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Conference Abstract

Community nursing system in Romania: Perspectives from past to present

Alin Stănescu, M.D, PhD, MPH, Institute of Mother and Child Care and CRED Foundation, Bucharest, Romania and Luminița Marcu, Soc. PhD, MPH, CRED Foundation, Bucharest, Romania

Correspondence to: Alin Stănescu and Luminița Marcu, E-mail: drstanescu44@yahoo.com, luminita.marcu@cred.ro

Abstract

Introduction: Centralised health and social services existed in Romania from 1930 to the early 1990s. After 1990, an intense process of health system structural reform began in Romania. The shift from a centralized medical system to a social and health insurance system led to a greater role of the family physician, separation between providers and payers, mixed financing from employees and employers, a more disorganised system and, last but not least, limited access to health services for socio-economically marginalised populations.

Following reform, the community level health care teams were dismantled: the community welfare nurse (the actual community nurse), the community midwife and the hygiene nurse disappeared.

Aim: An urgent reactivation of community health care teams through the funding of health care programmes was needed at national level, including the community nursing and health mediation programmes. In 2002, the Romanian Ministry of Health initiated the development of community nursing and health mediation professionals in order to improve access to health and social services for marginalised populations and to have a direct impact on improving their health status. The programme aimed to modify the attitudes and behaviours of marginalised populations, encouraging greater responsibility for their own health status, and also to sensitise and increase community involvement in meeting the needs of marginalised populations.

Another specific objective of the programme was to develop and replicate a community model, composed of complementary public health and social services.

At the beginning, the programme was piloted in seven districts and in the municipality of Bucharest. Some 164 community nurses were employed. Once its utility had been proven, the programme was further developed every year, reaching a level of 805 community nurses active in different rural areas in Romania in 2005.

Results: According to Law No. 95/2006 regarding health care system reform, the community nursing programme was decentralised by transferring the staff and the responsibilities related to community nursing to the level of local administrations. A standardised monitoring and evaluation system was not included. Thus, the effectiveness of the programme was reduced and neither the central nor local public authorities know the results of the programme's implementation.

Conclusions: There is a need to develop the institutional capacity of communities to develop and consolidate models of community integrated social and health services for marginalised and disadvantaged populations.

Keywords

community nursing, health mediation, public health, health care, marginalized population, romania

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