IS BOTTOM UP REFORM POSSIBLE IN HEALTH CARE?

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What is bottom-up reform?

FROM
specific
people/patients
practical solutions
pilot projects

TO
general
systems
legislative changes
full roll-out
Is bottom-up reform possible in health care sector?

Generally NO because:

- such reform goes beyond political cycle
- bottom is usually NGO (or private sector), up is public sector with very different interests
- transformation process usually fails (both parts of the world overestimate their importance)
Is bottom-up reform possible in health care sector?

Sometimes YES because:

- solutions prove their robustness in the pilot phase already
- NGOs stick to the principles and do not compromise (not even with the public sector)
- transformation process does not fail (both parts of the world respect importance of the partners)
What project are we talking about?

HEALTHY COMMUNITIES – health assistants in every segregated Roma settlement in Slovakia improving access to health care system and public health services.
Why project did not fail (so far)?

Robustness proven in pilot phase:
- huge increase of vaccination and preventive medical checks in Roma segregated settlements
- improved cooperation with general practitioners (now 700 GPs directly working with health assistants)

No compromises about the principles:
- every health assistant MUST come from the settlement he/she works in
- one single autonomous management of the whole project with unified learning system (not managed under municipalities, public health offices, ministry of health or ministry of social affairs or any other ministry)
Why project did not fail (so far)?

Transformation phase from pilot NGO project to National project under the Ministry of health started in October 2014. Both worlds try to respect each other 😊
Current status of the project

From 12 assistants in 2001 to 299 assistants in 2015
Approved budget for years 2016-2018 in amount of EUR 13 million
Catchment area of 250 000 people in 258 segregated settlements

If interested, come tomorrow at 14.30 to Polak Room for Side event
The case of connecting Roma people living in secluded communities to basic healthcare
Learning points

National level - horizontal integration achieved on both top and bottom level.
Top level – Ministry of health cooperates on the project with Ministries of finance, social affairs and interior
Bottom level – health mediators cooperate with mayors, general practitioners, public health offices, schools and other organizations

EU level – issues in segregated settlements such as housing, unemployment and education cannot be solved before health status of people improves therefore health mediators play crucial role not only in improving health but are leaders of change in other areas