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The health reform in Romania during the transition period has been a long and difficult process. The public opinion, the mass media, the professionals in the system, the clerks from the public institutions of the health system, civil society experts, have brought several solutions to the reformation of the health system. But the greatest influence in this process had those who took direct decisions, from the Government, in the Ministry of Health or in the Parliament, namely the politicians. Therefore, in order to better understand the evolution of the health system of Romania in the last 20 years, I have considered relevant to research in the PhD thesis, presented in 2010 at Timisoara University of Medicine and Pharmacy, the health policies in the electoral platforms and the government programmes of the Romanian parties during the transition period.

Of all the aspects on the health policies from the electoral platforms and the government programmes I have focused on the influence of the ideologies on the health policies in the electoral platforms and the government programmes.

How do ideologies influence the health policies? Which are the factors mostly influencing the health policies in the electoral platforms and the programmes of the political parties?

Which is the influence of the leaders of the political parties on the health programmes? But that of those in the system (doctors, faculty members, other factors) being part of the political parties? Is it influencing in any way the base of the party, namely simple party members, the elaboration of the health policies in the electoral platforms from the electoral and government programmes?

But from the very beginning we must clearly separate the health policies and the medical practice, because, obviously, medical practice does not have ideology.

The political ideologies had and have a major influence in the way in which the modern societies are organized. Economy, the social systems, the law systems, but also other essential aspects of modern societies are influenced by the political ideas and by the parties applying them.

The left-wing ideologies will always have as a main objec-

tive the execution of the social justice by means of redistributive policies, which requires a quite pronounced intervention of the State in the economy and in all the fields of social life. Generally, the left-wing political parties focus especially on social protection, being permanently concerned with the underprivileged social categories, workers' rights, etc., so that the value is equitably distributed between the members of a society, based on the principle of solidarity. It is obvious that these political ideas will lead to economic policies, namely models of organizing the fiscal system, the pensions system and of other systems based on the principle of redistribution and which will allow the achievement of the goal of social justice.

In opposition are the right-wing ideologies that mainly insist on the capitalism and the mechanisms of market economy as a manner to reach prosperity, on the individual liberties and on private property. Although the right-wing ideologies are not foreign to the idea of social justice, according to them, the social justice cannot be attained by means of an interventionist redistributive policy from the state. For the right-wing political parties the state must have a minimal role, limited in guaranteeing to the members of a society a background in which they can exert their individual liberties. According to these ideologies, merit is the fundamental element according to which value is distributed, also insisting on the principle of equality of chances and not of effective equality, like also in the left-wing politics. This is why the right-wing economic policies are based on the state's minimal intervention, on ensuring the free market competition, on supporting the private initiative and the business background. The individual is the central element in the right-wing political ideas. Social protection is not neglected, but the social systems are less redistributive, relying on equal contributions from each other and on a social protection system correlated to the level of the contributions.
But do the political ideologies also influence the organization of the health systems? When certain decisions are made on the way in which the health system is functioning, is there a connection between these decisions and the political ideologies? And when important decisions from the health systems are made are the deciders influenced by the political ideologies?

I have analysed the programs of the main parliamentary political parties involved in the electoral battle, and also the government programmes of the parties or alliances and coalitions that have won the elections and were in the position of transposing the electoral programme into a government programme and after that to implement these measures. I have focused on the parliamentary elections from 2004 and 2008, namely starting with the moment in which the adhesion to the European Union became certain and Romania had started to implement the community acquis.

Romania has passed through major transformations after December 1989. The communist system, totalitarian and statist-type, has been replaced with the institutions of a democratic, pluralist society. Immediately after the Revolution the main institutions of a democracy, the Parliament and the political parties have been constituted, and, gradually all the institutions of the Romanian societies suffered changes through the modernization and democratisation process.

In health care the transformations have not been of less importance. The health system from the communist period, underfinanced, state owned and centralized, has been replaced with a health insurance system, in which some mechanisms of the free market are functioning, a sector of public hospitals is in the process of decentralization, private initiatives in ambulatory care or in the hospital system. But the transformation has been a slow one and not without hesitations, trepidations, controversies.

With all the transformations, a few influences from the communist period are still remaining – the illusion of total gratuity of medical services, the relatively modest budget assigned to health which led to a chronic under financing, many of the aspects of hospital organization, the relations inside the hospitals, especially in those from the teaching centres, the doctor-patient relation or the informal payments.

Despite these influences and reminiscences, as we will see, in many of its essential aspects, the system has suffered significant transformations. The introduction of the health insurance system, after the German model, the creation of professional bodies (Romanian College of Physicians, Romanian College of Pharmacists, etc), the manner of financing the services (per capita, DRG, according to services), the private initiatives in health, family medicine, the reformation of the sanitary management have been the reference elements for the system.

How were taken the decisions which led to these reforms? How great was the influence of political ideologies?

How did the main actors operate: politicians, doctors and the rest of the medical staff but also the public opinion? How much have the deciders in health been influenced by the ideology of the party they were representing? How great was the influence of the system over the politicians?

I wanted to analyse to which extent the electoral platforms and the government programs are substantially different in regards to health policies, or, on the contrary, to which extent the proposals for health policies are encountered, in a way or another, as similar proposals.

Besides, measures considered to be belonging to the right-wing, like introducing a new decentralized insurance system, the autonomy of the Health Insurance Fund, private health initiatives, have been implemented during some right-wing governments, as the centralization of the health system, the support of underprivileged categories by compensation to medicines given preponderant to these categories, the state's increased role, have been measures taken mostly during some left-wing governments. It is not less true that, no matter of the political orientation, we find some common elements in the vision of all political parties: health as a national priority, the increase of the GDP percentage assigned to the public health system, access to health services given to a category of people as wide as possible.

The general conclusion is that there has been an influence of the political ideologies on the health system, as we find it in the electoral platforms of parties and in the government programmes, but its influence, although significant, has also been completed by other factors without a clearly definite ideological influence (for example the role of the World Bank or that of the International Monetary Fund).

Although distinct policies are found, emerged from every party's ideology, many propositions are common to all the parties or do not have an ideological source, being rather technical measures.

Therefore, although in the health policies from the electoral platforms from the transition period and the government programmes we find measures specific to the left-wing or right-wing ideology, we can trace many common propositions or propositions without any sort of ideological mark.

In 2000, for example, although the program of D.A. Alliance PNL-PD has obvious influences of a liberal nature, such as the patient's right to freely choose the health care, added to the essential ones, which he/she considers appropriate for his/her own health, without the option being dictated by the state, encouraging the development of a private health system, the preponderent privatisation of the infrastructure of the medical units, encouraging competition between the suppliers of medical services, the consolidation of the decisional decentralization, the basic principle the program is claiming is that of equity and solidarity, of increasing the social cohesion by restoring solidarity within the health social insurances.
In the same time, the program of the PSD+PUR Union, although has obvious left-wing measures, such as the fabrication of medical and social assistance services covered nationally, oriented mainly to the rural areas, which will ensure access to these public services to all those being on the edge of poverty, the introduction of a minimum package of medical and social assistance services, as an universal right, the transformation of some hospitals from the rural areas in multifunctional centres and in medical and social units, providing free medicines to all the children and teenagers, guaranteeing to the elderly access to medicines in a compensated and free system, by providing a compensation of 90%, it also has measures which we would expect to find at right-wing parties – the encouragement of private health insurances, the externalisation of some medical services, the granting or privatisation of some hospitals. The decentralization system we can also find at UDMR.

To increase the financing as a share of the Gross Domestic Product for health, the restriction of corruption, increasing transparency in how the money in the sanitary system is spent or other measures we can find, at least at a declarative level, used by all the parties from the electoral competition from 2004.

This tendency has been more obvious for 2008, during the elections for the Parliament, when I have analysed the programs of PNL, PSD+PC, PDL, UDMR, I have ascertained that the differentiation from the point of view of objectives is not substantial. Although, for example, the PNL program is the only one to mention actual right-wing measures of reducing taxation (the reduction to 5% of VAT for medicines), while the social dimension is more strongly represented in the PSD+PC programme (increased stress on the services from the rural areas, compensatory policies for underprivileged categories), and the UDMR program is the most oriented towards the decentralization principle, also introducing a mild ethnical touch (the use of the mother tongue), all attributing a substantial role to the decentralization in the health system, to which is added the principle of equity.

Other aspects common to all the programmes: concern for the rural areas, increasing access to the compensated and free medicines, increasing the role of basic assistance, improving the emergency services, developing elderly care and home care, computerisation of the sanitary system, prevention, increasing the quality of the medical act, investments in infrastructure, the quality of the management of the sanitary units, preparing the sanitary staff, salary motivation with the purpose of retaining the employees in the country.

Although as regards infrastructure, PSD is focused on rural infrastructure, while PNL is focused on the high performance infrastructure and facilities, in all the programmes, except UDMR, the building of regional hospitals is assumed as an objective.

The politicians coming from the system have taken the most important decisions in the health reformation, the influence of other political leaders or of the party members being a reduced one.

How are the health policies elaborated and which are the influences?

I have identified that when an electoral platform and afterwards the government programme is elaborated in health, we can identify three major influences: the ideology of that party (of the right-wing or of the left-wing, liberal or social-democrat), the experience and personal vision of key-actors, namely that of those who have drafted the programmatic documents, of the health ministries, respectively, and thirdly, the pressure coming from the system, from the medical world, academic world, unions, pharmaceutical industry and also other factors in health care. In addition, in the period following 1990 a major influence had the international financial institutions (World Bank, International Monetary Fund), institutions directly financing pilot programs or projects to reform the health system. Also, along with the accentuation of the economic crisis and the decision to appeal to the support of International Monetary Fund, World Bank and the European Commission, the financial conditions increased after 2009 also, by limiting the budget assigned to the sanitary system, introducing co-payment, reducing the number of admissions to the hospital.

The government programmes have been written by politicians coming from the system, experienced in the sanitary field, most times being identified especially more with the system than with the political party. The decision forums of the parties have interfered very little in the initial proposition of the persons or departments elaborating the propositions of health policies, not affecting the essential, but only occasionally transforming a much specialized speech in one more accessible to the voters. The programme, as it has been formulated by the specialized people in the medical system within a party, has been integrated only in the general programme, being endorsed and sometimes modified in certain points by the members economically trained and by those responsible with political communication.

Besides, one of the characteristics of the health care reformation was that the influence of the people in the system has been an important one, the specialist physicians being very present in the key decision points – Ministry of Health, Health Insurance Fund, Commissions in the Parliament. Permanently has been the hypothesis according to which the health policies must be decided by experienced and skilled people coming from the system, this is why the health ministers, for example, with a few notable exceptions, have been doctors, coming from the academic world and from clinical disciplines.
As regards the Parliament of Romania, the members of the Health Commission have been almost all doctors, the minority coming from other profession being, ordinarily, not very influential or much less interested in the debates of those commissions. Many times, the members of the Parliament, representing the power and the opposition, from the Health Commissions have joined forces, being very proud that most of the decisions are taken unanimously or with a wide variety of votes. Under these circumstances, it is no wonder that the greatest influence on these decisions will be the experience and interest of the profession and of the medical system and less the ideological vision based on the political belief of these members of the Parliament.

In the health chapter of the electoral and government programmes has never been a much clearer, unitary, comprehensive vision, arising from the political ideology, which represents the essence of a health programme, just as in Romania, during transition, the value options according to the theoretical ideology of the parties in all areas, not only in health, have not been clear and crystallized.

Along with the years passing and the maturity of the Romanian democracy, some approaches, different from an ideological point of view, are vanishing. For example, if in the 1990 the private health services were regarded differently, according to ideology, in 2008 the existence of a private alternative for certain health services, and also the necessity of some private insurance policies supplementing the public service were regarded as a necessity by all the political forces.

It is certain that if we look both at the period after 1990, but also at the political platforms and the parties' government programmes from 2004 and 2008 we will notice some different approaches. I have noticed greater attention of the left-wing side for the underprivileged categories, for the rural areas, by means of compensatory policies for these populations, as in the right-wing programmes we will see greater attention granted to decentralization and a much clearer undertaking of the ideas of private alternatives, private health insurance policies. In addition, also in the field of taxation the right-wing programmes have sustained the decrease of the contribution to the health insurance system. But beyond these directions, the great solutions to the essential problems of the health system have been and are mostly the same.

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