László Attila – President, Committee of Public Health, Romania



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László Attila, president of the Committee of Public Health of Romania, highlights the Committee's efforts to mitigate the detrimental effects of Romania's looming demographic crisis and medical "brain-drain". Furthermore, he evaluates the country's success in increasing the healthcare budget and emphasizes the importance of stable legislation.

What have been the most important topics and issues that the Committee of Public Health has been working on in the field of healthcare?

Last year was quite unique as the government increased the healthcare budget by 17 percent. We hope to maintain the same budget for 2020. Unfortunately, Romania still has one of the lowest healthcare budgets in the European Union with 5.8 percent of GDP, in contrast to the European average of eight to nine percent.

In 2018, we had to take very important steps in order to support the Romanian healthcare system, such as increasing the salaries of doctors and assistants by 172 percent and 72 percent respectively to prevent the "brain-drain" in the medical field. Unfortunately, this indirectly forced private hospitals to increase salaries without augmenting their service fees. To balance the situation, the service fees in the public sector will be increased by 22 percent.

Additionally, national programs have been successful in certain therapeutic areas such as cardiovascular diseases, by increasing the number of interventions. However, Romania still has one of the lowest numbers of specialists able to perform complex surgeries, in comparison to European levels.

Our next priority will focus on prevention. Last year we started several projects for the prevention of tuberculosis, and we plan to continue with oncology and non-communicable chronic diseases. Recently, the project on prevention for diabetes has ended while the one on mental health is slowing finishing up. Having the financial support of the European Union presents a great opportunity to boost preventive measures in Romania.

What are the main bottlenecks in Romanian healthcare?

Even though the budget for healthcare has increased in the past two years, 5.8 percent is still very low, and it is difficult to distribute it efficiently. Further, there are big disparities among different regions of the country. In university city centres, such as Bucharest, Timisoara, Cluj, Targu Mures and Iasi, patient access is much better than in other areas. Another weakness of the Romanian healthcare system is the lack of primary care – there are only 12,000 registered family doctors.

Similar to most European countries, Romania is experiencing a difficult socio-demographic situation, with a rapidly ageing population. A large part of our young population is living and working abroad. In 2019 the number of babies born in Romania was approximately 182,000, making it the second year in which the number of newborns outside of Romania exceeded those within the country.

Within the next 10 years, thousands of people will stop contributing to the public healthcare sector, while the number of young adults entering employment will be very low. The number of cases in oncology and diabetes is projected to rise in the coming years. These two factors will put an enormous amount of strain on the health and social services of the country. Therefore, one of our main priorities in the medium-term is to ensure the financial sustainability and efficiency of the healthcare system.

What have been the advancements in bridging the gap between vacancies and residency exams in the country?

In 2016, there were 13,000 vacancies for specialist doctors in Romania but only 3,000 were announced for the residency exam. At the moment, there are places for most young graduates with a license. The intention is to introduce a national examination after which people will be able to choose a specialty based on their results, as most European countries do. In addition, there have been legislative changes in regards to training, so that all residents are allowed to work in public, private and military hospitals.

What can be done to curb the infant mortality rate associated with non-vaccinated children in Romania?

In 2017, with the support of the Democratic Alliance of Hungarians in Romania (UDMR), the government adopted a draft bill on the organization and financing of vaccinations for the Romanian population. In spite of such efforts, Romania still has the highest infant mortality rate in Europe, where measles, among others, still claims the lives of children. However, vaccination rates have increased in the last years. At the same time, awareness campaigns for communicable diseases have had positive results. A few months ago, the percentage of children vaccinated in a city near Bucharest was 2.5 percent. Three weeks after our door-to-door campaign, the percentage increased up to 9 percent.

The accurate delivery and measurements of vaccination remains a challenge due to the large numbers of Romanian children residing outside of the country, notably in Italy and Spain. Similarly, 40 to 45 percent of the population along the Moldavian border that requests Romanian citizenship are not physically in the country. Therefore, it is almost impossible for us to reach more than 60 percent of the children on the vaccination lists.

As a result, discussions to have access to the European vaccination registry are ongoing. Otherwise, we will have no information on whether a Romanian child living in Spain or Italy has been vaccinated.

How would you define the role which pharmaceutical companies play in the development of Romanian healthcare?

Most of the pharmaceutical companies have a responsible attitude towards the Romanian market. In the interest of pharmaceutical companies, the budget of health insurance and drugs increased in 2019. Moreover, 39 new molecules were approved in Romania last year, placing the country in a

good position among EU members.

For the last two years, pharmaceutical companies, diabetic patients and politicians have been working together on the Law of Prevention of Diabetes, which was presented in December 2019 and will soon be brought to Parliament.

What role does Romania play in the whole of Europe when it comes to clinical trials?

Romania has the infrastructure and the people and has the potential to play a competitive role when it comes to clinical trials in Europe. Unfortunately, the capabilities are not being maximized. Historically, Romania was booming in this field but, two years ago, that particular sector in healthcare suffered a crisis. When assessing the reasons, long approval times for drugs by the National Agency for Medicines and Medical Devices of Romania (NAMMDR) seemed to be the cause.

Being one of the main European players in the clinical trials field would be a great opportunity for Romanian patients to access innovative therapies and products at no cost. Furthermore, this would mean an injection of nearly EUR 300 million (USD 332.7 million) yearly into the economy, while providing an extra source of income for medical professionals involved in the trials. Some time ago, we proposed a classical market access mechanism to accelerate access to the Romanian market. Unfortunately, we will have to bring this issue back into discussion with the National Health Insurance House (CNAS).

What have been the results of the National Health Strategy 2014-2020?

The overall objective of this strategy was to facilitate access to better and safer healthcare for the general population. The results of it will be assessed in late-January or February 2020. In the past ten years, the healthcare budget has increased by 700 percent. However, due to various reasons, the population might not have felt an improvement in the Romanian healthcare system. Large investments had to be made in order to fix errors that arose from not taking the necessary steps at the right time.

For instance investments in equipment and salaries were reactionary, failing to curb the exodus of medical professionals but increasing the national average cost of one patient in a hospital from 190 leu per day in 2015 to 550 leu in 2018. Consequently, access to healthcare is concentrated in

University centres, which are overcrowded.

Overall, this is not the situation economists were expecting to see. When you increase the budget by 300 percent in four years, you hope that people will be satisfied and happy, which has not been the case.

What is your “new year’s resolution” as President of the Committee of Public Health?

My first priority is to maintain the same attitude in the Committee. In three and a half years, we have accepted seven changes taken by a majority, and the rest unanimously. The Committee is formed by nine medical doctors, all of which are experts on different fields, including cardiology, plastic surgery, gastroenterology and neurology. The mission is to take Hippocratic decisions rather than political ones, to propel important medical strategies.

My second priority is to survive the upcoming local and general elections. I cannot foresee the future, but I am happy that in three and a half years our Committee has contributed to mitigating the effects of a demographic crisis.

The committee also hopes to see stable legislation. To put it into perspective, a Romanian health law implemented in 2006 has been modified over 1,500 times since then. Whenever a decision has been taken, we need to actually quote the latest modification to that health law because it might affect a different department.

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