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THE INCREASE OF LIFE EXPECTANCY IN ROMANIA, A FACTOR DETERMINED BY A STABLE FINANCIAL SUSTAINABILITY OF THE PUBLIC AND PRIVATE HEALTH SYSTEM

Economics

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ABSTRACT

We live in a modern but transitory society, with the determining effects of economic crises, pandemics, diseases or chronic conditions that cannot be detected in time, war, immigrations that cannot be controlled, but can be explained in each country by the potential of each country's governance state, social, economic, political. We already have an aging demographic population that requires attention in terms of the conditions for providing medical services, on time, preventively, in hospital units equipped with technology, with qualified medical personnel, who practice their medical act correctly, transparently, humanely, so that the patient-medical staff relationship is efficient and beneficial for both parties. We can say that the funding sources of the health system, whether public or private, are diversified, thus offering possibilities of their sustainability over time, for detailed programs on hospital units, in rural and urban environments. It is necessary to stimulate qualified medical personnel, such as after the graduation of university and post-graduate studies both in the country and abroad, to stop their massive emigration, for full coverage with qualified potential in the health system. Any state is healthy if it has a healthy population, fit and able to work. The different demographic conditions, the population diversified by age, sex, origin, nationality, make our country define the strategies necessary to ensure a viable, sustainable health system with positive effects on the population. The situation of the SARS-COV 2 pandemic, the effects of economic crises, must become situations that can be mastered, regardless of the transitory conditions, so that there are no negative repercussions on the population. The health of any citizen can be controlled over time, giving prevention through family medicine an important role in the timely detection of both chronic and communicable diseases, that is, through a correct cause-effect analysis. The National Health Insurance House has an important role in the collection and distribution of funding sources for the health system, but also as a mediator between hospital units and medical service providers.

KEYWORDS

life expectancy , sustainability _ financial , health system , family medicine , prevention _ _
JEL : G1, I10, I11, I14, I15, I18

Introduction

Switching from the system totalitarian from a political point of view to a democratic system , led to a series of reforms political , social economic , which influenced in the This one period transitory , with major impact on factor demographics and implicitly on the health status of the population . These influences determined an approach _ in- depth of the public health system , seen through light of indicator looking birth , importance emigration , growth life expectancy of the population , the decrease infant mortality, patterns looking change mobility . (1) The transition from a health system _ centralized to one decentralized , in legally established conditions , were fundamental reasons for changes majority in the time and space-bar for a public system and deprived of health in the country . change majors have gone from elimination Semashko - type health system , financed in the entirely from the budget of the state , upon introduction a system decentralized with funding sources _ differentiated , the establishment house National Health Insurance _ _ having a major role of attraction and administrator funding sources _ in the the health system . A performance in the the health system in Romania , can be established through a quantification exactly and transparent of the one little bit four size different : the results of the health system , the receptivity of the beneficiaries of medical services, equity and social protection, financial sustainability in current conditions, in transitional and crisis periods. (6)

As a member country of the European Union, we often ask ourselves how good the health system is in Romania? When we have funding sources, do we also have sustainability for an efficient and transparent public or private system?

Each state has its own well-defined health system in a legal framework established with adaptation to its own level and stage of economic, social and political development. Starting from these aspects, it is necessary to understand that the level of income per capita represents a basic indicator in the development of the health system. If Romania presented from an economic point of view in 2020, a GDP per capita of 12896 US$, in 2021 there was an annual increase of 5.9% resulting in a GDP of 14861.9 US$, however from a social point of view the numerical population decreased, showing a decrease from approximately 22 million inhabitants in 2016 to 19.11 million inhabitants in 2021, i.e. -0.7 in the year 2021, with a life expectancy at birth recorded in 2020 of 74 years. 7)

Any activity of statistical presentation of the population's income, of all aspects related to demography, standard of living, the population differentiated by age groups in the urban or rural environment, aims to present particularities that generate the pace of growth or decline in life expectancy of the population under conditions of imbalances caused on the one hand by social-economic aspects, on the other hand by deficiencies in access to medical services.

The concept of health must be seen in the real, fair context, starting from causes, needs and results, thus ensuring the access needs of all citizens to medical services, either state or private. The fact that the population is a good contributor to the establishment of the single national health insurance fund, through income, pensioners with pensions of over 740 lei, it is necessary to pay attention to how and in what way the health system can be accessed not differentiated or preferential but equitable for all citizens of our country. Compliance with well-established programs through government strategies, for the period 2022-2030, related to infrastructure, digitization in the health system, construction of new hospital units and modernization of regional ones, concrete measures to stabilize qualified and specialized medical personnel both in the country and abroad, the provision of prevention programs in the rural and urban environment through family doctors, but also collaboration programs and partnerships between the medical system in Romania and other countries represent a continuous interest for the development of a health system regardless of the existing conditions. 3) All these aspects must become the necessary framework for defining effective programs in the situation where the birth rate has decreased, the mortality rate has increased, factors that certainly require attention in order to have a healthy population and implicitly a healthy state.

Profile of the health system in social and demographic context Knowing the problems triggered by the SARS-COV2 epidemic and then the economic crisis, they made social protection in Romania one of the state's priorities in order to find the necessary measures for stability in the health system, even if the sources of funding are multiple for the state health system to can be completed through the private health system, depending on the possibilities, for all citizens, both basic and specialized health services, with settlement possibilities through the National Health Insurance House or covered by private health insurance. This is why any health program must be viewed under the real aspect of a screening funded by the Ministry of Health, for vaccinating the population on a 100% area, starting from the measles epidemic in the period 2016-2020 , with over 20,000 cases of measles, which led to over 64 deaths, diversified programs for chronic diseases, both in rural and urban areas for infectious diseases, cardiovascular diseases, cancer, viral hepatitis B and C.We believe that primary health care must become dominant in the careful and demanding monitoring of chronic diseases on the one hand and

epidemics on the other. (2,4) The reports of family doctors in this sense come to prevent and even decrease the level of illness of the population in a short time. This comes to the attention of the development of the health system, through the uniform distribution of family medicine offices, covering the deficits in the rural environment, in order to ensure an interest in the provision of quality medical services, regardless of the region. The COVID 19 pandemic has triggered a series of blockages in the health system, related to the insufficient number of hospital units, beds, medication and insufficient staff.

This is why we need to be prepared at all times by ensuring a transparent, well-equipped, efficient and useful health system that can be prepared in any situation to prevent and reduce the degree of illness of the population. The fact that 14% of the resident population is not insured (pupils, students, other persons regulated by law, up to 26 years old), represents an impediment in the health system in Romania, access to basic services, thus leading to an excess in the use of emergency medical services and therefore late detection of chronic conditions, with negative influences in the use of public funds. The management of the health system has an important administrative role of using the funds allocated for the health system, whether they are from the state budget, investments, non-reimbursable funds, thus explaining how they were distributed, their destination and the effects of their administration. Operational Program 2021-2027, are measures that must be regulated in the medium or short term, so that the reform of the health system becomes efficient, with precise objectives. (3) The approach to the health system must become an informational approach, before the population becomes patients , a social protection approach, balanced of values, preferences, needs and expectations, of the relational well-being of all parties involved in the health system, providers, beneficiaries of health services.

In a public or private health system, there must be a perfect relationship between the forms of financing the health system, respectively tools and goals in order to achieve results. If the financing tools are viewed through the allocated means, modalities, institutional organization, rational and funds to allow access to efficient, qualitative and fair medical services, the results must be viewed through well-defined goals in ensuring the health status of the population, social protection and the satisfaction of the beneficiaries of medical services.(5)

As a member country of the European Union, Romania must make a careful analysis of the health status of the population, through the prism of the determining factors on the one hand demographic, on the other hand social and economic. (3) We can say that from the point of view demographically, if Romania has a population of 19,815,000, the countries of the European Union have a population of 509,394,000. If the population in Romania has a weight of over 65 years of age, of 17%, the countries of the European Union have a weight of 18.9% and if the fertility rate in our country reaches 1.5, that of the countries of the European Union reaches 1.6. (8,9)

If demographically there are enough discrepancies compared to the level of the countries in the European Union, from a socio-economic point of view, the analysis is determined by factors such as:

- GDP per capita is different in Romania by 16,500 euros, compared to the member countries of the European Union of 28,900 euros ; the relative poverty rate in Romania is 19.8 % , compared to 10.8% in the countries of the European Union ; unemployment rate of the Romanian population is 6.8 % , compared to only 9.4% in the European Union member countries If in the year 2000, deaths from cardiovascular diseases were among women, it can be said that deaths from cancer are among men, high mortality by cancer types. An upward share is constituted by ischemic diseases, of 20% compared to respiratory tract diseases of 7% and up to breast cancer of 1%. (10,11)

If at the national level the health system is managed and supervised by legal regulations of the Ministry of Health, at the local level the National Health Insurance House administers and regulates the health insurance system through the more than 42 territorial houses, regulated by a well-defined framework contract.

The profile of each country from the point of view of the health system was outlined based on results or joint efforts between the Organization for Economic Cooperation and Development and the European Observatory an Health Systems and Policies, as a financial support of the European Union.(2)

Although the medical staff is below the average of the member countries of the European Union, Romania proposes the implementation of development programs in the health system, pyramidal, strategic of providers of medical assistance services, starting from hospital services, qualitative, efficient, beneficial the population, especially the vulnerable, specialized outpatient services in a fair and efficient climate, family medicine services with a permanent character, preventive and necessary both for the rural environment in particular, where the population is quite vulnerable, but also in the environment urban, but also strategies regarding community, voluntary, emergency and outpatient health services.(4)
Like any strategy, the health system comes under rather difficult conditions by establishing the Ministry of Health in collaboration with the Ministry of Finance, with supporting notes necessary to establish a budget based on programs to be developed, medium or long-term projects to improve the health system health. Concrete objectives are being considered to establish the causes of mortality, infant mortality, its reduction and morbidity caused by infectious diseases, improving the nutrition of mothers and children, establishing strategies over time by reducing waiting times in emergency hospitals for patients with diseases chronic conditions, timely reporting by hospital units of hospital admissions, digitization and re-technology of the IT system in the health system to ensure concrete planning regarding the control of beneficiaries of medical services.

Conclusions and proposals

The development conditions of each state are basically determined by the economic, social and human resources at its disposal. Although we are a member country of the European Union, with a high economic, social and demographic potential diversified by region, I believe that we can support our own health system, in adverse conditions, when the health system has a financial, human and administrative, well regulated, but stable through financial sustainability. We manage to develop our health system starting from the simple reason that the balance between suppliers, medical service providers and medical service beneficiaries is transparent, humane and for the benefit of society.

REFERENCES

1. Ciutan M. (2016) Geographical Distribution of Avoidable Hospital Condition in Romania, Procedia Environmental Sciences, vol.32, pp.318-326
2. OECD (2020) " Health on short : Europe", Commission European , November 2020, developed by the Organization for Cooperation and Development Economy in the collaboration with the European Commission
3. Minister European Fund (2021)" Health Operational Program 2021-2027 ";
4. The Ministry Health (2016), Strategy National Health Plan 2014-2020, Health for prosperity Minister of Health , Bucharest
5. Emergency ordinance no. 18/2017 of February 27, 2017, regarding community healthcare
6. www.ms.ro-Ministerul Health-Annual reports on national public health programs7.http ://data.worldbank.org>Romania
8. http://dx.doi.org/101787/888933623324
9. European Observatory on Health Systems and Policies (2017), State of Health in the EU
10. http ://www.ms.ro/documente/anexa%201%20-%20, strategia%20 National% 20de% 20Sanatate_886_1761.pdf.accessed on 21.03.2017
11. http://legeaz.net/monitorul-oficial-154-2017/oug-18-2017 community medical assistance, accessed on 22.03.2017