%	3,0%	5,6%
	Inactive	87,1%	1,8%	1,8%	9,4%
	Retired	88,5%	2,9%	1,8%	6,8%
	Disabilities	87,7%		1,8%	10,5%
	Housewife	86,2%	3,4%	1,1%	9,2%
Language of communication:	**Moldavian / Romanian**	89,2%	2,7%	1,5%	6,6%
	Russian / other	83,8%	2,9%	3,6%	9,7%
Need for the ambulance:	**Adult**	86,9%	3,1%	2,2%	7,8%
	Child	86,2%	2,3%	2,3%	9,2%
	Elderly	89,7%	2,6%	1,7%	6,0%
Socio-economic level:	**Low level**	88,8%	1,9%	2,7%	6,6%
	Median level	86,1%	2,3%	1,8%	9,8%
	High level	88,5%	4,1%	1,7%	5,8%
Area of residence:	**Urban**	83,9%	4,8%	3,6%	7,7%
	Rural	91,1%	1,1%	0,8%	7,1%
Region:	**Chisinau**	80,6%	7,4%	2,9%	9,1%
	Balti	90,6%	1,9%	3,8%	3,8%
	North	87,6%	2,3%	2,3%	7,7%
	Center	90,1%	1,7%	1,7%	6,6%
	South	91,1%	0,7%	1,1%	7,0%

Table A21. When you last called the Emergency Medical Service (ambulance), do you think the doctor answered your questions properly?

		Yes, I received all the necessary answers	Yes, I received a vague answer, partially I received an answer	No, the doctor didn't explain anything	I don't know / No answer
Total		85,9%	8,4%	3,8%	2,0%
Age of the respondent:	**18-19 years**	75,4%	16,4%	6,2%	2,1%
	30-44 years	83,5%	10,8%	3,6%	2,2%
	45-59 years	92,1%	5,0%	2,5%	0,4%
	60 + years	87,9%	5,7%	3,6%	2,8%
Sex of the respondent:	**Male**	88,4%	6,2%	2,7%	2,7%
	Female	85,2%	9,0%	4,0%	1,8%
Education of the respondent:	**Secondary incomplete**	87,9%	6,0%	3,5%	2,5%
	Secondary general	86,5%	8,6%	3,7%	1,2%
	Secondary vocational	87,4%	8,8%	1,8%	2,1%
	Higher	83,1%	9,7%	5,3%	1,9%
Number of members in the household:	**One member**	85,7%	8,9%	3,0%	2,4%
	2 members	90,5%	6,0%	2,8%	0,6%
	3 members	81,8%	11,1%	4,4%	2,7%
	4 members	85,7%	8,6%	3,9%	1,8%
	5 members	83,9%	8,5%	4,7%	3,0%
Status of the respondent:	**Active**	87,2%	8,3%	3,0%	1,5%
	Inactive	84,1%	9,4%	4,1%	2,4%
	Retired	87,5%	6,8%	3,7%	2,1%
	Disabilities	91,2%	3,5%	1,8%	3,5%
	Housewife	78,7%	13,8%	5,7%	1,7%
Language of communicatio n:	**Moldavian / Romanian**	85,9%	9,2%	3,5%	1,4%
	Russian / other	85,8%	6,1%	4,5%	3,6%
Need for the ambulance:	**Adult**	85,4%	9,8%	3,0%	1,9%
	Child	83,9%	9,7%	5,5%	0,9%
	Elderly	87,4%	6,2%	3,8%	2,6%
Socio-economic level:	**Low level**	88,8%	5,6%	3,2%	2,4%
	Median level	84,6%	9,8%	3,3%	2,3%
	High level	84,1%	9,9%	4,8%	1,2%
Area of residence:	**Urban**	82,5%	10,7%	4,6%	2,1%
	Rural	88,7%	6,5%	3,0%	1,8%
Region:	**Chisinau**	81,0%	11,2%	6,2%	1,7%
	Balti	84,9%	9,4%	3,8%	1,9%
	North	86,9%	6,0%	4,4%	2,7%
	Center	85,6%	9,9%	3,0%	1,4%
	South	89,6%	6,3%	1,9%	2,2%

Table A22. Please tell me, the staff of the emergency medical service (ambulance), informed / explained within your meaning, about the procedures, treatment or investigations that it wishes to apply / has applied to you / to the patient?

		Yes	No	I don't know / No answer
Total		79,4%	17,6%	2,9%
Age of the respondent:	**18-19 years**	72,8%	23,6%	3,6%
	30-44 years	74,2%	22,2%	3,6%
	45-59 years	84,6%	14,0%	1,4%
	60 + years	82,2%	14,6%	3,2%
Sex of the respondent:	**Male**	77,5%	19,0%	3,5%
	Female	79,9%	17,3%	2,8%
Studies of the respondent:	**Secondary incomplete**	81,6%	16,0%	2,5%
	Secondary general	82,8%	14,8%	2,5%
	Secondary vocational	78,6%	17,9%	3,5%
	Higher	76,6%	20,3%	3,1%
Number of members in the household:	**One member**	83,9%	13,7%	2,4%
	2 members	81,6%	15,8%	2,5%
	3 members	78,2%	19,6%	2,2%
	4 members	75,4%	20,0%	4,6%
	5 members	79,2%	18,2%	2,5%
Status of the respondent:	**Active**	77,7%	20,2%	2,1%
	Inactive	75,3%	21,2%	3,5%
	Retired	82,3%	14,6%	3,1%
	Disabilities	82,5%	14,0%	3,5%
	Housewife	77,6%	19,0%	3,4%
Language of communication:	**Moldavian / Romanian**	78,5%	18,4%	3,1%
	Russian / other	82,2%	15,2%	2,6%
Need for the ambulance:	**Adult**	78,1%	19,1%	2,8%
	Child	78,3%	18,0%	3,7%
	Elderly	81,4%	15,8%	2,8%
Socio-economic level:	**Low level**	81,3%	15,0%	3,6%
	Median level	78,1%	19,1%	2,8%
	High level	78,8%	18,8%	2,4%
Area of residence:	**Urban**	75,2%	21,6%	3,2%
	Rural	83,0%	14,3%	2,7%
Region:	**Chisinau**	71,1%	24,8%	4,1%
	Balti	69,8%	26,4%	3,8%
	North	79,5%	18,5%	2,0%
	Center	82,9%	14,1%	3,0%
	South	84,1%	13,3%	2,6%

Table A23. How do you appreciate the behavior and actions taken by the doctors from the emergency medical service (ambulance)?

		Doctors came too late	The doctors did not behave well towards the patient	Doctors have done too little	The doctors were disinterested	They did not inform about the health problem	The doctors explained, but very vague	The doctors did not take any action	Doctors did everything right	I don't know / No answer
Total		7,2%	3,8%	3,7%	4,3%	1,7%	4,6%	2,0%	80,0%	2,7%
Age of the respondent:	**18-19 years**	13,8%	5,6%	7,7%	7,7%	2,1%	9,7%	3,1%	66,2%	4,1%
	30-44 years	11,8%	5,4%	3,2%	6,1%	2,5%	5,7%	3,2%	75,3%	2,2%
	45-59 years	3,2%	1,1%	3,2%	2,2%	1,4%	2,5%	1,8%	87,5%	1,8%
	60 + years	4,0%	3,6%	2,5%	3,2%	1,3%	3,0%	1,1%	84,1%	3,0%
Sex of the respondent:	**Male**	5,0%	2,3%	3,5%	4,7%	2,7%	4,7%	1,9%	80,2%	4,3%
	Female	7,8%	4,1%	3,7%	4,2%	1,4%	4,6%	2,1%	79,9%	2,3%
Education of the respondent:	**Secondary incomplete**	7,4%	2,5%	2,8%	2,5%	1,1%	1,4%	1,1%	82,3%	3,9%
	Secondary general	9,0%	2,5%	1,6%	3,3%	2,9%	4,9%	2,0%	77,9%	3,3%
	Secondary vocational	5,6%	2,8%	2,8%	5,3%	1,1%	5,3%	2,8%	80,7%	2,1%
	Higher	7,0%	6,0%	6,0%	5,6%	1,9%	6,0%	2,2%	79,2%	1,9%
Number of members in the household:	**One member**	3,0%	3,6%	3,0%	3,0%	3,0%	4,8%	1,8%	84,5%	1,8%
	2 members	3,5%	2,8%	3,5%	4,1%	0,6%	2,5%	1,3%	85,4%	2,2%
	3 members	11,6%	4,4%	5,3%	4,9%	1,3%	6,7%	3,1%	73,3%	2,2%
	4 members	9,6%	4,6%	3,2%	4,6%	2,5%	6,1%	1,8%	76,4%	3,6%
	5 members	8,1%	3,4%	3,4%	4,7%	1,7%	3,4%	2,5%	80,1%	3,4%
Status of the respondent:	**Active**	8,6%	5,0%	5,0%	5,3%	2,1%	7,1%	3,0%	75,1%	3,6%
	Inactive	7,6%	3,5%	3,5%	4,1%	1,2%	1,8%	1,2%	82,4%	2,4%
	Retired	4,3%	3,1%	2,7%	3,3%	1,4%	2,9%	0,8%	84,0%	3,1%
	Disabilities	3,5%	5,3%	3,5%	5,3%	1,8%	3,5%	3,5%	82,5%	
	Housewife	13,2%	2,9%	4,0%	5,2%	2,3%	7,5%	4,0%	75,3%	1,1%

		Doctors came too late	The doctors did not behave well towards the patient	Doctors have done too little	The doctors were disinterested	They did not inform about the health problem	The doctors explained, but very vague	The doctors did not take any action	Doctors did everything right	I don't know / No answer
Language of communication:	Moldavian / Romanian	8,1%	4,0%	3,8%	4,3%	1,7%	5,0%	2,1%	79,3%	2,8%
	Russian / other	4,5%	2,9%	3,2%	4,5%	1,6%	3,2%	1,9%	82,2%	2,3%
Need for the ambulance:	Adult	9,1%	3,3%	4,4%	4,1%	1,5%	5,2%	2,4%	77,0%	3,1%
	Child	8,8%	4,6%	4,1%	6,0%	3,2%	6,0%	2,8%	78,8%	1,8%
	Elderly	4,3%	3,8%	2,6%	3,8%	1,3%	3,2%	1,3%	84,0%	2,6%
Socio-economic level:	Low level	6,3%	1,9%	1,9%	2,7%	1,5%	2,2%	1,2%	84,7%	2,2%
	Median level	6,3%	5,3%	4,8%	4,0%	2,3%	5,8%	2,5%	77,1%	3,5%
	High level	8,9%	4,1%	4,3%	6,3%	1,4%	5,8%	2,4%	78,1%	2,4%
Area of residence:	Urban	7,7%	6,4%	5,4%	7,0%	2,5%	6,4%	2,9%	73,6%	3,8%
	Rural	6,8%	1,5%	2,3%	2,1%	1,1%	3,0%	1,4%	85,4%	1,8%
Region:	Chisinau	9,5%	7,9%	8,3%	9,9%	4,5%	9,5%	4,1%	67,4%	3,3%
	Balti	7,5%	7,5%	5,7%	11,3%	3,8%	1,9%		71,7%	
	North	6,0%	3,0%	2,3%	2,0%	0,7%	1,7%	1,3%	84,2%	3,4%
	Center	5,5%	2,5%	2,8%	3,9%	1,4%	5,8%	2,8%	82,0%	2,2%
	South	8,5%	1,9%	1,9%	1,1%	0,4%	2,2%	0,4%	85,6%	2,6%

Table A24. Did you give the agreement / sign some documents upon arrival of the ambulance?

		Yes, consent for the administration of some medicines	Yes, the consent regarding the refusal to be transported to the hospital	I was not offered anything for signing	I signed because the ambulance came at home	I signed up to be transported to the hospital	I don't know / No answer
Total		32,8%	10,5%	44,4%	3,7%	0,7%	7,9%
Age of the respondent:	**18-19 years**	35,4%	14,4%	40,0%	4,6%	1,0%	4,6%
	30-44 years	36,2%	13,3%	39,1%	4,3%	1,8%	5,4%
	45-59 years	32,6%	8,2%	44,4%	4,3%	0,4%	10,0%
	60 + years	29,9%	8,7%	49,4%	2,5%		9,5%
Sex of the respondent:	**Male**	34,5%	10,5%	40,7%	3,9%	0,8%	9,7%
	Female	32,4%	10,5%	45,4%	3,6%	0,6%	7,4%
Education of the respondent:	**Secondary incomplete**	31,2%	9,6%	50,0%	3,9%	0,7%	4,6%
	Secondary general	32,0%	7,8%	48,0%	2,0%	1,6%	8,6%
	Secondary vocational	31,6%	10,5%	46,0%	3,2%		8,8%
	Higher	35,3%	12,8%	37,4%	4,8%	0,5%	9,2%
Number of members in the household:	**One member**	28,0%	13,1%	48,8%	4,2%		6,0%
	2 members	32,9%	6,0%	49,1%	2,2%		9,8%
	3 members	31,6%	11,6%	46,7%	1,8%	0,4%	8,0%
	4 members	36,1%	11,8%	36,8%	5,0%	1,8%	8,6%
	5 members	33,5%	12,3%	41,9%	5,5%	0,8%	5,9%
Status of the respondent:	**Active**	33,5%	15,4%	38,0%	4,5%	0,9%	7,7%
	Inactive	34,7%	10,0%	44,7%	4,1%	0,6%	5,9%
	Retired	30,2%	6,8%	50,7%	2,5%	0,2%	9,7%
	Disabilities	40,4%	10,5%	36,8%	1,8%		10,5%
	Housewife	34,5%	12,1%	41,4%	5,7%	1,7%	4,6%
Language of communication:	**Moldavian / Romanian**	31,7%	9,9%	45,0%	3,9%	0,8%	8,7%
	Russian / other	36,2%	12,3%	42,7%	2,9%	0,3%	5,5%
Need for the ambulance:	**Adult**	34,1%	11,1%	42,6%	4,3%	0,7%	7,2%
	Child	31,8%	13,8%	42,4%	4,1%	1,8%	6,0%
	Elderly	31,8%	8,3%	47,4%	2,8%		9,6%
Socio-economic level:	**Low level**	32,8%	8,5%	48,3%	2,2%	0,2%	8,0%
	Median level	30,0%	11,8%	45,3%	5,0%	0,8%	7,1%
	High level	35,6%	11,3%	39,7%	3,8%	1,0%	8,7%
Area of residence:	**Urban**	31,3%	14,3%	41,8%	2,7%	1,1%	8,9%
	Rural	34,1%	7,4%	46,6%	4,5%	0,3%	7,1%
Region:	**Chisinau**	28,1%	20,7%	38,8%	3,3%	2,1%	7,0%
	Balti	30,2%	20,8%	34,0%	1,9%		13,2%
	North	35,2%	11,1%	41,9%	3,0%		8,7%
	Center	33,1%	5,5%	49,2%	3,9%	0,6%	7,7%
	South	34,4%	5,6%	47,8%	4,8%	0,4%	7,0%

Table A25. Generally speaking, how satisfied were you with the medical services provided by the emergency medical staff (ambulance)?

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	I don't know / No answer
Total		27,5%	63,3%	6,3%	1,3%	1,6%
Age of the respondent:	**18-19 years**	16,4%	67,2%	13,8%	1,0%	1,5%
	30-44 years	19,4%	68,1%	7,9%	1,1%	3,6%
	45-59 years	30,1%	63,1%	5,0%	1,4%	0,4%
	60 + years	35,4%	58,9%	3,0%	1,5%	1,3%
Sex of the respondent:	**Male**	30,6%	59,7%	5,4%	1,2%	3,1%
	Female	26,7%	64,2%	6,5%	1,3%	1,2%
Education of the respondent:	**Secondary incomplete**	29,8%	64,9%	3,5%	0,7%	1,1%
	Secondary general	28,7%	61,1%	6,6%	0,8%	2,9%
	Secondary vocational	32,6%	57,2%	7,0%	2,1%	1,1%
	Higher	21,7%	67,6%	7,5%	1,4%	1,7%
Number of members in the household:	**One member**	36,3%	59,5%	2,4%	0,6%	1,2%
	2 members	31,6%	62,0%	3,5%	2,2%	0,6%
	3 members	22,7%	63,1%	10,7%	0,9%	2,7%
	4 members	20,4%	69,6%	7,1%	0,4%	2,5%
	5 members	28,8%	60,2%	7,6%	2,1%	1,3%
Status of the respondent:	**Active**	23,1%	65,6%	8,3%	0,6%	2,4%
	Inactive	21,8%	67,1%	8,2%	0,6%	2,4%
	Retired	35,5%	57,9%	3,7%	1,4%	1,4%
	Disabilities	26,3%	70,2%	1,8%	1,8%	
	Housewife	19,5%	67,8%	9,2%	2,9%	0,6%
Language of communication:	**Moldavian / Romanian**	26,7%	64,0%	6,4%	1,2%	1,6%
	Russian / other	29,8%	61,2%	5,8%	1,6%	1,6%
Need for the ambulance:	**Adult**	24,8%	63,9%	8,0%	1,3%	2,0%
	Child	20,3%	69,1%	8,3%	0,9%	1,4%
	Elderly	34,0%	59,8%	3,4%	1,5%	1,3%
Socio-economic level:	**Low level**	35,4%	58,5%	3,4%	0,7%	1,9%
	Median level	27,0%	63,7%	4,5%	2,3%	2,5%
	High level	20,2%	67,5%	10,8%	1,0%	0,5%
Area of residence:	**Urban**	25,0%	61,4%	9,1%	2,5%	2,0%
	Rural	29,6%	64,8%	3,9%	0,3%	1,4%
Region:	**Chisinau**	17,8%	65,3%	12,4%	1,7%	2,9%
	Balti	32,1%	58,5%	7,5%		1,9%
	North	26,8%	66,8%	4,7%	1,0%	0,7%
	Center	27,3%	63,5%	5,0%	1,9%	2,2%
	South	36,3%	58,1%	4,1%	0,7%	0,7%

Table A26. If you were dissatisfied with the medical services provided by the emergency medical staff(ambulance), did you think ever write a complaint for non-quality medical services?

		Yes, I thought, but I didn't write		Yes, I wrote		No, I didn't think		I don't know / No answer	
		No.	%	No.	%	No.	%	No.	%
Total		18	19,4%	3	3,2%	69	74,2%	3	3,2%
Age of the respondent:	18-19 years	5	17,2%	1	3,4%	21	72,4%	2	6,9%
	30-44 years	4	16,0%			21	84,0%		
	45-59 years	5	27,8%	2	11,1%	11	61,1%		
	60 + years	4	19,0%			16	76,2%	1	4,8%
Sex of the respondent:	Male	5	29,4%			11	64,7%	1	5,9%
	Female	13	17,1%	3	3,9%	58	76,3%	2	2,6%
Education of the respondent:	Secondary incomplete	4	33,3%			7	58,3%	1	8,3%
	Secondary general	3	16,7%			15	83,3%		
	Secondary vocational	3	11,5%	2	7,7%	21	80,8%		
	Higher	8	21,6%	1	2,7%	26	70,3%	2	5,4%
Number of members in the household:	One member	3	60,0%			2	40,0%		
	2 members	5	27,8%			13	72,2%		
	3 members	3	11,5%	1	3,8%	21	80,8%	1	3,8%
	4 members	4	19,0%	2	9,5%	15	71,4%		
	5 members	3	13,0%			18	78,3%	2	8,7%
Status of the respondent:	Active	6	20,0%			24	80,0%		
	Inactive	6	40,0%			8	53,3%	1	6,7%
	Retired	5	20,0%	1	4,0%	18	72,0%	1	4,0%
	Disabilities	1	50,0%			1	50,0%		
	Housewife			2	9,5%	18	85,7%	1	4,8%
Language of communication:	Moldavian / Romanian	9	12,9%	2	2,9%	56	80,0%	3	4,3%
	Russian / other	9	39,1%	1	4,3%	13	56,5%		
Need for the ambulance:	Adult	10	20,0%	2	4,0%	35	70,0%	3	6,0%
	Child	1	5,0%	1	5,0%	18	90,0%		
	Elderly	7	30,4%			16	69,6%		
Socio-economic level:	Low level	5	29,4%	1	5,9%	10	58,8%	1	5,9%
	Median level					26	96,3%	1	3,7%
	High level	13	26,5%	2	4,1%	33	67,3%	1	2,0%
Area of residence:	Urban	15	23,1%	3	4,6%	46	70,8%	1	1,5%
	Rural	3	10,7%			23	82,1%	2	7,1%
Region:	Chisinau	7	20,6%			26	76,5%	1	2,9%
	Balti			1	25,0%	3	75,0%		
	North	5	29,4%	1	5,9%	9	52,9%	2	11,8%
	Center	3	12,0%	1	4,0%	21	84,0%		
	South	3	23,1%			10	76,9%		

Table A27. Tell me, please, do you know where you can submit this complaint?

		Yes		No	
		No.	%	No.	%
Total		4	22,2%	14	77,8%
Age of the respondent:	18-19 years			5	100,0%
	30-44 years	2	50,0%	2	50,0%
	45-59 years			5	100,0%
	60 + years	2	50,0%	2	50,0%
Sex of the respondent:	Male	2	40,0%	3	60,0%
	Female	2	15,4%	11	84,6%
Education of the respondent:	Secondary incomplete	1	25,0%	3	75,0%
	Secondary general			3	100,0%
	Secondary vocational	2	66,7%	1	33,3%
	Higher	1	12,5%	7	87,5%
Number of members in the household:	One member	1	33,3%	2	66,7%
	2 members	1	20,0%	4	80,0%
	3 members	1	33,3%	2	66,7%
	4 members			4	100,0%
	5 members	1	33,3%	2	66,7%
Status of the respondent:	Active	1	16,7%	5	83,3%
	Inactive	1	16,7%	5	83,3%
	Retired	2	40,0%	3	60,0%
	Disabilities			1	100,0%
	Housewife				
Language of communication:	Moldavian / Romanian	3	33,3%	6	66,7%
	Russian / other	1	11,1%	8	88,9%
Need for the ambulance:	Adult	2	20,0%	8	80,0%
	Child			1	100,0%
	Elderly	2	28,6%	5	71,4%
Socio-economic level:	Low level	1	20,0%	4	80,0%
	Median level				
	High level	3	23,1%	10	76,9%
Area of residence:	Urban	3	20,0%	12	80,0%
	Rural	1	33,3%	2	66,7%
Region:	Chisinau	1	14,3%	6	85,7%
	Balti				
	North			5	100,0%
	Center	2	66,7%	1	33,3%
	South	1	33,3%	2	66,7%

Table A28. How do you think, how acceptable it is for a person to complain if he/she is not satisfied with the medical services provided by the emergency medical staff (ambulance)?

		Fully acceptable	Acceptable	Partly acceptable	Unacceptable	I don't know / No answer
Total		24,7%	42,0%	8,6%	9,0%	15,8%
Age of the respondent:	**18-19 years**	30,3%	49,2%	11,3%	5,6%	3,6%
	30-44 years	28,7%	44,1%	9,0%	8,2%	10,0%
	45-59 years	24,0%	43,4%	5,0%	10,0%	17,6%
	60 + years	20,6%	36,9%	9,3%	10,2%	23,1%
Sex of the respondent:	**Male**	22,9%	40,3%	10,5%	10,1%	16,3%
	Female	25,2%	42,4%	8,1%	8,7%	15,6%
Education of the respondent:	**Secondary incomplete**	22,7%	42,6%	7,4%	9,2%	18,1%
	Secondary general	22,1%	43,9%	7,8%	10,2%	16,0%
	Secondary vocational	22,1%	42,8%	8,4%	9,1%	17,5%
	Higher	29,5%	39,9%	9,9%	8,0%	12,8%
Number of members in the household:	**One member**	17,3%	42,9%	9,5%	10,1%	20,2%
	2 members	24,4%	37,3%	6,6%	11,7%	19,9%
	3 members	27,1%	42,2%	9,3%	8,9%	12,4%
	4 members	23,9%	46,8%	8,6%	6,8%	13,9%
	5 members	29,2%	41,5%	9,7%	7,2%	12,3%
Status of the respondent:	**Active**	30,9%	41,2%	7,7%	9,2%	11,0%
	Inactive	25,9%	42,4%	8,2%	10,0%	13,5%
	Retired	20,5%	38,6%	8,6%	10,1%	22,2%
	Disabilities	14,0%	47,4%	8,8%	12,3%	17,5%
	Housewife	27,0%	50,6%	10,3%	3,4%	8,6%
Language of communication:	**Moldavian / Romanian**	26,0%	43,3%	9,5%	7,3%	13,9%
	Russian / other	21,0%	37,9%	5,8%	13,9%	21,4%
Need for the ambulance:	**Adult**	26,3%	45,0%	9,4%	7,6%	11,7%
	Child	29,0%	46,5%	4,6%	8,3%	11,5%
	Elderly	20,9%	36,3%	9,4%	10,9%	22,4%
Socio-economic level:	**Low level**	19,4%	41,5%	6,8%	13,1%	19,2%
	Median level	25,4%	42,6%	9,1%	6,0%	16,9%
	High level	29,3%	41,8%	9,9%	7,7%	11,3%
Area of residence:	**Urban**	26,1%	41,6%	9,8%	9,8%	12,7%
	Rural	23,6%	42,3%	7,5%	8,3%	18,3%
Region:	**Chisinau**	20,7%	45,5%	9,1%	10,7%	14,0%
	Balti	35,8%	39,6%	3,8%	7,5%	13,2%
	North	19,8%	38,3%	8,7%	10,7%	22,5%
	Center	28,7%	39,2%	10,2%	6,6%	15,2%
	South	26,3%	47,0%	6,7%	8,9%	11,1%

Table A29. Please mention, the main 3 cases when a person can file a complaint, because he / she was dissatisfied with the medical services offered by the medical staff of the emergency medical service (ambulance)?

		Behaves / talks badly with family / patient	Does not provide the necessary medical assistance	The patient's health condition worsened because the ambulance arrived too late	Did not provide detailed information on the patient's condition	Did not establish the correct diagnosis	Did not request the patient's consent for the hospitalization / refusal to be hospitalized	Does not want to transport the patient to the hospital	For delay	Lack of medicines	For bribe request	In no case should a complaint be filed	I don't know / No answer
Total		36,6%	46,4%	44,7%	14,1%	33,4%	6,9%	16,8%	1,0%	0,3%	0,7%	10,0%	14,8%
Age of the respondent:	**18-19 years**	46,7%	61,5%	49,2%	23,1%	44,6%	9,7%	20,5%	0,5%	0,5%	1,0%	3,1%	3,6%
	30-44 years	40,5%	49,8%	50,2%	15,1%	40,1%	6,8%	19,4%	2,2%	0,7%	1,8%	4,7%	11,1%
	45-59 years	36,2%	46,2%	44,8%	11,1%	31,9%	6,1%	19,7%	0,4%	0,4%		11,1%	15,4%
	60 + years	30,3%	38,1%	39,6%	11,7%	25,6%	6,1%	12,1%	0,8%		0,4%	15,3%	21,2%
Sex of the respondent:	**Male**	36,4%	41,1%	43,8%	18,6%	30,2%	7,0%	16,7%	1,2%	0,4%	0,4%	10,1%	15,9%
	Female	36,6%	47,8%	45,0%	12,9%	34,2%	6,8%	16,9%	0,9%	0,3%	0,8%	9,9%	14,5%
Education of the respondent:	**Secondary incomplete**	29,1%	41,1%	39,7%	12,8%	23,8%	5,7%	12,8%	0,7%	0,4%	0,4%	16,3%	20,9%
	Secondary general	38,9%	50,0%	43,0%	16,0%	29,5%	7,4%	15,2%	1,6%			8,2%	14,3%
	Secondary vocational	37,9%	43,5%	41,1%	12,3%	36,8%	8,4%	17,5%	0,7%	0,4%	1,8%	11,9%	14,0%
	Higher	39,4%	49,8%	51,7%	15,2%	39,9%	6,3%	20,0%	1,0%	0,5%	0,7%	5,3%	11,4%
Number of members in the household:	**One member**	33,9%	37,5%	40,5%	14,9%	35,1%	5,4%	11,3%	1,8%		0,6%	15,5%	16,7%
	2 members	33,5%	40,2%	39,9%	11,1%	27,5%	5,4%	16,5%				15,8%	19,3%
	3 members	37,3%	46,7%	46,7%	14,7%	39,6%	10,2%	20,0%	1,3%	0,9%	1,8%	5,8%	12,4%
	4 members	40,7%	54,6%	48,9%	15,4%	35,7%	7,5%	16,4%	0,4%	0,7%	1,1%	7,1%	11,1%
	5 members	36,9%	50,8%	47,5%	15,7%	31,4%	5,9%	18,6%	2,1%		0,4%	5,5%	14,0%
Status of the respondent:	**Active**	43,0%	51,9%	52,2%	13,4%	39,2%	6,5%	19,9%	1,5%	0,3%	1,2%	4,7%	9,5%
	Inactive	38,2%	47,6%	37,6%	17,1%	35,9%	8,8%	18,2%		0,6%	1,2%	10,6%	14,7%
	Retired	30,8%	39,8%	40,2%	11,3%	26,3%	5,5%	11,9%	1,0%		0,2%	15,2%	20,7%
	Disabilities	19,3%	38,6%	35,1%	10,5%	29,8%	5,3%	17,5%	1,8%	1,8%		15,8%	21,1%
	Housewife	44,3%	55,2%	52,9%	21,8%	40,8%	9,8%	23,0%	0,6%	0,6%	1,1%	2,9%	6,3%

		Behaves / talks badly with family / patient	Does not provide the necessary medical assistance	The patient's health condition worsened because the ambulance arrived too late	Did not provide detailed information on the patient's condition	Did not establish the correct diagnosis	Did not request the patient's consent for the hospitalization / refusal to be hospitalized	Does not want to transport the patient to the hospital	For delay	Lack of medicines	For bribe request	In no case should a complaint be filed	I don't know / No answer
Language of communication:	**Moldavian / Romanian**	38,2%	47,2%	45,2%	13,1%	33,4%	7,9%	17,5%	1,1%	0,4%	0,9%	10,4%	13,3%
	Russian / other	31,7%	44,0%	43,4%	17,2%	33,3%	3,9%	14,9%	0,6%		0,3%	8,7%	19,1%
Need for the ambulance:	**Adult**	40,2%	50,0%	46,1%	15,4%	38,0%	8,1%	20,4%	0,9%	0,2%	1,1%	7,8%	11,1%
	Child	41,5%	53,5%	49,8%	17,5%	35,9%	4,6%	16,1%	0,9%	1,4%	0,5%	4,6%	12,4%
	Elderly	30,1%	38,9%	40,8%	11,1%	26,9%	6,4%	13,0%	1,1%		0,4%	15,0%	20,1%
Socio-economic level:	**Low level**	32,8%	36,4%	36,4%	11,4%	24,3%	5,1%	13,8%	1,2%		0,2%	14,6%	22,8%
	Median level	38,5%	51,9%	44,8%	15,6%	35,0%	6,3%	16,4%	1,0%	0,5%	1,3%	8,6%	12,1%
	High level	38,5%	51,0%	52,9%	15,4%	40,9%	9,1%	20,2%	0,7%	0,5%	0,7%	6,7%	9,4%
Area of residence:	**Urban**	36,8%	50,5%	47,3%	15,0%	38,0%	7,7%	16,4%	0,5%	0,4%	0,2%	8,9%	12,3%
	Rural	36,4%	42,9%	42,6%	13,4%	29,5%	6,2%	17,1%	1,4%	0,3%	1,2%	10,8%	16,8%
Region:	**Chisinau**	39,7%	51,2%	52,9%	14,9%	36,4%	9,1%	16,5%		0,8%	0,4%	6,6%	11,6%
	Balti	30,2%	54,7%	41,5%	9,4%	49,1%	7,5%	20,8%				9,4%	13,2%
	North	32,2%	38,6%	35,6%	13,1%	30,2%	6,7%	18,5%	0,3%		0,7%	13,4%	21,1%
	Center	37,0%	47,5%	46,7%	14,1%	38,1%	6,6%	18,8%	1,1%		1,7%	5,2%	13,8%
	South	39,3%	47,4%	45,6%	15,6%	24,8%	5,2%	11,9%	2,6%	0,7%		15,6%	12,2%

Table A30. How would you rate the benevolence with which the staff of the emergency medical service (ambulance) treated you / the patient at the last call?

		Very good	Good	Bad	Very bad	I don't know / No answer
Total		26,4%	65,8%	6,0%	0,8%	1,1%
Age of the respondent:	**18-19 years**	13,8%	75,4%	9,7%		1,0%
	30-44 years	22,6%	65,9%	7,5%	1,8%	2,2%
	45-59 years	32,3%	60,9%	5,0%	1,4%	0,4%
	60 + years	30,3%	64,6%	4,0%	0,2%	0,8%
Sex of the respondent:	**Male**	26,7%	66,3%	5,4%	0,8%	0,8%
	Female	26,3%	65,7%	6,1%	0,8%	1,1%
Education of the respondent:	**Secondary incomplete**	23,0%	72,7%	3,5%	0,4%	0,4%
	Secondary general	27,0%	65,6%	4,9%	0,4%	2,0%
	Secondary vocational	29,1%	61,8%	7,0%	1,4%	0,7%
	Higher	26,3%	64,0%	7,5%	1,0%	1,2%
Number of members in the household:	**One member**	36,3%	57,7%	5,4%	0,6%	
	2 members	27,8%	66,1%	4,1%	0,9%	0,9%
	3 members	24,4%	67,1%	6,7%	0,4%	1,3%
	4 members	18,2%	71,8%	8,2%	0,7%	1,1%
	5 members	28,8%	62,7%	5,5%	1,3%	1,7%
Status of the respondent:	**Active**	24,3%	65,6%	6,5%	1,8%	1,8%
	Inactive	21,8%	70,0%	6,5%		1,8%
	Retired	31,0%	63,7%	4,3%	0,4%	0,6%
	Disabilities	28,1%	68,4%	1,8%	1,8%	
	Housewife	21,3%	67,2%	10,3%	0,6%	0,6%
Language of communication:	**Moldavian / Romanian**	25,5%	67,0%	5,6%	0,8%	1,1%
	Russian / other	28,8%	62,1%	7,1%	1,0%	1,0%
Need for the ambulance:	**Adult**	23,1%	69,1%	5,6%	1,3%	0,9%
	Child	25,3%	64,5%	8,3%	0,5%	1,4%
	Elderly	30,6%	62,6%	5,3%	0,4%	1,1%
Socio-economic level:	**Low level**	30,3%	64,6%	3,9%	0,7%	0,5%
	Median level	24,7%	68,3%	4,0%	0,8%	2,3%
	High level	24,0%	64,7%	9,9%	1,0%	0,5%
Area of residence:	**Urban**	23,8%	65,5%	7,7%	1,6%	1,4%
	Rural	28,6%	66,0%	4,5%	0,2%	0,8%
Region:	**Chisinau**	21,5%	65,7%	10,7%	0,8%	1,2%
	Balti	24,5%	67,9%	7,5%		
	North	24,8%	68,8%	4,0%	1,0%	1,3%
	Center	27,1%	65,7%	5,2%	1,4%	0,6%
	South	31,9%	62,2%	4,4%		1,5%

Table A31. How would you rate the attention with which the staff of the emergency medical service (ambulance) treated you / the patient at the last call?

		Very good	Good	Bad	Very bad	I don't know / No answer
Total		28,2%	65,1%	4,9%	1,1%	0,7%
Age of the respondent:	**18-19 years**	17,4%	73,8%	8,2%		0,5%
	30-44 years	22,9%	67,4%	5,7%	2,5%	1,4%
	45-59 years	34,4%	58,8%	4,7%	1,8%	0,4%
	60 + years	32,2%	63,8%	3,2%	0,4%	0,4%
Sex of the respondent:	**Male**	28,3%	66,3%	3,9%	0,8%	0,8%
	Female	28,2%	64,7%	5,2%	1,2%	0,6%
Education of the respondent:	**Secondary incomplete**	25,9%	69,9%	3,2%	0,4%	0,7%
	Secondary general	29,9%	63,1%	4,5%	1,2%	1,2%
	Secondary vocational	31,2%	61,8%	4,9%	1,8%	0,4%
	Higher	26,8%	65,2%	6,3%	1,2%	0,5%
Number of members in the household:	**One member**	37,5%	57,1%	4,8%	0,6%	
	2 members	28,5%	66,1%	3,5%	1,6%	0,3%
	3 members	28,9%	63,1%	6,2%	0,9%	0,9%
	4 members	20,7%	71,4%	5,4%	1,1%	1,4%
	5 members	29,7%	63,6%	5,1%	1,3%	0,4%
Status of the respondent:	**Active**	26,1%	65,0%	5,3%	2,1%	1,5%
	Inactive	25,3%	67,6%	6,5%	0,6%	
	Retired	33,1%	62,6%	3,5%	0,6%	0,2%
	Disabilities	35,1%	61,4%	1,8%	1,8%	
	Housewife	19,5%	70,7%	7,5%	1,1%	1,1%
Language of communication:	**Moldavian / Romanian**	27,4%	66,4%	4,6%	0,9%	0,8%
	Russian / other	30,7%	61,2%	5,8%	1,9%	0,3%
Need for the ambulance:	**Adult**	26,1%	66,5%	4,8%	1,9%	0,7%
	Child	24,9%	67,3%	6,5%	0,5%	0,9%
	Elderly	32,3%	62,4%	4,3%	0,6%	0,4%
Socio-economic level:	**Low level**	32,8%	62,9%	2,7%	1,0%	0,7%
	Median level	28,2%	65,7%	3,8%	1,0%	1,3%
	High level	23,8%	66,6%	8,2%	1,4%	
Area of residence:	**Urban**	26,4%	64,5%	7,0%	1,8%	0,4%
	Rural	29,8%	65,6%	3,2%	0,6%	0,9%
Region:	**Chisinau**	24,0%	66,1%	7,9%	1,7%	0,4%
	Balti	28,3%	62,3%	9,4%		
	North	26,8%	67,1%	3,4%	2,0%	0,7%
	Center	27,6%	65,7%	4,4%	1,1%	1,1%
	South	34,4%	61,5%	3,7%		0,4%

Table A32. How would you rate the kindness with which the staff of the emergency medical service (ambulance) treated you / the patient at the last call?

		Very good	Good	Bad	Very bad	I don't know / No answer
Total		29,8%	63,6%	4,8%	1,1%	0,7%
Age of the respondent:	**18-19 years**	19,0%	69,7%	9,2%	0,5%	1,5%
	30-44 years	26,9%	63,1%	6,1%	2,5%	1,4%
	45-59 years	35,5%	60,2%	3,2%	1,1%	
	60 + years	32,6%	63,3%	3,2%	0,4%	0,4%
Sex of the respondent:	**Male**	31,0%	64,7%	2,3%	1,6%	0,4%
	Female	29,5%	63,3%	5,5%	0,9%	0,8%
Education of the respondent:	**Secondary incomplete**	26,6%	69,9%	2,5%	0,4%	0,7%
	Secondary general	31,6%	61,1%	4,5%	0,8%	2,0%
	Secondary vocational	33,0%	58,9%	6,3%	1,4%	0,4%
	Higher	28,7%	64,0%	5,6%	1,4%	0,2%
Number of members in the household:	**One member**	38,1%	57,1%	3,6%	1,2%	
	2 members	30,4%	64,6%	3,8%	0,9%	0,3%
	3 members	30,2%	64,9%	4,0%	0,4%	0,4%
	4 members	22,5%	67,9%	6,4%	1,4%	1,8%
	5 members	31,4%	60,6%	5,9%	1,3%	0,8%
Status of the respondent:	**Active**	29,1%	62,0%	6,2%	2,1%	0,6%
	Inactive	26,5%	66,5%	4,7%	1,2%	1,2%
	Retired	33,9%	62,2%	3,1%	0,6%	0,2%
	Disabilities	29,8%	68,4%		1,8%	
	Housewife	23,0%	66,1%	8,6%		2,3%
Language of communication:	**Moldavian / Romanian**	29,7%	63,8%	4,8%	1,0%	0,8%
	Russian / other	30,1%	63,1%	4,9%	1,3%	0,6%
Need for the ambulance:	**Adult**	27,6%	65,4%	5,4%	1,3%	0,4%
	Child	28,1%	63,1%	5,5%	0,9%	2,3%
	Elderly	33,1%	61,8%	3,8%	0,9%	0,4%
Socio-economic level:	**Low level**	34,2%	62,4%	2,2%	1,0%	0,2%
	Median level	29,2%	64,7%	3,8%	1,0%	1,3%
	High level	26,0%	63,7%	8,4%	1,2%	0,7%
Area of residence:	**Urban**	28,2%	62,1%	7,1%	2,0%	0,5%
	Rural	31,1%	64,8%	2,9%	0,3%	0,9%
Region:	**Chisinau**	26,0%	64,5%	7,0%	2,1%	0,4%
	Balti	24,5%	67,9%	7,5%		
	North	28,9%	65,8%	3,0%	1,7%	0,7%
	Center	31,2%	61,0%	5,8%	0,8%	1,1%
	South	33,3%	63,0%	3,0%		0,7%

Table A33. Please tell me how pleased you are with the attitude of the ambulance medical staff on your way to the hospital:

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	I don't know / No answer
Total		15,9%	71,9%	8,3%	0,5%	3,3%
Age of the respondent:	18-19 years	9,2%	72,5%	13,3%		5,0%
	30-44 years	12,1%	69,8%	11,4%	1,3%	5,4%
	45-59 years	20,6%	70,6%	4,4%	0,7%	3,7%
	60 + years	19,4%	73,9%	5,9%		0,9%
Sex of the respondent:	Male	15,0%	70,7%	11,3%		3,0%
	Female	16,2%	72,3%	7,5%	0,6%	3,4%
Education of the respondent:	Secondary incomplete	15,5%	76,8%	5,8%		1,9%
	Secondary general	18,0%	71,4%	5,3%		5,3%
	Secondary vocational	15,0%	71,7%	11,0%	1,6%	0,8%
	Higher	15,6%	68,9%	10,4%	0,5%	4,7%
Number of members in the household:	One member	19,7%	72,7%	6,1%		1,5%
	2 members	17,0%	74,5%	7,2%		1,3%
	3 members	15,5%	65,9%	9,3%	0,8%	8,5%
	4 members	12,4%	72,4%	10,3%	1,4%	3,4%
	5 members	17,2%	73,9%	7,5%		1,5%
Status of the respondent:	Active	15,0%	69,4%	11,6%	0,6%	3,5%
	Inactive	8,8%	78,0%	7,7%	1,1%	4,4%
	Retired	20,7%	70,9%	6,6%		1,8%
	Disabilities	12,5%	84,4%	3,1%		
	Housewife	14,4%	69,2%	8,7%	1,0%	6,7%
Language of communication:	Moldavian / Romanian	15,9%	72,4%	8,7%	0,6%	2,4%
	Russian / other	16,0%	70,2%	6,9%		6,9%
Need for the ambulance:	Adult	15,8%	71,9%	8,6%	0,7%	2,9%
	Child	10,4%	69,6%	11,2%	0,8%	8,0%
	Elderly	19,2%	73,2%	6,3%		1,3%
Socio-economic level:	Low level	20,6%	73,1%	5,4%		0,9%
	Median level	15,6%	76,0%	5,2%	0,5%	2,6%
	High level	11,3%	67,0%	14,2%	0,9%	6,6%
Area of residence:	Urban	13,8%	68,1%	12,7%	0,4%	5,0%
	Rural	17,4%	74,7%	5,2%	0,5%	2,2%
Region:	Chisinau	9,6%	68,1%	15,6%	0,7%	5,9%
	Balti	20,8%	58,3%	16,7%		4,2%
	North	11,1%	81,7%	3,9%	1,3%	2,0%
	Center	21,9%	69,4%	6,6%		2,2%
	South	18,9%	70,5%	6,8%		3,8%

Table A34. Have you felt somehow treated differently / discriminated by the staff of the emergency medical service (ambulance)?

		Yes	No	I don't know / No answer
Total		6,0%	93,0%	1,0%
Age of the respondent:	**18-19 years**	10,3%	89,7%	
	30-44 years	8,2%	90,7%	1,1%
	45-59 years	3,6%	95,7%	0,7%
	60 + years	4,4%	94,1%	1,5%
Sex of the respondent:	**Male**	7,0%	93,0%	
	Female	5,8%	93,0%	1,2%
Studies of the respondent:	**Secondary incomplete**	5,0%	93,3%	1,8%
	Secondary general	6,1%	93,0%	0,8%
	Secondary vocational	7,4%	92,3%	0,4%
	Higher	5,8%	93,2%	1,0%
Number of members in the household:	**One member**	4,8%	93,5%	1,8%
	2 members	3,2%	95,9%	0,9%
	3 members	6,7%	93,3%	
	4 members	7,9%	90,7%	1,4%
	5 members	8,1%	91,1%	0,8%
Status of the respondent:	**Active**	7,4%	91,1%	1,5%
	Inactive	4,1%	95,9%	
	Retired	4,5%	94,3%	1,2%
	Disabilities	5,3%	94,7%	
	Housewife	9,8%	89,7%	0,6%
Language of communication:	**Moldavian / Romanian**	6,3%	92,6%	1,1%
	Russian / other	5,2%	94,2%	0,6%
Need for the ambulance:	**Adult**	6,9%	92,4%	0,7%
	Child	6,0%	93,1%	0,9%
	Elderly	5,1%	93,6%	1,3%
Socio-economic level:	**Low level**	5,8%	92,7%	1,5%
	Median level	5,5%	93,7%	0,8%
	High level	6,7%	92,5%	0,7%
Area of residence:	**Urban**	8,8%	90,5%	0,7%
	Rural	3,8%	95,0%	1,2%
Region:	**Chisinau**	9,5%	89,7%	0,8%
	Balti		98,1%	1,9%
	North	4,7%	94,6%	0,7%
	Center	7,2%	91,4%	1,4%
	South	4,1%	95,2%	0,7%

Table A35. Tell me please, was the patient taken to hospital by ambulance?

		Yes	No	I don't know / No answer
Total		51,2%	48,1%	0,7%
Age of the respondent:	**18-19 years**	61,5%	37,4%	1,0%
	30-44 years	53,4%	45,5%	1,1%
	45-59 years	48,7%	51,3%	
	60 + years	47,0%	52,1%	0,8%
Sex of the respondent:	**Male**	51,6%	47,3%	1,2%
	Female	51,1%	48,3%	0,6%
Studies of the respondent:	**Secondary incomplete**	55,0%	44,7%	0,4%
	Secondary general	54,5%	44,3%	1,2%
	Secondary vocational	44,6%	54,7%	0,7%
	Higher	51,2%	48,1%	0,7%
Number of members in the household:	**One member**	39,3%	60,1%	0,6%
	2 members	48,4%	50,9%	0,6%
	3 members	57,3%	41,8%	0,9%
	4 members	51,8%	47,1%	1,1%
	5 members	56,8%	42,8%	0,4%
Status of the respondent:	**Active**	51,3%	47,5%	1,2%
	Inactive	53,5%	46,5%	
	Retired	46,6%	52,8%	0,6%
	Disabilities	56,1%	43,9%	
	Housewife	59,8%	39,1%	1,1%
Language of communication:	**Moldavian / Romanian**	54,1%	45,2%	0,7%
	Russian / other	42,4%	56,6%	1,0%
Need for the ambulance:	**Adult**	51,5%	48,0%	0,6%
	Child	57,6%	41,5%	0,9%
	Elderly	47,9%	51,3%	0,9%
Socio-economic level:	**Low level**	54,1%	44,9%	1,0%
	Median level	48,4%	50,9%	0,8%
	High level	51,0%	48,6%	0,5%
Area of residence:	**Urban**	46,4%	52,3%	1,3%
	Rural	55,2%	44,5%	0,3%
Region:	**Chisinau**	55,8%	42,1%	2,1%
	Balti	45,3%	54,7%	
	North	51,3%	48,0%	0,7%
	Center	50,6%	49,2%	0,3%
	South	48,9%	50,7%	0,4%

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