

Aspen Healthcare & Quality of Life Program Program White Paper 2020

About the Aspen Healthcare & Quality of Life Program

Aspen Institute Romania's **Healthcare & Quality of Life Program** aims to broaden the scope of the debate on health policy and support sustainable reform in the health sector. It has developed a Program community involving the public and private sector as well as civil society and academia. The **White Paper** of the 2020 edition of the Program contains key policy recommendations based on the discussions that took place during the Program events and was compiled under the coordination of **Prof. Dr. Alexandru Rafila, Aspen Healthcare & Quality of Life Program Director**.

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Executive Summary

Inclusion, investments, and innovation are key pillars of a sustainable health system for the future. The Romanian health system must be people-centered and flexible to allow change and innovation. Leadership from policy-makers, health ministers, professional associations and academics will be crucial in shaping its future.

The development of preventive medical services and behaviors is the solution for the Sustainability of Health Systems. Preventive medical services, within public system, must be developed as a priority for a real reform to take place. Basic healthcare services in the community should include early **health education, strong immunization services** during the entire lifetime, **early diagnostic, monitoring and fast access to treatment.** Family doctors should be encouraged to provide **prevention** and **counselling** services, as well as referring patients to prevention programs. Romania needs **stronger surveillance** systems for vaccine-preventable diseases and **stewardship programs** for antimicrobial resistance. A key measure is **improving access to vaccines and vaccination, including for SARS-COV-2, for all population categories, including the elderly,** using integrated management of patients in the national vaccination strategy of Romania, combining the reimbursement **and procurement for the national immunization program for children** with timely production and delivery of vaccines for Romanian patients.

Regarding the **SARS-COV-2 vaccination campaign,** cooperation between public authorities, producers and distributors is critical; the recommendation for Romania is to **involve all key institutions in the vaccination efforts** and to **combat misinformation and fake news on vaccination by deploying education and information/awareness campaigns on immunization.**

At least one third of cancers are preventable and **universal access to prevention strategies** can save lives. Fighting cancer is already a European priority at the level of European Union, as the "Europe's Beating Cancer Plan" will be launched early this year, and should be a national priority in Romania. **The main directions for fighting cancer in Romania are:** adoption of a framework of good practices in the area of oncological conditions and a complete and up-to-date legislation; increasing the information and awareness level for the prevention and early diagnostic of the disease; improvement of the national screening programs; support for the oncology infrastructure extension and upgrading; increasing access to innovative medicine and personalized medicine; development of public-private partnerships and of public policies.

Digitalization is currently one of the key priorities in the healthcare sector, which could improve current living standards, ensuring more rapid and easier access to care to a large number of patients, including for the vulnerable, marginalized and geographically isolated people across the country. Updateing of the existing legal framework already began, still in-depth and integrated interventions are needed in this area.

E-health and in particular digitalization and virtual healthcare solutions could **help the health system leapfrog** and **reduce disparities compared to other countries, as well as disparities between urban and rural patients** in terms of access to healthcare services. It is essential to integrate a **well-defined notion of e-health** in the **new National Health Strategy for the 2021 - 2027 period,** as well as **public – private – non-governmental partnerships.** Some **key aspects to be taken into account in approaching the digitalization of**

healthcare in Romania are: adjusting the medical school curriculum in order to train medical students based on the latest developments; updating the national legislation, preparing and delivering continuous professional trainings to healthcare experts in primary, secondary and tertiary care; developing standards for the equipment of healthcare digital services.

A major constraint in advancing health priorities is the lack of **adequate capacity in public health**. In this regard, enhancing the role of the National Institute of Public Health (NIPH) - leader and coordinator of the public health activity in the country, needs to be built upon, aiming to develop appropriate policies and essential institutional architecture, as well as an increased pool of well-trained professionals. There is a need for **more transparency** and **less ambiguity** in decision-making at the central level, **appropriate staffing** of the Directorates for Public Health with well trained and skilled professionals, **improvement of the public procurements strategy in the area of pharmaceuticals**, as well as a **legislative reform**, in order to have a healthcare law that is applicable to the Romanian health system.

National and International Context

Healthcare is one of the most sensitive and divisive policy issues in Romania and elsewhere in the world. Investments in healthcare are relevant to multiple policy fields, contributing to success in reaching the targets of many of the Sustainable Development Goals (SDGs).

The Sustainable Development Goals Report 2020, prepared by the UN Department of Economic and Social Affairs in collaboration with experts and international agencies, showed that SARS-COV-2 threatens to reverse the progress of SDG 3, which aims to ensure healthy lives and wellbeing for all. At present, 90% of countries are experiencing **disruptions to essential health services due to the pandemic**. The most frequently disrupted areas reported include routine immunization, non-communicable diseases, diagnosis and treatment, family planning and contraception, treatment for mental health disorders, and access to cancer diagnosis and treatment. Essential health services disruptions could reverse decades of improvement, warns the report. Allowing people to slip through these service gaps could affect the health of populations for years to come. Romania is not an exception.

In addition to this extraordinary situation the entire world is confronted with, there are several **serious challenges the health system in Romania is facing**: a demographic decline and ageing population, which demand the adaptation of the health system and its resources, gaps in the healthcare workforce, a lack of preparedness for crisis situations, decreasing vaccination coverage at the national level and population groups without access to healthcare services, including primary healthcare. Furthermore, Romania is allocating for healthcare the lowest percentage of GDP in the EU, around 4%, while last decades' increase in life expectancy in the country, 75.3 in 2017 compared to 69 in 1997¹, has led to an increase in healthcare spending.

Non-communicable diseases (NCDs) are one of the major challenges the national health system is confronted with, cancers being the second leading cause of death in the Romanian population. Cancer was responsible for 51,000 deaths in 2017 in Romania and is a very high burden for the country in terms of social-economic impact. In addition to the lack of complete and up-to-date legislation and public policies regarding NCDs, the gaps in the framework of screening programs and good practices in oncology and other chronic conditions care contribute to the high incidence and high mortality of cancers in Romania. Also, the lack of availability for cancer registries significantly decreased cancer research, as well as epidemiology, survival chances, interventions and further outcomes.

The Romanian health system is confronted now not only with an **ageing infrastructure**, but also with an outdated management system and a lack of coordination between the primary, secondary and tertiary healthcare services. On top of this, in the last years, few preventive program initiatives were launched in Romania. The public health authorities, national and local, as well as other healthcare services, need to be more resilient now. Although it is well-known that prevention equals efficiency, in terms of costs and economic impact, **prevention in Romania continues to be overlooked and underfunded**.

In recent years, **new technologies and artificial intelligence (AI)** developed and conquered new territories, having a huge impact on the health sector as well. Also, it is worth noting that, in several cases, the lockdown

¹ Source: World Bank data

imposed by governments as a response to the SARS-COV-2 pandemic determined changes and disruption in access to healthcare services, meaning diagnostic, treatment and medicines, while access to healthcare was in some cases available to the population only through telemedicine and/or digital platforms. This new frontier in innovation and research is moving to areas that are often beyond public decision-makers' and citizens' capability to comprehend. Thus, it is increasingly difficult for policy-makers everywhere to keep up with developments, but at the same time **new technologies and AI provide excellent opportunities in terms of reaching the universal health coverage and access goals.**

SARS-COV-2 offers a stark reminder of why we need to invest in stronger health and data systems, rooted in primary healthcare, to achieve universal health coverage and to meet the health-related targets of the SDGs.

Principles of Intervention

Health systems play a crucial part in protecting individuals from the financial hardship caused when out-of-pocket payments for health, such as prescription charges or dental care, are greater than a household's ability to pay.

It is important to strive for the continuous improvement of health systems to the benefit of populations. In many countries, health systems developed slowly, but key factors that contribute to this objective include supportive leadership, early involvement of clinical staff, dedicated resources including funding, staff, and time, and cost / benefit analyses. Focusing on the needs of the public and patient is paramount — innovations that are not needed, wanted, or are too complex will fail.

Inclusion, investments, and innovation are the key pillars on which future sustainable health systems could be developed. Health systems must be person-centered and flexible to allow change and fast access to innovation. Leadership from health ministers, policy-makers, academics, and clinicians will be crucial in shaping the future of health systems.

There are **three main strategic directions** European health systems need to keep in mind, as well as the Romanian health system, as agreed by European health ministers in Tallinn in 2018:

- 1) **inclusiveness:** leaving no one behind, increasing health coverage and access to medicines as well as financial protection;
- 2) aiming for **strategic investments:** seeing healthcare expenditures as an investment rather than a cost, and making sure that the many economic benefits of private healthcare are maximized;
- 3) **innovation** based on patients' needs, according to the latest technological developments and treatment options.

Main Focus Areas

1. Universal health coverage: making the shift to investing in primary healthcare

Prevention programs and immunization must become the **cornerstones of the public health system**. Prevention services are connected to factors such as lifestyle and early education, early diagnosis, fast access to treatment and immunization policies. Immunization is a key component of primary healthcare and an indisputable human right. It is also one of the best health investments money can buy. Vaccines are critical to the prevention and control of infectious-disease outbreaks. They underpin global health security and will be a vital tool in the battle against antimicrobial resistance.

Romania remains the country in the EU with the highest number of preventable deaths. All stakeholders agree there is a need for a paradigm shift: **from curative care to a prevention-based system. Investments in fighting preventable diseases and in environmental, social and behavioral measures could provide critical savings to the healthcare budget.**

We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer and healthier lives. Immunization currently prevents 2-3 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza, and measles. Yet despite tremendous progress, far too many people around the world have **insufficient access to vaccines**. In Romania, progress has stalled or even reversed, and there is a **real risk that complacency will undermine past achievements**.

The World Health Organization's new **Immunization Agenda 2030 (IA2030)**, which sets the vision and strategy for the 2021-2030 period, developed by decision-makers in partnership with community organizations, partner organizations, academia, and vaccine makers recognizes **universal health coverage as essential to immunization success**. To improve coverage, IA2030 outlines strategies that are relevant for all countries to break through on stagnation in reaching children not vaccinated and the fight against vaccine hesitancy. It also aims to **build stronger surveillance systems for vaccine-preventable diseases**, particularly for identifying, tracking, and monitoring disease outbreaks and sustaining research to ensure we are poised to meet the challenges around the corner on outbreaks, antimicrobial resistance, infections for which our vaccines are inadequate; and seize opportunities to tackle diseases for which no vaccines are available yet.

A long-term, timely and proactive approach in vaccination policy is needed in order to ensure predictability each year. The vaccination coverage is quite low in Romania, compared to other EU member states and the WHO standards. A key measure is **improving access to vaccines and to vaccination for all population categories, from young children to the elderly**, using an integrated management of patients in the national vaccination strategy of Romania, improving the **public procurement side of the national immunization program**, while manufacturers should ensure timely production and delivery of vaccines for Romanian patients. **Pharmacies could also play a key role in other prevention campaigns**, such as screening campaigns. Vaccination in pharmacies has become a huge success in the countries where it was implemented; In Romania, the first step might be a **pilot project for vaccination against influenza in a small number of pharmacies**. Based on the outcomes, a finely tuned future plan could be developed.

Notwithstanding the SARS-COV-2 pandemic, **immunization against other diseases**, such as influenza, needs to be improved and progress on the vaccination law needs to take place at the Chamber of Deputies level. The public health system is still focused on curative care and hospital services, but preventive medical services must be developed for a real reform. **Basic healthcare services** in the community **should include early health education, strong immunization services, early diagnostic, and monitoring**. Family doctors should be encouraged to provide prevention and counseling services (on subjects such as nutrition, reproductive health, immunization, tobacco control).

Medical services close to citizens, especially for vulnerable groups, should be ensured through the development of **integrated community-based health centers** focused on primary health care and specialized medical ambulatories, aiming to achieve universal health services coverage.

2. Tackling non-communicable diseases such as cancer and diabetes by improving diagnosis, prevention, and care

Prevention is the key area where Romania has gaps and requires investments. Prevention policies and screening programs are not explored enough, although early diagnostics are key to reducing the burden on the health system and the health budget. Only **prevention can ensure the sustainability of health systems**, considering that at the global level health expenditures are increasing faster than the GDP, and the SARS-COV-2 pandemic only contributes to amplifying this trend.

The pandemic has taken a heavy toll on patients with non-communicable diseases. Regarding diabetes, the main issue is that **about 1 out of 2 diabetes patients are undiagnosed**, showcasing the lack of effective screening, even though monitoring factors such as hyperglycemia on a regular basis would be relatively easy. Furthermore, unhealthy, sedentary lifestyles are responsible for transforming diabetes into a global public health challenge. **Thus, prevention is key to combating diabetes**. In the context of the pandemic, the National Committee on Diabetes put forward a kit for the good management of diabetes patients, which could be used by both doctors and patients. Another welcome step was that medical devices have started to be sent to diabetes patients at home via mail instead of being delivered in medical facilities. The National Committee on Diabetes put forward **a kit for the good management of diabetes patients**; however, **the legislation needs to be changed to also make possible delivery of treatments at home**.

The pandemic led to some **positive changes**, with local authorities better understanding and becoming more involved in managing public health and in supervising medical structures. Nonetheless, it has **exacerbated existing problems of the Romanian health system**, as the focus on mitigating the effects of the crisis and treating SARS-COV-2 patients has led to **difficulties in accessing medical services, medicines and treatment for many other categories of patients**, particularly those with chronic diseases (cancers, cardiovascular diseases or diabetes). In this regard, decision-makers should **amend the legislation for key medicines to be available in open circuit (community) pharmacies so that a large number of treatments could be carried out outside of medical facilities**.

At least one third of cancers are preventable and universal access to prevention strategies can save lives. Fighting cancer is a European priority at the level of the European Union, as assumed by the President of the

European Commission, Ursula von der Leyen, and should become a national priority for Romania. In this context, there is a need to have a strategic approach and the Romanian Ministry of Health intends to develop a **National plan for fighting cancer, part of the National Health Strategy 2021-2027**, with inter-institutional collaboration being essential for the success of the strategy. The future National plan for fighting cancer should be completely consonant with the recommendations of the European Commission's Beating Cancer Plan, in order to benefit from the available European expertise and funds.

Innovative and personalized cancer treatments significantly improve the chances of treating or prolonging the life of patients whose classic treatment cannot stop the progression of the disease. Thus, **innovative treatments and personalized medicine** must become the future approach in the field of oncology for Romanian patients as well. Oncology must also become a **priority sector of investment and research** in Romania, as it already is in many EU member states. To be able to operationalize the future National Cancer Plan, the further development of **public-private partnerships** between public institutions, research institutes and universities, and the private sector is crucial. Thus, patients will be able to benefit from access to state-of-the-art medical technologies, which have not yet entered large-scale hospital units in Romania. In addition to research into innovative and personalized treatments, research in prophylaxis is also very important.

Regarding the treatment of the oncological patient, creating a national pool of resources **for the treatment of the patients** is recommended, in order to ensure the best therapeutic approach. The curriculum should also be updated so that the medical team is up to date with the latest innovations in personalized treatments. In addition to medical treatment, emphasis should also be placed on the **psychological treatment and reintegration of patients** who have overcome the disease into society.

Increasing the level of information and awareness is essential for the prevention and early detection of the disease, allowing accurate treatments and having a direct impact on the incidence and mortality of cancer. By focusing on education, health literacy and "**cancer literacy**", the way the patient views the disease can be changed. An important role can be played by non-governmental organizations, such as the Renașterea Foundation, which, since 2001, has carried out 54 information campaigns on breast cancer at national or regional level, as well as 120,000 investigations. Communication is essential for the development of a culture of prevention, based on a healthy lifestyle and regular checks. This requires accurate messages, promoted by professionals, with tailored language and socio-geographically targeted.

The **main directions in fighting cancer in Romania** are: the adoption of a framework of good practices in the area of oncologic conditions and a complete and up-to-date legislation; increasing the information and awareness level for the prevention and early diagnostic of the disease; improvement of the national screening programs; tailored investigations and treatment of the disease for the oncology patient; ensuring patients' access to integrated services and tailored innovative therapies; development of palliative oncology services; development and implementation follow-up of a national strategy in fighting cancer; support for the oncology infrastructure extension and upgrading; development of public-private partnerships and of public policies in the area of prevention and treatment of communicable and non-communicable diseases.

3. Digitalization of healthcare

Digitalization is currently one of the top priorities in the healthcare sector. In perspective, it improves current living standards with quicker and easier access to help. As healthcare services are beginning to resume after the SARS-COV-2 pandemic, the ways that patients interact with their providers are poised to change dramatically. **E-health**, which refers to a very vast field, and **Artificial Intelligence (AI) solutions can play a key role in achieving universal health coverage**, a goal which UN Member states pledged to accomplish by 2030. E-health is particularly useful for patients who do not need hospital care and could increase the resilience of health systems, helping them provide a balance between the needs of SARS-COV-2 patients and other categories of patients. For instance, **telemedicine can be a quality solution during crises**, when physical access to medical facilities is difficult and the healthcare workforce is strained.

In this regard, **telemedicine proved to be a good solution during the pandemic**, as online instruments for consultations came to the help of both patients and doctors. Decision-makers should **adapt the legislation in order for telemedicine to be more effectively applied in a widespread manner**, to also cover patients in remote and difficult access area or with low direct access to healthcare services.

Real-world information from patients and doctors is being digitalized, creating a **digital revolution in healthcare** and allowing scientists to see correlations more easily than in the past. The benefits of **aggregating and analyzing data** are huge for policy-makers and for service providers: better doctor-patient coordination; doctors are informed on the spot on patient's medical history; automation of administrative tasks will reduce the burden on physicians and clinical staff; **easier and faster communication between physicians**, a constant communication allowing to design the best medical plan for the patient; real-time health information.

By 2030, artificial intelligence (AI) might be used to help clinicians in applying best practices and to support patients in managing their health and condition, without the constraints of physical distance. **Predictive techniques** can be used to support national health systems to plan care services for different population groups. When ill, people will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices. By reaping the benefits of technology, people will be helped to stay healthy, to recognize important symptoms early, and to manage their own health, guided by digital tools.

Data collection should be used to improve patients' health and wellbeing, but also to provide evidence for better allocation of funds. Romania needs to adopt the best evidence-based practices in making the system more sustainable, while emphasizing that the **future of healthcare is prevention, innovation and e-health**. The key goal for the Romanian public health system is a **unique, interoperable database allowing predictions and evidence-based decisions and policies, made effectively and transparently**. Digitalization must be **carried out in an integrated manner** in order to facilitate the easy use of new tools and encourage patients to adopt new technologies. E-health, digitalization and virtual healthcare solutions could **help the health system leapfrog and reduce disparities compared to other countries, but also disparities between urban and rural patients** in terms of access to healthcare services. It is essential to integrate a **well-defined notion of e-health** in the **new National Health Strategy for 2021 - 2027 period**, as well **private – private – non-governmental partnerships**.

Nonetheless, **human medical professionals will remain key in delivering care**. In the future, healthcare workers will have to gain a range of new skills, including how to operate new technologies, and how to effectively deliver virtual appointments, diagnosis and treatment procedures. Medical professionals will also have to learn how to interpret data from patients' wearable devices and digital records to make diagnoses, supported by AI technologies to increase efficiency. However, while technology will feature heavily in the healthcare of the future, medical professionals will remain key in delivering care and will play a major role in treating patients who cannot or do not want access to the technology in place.

Some **key aspects** to be taken into account in approaching the digitalization of healthcare in Romania are adjusting the medical school curriculum so that medical students are exposed to new technologies, preparing and delivering continuous professional trainings for the healthcare workers in primary, secondary and tertiary care, and developing standards for the equipment of healthcare services for digital health services.

4. Strengthening the resilience of Romania's public health system

The SARS-COV-2 pandemic acted as a litmus test for the Romanian public health system, uncovering its strengths and opportunities, and also highlighting the weaknesses and areas for improvement and change. A major constraint in advancing health priorities is the **lack of adequate capacity in public health**. Public health needs to be strengthened based on appropriate public policies and the development of essential institutional architecture, as well as an increased pool of well-trained professionals, with the **NIPH being the leader and coordinator of the public health activity** in the country. The **leadership of the NIPH should be consolidated**, as the main national body to coordinate **documenting, developing and implementing the strategies for disease prevention, control of communicable and non-communicable diseases and public health policies** in specific areas, at national and regional level.

Romania has proven to have **an acceptable institutional capacity** for managing the pandemic, although it was not very well prepared in terms of legislation, infrastructure and organization. There were some challenges related to the ability of the Romanian public health system to adapt to the new situation. For instance, **regulations and norms coming from the central level were interpretable and insufficiently explained**. Decisions taken in Bucharest were **applied at the local level in a chaotic manner**, as each medical unit had its own interpretations, hence there is a need for **more transparency and less ambiguity** in decision-making at the central level.

Also, **public health institutions' management deficit**, caused by frequent, political changes in the management of health units and Directorates for Public Health, must be addressed. During the pandemic, the need for effective hospital managers was clear, as the best decisions were taken in hospitals where the continuity of management had been ensured. Also, Directorates for Public Health, essential for the implementation of decisions at the professional level, must be re-professionalized and depoliticized.

Regarding the **healthcare workforce**, Romania needs a **clear, effective, long-term strategy in order to maintain and to develop an adequate, well-trained healthcare workforce**. Tailored training programs, as well as the other identified gaps can be overcome by accessing **new financial opportunities at the European level**, as the EU is at the beginning of a new multiannual financial framework (2021 – 2027). During residency, **more training is needed to provide medical staff with the knowledge to develop correct procedures in the**

health facilities where they work. Thus, situations such as those when medical staff had different procedures regarding the epidemiological triage can be avoided. More emphasis needs to be placed on the training of epidemiologists, microbiologists (but also the microbiology laboratories infrastructure) and infectious diseases.

Key take-aways

1. **Preventive medical services** must be developed for a real health reform to take place, focusing on community engagement: basic healthcare services in the community should include early health education, strong life-course immunization services, early diagnostic, and monitoring.
2. For fighting cancer, Romania should **ensure universal access to prevention services, fast access to diagnostic and treatment for cancer**, adoption of a framework of good practices in the area of oncological conditions and a complete and up-to-date legislation; improvement of the national screening programs and support for the oncology infrastructure extension and upgrading, as well as the development of public-private partnerships.
3. Creating a **legal and professional framework for family doctors** to provide prevention and counseling services, especially in the area of vaccines and vaccination, reproductive health, non-communicable diseases (cancer, diabetes etc.)
4. **Improving the public procurement of the national immunization program**, in terms of legal framework and logistics and management chain, and the same time the manufacturers should ensure timely production and delivery of vaccines for Romanian patients.
5. To be successful, the **SARS-COV-2 vaccination campaign** should be based on the cooperation between public authorities, producers and distributors, with the involvement all key institutions in the vaccination efforts.
6. To **combat disinformation and fake news on vaccination** in general, Romania should deploy education, information and communication campaigns and behavior change communication campaigns on immunization, tailored to different target groups in terms of messages, channels and delivery.
7. **Digitalization of healthcare in Romania** should become a main focus in the near future, with several action points: adjusting the medical school curriculum in order to train medical students based on the latest developments; updating the national legislation, preparing and delivering continuous professional trainings to healthcare experts in primary, secondary and tertiary care; developing standards for the equipment of healthcare digital services.
8. Building **adequate capacity in public health**, based on appropriate policies and the development of essential institutional architecture, as well as an increased pool of well-trained professionals. The legal framework should ensure **more transparency** and **less ambiguity** in decision-making at the central level, **appropriate staffing** of the public health structures.