
CONFERENCE ABSTRACT**Adaptability of Integrated Community Care models in Moldova to overcome compounded crisis, including supporting refugees.**

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Introduction: The Healthy Life Project in Moldova works and collaborates with local authorities across all sectors, including civil society organisations, community members and NCD patients to promote integrated, person-centered care. The aim is to ensure vulnerable people, including refugees, have access to health and social care. Overall, Moldova has received nearly 698,000 Ukrainian refugees, of which 96,646 currently remain in the country.

Methods: Through intersectoral capacity building community teams developed local integrated care work plans, including joint assessments of people with NCDs and coordinated individual care across different sectors and community resources. The plans also involved a focus on responding to the needs of Ukrainian refugees. Within this continued implementation support, the project included questions of access to health and social care along the migratory cycle to maintain management of chronic conditions. Around 97% of refugees are residing in the host community, most of them require particular support in accessing their rights in practice, being women (59%), children (48%) and the elderly (21%).

Results: Request for health care services from refugees (28,30%) is one of the forms of assistance expected in addition to cash handouts (76,84%) and in-kind support (35,79%). Therefore, in addition to building capacities for monitoring and management of NCDs, and the application of integrated care, the project considered specific actions for refugees. Training on managing NCDs within the refugee crisis was provided to Primary Health Care (PHC), hospital, Public Health, and emergency care management teams in 20 districts. To support and ensure mobility of PHC practitioners in responding to increased community needs due to hosted refugees, 835 medical kits were purchased and distributed, alongside protective equipment and disinfectants for both the health and social workers. A guide for community social workers on supporting refugees was developed in partnership with the National Social Assistance Agency and has since been embedded in the curricula of the social assistance faculty within the State Pedagogical University.

During 2022, 20 integrated community care centers have reached 8,464 persons with NCDs, with 77% having their wellbeing jointly assessed by a community nurse and social worker. As a result, most of them were included in preventive measures and supported to manage NCDs (7851 persons). The most vulnerable were identified and assisted, including 15% of NCD patients (675 persons) and supported to gain access to social benefits, while people with complex needs (663 persons) received access to home health and social care. Considerable progress has been made to promote integrated working locally, between health and social care. As everywhere, collaboration

is reliant on personal motivation and local relationship building, and some teams take longer than others.

Conclusions: Such community approaches are playing an important role in coordination of efforts to support the most vulnerable, as Moldova continues to face a refugee crisis. This continuous support to build capacity and ensure implementation of common approaches, facilitated by a jointly held normative framework supports a more integrated approach to service provision at community level, coordinated by local authorities thus making more efficient use of scarce resources.