

Romania: Health Sector Program for Results (PforR)

Community Health Care Expert

Terms of Reference

1. Context

In September 2019, the World Bank-supported Romania Health Program for Results (Program) was approved. The objective of the Program is to increase the coverage of primary health care (PHC) for underserved populations by focusing *inter alia* on community health care and to improve the efficiency of health spending by addressing underlying institutional challenges. The Program is anchored in Romania's National Health Strategy 2014-2020 and the Government Program for the period 2018-2020, which endorses the Strategy.

Romania's National Health Strategy 2014-2020 and its accompanying Action Plan 2014-2020 provide a framework for improving population health in Romania (aligned with the Health 2020 Strategy of the World Health Organization). Three Strategic Areas have been identified each of which includes priority actions and strategic objectives, focused on improving public health; ensuring access to quality and cost-effective health services, especially for vulnerable groups; and cross-cutting policies and programs in the health system. The World Bank-supported Program has identified Disbursement-Linked Indicators (DLIs) that map onto the Strategic Areas of the National Health Strategy.

Under DLI 2 the Program will expand community health care and strengthen its collaboration with PHC. Guidelines will be developed to guide and standardize the daily work of community health workers (including both community health nurses and Roma health mediators). Targeted communities (including marginalized communities) will receive health education and support in navigating the health system, particularly PHC to address social challenges faced by vulnerable groups. As part of the communities, community health nurses and Roma health mediators will map out specific social challenges and help address them. As needed, primary care providers and community nurses in these communities will also be trained in working effectively with different cultures and ethnic minorities.

Critical activities under DLI 2 are: i) Review of existing guidelines and regulations supporting community health care and collaboration with primary health care; ii) Development and adoption of guidelines for community health nurses and Roma health mediators, and template agreements for collaboration with family physicians; iii) Upgrades to the AMCMSR to support monitoring of community health and social risk; iv) Capacity building to support the implementation of development guidelines and agreements; and v) Implementation of integrated community and primary health care in up to 300 underserved communities.

A Program-for-Results Coordinator oversees implementation of all DLIs, in close coordination with the Steering Committee and focal points from the MoH, Ministry of Finance, National Health Insurance House, and National Office of Centralized Procurement. The Government has nominated a focal point within the General Directorate for Healthcare, Emergency Medicine, and Public Health Programmes, to lead implementation of DLI 2.

2. Objective of the assignment

The objective of this assignment is to provide technical assistance to the MoH towards the achievement of DLI 2, as a member of the World Bank implementation support team, with hands-on assistance to the focal

point within the General Directorate for Healthcare, Emergency Medicine, and Public Health Programmes and the Program-for-Results Coordinator.

3. Scope of work

The scope of work will include the following:

- (a) Contribute to the planning of and participate in implementation support visits and other discussions with the client on the implementation of the activities under DLI 2;
- (b) Lead the drafting of implementation support monitoring documents on sections related to DLI 2, including Aide-Memoires, Implementation Status and Results Reports, minutes of meetings;
- (c) Contribute to the conceptualization, development, and review of guidelines for community health care, agreements for collaboration between community and primary care providers, and relevant instruments for monitoring community care;
- (d) Support the development of a progress report on implementation of community health care activities;
- (e) Support the development and implementation of a training program for community health nurses and Roma health mediators;
- (f) Support the identification of underserved communities for implementation of integrated community and primary health care;
- (g) Proactively identify bottlenecks in implementation progress under DLI 2 and potential solutions, in discussion with the MoH and Bank team; and
- (h) Provide other technical support as needed towards the timely attainment of the DLRs under DLI 2.

4. Reporting arrangement

The consultant will report to Dorothee Chen and Adanna Chukwuma, Task Team Leaders. The contract will be for 30 days with extensions as needed, up to June 30, 2022.

5. Qualifications

The selected consultant will have the following skills and knowledge:

- Graduate degree in health economics, health systems, health policy, public health, economics, sociology or a related field;
- A minimum of 8 years of experience advising or working in community health care or public health more generally;
- Excellent written and oral communication skills in English and Romanian;
- Ability to integrate complex information into salient and clear recommendations for non-technical audiences;
- Ability to collaborate well with other technical experts and government counterparts; and
- Proactive in identifying and taking on activities that advance Program results.