

# The Covid-19 Electronic Registry: Its Implementation within Medical Institutions in the Republic of Moldova

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## Abstract

*Due to the Covid-19 pandemic, the Republic of Moldova suffered serious socio-economic consequences. From March 2020 to 2021, another high risk was identified: the Code Orange alert at the national level for long periods of time. The form of the disease, the impact of people’s comorbidities, and the post-Covid consequences meant a longer average duration of the treatment and a shorter average life expectancy. In 2020, a team of researchers from the Republic of Moldova initiated the scientific research with the title "Evaluation of the state of health and assessment of the quality of life of patients included in the COVID-19 Electronic Registry", which focused on hospital management, in terms of the process of treating the respective disease and determining the effects of this pandemic. The purpose of the research was to develop the electronic register and the electronic card for recording the patients with Covid-19 virus.*

**Key words:** Covid-19, health status, health assessment, life expectancy, quality of life

**J.E.L. classification:** I3

## 1. Introduction

Affected by the pandemic and the severe drought, the economy of the Republic of Moldova decreased in the period 2020-2021, its GDP declining by 7.0 percent compared to the previous period. The main factors that determined this decline in GDP were the low level of consumption, by 7 percent, followed by the reduction in investments and the increase in product stocks. Quarantine measures caused trade and industrial production to stop in the Republic of Moldova, and severe drought impacted agriculture. The level of employment reached its lowest value in the last five years. In 2021, the country’s economy gradually began to recover, but most of the short-term economic and social development indicators were still in the negative sphere (HG/GD R. MOLDOVA, 2020).

According to Professor Svetlana Gorobievschi, the health status of the population is a key element of the human capital of each country, being an essential component of the quality of life (QoL). Life expectancy, morbidity, mortality, the subjective assessment of well-being, the level of health expenses, etc. outline differentiated health diagnoses, with particular relevance in the context of QoL assessment (Gorobievschi, 2013, p.9; see also Gorobievschi et al., 2016 ).

## 2. Literature review

Health is a fundamental resource for individuals, communities, and societies as a whole. A good level of public health contributes indispensably to economic growth and the development of human society. Quality of life (QoL) refers to the physical, psychological, and social repercussions of a pathology on a patient’s life (Gorobievschi, 2020, pp. 197-198). The field of health (see Buta and Nădrag, 2016), viewed from the QoL perspective refers both to the state of health and to health

care services (access, use, characteristics, etc.). At the same time, the life expectancy of the population, the mortality rate, the morbidity, the share of expenditure in GDP for health care services represent only a few of the indicators used in QoL research (Gorobievski, 2020, p.199).

In connection with the pandemic phenomenon in the Republic of Moldova, specialized literature shows that it has had a much more profound/significant impact compared to other European countries, including the neighboring states, such as Romania, Ukraine, Bulgaria. Actually, the Republic of Moldova was one of the countries most affected by the Covid-19 pandemic, being indicated in orange on a map of the European Center for Disease Prevention and Control.

For this purpose, in June 2020 a team of researchers from the Republic of Moldova initiated the scientific research with the title “Evaluation of the state of health and assessment of the quality of life of patients included in the COVID-19 Electronic Registry”, which focused on hospital management, in terms of the process of treating the respective disease and determining the consequences of this pandemic for public health and quality of life (QoL) at the level of post-Covid-19 patients. This idea was reinforced by the Ministry of Health and received the status “Expression of Interest”, under the title “Evaluation of the state of health and assessment of the quality of life of patients included in the COVID-19 Electronic Registry”, the activities taking place in the period 2020-2021, at “Nicolae Testemițanu” State University of Medicine and Pharmacy – USMF, in the Republic of Moldova.

Thus, the composition of the working group was established, and competent people from different fields were selected: medical, economic, statistical and IT. The working group of the Expression of Interest included the following scientific staff: Assoc. prof. Tudor Costru, Ph.D. in Medical Sciences (“Nicolae Testemițanu” State University of Medicine and Pharmacy – USMF), Head of Science Department, coordinator; Assoc. prof. Raisa Puia, Ph.D. in pharmacology (USMF “Nicolae Testemițanu”, Department of Social Medicine and Management), senior researcher; Assoc. prof. Galina Buta, Ph.D. in Medical Sciences (“Nicolae Testemițanu” State University of Medicine and Pharmacy), senior researcher; Stanislav Groppa, Academician of AȘM, lead consultant; Prof. habil., economist Svetlana Gorobievski, PhD, UTM (Technical University of Moldova, Department of Manufacturing Engineering), economic issues consultant; Assoc. prof. Stela Cojocaru, Ph.D. in Medical Sciences (“Nicolae Testemițanu” State University of Medicine and Pharmacy), medical researcher; Alina Ungureanu, medical researcher (USMF “Nicolae Testemițanu”, head researcher, Scientific Center of Medicine), Andrei Vataman, IT specialist.

The multidisciplinary character of the working group emerged from the complexity and variety of problems posed by this virus. What the Covid pandemic caused in human society (including in the Republic of Moldova) has so far been little known and researched. In addition to the fact that, in essence, the occurrence and treatment of this disease is an indisputably medical problem, the correct mechanism for overcoming the pandemic situation by the states has a socio-economic character. This fact is evidenced by the seriousness of the disease and its socio-economic consequences, as well as by the high costs to stop the negative impact of the disease, which a state with an economy in transition cannot overcome by itself.

According to statistical data from June 2022, in the Republic of Moldova, 255.83 thousand people were infected with Covid-19, of which 6134 died and 248.73 thousand people got treatment. We should take into account that at the moment the population of the Republic of Moldova is around 2 million people, while the disease rate was 12.8%, and the death rate was 3.1%, which placed the Republic of Moldova in the red contamination zone for a long time. The patients without changes in their health status at the moment of their discharge from hospital were further monitored by family doctors/general practitioners or were transferred to suitable hospitals (depending on their comorbidities) [[www.gov.md](http://www.gov.md)]. However, the aspects related to the further treatment of these patients were not included in the objectives established in the Expression of Interest.

General conclusion: the forms of hospital discharge of post-Covid-19 patients with comorbidities exposed to treatment (according to medical protocols adapted to their comorbidities), directly influence the form of the disease, the health status at their discharge from hospital and QoL (which, in the end, is assessed by relaunching their capacity for work) (Costru et al., 2022).

The electronic registry of COVID-19 patients was developed for the strict record-keeping and follow-up of the progress of the treatment of patients hospitalized in public medical – sanitary institutions (IMSP), i.e., hospitals in the municipality of Chișinău, for the period 2020-2021, in

order to evaluate the dynamics of the state of health at admission and the assessment of their quality of life (QoL) at the moment of their discharge from hospital, which corresponds to the RM 2030 Strategy (Costru et al., 2022). The purpose of the research was to determine the interdependencies between the health status of the patients and the form of the disease caused by Covid-19, which in turn are dependent on the comorbidities which are present.

### 3. Research methodology

In the research, the team was guided by the scientific concept that public health can be approached from several perspectives. In the QoL approach, an impressive number of QoL indicators and indices have been developed.

The health dimension was tackled from the positions recognized by domestic scholars (S. Gorobievschi, C. Zamfir, L. Stoica, I. Mărginean, A. Bălașa, A. Rojco, G. Buta, T. Dانی, O. Lozan, A. Timuș et al.) and international scholars (F. Hayek, H. Bruno, I. Brown, M. Friedman, P. Drucker et al.) through subjective and objective indicators (Gorobievschi, 2013).

In the field of health, objective indicators illustrate two dimensions: health status and health care services. The health dimension is measured by means of the following objective indicators: life expectancy, general mortality rate, mortality rate by cause of death, morbidity rate, the incidence of COVID in the population, health expenditure, other indicators, as well as the number of employees in medical institutions/medical personnel, the provision of the institution with adequate medical equipment, the number of health institutions, the planned expenses for the treatment of patients in relation to GDP. They characterize the medical system trained for the treatment of patients with COVID-19.

For the evaluation of subjective indicators, the focus is on how people evaluate their own health status, the perceived constraints imposed by the health status, satisfaction with their own health, access to health services, etc.

The QoL perspective widens the range of indicators by evaluating the indicators obtained on the basis of clinical and paraclinical investigations during the patient's hospitalization. The objective indicators were obtained on an individual level from the data of the software "Evaluation of the state of health and assessment of the quality of life of patients included in the COVID-19 Electronic Registry" (symptoms of the patients with COVID-19 during hospitalization and at hospital discharge) and they refer to doctors' perceptions, medical assessments regarding health status, perceived constraints imposed by health status and access to health services.

The purpose of the Expression of Interest was achieved by:

- designing and creating the software "Electronic Registry of COVID-19 patients" for USMF "Nicolae Testemițanu";
- drawing up the standardized form for patients with Covid;
- developing the research methodology of the quality of life of patients with COVID included in the registry;
- drawing up pre-established analytical reports within the research;
- drawing up proposals for improving the quality of life of patients with COVID-19, etc.

The SOFTWARE "Evaluation of the state of health and assessment of the quality of life of the patients included in the COVID-19 Electronic Registry" has been implemented, as follows:

The working group of the Expression of Interest "Evaluation of the state of health and assessment of the quality of life of patients included in the COVID-19 Electronic Registry" from the Republic of Moldova, considered it appropriate to evaluate the QoL of a patient who suffered from Covid based on the clinical indicators, manifested by the patient during treatment stages: at hospital admission, the active treatment period and the discharge from hospital stage and health indicators during these periods. At the same time, the team considered it important to evaluate the quality of life of patients with Covid in dynamics, according to the form and severity of the disease suffered by patients who have the following forms: asymptomatic, average condition and severe condition.

As mentioned above, according to the power of influence on the QoL, health indicators directly and indirectly influence the patient's QoL: objective (quantitative) indicators – come from the external environment, and subjective (qualitative) indicators – come from the internal environment

of the IMSP (Gorobievski, 2022). According to the collaborators’ opinion, the established subjective indicators of the state of health at admission, exposed by the patients and confirmed by diagnosis, simultaneously become objective indicators of the state of health. They were introduced in the Patient’s Personal Electronic Record, as follows (Gorobievski, 2022; Gorobievski et al., 2021):

- Health status, assessed by the patient;
- His/her satisfaction/dissatisfaction with the state of health;
- Self-report of a chronic illness or disability;
- The perception of limitations in daily activities due to the state of health;
- The inability to work lately, due to health reasons;
- The number of days when he/she was unfit for work/school in the last period;
- Past/present health problems/issues (diabetes, asthma, hypertension, etc.);
- The existence of a long-term treatment caused by comorbidities;
- The motivation for hospitalization of the patient with COVID;
- The patient’s physical suffering/symptoms (myalgia, fatigue, dyspnea, etc.) that had affected daily activities before hospitalization.

#### 4. Findings

Based on the objective and subjective indicators mentioned above, the state of health at the moment of hospital admission was established. Since the objective indicators have different units of measure and are not commensurable, it was proposed to evaluate the state of health according to the subjective indicators, which are the consequence of the former. The state of health at admission was established according to the degree and depth of the symptoms mentioned by the patient. Thus, after performing the Covid test at admission, the form of the disease was established and the patients were grouped into four groups according to the state of health/QoL (Gorobievski et al., 2021):

- mild form (asymptomatic) – satisfactory state of health;
- average form of the disease – relatively satisfactory condition;
- relatively serious – serious health condition;
- severe form – very serious state of health.

The collection and analysis of these indirect indicators were necessary for assessing the vulnerability of each patient according to: age, sex, specialty, place of residence and his/her epidemiological links depending on the risk factors (objective indicators, dependent on the social and demographic environment of the country, standard of living and field of activity). At the same time, these are the indicators that indirectly influence the state of health or QoL.

Resulting from the fact that the SARS-CoV-2 virus pandemic caused a global health crisis, a defining one for our times, it is one of the greatest challenges that humanity has ever faced (in terms of the dimensions and severity of the disease; in terms of the devastating consequences on social and economic level). The infection with a new type of coronavirus (COVID-19) is characterized by great clinical and management challenges, which can be properly addressed by having available complex and relevant data from the territory of the Republic of Moldova.

In this context, within the Expression of Interest “Evaluation of the health status and assessment of the quality of life of patients included in the COVID-19 Electronic Registry”, the software “Electronic Registry of COVID-19 Patients” was developed.

Electronic registries play an important role in the assessment of health status and, indirectly, determine its improvement through rapid access to information, proving to be a relatively simple, inexpensive and effective tool for making medical decisions, for establishing the form of the disease and the appropriate treatment of patients, which is stipulated in the RM/Republic of Moldova E-health Strategy. Health monitoring tools allow establishing the effectiveness and safety of applied treatments, dynamically tracking their results.

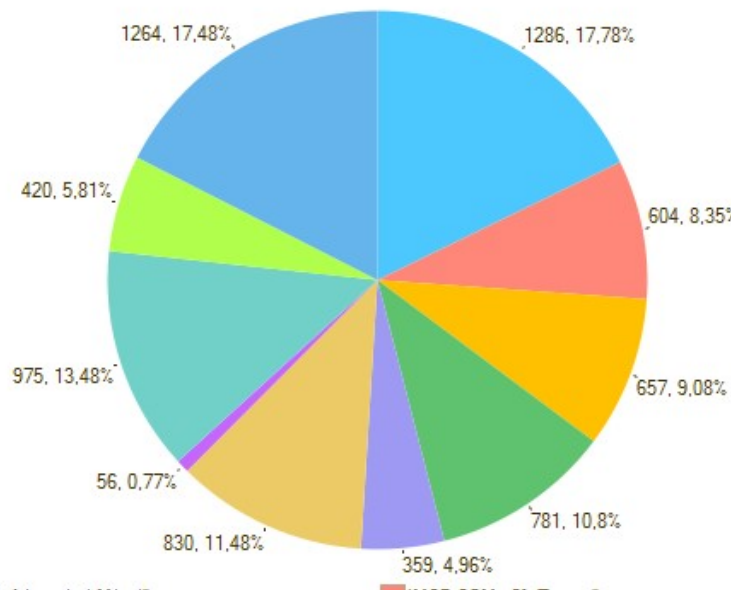
Thus, as part of the project, a new tool was developed to create the electronic informational database of patients with COVID-19, hospitalized in public medical – sanitary institutions of the Municipality of Chisinau. The implementation of the electronic Registry of COVID-19 patients

started in February 2021, when the process of organized data collection was initiated according to the standardized form about hospitalized patients with the COVID-19 infection and it included only a certain number of patients hospitalized in IMSP:

- SCR Institutul de Medicină Urgentă/ SCR Institute of Emergency Medicine;
- SCR Institutul Mamei și Copilului/ SCR Mother and Child Institute;
- SCR Boli contagioase „Toma Ciorbă”/ SCR Contagious diseases “Toma Ciorbă”;
- SCR „Tudor Moșneaga”;
- SCR al Ministerului Sănătății Muncii și Protecției Sociale/ SCR of the Ministry of Health Labor and Social Protection;
- Spitalul Clinic Municipal (SCM) „Gheorghe Paladii”/ Municipal Clinical Hospital (SCM) “Gheorghe Paladii”;
- SCM „A. Mihail”; SCM „Sfânta Treime”;/ SCM “Holy Trinity”;
- SCM Boli Contagioase Copii;/ SCM Children’s Contagious Diseases;
- SCM Maternitatea Municipală/ SCM Municipal Maternity.

During 4 months of 2021 (February-May), in the 10 hospital centers involved in the project, the data of a total of 7232 patients with COVID-19 were collected (see Figure.1). One of the research objectives of the Project was the distribution of cases of patients with the new type of Coronavirus depending on the degree of inclusion in the work field, in order to evaluate the level of dissemination of the infection depending on the population density and living conditions (Gorobievski et al., 2021).

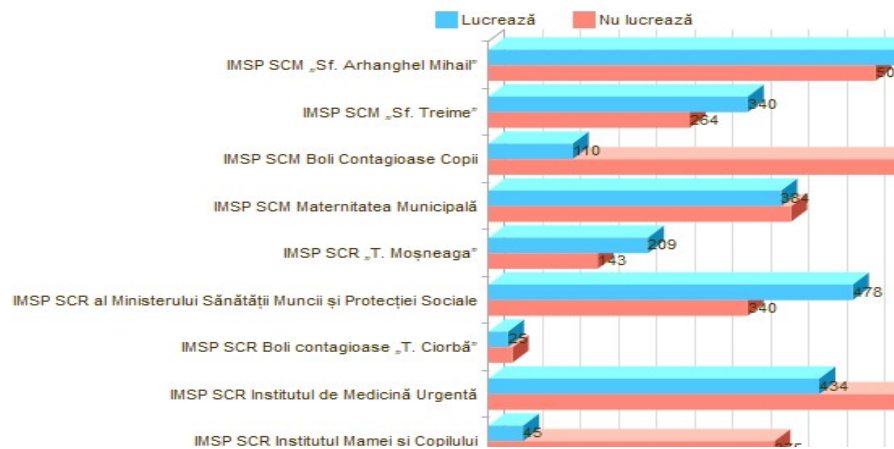
Figure no. 1. The number of patients infected with the new type of coronavirus included in the COVID-19 Electronic Registry



Source: (Gorobievski, 2020)

As one can see in Fig. 2, the number of patients infected with the Coronavirus was in most cases higher among patients included in the labor market (blue color), compared to patients affected but not participating in the labor market (brown color).

Figure no. 2. Dependence of the number of patients according to employment/their participation in the labor market

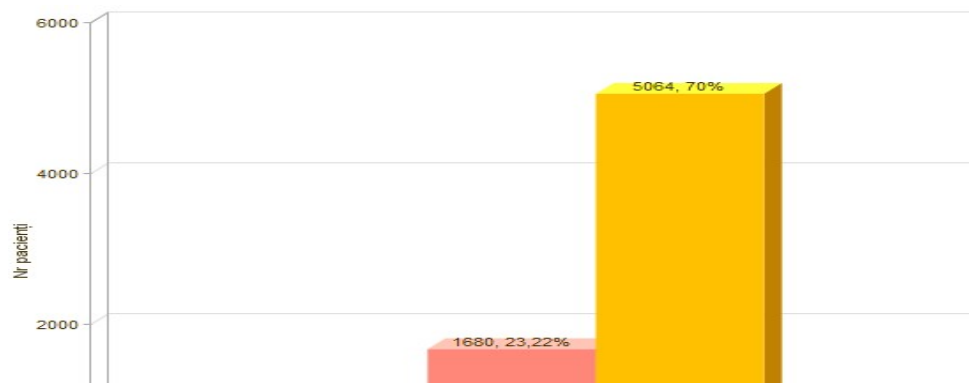


Source: (Costru. et al., 2022; Gorobievski et al., 2021)

The data in Fig. 2 provide us with eloquent information regarding the role of population density in the process of spreading the COVID-19 infection. This conclusion does not refer to IMSP SCM Children’s Contagious Diseases and IMSP Mother and Child Institute, where children were the patients.

Thus, the information obtained in the implementation process of the project “Evaluation of the state of health and assessment of the quality of life of the patients included in the COVID-19 Electronic Registry in the Republic of Moldova, through the lens of the Electronic Registry of patients with COVID-19, will serve as a source for the elaboration of the Evaluation Reports of the current situation at the municipal level regarding the degree of impairment of the persons employed (in the field of work/on the labor market). As a component of the platform for the initiation of research conditioned by the COVID-19 pandemic, the Electronic Register will allow obtaining data and evidence regarding the impact of the COVID-19 infection on the health status and quality of life of hospitalized patients. Thus, if we sum up the characteristics of the health status of the population, based on the data of the Electronic Registry, we can state with certainty that the quality of life of the Republic of Moldova’s population (physical, mental and social well-being) decreased considerably during the pandemic period (2020-2021), most members of the society being severely affected.

Figure no. 3. Distribution of patients with the new coronavirus type, included in the COVID-19 Electronic Registry, according to the form of disease (%)



Source: (Costru. et al., 2022; Gorobievski et al., 2021)

The degree of damage to the patient's health during hospitalization was directly dependent on the form of the disease. The analysis of the collected data revealed the following distribution of patients, according to the form of the disease (see Fig. 3). In the structure of hospitalized patients according to the severity of the disease, most patients had the average form with a 70% incidence; then followed the incidence of the severe form, i.e., 23.22%; the third place went to the mild form, with an incidence of 6.15%; the critical form of the disease ranked fourth - with an incidence of 0.62%.

The electronic registry of COVID-19 patients allows the evaluation of the effectiveness of the medical services provided through the lens of real data obtained from patients, such as the average length of hospitalization. Thus, the data of the electronic registry of COVID-19 patients indicated a minimum length of hospitalization of 10.58 days (Municipal Clinical Hospital, Municipal Maternity, Chisinau) and a maximum of 16.82 days (Municipal Clinical Hospital "Arhanghel Mihail", Chisinau) (see Fig. 4). We believe that the length of hospitalization of patients with the new type of coronavirus depends on the degree of technical equipment of the SCM with diagnostic techniques and the degree of competence of the medical staff in the respective field (Gorobievski et al., 2021). If we carried out a thorough analysis of the structure of the medical staff according to the level of education and professional categories, including the level of technical equipment of the SCM, we would easily confirm this.

Figure no. 4. Average duration of hospitalization of patients included in the COVID-19 Electronic Registry, no. of days



Source: (Costru. et al., 2022; Gorobievski et al., 2021)

Also, the form of the disease influenced the duration of hospitalization of patients, as follows: mild - 15.68 days, average - 15.59 days, severe - 14.99 days, critical - 11.71 days (see Figure 5).

Figure no. 5. Average duration of hospitalization of patients included in the COVID-19 Electronic Registry according to the form of the disease, no. of days

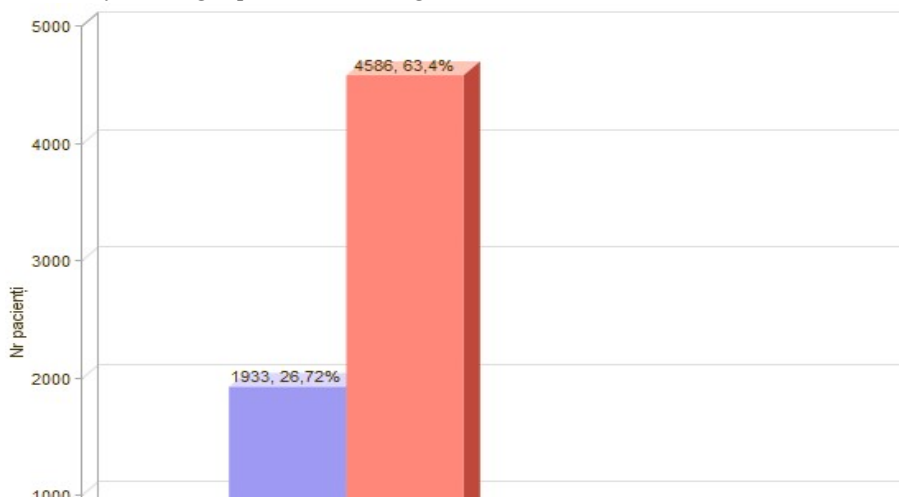


Source: (Costru. et al., 2022; Gorobievski et al., 2021)

The analysis of statistical data confirms the fact that the average length of hospitalization of patients with the critical form of the disease was influenced by the high share of deaths in the total number of discharged patients, namely, 7.15% (Gorobievski et al., 2021).

One of the project's research objectives aimed to assess the health status of patients upon discharge. The results revealed that during the studied period the health status of the patients at the moment of hospital discharge was, as follows: for patients discharged with a healing status - 26.72%; with an improvement – 63.4%; no change in health status – 0.66%; discharged with worsening status - 2.7% and deceased patients - 7.15%, Fig. 6 (Gorobievski et al., 2021).

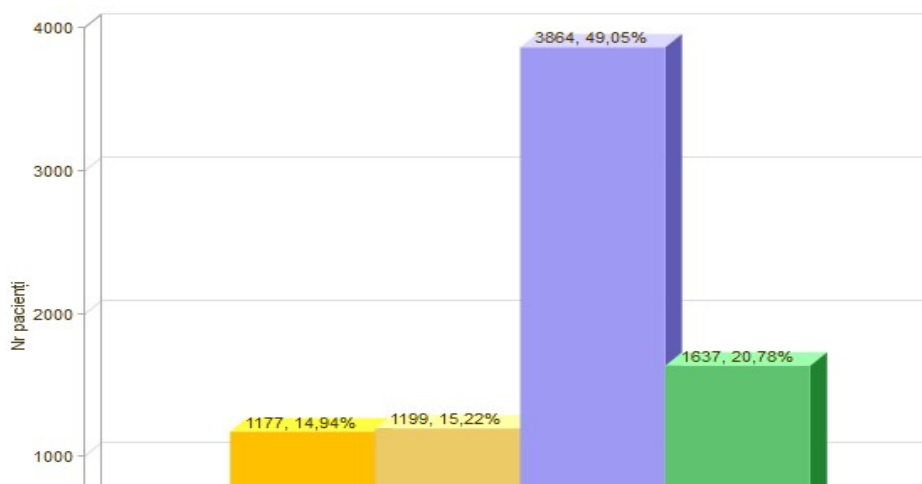
Figure no. 6. Share of discharged patients according to health status



Source: (Costru. et al., 2022; Gorobievski et al., 2021)

According to another research objective, measurements were made to determine work capacity in discharged patients, through which we were to determine evidence of its connection with the given infection and other causes. The results thus reported that the ability to work was totally lost in 14.94% of patients; temporarily lost – 15.22%; low – 49.05% and work capacity was completely restored in 20.78% of discharged patients (see Fig. 7).

Figure no. 7. Share of patients discharged by work capacity, % of the total



Source: (Costru. et al., 2022; Gorobievski et al., 2021)



Although many patients recovered well enough to be discharged from hospital within 10.58 to 16.82 days, however, a large proportion of them, i.e., 79.22 % continued to exhibit various clinical symptoms which led to a moderate or considerable decrease in work capacity and quality of life over long periods.

## 5. Conclusions

The study carried out by the working group of the Expression of Interest aimed to evaluate the impact of the COVID-19 infection on the health status of patients hospitalized in the clinics of the Republic of Moldova and the assessment of functional factors that could affect health-related QoL. (Gorobievski et al., 2021)

Knowledge about the health status of patients during the acute period of COVID, depending on age, sex, profession, form of the disease, etc. is essential for understanding the consequences of the researched disease, the selection of therapeutic management and the assessment of the need and effectiveness of recovery measures, including their influence on health-related QoL.

We are certain that the evaluation of the quality of life of patients in hospitals should be considered as a basic dimension of the quality of hospital services, as well as of clinical efficiency and patient safety in the administered treatment.

The introduction of quality of life concepts at the level of hospitals and patients with COVID-19 will ensure the improvement of communication between the hospital and the ambulatory care services, which will contribute to increasing the level of health of population, increasing the satisfaction of patients with the treatment and of the medical staff, with the results obtained.

It is important to mention that the results of the implementation of the Covid-19 Electronic Registry in the activities of medical institutions in Chişinău were presented and appreciated by national and international authorities in the field of research and innovation, such as:

- The State Agency on Intellectual Property of the Republic of Moldova (AGEPI), at the Specialized International Exhibition, the 17th Edition, in November 2021, appreciated the results of the implementation of the project serving the economy of the Republic of Moldova and awarded it The Bronze Medal (AGEPI, 2021).
- On May 26-28, 2022, the Government of Romania and the EUROPEAN EXHIBITION OF CREATIVITY AND INNOVATION Association also mentioned and appreciated the contribution of the project results to the economy of the Republic of Moldova, awarding it the Bronze Medal (Diploma and Bronze Medal, 2021).
  - For the invention "Evaluation of the state of health and assessment of the quality of life of patients included in the Covid-19 Electronic Registry" at the International Exhibition of Inventions "Traian VUIA", Braşov, October 10, 2022, the group of researchers were awarded the Gold Medal (Diploma and Gold Medal, 2022).

Finally, it is worth mentioning that through the described research the authors designate public health as a factor of paramount importance in medical and health research, involving a variety of target groups, research models, including economic models.

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