The European commission must 'monitor reform' of Romanian healthcare system to protect patients' rights, says Oreste Rossi.

Many reports over the last few years by the World Bank have highlighted alarming figures on the Romanian healthcare system, pointing out that "access to care is biased towards the more affluent classes".

"Half of the poor population cannot access the treatment they need and most of the funds allocated to the sector are lost in services and treatments that are inefficient and unnecessary," it adds.

The World Banks' board of executive directors approved a loan of €250m in March this year to the Romanian government to reform the health sector in order to improve the quality and efficiency of the services provided.

The project, in line with the priorities of the strategic partnership of the World Bank in Romania, and the actions of the European commission and the international monetary fund in the country, aim to
support the network for the provision of healthcare services hospital, increase the services of medical
doctors and patients, increase the availability of primary healthcare at the community level and strengthen
governance within the health system.

In addition, according to the analysis of the Raiffeisen Bank in Romania, "The relationship between
doctors and patients is two doctors in every 1000 of population, the lowest average in Europe". Also,
since Romania joined the EU, the availability of medical personnel has decreased, reducing the
opportunities for citizens to have access to quality services.

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national health system and monitor the progress of Romanian health system reforms"

Moreover, all these consequences are reflected in life expectancy, which, according to the world
health organisation, is six years below the European average, at 69.2 years for men and 76.2 for
women. The main cause of death is linked to cardiovascular problems (62.1 per cent).

From 2013 to 2015 the government program for the Romanian health system is expected to invest
€7.7bn of European funds for regional development, €3.7m of structural funds and €6.6m of public
money from the Romanian budget. This is a good injection of cash but it could get lost in the streams
of bureaucracy and corruption that currently afflict the country.

The project of the Romanian healthcare reform contains 17 chapters that govern medicine,
households, organisations and the management of hospitals, while introducing a tax on 'vice'
products, such as tobacco and alcohol.

I firmly believe that the quality of health services should be one of the priorities of public health policy
in Romania. In the European context, the introduction of the concept of patient mobility requires
urgent national action which is fully in line with community provisions.

The basic principal role for the European commission is to support and improve the national health
system and monitor the progress of Romanian health system reforms. In particular, the commission
should be reporting on all action that the Romanian government takes to create a legislative
framework for ensuring more efficient, high quality cross-border medical services.

The government has called for the closure of many hospitals because it considers that they do not
comply with European standards. But it did not manage to foresee that patients needed to be
transferred to the most appropriate centres.

Some patients were transported to new centres, but many were not accepted and were forced to
return home. The cuts made to medical staff have been huge and the situation was not the best when
these occurred. With the financial crisis, the government reduced salaries by 25 per cent to civil
servants, including doctors and nurses.

The average salary of a surgeon in Romania is between €250 and €300 per month. This could explain
the corruption in the health system, but it does not explain the government's intentions. You cannot
make a reform by closing hospitals, without thinking about where to put the patients.

A healthcare reform bill was passed recently and the number of hospitals has already been greatly
reduced, with many being shut down. Of course, many talented doctors could flee from the country to
seek better salaries in other European countries.
The commission should study the situation with specialists, inspectors, and visit the hospitals to make a detailed report of the situation in the country as a whole.

I call on the European commission, in particular, to report on: the status of the implementation of agreed policies in multilateral assistance program to Romania; the specific actions taken by the Romanian authorities and the results; whether the conditions exist for the disbursement of the EU assistance program over Romania’s balance of payments; whether it will co-finance the project of the World Bank; and how it intends to cooperate with the European parliament in monitoring the process of healthcare reform in Romania, in order to ensure greater transparency and protection of citizens' rights and patients' rights at the same time safeguarding the Romanian health system.

I believe that this is only one step, but a necessary one, towards justice for the Romanian patients.

About the author

Orestes Rossi is a member of parliament's environment, public health and food safety committee

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