

SPECIFICATIONS / TERMS OF REFERENCE

for the procurement of consulting services regarding the development of the 2030 Regionalization Plan for Hospital Services in the Republic of Moldova

1. General Provisions

These specifications establish the technical framework, scope, expected results, and minimum requirements applicable to the procurement of consulting services necessary for the development of the Plan for the Regionalization of Hospital Services in the Republic of Moldova for the year 2030.

The procurement procedure will be conducted in accordance with the legislation of the Republic of Moldova on public procurement. This document is of a technical nature and describes the minimum requirements regarding the content of the services, the expected deliverables, the requirements for the team of consultants, as well as the mechanism for coordinating and approving the results of the contract.

The contracting authority is the Public Institution “Unit for Coordination, Implementation, and Monitoring of Health Projects” (IP UCIMP DS), and the institutional beneficiary of the services is the Ministry of Health of the Republic of Moldova.

2. Context

The Republic of Moldova is implementing a comprehensive health sector reform process, including through Reform 4.6.17–18 “Improving the Quality of Health Service Delivery,” as set forth in the 2025–2027 Reform Agenda approved by Government Decision 260/2025. The reform aims to strengthen the health system’s capacity to provide more accessible, efficient, equitable, and financially sustainable services.

The current structure of the hospital system largely reflects a historical configuration that no longer fully corresponds to the demographic and epidemiological profile of the population or to current requirements for efficiency and quality. In this context, a number of challenges persist, including the uneven distribution of hospital services nationwide, the disproportionate concentration of hospitalizations and complex services in Chişinău, the inefficient use of existing capacities, the fragmentation of coordination and governance mechanisms, and the misalignment of available resources with the actual needs of the population.

The development of a Plan for the Regionalization of Hospital Services is therefore a necessary strategic intervention for reorganizing the system by 2030, so that the distribution of services, infrastructure, human resources, and investments is based on data, scenarios, and feasible public policy options.

3. Subject Matter of the Contract

The subject matter of the contract is the provision of consulting services for the development of the 2030 Regionalization Plan for Hospital Services in the Republic of Moldova, including an integrated set of analytical, modeling, and strategic planning activities necessary to support and implement the reform of the hospital sector.

In this regard, the services will cover at least the following components:

- analysis of the current state of the hospital system (AS-IS);
- estimation of future needs for services, human resources, and infrastructure;
- development of alternative reorganization scenarios;
- development of the Hospital Services Regionalization Plan;
- development of the implementation plan, including priorities, timeline, responsibilities, and risks;
- developing the analytical and modeling tools necessary to support the decision-making process and subsequent updates to the plan;
- ensuring knowledge transfer and strengthening the beneficiary's institutional capacities.

4. Purpose of the Contract

The main purpose of the contract is to develop a coherent, evidence-based strategic document to support the decision-making process of public authorities in reorganizing the hospital network, optimizing resource use, and guiding investments in the hospital sector.

The resulting document will serve as the basis for phased planning of the reform, defining intervention priorities, adjusting policies, and supporting investment and institutional reorganization decisions through 2030.

At the same time, the consulting services will contribute to developing the beneficiary's institutional capacities and strengthening strategic planning mechanisms in the health sector.

5. Scope of Services

The requested services will be organized in consecutive phases, reflecting a logical process of analysis, modeling, development of options, and formulation of the final strategic proposal.

5.1 Phase 0 – Initiation

During this phase, the contractor will prepare an initial report that will define the methodological and organizational approach of the assignment and ensure a common understanding between the parties regarding the objectives, deliverables, and implementation of the contract.

The initial report shall include at least:

- the proposed working methodology;
- the detailed work plan and estimated timeline;
- mechanisms for consulting and engaging stakeholders;
- data and information requirements;
- identification of initial risks and proposed measures for managing them.

5.2 Phase 1 – Analysis of the Current Situation (AS-IS)

The Contractor shall conduct a detailed and systematic analysis of the hospital system, which will form the foundation for all subsequent phases of the contract. The analysis must be data-driven and combine documentary analysis, quantitative analysis, and relevant consultations.

The analysis shall cover at least the following areas:

a) Services and network

The analysis will examine the organization and distribution of hospital services, including the types of facilities, geographic distribution, service utilization, patient flows, and referral and counter-referral mechanisms between different levels of healthcare.

b) Human resources

The analysis will include the staffing structure, distribution by specialty and region, the main imbalances and constraints affecting service delivery, as well as elements relevant to future workforce planning in the hospital sector.

c) Infrastructure and equipment

The physical infrastructure, existing capacities—including beds and wards—the condition and distribution of essential equipment, as well as the adequacy and adaptability of the infrastructure to modern models of service organization will be analyzed.

d) Financing

The analysis will examine the structure of expenditures and revenue sources, payment mechanisms, and existing incentives within the system, including their impact on service organization and resource utilization.

e) Governance

Institutional roles, decision-making processes, and coordination mechanisms relevant to the operation and reorganization of the hospital network will be analyzed.

The analysis will highlight the system's strengths, major constraints, and inefficiencies and must include a description of the data sources used, the analytical assumptions, and the identified limitations.

5.3 Phase 2 – Modeling and Forecasting

Based on the results of the analysis, the contractor will develop a forecasting model to estimate future healthcare needs and the necessary resources through 2030.

This phase will include at least:

- analysis of relevant demographic and epidemiological trends;
- an estimate of the demand for hospital services;
- an estimate of human resource needs;
- an estimate of infrastructure and equipment needs.

The contractor will deliver a modeling tool in an editable, documented, and reusable format for the beneficiary. Emphasis will be placed on the transparency of assumptions, the traceability of calculations, and the practical utility of the model for future updates and additional analyses.

5.4 Phase 3 – Scenarios and Final Plan

In this stage, the contractor will translate the results of the analysis and modeling into concrete strategic proposals and will formulate the reorganization options and the final reform documents.

a) Alternative Scenarios

The contractor will develop at least three alternative scenarios for reorganizing the hospital network. The scenarios will be analyzed comparatively from the perspective of access to services, financial impact, resource utilization, and implementation risks.

b) Regionalization Plan

Based on the selected scenario, the contractor will develop the Regionalization Plan, which will include the proposed structure of the hospital network, the classification of facilities, the organization of services, patient pathways, the distribution of capacity and medical technology, an estimate of investment needs, and implications for human resources.

c) Implementation Plan

The contractor will develop a detailed implementation plan, which will include implementation phases and priorities, institutional responsibilities, a timeline, monitoring indicators, risk analysis and mitigation measures, as well as recommendations regarding change management.

6. Deliverables

The Contractor shall submit the following deliverables, corresponding to the work phases described above:

- Deliverable 1 – Initial Report;
- Deliverable 2 – Analysis Report (AS-IS);
- Deliverable 3 – Forecast Model;
- Deliverable 4 – Scenario Report;
- Deliverable 5 – Draft Regionalization Plan;
- Deliverable 6 – Final Plan and Implementation Plan.

Each deliverable shall include the minimum elements specified in these terms of reference and shall clearly reflect the results of the corresponding phase.

6.1 Deadlines for Deliverables

The estimated total duration for the performance of the contract is approximately **8 months** from the date of contract signing.

Deliverables will be submitted according to the following indicative schedule:

- **Deliverable 1 – Initial Report:** within **3–4 weeks** from the date of contract signing;
- **Deliverable 2 – Analysis Report (AS-IS):** within **10–12 weeks** from the date of contract signing;
- **Deliverable 3 – Forecast model:** within **16–18 weeks** of the contract signing date;
- **Deliverable 4 – Scenario Report:** within **22–24 weeks** from the date of contract signing;
- **Deliverable 5 – Draft Regionalization Plan:** within **28–30 weeks** of the contract signing date;
- **Deliverable 6 – Final Plan and Implementation Plan:** within **32 weeks** of the contract signing date.

The detailed schedule will be adjusted and confirmed in the Initial Report, with the agreement of the contracting authority.

7. Requirements for deliverables

All deliverables shall be prepared in Romanian and English. Each deliverable shall include a clear and concise executive summary, relevant technical annexes, as well as a description of the assumptions and limitations used in the preparation of the analyses and proposals.

Deliverables shall be submitted in editable format and in PDF format. The models and tools developed under the contract shall be documented in a manner that allows for their reuse and updating by the beneficiary.

8. Approval Mechanism

The deliverables will undergo a phased approval process. In the first stage, they will be technically reviewed by IP UCIMP DS. In the next stage, the reviewed deliverables will be submitted for review and validation to the Working Group for the Coordination and Monitoring of the Implementation of Reform 4.6.17–18 “Improving the Quality of Health Service Delivery at the National Level.”

The Contractor will review and update the deliverables in accordance with the comments received during the review and validation process.

9. Experts Team

The Contractor shall provide a multidisciplinary team of experts, appropriately sized for the complexity and scope of the project, capable of addressing in an integrated manner all components necessary for the planning and reorganization of the hospital system.

Given the strategic nature of the mission, it is essential that the team combine relevant international expertise with a good understanding of the national context, so that the proposed solutions are aligned with international best practices and, at the same time, are feasible and adapted to the realities of the Republic of Moldova.

9.1 Team Structure

The team will include at least the following functional roles:

- a Team Leader, responsible for the overall coordination of the project, ensuring the methodological and technical consistency of deliverables, and liaising with the contracting authority;
- an expert in hospital service planning, responsible for analyzing and proposing the organizational model for the network and services;
- a health system financing expert, responsible for analyzing financial mechanisms and assessing the economic impact of the reform;
- an expert in healthcare human resources, responsible for analyzing and estimating staffing needs;
- an expert in data analysis and modeling, responsible for developing forecasting tools and quantitative analyses;
- at least one local expert, responsible for integrating the national context and facilitating institutional and technical dialogue with relevant stakeholders.

9.2 Qualification and Experience Requirements

The Team Leader shall have at least 10 years of relevant international professional experience in government-level health system reform or in similar projects. The other experts shall have at least 5 years of relevant experience in their respective fields of expertise.

A local expert, responsible for integrating the national context and facilitating institutional and technical dialogue with relevant stakeholders, shall possess extensive knowledge of the national hospital system.

The team shall demonstrate experience in projects comparable in nature and complexity. Experience in Eastern European countries or in comparable contexts shall be considered an asset, without constituting an exclusive or restrictive requirement.

Relevant experience of the bidder and the team:

- Experience in the regionalization, planning, or reorganization of hospital services;
- Experience in system reforms / hospital reforms in comparable contexts;
- Experience in working with public authorities and in sensitive reform processes.

9.3 Team Organization and Operation

The Contractor shall present the team structure and the roles of each expert, the organization of activities, the estimated time allocation for each expert, and the mechanisms for internal team coordination.

The Contractor shall ensure the continuity of the team throughout the implementation of the contract and shall designate a single point of contact for relations with the contracting authority. Any change in the team's composition shall be subject to the contracting authority's approval.

9.4 Cooperation with Stakeholders

The contractor shall ensure a participatory approach, which shall include consultation with and active involvement of relevant institutions in the health system, hospital managers, medical staff, and other relevant stakeholders. This approach is necessary to ensure the relevance, feasibility, and acceptance of the proposed solutions.

9.5 Working and communication languages

Throughout the implementation of the contract, the contractor shall ensure the capacity for effective communication at both the international and national levels.

In this regard:

- the working language of the project will be in Romanian and English, particularly for technical communication and team coordination;
- all deliverables shall be prepared and submitted in Romanian and English;
- the contractor shall ensure the ability to communicate in Romanian during consultations with national stakeholders or, where appropriate, shall provide adequate translation;
- the proposed team must possess sufficient language skills to enable the effective conduct of activities and interaction with relevant institutions.

10. Contractor's Obligations

The contractor shall provide the services in accordance with these terms of reference, ensure the technical quality and consistency of the deliverables, cooperate with the relevant institutions, and explicitly document the assumptions and limitations used in the development of the analyses and recommendations.

The contractor shall deliver all developed materials and tools in a reusable format that allows for their subsequent use by the beneficiary.

The Contractor shall ensure, at its own responsibility, compliance with all legal, administrative, and tax requirements and, where applicable, other formalities necessary for the conduct of its activities in the Republic of Moldova, in accordance with applicable law.

All expenses related to the performance of the contract, including travel, transportation, accommodation, per diem, logistics, communication, and other related expenses, shall be borne by the contractor and are considered included in the contract value.

11. Obligations of the Contracting Authority

The contracting authority will facilitate access to relevant data and information, ensure the necessary institutional coordination, and organize the process of reviewing and validating the deliverables.

12. Confidentiality

The contractor shall respect the confidentiality of the data and information to which it has access in the performance of the contract and shall use this information exclusively for the purpose of performing the contracted services.

13. Intellectual Property

All deliverables, models, analyses, materials, and other products developed under the contract shall become the property of the contracting authority.

14. Payments

Payments shall be made in accordance with the provisions of the public procurement contract, based on accepted deliverables, in accordance with the conditions, deadlines, and supporting documents established in the tender documentation and in the contract.

15. Award Criteria

The contract will be awarded in accordance with the award criterion and evaluation factors set forth in the tender documentation, subject to the applicable public procurement legislation.