European Semester 2017
Country Report
Health system reforms
ROMANIA

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CONTENT

• Why health reforms in Romania?
• Health system’s challenges
• Key health reforms
• Health is an investment in human capital

Good health outcomes contribute to employability and higher human capital productivity and economic competitiveness (as recognised in several Country Reports in 2017).
Potential productive life years lost: Rate per 100,000 population
• Health care is a labour intensive and high-skilled sector

The health sector has seen a large rise in employment over the last few years and represents a potential for high-skilled employment: 1.2 million new jobs have been created in the EU between 2008 and 2016.
Romania-trained doctors in some OECD countries

- France: 3,734
- Germany: 2,446
- United States: 1,683
- Hungary: 1,273
- Israel: 1,064
- Belgium: 848
- United Kingdom: 487
- Ireland: 341
- Canada: 197
- Austria: 15
- New Zealand: 603
- Chile: 487
- Slovenia: 341
- Turkey: 197
- Czech Republic: 15

Rate per population of

[Diagram showing distribution of trained doctors]
• Health expenditure contributes to social cohesion and reduce poverty.

Health coverage and healthcare support "social safety nets and active inclusion strategies"

While all EU MS claim having universal coverage to health care, the population still reports considerable levels of unmet needs for care - the poorer and less educated are more affected.
Unmet needs for health because of cost, waiting time and distance, 2011 and 2014

AROPE for selected groups
• Health expenditure is mainly publicly financed

There is a fiscal challenge posed by population ageing in relation to the country specific Medium-Term Objectives for their budgetary position.
### Health care spending as % of GDP: Scenarios 2013-2060

#### ROMANIA

<table>
<thead>
<tr>
<th>Scenario</th>
<th>ROMANIA</th>
<th>EU28</th>
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<tbody>
<tr>
<td>AWG reference scenario</td>
<td>1,0</td>
<td>0,9</td>
</tr>
<tr>
<td>Demographic scenario</td>
<td>1,1</td>
<td>1,1</td>
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<tr>
<td>High Life expectancy scenario</td>
<td>1,3</td>
<td>1,4</td>
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<tr>
<td>Constant health scenario</td>
<td>0,5</td>
<td>0,3</td>
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<tr>
<td>Income elasticity scenario</td>
<td>1,3</td>
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<tr>
<td>EU28 cost convergence scenario</td>
<td>3,3</td>
<td>1,3</td>
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<tr>
<td>Labour intensity scenario</td>
<td>2,0</td>
<td>1,5</td>
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<tr>
<td>Sector-specific composite indexation scenario</td>
<td>0,5</td>
<td>0,6</td>
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<tr>
<td>Non-demographic determinants scenario</td>
<td>2,5</td>
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</tr>
<tr>
<td>AWG risk scenario</td>
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</tr>
<tr>
<td>TFP risk scenario</td>
<td>0,9</td>
<td>0,8</td>
</tr>
</tbody>
</table>

#### HEALTH REFORMS

Graph showing health care spending as % of GDP from 2013 to 2060 for Romania and EU28.
Structural reforms are needed to improve access and make the health systems more cost-effective and sustainable.
The principles and objectives of the EU agenda for Health Systems have been reflected over the years in the process of the European Semester.

- EU agenda for effective, accessible and resilient health systems
- Strengthening effectiveness
- Increasing accessibility
- Improving resilience
HEALTH CHALLENGES

RO: Health Status and Effectiveness related indicators. Most data for 2014

Unit = Z-scores (standard deviations "away" from EU28 average)
Midline for EU MS average, Interquartile Box, Bar = EU, Dot = RO
HEALTH CHALLENGES

RO: Health Systems Resilience related indicators. Most data for 2014

Unit = Z-scores (standard deviations "away" from EU28 average)
Midline for EU MS average, Interquartile Box, Bar = EU, Dot = RO
2016 CSR:

- **Curb informal payments** in the healthcare system
- increase the **availability of outpatient care**.

2015 CSR:

*Pursue the national health strategy 2014-2020 to remedy issues of poor accessibility, low funding and inefficient resources.*
2014 CSR:

- Step up reforms in the health sector to increase its **efficiency, quality** and **accessibility**, including for disadvantaged people and remote and isolated communities. Increase efforts to **curb informal payments**, including through proper management and control systems.

2013 CSR:

- **Pursue health sector reforms to increase its efficiency, quality** and **accessibility**, in particular for disadvantaged people and remote and isolated communities. Reduce the **excessive use of hospital care** including by **strengthening outpatient care**.
### KEY HEALTH REFORMS

**ROMANIA**

**JOINT REPORT EC-EPC ON HEALTH SYSTEMS**

1. To continue increasing the **efficiency** of health care spending in order to adequately respond to the increasing health care expenditure over the coming decades, which is a risk to the long-term **sustainability** of public finances.

2. To improve the basis for more sustainable and larger financing of health care in the future to improve **access** as well as **quality** of care and its **distribution** between population groups and regional areas.

3. To increase **equity** in financing of care and tackle **informal payments**.

4. To define a comprehensive **human resources strategy** to ensure a balanced skill-mix, avoid staff **shortages** and motivate and **retain staff** to the sector.

5. To continue to enhance and better distribute **primary health care** services and **basic specialist services** to improve **equity of access** and the **effectiveness** and **efficiency** of health care delivery; To ensure an effective **referral systems** from primary to specialist and hospital care and improving care **coordination between types of care**, notably by ensuring that users register with their GP and through the development of electronic patient records in the future.

6. To continue the efforts to decrease over and unnecessary use of hospital inpatients care by decreasing the number of hospital beds, through **hospital restructuring and rationalization**: To increase day case surgery, to improve the provision of after-hours primary care services, and to reduce the number of uninsured who tend to use emergency services rather than primary care services (which are not covered to large extent).
### KEY HEALTH REFORMS

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<td><strong>7.</strong> To make more use of cost-effectiveness information, as planned, in determining the basket of goods and the extent of cost-sharing and define the latter to induce <strong>cost-effective behaviour</strong>. To explore if current cost-sharing could be adjusted to encourage greater use of more effective and cost-effective services: e.g. more use of primary care than specialist care, more health promotion and disease prevention activities (e.g. vaccination), more cost-effective pharmaceuticals.</td>
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<td><strong>8.</strong> To reduce the causes of structural <strong>overspending of the pharmaceutical budget</strong>, increasing the cost-effectiveness of prescribed and used medicines, which could make more room for financing of new cost-effective innovations.</td>
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<td><strong>9.</strong> To <strong>tackle corruption in the health system</strong>.</td>
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<td><strong>10.</strong> To continue to improve <strong>accountability and governance</strong> of the system and identify possible cost-savings in the health sector administration, as it currently involves many national and district institutions. To ensure that resource allocation between regions is not detrimental to poorer regions.</td>
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<td><strong>11.</strong> To continue to <strong>improve data collection and monitoring</strong> of inputs, processes, outputs and outcomes so that regular <strong>performance assessment</strong> can be conducted and use to continuously improve access, quality and sustainability of care.</td>
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<td><strong>12.</strong> To clearly establish public health priorities and enhance <strong>health promotion and disease prevention</strong> activities, i.e. promoting healthy life styles and disease screening given the recent pattern of risk factors (smoking, alcohol) and the pattern of both infectious and non-infectious diseases.</td>
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2017 CR:
• The system suffers from inefficiencies, limited accessibility and corruption. In the absence of a national strategy on the workforce in healthcare, access to healthcare remains limited due to shortages of health professionals, affecting mainly rural areas. Persistently low funding and over-reliance on hospital-based healthcare limit access to universal quality care and impair the efficiency of the health system. Recent policy action notwithstanding, corruption remains prevalent, impacting on the quality of public health services.
SUMMARISING

• Why health reforms in Romania?
• Health system’s challenges
• Key health reforms
THANK YOU
Vă Mulţumesc