

POSTER ABSTRACT

Social order as mechanism of integrated medical and social home care funding

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Tatyana Svetlovich¹, Volha Mychko¹, Tatyana Haplichnik²

1: Belarus Red Cross, Belarus;

2: Swiss Red Cross Delegation in Belarus

An introduction: In Belarus, the need for the development of integrated medical and social care is significantly increased due to the population aging, the growth of non-infectious morbidity. Beneficiaries of medical and social services are elderly lonely people over 75 and with disabilities. 14% are citizens aged 65 years and older, about 735,000 lonely and living alone, and 5.8% of the disabled.

The needs of these people are covered by 2 departments: the Ministry of Health and the Ministry of Labor and Social Protection. Despite the good development of medical and social structures, there are some obstacles when there is a need for their simultaneous work at home. Medical workers in outpatient health organizations provide short-term medical care at home; social services provide social and household services. So needy citizens are often hospitalized not so much for medical reasons, but for social ones.

One of the main providers of long-term integrated medico-social care at home is the Visiting Nurses Service of the Belarus Red Cross Society BRC VNS, which provides a range of medical care, social and household services.

Description of policy context and objective: Since 2012 the state social order SSO has been introduced in Belarus as an innovative social mechanism. Its main goal is to solve socially significant problems of society through budgetary financing of topical social services/projects of social organizations regardless of the ownership form. The BRC acted as one of the initiators in the SSO promotion and implementation. About 135 SSO contracts were implemented for 4 years.

Target population: The recipients of integrated medico-social care at home are single and lonely elderly citizens, people with disabilities, multiple chronic illnesses, mental disorders. The average age of the BRC VNS clients is 82.2 years; people with disabilities make up about 60%. Every year, about 1,500 people get help at home.

Highlights innovation, impact and outcomes: The state social order is an innovative social technology. It is carried out on the basis of competitive selection of the contractor and on the principle of purchasing or subsidizing social services and social projects. The manager of

financial resources - executive body of state management or local authority - becomes the customer of services in favor of consumers of services.

Due to the SSO, the number of citizens who receive medical and social home help increases. In 2015, 516 people in need were served at home, in 2016 - more than 700 people, which is about 50% of all BRC recipients.

Comments on transferability: The BRC has many years of experience and a big network of organizations which cover all regions in the country.

Conclusions: The provision of integrated medico-social care at home is an alternative to hospitalization of elderly and disabled people.

Involvement of NGOs such as the BRC VNS on the basis of financing from the state budget is an effective model that relieves the burden from state health and social protection institutions and allows increasing the availability of services to those in need.

Keywords: integrated home care; social state order; Belarus
