Total health expenditure per capita ranges on average between US$ 988 - 1,079, well below the EU average of US$ 3,379.

Poverty rate in Romania is the second highest in the EU and the country has the fifth highest score for income inequality in the EU.

GDP per capita (current USD, 2018 World Bank):

12,301

On the other hand, over 80% of total health expenditure is publicly funded, which is just above the EU average of 76%.

Share of total health expenditure spent on outpatient care is among the lowest in Europe, according to OECD data.

Lowest health expenditures as a share of GDP among EU Member States. Healthcare expenditure has been decreasing steadily since 2010, ranging from 5.8% of GDP to 5.6%

Over 90% of oral healthcare in Romania is funded privately – some public support is available for children.

source: Infodent International | 2019
Infodent s.r.l.
pressoffice@infodent.com
Romania, A Bismarkian Model

Health Insurance System

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Romania is one of the newest member states of the European Union with a population of just over 19 million people, 54% of which living in urban areas, 46% in rural areas and several living in other EU member states. In the last 20 years, Romania has made considerable progress in developing institutions compatible with a market economy. Joining the European Union (EU) in 2007 was a driving force for reform and modernization.
The NSHIH budget is directly proportional to the level of the salaries of the population as the system establishes a principal in which citizens contribute according to their income.

Challenges to accelerate growth in the country include uncertainty in the Euro zone and export markets, political developments and availability of EU funds. The key challenges for Romania have been and are to achieve steady economic growth and improve living standards while meeting fiscal targets and to continue structural reforms and the modernization of public administration, health and education.

The provision of health services is the responsibility of the Government through the Ministry of Public Health. General and oral healthcare depends on the compulsory membership of each insured citizen in the Social Health Insurance System. The system of public health insurance provides a legally prescribed standard package of general and oral healthcare while financial resources coming from general taxation (provided under the national budget) only cover general prevention programs, managed by the Ministry of Health and Family.

The current health insurance system was founded in 1998 and it is administered centrally by the National Social Health Insurance House (NSHIH), which is divided into 42 district houses of health insurance (County Social Health Insurance Houses), corresponding to the 41 Romanian counties and the city of Bucharest. The whole population contributes a monthly fixed amount of their salaries to the County Social Health Insurance house (CSHIH), situated in the county where they live. While social health insurance is in principle compulsory; in practice it covers only around 86% of the Romanian population, the main uninsured groups being people working in agriculture or those not officially employed in the private sector; the self-employed or unemployed who are not registered for unemployment or social security benefits as well as Rom people who do not have identity cards.

Insured individuals are entitled to a comprehensive benefits package while the uninsured are entitled to a minimum benefits package, which covers life-threatening emergencies, epidemic-prone/infectious diseases and care during pregnancy.

The NSHIH budget is directly proportional to the level of the salaries of the population as the system establishes a principal in which citizens contribute according to their income. Thus, every year, the NSHIH budget is estimated according to the previous year’s budget, adjusted for inflation. The NSHIH funds are met by a 12.5% levy on salaries, of which the employers contribute 7% and employees 5.5% (2017 data). The allocation of money and resources is managed by the NSHIH and CSHIH, which are the legal financing institutions. The NSHIH and CSHIH main functions are to pay the providers of medical and dental services and to control the quantity and quality of the services. On the whole healthcare financing is somewhat progressive, with health insurance contributions being the main source of healthcare financing and vulnerable population categories (young people, disabled, unemployed, war veterans etc.) exempted from the contribution payment and from cost sharing (co-payments).

The administration of the NSHIH establishes at every year-end, by negotiating with the Romanian Colleges of Dental Physicians (RCDP), the expenditure for the different medical specialties (hospitals, family medicine, specialties, emergencies, drugs and dentistry). At the end of 2002 the Government ended the right of the RCDP to be a negotiating organization and established that the Ministry of Health and Family together with NSHIH undertook all the activities of social health insurance system.

There are approximately 16,400 dentists and 4,500 dental technicians providing oral healthcare in Romania. In 2017 there were 12 Dental Medicine Faculties, 5 traditional ones, namely Bucharest, Cluj-Napoca, Târgu Mureş, Timişoara, Iaşi, as well as 7 newly created faculties (Bucharest, Craiova, Constanta, Sibiu, Oradea, Arad, Galati). The shift from a communist system to a democratic or capitalist one and the lack of public funds during post-communist years has contributed to a dependency on private oral healthcare rather than on government financed public provision. Affordability and social awareness have together established a mixed economy for oral healthcare costs and oral healthcare is growing slowly compared to other developed EU member states. Consequently, since 1989, almost 90% of all dentists have become private practitioners; they have fiscal codes and have obtained all kinds of legal permits for liberal (private) practice. 60% of dentists are owners of their dental office, 30% are not owners but work in old buildings offered temporarily by the government, for an annual fee of around €50. Since 1994, when the healthcare reform began, there have been many proposals by the government to sell their medical and dental offices to their occupants, but these have never been finalized - maybe for political and social reasons. 10% of dentists work as employees in primary schools and dental faculties. A real free dental market was established between 1990 to 1998, with prices regulated by the principles of market economy. Only around 20% of Romanian dentists, owners or non-owners of their dental offices, work under the CSHIH. The other 80% of the dentists work in a completely liberal (private) system, with direct payments from patients only. The number of CSHIH-dentists is limited by the Social Health Insurance Houses at county level. Less than 1% of the medical funds of the CSHIH are spent on dental treatments – most of the funds are spent in hospitals (75%), for general (family) practitioners (10%), etc. It is estimated that patients directly pay at least 90% of the costs of dental treatments.

At the same time, there has been over-
production of new dentists in Romania, recording the highest relative increase within the EU (up 33% between 2011 and 2016). This has led to under-employment and emigration of dentists to other EU member states. Relative to the total number of inhabitants, Romania recorded 10.4 graduates per 100,000 inhabitants, the highest number of dentistry graduates within the EU in 2016. More than 40% of dentists are younger than 40 years.

Dental care is provided through a network of 14,118 ambulatory facilities, most of them (86%) private (12,127), which are organized as private dental practices (11,931) or medical dentists’ civil societies (a form of professional organization for liberal professions in Romania) (196). Out of 1,991 public dental practices, 432 are dental practices at schools and 31 are dental practices at universities. Dental practices at schools and universities are financed from the state budget. The NSHIH pays dental services for dentists who accept the terms offered to them. Some work is completely paid, whilst other work is paid at only 40-60% of the cost. For children and categories under special laws the work is completely paid for but only out of the value of what the RCDP considers an insufficient maximum price (about €400). The number of dentists who work only in the public service is not exactly known, because they also work in their own dental offices. The main sector is public schools, but the number is decreasing every year. Children do not pay for their treatment; general prevention programs of Ministry of Health and Family support the costs. Hospital dentists work in maxillo-facial surgery in hospitals, as employees of the hospitals, owned and run by regional government. They can work part-time in private practices. Academic dentists are normally salaried employees of the Faculty of Stomatology. They are allowed a combination of part-time teaching employment and private practice (with the permission of the faculty).

Due to limited funds, the NSHIH covers only a small number of dental healthcare services. In 2014, dental care accounted for only 0.2% of the total NSHIH expenditure on healthcare services. Most dental care services are paid for directly. The basic benefits package includes a very limited range of dental services, which are free of charge for children.

The number of dentists who work only in the public service is not exactly known, because they also work in their own dental offices. The main sector is public schools, but the number is decreasing every year.

### Ora Health Personnel (2016)

<table>
<thead>
<tr>
<th></th>
<th>16,285-16,400</th>
</tr>
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<tbody>
<tr>
<td>Number of dentists</td>
<td>16,285-16,400</td>
</tr>
<tr>
<td>Qualified overseas</td>
<td>450</td>
</tr>
<tr>
<td>Percentage female</td>
<td>68%</td>
</tr>
<tr>
<td>Ratio dentist/population</td>
<td>82.7 /100 000</td>
</tr>
<tr>
<td>Dental technicians (2013)</td>
<td>4,500</td>
</tr>
<tr>
<td>Hygienists (2008)</td>
<td>100</td>
</tr>
<tr>
<td>Denturists (2013)</td>
<td>8</td>
</tr>
<tr>
<td>Assistants (2013 estimates)</td>
<td>2,000</td>
</tr>
</tbody>
</table>

Figures are approximate and estimated, from different sources

### Graduate Dentists

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of graduates</td>
<td>1,018</td>
<td>1,263</td>
<td>2,042</td>
</tr>
<tr>
<td>Ratio per 100,000 inhabitants</td>
<td>4.7</td>
<td>5.9</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Source: Eurostat Statistics Explained
Almost 1,000 new companies offering dental services entered the market within the last few years.

...
normally work in separate dental laborato-
ries and invoice the dentist (or directly the
patient) for completed prosthetic work. A
small number of technicians are employ-
ees of dental offices and are paid with a
percentage of the fees for the prosthetics
work. There is some illegal dental practice by
non-specialized technicians, without a higher
degree qualification, but the RCDP and
RDAPP fight against these and the number of
cases is decreasing every year. Dental as-
sistants train in secondary medical schools,
with 3 years of study and a final examination
and diploma. They must be registered in the
Order of Romanian Medical Assistants. The
duties of dental assistants are limited to as-
sisting dentists, maintaining records, steriliza-
tion, infection control and office work.

Despite the difficulties, the dental services
market in Romania keeps growing, even if at
a slow pace, reaching RON 1 billion (EUR
220 million). Almost 1,000 new companies
offering dental services entered the market
within the last few years. In total, more
than 4,300 companies are active in the
market, employing almost 10,000 peo-
ple. In Bucharest, there are over 1,300 com-
panies providing dental services, with almost
300 new firms having entered the market
in the last few years. The dental clinics in Bu-
charest recorded a turnover of over RON
380 million (EUR 83.5 million) in 2016 and
a profit of almost EUR 15.4 million, accord-
ing to Creditinfo Romania. The most devel-
oped dental market outside of Bucharest
is in Timis county, Western Romania, where
more than 180 dental companies are ac-
tive with a turnover exceeding RON 53
million (EUR 11.6 million), a profit of over
EUR 2.6 million and over 400 employees.

Main International Trade Fair
DENTA, Fall Edition, 5-7 December, 2019
Organized by: Romexpo SA
www.denta.ro/en

Among main sources:
- Extracts from: Regional European Organisation
of the FDI, National Report, Romanian Society of
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Romania: Health system review. Health Systems
- HIs and HiT summaries are available on the
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- Extracts from: Council of European Dentists,
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Alison Bullock, Professor Jon Cowpe with Ms.
Emma Barnes. Cardiff University, Wales, United
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