PARTICULARITIES OF THE ORGANIZATION IN ROMANIAN HEALTH CARE SYSTEM

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The Romanian health system is in a continuous transformation with the adoption of the law of social security health. However the health reform in Romania has shown her inefficacy as a result of the complexity of the situation. Reform of the health system has undergone different rates: advancement, stagnation, regression, reversion, revival, the difficulties faced by it due to lack of reform, the state system tasks, centralization and lack of coherent vision. For this reason the health system organization in Romania known a number of features that it individualized by the other European countries, but which raises a series of specific problems. This paper presents some aspects of the elements of the Romanian health system, trying a diagnosis of the Romanian health system at this time.

Key words: health management, organization, health system.

The organization is a primary function of management. The organizational function means establishing the optimal organizational function which enabling the activities, and the implementation of these functions means clear definition of all the elements that determine the organizational function [1].

In healthcare, the organization has its specific activity due to health specificity. The health system in Romania in a continuous transformation from a centralized system (type Semashko) exists before 1989 year to one based on social health insurance (type Bismark).

The current law on health reform [4] deals with prevention and primary health care, pharmaceutical assistance and the development of Romanian private sector

MATERIAL AND METHOD

The study aims to analyze the organization of the Romanian health reform in the context of its reform.

The research was based on critical analysis and interpretation of the various bibliographic sources consists of surveys developed at national and international health systems.

The internal data used were the official Romanian National Institute of Statistics, and the external data of the World Health Organization, available in its yearbooks, either on-line in the site organization.

RESULTS AND DISCUSSIONS

Health expenditures

Compared with the European countries [3], the percentage of health expenditure of gross domestic products (G.D.P.) classified Romania on the last countries with a value of 5.1%:

Table 1
Percentage of gross domestic product allocated to health in major European countries in 2005

Country	Percent (%)
Switzerland	11,5
Germany	10,6
France	10,5
Bulgaria	8,0
Finland	7,4
Poland	6,2
Estonia	5,3
Romania	5,1
European Union	8,7

Source: World Health Organization, www.who.int

Reporting the health expenditure by the number of people reach the same hierarchy, with Romania on the last place only with 433 euro per capita health expenditures.

Table 2
Health expenditures per capita in major European
countries in 2005

Country	Expenditure / inhabitant		
Luxemburg	5178		
Switzerland	4011		
Germany	3171		
France	3040		
Estonia	752		
Bulgaria	671		
Turkey	557		
Romania	433		
European Union	2334		

Source: World Health Organization, www.who.int

Increasing of the gross domestic product percentages allocated to the health is not noticed in the following period, so that Romania will remain below the European average in this index.

Also the index of gross domestic product used on the health services has increased during this period, according to the official statistical data [2]:

Evolution of P. I. B. used in health Romania (2001-2006)

Table 3
Evolution of gross domestic product used in health, Romania (2001-2006)

Year	Index
2001	84.1
2002	124.7
2003	95.1
2004	106.3
2005	103.9
2006	101.4

Source: Romanian Statistics Yearbook 2007, National Institute of Statistics, Bucharest, 2008, p.440

Population health status

If Romanian health of the population in the early `70 was relatively good, after 36 years tuberculosis, malignant tumors, lung cancer and digestive diseases have increased continuously.

In Romania, after the World Health Organization [5], the main causes of death in 2006 were cardiovascular diseases (62.1%), malignant tumors (17.6%), digestive diseases (5.5%), accidents, injuries and poisoning (4.9%) and respiratory diseases (4.9%).

Table 4
Evolution of the main cases of illness in Romania

Disease causes	Decease (per 100,000 inhabitants)					
Biocase sados	1970	1980	1990	2000	2006	
Perinatal conditions	*	15.06	12.22	12.10	10.01	
Infectious and parasitic disease	37.03	10.84	12.52	14.55	11.25	
Tuberculosis	*	4.13	7.41	9.56	7.50	
Disease of the circulatory system	671.49	768.90	705.70	667.61	618.70	
Malign neoplasm	145.96	149.44	147.88	170.84	179.8	
Lung cancer	21.46	25.88	29.47	35.69	37.01	
Mental disorders	10.47	13.35	15.75	12.95	10.37	
Disease of the respiratory system	201.35	165.94	105.86	67.25	52.98	
Disease of the digestive system	42.4	50.88	53.07	61.44	58.02	

Source: World health statistics 2006, WHO Regional Office for Europe, 2007

^{* -} not available data.

Also, after the last official statistics, new cases of illness reported by family physicians in Romania show a large number of populations with health problems, among we can individualized the great number of respiratory diseases (7,278,000 cases).

Table 5
New cases of illness in Romania declared by family physicians (2006)

Disease classes	New cases of illness (thou)		
Disease of respiratory system	7278		
Disease of digestive system	1408		
Disease of muscular system	1078		
Disease of nervous system	1009		
Disease of genitourinary system	1008		
Skin disease	757		
Infectious and parasitic disease	739		

Source: Romanian Statistics Yearbook 2007, National Institute of Statistics, Bucharest, 2008, p.328-344

Health resources

The health human resources in health care include superior staff (physicians, pharmacists and dentists), ancillary medical staff and auxiliary medical staff. Situation of Romanian human health resources was as follows:

Medical-sanitary staff (2001-2006)

Table 6

Type of staff (persons)	Year						
Physicians	2001	2002	2003	2004	2005	2006	
Dentists	46773	45805	46919	48150	47388	46936	
Pharmacists	8694	8830	9447	9907	10249	10620	
Ancillary medical staff	7298	7328	7793	8763	9283	9932	
Auxiliary medical staff	120433	123836	120740	121683	123455	126613	

Source: Romanian Statistics Yearbook 2007, National Institute of Statistics, Bucharest, 2008, p.329

We can observe a relatively constant number of medical and health personnel, the personal fluctuations are not too many. However, reported to the official statistics in the European Union, Romania is well behind the European average as the average number of doctors, pharmacists and ancillary medical staff.

Table 7
Human resources in the health system in Romania and the European Union (to 100,000 inhabitants), 2000-2005 years

Year Phy		ians	Pharmacists		Ancillary medical staff	
real	RO	EU	RO	EU	RO	EU
2000	189	337	7	75	402	760
2001	189	340	7	77	403	767
2002	191	343	6	78	418	779
2003	196	319	6	76	399	690
2004	198	321	6	72	401	694
2005	195	318	5	72	372	700

Sources: WHO Regional Office for Europe, 2007, National Institute for Statistics, 2009

Health infrastructure

The evolution of health infrastructure in Romania during 2001-2006 years is as follows:

Table 8 Health infrastructure in Romania (2001-2006)

Infrastructure	Year						
mirastructure	2001	2002	2003	2004	2005	2006	
Hospital	446	447	427	425	433	436	
Hospital ambulatories	378	381	373	378	386	393	
Polyclinics	202	205	208	236	249	260	
Dispensaries	406	442	304	267	224	211	
Family doctors offices	8937	8803	9278	10924	10939	10969	
Dentists offices	7236	7525	8209	8544	9081	9948	
Pharmacies	4268	4269	4428	4772	5071	5357	
Pharmaceutical points	692	618	519	617	752	862	
Pharmaceutical stores	515	490	475	469	430	427	
Medical laboratories	429	398	414	483	524	1840	
Transfusion centers	41	41	41	41	41	41	

Source: Romanian Statistics Yearbook 2007, National Institute of Statistics, Bucharest, 2008, p.328

The Existing infrastructure is well structured, highlighting in this period the decrease of hospital numbers, dispensaries and pharmaceutical stores, while increasing the number of ambulatory hospital, the polyclinics, pharmacies and medical laboratories.

However, compared with the existing infrastructure in other European countries, Romania is below the European average.

CONCLUSIONS

Currently, the health system in Romania is in a process of continuous transformation. The Health expenditures have increased greatly in recent years, but this would be reflected in the growth and in the health of the Romanian population, who remained at a low levels.

The health resources are sufficient for the proper conduct of health activities, but are still well below the European average. Also, health infrastructures remain at a level below the European average and the private health sector is increasing in the last years.

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