

The Romanian Healthcare System: A Comprehensive Analysis of Current Status and Reform Initiatives (2024-2025)

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Abstract: *This paper provides a comprehensive analysis of the Romanian healthcare system based on recent data from 2024-2025, examining its current performance, structural challenges, and ongoing modernization efforts. Romania continues to rank last in the European Union for public health expenditure at 971 euros per capita compared to the EU average of 3,800 euros and demonstrates the second-lowest health system preparedness score according to the GLOBSEC Healthcare Readiness Index 2024. The country exhibits the highest avoidable mortality rate among OECD countries, with 179 deaths per 100,000 inhabitants from treatable causes. Despite these challenges, Romania has committed 2.45 billion euros through the National Recovery and Resilience Plan for healthcare system transformation, including 442 million euros for digitalization initiatives. Analysis reveals persistent issues in healthcare workforce distribution, outdated infrastructure, limited access to services in rural areas, and financial barriers to care. The implementation of the National Health Strategy 2023-2030 alongside substantial European funding presents significant opportunities for system improvement, though success depends critically on effective policy implementation, sustained political commitment, and addressing structural governance deficiencies.*

Keywords: *Healthcare system reform, health financing, digital health transformation, avoidable mortality, healthcare workforce*

Introduction

The Romanian healthcare system stands at a critical juncture, characterized by profound structural challenges alongside significant opportunities for modernization through European financing mechanisms. Following Romania's accession to the Organization for Economic Co-operation and Development in 2022 and the implementation of the National Recovery and Resilience Plan, the country has initiated an ambitious series of reforms aimed at improving healthcare system performance and reducing disparities with European averages (1).

The healthcare system operates as a "mixed" model with both public and private providers, governed primarily by Law 95/2006 concerning healthcare reform, which has undergone various modifications over nearly two decades to adapt to emerging challenges (2). The social health insurance system covers 89 percent of the population, representing the second-lowest coverage rate for a basic service package among

OECD countries (3). Primary care is delivered through family physicians, while hospitals and specialized medical centers provide secondary and tertiary care services.

Recent international assessments have highlighted the urgent need for comprehensive reform. The GLOBSEC Healthcare Readiness Index 2024, published in September 2025, confirmed that Romania ranks among the least prepared countries in the European Union to address current and future health challenges (4). This assessment evaluates health system preparedness based on 38 indicators covering financing, infrastructure, workforce, prevention, innovation, and governance. Romania's overall score in the Healthcare Readiness Index stands as the second lowest in the European Union, reflecting persistent structural gaps across multiple dimensions.

Despite these challenges, Romania has demonstrated clear commitment to reform through the adoption of the National Health Strategy 2023-2030 and substantial planned

investments through the National Recovery and Resilience Plan, which allocates 2.45 billion euros to the healthcare sector (5,6). This represents one of the largest budgets for the healthcare sector in Central and Eastern Europe and signals Romania's intention to leverage European funding mechanisms for comprehensive system transformation.

This paper examines the current state of the Romanian healthcare system through analysis of recent data and reports from 2024-2025, assesses ongoing reform initiatives, and evaluates prospects for achieving meaningful improvements in population health outcomes and system performance.

Methods

This analysis synthesizes data from multiple authoritative sources published between 2024 and 2025 to provide a comprehensive assessment of the Romanian healthcare system. The primary data sources include the OECD Reviews of Health Systems for Romania 2025 (1), which provides detailed comparative analysis of healthcare system performance against OECD benchmarks, the GLOBSEC Healthcare Readiness Index 2024 (4), which evaluates system preparedness across multiple dimensions, and official reports from the Romanian Ministry of Health and National Health Insurance House for 2023 activities (7,8). Additional sources include peer-reviewed publications on healthcare workforce development (9,10), World Health Organization country reports (11,12), European Commission assessments of Romania's Recovery and Resilience Plan implementation (5,13), and specialized studies on healthcare digitalization initiatives (14,15). Data on specific health programs and strategies were obtained from official government documentation, including the National Health Strategy 2023-2030 (16), the National Strategy for Combating Cardiovascular and Cerebrovascular Diseases 2024-2030 (17), and the National Vaccination Strategy 2023-2030 (18).

The analysis employs a structured framework examining five key dimensions: population health status and outcomes, healthcare system structure and coverage, financing and resource allocation, healthcare infrastructure and workforce, and quality of care and patient safety. For each dimension, current performance is evaluated against European benchmarks,

structural challenges are identified, and ongoing reform initiatives are assessed. Quantitative indicators are presented where available, with particular attention to trends over time and comparisons with EU and OECD averages.

The temporal focus of this analysis covers developments through December 2025, incorporating the most recent data releases and policy announcements. Where historical context is necessary for understanding current challenges, earlier data are included with appropriate temporal references.

Results

Population Health Status and Health Outcomes

Romania continues to demonstrate concerning health outcomes compared to European benchmarks. Life expectancy remains among the lowest in the European Union despite notable improvements over the past two decades (1). The country exhibits one of the highest rates of avoidable mortality compared to OECD countries, signaling persistent challenges in public health and healthcare delivery systems. Mortality from preventable causes, which can be avoided through effective public health strategies and primary prevention, stands at 251 deaths per 100,000 inhabitants, exceeding the OECD average (1). Particularly concerning is mortality from treatable causes, which can be avoided through medical interventions including screening and treatment. Romania reports the highest rate among OECD countries at 179 deaths per 100,000 inhabitants, clearly highlighting the need for improved effectiveness and timeliness of medical services.

In 2023, six percent of Romanians with healthcare needs reported that their needs went unmet due to costs, geographical distance, or waiting times, a figure higher than the OECD average of five percent (1). Socioeconomic disparities are marked, with people at risk of poverty reporting unmet needs three times higher than the total population, a gap considerably larger compared to the OECD average. Similarly, people living in rural areas reported unmet needs nearly 1.5 times higher compared to those in cities. In 2024, six percent of adults also reported unmet needs specifically for primary care, double the EU average, highlighting significant access challenges in this fundamental layer of the healthcare system (19).

Cardiovascular diseases remain a leading cause of mortality. To address persistent gaps in cardiovascular outcomes, the government adopted the National Strategy 2024-2030 for Combating Cardiovascular and Cerebrovascular Diseases, which prioritizes prevention, early detection, and improvement of care pathways (17). Recent measures, such as adopting the Action Plan for Stroke for Europe and expanding the national acute stroke program including a new interventional registry, aim to streamline emergency pathways and improve access to rehabilitation services.

The National Cancer Control Plan, implemented for the period 2023-2026, has as its main objective defining the patient pathway to ensure an integrated, multidisciplinary approach (20). Specific objectives include establishing an innovation fund in health for early access to the best therapies, developing support services for cancer patients, and developing a National Cancer Registry connected to the European Network of Cancer Registries.

Healthcare System Financing and Resource Allocation

According to updated data from November 2025, Romania continues to remain in last place in the European Union regarding public health expenditures, with 971 euros per capita allocated to the healthcare system (21). The EU average for public allocations to the healthcare system per capita exceeds 3,800 euros. Countries that invest the most in medical services are Luxembourg, Ireland, and Denmark, with over 6,000 euros per capita.

The way funds are spent is also deficient. In Romania, one-third of hospitals use more than 80 percent of their budgets for salary payments, while stories abound about patients who must bring the most basic consumables (21). This situation raises serious questions about what remains available for other medical procedures, equipment, maintenance, service quality, and prevention of healthcare-associated infections.

There are signs of improvement, however. Romania's public health insurance system collected an additional 500 million Romanian lei, approximately 100 million euros, in August and September 2025 following implementation of the first package of fiscal reforms (22). The new measures were introduced as part of the government's broader effort to consolidate public finances and address inequities in healthcare system financing.

Romania raises revenues for the National Health Insurance Fund by increasing the number of people paying contributions through payroll taxes. Only one-third of insured people paid salary-based contributions in 2023, as many groups including children, older adults, people with disabilities, certain patient groups, and workers in certain sectors were exempt from these contributions (1). Starting in 2023, Romania began phasing out some such exemptions, beginning with workers in agriculture, construction, and the food industry.

With support from the European Union Recovery and Resilience Plan, Romania is set to invest 2.45 billion euros in the healthcare system, with over 180 million euros allocated to developing capacities in human resources, health services management, and health financing (5). Investments for health digitalization totaling 442 million euros support the development of an integrated electronic health system, connecting over 25,000 healthcare service providers and developing telemedicine systems. Romania is the only one among six countries included in the Horvath analysis that plans to utilize the total grants and loans accessible through the National Recovery and Resilience Plan, reaching 29.2 billion euros (23).

Healthcare Infrastructure and Modernization

In May 2024, the feasibility study was completed for one of the most modern hospitals in Romania, the Pitesti County Hospital, whose completion is scheduled for 2028 (24). Arges County will be the first to have two newly constructed state hospitals since the fall of communism. However, this does not change the fact that the country's medical infrastructure consists of buildings at least 35 years old.

In 2023, Romania had a total of 554 hospitals, of which only four were built after 1989: the National Institute of Oncology in Iasi, the Mioveni Municipal Hospital, the Falticeni Municipal Hospital, and the Gomoiu Children's Hospital in Bucharest (25). This has led to rapid development of the private medical sector, which totaled 163 private clinics in 2023.

Romania is taking steps to address outdated hospital infrastructure. Through investments from the National Recovery and Resilience Plan, the country plans to renovate 3,000 family physician offices and 160 hospital infrastructures (5). Some of the main objectives include implementing measures that protect against fires,

structural damage, and seismic events, and modernizing microbiological laboratory equipment to reduce healthcare-associated infections and improve patient safety in healthcare facilities.

In 2022, the government created the National Agency for Health Infrastructure Development, which oversees major public health infrastructure projects and facilitates access to health infrastructure investments (26). The agency is also responsible for efficient allocation of hospital resources through transferring hospital beds to other services, such as day care and long-term care, in accordance with needs identified by Regional Master Plans for Health Services.

Healthcare Workforce

Romania has established a bold vision for sustainable improvement of the health workforce, aiming to address persistent challenges the country has faced for decades, including uneven distribution between urban and rural areas, external migration, and deficits in multiple medical specialties (9). Despite being the fifth-largest producer of medical graduates in the World Health Organization European Region, the density of physicians, nurses, and other health professionals in Romania is below regional averages, and migration of healthcare workers continues, although a notable decline has been observed in recent years.

Uneven geographical distribution and inadequate access to quality primary care services in underserved areas have led to overutilization of hospital services (10). Health workforce planning is hampered by the absence of robust centralized data and insufficient governance capacity.

In 2022, the Romanian government adopted the country's first Multi-Annual Strategy for Human Resource Development in Health 2022-2030, which firmly placed the health workforce on the political agenda (27). The main purpose of the strategy was to strengthen governance, regulation, update medical education, and establish efficient planning mechanisms.

A national policy reform was launched in 2024-2025, supported by the National Recovery and Resilience Plan and World Health Organization technical assistance (10). The reform's objective was to equip and empower local authorities to improve recruitment, retention, and motivation of health professionals in their communities. The reform involves

developing and disseminating at the national level the Guide to Solutions for Human Resources in Health: Guide to Local Actions.

The collaborative and evidence-based process used for the guide exemplifies a model of good practices for stakeholder-based policy development. The Romanian experience offers a transferable framework for countries with decentralized health systems to empower local actors in addressing uneven health workforce distribution, although long-term success depends on local implementation and political will.

The World Health Organization supported development of a national health workforce registry at the end of 2023, as part of broader health digitalization reforms to improve collection and analysis of health workforce data for effective planning (11).

Digital Health Transformation

In October 2025, Health Minister Alexandru Rogobete announced the launch of a digital platform worth 100 million euros for modernizing the national health system (28). The new Health Insurance Information Platform will integrate patient files, prescriptions, referrals, and medical leave certificates into a single digital system. Once operational, it will allow both patients and doctors to access medical information instantly from any device and significantly reduce bureaucracy in medical institutions.

The first modules of the platform are expected to be functional by the end of 2025, with complete implementation planned for August 2026 (28). The project is financed through the European Union-supported National Recovery and Resilience Plan.

Romania collects administrative health data from hospitals and health practitioners, as well as census and population health data (29). Registries for chronic diseases are not yet operational, although the country plans to implement registries for cancer and diabetes, among others, within National Recovery and Resilience Plan projects. The proportion of health data that are digitized and available at the national level for further processing remains unclear.

In 2023, approximately 175 million euros were invested in information and communication technology for health and social care, equivalent to 0.9 million euros per 100,000 people, less than half the EU average, largely financed through the Recovery and Resilience Plan and EU cohesion

policy funds (29). Romania has improved data standardization, although interoperability remains constrained by the presence of disparate data systems and limited capacity.

Suboptimal functioning of national cancer registries represents a challenge for cancer care management and quality (20). Data fragmentation and lack of systematic collection make it difficult to monitor patient progress, track outcomes after positive cancer screenings. Following the announcement of the National Cancer Plan 2022-2027, the Ministry of Health began designing a national cancer registry to consolidate data on cancer cases and treatment from eight regional centers. Financed through the National Recovery and Resilience Plan, digitalization of this registry will enable better assessment of cancer care quality and effectiveness, ultimately improving cancer surveillance.

Quality of Care and Patient Safety

Romania is actively developing a strong culture of quality of care and patient safety, with an initial focus on hospitals (30). The National Authority for Quality Management in Health was created in 2015, and patient involvement has been increased, for example through patient participation in ethics committees in each hospital and in the National Council for Patient Safety.

These structural deficiencies are exacerbated by limited financial resources and low awareness among medical staff regarding quality and patient safety practices (1). To stimulate improvement, Romania needs to establish a coherent system for measuring, reporting, and analyzing quality and safety indicators in health, supported by accelerated digitalization.

Regarding screening programs, there is currently only one active national-level screening initiative, but its effectiveness has been affected by multiple deficiencies (31). In the first five years, only 12 percent of eligible women received programmatic Papanicolaou tests, while up to 30 percent had opportunistic tests. The program did not achieve objectives due to the absence of a clearly defined pathway for managing positive results, causing confusion, especially among uninsured persons.

In response, Romania developed a new methodology and guidance for cervical cancer screening in 2019, and family physicians took on new responsibilities to facilitate collection of testing material in cervical screening in 2024

(31). Quality and safety indicators for cervical cancer screening were also adopted in 2024.

In 2023, the government adopted the National Strategy for Prevention and Limitation of Healthcare-Associated Infections and Combating Antimicrobial Resistance 2023-2030 to improve patient safety and quality of care in hospital settings (32).

The strategy's objectives include improving awareness and understanding of antimicrobial resistance through communication, education, and training, improving surveillance and research on resistant bacteria, implementing infection prevention and control measures, and optimizing antibiotic use.

Access to Medicines and Innovation

Delayed access to innovative medicines represents a significant challenge in Romania. The reimbursement process for new medicines is complex and time-consuming, resulting in substantial delays between market authorization and patient access (33). This situation affects particularly patients with rare diseases and those requiring advanced oncological therapies.

The National Cancer Control Plan addresses this issue by proposing the establishment of an innovative fund in health to ensure early access to the best therapies (20). However, implementation of such mechanisms requires sustained political commitment and adequate financing beyond current budget constraints.

Community Health Services and Vulnerable Populations

Community health centers bring additional capacity for care of vulnerable populations living in underserved areas, including Roma communities (34). These centers focus on preventive care and basic health needs. Managed by local authorities, they function through collaborative efforts among general practitioners, social services, and other health professionals, including community nurses and health mediators.

Health mediators, introduced in 2002, also play a key role in improving access to medical services for the Roma population (35). They primarily assume the role of facilitating communication between patients and the health system, with the goal of ensuring delivery of care without discrimination. The National Recovery and Resilience Plan aim to expand the role and coverage of community health centers in Romania.

Mental Health Services

Romania does not have an autonomous national strategy for mental health, but relevant actions and strategies are defined and established within the National Mental Health Program and the National Health Strategy 2023-2030 (16,36). The National Mental Health Program is one of the national curative health programs administered by the National Health Insurance House and consists of three distinct subprograms targeting substance abuse, autism spectrum disorders, and major depressive disorders.

Romania does not have dedicated strategies or plans targeting key mental health issues such as stigma, dementia, child mental health, suicide, or alcohol consumption (37). Despite the concerning trend of suicide rates among adolescents, the National Strategy for Child and Adolescent Mental Health 2016-2020 addresses suicide prevention only once, without specifying actions to be taken.

Vaccination Coverage and Infectious Disease Control

Romania has recently experienced a measles epidemic, exacerbated by declining vaccination coverage among children (38). Beyond health outbreaks, the country is exposed to multiple potential public health risks. Natural and climate-related disasters pose a considerable threat, with three out of four inhabitants living in areas vulnerable to earthquakes and nearly half exposed to heat waves.

The need for a vaccination strategy was recognized by the Ministry of Health as a preventive measure against possible outbreaks or reappearance of certain communicable diseases (18). The National Vaccination Strategy 2023-2030 has as its main objective ensuring equitable access to safe and effective vaccination services, contributing to better population health, so that every person, at any time, at any age, can benefit from vaccines for their own health and well-being.

Discussion

The comprehensive analysis of the Romanian healthcare system reveals a complex situation characterized by profound structural challenges alongside significant progress toward modernization. Romania's position as the last-ranked country in the European Union for health financing and health system preparedness, according to the GLOBSEC Healthcare Readiness Index 2024, reflects persistent

deficiencies that have accumulated over decades of underinvestment and inadequate policy implementation.

The chronic underfunding of the healthcare system constitutes the most fundamental challenge. With public health expenditures of 971 euros per capita compared to the EU average of 3,800 euros, Romania allocates less than one-quarter of the European standard to healthcare (21). This financing gap manifests across all dimensions of the healthcare system, from outdated infrastructure and inadequate medical equipment to insufficient staffing levels and limited preventive services. The situation is further complicated by inefficient resource allocation, with one-third of hospitals dedicating over 80 percent of their budgets to salary payments, leaving minimal resources for equipment, maintenance, and quality improvement initiatives.

However, the analysis also reveals encouraging signs of commitment to reform. The allocation of 2.45 billion euros through the National Recovery and Resilience Plan represents an unprecedented investment opportunity for the Romanian healthcare system (5). If implemented effectively, these resources could address critical infrastructure deficiencies, advance digital health transformation, and strengthen healthcare workforce capacity. The planned integration of over 25,000 healthcare providers into a unified digital system through 442 million euros in digitalization investments demonstrates ambition for comprehensive modernization.

The highest avoidable mortality rate among OECD countries, particularly the 179 deaths per 100,000 inhabitants from treatable causes, underscores fundamental deficiencies in healthcare delivery (1). This indicator suggests that the Romanian healthcare system fails to provide timely and effective interventions for conditions that are successfully managed in other European countries. Addressing this challenge requires not only increased funding but also systematic improvements in care pathways, clinical protocols, and healthcare provider competencies.

The uneven geographical distribution of healthcare resources and services creates significant health equity concerns. Rural populations face substantially higher rates of unmet healthcare needs compared to urban residents, while vulnerable populations including Roma communities encounter both

financial and non-financial barriers to care (34,35). The expansion of community health centers and health mediators represents a positive step, but the scale of intervention remains insufficient to address the magnitude of health inequities.

The healthcare workforce challenges reflect both quantitative and qualitative dimensions. Despite being the fifth-largest producer of medical graduates in the World Health Organization European Region, Romania experiences persistent workforce shortages due to external migration and maldistribution between urban and rural areas (9). The adoption of the Multi-Annual Strategy for Human Resource Development in Health 2022-2030 and the development of the Guide to Local Actions represent important policy advances (10,27). However, success depends on effective implementation at the local level, sustained financing for retention incentives, and addressing underlying factors that drive healthcare worker migration.

The digital health transformation initiatives announced in 2025 hold substantial promises for improving healthcare system efficiency and coordination (28). The Health Insurance Information Platform, with planned investment of 100 million euros and expected full implementation by August 2026, could significantly reduce administrative burden, improve care coordination, and enable better monitoring of healthcare quality and outcomes. Nevertheless, the success of digital health initiatives depends on ensuring interoperability among existing disparate systems, building adequate technical capacity among healthcare providers, and maintaining robust data security and privacy protections.

The analysis reveals gaps in prevention and health promotion. Expenditure for prevention is the lowest per capita among EU countries, leaving public health efforts and early detection substantially underfunded (4). Romania lacks strong policies addressing major behavioral risk factors including alcohol consumption, smoking, and unhealthy diet. The development of targeted strategies for cardiovascular disease and cancer control represents progress, but implementation remains incomplete and inadequately resourced (17,20).

Quality of care and patient safety mechanisms show gradual improvement, with the establishment of the National Authority for Quality Management in Health in 2015 and

increased patient involvement in hospital governance (30). However, the absence of a coherent system for measuring, reporting, and analyzing quality indicators limits the ability to identify deficiencies and drive systematic improvement. The adoption of the National Strategy for Prevention and Limitation of Healthcare-Associated Infections and Combating Antimicrobial Resistance 2023-2030 addresses a critical patient safety concern, but effective implementation requires sustained commitment and adequate resources (32).

The mental health services gap represents a significant concern that receives insufficient policy attention. The absence of an autonomous national strategy for mental health and the lack of dedicated plans addressing suicide prevention, particularly among adolescents, suggests inadequate prioritization of mental health within the broader healthcare system (36,37). This gap is particularly concerning given increasing recognition of mental health challenges across European populations.

Corruption in the healthcare sector, manifested through procurement fraud and informal payments, undermines system efficiency and equity (39). While training programs addressing integrity issues have been developed, implementation remains incomplete. The lack of coordination limited institutional capacity, and political involvement have hindered adoption and implementation of National Anti-Corruption Strategy measures in the healthcare sector, highlighting the need for strengthened governance mechanisms.

The comparison with more developed European healthcare systems, particularly the analysis of lessons from the Dutch model, suggests that Romania could benefit from greater integration of primary care, stronger gate-keeping mechanisms, and enhanced competition among healthcare insurers within appropriate regulatory frameworks (40). However, such structural reforms require careful adaptation to Romanian context and sustained political commitment over extended time periods.

The success of healthcare system transformation in Romania ultimately depends on several critical factors. First, effective absorption and implementation of National Recovery and Resilience Plan resources by the August 2026 deadline requires substantial improvement in administrative capacity and project management capabilities. Second, sustained political commitment beyond electoral

cycles is essential for maintaining reform momentum and preventing policy reversals. Third, meaningful stakeholder engagement, including healthcare professionals, patients, and civil society organizations, is necessary for developing contextually appropriate solutions and building implementation support. Fourth, strengthened governance mechanisms and anti-corruption measures are required to ensure that increased financial resources translate into genuine quality improvements rather than being diverted through corruption or inefficiency.

Conclusion

The Romanian healthcare system in 2024-2025 stands at a critical inflection point. The country faces the most severe healthcare financing deficit in the European Union, the second-lowest health system preparedness score, and the highest avoidable mortality rate among OECD countries. These indicators reflect decades of chronic underinvestment, inadequate policy implementation, and persistent governance challenges.

Nevertheless, Romania has demonstrated clear commitment to comprehensive reform through adoption of the National Health Strategy 2023-2030 and allocation of 2.45 billion euros through the National Recovery and Resilience Plan. Progress in digital health transformation, with the launch of the Health Insurance Information Platform and development of national disease registries, represents important steps toward modernization. The development of targeted strategies for workforce development,

cardiovascular disease control, cancer prevention, vaccination coverage, and infection control demonstrates recognition of priority areas requiring focused intervention.

The persistent challenges include chronic underfunding, uneven healthcare workforce distribution, outdated infrastructure, limited access to services in rural areas and for vulnerable populations, high rates of avoidable mortality, and corruption issues. Addressing these challenges requires not only sustained financial investment but also firm political will, effective coordination among institutions, and long-term commitment to implementing structural reforms.

Success in transforming the Romanian healthcare system depends on the capacity to translate ambitious strategies into concrete actions, ensure effective absorption of European funds by August 2026, and maintain focus on fundamental objectives of improving equitable access to quality medical services, strengthening prevention and early detection, developing human resources, and modernizing infrastructure. Only through systematic addressing of these aspects can Romania reduce the gap with European averages and ensure improved health status for the entire population. The window of opportunity provided by European financing mechanisms is substantial but time-limited, requiring immediate and decisive action to achieve meaningful and sustainable healthcare system transformation.

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