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THE ROLE OF FAMILY MEDICINE IN STRENGTHENING PUBLIC HEALTH AND SUSTAINABLE DEVELOPMENT

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Abstract. Access to primary healthcare services is a key indicator of health system performance, reflecting both their efficiency and equity. The study analyzes the evolution of access to family medicine in the Republic of Moldova during the period 2019–2024, under the influence of the crisis generated by the COVID-19 pandemic, and compares recent data (2023) with the situation in Romania, Poland, and Ukraine. The methodology included an analysis of national and international statistical sources [1], as well as graphical representations of trends. The results show that in the Republic of Moldova, overall access declined significantly between 2020 and 2021, reaching a level of approximately 75–80%, but gradually recovered in the following years, reaching 83% in 2023. However, disparities persist between urban (88%) and rural (77%) areas, more pronounced than in Romania or Poland, where the differences are under 5%. By comparison, Ukraine has a lower overall level of access (78%), exacerbated by the context of multiple crises. The conclusions highlight the need to strengthen primary healthcare infrastructure, expand telemedicine, and implement support programs for rural areas as solutions to reduce inequalities and align with European standards.

Keywords: *public health, primary healthcare, family medicine, sustainability, health policies.*

Abstract. Accesul la serviciile medicale primare reprezintă un indicator esențial al performanței sistemelor de sănătate, reflectând atât eficiența, cât și echitatea acestora. Studiul analizează evoluția accesului la medicina de familie în Republica Moldova în perioada 2019–2024, sub influența crizei generate de pandemia COVID-19, și compară datele recente (2023) cu situația din România, Polonia și Ucraina. [1], Metodologia a inclus analiza surselor statistice naționale și internaționale, precum și reprezentarea grafică a tendințelor. Rezultatele arată că în Republica Moldova accesul total a scăzut semnificativ în perioada 2020–2021, atingând un nivel de circa 75–80%, dar a cunoscut o redresare graduală în anii următori, ajungând la 83% în 2023. Totuși, persistă disparități între mediul urban (88%) și cel rural (77%), mai accentuate decât în România sau Polonia, unde diferențele sunt sub 5%. Comparativ, Ucraina prezintă un nivel general mai redus al accesului (78%), accentuat de

contextul crizelor multiple. Concluziile evidențiază necesitatea consolidării infrastructurii medicale primare, a extinderii telemedicinei și a programelor de sprijin pentru zonele rurale, ca soluții pentru reducerea inegalităților și alinierea la standardele europene.

***Cuvinte-cheie**: sănătate publică, servicii medicale primare, medicina de familie, durabilitate, politici de sănătate.*

1. Introduction

Family medicine is a strategic component of the healthcare system, making an essential contribution not only to improving the health of the population but also to the economic and sustainable development of society. This is demonstrated through a patient-centered approach, disease prevention, and continuity of care at the community level. By providing preventive, curative, and educational services, family medicine reduces the need for costly hospital interventions and ensures effective management of chronic diseases. Thus, it helps reduce the financial burden on the healthcare system, increases equitable access to services, and supports social cohesion, especially in rural or disadvantaged areas. International models of practice vary, but converge on the same fundamental principles. In the British system, the family physician serves as the "gatekeeper" of the system, coordinating access to specialists. In the Netherlands and the Nordic countries, the emphasis is on digitalization, prevention, and community collaboration. In the U.S., although the system is fragmented, family medicine is an established specialty, integrated into insurance networks. In post-Soviet countries, such as the Republic of Moldova, the transition from the Semashko model to one centered on family medicine has been complex and gradual, requiring structural reforms and investments in professional training.

Over the past two decades, the literature highlights a profound reconfiguration of family medicine in the face of global challenges: demographic transition, the rising burden of noncommunicable diseases, health inequalities, and health crises (such as the COVID-19 pandemic). A new paradigm of family medicine is emerging—one that is digitalized, integrated, interdisciplinary, and population-centered. The concept of the "primary care team" replaces the solitary figure of the physician, and the emphasis is on collaboration with nurses, psychologists, social workers, and public health specialists. Recent studies by Kringos et al. (2020) and Saltman & Rico (2021) argue that the future of family medicine depends on its ability to respond in an integrated, preventive, and proactive manner to the needs of the community. At the same time, the literature does not ignore systemic challenges: chronic underfunding of family medicine services, a shortage of qualified staff, low professional attractiveness, as well as resistance to change within administrative structures. These challenges require a long-term vision, based on coherent public policies, investment in human resources, and the strengthening of the role of family medicine as an essential service for social cohesion and sustainable development.

In conclusion, the literature reflects the fact that family medicine is not merely a medical profession, but a philosophy of care that places the patient at the center of the system and offers an integrative, continuous, and humanistic approach to health. In a world where medical complexity and uncertainty are on the rise, family medicine offers stability, trust, and efficiency—values indispensable to an equitable and sustainable health system.

In the Republic of Moldova, strengthening the role of family medicine is crucial to reforming the health system and achieving the goals of universal coverage with essential services. At the same time, it serves as a driver of equity and sustainability, contributing to

the achievement of the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being for All). Family medicine is an essential primary resource for economic growth, due to its role in promoting public health and reducing costs associated with complicated treatments or unnecessary hospitalizations. By providing preventive and health promotion services, family medicine helps maintain a healthy and productive workforce, which boosts economic productivity. Furthermore, an efficient and accessible health system reduces the financial burden on the healthcare system and supports the economic stability of communities. In conclusion, family medicine not only cares for individuals but also serves as a fundamental pillar for the sustainable development and economic growth of society.

The economic impact of family medicine is multifaceted:

- It promotes a healthy workforce, contributing to productivity and reducing absenteeism;
- It reduces costs associated with emergency care and hospitalizations;
- It strengthens communities' ability to be self-sustaining through ongoing local support;
- It develops specialized human resources by supporting professional training and employment in the medical field. Illustration!

Family medicine plays an essential role as a primary resource in economic growth through several mechanisms:

1. Improving population health: Easy access to family medicine services contributes to the prevention and early management of diseases, reducing the incidence and severity of health problems. A healthy population is more productive and performs better in economic activities.
2. Reducing healthcare costs: Through prevention and early treatment, family medicine reduces the need for costly interventions in advanced stages of disease, freeing up resources for other investments and economic development.
3. Strengthening the workforce: By promoting health and preventing disease, family physicians help maintain an active and efficient workforce, which stimulates economic growth.
4. Human resource development: Family medicine creates employment and professional training opportunities, contributing to the development of human capital, an essential factor for sustainable economic growth.
5. Increased access to healthcare services: By providing healthcare services at the local level, family medicine reduces inequalities and encourages communities to actively participate in economic activities.

Thus, family medicine not only improves public health but also boosts productivity, reduces costs, and supports sustainable economic development.

2. Discussion and Results

The correlation between family medicine, access to primary healthcare services, and public satisfaction (2019–2024)

Access to family medicine services is a key factor in maintaining and improving the health of the population in the Republic of Moldova. Data show that urban areas have easier access to primary care services compared to rural areas, which is directly reflected in health indicators such as life expectancy and infant mortality .

Between 2019 and 2024, the primary healthcare system was severely impacted by the COVID-19 pandemic, which placed significant strain on medical resources and limited patients' routine access to preventive care and chronic disease managemen. Restrictions and the redeployment of medical staff to manage COVID cases reduced the capacity of family medicine to provide continuous services, especially in already disadvantaged rural areas .

This situation led to increased dissatisfaction regarding wait times and accessibility, with a negative impact on overall patient satisfaction, particularly in rural areas . However, in the post-pandemic period, efforts have been made to restore and digitize primary healthcare services, which have begun to alleviate these issues (Ministry of Health of the Republic of Moldova, 2024).

In terms of satisfaction, communication with the family doctor remains a central element, and improving it contributes to increased trust in the system and more efficient use of healthcare services . Between 2019 and 2024, the population's access to family medicine services in the Republic of Moldova saw significant developments, marked by the impact of the health crisis caused by the COVID-19 pandemic.

In 2019, family medicine service coverage was estimated at approximately 87% of the population, with positive growth particularly in urban areas, as a result of reforms initiated in primary health care and dedicated funding programs .

During 2020–2021, the pandemic led to a significant reduction in access, driven by restrictive quarantine measures, the reallocation of resources to address epidemiological emergencies, and patients' reluctance to seek medical care. It is estimated that visits to family doctors decreased by about 20–25%, with the impact being felt more acutely in rural areas, where pre-existing inequalities have worsened[2]. In 2022, the process of adapting the system and the gradual introduction of digital tools—online consultations and telemedicine services—enabled a slight recovery in access, reaching approximately 80% of the population, though remaining below pre-pandemic levels. Between 2023 and 2024, through the strengthening of digital infrastructure, professional training programs for medical staff, and the implementation of information and awareness campaigns, access to family medicine services increased again, exceeding 85% and approaching pre-pandemic levels. However, challenges remain in ensuring equitable access, particularly for the rural population and socially vulnerable groups (Ministry of Health of the Republic of Moldova, 2024).

Table 1

Trends in access to primary healthcare services in the Republic of Moldova by urban and rural areas (%) for the period 2019–2024.

YEAR	TOTAL ACCESS	URBAN ACCESS	RURAL ACCESS
2019	87	92	80
2020	68	75	60
2021	65	72	58
2022	80	85	74
2023	83	88	77
2024	86	90	80

Source: *Compiled by the author based on the data analyzed (World Health Organization, 2022; OECD, 2023; Ministry of Health of the Republic of Moldova, 2024).*

The data presented in Table 1 reflect significant fluctuations in access to primary healthcare services in the Republic of Moldova in recent years, with a general trend toward recovery following the impact of the COVID-19 pandemic.

- 2019–2021: In 2019, the overall access rate was 87%, with higher access in urban areas (92%) compared to rural areas (80%). A sharp decline is observed in 2020 (68% overall) and continues in 2021 (65% overall), a direct consequence of the restrictions imposed by the COVID-19 pandemic, which limited the population's access to primary healthcare services, particularly in rural areas. Rural access declines more sharply, indicating the vulnerabilities of rural health infrastructure in crisis situations.
- 2022–2024: After 2021, the healthcare system begins to recover, and overall access to primary care services increases gradually: 80% in 2022, 83% in 2023, and an estimated 86% for 2024. This positive trend is the result of measures to adapt healthcare services, including the development of telemedicine and the expansion of family medicine capacity. However, disparities between urban and rural areas remain evident, with rural access still lagging behind urban levels by approximately 10%.
- **The Role of Family Medicine:** Family medicine, as the main component of primary healthcare services, has played a crucial role in maintaining access and continuity of care, particularly in the context of pandemic restrictions. Investments in this sector, such as the digitization of medical offices and staff training, have contributed to the gradual recovery of access worsened[3].
- **Persistent challenges:** Low rural access points to the need for differentiated policies aimed at reducing territorial inequalities, improving healthcare infrastructure in disadvantaged areas, and supporting family doctors in rural areas.

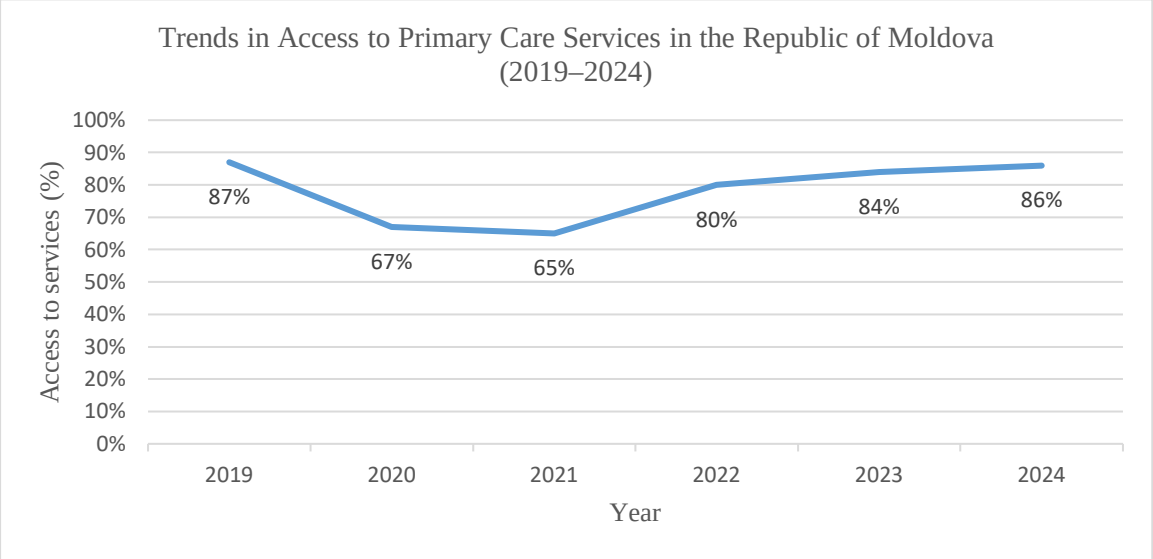

Figure 1. Evolution of access to family medicine services in the Republic of Moldova.

The graph highlights an uneven evolution of access to family medicine services in the Republic of Moldova between 2019 and 2024. In 2019, the level of access reached a pre-pandemic peak (87%), a result of reforms and funding dedicated to primary care. In 2020–2021, a sharp decline to approximately 65% was observed, driven by the COVID-19 pandemic and associated restrictions.

Subsequently, starting in 2022, the trend was upward due to the introduction of telemedicine and the digitization of services, which allowed for a gradual recovery. In 2023–2024, access stabilized at over 85%, approaching pre-pandemic levels but without fully surpassing them.

This trend confirms that **the resilience of the family medicine system** depends on its ability to adapt to crises and integrate technological innovations. However, significant challenges regarding equitable access persist, particularly in rural areas and for socially vulnerable groups.

The authors note that the level of access in the Republic of Moldova is improving, but remains below the Central and Eastern European average, where figures frequently exceed 90% .

1. **Rural-urban inequalities** are more pronounced in the Republic of Moldova than in Western countries, where primary healthcare services are better distributed and financially supported (Ministry of Health of the Republic of Moldova.
2. **Digitalization and telemedicine** have accelerated access in all countries analyzed, including Moldova, but infrastructure and digital literacy remain limited in rural areas[4] .
3. **Common challenges** in the region include a shortage of family doctors, the migration of medical staff to countries with higher salaries, and the growing need for services for chronic diseases and mental health .
4. **The COVID-19 pandemic** has put pressure on primary health care systems, temporarily reducing access to preventive services, but it has also spurred innovation through the implementation of digital services (WHO, 2022).

Comparison of Access to Primary Health Care Services in the Republic of Moldova, Romania, Poland, and Ukraine (2023)

A comparative analysis of access to primary healthcare services in the four countries highlights significant differences between urban and rural areas, as well as variations driven by the socio-economic context and health policies implemented following the COVID-19 pandemic.

Table 2

Comparison of access to primary healthcare services in the Republic of Moldova, Romania, Poland, and Ukraine (2023)

Country	Total access to primary care (%)	Urban access (%)	Rural access (%)	Data source
Republic of Moldova	83	88	77	NBS (2023), Ministry of Health of the Republic of Moldova (2023)
Romania	91	93	89	OECD (2022), Romanian Ministry of Health (2023)
Poland	92	94	90	OECD (2022)
Ukraine	78	83	70	WHO (2022), NBS Ukraine (2023)

Note: *Data refer to estimated access in 2023, post-COVID-19 pandemic*

Source: *National Bureau of Statistics of the Republic of Moldova (2023), Organization for Economic Cooperation and Development (OECD, 2022), Ministry of Health of Romania (2023), World Health Organization (WHO, 2022).*

In **the Republic of Moldova**, the overall level of access (83%) is lower compared to **Romania (91%)** and **Poland (92%)**, but slightly higher than in **Ukraine (78%)**. Urban–rural disparities remain pronounced: 88% in cities versus 77% in villages. This gap reflects inadequate infrastructure and a shortage of family doctors in rural areas, exacerbated by the migration of medical staff and financial constraints (NBS, 2023; Ministry of Health of the Republic of Moldova, 2023).

Romania and **Poland** show a more balanced coverage between urban and rural areas (differences of only 2–4 percentage points), which is due to both well-established health insurance systems and investments in community health centers and in transportation and digital infrastructure [5, 6].

Ukraine has the lowest access, particularly in rural areas (70%), reflecting the cumulative impact of the pandemic and the instability caused by the military conflict. However, the data show an effort to maintain access in cities (83%), where medical infrastructure has received additional support from international organizations [5].

Family medicine is the foundation of the primary health care system in most European countries, being considered essential for ensuring universal access, prevention, and continuous monitoring of patients (OECD, 2022). However, access to and the quality of services vary significantly depending on the level of economic development, national policies, and medical infrastructure.

Table 3

Comparative analysis of access to family medicine in the Republic of Moldova and European countries (2019–2024) .

Country / Region	Access to primary care (%)	Key characteristics	Main challenges
Republic of Moldova	85 (2024)	System in transition, lower access in rural areas, increasing digitization	Limited resources, rural-urban inequalities
Romania	90–95	Developed system, with clear policies supporting family medicine	Migration of doctors, underserved areas
Poland	92–96	Widespread access, investment in primary care and digitization	Regional disparities, aging population
Hungary	90–93	Well-structured system, family doctors involved in prevention	Limited financial resources in rural areas
Germany	95–98	Robust, well-funded system with an emphasis on family medicine	Rising costs, shortage of doctors in rural areas
France	94–97	Widespread access, with strong integration of primary care services	Administrative complexity, regional disparities
Sweden	96–99	Universal access, advanced digital services	High costs, insufficient staff in some areas

Source: *(World Health Organization, 2022; OECD, 2023; Ministry of Health of the Republic of Moldova, 2024).*

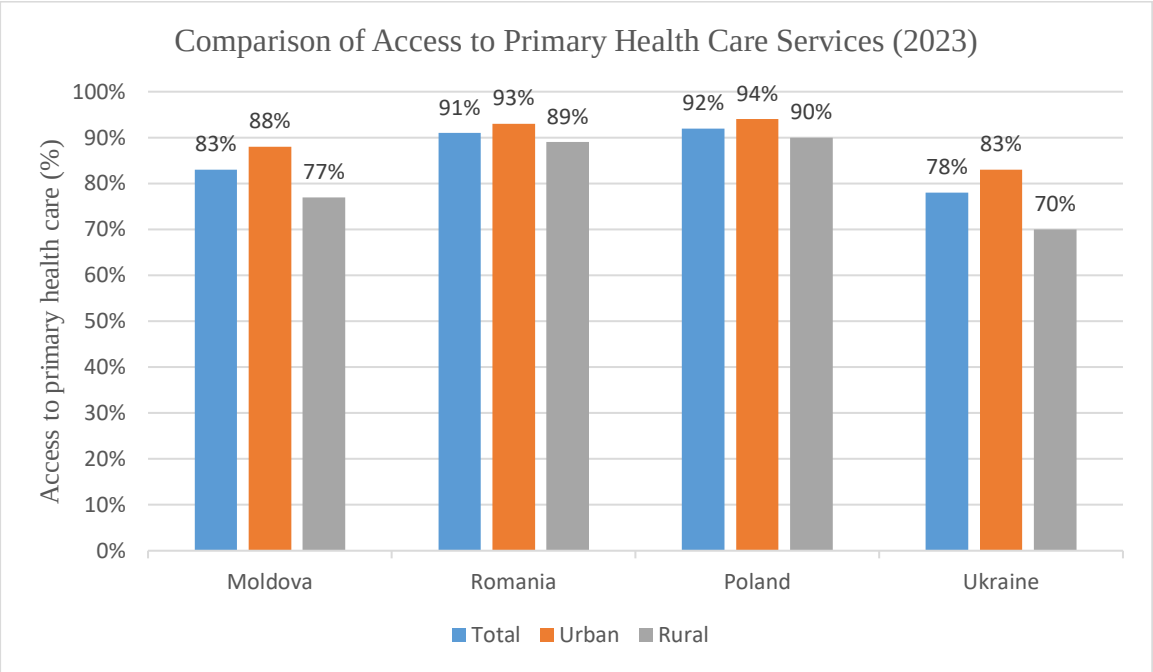

Figure 2. Comparison of access to primary health care services (2023).
Source: *compiled by the authors based on international documents.*

In a regional context, the Republic of Moldova ranks at an intermediate level in terms of access to primary healthcare services, with a total access rate of approximately 83% in the post-pandemic period [7]. This figure indicates significant progress compared to the years preceding the COVID-19 pandemic, a period during which access to healthcare services was severely affected. However, Moldova's performance remains lower than that of countries such as Romania and Poland, where access to primary care is not only more widespread but also more equitably distributed between urban and rural areas . This difference reflects both a better-developed healthcare infrastructure and more robust public health policies and more substantial funding dedicated to primary care in these countries [8].

A common feature of all the countries analyzed is the existence of disparities between urban and rural areas regarding access to medical services [9]. In the case of the Republic of Moldova and Ukraine, these inequalities are more pronounced, highlighting increased difficulties in ensuring equal access in rural areas [10]. These gaps can be attributed to multiple factors, including limited infrastructure, a shortage of specialized medical staff, geographical conditions, and insufficient financial resources allocated to rural areas. This situation leaves the rural population vulnerable, with negative effects on public health and social cohesion.

In contrast, Romania and Poland benefit from robust strategies characterized by sustained investments in family medicine and the accelerated adoption of digital health technologies.These measures facilitate a more equitable distribution of services and contribute to increased quality and patient satisfaction [11]. Digitalization is a key driver in the modernization of the healthcare system, enabling more efficient communication, continuous patient monitoring, and the optimization of medical processes [12].

For the Republic of Moldova, these comparative realities underscore the need for far-reaching reforms and sustained investment in family medicine, with a particular focus on reducing disparities between urban and rural areas. Such an approach involves allocating additional financial resources, developing healthcare infrastructure, strengthening human

capital through training and retention of medical and h e staff, as well as the widespread integration of digital solutions into primary medical practice [13].

Table 4

Trends in access to family medicine services in the Republic of Moldova (2019–2024)

Year	Overall situation	Estimated level of access	Key factors	Specific observations
2019	Increasing access due to reforms and funding in primary health care	87%	Reforms in primary care; dedicated funding programs	Greater coverage in urban areas
2020	Sharp decline in access due to the pandemic	-20% compared to 2019	Lockdown, resources redirected to COVID-19	Rural inequalities have worsened
2021	Continued restrictions and pandemic impact	65–67%	Patient reluctance; system overload	Lowest access during the period analysed
2022	The beginning of recovery through digitalization and telemedicine	80	Online consultations, institutional adaptation	Still below pre-pandemic levels
2023	Infrastructure consolidation and staff training	83–84%	Digital platforms, awareness campaigns	Gradual but uneven growth between rural and urban areas

Source: *compiled by the authors based on international documents.*

The evolution of access to primary care services between 2019 and 2024 reflects the complex dynamics of Moldova's health system, situated at the intersection of structural reforms, the pandemic crisis, and the accelerated process of digitalization. Analysis of the data summarized in Table 4 highlights three distinct phases: pre-pandemic consolidation (2019), the decline caused by the COVID-19 pandemic (2020–2021), and gradual post-crisis recovery (2022–2024) [3].

In 2019, the estimated level of access to family medicine services (87%) indicates a favorable trend, supported by reforms in primary care and financing mechanisms aimed at strengthening community-based services. This period can be interpreted as one of relative institutional maturation, in which family medicine reaffirms its role as the gateway to the healthcare system and a pillar of prevention. However, even in this favorable context, structural differences persisted between urban and rural areas, driven by the unequal distribution of human and infrastructural resources.

The year 2020 marks a significant break in the upward trajectory of access. The estimated decline of approximately 20% compared to 2019 reflects the direct impact of the pandemic on primary care services. Lockdowns, mobility restrictions, and the reallocation of resources toward managing COVID-19 cases led to a reduction in routine consultations, the postponement of preventive services, and a decrease in the population's ability to access care. In rural areas, these effects were amplified by underdeveloped infrastructure and limited access to digital alternatives. Thus, the pandemic not only reduced the overall level of access but also exacerbated existing territorial inequalities.

In 2021, the level of access (65–67%) reached the lowest point of the analyzed period. This phase highlights the cumulative nature of the crisis's effects: the overburdening of medical staff, patients' reluctance to attend in-person consultations, and the depletion of institutional resources. From a systemic perspective, this period can be interpreted as a major test of the healthcare system's resilience. The limited capacity to maintain the continuity of essential primary care services has demonstrated structural vulnerabilities, particularly regarding emergency planning and organizational flexibility.

Starting in 2022, a recovery trend (approximately 80%) is observed, associated with the gradual integration of telemedicine and the digitization of services. Online consultations, electronic appointments, and the use of digital platforms have helped restore contact between doctors and patients. This phase highlights the role of digital transformation as a catalyst for systemic resilience. However, the level of access remains below pre-pandemic levels, suggesting that recovery is gradual and contingent on institutional adaptation and social acceptance of new forms of medical interaction.

The years 2023–2024 indicate a gradual consolidation (83–88%), supported by investments in infrastructure, staff training, and information campaigns. The trend toward approaching pre-pandemic levels suggests a stabilization of primary care services and an internalization of the lessons learned during the crisis. However, the persistence of rural–urban disparities and the shortage of family doctors in certain regions indicate the need for additional structural interventions.

From a conceptual perspective, the analyzed trends can be interpreted through the lens of the relationship between accessibility, resilience, and digitalization. Access to family medicine services is not merely an operational indicator but a barometer of the health system's equity and sustainability. The sharp decline during the pandemic demonstrates this indicator's sensitivity to external shocks, while the subsequent recovery underscores the importance of institutional adaptability.

For public policy, the results suggest several priority strategic directions:

1. Strengthening the human resources in rural areas through financial incentives and retention programs.
2. Expanding digital infrastructure and reducing the technological gap between regions.
3. Permanently integrating telemedicine into the basic service package.
4. Developing crisis planning mechanisms while maintaining the continuity of essential services.

3. Conclusions

To strengthen access to family medicine services in the Republic of Moldova, a medium- and long-term strategy is needed that includes:

1. **Expanding digital infrastructure** and telemedicine platforms across all regions, with a focus on rural areas;
2. **Continuing education for family physicians** in the use of digital technologies and modern methods of communicating with patients;
3. **Implementing additional funding mechanisms** for vulnerable groups to reduce inequalities;
4. **Constant monitoring of access indicators** and adaptation of public policies in line with demographic and epidemiological trends;
5. **Integrating family medicine services** into a broader community health network to more effectively meet the needs of the population.

Through these measures, the family medicine system can become more **resilient, equitable, and patient-centered**, ensuring stable and sustainable coverage even in times of crisis. In conclusion, the 2019–2024 period shows a "decline–recovery" trajectory, characteristic of health systems affected by global shocks. Family medicine in the Republic of Moldova has demonstrated a moderate capacity for adaptation, but the sustainable consolidation of access requires coherent policies, consistent investment, and an integrative approach focused on territorial equity and digital transformation. From a sustainable development perspective, strengthening family medicine remains central to increasing the resilience of the health system and improving the population's quality of life.

References

1. National Bureau of Statistics (NBS) (2023) Statistical Yearbook of the Republic of Moldova 2023. NBS, Chișinău
2. Kaushan K, Gorobievschi S (2023) Optimization of financing and insurance mechanisms in the healthcare system in the context of European practice. Journal of Financial and Monetary Economics 11:43–52. ISSN 2537-3269
3. Cauşan C, Lisii A, Porosech D (2019) Opportunities and challenges for the workplace in the context of the labor market and life expectancy. In: Sustainable economic and social development of Euroregion's and cross-border areas, Vol. XXXIV. Performantica, Iasi, pp. 125–133
4. Cauşan C, Cauşan T (2022) Public health as a concept and its correlation in the context of improving quality of life. In: Economic Growth in the Context of Globalization, Vol. 16, October 12–13, 2022, Chișinău. INCE, Chișinău, Vol. 2, pp. 409–421. https://doi.org/10.36004/nier.cecg.II.2022.16
5. Kringos DS, Boerma W, Hutchinson A, Saltman RB (2020) Building Primary Care in a Changing Europe. WHO Regional Office for Europe / European Observatory on Health Systems and Policies, Copenhagen
6. Ministry of Health of the Republic of Moldova (2019) Annual Report on the Activity of the Health System in 2019. MoH RM, Chișinău
7. Ministry of Health of the Republic of Moldova (2022) Annual Report on the Activity of the Health System in 2022. MoH RM, Chișinău
8. Ministry of Health of the Republic of Moldova (2023) Annual Report on the Activity of the Health System in 2023. Ministry of Health of the Republic of Moldova, Chișinău
9. Ministry of Health of the Republic of Moldova (2024) Report on the Development of Primary Health Care Services and the Digitalization of the Health Sector. Ministry of Health of the Republic of Moldova, Chișinău
10. OECD (2023) Health at a Glance 2023: OECD Indicators. OECD Publishing, Paris
11. Saltman RB, Rico A (2021) The changing role of primary care in Europe: reform trends and policy challenges. Health Policy 125:987–995
12. World Health Organization (WHO) (2022) Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report. WHO, Geneva
13. World Health Organization (WHO) (2023) Primary Health Care Measurement Framework and Indicators: monitoring health systems through a primary health care lens. WHO, Geneva

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