ROMANIA`S HEALTH SYSTEM IN THE EUROPEAN CONTEXT

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Abstract— The health system is a dominant characteristic in every developing country. As a result of the changes in the environment and to the fact that Romania is a developing country, the health status represents an important area of interest. Health system should represent a major concern among the government, institutions physicians and even patients practices. Nowadays, thanks to the numerous index developed, it can better reflected the stage of development of a country in terms of health care. The current research aims to offer an image of the Romania's heath system, but in the European context.

Keywords— Health System, Physician, Patients Role, Funding.

I. INTRODUCTION

All across the world, no matter the domain of interest, health hold an important place, from all the times. Population expectation, no matter the country or region is that the health care system to evolve continuously. According to the literature review[1],among thevariables that can influence the system we can encounter: the level of public expenditure on healthcare, the average salary in the health system, the healthcare system infrastructure**,** the number of physicians per capita, plus other identified in other studies when referring to a limited geographical area:number of hospitals, life expectancy, infant mortality and others.

Further, an analysis of several from the above mentioned variables was realized, in order to better emphasize the image of the Romania`s heath system in the context of Europe.

II. THE HEALTH CARE SYSTEM IN ROMANIA

A report [2]indicated the Romania has one of the higher infant mortality rates in the European region, the life expectancy is at 73 years, considerably lower than the European average and it also has the highest levels of cardiovascular diseases from Europe.

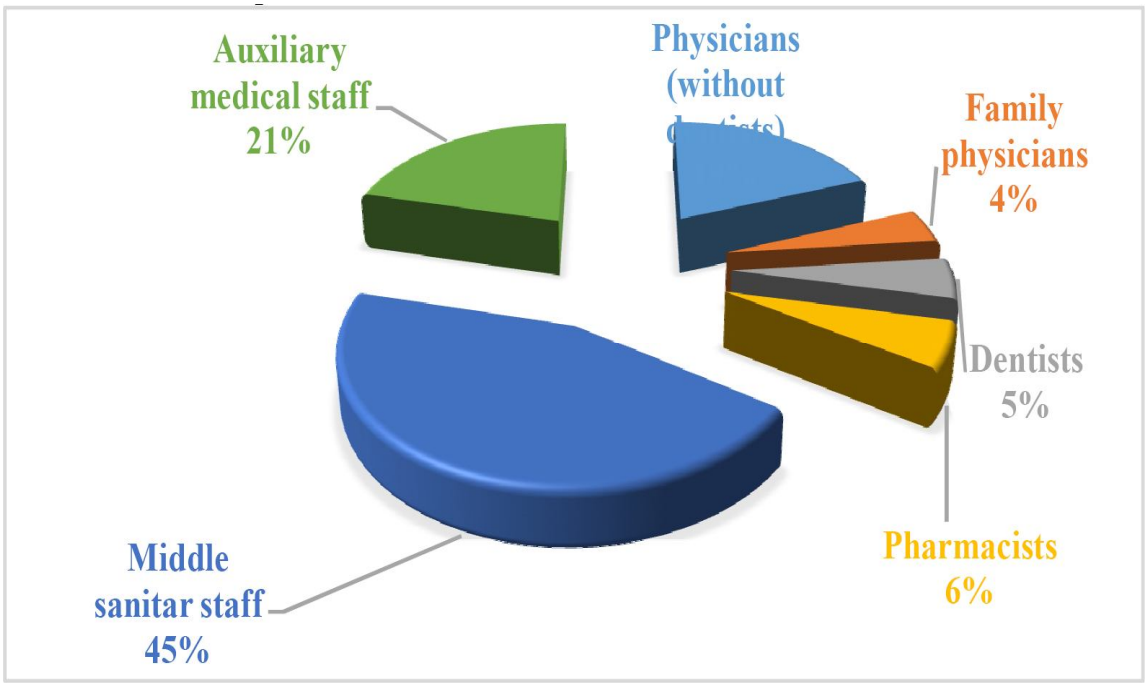


Fig. 1: Medical personnel in Romania, by specialization
Source: http://data.gov.ro

If in 2014 there were registered 54.929 physicians in Romania, we can see an ascendant trend in the analyzed period 2009-2014, currently at 10.000 inhabitants we can find 27.6 physicians. Below the evolution of the following variables (number of physicians and the number of physicians/10.000 inhabitants).

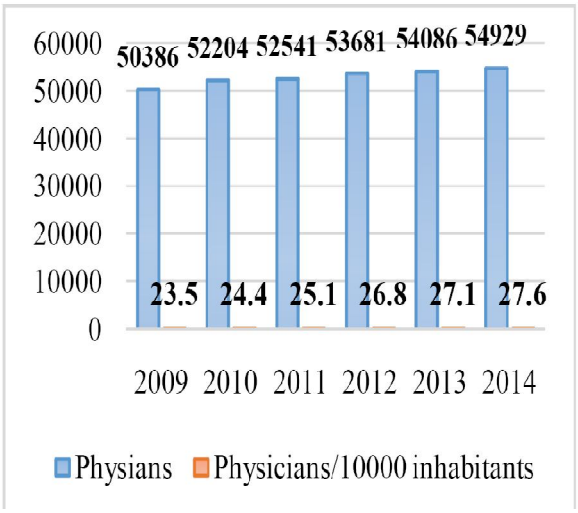


Fig. 2: Number of physicians and the number of physicians/10.000 inhabitants in 2014 in Romania
Source: http://data.gov.ro

Also, a tendency registered shows that the growth rate of the pharmacists/10.000 inhabitants is a high one, from 5.6 in 2009 to 8.6 in 2014. By comparison with the other European countries, Romania is founded on the 26 position, in a top based on the number of physicians/100.000 inhabitants in 2013 in the European countries. From the total of 53,681 physicians in 2013, only 12.725 of these were acting in the private sector.

Table 1: Rate of the pharmacists/10.000 inhabitants in 2014

Nr. Crt.	Country	2013
1	Greece	619.03
2	Austria	499.01
3	Norway	430.58
4	Portugal	426.07
5	Germany	405.41
…	……	……
26	**Romania**	**248.4**
	European Union	346.72
	Europe	307.89

Source: http://data.gov.ro/dataset/personalul-medico-sanitar-din-romania/resource/85ce1cb3-2c3e-49d4-9ef7-faf32327212b

According to the statistics available on the Romanian Government website, concerning the variable number of hospitals/1000 Romania ranks the 13 position in the top of the European countries, but below the mean of Europe or European Union. A position better obtained Romania to the criteria of number of beds available in hospitals/100.00 inhabitants, this time, above the European mean.

Table 2: No. hospitals / 100.000 inhabitants in 2014

Rank	Country	2013 (no. hospitals / 100.000 inhabitants)
1	Belarus	6.82
2	France	5.3
3	Finland	4.77
4	Ukraine	4.77
5	Bulgaria	4.71
6	Switzerland	4.71
…..	……	…..
13	**Romania**	**2.47**
	Europe	3.22
	European Union	3.01

Table 3: Number of beds in hospitals / 100.000 inhabitants in 2014

Rank	Country	2013 (no. beds in hospitals / 100.000 inhabitants)
1	Belarus	1104.56
2	Ukraine	879.81
3	Germany	827.77
4	Russia	817.53
5	Austria	764.7
6	Hungary	703.73
…..	…..	…..
12	**Romania**	**627.04**
	Europe	566.68
	European Union	527.65

Source: http://data.gov.ro

The last indicator taken into consideration when analyzing the health care system is the infant mortality/1000 live births. In 2012, according to Romanian`s Government website, Romania is placed on the second position, after the Republic of Moldova, but with a very high rate comparing to the average in European Union.

Table 4: Infant mortality/ 1000 live births in Romania in 2012

Rank	Country	Infant mortality/ 1000 live births (2012)
1	Republic of Moldova	9.81
2	**Romania**	**9.01**
3	Ukraine	8.39
4	Bulgaria	7.75
5	Switzerland	7.75
6	European Union	3.86
7	Europe	7.76

Source: http://data.gov.ro

Despite this, in 2014, according to the CIA World Factbook [3],the rate of infant mortality registered, was higher in Romania, until 10 deaths/1,000 live births, but this time, Romania was the occupant of the fifth place, after others developing countries like Turkey, Bulgaria or Albania.

Table 4: Infant mortality/ 1000 live births in 2014

Rank	Country	Infant mortality/ 1000 live births (2014)
1	Turkey	21
2	Bulgaria	15
3	Albania	13
4	Moldova	13
5	**Romania**	**10**

Source: CIA World Factbook, Publications

As it can be observed, to the most of the mentioned criteria, Romania can be considered an average country regarding the status of health care system, being mostly a middle ranking country, or a leading country to the negative indicators. That might be caused by the particularities of the national system: not a free market; many expensive products or services; influences exerted by stakeholders as Government, insurance company; and not least, this system is highly regulated [5].

III. PUBLIC HEALTH SYSTEM FINANCING

In Romania, the public health system in financed through [4] state budget, the Budget of National Fund of social health insurances (75% of expenses), local budgets, personal incomes, external credit, external grants, donation or sponsorships.

With respect to the financing the medical of the medical services, we can take into consideration the social health insurances, where Romania is very much alike the other countries, with a Bismarck social system. Almost 90% of the population in insured (main categories: 36% employees, 24% pensioner, 22% students) (2).

A main issue found in the Romanian system is the fact that seldom the rare diseases or the curative treatment are sustained, comparing to the case of frequent diseases. In this sense several priorities of the health system should be solved by identifying either way the persons possible to be financed through health programs, developing new methods of prevention/early diagnose, assuring the possibility and the measures of treatment, covering the costs of treatment[4].

V. PATIENTS ROLE IN THE SYSTEM

In this context, a significant role should be played by the patients. In Romania, they are represented by unions and employers, they have a basic package of services covered, and also not a noticeable presence in the system, even if they often met obstacles in their access to treatment: necessity to buy drugs during hospitalization, the willing to buy modern drugs with no additional charges, the resistance to accessing the premium services for additional fees and others. This above mentioned issues might be caused by the insufficiency of the incomes, generating obstacles in the access to all medical services. Also here it exists an imbalance in the access to services between urban and rural area, the last one presenting numerous disadvantages [5].

In this area, the family medicine is the first contact with the medical system and it can be the main pylon in limiting the impact of diseases. Again, the discrepancy between the rural environment (one family physician at 2000 persons) and urban environment is highlighted (one family physician at 1600 persons) [6]. So, more and more attention should be paid to this binder between patients and health care. Also, patients should be segmented according to different criteria, aspect not necessarily encountered into our country. Health care should differ by adapting the availability and quality of care to different age categories (elders, home care) also to gender (mother and child health, infant mortality) and too many others criteria.

IV. ROMANIA`s HEALTH RESULTS IN THE EUROPEAN CONTEXT

If in the past, in 1960, Romania`s health results, was comparative with those from other states, ever since the situation presented no more as a positive one.The European Index of Health consumer reflected the fact that, from 33 states from European Union zone, based on 38 indicators, represented in 6 categories (existence of malpractice insurance; speed of computerized scans; fatal cases of myocardial; informal payments made to physicians; grants for pharmaceuticals) in Romania lacks the general performance of health system. According to this index, Romania ranked second among the countries analyzed, in line with other countries as Bulgaria, Latvia, and Albania, and only a half of the score obtained by Holland [2].

CONCLUSIONS

As a conclusion to the above mentioned problems related to health system encountered in Romania`s territory, there are several aspects that need to be highlighted, and also need to get a solving: increase the funding resources for the health care and drugs; indexation of the drugs that need to be covered or reimbursed; setting a balance between the requests and real needs of the patients; the rate of losing qualified human resources; the access to innovative solutions for health.

After studying the patient`s role in Romania, we concluded that more patient oriented actions should

be done in order to view the patient as the core of the system, fulfilling his interests. Also, by increasing the access to services, the alignment to the technological progress might be covered.

In Romania there are only a few initiatives realized in the area of health care and patient education. Their role in the health system should be a dominant one and they should become a higher part in the decision taking processes.

Through proper legislative regulations, by paying the deserved attention to patients and their need, and by allocating higher resources on specific neglected categories, Romania`s public health system can regain the quality once owned and improve it.

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