



Romania



The Sphinx, Bucegi Natural Park in the Bucegi Mountains of Romania

General overview

The eighth largest country in the European Union, Romania is situated in the south-eastern part of central Europe. According to the National Statistics Institute, in January 2018 Romania had a population of 22.1 million inhabitants, a 0.2% decrease compared to January 2017. A 0.3% increase in the population over 65 years of age was observed in the same period, resulting in 350 000 more people in this age group than in the 0–14-years age group. There are more Romanian women (51.2%) than men, and more women than men live in urban areas (56.4%) (1). Historical trends reveal that there has been a population constriction since the 1990s because of declining fertility and birth rates, relatively high death rates and outward migration (2).

According to the World Bank classification, Romania is an upper-middle income country with a gross domestic product (GDP) per capita of US\$10 000 (2016) (3). Romania has the second highest score for poverty and the fifth-highest score for income inequality in the European Union (EU) (4).

The basic administrative unit of Romania is the county (“județ” in Romanian). The country is divided into 41 counties, plus the municipality of

Bucharest as a separate entity. The 42 districts are divided among eight development regions: North-East, North-West, Center, South-East, West, South-West Oltenia, South Muntenia and Bucharest-Ilfov. Since the regions are not territorial-administrative units, they do not have any type of autonomy, or legal power (2).

The Romanian health-care system

Romania has a social health insurance system, which is highly centralized despite consistent efforts to move away from the previous Semasko type of organization. It provides a comprehensive benefits package to those insured (85%); those who are not covered have access to a minimum benefits package. While – in theory – every insured person has access to the same health-care benefits, regardless of their socioeconomic situation, inequities in accessing health care exist across many dimensions, such as rural vs urban, and health outcomes also differ across these dimensions (2).

Public sources account for over 80% of total health financing, leaving a considerable margin for out-of-pocket payments, which cover almost a fifth of the total expenditure (2). The share of informal payments also seems to be substantial though,

given the sensitive nature of the issue, its size is not known. According to data of the Organization for Economic Development, in 2015, health expenditure per capita in Romania was the lowest among the EU Member States (5).

The Romanian population has seen increasing life expectancy and declining mortality rates, but both remain among the worst in the EU. Life expectancy at birth has increased over recent decades but, at 75.1 years, it is considerably lower than the EU average of 80.9 years (5,6). Mortality from cardiovascular diseases is among the highest in the EU. There are differences in mortality rates among the geographical areas (higher in the south) and between the urban and rural areas (higher in rural areas). Infant and maternal mortality rates are the highest among the EU Member States: 8.8 per 100 000 for infant mortality in Romania compared to the EU average of 3.8; and 13 per 100 000 for maternal mortality compared to the EU average of 4.9 (2).



Strengths¹

The strengths of the health-care system in Romania are:

- ✓ a social health insurance system that covers a significant proportion of the population;
- ✓ highly assessable health-care services;
- ✓ strong emergency-care services.



Aspirations¹

Romania aims to:

- ✓ strengthen primary and secondary care;
- ✓ improve health promotion and disease prevention by increasing vaccination coverage, among others;
- ✓ increase health-system responsiveness;
- ✓ increase the effectiveness of noncommunicable-diseases management.

Challenges¹

These are to:

- ✓ increase health-system financing;
- ✓ enhance the management of human, material and financial resources;
- ✓ better manage the mobility of health professionals within and outside the country;
- ✓ improve coordination among key actors at the central and county levels.

Potential areas of collaboration

Romania is interested in collaboration with other regions on:

- ✓ the design and management of health service delivery;
- ✓ training opportunities in health-care management;
- ✓ evidence-informed policy-making;
- ✓ health promotion and disease prevention, including vaccination.

Working groups

Romania is interested in participating in working groups on:

- ✓ health systems/primary health care;
- ✓ the all-of-government approach/intersectoral action;
- ✓ the Sustainable Development Goals (SDGs) (7)/equity.

People active in the Regions for Health Network (RHN)

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¹ According to the National Health Strategy 2014–2020 Health for Wealth (8).

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