

CONFERENCE ABSTRACT

How to develop a decentralized Integrated Community Care approach – The Moldova example

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1: SDC Healthy Life Project implemented by Swiss TPH/ Moldova

An increased burden of non-communicable diseases (NCDs) and the likelihood of premature death in rural Moldova caused the Ministry of Health, Labour and Social Protection (MHLSP) to explore new directions in PHC service provision. Supported by Swiss Development Cooperation (SDC), the MHLSP developed and tested an integrated people centred health services (IPCHS) models in 38 communities from three raions since 2019.

The Healthy Life Project used a continuous quality improvement (CQI) approach to facilitate conceptualisation and implementation of targeted multi-sectoral intervention involving key stakeholders at local level, to address people's health and social needs. This included an extensive capacity-building component for health and social care workers, other sectors and Local Public Authorities (LPAs).

The project aims at to reduce the burden of NCDs in rural Moldova. A district and community intervention is combined with health promotion and health education with positive effects on patients' health and wellbeing.

The project worked with PHC centres, social workers and their reference structures, LPAs and Public Health Commissions, with NGOs, formal and informal carers, volunteers. It targets the patients with NCDs, including elderly, living in rural communities.

Development of the project started in 2018 and pilot raions were supported with two half year funding cycles (small grant schemes) in 2019 and 2020.

A total of 32 health offices and 6 integrated community centres were supported to facilitate integrated care, based on capacity building of PHC teams (PEN protocols, peer groups, community nursing), 48 community multidisciplinary teams (Case Management) and LPAs (coordination role). Policy work improved intersectorial collaboration and development of decentralised approaches. More than 2000 NCD patients were reached leading to more than 1300 integrated assessments and intervention for 400 NCD patients with complex needs.

This has benefited from consistent support of the MHLSP. Capacity building at all levels and policy work increases the chances for sustainability. Continuous funding for medico-social services beyond using existing resources and the potential cost-saving effects of preventive approaches may be an issue in the future.

Nationwide dissemination of IPCHS is envisaged in Moldova. However, substantial capacity building efforts will be needed. The project will support this development for the next few years.

IPCHS has great potential to reach people with complex needs in rural areas. Results from practice shows substantial amount of uncovered needs and that long-term case-management for NCD patients is relatively new. Evidence from implementation was used for policy development. The motivated local teams are essential to lead innovations, to improve and better target the needs of NCD patients.

Although the presented work is not based in a proper research setting, the many small studies (needs assessments) and accompanying qualitative research show the positive effects of community integrated services on remote living NCD patients and their caretakers.

Setting up ICPHS at raion and community levels is a complex undertaking. A variety of entry points have to be used to address the full complexity of people's needs. Regional and local leadership structures are needed to create a decentralised approach, closer to the people.