Health system decentralisation - in the moment of the process acceleration

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Motto: "Intelligence is a decentralization of thinking" M. Ralea

After several attempts of previous Romanian governments to change a health system that has long carried a strong centralization seal, the most used word of the current government in the last period is "decentralization" and it become one of the main policies that will be the basis of the current governance.

The concerns on decentralization process in the Romanian health system are old, and the first health reform following the political changes of the 90s was initiated trying (more or less successful) to achieve the decentralization of the primary health care.

This model of decentralization in health was expected to be carried on in several stages and in 2009 has reached a moment when the focus is on the "Acceleration of the decentralization process in health, and increasing the degree of involvement of local government in hospital management" - according to one of the directions of the Government Program for 2009-2012, related to the health sector. Due to the fact that this action will be supplemented with other directions covering the main components of health (promotion, prevention, harmonization of laws at European level, the health insurance reform, infrastructure development, European funding, the development of public-private partnerships, integration of health services in complex healthcare networks, from primary to hospital healthcare sector, etc.) we are tempted and entitled to say that the projected policies are embedded by an evident consistency on the short and medium term planning in the field of health.

It remains however to be proved in time, and also the implementation of the most efficient and effective measures to resonate, in a close future, with the projected strategies.

Overall usefulness of decentralization will be felt in the ability to implement strategies focused on local needs, to develop a patient-oriented and high quality healthcare system, to innovate and achieve local level efficiency, and thus, also at the central level.

Also, one of the results of decentralization will be the disappearance of inequities in the resources allocation domain and in this respect, the support (including financial) should be provided to all administrative units, especially during the initial stage of the decentralization process.

This support must be both equitable and unitary and it is important to establish criteria, standards and references for an optimal functioning of the healthcare system; this support will allow the monitoring and assessment of the organizations to ensure an optimum efficiency and high quality of health care services.

Decentralization is a broad and complex process reflected also in the human resources involved in its implementation. Thus, employees get new responsibilities for which they need to acquire new knowledge and skills; their involvement must be active and the process should provide the institutional support, and also technical support for the health sector staff involved in the process.

The transfer of authority and power from higher level (i.e. national) to those administrative subordinated (i.e. local) will include both structural and functional decentralization, and will manifest itself on several plans: organizational (delegation), administrative (deconcentration), political (devolution) and public-private partnerships (privatization).

An important component, and also one of the frequent factors, that slows down the process of decentralization, is the financial one. It is imperative that financial decentralization to accompany the global process of decentralization, and thus, the units receiving the new responsibilities should keep also the control over the money (taxes, revenue and expenditure budget, investments, etc.); implicitly, their financial autonomy will be a factor in the favor of local administration of resources.

In the context of the existing a system characterized both by a rigid bureaucracy and a medium efficiency, the optimal alternative is to turn towards small organizations.
Since decentralization may be a feasible solution only if the process will be accompanied by a comprehensive planning, it is reasonable to obtain results even in the current government mandate. The strategy of healthcare decentralization represents the evidence of the existence of a strong political will in this direction but in order to implement such daring policy and realize the expected practical results, it is equally important to exist an active and responsible involvement and participation of all professionals and structures of the system.