

New perspectives in integrating medical and social services in Romania

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Health versus economic determinants



Source: Dahlgren G,
Whitehead M, 1991

Conference "Diaspora in Scientific Research
and University Education in Romania -
Diaspora and friends" 2016

Romania – economy and health

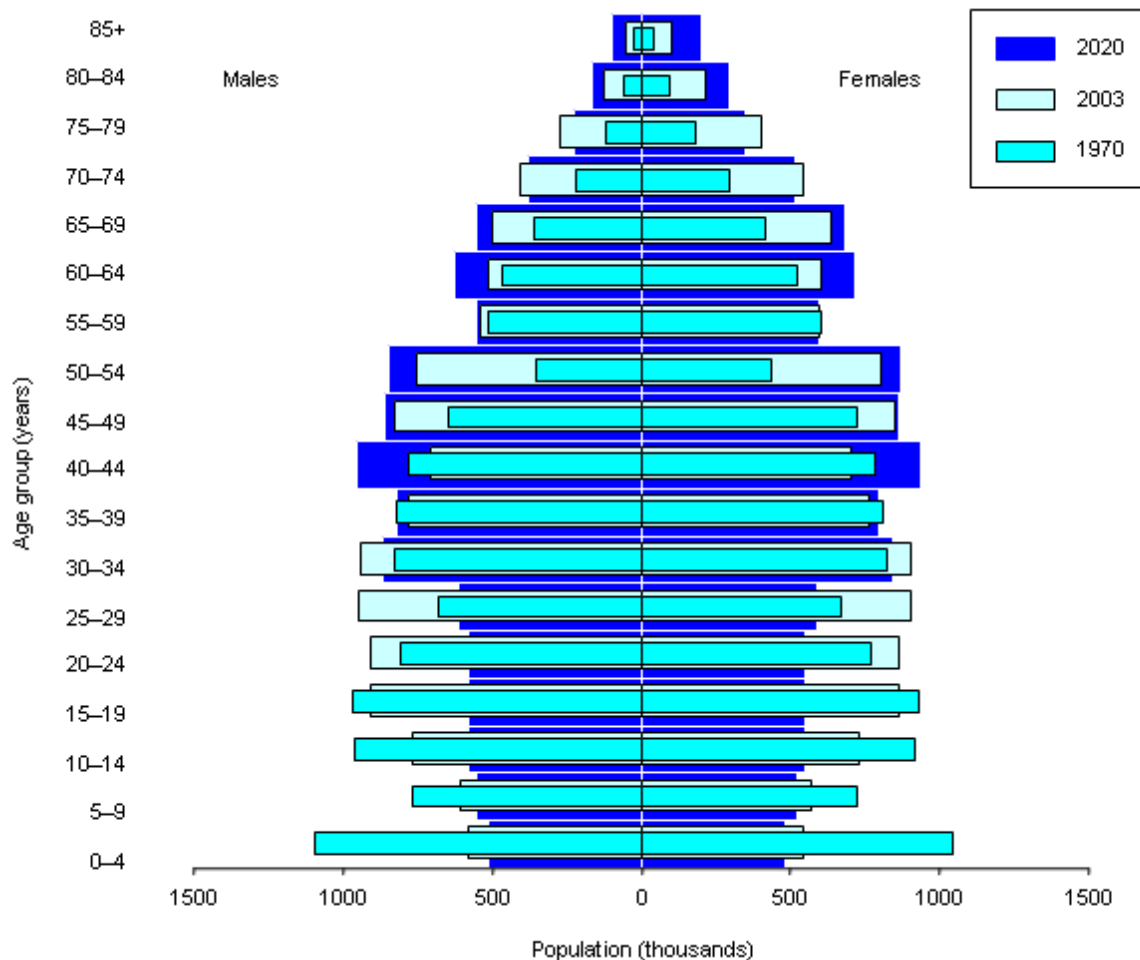


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Economic Indicators													
GDP (Bil USD)	46.0	59.5	75.8	99.2	122.7	170.6	204.3	164.3	164.8	182.6	169.4	189.6	199.0
GDP Growth (annual %)	5.0	5.2	9.1	4.3	8.7	6.3	7.9	-6.8	-0.9	2.3	0.4	3.5	1.8
GDP/capita (current US\$)	2116	2756	3533	4652	5789	8170	9949	8069	8139	9064	8445	9490	9997
GNI/capita (Atlas, current USD)	1950	2340	3000	3920	4950	6470	8490	8680	8430	8520	8570	9050	9370
GINI Index (WB estimates)	30.2	29.9	30.0	29.8	30.6	30.4	29.5	28.3	28.2	27.2	27.3	NA	NA
Health financing Indicators													
Health expenditure, total (% of GDP)	4.6	5.3	5.4	5.5	5.1	5.2	5.4	5.6	6.0	5.5	5.5	5.6	5.6
Health expenditure/capita (current US\$)	97	147	192	254	294	423	542	455	483	508	468	535	557
Health expenditure, public (% of total health expenditure)	82.2	84.8	75.0	80.8	79.8	82.2	82.0	78.9	80.3	79.2	80.3	80.8	80.4



Demography

- Population: 20.4 mil. inhabitants in 2014
 - the 7th in EU
- Gender distribution:
 - 51% F versus 49% M
- Urban/rural distribution
 - 55% U versus 45% R
- Age distribution:
 - 0-14 years: 15%
 - 15 – 64 years
 - 70%; 65+ years 15%



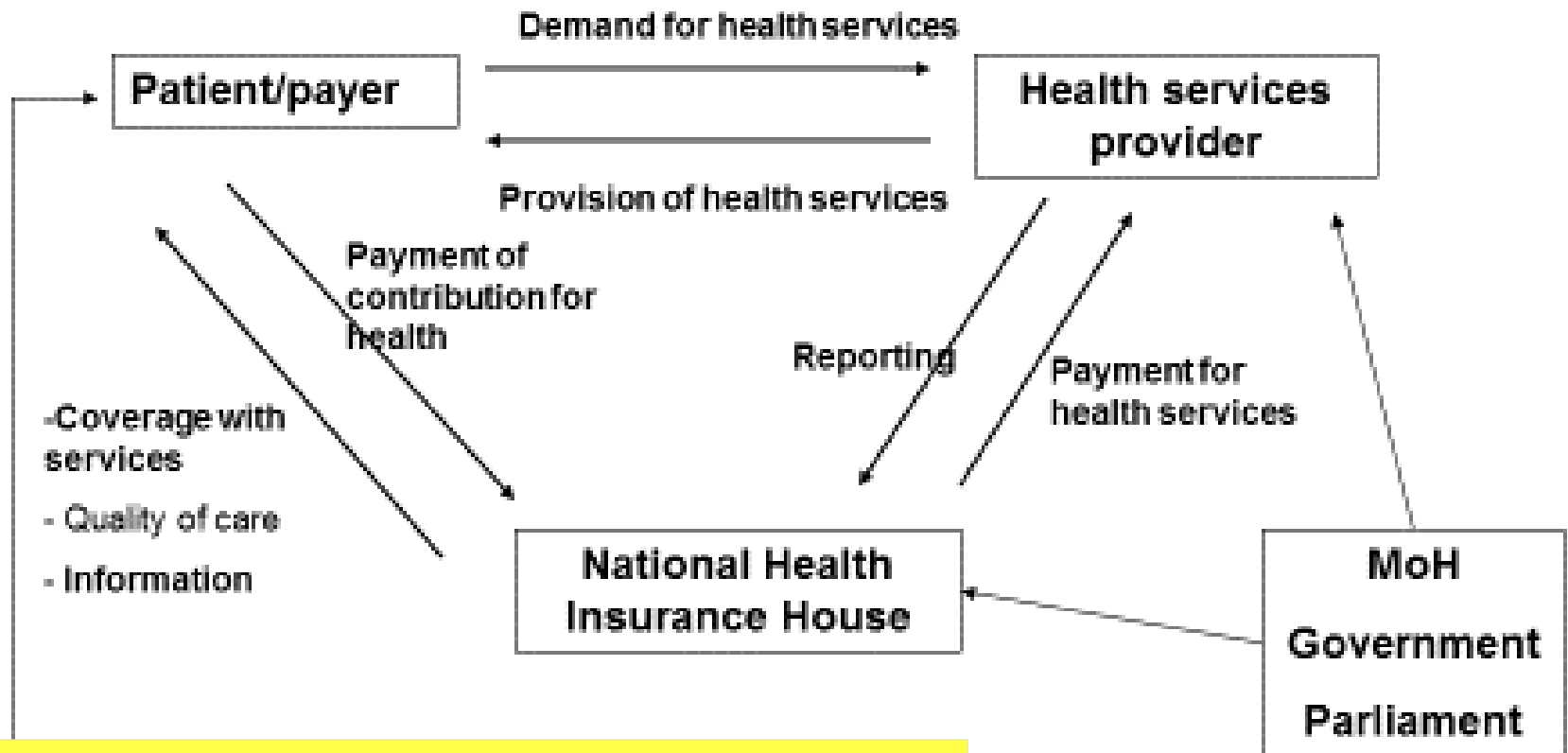


Main challenges in Romania

- Population ageing (decreasing natality, work-force migration)
- Economic deprivation, especially in rural areas
- De-structuration of main public goods in the never-ending “tranzition”: health, education
- Decentralization (lose of responsibilities at central level, low capacity al local)

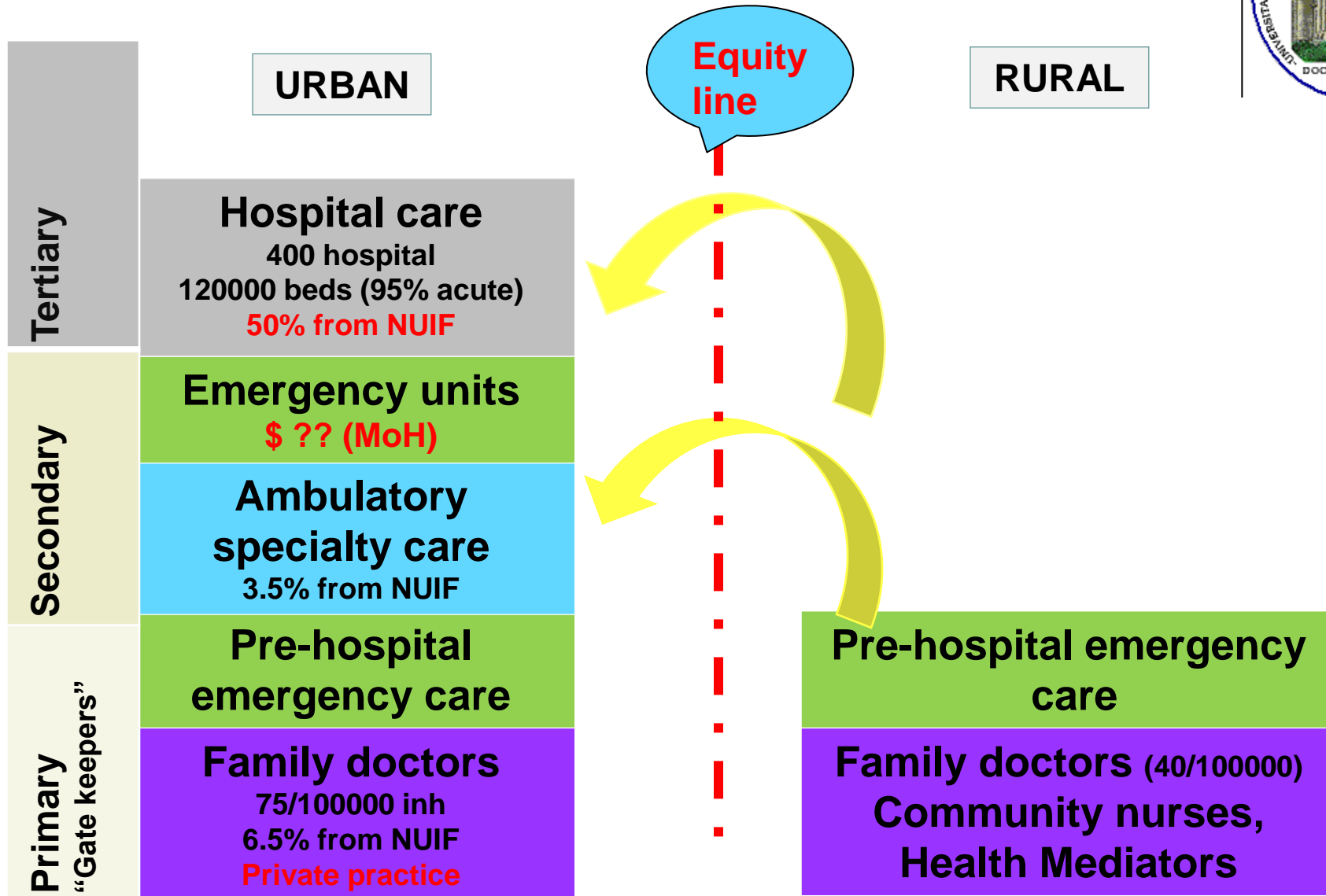


Health system organization: Macro - level

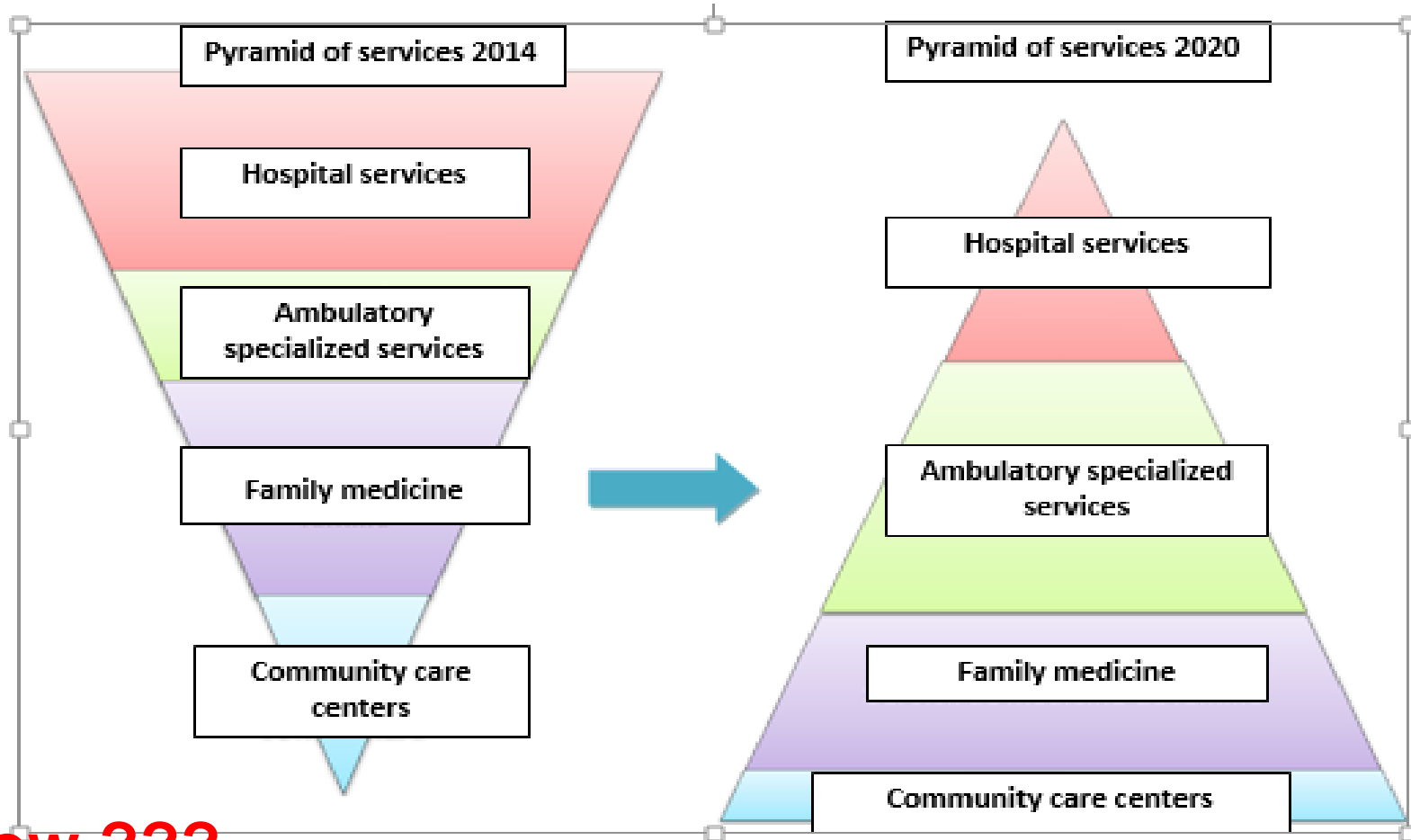


- How much influence does MoH have???
- If not MoH, who else?

Health system organization – Micro - level



Paradigm shift: The transformative model proposed by NHS



How ???

Opportunities: resources – EU Funds



R-OP: priority axis 8 (329 mil EUR)

- 8.1. Increasing access to health services, with focus on community services and ambulatory specialty services, especially in poor, remote areas*
- 8.2. Improving quality and efficiency of the emergency hospital services*

HC-OP: priority axis 4 (940,5 mil EUR)

- 4.4. Provision of social /medical /professional / trainingservices;*
- 4.8. Increasing the capacity for professionals from the health sector;*
- 4.9. Increasing the number of beneficiaries for health programs and medical services oriented to prevention, early detection (screening), early diagnosis and treatments in main pathologies)*
- 4.10. Increasing the number of beneficiaries of medical services at community level;*
- 4.11. Increasing the use of ICT solutions (e-health, telemedicine) in provision of medical services;*

AC- OP: priority axis 1 (187.7 mil EUR)

- 1.1. Developing common systems and standards in public administration in order to improve the decisional processes oriented towards citizens and business environment;*
- 1.2. Developing and implementing modern policies and tools for human resources management*

C- OP: priority axis 1,2 (894 mil EUR)

- 1.1. Increasing research, development and innovation capacity in fields of specialization and health;*
- 1.2. Increasing Romanian participation in EU research;*
- 1.3. Increasing private investments in research, development and innovation;*
- 1.4. increasing the transfer of knowledge, technology and RDI staff between the public and private environment*
- 2.3. Increasing the use of e-governance systems;*
- 2.4. Increasing the use of internet (including e-health).*

Opportunities: resources – WB Funds



The World Bank Loan Agreement 8362-RO “Health Sector Reform – Improving System Quality and Efficiency” Project 250 mil EUR

- **streamlining hospital services, by supporting the implementation of regional emergency hospitals networks, and reducing redundant capacity for inpatient services;**
- **enhancing ambulatory care, by strengthening primary health care services at the community level and establishing specialized secondary ambulatory care;**
- **increasing sector governance and stewardship**

Knowledge, expertise

- EEA grants
- Swiss – Romanian Cooperation Programme





Main findings....

- Interventions and funding are organized by levels of care, which affects the continuity of care and may lead to duplication/gaps.
- Social needs are not considered.
- Orientation towards **treatment** rather than **public health**, particularly for chronic illnesses
- Access to health services still has discontinuities, particularly in rural areas and for marginalized groups.
- Community services are fragmented and not oriented to the people needs
- Availability of resources...
- Expertise, knowledge ...



Thank you for your attention!

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