State of Health in the EU

ROMANIA

Country Health Profile 2025

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

The Country Health Profiles series

The *State of Health in the EU*'s Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Cancer Information System (ECIS) and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that was accessible as of the first half of September 2025.

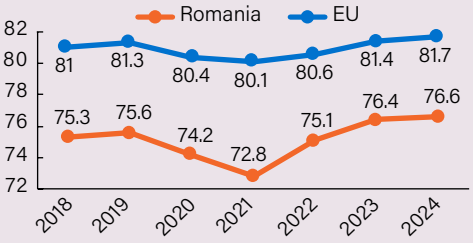
Demographic and socioeconomic context in ROMANIA, 2024

Demographic factors	Romania	EU
Population size	19 067 576	449 306 184
Share of population over age 65	20 %	22 %
Fertility rate 2023[1]	1.5	1.4
Socioeconomic factors		
GDP per capita (EUR PPP)[2]	31 105	39 675
At risk of poverty or social exclusion rate[3]	27.9 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

Source: Eurostat Database.

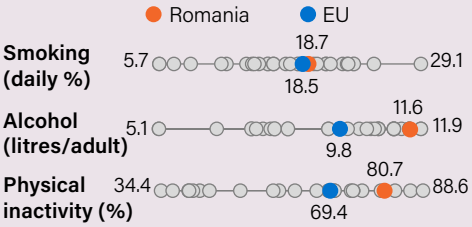
1 Highlights



Life expectancy at birth

Health Status

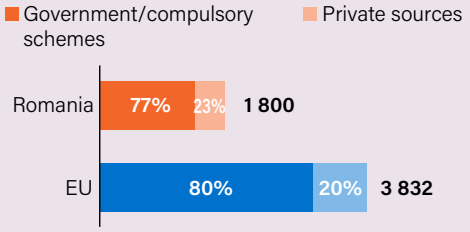
Life expectancy in Romania dropped sharply during the pandemic, but started to rebound in 2022 and reached a new all-time high of 76.6 years in 2024. This nonetheless remained 5.1 years below the EU average. There is still a large gender gap in life expectancy in Romania, with men living 7.6 years less than women on average. Cardiovascular diseases and cancer continue to be the leading causes of death, accounting for nearly three-quarters of all deaths.



Adults, 2022 (or nearest year)

Risk Factors

Over one in three deaths in Romania is linked to behavioural and environmental risk factors. Alcohol consumption remains among the highest in the EU, and most adults do not engage in sufficient physical activity. While smoking rates are closer to the EU average, the use of e-cigarettes among adolescents is rising.



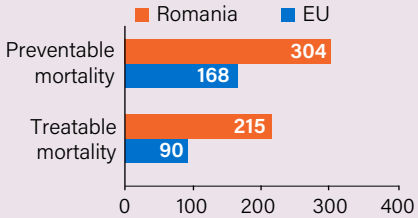
Health spending per capita (EUR PPP), 2023

The Health System

Health spending per capita in Romania is the lowest in the EU, with spending less than half the EU average in 2023. Public sources funded 77 % of health expenditure, slightly less than the EU average, while private funding accounted for the remaining 23 % of health spending, almost all of which through out-of-pocket payments. Out-of-pocket payments are largely driven by spending on pharmaceuticals.

Health System Performance

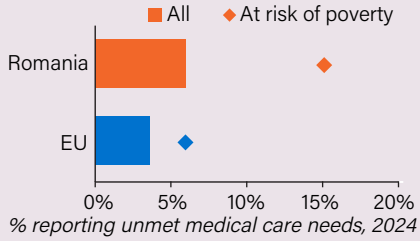
Effectiveness



Age-standardised rate per 100 000 population, 2022

Romania has one of the highest avoidable mortality rates in the EU, with preventable and treatable deaths far exceeding EU averages. Recent initiatives aim to improve early detection and care for some treatable causes of mortality, but comprehensive measures to address primary prevention and underlying behavioural risk factors remain limited.

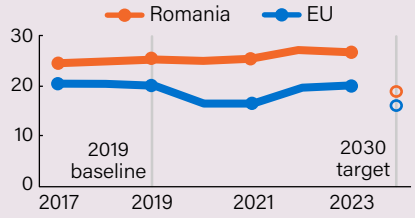
Accessibility



% reporting unmet medical care needs, 2024

In 2024, 6 % of Romanians with medical care needs had unmet needs due to cost, distance to travel or waiting times, one of the highest rates in the EU. Income disparities are stark: unmet needs among people at risk of poverty were nearly three times higher than among the whole population. High out-of-pocket payments, especially for pharmaceuticals and dental care, are important barriers for people with low incomes.

Resilience



Antibiotic consumption, defined daily doses per 1 000 pop. per day

Antibiotic overuse contributes to antimicrobial resistance, a major public health threat. Antibiotic consumption in Romania is among the highest in the EU and is not on track to achieve its 2030 reduction target. New regulations now require pharmacies to collect patient prescription and dispensing data to improve monitoring.

Spotlight: pharmaceuticals

Romania spends about 10 % less per capita on retail pharmaceuticals than the EU average, yet pharmaceutical spending makes up 26 % of health expenditure, one of the highest shares in the EU. Public insurance covers only half of retail pharmaceutical costs, leaving patients to bear the rest out-of-pocket. This is due to limited reimbursement and a high share of spending on over-the-counter (non-prescribed) medicines. Generics account for 54 % of prescribed medicines volume, a slightly greater share than the EU average, but biosimilar uptake remains substantially low. Access to many innovative medicines is delayed, due to long times before inclusion in the reimbursement list.

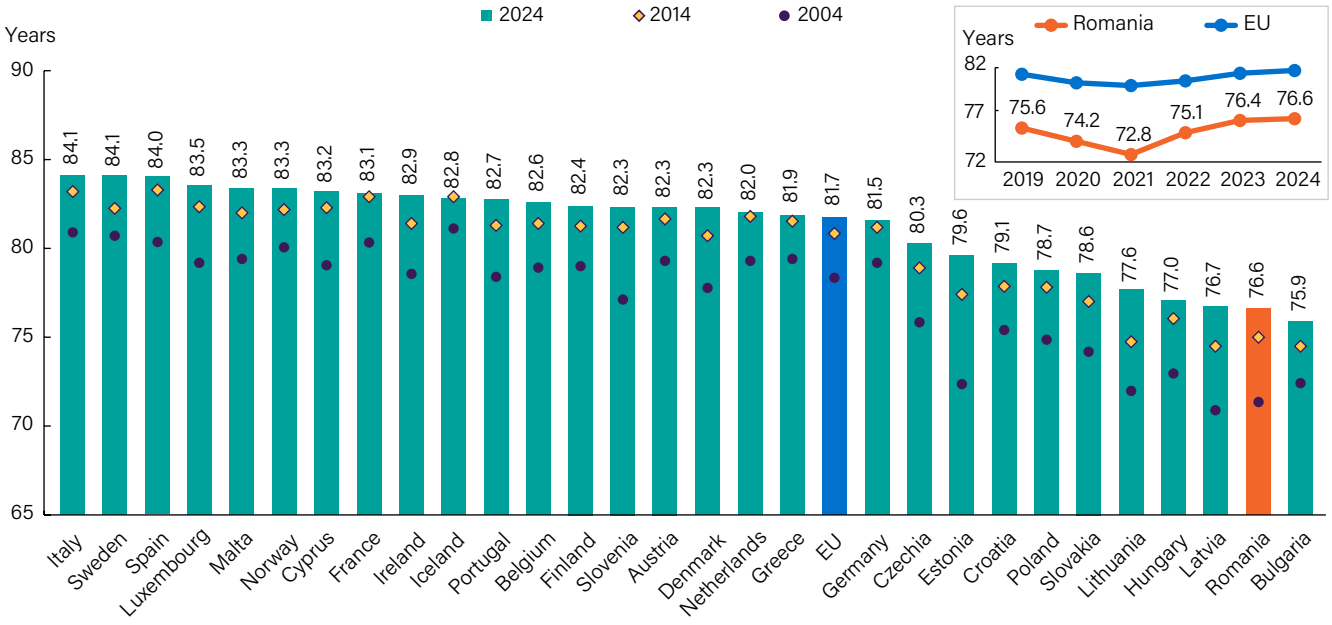
2 Health in Romania

Life expectancy in Romania remains more than five years below the EU average

Life expectancy at birth in Romania increased rapidly up to 2019, but the pandemic resulted in a sharp drop of almost three years between 2019 and 2021. Life expectancy started to recover in 2022 and reached a new all-time high of 76.6 years in 2024, but is still 5.1 years below the EU average (Figure 1).

There is a large gender gap in life expectancy. In 2024, life expectancy at birth was 72.8 years for men and 80.4 years for women – a greater gender gap than the EU average (7.6 years compared to 5.2 years). This is partly due to greater exposure to risk factors among men such as smoking and heavy alcohol drinking (see Section 3).

Figure 1. Life expectancy in Romania was among the lowest in the EU in 2024



Notes: The EU average is weighted. 2024 data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

More than half of all deaths in Romania in 2022 were from cardiovascular diseases

Cardiovascular diseases (including ischaemic heart disease and stroke) remained the leading cause of mortality in Romania in 2022, accounting for 56 % of all deaths (Figure 2). Cancer was the second leading cause of mortality, responsible for 17 % of all deaths. Other significant causes of mortality included respiratory diseases (8 %) and digestive diseases (6 %).

Older people in Romania have shorter lifespans that are mostly spent with disabilities

As other EU countries, Romania has experienced a demographic shift towards an older population over the past two decades mainly due to outmigration, below-replacement fertility rates, and gains in life expectancy. The share of people aged 65 and over rose from 13 % in 2000 to 20 % in 2023 and is expected to increase further to 31 % by 2050.

In 2022, Romanian women at age 65 could expect to live another 18 years, while men could expect to live another 14 years (Figure 3). However, of these remaining years, only about four years were spent free of disability for both men and women, a much lower number and proportion of healthy life years than on average in the EU.

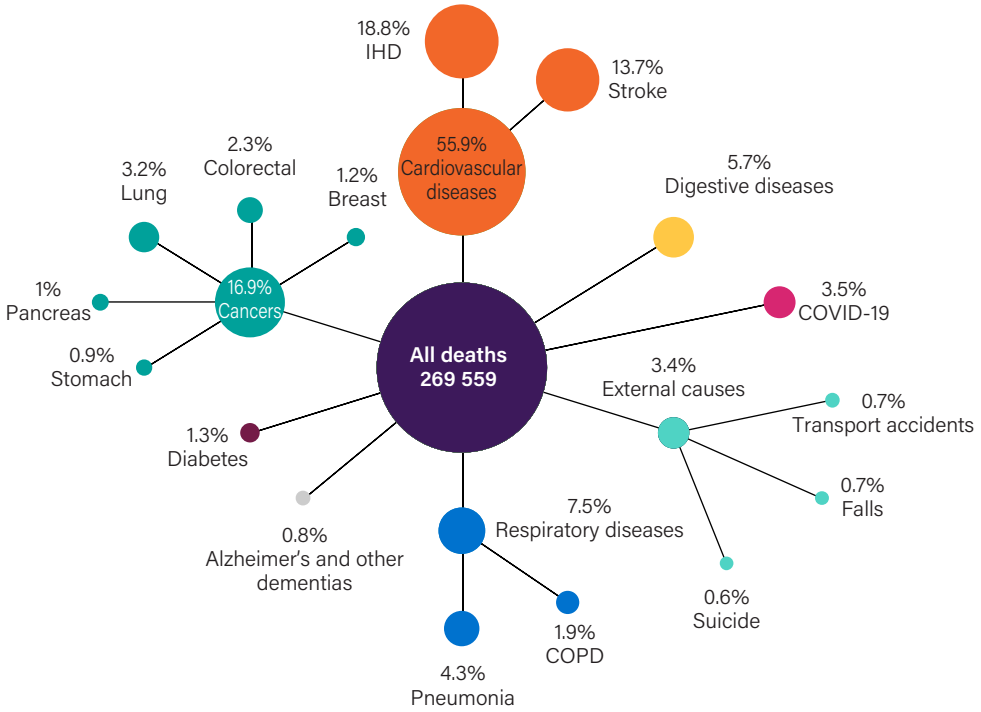
Around one third of elderly men reported living with multiple chronic conditions, while this proportion reached more than half (55 %) among elderly women. A much higher proportion of women aged 65 and over (34 %) also reported limitations in daily activities compared to men (22 %).

Almost 2.4 million Romanians live with a cardiovascular disease

Cardiovascular diseases (CVDs) are not only the leading causes of death, but also leading causes of morbidity and disability in Romania, as in other EU countries.

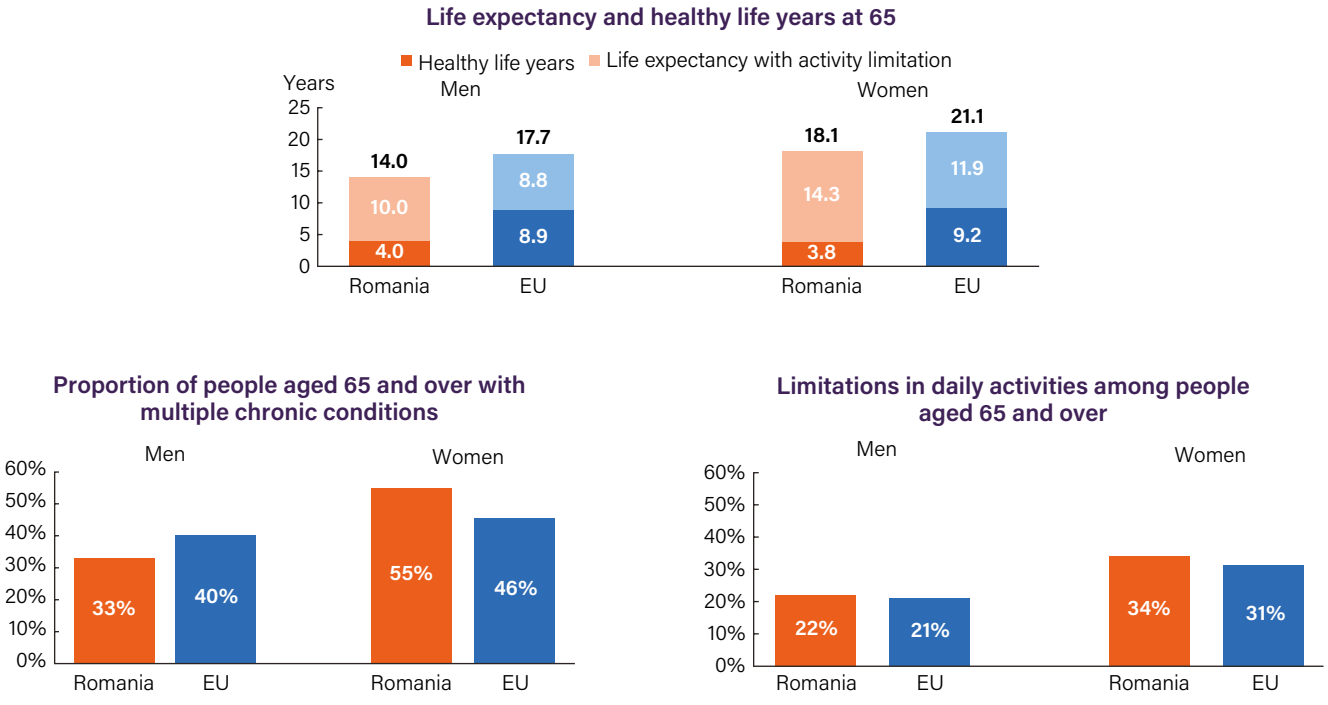
Institute for Health Metrics and Evaluation (IHME) estimates show that 2.4 million Romanians were living with a CVD in 2021, and more than 275 000 people were estimated to have been diagnosed with a new CVD (Figure 4). While the age-standardised prevalence rate is slightly lower than the EU

Figure 2. Cardiovascular diseases were the main cause of mortality in 2022, followed by cancer



Note: IHD = ischaemic heart disease; COPD = chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_aro); Data refer to 2022.

Figure 3. The number of healthy life years of Romanians at age 65 is less than half the EU average



Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic diseases and limitations in daily activities). Data refer to 2022 and 2021-22, respectively.

average, the incidence rate is one of the highest across EU countries (1 486 per 100 000 population), reflecting relatively high CVD mortality (see Section 5.1). The government has recently introduced the 2024-30 National Strategy to Fight Cardiovascular and Cerebrovascular Diseases, with targeted measures to improve prevention, early diagnosis and care for CVDs.

Men tend to develop CVD earlier due to greater exposure to behavioural risk factors such as smoking. However, Romania's large elderly female population - driven by women's longer lifespan - results in higher crude incidence among women, since CVD risk increases sharply with age. Once diagnosed, women tend to experience worse outcomes and higher mortality due to CVD.

Figure 4. Incidence rate of cardiovascular diseases in Romania is notably higher than the EU average

278 115
New cases in 2021
Incidence rate (age-standardised), 1 486 per 100 000 population (1 157 in the EU)

2.4 MILLION
Living with the condition in 2021
Prevalence rate (age-standardised), 12 448 per 100 000 population (12 965 in the EU)

Source: IHME, Global Health Data Exchange (estimates refer to 2021).

Cancer causes a substantial burden in Romania, but estimated prevalence and incidence remain low partly due to poor cancer screening uptake and outcomes

According to the European Cancer Information System (ECIS), more than 600 000 people were estimated to be living with previous cancer diagnosis in 2020, and over 100 000 new cases were estimated in 2022 (Figure 5). Among men, the main cancer sites are prostate (19 %), lung (16 %) and colorectum (15 %). Among women, breast is estimated to be the most common newly diagnosed cancer site (28 %), followed by colorectum (12 %) and cervix (7 %).

Both cancer prevalence (3 547 per 100 000 population) and incidence (526 per 100 000 population) estimates are lower than the EU average, partly reflecting the country's low cancer screening uptake and worse outcomes. The National Cancer Plan set out measures across the full continuum of cancer prevention and care (OECD/European Commission, 2025). However, despite progress in several areas, uptake of cancer screening remains low (see Section 5.1).

Figure 5. Estimated cancer prevalence and incidence are below the EU average

100 471
New cases in 2022
Incidence rate (age-standardised), 526 per 100 000 population (572 in the EU)

667 090
Living with the condition in 2020
Prevalence rate (age-standardised), 3 547 per 100 000 population (4 767 in the EU)

Notes: These are estimates that may differ from national data. Cancer data includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System (estimates refer to 2022 for incidence data and 2020 for prevalence).

3 Risk factors

Behavioural and environmental risk factors account for more than one third of all deaths

According to estimates from IHME, around 29 % of all deaths in Romania in 2021 could be attributed to behavioural risk factors, including tobacco smoking, dietary habits (e.g. high levels of sugar and salt consumption along with low fruit and vegetable consumption), alcohol consumption and low physical activity. Air pollution, in the form of ozone and fine particulate matter ($PM_{2.5}$) exposure, accounted for an additional 6 % of overall mortality, a figure higher than in most EU countries.

Smoking remains a major concern among both adults and adolescents

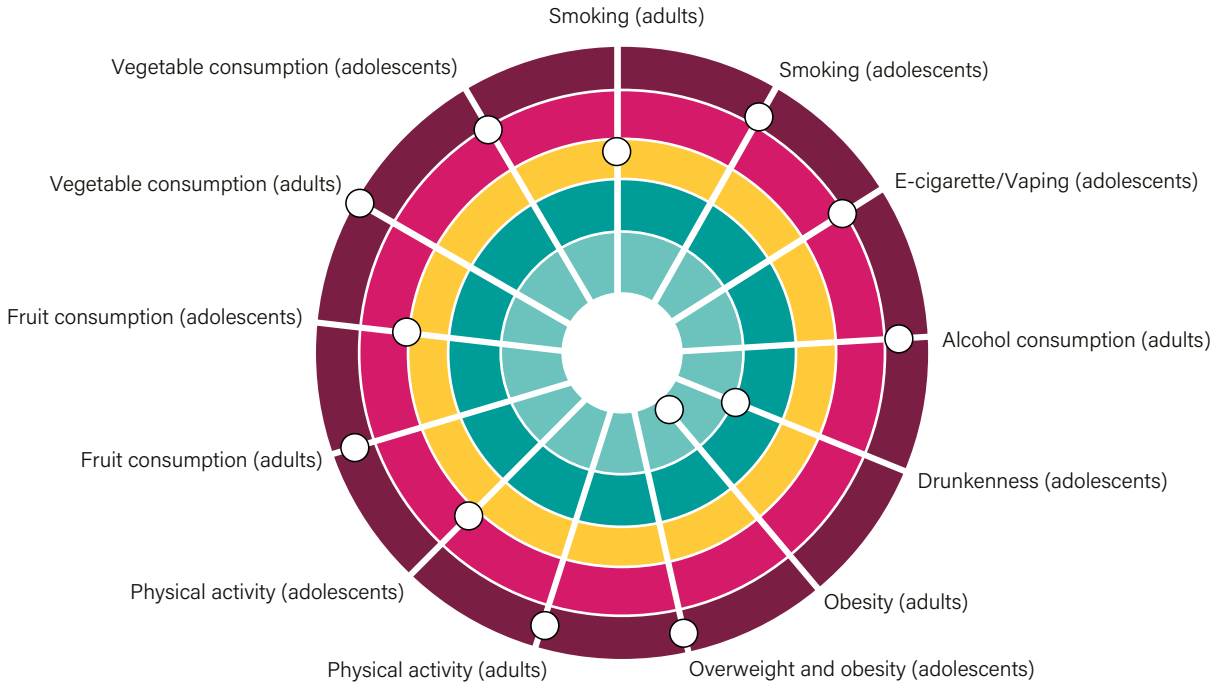
Despite a slight reduction in smoking rates since 2008, roughly one in five adults still smoked daily in 2019 – a proportion on par with the EU average (Figure 6). There is a large gender gap: men are nearly four times more likely to smoke than women (31 % compared to 8 %). Adolescent smoking is also high, with 23 % of 15-year-olds reporting smoking regular cigarettes in the past month in 2022 – well above the EU average (17 %). E-cigarette use has also become very popular: 26 % of 15-year-olds reported vaping at least once in the past month in 2022, exceeding the EU average (21 %).

Romania has taken major steps to curb smoking over the past decade, including a ban on smoking in indoor places and a prohibition on tobacco and e-cigarette advertising. In 2022, the government introduced a gradual increase in taxes on tobacco products, scheduled for 2022-26. The government also banned the sale of alternative tobacco products, including e-cigarettes, nicotine pouches, and heated tobacco devices, to those aged under 18 in 2024.

Alcohol consumption remains a public health challenge

Romania recorded one of the highest alcohol consumption levels in the EU in 2023 (12.3 litres per adult), an almost 30 %

Figure 6. Romania scores worse than most EU countries on many risk factors



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; Eurostat based on EU-SILC and OECD Data Explorer for adults indicators (2022 or nearest year), except for smoking (EHIS 2019).

increase over the past decade - contrary to the declining trend in most other EU countries. Among Romanian adolescents, 17 % of 15-year-olds reported having been drunk more than once in their lifetime in 2022, with a higher prevalence among boys (19 %) than girls (14 %). The country has only introduced a limited number of measures to address harmful alcohol use, including alcohol excise taxes, regulations on alcohol advertising, and a ban on alcohol sales to those under 18 implemented in 2024.

One in ten Romanian adults are obese, and childhood overweight is among the highest in the EU

Poor diet and physical inactivity are the main factors contributing to overweight and obesity. Romanians have some of the lowest fruit and vegetable consumption in the EU: in 2022, only 38 % of adults consumed fruit daily (compared to an EU average of about 60 %), and a similar proportion (37 %) reported eating vegetables daily (also compared to an EU average of 60 %). Only around one in five adults engaged in physical activity more than three times per week in 2022 - the fourth lowest figure among EU countries.

Despite these risk patterns, Romania's adult obesity rate (based on self-reported height and weight) was the second lowest in the EU in 2022 according to the EU-SILC survey: only 10 % of adults were obese, compared to the EU average of 14 %.[1]

Among adolescents, the share of 15-year-olds who were overweight or obese has nearly doubled from 14 % in 2010 to 26 % in 2022 - the third highest figure among EU countries. Less than one third of 15-year-olds consumed fruit (29 %) and vegetables (30 %) daily, and only 15 % engaged in physical activity for at least one hour per day - a proportion on par with the EU average, yet far from meeting the WHO recommendation that all adolescents should do so each day. The country has recently introduced measures to encourage healthier nutrition among children and adults, such as taxation of sugar-sweetened beverages and banning the sale of food products high in fat, salt and sugar in schools and nearby premises.

Education-related gaps in obesity and physical activity are large in Romania

Education level shapes behavioural risk factors in Romania as in other EU countries. In 2022, adults with lower education[2] were twice as likely to be obese as those with a university degree (12 % compared to 6 %). Disparities in physical activity are also large: over 80 % of adults with lower education reported low levels of physical activity, compared with 73 % among university graduates. However, as in a few other EU countries, smoking displays a reversed social gradient: in 2019, daily smoking was more common among the higher educated (18 %) than among the less educated (14 %).

[1] WHO/Europe's "European Health Report 2024" reports the opposite pattern: Romania's adult obesity rate was the highest among EU countries in 2022, at 34 %. These WHO figures are model-based estimates using measured height and weight, a methodology that minimises response bias.
[2] Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).

4 The health system

The health insurance system in Romania relies heavily on a small employee contribution base

The provision of most health services in Romania are decentralised and fall under the responsibility of 41 districts and the capital city (Bucharest). The National Health Insurance House (NHIH), which is under the Ministry of Health (MoH), oversees the compulsory social health insurance (SHI) system.

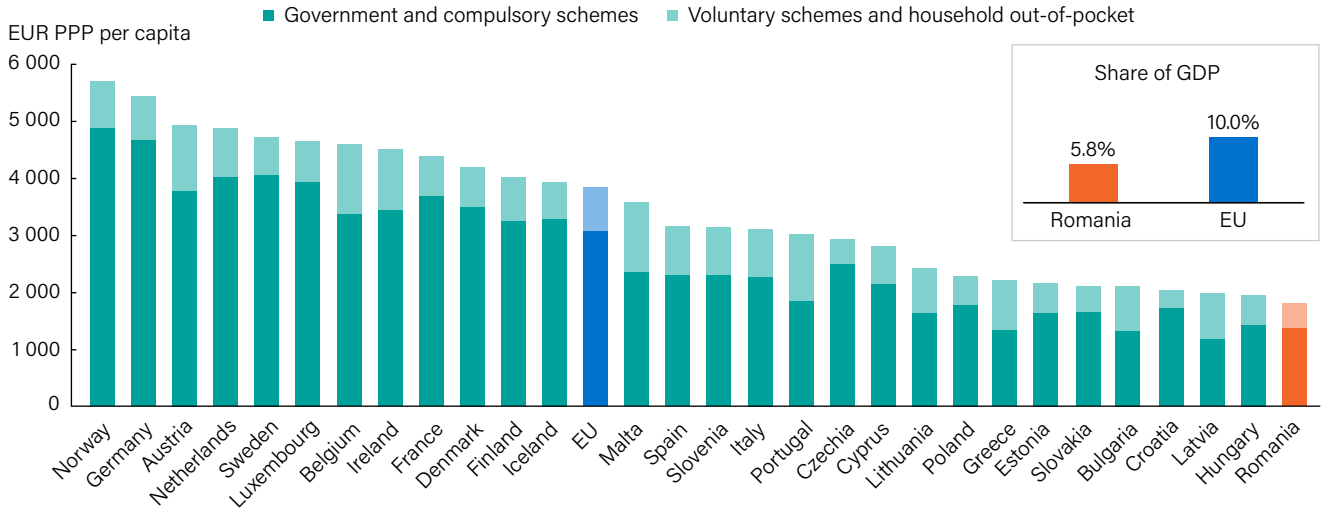
Until 2025, 19 population groups were exempt from contributions, including children, students, pensioners, people with chronic conditions, people with disabilities, the unemployed, and those with incomes below the minimum wage. Construction, agriculture, and food industry workers with monthly gross incomes up to EUR 2 000 were also exempted in 2019, though this was suspended in 2023. Austerity reforms in September 2025 further reduced these exemptions, now limited mainly to children, low-income pensioners, people with disabilities, and a few other special-status groups. These new measures are expected to expand the contributor base by around one third over the coming years (CNAS, 2025).

In 2024, an estimated 89 % of the population was covered by SHI, the lowest proportion among EU countries (see Section 5.2).

Health spending in Romania is less than half the EU average

Romania's health spending remains the lowest in the EU. In 2023, health expenditure was EUR 1 800 per capita (adjusted for differences in purchasing power) – less than half the EU average of EUR 3 832 (Figure 7). This represented 5.8 % of GDP, also well below the EU average (10.0 %). Despite repeated pledges to increase public funding, the share of government spending allocated to health has fallen in recent years (see Section 5.3).

Figure 7. Romania has the lowest per capita health spending among EU countries



Note: The EU average is weighted (calculated by OECD).
Sources OECD Data Explorer (DF_SHA); Eurostat Database (demo_gind). Data refer to 2023.

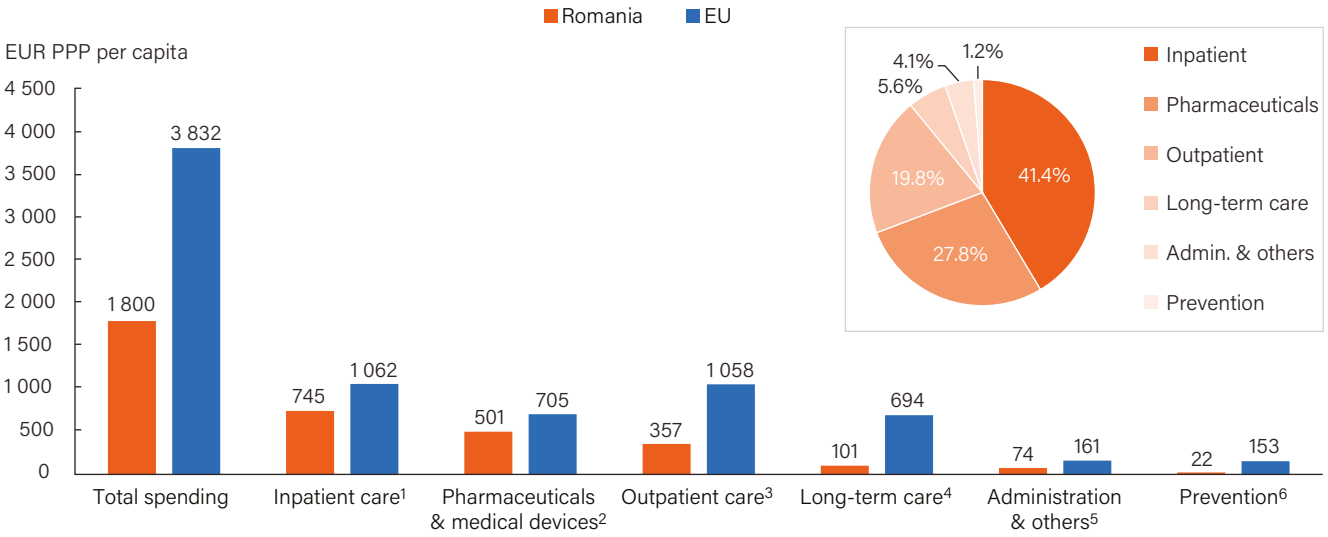
In 2023, government and compulsory schemes financed 77 % of health expenditure, lower than the EU average (80 %). Out-of-pocket (OOP) payments made up almost all of the remaining 23 %, well above the EU average (16 %). This high OOP share is driven by outpatient pharmaceuticals and dental care (see Section 5.2), and by direct payments from uninsured people for certain services, pointing to the need for broader population coverage, expanded benefits package, and better-designed cost-sharing structure. Informal payments also play a notable role (see Section 5.2).

High spending on inpatient care reflects limited progress in strengthening primary care and prevention

Inpatient care absorbs a large and growing proportion of Romania's health spending, with the share reaching 41 % in 2023, the second highest among EU countries. By contrast, the share dedicated to outpatient care (20 %) was the second lowest in the EU, reflecting a system that relies on resource-intensive hospital services (Figure 8). Efforts to strengthen primary care – which have repeatedly appeared on policy agendas since the 1990s – have had limited progress, and a substantial share of healthcare resources continues to flow towards hospital care.

Spending on pharmaceuticals and medical devices accounted for 28 % of health expenditure in 2023, which was one of the highest shares in the EU, although per capita spending is still far below the EU average. Preventive care and long-term care accounted for a relatively small share of health expenditure in 2023 – both well below the EU average.

Figure 8. Inpatient care accounts for 41 % of total health expenditure in Romania



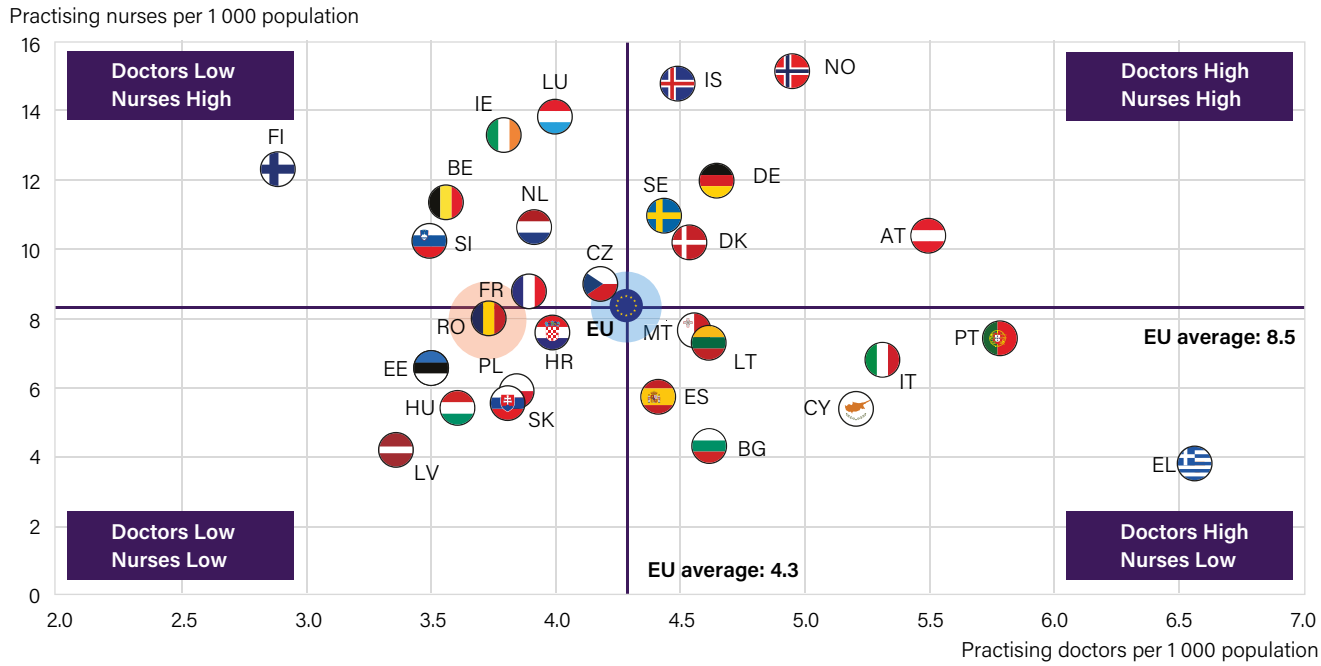
Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes only the outpatient market; 3. Includes home care and ancillary services (e.g. patient transportation); 4. Includes only the health component; 5. Includes health system governance and administration and other spending. 6. Includes only spending for organised prevention programmes. The EU average is weighted (calculated by the OECD).
Sources: OECD Data Explorer (DF_SHA). Data refer to 2023.

The number of doctors and nurses has increased, but emigration and geographic maldistribution remain an issue

In 2023, there were 3.7 physicians per 1 000 population in Romania compared to an EU average of 4.3, and 8.2 nurses per 1 000 compared to 8.5 (Figure 9).

Romania has increased the number of doctors and nurses over the past decade, thanks to larger cohorts of medical and nursing graduates. However, the nursing workforce still includes a substantial share of professionals with legacy diplomas that do not meet current EU professional recognition standards (82 %). In 2024, a targeted amendment - Directive (EU) 2024/505 - incorporated Romania's 2014 "special revalorisation" programme into EU rules. As this change takes effect, the proportion of nurses classified as non-compliant is likely to decline, although some skills and training needs may remain.

Figure 9. Romania has fewer doctors and nurses than the EU average



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospital.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE). Data refer to 2023 or nearest year.

Challenges persist when it comes to the geographic distribution of workers (see Section 5.3). Retention also remains a challenge in the face of higher salaries and better working conditions elsewhere in the EU (see Section 5.3).

The share of GPs among physicians is lower than in most EU countries

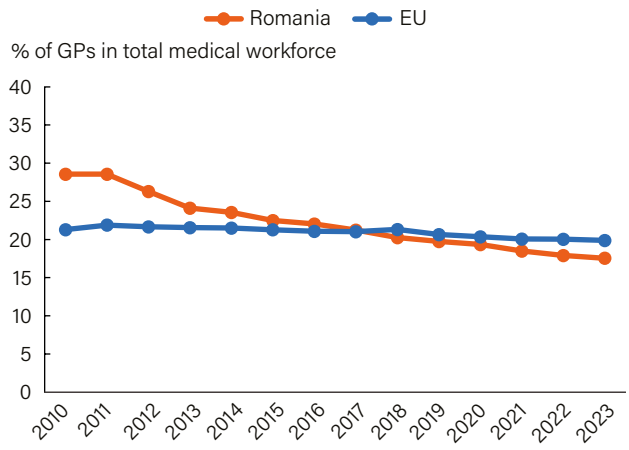
In 2023, general practitioners (GPs) accounted for 18 % of the physician workforce, below the level in most EU countries and the EU average of 20 % (Figure 10). The absolute number of GPs in Romania has increased only slightly over the past decade, and the share of GPs within the medical workforce has fallen below the EU average since 2018. This reflects two reinforcing pressures: low interest in primary care among new doctors and a high rate of retirements among current GPs. The latter is likely to persist, as two in five GPs are aged over 60 (Medic24, 2025).

Primary care plays a limited role in the system, yet reforms aim to strengthen its role

GPs work largely in privately-owned solo practices contracted by district health insurance funds. Their gatekeeping and chronic care management roles remain weak: for most conditions, patients consult GPs primarily to obtain referrals to specialists, as the clinical scope of GP practice is limited. For certain conditions, patients can also access specialists directly rather than visiting GPs first.

Romania therefore continues to rely heavily on specialist and hospital services. Despite repeatedly proposed reforms to strengthen primary care, the system has remained hospital-centric, with high numbers of hospital beds and activity. Against this backdrop, the Recovery and Resilience Plan (RRP) and the Operational Health Programme financed jointly by the European Regional Development Fund (ERDF) and European Social Fund Plus (ESF+) earmarks funding to bolster primary care, such as upgrades to primary care infrastructure, integrated community centres, and financial incentives for primary care providers to expand preventive and community-based services (see Section 5.3).

Figure 10. The share of GPs among all doctors has steadily decreased in Romania over time



Note: The EU average is unweighted.
Source: OECD Data Explorer (DF_PHYS_CAT).

5 Performance of the health system

5.1 Effectiveness

Romania has one of the highest preventable and treatable mortality rates in the EU

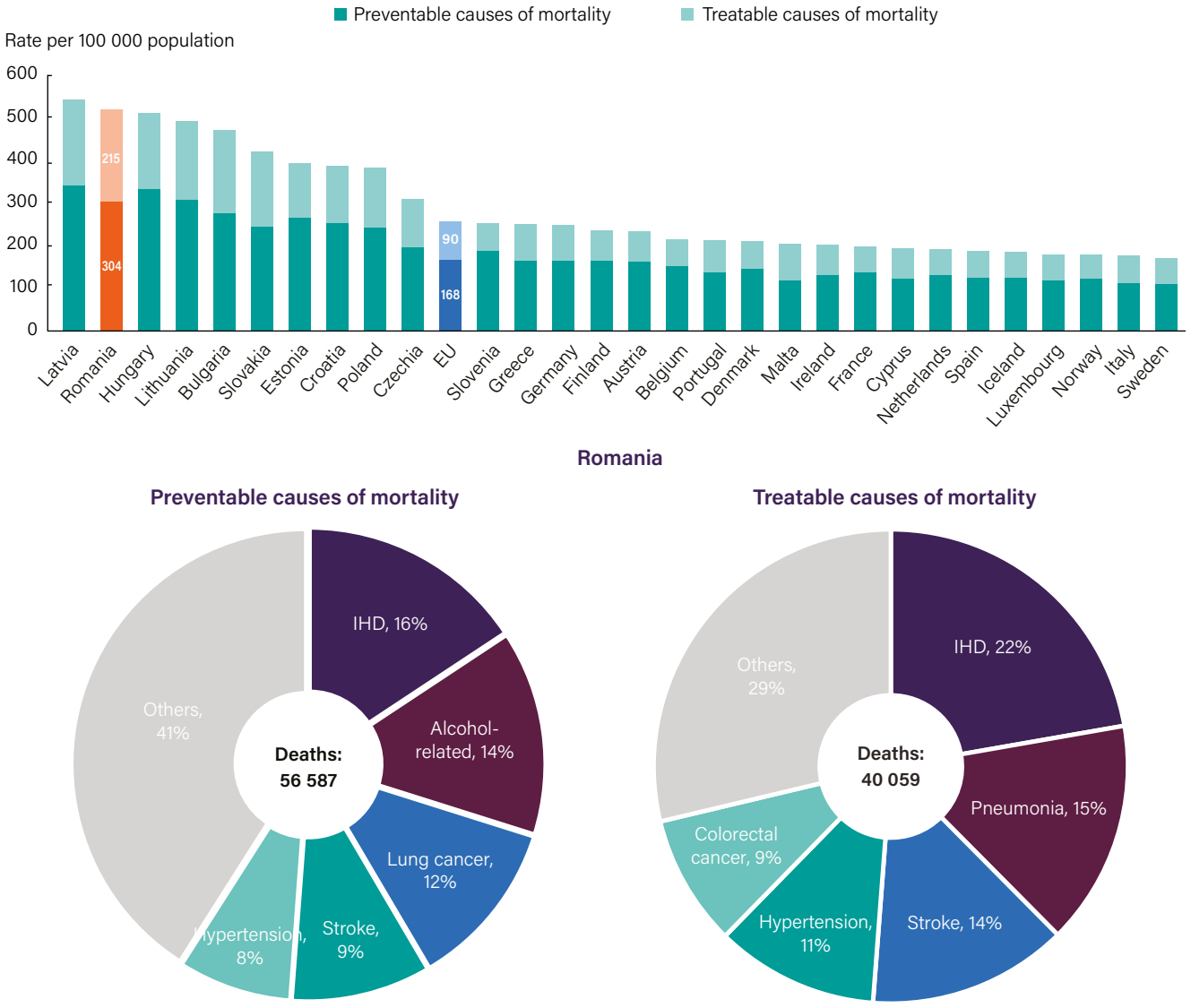
In 2022, preventable mortality in Romania was the third highest in the EU at 304 deaths per 100 000 population (Figure 11). Ischaemic heart disease, alcohol-related conditions and lung cancer were the main causes, mirroring the high prevalence of behavioural risk factors (see Section 3).

Treatable causes of mortality, defined as deaths that could be avoided through timely and effective healthcare, was the highest in the EU in 2022, at 215 deaths per 100 000 population. Ischaemic heart disease, pneumonia and stroke were the leading causes. Mortality from treatable hypertension and pneumonia was particularly high, at nearly six times the EU average.

Romania has recognised the need to address avoidable mortality through an increased focus on primary care

In 2024, Romania introduced a primary care screening tool, the "Riskogramme", for adults aged 40 and over to identify chronic conditions (such as circulatory diseases, cancer and diabetes) and behavioural risk factors (such as alcohol use and smoking), with the aim of curbing high levels of avoidable mortality. The government also adopted the National Strategy for Combating Cardiovascular and Cerebrovascular Diseases to reduce avoidable deaths from ischaemic heart disease and stroke. However, Romania still lacks a comprehensive, multisectoral approach to primary prevention, essential to reducing preventable mortality.

Figure 11. Mortality due to preventable and treatable causes in Romania are among the highest



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths for some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_apr) (data refer to 2022).

Romania's vaccination rates for several infectious diseases remain well below most EU countries

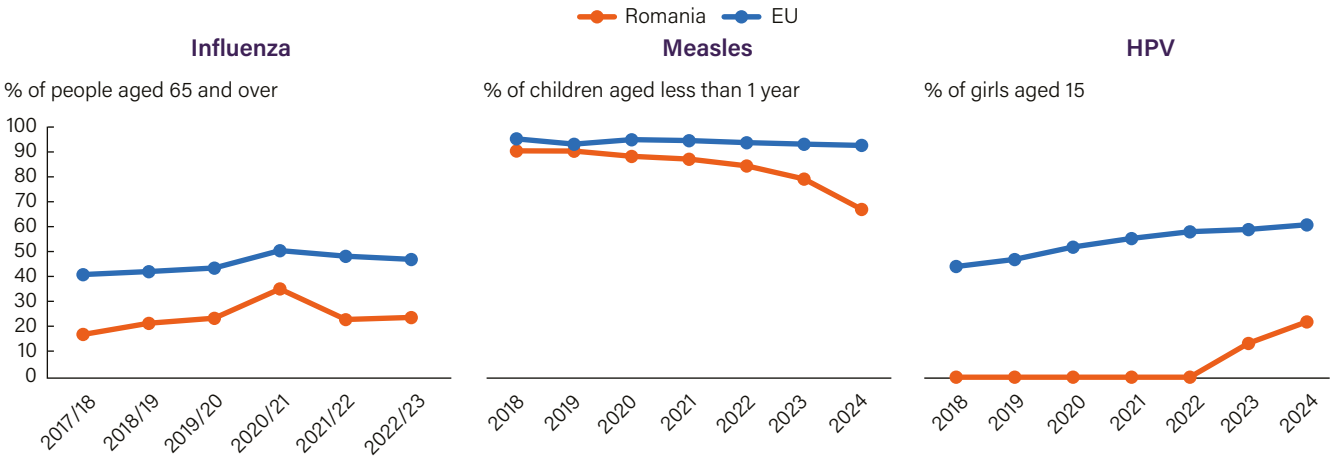
After an initial rise in the first year of the pandemic (2020/21), influenza vaccination among people aged 65 and over fell sharply in 2021/22 and returned to its pre-pandemic level of 23 % in 2022/23 - less than half the EU average (Figure 12, left panel).

Immunisation against measles among young children began to decline before the pandemic and continued afterwards. In 2024, only 66 % of children aged under one had received the first measles dose - the lowest rate in the EU (Figure 12, middle panel). Mistrust in vaccines and system-level barriers have contributed to the decline (Save the Children, 2025). Between 1 August 2024 and 31 July 2025, Romania accounted for 67 % of all measles cases reported in the EU, reflecting the impact of persistently low coverage (ECDC, 2025).

Policy measures have been introduced in recent years to raise uptake. In 2023, the government adopted the National Vaccination Strategy 2023–2030 to improve coverage across the population, and most vaccines (including influenza and measles) were made available free of charge. Since the end of 2023, the human papillomavirus (HPV) vaccine is also offered free of charge to all girls and boys aged 11-18, and this was further expanded to age 26 in 2025.

The country relaunched its HPV vaccination programme in 2020 after an unsuccessful initial attempt in 2008. Despite this relaunch, coverage remains low: in 2024, only 23 % of 15-year-old girls had completed the full recommended HPV schedule, less than half the EU average of 63 %, although this represented a substantial increase from 2023 (Figure 12, right panel). The expanded free-of-charge offer is expected to support higher uptake in the coming years.

Figure 12. Vaccination rates for important diseases remain strikingly low



Note: The EU average is weighted for influenza (calculated by Eurostat) and unweighted for measles and HPV.
Sources: Eurostat (hlth_ps_immu) and WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Cancer mortality remains high despite a decade of improvement

Romania's cancer mortality was 241 deaths per 100 000 population in 2022, a reduction of 10 % over the past decade but still above most EU countries. To accelerate progress, Romania adopted a five-year National Cancer Plan in 2022, aligned with the four pillars of Europe's Beating Cancer Plan (prevention; early detection; diagnosis and treatment; quality of life). The Plan promotes integrated, multidisciplinary care and redesigned patient pathways to improve coordination and timeliness, but the implementation has stalled due to operational delays.

The absence of national cancer registries has limited monitoring of screening, outcomes and care quality. The country aims to establish a new national cancer registry. Access to timely diagnosis and treatment is also being addressed, including through an ad hoc early access programme for oncology medicines (OECD/European Commission, 2025).

Cancer screening is mostly opportunistic, leading to low screening rates

Cancer screening in Romania is mostly opportunistic. Up-to-date monitoring is limited because there are no nationwide population-based programmes apart from cervical screening, which faces systemic deficiencies such as shortages of skilled personnel to process samples.

Survey data from 2019 indicate very low participation: fewer than 10 % of eligible people reported breast or colorectal screening in the previous two years - well below EU programme averages of 56 % and 44 %, respectively. Cervical screening rates are higher thanks to the screening programme in place but still modest, with 39 % of women aged 20-69 reporting a test in the last two years in 2019, compared to an EU programme average of 55 %. Screening participation and awareness among Roma population is notably low (Simion et al., 2023).

To shift from opportunistic to organised screening, Romania has recently launched regional pilots for breast and colorectal cancer, which includes mobile units in underserved areas, supported by EU Cohesion Funds.

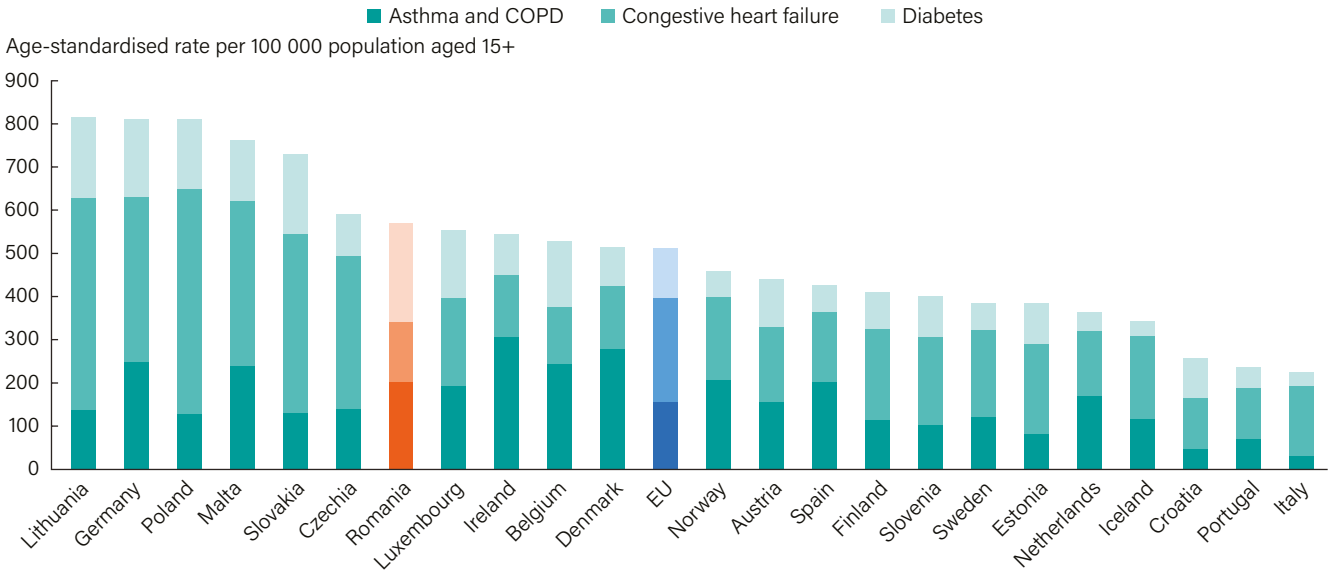
Avoidable hospital admissions for chronic conditions are high, especially for diabetes

Potentially avoidable hospital admissions for chronic conditions such as asthma and COPD, congestive heart failure, and diabetes in Romania have long been among the highest in the EU, reflecting persistent weaknesses in managing these conditions outside of hospital settings. Although remaining below pre-pandemic levels in 2023, Romania still exceeded the EU average in hospital admissions for most of these conditions and ranked highest for diabetes-related admissions (Figure 13).

In 2020, Romania responded to the growing diabetes burden by launching its first National Diabetes Prevention Programme. To strengthen the role of primary care, the country allowed family physicians to perform diabetes screening and prescribe selected antidiabetic medicines for non-complex cases. Despite these efforts, diabetes management still depends heavily on higher levels of care. Avoidable hospital admissions for diabetes continue to rise, placing increasing pressure on secondary and tertiary care, highlighting the need for more comprehensive action at the primary care level following the example of countries such as Portugal.

More broadly, Romania is seeking to strengthen the role of primary care in chronic disease management. The National Health Strategy 2022-2030 outlines goals such as improving care pathways and enhancing coordination across levels of care. However, aside from the rollout of integrated community centres (see below), implementation of concrete measures has so far been limited.

Figure 13. Potentially avoidable hospital admissions for chronic conditions remain high in Romania



Note: Admission rates are not adjusted for differences in disease prevalence across countries. The data pertain to 2023 or latest available year.
Source: OECD Data Explorer (DF_HCQO).

High acute myocardial infarction and stroke mortality reflect gaps in acute and post-acute care

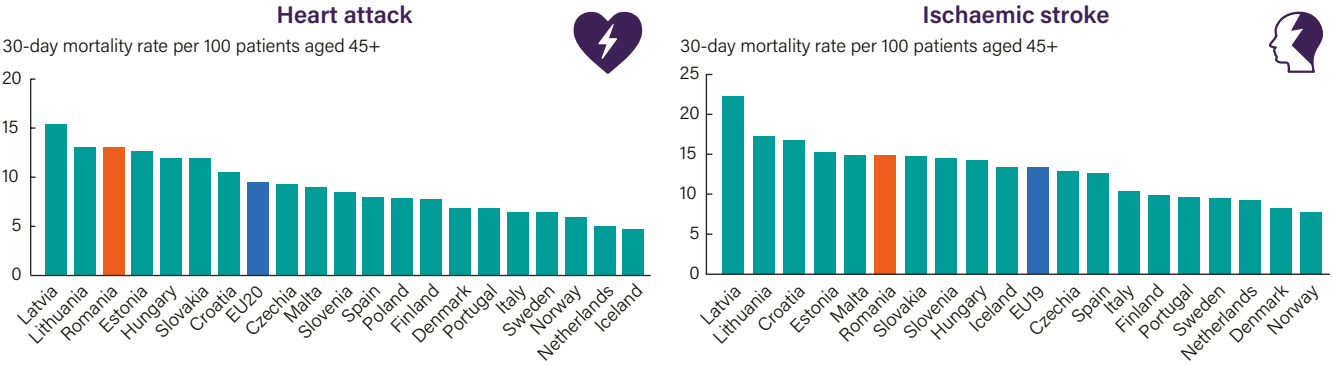
The 30-day case-fatality rates for acute myocardial infarction (AMI) and stroke are core indicators of acute hospital care quality. In 2023, Romania's 30-day mortality for AMI and stroke remained well above the EU average among the EU countries for which data are available (Figure 14). These results point to persistent challenges in timely emergency response and in the coordination between hospital and post-acute services.

Despite priorities set out in the National Health Strategy to improve cardiovascular care pathways, outcomes for acute CVD remain markedly worse than across the EU. Delays in presentation and transport, uneven adherence to evidence-based protocols, and limited capacity for post-acute rehabilitation and secondary prevention all contribute to avoidable deaths. Recent policy steps include Romania's adoption of the Stroke Action Plan for Europe and expansion of the national acute stroke programme (including an interventional registry), alongside the National Strategy for Combating Cardiovascular and Cerebrovascular Diseases (2025-2030), which sets targets to strengthen emergency pathways and expand rehabilitation and referral to post-acute care.

Most people with chronic conditions feel supported in managing their health but report limited access to digital records and coordinated care

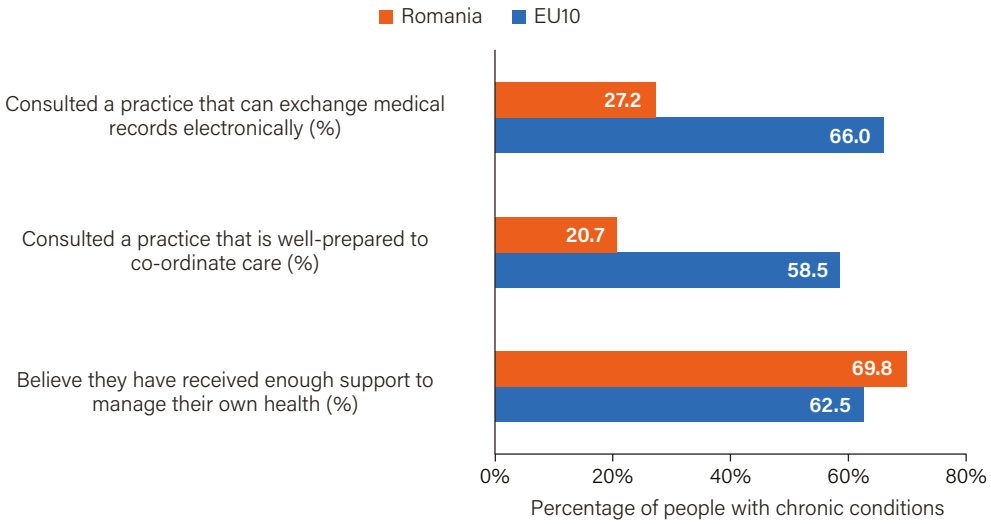
Based on the results from the 2023-24 OECD Patient-Reported Indicator Surveys (PaRIS), more than two-thirds of people with chronic conditions in Romania (70 %) who contacted their primary care provider in the past six months felt they had received enough support to manage their own health, a higher share than the average among the 10 EU countries that participated in the study (Figure 15). However, Romania lags behind in digitalisation and care coordination in primary care: only 27 % of Romanians with chronic conditions reported being managed in practices that could exchange medical records electronically, less than half the EU average.

Figure 14. Thirty-day mortality rates for acute myocardial infarction and stroke in Romania are well above the EU average



Note: Data refer to 2023. Figures based on patient data age-sex standardised to the population admitted to hospital for heart attack and ischaemic stroke.
Source: OECD Data Explorer (DF_HCQO).

Figure 15. Only about one in five primary care patients in Romania reported their practice could co-ordinate care well



Note: Values refer to the percentage of people reporting positive experiences.
Source: OECD PaRIS 2024 Database (data refer to 2023-24).

Similarly, only 21 % of patients reported being treated in practices well-equipped to coordinate care, far below the EU average (63 %).

Policy responses have aimed to strengthen coordination in primary care. The country has plans to introduce integrated community centres - starting in underserved areas, financed through the RRP, to provide multidisciplinary care involving family physicians, social workers, community nurses, specialists and Roma health mediators. The National Health Strategy 2022-2030 also prioritises prevention and better chronic care through territorial networks. RRP funding also allocates EUR 300 million for health system digitalisation, including promoting electronic exchange of medical records (see Section 5.3).

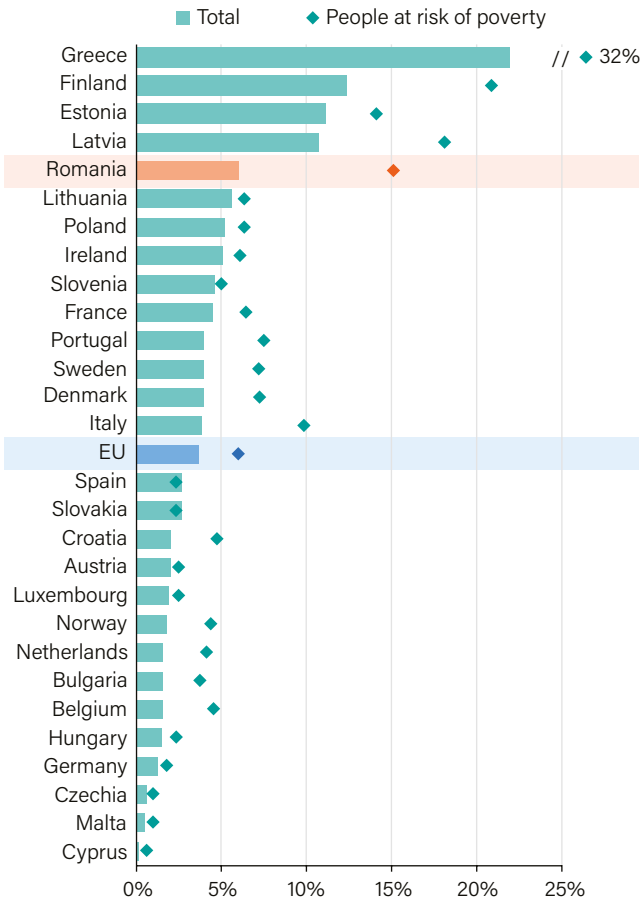
5.2 Accessibility

More than one in ten Romanians are not covered by social health insurance

Although social health insurance (SHI) is compulsory, an estimated 11 % of the population were uninsured in 2024. This group includes citizens living abroad (often insured in their country of residence), informal workers, unemployed people not registered for social welfare, and those without personal identification cards - a barrier more common in marginalised rural areas, including Roma communities.

Uninsured individuals can access a state-funded minimum benefits package covering emergency care, treatment for infectious and epidemic-prone diseases, maternal care, family planning and community health services. In 2023, this package was expanded to include primary care services as well as selected laboratory tests and specialist consultations for certain chronic conditions, including hepatitis B and C and cancer, to support earlier detection and treatment. However, uninsured patients still pay out-of-pocket for outpatient medicines, other laboratory tests and imaging services.

Figure 16. Unmet medical care needs in Romania impact poorer households disproportionately



Notes: The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.
Source: Eurostat database (hlth_silc_08b). Data refer to 2024.

Unmet medical and dental care needs are among the highest in the EU

The most recent round of EU-SILC shows that 6 % of Romanians with medical care needs reported unmet needs due to costs, travel distance or waiting times in 2024 - the fifth highest share in the EU (Figure 16). Financial barriers were the main reason. Income-related disparities are stark: about 4 % of people above the poverty threshold (with income above 60 % of the median) reported unmet needs, compared with 15 % among those at risk of poverty - nearly four times as high.

Unmet dental care needs are higher and follow a similar gradient by income level. In 2024, 16 % of adults with dental care needs reported unmet needs - the third highest rate in the EU. People at risk of poverty were over three times more likely to report unmet dental care needs as those above the poverty threshold (44 % compared with 13 %).

Public financing covers most hospital and outpatient care but is limited for medicines and dental care

The benefits package for insured people - including those fleeing the war in Ukraine - is broad. It covers inpatient, outpatient, specialist and preventive care, as well as pharmaceuticals and medical devices.

In 2023, public financing covered almost all inpatient care in Romania, well above the EU average of 91 %. Public coverage of outpatient care was in line with the EU average at 77 %. By contrast, only half of pharmaceutical spending was publicly financed, and public coverage of dental care was five times lower than the EU average. This is because the benefits package covers dental services only for children, veterans and patients with chronic conditions, and only a limited number of dentists are contracted by the NHIH. This contributes to the high unmet needs for dental care, particularly among people at risk of poverty.

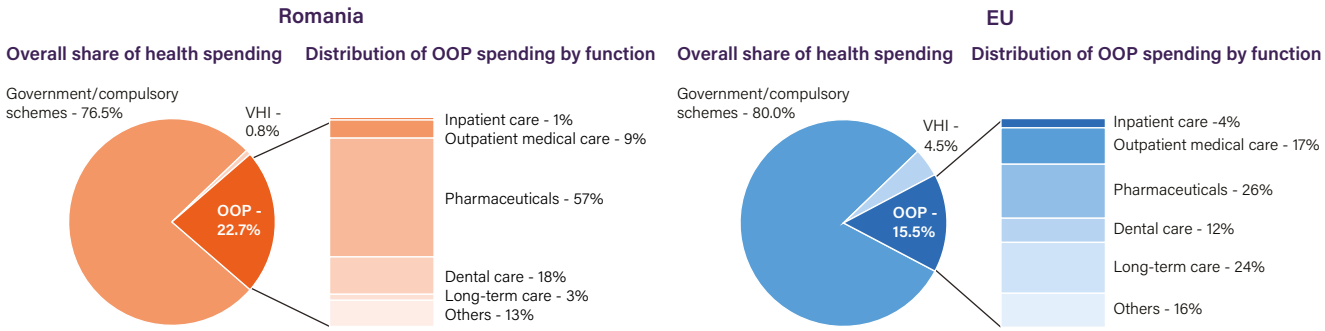
Out-of-pocket payments are above the EU average

OOP payments have risen since 2019 and accounted for 23 % of total health spending in 2023, up from 19 % in 2019 and above the EU average of 16 % (Figure 17). Nearly 60 % of OOP spending was on pharmaceuticals (more than twice the EU average), 18 % on dental care and 9 % on outpatient care. Although around 70 % of outpatient medicines on the positive list were exempt from copayments in 2020, many medicines still require copayments that put people under financial strain (see Section 6).

In 2023, the government raised the income threshold for pensioners eligible for reduced copayments on medicines to EUR 321 per month (up from EUR 200 set in 2017). This broadened eligibility for the 90 % reimbursement scheme for medicines, with the NHIH reimbursing 50 % of the reference price, and the Ministry of Health financing a further 40 % through the state budget.

Informal payments also contribute to OOP spending: 9 % of Romanians reported making an extra payment or giving a valuable gift to health staff or donating to a hospital in 2023 - three times the EU average (Eurobarometer, 2023). Romania has taken steps to reduce informal payments, including training for health workers and awareness campaigns for patients and providers, alongside measures to improve transparency of entitlements and to strengthen confidential reporting channels.

Figure 17. Pharmaceuticals account for most out-of-pocket payments in Romania



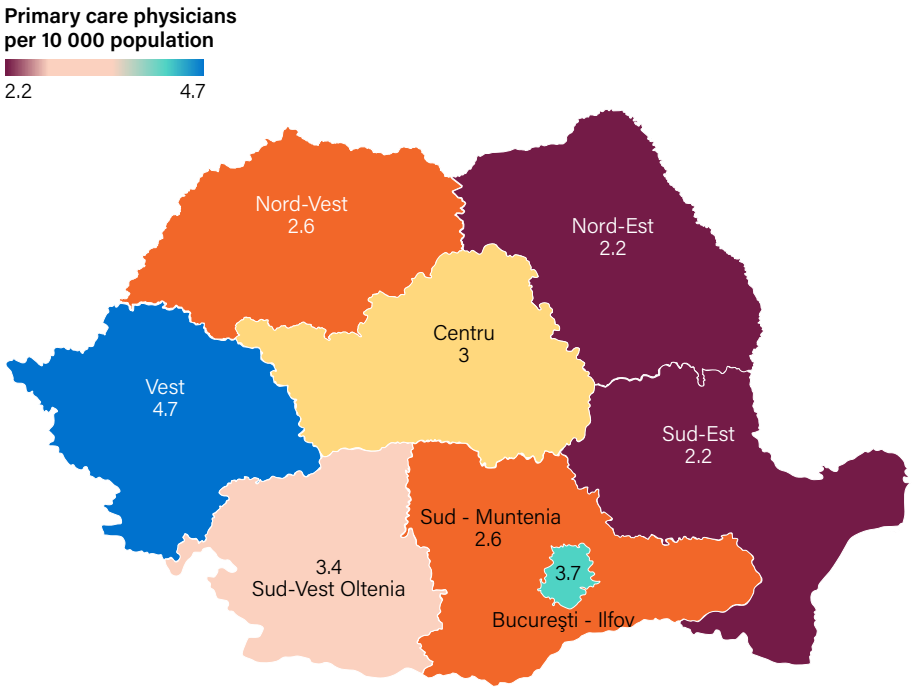
Note: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023.

Workforce shortages and uneven distribution limit primary care access, while the use of teleconsultations remains limited

Only 10 % of total health spending in Romania was allocated to primary care in 2022, the third lowest share in the EU (OECD/European Commission, 2024). Access problems reflect this underinvestment: in the 2024 Eurofound survey, 6 % of adults reported unmet needs for primary care, twice the EU average.[3] The number of GPs contracted by the NHIH has been falling in recent years, leaving rural and underserved areas particularly affected (CNAS, 2023). In 2023, the Vest region had the highest GP density at 4.7 per 10 000 population, while Nord-Est and Sud-Est had the lowest at 2.2, less than half (Figure 18). The National Health Strategy aims to increase the number of GPs and improve their geographic distribution by expanding training capacity, offering financial incentives for work in underserved areas, and improving the overall attractiveness of the profession (Ministry of Health, 2023).

[3] The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Figure 18. GPs are unevenly distributed across Romanian regions



Note: Data refer to 2023.
Sources: National Institute of Statistics Romania (population data), National Health Insurance House (physician data).

Romania expanded teleconsultations during the pandemic to improve access, especially in underserved areas. The share of adults reporting a teleconsultation rose from 22 % in summer 2020 to 30 % in winter 2021, according to Eurofound survey data. The government supported this through simplified procedures, easier electronic prescribing for chronic patients, extended validity of electronic documents and referrals, and, more recently, new reimbursement rates for remote consultations. However, uptake of digital solutions remains limited, reflecting delayed health system digitalisation, low digital literacy and persistent socioeconomic inequalities.

5.3 Resilience

Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

National strategies seek to strengthen crisis preparedness and resilience

Romania's self-assessed capacity for public health emergencies, measured by the WHO e-SPAR tool, was 62 % in 2024, well below the EU average of 75 %. The country reported lower performance in most areas including infection prevention and control, human resources, risk communication, and health services provision (WHO, 2024).

In light of these systemic gaps, Romania adopted two complementary strategies to strengthen its resilience to future shocks and structural pressures following the pandemic.

While the National Strategy for Disaster Risk Reduction 2023-35 sets a cross-sectoral approach to respond to health and environmental crises - such as epidemics, earthquakes and climate-related emergencies - the earlier National Health Strategy 2022-30 sets objectives to strengthen the health system's resilience and long-term sustainability, including investment in public health infrastructure, laboratory capacity and multi-sectoral surveillance, and measures to reinforce financial sustainability and protection for vulnerable groups.

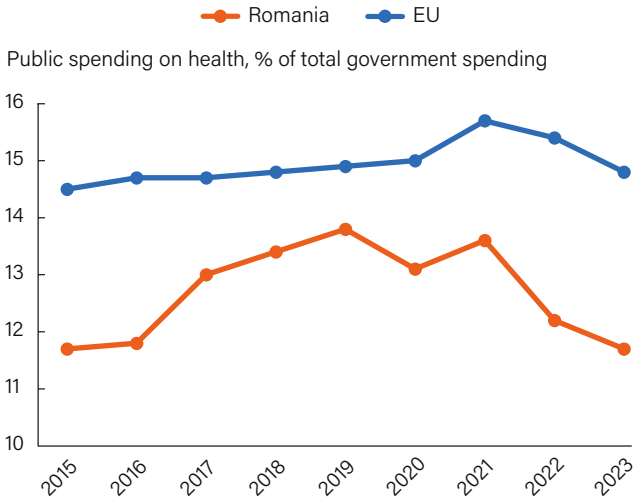
The healthcare system remains highly hospital-centric, limiting flexible, community-based responses to shocks and structural pressures. In 2023, Romania recorded 7.3 hospital beds per 1 000 population - the third highest rate in the EU - alongside high discharge rates. Much of the hospital infrastructure is outdated, but major modernisation efforts are underway. In 2022, the government created the National Agency for the Development of Health Infrastructure to oversee investments and projects. Current plans include building 19 new public health units and three regional hospitals under the RRP and investing in technical equipment under the Operational Health Programme (European Commission, 2024). Regional Health Service Masterplans also aim to reconfigure hospital beds and outpatient services based on regional needs, with expected efficiency gains from better use of resources.

Despite higher public spending on health, the share of government spending on health has declined

Public spending on health rose strongly before and after the pandemic, but its share in total government expenditure has declined from 13.8 % in 2019 to 11.7 % in 2023 (Figure 19), reflecting competing fiscal priorities and post-pandemic budget realignment. This raises concerns for the long-term

financing of reforms outlined in Romania's National Health Strategies, which aim to strengthen resilience against future shocks and structural pressures arising from population ageing. These concerns may intensify in the coming years, as the government has introduced new austerity measures in 2025 to preserve fiscal space, including cuts to healthcare infrastructure projects.

Figure 19. The share of government spending on health in Romania has decreased since 2019



Notes: The EU average is weighted.
Source: Eurostat (gov_10a_exp).

The Recovery and Resilience Facility and EU funds support substantial investments in Romania's health infrastructure and human resources

Romania has earmarked approximately EUR 2 billion from the EU-funded Recovery and Resilience Facility (RRF) for healthcare investments over the 2021–2026 period, representing around 7 % of its total RRF allocation.[4] These funds aim to expand the capacity of health services, support essential investments within the health sector, including digitalisation and improve human resources management. Major initiatives include upgrading health infrastructure through the construction or renovation of hospitals, integrated community centres, outpatient units and family planning offices; providing essential medical equipment to family doctors; and establishing a Health Quality Fund to raise standards of hospital care (see Box 1). The RRF also supports financial incentives to enhance preventive services in primary care, health worker training in areas such as anti-corruption and integrity, and strengthened capacities for health system management and workforce planning (European Commission, 2024).

However, as of September 2025, delays in implementation have led to cuts in RRF financing for hospital infrastructure projects. To mitigate the impact and ensure completion, Romania now plans to reallocate resources from the EU-funded Operational Health Programme (financed through the ERDF and ESF+) (Romania Insider, 2025).

Box 1. The Recovery and Resilience Plan supports efforts to improve quality of care in Romanian hospitals

As part of its Recovery and Resilience Plan, Romania is advancing care quality improvements through an innovative Health Quality Fund. Developed in 2022 with WHO Europe technical assistance, this performance-based financing mechanism rewards hospitals for measurable quality gains, marking a shift from traditional hospital funding approaches.

A cornerstone of this reform is the establishment of 25 nationally validated quality indicators, officially adopted by the Ministry of Health in 2023. Following successful pilot testing in six hospitals, Romania has embarked on its first systematic effort to embed quality monitoring in hospital operations. The initiative is now being scaled up to all state-owned hospitals willing to participate, directly linking funding to improvements in care quality.

Source: WHO Europe (2024), Quality of care indicators to support implementation of the Health Quality Fund in Romania: technical guidebook.

Between 2021 and 2027, Romania is also set to receive over EUR 1.6 billion in EU Cohesion policy funds for healthcare-related activities to reduce regional disparities in access to care. More than EUR 600 million, representing 39 % of the total allocation, is dedicated to improving health infrastructure. This is followed by measures to enhance accessibility and system resilience (31 %) and investments in medical equipment (22 %). Additional funding supports targeted interventions to improve access to preventive and primary care for vulnerable groups. The programme also includes investments in upskilling the health workforce, with a focus on specialised training in cancer treatment and genomics.

As of mid-September 2025, Romanian beneficiaries had also received approximately EUR 25.7 million under the EU4Health work programmes (2021–2025). The largest share of this funding supported cancer-related initiatives (40 %), followed by digitalisation (19 %) and crisis preparedness (15 %).

Romania trains many health professionals, but emigration continues to strain staffing levels

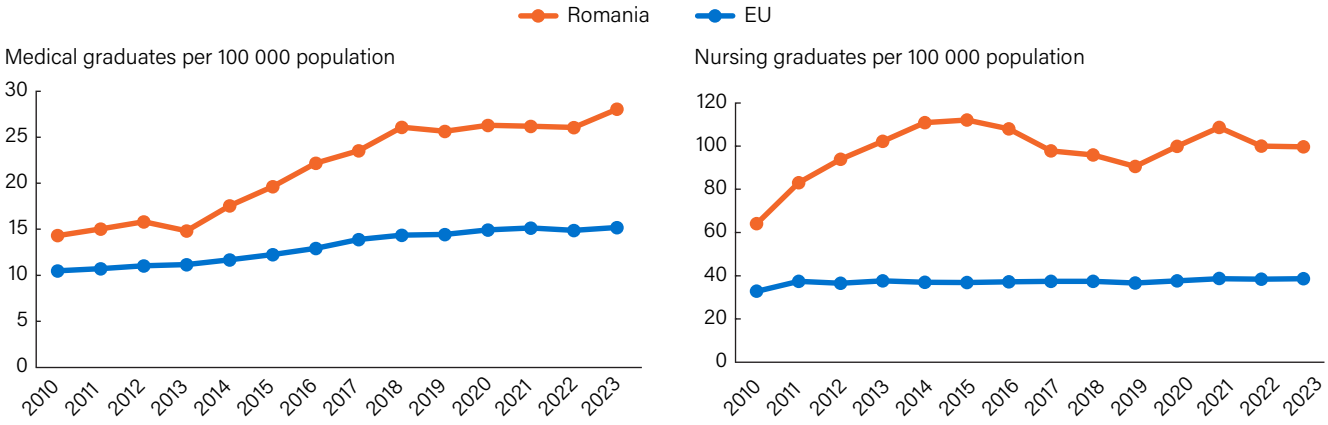
Romania has long trained relatively large cohorts of medical and nursing students, with graduate rates consistently above the EU average (Figure 20). Over the past decade, medical graduates nearly doubled to 28 per 100 000 population - the third highest rate in the EU and almost twice the EU average. This partly reflects the internationalisation of medical education: in 2023, about one third of places in medical schools were in programmes taught in English, French or Hungarian, largely attracting international students who typically return to their home countries after graduating.

[4] Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

In the 2021-22 academic year, more than half of the foreign students (52 %) were enrolled in medical and health sciences programmes, confirming the strong internalisation trend in the field (Ministry of Education, 2022).

Nursing graduate rates are well above the EU average, although most nurse graduates are trained at a level that does not meet the EU Directive on the recognition of professional qualifications. As in several other countries, fewer young people in Romania express interest in nursing careers. According to the Programme for International Student Assessment (PISA) survey, the share of 15-year-olds aspiring to become nurses fell by 20 % between 2018 and 2022, down to 1.4 %, which is below the EU average of 1.7 % (OECD, 2025). If this downward trend persists, the country will have a smaller pool of prospective students in nursing, which will further compound staffing challenges in the future.

Figure 20. The number of medical and nursing graduates in Romania is much greater than the EU average



Note: The EU average is weighted (calculated by the OECD). Data include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses.
Source: OECD Data Explorer (DF_GRAD).

Despite this strong training capacity, workforce shortages remain, driven largely by the outflow of both newly trained and more experienced professionals. Romania has adopted several measures to support retention, including substantial salary increases for doctors in public hospitals. Supported by RRP funds, the Multiannual Strategy for Human Resources Development 2022-2030 sets objectives to improve working conditions, strengthen nationwide workforce planning through better monitoring and forecasting, and attract professionals to underserved areas. Romania also benefits from EU-level initiatives (such as the BeWell Health Skills Partnership) and technical support projects focused on upskilling and reskilling, particularly in digital and green competences.

Romania has increased digital health investments, but uptake remains low and inequalities limit benefits

Romania accelerated its investment in digital health following the COVID-19 pandemic. In 2023, capital spending on information and communication technology (ICT) equipment, software and databases in the health and social care sectors reached approximately EUR 175 million. However, per capita investment remained among the lowest in the EU, at EUR 0.9 million per 100 000 population, less than half the EU average of EUR 2.2 million. Much of this spending is financed through the RRP and EU Cohesion Policy funds.

The uptake of digital health tools among the population remains limited. While the use of the internet for health information increased in 2022, it subsequently declined (Figure 21). In 2024, only around 10 % of people reported booking medical appointments online or accessing their health records digitally, among the lowest shares in the EU.

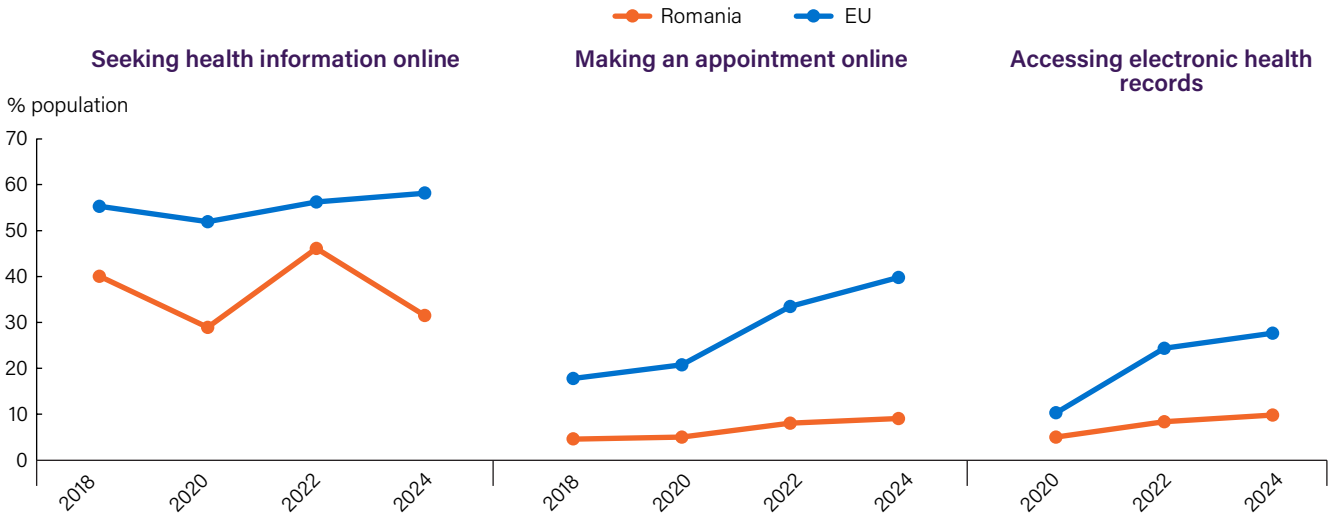
Barriers to wider adoption include the lack of a comprehensive national platform for appointments and electronic health records, as well as low levels of digital literacy: in 2023, just 27 % of the Romanian population had basic digital skills, compared to an EU average of 55 % (European Union Digital Skills and Jobs Platform, 2024). Socioeconomic inequalities further limit engagement: in 2024, individuals with higher education were ten times more likely to book medical appointments online and nearly four times more likely to search for health information online than those with lower education.

In 2024, the government announced the National Action Plan for the Digital Decade 2024-2030. The main goals of this Action Plan are to build digital competences among the public and healthcare providers, improve infrastructure for integrated e-health services and accelerate the adoption of digital tools in the health sector. Backed by EU funds, Romania is set to establish its first integrated eHealth platform.

Antibiotic use remains high, and antimicrobial resistance is a major concern

Antimicrobial resistance (AMR) is a major public health threat in Romania, as in other EU countries, and reducing excessive antibiotic use is central to tackling it. Monitoring consumption

Figure 21. The use of various digital health tools is not yet common among Romanians



Source: Eurostat (isoc_ci_ac_i).

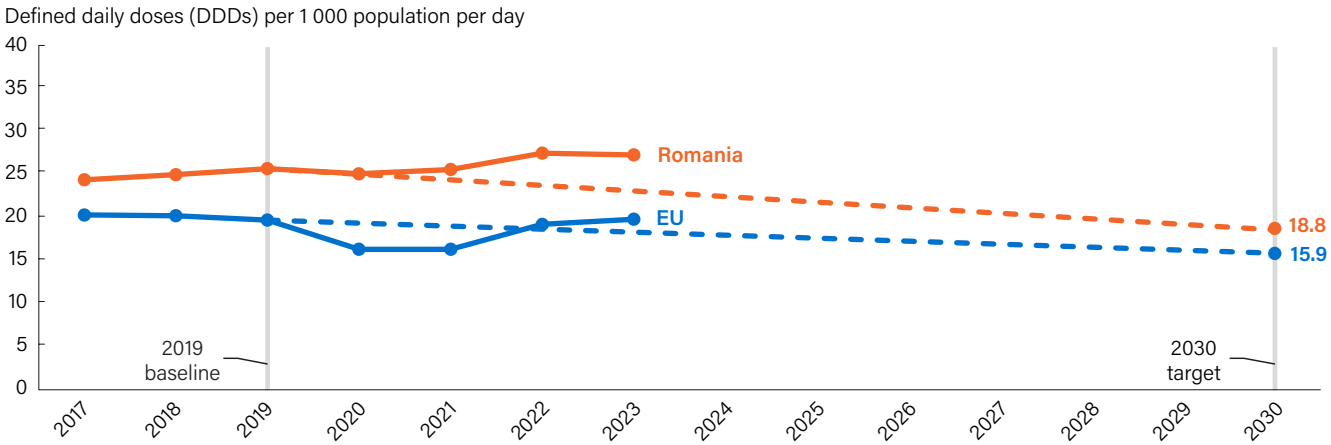
is therefore crucial, particularly to track progress towards the EU Council's 2030 reduction targets adopted in 2023.[5]

Romania has long ranked among the highest antibiotic consumers in the EU. In 2023, antibiotic consumption reached 27.4 defined daily doses (DDDs) per 1 000 population per day, exceeding pre-pandemic levels. (Figure 22). The country is not on track to achieve its 2030 reduction target as well as meeting the WHO benchmark for the share of Access-group antibiotics (first- or second-line antibiotics recommended for common infections) in total consumption. In 2023, these accounted for just over 50 % of total antibiotic use in Romania, compared with the EU average of 62 % and the WHO minimum target of 65 %.

Reflecting this pattern of suboptimal use, Romania recorded the highest antimicrobial resistance (AMR) composite index in the EU in 2022–2023, with nearly 70 % of bacterial isolates resistant to key antibiotics (ECDC, 2024).

Although antibiotics require a prescription, pharmacists can provide small emergency quantities when patients cannot promptly access a doctor. This practice enables some patients to assemble full courses by visiting multiple pharmacies, effectively bypassing the prescription requirement. To curb uncontrolled use, Romania introduced enhanced monitoring rules in 2024 requiring pharmacists to systematically record and report prescription and dispensing data, with the aim of tracking dispensing and prescribing trends.

Figure 22. Antibiotic consumption in Romania is much higher than the EU average and not on track to meet its 2030 target



Notes: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.
Source: ECDC ESAC-Net.

[5] Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

6 Spotlight on pharmaceuticals

Retail pharmaceuticals absorb a large share of health spending

While per capita retail pharmaceutical spending in Romania was slightly below the EU average in 2023, it represented 26 % of total health expenditure, the third-highest share in the EU. This disproportionate weight reflects both high medicine prices and high volumes of consumption.

Nearly 40 % of retail pharmaceutical spending was on over-the-counter (OTC) medicines and other non-durable medical goods, the highest share among EU countries. These items are not reimbursed and are paid entirely out-of-pocket by patients (Figure 23).

Prescription prices are controlled through external reference pricing - benchmarking against the lowest price in a basket of 12 EU countries - and a claw-back that requires manufacturers to return a set share of revenues to the payer. These measures aim to contain spending but also dampen supplier interest in the Romanian market.

Limited public coverage of medicines leaves many patients with high out-of-pocket costs

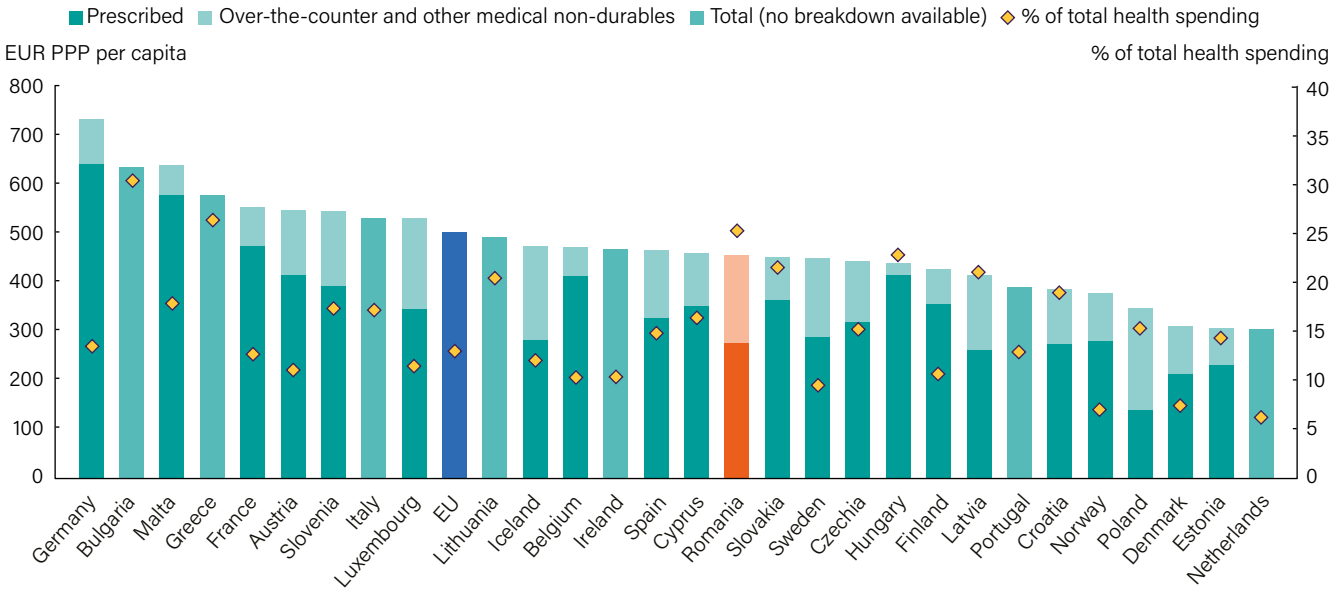
Government and compulsory schemes finance only half of retail pharmaceutical expenditure in Romania, compared to an EU average of 62 % (Figure 24). Two factors explain this relatively low coverage. First, a relatively high share of spending is on OTC medicines, which receive no public coverage. Second, reimbursement for prescribed medicines is limited for many products. Copayment rates vary from 10 % for generics, to 50 % for expensive generics (above a threshold) and branded medicines, and up to 80 % for products with low health technology assessment scores.

Percentage-based copayments generally place a heavier burden on patients than fixed charges. However, some medicines are fully reimbursed under disease-specific schemes financed by the state that fully cover selected treatments outside the usual copayment rules. Exemptions from copayments also apply to children, students under 26 without income, pregnant women, war veterans and low-income people with disabilities. However, there are no exemptions specifically for low-income adults and no overall caps on user charges (Scîntee, Mosca & Vlădescu, 2022). The country has recently reduced the VAT rate of medicines to 11 %, which is expected to improve affordability.

Compassionate use programmes partly offset long waits for access to new medicines

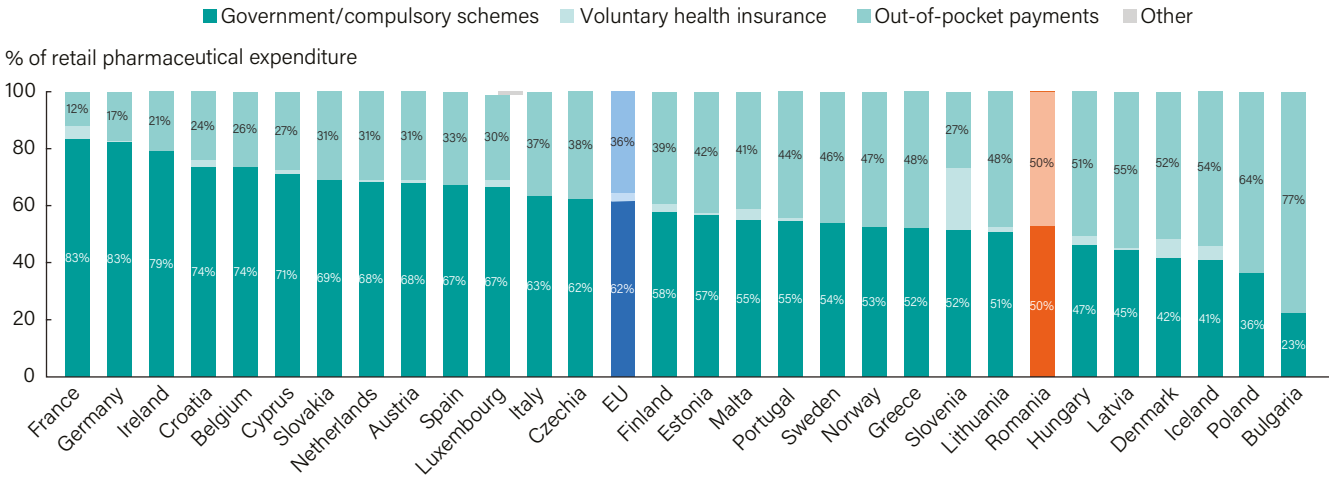
As in other EU countries, pricing and reimbursement of new medicines typically follow the European Commission approval. The National Agency for Medicines and Medical Devices (NAMMDR) conducts a score-based health technology assessment (HTA) that places strong emphasis on budget impact with a rigid cost-effectiveness threshold. This informs a decision to add the medicine to the reimbursement list unconditionally, add it conditionally, or not include it. Conditional inclusion requires a Managed Entry Agreement (MEA) with the NHIH – called the Cost-Volume (CV) or Cost-Volume-Result (CVR) contracts in Romania - typically signed for one year and renegotiated annually.

Figure 23. Romania spends less than most EU countries on retail pharmaceuticals, yet these expenditures make up a larger share of total health spending



Note: This figure represents pharmaceutical expenditures dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023, except for Norway (2022).

Figure 24. Half of retail pharmaceutical expenditure is paid out-of-pocket in Romania



Note: The EU average is unweighted.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023, except for Norway (2022).

The average duration of the HTA process has shortened markedly, from about 208 days in 2020 to around 100 days in 2024. Nonetheless, patient access remains slow overall. The 2024 EFPIA W.A.I.T. survey reports an average 828-day interval between EU marketing authorisation and public reimbursement in Romania for medicines approved in 2020-2023 - the second longest in the EU and about eight months longer than the EU average (578 days) (Newton et al., 2025). Furthermore, only 19 % of centrally (EU) approved medicines from that period were on the reimbursement list in early 2025.

However, it is important to keep in mind that these measures do not capture only national HTA and reimbursement processes but manufacturers' commercial launch strategies. Time-to-reimbursement also does not capture all access routes. Romania runs compassionate use programmes that allow patients with serious unmet needs to receive promising treatments ahead of listing. NAMMDR issued nearly 100 such early access authorisations in 2023 (NAMMDR, 2024). In addition, a dedicated early-access pathway is being developed for newly EU-approved cancer medicines in Romania to enable reimbursement before formal inclusion on the list (OECD/European Commission, 2025). The new EU HTA Regulation, effective from 2025, can also streamline the standard reimbursement pathway by replacing the national clinical assessment with a single, EU-level Joint Clinical Assessments. This can be expected to cut administrative delays by allowing Romanian authorities to build directly on the readily available EU-level assessment and quickly proceed with the other steps of the HTA process, thereby accelerating overall patient access.

Greater use of generic and biosimilar medicines can help contain pharmaceutical costs

Romania uses an International Non-Proprietary Name (INN) prescribing system, requiring physicians to prescribe the active substance rather than the brand name. Pharmacists may offer generic substitutes under the "indicative generic substitution" policy. Both physicians and patients can override this, but this often results in higher OOP costs.

Generic medicines accounted for 54 % of all prescribed medicines in volume in 2023 - a share slightly above the EU average of 51 %, although there remains room for further growth.

According to a report published in 2022, biosimilars represented just 0.7 % of total biological medicine sales, suggesting also ample room for greater use of these cost-saving options (APMGR, 2022). To increase biosimilar uptake, the new framework agreement between the NHIH and healthcare providers obliges initiating new therapies with biosimilars and requires that at least 50 % of patients using reference biologics be switched to biosimilar alternatives (PPRI, 2023).

Pharmaceutical innovation in Romania lags substantially behind most EU countries

In 2022, pharmaceutical industry research and development (R&D) investment in Romania was estimated to be about EUR 28 million, representing less than 1 % of total pharmaceutical R&D expenditure across the EU. In real terms, this equalled just 1 EUR per capita, one of the lowest amounts among EU countries.

Other innovation indicators, such as the number of pharmaceutical patent applications filed, also show this limited research capacity. Over the past decade, only six international pharmaceutical patent applications were filed under the Patent Cooperation Treaty (PCT) in Romania, including just one application in 2022. The country's pharmaceutical clinical trial activity has also declined by 11 % over the last decade, with only 140 new clinical trials conducted in 2024, equivalent to 7 new trials per million people – about 2.5 times lower than the EU average (18 per million).

Recognising the need to promote pharmaceutical innovation, Romania released its first pharmaceutical sector strategic plan in 2024. The plan includes objectives for developing patient recruitment mechanisms for clinical trials, mobilising human resources for clinical studies, and leveraging economic and fiscal policies to stimulate innovation. The country aims to triple its number of clinical trials by 2026, which could generate an estimated EUR 150 million for the Romanian economy.

7 Key findings

- Life expectancy in Romania remains among the lowest in the EU. Following the sharp drop during the COVID-19 pandemic, life expectancy rebounded and reached a new all-time high of 76.6 years in 2024, but is still over five years below the EU average. Cardiovascular diseases and cancer are leading causes of morbidity and disability.
- Behavioural risks like poor diet, smoking, alcohol, and physical inactivity contributed to nearly 30 % of all deaths in 2021, while another 6 % of deaths can be attributed to air pollution. Public health and primary prevention efforts are still limited, with only 1 % of total health spending allocated to prevention in 2023. The new primary care initiative "Riskogramme", launched in 2024, targets early detection of chronic conditions and behavioural risk factors in adults aged over 40.
- Health spending per capita is the lowest in the EU. In 2023, per capita health spending was less than half the EU average. Out-of-pocket payments accounted for over 23 % of total spending, a higher than the EU average of 16 %, driven mainly by direct payments for outpatient pharmaceuticals. Unmet medical and dental care needs are among the highest in the EU, with particularly high rates among people at risk of poverty.
- The health system remains hospital-centric. Avoidable hospital admissions for many chronic conditions are high, reflecting longstanding gaps in primary care capacity and coordination. Through the EU-funded Recovery and Resilience Plan (RRP) and other EU funds, Romania is investing in developing the primary care infrastructure, promoting care integration and providing financial incentives for prevention.
- Childhood vaccination rates are very low despite recent policy measures. The childhood vaccination rate against measles was the lowest in the EU in 2024, and Romania accounted for 67 % of all measles cases in the EU between August 2024 and August 2025. Influenza vaccination among older people and HPV vaccination also remains well below EU averages, reflecting vaccine hesitancy and system-level barriers.
- Antimicrobial resistance (AMR) is a major concern. Romania reported the highest level of bacterial resistance in the EU in 2022-23. Following a slight and temporary decline during the pandemic, antibiotic use rose again, putting the country off track to meet its 2030 reduction target. New monitoring rules introduced in 2024 require pharmacists to record and report dispensing to curb inappropriate use.
- Retention issues continue to contribute to the shortages of doctors and nurses, and there are particular concerns about the current and future supply of general practitioners (GPs). Poorer regions have the lowest GP densities, worsening unmet needs for primary care. Teleconsultations and other digital health tools could improve access, but uptake is constrained by limited digital literacy and poor infrastructure. EU funds, including the Recovery and Resilience Facility, provide funding support to Romania to modernise hospitals and primary care practices, accelerate digital transformation, upskill the workforce and establish integrated community centres.
- Retail pharmaceutical spending per capita is lower than the EU average, yet accounts for 26 % of total health expenditure - the third highest share in the EU. Patients pay about half of retail medicine costs out of pocket, reflecting limited reimbursement for prescribed products and the high purchase of over-the-counter medicines which is not covered publicly. Access to innovative medicines is long, but the use of compassionate and early-access pathways speed up access for patients with serious conditions to receive promising treatments before official listing.

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Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

State of Health in the EU
Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to: https://health.ec.europa.eu/state-health-eu_en

Please cite this publication as: OECD/European Observatory on Health Systems and Policies (2025), *Country Health Profile 2025: Romania*. *State of Health in the EU*, OECD Publishing, Paris/ European Observatory on Health Systems and Policies, Brussels.

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