

**The reform of
the Romanian health care system:
A comparative study between
regional health directorates during 1990's**

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This paper

- analyses *the development of the Romanian health care system at regional health directorate level* since the transition in 1989.
- First, we outline the development of the Romanian economy and especially the reform of the health care system.
- Second, we analyze the effects of the reforms in health care sector during 1990's by exploring the variations of health care *outputs* at regional health directorate level.

Historical background

- Between the I & II World Wars there was a social insurance system based on the *Bismarckian sickness fund model*.
- In 1949, the Law on Health Organization of the State was passed and there was a gradual transition to a *Semashko health system*.
- Romania began its process of health care reform in the early 1990s with major problems, such as chronic *underfunding* of the health system and *low staff salaries and morale*.
- The political objectives of reforming the health care system have been *to decentralize the health care system*, to create *competition* among providers and *to improve the health status of the population* (Ministry of Health, 1997).

Laws concerning the structure and organization

- Law 74/1995 concerning the **organization of the College of Physicians**
- Law 145/1997 on **Social Health Insurance**
- Law 100/1998 on **Public Health**
- Law 146/1999 on **Hospital Organization**

The new regulations

practically *changed* the entire structure of the health care system and *established* the framework for the shift *from* an integrated, centralized, state owned and controlled tax-based system *to* a more decentralized and pluralistic social health insurance system, with contractual relationships between health insurance funds as purchasers and health care providers.

The experiments

- Since 1994 *a pilot scheme for primary health care* has been introduced in **8 districts** (judete) of Romania; and it was *extended* to other 4 districts from 1996. The experiments ended in 1998.
- This scheme has *shifted responsibility for funding and managing primary health care from territorial hospitals to district health directorates*.
- The *negotiation* process and contracts between health care personnel and authorities as well as the salary system have been changed.

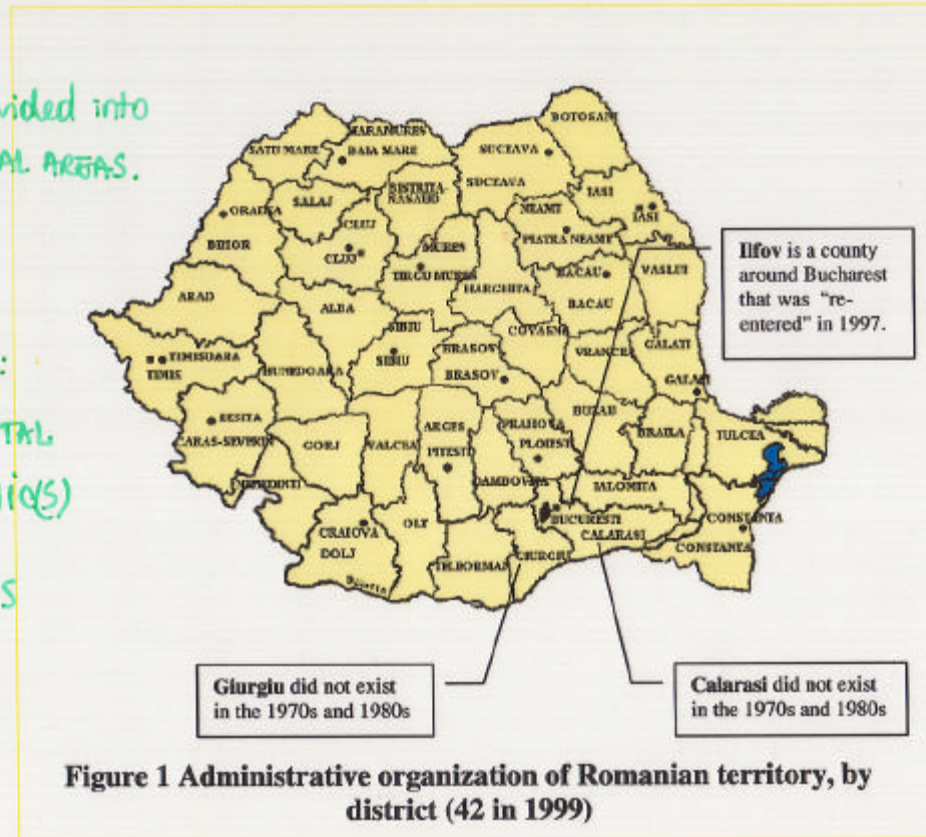
DISTRICT
 Average population \approx 550 000 inhabitants
 (without Bucharest)
 RANGING fr. 232 951 to 874 219

1992 CENSUS

• EACH district is divided into
 3-6 FUNCTIONAL AREAS.

• EACH func. area has:

- AT LEAST 1 HOSPITAL
- \geq 1 POLYCLINIC(S)
- a network of DISPENSARIES



EXPERIMENT 1 (1994-1998)

- PRIMARY HC services
- Human resources performance & motivation
- Improved management
- community involvement

EXTEN. of EXP 1
(1996-1998)

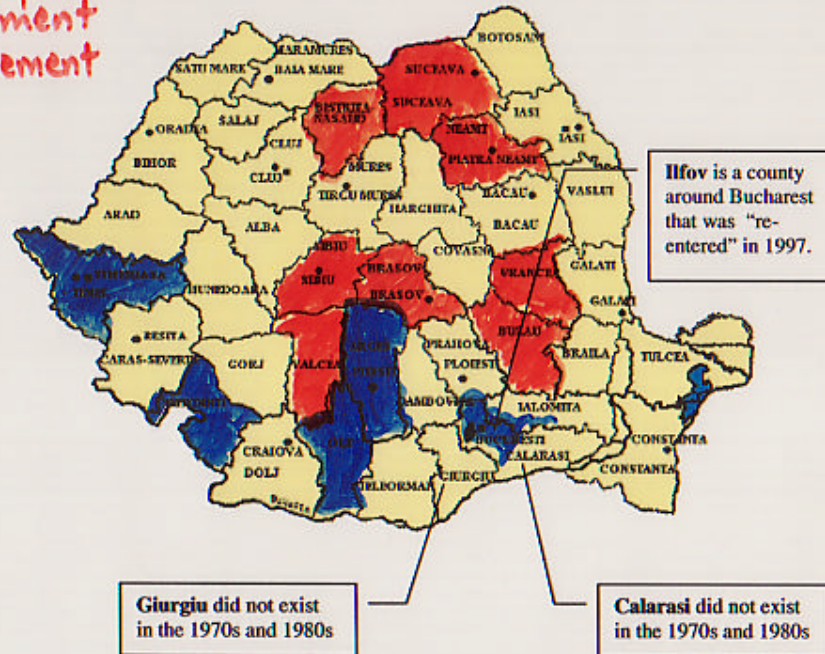
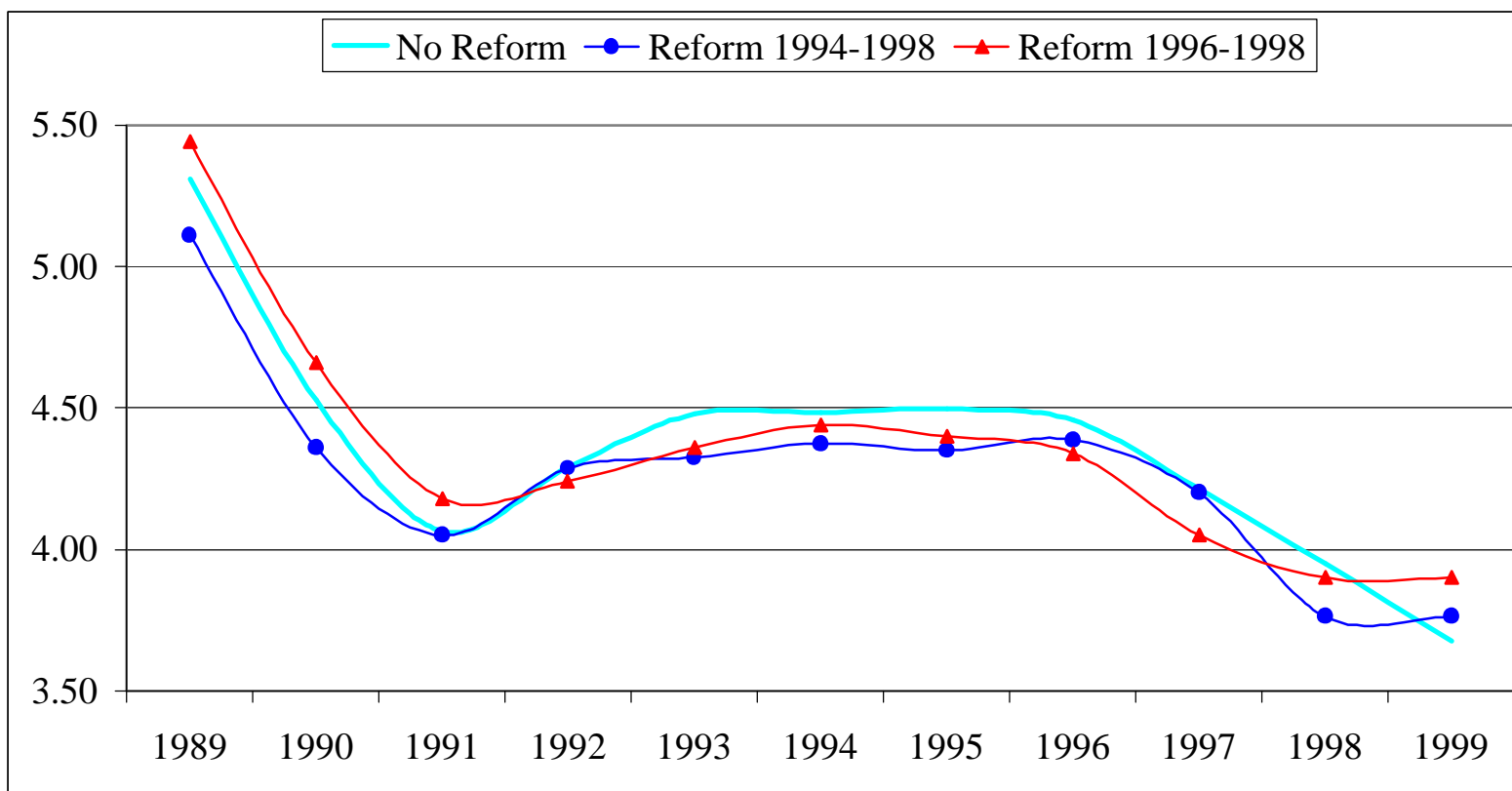
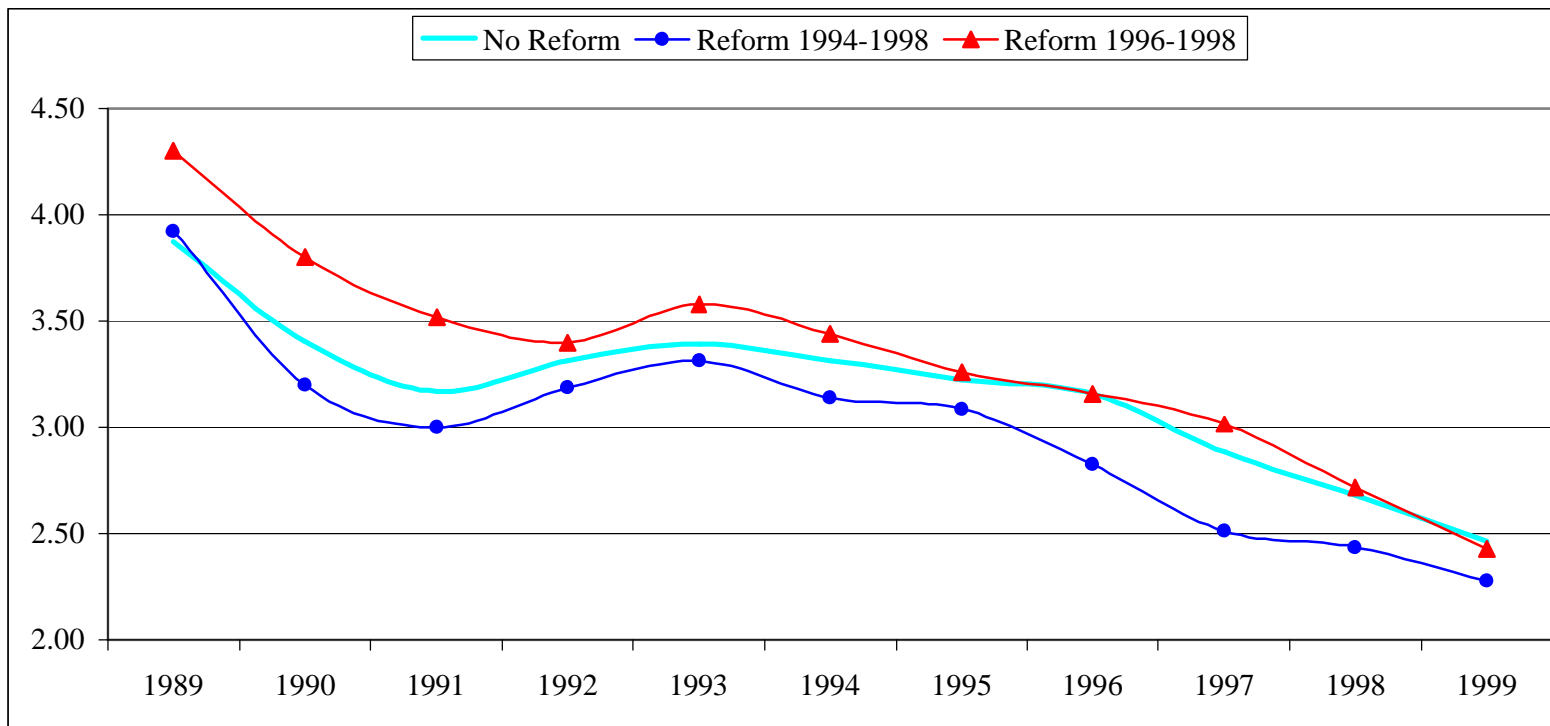


Figure 1 Administrative organization of Romanian territory, by district (42 in 1999)

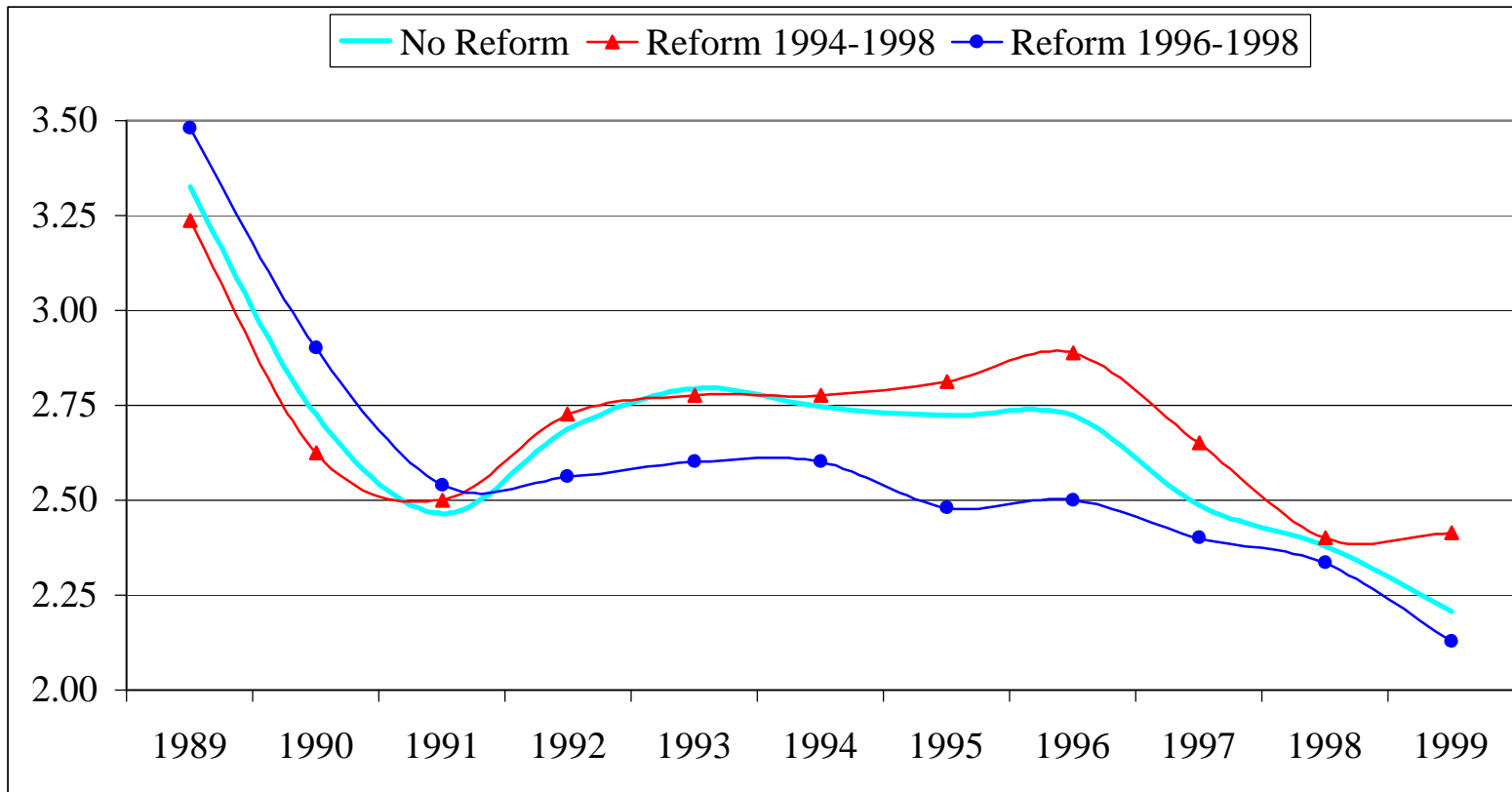
NB: “Reform” refers in all figures to the “experiment” (i.e., the districts are grouped by the participation in the study pilot)



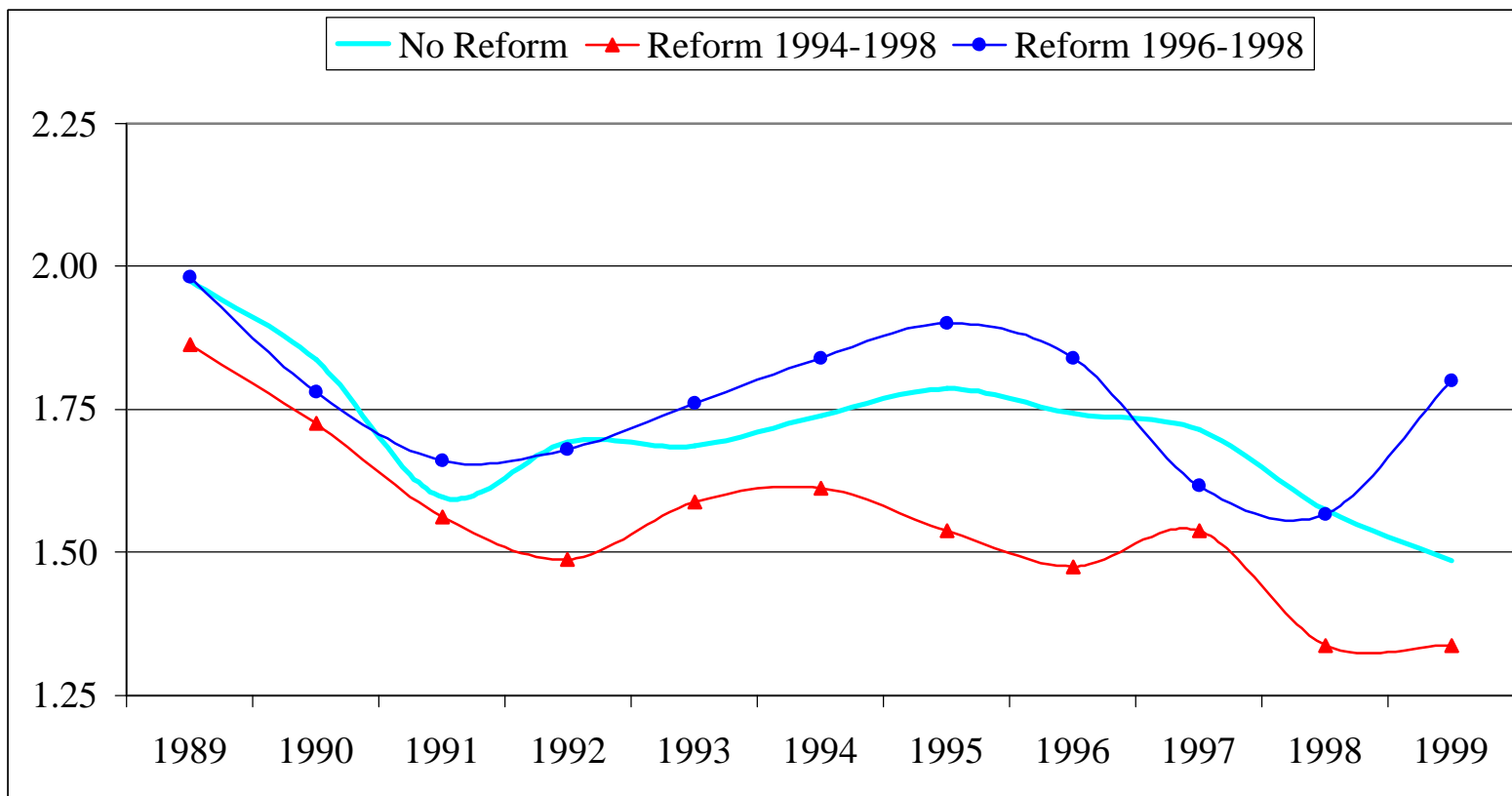
NUMBER OF CONSULTATIONS BY 1 INHABITANT



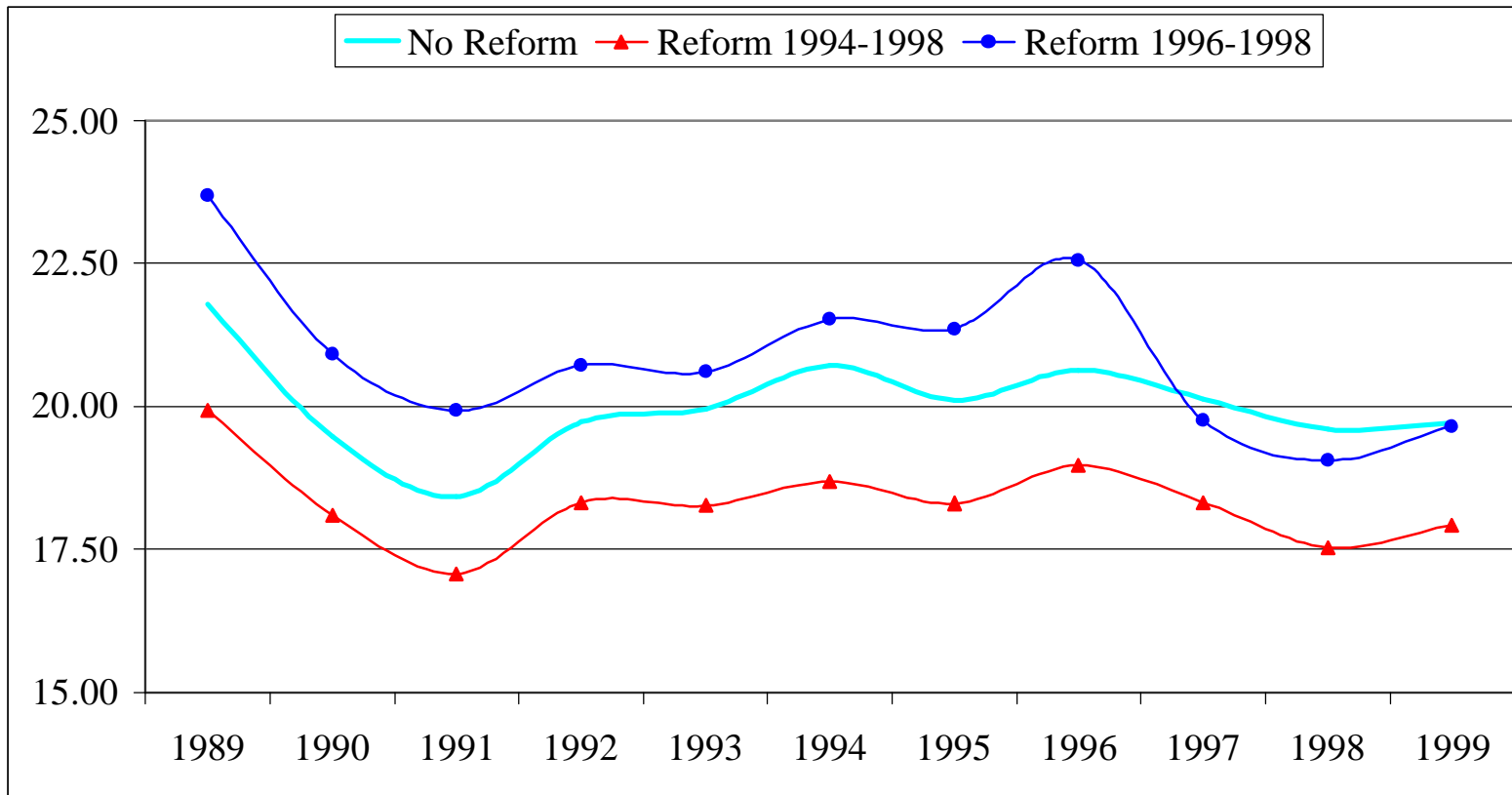
NUMBER OF TREATMENTS BY 1 INHABITANT



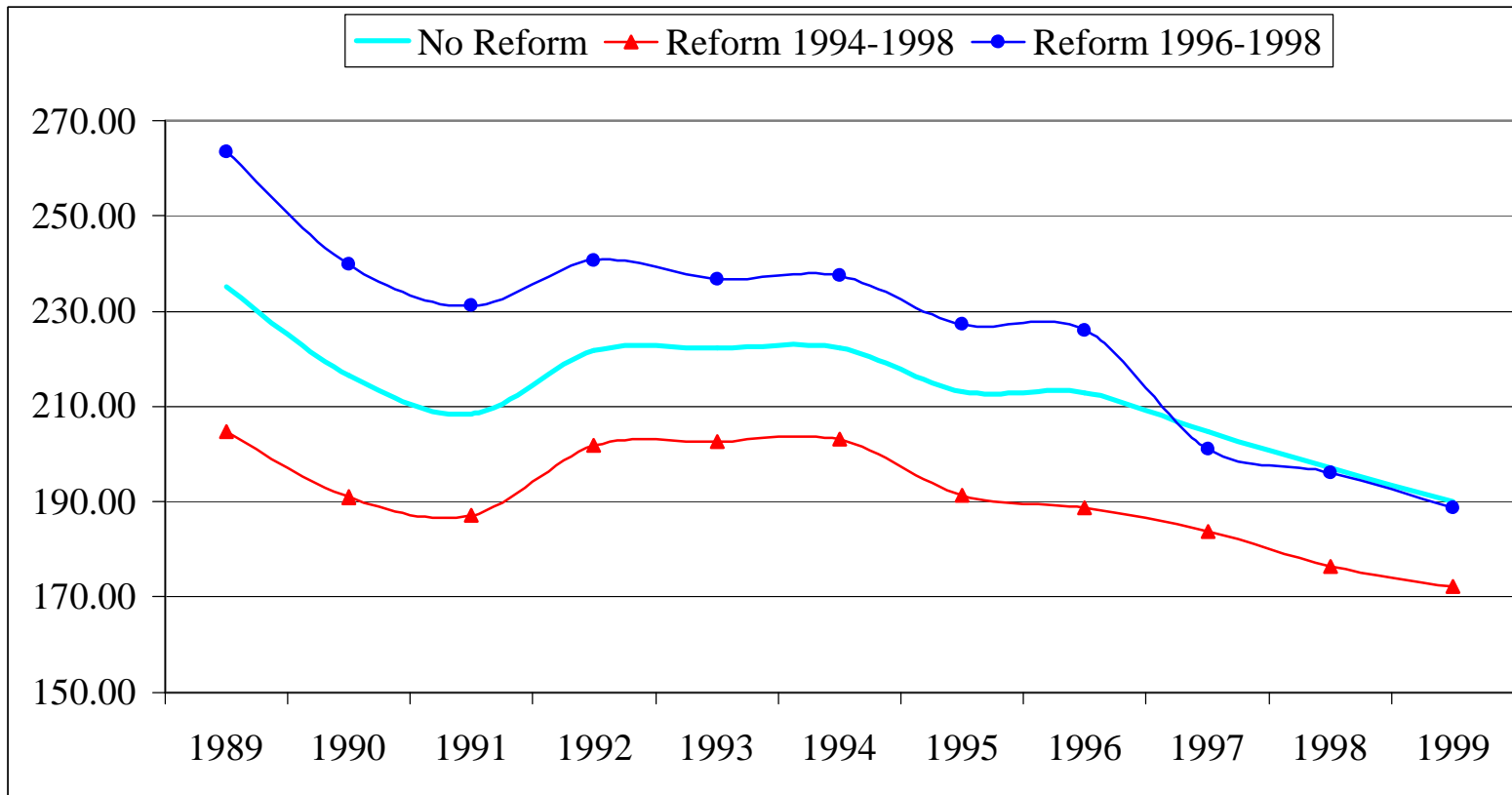
NUMBER OF CONSULTATIONS (BY 1 INHABITANT) IN MEDICAL DISPENSARIES



NUMBER OF CONSULTATIONS (BY 1 INHABITANT) IN POLYCLINICS AND HOSPITALS



INPATIENTS IN HOSPITALS (PER 100 INHABITANTS)



DAYS OF STAY (PER 100 INHABITANTS)

Conclusions

There are differences between the districts “outputs” regarding their participation in the experiments.