EURO-TRAVEL REPORT SUMMARY

To:	Masoud Dara, Acting Programme Manager TB and M/XDR-TB, JTH
From:	Pierpaolo de Colombani, Medical Officer JTH
Date:	19 November 2015
Our Ref:	

Country:	Romania	**Town(s):**	Bucharest, Calarasi	**From:** **To:**	19 October 2015 22 October 2015

1.	X	Work with national authorities/associations
2.		Project/programme monitoring
3.		International meeting/organization
4		WHO meeting
5.		Meeting at HQ
6.		Other

Full report attached? YES

(a) **Purpose of travel:**

1. Assess the current delivery (accessibility, utilization and quality) and health finance aspects of TB and MDR-TB services in a number of inpatient and outpatient facilities and communities.
2. Discuss with the participants of a workshop on possible steps for a future reform in TB service delivery towards more people-centred ambulatory and community care.

(b) **Main place(s), institution(s), people visited or title, date(s) and organizer of meeting:**

Places visited and people met are in Annex 1 and Annex 2.

I conducted my mission together with Szabolcs Szigeti, National Professional Officer on Health Systems and Policies, CO-HUN and Alexandre Lourenço, WHO Consultant

Distribution:	**EURO units:**	**HQ techn. units:**	**Other:**
	JTH DCE Director DSP Director		Country Operations CCC Country Office

(c) **Main achievements:**

A review of the National Tuberculosis Programme (NTP) was conducted jointly by WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) in March 2014. The review team expressed its concern about the dependency of essential NTP functions from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and made a number of recommendations to improve NTP performance and sustainability, including reducing the rate and duration of inpatient care and strengthening TB treatment adherence. Under the New Funding Mechanism of the Global Fund, a € 8.4 million, 3-year grant (April 2014 – Mar 2018) was approved for the project "Decreasing the burden of TB in Romania through reforming the TB control system and strengthening the management". Moreover, under the Norwegian Financing Mechanism, a € 8.8 million grant (main grant and expansion, October 2013 - April 2016) was approved for the project "Improving the health status of the population in Romania by increasing TB control". The principal recipients of the two grants are respectively the Romanian Angel Appeal Foundation (RAA) and the Marius Nasta National Institute of Pulmonology (Marius Nasta).

Both RAA and Marius Nasta undertook separately an agreement of collaboration with the WHO Regional Office for Europe. Under the agreement with RAA, some of the areas to be covered by WHO technical assistance are:

- Development of an ambulatory care model:
  - Drafting the methodology and operational plan for ambulatory care based on a cost analysis (by October 2015).
  - Two annual evaluations of the progress in implementing the ambulatory care model (October 2016 and October 2017).
- Analysis of funding and compensation for PHC providers (by December 2015)
- Development of a new legal framework for TB treatment in Romania (by March 2016): revised NTP guidelines with supportive MOH's order, framework contract of the National Health Insurance House (NHIH) with PHC providers, other legislative documents as necessary.

The mission of this report is the first step of implementation of the plan for WHO technical assistance as agreed above.

During the mission, the team had a short review of the main health system components and then conveyed a workshop with some of the main national TB and health system stakeholders to discuss and agree on the future actions needed to shift the TB care from mainly-hospital to mainly-ambulatory and community, addressing both service delivery and health finance aspects at the same time. The team formulated suggestions for a new TB service delivery model and the way financing mechanisms should be revised to implement it. The model was agreed by the participants, as well as the need to test it before a countrywide implementation. NTP recommended Dolj County as the most appropriate area for a pilot project. The new model of TB care, the changes in financing and the pilot project was discussed during the debriefing with the State Secretary of Health on the last day of the mission, who confirmed the commitment of

the government on the health reform and its support to a working group of national experts who will work on changes proposed on TB care. More discussion continue with RAA and Marius Nasta on aligning the future WHO technical assistance to the work of the national experts.

After the mission in the country, the team continued to work on a more detailed description on the process to design and pilot the new model of TB service delivery and on how to continue the WHO technical assistance. More details on the work of the team are given in the technical report annexed to this report (Annex 3).

(d) **Recommendations**

#	To	Recommendation
1.	MOH	Identify a manageable number of local experts to work in group as per objectives and modus operandi recommended by this mission; officially nominate the working group and approve its modus operandi.
2.		The working group to develop a specific roadmap of activities for the preparation, implementation, monitoring and evaluation of a pilot project.
3.		The working group to implement timely and carefully the roadmap adopted.
4.	WHO	Continue its assistance to the Ministry of Health through the existing agreements of collaboration with RAA and the Marius Nasta National Institute of Pulmonology.
5.		Organize the next consultancy mission on costing TB services by the end of the year.

Annex 1
Places visited and people met

Monday, 19 October 2015		
09:00 – 12:30	Meeting with NTP central unit, Marius Nasta, Bucharest	G.Popescu, D.Chiotan, C.Popa, G.Dumitra, A.Moisoiu, M.Stefan, T.Palaghianu, N.Manescu, F.Kalambayi, V.Olsavszky
12:30 – 13:30	Lunch	
13:30 – 14:00	Visit of TB Dispensary Sector 4, Marius Nasta	T.Palaghianu, G.Popescu, A.Moisoiu
14:00 – 17:00	Continuation of the meeting	G.Popescu, C.Popa, C.Jarca, I.Nicolae, A.Moisoiu, T.Palaghianu
Tuesday, 20 October		
07:00 – 09:00	Travel to Calarasi	
09:00 – 11:00	Visit of TB Hospital, Calarasi	S.Dumitrescu, M. Stefan, N.Manescu, I.Gabriela, V.Alexandru
11:30 – 12:30	Visit of TB Dispensary, Calarasi	S. Dumitrescu, M.Stefan, N.Manescu, I.Gabriela, V.Alexandru, N.Dan
12:30 – 13:00	Visit of family doctor practice, Calarasi	S.Dumitrescu, M.Stefan, N.Manescu, N.Viorica
13:00 – 14:00	Lunch	
14:00 – 16:00	Return to Bucharest	
Wednesday, 21 October		
09:00 – 17:00	Workshop with key experts, Hotel Capitol, Bucharest	S.Asandi, C.Butu, D.Chiotan, F.Kalambayi, R.Mindru, V.Olsavsky, T.Palaghianu, C.Popa, G.Popescu, M.Stefan, A.Serban, V.Spanu, C.Isar, N.Manescu, D.Negut, T.Ciofu
Thursday, 22 October		
10:00 – 10:30	Debriefing with Alin Tucmeanu, State Secretary of Health	S.Asandi, C.Butu, V.Olsavsky, G.Popescu, A.Serban
11:30 – 15:00	Wrap up with NTP, Marius Nasta	F.Kalambayi, G.Popescu, M.Stefan, V.Spanu

Annex 2
Name and title of people met

Marius Nasta National Institute of Pulmonology

Gilda Popescu	Pulmonology physician and Manager of NTP
Victor Spanu	Head, MDR-TB Department
Domnica Chiotan	Pulmonology physician and Expert on TB Surveillance for the NTP
Cristian Popa	Pulmonology physician and Expert on anti-TB Drug Supply Management for the NTP
Antonela Moisoiu	Head, National TB Reference Laboratory
Cristina Jarca	Economist
Iancu Nicolae	Economist
Mihaela Stefan	Coordinator of the Norway-supported project "Improving the health status of the Romanian population by increasing TB control" implemented by the Marius Nasta National Institute of Pulmonology
Tudor Palaghianu	Head, TB Dispensary N 4

Ministry of Health

Alin Iulian Tucmeanu	State Secretary
Amalia Serban	Director, Public Health Department

National Committee of Pulmonologists

Dragos Bumbacea	Secretary

National Association of Family Doctors

Gindrovel Dumitra	Vice President
Cristina Isar	Member

Romanian Angel Appeal

Silvia Asandi	General Manager
Fidelie Kalambayi	Monitoring and Evaluation Manager
Nicoleta Manescu	Monitoring and Evaluation Officer

Calarasi county

Spiridon Dumitrescu	Head TB Hospital and TB County Coordinator
Nitulescu Dan	Head, TB Dispensary
Iancu Gabriela	Physician, TB Dispensary
Valentina Alexandru	Nurse, TB Dispensary
Nanu Viorica	Family doctor

WHO Country Office

Victor Olsavsky	Head
Cassandra Butu	National Professional Officer

Annex 3

Reforming TB service delivery towards more people-centred ambulatory and community care in Romania

Report of a WHO mission conducted during 19-22 October 2015 in Romania
by Pierpaolo de Colombani, Szabolcs Szigeti and Alexandre Lourenço

Romania is listed among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region. Last WHO estimates of TB incidence and mortality are respectively 81 (71-91) cases and 5.5 (5.5-5.5) deaths per 100 000 population in 2014. These rates have been decreasing slowly but steadily during the last years. Multidrug resistant (MDR) TB is estimated in 2.8% (1.8-4.2%) of the newly-diagnosed and 11% (8-15%) of the previously-treated TB patients (2004 survey). In 2014, the National TB Programme (NTP) detected 94% (83-110%) of the estimated incident TB cases (all forms). The treatment success in 2013 was 85% among new smear-positive cases, 45% among the retreatment cases and 58% among TB/HIV patients and only 34% among MDR-TB patients (2012 cohort).

A review of the NTP was conducted jointly by WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) in March 2014. The review team expressed its concern about the dependency of essential NTP functions from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and made a number of recommendations to improve NTP performance and sustainability, including reducing the rate and duration of inpatient care and strengthening TB treatment adherence. Under the New Funding Mechanism of the Global Fund, a € 8.4 million, 3-year grant (April 2014 – Mar 2018) was approved for the project "Decreasing the burden of TB in Romania through reforming the TB control system and strengthening the management". Moreover, under the Norwegian Financing Mechanism, a € 8.8 million grant (main grant and expansion, October 2013 - April 2016) was approved for the project "Improving the health status of the population in Romania by increasing TB control". The principal recipients of the two grants are respectively the Romanian Angel Appeal Foundation (RAA) and the Marius Nasta National Institute of Pulmonology (Marius Nasta).

Both RAA and Marius Nasta undertook separately an agreement of collaboration with the WHO Regional Office for Europe. Under the agreement with RAA, some of the areas to be covered by WHO technical assistance are:

- Development of an ambulatory care model:
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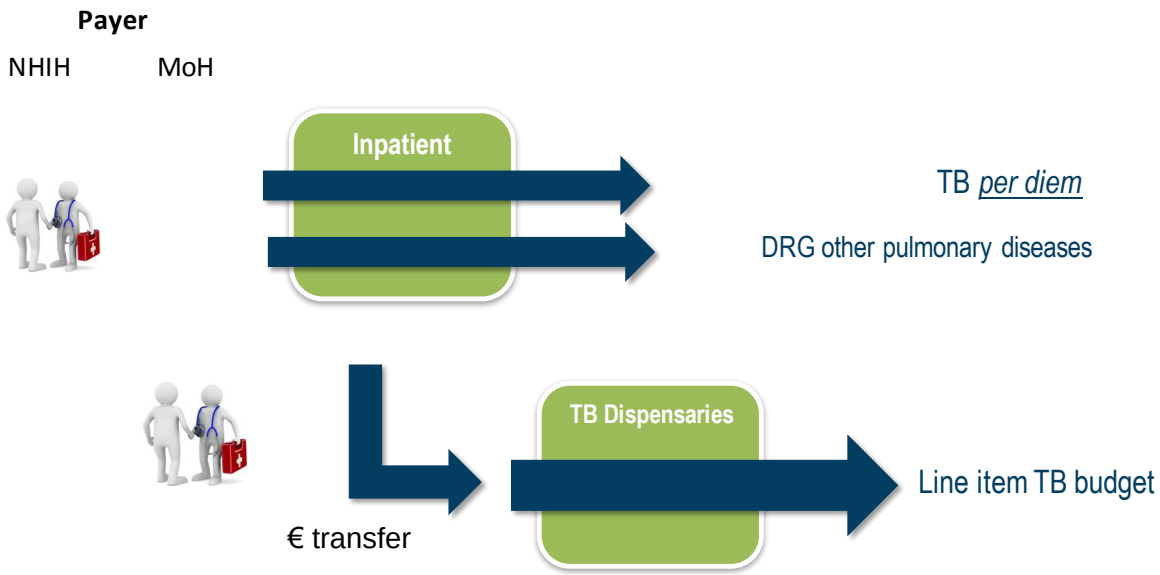
of the National Health Insurance House (NHIH) with PHC providers, other legislative documents as necessary.

The mission of this report is the first step of implementation of the plan for WHO technical assistance as agreed above.

TB inpatient services are delivered through a network of 33 pulmonology hospitals, 80 pulmonology departments in general hospitals, two TB sanatoria for adults and two sanatoria for children. The total capacity is 5625 hospital TB beds, including 100 beds for MDR-TB patients, of which 49 are in Marius Nasta and 51 in the Bisericani Hospital. In addition, 12 infectious disease hospitals can take care of TB patients (even if they are not HIV-related), while there are 20 hospital TB beds under the Ministry of Defence and 164 under the Ministry of Justice.

Inpatient pulmonary services are financed by the National Health Insurance House (NHIH) (see Figure 1). All hospitals have an annual contract with the NHIH determining the number of cases to be admitted to or discharged from hospital and the price for each type of disease condition, which depends on the type of hospital and the method for adjusting the cost per case based on the clinical complexity according to the diagnosis-related group (DRG) system. TB patients are excluded from the DRG system and hospitals are reimbursed according to the days of hospitalization and type of TB condition: 113 Romanian Leu (RON) per day for drug-susceptible TB patients, up to the maximum of 37 days: 200 RON per day for multidrug resistant TB patients, up to a maximum of 120 days. This payment model is an incentive to keeping TB patients in hospital even when clinical conditions are not justifying it. Moreover, hospital doctors who care TB patients are entitled to an occupational risk subsidy that can double their monthly salary.

Figure 1: Financing of hospital services, including TB services



TB outpatient (ambulatory) services are mainly delivered through 184 pulmonology

dispensaries that administratively depend from the pulmonology hospitals. Each dispensary receives a budget from the Ministry of Health through the hospital administration and its financial supervision (see Figure 1). The budget is defined annually based on historical costs and along with line items. The hospital does not receive any economic incentive to promote ambulatory care.

Since 1998, family doctors in Romania have TB services included among the duties assigned to them by the Ministry of Health, such as the identification of patients with presumptive TB, the screening of contacts, the direct-observed-treatment (DOT), the tuberculin skin testing. Until 2009, the framework contract with NHIH included fees based on points for each of these services. Since 2010, the fees were restricted to identification of presumptive TB and drastically reduced, as shown in table 1; as consequence, family doctors have been collaborating with NTP in a limited number and on voluntary basis.

Table 1: Payment of TB services to family doctors by NHIH; 2009 and 2014.

TB service	2009 (in Romanian Leu)	2014 (in Romanian Leu)
Diagnosis (20 points reduced to 5.5 points)	30	10
DOT/month	60	0
DOT/4 month (40 points)	240	0
Total per TB patient	270	10

At present, the framework contract with NHIH includes the payment of an annual fee per capita (i.e. for each person registered[1] with the doctor), corresponding to 50% of family doctor's total income, and fees for services under the limit of two visits per each acute disease episode and periodic visits/laboratory tests per year for chronic conditions of public health importance, as agreed with the Ministry of Health. Despite of the recommendations given by the NTP review team in 2014, TB services are not included in the contract framework with NHIH (with the exception shown in Table 1), which has been recently-defined for 2016 to cover diabetes mellitus, cardiovascular diseases, chronic respiratory conditions (e.g. chronic obstructive pulmonary diseases-COPD, asthma) and chronic renal conditions. This under a process of progressive empowerment of the family doctors, still currently depending from specialists (e.g. insulin cannot be prescribed by a family doctor).

Health services at community level, including TB, are supposed to be provided by community health workers employed by the municipalities with funds from the Ministry of Health. Unfortunately, such workers have been decreasing in number during the years due to the cutting of funding to municipalities and their need to redeploy such workers to other activities. The result is that many communities are not covered by this service. Since August 2015, under the Global Fund grant, RAA is implementing a pilot project in six counties based

[1] Persons can access to the care of a family doctor and not charged for services (within the framework contract with the NHIH) when registered with the doctors and being insured or a child, or an elderly >65 years or age, or with specific conditions such as TB. Since September 2015, all population is required to use a health card (sent to the residence and to be validated) in order to receive free-of-charge health services.

on the employment of multidisciplinary teams (community health workers, community nurses, Roma mediators, peer educators, etc.) providing DOT, social (80 Romanian Leu per month) and psychological support to TB patients with higher risk of loss to treatment follow up. Another similar project is expected to start in October 2016 under the European Union structural funds.

In Romania, there are estimated about 3 million population (6-7%) not insured who have to pay health services. The estimated proportion of TB patients on insured is even higher, i.e. 40% of the total.

The last part of the mission was dedicated to a workshop during which the conceptual framework on the patient-centred TB care was presented and discussed, as well as the revised methods of paying services in supporting the new model of TB service delivery. Consensus was reached on the model described in Table 2.

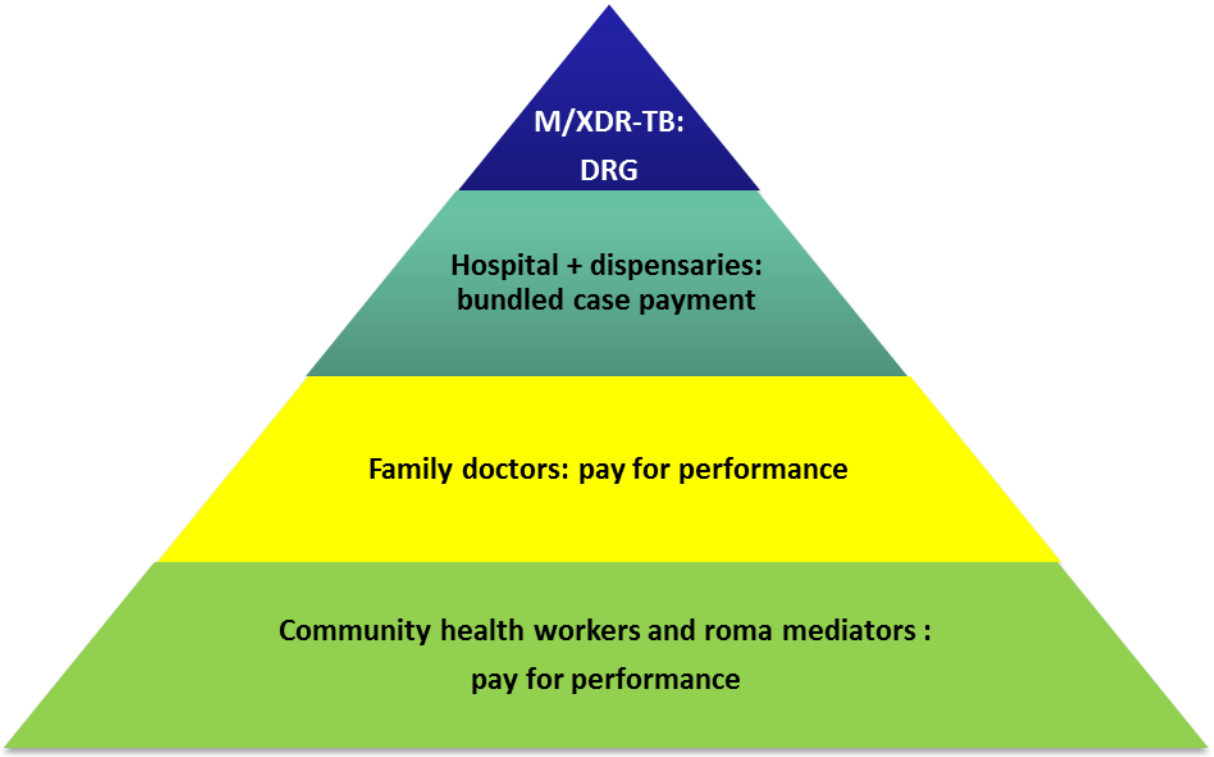
Table 2: Model of coordinated/integrated delivery of TB services across different providers and levels of health care.

TB task	Hospital	Dispensary	Family doctor	Community
Early identification of presumptive TB		X	X	X
Diagnosis of TB disease	X	X		
Prescription of TB treatment regimen	X	X		
Monitoring TB treatment	X	X		
Management of severe clinical conditions	X			
Management of adverse anti-TB drug reactions	X	X		
Direct observation of TB treatment	X	X	X	X
Management of co-pathologies		X	X	
Patient/family support		X	X	X
TB contact tracing		X	X	X
Diagnosis/treatment of latent TB infection		X	X	
Tracing lost to follow up TB patients		X	X	X
Management of anti-TB drugs	X	X		
TB recording and reporting		X		
Education, social mobilization	X	X	X	X

To enhance such delivery model, the participants of the workshop agreed on the need to have the NHIH as only source of financing TB services and to introduce new payment mechanisms as described below and in Figure 2:

- Hospital TB care
  - complex patients (e.g. with X/MDR-TB) should be financed by DRG
  - "routine" TB patients should be financed through bundled case payment with 10% of it dependent from treatment completion (pay per performance)
- Outpatient TB care (by pulmonologists in dispensaries)
  - bundled case payment with 10% of it dependent from treatment completion (pay per performance)
- Outpatient TB care (by family doctors)
  - revised contract framework with top-up payment per performance linked to TB-confirmed case finding and treatment completion;
- Community care (by health workers)
  - Top-up payment per performance linked to TB-confirmed case finding and treatment completion

Figure 2: Recommended new payment methods per each level of TB care



Finally, the participants of the workshop agreed on the need to test the revised model of TB service delivery and financing in a pilot. The pilot site was identified in Dolj county. All reform process, from its in-depth analysis, design, implementation and evaluation of the pilot and translation into revised policies and guidelines, should be conducted through a working group of national experts, with assistance by WHO. The further work of the mission team, after return from the mission, was dedicated to drafting the terms of reference of the working group (see Table A) and its roadmap of future activities (see Table B).

Table A: terms of reference for a working group on reforming TB services delivery in Romania

Goal

Reform the service delivery system towards universal access of TB prevention, diagnosis, treatment and care in Romania.

Objectives

1. Establish its membership, adopt terms of reference, timetable with specific deliverables and deadlines, modus operandi.
2. Develop a people-centred model of TB service delivery that is based on the collaboration/integration of TB-dedicated hospital and ambulatory services with primary health care (family doctors) and communities (nongovernmental organizations).
3. Develop and include in the NTP guidelines specific criteria of hospital admission/discharge for TB patients.
4. Revise the current financing mechanisms in order to support the effective implementation of the new model of TB service delivery.
5. Negotiate with the Ministry of Health and the National Health Insurance Fund for the inclusion of TB services in the basic package of health services and identify new payment schemes for the general practitioners involved in TB prevention, referral for diagnosis and treatment monitoring.
6. Discuss and identify concrete forms of collaboration with the Ministry of Labour and Social protection for adoption of TB-sensitive policies and practices.
7. Design new training courses (strategy, methods, material) to provide with the required TB skills the health providers across the different levels of care.
8. Test the new model of TB service delivery in one county through a pilot project to be closely monitored against specific indicators and evaluated at the end of one year of implementation.
9. Based on the result of the pilot project, finalize the inclusion of free-of-charge TB services provided through the National Health Insurance Fund for insured and non-insured patients.
10. Revise the current legislation and practices and develop specific recommendations for contracting out of TB services to nongovernmental organization lay workers.

Modus operandi

The Working Group should be composed by a manageable number of experts to be chosen among those with expertise in different areas of management (including non TB areas) and with back-up from international consultants. The composition of the Working Group should be decided in agreement with the national authorities and all partners and a timetable for the activities of the Working Group, including its working timeframe and deadlines, should be developed. The life time of the Working Group is of three years, ending in October 2017 (end of the implementation of the Global Fund TB grant).

Table B: roadmap outline for reforming TB service delivery in Romania

Activity	2015	2016				2017
	Q4	Q1	Q2	Q3	Q4	Q1
Establishment of working group and first meeting	X					
Monthly meeting of the working group	X	X	X	X	X	X
Revise TB patients' hospital admission/discharge criteria		X				
Revise family doctors' TOR		X				
Revise community health workers TOR		X				
Cost analysis and revision of payment methods of TB hospitals and dispensaries		X				
Cost analysis of the 2016 basic package of services for family doctors and development of performance-based financial incentives for TB services		X	X			
Revision of the legal framework to support the new model of TB care at hospital, ambulatory and community level		X	X			
Negotiation with the National Association of Family Doctors			X			
Negotiation with the National Health Insurance House			X			
Consensus workshop with Ministry of Health and main national TB stakeholders			X			
Consensus workshop with health authorities and providers of the pilot county			X			
Order of the Ministry of Health for the implementation of the pilot project			X			
Develop the training plan and package for all levels TB providers in the pilot county			X			
Train NTP management on result-based management practices			X	X		
Train all levels TB providers in the pilot county				X		
Conduct and monitor the pilot projects				X	X	X
Mid-term evaluation of the pilot project (financial indicators)					X	
Final evaluation of the pilot project (TB treatment outcomes)						X
Final tune of the new model of TB care						X
Order of the Ministry of Health for the adoption of the new model of TB care countrywide						X