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

Daniela Andrén

Department of Economics, Göteborg University, Sweden

http://www.handels.gu.se/~econdpop/
Daniela.Andren@economics.gu.se
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 ≈ 550,000 inhabitants (without Bucharest)

RANGING from 232,951 to 874,219

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- **EACH district** is divided into 3-6 FUNCTIONAL AREAS.
  
  - **EACH** functional area has:
    - AT LEAST 1 HOSPITAL
    - ≥ 1 POLYCLINIC(S)
    - a network of DISPENSARIES

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Ialoveni is a county around Bucharest that was "re-centered" in 1997.

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Gărgâja did not exist in the 1970s and 1980s

Teleorman did not exist in the 1970s and 1980s

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**Figure 1** Administrative organization of Romanian territory, by district (42 in 1999)
EXPERIMENT 1 (1994-1998)
- Primary HC services
- Human resources performance & motivation
- Improved management
- Community involvement

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

- Iași is a county around Bucharest that was "re-entered" in 1997.
- Giurgiu did not exist in the 1970s and 1980s.
- Calarasi did not exist in the 1970s and 1980s.
EXPERIMENT 1 (1994-1998)
- PRIMARY HC services
- Human resources performance & motivation
- Improved management
- Community involvement

EXTN. of EXP 1 (1996-1998)

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

Ilfuv is a county around Bucharest that was "re-emerged" in 1997.

Giurgiu did not exist in the 1970s and 1980s

Calarasi did not exist in the 1970s and 1980s
NB: “Reform” refers in all figures to the “experiment” (i.e., the districts are grouped by the participation in the study pilot)
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.