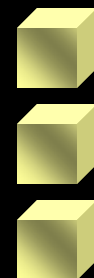


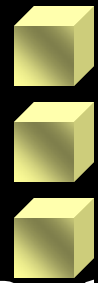
Health Workforce Challenges in Romania

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Reforms in PHC in ROMANIA

By the end of 1994, eight pilot districts of Romania (out of 41) introduced major changes in the provision and payment of GPs services. The system changed from fixed allocation of patients to GPs according to residence to universal free choice of GP. Payment model moved from fixed salary to a combination of age-adjusted capitation, fee for service (related mainly to prevention) and bonuses related to difficult conditions of practice and professional rank.

An evaluation of preliminary pilot experience was carried out in 1995, providing some valid findings after two years of piloting:

- 86% of the population was covered by family doctors, with 8% higher coverage in urban areas
- family doctors provided 21% more consultations and 40% more home visits
- differences in access between rural and urban areas persisted, as there were too limited financial incentives included in the scheme to attract more physicians to rural areas





Reforms in PHC in ROMANIA

After the introduction of the Health Insurance system in 1998, family doctors became private providers, working on a contractual basis with the Health Insurance Funds at district level. A “practice budget ” was added to the capitation payments for doctors to help them to cover capital and recurrent expenditure; double capitation payments for family doctors practicing in remote or low-income areas were further introduced as incentive mechanisms.

Since 2007, family doctors received more responsibilities within the Ministry of Public Health policy for primary care. For instance, monitoring of Type 2 diabetes patients is no longer the responsibility of specialist physicians only, and the new programme for evaluating the health status of the population was carried out through the family doctors’ offices. All those responsibilities have been accompanied by an increased budget for primary care.





Reforms in PHC in ROMANIA

The newly appointed Minister of Health has recently stated the government priorities in the health sector. One of the priorities on the MoH agenda is related to the health policy for the rural area.

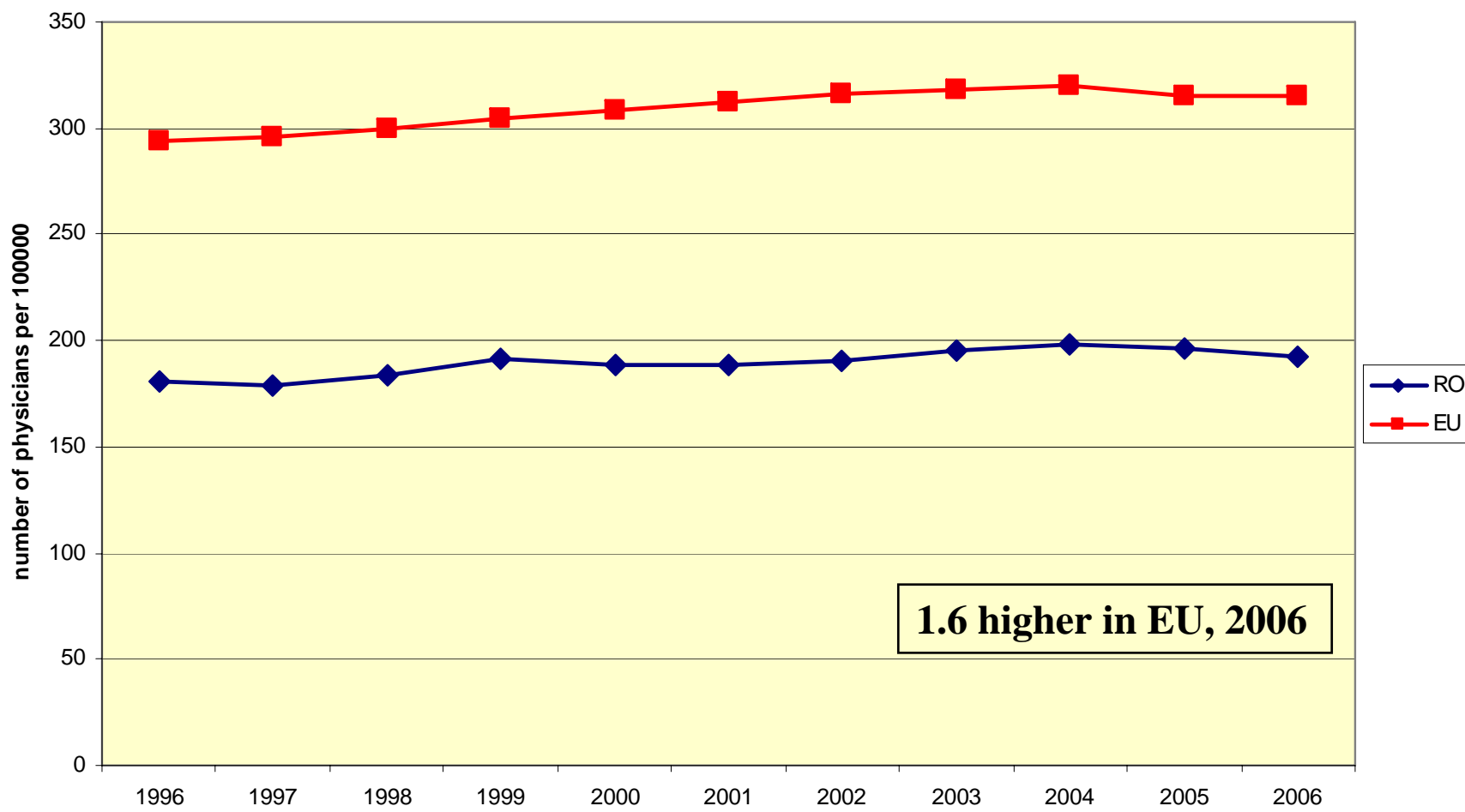
In order to increase the access of rural population to health services, MoH will develop a specific rural health policy. The main objectives of this policy are:

- to attract the health personnel in rural area by increasing the incentives
- health care will be provided by multidisciplinary teams (family doctors, nurses, midwives, social workers, physiotherapists)
- new types of centers for care will be created, staffed only with nurses, for treating minor conditions



Health Human Resources in ROMANIA

Physicians per 100000 inhabitants, ROMANIA and EU, 1996-2006

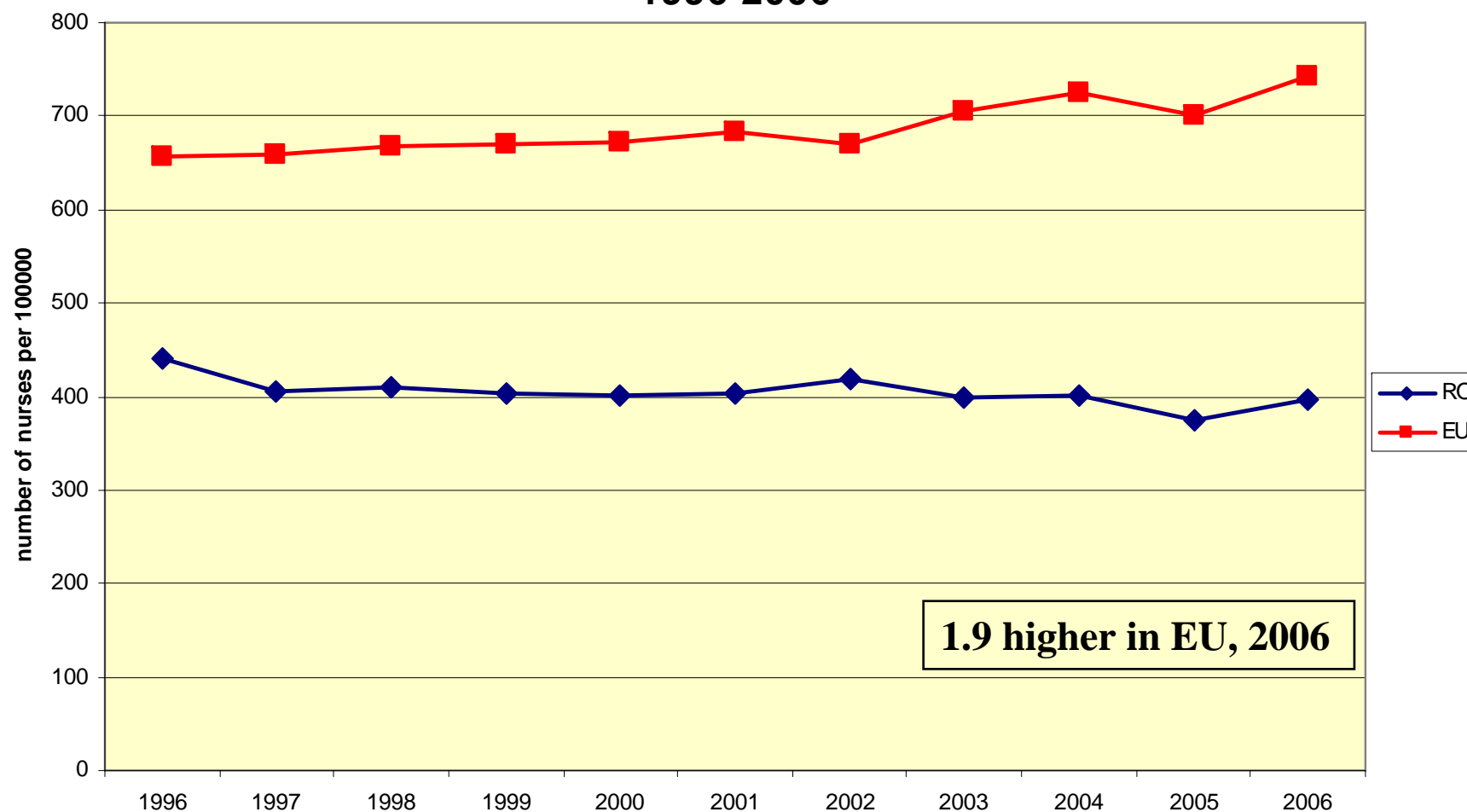


Source: WHO-HFA database, July 2008

1.6 higher in EU, 2006

Health Human Resources in ROMANIA

Nurses per 100000 inhabitants, ROMANIA and EU,
1996-2006



Source: WHO-HFA database, July 2008

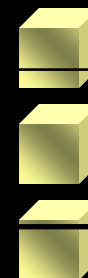


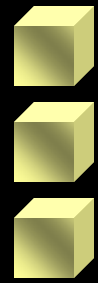
Health Human Resources in ROMANIA

Health personnel at primary health care level, ROMANIA, 2004

	No. family doctors	Total no. of inhabitants	No. of family doctors per 100000	No. of nurses	No. of community nurses	No. of localities having no family doctor
Total	10595	21624689	49	13769	478	98
Urban	6094	11880347	51.3	7370	107	0
Rural	4501	9744342	46.2	6400	371	98

Source: Health Statistics Institute, Population coverage with health personnel at primary care level, 2006





Reasons of dissatisfaction

A survey done by the National College of Physicians in 2007 found that:

- the main two reasons of dissatisfaction related to doctors daily activity are: **lack of resources** (especially modern medical equipment) and **limited career opportunities**
- the main reasons for preferring to work abroad were: the **low level of wages** in the Romanian health care system (55%) and **poor working conditions** (40%)
- physicians are also unsatisfied with the level of health system financing (48%) and health system organization (40%)

Source: National College of Physicians, Professional satisfaction of physicians





Conclusions

There are some possible actions to be implemented:

- **design and implementation of monitoring and control mechanisms of the migration phenomenon (internal/external) of the health workforce**
- **to involve local communities in attracting and retaining the health personnel (especially family doctors) in rural area (e.g. financial support for the transport costs, maintenance and purchase of equipment for the medical cabinet etc.)**
- **design of a special training plan and career development opportunities for the health personnel in rural area**





Thank you

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