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## The analysis of the main macroeconomic indicators which characterize the Romanian health system

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### Abstract

Most Western countries have passed in the last decade of the twentieth century through significant changes in the health system domain, transformations which directly relate to the financial, organizational and regulatory framework. Romania, along with other European countries, joined the trend of transforming the social and health systems. The health sector is involved in one of the most substantial reforms of the entire Romanian society. In this macroeconomic context, a series of specific indicators were used to characterize the health system in Romania. We also realized an econometric analysis of the correlation between the number of physicians, the number of hospitals, beds in hospitals and the number of patients out of hospital using a linear econometric model.

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### 1. Introduction

Romania's health system is not situated among the best health segments in the world, but, despite this, people must adapt at the conditions and to try to find the most effective and advantageous way to treat themselves if it's necessary. The health of the population is a complex, social and biological phenomenon, which express the level and the characteristics of people's health treated as a whole.

Health status is closely connected with the living standards of the population, with the consequences of lifestyle, working conditions, with the social-economic system in which they are living. Currently, the population health state

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is determined by the access to health services, depending in a large extent of external factors as: genetic factors, environmental factors, economic development factors, socio-cultural factors etc. The Romanian health system is based on social insurances and aims to ensure equitable and non-discriminatory access at a basic package of medical services for the insured people. Consequently, the access to health services is a continuous concern of the Ministry of Health.

The determinant factors which are influencing the population degree of accessibility at public health services (Cicea and Pirlogea, 2009) are generally represented by poverty, unemployment, employment, occupation, the insured status in the social health insurance system, the degree of coverage with medical personnel.

In the Activity Report of the National Health Insurance House (2013) regarding the insured status in the social health insurance system is stated that in 2013 the share of persons beneficiaries of medical services packages registered on family doctors lists was 89.78%, declining compared with 2012- 94.1% in the urban area while, in the rural area, it was 75.29%, growing compared to 2012 - 74.64%; at total level being 84.95% in 2013, declining compared to 2012-85.35%.

In (OECD, 2014) report is mentioned that, in 2012, among the EU country members, for Poland, Romania and Slovenia the number of doctors per capita was the lowest, respectively 2.2 and 2.5 doctors per capita for the last two ones, at opposite pole been situated Greece with 6.2 doctors per capita and Austria with 4.9 doctors per capita.

In the Report of the Presidential Commission for the analysis and public health policy of Romania (2008) is mentioned that, beside the small number of medical personnel at the national level, there are significant geographical imbalances, respectively the concentration of human resources in the urban areas in the detriment of rural ones, the poor regions or the ones populated with specific groups which are avoided, being the most exposed to risk (minorities, low-income population etc.). In more than one third of the Romanian counties one third of medical specialties are not covered.

The primary care is currently provided by the family doctor, aiming to be an emphasis of the role of primary medical services, as a first filter of problem solving. The access to ambulatory and hospital care (outside the emergencies ones) and the one to subsidized and free drugs is done through family doctor. The Ministry of Health is maintaining only the role of financing and coordinating the national public health programs.

Infant and maternal mortality are relevant indicators of access problems of mothers and newborns at healthcare, of the reduced quality of offered services to them and of low level of informations concerning different methods of disease prevention and maintenance of sanitary hygiene.

As is mentioned in Life Expectancy (2013) report, elaborated by NIS, in 2012, in Romania, the infant mortality rate was 9‰, the precocious neonatal mortality rate (0-6 days) was 3.2‰, the neonatal mortality rate (0-28 days) was 4.8 ‰ and the post-neonatal mortality rate (1-11 months) was 4.2‰.

The evolution of infant deaths per 1000 live births in Romania during the period 2007-2013 is presented in Fig. 1. Among EU members, as is mentioned in (OECD, 2014) report, in 2012, Bulgaria (7.8‰) and Romania (9‰) have the highest infant mortality rate, at opposite pole been situated Slovenia (1.6‰) and Finland (2.4‰), the European average been of 4 deaths per 1000 live births.

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