

Evaluation of AIHA Activities in Slovak Republic

FINAL DRAFT REPORT

18 October 1999

Evaluation Team

William E. Aaronson, Ph.D.

Associate Professor of Healthcare Management

Fox School of Business & Management

Temple University

Philadelphia, PA

Fulbright Scholar to the Slovak Republic

Dan William Blumhagen, MD, Ph.D.

Performance Monitoring and Evaluation Division

Center for Development Information and Evaluation

Policy and Program Coordination Bureau

USAID

Washington, DC

Evaluation of AIHA Activities in Slovak Republic

FINAL DRAFT REPORT

18 October 1999

I. Executive Summary

I.1 Project Background

The American International Health Alliance (AIHA) has operated healthcare organizational partnerships between U.S. healthcare organizations and universities and their Slovak counterparts since 1995. In total, there were 6 partnerships initiated under the cooperative agreement between US AID and AIHA between 1995 and 1998. Two of the partnerships were concluded previously, and the remaining four will conclude as the AIHA partnerships come to an end on November 15, 1999.

The partnership project has promoted improvement in hospital clinical practice and management, establishment of community health initiatives, and development of educational programs to support the continuing improvement in healthcare management performance. There are three basic types of partnerships funded under the cooperative agreement: 1) hospital improvement; 2) community health assessment and health initiatives; and 3) health management education and health policy analysis.

The partnerships were designed to meet health, clinical quality and social improvement objectives, specific to each of the 6 partnerships. Despite the limited scope of the partnerships, the results of this evaluation suggest ways in which the partnership experience can serve as instructive to other programs and institutions in the CEE/NIS region.

Once AIHA projects are completed, there is no successor organization or program to assume responsibility for these initiatives. This is unfortunate in that the partnerships have offered the Slovak health system some valuable pilot projects that would be useful to the process of Slovak health reform. Current analysis of the system indicates that drastic actions are required to assure that the health system continues to function and to provide efficient and effective service delivery. Thus, partnerships under this project will be assessed as to the need for and potential for durability and sustainability. In addition, recommendations are included that suggest the direction which US AID and AIHA should pursue as part of a project close-out strategy.

I.2. Findings and Lessons Learned

The evaluation of the partnership experience in the Slovak Republic has provided a substantial amount of evidence to support reform of the health system. It also provided some findings with respect to the partnership process itself which may be useful to US AID and AIHA as observations that may be applicable to countries in which US AID continues to operate.

- The political process in the Slovak Republic has not been fully supportive of the changes needed to improve the health system, which have been learned through the AIHA partnership projects; penetration at the ministerial and parliamentary levels has been limited. This has provided a constraint on the ability to disseminate and replicate results, since many of the projects can be viewed as demonstrations and not just singular events.
- Hospital quality improvement at substantial cost savings to the Slovak Republic is possible, as has been shown through the Košice - Providence partnership. Simple infections control procedures associated with evidence-based use of antibiotics can have dramatic effects on outcomes - and at a reduced cost.
- Upgrading nursing practice and encouraging interdisciplinary team approaches to clinical care results in a workforce that is more motivated and less likely to backtrack from progress made.
- Volunteerism is possible within the Slovak Republic as evidenced by the use of volunteers in Petržalka, Turčianske Teplice and Banská Bystrica. Just as the partnerships were built on a spirit of volunteerism, project sustainability will require voluntary effort and creative financing - fund-raising. This was noted to be particularly important where NGOs (Petržalka, Banská Bystrica) have participated in the partnership project. However, no resource is free, nor can we expect that volunteers should get nothing out of the work that they perform. In the case of Petržalka - Centrum Nádej - volunteers were paid a small amount and students got credit for practicums; in Martin, medical students were able to perform research. In each case, the "volunteer" received something in return. This is a major issue for NGOs in Slovakia as US AID and other donor organizations reduce financial support for Slovak NGOs in favor of more needy countries. Volunteerism thrives due to mutual benefit (including the partnerships themselves); strategies to build volunteerism in transition countries need to recognize this.
- Partnerships as compared to consultancies take longer to incubate, but appear to have greater impact due to the organizational commitment built in the process. Almost universally, each of the partnerships demonstrated a commitment to project sustainability and much of that can be attributed to a deeper and more penetrating learning process that resulted from the collegiality of the relationship.
- Partnership exchanges should penetrate into the organization and provide a "critical mass" of individuals who have been directly exposed to the learnings of the projects. Most of the projects resulted in "changed thinking" which is only possible through sufficient exposure and benefit from the relationship itself. This is a key distinguishing characteristic of a partnership as opposed to a consultancy.
- Internet connectivity is critically important to facilitate communications, but more importantly, to provide much needed access to clinical and health systems information required for the implementation of evidence-based medicine, and for improvement in the health of communities. Internet connectivity is beneficial when it is built on the personal relations established in the partnership process; it is more likely to result in project sustainability and partnership durability.
- Dissemination conferences have been shown to be a useful way to demonstrate partnership results and provide visibility for the sponsors of the dissemination conferences - closing conferences in Košice and Martin are examples.

3. Recommendations

- A number of lessons were learned from the partnerships that are applicable across the Slovak Republic. Because the evidence from these demonstrations is clear and in light of the critical situation of the health system, US AID and AIHA should make an additional attempt to work with the Ministry of Health, and perhaps the Parliament, to identify strategies for the rapid implementation of health reforms suggested from these partnerships and based on other reports

- and projects that have been funded by US AID. Some key issues that would benefit from US AID and AIHA support (as well as other international concerns include):
- Legislation to recognize changes in nursing practice.
 - Legislative and voluntary efforts to reduce domestic violence
 - Municipal and other legislative actions for anti-smoking laws and regulations
 - Some of the projects offer support for system improvement. These projects deserve special recognition and support from US AID that may provide credibility and opportunity to the Slovak partner institutions. For example:
 - The Center for Health Policy and Strategy is beginning to penetrate the political process and has the opportunity to provide credible health policy analysis (sorely needed) that cuts across the findings of all partnerships.
 - The Center for Smoking Cessation in Martin has the potential to influence legislative and MOH action in terms of anti-smoking legislation; and the ability to provide support to lobby groups and municipalities seeking support to curb smoking. However, in order to do so, additional support and transition funding may be needed. More importantly, promotion of the partnership results would provide credibility and recognition for the Center.
 - The Faculty Hospital in Košice has provided evidence that higher quality can be provided at lower cost; and that there is a need to develop hospital and physician networks based on the economic realities of the Slovak Republic
 - The project in Turčianske Teplice showed that municipal support and voluntary contributions can help to improve health status of the community and provide material contributions as well (purchase of the ambulance)
 - There needs to be a clear delineation between project sustainability and partnership durability. Partnership durability, as evidenced by the differences among the partnerships, is possible when the partners continue to have a need or desire for continued partnership beyond the scope of the projects in which they were engaged. Internet connectivity appears to be the strongest mechanism to support partnership continuance. However, sustainability of the project results is more directly connected to the Slovak partners' success, empowerment and commitment to pursuing the projects. Multilateral partnerships with the CEE region may be more useful to provide ongoing support for the projects than would bilateral relations with single U.S. partners. The projects likely to benefit include:
 - The Hope Center (Centrum Nádej) in Petržalka - the CEE region has received considerable criticism in this area - there is a need for reform in order to harmonize laws with European Union.
 - The Smoking Cessation Center in Martin - Smoking is a world-wide problem and this effort should be viewed in a regional context.
 - The Diocesan Charity - Hospice project in Banská Bystrica
 - The Center for Health Policy and Strategy in Banská Bystrica

In addition, some projects would benefit more from multilateral relations within Slovakia that will result in greater opportunities for system improvement.

- Hospital improvement project in Košice
- Municipal responsibility for community health in Tučianske Teplice and Banská Bystrica
- Internet connectivity was one of the most important outcomes of the partnership project. AIHA and USAID should assist partners with Learning Resource Centers to prepare a plan for maintenance and upgrading of computer and Internet access systems provided through the partnership grant to assure continued Internet connectivity.

II. Evaluation of American International Health Alliance Projects (AIHA) in Slovak Republic

II.1 Evaluation Methodology

The US Agency for International Development in the Slovak Republic (USAID/Slovakia) is phasing out most of its project portfolio by the end of September 2000. As a result, the American International Health Alliance's (AIHA) partnership programs in Slovakia will end this fall on November 15, 1999.

Accordingly, USAID/Slovakia organized and funded a final evaluation of the AIHA projects conducted from 27 September to 8 October 1999. USAID/Slovakia selected an evaluation team, which conducted on-site interviews in Bratislava, Trnava, Banská Bystrica, Martin, Turčianske Teplice, and Košice. The schedule of visits is attached as an appendix.

The objectives of conducting the final evaluation of AIHA's activities in Slovakia were to:

1. Highlight and document the major accomplishments and contributions of AIHA's partnership programs in Slovakia.
2. Identify major outcomes, document "lessons learned", and best practices that could be replicated in other countries, and
3. Explore the sustainability and potential impact of the programs in the various partnership institutions.

The evaluation team reviewed reports from each of the partnerships and conducted interviews with US AID representatives, AIHA representatives, and representatives from each of the Slovak partners. The team did not interview the American partners.

The team then assessed the outcomes of each set of interviews, synthesized the results with the written documentation provided and developed a set of findings and lessons learned. Based on these a series of recommendations was made based on the results of each of the partnership experiences.

II.2 Project Evolution

In 1995, the American International Health Alliance, an American alliance of leading healthcare associations and healthcare providers, entered into a cooperative agreement to expand a program successfully operating in the New Independent States (NIS) into the Central and Eastern European (CEE) region. The projects proposed were intended to provide models for health system improvement in Slovakia through several partnership projects in which American hospitals, community providers and universities would work in partnership with their Slovak counterparts. The projects ranged from clinical services improvement in hospitals to community health initiatives. Two of these partnerships ended in 1998, and the remaining 4 will terminate in November, 1999.

While the projects are partnership specific, a major thrust of the partnerships has been to establish sustainability of results and to disseminate the results broadly. AIHA has also taken a regional approach to systems development through a series of CEE-wide annual conferences and workshops. The region-wide activities of AIHA will not be reviewed in this evaluation, but it should be noted that the regional activities have had a great impact on the success of the partnerships in Slovakia and especially on the ability of the partnerships to have a system-wide impact. In turn, the regional activities sponsored by AIHA have allowed for the dissemination of the results to other CEE countries, and in particular, the healthy community and community health initiatives have served as a model on which to build new partnerships in NIS countries.

The 6 partnerships supported by the USAID / AIHA cooperative agreement fall into 3 general categories - 1) Hospital; 2) Health management education and health policy analysis; 3) Healthy communities and community health initiatives. Each of these partnerships has influenced a different aspect of Slovak healthcare, and taken as a whole, the total impact has been quite remarkable.

II.1. Project History

II.1.a. USAID Involvement in Health Sector

USAID/Slovakia has provided selected assistance to Slovakia since 1992 to improve the quality, efficiency and sustainability of health services in the following categories:

- Health Financing System: assisted the national insurance fund and Ministry of Health in developing insurance management and new payment systems.
- Clinical and Financial Management: tested efficient hospital management practices and quality improvement programs in Roosevelt Hospital and Trnava Hospital; developed health management training program.
- Community Participation: fostered cooperation in the health sector between local governments and citizens.
- Environmental/Occupational Health: developed curricula for Matej Bel University and for post-graduate education of general practitioners.

Thus, the AIHA partnership program is one of a number of projects funded by US AID focused on improvement in the health sector.

II.1.b. AIHA's Partnership Model and Support of the Funded Partnerships:

The AIHA is an alliance of leading American healthcare associations. The AIHA was formed in 1992 to facilitate improvement in the health sector in the NIS through voluntary association of American healthcare organizations and NIS partner organizations - initially hospitals. As such, AIHA is the catalyst and facilitator, and provides funding, technical, consultancy and logistical support to the partnerships. The AIHA operates under a cooperative agreement with USAID. AIHA establishes and manages partnerships between health care institutions in the United States and their counterparts in Central and Eastern Europe (CEE) and the New Independent States (NIS) of the former Soviet Union. AIHA also sponsors a number of supportive and collaborative activities, including conferences and a clearinghouse of information concerning health care in CEE/NIS. AIHA's partnership model is founded on building voluntary peer-to-peer relationships between health care providers, who contribute substantial amounts of their professional time, to find solutions to health care delivery problems that are technologically and economically sustainable in the host country. AIHA's partnerships in Slovakia have covered a wide spectrum of health care issues including health management education, clinical training within the hospital, and mobilizing citizens and leaders in the health field toward improving the health status of communities.

The AIHA country office in Slovakia coordinates the in-country activities of all of the Slovak -American partnerships (travel, meeting and workshop facilitation, visa applications for travelers, etc.), while the main office in Washington, DC, provides oversight, travel and technical support, as well as providing cross-partnership activities for partners in several CEE countries.

The AIHA defined the scope of the projects in conjunction with the USAID, and identified organizations in Slovakia interested, able and willing to enter into the partnership agreements. The AIHA then solicited U.S. based organizations to serve as partners in meeting the project needs in each of the 3 general categories of 1) Hospitals; 2) Health Management Education; and 3) Healthy Communities. The Health Management Education partnership resulted in the identification of Health Policy Analysis as an additional project area; and the Healthy Communities partnerships resulted in the identification of a Community Health Initiatives proposal.

Once the partners were identified, AIHA facilitated and provided oversight in the development of work plans, that in turn were approved by USAID and served as the basis for a Memorandum of Understanding being entered into by each of the partnerships. Between 1995 and 1998, 6 partnership agreements were entered into. Each of the agreements has a specific purpose, set of objectives, and unique relationship between Slovak and American partners.

Each partnership operated under a separate work plan - which was coordinated and managed by the American partner; AIHA provided oversight, technical assistance and administrative support. In general, the partnership projects were based on exchange visits, mutually agreed upon tasks, and participation in various AIHA sponsored cross-partnership activities. The American partners participated on a strictly voluntary basis, thus in-kind contribution far exceeded US AID financial support of the projects. US partners also donated substantial amounts of equipment and materials. It is beyond the scope of this report to assess the voluntary contributions made by U.S. partners.

One of the most substantive contribution, and one that has had a great impact, has been the Information Technology provided by AIHA. Each of the partnerships is provided with a Learning Resource Center, that includes computers, software and Internet access. Each partnership was required to have an information coordinator. Information coordinators were given extensive training by AIHA, and have met on a regular basis. While this provided considerable support for partnership communication and for access to information on the World Wide Web, it is also a major factor supporting project sustainability and durability of the partnership relationship, and improving the likelihood of system-wide impact within Slovakia and in the region. The importance of this aspect of the partnerships was emphasized repeatedly throughout the evaluation process.

Between 1995 and 1997, AIHA initiated 6 partnership agreements that covered a brought spectrum of programs designed to meet several health systems improvement objectives.

II.1.a.i. Hospital Partnership

The first partnership project initiated under the USAID / AIHA cooperative agreement in Slovakia was initiated in September, 1995 with the signing of a Memorandum of Understanding. The first partnership was a hospital partnership modeled on the successful hospital to hospital partnerships already underway in the NIS. Partners included the Faculty Hospital and Polyclinics, Košice, Slovak Republic, and the Women and Infants Hospital of Rhode Island, Providence, and the Hasbro Children's Hospital at Rhode Island Hospital. The Providence-Košice partnership is coordinated by the National Perinatal Information Center (NPIC). The overall objective of the partnership was to improve maternal and child health in Eastern Slovakia through improvements in the clinical practice of perinatal, neonatal, pediatric and gynecological medicine.

II.1.a.ii. Health Management Educational Partnership

The second type of partnership initiated in Slovakia was focused on the development of and improvement in Health Management Education capacity in the Slovak Republic. AIHA's Health Management Education Partnership links the University of Scranton with a consortium of educational institutions in Slovakia: the University School of Nursing and Social Care in Trnava, the Faculty of Economics at the University of

Matej Bel in Banská Bystrica, and the Health Management School in Bratislava. The HME Partnership was formally inaugurated with the signing of a Memorandum of Understanding in February 1996. The objective in building health management educational capacity was secondarily to establish health services management as a legitimate occupational pursuit and to improve management of healthcare organizations as a result.

II.1.a.iii. Center for Health Policy and Strategy

USAID funded an AIHA sponsored workshop on Health Policy Analysis held in Prague, Czech Republic in October, 1997 in conjunction with the annual meeting of the Association of Schools of Public Health - European Region, to which all five AIHA /CEE/HME partnerships were invited. The HME partnership then identified the need to provide independent health policy analysis for the Slovak Republic to facilitate rational policy decisions. USAID funded a study tour of Slovak delegates to examine the policy making process in the United States in June, 1998. As a result, AIHA initiated a project that focused on supporting the Center for Health Policy and Strategy (CHPS) at the University of Matej Bel in Banská Bystrica. The Center is an independent, non-governmental organization, established under the auspices of AIHA's Scranton/Slovakia Health Management Education Partnership. The Center's goal has been to increase the quality of health care in Slovakia through the development of sound health policies and strategies designed to support the development of health policy in Slovakia.

II.1.a.iv. Healthy Communities Partnerships

AIHA initiated new partnerships in 1995 that were focused on building healthy communities through a more comprehensive community level strategy. AIHA's first healthy communities partnerships were established in the Slovak Republic in October 1995. They were established respectively in Petržalka and Turčianske Teplice.

II.1.a.iv.1) Kansas City, Missouri - Petržalka (Bratislava), Slovak Republic

AIHA's Healthy Communities Partnership Program between the Truman Medical Center Corporation in Kansas City, Missouri and the Association of Aid to Children at Risk (AACR) in Petržalka, Slovakia, was inaugurated formally with the signing of a Memorandum of Understanding in January 1996, and officially graduated in September 1998. The purpose of the partnership was to identify strategies to combat drug abuse among teenagers. Additionally, as the result of a comprehensive survey, the Hope Center for victims of domestic violence was opened.

II.1.a.iv.2) Cleveland (Ohio) Metro Health System - Turčianske Teplice, Slovak Republic

AIHA's Healthy Communities Partnership Program between the MetroHealth System in Cleveland, Ohio and the community of Turčianske Teplice, Slovakia, was inaugurated formally with a signing of a Memorandum of Understanding in January 1996, and officially graduated in September 1998. The purpose of the partnership was to conduct a behavioral health study on families in the Turiec region to identify major health needs, and to successfully mobilize community interest in health, fundraising, and education campaigns focused on healthy lifestyles.

II.1.a.v. Community Health Initiative Partnership

The experience of the Healthy Community Partnership in AIHA's Community Health Initiative in Turčianske Teplice resulted in AIHA taking a greater interest in community organization for health improvement. The partnership program between the MetroHealth System, Cleveland, Ohio and the communities of Banská Bystrica and Martin, Slovakia, was inaugurated formally with the signing of a Memorandum of Understanding in February 1997. The CHI partnership has focused on the role of

community groups and local governments in developing the capacity for community health system planning and decision-making; defining the relative roles of local government and community-based organizations in developing and influencing health policy; conducting community health assessments; mobilizing and empowering citizens from diverse sectors of the community to focus on health and to effect change; facilitating the establishment of local health councils; and developing a spirit of volunteerism.

II.2. Findings and Lessons

II.2.a. AIHA - Slovak Republic

Across the partnerships the support of AIHA was evident. While the Slovak partners gave due credit to their American partners, they were also appreciative of the efforts of the AIHA office in Bratislava. The amount of support provided was substantial - not only in terms of Internet connectivity and national and regional activities, but also in terms of moral support, encouragement and direct help with establishing the partnerships and pursuing the partnership objectives.

Findings

- Internet connectivity and support for information exchange were a highly valued and critically important aspect of the partnership project.
- In-country support facilitated partnership exchanges (travel & logistics), inter-partnership activities within Slovakia and regional activities within the CEE. The office in Bratislava was instrumental in all partnership activities up to and including the closing of the projects.
- Regional CEE meetings and activities - Annual Conferences, Information Coordinator meetings, Nursing Task Force - were all important in supporting the substance of the partnerships.

II.2.a.i. Hospital Partnership

The hospital partnership focused on clinical improvement in the areas of perinatology, and obstetrics and gynecology. The activities resulted in a strengthening of the infrastructure to support clinical care, including upgrading of nursing practice, improved documentation and the establishment of clinical protocols in the areas of infections control and pharmacology. The Faculty Hospital is a neonatal referral center; a strategy to increase in-utero transport of high risk births to the trauma center. Protocols for in-utero transport were established and the Faculty Hospital Staff worked with other hospitals to increase referrals of high risk births. The neonatal outcomes were monitored and the evaluation completed. Results were analyzed.

II.2.a.i.1) Findings

Hospital Partnerships

Findings: The partnership between Košice hospital and Providence—Rhode Island hospital was largely implemented in four areas, management, neonatal intensive care unit (NICU), pediatric intensive care unit (PICU) and obstetrics/gynecology. In each of these areas changes occurred, some resulting in spectacular changes in patient care and clinical outcomes, and some in changes in outlook that will take additional time to come to full fruition. The leadership of the hospital was assumed by Dr. Robert Roland during the past year. Under his leadership, the hospital will be pursuing two projects which are a direct result of the partnership. They are - 1) hospital pharmaceutical formulary; 2) infections control. The partnership projects provided evidence on which to improve quality and reduce cost in a systematic way.

Neonatal Intensive Care Unit:

Findings:

- The perinatal Mortality rate in the Košice NICU fell from 6.9/1000 births in 1995 to 4.1 in 1997. This is an impressive accomplishment, but it still masks the improved situation in Eastern Slovakia, since referral hospitals began sending their sickest children to Košice for care. Typical rates fell from 15.1 to zero in one hospital and 8.4 to 1.3 in another. This is an astonishing accomplishment for a three-year period. While all aspects of perinatal care were improved, the main reason for improved survival appears to be the reduction in hospital acquired (nosocomial) infections. This was primarily achieved by the introduction of infection control techniques, such as washing hands. Indeed, improved infection control, coupled with rational antibiotic use resulted in a fall in the cost of antibiotics used in the NICU of \$9,000 in a single year.
- The partnership's approach was far more effective than simple knowledge transfers. For example, in 1993-4, the NICU staff learned of the importance of infection control procedures and rational antibiotic use from England and the Netherlands, but felt that the methods were not applicable. Bringing a critical number of team members, both physicians and nurses, to the U.S. to directly observe how a US NICU operated enabled them to see how these techniques could be put to work in their setting. The above mentioned improvements would not have happened without direct participation of hospital staff in both directions.
- A critical element to success was the establishment of Internet links between the partner institutions. The ability to 'discuss' cases, either through e-mail or by direct video-conferencing resulted in improvement of patient management in specific instances. Of these, probably e-mail and access to Internet information services, such as "Medline" are the most important. The video-conferences that the evaluation team were able to participate in was plagued by technical difficulties in establishing and maintaining a line, hampered by a lack of simultaneous translation (the physician in charge handled translation in both directions), and generally resulted in a fairly small amount of information being transferred.
- Nurses became a much greater part of the professional team managing the patients' care. This included increased decision making, and developing nursing notes on patient status. Nurses writing notes and sharing information is new to Slovakia; the head nurse instituted the procedure throughout the hospital. These changes resulted in improved morale for many nurses, although some would have preferred to keep the same status of simply following doctors' orders without having to take additional responsibility.

Lessons Learned:

- Simple techniques of infection control such as hand-washing and use of paper towels, combined with rational use of antibiotics can result in marked improvements in infant survival and substantial cost savings. Thus, through effective management of quality, care improved and cost was reduced. This is a particularly important lesson for Slovak hospitals.
- A critical mass of people must be involved in exchange visits. One estimate was that a unit such as the NICU, which has five physicians and fifteen nurses, should send two physicians and three nurses in an exchange. It is unlikely that one or two people will be able to change the behavior of an entire group.
- Individuals should have repeat visits to the partner site. Counterparts repeatedly said that the first visit was really an orientation to a different culture, particularly if the person involved had never traveled to the U.S. before. One nurse who made three visits said that each visit reinforced the other, and allowed her to see things she had overlooked before.
- Personal experiences with the exchanges were needed for full benefit. Simple information transfer through electronic or other methods would not have had the needed effect.

- The establishment of Learning Resource Centers, with well trained computer and Internet specialists, substantially increased the amount of information available to—and used by!—staff in Košice.
- Video-conferencing is an attractive technique, but is not sufficiently well developed to serve as a primary source of information exchange. It may be useful to provide intermittent communication when topics are specific and there is sufficient communications support (good connection and adequate translation).

Pediatric Intensive Care Unit (PICU):

Findings

- Staff were trained in better ventilator care, and in a variety of invasive and non-invasive monitoring techniques.
- The PICU was remodeled from being on two floors to being a single unit on one floor, making it easier to staff. This came from the hospital director's being able to see how a PICU operates in the U.S.
- There were substantial changes in the relationship between staff and patients and their families. The practice of mothers rooming in with their children was instituted. Physicians and nurses would talk to parents about the treatments being given, alternatives, and likely outcomes much more frequently than had been the case before the implementation of the partnership. This led to a reported improvement in relations, but 'satisfaction' surveys apparently were not carried out.
- Similar infection control techniques were put in place as are described above. However, the same improvements were not seen in PICU as in NICU, partly because PICU patients were referred following neuro or general surgery, and infection control practices have not yet been fully implemented in these areas. As a result, children with internal monitoring devices often became infected, partly because of poor placement techniques, and partly because lines are left in place longer because of a lack of supplies.
- A significant amount of floor space—and presumably staff time—was devoted to 'infected' children with mild respiratory or gastro-intestinal illnesses whom would not have been hospitalized in the U.S. When asked about it the staff told us that they could not make all changes in treatment at once. It was unclear whether this meant that there were parental expectations about the need for hospitalization, other physician expectations, or there was a financial need to maintain full occupancy..

Lessons Learned

- Improvements will not be seen at the same rate in different areas of the hospital. Specifically, units that are dependent on clinical care provided in other parts of the hospital will be affected by other standards of practice until the entire hospital has been upgraded.
- Additional work needs to be done to ensure that children admitted to the PICU truly need the level of care offered by that unit. Obviously, concern for avoidable hospitalization is a system-wide concern given the current financial situation of the healthcare system in the Slovak Republic.

Obstetrics/Gynecology

Findings:

- As a result of improved clinical care and transfer of high-risk deliveries to the Košice hospital, between 1995 and 1997 the perinatal mortality rate fell from 19.1 to 5.15%, and neonatal mortality rates fell from 24.2 to 7.2%. This was partly achieved by prevention of nosocomial infections, by better management of high-risk pregnancies and early transfer.
- Improvement in outcomes was directly related to the willingness of hospitals to allow in-utero transfer of high-risk pregnancies. Within Košice, the transfer rate was high, with more limited success in outlying hospitals. There are a number of reasons for this which may include concerns on the parts of other hospitals about the number of births and implications for survival of OB/GYN units. Given the birth rates and the need to consolidate services for high-risk pregnancies, there may be a need to look at consolidation of OB/GYN services to improve quality and reduce cost.
- There has been a dramatic improvement in screening for cervical cancer. Data on the clinical impact of this is not yet available.

Lessons Learned:

- Consolidation of OB/GYN services, especially for high risk pregnancies will improve quality and reduce cost. There may be a need and opportunity to look at the distribution and OB/GYN services across a network of hospitals in Eastern Slovakia and to consider strategies to consolidate and reduce the number of units in order to improve quality and reduce systems cost.

Nursing Services:

Findings:

- Nursing documentation and protocols that were developed for the three units listed above were developed and implemented throughout the hospital. While there has been some resistance both from physicians and nurses, in general this has gone well.
- The seeds of establishing nursing as a profession rather than an occupation have been planted. There has been a substantial improvement in nurses' relationships with physicians, patients and families. Essentially, nurses have become empowered and are a source of support of hospital quality improvement.
- There is an improved understanding for the need for patient education, which had previously been unrecognized.
- A Nursing Resource center has been established and is being used both by nurses within the hospital and nurses around the region.

Lessons Learned:

- Lessons learned in one part of the hospital can be disseminated to other parts of the hospital without involving them in direct partnership relationships.

- In a situation such as Slovakia, a great deal of legislative change will be required to establish and stabilize the redefined profession of nursing.

Administration:

Findings:

- The administration has begun to improve the financial management of the hospital. For example, department that participated in the partnership program now have their own budget to manage, although it is not clear whether individual departments are being converted to being cost centers.
- The administration is developing management strategies to address inter-departmental issues, such as nosocomial infections.
- There are efforts to rationalize staffing throughout the hospital.
- The administration is attempting to apply lessons learned in the U.S. to the particular Slovak situation, without falling into the trap of simply imitating an American system that doesn't travel well.
- There is an effort to establish regional teleconferencing including the hospitals that that refer patients.
- There are difficulties with some hospitals being reluctant to refer patients. It is unclear what the reasons for this are, but they could include fear that they will lose financial resources, i.e., if high risk pregnant women are transferred before birth, the hospital will lose payment for a delivery, or whether there is a fear that too many referrals could cause the loss of an entire service.
- Not all departments have access to a Learning Resource Center.
- An international dissemination conference is planned for 14 to 16 October at which the results of the partnership projects will be presented as scientific papers. The results of this conference will provide evidence of the effects on the Slovak health system, but are beyond the scope of this report.

Lessons Learned:

- Košice hospital should develop its own partnership relationships with surrounding Slovak hospitals, and become instrumental in the development of a regional network of hospitals and physicians. Given the resource implications for other hospitals, active support and participation of the Ministry of Health is required.
- The dissemination conference has the potential to bring the collaboration among partners to the forefront and provide evidence for future health reforms.

Overall Findings:

- Partnership projects have established a life of their own are likely to continue. The new hospital director is committed to quality improvement.
- The partnerships are likely continue as long as there is interest in doing so, and as long as the individuals who have developed personal relationships make the investment in continuing these relationships. In general, the impetus for maintaining the relationship will have to come from Slovakia, rather than from Rhode Island. Obviously, this is dependent on continued access to

- Internet and e-mail services. If these fail, for either economic reasons (i.e., unable to pay for Internet connections) or for equipment reasons, the partnership is likely not to continue.
- The team was not informed of any actions that had been taken to identify new funding to support the active exchanges, or of voluntary efforts to continue personal contact. Since the grant runs out in six weeks, this means that there will be at least six months to a year hiatus before funding is likely to resume. The team was unable to determine whether Rhode Island hospital was likely to seek further funding to enable the partnership to continue, although we felt it rather unlikely.

II.2.a.ii. Health Management Educational Partnership

This partnership includes multiple Slovak partners, as described above. The partnership focused on curriculum change and improvement in the areas of academic and continuing education of health management. However, the partnership activities went well beyond the development or refinement of courses, programs and curricula. Rather the partnership focused attention of building durable institutional activities that would result in the establishment of health management as a legitimate occupation or profession, and health management education as a recognized academic discipline.

Findings

- Trnava University initiated health management education as a part of nursing, therapy and public health education. Courses were developed and instructors were identified and provided with professional development in areas of pedagogy and health management content.
- Trnava University became the location for publication of an international journal - Journal of Public Health and Health Management.
- University of Matej Bel further developed their programs in healthcare management and health economics at the bachelors, masters and doctoral levels.
- Two text books have been written and published at the University of Matej Bel.
- The University of Matej Bel participated in the establishment of the Center for Health Policy and Strategy (new partnership agreement)
- Health Management School developed and improved management training programs for healthcare managers, and introduced new programs for nurses. Instructors were provided with training in adult learning and provided with program support materials.
- A Center for Healthcare Management Consultancy was established at the Health Management School
- The Health Management School was funded by and continues to receive funding from EU donors, the PHARE program in particular. In addition, they are also receiving funding from the Open Society Institute (Soros Foundation) to provide training for participants from Ukraine and to assist with the establishment of a similar center in Moldova. They have a close cooperative relationship with the Institute of Public Administration in Kyiv, Ukraine.
- The partnership participants have plans to continue their relationships. There has been a concerted effort to seek additional funding for such things as research projects. The American partner has applied for grants from the Eurasia Foundation to support research projects, as well as other small grants. The American partner has entered into another Health Management Educational partnership in the NIS under the auspices of AIHA and funded by US AID and plans to incorporate the Slovak partners in various projects.

Lessons Learned

- New academic programs require that there be a professor who can act as a course guarantor, but there are no appropriately trained professors to provide course guarantees in the area of health care management, available to support a new program at Trnava University. University of Matej Bel is accredited in Slovakia to grant degrees at the undergraduate and graduate levels.
 - Development will be long-term in that a new discipline will require the development of associated professors and a professorship.
 - Focus must include development of the health management discipline regionally, necessitating linkages to other health management educational programs in Central and Eastern Europe in particular
- Lessons learned from this program are transferable and would be useful to the development of health management education in other emerging countries. This will help to build multinational relations in this field which will benefit both the Slovak programs and the programs in the countries in which partnerships in this area are underway.
 - AIHA should make a concerted effort to utilize the knowledge and expertise of the Slovak partners to support the new Health Management Educational partnerships in the NIS.
 - The HMS has relationships already established in Ukraine and Moldova, and with the Institute of Public Administration in Kyiv; University of Matej Bel with the Institute of Public Economics in Lviv. These relationships may be very useful to the building of multinational programs focused on the improvement of health management in all countries involved.
- The two universities and the HMS are valuable resources to the process of health change and reform in Slovakia. In particular, the resources can be used to provide organizational development at the institutional level and system development through good health services and health policy research. This was the basis for the establishment of the Center for Health management Consultancy and the Center for Health Policy and Strategy.

II.2.a.iii. Center for Health Policy and Strategy

Findings

- The Center for Health Policy and Strategy was an outgrowth of the HME partnerships. As such, the project is relatively new and has had not had sufficient time to become fully operational not operational.
- The Center was created to provide analyses of alternative health policies in Slovakia. This is not an easy process because the structures of policies are bound together with personal and political issues. It has been difficult to penetrate the political process. However, the Center has been able to make headway through such avenues as interviews with Zdravodnictvo Noviny and through building of personal contacts. For example, Professor Murgaš has been acting as and advisor to the vice president of the Slovak parliament. The Center is a concrete result of the partnership and has become institutionalized

Lessons Learned

- There are a number of issues involved in introducing a new concept into a political process that has not been fully developed. Health system reform is crucially important due to the precarious

financing of the healthcare system. The Center for Health Policy and Strategy can and should provide the types of health services research support to facilitate policy decisions.

- There is a substantial number of opportunities for system improvement at substantially reduced costs.
 - The results of the Košice - Providence partnership provide good examples of the types of studies and demonstrations that could be completed to show the efficacy of health reforms, especially in the areas of:
 - Evidence-based medicine and clinical protocols
 - Rationalization of hospital beds and services on an area/region wide basis (consolidation of high-risk peri-natal services)
 - Use of pharmaceuticals and infections control programs
 - The healthy community and community health initiatives provide good examples of ways for communities to build social supportive systems and health-related networks that will work to keep the cost of the formal care system down.
- Penetration of the political decision process needs to receive careful attention. Time, results and persistence are the best strategies at this point.

II.2.a.iv. Healthy Communities Partnerships

II.2.a.iv.1) Kansas City, Missouri - Petržalka (Bratislava), Slovak Republic

The original objective of the project was to develop programs for the prevention of drug and alcohol abuse among adolescents. However, early in the partnership, a program was sponsored in Peteržalka on domestic violence. The social workers attending considered the topic to be of extreme importance in Slovakia. In visiting the Truman Medical Center, members of the Association of Aid to Children at Risk (ACR) visited and were impressed by a program in Kansas City called the Hope Center. Thus, the partnership project result in the establishment of Centrum Nádej (Hope Center), a program for victims of domestic violence. Centrum Nádej has managed, despite limited resources and the end of the AIHA partnership project, to provide an array of services for women who have been victims of domestic violence. This has been largely due to the ability of the Center to identify additional funding, first from the City and most recently from the Foundation for Support of Civil Activities - EU Phare. The Center is funded through April, 2000.

They have also continued to provide drug and alcohol abuse educational programs. Given the economic and social milieu of Petržalka, the problems of drug and alcohol abuse are enormous. Given the complexity of the social issues, NGOs alone cannot resolve the problem. District, city and national government intervention and support are required.

This partnership had graduated; some low-level contacts with Truman Medical Center in Kansas City have continued.

Findings

- The Centrum Nádej continues to be operational. It has identified funding to support operations through April, 2000. The Center staff attributes the initiation and development of the Center to the AIHA partnership. However, they learned in the process the importance of advocacy, political action, fund-raising, volunteerism and public relations - thus have increased their survivability as an NGO.
- The drug and alcohol abuse program includes a monthly community forum, which focuses on a different topic each month and which are generally well attended. Some educational activities in schools are ongoing, but largely through other NGOs

- The position of victims of domestic violence is somewhat precarious in Slovakia because of a lack of protective legislation. Despite efforts by Hope Center staff, no shelter has yet become available.
- The Center has been successful in drawing media attention to the problem, and in working to some extent with the political process, especially at the local level.
- The Center has assembled a team of support professionals, including a lawyer, who provide assistance and counseling (including legal advice) to victims of domestic violence who have come to the Center for assistance.
- The Center has provided assistance to approximately 400 women per year. An analysis of the women using the services indicates that most are from "middle" class backgrounds with fully employed husbands, not unemployed alcoholics as they had suspected. However, this may be due to a selection bias in that more educated women are more likely to respond to the educational materials distributed by the Center.
- Political action and public relations have been an important part of the strategy of the Center. The need for protective and domestic relations legislation is evident. There is also a great need for the establishment of protective shelters for abused women.
- While the Center has had some success in providing access to services, their goal is to create an interdisciplinary team of professionals from Petržalka who can work on this problem - physicians, police, social workers, psychologists - it is difficult to assemble team within Petržalka district, and especially difficult to find lawyers.
- Volunteers provide substantial services in answering the hot line, and distributing literature. However, volunteers are paid. Students who require practicum experience have been included in research and evaluation projects.

Lessons Learned

- The issues of domestic violence and substance abuse are critically important issue in Slovakia, as they are in other parts of this region. Centrum Nádej needs to be more fully involved in regional networks of NGOs concerned with domestic violence, especially those that may have had success in key areas such as women's shelters and legislative process. It is not sufficient to look for models in Western Europe or the United States. Centrum Nádej can both learn from and teach other organizations in Slovakia and in the CEE region about approaches to domestic violence.
- The issues tackled through this partnership are intractable given the scope of the project. However the political action and public relations engaged in by Centrum Nádej is an example of how a small project can have a larger social effect. This approach should be expanded and serve as a model for other programs in the region.
- Legislative action is urgently needed at the city and national levels that will provide real protections for victims of domestic violence.
- Some partnerships are limited in scope. The American partner provided the foundation upon which to initiate domestic violence programs. However, given what the growth needs of Centrum Nádej are, continued partnership may provide moral support, but the focus of change requires more locally and regionally focused partnership relations. Thus, partnership durability, while desirable, is not required.
- Project sustainability in this case is directly related to the survivability as an NGO. NGOs in Slovakia have been dependent in many cases on international donors, such as US AID. While international funding has continued, they have become aware and developed skills in the use of fund-raising and volunteerism. They are intent on survival and have some basic knowledge as a result of the partnership in the area of survival as an NGO.

II.2.a.iv.2) Cleveland (Ohio) MetroHealth System - Turčianske Teplice, Slovak Republic

This was the first partnership between Cleveland and Slovakia in the area of health improvement. Cleveland and Bratislava have a Sisters Cities relationship and through Bratislava, the City of Cleveland works on projects across all of Slovakia. The Cleveland MetroHealth System, and the Bratislava Office of AIHA provided strong support to the Turčianske Teplice partners in technology, Internet connectivity, and collection and use of community health data.

This partnership focused on involving the community (municipality) in the assessment and response to the health needs of that community. Dr. Alena Chlapková was mayor at the time of the partnership formation and at present is vice mayor. The partnership was based on the administration of a health assessment instrument and the development of a municipal health center. As a result of the health assessment, a major thrust of the health center is provide stress management programs for community members. The project also involved actions on the parts of municipal authorities designed to promote civic and voluntary action. Health is part of a larger strategy at the municipal level that also includes a focus on environmental health, cultural and sports activities for children, drug abuse prevention and so forth.

Turčianske Teplice is a member of the International Association of Health Communities. It is also the first municipality in Slovakia where a health center was started, funded and controlled by local authorities. Turčianske Teplice is a member of the National Association of Municipalities and Cities, of which there are 2,830 members. Many expressed interest in the healthy community projects, and the health center in particular. The focus on prevention was particularly appealing. However, no one has followed the lead, which is probably due to lack of funds. Turčianske Teplice is committed to the future of the health center and to expanding services provided in it. The services provided are focused on health prevention and promotion. This is important, since the municipality needed the support of area physicians, who may see the health center as competing for patients. Rather the center focuses on primary prevention (with referral for medical care) and health education activities.

The first partnership project was a community needs assessment. Cleveland MetroHealth System enlisted the participation of the Institute for Public Health Sciences at Case Western Reserve University. As a result, an already available community health survey questionnaire was modified to local conditions in the Slovak Republic, administered and analyzed. Initially, there was a very low response rate to the survey. But, the survey team enlisted the help of the schools and the teachers, who in turn met with and explained to parents the importance of the survey. Consequently, the return rate was higher than expected. The results of the survey indicated that stress was a major factor contributing to ill-health and to other adverse effects. But, it also taught the municipal authorities the importance of community collaboration - such as schools.

One need that the municipal authorities had identified was for an ambulance. Through the partnership, they learned the value of citizen participation. The need for an ambulance was announced and published through various associations, employers and hospitals. Advertisements in the media were taken. No one had high hopes that the public would take an interest. However, Dr. Chlapiková was emphatic in stating that they learned something about public relations through the project - focus on informing and convincing the public of the importance of a project and they will back it. Through the participation and donations of the community, an ambulance was purchased. This experience is important for all municipalities - it possible to get civic involvement in projects that the public is convinced is their interest.

Turčianske Teplice plans to continue with the current projects and activities. Their partners recommended that the community needs assessment be repeated in 3 to 5 years. It is not clear whether Turčianske Teplice has the ability or access to the expertise within Slovakia to carry out the next community health survey. This expertise is certainly available within Slovakia - and should be identified to assist Turčianske Teplice in continuing to monitor the health of the community.

Findings

- A community health survey was completed with technical assistance in the modification of a standard instrument to the Slovak context and the analysis of the data. The results were used for community health planning and for the establishment of a health center (including programs for prevention and health promotion).
- A major fund-raising campaign was completed and an ambulance purchased
 - This required voluntary effort and personal contributions, which most observers thought was not possible in Slovakia.
- Turčianske Teplice was the first municipality to initiate and manage a health center; and the first develop that health center in response to a community health assessment. Attempts to work with other municipalities through the National Association of Towns and Municipalities raised considerable interest, but a lack of funds have inhibited others from following their lead and establishing health centers focused on health prevention and promotion.

Lessons Learned

- Civic action and voluntary contribution are possible within the Slovak context, if communities are informed and convinced of the need for such action.
- Municipal / local governments are in the best position to understand the health needs of their communities in the context of larger social issues, such as environmental stress, drug use, etc.
- The Association of Towns and Municipalities is good venue within which to promote healthy communities within the Slovak Republic.
- Technology support was listed as a major reason for success of the projects - but, technology support needs to be complete in order to assure ongoing use of it - with a special emphasis in this case on survey research. While the municipal authorities may not have the expertise, skills needed for community surveys exist in Slovakia and need to be identified to assure continued monitoring of the health of the community.

II.1.a.v. Community Health Initiative Partnership: Cleveland, Ohio--Banská Bystrica and Martin, Slovakia Healthy Community Partnership

This health community partnership was formed in February 1997, and has focused on the role of community groups and local governments in making decisions regarding community health status and health care services. Objectives specifically included:

- Improve efficiency and effectiveness of health and social service delivery through introduction of market initiatives.
- Continue to meet health and social services needs of the two communities while operating within new economic constraints.
- Develop capacity for improved health and social service planning, coordination and decision-making.
- Help reassess relative roles of local government and community based organizations in developing and influencing health policy
- Reduce reliance on government funding, by developing alternative funding mechanisms and volunteer capacity
- Mobilize and empower citizens from diverse sectors of the community to focus on health and to effect change.

This is obviously a very ambitious agenda for a partnership that only existed for two and a half years. Nonetheless, the team found that many, if not all, of the objectives were met.

The partnership included municipal government-based services in Martin and Banská Bystrica and the Diocesan Charity Office in Banská Bystrica. Each of the projects was independent from but interrelated to the other two projects. In Martin, for example, the focus of the partnership was on smoking reduction. The partners in Banská Bystrica were aware of and supportive of the anti-smoking campaign, but took an entirely different approach to their community health initiative. The project that the Charity Office pursued was an off-shoot of the community health initiative of the municipal social services, but was based on Charity's previous experience in providing shelter and spiritual support in developing hospice services - a new idea in the Slovak Republic.

1. Banská Bystrica Municipal Government

One of the most interesting things about the history of this partnership is that the Banská Bystrica municipal government was very reluctant to enter into the agreement, feeling that they had little that they could do. Meeting with government officials during the final evaluation and seeing their evident enthusiasm and pride in what they had accomplished showed that a complete change in their sense of their capability to change a difficult situation had occurred. This is an encouraging result of the partnership.

It took much of the first year for the partnership to learn to get to know each other, and come to agreement on how to proceed. The second year saw a survey of elderly people, and the production of an attractive document "The Profile of Health in Banská Bystrica", as well as the establishment of a computer/Internet based Learning Resource Center at city hall. It was only in the third year that concrete projects addressing the needs that had been determined in the two previous analyses could begin.

The partnership agreed to address questions of assistance to the elderly, partly because they were already seen as a vulnerable group, since pensions promised by the former Communist government could no longer be paid by the new state. A survey was done of 271 elderly people in Banská Bystrica who were in some level of residential care. While much of the questionnaire focused on demographic and health issues, what surprised the participants was the extent of need shown in the relatively few questions dealing with social support and long term residential and supportive facilities.

Social work training is provided at the university level at present in the Slovak Republic. The level of education has increased so that education at the Bachelor's and Master's levels is becoming more common. In April, 1998, the Social Work Department at the University of Matej Bel joined the partnership. The faculty saw this as an opportunity to work with an American University in an effort to upgrade and improve the social work curriculum. The American side incorporated Cleveland State University into the partnership - and the process of curriculum review and reform was initiated. They expect that actual changes will take up to 3 years to implement.

- Social workers are now available to meet with elderly and help them address their needs. Pamphlets describing the services have been printed and distributed, and people are now asking physicians for more information on aide services.
- A 'social taxi' service has been established to help client's mobility. While it was originally established to help people get to and from doctor appointments or to government offices, it is now being used to support shopping and other needs of daily living. Now many people who previously would have sought institutional care are able to stay in their homes.

- A boarding house model for long term care was established by the Municipal government. While board and room fees are paid entirely by the client, fees for social services are provided on a sliding scale based on client resources, with the city covering between none and 70% of the costs.
- Finances for this service were made completely transparent, so clients and their families could see where funds came from and how they were used. This has made it easier for the municipality to evaluate the financial sustainability of the program, and begin to make adjustments for overly-optimistic expectations.
- While this experiment has demanded scarce municipal resources, recent national legislation (July, 1999) is expected to redistribute the burden somewhat.
- A community coalition has been formed consisting of representatives of schools and academic institutions, the urban planning office, health providers, state health institutes, non-governmental organizations, businesses, city legislative bodies and the city hall administration. This coalition has resulted in obviously improved coordination between the public and private sector. Part of this coordination has been with Dioscan charities, described in the next section.
- A redesigned survey will be done next year to determine whether measurable changes have occurred (this is unlikely given how new the services are) and to provide direction to the next phase of municipal activities.
- The partners believe that the partnership will endure, thanks to the LRC, despite the end of USAID funding.

Lessons Learned:

- The Learning Resource Center is crucial part of the project in that it allowed expanded contact between partners during the project, and will be a critical part of maintaining the partnership after direct USAID funding has ceased.
- Contact between municipal health boards helped Banská Bystrica gain the confidence that they needed so that they could define and address problems. This would not have been possible with a simple 'technical assistance' type project.
- It takes time for a partnership to coalesce. The entire first year was spent building relationships. Nonetheless, once this was established, the partnership could proceed to achieve results rapidly.

2. Banská Bystrica Catholic Diocesan Charities

Catholic Charity is an office of the Diocese of Banská Bystrica and is part of a network of Charity office in the Slovak Republic operating under the auspices of the Secretariat for Slovak Catholic Charity. The concept of Church-based charity has been re-instated since 1989, and had been dormant under Communist governments.

Contacts with the Cleveland's MetroHealth system led to an exploration of the concept of 'hospice', defined as being care for individuals in the last phases of a terminal illness. This was a totally new concept in Slovakia, as it is in the rest of Eastern Europe. In the past it was understood as simply providing care for those unable to care for themselves, but the new definition provided a focus for development of a new type of service.

The Catholic charities were selected to provide these new services since they were already involved in hospital visitation for the sick and dying, are providing social services to the elderly, and have the capability to offer the spiritual support that is needed for the terminally ill. In the beginning, there was no concept what this type of service implied--much of the perceived importance of hospice grew out of the initial meetings between the partners, and specifically visits to hospice services in the United States. The beginnings of this new concept led to a review of the types of social care that were available in Banská Bystrica, leading public and private sector organizations to focus on the need for hospice services and to negotiate as to which services should be provided by each sector. The concept that private charities can successfully collaborate with government, given the history of Communism, is revolutionary. If nothing else were to come of this aspect of the partnership, this changing attitude may be sufficient to warrant the effort.

Government responsibility for and political consensus on the nature and definition of hospice care have not been decided. In the Slovak situation, if care is defined as 'medical', financing is provided through the Ministry of Health. If it is defined as 'social' it is funded by the Ministry of Public Affairs. Each ministry wished to define it as the responsibility of the other, leading to problems establishing funding for specific institutions. Ultimately, new legislation will be required to determine responsibility. Currently, about 40% of costs are paid by the state, 15% by Church funds, 10% by the ill themselves, and the remainder by sponsors or partner organizations.

A building has been provided to expand hospice care from visitation services to inpatient care. It is currently being renovated, and will initially serve eight people, with the possibility of being expanded to twenty. The status of the service has not yet been decided--NGO status, something that is new to Slovak Statutes, is needed for it to be reimbursed for either medical or social services.

The Charity is exploring the possibility of developing a volunteer network to provide supportive care. Several informational meetings have been held and pamphlets describing the services distributed, and some seventy people have indicated interest in becoming a volunteer. However, it is not clear what this means to either the charity or to the individuals. The concept of volunteerism itself is new, but Charity has taken the first step in building a network of volunteers.

The partnership has not been without difficulties. Of the three individuals who participated in the U.S. visits, only the director remains with the project. The other two have left for better paying jobs. It is also unclear whether this part of the partnership between Banská Bystrica and MetroHealth will continue, particularly since the information resource center is located physically distant at city hall. But the most problematic matters seems to be: (1) whether the cultural difficulties of private organizations working with government offices will succeed in the long run, or whether they will go their separate way, and (2) whether the legal status ambiguities can be worked out rapidly enough for the service to maintain its momentum.

Finally, ongoing funding remains a problem. Several foundations inside Slovakia and from elsewhere in Europe have expressed interest, and the British Embassy has promised a grant for the study program and advertising. Beyond this, it is apparent that the Charity is not in a position to research and prepare grant applications without substantial assistance.

Lessons Learned

- Introducing the concept of public-private cooperation may be the biggest result of this aspect of the Banská Bystrica partnership. It is unclear what additional support is needed to fully institutionalize this relationship into a sustainable partnership
- National level policies and legislation can hamper implementation of even small local projects.
- A culture of unpaid volunteerism needs to be developed for many social service projects to succeed.

3. Martin Municipal Government - Center for Smoking Cessation (in collaboration with the Medical Faculty of Comenius University, Martin branch)

The focus of health promotion and prevention strategies has changed in recent decades as a result of the shift in disease prevalence from infectious to chronic. The former system in the Slovak Republic offered good preventive and control measures for infectious diseases - immunizations (primary prevention) in particular. However, approaches to primary and secondary prevention and health promotion in view of growing chronic disease prevalence are not as clear. It was evident to the municipal authorities in Martin, that smoking was a major causal factor of disease and that smoking rates were high, just as elsewhere in Slovakia. Thus, it was decided that the major thrust of the partnership would be to develop a Center for Smoking Cessation.

In addition to the Cleveland MetroHealth System, the American Cancer Society of Northeastern Ohio joined the partnership. This provided the partners with a deeper understanding of social marketing for smoking cessation and political action.

While the Center for Smoking Cessation focuses on smoking prevention among youth and on persons who are ill due to or aggravated by smoking, there has also been a series of dissemination efforts supported through the partnership and resulting from the partnership. A Conference on Health Promotion and Primary Prevention with international participants is planned for 21 to 22 October in Martin. There will be oral presentations and posters. The Minister of Health asked to sponsor printing of materials and has provided a personal letter of endorsement. The Minister's endorsement is important, since this will provide support for other dissemination efforts. For example, many of those who are coming to the conference work for National Center for Health Promotion. Last year, there was an effort to educate state-employed physicians of the value of smoking cessation; this year the focus will be on private physicians.

Medical education has been targeted as well. A survey of medical students indicated that 90% felt that there was inadequate coverage of smoking and treating of addicted patients. It was noted that such content is included in all medical education in the Czech Republic. Medical students were also an important part of the smoking cessation strategy. Originally, volunteers were used for public speaking, but the Center found that there was a stronger impact when medical students went out on the street and talked directly to people. Also medical students focused research studies and papers on smoking and through household surveys were able to accumulate considerable information needed in order to achieve the ultimate goal - reduction or elimination of smoking.

The Center for Smoking Cessation has become known. They have been asked to support legislation for the protection of non-smokers. Political action at the local and national levels will be required, but in order to carry out a strategy for political action, more support is required. They are currently seeking additional funding for their efforts.

Findings:

- The Center for Smoking Cessation was established in Martin as a result of and with the support of the partnership. The Center is focused on smoking reduction in Martin, and on promoting political and professional action to curb smoking on a national basis. The Center has received some recognition nationally and will likely make a contribution to national strategies.
- The partnership is sponsoring a two-day conference focused on health promotion and primary prevention to which international participants have been invited. This is an opportunity to

disseminate lessons learned through the community health initiatives partnership and to build support in the Slovak Republic. The Minister of Health has provided a strong endorsement of the program.

Lessons Learned:

- Political action is needed and possible with the Center for Smoking Cessation serving as a focus of anti-smoking activity in Slovakia.
- A coordinated and comprehensive effort is required to make smoking cessation work - the inclusion of medical students in the project and focus on youth are important strategies. Including physicians in the process provides a key link in changing health behavior.
- Voluntary efforts are possible in the Slovak context - medical students willingly volunteered to participate in outreach for survey and educational purposes. Of course, they also had the opportunity to perform research and write papers - essential for educational progress.

ANNEX A

INTERVIEWEES

USAID/Slovakia

Paula Goddard, Mission Director

Maria Mamlouk

Katarina Križanova

AIHA /Washington

Bernice Bennett, Senior Program Officer

AIHA /Bratislava

Priya Chandra, Country Coordinator

Partners in Slovakia

Peteržalka - Centrum Nádej

Beata Dobová, Social Worker, Hope Center

Jana Kečkéšová, Social Worker, Hope Center

Trnava University

Dr. Jana Berešova

Dr. Mateička

Alexander Brestanovsky

Martin - Non Smoking Promotion Center

Dr. Elena Kavcová

Dr. Tibor Baška

Turčianske Teplice - Municipal Hall

Jozef Turčany, Mayor

Dr. Alena Chlapikova, Vice Mayor

Alexander Chvojka

Hildegarda Martina

Banská Bystrica

University of Matej Bel - Center for Health Policy and Strategy

Dr. Milan Murgaš, Vice Rector

Dr. Helena Kuviková, Director, Center for Health Policy and Strategy

Dr. Juraj Nemeč

Michal Mazary

Lenka Fodorová

Diocesan Charity Office

Michal Mikula, Director

===

Social and Health Committee

Mária Filipová

Dr. Eva Vnenčáková

Dr. Vladimír Plintovič

Alexander Hlavaty (Learning Resource Center)

Tatiana Matulayová, University of Matej Bel, Social Work

Gerard Kubiny

Košice - Faculty Hospital

Dr. Robert Roland, Hospital Director

Dr. Štefan Lukačín, OB GYN

Dr. Jozef Filka, Pediatrics

Dr. Peter Krcho, Neonatology

Mária Masaková, Head Nurse

Nurse managers of departments

ANNEX B

SCHEDULE OF VISITS

Date	Site	Partnership Type
27 September	Health Management School, Bratislava	Health Management Education
28 September	Hope Center (Centrum Nádej), Petržalka	Health Communities
	Trnava University, Trnava	Health Management Education
29 September	Non-Smoking Promotion Center, Martin	Community Health Initiative
30 September	Municipal Hall, Turčianske Teplice	Healthy Communities
1 October	University of Matej Bel, Banská Bystrica	Health Management Education
		Center for Health Policy
4 October	Diocesan Catholic Charity, Banská Bystrica	Community Health Initiative
	Social & Health Committee, Banská Bystrica	
5 October	Faculty Hospital, Košice	Hospital
6 October	Faculty Hospital, Košice	Hospital