World Health Organization

Country Cooperation Strategy *at a glance*

ROMANIA

© United Nations Cartographic Section

Indicator	Value
Total Population (million)[1]	21.69
Life expectancy at birth (2009)[2]	73.61
Adult literacy rate (2008)[2]	97.6
Human Development Index HDI (2007)[2]	0.836
Maternal mortality per 100000 live births (2009)[2]	21.13
Infant mortality rate per 1000 live births (2009)[2]	10.12
Under 5 mortality rate per 1000 live births (2006)[2]	16.48
Unemployment rate % (2010)[3]	7.3
Total expenditures on health % of GDP (2008)[2]	4.7
% of public expenditure on health of total health expenditures (2008)[2]	81
Standard Death Rate (per 100000 population) (2009)[4]	1236 (male) 733 (female)
Total fertility rate (2009)[2]	1.5
TB under DOTS, treatment success % (2007)[5]	85
Access to improved water sources urban (%) 2002[5]	91
Access to improved sanitation (%) urban (2002)[5]	86
Disability adjusted life expectancy (2002)[6]	63.1

Sources:
[1] National census 2002
[2] WHO/Europe, HFA Database, January 2011
[3] National Institute for Statistics, yearbook 2006
[4] WHO/Europe, European Mortality Database, January 2011
[5] World Health Statistics 2005
[6] World Health Report 2002

Romania is situated in the south-eastern part of central Europe and covers an area of 237 500 km². The ethnic composition of the population consists of 89.5% Romanian, 7.1% Hungarian, 1.8% Roma and 1.65% other nationalities. Romania is a republic, where the president is elected by a direct vote for maximum of two five-year terms. The National Assembly consists of a Chamber of Deputies and a Senate. Romania is divided into 41 counties and 2686 communes. Romania is a member of the United Nations (UN), the Council of Europe and the North Atlantic Treaty Organization (NATO). As of 1st January 2007 Romania is a full member of the European Union (EU). The country is undergoing a dynamic period of development and investment. The country showed a constant progress in its economic development with steady GDP growth for the last years prior to the recession. During the recession period the government has taken unpopular measures such as cutting 25% of civil servants salaries with the aim to control and mitigate the effects of the crises. To the date, both government and international observers agree that the country is on the way out of recession and the economic growth has already re-started. Romania still has problems with poverty in some groups of the population, corruption and local administration. There are ongoing social, economic and financial reforms to improve the performance of the health and social protection system to reach the required EU levels.

HEALTH & DEVELOPMENT

Life expectancy and other health status indicators despite their improvement and positive trend are still well below EU and regional averages. While this is in part due to the country's low starting point at the beginning of the transition, and the health financing reforms cannot be held entirely responsible for these trends, the new system has not succeeded in reversing some of the trends. Even though Romania's infant mortality rate declined by 24% in 10 years from 26.9 to 13.91 until 2006 and further to 10.12 in 2009. The levels are still above that of the EU and the Countries of Central and Eastern Europe (CCEE) average. Most infant deaths are related to perinatal conditions and malformations (57%), but some are also due to diseases of the respiratory system. Maternal mortality rate in Romania has declined noticeably since the 1990s. Despite this positive trend, the current maternal mortality rate in Romania is still among the second quintile in the European Region (21.13 per 100 000 live births in 2009). Morbidity indicators are still very high. The incidence of preventable diseases – tuberculosis (TB) and cardiovascular – has increased since 1995. As of 2003 there is a positive trend of decreasing TB incidence.

Romania faces the epidemiological profile of all developed countries with low prevalence of communicable diseases and, at the same time, a growing share of the cardiovascular diseases, cancer and external causes, including violence and injuries as well as diseases stemming from preventable lifestyle factors, particularly, tobacco consumption, alcohol abuse, and poor dietary habits. From the noncommunicable diseases the following are attributable to the leading causes of death: ischaemic heart diseases 23% of all causes, cerebrovascular diseases 20.2%, hypertensive heart disease 6.5%, cirrhosis of liver 4.3%, lung cancer 3.4%, lower respiratory infections 2.5%, breast cancer 1.3%. The high mortality rate due to cardiovascular diseases is of particular concern.

Leading risk factors and their share (% of total deaths) are high blood pressure (31.8%), tobacco (16.3%), high cholesterol (14.4%), high body-mass index (BMI) (13.9%), alcohol (12.4%), low fruit and vegetable intake (7.1%) and physical inactivity (6.6%).

Service provision: The Ministry of Health is the central authority, responsible for setting organization and functioning standards for public health institutions, developing and financing national public health programs (including immunizations), data collection and drawing up reports on the population health status. Primary health care services are mainly delivered by family doctors that are independent practitioners contracted by the (public) health insurance fund but operating from their own offices. The reforms assigned family doctors as gatekeepers of the system. A network of hospital outpatients departments, centres for diagnosis and treatment and office-based specialists, delivers ambulatory secondary care. The inpatient care and tertiary care is provided in hospitals, most of which are publicly owned and are under state administration. Though some initial reforms have been started in the area of public health, the current public health services aimed at protecting and promoting health and preventing diseases still need improvements and more integration into all levels of the health care as part of the health system. Health promotion practices are not yet adequate. There is a need of further streamlining, upgrading and strengthening of the individual and population-based public health services.

Health financing is ensured from state budget for public health programs and through the social insurance-based system. Since the introduction of the insurance-based system financing has increased consistently.

The stewardship role of the Ministry of Health is gradually improving. The health policy principles adopted by the Ministry of Health include accessibility, universality, solidarity in funding health services, incentives for effectiveness and efficiency as well as service delivery linked to health care needs. Amendments of the laws were introduced to reflect the specific circumstances such as, the initially incomplete definition of roles of key stakeholders, lack of leadership and managerial skills at the level of the Ministry of Health. New financing and cost control mechanisms such as introducing of co-payments are envisaged. Hospital reform trough reassessment of their numbers and roles is ongoing.

OPPORTUNITIES

- EU accession process has created new opportunities for strengthening public health services and scaling up investment in the health sector. It was and remains a good opportunity to increase quality of health services delivery.
- EU requirement to accelerate reforms of mental health.
- Mental health action plan has the aim to improve the sector.
- While the macroeconomic framework has improved, it is difficult to make rapid progress in all areas. In this regard, a comprehensive approach to policies can help to go forward with the most relevant reforms.
- EU structural funds to assist the development of infrastructure.

CHALLENGES

- Despite the existence of the health system that formally provides all population with an universal access to a basic package of service, and the numerous reforms introduced since 1989, many people have still limited and inadequate access to health services due to the need to make formal and informal payments at the point of use.
- Public health services, both individual and population-based need further streamlining, upgrading, strengthening and integrating particularly into the practice at the primary level of care.
- Health system still has lower level of funding as compared with others in the region.
- Ageing population and burden of chronic diseases needs increased resources for the health system.
- Human resource imbalance, especially the geographical distribution and migration needs long term investment plan for human resources.
- Decentralization of administration and creation of regional centres for strategies and coordination.

PARTNERS

Romania had extensive cooperation with different international organizations and countries. International society provided significant technical and financial support to Romania in various health areas with special focus on health policy and health system development.
Multilateral partners include the EU, the World Bank and the UN system agencies. The most active bilateral partners in the health field were: USAID, Swiss Cooperation Agency, the Dutch Embassy, the United Kingdom of Great Britain and Northern Ireland and Canada.
Due to the EU membership of Romania all this bilateral donors have resumed their financial support.

OPPORTUNITIES	CHALLENGES
• Catch-up with EU average level of health care • Potential financial assistance from EU structural funds • New financial and technical support on behalf of Swiss Cooperation Agency	• Planned phase out of main UN system partner agencies such as UNICEF, UNFPA and UNDP

WHO STRATEGIC AGENDA

WHO will work with the government to narrow the gap between policy intentions and policy implementation.

- **Stewardship, health financing, service delivery and resource development**: WHO will put emphasis on supporting the central Ministry of Health and, where appropriate, other levels of government and organizations in tackling the challenges of: sustaining the health policies and strategies, strengthening primary health care services with a focus on nursing, pricing and rational use of drugs
- **Communicable Disease Surveillance and Control**: During the next few years, WHO will continue to support the Ministry of Health in designing and implementing effective communicable disease control programs harmonized with EU requirements, to reduce excess mortality, morbidity and disability, especially in populations with limited access to health services.
- **Public Health System reform**: In view of the prevalence of noncommunicable diseases, the increasing risk factors due to unhealthy behaviors and lifestyles, the Ministry of Health places major importance on the reform of the public health system in the coming years. Individual and population-based public health services and their further integration into the practice of the primary health care should be the focus of the future efforts and reforms. WHO is considered to be a reliable partner and will provide technical assistance and advice to the Ministry of Health in this respect, especially in the context where traditional donors phased out.

ADDITIONAL INFORMATION

WHO country page **http://www.who.int/countries/rom/en/**
EURO country page **http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=ROM&CTRYInputSubmit**

© World Health Organization 2011 - All rights reserved.
The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

This brief is available online at the WHO Country Focus web site **http://www.who.int/countryfocus**
WHO/CCO/11.05/Romania

Updated: May 2011