

Health statistical data, projects and programmes

A. Minimum health services package

People not insured benefit from the minimum service package, granted depending on different medical care tiers, package which consists of and includes:

a. primary medical care: medical services for emergency medical-surgery scenarios (granted within the limit of the skills and the technical equipment of the medical practice where the general practitioner performs their activity); supervision and detection of potentially endemic diseases; family planning examinations; prevention services (preventive exam for people over 18 years of age to avoid diseases with major morbidity and mortality consequences, once every 3 years).

b. outpatient specialist medical care for clinical specialties: medical services for emergency medical-surgery scenarios; supervision and detection of potentially endemic diseases - includes, as applicable, clinical examination, presumptive diagnosis, referral to specialist structures confirmation and treatments.

c. In-hospital medical care, which can be:

- continuous hospitalization: medical-surgical emergency in case the patient's life is endangered or where this potential exists, until the emergency situation resolves; potentially endemic diseases (requiring isolation and treatment), until the case is fully resolved; birth.

- for day outpatients: medical services provided in the on-call ward (ERU) for medical-surgical emergency cases, threatened avortion; incomplete miscarriage, without complications; epidemiology for the patients needing treatment in disorders that do not require isolation for treatment.

B. The basic health services package available for the pregnant woman and the young mothers

This package includes:

a. primary medical care: the medical services expensed from the Single National Fund for Health Insurance focus on monitoring pregnancy and young mothers by the general practitioner; the general practitioner recommends laboratory investigations and pregnancy specific treatments, as well as other necessary laboratory investigations, from those included in the basic package.

b. specialized outpatient health care for clinical specialties: the obstetrics-gynaecology specialist provides pregnancy and young mother monitoring services for outpatients, one consultation per pregnancy trimester and one consultation during the first trimester after birth;

In addition to the above, starting with April 1st, 2018, the direct monitoring of normal or high risk pregnancies can take place directly in the specialist outpatient clinical department, and covers diagnoses related to a pregnancy (such as gestational oedema, slight hyperemesis gravidarum, uterine track infections during pregnancy, as well as hereditary and acquired coagulation disorders/thrombophilia, under certain conditions) as well as laboratory tests (amniocentesis, chorionic villi biopsy, assessing the pregnancy with high infection risks - rubella, toxoplasmosis, CMV, hepatitis B and C - and cordocentesis).

C. Projects implemented by the Ministry of Health

In the period 2014-2017, the Ministry of Health implemented the project RO 19.03 “Strengthening the national network of Roma mediators to improve the health status of the Roma population”, funded by the Norwegian Financial Mechanism, in 45 communities from 6 counties. This initiative complemented the national health mediation program and identified 45 communities, with at least 700 of Roma persons who had low access access to basic health services. Each of these communities received support from a team composed of a health mediator and a community nurse, employed by the local authorities; their activity made possible an accurate assessment of the basic health needs of the community for the provision of adequate health services. By the end of the project, almost all the community teams from the 45 communities were employed by the local mayoralty with salaries paid by the Ministry of Health, securing the sustainability of the project. All 45 community health centres were equipped with IT and basic medical equipment.

A new project “Strengthening the National Network of Primary Health Care Providers to Improve the Health Status of population, children and adults (including vulnerable population)”, funded by the SEE financial mechanism 2014-2021, includes an important component that continues the former project RO 19.03, extending the number of counties from 6 to 7 (Botoșani, Călărași, Dolj, Giurgiu, Gorj, Neamț and **Suceava**), also extending the number of selected localities from 45 to 84 (including the 45 previously selected). The project is aiming at strengthening the primary healthcare (including community care) in order to bring the health services close to the people in need, especially vulnerable population living in rural areas. This way, the project will try to reach, as much as possible, the general goal of obtaining universal access to healthcare and to reduce the social inequalities in health with emphasis on health status of vulnerable population (including Roma population).

Another project, RO 19.04 “Multi-level interventions for preventing lifestyle-related non transmissible diseases (NTD) in Romania”, also funded by the SEE financial mechanism 2014-2021, has developed guidelines for preventive interventions in 100 pilot family doctors’ practices. A specific guideline for healthy nutrition and physical activity for children in schools and kindergardens was developed and implemented through the community nurses, schools nurses and roma health mediators who received special training. These activities were further implemented annually within the framework of the National Health Promotion Program.

During September 2018 – January 2022, the MoH partenered with the MoLSP and the MoER in the project “Establishing and implementing integrated community services to fight poverty and social exclusion”; in 139 rural and small urban communities, with medium or severe marginalisation, persons affected by poverty will benefit, for 28 months, from medical-social-educational services, tailored to their identified needs (health, social assistance and protection, education, employment, housing and identity documents). Each case will be evaluated by a mixt team, composed of health, social and educational specialists, so that each person be counselled and directed to access the services she needs. The project is interrelated to another financing program, aiming at regional developement, as the later one will finance the building or renovation and the equipment of the integrated community centres, the headquarters for the integrated community teams.

D. Statistics

D.1. Infant mortality rate in Romania from 2011 to 2019

Infant Mortality , Romania 2011 – 2019, by residency and gender (1,000 live born)										
Gender	Residence	Year								
		2011	2012	2013	2014	2015	2016	2017	2018	2019 (*)
Total	Total	9.4	9	7.8	8.1	7.3	6.9	6.6	6.4	6.1
	Urban	7.5	6.6	6.3	5.9	5.7	5.6	5.2	5.2	4.7
	Rural	11.8	11.8	9.7	10.7	9.3	8.5	8.4	7.8	7.7
Male	Total	10.6	9.6	8.6	9.4	8	7.8	7.4	7	6.6
	Urban	8.3	7.1	6.9	7.2	6.3	6.1	5.6	5.7	5.2
	Rural	13.3	12.5	10.6	12.1	10.1	9.8	9.6	8.6	8.2
Female	Total	8.2	8.4	7	6.7	6.6	5.9	5.9	5.7	5.6
	Urban	6.6	6.2	5.6	4.6	5.2	4.9	4.7	4.7	4.3
	Rural	10.2	11	8.7	9.2	8.4	7.1	7.2	6.9	7.2

D.2. Maternal mortality rate in Romania from 2011 to 2019:

Maternal deaths and mortality 2011 - 2019						
	Number of Maternal deaths			Maternal mortality (100,000 live born)		
	Total	Urban	Rural	Total	Urban	Rural
2011	50	23	27	25.5	21.6	30.1
2012	23	10	13	11.4	9.2	14.0
2013	27	11	16	12.6	9.3	16.5
2014	24	14	10	11.9	12.7	10.9
2015	27	12	15	13.1	10.6	16.2
2016	17	7	10	8.1	6.3	10.8
2017	24	10	14	11.7	8.8	15.1
2018	18	8	10	8.7	7.7	11.6
2019*)	20	6	14	10.6	5.8	16.4

*) preliminary data

D.3. HIV mother to child transsmion 2013-2019

Mother to child transsmion 2014-2019						
Year	2014	2015	2016	2017	2018	2019
New HIV cases	939	883	820	802	768	794
Children born to HIV positive mothers, out of whom	215	220	230	214	220	185
received Prophylaxis during the first 24 hours of life	211	213	227	212	219	184
HIV exposed and infected children*	No.	17	19	6	14	13
	%	1,8	2,1	0,7	1,7	0,9

*PMTCT

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania