

Health Policies in Times of Crisis

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Abstract

Current events in recent decades have highlighted crisis-causing events, through the emergence of the Covid-19 epidemic and other communicable diseases, but also through manifestations caused by climate change at zonal level - floods, droughts, violent storms or earthquakes. All have been unpredictable and have caused major budgetary expenditure. In all cases, the importance of the local, regional and global health system, the need for collaboration and cooperation, and the development of standards under the coordination of the World Health Organization were highlighted. At the same time, new specialisations within the health system have emerged, as well as the organisation of government departments for emergency situations. Consequently, it can be stated that health policies need to be drawn up to deal with the various unforeseeable crisis situations, which means legislation, organisation, training of specialised staff, equipment, budgetary expenditure, but also preventive measures in some cases, as well as special attention to be paid to eliminating the consequences of the effects of crises with their specific characteristics. Currently, the Covid-19 epidemic is considered almost eradicated according to WHO, the main consequence being the death of more than 7 million people worldwide. For the realization of the material we took into account the documents and norms issued by the World Health Organization, the European Union, the Romanian Authorities as well as statements in the media of international and local specialists about the appearance, evolution, treatment methods, effects and consequences of the vaccines used.

Keywords: types of crises, adequate functional administrative organisation, staff training, regulations, budgetary evaluation.

1. Introduction

The 21st century began with various disasters, natural disasters and crises affecting and affecting populated geographical areas, which administrations have been taken by surprise, while the major negative effects have involved unprecedented measures and huge budgetary funds. These have been superimposed on major social and economic crises at regional or global level (epidemics, pandemics, military conflicts, financial and banking crises, etc.).

Implicitly, administrations have applied various forms of protectionism in an attempt to limit the consequences for countries and areas and to find ways of collaborating and safeguarding them (see the SARS-COV2 epidemic).

Disasters and natural disasters are unpredictable in nature, but their consequences can affect economic and social developments in the short and medium term, as in the case of major earthquakes, prolonged droughts, floods, forest fires, climate change, etc.

For natural disasters and calamities as well as for the various types of crisis, there should be synchronised area-based measures for prevention, where appropriate, or for combating them, or for resilience, especially as some of them may be repetitive.

Since every state entity or geographical region is or may be affected by such phenomena, both local and regional bodies should be set up that can operate in such a way as to minimise

the effects of disasters, calamities and crises. This requires logistical expenditure, but also the training of qualified staff for the types of events.

In Romania, the effects of periodic earthquakes in the Vrancea area, to which the Oltenia area has been added since this year, have led the Institute of Earth Physics to diversify and increase the number of specialists, to provide expensive modern equipment and to draw up rules for emergency situations. At the same time, it has been necessary to urgently assess residential buildings and other targets that could constitute imminent dangers (dams, bridges, nuclear power plants, etc.).

Climate change, which regularly manifests itself in some areas of Romania, floods, droughts, fires, storms, snowfalls, with economic and social consequences, are still not adequately managed, with a lack of embankments, modernised transport network, logistical facilities, irrigation network, even if projects have been developed that can be financed from EU funds and budget, managed by political actors. Also, the COVID-19 pandemic, which also occurred in Romania through the random measures imposed, caused negative effects on the economy, education and the health system, as well as epidemics of measles, influenza, chickenpox and TB, especially due to the temporary lack of vaccines and specific medicines.

The Russian Federation's war against Ukraine has affected Romania's economy, both in terms of higher fuel prices and the losses suffered by farmers, who have been unable to compete with low grain prices in Ukraine and the rising cost of chemical fertilisers. Lack of imports of raw materials and finished products from Ukraine and Russia have created synergy in Romania's economy.

Health policy is part of any country's strategy to protect its population, both in the event of different types of crises and in the event of normality.

Health policy can be understood in terms of the following aspects:

- Specialist medical education;
- Sufficient health units and their adequate provision of instruments and specialists;
- Health-specific legislation and regulations, with responsibilities at central and regional level
- Collaboration with world specialist institutions;
- Salary policy and legislation.

These can only be achieved through medium and long-term budgetary investment as an integral part of the national development strategy and raising the living standards of the population.

The Covid-19 pandemic, which has also occurred in Romania, has highlighted the shortcomings and weaknesses of the Romanian healthcare system, with significant consequences for social and economic life and particularly high expenditure on purchases to combat it, many of which have proved ineffective and costly.

On the other hand, the recent earthquakes in the Oltenia area, which were of course

unforeseeable, have affected many health units in the area, in outdated buildings without sufficient medical staff.

It should be pointed out that many graduates of medical faculties in the country, as well as residents, cannot find satisfactory jobs, so in the last approx. Over 20,000 senior and mid-level medical professionals have migrated from Romania in the last 20 years.

Health policy is of particular importance in preventing various diseases, through vaccinations immediately after the birth of children, but also through health concepts in school education and through the media in the public domain. In the following I will present the positive and negative aspects of the Covid-19 epidemic, following the indications from the European Union and WHO and the measures taken by political and administrative decision-makers in Romania.

The first cases of Covid-19 appeared in Wuhan locality in China as early as late 2019, as a result of research in a laboratory of a private institute, largely funded with US funds.

The public was not informed about the emergence of this virus until after the outbreak of the disease in the United States and the western European Union.

Thanks to international air travel, the disease began to spread rapidly on all continents as an unpredictable epidemic, creating international panic.

The European Union negotiated on behalf of the Member States, about 3 billion doses of vaccine from the companies mentioned and delivered on demand and at cost to member countries.

The Romanian authorities agreed to take the following measures, for which very large budgetary and extra-budgetary funds were allocated:

- The purchase of more than 130 million doses of vaccine, given that each vaccinate person would have to undergo three consecutive vaccinations at different times;
- The import and emergency production of protective masks, differentiated for health professionals and citizens, which should have been given free of charge to citizens;
- Import of specialised sanitary isolators and tents;
- Legislation, some of which is considered abusive, to isolate people affected by Covid-19 and to convert hospitals or hospital wards specifically to treat those infected and those who have had contact with infected people;
- Closure of educational establishments and inauguration of the online education system for pupils and students; Limiting the number of people at public or private meetings;
- Measures to detect potentially infected people at border points, at the entrance to institutions or shops by thermoscanning and detaining people with hyperpyrexia;
- Establishment of the "green certificate" for domestic and international travellers;
- Develop hygienic and sanitary measures to prevent and control the spread (hand washing, wearing masks, etc.).

Criminal fines and other punitive measures were provided for most of the non-compliances,

restrictions, and sanitary rules, which led to dramatic damage to economic and social life.

At the European Union (EU) level, financial support has been provided to Member States, including Romania, but this financial support has primarily targeted the economy.

As early as 30th of March 2020, a €37 billion package was approved under the Coronavirus Investment Initiative. On the 14th of April 2020, the EU budget was supplemented by €3.1 billion, and in May 2020 a €540 billion package was adopted to protect jobs and businesses (SURE - the European Instrument for Temporary Support to Mitigate the Risks of Unemployment in Emergency Situations). In February 2021, the Council of the European Union adopted the Regulation establishing the Recovery and Resilience Mechanism (RRM), worth €672.5 billion, to help Member States cope with the economic and social impact of the COVID-19 pandemic. The process of documenting and gathering evidence on the effectiveness of the GFP responses and the extent to which they will play a key role in the future is still ongoing. Most countries have conducted a review or evaluation of their COVID-19 responses, but it is too early to assess their effectiveness. Most of the available findings relate to their relevance and effectiveness. The medium-term implications of the response in terms of healthcare financing are rightly of particular interest. It remains to be seen whether governments will seize the opportunity and build on the short-term measures to strengthen policies on health spending and other potential epidemics. And the converse is true: a key decision facing governments in the coming years is which adjustments to PFM made during the COVID-19 response should be maintained and which should be removed. This point has already been made in relation to some of the extra-budgetary funds allocated to combat COVID-19 examined, which do not have a so-called "sunset clause" determining when they will be de-obligated.

Table 1. Budgeted expenditure on health 2019

Current health expenditure, 2019					
	Million EUR	EUR per inhabitant	PPS per inhabitant	% of GDP	
EU (*)	1 386 255	3 702	3 207.51	9.9	
Belgium	50 759	4 418	3 901	10.7	
Bulgaria	4 364	626	1 317	7.1	
Czechia	17 546	1 644	2 443	7.8	
Denmark	31 137	5 355	3 915	10.0	
Germany	403 444	4 855	4 659	11.7	
Estonia	1 892	1 426	1 792	6.7	
Ireland	23 792	4 820	3 633	8.7	
Greece	14 376	1 341	1 657	7.8	
Spain	113 674	2 412	2 573	9.1	
France	269 541	4 008	3 770	11.1	
Croatia	3 795	931	1 440	7.0	
Italy	155 249	2 599	2 611	8.7	
Cyprus	1 562	1 771	1 946	7.0	
Latvia	2 001	1 046	1 457	6.6	
Lithuania	3 420	1 224	1 949	7.0	
Luxembourg	3 411	5 502	3 870	5.4	
Hungary	9 277	949	1 551	6.4	
Malta (*)	1 110	2 290	2 754	9.0	
Netherlands	82 355	4 749	4 102	10.2	
Austria	41 483	4 672	4 078	10.4	
Poland	34 400	906	1 636	6.5	
Portugal	20 392	1 983	2 393	9.5	
Romania	12 810	661	1 354	5.7	
Slovenia	4 125	1 975	2 361	8.5	
Slovakia	6 534	1 198	1 565	7.0	
Finland	21 992	3 983	3 258	9.2	
S	51 824	5 042	3 968	10.9	
	1 900	5 270	3 245	8.6	
	333	8 626	8 626	5.6	
U	38 113	7 127	4 821	10.5	
e	73 787	8 605	5 102	11.3	
				9.1	

(1) UE 2019, calculated with data from 2018 for Malta
(2) Data from 2018

eurostat

Source: <https://www.oecd.org/coronavirus/policy-responses/first-lessons-from-government-evaluations-of-COVID-19-responses-a-synthesis-483507d6/#tablegrp-d1e385> [1]

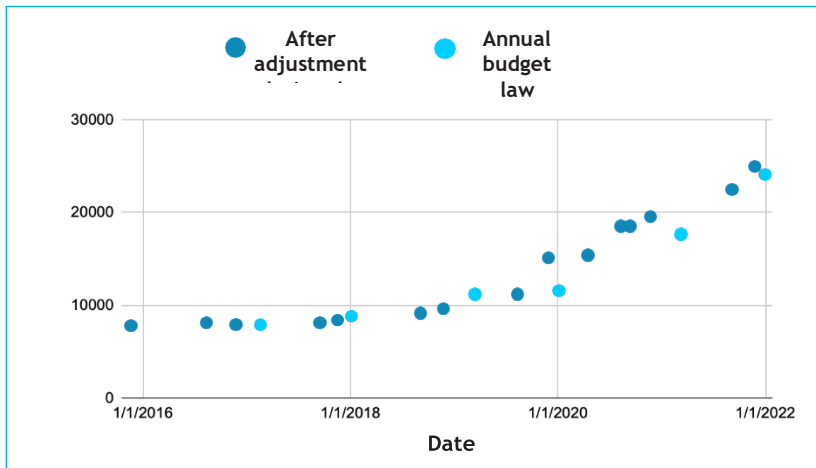


Fig. 1 Budget allocations for the Romanian Ministry of Health within 2016- 2022
Source: https://www.igsu.ro/Resources/COJ/ProgrameStrategii/pdf24_merged.pdf [2]

However, the Ministry of Health's annual budget adjustments in 2020 and 2021 exceeded previous patterns in both timing and amount. First, there was a first adjustment during April, followed by two more in August and November. Second, the amount of adjustments was substantially higher than usual, namely 33% of the budget approved in the annual budget law (April 2020), 27% (August 2020) and 9% (November 2020). The year 2021 marked a return to the usual pattern of two adjustments during the year, but the amount of these remained significantly higher than usual, i.e. 28% (September 2021) and 14% (November 2021) of the budget approved in the Annual Budget Law. In 2020 and 2021, respectively, in-year adjustments were made to the Ministry of Health's budget in the amounts of 7.9 and 7.3 billion lei. If this was the situation of the allocation of funds from the Gross Domestic Product for health in Romania, before the Covid-19 pandemic, the Romanian authorities during the pandemic had to increase, by biannual budget rectification, the funds for combating the effects of Covid-19, concomitantly with collateral investments (purchase of tablets for e-learning). With all the measures to combat the pandemic, it was found that the immunity of the sick proved to be inferior to that of the vaccinated, as well as negative consequences for other illnesses that could no longer be treated in hospitals dedicated to the pandemic.

Romania was the only country in the world that established and published in the official gazette the compulsory treatment for all health professionals of those affected by Covid-19, restricting the initiative of some health professionals to have the initiative of other treatments, depending on the specifics of each patient.

I must mention that the Covid-19 epidemic, both at the level of the European Union leadership of vaccine manufacturers and other factors has caused pecuniary crimes, which are under investigation. Following the declaration by the World Health Organization of the cessation of the pandemic and mutates, the consequences noted by epidemiological specialists and authorities can be listed as follows:

- Spike protein should have been under study for at least 5 years, as it influences a human's immunity throughout his or her lifetime; Vaccines have contributed to heart problems (myocarditis and pericarditis) and abnormal functioning of the central nervous system through blood clots;
- The secrecy of negotiations and contractual clauses between vaccine companies and leading signatories of the European Union have been partially revealed, with the result that the companies responsible for the vaccines do not assume any responsibility whatsoever for the possible negative consequences for vaccinated patients, which are the responsibility of each state receiving the vaccines.

The Romanian authorities presented the Covid-19 epidemic as follows:

- The virus has not affected the human population in the past. Currently more than 90% of the population is susceptible to this infection;
- The virus has a higher transmission rate than other pathogens, coupled with airborne transmission leads to rapid infection of the exposed population, in the absence of control measures, with the potential to generate widespread community outbreaks and overburden or overwhelm health systems.

The long incubation period means that epidemiological investigations do not identify all the possible ramifications of transmission chains, and that the effectiveness of infection control and containment measures and the effect of relaxation measures are only apparent 14-28 days after implementation. Currently no specific effective antiviral compound or vaccine is being developed, so that control measures rely solely on non-pharmaceutical measures, the effectiveness of which is dependent on the understanding and cooperation of communities.

In Romania, as of 09.12.2020, 532,040 cases of people infected with SARS-COV-2 have been registered, of which 425,816 people cured and 12,821 people died. Regarding the residence environment, the majority of confirmed cases were registered in urban areas (69.1%), which is characteristic of communicable diseases given that in urban areas there is a higher density of people with increased mobility and level of interaction. The majority of deaths were among people over 60 years of age (82.5%) and 59.7% of deaths were among men. 95.6% of the deceased had at least one associated comorbidity. The case fatality rate increases with age, with high case fatality rates from the 70-74 age group (1 in 10 cases resulting in death) to the 85+ age group (1 in 5 cases resulting in death).

In Romania, the level of contagiousness with Covid-19, according to data published by the Department for Emergency Situations (DSU) during the period 09.11.2020-09.12.2020, the daily average of people confirmed positive with SARS-CoV-2 virus was 7,592, exceeding the average value recorded during the period 09.10.2020-09.11.2020 (4597 confirmed people), which required ad hoc emergency measures.

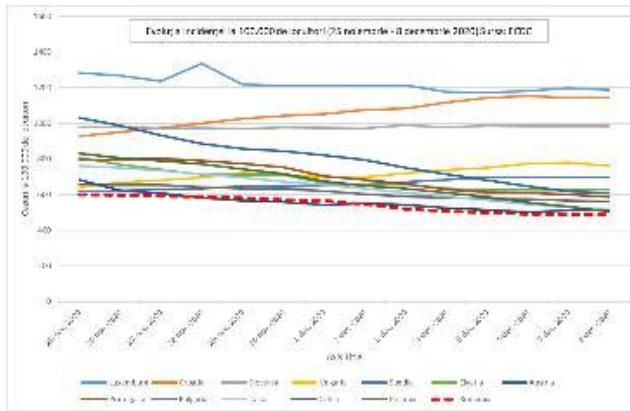


Fig. 2. Evolution of SARS-COV-2 incidence in EU MS (pe același considerent, este evident un grafic de evoluție a incidenței SARS în timp, doar că este foarte neclar

Source: https://www.igsu.ro/Resources/COJ/ProgramaStrategii/pdf24_merged.pdf [2]

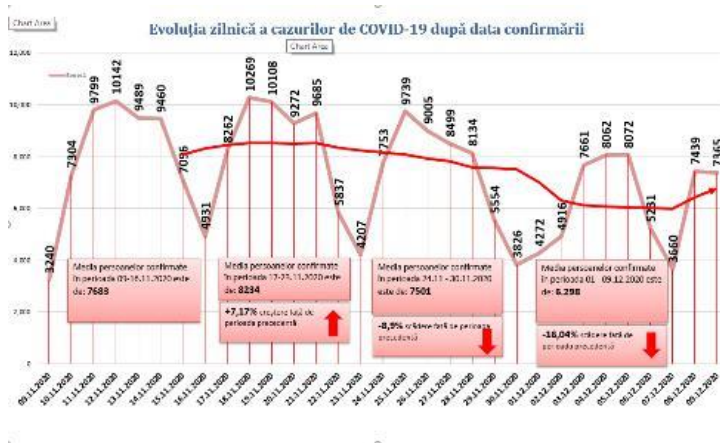


Fig. 3. Daily evolution of SARS-COV-2 cases in Romania

Source: https://www.igsu.ro/Resources/COJ/ProgramaStrategii/pdf24_merged.pdf [2]

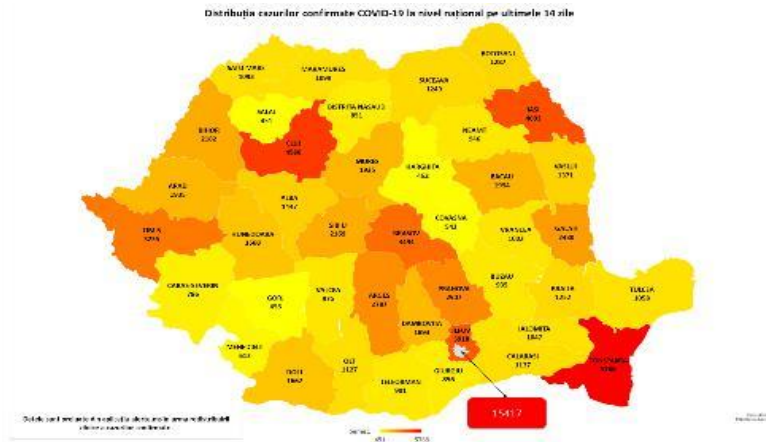


Fig. 4 Distribution of confirmed cases at national level

Source: https://www.igsu.ro/Resources/COJ/ProgramaStrategii/pdf24_merged.pdf [2]

From this map published by the Department for Emergency Situations, it appears that the most affected by Covid-19 were the most populated localities, while the more isolated localities (villages, communes in the hill and mountain areas), were not affected at all or only slightly.

It was revealed that, in Romania, the incidence of the epidemic on 09.12.2020 out of the total number of active cases reported (sum of confirmed cases in the last 14 days persons hospitalized on the date of reporting more than 14 days after the date of hospitalization) is 93,403, as shown in the table below:

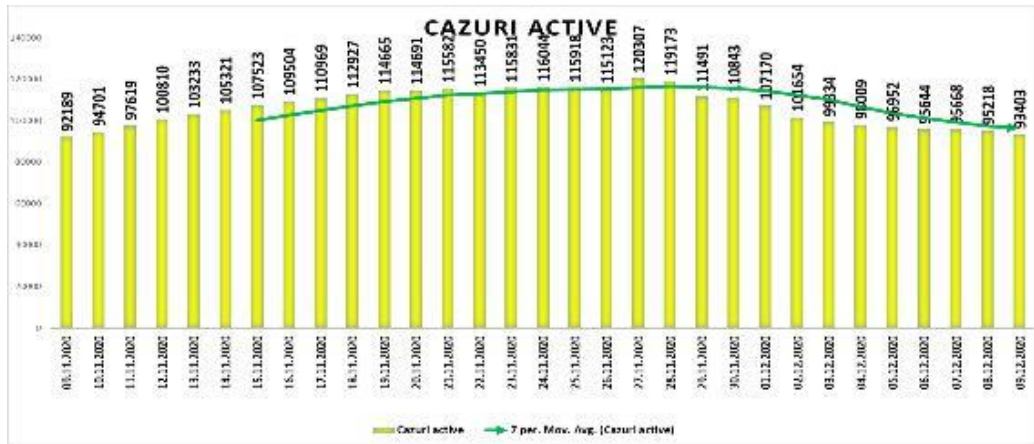


Fig. 5 Evolution of active SARS-COV-2 cases between November and December 2020
 Source: https://www.igsu.ro/Resources/COJ/ProgrameStrategii/pdf24_merged.pdf [2]

As a result of relatively poor conditions in some hospital units, people affected by Covid-19 requested discharge according to data 09.11.2020-09.12.2020 9,817 confirmed patients were discharged on request (average 326/day), reaching on 09.12.2020 the value of 39,106 people discharged.

The localities characterized by tourist traffic or business interests were the most affected by the Covid-19 pandemic, so the main areas with intra-community spread are in Bucharest (16.8% of total active cases) and the counties of Constanta (6.29% of total active cases), Cluj (4.98% of total active cases), Iasi (4.46% of total active cases), Ilfov (4.27% of total active cases) and Brasov (3.81% of total active cases).

Currently, the 14-day cumulative infection rate per 1,000 inhabitants shows that 884 localities (of which 27 municipalities and 69 cities) have between 1.5-3 cases per 1,000 inhabitants and 733 localities (of which 75 municipalities and 96 cities) have a cumulative incidence of more than 3 cases per 1,000 inhabitants.

In this context, non-pharmaceutical measures are needed to prevent the spread of infections and to avoid reaching an uncontrolled level of infections, with a direct impact on recorded mortality and an influx of patients beyond the capacity of the health system in the region. At the same time, as of 09.12.2020, in Constanța, Ilfov and Bucharest there is a cumulative

incidence of cases in the last 14 days of more than 6 cases per 1,000 inhabitants, in 15 counties there is an incidence of more than 3 cases per 1,000 inhabitants, and 24 counties have an incidence of less than 3 cases per 1,000 inhabitants.

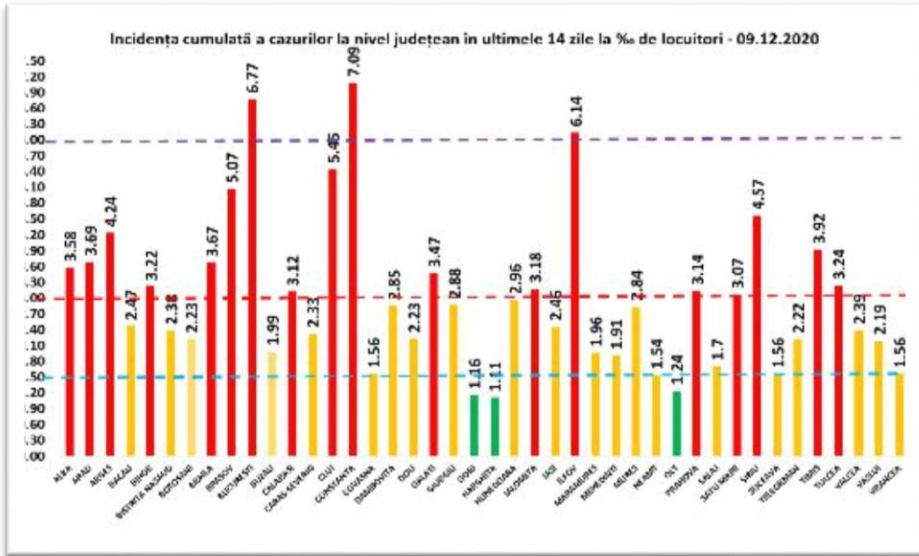


Fig.6 Cumulative incidence of SARS-COV-2 at county level (November-December 2020)

Source: https://www.igsu.ro/Resources/COJ/ProgrameStrategii/pdf24_merged.pdf [2]

Thus, the situation recorded by the competent authorities in Romania is as follows:

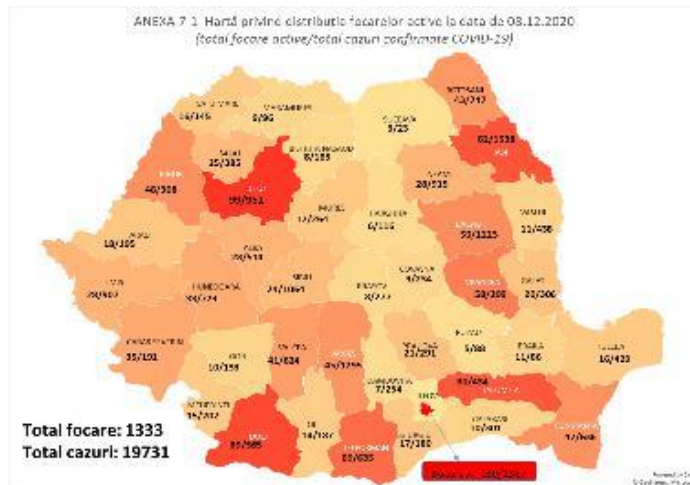


Fig.7 Map showing the distribution of active COVID-19 outbreaks on 08.12.2020
 Source: https://www.igsu.ro/Resources/COJ/ProgrameStrategii/pdf24_merged.pdf [2]

It was observed that the rate of cases doubled every 45 days.

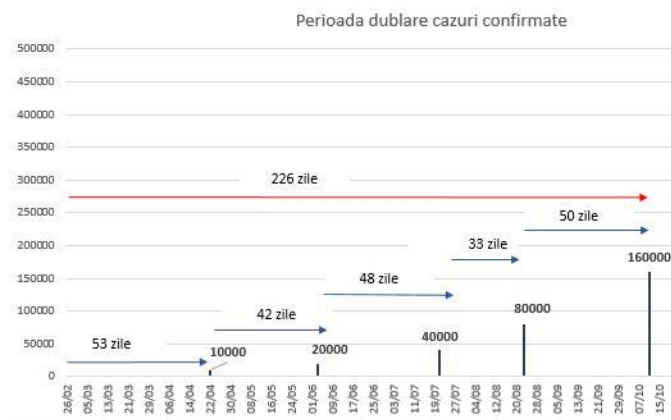


Fig.8 Analysis of the doubling period of cases registered between March and October 2020
 Source: https://www.igsu.ro/Resources/COJ/ProgramaStrategii/pdf24_merged.pdf [2]

2. Conclusions

The Covid-19 pandemic in terms of emergence, mode of spread and manifestation, incidence and effects on the economic and social environment has taken all countries and the health system by surprise, so that more or less effective measures had to be taken to limit the spread of the SARS-COV2 virus, the possibilities of treatment with major unforeseen investments in budgets.

On the positive side, the Covid-19 epidemic, which forced each affected country to set up specialised departments for such cases, highlighted the shortcomings of the emergency health system, the need for collaboration and cooperation between countries and the relevant world organisations, the dangerousness of laboratory experiments, the establishment of health strategies in times of crisis at national and regional level, the training of specialists and the allocation of funds for such unpredictable situations.

It can be seen that Romania, like other countries, was taken by surprise by the Covid-19 pandemic and has tried, through practical and ad hoc legislative measures, to cope with this crisis, which may recur.

In Romania, the Covid-19 epidemic has prompted collaboration between various ministries, given the effects on the economy, education and social life in general. In Romania, too, epidemiological specialists have expressed different opinions about the outbreak of the epidemic worldwide, ways of preventing the spread of Covid-19 and treatments, since there is no common view both worldwide and within the WHO, but the only consequence of the epidemic is that each country has understood that it must be prepared for such a situation.

Proposals:

1. Establish central administrative bodies responsible for health policy in times of crisis;
2. The need for specialised health and pandemic response staff;
3. Investment in regional health units capable of adapting to situations similar to the

- Covid-19 pandemic;
4. Develop ways of promptly informing citizens and how to behave in epidemic situations;
 5. Continue studies on the health effects of the Covid-19 outbreak, vaccination and subsequent treatment;
 6. Development of production units for various medicines and laboratories and equipping them with modern equipment;
 7. Continuation of collaboration within the World Health Organisation and other international specialised institutions with Romanian representatives.

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