



General data

POPULATION, 2023  
**19,059,479**  
PHYSICIANS / 1,000 INH, 2021  
**3.47**

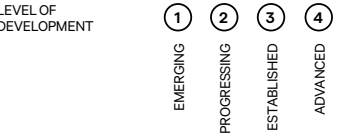
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High income**  
GDP PER CAPITA (US\$), 2023  
**18,404**  
HEALTH EXPENDITURE (% GDP), 2021  
**6.48**  
UNIVERSAL HEALTH COVERAGE, 2021  
**78**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



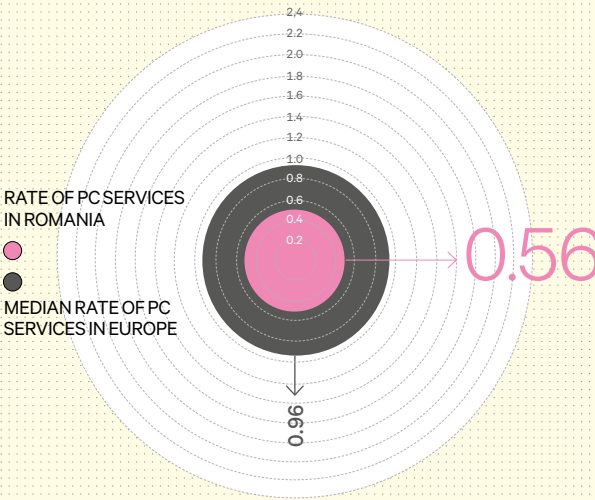
Consultants: Adriana Cărunțu; Malina Dumitrescu; Flavia Hurducas; Nicoleta Mitrea; Ancuta Camelia and Vladimir Poroch.  
National Association: National Association for Palliative Care (Asociatia Nationala de Ingrijiri Paliative).  
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Report validated by consultants: Yes  
Endorsed by National PC Association: Yes  
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# Romania

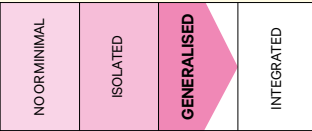
F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**107**  
Rate of PC services per 100,000 inhabitants  
**0.56**

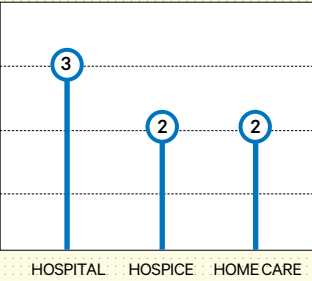
Romania in the context of European region



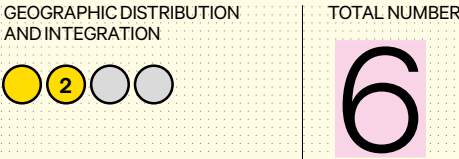
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

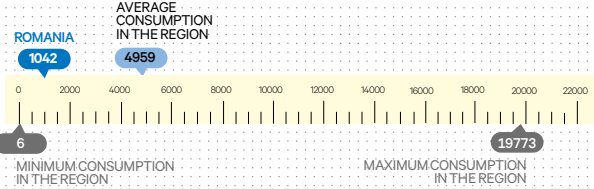


# Romania

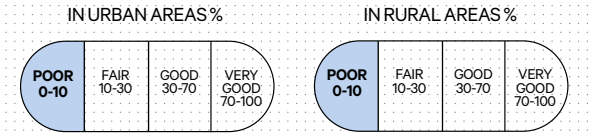
D Use of essential medicines

Opiods consumption (excluding methadone)  
**1,042**  
S-DDD/MILL INHABITANTS/DAY

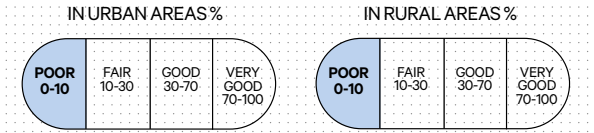
Romania in the context of European region



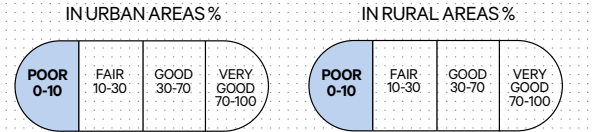
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opiods and in different formulations at the primary level



C Research

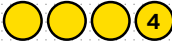
PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching  
**6/12**

Nursing schools with mandatory PC teaching  
**12/12**

PC Full Professors  
**4**

Recognition of PC specialty  
**4**

B Policies

National PC plan or strategy  
**4**

Responsible authority for PC in the Ministry of Health  
**2**





Inclusion of PC in the basic health package at the primary care level  
**4**

A Empowerment of people and communities





Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**2**

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<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	There are several organisations focused on improving health-care services, offering support, and advocating for better policies to ensure patients receive appropriate care and respect. These groups work toward improving care standards, access to services, and support for families facing serious health challenges. These include: Hospice Casa Speran ei, The Romanian National Association for Palliative Care (ANIP), Asocia ia D ruie te Via , Alian a Pacien ilor Cronici din România (Alliance of Chronic Patients in Romania), the Federation of Cancer Patients Associations in Romania, FABC, and the Romanian Association for the Support of Cancer Patients (ARPC), dedicated to supporting cancer patients, survivors, and their families.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on surrogate decision-makers.	Romania lacks a comprehensive policy addressing ACP. However, there are initiatives like the Law No. 46/2003, on patient autonomy, giving patients the right to be informed about their health status, treatment options, and potential outcomes; as well as the capacity to accept or refuse treatments, including life-sustaining treatments. Although this law touches on the right to informed consent, formal AD or living wills are not established and there is no standard process for making these decisions in advance or documenting them in a way that would be legally binding. In practice, decisions about life-sustaining treatments (e.g., resuscitation, mechanical ventilation) are made by healthcare professionals in consultation with the patient's family, especially when the patient is no longer able to make decisions.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.   Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Palliative care is recognised and incorporated into various policies like the National Palliative Care Programme 2024 (administered by the National Health Insurance House and providing funding for palliative care services) or the Emergency Ordinance 106/2024 for amending and supplementing Law 95/2006 regarding the health reform (in which provisions for palliative care as part of the national healthcare system were incorporated). There are also amendments to some normative acts whose main scope is to draft the normative framework for the implementation of the National Programme of palliative care in units with beds, at home and in outpatients and its development through health insurance companies, in accordance with the provisions of Law no. 293/2022 for the prevention and fight against cancer. Importantly, Law No. 253/2018 allows for the development of palliative care medicine in Romania as it includes the list of beneficiaries entitled to palliative care, sets

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	out the different levels of palliative care service provision and states how, where and by whom, those services will be delivered. Lastly there is another order, n° 3.967 of 23 July 2024 on amending n° 253/2018 for the approval of the Regulation on the organisation, functioning and authorization of palliative care services.
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	In the law n° 95 from 2006, article 76, family medicine offices provide medical services to patients: e) PC services have been gradually included in the general healthcare coverage and are free of charge under the health insurance system, with inpatient services being covered since 2009, home-based since 2018, and primary care since 2023. PC services are part of the bi-annual Framework-Contract for the provision of healthcare services run by the National Health Insurance House, as per Decision no.521/2023 for the approval of service packages and the Framework Contract regulating the conditions for providing medical assistance (basic services in primary and specialised care). Since 2023 PC was extended to all cancer patients, regardless of personal health insurance, as stipulated in the Law no.293/2022 for the prevention and control of cancer. The National Programme for PC will become operational at the end on 2024.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).   There are concrete functions and staff, but do not have a budget.	Romania does not currently have a dedicated national coordinating authority for palliative care within the government or the Ministry of Health. However, within the Ministry of Health, there is a Palliative Care Subcommittee, within the Oncology Commission. This consultative palliative care Sub-committee is composed of 9 specialist clinicians in palliative care (one president, one vice-president, one scientific secretary and 6 members), appointed by the Health Ministerial Order n° 3347/28.09.2023. There is also a professional subcommittee for palliative care within the Romanian College of Physicians (point 45.1)

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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div>	<div>Romania hosts at least two annual national congresses / conferences related to palliative care, including the National Congress of Palliative Care organized by ANIP for 25 years (Îngrijirea Palliativă, la interfața cu medicina curativă —ediția a III-a— Conferințe Medicale), and also oncology-related events with palliative care sessions (CONFER 2024   Conferințele Institutului Regional de Oncologie Iași   22 - 25 noiembrie 2023) These gatherings are essential for advancing palliative care in Romania, providing education, and promoting interdisciplinary collaboration between healthcare professionals, researchers, and policymakers. In particular, the National Palliative Care Conference organized by ANIP features a range of presentations, workshops, and sessions on topics such as symptom management, ethical issues in end-of-life care, communication, etcetera.</div>
<div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div>	<div>With palliative care being a relatively new field within the healthcare system, the number of peer-reviewed articles is rather low compared to countries with long-standing development in the palliative care research. A PubMed search using as keywords 'palliative care' and 'hospice' identified 21 studies with Romanian authors or co-authors over the past 5 years (2019-2024). Topics were mostly on national services development and needs assessment and pain and symptoms management.</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div>	<div>While palliative care is not always a specific focus in national research calls, it is addressed through related healthcare, oncology, and public health initiatives. The emphasis tends to be on quality of life, pain management, and the integration of palliative care.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div>1,042</div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>ROMANIA</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div><div><div>4959</div><div>1042</div><div>6</div><div>19773</div></div></div></div>

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<b>Ind9</b> 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	In Romania, even though there is an opioid law (LEGE (A) 143 26/07/2000), that allows prescription of opioids, the availability of pain and palliative care medications at the primary care level in both urban and rural areas remains limited.
<b>Ind10.1</b> 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	Although there is an opioid law (LEGE (A) 143 26/07/2000), that allows prescription of opioids, although some publications have documented general availability of oral morphine in the public health sector, the availability of pain and palliative care medications at the primary care level in both urban and rural areas remains limited.
<b>Ind10.2</b> 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.  10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	Although there is an opioid law (LEGE (A) 143 26/07/2000) allowing the prescription of opioids, the availability of pain and palliative care medications, especially opioids, at the primary care level in both urban and rural areas remains limited.



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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>6/12</p> <p>0/12</p> <p>12/12</p> <p>00/12</p> <p>4</p> <p>Yes</p>	<p></p> <p>Although as per the national authority for university accreditation and the curriculum, all medical and nursing schools have a mandatory palliative care module, currently 6 out of 12 public Romanian universities have palliative care modules in the undergraduate curricula for medical students. Regarding nurses, the Romanian Ministry of National Education included palliative care in the standards for undergraduate training of nurses, confirmed by the Order no.3499/2018 approving professional training standards and curriculum for general nurses (published in the Official Gazette no.428 bis of May 21st 2018). Therefore, the 12 nursing schools have all compulsory palliative care modules. Furthermore, there are 4 full professors: Prof. Daniela Mosoiu at University of Transilvania, Braşov, Prof. Vladimir Poroach and Prof. Sabina Antoniu at Grigore T. Popa University of Medicine and Pharmacy, Iasi, and Prof. Laurentiu Simion at University of Medicine and Pharmacy ‘Carol Davila’ Bucharest.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>PC subspeciality training is organized by the National institute for the Management of Healthcare Services. Between 1999-2024 subspeciality training programmes have been completed by 857 physicians. It was regulated by Order no.418/2005 for the approval of the National Catalogue of complementary studies, palliative care being one of the sub specialty certifications for physicians with clinical specialties. Formal training of nurses in the PC as speciality was regulated by the Order nr.1076/2019 for the approval of norms regarding the development of professional development of general nurses.</p>

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>There are 87 palliative care inpatient units in Romania distributed in 30/42 counties (1985 beds). From these, 44 are in public system, 12 private non-profit and 31 private. Of the total of 1985 palliative care beds in public and private inpatient units, 904 (45.54%) provide services unrestricted in terms of patient accessibility (free at the point of service provision) and 1081 (54.46%) beds are in the private system (paid or co-paid). There exist also 6 free-standing hospices, all in charitable non-governmental organisations (2 hospices have distinct inpatient units for adults and children) and 9 palliative home care services in 6/42 counties - 5 charitable and 4 for-profit private organisations. In total, 107 services provide palliative care in the country, this represents 0,56 services per 100,000 inhabitants. Palliative care is a newly regulated field in Romania, and palliative care providers in Romania are not equally distributed nationwide. At national level there are still counties where these palliative care services are still absent, as documented by recent reports.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>ROMANIA 0.56</p> <p>0.96</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>107 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has <b>geographic</b> reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p>	<p>There are 4 palliative care services for children in Romania, 3 private (ONG) one in public hospital: 1) Hospice Casa Speranței, 2) Centrul de la Adunații Copăceni: Hospice Casa Speranței, 3) Hospice Lumina, and 4) Centru de îngrijire paliativă   Acasă - Hospice Emanuel. Hospice Casa Speranței and Hospice Lumina have inpatient and home care services.</p>