

RESTRUCTURING AND DEVELOPMENT OPPORTUNITIES FOR PUBLIC HEALTH SERVICES BEYOND THE PANDEMIC CRISIS

Ph.D. Student, Melania Andreea STĂNCIULESCU (DIACONU)

Valahia University of Târgoviște, Romania
E-mail: mellandreea@yahoo.com

Assistant Professor Ph.D.Habil., Nicoleta-Valentina FLOREA

Valahia University of Târgoviște, Romania
E-mail: floreanicol@yahoo.com

***Abstract:** The shock produced by the pandemic crisis on the public sector had a strong impact both on access to services of general interest and on their quality. The Coronavirus Pandemic has hardly hit the states of the world, forcing them to react beyond traditional limits - in an effort to protect their citizens - and to fight not only with a virus but also with their own shortcomings and dysfunctions and forcing them to reset their public services - especially health services - extremely quickly, in response to the crossed context. In Romania, the level of unsatisfied needs in terms of medical assistance has increased, but new opportunities have also appeared that can lead to the recovery and modernization of medical services.*

***Keywords:** pandemic, medical services, resilience, opportunities, recovery.*

***Clasificare JEL:** I12, I18, H11, H12.*

1. Introduction

The management of public services is an often discussed and debated topic, however, in society there is a strong need for better management, with a proactive orientation in the relationship with citizens, of a more performing administration, flexible in relation to everyday challenges and able to generate sustainable development plans, commensurate with the challenges of future times. The need for a more efficient public management has already been recognized in highly developed countries; this recognition came as a response of the public system to the multiple social, political and economic changes it was facing. Priority, before the public sector reform was launched, was the effort to ensure the scientific premises, the informational infrastructure, the human and technical-material resources necessary for this extensive transformation process. Citizens' access to quality public services - and here we mention education, health, social assistance, housing, public utilities - has a significant impact on the quality of their lives (Quality of Life Research Institute, 2018); as a consequence, a direct relationship is born between public services and citizens' trust in the administrative system (Eurofound, 2019). The Coronavirus pandemic has hit the world's states hard, forcing them to react beyond traditional limits - in an effort to protect their citizens - and to fight not only with a virus but also with their own shortcomings and dysfunctions.

2. The effects of the pandemic crisis situation on public health services

The times we are going through are characterized, more than ever, by uncertainty: technological changes, consumer demands in continuous changing, climate changes (Rafalski, Mullner, 2022), political changes: the crisis of energy, the war in Ukraine. We are the witnesses of a culture of risks and threats. This health crisis offered us an negative image (imperfection, unknown, rapacity), but also a positive image (caregivers, helpers, even heroes) (Salgues, Barnouin, 2022).

In such contexts, public services must be able to automatically regulate the resources that ensure equal and universal access to services for all citizens. In Romania, the idea that the state is a necessary evil has become axiomatic (probably because of the image of a totalitarian state from the communist period that still persists in the collective mind); periodically, in the public space, the waste generated by personnel expenses in the public sector comes back into discussion and the idea of oversized and inefficient public services

is revived. However, the crisis we went through proved that, in extreme situations, the state is the "solution" (Zamfir C., Zamfir E., 2020). Periods of deep crisis require complex - and sometimes radical - measures, starting from legislative regulations, allocation and relocation of financial, material and human resources, the restructuring of public institutions and services, up to international cooperation; the state is the only one that can operate at such a deep level, given the major economic and social implications and more than that - having the obligation to do so, as stipulated in the Romanian Constitution (Romanian Constitution, 2003).

COVID-19 crisis has evolved rapidly worldwide, crossing borders (Shabsigh, 2022) and affecting global communities and people health; the monitoring of epidemiologic state being important to overcome the collapse of health care system (Tran, Hwang, and Do, 2022).

The experiences of the recent past have shown us that, at least at the European level, some essential public services (health, education, social protection) had to reinvent themselves extremely quickly, in response to the context they were crossing. In such a situation, the challenge was represented by the reaction of the public services to the felt shock, a reaction that depended on their capacity for resilience. A resilient system has two alternatives to react to crisis situations: adaptation or shock resistance (Manca, Benczur, Giovannini, 2017). Resistance, as a form of response, involves absorbing the shock and concentrating all the capabilities available to the system to overcome, with as few losses as possible, the crisis situation; this approach is, however, only valid when the shock is not of extreme intensity and does not manifest itself over long periods (Giovannini, Benczur, Campolongo, Cariboni and Manca, 2020). Adaptation is the second option, which becomes a possible solution when the system is flexible, used to support changes. Health and social protection are key services, through which the state must ensure, in a dynamic and continuously changing environment, social cohesion and inclusion; this is only possible in the presence of quality and accessible services that meet the varied needs of citizens.

During the pandemic crisis, precisely these attributes - accessibility, quality, diversity - were deeply affected. The pandemic has put immense pressure on health services everywhere. Many medical services, considered non-essential, have been interrupted, postponed or significantly modified, and the endless flow of coronavirus cases has put extraordinary pressure on health care staff. In Romania, the management of the crisis caused by the coronavirus pandemic was centralized in the beginning; the central administration assumed the coordination of the decision-makers at the county level, the latter having the task of implementing local measures. At central level, new support structures were established consisting of representatives of the Ministry of Internal Affairs-Department for Emergency Situations, the General Inspectorate for Emergency Situations, the Ministry of Health, the National Institute of Public Health, the National Center for Surveillance and Control of Communicable Diseases and of the Ministry of Defense. After three months, through the decentralization of management, the responsibility for the implementation of measures decided at the central level returned to the sphere of county and local authorities (OECD/European Observatory on Health Systems and Policies, 2021).

In order to ensure the necessary funds to cover all the services provided in this context, but also the financial incentives for the staff in the medical and social assistance services, the government operated a legislative adjustment of the budget (O.U.G. no. 201, 2020); additional funds were added to these budget reallocations, coming from the European Commission, funds that were used for the purpose of purchasing personal protective equipment (masks, coveralls, protective glasses, visors, gloves, etc.), tests,

reagents and other medical equipment, medical and social services at home for the elderly and disabled and the provision of bonuses for health and social care workers.

Every health system or hospital, no matter its size, must increase their competencies and abilities necessary for an adequate emergency management: personnel, financial resources, necessary equipment (Dowling, Kenney, 2020). These changes needed important resources, as for example, people and recovery funds, based on increasing the organization and the supply of community services (Lega, Castellini, 2022), competent government, trust in this government, and efficient leadership (Pieterse, Lim, and Khondker, 2021).

In the medical services the situation was dramatic; despite all these efforts, the very large number of patients diagnosed with COVID-19 and requiring consultation/hospitalization, as well as the introduction of measures to limit the spread of communicable diseases during the pandemic brought them close to the threshold the collapse of the health system in Romania, greatly reducing its ability to offer services to patients with other pathologies, especially patients with chronic diseases (Ipsos, 2021). On this background, the level of unmet needs in terms of medical assistance has increased. Official data available until the end of August 2021 show that 29% of Romanians interviewed in a Eurofound survey said that, in the first year of the pandemic, they did not use healthcare services, while, at the level of the European Union, their percentage is 21% (OECD/European Observatory on Health Systems and Policies, 2021). From the period of the pandemic until today, the unsatisfied needs for medical assistance have increased, the largest share being represented by the need for hospitalization and specialized medical services (Ipsos, 2021).

According to Eurofound data, citizens' trust in the health system, at the European level, at the beginning of the pandemic, was different; on a scale of 1 to 10, Malta and Denmark had the highest confidence in their health systems (8.1 and 8.0 respectively); in the most affected countries (especially Spain, Belgium, Italy and France), trust in the health system was higher than the EU average; Hungary had the least confidence in its own health system (3.9); Romania recorded the fourth lowest level of trust (around 4.5) (Eurofound, 2020). What should be noted - considering the time when the data were collected, namely the first pandemic wave - is that these figures highlight, to a large extent, the trust of the population in the medical services of their own state, before the outbreak of the pandemic crisis. Citizens of countries with strong healthcare systems (in terms of quality and accessibility) trusted that the healthcare system would manage to serve them in the best possible way, under the given circumstances. At the opposite pole, in countries where citizens already had dissatisfaction with medical services (and this includes Romania), the low level of trust is also a mirror of the lack of horizons. The COVID-19 crisis has brought radical transformations, even in health policy and care services (Waring., Denis, Pedersen and Tenbenschel, 2021). The European Commission is currently building a governance framework in which a better use of health data and digital health infrastructure is promoted, leading to improvement of research, innovation and better health policies (OECD, European Union, 2020).

3. Limits exist to be overcome and to take advantage of opportunities

In Romania, the pandemic gave a new impetus to the development of electronic information and communication systems in the field of medical services: new electronic information systems appeared, with the aim of supporting the management of highly requested resources, as well as an electronic information system that facilitated communication between laboratories, public health departments, family doctors and patients (OECD/European Observatory on Health Systems and Policies, 2021); to have a

daily picture of hospital bed occupancy and facilitate resource management, the Ministry of Health created the Operational Coordination Center - a centralized electronic system. In support of the vaccination campaign, a special section for COVID-19 was created in the National Electronic Register of Vaccinations.

Limiting access to medical facilities has enhanced the use of remote care solutions (GD no. 252, 2020), offered through technology: telemedicine, telediagnosis, e-triage. Also, new approaches have emerged regarding the provision of medical services: drive-through testing points, temporary/mobile vaccination centers (Order No. 2171,2020).

These developments represent points gained and the starting point for Romania to align its own development strategy in the field of digital health with the European Health Data Space initiative, which aims to promote the exchange of medical data and support research on new strategies for prevention, as well as on treatments, medicines, medical devices and outcomes (OECD/European Observatory on Health Systems and Policies, 2021).

Even though Romania has significantly increased its health expenditure, it still remains one of the European Union countries with the lowest health expenditure, both per capita and as a percentage of GDP, which shows that even before pandemic, public health was underfunded and underperforming (OECD/European Observatory on Health Systems and Policies, 2021). The recovery and resilience mechanism of the European Union offers Romania, through the health component of its own recovery plan (PNRR- Romania's National Recovery and Resilience Plan, 2021), funding opportunities aimed at increasing citizens' access to preventive, diagnostic and treatment medical services early, with a particular focus on reducing rural/urban inequalities in access to medical services, especially for rural communities that are insufficiently or not at all served (PNRR, 2021). Another chronic problem of our healthcare system is the human resource; even if Romania trains a large number of specialized personnel for the medical field (doctors, medical assistants), the pandemic crisis has brought back into focus the problem of the shortage of personnel in medical units. This deficit is due to the migration of the specialized labor force and places Romania below the European Union average in terms of the number of doctors and medical assistants per capita (OECD/European Observatory on Health Systems and Policies, 2021). It is obvious that this has a negative impact on the quality of medical services offered to the population and must be regulated by responsible human resources policies with sustainable impact.

Table 1. The state of the health system in Romania during the COVID-19 pandemic

Strong points	Weak points
The intervention of the Romanian authorities at the beginning of the pandemic was quick, immediately imposing strict preventive measures (OECD/European Observatory on Health Systems and Policies, 2021)	Testing capacity was low, compared to other European states (OECD/European Observatory on Health Systems and Policies, 2021)
Guidelines on the prevention and control of suspected infections with the new Coronavirus were drawn up early (INSP-CNSCBT, 2020) and permanently updated	The staff in the hospitals was insufficient, especially in the intensive care units (OECD/European Observatory on Health Systems and Policies, 2021).
Budget corrections were made in order to ensure the necessary funds to cover all the services provided in this context, as well as the financial incentives for medical services staff (O.U.G. no. 201, 2020)	Poor equipment of intensive care beds with mechanical ventilators.
Temporary employment, without organizing a competition, of medical personnel, both in medical units and in public health departments, in the event of a shortage of specialized personnel (Law no. 136, 2020) (Law no. 55, 2020)	The stagnation of the vaccination campaign, due to the distrust of the population in vaccination
The provision by the public authorities (central or local) for the people in quarantine or isolation of the necessary treatment and food, if necessary, with the expenses from the budget of the Ministry of Health (Law no. 136, 2020)	Significant reduction in the capacity of the medical system to be able to offer services to patients with other pathologies, especially patients with chronic conditions (Ipsos, 2021)
In order to carry out the vaccination against COVID 19 in good conditions, the rules for the operation of the vaccination centers were established and approved, including: fixed vaccination centers, mobile vaccination centers, mobile vaccination teams, drive-through centers, offices of family medicine (Order no. 2171, 2020)	Accentuation of the population's mistrust in the health system (Eurofound, 2020).
During the state of emergency, patients also benefited from remote medical consultations (HG no. 252, 2020)	The pre-existing vulnerabilities of the medical system made the pandemic situation difficult to manage.
The whole society agreed to support the fight against COVID 19 and direct resources to support the health system (Romanian Presidency, 2020)	Deficient monitoring of people who returned to the country from areas designated as yellow and red - approximately 250,000 (Romanian Presidency, 2020) - and who opted for voluntary quarantine
Modular hospitals were set up to supplement the number of beds for COVID patients	Repeated changes in the leadership of the Minister of Health, in the midst of a pandemic crisis
Government decisions and actions were in accordance with the dynamics of events;	The inability of some of the county public health departments to properly manage the

immediate and medium-term epidemiological management strategies were adopted as an emergency, aiming to protect citizens and reduce the burden on the health system, by restricting the existing outbreaks of infection and preventing the emergence of other new outbreaks (Romanian Presidency, 2020).	volume and complexity of the work, thus generating delays in conducting epidemiological investigations, reporting errors and errors in communication with the population and family doctors/specialists
The care of the COVID patients was free, regardless of the treatment or the period of hospitalization and regardless of the existence or not of the patients' insurance status (OECD / European observatory on Health Systems and Policies, 2021).	Insufficient production capacities for the health sector

4. Conclusions

At the moment, - still feeling - the echo of the pandemic crisis, going through a strong energy crisis and with a global economic crisis on the horizon, the main characteristic of these times is uncertainty. Health, as a system, must have the ability to adapt quickly, which is possible only in the presence of a flexible system, capable of increased resilience.

The changes brought to the health system by the pandemic crisis are irreversible, and it is desirable that the lessons learned during this period are constituted as examples of good practices, so that when new unforeseen situations arise, changes can be much faster and with results as predictable as possible.

Acknowledgement:

This work is supported by project POCU 153770, entitled " Accessibility of advanced research for sustainable economic development - ACADEMIKA ", co-financed by the European Social Fund under the Human Capital Operational Program 2014-2020.

References:

1. *Constituția României, 2003. Modificată și completată prin Legea de revizuire a Constituției României nr. 429/2003*, publicată în Monitorul Oficial al României, Partea I, nr. 758 din 29 octombrie 2003, republicată. Bucharest: Parlamentul României. [online] Available at: <<https://www.presidency.ro/ro/presedinte/constitutia-romaniei>> [Accessed 6 November 2022].
2. Dowling, M.J. and Kenney, C., 2020. *Leading Through a Pandemic: The Inside Story of Humanity, Innovation, and Lessons Learned During the COVID-19 Crisis*. Simon and Schuster.
3. Eurofound, 2019. *Challenges and prospects in the EU: Quality of life and public services*. Publications Office of the European Union. Luxembourg. [online] Available at: <<https://www.eurofound.europa.eu/publications/flagship-report/2019/challenges-and-prospects-in-the-eu-quality-of-life-and-public-services>> [Accessed 5 November 2022].
4. Eurofound, 2020. *Living, working and COVID-19*, COVID-19 series, Publications Office of the European Union, Luxembourg. [online] Available at: <https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20058en.pdf> [Accessed 5 November 2022].

5. Giovannini, E., Benczur, P., Campolongo, F., Cariboni, J. and Manca, A., 2020. *Time for transformative resilience: the COVID-19 emergency*. EUR 30179 EN. Publications Office of the European Union. Luxembourg. [online] Available at: <<https://publications.jrc.ec.europa.eu/repository/handle/JRC120489>> [Accessed 05 November 2022].
6. H.G. nr. 252, 2020. *Hotărârea nr. 252/2020 privind stabilirea unor măsuri în domeniul sănătății pe perioada instituirii stării de urgență pe teritoriul României*. Bucharest: Guvernul României.
7. Institutul de Cercetare a Calității Vieții, 2018. *Calitatea vieții în România în context european Raport de cercetare*, Bucharest. [online] Available at: <<http://www.iccv.ro/wp-content/uploads/2018/03/Raport-Calitatea-Vietii.pdf>> [Accessed 6 November 2022].
8. Institutul Național de Sănătate Publică, 2020. *Prevenirea și controlul infecțiilor suspecte cu noul Coronavirus (2019-nCoV) în unitățile sanitare*. Bucharest: INSP-CNSCBT. [online] Available at: <<https://www.cnscbt.ro/index.php/ghiduri-si-protocoale/1331-prevenirea-si-controlul-infectiilor-suspecte-cu-noul-coronavirus-in-unitatile-sanitare/file>> [Accessed 8 November 2022].
9. Ipsos, 2021. *Retrospectiva privind accesarea serviciilor medicale în pandemie*. [online] Available at: <<https://www.ipsos.com/ro-ro/retrospectiva-privind-accesarea-serviciilor-medicale-pandemie>> [Accessed 8 November 2022].
10. Lega, F., Castellini, G.C., 2022. *Resilient Health Systems: What We Know; What We Should Do*. Emwrald Group Pub.
11. Legea nr. 136, 2020. *Legea nr. 136 din 18 iulie 2020 (*republicată*) privind instituirea unor măsuri în domeniul sănătății publice în situații de risc epidemiologic și biologic*. Bucharest [online] Available at: <<https://legislatie.just.ro/Public/DetaliiDocument/227953>> [Accessed 6 November 2022].
12. Legea nr. 55, 2020. *Legea nr. 55 din 15 mai 2020 privind unele măsuri pentru prevenirea și combaterea efectelor pandemiei de COVID-19*. Bucharest [online] Available at: <<https://legislatie.just.ro/Public/DetaliiDocument/225620>> [Accessed 6 November 2022].
13. Manca, A.R., Benczur, P., Giovannini, E., 2017. *Building a Scientific Narrative Towards a More Resilient EU Society Part 1: a Conceptual Framework*. EUR 28548 EN. Luxembourg (Luxembourg): Publications Office of the European Union; 2017. JRC106265. [online] Available at: <<https://publications.jrc.ec.europa.eu/repository/handle/JRC106265>> [Accessed 5 November 2022].
14. Ministerul Investițiilor și Proiectelor Europene, 2021. *Planul Național de Redresare și Reziliență. Partea a II Componenta 12-Sănătate*. Bucharest. [online] Available at: <<https://mfe.gov.ro/wp-content/uploads/2021/10/74e19c86a670bb3464efd57c165552f8.rar>> [Accessed 8 November 2022].
15. OCDE/European Observatory on Health Systems and Policies, 2021. *România: Profilul de țară din 2021 în ceea ce privește sănătatea*. State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Bruxelles [online] Available at: <https://health.ec.europa.eu/system/files/2022-01/2021_chp_romania_romanian.pdf> [Accessed 6 November 2022].

16. OECD, 2020. *Health at a Glance: Europe 2020 State of Health in the EU Cycle: State of Health in the EU Cycle*. European Union: OECD Publishing.
17. Ordin nr. 2171, 2020. *Ordin nr. 2.171/181/M.223/4.380/2020 pentru stabilirea Normelor privind autorizarea, organizarea și funcționarea centrelor de vaccinare împotriva COVID-19*. Bucharest.
18. O.U.G. nr. 201, 2020. *Notă de fundamentare la Ordonanța de urgență a Guvernului nr. 201/2020 cu privire la rectificarea bugetului de stat pe anul 2020*, Bucharest. [online] Available at: <<https://gov.ro/guvernul/procesul-legislativ/note-de-fundamentare/nota-de-fundamentare-oug-nr-201-23-11-2020&page=7>> [Accessed 4 November 2022].
19. Pieterse, J.N., Lim, H., Khondker, H., 2021. *Covid-19 and Governance: Crisis Reveals*. Routledge.
20. Președinția României, 2020. *Informarea privind starea de urgență instituită pe întregul teritoriu al României prin Decretul nr. 195/2020 și prelungită prin Decretul nr. 240/2020*. Bucharest: Președintele României. [online] Available at: <https://www.presidency.ro/files/userfiles/INFORMARE_Parlament.pdf> [Accessed 6 November 2022].
21. Rafalski, E.M., Mullner, R.M., 2022. *Healthcare Analytics: Emergency Preparedness for COVID-19*. CRC Press.
22. Salgues, B., Barnouin, J., 2022. *The Covid-19 Crisis: From a Question of an Epidemic to a Societal Questioning*. John Wiley&Sons.
23. Shabsigh, R., 2022. *Health Crisis Management in Acute Care Hospitals*. Springer Nature.
24. Tran, B., Hwang, J., Do, T.H., 2022. *Strengthening Health System and Community Responses to Confront COVID-19 Pandemic in Resource-Scarce Settings*. Frontiers Media SA.
25. Zamfir, C., Zamfir, E., 2020. *Calitatea vieții în timpul pandemiei: probleme și politici de răspuns. Un punct de vedere sintetic*. Institutul de Cercetare a Calității Vieții, București. [online] Available at: <<https://acad.ro/SARS-CoV-2/doc/d01-CalitateaVieții.pdf>> [Accessed 4 November 2022].
26. Waring, J., Denis, J.L., Pedersen, A.R., Tenbensen, T., 2021. *Organising Care in a Time of Covid-19: Implications for Leadership, Governance and Policy*. Springer Nature.