

PROBLEM 1**Underfunding and undersizing of the health system**

Romania allocates from public sources, as a percentage of GDP, less than half of the European Union average for health¹.

PROPOSALS

1. Proactive approach in budget estimation and implementation of a **multiannual budgeting system**,
2. Correct adjustment, increase, and sizing of the negotiation ceiling for cost-volume contracts in **relation to the actual need** (number of molecules with conditional inclusion decision and their expected budgetary impact) and **not to the budgeted history** (the compensation dynamics are not linear),
3. Ensuring a sustainable budget for national **curative health programs**,
4. Transparency of expenses and **annual adjustment of budgets according to actual consumption based on value-based purchases** both for hospitals and at the level of the Ministry of Health,
5. Boosting research and development in the pharmaceutical industry, including through **public-private partnerships**,
6. **Stimulating investments in clinical trials** with a real potential of over *800 million euros annually*²,
7. **Capitalizing on the fiscal potential** represented by **informal work** for people who earn income and benefit from health insurance without paying contributions,
8. **Improving the collection of direct taxes**, including health insurance contributions,
9. **Reassessing the situation of sick leave** and regulating the situations that may be subject to it,
10. **Reassessment of the situation of early pensions and disability cases**,
11. Encouraging **complementary health insurance** with a realistic deductibility ceiling,
12. Introduction of a **referential pricing system** for each medical service, inspired by the French model,
13. **The use of the existing health card in the private sector through an interconnection of public and private IT systems**; this will mean simplification of traceability of expenses and will contribute to the **creation of a unique medical record** for each patient,
14. **Embracing the principles of Value-Based Healthcare**, expanding access to complex services, and **continuously collecting data** to improve clinical outcomes is the foundation for a sustainable and efficient healthcare system.

RELEVANT
AUTHORITY

Ministry of Finance

Ministry of Health

Ministry of Economy, Entrepreneurship and Tourism

Ministry of Labour and Social Solidarity

National Agency for Fiscal Administration

National Health Insurance House

PROBLEM 2**Unpredictability and inequitable and slow access to medical innovations**

A Romanian patient gets access to innovative medicines newly approved at the European level only after 778 days from the date of marketing authorization at the EU level.

PROPOSALS

1. Increasing access to **innovative and personalized treatments and technologies**,
2. Reducing the waiting time for **access to innovative medicines** for Romanian patients by **properly funding the budgets allocated to medicines**, regularly updating the list of compensated medicines and observing a calendar for updating it, activating and applying early access mechanisms, implementing and expanding the Health Innovation Programme,
3. Ensuring a **predictable and transparent framework** for reimbursement of treatments performed with **innovative technologies** is a priority, given the major impact on improving clinical outcomes for patients. These treatments not only bring **significant benefits to patients' health and quality of life** but also contribute to increasing the efficiency and sustainability of the healthcare system, reducing long-term costs, and optimizing resource allocation.
4. **Compliance with the legal deadlines** for the implementation of the legislative and institutional steps in force.

RELEVANT
AUTHORITY

Ministry of Health

National Health Insurance House

The National Agency for Medicines and Medical Devices of Romania

1. <https://fic.ro/documents/investitiile-in-sanatate-sunt-investitii-in-viitorul-romaniei-finantarea-sistemului-medical>
 2. Clinical Trials Report – Foreign Investments in Romania, IQVIA

PROBLEM 3

Low life expectancy (3rd lowest among the Member States in 2022 and 4.5 years below average EU),

high rates of preventable and treatable mortality (Romania ranks first in Europe)

PROPOSALS

1. **Effective implementation of the technical norms** for the *National Plan for Cancer Control and Control*,
2. Stimulating health prevention by **motivating/empowering family doctors and insured persons** for periodic check-ups and analyzing the possibility of penalty in case of non-compliance - introduction of co-payment, loss of free services, or increase of the contribution rate,
3. **Targeted development of medical infrastructure** - general medicine in **small urban and rural areas** for quick access to basic medical services,
4. Launching **education, screening, and public awareness campaigns** on **prevention, early diagnosis, and vaccination**,
5. Health education programs/modules in the school curriculum to **promote a healthy lifestyle** (balanced diet, regular physical activity).

RELEVANT
AUTHORITY

Ministry of Health

Ministry of Finance

Ministry of Education

National Health Insurance House

PROBLEM 4

Digitalization

Implementing telemedicine solutions and electronic health records to improve access and efficiency of medical services.

PROPOSALS

1. **Electronic Patient Record (DEP)** - Implementation of an electronic patient record that centralizes all patients' medical information, accessible to both doctors and patients, in order to facilitate **faster and more accurate diagnosis and treatment**,
2. **Telemedicine** - Developing and expanding telemedicine services to enable remote medical consultations, thereby reducing waiting times and **improving access to specialists**, especially for patients in **rural areas**,
3. **Interoperability of Systems** - Creation of an interoperable system that allows the exchange of information between different health institutions and health service providers, thus ensuring **continuity of care and reduction of medical errors**,
4. **Digitization of Medical Prescriptions** - Introduction of **digital medical prescriptions to simplify** the process of dispensing medicines and reduce the **risk of errors and fraud**,
5. **Investments in Digital Infrastructure** - Modernization of the digital infrastructure of hospitals and clinics, including **IT equipment and clinical management software**, to improve operational **efficiency** and quality of medical services,
6. **Medical Staff Training** - Training and continuous education programs for medical staff in the use of **new technologies and digital systems**, thus ensuring a **smooth and efficient transition** to a digitized health system.
7. **European Funding and Support** - Use of European funds available through the *National Recovery and Resilience Plan (NRRP)* to support digitization projects, including **developing the National Health Insurance House's IT system and digitizing over 200 health units**.

RELEVANT
AUTHORITY

Ministry of Health

National Health Insurance House

The National Agency for Medicines and Medical Devices of Romania

The Authority for the Digitization of Romania

Ministry of Research, Innovation and Digitalization

Ministry of Finance

Ministry of Education