

Capitalisation of Experiences from Swiss Transition Assistance to the Romanian Health Sector

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1 Introduction

11 The Context

Transition – a continent redefined

The transition that has taken place in Eastern Europe and the CIS is a change of unprecedented dimensions. The quick development towards pluralism, democracy and market economy saw a continent reshape and reorganise itself. This had consequences not only for the region itself; it directly affected the rest of the world. Bi-polar political settings were overthrown; globalisation was accelerated; and the relations between North and South were to be redefined.

Transition affects all aspects of public life: statehood – many new states were established after the crumbling of the Soviet Empire – was to be understood in new terms. The economy was to be increasingly separated from state control and handed over to private initiative. Society had to accept and to develop new values and orientations. It had to constitute itself outside state control, and at the same time, it was to act as a partner to state authorities, conscious of its possibilities to orient state action, and of the necessity to develop the relations among individuals and groups and with their natural environment.

The huge changes sometimes entailed armed conflicts over political power, or as an expression of the striving for national autonomy, but mostly, they were realised as non-violent processes. Still, all populations of Eastern Europe and the CIS have experienced significant crises since the early 1990s. Many groups saw their livelihood endangered, their hopes and expectations for quick improvement were disappointed, and the living standards of the major population segments even decreased for over a decade.

Romania – from isolation to integration

Romania – a country that had been isolated not only from the West, but also within Eastern Europe – has formally achieved its European and North Atlantic integration. Still, the transition is to be continued, and the political and the economic spheres are to further develop, towards more intensive participation of all forces in the management of public matters for the former, and towards viable investments and awareness of their public responsibilities for the latter. The state has to improve its services for the population, and (increasing) social disparities are not to hinder the country's integration.

The Romanian health sector – services for improved livelihood

The Romanian Health sector suffered from a lack of investment in the last years of socialism. And in the first years of transition, although the legal framework for a decentralised and pluralistic social health insurance system had been established, the provision of quality and accessible medical services remained critical. Romanians experienced deterioration of their health services and of their livelihood in general. Together with the economic difficulties of transition that prevented many people to access quality health services, this was a cause for the decrease in life expectancy and for the particularly poor international image of Romanian health services and social institutions. Only in the last years have the major efforts to improve the situation in the health sector become effective. Among these are the establishment of health insurance, the organisation of primary health care around family doctors, and the modernisation of health infrastructure and of training for medical staff. These improvements – some of them realised in the framework of the Health Sector Reform Programme funded by a World Bank loan – were not always realised swiftly. The emergence of new actors – health insurance for instance, or new medical specialties such as emergency medicine and neonatology – created resistance. Furthermore, the selection of the hospitals that were first to benefit from investment was, in some places, a matter of dispute. The scarcely available financial resources constitute a continuous handicap for the health sector, and the very low salaries of medical and paramedical staff have resulted in migration of professionals that are urgently needed in Romania. An additional condition influencing Swiss support was the elevated number of Ministers that have headed the Ministry of Public Health since transition started. Every change of Minister entailed a change of the authority's senior staff; this, in turn,

delayed the implementation of change projects – new staff usually needing time to get acquainted with their tasks and decision-making thus being slowed down. For instance, sometimes projects were obliged to wait for the signatures that permitted action to be taken.

Transition – a change in mentality

Many Romanian and Swiss actors identify a need for change in what they label as “mentality”. They qualify this change as most difficult – and success regarding change of mentality is considered as especially important, as key, to sustainability. The concept of “mentality” obviously is not an operational one. Still, it is widely shared; it is used by all actors involved to explain the course of projects, their difficulties and differences in Swiss and Romanian visions, for instance. The notion of “mentality” is a dangerous one; it tends to give the status of natural condition to mindsets that apparently cannot be changed (quickly). “Mentality” is sometimes an excuse for the slow pace of development, for not making differences of interest explicit, for lack of commitment. “Modernisation”, the understanding of the necessity to support transition, and consensus regarding its goals, are believed to be necessary elements for a change in mentality.

The following topics - merely named here, but not elaborated on - identify central aspects of “mentality” that have influenced the Swiss-funded projects in the health sector:

- **Taking responsibilities:** Socialist and pre-socialist heritages result in individuals expecting the level of decision-making above them to define activities to be undertaken. Such behaviour may have been functional and adapted in times when individual initiative was not rewarded, or was even punished. But it clearly is a handicap for transition towards pluralist democracy and market economy, for which individual initiative is not only a goal, but also a prerequisite.
- **(Lack of) pro-activity:** If persons and groups are pro-active, this is obviously a sign of very important commitment in the Romanian context. And in the health system in particular, salaries are so low, they cannot be considered a stimulating factor. Of course, being pro-active and showing motivation is difficult when radical change is at stake. The change to be realised is often not clearly defined and explained, individuals do not necessarily see how they are to contribute to change, nor how they are to change their roles to support developments.
- **Hierarchies:** Romanian organisations are still structured in rigid hierarchies. This adds to the difficulty for individual actors to take responsibilities. And it reflects management procedures that are not designed to motivate staff and to make the best use of available resources and to develop them.
- **Change as a challenge:** Change results in the necessity to re-define roles and in the adaptation of practices. Individual and institutional reaction to these requirements is often inertia, rather than supportive behaviour. This is especially true when there is fear of change, i.e., when expectations formulated by others, or when plans for change, are considered as an undue challenge or even a threat.
- **Relation to patients:** In the Romanian health system, patients are not necessarily at the centre of the aspirations of institutions and single professionals. The latter often understand themselves as holders of rights and of power, and not so much as service providers. This, of course, negatively influences the quality of the relation to patients. The latter are often unaware of their rights, nor do they know any other way of having their needs met than by illicit payments.

12 The Capitalisation

With the accession of Romania to the European Union on 1 January 2007, the Swiss cooperation programme entered its final phase. In agreement with legal conditions, all project activities are finalised by December 2007. In the phasing-out period, SDC capitalised experiences of some key elements of Swiss cooperation. The goal of the capitalisation is to extract lessons learnt that can be of use not only for other similar initiatives of Swiss international cooperation, but also for Romanian organisations and institutions and other donors. The aim of the capitalisation process is to identify processes and outcomes and to

analyse strengths and weaknesses, taking into consideration the fast changing context (political, social and economic transition, and the EU accession process).

The general objectives for the capitalisation of experiences in Romania are:

- Institutional learning in SDC as well as within partner organizations;
- Sharing of SDC experiences with implementing organisations in Switzerland and beneficiary countries;
- Accountability for results of SDC towards the Swiss Parliament and the general public.

The structure of the presentation of results follows the terms of reference, first recalling the capitalisation's two focal projects (13), then identifying the strategic orientation of the Swiss contributions (2) and of Romania's efforts as well as the involvement of other donors (3). The achievements regarding sustainability (4) and, closely related, the national rolling-out (5) allow the presentation of additional aspects of the Swiss participation in the development of Romania's health sector. Finally, major lessons learnt are proposed (6) that can contribute to the design and implementation of activities in other health sectors, not only that of Romania.

13 The Capitalisation's Basis of Experience: The Projects

The Swiss involvement in the Romanian Health sector was comprised of several projects and activities. They included support to home care and to the training of public health specialists, as well as the participation of Romanian health sector representatives in the Ascona Summer University. Two projects are presented in some detail here – BEMSSy / REMSSy and RoNeoNat – because the capitalisation significantly relied on experiences made in the framework of these two endeavours. The presentations address quantitative aspects – the financial volumes invested throughout the different phases and their allocation in time – and, as a first capitalisation of the experiences accumulated in the project histories, they highlight some qualitative aspects of the activities performed.

BEMSSy / REMSSy

REMSSy was designed to improve Regional Emergency Medical Services Systems in the country. SECO had financed respective efforts in Bucharest in the 1990ies (the BEMSSy project).

The good results of the Swiss support to emergency services in Bucharest led both the Swiss and the Romanian Government to continue cooperation. In 1998, SDC joined in, supporting the Romanian Ministry of Public Health in its efforts to improve emergency services throughout the country. BEMSSy thus clearly had a catalytic effect on the improvement of the emergency system in Romania. Initially, the Swiss financed activities consisted in the provision of communications equipment and in the granting of technical assistance to set up a comprehensive emergency medical system. In line with the Romanian Health Sector Reform Programme, the focus was then shifted onto soft aspects, i.e. on fine tuning the quality systems in the 14 departments where REMSSy had begun, on training, and on assuring the sustainability of the training.

From Assessment to Plan and from Plan to Action

Before initiating cooperation in the form of a project, a thorough assessment of the situation and of the needs was carried out. Knowing the local stakeholders, their assets, their capacities and history was a necessary preparatory step that was to allow for accurate planning and, later, for swift and effective implementation. The continuous involvement of local actors and the establishment of working relations among them, and between central and local levels, were part of project preparation. The signing of agreements, the clarification of the commitment and contribution of all stakeholders, and the definition of binding and detailed plans were additional elements in the preparation of project implementation, realised as a cooperation of all actors involved.

BEMSSy / REMSSy at a glance

Overall Goal (REMSSy IV): Increase the chances of survival of patients utilising emergency medical services.

Project Objective: Increase the access of the population to high quality emergency medical services in Romania.

- A sustainable basic and continuous medical education system in emergency medicine is in place in Romania.
- Tools and mechanisms for quality assurance and monitoring are fully functional in 14 REMSSy districts and disseminated at national level.

	BEMSSy	REMSSy I / II	REMSSy III	REMSSy IV
Duration	1994-1997	1998-2001	2002-2004	2005-2007
Funding Agency	seco	seco SDC	SDC	SDC
Area of Intervention	Bucharest	Cluj, Constanta, Craiova, Iasi, Targu Mures, Timisoara	Romania	Romania
Implementing Agency	Corporate Dynamics	Corporate Dynamics	Centre for Health Policies and Strategies	Centre for Health Policies and Strategies
Swiss Funding		← approximately 14 Mio CHF →		
Romanian Funding (WB & EIB loans, Romanian budget)			← approximately 70 Mio CHF →	
Major Outcomes The patients utilising emergency medical services have increased chances of survival: Access to and quality of services provided are improved. The following outcomes can be identified in the project's different phases:	<ul style="list-style-type: none"> • Modernised communication system for emergency services by the provision of equipment • Dispatch staff, physicians, ambulance staff trained 	<ul style="list-style-type: none"> • Launch of emergency medicine services reform • BEMSSy experiences transferred to six counties • Modernised emergency services' communication • Training centres operational • Basic equipment for ambulances & emergency departments 	<p>Development of an emergency system</p> <ul style="list-style-type: none"> • Emergency medicine services reform under implementation. • Emergency medicine established as a medical specialty. • Public reputation of emergency services improved. • Emergency services' communication modernised. • Basic equipment for ambulances & emergency departments available. • Innovation by professional associations adopted. • Contributions of the Romanian budget. <p>Enhancing the skills of staff</p> <ul style="list-style-type: none"> • 15 training centres operational. • Dispatch staff, physicians, ambulance staff trained nationwide. <ul style="list-style-type: none"> – Training curricula and protocols (for advanced life support) were introduced. – FAST (focused assessment with sonography for trauma) was introduced. Over 300 emergency physicians were trained. – 59 physicians and 32 nurses were certified by the Ministry of Public Health as "trainers for emergency medicine". – 168 physicians and 794 nurses from pre-hospital emergency medical services (ambulance services) were trained in three weeks courses. – 224 physicians and 613 nurses from hospital emergency services were trained in three weeks courses. – Distance learning is accessible. <p>Ensuring and developing quality</p> <ul style="list-style-type: none"> • Tools and mechanisms for quality management were introduced. <ul style="list-style-type: none"> – 15 evaluators (emergency medicine physicians) assess the 63 emergency hospitals in Romania and provide continuous support. – A data base on the classification of all Romanian hospitals with emergency departments was established. – 15 emergency departments and 7 County Ambulance Services were supported for ISO 9001 quality management certification. 	

From Bucharest to the Rest of the Country

Swiss support to Romanian emergency services started in Bucharest. Here, important insights were gained that then served as a valuable basis of experience when the project was rolled out to counties. The Ministry of Public Health's decision to improve emergency medical services on a national level was a welcome opportunity for SDC to continue its support to Romanian efforts in this field.

From a Swiss-funded Project to a National Strategy and Programme

The experiences made in the framework of the Swiss-funded project, together with the plans and aspirations of local actors coupled with internationally accepted standards, translated into a process of definition of a national strategy for emergency services. This strategy is manifested in a legal basis for emergency medical services, in whose formulation the actors of Swiss-supported activities on local levels were actively able to participate. Representatives of regional emergency services were consulted on drafts of laws and bylaws, and some of them were members of national commissions dealing with emergency services. In line with the definition of a national strategy, Romania invested into the infrastructure of emergency medicine – rehabilitating premises and furnishing them with medical equipment – by providing funding mainly from a World Bank loan.

From Equipment to Software

The SECO-funded phases of REMSSy consisted in the definition of an emergency service in Bucharest, in the provision of equipment – mainly for communication – and in the preparation of staff to work with this equipment. In later project phases, Swiss support shifted from the provision of equipment to quality aspects of emergency systems, to training, and to making training sustainable. Again, this shift in focus coincided with and was made possible by increasing contributions from the Romanian government to the improvement of emergency services.

From a Swiss to a Romanian Implementer

While during the first phases of SECO and SDC's contributions to the modernisation of Romania's emergency medical services, a Swiss company was responsible for the project's implementation. From 2002 onwards, a Romanian NGO, the Center for Health Policies and Services (CHPS), was entrusted with the detailed planning, the conduct of activities, and with the monitoring of implementation. This selection of a Romanian implementing agency was ideal in the sense that it is an additional contribution to the strengthening of local capacities. The implementer itself benefited from the contract with a foreign state agency in that the mandate was a possibility to increase its knowledge, know-how and experience. Still, SDC's decision to cooperate with a Romanian implementer was not exclusively motivated by conceptual orientations, but also by economic considerations since a Romanian implementer generates lesser costs than an international one. Obviously, the contracting of a Romanian implementing agency would not have been possible in the early stages of cooperation as organisations with the required capacities and experience had simply not yet emerged.

From SECO to SDC

An important moment in the project's history was the change of the Swiss agency responsible for health projects in Romania. Initially, SECO had financed BEMSSy (the project targeting the improvement of emergency services in Bucharest) and REMSSy. After a redefinition of responsibilities of SECO's and SDC's roles in supporting transition, the latter took over and continued support to the Romanian emergency services outside Bucharest. The continuity of Swiss support was very much welcomed by the Romanian partners, and it was realised with increasing stress on technical cooperation. It is to be noted, however, that between REMSSy's second and third phase, activities almost came to a halt due to slow decision-making by Swiss actors.

From Success to Further Developments

The quality and the efficiency of Romanian emergency medical services have clearly improved. The success is so spectacular that the number of patients seeing emergency departments has increased dramatically. Often, their number has doubled and even tripled. This success, to an extent, is also a handicap for emergency services. Additional staff and further enlarging of premises is required. The solution to this aspect of emergency medical services will not come from within this specialty itself, but from the development of another aspect of the Romanian health system. For instance, only when family doctors effectively execute their role as gate keepers, and when patients better distinguish between health troubles that are to be dealt with by emergency services and others that are more appropriately reported to general practitioners, will emergency services be able to fully and efficiently play their role within the health system.

B Neonatology

RoNeoNat was aimed at modernising the Romanian neonatology system in order to reduce the mortality of newborns – one of the highest in Europe. By funding the project, SDC contributed to a national effort, the Romanian Health Sector Reform Programme. SDC supported Romanian hospitals to modernise, improve and enhance the capacities of their neonatology departments by providing them with the necessary infrastructure and appropriate skills.

RoNeoNat at a glance			
Goal: Reduce neonatal mortality in Romania.			
Project Objective: Modernise Romanian Neonatology System.			
<ul style="list-style-type: none"> Regionalised neonatology services provide high quality care within a comprehensive quality framework. Members of target group / beneficiaries ... make appropriate use of quality perinatology services. Romanian health sector reform efforts benefit from RoNeoNat project experiences and lessons learnt. 			
	I	II	III
Duration	2001-2002	2003-2005	2005-2007
Funding Agency	SDC	SDC	SDC
Area of Intervention	Iasi, Targu Mures	Iasi, Targu Mures	Romania
Implementing Agency	Corporate Dynamics	Swiss Tropical Institute CRED	Swiss Tropical Institute CRED
Swiss Funding	approximately 10 mln CHF		
Romanian Funding (WB & EIB loans, Romanian budget)	approximately 155 mln CHF		
Major Outcomes Neonatal mortality was reduced by modernising neonatology services. The following outcomes can be identified in the project's different phases:	System <ul style="list-style-type: none"> Establishment of a transport system for newborns Introduction of follow-up of patients after Neonatology Intensive Care Units (NICU) Quality assurance system introduced Training <ul style="list-style-type: none"> Curricula available, Training Centres in Iasi and Targu Mures established Trainers trained and certified Professionals in the project region trained (neonatologists, nurses, obstetricians) Equipment <ul style="list-style-type: none"> 24 hospitals equipped and prepared for the use of equipment Ambulances for transport of newborns adapted and equipped Involvement of the community <ul style="list-style-type: none"> Regional information campaign to promote perinatal services 		Development of a neonatology system <ul style="list-style-type: none"> Nationwide Introduction of new concepts and guidelines. Introduction of quality management. Introduction of health technology management. Establishment of a transport system for newborns. Information campaign to promote perinatal services. Provision of equipment for neonatology services. Contributions of the Romanian budget. Enhancing the skills of staff <ul style="list-style-type: none"> Establishment of training centres in Cluj, Timisoara, Sibiu, and Bucharest (2). Nationwide training of medical staff (neonatologists, nurses, obstetricians). <ul style="list-style-type: none"> 7 "Excellence Centres" equipped with training rooms. 4 teams of infant surgeons (consisting of 1 surgeon, 1 anaesthesiologist, 1 nurse) trained during 1 month in Switzerland. 6 obstetricians trained during 1 month in Switzerland. 5 neonatology teams (consisting of 1 neonatologist and 1 nurse) trained during one in Switzerland. Over 700 staff from neonatology wards trained. Nationwide training of bioengineers, <ul style="list-style-type: none"> 25 bioengineers, technicians and engineers of other specialities were trained. Impact <ul style="list-style-type: none"> Infant mortality reduced more significantly in project regions than countrywide. Countrywide reduction from 17.3‰ in 2003 to 13.9‰ in 2006, the reduction, in the same period, was from 19.2‰ to 13.7‰ in Iasi. And in rural areas, where infant mortality was at 17.1‰ in 2006, the project regions also compare positively: Neamt: 13.5‰; Mures: 11.7‰. Neonatal mortality reduced more significantly in project regions than countrywide: In Romania, a decrease from 8.8‰ (2003) to 7.8‰ (2006) was observed, in the project regions, the evolution was as follows: Iasi: From 6.0‰ to 4.2‰; Mures: From 9.1‰ to 6.3‰.

In its last phase, the project focused on training courses for physicians, nurses and technical personnel, the establishment of a quality control system, and the regionalisation of services. In addition, the project also directly addressed a larger public. An awareness campaign informed young parents that they were entitled to benefit from free-of-charge quality health services.

From Assessment to Plan and from Plan to Action

A Swiss consultant, Corporate Dynamics, was mandated to prepare the project by assessing in detail the situation and the needs in Romania. Based on this preparation, project planning proper was realised. This was done by the Swiss Tropical Institute, together with local partners representing ministerial levels and local service providers as well as other actors (WHO, World Bank, etc.). The commitment and contribution of all stakeholders were clarified: Binding and detailed plans were defined, and agreements were signed, before implementation started. The project's realisation was a cooperation of a large number of Romanian actors and the Swiss implementing agency.

From Two Project Regions to a National Training Offer

Two project regions – Targu Mures and Iasi – were chosen to be the geographical focus of the project's initial phase. Neonatology services in two hospitals were equipped, medical staff was trained, training centres were established, and training for future trainers were organised. In the project's later phase, staff from all parts of Romania were trained – representing primary, secondary and tertiary-level health infrastructures.

From a Swiss-funded Project to a National Effort

The Swiss-funded project constituted a focal point of a general strengthening of Romanian neonatology services. The Ministry of Public Health – mainly thanks to a World Bank loan – provided equipment to the neonatology services all over the country and relied on the Swiss-funded project to train the staff working in those facilities.

From Equipment to Software

Whereas in its early stage, the project combined the provision of equipment – diagnostic and therapeutic instruments – and software, it concentrated on the quality of services delivered in neonatology wards later on. This was made possible because the initial Swiss input had contributed to convince Romanian health authorities that their own investments in neonatology were needed, feasible, and would produce good results.

From a Swiss Project Office to the Establishment of a Romanian Implementing Partner

As early as 2003, the Swiss Tropical Institute transformed its project office in Romania into an NGO, CRED (Centrul Romano-Elvetian pentru Dezvoltarea Sistemului de Sanatate). This organisation is planned to last beyond the project's duration, acquiring mandates from other donors and, possibly, from the Romanian government and from other local actors.

From Improvements to Further Developments

Perinatal services in Romania have clearly improved thanks to the joint Romanian – Swiss efforts. The services of neonatology wards are being used, and the cooperation of these wards with other medical specialties is developing. Still, the process of strengthening the capacities of neonatology in Romania is to be continued. The working relations of neonatology with other medical specialties – family doctors for instance – are to be further developed. The quality of services is still to be improved – by investments in infrastructure, equipment, and training – and the information of the population is to be continued. Future mothers and young families require more education in health matters.

2 Project Strategies

The Swiss strategy for intervention in Romania's health sector was not predefined. It was developed while projects were under implementation. The orientation of Swiss contributions drew on the experiences accumulated in the course of cooperation, and it evolved together with the cooperation. The strategic orientation of Swiss-funded contributions to the Romanian health sector, through time, was mainly characterised by the following aspects:

Approaches

- **Addressing problems systemically:** The projects holistically conceived the health domains they were active in. And beyond that, the entire health system, the relations of a specialist with colleagues working in other domains, were taken into account when planning and when realising activities. And so were economic and social and even political conditions. The purpose of Swiss contributions was the establishment of new and sustainable systems. This scope was pursued by addressing the quality of services and their financing, and by involving different levels of medical staff and patients, as well as administration and legislation, etc.

The emergency medical services that were to be improved, were, for instance, conceived of as a system that consisted of pre-hospital services and emergency rooms. The dispatch services, the quality of medical staff and of the (diagnostic and therapeutic) equipment in ambulances, as well as the way of working within the emergency departments, were all equally addressed by the project, just as were legal aspects of the emergency services and, on a medical level, both the protocols for the interventions to be taken by medical staff and the quality of medical services provided. Furthermore, since the investments made into emergency medicine modified its capacities and performance, the working relations with other hospital wards were to be addressed and re-defined. In particular, cardiology and surgery had to learn about the advantages of improved emergency medicine for their own activities. Regarding neonatology, the effort for system building translated into the ambition to promote perinatology, i.e., the combination of several medical specialties (gynaecologists, obstetricians, neonatologists, paediatricians, surgeons, etc.).

- **Realism and promptitude:** Swiss interventions reacted to the real and current needs of the Romanian health system. They were planned and implemented based on sound knowledge of local conditions and did not attempt to replicate "Swiss solutions"; and they were mainly realised within the foreseen time frame.

Entry Points

- **Introducing innovation:** Improvement of medical services and of the respective sub-systems was approached through innovation – new equipment was provided, medical procedures and protocols were redefined, and the relation to patients were changed. The development of new concepts – realised as a common endeavour of the projects' main actors – was the basis for introducing innovation. Emergency medicine and neonatology are new medical specialties in Romania. The Swiss project contributed to their being put in place and to their acceptance by other medical specialties (cardiology and surgery, for emergency medicine; gynaecology, obstetrics, paediatrics, for neonatology) that were not always pleased with the enhanced standing accorded to emergency-medical and neonatology staff. Swiss projects also permitted the establishment of international contacts that added to the legitimacy of the new and more important role played by emergency medicine and neonatology.
- **Combining hardware and software:** The provision of equipment, especially important in the early phases of Swiss support to Romanian emergency medical services and to neonatology, was combined with the definition of its utilisation, with the training of staff, and with the concern to improve the quality of services. Again, it was based on concepts developed by the projects' stakeholders. In later stages, Swiss support was able to concentrate on soft aspects since Romanian actors were increasingly in charge of providing equipment, of rehabilitating infrastructures, etc.

- **Investing in persons:** Training, a central instrument for change, was not a tool to be utilised once, but was introduced and established as an ongoing process. The concept of “life long learning” was anchored amongst the partners. In neonatology, special attention was paid to hygiene and maintenance of equipment; thus, health technology management was integrated into the project. An important aspect of the neonatology project was the awareness campaigns realised among the potential users of neonatology services, contributing to the reduction of mortality rates and to the improvement of the health status of babies, along with contributing to the awareness about the availability of respective services.
- **Being active on different levels at the same time:** The projects were primarily realised with partners working in emergency services and neonatology wards. At the same time, the meso- and macro-levels of the Romanian health system were also involved. Central Ministry and regional and local health authorities were necessary partners for the improvement of emergency services. They prepared laws and regulations and they contributed to improving the performance of emergency services by providing support and by increasingly participating in funding. The health insurance branch, professional associations, other donors and, last not least, the population were additional stakeholders involved – more or less directly and with different intensity in the course of the projects – in the Swiss-funded activities.

Implementation

- **Mandating implementing organisations:** Although SDC (and SECO) did not implement activities, the two Swiss agencies were of course involved in the supervision of implementation. And SDC (and SECO) did not monitor the projects by themselves. They entrusted implementing organisations with the responsibility for the realisation of project activities and for their monitoring. Given the financial volume and the geographical outreach of the project, and given the limited staff resources of the COOF, the formulation of mandates for actors promoting and following the project's implementation was a necessary and even crucial aspect of the project.

Adapting Strategies

While the basic orientation remained valid throughout Swiss involvement in the improvement of emergency medical services and neonatology in Romania, some aspects of SDC's strategy of intervention evolved, i.e., in parallel with the increasing burden shouldered by the Romanian partners, the experiences made, the successes achieved, and to the necessities identified. Flexibility was required throughout the implementation of activities.

Among the strategic adaptations and the changes of orientation introduced in the course of the projects, the following are to be mentioned:

- **Starting locally, developing impact on national level:** When SECO started its support to the emergency services in Bucharest, no one knew that this would be the inception of a cooperation of one and a half decades. Only with REMSSy did a project covering the country emerge as an option and, finally, a reality. Still, the country-wide aspirations were able to be soundly developed only since they were based on the experiences gained with the first steps made in the capital. The improvement of neonatology services in the two project regions (Iasi and Targu Mures) unfolded, from the beginning, in the perspective of a general development of perinatology in Romania. This is manifest in the close links of the Swiss-funded project with the national Health Sector Reform Programme. Still, the national ambitions developed with the successes achieved on the level of single projects.
- **Cooperating with Romanian implementing agencies:** For the REMSSy project, shifting from a Swiss to a Romanian implementer, the Center for Health Policies and Services, allowed for increased proximity to local realities. It permitted in-depth understanding of local conditions and necessities, and it allowed for an especially effective and efficient monitoring conducted in close contact with the actors in the field. This proximity was especially necessary, since the project required quite some effort to be developed with its stakeholders and to convince the actors about the specific aspects of the endeavour in order for them to comply with the commitments they had made and provide their contributions.

Although RoNeoNat did not have a Romanian implementing agency, the Swiss Tropical Institute had the project management evolve in the same direction. In order to strengthen its presence in Romania, and to enhance local capacities, STI transformed its project office into a Romanian NGO (CRED). This was an important investment into local capacities, and ideally CRED is to evolve into an actor that is able to acquire mandates from other international agencies and from Romanian organisations, including authorities, thus assuring its sustainability and putting to profit the knowledge and know-how it has accumulated during its involvement in RoNeoNat.

- **Sharing experiences and advisory services:** The projects allowed for the accumulation of in-depth experience regarding the improvement of emergency and neonatology services. This experience was shared with the actors of the country-wide modernisation of Romanian services. Actors of the neonatology project, for instance, have assessed future regional centres for perinatology and have advised them regarding both organisational and medical aspects. Romanian actors of both the neonatology and the emergency medicine project were consulted on the draft versions of legal regulations on their activities.

3 Romanian Strategies

Projects are forms of cooperation among a variety of actors. Contributions of all partners involved are necessary for the successful implementation of project plans and for development in general. In international cooperation, the target country is (should be) orienting and managing the support proposed by foreign actors. In order to promote alignment of donors support, Romanian actors on all levels were to coordinate their own and donors' activities according to the visions and plans for the country's development. Some main elements of Romania's strategic efforts and other contributions to attract and orient international cooperation are presented below.

Mobilising support

The need to improve the emergency medical services was quickly identified after the socialist regime was overthrown. Similarly, the necessity for modernising medical services for newborns became manifest. Romania's poor international image regarding newborns and children in hospitals and in social institutions helped to increase respective awareness in the country. Upon these assessments, Romanian authorities invited Switzerland to participate in the efforts to develop emergency medicine and neonatology. Swiss authorities responded positively, sharing the assessment that the Romanian health system was in urgent need for development. The acknowledgment of the need for external support, obviously, is a prerequisite for accessing it. This acknowledgment and the analysis of its own weaknesses, thus amounted to an important contribution of Romania, allowing for targeted support that was aligned on the strategic orientation of local efforts.

Policy Dialogue for Orienting Activities

Romanian strategies for the development of the domains in which Swiss support was active, did not pre-exist. Rather, they were defined to a large extent in parallel to the implementation of the Romanian–Swiss projects. Policy dialogue between Romanian stakeholders and with the participation of the Swiss representatives was not a side effect of the cooperation. It was at the core of the endeavour of modernising emergency services and neonatology. It is therefore fair to say that Swiss contributions were always made with regards to the Romanian plans for the emergency medical services and for neonatology. They were not isolated activities, but part of the building of emergency medicine and neonatology systems.

Evolving from donor-funded projects into National Programmes

The Swiss contributions were used to make initial steps, and to gain experience that could then be used for the countrywide improvement of neonatology and emergency medicine. The definition of the national Health Sector Reform Programme was thus made possible, at least partly, thanks to the initial Swiss-funded projects.

The previous cooperation with Switzerland, according to both Swiss and Romanian voices, contributed to confidence building in the negotiations with the World Bank. Swiss-funded project showed that the Romanian health system had proved its ability to engage in international cooperation. The actors on central and on local levels had shown their commitment and were thus considered reliable partners for cooperation.

Establishing a Legal Framework

The Romanian State contributed to the improvement of medical services, for instance by establishing the legal and regulatory framework. This necessary contribution was and is critical so as to prepare sustainable investments and to make the improvement of emergency medical services and neonatology continuous and independent of external (Swiss) inputs.

- A legal framework was established that regulates emergency medical services and neonatology in the country. It defines working relations between different levels of the services, the financing, and obliges medical staff involved to be trained regularly, etc.
- The trainers and instructors training medical and paramedical staff in emergency rooms, in ambulances, in dispatch centres and in neonatology wards were accredited by Romanian authorities. In a next step, the training centres in the country that will continue to provide training to medical staff may be certified. This will be an additional step in the institutionalisation of efforts made over the last years.

Financial Inputs

Financial contributions of Romanian authorities have drastically increased over the years. They include expenditures defined in the budget and the funds available thanks to the acquisition of a World Bank loan. These Romanian investments have allowed for (starting) the nationwide modernisation of emergency medical services and of neonatology. The increasing financial commitment of the Romanian State has allowed Swiss contributions to focus on technical cooperation (training, quality development and insurance, etc.).

Contributions of Romanian health sector staff

The medical staff providing services to patients significantly contributed to the Swiss-funded projects and, more generally, to the improvement of emergency medical services and of neonatology in Romania. In addition, other professionals, representing health authorities, health management, etc., also contributed to the success of activities.

- The commitment not only of medical staff, but also of representatives of health authorities on central and on regional levels to make the projects a success, was noteworthy. The personal investment of individual actors in the improvement of services provided was crucial for things to move, for activities to be realised, for colleagues and partners to be motivated, and for authorities to be convinced to support the further development of neonatology and emergency medicine.
- Medical staff contributed to the success of the projects by participating in training – for which they were not paid. This is noteworthy because the concepts of continuous training and of re-training were rather new. Medical staff had to be convinced to participate in training activities. Convinced they were by the formal obligation for continuous training formulated by the Ministry of Public Health, but it was also necessary to explain the professional benefit derived from participating. Lastly, they were to be convinced by the quality of the training provided.
- Neonatology and emergency medicine are both at the interface of different medical specialties. Since they both depend on effective and efficient working relations with colleagues representing other specialties, e.g., gynaecology, obstetrics, paediatrics, cardiology, surgery, the Romanian staff involved in Swiss-funded projects always promoted cooperation between different segments of the health system.

Donors' Activities: Harmonisation and Alignment

Other donors were not active in the fields of emergency services and neonatology with as much continuity as was Swiss international cooperation. The Scottish cooperation, USAID, the French cooperation, for instance, occasionally provided materials (especially in the early

stages of modernising emergency medical services), training (in Romania and abroad), and foreign expertise for consultancy services. In neonatology, the actors of the Swiss-funded project established working relations with some of the other donors, mainly on the level of developing and dissemination of guidelines, and in coordinating the organisation of training courses (abroad and in Romania).

This distribution of roles was clearly the result of donor coordination in the health sector. Coordination and harmonisation of different foreign actors was initiated and promoted, especially in early stages, by the Ministry of Public Health. Switzerland thus had the opportunity to be active in niches where it could participate in the development of the Romanian health system in a privileged position, and where its contribution became very visible – BEMSSy and REMSSy and RoNeoNat are clearly associated with Switzerland and with the two agencies SECO and SDC. The niches in which Swiss-funded activities were realised were not “accidentally” found, but were the result of harmonisation.

Foreign contributions were not merely harmonised amongst themselves, they were also organised in view of Romania’s strategies. Alignment was thus effective in the health sector. This is true even if the strategies to which donors contributed were developed in the course of cooperation (as was the case with Swiss involvement in neonatology and emergency medicine).

4 Sustainability

The Swiss contributions to the emergency system and to neonatology in Romania have excellent chances to be sustainable. The main reason for this assessment is the fact that Switzerland supported national efforts for the development of the health sector. It contributed to the development of national systems. Romanian authorities and the service providers in the two fields of cooperation guarantee sustainability.

Concretely, the following elements can be identified as corroborating the good perspective on the durable effect of the development realised over the last years in general, and of Swiss contributions, in particular. They reflect institutional as well as financial dimensions of sustainability.

Preparing Sustainability

- **Planning for sustainability:** Sustainability is not an outcome that can simply be observed once investments have been made and have become effective. Sustainability can be and must be prepared and planned. The Swiss contributions – hardware and software – were designed with the perspective of the time after Swiss support. And this was done based on a long-term vision, consisting in the comprehensive improvement of services.

The BEMSSy and REMMSy project scope was to contribute to the establishment of modern and viable emergency medical systems in the capital and in the regions. The efforts produced were to profit institutions and their forms of cooperation, not individual actors. The anchoring of emergency medical systems in the national legal framework importantly contributes to the good prognosis for the investments’ sustainability.

The neonatology project had comparably little time to make its contributions to the development of the new specialty in Romania sustainable. The project’s scope was to provide a critical input to the establishment of modern and viable neonatology services. Investments in hardware and software were therefore also realised with the perspective of the time after Swiss support. The definitions of a legal framework for neonatology, the introduction of protocols and standards for the services provided to patients, and the organisation of maintenance of health equipment were important aspects of the preparation of the project’s sustainability.

Institutionalisation

- **The legal framework is (being put) in place.** The medical specialisation in emergency medicine, emergency medical services, organisations assuring transport of patients – all have their place in the Romanian health system and in the respective legal provisions.

Their financing is assured by the Ministry of Health and the health insurance. Bylaws also define, for instance, the obligation for doctors and nurses to be re-trained.

Neonatology has been established as a recognised medical specialty. Laws and bylaws, protocols and guidelines regulate the mode of operation, the obligation for medical and para-medical staff to be re-trained, etc.

This form of institutionalisation is an important prerequisite for making health services sustainable. It must be noted, though, that there are still gaps between legal provisions and actual practice. These gaps are to be filled by enforcing laws and bylaws based on close monitoring of medical practice and its quality. A specific aspect of institutional sustainability that is to be further improved is the provision of services to remote areas. Countrywide coverage of neonatology and of emergency services has not yet been guaranteed. In addition, the organisation of cooperation among the different medical institutions on regional level is still to be developed.

- **Support of major stakeholders is assured.** The Ministry of Health, the college of physicians, the family doctors, the rank of nurses, the national Centre for Post Graduate Vocational Training – all these and still other actors have recognised the necessity for improving the emergency medical services and neonatology, as well as for supporting their development.
- **Links to Universities are established.** Heads of emergency medical services and neonatology departments involved in the Swiss-funded project teach at universities, thus further contributing to the spreading of innovation.
- **Professional organisations are an additional vector of development.** The National Association for Emergency Medicine and the Romanian Association for Neonatology directly communicate with health authorities where they lobby for their causes, and they are important actors promoting further improvement and innovations among their members.
- **The national Health Sector Reform Programme:** Swiss contributions were initial inputs into the Romanian efforts for an overall improvement of emergency services and neonatology as reflected in the national Health Sector Reform Programme that is being financed by a World Bank loan, a loan from the European Investment Bank, and by investments of the Romanian Government.

Future Investments into human resources

- **Training is compulsory.** Training centres are operational and have the capacity to provide training to medical staff throughout the entire country. The equipment provided, and most of all the investments into the trainers – together with the obligation for medical staff to attend training courses – will show effects beyond the duration of the Swiss project. The training contents, adapted to local conditions, are based on internationally accepted standards for emergency medical services and neonatology.
- **Curricula are available.** The training centres can carry out future training courses based on curricula developed in the framework of the project and based on international standards for emergency medicine and for neonatology.

Material Aspects

- **Funding for services is guaranteed:** Services currently offered will also be provided in the future. The sources for their financing are diversified; they comprise the Ministry of Health's budget, the health insurance's contributions, as well as the budgets of local authorities.
- **Financing of future training is ensured.** The training courses have so far been free of charge. In the future, the participants will pay for them so as to cover the costs incurred by their organization. Participation will not decrease since training is compulsory.
- **Health technology management in neonatology.** The introduction of bioengineering in neonatology – and in the legal framework regulating neonatology services – guarantees appropriate maintenance of health technologies.

Open Questions

- A clear sign for the sustainability of Swiss input into Romania's emergency medical system is the assessment shared by stakeholders that **the system** will continue to exist and be further developed after SDC ceases cooperation at the end of 2007. Thus, emergency medical services are preparing their ISO 9001 certification. This will constitute an element of quality assurance. Still, there are concerns that the **quality aspects**, on which the Swiss-funded projects had focused in their last phases, will need major future efforts in order to be maintained and further developed according to international standards. In this field, international inputs will still be required. The quality of services provided will also depend on future Romanian investments, including those into the renewal of equipment.
- **CRED**: Obviously, the organisation that was involved in the implementation and the monitoring of the neonatology project cannot rely on future mandates from SDC. It will thus have to prove its sustainability by acquiring new mandates from international and/or national actors.

5 Rolling-Out

Both the neonatology project and the project on emergency medicine started as efforts for the improvement of services in selected places or regions (Bucharest for REMSSy; Iasi and Târgu Mures for neonatology.) An important ambition of the Swiss contribution was to see the innovation introduced by the projects spread to other places, potentially to the whole country. This plan was able to be realised. The following paragraphs provide information on some major reasons behind this success.

51 General Aspects

Rolling-out – a Romanian Plan

The success of the rolling-out depended on the willingness and the capacities of Romanian actors – on central as well as on regional and local levels – to implement the respective activities. The rolling-out is a Romanian endeavour to which the Swiss projects can contribute. A countrywide coverage even of a single aspect of the Romanian health system is beyond the capacities and the reach of SDC.

Rolling-out – at Romanian Speed

Since the implementation of plans for a rolling-out in general, and the implementation speed in particular, cannot be controlled by SDC, there was some dissatisfaction with SDC and with the implementing agencies concerning the roll-out. Delays in the planned rolling-out resulted, for instance, from the fact that valuable experiences made in the framework of Swiss-funded projects could not, or not fully, be put to the profit of Romanian actors since the Swiss actors will no longer be present after 2007.

Rolling-out – SDC's Contributions

The contributions of the Swiss-funded project to the Health Sector Reform Programme in the domains of emergency medical services and perinatology mainly reside in the following three domains. (It is to be noted that both Swiss actors and Romanian actors involved in Swiss projects can be the providers of the respective contributions):

- **Laws and Regulations.** The participation of actors of the Swiss-funded projects in the definition of laws and bylaws and regulations, including protocols and guidelines, contributed to the effectiveness and efficiency of the rolling-out of the respective modernisations. The rolling-out can build on knowledge and know-how available among Romanian actors.
- **Training.** The training courses established and tested at the training centres of the REMSSy and RoNeoNat projects have been able to be replicated for medical and para-medical staff throughout the country.

- **Sharing of experience.** The experiences accumulated in the framework of the two Swiss-funded projects can still be used when implementing the national rolling-out. Such experiences regard medical and organisational as well as other aspects.

Again, the utilisation of the resources established and of the experiences gained in the framework of the Swiss-funded projects does not fall under the responsibility of SDC and its direct partners, nor can it be controlled by them. They can only make offers and invite Romanian stakeholders of the rolling-out to make good use of the resources available. The presentation of results of evaluations and the sharing of results of capitalisations of experiences is one element of such an offer. And it is one that can be kept alive beyond the duration of Swiss presence in Romania with relatively small efforts and costs, e.g., for publications.

52 REMSSy

The rolling-out regarding emergency medical services, in very general terms, was supported by Swiss and Romanian actors involved in the Swiss-funded project by providing models for modernising emergency medical services. Concretely, the following statements can be made about REMSSy's contributions to the improvement of emergency medical services in Romania beyond the limits of the project.

Laws and Regulations

In the course of the REMSSy project, laws and regulations for emergency medical services, guidelines for professionals and protocols for medical interventions, standards for dispatch centres and for ambulances were established. These are now institutionalised parts of Romania's knowledge and know-how regarding emergency medical services and they will be used to plan and implement further developments in the field of emergency services.

Training

Training centres established in the framework of REMSSy project will be involved in the national rolling-out. Trainers, who were prepared for their tasks in the REMSSy project, will continue to support their colleagues in emergency wards, ambulances, and dispatch centres throughout the country by providing them with know-how and knowledge. The curricula and the training materials developed in the framework of the REMSSy project will be used for strengthening the human resources of emergency medical services throughout the country. Training is conducted in conventional forms, i.e., with the trainees attending course events. It also, however, utilises a modern form: e-learning facilitates access for the trainees, and fewer days of presence are required in the training centres.

Experience

The planning and the implementation of the Health Sector Reform Programme drew on experiences made in the framework of BEMSSy and REMSSy projects. These experiences are present in actors of emergency services who were directly involved in the Swiss-funded project and have access to planning and decision-making at Ministry level and who are motors of the rolling-out. They are available among the Romanian NGO that was mandated as an implementing agency. Lastly, they are available in international organisations supporting the rolling-out, such as the World Bank. The rolling-out of neonatology equally benefited from REMSSy's experience when making its efforts to develop the services in entire regions and, eventually, the whole country.

53 RoNeoNat

RoNeoNat's participation in the national rolling-out consisted primarily in contributing to the establishment of neonatology as a medical specialty that has found its place within the Romanian health system, and in spreading the innovations introduced in Iasi and Targu Mures to other regions of Romania. The following aspects are to be mentioned when assessing

RoNeoNat's contributions to the improvement of neonatology services in Romania beyond the project sphere.

Laws and Regulations

The regulations for neonatology wards, the guidelines for professionals and the protocols for medical interventions developed in parallel to the establishment of the regional neonatology centres in Iasi and Targu Mures are now part of the Romanian knowledge and know-how that orient further developments in the field of perinatology.

Training

The Swiss-funded project allowed for the establishment of seven training centres – in Iasi and in Targu Mures first, in Timisoara, Cluj, Sibiu, and in two hospitals in Bucharest later. These training centres are operational and have provided – together with other institutions – training for medical staff in the whole country, and they will continue to do so. The curricula developed in the framework of the RoNeoNat project and the investments made into trainers – both regarding contents and didactics – are a sound basis for the organization of future training courses for staff of neonatology wards.

Experience

The actors in the improvement of neonatology services in Iasi and in Targu Mures have in-depth knowledge and know-how not only about medical aspects of the development of services, but also about organisational aspects. It is critical for the rolling-out that these experiences be used to the benefit of effective and efficient implementation. The managers of the rolling-out – the Ministry of Health and its partners – are to plan and to assure the transfer of experience to future activities. And the persons involved in the RoNeoNat project are to show the willingness to share experiences with their colleagues and with all interested organisations in Romania.

Monitoring the implementation of the Health Sector Reform Programme

The Swiss implementing agency – and its arm in Romania – had a specific mandate for participating in the Romanian Health Sector Reform Programme. It was to actively participate in the monitoring of the implementation of the national rolling-out for the improvement of neonatology services. This mandate could be realised only in parts: The harmonisation with the roll-out was not ideal since Romanian actors did not deliver as planned. There were delays in the implementation of the Health Sector Reform Programme and, in particular, that of the neonatology parts of this Programme.

6 Lessons Learnt

The experiences made during the implementation of the BEMSSy and REMSSy and RoNeoNat projects are rich and manifold. From these, lessons learnt can be deduced. They are grouped here under a few headings that appear to be of importance in the future, and in other contexts as well. The lessons learnt presented are thus potentially useful for other activities targeting improvements in the health sector.

Time

⇒ **Duration:** The projects' successes are due – to a large extent – to the continuity of efforts provided by all stakeholders.

The Swiss support was characterized by continuity. This allowed for the building of confidence among the actors – confidence that had to be re-established when ministerial staff was changed. The continuity of Swiss support also motivated partners on all levels (local, regional, and ministerial) to persist in their own efforts to improve the Romanian emergency medical services.

One aspect of duration – and of the establishment of trustful relations – is patience. But patience is not to be conceived as a passive attitude. Rather, it is an “active patience” that is required: Partners are to be reminded of the responsibilities they have assumed, their contributions are to be solicited, and their active commitment is to be energetically promoted and sustained.

⇒ **Cooperation is a process:** And processes take time. They are to be given the time they require – to make change effective, to permit all relevant stakeholders to understand their roles and their benefits, to overcome difficulties, in short, to be successful.

Of course, cooperation took the form of projects with clearly defined objectives orienting them. But the achievement of these objectives necessitated not only orientation on effectiveness, but also the establishment of trustful relations, the possibility for actors to make mistakes and to amend them, as well as to test approaches and to adapt them.

⇒ **Flexibility is a necessity:** While logical frameworks provide orientation for project activities, there must be room to seize opportunities as well as to cope with unforeseen challenges.

Detailed plans are a prerequisite for successful projects. At the same time, such plans are not to prevent cooperation from reacting to change – amongst the project actors, beneficiaries, and the context insofar as it is relevant for the activities. Project implementation cannot be mechanical. It has to take into account the conditions of all stakeholders together with the context. It is to deal with adversities, including socio-economic and institutional contexts that are not always conducive to project success. Re-planning must therefore be an option when the necessity arises. And, quite importantly, activities are to take into account experiences made in the course of their implementation. The lessons learnt are to enable plans to be reviewed and strategic orientations and activities to be adapted.

⇒ **Building on previous cooperation and on the interaction of projects:** The long-standing Swiss involvement in the development of Romania's health sector and the working relations among Romanian actors in different projects represented a capital which the Swiss contributions could build on.

The support to neonatology and to emergency medical services was part of a Swiss programme supporting the general development of health services in Romania. This contributed to the legitimacy of Swiss involvement in the modernisation of the health system. And it allowed for exchanges of experience, for mutual support, and for joint utilisation of resources (e.g. training events). This horizontal reinforcement also applies to additional Swiss-funded projects. The participation in the Ascona Summer University, for instance, provided a platform that was intensively used by Romanian actors for reflection and for creating a group of persons who very actively promote the modernisation of the Romanian health system.

Actors and Sustainability

⇒ **Multi-stakeholder cooperation:** Complex endeavours – such as the improvement of emergency medical services in a country – need to be supported by all stakeholders involved.

Ministerial staff, politicians active on regional and local level, universities, hospital managers, doctors and nurses, ambulance services, staff working in dispatch centres, and still other institutions and groups of persons, were to contribute to making the project a success. Sharing strategic orientations, establishing consensus, defining priorities, engaging in joint decision-making, discussing the results of the implementation's monitoring – all these activities were necessary to successfully implement the project. They were realised, for one thing, by ensuring a transparent flow of information, by having stakeholders meet regularly and discuss important issues, by explaining and convincing. The implementing organisations, together with the Cooperation Office, played a very important role in this respect and contributed to having the actors cooperate successfully.

⇒ **Romanian “change agents”:** The success of Swiss-funded projects depended on Romanian allies.

The long-standing cooperation permitted SDC to establish trustful relations with a number of Romanian health-sector specialists. This group of persons, very committed to the development and the improvement of the health sector and fulfilling the role of leaders for change, remained stable throughout the (sometimes unexpected) developments in the (political) context. This allowed Swiss cooperation to rely on allies who very actively supported inputs made and thus contributed to their effectiveness. Their examples, the “centres of excellence” established within the framework of projects, contributed to motivating additional actors by showing them what can be achieved, how improvements can be realised, and how their professional satisfaction can increase. Investments in change agents, the key allies for SDC, is most important. It can consist not only in training, but also in the delegation of responsibilities, the facilitation of international contacts, the invitation to study tours, etc.

⇒ **Swiss presence in Romania:** The Cooperation Office played a crucial and necessary role in the cooperation processes.

Without the Swiss Cooperation Office, cooperation could not have been realised with the same quality. The presence of the Cooperation Office allowed for “active patience” – not withdrawing from cooperation despite adversities and, at the same time, recalling the commitments they had made to their partners. This was crucial to project success. It permitted direct interventions to be made when deemed necessary, e.g., Ministerial level by the Country Director.

The Cooperation Office also facilitated the conduct of realising management tasks – thanks to a large degree to the NPO – based on knowledge of and know-how about local conditions. This enabled bringing together actors active in the same area on “neutral” ground, and allowed for interventions in the field that helped actors to continue activities and to progress in their development. The presence of Swiss actors in Romania often had a catalytic function. This is true beyond the COOF as it also applies to the persons involved in the implementation of activities and to the consultants.

Ownership and Sustainability

⇒ **Ownership / Integration into local efforts:** The Swiss support to the modernisation and development of Romanian emergency medical services and neonatology were a reaction to requests of the Romanian Ministry of Public Health.

SECO and SDC did not invent projects by themselves. They reacted to requests of the Romanian Ministry of Public Health, and they planned and implemented their contributions in line with the strategies of Romanian authorities. The ownership of Romanian partners – on central and on local levels – was there from the beginning and was a prerequisite for successful implementation of activities. Switzerland thus selected a sector for cooperation where ownership was possible and where it was possible to actively contribute to the establishment of ownership by motivating the partners, by contributing to make their work (and

their workplaces) more attractive, by allowing them to participate in the development of a national system in their field of activity, and by facilitating international contacts, etc.

⇒ **Development of a national strategy:** It is possible for Swiss-funded projects to play an important role in the formulation of national strategies for specific sectors.

The formulation of a national strategy for emergency medical services and for neonatology was in large part an outcome of the efforts of Swiss and Romanian actors directly involved in the project. The Swiss-funded projects were thus in the privileged position to participate in a national effort, and to contribute to it not only by providing equipment and training and assuring quality aspects, but also by influencing the national policy regarding neonatology and emergency medicine. Among the conditions that favoured respective contributions of the Swiss-funded projects are the following:

- The systemic approach. By basing intervention on a comprehensive understanding of local conditions, and by addressing problems systematically, contributions to national strategies were plausible and evidence-based. It is important that this comprehensive approach was not altered when partners representing health authorities were replaced, or when changes in context took place.
- The duration of cooperation. Long-standing cooperation creates trustful working relations among actors involved.
- The previous involvement of SDC in the modernisation of Romania's health sector, i.e., regarding the provision of equipment, training, and capacity building in more general terms, and regarding participation in policy dialogue.
- The utilisation of experience. The rich experiences accumulated in the framework of the projects (and in other activities of the Swiss cooperation programme with Romania) allowed for effectively and efficiently drawing on existing know-how, and it served as a basis for legitimatising participation in the policy dialogue on emergency medical services and on neonatology.
- The choice of partners. Very committed allies on local and on central levels not only promoted the project's ideas and supported its implementation; they also importantly contributed to the formulation of the overall orientation to be taken by the development of the emergency medical services.
- The willingness and the capacity of Swiss actors to participate in policy dialogue – directly and indirectly (through the thematic contributions of the implementing agency, for instance). Obviously, the respective willingness was also necessary on the side of Romanian actors involved.

⇒ **Dealing with resistance:** Change provokes resistance that can be a serious threat to the activities planned and to their success. But projects are not helpless when faced with resistance.

The explanation of expectations, of the project's purpose, and of its ways of working – by Swiss actors and by Romanian stakeholders and allies – was repeatedly necessary to set the project on track, to motivate actors, and to contribute to the willingness of persons and institutions on the political level and in the medical sphere to realise activities and to provide the contributions they had consented to provide. Furthermore, the benefits of improved services – in neonatology and in emergency medicine – were to be explained to medical staff and to hospital and health administration units not directly involved in the projects.

⇒ **Making use of Romanian resources:** The involvement of local resources on all levels of cooperation provides an important possibility to enhance effectiveness – and to strengthen local actors.

Local actors were not only beneficiaries of activities funded by SDC. Their support, as direct project partners or as implementers or partners in policy dialogue, was necessary for the successful implementation of cooperation.

Very important forms of "Romanian resources" were the implementing agencies (CHPS for REMSSy, CRED, as the "Romanian arm" of the Swiss Tropical Institute). They not only implemented the projects and monitored progress and difficulties, they were also an important interface between Swiss actors on one side, and Romanian actors on the other – and among

Romanian stakeholders, for that matter. By actively contributing to strategy formulation, the planning, the monitoring, the implementation and all other tasks of project management, they gained additional experience and legitimacy. The learning effects will last beyond the duration of foreign inputs.

⇒ **Informing stakeholders and the public:** An important means to creating ownership and sustainability is the transparent and targeted information of partners and allies.

Information to direct partners about the project, its goals, objectives, activities and resources creates transparency and trust. It is thus the basis for efficient working relations. Actors know why the project is being realised and they can contribute more effectively to its implementation and achievements by shaping their roles and by coordinating with other stakeholders.

Information about a project provided to a broader public contributes to transparency. It helps to ensure that services are asked for, and it ultimately promotes civil society's role in controlling public service providers.

Leverage

⇒ **Leverage can be produced by a comparatively small actor:** The Swiss contribution helped to develop the Romanian health sector beyond the scope of the Swiss-funded projects.

The World Bank's decision – both Romanian and Swiss actors argue respectively – to become active in the framework of the national Health Sector Reform Programme, was also motivated by the good results of the Swiss-Romanian cooperation in the health sector.

⇒ **Provision of equipment as an entry point:** The provision of equipment allowed for developing systems.

Based on the provision of equipment (for the two neonatology Services in Iasi and Targu Mures; for emergency departments in several Romanian cities), projects could engage in a general process of modernisation of neonatology departments and of emergency services. The equipment provided helped to create awareness about the definition of concepts guiding the organisations and the services delivered by them. The equipment provided also supported the commitment and motivation of Romanian stakeholders who felt valorised by the new technologies they could apply. And, the Swiss investments also helped in convincing Romanian authorities to develop the health sector.