

Strengthening local capacity to implement integrated community health services in rural Romania

Overview

Romania has seen important improvements in health outcomes overtime, with life expectancy, for example, increasing from 71 in 2000 to 74 in 2012¹. These gains, however, have not been evenly observed across the country, particularly to the disadvantage of rural communities¹. In 2008, despite a well-developed primary care system, rural areas and vulnerable populations faced challenges to access care and experienced wide health disparities.² Responsibility for managing health services was largely decentralized to local governments, many of which

were described to face capacity constraints in effectively managing services. Responding to this context, an initiative was proposed in 2010 to invest in managerial capacity sub-nationally to help overcome geographic disparities. The Romanian government, together with the Swiss Agency for Development and Cooperation, developed an action plan strategizing how to work with local authorities to drive health improvements through the implementation of community-based services targeted to rural and vulnerable populations. The approach adopted by the initiative

has been designed to support the development of managerial capacity across the country through trainings and the implementation of pilot projects focused on addressing the unmet needs of rural populations. The trainings themselves have been designed to support managers in developing project proposals targeted to the specific needs in their jurisdiction. To date, nearly half of those proposals put forward have been funded for implementation and the initiative works to provide guidance and coaching throughout the process.

Problem definition

Romania continues to face below average health outcomes relative to other European Union (EU) countries on measures such as infant mortality, maternal mortality and life expectancy. For example, in 2011 Romania reported the highest level of infant mortality in the EU at 9.8 per 1000 live births, with considerable disparities between urban and rural areas; some rural municipalities reporting infant mortality rates as high as 11.8 per 1000 live births².

Although family medicine is well established, approximately 15% of the population have limited access to care; rural areas and vulnerable populations including pregnant

women, children, the elderly and Roma people are among those most affected². Outreach and community-based services are limited and, while social services are available, there was a lack of coordination among these with the health system. Local authorities at the municipal level are responsible for the organization of community health and social services. However, in many rural municipalities the capacity to effectively manage and organize community health services was found suboptimal, hindering the ability to address health disparities in these areas.

Box 1

What problems did the initiative seek to address?

- Health outcomes reporting below EU averages and wide health disparities within Romania.
- Inequitable access to services negatively impacting rural areas and vulnerable populations.
- Limited provision of outreach and community services in rural areas and disconnected social services.
- Limited managerial capacity within rural municipalities to fulfil their mandate of organizing community health services.

Health services delivery transformations

Timeline of transformations

Planning for the initiative began in 2010 within the framework of the Swiss-Romanian Cooperation Programme to reduce economic and social disparities within the EU. By supporting local authorities, the initiative hopes to strengthen the availability of relevant health and social services for local communities. The approach taken has five principal action stages (Table 1); in 2015, the first two stages had been completed.

Description of transformations
Selecting services. The initiative has worked to equip local managers with the skills necessary to identify and provide health and social services that meet the specific needs of their communities. Increasing community and outreach services is the main focus, with priority given to services that address the unmet needs of rural and vulnerable populations or those focusing on health promotion and disease prevention for chronic conditions. The specific selection of services varies by the unique needs

of each jurisdiction, captured in the proposal put forward.

Designing care. The initiative pilots a range of health projects that have been developed and implemented by local authorities to provide an evidence pool for future interventions. Based on experience gained through these funded pilot projects, guidelines will be developed to direct future interventions, keeping a focus on ensuring care can be tailored to meet the specific needs of local communities.

Organizing providers. Romania has a widespread network of general practitioners in place. Nevertheless, variability in their distribution has contributed in part to differences in access. Proposals developed through the initiative aim to bring together community actors, including general practitioners, community nurses, social workers and Roma mediators, in collaborative and multidisciplinary projects. Through the initiatives implemented locally, the role of general practitioners aims to be strengthened for improved outreach services in cooperation with other health professionals and social workers. Specifics for the rearrangement of providers will depend on local contexts.

Managing services. Local authorities are supported in the conceptualization, planning, implementation and monitoring and evaluation of efforts to strengthen health and social services integration in their communities. Supervisory support, training and funding has been awarded to seven communities whose proposals were selected for implementation under the initiative.

Improving performance. This initiative has provided capacity-building training to local managers in order to strengthen the knowledge and skill-base on generating health improvements within their local communities and to continue to manage these changes and initiatives

Table 1

What are the key stages of the initiative?

| Stage | Description |
|------------------------------|--|
| Stage one: Capacity-building | Local managers were invited to participate in a capacity-building training programme. Participants were identified through a two-step sensitization and selection process. A total of 61 communities across three districts expressed interest and were invited to a conference on community, integrated care. Of the 61 communities, 18 were selected for capacity-building training. As part of the training process, each community developed a coordinated/integrated community health project proposal. |
| Stage two: Funding | Funding was granted based on merit for seven out of the 18 project proposals developed during the training programme. |
| Stage three: Facilitating | Funded proposals will be implemented by local authorities with supervision and guidance from initiative managers. Local authorities will be coached throughout the implementation process and receive assistance with any difficulties they may encounter. |
| Stage four: Documenting | Local authorities will be required to monitor and evaluate funded projects to enable performance and outcomes to be assessed. Additional implementation research will be conducted to document processes, experiences and lessons learnt. |
| Stage five: Sharing | Documentation on funded projects will be used to capitalize on experiences. Knowledge and experience gained from implementing funded projects will be shared to facilitate wider uptake of successful strategies. |

overtime. Training was organized in modules which included instruction on the legal framework of health and social services, project development, strategic analysis, operational planning, budget management and monitoring and evaluation. Practical learning opportunities were incorporated into the training and participants developed actual project

proposals as part of the programme. Engagement with the training was incentivized by awarding funding to the top 40% of submitted proposals developed during the programme.

Baseline and follow-up surveys in communities participating in the initiative and control sites are planned to allow an assessment

of the initiative's impact. Local authorities receiving project funding are expected to implement monitoring and evaluation systems to enable assessment of their specific interventions. Data collected on implemented projects will be used to identify successful strategies and build an evidence pool to inform other community health interventions.

Table 2

How was the delivery of health services transformed through the initiative?

| Before | After |
|---|--|
| Selecting services | |
| Comprehensive package of services offered through national health insurance but gaps in access exist, especially for vulnerable or rural populations; limited preventive, community-based or outreach care; lack of coordination between health, social and community services. | Additional community or outreach services tailored to local needs are offered; services addressing unmet needs of vulnerable or rural populations, as well as those focusing on health promotion or disease prevention are prioritized. Integrated community care services following a continuum of care logic will be offered. |
| Designing care | |
| National care guidelines and protocols in place; limited adaptation to local contexts. | Pilot projects serve as evidence base for future interventions. As part of the initiative's proposal, guidelines for community services will be developed based on pilot experiences. |
| Organizing providers | |
| Widespread network of general practitioners, but gaps in health provider access for rural or vulnerable populations; limited number of community health professionals; lack of coordination between health professionals and social workers. | Guided by local authorities, pilot projects will bring together community actors including general practitioners, community nurses, social services and Roma mediators. Cooperation and collaboration between different level providers and across sectors will be promoted. Specifics for the rearrangement of providers are determined by the proposals submitted. |
| Managing services | |
| Local authorities have responsibility for managing services delivery but lack necessary management capacities. | Management capacities of local authorities strengthened through trainings. Additional support and coaching provided to funded projects with concept development, capacity-building, monitoring and evaluation, implementation research and documentation of evidence and lessons learnt. |
| Improving performance | |
| Lack of training limits management skills of local authorities; limited local knowledge or tools for generating performance improvements. | Training provided to local managers to increase management skills and ability to generate services delivery improvements. Baseline and follow-up surveys will be completed and funded projects will be required to introduce monitoring and evaluation. Successful strategies will be disseminated to facilitate wider improvements. |

Engaging and empowering people, families and communities
Pilot projects selected by the initiative for implementation focus on encouraging locally adapted, people-centred services which actively reach out to communities and individuals, particularly vulnerable populations and people living in isolated rural areas. The initiative hopes that through engaging and empowering local managers, they will in turn engage and empower those in their jurisdiction.

Health system enabling factors

The initiative is closely aligned with the National Strategy for Health 2014–2020, which has provided a framework and overarching vision for activities (Table 3). The Strategy has called for increased national funding for community health services to be allocated to local authorities. One of the government’s long-term goals under this Strategy is to establish a network of community health centres to provide an array of services including health promotion, disease prevention, home care and

social services. The Strategy also plans to increase the number of health professionals working within community settings.

Outcomes

As the initiative is in the early stages of implementation, outcomes have not been reported to-date. It is expected that the initiative will improve access to care for rural populations and vulnerable groups and reduce current disparities in health outcomes between urban and rural communities.

Change management

Key actors

The Swiss Agency for Development and Cooperation began planning the initiative as part of a long-term development partnership with the Romanian government (Box 2). The Government of Romania played a leading role in driving the initiative forward and making available necessary funds; Swiss funds were also put forward to support activities. The CRED Foundation and Swiss Tropical and Public Health Institute

were mandated to manage the initiative and support the Ministry of Health of Romania in concept development, capacity-building, coaching and implementation research related to its activities. These organizations were selected through a competitive open bid, where their longstanding work experience in the region contributed to their winning the tender. Both organizations are expected to report to the Romanian and Swiss governments under the terms of their contracts. Over time, local authorities will be expected to take advantage of their strengthened capacities achieved through the initiative and lead delivery of community health and social services for their communities.

Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Health.** Launched a national health strategy supporting development of community services; main partner for the initiative in cooperation with the Swiss government; provides funding initiative activities.
- **Swiss Agency for Development and Cooperation (SDC).** Instigated development of the initiative as part of a long-term development agreement between the Romanian and Swiss governments; Swiss cohesion funds help support the initiative.
- **Swiss Tropical and Public Health Institute (Swiss-TPH).** Swiss institute associated with the University of Basel contracted, together with the CRED Foundation, as an intermediary for SDC; supported development of the initiative and provides ongoing oversight over its implementation.
- **CRED Foundation.** Romanian-Swiss non-governmental

Table 3.

How has the health system supported transformations in health services delivery?

| System enablers | Example |
|-----------------|--|
| Accountability | • National Strategy for Health 2014–2020 supports expansion of community-based health services. |
| Incentives | • Local authorities competed for project funding available through the initiative; funding was awarded to the top seven project proposals developed during the capacity-building training programme. |
| Competencies | • Local authorities’ ability to guide local health system improvements strengthened through the capacity-building training programme. |
| Information | • Local authorities received training on conducting situational analyses, mapping health and social outcomes and carrying out monitoring and evaluation. |

organization whose mission supports Romanian health system improvements; contracted to support the implementation of the initiative in partnership with Swiss-TPH.

- **Local authorities.** Responsible for delivery of community health and social services at the local level; participated in capacity-building trainings offered through the initiative; selected authorities will implement and evaluate community health projects awarded funding under the initiative.

Initiating change

The initiative was designed to complement the vision laid out in the Romanian government's National Strategy for Health 2014–2020. Establishment of a framework for the Swiss-Romanian Cooperation Programme to reduce economic and social disparities within the European Union, coupled with a long history of understanding between these two governments, opened up the necessary resources and funding for the initiative to take place.

Implementation

The CRED Foundation and Swiss-TPH worked in partnership to

deliver capacity-building trainings and support development of community project proposals. With seven proposals now selected for implementation, these organizations are now shifting their focus towards providing ongoing support and coaching to community project managers during the implementation of funded projects. Later, these organizations will also be responsible for overseeing the evaluation of the initiative as a whole and coordinating the dissemination of lessons learned. While support and coaching will be provided, local authorities are expected to take on the lead management role in the design and delivery of community-based health and social services and the initiative has been designed to put local authorities “in the driving seat to develop and implement local

solutions to local health and social problems”.

Moving forward

The initiative continues to progress through the five stages of its action plan to promote sustainable improvements in local health and social services delivery. Currently entering the third stage, the initiative is working to facilitate the implementation of seven community health projects. Given the strong focus on generating sustainable capacity improvements throughout the initiative, it is expected that local authorities will continue to lead improvements in community services for their local populations upon its completion.

Highlights

- Setting the necessary conditions for local managers to successfully develop local solutions to health problems was put forward as an approach to address regional health disparities.
- Training was necessary to cultivate management skills of local authorities and enable them to assess, coordinate and manage the delivery of health and social services oriented to their community's needs.
- The initiative has encouraged increased integration of health, social and community services at the local level to support a comprehensive response to community needs, particularly for underserved groups.

¹ World Health Organization (2015). European health for all database. Available from: <http://data.euro.who.int/hfad/>

¹ Fota, N. & Zahorka, M. (2013) Integrated community health services in rural Romania. Powerpoint. Swiss Centre for International Health. Available from: <http://edoc.unibas.ch/29670/>.