Romania Health Sector Reform Project (APL2)

22 octombrie 2005

Mircea Ioan Popa

PMU

Romanian Ministry of Health

Key Sector Issues

- governance and **legislative** framework
- **efficiency**, equity, transparency of financing
- inefficient use of physical capacity and human resources
- critical inadequacies in **infrastructure**: years of lack of maintenance and investment
- mismatch between population health needs and of **health services distribution/priorities**
- consumer **dissatisfaction**

Project objective

Provide more accessible services, of increased quality and with improved health outcomes for those requiring

- ***maternity and newborn care***
- ***emergency medical care***
- ***rural primary health care***

Legal Framework

- **Law no.171/2005** (Loan Agreement with IBRD
- **Governmental Decision no. 442/2005** (Loan Agreement with EIB)

Beneficiary groups

- pregnant women and newborn
- rural populations
- populations needing emergency services
- In addition, this project would demonstrate the impact of the rationalization approach across a vertical program throughout Romania. This would support more extensive implementation of the rationalization plans developed in Phase 1.

Project components

- **Maternity and Neonatal Care** US$129.0 million
- **Emergency Care Services** US$58.1 million
- **Primary Health Care and Rural Medical Services** US$14.0 million
- **National Health Accounts and Planning** US$0.64 million
- **Project Management** US$4.72 million

Project budget by financiers

	US $millions			
	IBRD	**EIB**	**Government**	**Total**
1. Maternal and Neonatal Care	**21.09**	**81.72**	**26.16**	**128.96**
2. Emergency Medical Services	**43.48**	**0.00**	**14.64**	**58.12**
3. Primary Health Care	**12.02**	**0.00**	**2.02**	**14.04**
4. National Health Accounts and Planning	**0.50**	**0.00**	**0.14**	**0.64**
5. Project Management	**2.91**	**0.00**	**1.81**	**4.72**
Total PROJECT COSTS	**80.00**	**81.72**	**44.77**	**206.49**

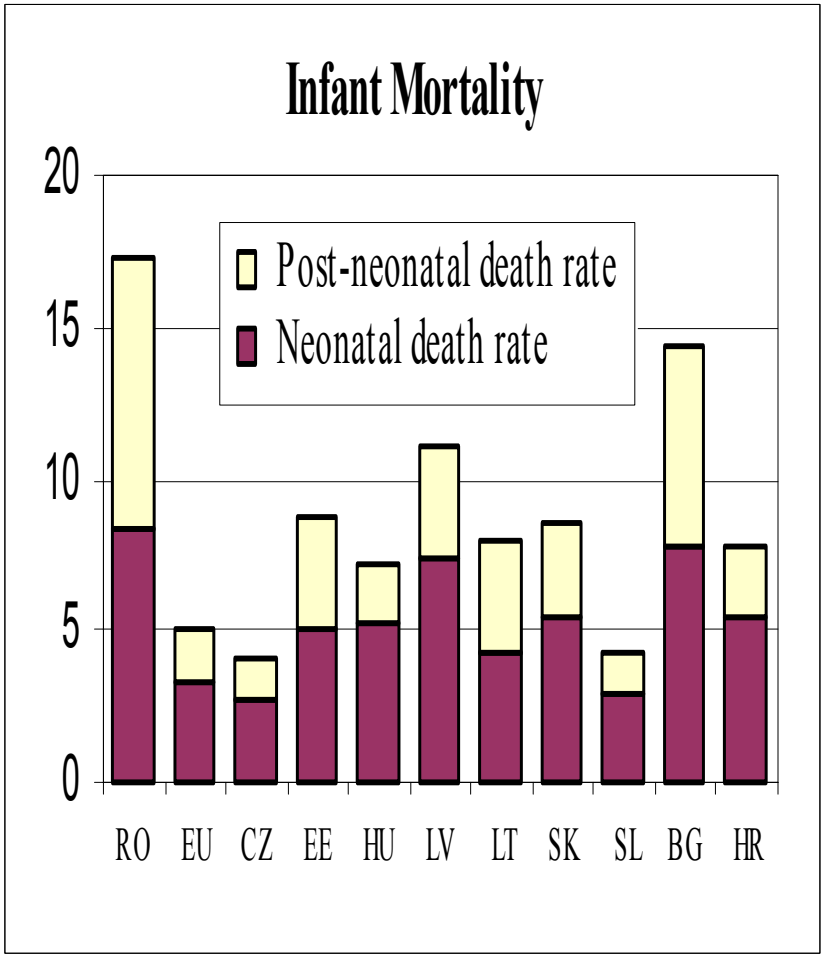
Timetable

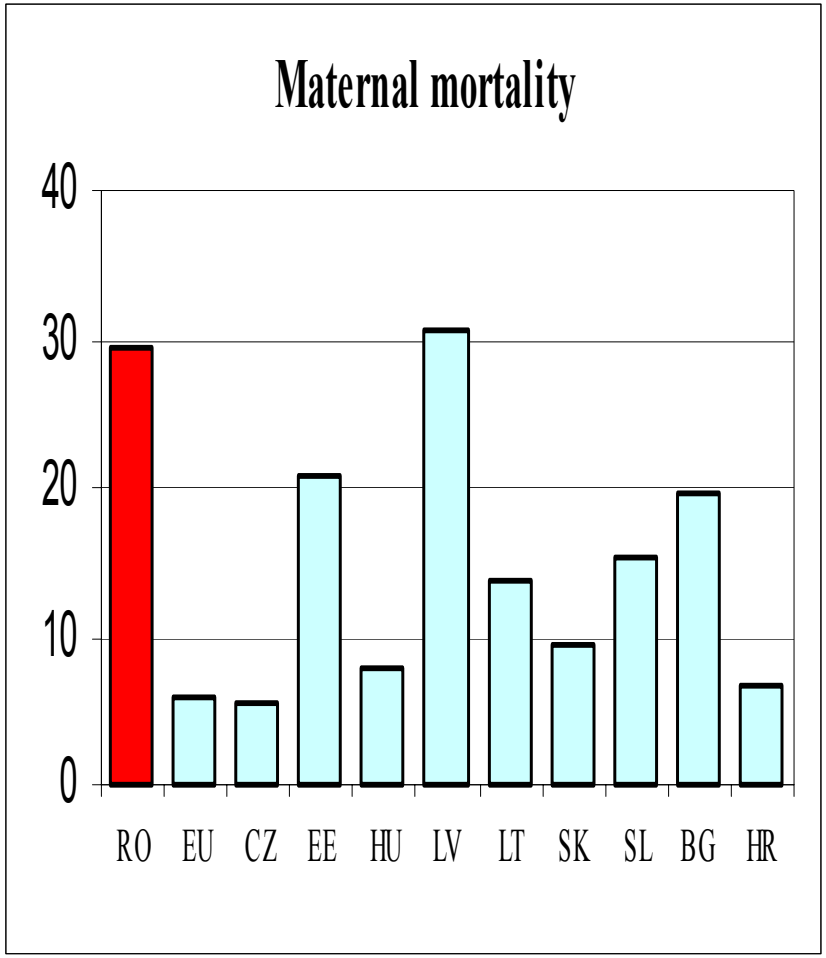
- Loan agreements signed 2005 January-WB, February-EIB
- Starting August 2005
- Completion June 2009

Outcome indicators

- % of maternal deaths formally documented/ investigated
- Neonatal and post-neonatal deaths and death rate
- % of deliveries where birth-weight is less than 2500 grams
- Utilization rates for primary and emergency status care stratified by residence and income
- % of deaths within 48 hours and ER discharge for patients with major trauma or cardiac emergencies arriving alive at the hospital emergency department

C1: Why Maternal & Neonatal Services?





C1: Maternity and Neonatal Care Component

- Three layer concept developed by MOH and piloted with SDC support for structure and function of network of maternity and neonatal care units

- **Upgrading of 183 facilities** (160 include civil works): 123 Level 1, 40 Level 2, and 20 for Level 3

- **Quality improvement** - TA to strengthen:
  - performance monitoring capacity of MOH
  - introduce quality improvement mechanisms for maternity and neonatal care units

- **Training**

Maternity and Neonatal Care Component (2)

- Training
  - building on training program developed with Swiss support in the two pilot regions (Iasi, Mures)
  - to establish training capacity in at least three other regional training centers

Maternity and Neonatal Care Component (3)

- Training
  - train abroad neonatologists, paediatricians, general and cardiovascular surgeons, anaesthesiologists and nurses from level III regional centres and from other specialised units who will become trainers. Duration: 3 months for neonatal intensive care professionals, up to 12 months for surgeons
  - train in Romania: neonatologists, paediatricians, obstetricians, anaesthesiologists, surgeons, nurses, technicians; about 60 % of staff in level 2 and 3 units and 80 % of staff in level 1 units

C1: Outcomes

- access to health services for mothers and newborns according to risk status by means of regional structures for neonatal health care;
- a hierarchy of hospital unit of obstetrics and gynecology and neonatology specialties with specific competences and activities for each level;
- assessment of the obstetrical risk factor and supervision during pregnancy to ensure an appropriate level of skilled assistance
- ensuring transport “in utero”, in cases of high risk pregnancy to Regional Centers (Level III)
- upgrade and improve health services for pregnant women, new-born children and their mothers;

C2: Emergency Care Services

1) Upgrade Hospital Emergency Areas:

- improved protocols, equipment and training for about 60 emergency rooms.

2) Integrated Ambulance Dispatch System:

- upgrade existing communication system
- integrate with the Central Emergency Call Center – unique 112 number
- enable voice and data communication between the judet ambulance central dispatcher and sub-stations or ambulances
- **provide nation-wide communication system and interaction with the other emergency units (police, fire-brigades)**

C2: Outcomes

- optimize the time between the emergency request and ambulance departure,
- decrease the time between the call and the arrival at the case,
- increase the accuracy between the initial and actual diagnosis
- improve the use of the human resources and of the existing infrastructure.
- increase the quality of patient care,
- increase survival rates for the patients arriving in the ER

C3: Primary Health Care and Rural Medical Services

Sub-component 1: Multipurpose Health Centers

- Support to establish multi-purpose health centers, which will allow the provision on diversified services by family doctors, ambulatory care specialists, community nurses, as well as home care and social services in remote rural areas and small towns,
- Technical assistance in order to develop the new concept
- Skills enhancement and medical equipment
- Innovative financing mechanisms will be pursued, (together with MOH and the NHIH) to address demand side issues.

Sub-component 2: Sub-loans for medical doctors

- a competitive approach for the access to these financing mechanisms will be designed based on criteria related to **explicit policy objectives and interventions**
- the financial support will allow the acquisition of medical equipment, consumables, transport means, IT equipment, etc.,

C3:Outcomes

- Multipurpose Health Center should be in use nation-wide, by the end of 2008,
- more effective integration of primary care with ambulatory and hospital services, consistent with the National Health Programs
- a better access to a wider range of health services and a better quality of the services provided in rural and small urban areas

C4: National Health Accounts and Planning

Sub-component 1: National Health Accounts (NHA).

- support to adapt the internationally validated methodology,
- propose changes of regulations regarding reporting of financial information in the health sector,
- perform analysis of existing financial information and surveys,
- conduct additional surveys,
- train staff,
- prepare, publish and disseminate reports.

Sub-component 2: Planning and Program Development.

- Provide to MOH, District Public Health Authorities, health care institutions or local authorities, the resources for preparation of projects to be submitted to financing institutions and donors, with a special focus on european structural funds.
- implement the rationalization strategy and service plans prepared in APL 1 and make use of the capacity for planning developed at local level.

C4: Outcomes

- define and implement a functioning NHA system, at **national** level
- NHA information - used in decision-making relating to the financing or organization of the health system in Romania
- increasing the capacity to use EU structural funds in the future

M&E

- Monitoring and Evaluation database
  - Funded through PHRD grant, includes data gathered in preparation activities: facilities, staffing
  - Web-based interface being developed for service providers/beneficiaries updating
  - Patient satisfaction surveys - all components
  - Aim to make regular part of MOH activities
- Reproductive Health Survey
  - Third survey (others ’93, ’99, youth ‘96)
  - **WB, SDC, UNFPA, UNICEF, USAID, JSI, WHO**