



7.2.2024

NOTICE TO MEMBERS

Subject: Petition No 0737/2023 by Gheorghe Cosmin Theodor (Romanian) on the high infant mortality rate in Romania

1. Summary of petition

The petitioner draws attention to the increased infant mortality rate in Romania, stressing that maternities face a very difficult situation due to lack of basic and specific medical equipment, not being able to provide appropriate healthcare, especially for premature new-borns. He points to the Ministry of Health and to the hospitals' managers for the lack of facilities and appliances and he asks for a clear position of the European Union on the way the Romanian authorities are managing the situation.

2. Admissibility

Declared admissible on 15 November 2023. Information requested from Commission under Rule 227(6).

3. Commission reply, received on 7 February 2024

The petition

The petitioner is complaining about the situation of technology endowments (claiming a severe lack of needed medical equipment) in maternal and new-born healthcare facilities and, by consequence, inadequate access to care for premature new-borns and infants. The petitioner refers to the infant mortality indicator as an indicator for the socio-economic development of the population but also as an indicator for the development of the healthcare sector. He is claiming that, due to years of underinvestment in infrastructure and technology for the maternal and new-born healthcare facilities, the infant mortality indicator has worsened in Romania in the recent years. The petitioner asks for a clear position of the EU on how Romanian authorities

are managing the demographic decline but also the EU position on the inefficiency of the Romanian Ministry of Health in ensuring adequate investments for maternal and new-born healthcare facilities.

The Commission's observations

According to EUROSTAT data in 2021, Romania recorded the second highest infant mortality rate in the EU (at 5.2 deaths per 1 000 live births, much higher than the EU average (3.2 per 1000 live birth) despite being one of the EU Member States with a marked reduction in infant mortality since 2011 (9.4 per 1000 live birth in 2011). Between 2011 and 2021 Romania has made a significant progress in reducing the infant mortality by 44.7%, outpacing EU rate reduction (which stood at 15.8% in the same timespan) but there is still a lot of work to be done.

Since 2002, the Romanian public medical system for neonates was reorganized to improve the quality of health care. Romania has given high priority to health care for mothers and children, adopting a National health programme for women and children for 2014–2020. This is also evident through the government's health coverage of specific population groups, such as pregnant women and children, as well as multiple national protocols for the care of these groups. Several lines of investment funding have also been used (such as a Loan from the European Investment Bank - part of the proceeds were used for investments in improving the infrastructure and technological base for maternities) under the objectives of the Second Health Sector Reform (APL) Project for Romania for providing more accessible services, of increased quality and with improved health outcomes for those requiring maternity and new-born care and emergency medical care¹. According to Article 168(7) of the Treaty on the Functioning of the European Union², Member States national or regional authorities are responsible for the definition of their health policy and for establishing the conditions for the organization and delivery of health services and medical care.

Nevertheless, the Commission supports Member States in strengthening the effectiveness, accessibility and resilience of their health systems³. This is provided via policy advice and recommendations as part of the European Semester process as well as providing up-to-date information and analysis via the “State of Health in the EU project”⁴. The aim of which is to provide comparable and robust data for policymaking.

The Council Recommendation 2021/1004 establishing a European Child Guarantee calls upon the Member States to guarantee effective and free access to healthcare for all children in need, and to facilitate early detection and treatment of diseases and developmental problems, along with timely curative follow-up. Last October, Romania submitted to the Commission its national action plan for the implementation of the Child Guarantee, in which it acknowledges the existing shortcomings in access to healthcare, and pledges to reduce the avoidable mortality by 20% compared to 2021 level for children of all ages. The Commission will support Romania in its efforts to implement this action plan. The Commission also provides funding to Member States to strengthen their health systems via several instruments, for example: the Cohesion

¹ [Development Projects : Health Sector Reform 2 Project \(APL #2\) - P078971 \(worldbank.org\)](#)

² <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=en>

³ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0215>

⁴ https://ec.europa.eu/health/state/summary_en

Policy funds , the Recovery and Resilience Facility and EU4Health programme. In the framework of the shared management of Cohesion Policy funds between the Commission and the Member States, Romanian authorities are responsible for the prioritization and selection of the specific health infrastructure projects. The programme text, the calendar of calls for proposals and the applicant guides are published on the website of the Romanian ministry⁵. The Romanian Recovery and Resilience Plan is providing significant funding opportunities for investments in health. The plan will help modernize Romania's health infrastructure, professionalize healthcare management, improve human resource management in healthcare, digitalize health institutions and develop digital infrastructure for health services, including telemedicine. Details about the plan, including the Health component are published on the website of the Ministry of European Investment and Projects⁶ while the calls for proposals are published on the website of the Ministry of Health⁷. These investments are expected to improve the accessibility, cost-effectiveness, and resilience of healthcare system. The European Commission will closely monitor the implementation of the plan.

Conclusion

According to Article 168(7) of the Treaty on the Functioning of the EU (TFEU), the organisation and delivery of health services and medical care is a national competence. The European Union shall complement the Member States' action and encourage cooperation between the Member States. EU policies support Member States to strengthen their health systems, via knowledge sharing, technical assistance and financial support from various EU programmes. The Commission routinely reports on the performance of national health systems in the context of the European Semester. Policy support is highlighted under the 2023 European Semester report for Romania⁸, in a dedicated section, Annex 16: Health and Health Systems. The Annex highlighted challenges and shortcomings of the Romanian healthcare system and the need for mutually reinforcing reforms and investments to be implemented⁹. In addition, the Commission issued country specific recommendations to Romania in 2019 and 2020 to improve the resilience, access to and cost-efficiency of healthcare and accessibility of its health care systems^{10,11} as part of the European Semester process.

The Commission supports Romania in its efforts to guarantee effective and free access to healthcare for all children in need, in line with the European Child Guarantee recommendation. A number of EU funding programmes, such as the EU4Health programme¹², the Recovery and Resilience Facility, and the Cohesion Policy Funds, offer significant funding opportunities which Romania can use to strengthen its health system and improve the quality of healthcare. For example, the Romanian Recovery and Resilience Plan, as adopted on 29 October 2021, has earmarked around EUR 2.1 billion for investments to strengthen the health system and to increase the quality of healthcare, including targeted investments in newborn intensive care units (Milestone 376 under Component 12- Health).

These investments in the healthcare system will be complemented with around EUR 5. 9

⁵<https://mfe.gov.ro/minister/perioade-de-programare/perioada-2021-2027/autoritatea-de-management-pentru-programul-sanatate/>

⁶ <https://mfe.gov.ro/pnrr/>

⁷ <https://www.ms.ro/ro/de-interes/apeluri-pnrr-c12-sanatate/>

⁸ https://economy-finance.ec.europa.eu/system/files/2023-06/ip247_en.pdf

⁹ https://commission.europa.eu/system/files/2023-05/COM_2023_623_1_EN.pdf

¹⁰ eur-lex.europa.eu/legal-content/RO/TXT/PDF/?uri=CELEX:52019DC0523

¹¹ eur-lex.europa.eu/legal-content/RO/TXT/PDF/?uri=CELEX:52020DC0523

¹² https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

billion funding from the EU Cohesion Policy 2021-2027 programming (including co-funding by Romania). Through this, Romania intends to invest in a range of measures to improve the accessibility, quality, and resilience of its health system. Under priority 1 in the multi-funded (ERDF, ESF+) specific Health Programme investments are planned to improve Maternal and newborn/child health for vulnerable groups (with a total indicative allocation EUR 110 million from ERDF and ESF+).