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The evolution of the Romanian Health System during the last twenty years was marked by the transition from an overly centralized system to a social, self-financing system, facing many economic and administrative problems. Between the congestion of issues that plagued the new system, and the authorities' slow response to these issues, a bottleneck has been produced, which is currently preventing the health system from providing appropriate services to any of its affiliates.

The current crisis arose as a result of perpetuating a reactive instead of a proactive attitude toward the challenges of the health reform -- meaning that all problems were only acknowledged and considered *after* they had occurred, instead of being anticipated and planned for in advance. At the time that the reform was being implemented, profound changes were also occurring in Romania in domains other than health (such as government, education etc.), and it was not taken into consideration how these systems would interfere with each other. Problems quickly surfaced due to the state of general transition and the insufficiently planned division of resources among many, often unstable, networks. When faced with this, the decision-makers traded planning and analysis for post-hoc responding to the incoming problems, an attitude which over time has led to a loss of perspective, and a distorted view of the current needs and functions of the health system.

Starting with the year 1999, the health reform process has led to the rapid development of medical services in both public and private sectors. The general public became increasingly informed with regard to their options and available technologies, the demand for health services increased and the supply diversified. In the context of these rapid legislative, economic and social changes, absent a solid strategy to control and stabilize the swift development, the typical difficulties associated with the start of any reform slowly spiraled out of control, becoming harder and harder to contain.

The quick pace at which the health system developed modified the profile of the main players: health professionals were able to perform better, but at the same time bureaucracy and restrictions increased. Patients received better care and subsequently demanded more services, but at the same time the financiers became less able to accurately predict the medical services needed, and the cost of these services became harder to control. A general state of dissatisfaction emerged as a consequence, which the current institutional health system is not prepared to handle.

The proposed reform, if properly implemented, creates exciting opportunities: it promotes public-private partnerships in Romania, provides a better framework to inform the population about available medical services and health insurance options, and increases the involvement of the community in broad interest health issues. However, with the global economic crisis and escalating costs, the lack of vision and consistency on the part of the decision-makers and the lack of confidence on the part of the population when it comes to reform processes could pose a threat to the success of the new health law. To avoid that, it is necessary to have a clear understanding of the current structure and needs of the health system, and tailor the measures of the reform to fit and fulfill these needs.

It requires the development of coherent health strategy, aimed to create concrete and feasible objectives and to ensure protection against both threatening diseases and financial risks. Any desirable implementation strategy that would exploit the strengths and guard against the weaknesses of the proposed law should include measures such as standardizing the health system to the highest possible extent, resizing and reconfiguring it based on integrated health care services, and stimulating private health insurance as a complementary alternative for financing health services.

References

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