CONFERENCE ABSTRACT

Building capacities for implementation of Integrated Care in Moldova

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Despite the appreciation of inter-sectoral cooperation in integrated community care by decision makers and practitioners from health (65.5%) and social care (72.4%) qualitative data from districts piloting Integrated Care Models show that medical and social sectors continue to approach beneficiaries separately with little outreach support, large differences in understanding the nature of inter-sectoral collaboration, rather referral of cases between sectors than joint assistance and no substantial difference in satisfaction of NCD patients and their families.

The Swiss funded second phase of the Healthy Life Project (HLP) supports MoH to develop and apply integrated care at district and community levels based on the experience and evidence generated in phase one. The main principle when scaling up integrated community care approaches to new districts was to ensure multidisciplinary collaboration in all stages, and communities involving community nurse and social worker as core team. Other relevant sectors to respond to the needs of vulnerable NCD patients, like police, education, as well as NGOs and volunteers, and representatives of the Local Public Authority were mobilised. Knowledge transfer, developing a common vision for integrated community services and strengthening critical functions, like community nursing, to engage in preventive care, following up NCH patients and supporting vulnerable groups are critical. Peer to peer support and the organisation of study visits between districts and communities with existing experience in integrated community services and working with multidisciplinary teams helped strengthen the practical abilities of new adopters. Practitioners that already applied integrated community care helped new districts to develop their own model of IC based on the data from local health profiles and a community assessment of existing resources.

HLP supported local public authority to complement missing resources (equipment to monitor and provide outreach services, community facilities, etc.) as well as with coaching and supervision activities provided by international and project experts and experienced districts professionals.

Districts Councils of Public Health are a well-established forum for inter-sectoral decision making. HLP strengthened their capacity to create and review evidence, analyse data, monitor progress, assess results and make appropriate adjustments to the local integrated care solutions. Continued capacity building for all sectors involved, the institutionalisation of developed training modules, the adaptation of existing regulations and the development of appropriate regulatory framework for Integrated Care at district and national levels are required to strengthen the sustainability of the approach.
The tested approach to integrated community care requires resources and time that usual are not available within the project-based initiatives. Thus, strong partnerships with public structures and academia are necessary to ensure transparency and continuity of the learning process. The capacity building process for integrated community care is complex including all elements of transferring theoretical and practical knowledge as well as the application of working tools and procedures in real life to build IC models that work in specific community situations involving existing resources and capacities.