

Politics Related to the Strategy for Public Health Decentralization in Romania

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Abstract: The article “Policy proposals for public health decentralization in Romania” presents a briefing of the conceptual framework for public health (PH) decentralization and formulates certain recommendations regarding policy alternatives for PH decentralization in Romania. Mainly addressed to health decision makers and PH professionals; the issue is approached through the following: PH core functions. Conceptual framework for decentralization, proposals and concluding remarks for PH decentralization in Romania.

Keywords: public health; decentralization; Romania

This article starts from a short presentation of decentralization’s conceptual framework with relevance to the public health and formulates certain recommendations regarding policy alternatives for public health decentralization in Romania. Addressed to the persons who may show interest to the theoretical aspects and political involvements of the public health decentralization, mainly to the decisional makers of the Romanian health system and specialized staff of public health, the article deals with the following themes: the functions of the public health, the conceptual aspects of the decentralization, proposals for public health decentralization in Romania.

Recently Law no. 95 from 14th of April 2006 related to the reformation of the health system was promulgate and published in the Romania’s Official Monitor. Title no.1 of the law points to the public health assistance, which represents the effort of the society for protecting and promoting populations’ health. The public health assistance is being realized by the ensemble of the political-legislative measures, of the strategies and programmes addressed to the determinants of the health estate, as to the institutional organization related to the providing of the needed services. (Law 95/2006, Title I, art. 2.)

Our proposal for the public health decentralization in Romania starts from the acknowledgement of the essential functions of the public health:

- monitoring and analyzing the population's state of health;
- epidemiological supervision, disease prevention and control;
- developing public health politics, accordingly to the health politics structured around those three levels of assistance;
- the strategic management and regulation from the field of public health;
- establishing, on the ground of proves, the public health priorities and scheduling the specific resources and services;
- developing human resources according to the public health needs;
- promoting health, education for health, citizens' participation and empowerment;
- assurance of the public health services quality;
- researching-development and implementation of public health innovative solutions.

The public health mission is to improve health at the local level, mainly to promote strong behaviors and mediums. Law no. 5/2006 at Title no. I, article 5, specifies the main functions of the Romanian public health assistance:

- a) developing politics, strategies and programmes pointed to the assurance of the public health;
- b) monitoring and analyzing the population's state of health;
- c) scheduling in public health;
- d) epidemiological supervision, disease prevention and control;
- e) the management and strategic marketing of public health services;
- f) regulation of the public health field, enforcement and control of this regulation;
- g) assurance of the public health services quality;
- h) researching-development and implementation of public health innovative solutions;
- i) epidemic prevention, including the institution of the epidemic alert state;
- j) protecting the population against environments risks;
- k) information, education and communication for health promotion;
- l) the mobilization of the local partners in order to identify and solve health problems;
- m) quality evaluation, efficiency, effectiveness and access to medical services;

- n) developing and scheduling human resources, institutional development for public health;
- o) integrating the public health priorities in the political frame and sectorial strategies of durable development;
- p) assuring the capacity to answer to disasters or life and population's health threats, including the implementation of restrictions related to persons and goods' traffic.

Article no.7 stipulates the principles which stand at the base of the Romanian public health assistance:

- a) society's responsibility related to public health;
- b) focusing on the populous groups and primary prevention;
- c) preoccupation for the determinants of health's estate: social, environmental, behavioral and health services;
- d) multidisciplinary and intersectorial tackling;
- e) active partnership with population and central and local public authorities;
- f) decisions based on solid scientific prove of the moment (public health based on proves);
- g) in specific conditions, fundamental decisions accordingly to the prudence principle;
- h) decentralization of the public health system;
- i) the existence of an informational and computer-literate system of the public health management.

The specialized literature related to the decentralization in health field is mainly in a conceptual and prescriptive form, and the recommendations are mostly based on the experts' opinions. Decentralization represents the authority and responsibility transfer of the public functions, from the central government to the subordinated or fully-independent governmental organizations and/or to the private sector. The different types of decentralization have proper characteristics, with certain involvements on politics and different conditions to reach success. **Political decentralization** follows to offer the citizens or to their representatives greater public decisional power. **Administrative decentralization** deals with the redistribution of the authority, the responsibility and financial resources for providing public services on different levels of governance; this represents the transfer of the responsibility on the field of scheduling, financing and managing certain functions from the central government and its agencies to the territorial

units of the governmental agencies, to the subordinated units or levels, to the half-governing public units or to the functional or regional authorities.

The working-out of the politics and programmes related to decentralization must pay attention to the following aspects:

- Which are the expected results of the decentralization?
- Which are the objectives of the involved actors?
- There are distinctive and clear expectations of a certain benefits? Is decentralization a political aim?
- Who will benefit and how?
- Which are the costs of decentralization?
- Were the efforts and benefits of decentralization analyzed? How?
- How the process of decisional taking is being developed?
- How different opinions are being dealt with?
- Which are the winners and defeated groups, and the estimated consequences?

The politics for decentralization have explicit and implicit objectives of political, economical or organizational nature. Whereas the explicit objectives are officially declared by the winners, the implicit objectives influence the decisions, but aren't explicitly declared.

The political objectives of the decentralization are:

- democracy;
- the participation of the population;
- responsibility/accountability;
- communication at the central and local level;
- electorate's support.

The economical and social objectives of decentralization stand for:

- reducing public costs;
- increment of the capital;
- stimulating local production;
- improving the productivity;
- employing work force;
- the social-economical implication of a certain vulnerable groups;
- positive external contacts.

The organizational objectives of the decentralization are:

- increment efficiency;
- coordination;
- flexibility;
- the quality of the provided services;
- improving the performance of the involved organizations;
- the services response.

The frame which regulates decentralization can be realized by means of legal, political or administrative ground.

Decentralization is frequently taken from a public administration approach. This approach uses a typology in which four types of mechanisms related to decentralization are included: deconcentration, devolution, delegation, privatization. The central element of the public administration approach is the identification of the adequate levels in order to decentralize the functions, accountabilities and authority.

There is another perspective on decentralization, which focuses on the economical efficiency and quality, obtained by the market's mechanisms and consumers' options. It is about the approach of the regulated market and is being oriented to the limited intervention of the government. Decentralization may contribute to the improvement of the de democratic process.

We point to the fact that the approaches and proposals formulated in this article represent personal opinions of the authors. Our proposal for Romanian public health decentralization starts from the belief that the following presumptions are true:

- Certain functions of public health can be more efficiently achieved if they will be realized only by the central authorities.
- The central authorities mustn't deal with the responsibility of the assurance, inputting and financing all the public health's functions.
- Certain functions of the public health can be exclusively realized and financed by the local authorities, some of them by private support and/or finance.

It is necessary for the Romanian public decentralization to be based on an explicit and clearly regulated frame. For this, law no. 95/2006 regarding the reformation in the field of health represents a starting point. The explicit specification of decentralization in this law, as a principle of public health assistance allows a further law regarding the decentralization of the Romanian public health assistance.

The proposals for the policy of Romanian public health decentralization points to:

- The principles to be followed.
- The explicit political, economical and organizational objectives of the public health decentralization.
- Public health services which can be decentralized.
- Decentralization's ways which can be applied in the process of public health decentralization in Romania.

But decentralization shouldn't be an aim itself, but a method to fade away other objectives related to effectiveness, efficiency and quality in public health. This is why, we present some criteria, conditions and relevant principles for the way to be followed by the Romanian public health decentralization:

- To encourage a larger access to the services without affecting the equity between regions.
- To be realized by equal allocation of the resources but following to stimulate the efficiency and to encourage the involvement and contribution of the local communities.
- To be motivated by means of needs evaluation, professionally realized.
- To follow the improvement of resources' use.
- To assure the transparency of the decentralization process
- To put in balance the relative advantages of the local flexibility with the advantages of the economy of scale.
- It is supposed that the local officials have a better knowledge and understanding of the local conditions and needs and this is why they can take better decisions.
- Certain functions can be more efficiently approached at the central level.
- It has at base an adequate frame for regulation which allows the development of proper mechanisms of decentralization.
- It must follow the providing of adequate types of services for local community, after its diagnosis; in this sense, it must consider the stock-

taking of all the medico-socially services provided at the local level by the governmental and non-governmental organizations.

- To aim a better answer to the community's needs, consumers' satisfaction and technical and clinical quality of the services.
- To promote the democratic process and decisional dealing at the local level.
- To pay attention to the decentralization process of the entire administrative structure of the state and of the health system.
- It is based on the development of the performance-enhancing informational systems for the decisional process at the decentralized level.
- Also it involves the existence of relevant pieces of information for the local authorities on which ground the necessary stimulus are provided.
- To ask for specific researches or to use the results of the relevant studies taken in every area of the public health, as a support for decisional process.
- To develop adequate instruments for monitoring by means of which the implementation of the established politics to be followed by the central authorities.
- To develop a system of results' evaluation based on the relevant international experience.
- There is a need to assure the adequate resources and abilities for the specific of the structures, functions, processes and services at a decentralized level.
- To consider the decentralization process of the entire public administrative structure and the strategically objectives of the medical system reform.

The explicit political objectives of the Romanian public health decentralization:

- The local authorities must claim responsibility in the field of public health.
- The civil society must participate to the democratic process of decision in the field of public health.

The explicit economical objectives of the Romanian public health decentralization:

- The reduction and control of the public costs in the field of public health.
- The increment of the resources and available capital in the field of public health.

The explicit organizational objectives of the Romanian public health decentralization:

- the increment of the efficiency;
- flexibility;
- the right answer to the specific local needs.

In the first phase, the decentralization of the public health in Romania may be applied to be following services:

- Informative and educative campaigns (IEC) addressed to the main groups and based on different priorities.
- Educative programmes for health and their promotion in certain communities accordingly to the identified needs and adapted to its specific.
- The development and involvement of the local community..
- The monitoring of the environmental factors related to health.
- Controlling the implementation of the regulations related to the quality of the environmental factors.
- The monitoring of the local medical assistance.
- School health services.
- Laboratory services in the field of public health.
- Services of contraceptive education and family planning.
- Screening services in order to precociously determine the diseases.
- Services of counseling in the field of public health.
- Services of public health in transportation.

The following ways of decentralization may be taken in consideration in the development of the Romanian public health decentralization:

- Privatizing laboratory services from the field of public health.
- Privatizing the family planning services.
- Partially public financing but also the private financing of the provided services in the frame of the educational programmes for health and promoting health in communities.
- Financing the local resources of some local programmes for health which gathers screening services in order to precociously determine the diseases.
- Financing some local IEC campaigns from local private resources.
- Financing some local IEC campaigns from local public resources.
- Financing some school health services from local private resources.
- Financing some school health services from local public resources.

- Some private producers must provide screening services in order to precociously determine the diseases.
- Some private producers must provide monitoring services of the environmental factors related to health.
- Some private producers must provide public health services in transportation.

To conclude, we present some proposals to be taken into consideration when talking about the directions to be followed in the Romanian public health decentralization. We also have in our minds the last specific challenges in the field.

- Redefining the public health priorities, on the base of the analyses of the health state determinants at the regional level of development and, thereafter, at the local level.
- Developing integrated public health strategies and politics, based on scientific proves.
- Developing regional plans of public health services and interventions, based on local plans, accordingly with the defined priorities, which must be periodically evaluated and brought up to-date by the authorities.
- Revising the public health strategy.
- Improving the administrative capacity of the public health system.
- Developing a plan for intervention at calamities (with specific measures of integrated public health related to the other actors' interventions) and of some guidance for population, related to specific events, on the base of the previous experience and some successfully european models.
- The flash floods from the last two years and the recent issue of the bird flu demonstrated the necessity of those instruments for the authorities and population.
- The development of the primary health care oriented towards community (the model: community diagnoses, forming the team, inter-organizational partnership to act at the local level, identifying problems, implementing the intervention, evaluation, decisions based on proves.).
- Developing and monitoring the interventions at the local level, accordingly to the specific problems, for the vulnerable groups (affected by poverty, disabilities and so on).
- Decentralization at the level of providing public health care: reorganization of the institutions and public health services and their defrayment by

contracting services and programmes; persuading other organizations in order to fulfill regional public health objectives, according to the priorities; this will allow a financial interest of the specialists and experts; proper regulations.

- Improving the forming and retraining systems of the public health specialists, accordingly to the actual requirements of the system and considering the international experience.
- Developing an efficient monitoring and evaluation system of the national health programmes, which to show concordance between the used resources and obtained results (in the field of impact), sustained by the adequate resources and computerized systems.
- Creating or adapting the legislative frame necessary to attract the additional financial resources in order to achieve some public health objectives.
- Developing a national strategy and program of health education for children and youths, which to aim at embracing healthy behaviors/ avoiding risky behaviors, on the principle of individual responsibility; brought up to-date curricula, based on the needs study and using specific concepts (life skills, self efficacy, social learning, the trans-theoretical model of the behavioral change), same as adequate forming methods and techniques.
- Adapting and monitoring mental health services and structures to the population's needs – evaluated according to the World Health Organization, on developed regions and communities.
- Adapting the services for olders to the regional/local needs accordingly to the modifications of the demographic profile and morbidity, mortality and disability structure.
- The integration of the sanitary mediation services for gypsies, with local medical and social assistance.
- Simplifying the procedures related to collaboration between the institutions, agencies and organizations which acts in order to achieve public health objectives.
- Actions to consult, inform and release to the press information about public health decentralization.

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