

Financial Sustainability of a Public or Private Health System, a Condition for a Romania With a Healthy Population

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Can Romania have a sustainable health system, so that the population can choose medical services at a state hospital or at a private hospital? A healthy state, with a healthy population, can ensure a viable balance with a secure future. Each country ensures its health system through levers, policies, and well-defined sources of funding, determined by demographics, geographical position, culture, nationality, has the necessary sources to implement its own health system, whether it is public or private. The programs that can be implemented in the health system start from the quality of medical services, which must be provided so that each patient can be sure that medical needs are achievable. We have a people with diverse traditions, a beautiful culture, specialized doctors and yet the medical system is still fragile. Funding programs must help us start this health system, build many private hospitals, so from prevention to services specialized, surgical, to be able to bring in the country specialized medical staff to us but gone to many states of the world. Any change can lead us to what we want, the health of our population in the village, the city, the majority of the population, the identification of possibilities to revive the health system. The market of private health systems, diversified by international players, bank brokers, manages to bring important changes in the health system. From a technical point of view, health insurance has its originality in the impossibility of being able to predict the insured's illness and the costs necessary for recovery. Any risk related to personal injury, illness, temporary incapacity for work, can be identified, assessed in the form of medical expenses, loss of income, as a result, disability, borne by both the individual and the family, due to the inability to insure a normal activity, daily existence. Insurance can be considered as a method of controlling the health risk. The current situation regarding the disease of the population whit COVID often makes us understand that we must be prepared at all times. The situation of the pandemic SARS-COV 19 found a timely solution through the private health system.

Keywords: sustainability, health system, medical services, policies, funding sources, SARS-COV 19

Sustainability of Health System Spending

Introduction

In Romania, over time, the health system has developed, in a social, economic, political context, based on world-renowned principles, respecting universal, equitable access to health services, a free choice for both consumers (patients) as well as consumers of services when using existing resources. The coordination,

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surveillance, and regulation of the entire health system are done at the central level through the Ministry of Health, which has a good responsibility for cooperation with other sectors of activity, which have an impact on the health of the population. As a component of the health system, the health services system with all its human, material, financial, informational resources, used as efficiently as possible, results in medical care or services that improve the health status of the population. If over time access to health care has decreased due to the direct costs borne by the population (those related to treatment and hospitalization), but also indirect costs (those waiting or transport), the demographic conditions that have created impediments in providing care services, we started to implement long-term sustainable projects to ensure a quality medical act. The population's access to medical services has been influenced by a number of determining factors in the organization and functioning of the health system, the income level of the population, general living conditions, lifestyle, and education. The health system is regulated by the health insurance system, so that each insured person can access the three packages of medical services:

- basic services package;
- the package of optional medical services;
- the minimum package of medical services.

Any medical service is provided within the health system in compliance with the Framework Contract and the Implementing Rules, developed by C.A.S. Within public or private institutions, health care providers provide hospitalization, medical care, nursing/health maintenance, recovery and rehabilitation, social reintegration. For the elderly, retirement homes the specialized institutions according to the Nomenclature of social assistance, are represented by sheltered housing, homes for the elderly, day centers, where medical assistance is provided even at home. If the medical services have the FNUASS (National Health Insurance House) as financing sources, the medico-social ones are financed from the local budget (from own revenues and subsidies from the local budget depending on the subordination, from donations, sponsorships, and other sources). The population's health status was assessed by demographic and health indicators, reflecting the real aspects of the population in accordance with the needs of medical care. It can be analyzed that these indicators have an influence on the life expectancy of the population, by age groups, both in urban and rural areas, due to the high level of mortality compared to the birth rate. The concrete situation we are in due to the infection of the population with SARS-COV 2, worldwide, has triggered in the country problems arising from the inability to cover the disease area of the population in state hospitals and taking patients in private hospitals. The lack of staff, medication, beds at ATI (ICU—Intensive Care Unit), and the poor information on this situation have created a cumbersome management, even difficult in the stability and provision of health care to stagnate or reduce mortality caused by these infections of the population. Due to the need for prevention, for the permanent assurance of priority programs that can be implemented efficiently and quickly, the aim is to have an information circuit through family doctors, so as to stop an overcrowding in hospitals, to have a constant control on emergency health care services. We have specialized medical staff; there are various sources of funding that must ensure a healthy system in order to have a healthy population. It can be said that for any financial, human, or material problem, medical services can be provided on time, qualitatively, eliminating waiting times in hospitals, performing periodic check. As the situations in the Health Insurance House are presented, the number of outpatient medical care, laboratory analysis, imaging, settled through CAS (House Health Insurance), performed by family doctors has increased. Due to the aging population,

home health care services, the conclusion of contracts with health care providers such as the Health Insurance House should be encouraged, the granting of facilities regarding their settlement reflected by a permissive legal framework. In the situation of a real identification of the needs regarding the population's care system, it was possible to observe an increase of some types of specialized medical services (cardiology, oncology, radiology, medical care), which appeared mainly in hospital. There is a need for transparency on funding, redistribution of resources needed to improve a health system, the performance of which should be reflected in the health of the population. For the current needs of the population, if we can see an increase in health and social care services, community health services at the local level, non-governmental intervention services for those with medical needs have a form of timid manifestation in the current conditions (Sustainability Report-Irsab, 2020).

Sustainability, Concept, and Principles of Health Economics

If we define sustainability as the ability to exist and develop, without depleting natural resources for the future, the UN through the Brundtland Report, also called our common future, by World Commission on Environment and Development (WCED), stated that any sustainable development must respond present needs, avoiding compromising the ability of future generations to meet their own needs. Without lowering the quality of life, it is assumed that the resources are finite, so they must be used conservatively, but sufficient for the future. It can be said that sustainability can enable an organization to attract employees, shareholders who are invested in sustainability goals and share the same values. It is both important and ethical to meet the UN standards mentioned by the Commission for Sustainable Development (CSD), that sustainability is needed, for the environment but also for the economy, determining the existence of a strong business model.

The English economist John Ellington (2021) states in one of his publications that we can therefore discuss sustainability, as a form of expression seen both economically and financially, of a project of resource use, id est., sustainability in a business is largely related to the economic side of a business, and the number of entrepreneurs who consider it is growing, for two important reasons. The first is the European Union's constant awareness of waste collection, and the second is that by ensuring this component in the development of society, it is possible to obtain, in certain situations, financing in the form of grants from this body. Compared to the above, everything is focused on the environment, the way the sources are used over time, without negative effects on society. Considered by economics as a set of goods and services, which consumers (patients) use as a positive impact on their health, health services are based on the theory of human capital. It is understood, therefore, that health is a consumer good (which makes people feel better), but also a good to invest (the health of each individual is determined by the performance of each person), health (capital H) services, is a demand derived from the total health claims. The government must use regulation and decentralization as tools for public intervention. If the regulation seeks to accredit medical staff, health institutions to ensure quality of services, by applying mechanisms for financing and implementation of private health insurance, decentralization aims to strengthen the autonomy of health care providers, stimulating their competition. Any sustainable principle in a society starts from three pillars:

- environmental protection, with aspects found in water use, carbon footprint reduction, and wasteful processes as part of the supply chain;
- social development, which aims at equal treatment of all employees, achieved through good benefits for motherhood and fatherhood, the implementation of flexible and timely learning and development programs;

• economic development, which aims for any business to produce profit, respectively to generate income with continuity in the future. It can therefore be an approach often referred to as the “triple baseline”, which when there are no universal measures of sustainability, a number of companies to develop industry-specific practices, which aim to judge how social, economic, or environmental principles work as part of a company. The health of the individual, but also of the population is seen as a capacity, therefore, to perform efficient and effective activities, conditioned by the external environment, but also within the limits of some activities to which the body has the capacity to adapt. A healthy nation reflects the well-being, its economic and social prosperity considering some aspects:

- a. The health of every citizen, as a public health, is a strategic objective for the national security of the country;
- b. As an economic category, health is a condition for reproducing work potential;
- c. Health expresses, the representative indicator regarding the level, mode, and quality of life.

Any health system is efficient insofar as it can attract the necessary resources for a quality assurance of medical services, as well as the way of distribution to their medical service providers. As presented by O.M.S., every government must responsibly pursue a beneficial coordination of the health system, found in three concepts:

- one administration id est., active role in promoting the health system;
- a useful one, which highlights the health objectives;
- the impact of health systems on health.

Any performance of the health system is therefore influenced by the way it attracts and collects funds for healthcare:

- funds collected through general taxes, when the money reaches the state budget and is distributed to the health sector, through the budget approved by the competent institutions at the beginning of each year;
- compulsory health insurance premiums, paid by each individual, regardless of health except state insured. Due to the fact that it represents a fixed percentage of the income of both employees and employers, they are called compulsory health insurance medical;
- optional health insurance premiums are collected through private health companies, correlated with the health status of the insured;
- through World Health Organization (WHO), United Nations International Children’s Emergency Fund (UNICEF), World Bank, funds are collected from the health system resulting from donations, external loans, which financially and logistically support the health system. Regarding the legal framework for sustainable development, it is envisaged to move to an ambitious reform, using as an important component, the environment, the financing of policies and actions from a wide range of both public and private sources, the existence of partnerships in all sectors of activity, essential in the ecological economy. Any health system is reflected by the economic evaluation of each country, by identification, careful analysis of evidence, establishing viable decisions in situations of uncertainty. Of health programs, some authors find ways and decisive factors in supporting a health system based on principles not theoretical but experienced in medical practice, on human subjects, to improve the health system (Drummond et al., 2015; Lozano & Niculiță, 2021; Cosmin, 2011; Porter, 2008).¹

¹ <https://ecosynergy.ro>, the website of the Rio + 20 Conference; European Commission website; the website of the Council of the European Union; European Parliament website.

Objectives, Functions, and Strategies of the Public Health System

In the structure of the national health system in Romania, the following objectives are pursued:

- improving the health of the population, by implementing new programs aimed at adapting to epidemiological and demographic changes;
- upgrading the health system;
- corresponding to the changes produced between the demand and supply of human resources, it is necessary to adapt to the production of medical services;
- creating a permissive legislative framework in facilitating citizens' access to medical services;
- elimination of some factors that influence the proper conduct of medical services.

According to the analyses of the specialized experts, the national health system fulfills the following functions:

- a productivity of human resources, through the qualified training of the medical staff, the obtaining of facilities regarding the medical services, the assurance of a pharmaceutical production (regarding the insurance and distribution), the development of the production of materials and medical equipment, technological development and scientific research;
- providing health services, through environmental hygiene, obtaining preventive medical services, at the level of each individual, promoting primary, secondary, and tertiary health care, health care for the insured with special health problems;
- development of economic support mechanisms by mobilizing financial resources and allocating funds to the health system;
- quality of health management, planning and use of health policies, implementation of a viable information flow, performance regulation of human, material, health resources, achieving good international cooperation.

Any national strategy, with a successful national health policy, with principles channeled in directions of action, implies a well-defined global and inter-sectorial plan, which can indicate who needs to do, what needs to be done, how long and with what resources. Within a healthy community, public health surveillance, in fact, concerns the continuous and systematic collection, analysis, interpretation, dissemination of data on the health status of the population, identification of communicable and non-communicable diseases, in order to ensure preventive measures that can be identified with priority. It is therefore estimated the degree of exposure to risk factors in the natural environment, lifestyle, and living both individually and in the community. A protection of public health implies an obligation of the public administration authorities both central and local in general, of all natural and legal persons, environment, and lifestyle of the population, ensuring the health services, the quality, and the access ways on to the medical services. The legal control over all the health services is the health inspection; the public health authority, starting from the precautionary principle, has the task, to intervene in situations where there is a potential risk to public health. The public health system intervenes in the following areas:

- Any surveillance, prevention, or control of communicable or non-communicable diseases may be carried out by:
 - a. ensuring a rigorous control of epidemics,
 - b. providing a system of immunity as a matter of priority,
 - c. a careful surveillance of diseases,

- d. prevention and supervision of behavioral risk factors, of all accidents;
- The health status of the population can be effectively monitored through indicators and determinants of health status, population needs assessment, public health services;
- Health education and promotion can be achieved through:
 - a. the involvement of local authorities,
 - b. completing a continuous information, education, and communication campaign,
 - c. implementing concrete health education and community promotion programs;
- Carrying out a form of occupational health, by defining occupational health standards, carrying out a control on the application of occupational health regulations;
- The relationship between health and the environment, achieved through the monitoring of environmental factors, the implementation of community public health hygiene standards, the regulation of the quality of environmental factors;
- Adapting and implementing a legislative framework for both primary and secondary health activity, regulating the movement of goods and services with an impact on public health;
- Streamlining sustainable public health management, based on science-based public health planning and development policy, through international collaboration and cooperation;
- Establishment with priority of health services in order to prevent diseases by:
 - a. school health services,
 - b. health services in medical laboratories,
 - c. health services in the event of disasters and disasters,
 - d. family, prenatal, and postnatal planning services,
 - e. medical services for disease prevention, screening,
 - f. health counseling services in the field of health, public health in transport.

As a legal basis, public health care is based on a number of fundamental principles:

- an intersectional and multidisciplinary approach;
- primary prevention of the population, focus on population groups, a public health responsibility of society;
- concerns about the determinants of health, social, behavioral, environmental;
- decentralization of the public health system, decision-making based on scientific fears, introduction of an integrated information system for public health management.

The existence of efficient management for a health system can be appreciated by the quality of public health services, a concordance between strategies and national health objectives, efficient, fair, and optimal in the use of available health resources. Since 1979 WHO, “The World Health Report—2000” defined the national health policy as an “expression of the objectives of improving health, the priorities of these objectives and the main directions of achieving them”. To discuss an efficient health system, we can judge in terms of effects/impact on the health of the population, economic and qualitative efficiency of the health of the population, equity in the public health system, the influences of health services, and distributors of medical services on the population. The evaluation of a managerial process in the health system is reflected in the programs implemented in the national health system, by allocating resources for existing and future programs, with efficiency, relevance, adequacy, effectiveness. The freedom to have a public or private health care system was conditioned by political and ideological factors, which determined the state to provide citizens with comprehensive (insurance) and free health care, access to finance, administration of permissive tax facilities for

an individual and social protection of citizens. Increasing the health needs of the population, advanced technologies, digitization of medical services, will force decision makers in health policy, to obtain maximum benefits with a minimum effort of spending. If we look at the national health system in perspective through a reform of tradition and change, we must keep in mind that a clear vision is needed on the changes, the objectives pursued, the impact on health, through a changing state of transition in our country. Any motivation must be beneficial to a well-defined goal, for a healthy state with a healthy population regardless of demographic, socio-political, economic, cultural conditions. When you have the financial, human, and material resources, you need to think of strategies to implement fast and high-performance programs in major emergencies. The situation with the infection of the new SARS-COV 2 virus has shown transparent information, permanently, with maximum prevention, so that the population does not collapse. A country with a healthy people can only wish in the end to achieve strategic and global goals:

- without poverty;
- without hunger;
- health and well-being;
- accessible energy;
- decent work and growth;
- industry, innovation, and infrastructure;
- reducing inequalities;
- sustainable cities and towns;
- responsible consumption and production;
- actions for climate change;
- an earthly life;
- peace, justice, strong institutions;
- national and international development partnerships (Saltman & Ferroussier-Davis, 2008; Scintee, 2020; World Health Report, 2000; Report on the State and Quality of Education 2019-2020, n.d.).

Possibilities for Financing a Sustainable Health System

The way in which any public health system is financed takes into account who finances the amount of money, who can bear the financial burden, who controls the funds, how the cost inflation can be controlled without any negative repercussions on the population. The question is whether Romania has the capacity to mobilize its funds, closely linked to per capita income, so that the public health system can be recoverable. It is therefore sought to establish pure financing systems, distributed equitably through a coordination of different sources of financing according to the socio-economic development of the country. In the health system, the method of financing is influenced by the cost of each care, who can have access to health care, quality and efficiency of health care services. These aspects are decisive in the final results of a sustainable health system, in order to ensure a state of health of the population, a financial protection for possible risks, and a degree of satisfaction for the consumers of services. If we use what relationships can exist in a health system, after Hsiao, W.C. we can say that we need to identify the ability to pay for health. The implications of the funding sources are thus highlighted through the final results or effects, which can be presented:

We can say that we are talking about five sources of financing the health system:

- financing from the state budget;

- financing from the health insurance budget;
- financing through private health insurance;
- financing by direct payments;
- community funding.

They address the acute problems facing the health care system. Analyzing the sources of financing we can discuss that in our country in the management of the health system, it is necessary a qualification in making decisions regarding the redistribution of the amounts allocated for the development of the health system, for the benefit of the population. Depending on the contribution of each insured, the income of each but not the individual risk, the state budget provides its funds for the health system from general taxes (special purpose taxes, other budget revenues), from import/export taxes, tax on salaries, on global income and applied to economic agents. We can therefore consider it the safest and most stable source that can be sustainable in a crisis of the health system. External loans and donations, which represent logistical and financial support for the health system, from international organizations, WHO, UNICEF, the World Bank, can be reimbursed (external loans). The financing through the social health insurances has in view the constitution of the ASS (Social Health Insurance) funds, reflected in a percentage of 10% on the gross incomes of the insured and 2.25% CAM (Insurance Contribution for Work), on the gross fund of salaries for the employer, destined for the payment of the providers of medical services. However, which cannot fully fund certain national health programs, which can only be funded from the state budget health. Because insurance plays two important roles, namely on the one hand an individual risk for a large number of people, each with a low probability of a possible unwanted event, and on the other hand insurance offers the possibility for each person to transfer their financial risk to an insurance company, by paying a premium for which the insurer obtains certain benefits provided for in the insurance policy. Although private insurance is limited to 400 Euros/year, it can be diversified as a result of the specialized medical services offered. Health programs through their implementation will take into account the expansion of private health services, so that the distribution of money for the health system will be directed either to the development of state and regional hospitals or to the construction of private hospitals. A country with financial resources, specialists, diversity of health services, should not look at other international health systems (Turkey has managed to have a successful health system in 10 years, Portugal through health policies, developed the health system using prevention as a basis), and use their own sources of funding, adaptable to their own health system, putting in the first place the patient-doctor relationship, priorities, benefits, the quality of the medical act. When medical services are provided in the private sector, the financing of the health system can be done by direct payments, in full of medical services, by co-payment for each medical visit, or by co-insurance, a percentage set for the cost of the patient visit. The use of this source of funding brings a positive aspect to the health system, reducing unnecessary services, greater accountability of patients and doctors, an increase in the quality of medical services, but also an increasing allocation efficiency. For rural areas, community funding applies, which requires community members to pay an advance for the package of medical services, the difference being paid by the state. This funding system can be encouraged, for the welfare of health care conditions, through legislative, financial, and financial initiatives specialized agency. In order to decide the most beneficial and efficient source of financing, we must pursue the six major objectives:

- the possibility to have the ability to generate the necessary income, collect taxes, special health taxes (alcohol taxes, cigarettes);

- the equity of the health care system, in funding, in the provision of health care, as a target for all decision-makers in the medical sector;
- use of collected resources with maximum efficiency;
- sustainability, the possibility of the health system to produce benefits that can be evaluated by both users and decision makers, to ensure the necessary resources for long-term continuity. It can be seen financially, by support alone, without external, political help, when there is political or organizational stability, when any program of the proposed health system depends on how it is organized, political changes, capital market, specialists, qualities managerial;
- the concern of patients to benefit from quality medical services, shortening the waiting time, the existence of a degree of comfort in medical units, a transparent patient-doctor relationship, avoiding the provision of cash for preferential treatments;
- risk pooling, the elimination of possible common risks by preventing in time, the health of the population.

As a complex system of medical services, the national health system is constantly evolving. Due to external factors and the behavior of the power center determined by certain requirements or interests, these systems can often become unstable be beneficial, inherent, or harmful through the effects produced depending on the concepts, interests, or managerial ability of the decision makers. The way in which any country organizes the provision of medical services and the way they are paid have implications for both patients, doctors, and managers that can influence the chosen care system. The financing system of the health system cannot be treated individually, without taking into account the organization of the provision of medical services and the mechanisms used. The question is often asked: In order to control the inflation of health expenses, what kind of health system can be effective, medical care, ways of organizing and payment for health care providers? It is relevant that if there is no symbiosis between financing and payment mechanisms, it can be said that it results in an uncontrolled increase and a decrease in the quality of medical services. In a transparent medical system, it is necessary to know and analyze health, price being a necessary mechanism for rationalizing insufficient resources professional behavior. In essence, the market for medical services is determined by certain features:

- the existence of an information asymmetry, which leads to an adverse selection, so that the insured, the patients with health problems, anticipate the necessary expenses for the medical services, using the insurance, while the healthy ones do not insure;
- triggering a risk selection phenomenon, which causes the insurer to create certain conditions to insure healthy people to the detriment of the unhealthy, in order to avoid bankruptcy;
- in the healthcare market, through the information asymmetry, the doctor is the one who holds the information and therefore the one who can influence the patient in making decisions about the medical act;
- it can be said that on the medical market, the doctor is the one who introduces the price, but also the demand.

Healthcare services may be covered by the following payment methods:

- fee-for-service, when the payment unit is the medical act, the medical visit, the medical service provider being paid in proportion to the medical services provided:

This offers the possibility of economic stimulation in the performance of several medical services, a tendency of patients to abuse them leading to a moral hazard;

- as a form of fixed payment, there is the capitation, which represents a fixed amount of patients registered on the list of each doctor, in a period of time, and gives the patient the opportunity to perform more services

medical, the amount paid being varied, depending on age, sex, etc. When primary care is needed, this form of payment is used, but also to cover the need for medical staff in hospitals. However, there is a risk of triggering “cream skimming”, which is that doctors list healthy patients, making it difficult for the sick to access.

- payment according to the package of medical services, is payment per case, in which the provider of medical services is paid according to a contract, well established, regardless of the number of cases of medical care, characteristic in the hospital for the hospitalized patient:

In this situation, hospitals are stimulated by the number of cases at the same time as a decrease in the intensity of treatment per case, while the healthcare provider takes the risk of medical cases, the payer of medical services, and the patient takes the risk of their incidence;

- payment per day of hospitalization, for each day of hospital-specific care, in the form of a lump sum:

The problem arises from the need to have many patients, in order to increase the source of funding; it is possible to create an oversizing of the beds and implicitly a decrease of the services in each case. The final risk in this situation is taken over by the medical service provider;

- payment to medical staff of fixed, monthly or annual amounts by salary, regardless of the number of patients or the costs of medical services.

To evolve, improve in parallel with the decisive changes in the environment in which we live. Sustainable projects will be implemented by 2030. In principle, if we start from the definition found in the dictionary, any sustainable activity is synonymous with sustainable development, so a sustainable financial system, material, human is found in indicators of sustainable development on a long time without compromising any ability to meet the health needs of future generation's alternative resources specific to each region, country (WHO Bulletin, 2000; Departments for Sustainable Development, Establishment of the Sustainability Code, 2021; Scintee, 2020).²

Operationalization of the Health System in a Period of Transition

In the Memorandum approved by the Romanian Government, as a result of a negotiated partnership with the European Commission, the Ministry of European Funds has the quality of authority to manage the Health Operational Program 2021-2027, in a long-term strategic framework, which can be approved no later than six months after the implementation of the program by the Member State well established:

- on timely access to hospitals for primary care, aims to develop infrastructure (construction of hospitals and modernization of state and regional hospitals), leading to quality, sustainable, affordable, effective, and modernization of protection systems social:

The promotion and implementation of plans for hospital budgeting, training and specialization of medical staff, a transition plan for a new model of financing regional hospitals (investments for Regional Hospitals Craiova, Cluj, and Iasi) will be pursued;

- diversification of community primary care services, on an outpatient basis, by equipping family doctors' offices so that they become permanent centers, modernization and endowment of ATI wards, reconversion of acute hospital wards into day hospital beds, increasing capacity surgical medical services:

It is considered the modernization of the infrastructure of the hospital units, the endowment with equipment, the amplification of the school medicine.

² Sustenabilitatea%20-%20...11/16/2021; <https://www.eaton.com/sustainability/ehs-policys>.

- improving the primary health care system by integrating with community health care, diversifying a range of primary health care services in rural areas, other socio-economically disadvantaged and vulnerable areas:

This aims at a fair territorial distribution by implementing sustainable interventions to attract and promote financial incentives for the retention of doctors in these areas. A special emphasis will be placed on the efficiency of the network of school, primary and dental medicine, and competent.

- as a result of the aging of the population, palliative recovery and long-term medical care, the aim will be to establish the factors leading to an aggressive epidemiological profile and morbidity, by developing the infrastructure of health facilities for patient recovery, neurological and post-traumatic, palliative, long-term:

It is necessary to use support tools that facilitate performance in medical rehabilitation/recovery;

- efficiency in investments for medical infrastructure and services is found in health facilities with laboratories of genetics, oncology, regional medical centers of genetics:

The aim is to improve ambulance medical services, transplant medical centers, pathological anatomy, anthropology, and forensics;

- development through medium- and long-term population screening programs for cardiovascular disease, communicable and non-communicable diseases:

The aim is to ensure quality medical services, diagnosed in time or prevention, diagnosis of genetic diseases (pre and post), stem cell transplantation, prevention measures including oral health in disadvantaged areas, reducing the risk of disease transmission;

- implementation of investment programs on communicable disease surveillance and timely management of national alerts:

The aim is to expand and modernize microbiological laboratories in regional hospitals and health facilities that are found in national programs, and eliminate nosocomial infections in hospitals, especially regional ones. Conclusion of standard national and international protocols in the medium or long term;

- modernization of the national transfusion system, blood and plasma testing infrastructure through equal access to primary medicine:

The aim is to increase the number of blood transfusion, blood, and plasma collection centers;

- innovations and research in the medical field, through programs implementation with Specific, Measurable, Accessible, Relevant, and Time-bound (SMART) solutions, obtaining pharmaceutical products absent from the market of medical providers, vaccines, cancer control and prevention:

Improvements will also be developed with medical equipment, medical specialists through the National Institute for Medical-Military Research-Development “Cantacuzino”, and the development of infrastructure in the field of genomics;

- development of the medical system through digitization, programs will be implemented for the development of the information system in the health system (C.N.A.S.), internally and externally, by using data related to the health of patients, standardizing the flow of information;

- European Social Fund (ESF) development, educational, further training, learning, retraining programs in the field of research in all medical fields:

The aim is to implement specialization measures regarding the use of medical equipment, modern methods of intervention, treatment, investigation.

The elaboration of these programs has as main objective, the solution of health problems according to the National Strategy of the Ministry of Public Health, using efficiency indicators regarding the allocated resources,

according to international policies and recommendations, to satisfy the care needs of the population (Ministry of European Funds, General Directorate for Programming and System Coordination, 2021; The First Version of the Health Operational Program 2021-2027, n.d.).³

Conclusions

Although socio-economic and political problems are in a period of transition, the health status of the population must become a priority. A state is healthy if it has a healthy population and can be solved by attracting it for a well-established period in rural and rural areas, by stimulating either financial (salary according to training and specialty) and material (housing insurance, rent, settled transport to and from the family for the shuttle). The distribution of resources allocated to the health insurance budget must be done on precise medium-term destinations, on programs implemented with a direct and transparent destination for health care services, increasing the number of family doctors for disease prevention. An important role is played by that it is an investment for the rehabilitation, development, and modernization of medical units. Depending on the income of each individual, the diversity of medical services, private hospitals can be used, characterized by the quality of the medical act. Due to various sources of funding Romania, properly distributed human resources, regardless of unforeseen conditions, the management of the health system must be specialized, efficient, and well-intentioned in the use of allocated funds. The legal framework in Europe has triggered the emergence of the concept of sustainability. The development of sustainability has been found in the definition given more than 30 years ago by the English economist John Ellington, a concept that has been found in all economic, social, educational, health, environmental, etc. Each method of evaluation or program used, specific to the country is determined by the use of financial resources respecting the proposed programs with adaptability in our health system whether public or state. If there are countries whose health systems have developed over time, in our country the resources distributed should aim at the development of regional hospitals and the construction of private hospitals for diversified diseases, with specialized doctors, so that the patient-physician ratio is with positive effects, by providing quality medical services, of young residents, to stay in the country, through facilities provided in rural areas or urban, their adaptation to the requirements of society, in urgent and uncertain situations. Here we can say how the current situation, regarding the pandemic with SARS-COV 2 was and remains a continuous labyrinth of alternative challenges, with urgent situations, medical staff. Medical staffs are sent for specialization abroad, the state allocates funds for their specialization but it lacks the leverage to turn them over and use them as a highly skilled workforce in ensuring efficient medical services. We have financial resources, we have medical service providers, and we have programs implementation with SMART solutions, obtaining pharmaceutical products absent from the market of medical providers, vaccines, cancer control and prevention,

Improvements will also be developed with medical equipment, medical specialists through the National Institute for Medical-Military Research-Development “Cantacuzino”, and the development of infrastructure in the field of genomics.

- development of the medical system through digitization, programs will be implemented for the development of the information system in the health system (C.N.A.S.), internally and externally, by using data related to the health of patients, standardizing the flow of information.

³ <http://documents.tips/documents/elemente-de-economie-sanitara.html>; <http://wwwcse.uaic.ro>.

- ESF development, educational, further training, learning, retraining programs in the field of research in all medical fields. The aim is to implement specialization measures regarding the use of medical equipment, modern methods of intervention, treatment, investigation. The elaboration of these programs has as main objective, the solution of health problems according to the National Strategy of the Ministry of Public Health, using efficiency indicators regarding the allocated resources, according to international policies and recommendations, to satisfy the care needs of the population (Ministry of European Funds, General Directorate for Programming and System Coordination, 2021; The First Version of the Health Operational Program 2021-2027, n.d.).⁴

References

- Cosmin, M. (2011). *Public sector economics*. Bucharest: "Costin C. Kiritescu" National Institute of Economic Research.
- Departments for Sustainable Development, Establishment of the Sustainability Code. (28/01/2021). Retrieved from <http://romania-durabila.gov.ro/2021/01/28/constitute>
- Drummond, M. F., O'Brien, B., Stoddard, G. L., Torrance, G. W., & Sculpher, M. J. (2015). *Methods for the economic evaluation of health care programs* (4th ed.). Oxford: Oxford University Press.
- Ellington, J. (2021). *Eco synergy*. Archive from Category "News".
- European Parliament. (2009-2014). Committee on the Environment, Public Health and Food Safety. Retrieved from <https://www.europarl.europa.eu/doceo/document>
- Lozano, O., & Niculiță, A. (2021). *Health economics*. Bern: Swiss Agency for Development and Cooperation.
- Ministry of European Funds, General Directorate for Programming and System Coordination. (2021). Retrieved from <https://mfe.gov.ro/visual-identity/general-direction>
- Murgea, M. N. (2016). *Ways of financing health systems*. Cluj-Napoca: Casa Cărții de Stint Publishing House.
- Porter, M. (2008). *About competition*. Harvard business. Bucharest: Meteor Press.
- Report on the State and Quality of Education 2019-2020. (n.d.). Retrieved from <https://www.edu.ro/public-periodic-reports>
- Saltman, R. B., & Ferroussier-Davis, O. (2008). The concept of management in health policy. *Bulletin of the World Health Organization*, 78(6), 732-739.
- Scintee, G. (2020). Elements de economysanitary. Retrieved from https://umfcd.ro/Economie_sanitara-356-369
- Sustainability Report-Irsab. (2020). Retrieved from <https://www.irsab.com/download/download>
- The First Version of the Operational Program Health 2021-2027. (n.d.). Retrieved from <https://oportunitati-ue.gov.ro/program-operational-s>
- WHO Bulletin. (2000). Retrieved from <https://www.who.int/journals>
- World Commission on Environment and Development. (1987). Retrieved from <http://www.mmediu.ro/.../SustainableDevelopment>
- World Health Report. (2000). Retrieved from <https://ec.europa.eu/.../State of Health in the EU>

⁴ <http://documents.tips/documents/elemente-de-economie-sanitara.html>; <http://wwwwcse.uaic.ro>.