

Question

Answer

1.1.1.1 Has an assessment[4] of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out?

Yes

[4] While an assessment and revision of national legislation for IHR implementation is not explicitly required in the IHR, it has been strongly urged by the WHA, and advised in WHO guidance documents. For detailed information, see Section I.2 of the WHO Toolkit for IHR Implementation in National Legislation at http://www.who.int/ihr/3._Part_I_Questions_and_Answers.pdf Moreover, as technical capacities and national governance and legal contexts have evolved since entry into force of the IHR in 2007, an assessment of this period is advisable. For advantages and benefits of revising legislation, laws, regulations, administrative requirements, policies or other government instruments, see paragraph 4 on Page 14 of this document.

1.1.1.2 Have recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments been implemented?

Yes

1.1.1.3 Has a review of national policies to facilitate IHR NFP functions and IHR technical core capacities[5] been carried out?

Yes

[5] Technical core capacities include surveillance, response, preparedness, risk communication, human resources and laboratory.

1.1.1.4 Have policies to facilitate IHR NFP core and expanded[6] functions and to strengthen core capacities been implemented?

Yes

[6] In addition to coordination and communications, expanded roles of the IHR NFP (see Toolkit for Implementation in national legislation, section 2.5 Functions of the NFP at http://www.who.int/ihr/NFP_Toolkit.pdf) include risk assessment, core capacity development, advocacy etc.

1.1.1.5 Are key elements of national/domestic IHR-related legislation published[7]?

Yes

[7] WHO does not endorse or recommend specific legislation. For information purposes, WHO publishes a compilation of national IHR-Related legislation adopted by States Parties on its web site http://www.who.int/ihr/7._Part_III_Compilation_of_examples_of_national_LEGISLATION.pdf. Other relevant documents and materials are available to download on the WHO IHR website, at: http://www.who.int/ihr/legal_issues/legislation/en/index.html.

Please provide the URL link(s) to any relevant documentation: Link/url

<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353754>,
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350833>,
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350538>

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Question	Answer
<p>2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?</p>	Yes
<p>2.1.1.2 Are Standard Operating Procedures (SOP)[12] or equivalent available for coordination between IHR NFP and relevant sectors? [12] SOPs should detail the ToR, roles and responsibilities of the IHR NFP, implementing structures, various administrative levels, and stakeholders in the implementation of the IHR established, and should be disseminated to all relevant stakeholders.</p>	Yes
<p>2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce [13] in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern? [13] Countries decide who will chair this committee or taskforce, but it should include participation of the national IHR NFP in meetings and decision making processes.</p>	Yes
<p>2.1.1.4a Have multisectoral and multidisciplinary coordination and communication mechanisms been updated regularly?</p>	Yes
<p>2.1.1.4b Have multisectoral and multidisciplinary coordination and communication mechanisms been tested through exercises or through the occurrence of an actual event?</p>	Yes
<p>2.1.1.5 Have action plans been developed to incorporate lessons learnt of multisectoral and multidisciplinary coordination and communication mechanisms?</p>	Yes
<p>2.1.1.6 Are annual updates conducted on the status of IHR implementation to stakeholders across all relevant sectors?</p>	Yes
<p>2.1.2.1 Has the IHR NFP[14] been established? [14] The IHR NFP should have been established (as of 2007) with the following mandatory elements for all Member States:--24/7 availability for communications with WHO--Send urgent communications regarding IHR to WHO--Collect information from all relevant sectors to send to WHO under IHR WHO (Arts. 5-12)--Disseminate urgent IHR info from WHO to relevant government sectors etc.--Functional Communications channels with all sectors, decision-maker(s) --Communications with competent authorities on health measures implemented</p>	Yes
<p>2.1.2.2 Does the IHR NFP provide WHO with updated contact information and annual confirmation of the IHR NFP?</p>	Yes
<p>2.1.2.3 Have any additional roles[15] and responsibilities for the IHR NFP functions been implemented? [15] For suggestions on additional roles of the IHR NFP, see http://www.who.int/ihr/elibrary/legal/en/index.html</p>	Yes
<p>2.1.2.4 Have functions of the IHR-NFP been evaluated for effectiveness (e.g. empowerment, timeliness, transparency, appropriateness of communication)?</p>	Yes

2.1.2.5 Have national stakeholders[16] responsible for the implementation of IHR been identified? Yes

[16] Stakeholders are any groups, organizations, or systems who can help affects or can be affected by a public health event. These include relevant sectors, various levels and non-governmental organizations working within State Parties

2.1.2.6 Has information on obligations[17] of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders? No

[17] Member States need to fulfil all IHR obligations unless an exception or discretion applies.

2.1.2.7a Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined? Yes

2.1.2.7b Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been disseminated? Yes

2.1.2.8 Have plans to sensitize stakeholders to their roles and responsibilities been implemented [18]? Yes

[18] This question refers to activities carried out to increase the awareness of the IHR with stakeholders including with Ministries and partners.

2.1.2.9 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource[19]? Yes

[19] i.e. used at least monthly

2.1.2.10 Has an active[20] IHR website or webpage been established? Yes

[20] Active means that the website is regularly reviewed and updated, with timely information.

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary)

Question	Answer
<p>3.1.1.1 Is there a list of priority diseases[25], conditions and case definitions for surveillance? [25] Priority diseases are those with the highest public health significance as defined by the country and should include the diseases in Annex 2 of IHR</p>	Yes
<p>3.1.1.2 Is there a specific unit(s) designated for surveillance of public health risks?</p>	Yes
<p>3.1.1.3 Are surveillance data on epidemic prone and priority diseases analysed at least weekly at national and sub-national levels?</p>	Yes
<p>3.1.1.4 Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?</p>	Yes
<p>3.1.1.5 Is there timely[26] reporting from at least 80% of all reporting units? [26] as defined by country standards</p>	Yes
<p>3.1.1.6 Are deviations or values exceeding thresholds detected and used for action at the primary public health response level[27]? [27] e.g. documented investigations of outbreaks into actual disease situation other than AFP</p>	Yes
<p>3.1.1.7 Has regular[28] feedback[29] of surveillance results been disseminated to all levels and other relevant stakeholders? [28] As defined by country [29] e.g. Epi bulletins, electronic summaries, newsletters, surveillance reports, etc.</p>	Yes
<p>3.1.1.8a Have evaluations of the early warning function of the indicator based surveillance been carried out?</p>	Yes
<p>3.1.1.8b Have country experiences, findings, lessons learnt on indicator based surveillance been shared with the global community?</p>	Yes

Question	Answer
<p>3.2.1.1 Has a unit(s) responsible for event-based surveillance[31] been identified?</p>	Yes
<p>[31] This may be part of the existing routine surveillance system</p>	
<p>3.2.1.2 Are country SOPs and/or guidelines for event based surveillance[32] available?</p>	Yes
<p>[32] Covers event capture, reporting, epidemiological confirmation, assessment and notification as appropriate.</p>	
<p>3.2.1.3 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented?</p>	Yes
<p>3.2.1.4 Have information sources[33] for public health events[34] and risks been identified?</p>	Yes
<p>[33] Sources of information could include health sources such as poison centres, some veterinary and animal health sources, environmental health services, pharmaco-vigilance centres, quarantine service, sanitation agencies and associated laboratories (water, food, environmental monitoring, etc.), food safety Authorities/agencies, health inspection agencies (restaurants, hotels, buildings), water supply companies, competent authorities at PoE. non-health sources- radiation protection offices, radiological monitoring services, nuclear regulatory bodies, consumer protection groups, political sources, NGOs, embassies, military, prisons, media, published sources (internet, academic press)or community based sources. Other sources may reflect the impact of health events, for example pharmacies to monitor drug consumption patterns, schools to monitor student absenteeism, metrological centres to monitor effects of weather changes (rainfall, temperatures) etc.</p>	
<p>[34] Includes events related to the occurrence of disease in humans, such as clustered cases of a disease or syndromes, unusual disease patterns or unexpected deaths as recognized by health workers and other key informants in the country; and events related to potential exposure for humans</p>	
<p>3.2.1.5 Is there a system or mechanism in place at national and/or sub-national levels for capturing public health events from a variety of sources [35]?</p>	Yes
<p>[35] e.g. including veterinary, media (print, broadcast, community, electronic, internet etc.)</p>	
<p>3.2.1.6 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members on the detection and reporting of unusual health events?</p>	Yes
<p>3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?</p>	Yes
<p>3.2.1.8a Are country experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance documented?</p>	Yes
<p>3.2.1.8b Are country experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance, shared with the global community?</p>	Yes

- 3.2.1.9 Are there arrangements with neighbouring countries to share data on surveillance and the control of public health events that may be of international concern? Yes
- 3.2.1.10 Is the decision instrument in Annex 2 of the IHR used to notify WHO? Yes
- 3.2.1.11 Have all of events that meet the criteria for notification under Annex 2 of IHR been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments[36] over the last 12 months? Yes
 [36] Risk assessment can be carried out at various levels (national or sub-national) depending on national structure.
- 3.2.1.11b If No, what % of events that meet the criteria for notification under Annex 2 of IHR has been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments[37] over the last 12 months [37] No Answer
 Risk assessment can be carried out at various levels (national or sub-national) depending on national structure.
- 3.2.1.12 Have all events identified as urgent[38] within the last 12 months been assessed[39] within 48 hours of reporting? Yes
 [38] "For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread" and [39] Risk assessment can be carried out at various levels (national or levels below the national level) depending on national structure.
- 3.2.1.12b If No, what % of events identified as urgent within the last 12 months have been assessed within 48 hours of reporting? No Answer
- 3.2.1.13 Has the IHR NFP responded to all verification requests from WHO within 24 hours in the last 12 months? Yes
- 3.2.1.13b If No, what % of verification requests from WHO has the IHR NFP responded to within 24 hours in the last 12 months? No Answer
- 3.2.1.14a Has the use of the decision instrument been reviewed? Yes
- 3.2.1.14b Have the procedures for decision making been updated on the basis of lessons learnt? Yes
- 3.2.1.15a Are country experiences and findings in notification and use of Annex 2 of the IHR documented? Yes
- 3.2.1.15b Are country experiences and findings in notification and use of Annex 2 of the IHR shared globally? Yes

Please provide the URL link(s) to any relevant documentation: Link/url

<http://www.phe.gov/Preparedness/international/Pages/orbitforum.aspx>;;
[http://www.unog.ch/80256EDD006B8954/\(httpAssets\)/09D2C35296F6B4D3C125796C002FCC0D/\\$file/BWC_CBM_2011_Moldova.pdf](http://www.unog.ch/80256EDD006B8954/(httpAssets)/09D2C35296F6B4D3C125796C002FCC0D/$file/BWC_CBM_2011_Moldova.pdf);
[http://www.unog.ch/80256EDD006B8954/\(httpAssets\)/131147208B2700CCC1257](http://www.unog.ch/80256EDD006B8954/(httpAssets)/131147208B2700CCC1257)

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3.2.1.2 National SOP and specific intervention plan for management of public health events produced by biological and radiological factors are developed and approved. It is necessary to strengthen the system of early detection and response to public health emergencies with development of specific procedure in line with WHO recommendations;

3.2.1.7 Are implemented partialy. Last three years the community/primary response level reporting has been evaluated in 21 from 37 territories. The NFP developed standard evaluation tool for community/primary response level reporting.

Question	Answer
4.1.1.1 Are resources for rapid response during public health emergencies of national or international concern accessible?	Yes
4.1.1.2 Have public health emergency response management procedures been established for command, communications and control during public health emergency response operations?	Yes
4.1.1.3 Is there a functional, dedicated command and control operations centre in place?	Yes
4.1.1.4 Have emergency response management procedures (including mechanism to activate response plan) been implemented for a real or simulated public health response in the last 12 months?	Yes
4.1.1.5a Have emergency response management procedures (including mechanism to activate response plan) been evaluated after a real or simulated public health response?	Yes
4.1.1.5b Have emergency response management procedures been updated after a real or simulated public health response?	Yes
4.1.1.6 Are there Rapid Response Teams[41] (RRTs) to respond to events that may constitute a public health emergency? [41] RRT is a group of :multisectoral/multidisciplinary persons that are ready to respond on a 24 hour basis (Annex 1A, Article 6h) to a public health event; trained in outbreak investigation and control, infection control and decontamination, social mobilization and communication, specimen collection and transportation, chemical event investigation and management and if applicable, radiation event investigation and management. The composition of the team is determined by the country concerned.	Yes
4.1.1.7 Are there SOPs and/or guidelines available for the deployment of RRT members?	Yes
4.1.1.8 Have staff been trained (including RRT members) been trained in specimen collection and transport?	Yes
4.1.1.9 Are there case management guidelines for priority conditions?	Yes
4.1.1.10 Are evaluations of response (including the timeliness[42] and quality of response) systematically carried out? [42] Timeliness here is the time between detection of the event and initiation of a recommended response	No
4.1.1.11 Can multidisciplinary RRT be deployed within 48 hrs[43] from the first report of an urgent[44] event? [43] Response to some hazards may require a more timely response than 48 hours. [44] For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.	Yes

4.1.1.12 Has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?

No

Question	Answer
4.2.1.1 Has responsibility been assigned for surveillance of health-care-associated infections within the country?	Yes
4.2.1.2 Has responsibility been assigned for surveillance of anti-microbial resistance within the country?	Yes
4.2.1.3 Is a national infection prevention and control policy or operational plan available?	Yes
4.2.1.4 Are SOP's, guidelines and protocols for IPC available to hospitals?	Yes
4.2.1.5 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation[46] precautions according to national or international guidelines? [46] Isolation structure includes: designated area (e.g., single room or ward), adequate number of staff and appropriate equipment for management of infectious risks.	Yes
4.2.1.6 Are there qualified IPC professionals in place in all tertiary hospitals?	Yes
4.2.1.7 Are defined norms or guidelines developed for protecting health-care workers[47]? [47] from health-care associated infections	Yes
4.2.1.8 Have infection control plans been implemented nationwide?	Yes
4.2.1.9 Is there surveillance within high risk groups[48] to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers? [48] High risk groups include intensive care unit patients, neonates, immunosuppressed patients, emergency department patients with unusual infections, etc.	Yes
4.2.1.10 Are infection control measures and the effectiveness regularly evaluated and published?	Yes
4.2.1.11 Has a monitoring system for antimicrobial resistance been established?	No
4.2.1.12a Has a functional monitoring system for antimicrobial resistance been implemented?	Yes
4.2.1.12b Are data available on the magnitude and trends of antimicrobial resistance?	Yes

4.2.1.13 Has a national programme^[49] for protecting health care workers been implemented?

Yes

[49] This would include preventive measures and treatment offered to health care workers; e.g. Influenza or hepatitis vaccine programme for health care workers, PPE. Occupational health and medical surveillance Programs for employees to identify potential "Laboratory Acquired Infections" among staff, or the monitoring of accidents, incidents or injuries (outbreaks caused by LAIs).

Please provide the URL link(s) to any relevant documentation: Link/url

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4.1.1.10 The complex evaluations of response including the timeliness and quality of response are not systematically carried out. Annually the national laboratory network for observation and control, RRT (health and veterinarian sectors, others) are tested table top and drills.

4.2.1.2 The responsibility for surveillance of antimicrobial resistance has been assigned but the surveillance system is underdeveloped.

Question	Answer
<p>5.1.1.1 Has an assessment[51]of the capacity of existing national structures and resources to meet IHR core capacity requirements been conducted? [51] i.e. mapping of local infrastructure, PoE, health facilities, major equipment and supplies, staff, funding sources, experts, equipment, laboratories, institutions, NGOs to assist with community-level work, and transport.</p>	No
<p>5.1.1.2 Has a national plan[52] to meet the IHR core capacity requirements been developed? [52] As appropriate for country context (federal vs. central government)</p>	Yes
<p>5.1.1.3 Does the national public health emergency response plan incorporate IHR related hazards and PoE?</p>	Yes
<p>5.1.1.4a Have national public health emergency response plan(s) been implemented/tested in an actual emergency or simulation exercises?</p>	Yes
<p>5.1.1.4b Have national public health emergency response plan(s) been updated as needed?</p>	Yes
<p>5.1.1.5 Are procedures, plans or strategies in place to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?</p>	Yes
<p>5.1.1.6 Have procedures, plans or strategy been implemented to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?</p>	No
<p>5.1.1.7 Have procedures, plans or strategy to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level been reviewed and updated as needed?</p>	Yes
<p>5.1.1.8 Is surge capacity to respond to public health emergencies of national and international concern available?</p>	No
<p>5.1.1.9 Has the adequacy of surge capacity to respond to public health emergencies of national and international concern been tested through an exercise or actual event (e.g. as part of the response plans)?</p>	No
<p>5.1.1.10a Have country experiences and findings on emergency response and in mobilizing surge capacity, been documented?</p>	No
<p>5.1.1.10b Have country experiences and findings on emergency response and in mobilizing surge capacity, been shared with the global community?</p>	No

Question

Answer

5.2.1.1 Is a directory or list of experts in health and other sectors to support a response to IHR-related hazards available?

Yes

5.2.1.2 Has a national risk assessment[53] to identify potential ‘urgent public health event[54], and the most likely sources of these events been conducted?

Yes

[53] Assessment to examine various hazards, disease outbreak patterns, local disease transmission patterns, contaminated food or water sources, etc. [54] "…criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread"

5.2.1.3 Have national resources been mapped[55] for IHR relevant hazards and priority risks?

No

[55] See footnote 51 above

5.2.1.4 Have national profiles on risks and resources been developed?

No

5.2.1.5 Is the national risk profile assessed regularly to accommodate emerging threats?

No

5.2.1.6 Are the national resources for priority risks assessed regularly to accommodate emerging threats?

No

5.2.1.7 Is a plan for management and distribution of national stockpiles available[56]?

No

[56] Rotation of stocks, proper storage conditions for various drugs, distribution to pharmacies and hospitals around the country

5.2.1.8 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?

No

5.2.1.9 Does the country contribute to international stockpiles[57]?

No

[57] International stockpiles include both routine stockpiles and stockpiles in response to a real outbreak.

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Question	Answer
6.1.1.1 Have risk communication partners and stakeholders been identified?	Yes
6.1.1.2 Has a risk communication plan[58] been developed? [58] Plan includes inventory of communication partners, focal points, stakeholders and their capacities in the country	Yes
6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?	No
6.1.1.4 Are policies, SOPs or guidelines developed on the clearance[59] and release of information during a public health emergency? [59] Procedures in place for clearance by scientific, technical and communications staff before information is released during public health events	No
6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination[60]? [60] This may include website/webpage (national level), community meetings, radio broadcasts nationally as appropriate etc.	Yes
6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population[61]? [61] The views and perceptions of individuals, partners and communities affected by public health emergencies should be systematically taken into account; this includes vulnerable, minority, disadvantaged or other at-risk populations.	No
6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?	Yes
6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency[62] and appropriateness of communications? [62] Transparency here implies openness, communication and accountability, i.e. all information about public health risk is open and freely available.	Yes
6.1.1.9 Have the results of evaluations been used to update risk communication plan?	No
6.1.1.10 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?	No

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Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Core Capacity: 7. Human Resource Capacity

2014

Component: 7.1 Human Resource Capacity

Republic of Moldova

Indicator: 7.1.1 Human resources available to implement IHR Core Capacity requirements

[RETURN](#)

Question

Answer

7.1.1.1 Has a unit that is responsible for the development of human resource capacities including for the IHR been identified?

No

7.1.1.2 Has a needs assessment been conducted to identify gaps in human resources and training[63] to meet IHR requirements?

No

[63] Assessment of training needs includes circulating a questionnaire, a consensus of experts, a systematic review or other appropriate measures.

7.1.1.3 Does a workforce development or training plan that includes human resource requirements for IHR exist?

Yes

7.1.1.4 Is progress for meeting workforce numbers and skills consistent with milestones set in the training plan?

No

7.1.1.5 Has a plan or strategy been developed to access field epidemiology training (one year or more) in-country, regionally or internationally?

No

7.1.1.6 Has the plan or strategy to access field epidemiology training (one year or more) in-country, regionally or internationally been implemented?

No

7.1.1.7 Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?

No

Please provide the URL link(s) to any relevant documentation: Link/url

<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337896>

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

7.1.1.1 For development of human resource capacities there are distributed by different institutions (university and post university training modules). There were developed and implemented training modules on IHR for health sector, customs and border police, etc. 7.1.1.7. There were developed specific training programs without supplement allocated budgets.

Question	Answer
8.1.1.1 Is there a policy to ensure the quality of laboratory diagnostic capacities (e.g. licensing, accreditation, etc.)?	Yes
8.1.1.2 Are national laboratory quality standards/guidelines available?	Yes
8.1.1.3 Does your country have access to networks of international laboratories to meet diagnostic and confirmatory laboratory requirements, and support outbreak investigations for events specified in Annex 2 of IHR?	Yes
8.1.1.4 Is there national laboratory capacity to meet diagnostic and confirmatory laboratory requirements for priority diseases?	Yes
8.1.1.5a Is an up to date inventory of public and private laboratories[65] with relevant diagnostic capacity available? [65] with their corresponding capacities	Yes
8.1.1.5b Is the inventory of public and private laboratories accessible?	Yes
8.1.1.6 Do national reference laboratories participate successfully[66] in External Quality Assessment schemes for major public health disciplines[67] for diagnostic laboratories? [66] "Successfully" means to meet relevant standards as defined by the EQA organizer. [67] E.g. virology, microbiology, immunology etc.	No
8.1.1.7 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national reference laboratories for examination?	Yes
8.1.1.8 Are all national reference laboratories accredited to international standards[68] or to national standards adapted from international standards? [68] International standards: ISO 9001, ISO 17025, ISO 15189, WHO polio, measles, etc.	Yes
8.1.1.9 Are national regulations compatible with international guidelines implemented, for the packaging and transport of clinical specimens?	Yes
8.1.1.10 Is there a functional[69] system for collection, packaging and transport of clinical specimens? [69] Proper samples collected and stored in good conditions, and sent to appropriate laboratories in a timely manner.	Yes
8.1.1.11 Have sample collection and transportation kits been pre-positioned at appropriate levels for immediate mobilization during a PH event?	Yes
8.1.1.12 Has staff at national or relevant levels been trained for the safe shipment of infectious substances according to international standards (ICAO/IATA)?	Yes
8.1.1.13 Do the processes for shipment of infectious substances when investigating an urgent public health event consistently meet ICAO/IATA standards?	Yes

8.1.1.14 Can clinical specimens from investigation of urgent public health events be delivered for testing to appropriate national or international reference laboratories within the appropriate timeframe^[70] of collection?
[70] In accordance with national or international standards.

Yes

8.1.1.15 Have at least 10 hazardous specimen per year been shipped internationally to a collaborating laboratory as part of an investigation or exercise?

No

Question	Answer
8.2.1.1 Are biosafety guidelines accessible to laboratories?	Yes
8.2.1.2 Are regulations, policies or strategies[72] for laboratory biosafety available?	Yes
<p>[72] This includes local policies or regulations to protect laboratory workers (e.g. immunization, emergency antiviral therapy, specific measures for pregnant women, etc.) and strategies/guidance for the management and disposal of hazardous substances.</p>	
8.2.1.3 Has a responsible entity[73] been designated for laboratory biosafety and laboratory biosecurity?	Yes
<p>[73] This could be an expert group, committee, or institution.</p>	
8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?	Yes
8.2.1.5 Has an institution or person[74] responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements been identified?	Yes
<p>[74] With allocated resources, SOPs etc.</p>	
8.2.1.6 Has a biorisk[75] assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?	Yes
<p>[75] Biorisks are risks posed by the handling, manipulation, storage, and disposal of infectious substance.</p>	
<p>Please provide the URL link(s) to any relevant documentation: Link/url</p>	
<p>Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary)</p>	<p>.1.1.5 The evaluation of laboratory capacity and accessibility were provided for public health laboratories network in the context of PHS regionalization. 8.1.1.3 It was nominated Reference Laboratories for Polio, Measles and Rubella, HIV/AIDS and hepatitis B, C, influenza</p>

Question	Answer
9.1.1.1 Have priority conditions[77] for surveillance at designated PoE been identified? [77] As defined by countries.	No
9.1.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?	Yes
9.1.1.3 Has a review meeting (or other appropriate method) to designate PoE been held?	Yes
9.1.1.4 Have ports/airports/ground crossings been designated for development of capacities as specified in Annex 1 of the IHR?	Yes
Ports 9.1.1.5 Please indicate the number of Designated PoE.	1
Airports 9.1.1.5 Please indicate the number of Designated PoE.	1
Ground Crossings 9.1.1.5 Please indicate the number of Designated PoE.	4
Ports 9.1.1.6 Please indicate the number of designated PoE that ‘Competent authority[78], been identified[79]	1

Please send an updated list of the names of designated Points of Entry (Ports, airports and ground crossing as applicable) and designated PoE for which ‘Competent authority' been identified, via email to ihrpag@who.int or fax to +41227914667.

[78] Please include Name, type of PoE (e.g. port, airport etc.), competent authority, address, phone, email, fax, Date and list of designated PoE, Date and number of designated PoE assessed and WHO certification (names of PoE)

[79] And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)

Airports

9.1.1.6 Please indicate the number of designated PoE that
‘Competent authority'[78], been identified[79]

Please send an updated list of the names of designated Points of Entry (Ports, airports and ground crossing as applicable) and designated PoE for which ‘Competent authority' been identified, via email to ihrpag@who.int or fax to +41227914667.

[78] Please include Name, type of PoE (e.g. port, airport etc.), competent authority, address, phone, email, fax, Date and list of designated PoE, Date and number of designated PoE assessed and WHO certification (names of PoE)

[79] And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)

Ground Crossings 9.1.1.6 Please indicate the number of designated PoE that ‘Competent authority'[78], been identified[79] Please send an updated list of the names of designated Points of Entry (Ports, airports and ground crossing as applicable) and designated PoE for which ‘Competent authority' been identified, via email to ihrpag@who.int or fax to +41227914667. [78] Please include Name, type of PoE (e.g. port, airport etc.), competent authority, address, phone, email, fax, Date and list of designated PoE, Date and number of designated PoE assessed and WHO certification (names of PoE) [79] And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)

4

9.1.1.7 Has a list of ports[80] authorized to offer ship sanitation certificates been sent to WHO (as specified in Article 20, No.3) if applicable?

Yes

If no, please send a list of authorized ports and include the ISO, LOCODE, SSCC, SSCEC and Extension for each designated PoE via email to ihrpag@who.int or fax to +41227914667. [80] Please include the LOCODE, SSCC, SSCEC and Extension for each designated PoE and attach a list of authorized ports.

9.1.1.8 Have relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments to facilitate IHR implementation at designated PoE been updated as needed?

Yes

9.1.1.9 Have updated IHR health documents[81] been implemented at designated PoE(s)?

Yes

[81] International certificate of vaccination or prophylaxis, the Ship Sanitation Control Certificate, the Maritime declaration of Health, and the health part of the Aircraft General Declaration.

9.1.1.10 Have designated PoE been assessed[82] ? [82] e.g. with PoE core capacities assessment tool and excel spread sheet http://www.who.int/ihr/ports_airports/PoE/en/index.html	Yes
Ports 9.1.1.11 Please indicate the number of designated PoE that have been assessed	1
(please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)	
Airports 9.1.1.11 Please indicate the number of designated PoE that have been assessed	1
(please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)	
Ground Crossings 9.1.1.11 Please indicate the number of designated PoE that have been assessed (please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)	4
Ports 9.1.1.12 Please indicate the number of designated PoE with joint designation between countries for core capacity development	0
Please send an updated list of the names of designated PoEs that have been assessed and PoEs with joint designation between countries for core capacity development, via email to ihrpag@who.int or fax to +41227914667.	
Airports 9.1.1.12 Please indicate the number of designated PoE with joint designation between countries for core capacity development	0
Please send an updated list of the names of designated PoEs that have been assessed and PoEs with joint designation between countries for core capacity development, via email to ihrpag@who.int or fax to +41227914667.	
Ground Crossings 9.1.1.12 Please indicate the number of designated PoE with joint designation between countries for core capacity development Please send an updated list of the names of designated PoEs that have been assessed and PoEs with joint designation between countries for core capacity development, via email to ihrpag@who.int or fax to +41227914667.	0

Ports**1**

9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83]

[83] National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels, Direct operational link with other senior health officials, Communication link with conveyance operators, Communication link with travellers for health related information, Communication link with service providers, Communication mechanism for the dissemination of information and recommendations received from WHO, International communication link with competent authorities at other points of entry

Airports**1**

9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83]

[83] National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels, Direct operational link with other senior health officials, Communication link with conveyance operators, Communication link with travellers for health related information, Communication link with service providers, Communication mechanism for the dissemination of information and recommendations received from WHO, International communication link with competent authorities at other points of entry

Ground Crossings 9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83] [83] National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels, Direct operational link with other senior health officials, Communication link with conveyance operators, Communication link with travellers for health related information, Communication link with service providers, Communication mechanism for the dissemination of information and recommendations received from WHO, International communication link with competent authorities at other points of entry

4

9.1.1.14 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?	Yes
9.1.1.15a Are procedures in place for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels?	Yes
9.1.11.15b Have procedures for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels been tested?	No
9.1.1.16a Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been tested?	No
9.1.1.16b Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been updated as needed?	No
9.1.1.17 Have bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at designated PoE been established?	No Answer

Question	Answer
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Ports	1
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9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1b, 1a)

Airports	1
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9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1b, 1a)

Ground Crossings	4
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9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1b, 1a)

Ports	1
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9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

Airports	1
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9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

Ground Crossings	4
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9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

Ports	1
-------	---

9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities[86] is functioning

[86] Including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk are, as appropriate

Airports

9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities[86] is functioning

1

[86] Including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk are, as appropriate

Ground Crossings 9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities [86] is functioning [86] Including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk are, as appropriate

2**Ports**

9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry

1**Airports**

9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry

1

Ground Crossings 9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry

3**Ports**

9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances

1**Airports**

9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances

1

Ground Crossings 9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances

4

9.2.1.6a Has a review of surveillance of health threats at designated PoE been carried out in the last 12 months?

No

9.2.1.6b Have results from review of surveillance of health threats at designated PoE been published[87]?

No

[87] Published here means available in a public domain with URL or reference.

Question

Answer

9.3.1.1 Are SOPs for response at designated PoE available?

Yes

Ports

1

9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

Airports

1

9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

Ground Crossings 9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

4

Ports

0

9.3.1.3 Please indicate the number of designated PoE (by type) that have public health emergency contingency plans tested and updated as needed

Airports

1

9.3.1.3 Please indicate the number of designated PoE (by type) that have public health emergency contingency plans tested and updated as needed

Ground Crossings 9.3.1.3 Please indicate the number of designated PoE (by type) that have public health emergency contingency plans tested and updated as needed

0

Ports

1

9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)

Airports

1

9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)

Ground Crossings 9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)

4

Ports**1**

9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travellers, and care for affected travellers or animals [88](Annex 1B, 2b and 2d)

[88] By establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.

Airports**1**

9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travellers, and care for affected travellers or animals [88](Annex 1B, 2b and 2d)

[88] By establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.

Ground Crossings 9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travellers, and care for affected travellers or animals [88](Annex 1B, 2b and 2d)

3

[88] By establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.

Ports 1
9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travellers and other recommended public health measures[89]

[89] Include entry or exit controls for arriving and departing travellers, and measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specifically designated and equipped for this purpose.

Airports 1
9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travellers and other recommended public health measures[89]

[89] Include entry or exit controls for arriving and departing travellers, and measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specifically designated and equipped for this purpose.

Ground Crossings 9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travellers and other recommended public health measures[89] 4
[89] Include entry or exit controls for arriving and departing travellers, and measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specifically designated and equipped for this purpose.

Ports 1
9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travellers who may carry infection or contamination available at designated PoE

Airports**1**

9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travellers who may carry infection or contamination available at designated PoE

Ground Crossings 9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travellers who may carry infection or contamination available at designated PoE

0

9.3.1.8a Has the effectiveness of response to PH events at PoE been evaluated?

No

9.3.1.8b Are results of the evaluation of effectiveness of response to PH events at PoE published?

No

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert comments or list any activities that the country has conducted at designated Points of Entry, and that are not reflected in this questionnaire.

Kindly mention the assessment of any designated PoE and the tools used to conduct the assessment:

Question	Answer
<p>10.1.1.1 Does coordination exist within the responsible government authority (ies) for the detection of and response[90] to zoonotic events? [90] Note that coordination for surveillance and coordination for response may be the responsibility of different authorities.</p>	Yes
<p>10.1.1.2 Is there a national policy, strategy or plan in place for the surveillance and response to zoonotic events?</p>	Yes
<p>10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination[91] with the MoH and/or IHR NFP [92]? [91] Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity [92] This coordination will include information sharing, meetings, SOPs developed for collaborative response, etc.</p>	Yes
<p>10.1.1.4 Have functional mechanisms[93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established? [93] This involves a joint working group or other mechanism between the animal health and human health surveillance systems and all other relevant sectors meeting regularly, with joint risk assessments, risk communications, planning, monitoring and documented procedures.</p>	Yes
<p>10.1.1.5 Is a list of priority zoonotic diseases with case definitions available?</p>	Yes
<p>10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?</p>	Yes
<p>10.1.1.7 Is there timely[94] and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events? [94] Timeliness is judged and determined by each country.</p>	Yes
<p>10.1.1.8 Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?</p>	Yes
<p>10.1.1.9 Is zoonotic disease surveillance implemented that includes a community component?</p>	Yes
<p>10.1.1.10 Is there a regularly updated roster (list) of experts that can respond to zoonotic events?</p>	No
<p>10.1.1.11 Has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?</p>	Yes
<p>10.1.1.12 Is there timely[95] (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern? [95] Timely here refers to the time between detection and response.</p>	Yes

10.1.1.12b If no, what percentage of zoonotic events of potential national and international concern is responded to in a timely manner?

No Answer

10.1.1.13 In the last 12 months, have country experiences[96] and findings related to zoonotic risks and events of potential national and international concern been shared with the global community?

No

[96] This could include information products, standards, best practices, innovative tools, etc.

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Core Capacity: 11. Food Safety

2014

Component: 11.1 Capacity to detect and respond to food safety events that may constitute a public health emergency of national or international concern

Republic of Moldova

Indicator: 11.1.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination

[RETURN](#)

Question	Answer
11.1.1.1 Are national or international food safety standards available[97]? [97] These could be based on international standards (e.g. Codex Alimentarius or ISO standards)	Yes
11.1.1.2 Are there national food laws, regulations or policies in place[98] to facilitate food safety control? [98] A national food safety control system includes: food law and regulations, food control management, inspection services, laboratory services, food monitoring, epidemiological data, information, education, communication and training.	Yes
11.1.1.3a Are national food laws, regulations or policies up to date[99]? [99] As defined by countries	Yes
11.1.1.3b Are national food laws, regulations or policies implemented?	Yes
11.1.1.4 Has a coordination mechanism been established between the food safety authorities, e.g. the INFOSAN Emergency Contact Point (if member) and the IHR NFP?	Yes
11.1.1.5 Are there functional mechanisms[100] in place for multisectoral collaborations for food safety events? [100] A network, task force, committee or other mechanism to share information about events that may affect food safety and which is able to operate in a timely manner and effectively reduce the risk of foodborne illness.	Yes
11.1.1.6 Is your country an active[101] member of the INFOSAN[102] network? [101] Active means regularly accessing website, sharing information during a crisis situation, sharing with INFOSAN information from the country. [102] The International Food Safety Authorities Network (INFOSAN) is a global network of 177 national food safety authorities, developed and managed by WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), which disseminates important global food safety information and improves national and international collaboration.	No
11.1.1.7 Is a list of priority food safety risks available?	No
11.1.1.8 Are guidelines or manuals on the surveillance, assessment and management of priority food safety events available?	No
11.1.1.9 Have the guidelines or manuals on the surveillance, assessment and management of priority food safety events been implemented?	No
11.1.1.10 Have surveillance, assessment and management of priority food safety events been evaluated and relevant procedures updated as needed?	No
11.1.1.11 Is epidemiological data related to food contamination systematically collected and analysed?	Yes
11.1.1.12 Are there risk-based food inspection services in place?	Yes

11.1.1.13 Does the country have access to laboratory capacity (through established procedures) to confirm priority food safety events of national or international concern including molecular techniques? Yes

11.1.1.14 Is there timely^[103] and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events? Yes

[103] Timeliness is judged and determined by each country.

11.1.1.15 Is there a roster of food safety experts for the assessment and response to food safety events? Yes

11.1.1.16 Have operational plan(s) for responding^[104] to food safety events been implemented? Yes

[104] Example of essential steps in food event response system after an alert include investigation, risk assessment, risk management, risk communication, effectiveness checks and recall follow up.

11.1.1.17a Have operational plan(s) for responding to food safety events been tested in an actual emergency or simulation exercise? No

11.1.1.17b Have operational plan(s) for responding to food safety events been updated as needed? No

11.1.1.18 Have mechanisms been established to trace, recall and dispose of contaminated products^[105]? Yes

[105] This would include all products that could be the source of contamination, e.g. feed, food ingredients and food products.

11.1.1.19 Are there communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum? Yes

11.1.1.20 Have food safety control management systems (including for imported food) been implemented? Yes

11.1.1.21 Has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations? Yes

11.1.1.22 Has an analysis been published^[106] of food safety events, foodborne illness trends and outbreaks which integrate data from across the food chain? Yes

[106] Published here means available in a public domain with a reference or URL.

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Question	Answer
12.1.1.1 Have experts[107] been identified for public health assessment and response to chemical incidents? [107] Experts include chemical risk assessors, risk managers and clinical toxicologists.	Yes
12.1.1.2 Are national policies or plans in place for chemical event surveillance, alert[108] and response? [108] Elements of alert include SOPs for coverage, criteria of when and how to alert, duty rosters, etc.	Yes
12.1.1.3 Do national authorities responsible for chemical events have a designated focal point for coordination[109] and communication with the ministry of health and/or the IHR National Focal Point? [109] Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity.	Yes
12.1.1.4 Do coordination[110] mechanisms with relevant sectors exist for surveillance and timely response to chemical events? [110] Note that this cross-references with legislation, policy and financing (core capacities 1 and 2) and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert.	Yes
12.1.1.5 Have functional coordination mechanisms with relevant sectors been implemented for surveillance and timely response to chemical events?	No
12.1.1.6 Is surveillance in place for chemical events, intoxication or poisonings?	Yes
12.1.1.7 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?	Yes
12.1.1.8 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies (e.g. chemical installation and toxic waste sites)?	Yes
12.1.1.9 Has a national chemical profile[111] been developed? [111] Definition and relevant information of National Chemical Profile, are available at http://www2.unitar.org/cwm/nphomepage/index.html	No
12.1.1.10a Are there manuals and SOPs for rapid assessment, case management and control of chemical events?	Yes
12.1.1.10b Have manuals and SOPs for rapid assessment, case management and control of chemical events been disseminated?	Yes

12.1.1.11 Is there timely and systematic information exchange between appropriate chemical units^[112], surveillance units and other relevant sectors about urgent chemical events and potential chemical risks? Yes

[112] e.g. chemical surveillance, environmental monitoring and chemical incident reporting.

12.1.1.12 Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies? Yes

12.1.1.13 Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events? Yes

12.1.1.14a Has a chemical event response plan been tested through occurrence of real event or through a simulation exercise? No

12.1.1.14b Has a chemical event response plan been updated as needed? No

12.1.1.15 Is there (are there) an adequately resourced Poison Centre(s) in place^[113]? No

[113] e.g. clinical toxicology, 7/24 hotline, material data sheet, safety data sheet and contact details of chemical manufacturers.

12.1.1.16 Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community? No

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):

Component: 13.1 Capacity to detect and respond to radiological and nuclear emergencies that may constitute a public health event of national or international concern

Republic of Moldova

Indicator: 13.1.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies that may constitute a public health event of international concern

[RETURN](#)

Question

Answer

13.1.1.1 Have experts been identified for public health assessment and response to radiological and nuclear events?

Yes

13.1.1.2 Have national policies, strategies or plans been established for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.3 Have national policies, strategies or plans been implemented for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.4 Have national policies, strategies or plans been established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?

Yes

13.1.1.5 Is there a functional coordination[114] and communication mechanism[115] between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors[116]?

Yes

[114] This cross-references with core capacities 1 and 2.and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert. [115] Information sharing, meetings, SOPs developed for collaborative response etc. [116] Coordination for risk assessments, risk communications, planning, exercising, monitoring and including coordination during urgent radiological events and potential risks that may constitute a public health emergency of international concern

13.1.1.6 Have national authorities responsible for radiological and nuclear events designated a focal point for coordination and communication with the ministry of health and/or IHR NFP?

Yes

13.1.1.7 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?

Yes

13.1.1.8 Is there systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern?

Yes

13.1.1.9a Have technical guidelines or SOPs been developed for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation)?

Yes

13.1.1.9b Have technical guidelines or SOPs for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation) been evaluated and updated?

Yes

13.1.1.10 Is there a radiation emergency response plan[117]?

Yes

[117] This could be part of national emergency response plan

13.1.1.11 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification? Yes

13.1.1.12 Is there a mechanism in place to access[118] health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies? Yes

[118] Could also be via agreements, established arrangements or mechanisms to access these capacities in relevant collaborating institutions.

13.1.1.13 Does the country have access (nationally or internationally) to laboratory capacity to detect and confirm the presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards? Yes

13.1.1.14 Are there collaborative mechanisms in place for access[119] to specialized laboratories that are able to perform bioassays[120], biological dosimetry by cytogenetic analysis and ESR[121]? Yes

[119] To monitor the amount of incorporated radioactivity in human body by the use of whole-body, lung or thyroid monitors, or in biological samples. [120] See footnote 113. [121] ESR (electron-spin resonance technique) allows the measurement of a dose of radiation absorbed in human body by measuring signals from tooth enamel, nails, hair, or other material samples e.g. clothing, mobile phones, etc.

13.1.1.15 Have collaborative mechanisms for access to specialized laboratories that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR been evaluated? Yes

13.1.1.16 Have country experiences[122] with the detection and response to radiological risks and events been documented and shared with the global community? Yes

[122] This could include publications, information products, standards, best practices, innovative tools, etc.

Please provide the URL link(s) to any relevant documentation: Link/url

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary):