

Romania



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Total population (millions, 2002) ¹	21.7
Life expectancy at birth (years, 2004) ²	71.8
Adult literacy rate (% , 2003) ³	97.3
Human Development Index (2004) ⁴	0.805
Maternal mortality per 100 000 live births (2004) ²	24.0
Infant mortality (before 1 year of age) per 1000 live births (2004) ²	16.8
Mortality rate among children <5 years per 1000 live births (2004) ²	19.7
Unemployment rate (% , 2004) ⁵	6.3
Public expenditure on health as a % of GDP (2004) ²	3.4
% of total government expenditure allocated to health (2004) ²	10.9
Adult mortality rate (per 1000 population 15–60 years, 2003) ²	239 (men) 107 (women)
Total fertility rate (2005) ²	1.3
TB under DOTS, treatment success (% , 2003) ²	82
Access to improved water sources in urban areas (% , 2002) ⁶	91
Access to improved sanitation in urban areas (% , 2002) ⁶	86
Disability-adjusted life expectancy (years, 2002) ⁷	63.1

Sources

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Romania is located in the south-eastern part of central Europe and covers an area of 237 500 km². The ethnic composition of the population is 89.5% Romanian, 7.1% Hungarian, 1.8% Roma and 1.6% other nationalities. Romania is a republic, and the president is elected by a direct vote for a 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, the Council of Europe and the North Atlantic Treaty Organization. Since 1 January 2007, Romania has been a member of the European Union (EU). The country is undergoing a dynamic period of development and investment. The country shows continual progress in its economic development, with steady GDP growth of 4.5% on average for the past five years and estimated to exceed 8% in 2004, among the highest in south-eastern Europe. Despite a 4.1% increase in GDP in 2005,^a in the first three quarters of 2006 the increase again exceeded 7%. However, according to World Bank and European Commission assessments, Romania still has problems with poverty in some population groups, corruption and local administration. Social, economic and financial reforms are ongoing to improve the performance of the health and social protection system to reach the required EU levels.

HEALTH AND DEVELOPMENT

Although life expectancy and other health status indicators have improved, they are still well below EU and regional averages. This is in part due to the country's low starting-point at the beginning of the transition, and the health care funding reforms cannot be held entirely responsible for these trends, but the new system has not succeeded in reversing some of the trends. Even though infant mortality rate declined substantially from 1994 (26.9 per 1000 live births) to 2004 (16.8), the levels are still above that of the EU and the average for the countries of central and eastern Europe. Most infant deaths are related to perinatal conditions and malformations (57%), but a high proportion are also due to diseases of the respiratory system (37%). The maternal mortality rate in Romania has declined noticeably since the 1990s. Despite this positive trend, the current maternal mortality rate in Romania is still within the second quintile in the European Region (24.0 per 100 000 live births in 2004). Morbidity indicators are still very high. The incidence of preventable diseases – tuberculosis (TB) and cardiovascular diseases – has increased since 1995. TB incidence has declined since 2003.

Romania faces the epidemiological profile of all industrialized countries. It has a low prevalence of communicable diseases and yet a growing share of cardiovascular diseases, cancer and external causes, including violence and injuries as well as diseases stemming from preventable lifestyle factors, especially tobacco consumption, alcohol abuse and poor dietary habits. Noncommunicable diseases among the leading causes of death include: ischaemic heart diseases 23.0% (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% and breast cancer 1.3%. The high mortality rate due to cardiovascular diseases is of particular concern. Leading risk factors and their share (as estimated percentages of total deaths) are high blood pressure (31.8%), tobacco consumption (16.3%), high serum cholesterol (14.4%), high body mass index (13.9%), alcohol consumption (12.4%), low fruit and vegetable intake (7.1%) and physical inactivity (6.6%).

Health services. The Ministry of Public Health is the central authority, responsible for setting organization and functioning standards for public health institutions, developing and financing national public health programmes (including immunization), collecting data and drawing up reports on the population's health status. Primary health care services are mainly delivered by family doctors: independent practitioners contracted by the (public) health insurance fund but operating from their own offices. The reforms assigned family doctors to be gatekeepers of the system. A network of hospital outpatient departments, centres for diagnosis and treatment and office-based specialists delivers ambulatory secondary care. Inpatient and tertiary care are provided in hospitals; most are publicly owned and administered by the state. Although some initial reforms have been started in public health, the current public health services aiming to protect and promote health and prevent disease still need to be improved and better integrated into all levels of health care as part of the health system. Health promotion practices are not yet adequate. The individual- and population-based public health services need to be further streamlined, upgraded and strengthened.

Health care funding. The state budget for public health programmes and the social insurance-based system fund health care. Funding has increased consistently since the insurance-based system was introduced.

The stewardship role of the Ministry of Public Health is gradually improving. The health policy principles adopted by the Ministry of Public Health (through the recently adopted new package of health laws) include accessibility, universality, solidarity in funding health services, incentives for effectiveness and efficiency as well as service delivery linked to health care needs. The laws were amended 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 Public Health. Accession to the EU has brought new challenges for Romania's health system and requires not only that the Ministry of Public Health take a stronger stewardship role in regulating the health sector but also that the benefit package be reshaped and health system efficiency improved.

^aEU8+2 regular economic report, January 2007. Washington, DC, World Bank, 2007

(http://siteresources.worldbank.org/INTECA/Resources/EU8+2RER_MainReport.pdf, accessed 27 April 2007).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The 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 the quality of health services. The new package of health laws aims to make the health system more efficient. The EU is requiring acceleration of reforms of mental health care. A mental health action plan aims to improve mental health care. Although the macroeconomic framework has improved, making rapid progress in all areas is difficult. A comprehensive approach to policies can help to promote the most relevant reforms. The EU Structural Funds can assist in developing infrastructure. 	<ul style="list-style-type: none"> Although the entire population formally has universal access to basic services and numerous reforms have been introduced since 1989, many people still have inadequate access to health services because of formal and informal user charges. Public health services, both individual- and population-based, need to be further streamlined, upgraded, strengthened and integrated, especially into primary health care. The health system is still funded at a lower level than other countries in the region. An ageing population and the burden of chronic diseases require increased resources for the health system. Human resources are imbalanced, especially geographically, which requires a long-term investment plan for human resources. Administration needs to be decentralized and regional centres for strategy and coordination created.

PARTNERS

Romania cooperates extensively with various international organizations and countries. International partners provide significant technical and financial support to Romania in various health areas, with a special focus on health policy and health system development. Multilateral partners include the EU, the World Bank and United Nations agencies. The most active bilateral partners in health are the United States Agency for International Development, Swiss Agency for Development and Cooperation, the Royal Netherlands Embassy, the United Kingdom and Canada. External partners have funded and supported nearly all reforms in public health, the main ones being surveillance of communicable diseases, maternal, newborn and child health, HIV and AIDS, TB, immunization and mental health.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Romania has the opportunity to catch up with the average level of health care in the EU. Romania can potentially obtain financial assistance from the EU Structural Funds. 	<ul style="list-style-type: none"> The main United Nations agencies, such as the United Nations Children's Fund (UNICEF), United Nations Population Fund and United Nations Development Programme, plan to phase out their offices. The United States Agency for International Development and the Swiss Agency for Development and Cooperation will have a reduced presence and provide less financial support.

WHO STRATEGIC AGENDA

WHO will work with the Government of Romania to narrow the gap between policy objectives and policy implementation.

- **Stewardship, health financing, service delivery and resource development.** WHO will emphasize supporting the Ministry of Public Health and, where appropriate, other levels of government and organizations in tackling the challenges of sustaining health policies and strategies, strengthening primary health care services with a focus on nursing and the pricing and rational use of drugs.
- **Communicable disease surveillance and control.** During the next few years, WHO will continue to support the Ministry of Public Health in designing and implementing effective programmes for controlling communicable disease harmonized with EU requirements, to reduce excess mortality, morbidity and disability, especially in population groups with limited access to health services.
- **Public health system reform.** Given the prevalence of noncommunicable diseases, the increasing risk factors due to unhealthy behaviour and lifestyles and the requirements of the EU accession process, the Ministry of Public Health places major importance on reforming the public health system in the coming years. Individual- and population-based public health services and their further integration into the practice of 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 Public Health in this respect.
- **Mental health services reform.** WHO will support the revision of Romania's mental health strategy, aiming to secure respect for human rights, support the national mental health policy by further developing and implementing a national mental health action plan and support the process of integrating mental health care into primary health care and community mental health services.

FOR ADDITIONAL INFORMATION:

WHO headquarters country page: <http://www.who.int/countries/rom/en>

WHO Regional Office for Europe country page:

<http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=ROM&CTRYInputSubmit>

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