The Analysis of the Current Problems and Drawbacks in the Romanian Health System

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Abstract

The health of the population plays an important role in establishing the economic development level of a country, especially if it follows an ongoing development trend. Therefore, the health services are considered most important in many EU member states as these services regard the expenses in the health care sector as a long term investment. Unfortunately, despite the efforts of the last years, Romania failed to organise a strong health system ready to cope with the pressures caused by the ageing of the population or the increasing number of the risk factors. Thus, this study aims at providing an overview of the most serious drawbacks in the Romanian medical system in order to understand its necessary reform, according to the EU demands.

Keywords: Health Care System, Financing Models, Underfunding Of The System, Lack Of Personnel

Introduction

One of the most delicate subjects in the last two decades was the organisation, functioning and financing of the Romanian health care system. Turning the very centralized communist system, financed solely by the state budget, into a system relying on the compulsory health insurance was a difficult task to accomplish because of the political and economic pressures. Nevertheless, it was undoubtedly necessary to restructure and reform the health system. The new system borrowed some characteristics from the advanced systems in the Western countries, being adapted to the Romanian environment characteristics. The combination of different ideas brought about a wide range of advantages and benefits, yet the lack of a strategic perspective has many consequences within the whole system. In a relatively short while, a lot of European countries managed to set strong health care systems ready to cope
with the fast development rate of the risk factors for people’s health. Although Romania made important changes in the health system structure, it cannot be considered among the countries prepared to face the foreign pressures.

On the whole, the latest reforms concerned the system decentralization, the settlement of the services related to the performances of the health care units, the expansion of the national coverage, easier access to the health-care services especially for the persons with a low income, transparency in funds granting and the quality improvement of the services for the patients. Among all the objectives stipulated in the health reforms, the system decentralization was most important and considerably influenced the other actions. Some authors think that decentralization represents “a highly important factor in operatively and efficiently meeting the population’s demands” (Plumb and Zamfir, 2004).

Unfortunately, many of the other objectives failed to be accomplished as previously expected. Obviously, there is no coherence in the evolution of the Romanian health system either due to the lack of an overall image of the system or of the long term perspective that would have been so useful for a developing country. A health system efficiency is provided by the collaboration between the component subsystems and structures, obvious aspects in the developed countries. In Romania, most of the departments of the health system work rather independently. For example, there are no functional connections between the first aid sector and the hospital assistance department. At the same time, because of the poor interdependence between promoting and maintaining the good health and the healing assistance, there are certain imbalances concerning the system performance in the best conditions.

Some authors uphold that in Romania “at a central level there are no systems to ensure the medical quality, the patient’s safety and the risk management and despite the fact that the patient’s safety and the medical performance quality should be steadily monitored, they usually come second” (Suciu, Stan, Picioruș and Imbrîscă, 2012).

In this respect, there come up certain difficulties in performing the activity of the health organizations/units between the sick people and the non-functional system. In order to better understand the difficulties and pressures the management in these units face, we find it proper to review the most serious problems in the Romanian health system.

**Major Drawbacks In The Romanian Health System**

It is well-known that the Romanian health care system has a lot of drawbacks as compared to the systems of other countries and even the people dealing with the public health admit that. The Presidential Commission report concerning the analysis and elaboration of the policies in the Romanian public health department, issued in 2008, points out that our country is loses around 60,000 inhabitants every year because of the malfunctions in the health care system. The same report highlights that the Romanian population have the lowest health indicators from all Europe. Connecting the assertions above with the serious problems in the health
system and the population’s ageing degree, we are entitled to believe the number of deaths will significantly increase in the following years unless urgent steps are taken.

Among the most serious drawbacks there should be mentioned the following ones:

**Under-Financing – The Everlasting Issue Of The Last 20 Years**

The health system is a big consumer of financial resources and the funds provided for health will be never enough. In Romania, the health system under-financing is the top issue and it is approached whenever a problem comes up. The lack of funds is the permanent justification for the improper work-conditions, the inadequate infrastructure, the crises of medicines or the endowment with obsolete medical appliances. As for financing, any comparative analysis with the European countries will place Romania the second lowest. Most of the EU countries have a health budget of 1600-1800 euro/inhabitant while Romania has only 600 euro.

Therefore, the situation is far from being favourable for the system development even though some analysts think that the comparison with other countries is irrelevant. In the report “Crisis and reform in the health system”, the Romanian Academic Society (SAR) emphasizes that the amount of expenses in GDP is considerably lower as compared to the other EU member states (Romania is the last but one among the 27 member states, followed by Bulgaria). SAR considers that, in an economic crisis, the comparisons between the amount of health expenses in GDP in Romania and the one in other European countries are insignificant since the public sector cannot afford health expenses of 8-9% which is the average amount in EU. The health specialists do not share the same opinion, stating that the consequences of the economic crisis are nothing but false reasons hiding the inability to raise a sufficient budget. The President of the Romanian Doctors’ College has recently stated that all the European countries having passed through the economic crisis adopted an opposite strategy to Romania's and increased the funds insertion in the key fields, such as: health, education and research. He also states the necessity to reconsider the budget and to grant a higher amount for health, mainly as there is an increasing demand for medical care.

Besides the serious under-financing problem, the Romanian health system has also other drawbacks, such as the faulty management of the few available financing resources. The purchase of medical appliances useless for certain medical units, public auctions detrimental to the system, the lack of transparency regarding the used funds are just a few of the problems caused by the fact that there is no strict control of the resources. Moreover, so far, cost-benefit analyses have been made for none of the initiated reforms.

Attempting to solve some of the drawbacks caused by the improper financing, the Public Health Ministry elaborated “The National Strategy of the Hospitals Rationalization” for 2010-2012, in order to create a developed sector of the hospital services by reorganizing, decentralizing and computerizing the hospitals. The solution could hardly save the system but it brings certain improvements and savings to the health budget. There are some allegations that this new strategy will not work either and the decentralization may entail new disputes. The manager of
CEGEDIM Romania\(^1\) points out: “besides the debts of these medical units, we are going to face the problem of financing from the local funds certain medical services provided to people from other geographical areas”.

In Romania, the health services demand exceeds the level imposed by the total amount of the contributions through the compulsory health insurances. Therefore, it is compulsory for some alternative financing sources to be found (for instance non-reimbursable European funds).

**Personnel Deficit**

The personnel deficit is a national problem. However, the urban area is less affected than the rural one. There are remarkable discrepancies between the two areas and a solution for a balance has not been found yet. Even though the number of those who go to a physician is six times higher in the rural areas, the number of medical staff is lower than in urban areas. The seriousness of the situation is amplified by the fact that most physicians from the rural areas practice family medicine, which has a preventive role. In this context, many specializations remain uncovered.

Another challenge for the Romanian health system must face the liberalization of labour. Romania’s integration in the European Union allowed the free movement of health professionals and amplified the existing discrepancies. Statistics indicate that from 2007 to the present, Romania has become the main exporter of doctors to Europe. A study on the labour force situation in the health system, developed in 2009, based on the opinion of health units managers in 35 counties indicates that the main reasons for the doctors’ migration are related to the inadequate salaries, bad working conditions and low endowment with medical equipment (Rotila and Celmare, 2009\(^2\)).

Correlating financial aspects, working conditions far below to those in other countries, the high risk of disease at work or unpaid overtime, intangible aspects such as lack of respect for the medical profession, we understand why Romanian specialists choose to leave the system which does not motivate them.

The quality of health care depends to a large extent on how people are motivated. It is obvious that “a dissatisfied and overworked staff is unable to provide medical care and support to those who need them” (Plumb, Androniceanu and Abăluță, 2003).

In a context in which health care quality and safety are priorities of the international organizations for health surveillance, we believe that human resources should have a strategic

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\(^1\) A company specialized in analyses and market studies in the pharmaceutical industry, which was set up in France and entered the Romanian market in 1993. Currently, it is one of the biggest suppliers of statistical data, with an 80% market share

\(^2\) Study „Labor Situation in Romanian HealthCare System. Terms of system managers” was conducted by the Federation “Solidaritatea Sanitară” in Romania and University “Dunărea de Jos” from Galati in collaboration with the Ministry of Health and the National Trade Union “SAN.ASIST”.

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position and their role should be reconsidered. Improving the quality of health care services will be difficult or even impossible to achieve without motivating the staff, their involvement in quality assurance process being crucial.

Unfair Access To Health Services

All the developed countries regard access to health services as a fundamental right of citizens. The analysts in the field believe that "the extent of access to services is an element of equity and social solidarity and a measure of the rights the citizens who pay their taxes" (Doboş, 2006). Romania has not managed yet to create a health care system that can eliminate the gaps caused by low incomes. Increasing the degree of access to quality medical services was one of the main objectives of health policies and programs. Although reforms in the last years aimed at increasing access to health care services for all the categories of the population (and especially those with low incomes), this intention has not been fully achieved. Because of the public debt to the medicine suppliers, insured people with incomes below average may sometimes be unable to continue treatment.

Thus, Romania is found on the list of countries that present all four types of imbalances that make the access to health care difficult: race (not because of discrimination, but more for economic reasons, there are some communities where health insurance is rare), economic, geographical location (there are few areas of health care facilities and no access to certain specializations) or a different quality of services of the same type. Besides all the negative aspects, there are some improvements, considering the fact that ambulatory assistance has facilitated patient access to health services. Currently, the patient is able to choose his family doctor, his doctor or health care facilities in which to be treated. However, some improvements on the organization system of the access factor are necessary.

Insufficient Promotion Of Preventive Medicine

Preventive medicine should be in close contact with primary care. Romania has one of the highest rates of hospitalization in Europe. Many of the conditions for which patients come to the hospital can be treated in the outpatient system or redirected to primary medicine. Unlike other countries (e.g. Spain), in Romania there is not a law requiring regular consultations with the family doctor. The application of such a law would reduce the number of admissions and therefore reduce pressure on hospitals. Family physicians can play an important role in preventive medicine; it is known that it is easier to prevent than to treat. For the health system, preventive costs are significantly lower than those of treatment. Insufficient promotion of preventive medicine is reflected in the health indicators of the population (e.g. the mortality rate has high values as compared to the other European states). The lack of health monitoring and of health promotion makes the development of preventive medicine even more difficult.
Quality Of Health Services

The quality of health services, a concept with different interpretations, derives from all of the above. There are many definitions of the concept of the quality of health care, each definition trying to capture the best interests of the person who gives it. The most eloquent assessment of quality is achieved by the patient. From this perspective, the dimensions of service quality related to health care are connected to efficiency and effectiveness, accessibility, specificity care, correct diagnosis, environmental safety of care, continuity and reduced waiting time (Vlădescu, 2004). According to some authors "the extent to which services are good, and not only if they reach the beneficiary" is very important. Any health care system needs continuous quality improvement programs. In this context, the principle of "patient-oriented" is essential. Service quality has suffered because of deficiencies previously reported, Romania being on one of the last places in Europe. Although the hospital is the most highly developed area of the system, there is no institution dealing strictly with the work of hospitals. Hospital care would be improved by external audits aimed at detecting and removing irregularities and not at punishing them.

The prospects for improving quality, however, are quite favourable, especially that a strong development of the private system is beginning. This brings multiple benefits (enhancement of competition between providers, treating in specialized centres, freedom of choice of doctors, high quality) but also high costs. Lately there has been a growing awareness of the medical units as regards quality in health and some of them have already implemented quality management systems, with specific targets for quality assurance.

Conclusion

For any country, but especially the developing ones, the citizens' health should be a priority. As noted in the literature, there is a strong relation between the level of economic development and population health, elements which influence each other. There are many supporters of the idea that "health is a conditioning element of economic and social development". If we regard the overall picture created by the health system weaknesses, we realize that in Romania, this theory is not fully understood. The most serious problem is related to the health system financing and resource management. Although we have made some increases in the health spending share of GDP (as report "A health system focused on the needs of citizens" indicated), Romania needs more alternative sources of funding to be comparable with the rest of the EU countries. The issues related to the financing of health services and to the quality of services are much deeper than those generated by the coverage of medical care.

The quality of health care services, different from one area to another or from one health facility to another, is heavily influenced by all the above aspects (the experience of the medical staff, program development, working conditions, investments, etc.). The functionality, efficiency and effectiveness of the Romanian health system depend decisively on the cooperation among the main actors (institutions, providers, physicians, patients). Romania's
integration in the EU entailed the obligation to align to the international requirements and standards as regards the quality of public services, especially the medical care services. Although the entire activity is complicated by gaps in the system, there is some improvement as compared to previous years. For economic reasons, some inoperative hospitals were closed or reorganized, so that some of the costs were reduced. The development of the private system, improving access by providing ambulatory assistance, setting up and later developing the SMURD services are just a few advantages of the reform. Therefore, we have every reason to believe that some of the issues raised above will be solved in the coming years and that the Romanian health system will gradually begin to meet the needs of the patients.

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