
ROMANIA'S WAY FORWARD IN LONG TERM CARE

Technical inputs to the
2023-2030 LTC Strategy



Bucharest, December 2022



Reimbursable Advisory Services Agreement on "Supporting the operationalization of social protection reforms in the National Recovery and Resilience Plan"

PILLAR 3: Supporting the development of long-term care reforms for the elderly in Romania.

The Reimbursable Advisory Services Agreement was signed between the Ministry of Labor and Social Solidarity and the International Bank for Reconstruction and Development on 1 March 2022.



MINISTERUL MUNCII
ȘI PROTECȚIEI SOCIALE

KEY HIGHLIGHTS

Reforming long-term care (LTC) services for the older population is a condition of Romania's National Recovery and Resilience Plan (PNRR).

The purpose of this document is to look into the future for key solutions to the current main problems for a better and improved LTC system in Romania.



main problems

- Rapidly increasing long-term care needs for the older population
- Insufficient and underdeveloped community long-term care services
- Long-term care for older people focused on residential care

key solutions

- A public health approach to healthy aging
- Development of long-term care services in the community, spatially distributed in an equitable way
- Harmonizing disability and long-term care systems for older people



looking into the future

To strengthen a system that ensures access to high-quality long-term care services for all older people who need these services, according to their choice, respecting their preferences and responding effectively to changes in their care needs.

Older people are at the heart of the vision proposed for the LTC system in Romania, regardless of where they live, their race, age, gender, disability, religious beliefs, or personal circumstances. Therefore, at the same time, the new LTC strategic framework focuses on people and achieving results while developing the systems that support them.



S T R U C T U R E



01.

Romania must make a choice

02.

Vision for Long-Term Care in Romania

03.

Defining the problem:

- Demand (need) for LTC
- Supply of informal LTC
- Supply of formal LTC services
- Matching demand and supply

04.

Main directions of action

05.

Funding & cost projections until 2030

- Conservative reference projection
- Three risk scenarios
- Three LTC reforms scenarios
- An *ambitious* LTC reform

06.

The next frontier

07.

Strategic objectives

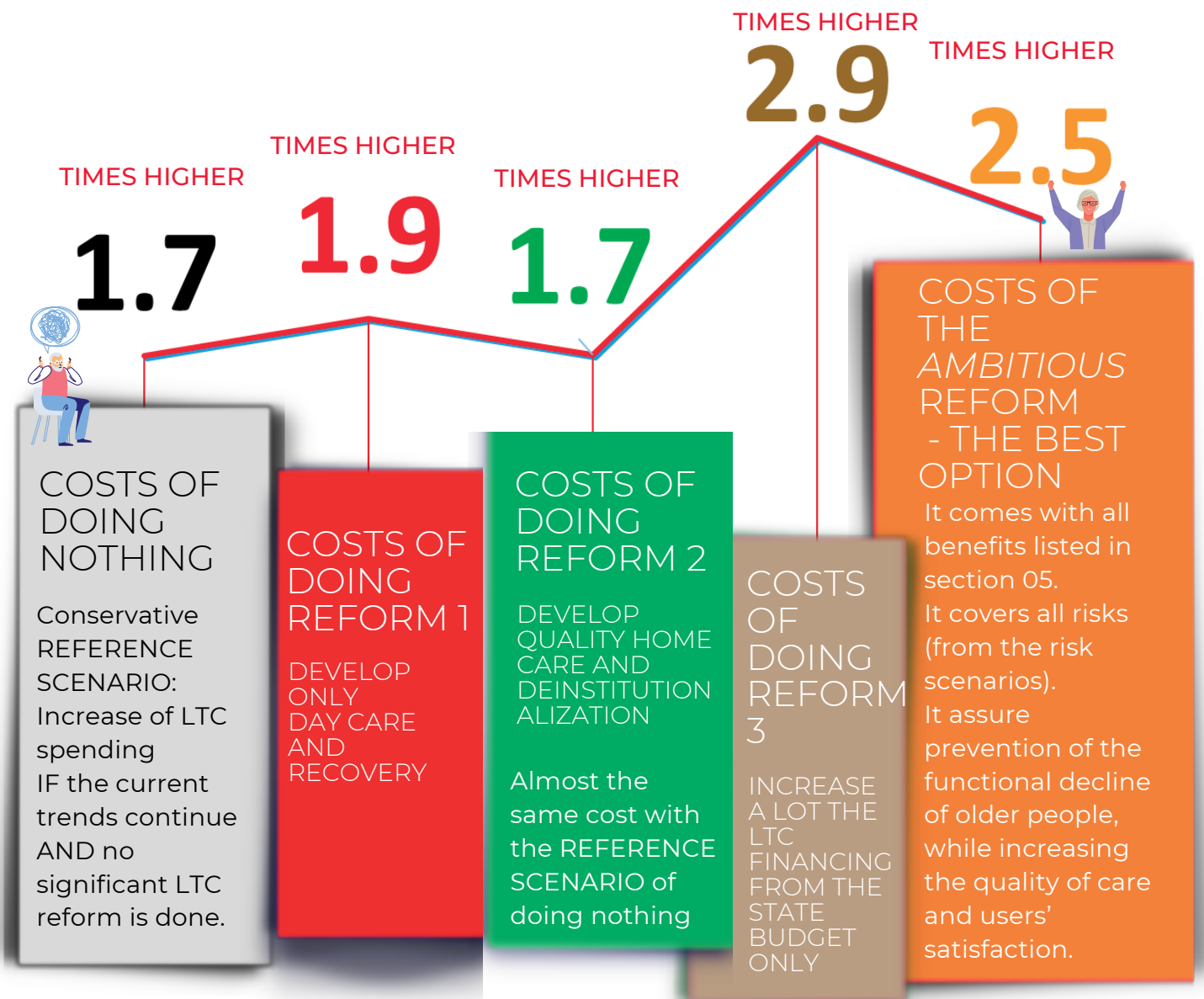
Other resources are available in the end.

ROMANIA MUST MAKE A CHOICE

Doing nothing comes with a cost without no benefits



LONG TERM CARE SPENDING FROM PUBLIC FUNDS, AS % OF GDP, WILL BE IN 2030 AS COMPARED WITH 2020 ... TIMES HIGHER



Source: World Bank (2022) Deliverable 3.2.

VISION

All older people in Romania have a decent and dignified life while exercising their autonomy and choice.

To achieve this vision, the long-term care strategy aims to strengthen a system that ensures access to high-quality long-term care services for all those who need them according to their choice, respecting their preferences and responding effectively to changes in their care needs.

The starting point for the realization of the vision is the development of the continuum of LTC services, with a special emphasis on community care, as a prerequisite for incorporating person-centered care into the provision of services. The goal of the new LTC strategic framework is to make social services easily available to older people in need so that personalized and integrated medical and social care becomes the norm in providing LTC services in Romania in the next ten years.

The new LTC Strategy for 2023-2030 recognizes that increasing the amount of time older people live in good health, without functional limitations, and ensuring the sustainability of financial and human resources for the provision of care are preconditions for the establishment of an LTC system.



03. Defining the problem:

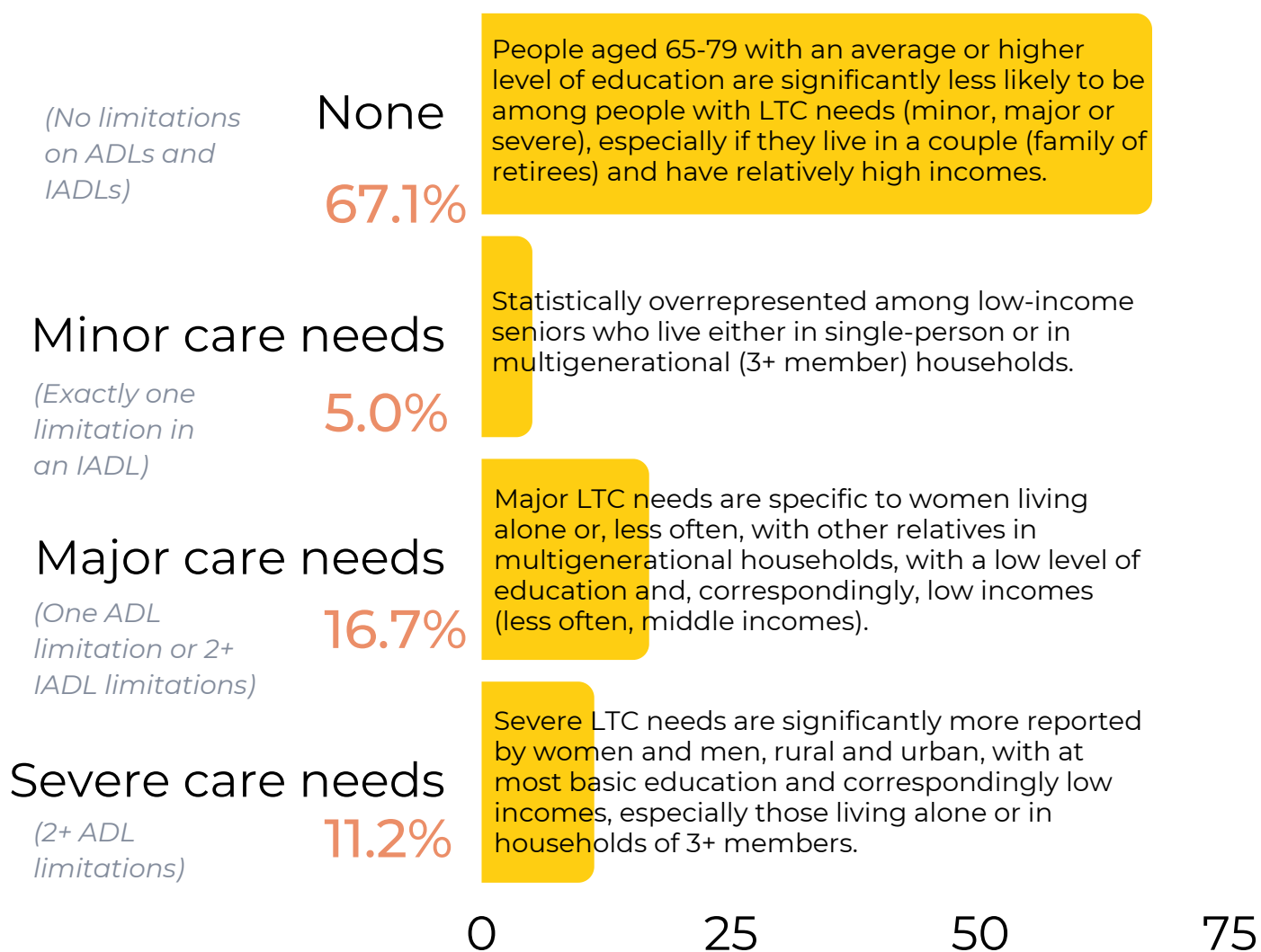
- Demand (need) for LTC
- Supply of informal LTC
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- Matching demand and supply

THE PROBLEM

Demand ("the need") for long-term care services in Romania

About one-third of Romanians aged 65 years or older who are not in institutionalized care reported having at least a minor care need related to the difficulties encountered due to physical, mental, emotional, or memory problems affecting their daily life.

The proportion of older persons with reported LTC needs increases from a minimum of 21.7% in the age group 65–79 to 64.3% in the age group 80+.



Source: SHARE 2019, release version 8.0.0.

The basic daily life activities (ADLs) assessed in the SHARE survey refer to a set of six activities, namely: dressing, including putting on shoes and socks; walking across a room, bathing or showering; eating, such as cutting up food; getting in or out of bed, and using the toilet, including getting up or down.

The nine IADLs include: using a map to figure out how to navigate an unfamiliar place, preparing a hot meal, shopping for groceries, making telephone calls, taking medications, doing work around the house or garden, managing money, such as paying bills and keeping track of expenses, Leaving the house independently and accessing transportation services, and doing personal laundry.

THE PROBLEM AND A KEY SOLUTION

Demand ("the need") for long-term care services in Romania



Romania needs to improve its capacity to collect, analyze, interpret, forecast, and translate into practice the information on the demand for LTC.

Countries with the most developed LTC systems, including the majority of the OECD and EU countries, use forecast methods to estimate current and future changes in demand, which allow for adjustment of regulations and incentives for the private sector providers.



More and better data on the needs for LTC are critical to make Romania a better place to grow old

In the future, Romania can take into account the implementation of studies on the model of the Irish TILDA survey (*The Irish Longitudinal Study on Ageing*) or on the model of the interRAI assessment tool, which is used in Belgium, Ireland, and Switzerland, Finland, Canada, New Zealand, Hong Kong, Singapore, as well as many countries from the USA.

Both the TILDA and the interRAI provide important insights on how Romania can collect data on needs for LTC going forward. While it would not be feasible to administer annually the health assessment of the TILDA or the interRAI, it might be beneficial to use simplified versions of one of these two assessments on nationally representative samples to develop a baseline.

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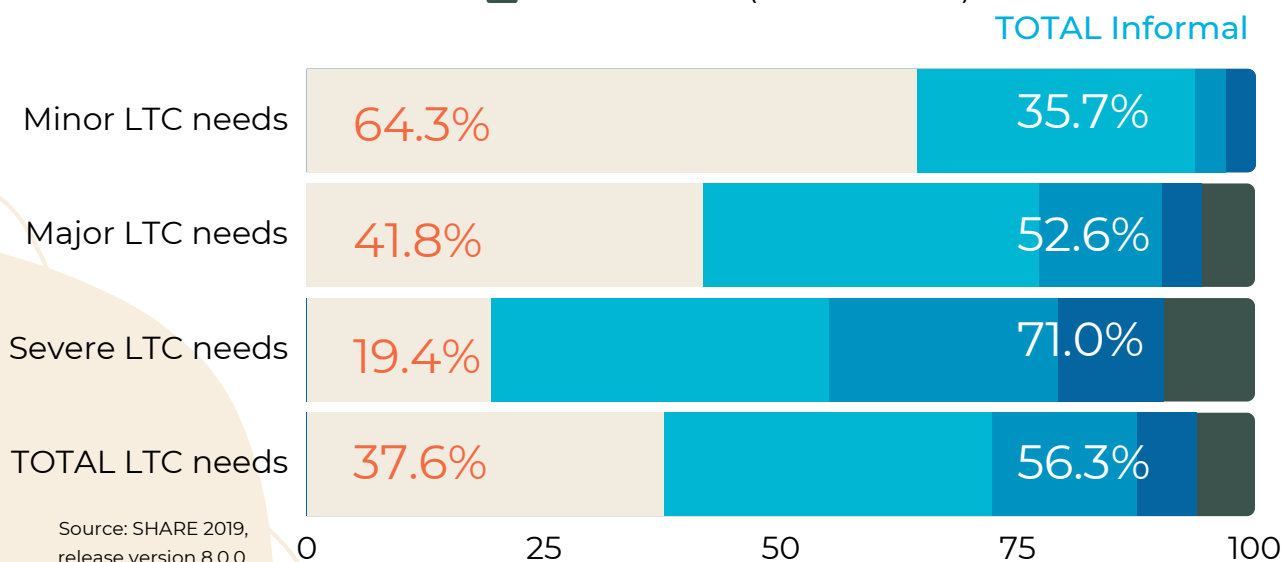
THE PROBLEM

Supply of informal LTC in Romania

- A considerable proportion of older people with LTC needs do not benefit from any care service (informal or formal).
- Informal care is the dominant form of care provided to older people with LTC needs in Romania.** This pattern is generalized for most European countries. Nonetheless, in countries with developed LTC systems (such as Sweden, the Netherlands, Denmark, or Austria), the dominant share is held by people receiving a mix of formal and informal care, as is desirable. In contrast, in Romania, exclusive informal care predominates.
- The use of informal care from outside the household (from children, relatives, friends, or others) is the most widespread for people with all levels of care needs.

Use of informal care

- No (lack of) care
- Informal care (from outside the household)
- Informal care (inside the household)
- Informal care (both outside and inside)
- Formal care (and informal)



Source: SHARE 2019, release version 8.0.0.

Informal care-givers

- The number of informal caregivers in Romania is unclear, as is the care burden that they experience, due to there being no systematic data collection to date.
- Women are significantly over-represented among informal caregivers.

THE PROBLEM AND KEY SOLUTIONS

Supply of informal LTC in Romania

- Although Law no. 292/2011 establishes an entitlement to support services, respite care, and counseling, these services are extremely scarce and underdeveloped.
- The COVID-19 pandemic and the control measures implemented to limit the spread of infection have exacerbated challenges for informal caregivers.

1. Respite care services could be prioritized for further development.
2. Counseling & psychological support would be beneficial for caregivers and could be delivered individually or in small groups.
3. Strengthening social protection for informal carers is crucial for limiting the adverse effects on caregivers' health and well-being and not only for the sustainability of the LTC system.
4. Access to information on care services and support needs to improve.



To ensure
the
sustainability
of informal
care
resources

Training for informal caregivers is as relevant as it is for formal caregivers to allow them to provide high-quality care.

Caregiver training curricula should include:

- disease-specific knowledge,
- maintaining the health of the care recipient,
- supporting rehabilitation where possible,
- managing symptoms,
- providing support with activities of daily living and household maintenance, and
- accessing and coordinating with formal service providers.

Crucially, caregivers should receive self-care training in order to develop the necessary skills to manage stress and protect their own physical and mental health.

Eurocarers (2018).

03. Defining the problem:

- Demand (need) for LTC
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THE PROBLEM

Supply of formal LTC services in Romania

The LTC system for older people in Romania includes ten types of social services that can be licensed (GD no. 867/2015).

Social services for LTC have expanded in recent years at a rapid pace in Romania. Despite this positive development, the existing services' capacity (and often the quality) are insufficient, and the coverage rate of the older population needing LTC with formal care is meager.

In 2020

A total of 1,079 social services for older people, according to MMSS, which are presented next.

Romania: Descriptive statistics for LTC formal services for older people

Category	Code*	Type of service	Social services (number)	Personnel (number staff)	Unique beneficiaries during a year (2020)**
Residential medico-social	8710 CRMS-I	Residential medico-social	67	2,458	6,573
	8710 CRMS-II	Palliative care	4	94	613
Residential centers for older persons	8730 CR-V-I	Care homes	523	9,128	23,964
	8730 CR-V-II	Respite / crisis	3	23	19
	8730 CR-V-III	Sheltered housing	13	53	84
Home care	8810 ID-I	Units of home care	211	1,727	14,837
Day centers	8810 CZ-V-I	Assistance and recovery	38	203	3,662
	8810 CZ-V-II	Socializing and leisure	87	414	9,161
Food preparation & distribution	8899 CPDH-I	Social canteen **	120	785	3,398
	8899 CPDH-II	Mobile catering services	13	44	787
Total			1,079	14,927	63,098

Source: MMSS (2022) Data for 2020 reported by providers within the *Monitoring Questionnaire for Social Services Activity*.

Notes: Includes 67 providers that indicate having zero unique beneficiaries during the year. The data does not indicate if these are real zeros or missing observations. * The social service code corresponds to the identifier in the Nomenclature of social services (GD no. 867/2015). ** The number of beneficiaries, spending, and revenues for social canteens was multiplied by 0.17, as official estimates suggest that only 17% of social canteens' beneficiaries are older people.

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THE PROBLEM AND KEY SOLUTIONS

Supply of formal LTC services

RESIDENTIAL SERVICES

social and medico-social dominate the LTC system in Romania:

Residential care services are the most intensive and costly type of care and are intended to meet the needs of older people with a severe decline in functioning.

An over-reliance on residential care services and inappropriate use by beneficiaries who could be supported by less intensive and less costly services can lead to considerable inefficiencies in resource allocation.

- (i) are the most numerous (represent 56% of all LTC services),
- (ii) accumulate 62% of the total LTC staff,
- (iii) provide care for half of the unique beneficiaries per year of LTC services and
- (iv) receive 86% of the total funding of LTC services.

RESPITE CARE

Respite care is one of the most effective interventions to support caregivers' health and well-being, especially for those providing frequent care to a member of their household (OECD, 2022).

DEMAND
Older people who only benefit from informal care

2.1 million



SUPPLY
Respite centers with a total of 20 beneficiaries

3 (three)

think
about

Respite care must be ensured in each Romanian county and the range of services needs to be expanded.

Respite care can be delivered in many forms, including short-term residential care, in-home respite support, regular respite provided by day care centers, and emergency respite.

Flexibility in the type and intensity of respite care services is essential to respond to highly variable and evolving caregiver needs.

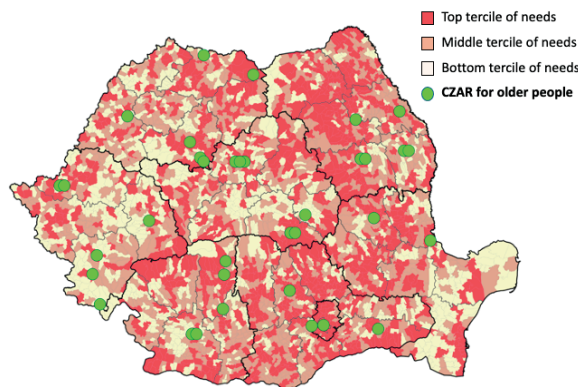
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Supply of formal LTC services

COMMUNITY SERVICES FOR OLDER PEOPLE

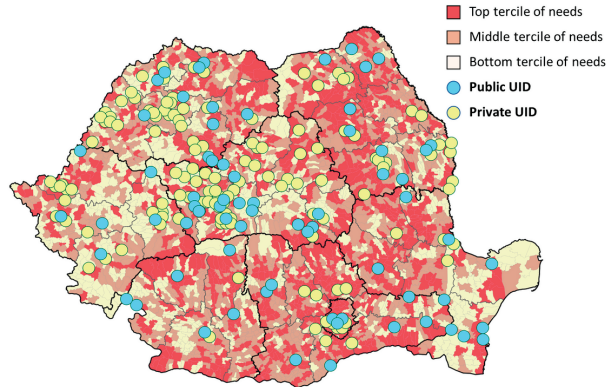


CZAR

Day care and recovery

Overall, in Romania, there are 1.86 CZARs per 100 thousand older people with LTC needs, with a maximum of 3.52 CZARs only in the Western region.

CZARs are only available in 23 counties and Bucharest, mainly in the larger cities, especially the county seat cities. The population aged 65 and over living in small urban and rural areas is deprived of access to assistance and recovery services.



UID

Home care units

At the national level, there are 9.4 UIDs per 100 thousand inhabitants. 79% of the existing UIDs are concentrated in only four regions, namely Center, North-West, North-East, and West, which account for 50% of the population with LTC needs at the national level.

These are available in all 41 counties of the country and the city of Bucharest, but the population aged 65 and over living in small towns and rural areas, especially in the southern regions, is deprived of access to this type of service.

Data: MMSS (2022) Data for 2020 reported by the social service providers in the *Monitoring Questionnaire for Social Services Activity* and MMSS and World Bank (2022) *Study for estimating the needs for long-term services of older people at the community level*.

Notes: The background of the maps shows the population with long-term care needs at the UAT level. All UATs in the country are organized into three equal groups depending on the share of the population with LTC needs. The methodology for determining the population with LTC needs is extensively presented in Deliverable 3.1 of this project (Substantiation study), using the data for 2020 reported by the social service providers in the Monitoring Questionnaire for Social Services Activity.

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THE PROBLEM AND A KEY SOLUTION

Supply of formal LTC services

COMMUNITY SERVICES FOR OLDER PEOPLE

CZAR

Day care and recovery

Nationally, in 2022, there are only 41 CZARs for older persons (licensed and unlicensed). Most of the current CZARs are of medium or small capacity (i.e., they can provide services to less than 50 unique beneficiaries/day) and do not provide home care activities, except in very rare cases.

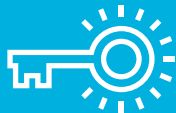
UID

Home care units

Currently, there are 207 UIDs for older people. Most UIDs have a small capacity (i.e., they can provide services to a maximum of 1-15 unique beneficiaries/day).

The majority (66%) of home care providers are private providers, namely NGOs. Public UIDs are mostly restricted to severely disabled people and chronically ill people receiving medical and palliative services.

Annually, more than 14,800 older people benefit from the care services offered by the existing UIDs. Yet, Romania had the lowest proportion of reported use of home care services across the EU27 (2.9% compared to the EU27 average value of 8.4% in 2019).



The construction and commissioning of a network of 71 day care and recovery centers for older people, each with a home care unit attached, will be financed from Romania's National Recovery and Resilience Plan.



The shortage of home care workers with secondary education is an obstacle mentioned by the public UIDs, particularly from the South-East, South-West, and Bucharest-Ilfov regions (and not from the North-West).

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THE PROBLEM

Supply of formal LTC services

WORKFORCE IN FORMAL LTC SERVICES

A major obstacle to developing LTC services in Romania is the insufficient workforce to meet the demand for formal care for older people in Romania.

obstacles

High staff turnover accompanies staff shortages, as many people quit shortly after training and go abroad to work, attracted by better pay and working conditions.

With one LTC worker per 100 older persons in 2016, compared to 3.8 for the EU27 average, Romania is among the countries with the lowest number of LTC workers.

European Commission (2021b).

The lack of care workers is most acute in rural areas, where more than half of the total number of older people in Romania live and where care social services are often absent.

In 2019, LTC workers earned per month...



2.080 lei or 430 EUR



1.500 pounds



1.660 EUR

Due to a lack of coordination on human resource strategies between the health and social sector, it is increasingly difficult for LTC providers to attract qualified staff (e.g., nurses) who have better salaries and working conditions in (most) healthcare settings.

The structural shortage of care staff is creating adverse impacts on the quality of care and on the quality of life of beneficiaries, including situations of violence and abuse (both of beneficiaries and caregivers).

- Demand (need) for LTC
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THE PROBLEM AND KEY SOLUTIONS

Supply of formal LTC services

WORKFORCE IN FORMAL LTC SERVICES

think about

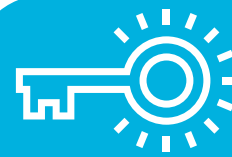
(a)

In 2020, due to COVID-19 limiting people's ability to leave their country and work abroad, the number of long-term carers, especially non-medical staff, taking up jobs in the country increased. However, without the support of local and central authorities in providing decent jobs and ensuring the professionalization of this segment, this favorable momentum will only be transitory.

European Commission (2021b).

(b)

At the international level, Romania, together with other EU member states, mainly from Eastern Europe and the Balkans, should insist alongside the European institutions for the development of a joined European Plan for sustainability and ethical recruitment of human resources in the field of health and LTC. The problem of an unstable and insufficient labor force is acute in many EU member states, and the continuation of aggressive recruitment policies that put unsustainable competitive pressure on Eastern European states is destructive.



Romania has secured EU funding to support the wages of 2,000 new social workers at the SPAS level over the next five years, as well as the wages of a similar number of social workers employed by social services providers, which will be co-financed through the European Social Fund. These social workers will cover all social work sectors, not only LTC for older people.

It is important to develop special on-the-job training programs for staff already working in the system, including special training on the use of digital instruments.



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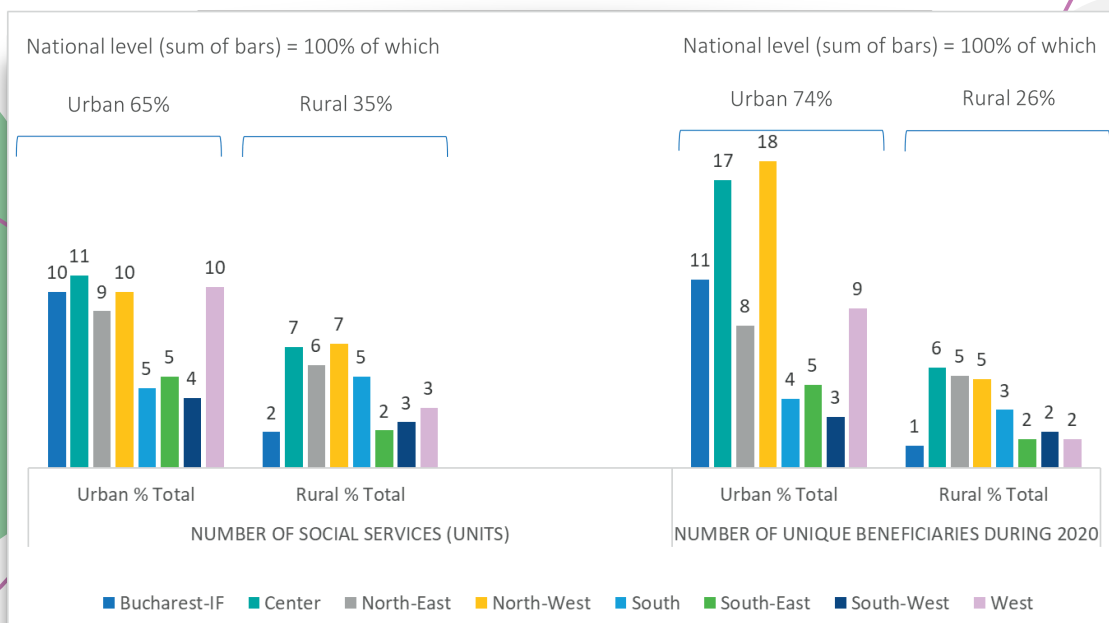
THE PROBLEM

Supply of formal LTC services

(MIS)MATCH BETWEEN DEMAND AND SUPPLY IN LTC

- In Romania, access to services is extremely inequitable.
- A small number of counties, found in the West and Center regions, plus Bucharest-Ilfov, concentrate a large part of the existing supply and beneficiaries of LTC services.
- Discrepancies between counties and those between development regions extend across all types of LTC services.
- The mix of LTC services and their rural/urban location differs substantially between counties.
- LTC demand and supply only partially match.
- The supply is much undersized compared with the need.
- The match between supply and demand in LTC is random and not the result of strategic planning. It is rather the combined effect of the local authorities' readiness to finance services and the geographical distribution of the NGOs active in the LTC field.

Distribution of LTC services and LTC beneficiaries by residential areas and development regions (% of the national total)



Source: MMSS (2022) Data for 2020 reported by the social service providers in the *Monitoring Questionnaire for Social Services Activity*. Notes: Corresponding data for 1,068 social services that responded; missing data for 11 social services. The total number of unique beneficiaries during 2020 was 62,445 people, with the observation that the number of beneficiaries of social canteens was adjusted by the estimated percentage (17%) of older people from the total beneficiaries of social canteens, according to MMSS.

MAIN DIRECTIONS OF ACTION

01

Sustainable financing model

Develop a sustainable financing model by increasing public investment in LTC, from all funding sources (local, county, and central), and ensuring cross-sectoral investments in preventing the functional decline of older persons.

02

Focus on home care, community care and respite

Significantly increase the capacity of home care, assistance and recovery services, and respite care services, and develop a policy and funding framework that ensures a faster pace of development for community care compared to residential services.



03

Increase coverage

Increase the coverage of LTC services for all categories of beneficiaries (according to the level of care needs).

04

Invest in formal and informal caregivers

Improve protection and access to vocational training, and strengthen social protection for formal and informal caregivers.

05

Improve the quality of care

Strengthen the quality of care by investing in the development of quality assurance and monitoring processes, as well as the development of financial and non-financial incentives for high-performing care providers.

- Conservative reference projection
- Three risk scenarios
- Three LTC reforms scenarios
- An *ambitious* LTC reform

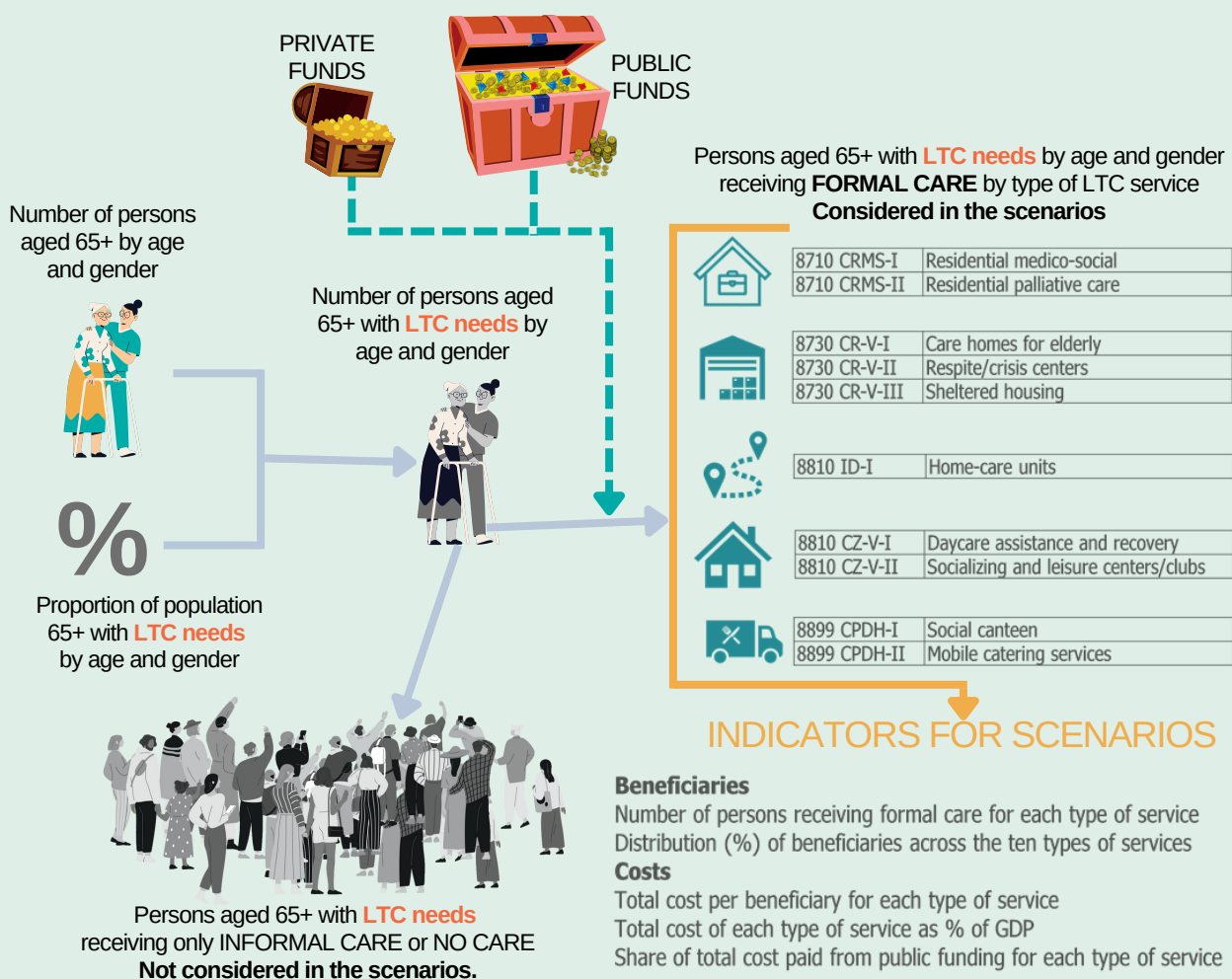
PROJECTIONS OF COSTS FOR THE LTC DEVELOPMENT

The model used for the projections of LTC spending was based on the conceptual framework of the European Commission Aging Report for LTC projections.

The World Bank projected costs for the entire time horizon of the National Strategy, that is, until 2030.

The estimates for Romania in the EC Aging Report (2021c) include both in-kind services and cash transfers. This WB report considers only in-kind services since cash transfers are not de-jure benefits for LTC for older people but are benefits for disabled individuals of all ages.

The conceptual model for projecting LTC costs for older people in Romania is shown below.



Source: World Bank (2022) Deliverable 3.2.

PROJECTIONS OF COSTS FOR LTC

The Projection Model

The projection model builds on the interaction of four categories of parameters:

- (i) the size of the older population (65 years and over) and the share of older people with LTC needs (current and future),
- (ii) the number of beneficiaries of formal social services for older people,
- (iii) the number of providers of formal LTC services (across ten service types),
- (iv) the financing of the formal LTC services from public funds or private.

The data to populate the model comes from various sources, namely: Aging Europe Report 2020 (European Commission 2021c), the UN Population Prospects database (UN 2019), MMSS data from the Monitoring Questionnaire for social services activity in 2020 (MMSS, 2022), and the IMF's World Economic Outlook Database, April 2022 (IMF 2022).

The Reference Scenario

The reference scenario represents a conservative expectation of how LTC demand, supply, and financing will evolve over the projection period in the absence of significant shocks or reforms affecting the Romanian LTC system or the economy as a whole.

The reference scenario projects the number of LTC beneficiaries and total LTC expenditure between 2020 and 2030 by assuming future changes in only three parameters, namely:

- increase in demand for LTC services due to population aging (according to UN population projections, 2019).
- increase in LTC services supply, not only by demographic dynamics but additionally in line with historical trends.
- increase in the unit cost of services due to growth in wages and inflation.

RESULTS

A

The estimated average monthly number of unique LTC beneficiaries would increase from 36,682 in 2020 to 59,116, in 2030.

B

The coverage rate of formal care (in any LTC service type) would increase from 5.7%, in 2020, to 8.4%, in 2030, of the population with LTC needs.

C

The total public spending would increase 3.3 times (or by 330%) in absolute terms in 2030 as compared with 2020 (and expressed as a percentage of GDP, 1.7 times) without any changes in the structure of funding sources.

- Conservative reference projection
- Three risk scenarios
- Three LTC reforms scenarios
- An *ambitious* LTC reform

PROJECTIONS OF COSTS FOR LTC

Three Risk Scenarios & Three LTC Reforms Scenarios

Besides the reference scenario, the WB projections of LTC spending are based on other seven scenarios - three risk scenarios, three policy reform scenarios, and one *ambitious* reform scenario relating to LTC services for older people. These are presented below.

The Risk Scenarios

The risk scenarios were informed by an analysis of trends at the European and national levels, expert testimony and the detailed analysis of the LTC system carried out as part of the Substantiation Study.

The risk scenarios aim to identify the impact of adverse developments on LTC coverage, unit cost, and total LTC expenditure.

RISK 1

Accelerated increase in demand for LTC services.

RISK 2

Accelerated increase in the unit cost of services with respect to the reference scenario, as an effect of labor market pressures.

RISK 3

Increased use of residential services at the expense of community LTC services.

The Policy LTC Reform Scenarios



The policy reform scenarios were informed by the national policy debate on LTC in Romania, the policy commitments of the Romanian Government, and the overarching goals of the National Strategy for Long-term Care.

The reform scenarios show how the coverage, unit costs, and financial sustainability of the Romanian LTC system would be affected by the implementation of three sets of policies currently considered.

REFORM 1

Increased utilization and unit cost for day care and recovery centers.

Deinstitutionalization and investment in the development of the national network of home care units. Beneficiaries transferred from institutions to the community receiving home care would likely have higher levels of care needs than the average home care recipient. To allow for the necessary increase in quality of home care services, the scenario also doubles the unit cost of home care for all its users.

REFORM 2



RESULTS 2: There is ample room to combine a deinstitutionalization policy with an increase in the quality of home care. Investment in training, digitalization, and the adoption of socially innovative home-based care models can produce a comparable increase in the quality of home care services at a smaller increase in unit costs.

Over the medium- to long-term, this approach can produce significant savings both for public budgets and for households while increasing the quality of care and users' satisfaction. At the same time, the development of home care services and earlier access to support for people with less pronounced care needs will help prevent and delay the onset of severe care needs. This contributes to the reduction of total costs over the lifetime of beneficiaries and an increase in life years without disability and in quality of life. A consistent application of this policy and early intervention can contribute significantly to reducing the rate of increase in care needs.

REFORM 3

Increasing funding for LTC from the state budget, so that in 2030, it reaches 80% of the total funding for each type of services.

RESULTS 3: Instead of a such large increase in state budget allocation (paired with a relatively low increase in local and regional financing), a conditional transfer financing model could achieve similar results with a more balanced distribution of the budgetary burden between governance levels.

This can be achieved by conditioning the size of budget allocations from national sources on the commitment of proportional resources from local and regional budgets, with equitable adjustments for the size and investment capacity of local authorities.

Conservative reference projection
Three risk scenarios
Three LTC reforms scenarios
An *ambitious* LTC reform

PROJECTIONS OF COSTS FOR LTC

An *Ambitious* Reform Scenario of the LTC services for older people

A radical reform of LTC services would combine the development of services that prioritize aging in the community, including home and day care centers. This path is in line with the model pursued by several countries with well-developed LTC schemes, as it is cost-efficient while allowing people to receive care in their preferred location.

Specifically, the *ambitious* reform scenario assumes:

- a) increase in the number of beneficiaries and the unit costs of daycare centers for support and recovery (reform scenario 1)
- b) 200% increase in the number of home care beneficiaries, and
- c) 100% growth in the unit cost of home care.

In 2030, under the *ambitious* reform scenario

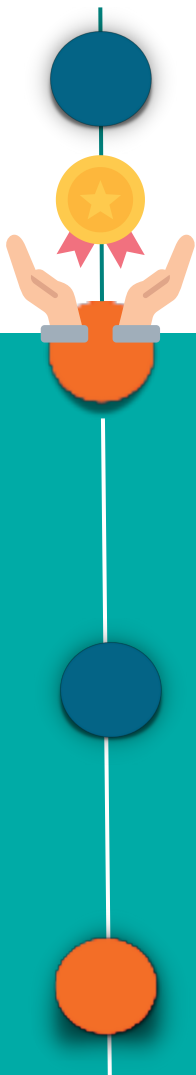
- The total number of beneficiaries of LTC would be 85,713, 45% higher than the number of beneficiaries in 2030 under the reference scenario (59,116). The new beneficiaries correspond to home care (24,113) and day care (2,484).
- The total coverage rate would increase to 12.1% of the population with LTC needs as projected for 2030.
- The unit cost of services would increase to assure the necessary quality and labor force requirements.

The combination of a larger number of beneficiaries and a higher unit cost increases total public expenditure on LTC, which reaches 2,625.2 million lei by 2030 (compared to the reference level of 1,804.8 million lei in 2020). The amount of total public expenditure on LTC is estimated to increase by 4.8 times (or 480%) compared to spending in the base year of the projections (2020).

PROJECTIONS OF COSTS FOR LTC

An *Ambitious* Reform Scenario of the LTC services for older people

Numerous **direct and indirect benefits** can be associated with the implementation of the *ambitious* LTC policy reform described before.



the need to accelerate the pace of **CONVERGENCE** towards EU standards and live up to the commitment to make a reality of the vision set out in the European Pillar of Social Rights

the need to protect & enact the **FUNDAMENTAL RIGHTS** of all persons, irrespective of age and functional ability, especially so for vulnerable groups

improving **QUALITY OF LIFE** and opportunities for social & economic participation for older people

reducing avoidable costs and **UNDUE PRESSURE** on available services in the healthcare sector (with particular attention to in-patient care use)

reducing the **BURDEN OF CARE**, as well as socio-economic pressure on households and informal caregivers, thereby promoting the sustainability of the LTC system

encouraging **ECONOMIC GROWTH** by enabling older people themselves and their informal caregivers to participate in productive activities and remain fully engaged in their communities.

ensuring a more efficient allocation of scarce **FINANCIAL RESOURCES**, so that larger gains in quality of life can be obtained for the same level of investment in long-term care services

THE NEXT FRONTIER

At the EU level, there are plans for a European Care Strategy and the Council of the European Union is planning to provide recommendations on long-term care. While LTC policies and services remain a national competency, the EU-level process aims to support the implementation of the European Pillar of Social Rights.

Healthy aging is the process of developing and maintaining the functional ability that enables well-being in older age.



Healthy aging is best conceptualized as the optimization of an individual's ability to function in their environment with as much well-being, meaning, independence, and dignity as possible.

WHO (2021).

- When appropriate health and long-term care is available, an individual should be able to maintain their level of functional ability and quality of life even if physical and mental capacities (intrinsic capacity) decline.
- In an enabling and supportive environment (for example, one that includes adaptation for accessibility), individuals can remain functionally independent for longer periods, despite declines in physical and mental capacities, even in the absence of direct health and long-term care interventions.

Already recognized as a strategic objective in the National Aging Strategy 2015-2020, the need to promote integration across the health and social care sectors remains a pressing necessity. There are three priority areas for intervention:



Better coordination across the health and social care systems



Better coordination between governance levels (aligning efforts at local, regional and national level)



Harmonization of entitlements and processes between the disability and LTC for older people systems

Priority area

KEY SOLUTIONS FOR THE LTC - HEALTH FRAGMENTATION

The provision of long-term care in Romania remains highly fragmented, with basic health services and home health care organized and delivered in the health sector, while home-based, community-based, and residential care services are organized and delivered under the legislative framework and the control of social care and protection authorities.

To improve coordination in service delivery, the development of structured care pathways and of mechanisms for joint working between health care providers and social services providers need to be developed.



A revision of current financing models can further encourage integration in service delivery across health and social services.

Joint financing from health and social care budgets of national programs aimed at increasing coordination of services (e.g., hospital discharge management, care managers in community-based settings) can ensure joint ownership but also gains in quality of care and more efficient use of resources across care settings.

In parallel, entitlement and financial caps on home-based health care services should be reassessed and aligned with entitlements for social care to ensure individuals with care needs can be supported in the community whenever possible.

National prevention programs, organized and financed from national health budgets, should be expanded to include targeted interventions for the prevention of functional decline, effectively ensuring prevention and health promotion of long-term care needs are accessible to all as part of the package of basic health services.

Priority area



KEY SOLUTIONS FOR THE LTC - HEALTH FRAGMENTATION

Joint planning and coordinated actions on workforce development, empowerment, and deployment will further support the integration of health and long-term care delivery while also promoting the sustainability of human resources for health and the resilience of care systems in Romania.

Coordination on workforce development, empowerment, and deployment must target

both the cross-sectoral dimension and the formal/ informal care divide such that all available human resources are both adequately protected and enhanced. Particular areas of focus should be:

1. the expansion of training and lifelong learning opportunities for LTC workers and the enhancement of career pathways at all levels of professionalization,
2. promoting specialist training and developing specialist networks in geriatrics and gerontology to ensure workforce capacity can respond to the rise in demand,
3. ensuring adequate working conditions and accessibility of protective equipment and support services for all health and LTC workers,
4. developing training programs for emerging roles – e.g., care coordinators and case managers; discharge managers; community-based care workers; managers and administrators of long-term care facilities.

Alongside efforts to build, optimize and strengthen the formal care workforce, **similar efforts must be oriented towards the informal and unpaid health and care workforce**, which includes but is not limited to family caregivers, home-based caregivers, community health workers, volunteers, and other local community members who provide care and support for people with long-term care needs outside the scope of a formal employment contract and often without pay.

Priority area



KEY SOLUTIONS FOR THE LOCAL - CENTRAL FRAGMENTATION

The decentralization of responsibilities for social services (apart from cash benefits) to local authorities is one of the key features of the Romanian LTC system. While this decentralized structure allows for flexibility in organizations to better respond to variability in care needs, local population structure, and community resources, it also contributes to fragmentation in service delivery.



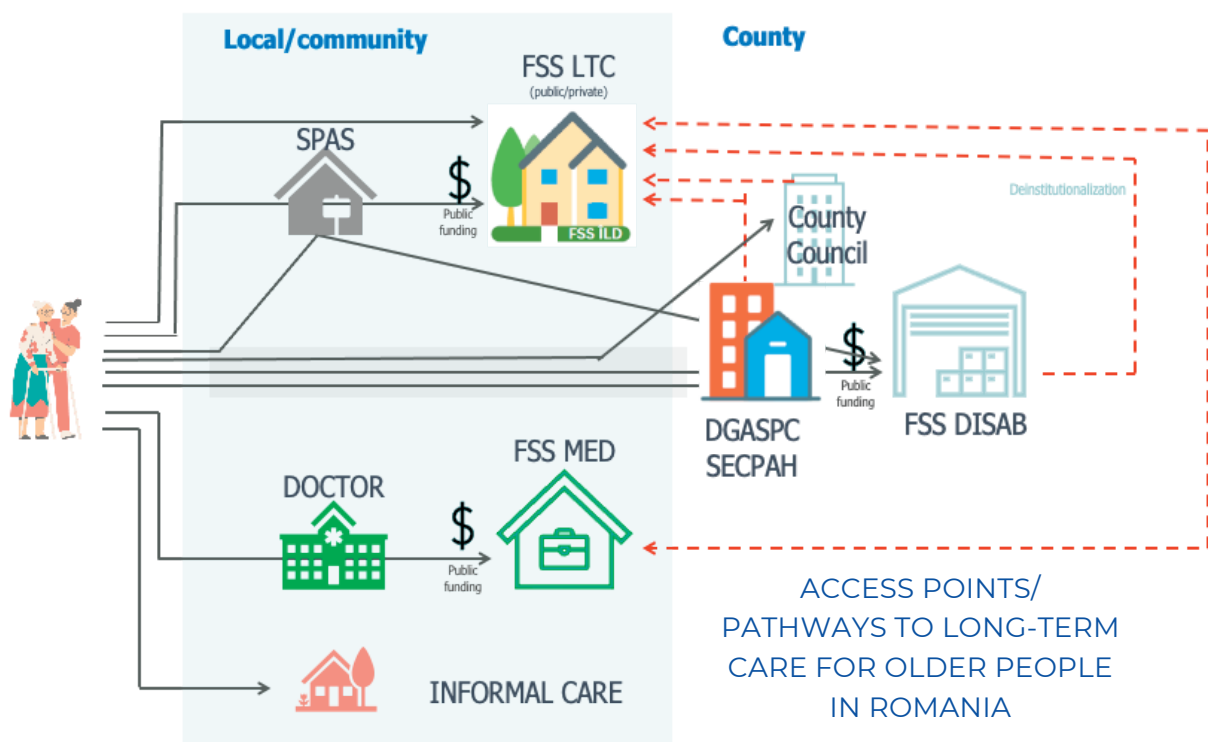
The coupling of local service capacity with the size of local budgets, rather than the characteristics of the demand for care, has led to considerable disparities in the geographical distribution and accessibility of services. While national authorities are best placed to assess and coordinate care resources across the national territory and ensure their equitable distribution, the responsibilities and levers at their disposal for incentivizing and enforcing needed actions by local authorities are severely limited within the current legislative framework.

Necessary revisions of legislation must introduce a clear framework of accountability, including processes and pathways of recourse when obligations are not fulfilled by responsible actors and transparent reporting, monitoring, and enforcement processes. In parallel, national authorities should explore options for establishing a flexible but more powerful incentive system for local stakeholders to invest in long-term care service development.

Priority area 3

KEY SOLUTIONS FOR THE LTC - DISABILITY FOR OLDER PEOPLE FRAGMENTATION

The dual track system that separates the national support system for persons with disabilities from the organization of social services for older people represents the third main dimension of fragmentation that should be addressed with priority. This artificial separation, as attested by the large number of older persons who benefit from disability support, raises significant questions about the efficiency, effectiveness, and fairness implications of operating a dual-track system in the absence of a clear strategy to harmonize processes and benefits, align entitlements and quality standards.



Crucial is the adoption of a single, comprehensive assessment instrument allowing the national authorities to assess the profile of beneficiaries, better understand the structure of the demand for care, and enable care providers and care professionals across the two systems to coordinate their efforts. Because a single assessment instrument provides a common 'language' and a basis for joint working and comparison/ benchmarking, it is an essential step towards harmonizing and promoting integration both across the long-term care and disability support systems and also across health and long-term service provision.

STRATEGIC OBJECTIVES



The **GENERAL OBJECTIVE** of the strategy is to increase the number of older people who succeed in living independent lives for as long as possible as they age and to improve access to appropriate LTC services for dependent older people, ensuring equality of access, resilience, and sustainability of the long-term care system.

The following six specific objectives and 22 strategic directions are envisaged to achieve the general objective:

SPECIFIC OBJECTIVE 1:	STRENGTHENING THE ACCOUNTABILITY AND MANAGEMENT OF LTC SERVICES FOR OLDER PEOPLE
Direction of action 1.1.	Reviewing the legal framework underpinning long-term care provision
Direction of action 1.2.	Developing tools and institutions to promote a sustainable approach to LTC for older people
Direction of action 1.3	Supporting local capacity building and administrative capacity of local public administration authorities in the field of LTC
Direction of action 1.4	Developing strategic partnerships for sustainable change in LTC
SPECIFIC OBJECTIVE 2:	ENSURING A CONTINUUM OF CARE FOR OLDER PEOPLE IN ROMANIA AND RESPECT FOR FUNDAMENTAL RIGHTS
Direction of action 2.1.	Developing services for older people who have maintained functional autonomy
Direction of action 2.2.	Development of services for people with declining functional autonomy and reduced care needs
Direction of action 2.3.	Development of services for people with significant loss of functional autonomy
Direction of action 2.4.	Cross-cutting actions to increase the supply of services and reduce the risk of institutionalization of older people
SPECIFIC OBJECTIVE 3:	ENSURING THE SUSTAINABLE FINANCING AND SUSTAINABILITY OF THE OLD-AGE PENSION SYSTEM
Direction of action 3.1.	Increased national funding for day centres and home care services
Direction of action 3.2.	Ensuring complementarity of social assistance measures and implementing the freedom of choice principle
Direction of action 3.3.	Providing financial support for the development of the informal care sector

MMSS (2022).

STRATEGIC OBJECTIVES



Direction of action 3.4.	Ensuring complementarity between the social care system and the health care system in long-term care
SPECIFIC OBJECTIVE 4:	IMPROVING THE QUALITY OF SERVICES FOR OLDER PEOPLE
Direction of action 4.1.	Support to social service providers for the implementation of the "person-centredness" principle
Direction of action 4.2.	Development/revision of quality and cost standards for LTC services for older people
Direction of action 4.3.	Introducing incentives for LTC providers to improve the quality of services
Direction of action 4.4.	Fostering innovation
SPECIFIC OBJECTIVE 5:	STRENGTHENING AND PROTECTING THE FORMAL AND INFORMAL WORKFORCE FOR OLDER PEOPLE
Direction of action 5.1.	Increasing the attractiveness of jobs in the care sector
Direction of action 5.2.	Human resources development in the LTC sector for 2023-2030
Direction of action 5.3.	Developing the informal care sector for older people
Direction of action 5.4.	Raising awareness among the general population and strengthening the capacity of local authorities to organise LTC for older people in the community
SPECIFIC OBJECTIVE 6:	PROMOTING ACTIVE AND DIGNIFIED SOCIAL PARTICIPATION OF OLDER PEOPLE
Direction of action 6.1.	Organizing actions to raise awareness on active aging
Direction of action 6.2.	Improving accessibility of social infrastructure and public space

MMSS (2022).

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ANNEX 1. CONTEXT

Demographic trends

At present, approximately 3.7 million people aged 65 and over live in Romania (or 19.2% of the country's total population).

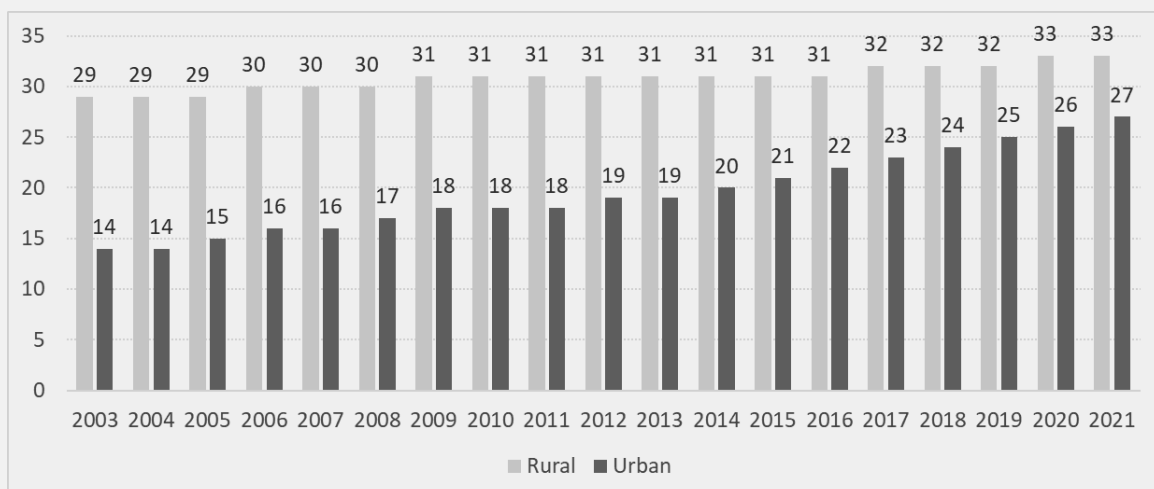
Romania is experiencing rapid population aging. The old-age dependency ratio^[1] has also been increasing since the 1950s and has accelerated, particularly over the past 20 years. As a result, life expectancy at birth in Romania in 2020 was 76.5, ranking 24th across the 27 member states. Nonetheless, according to UN projections, life expectancy in Romania is expected to increase over the next few decades.

Aging and higher life expectancy are generally accompanied by prolonged periods of frailty and disability. There is a significant and increasing share of older people in Romania, particularly aged 80+, who require long-term care services.

[1] The ratio of the population aged 65+ divided by the working-age population.

Population aging has pronounced regional and urban/ rural dimensions. In rural localities, the number of people aged 65 and over compared to those aged 0-14 can be 5 to 10 times higher.

Romania: Old-age dependency ratio by urban-rural residence, 2003-21



Source: National Institute of Statistics (2022).

Note: Proportion of population aged 65+ years old in the working-age population.

ANNEX 1. CONTEXT

Epidemiological trends

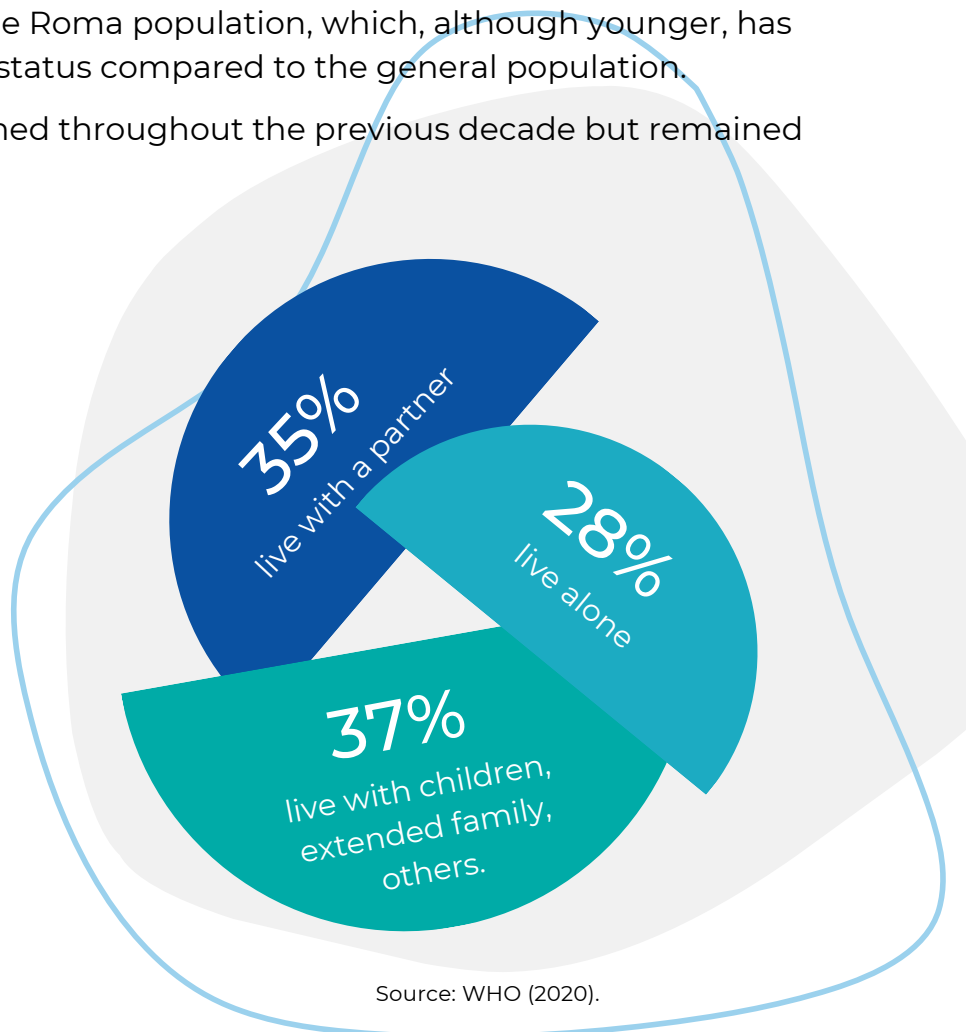
The proportion of healthy years in total life expectancy, and the life expectancy at 65 years, places Romania among the countries with the lowest values.

Romania's epidemiological profile is largely similar to that of other EU member countries. The exception is the Roma population, which, although younger, has a deteriorated overall health status compared to the general population.

Treatable mortality has declined throughout the previous decade but remained above the EU average.

Intergenerational cohabitation has traditionally been more prevalent in Romania than in other EU countries.

Romanian adults experience high levels of loneliness and social isolation, which have been exacerbated by the effect of the COVID-19 pandemic.



Among the EU27 countries, Romania had the highest prevalence of loneliness and social isolation.

Prevalence of loneliness is measured as the percentage of adults who indicated they felt lonely 'more than half of the time, most of the time, or all of the time' in the two weeks preceding the survey (Sandu, Zólyomi, and Leichsenring, 2021). On social isolation, see IZA Report (D'Hombres, Barjaková, and Schnepf, 2021).

ANNEX 1. CONTEXT

Social trends

Lone or older people with limited functionality, and those with disabilities, have been identified as vulnerable groups in Romania.

Romania has the second highest figure of older people at risk of poverty or social exclusion across EU members. The poverty risk is three times more prevalent in rural areas than in urban areas. The Roma population, on average, has a much higher risk of being in poverty, irrespective of age, education, or area of residence.

Of total 65+ population...

23.1%

EU countries

43.7%

Romania

The risk of poverty is the highest for older women, at 49.1% compared to 35.6% of men, and people living alone, particularly those aged 75+ living on minimum pensions or on farmer pensions.

European Commission (2020).

... are at risk of poverty or social exclusion

”

Traditional gender roles still prevail in Romania, a context where there is "pressure" for women to assume long-term care responsibilities



ANNEX 2.

DATA ON LTC SERVICES AT THE REGIONAL LEVEL

Distribution of the existing LTC services by type of service, development region and residential area (number of services)

Region	Residential medico-social		Centers for older people			Home care	Day care for older people		Food services		TOTAL
	8710CR MS-I	8710CR MS-II	8730CR-V-I	8730CR-V-II	8730CR-V-III	8810ID-I	8810CZ-V-I	8810CZ-V-II	8899CP DH-I	8899CP DH-II	
URBAN											
B-IF	0	1	77	0	0	8	1	8	13	0	108
Center	7	1	30	3	2	43	6	12	10	4	118
N-E	6	1	34	0	0	19	5	6	23	2	96
N-W	5	0	38	0	1	27	6	11	18	2	108
S	3	0	19	0	0	6	0	9	12	0	49
S-E	3	1	22	0	1	11	1	5	12	0	56
S-W	2	0	20	0	0	7	5	3	3	3	43
W	3	0	51	0	0	22	5	13	16	1	111
TOTAL URBAN	29	4	291	3	4	143	29	67	107	12	689
RURAL											
B-IF	0	0	21	0	0	0	1	0	0	0	22
Center	2	0	38	0	7	19	1	3	4	0	74
N-E	12	0	32	0	0	13	1	3	1	1	63
N-W	4	0	48	0	1	18	0	4	1	0	76
S	8	0	32	0	0	9	2	5	0	0	56
S-E	2	0	15	0	1	2	1	2	0	0	23
S-W	8	0	13	0	0	1	1	2	3	0	28
W	2	0	25	0	0	4	1	1	4	0	37
TOTAL RURAL	38	0	224	0	9	66	8	20	13	1	379
TOTAL											
B-IF	0	1	98	0	0	8	2	8	13	0	130
Center	9	1	68	3	9	62	7	15	14	4	192
N-E	18	1	66	0	0	32	6	9	24	3	159
N-W	9	0	86	0	2	45	6	15	19	2	184
S	11	0	51	0	0	15	2	14	12	0	105
S-E	5	1	37	0	2	13	2	7	12	0	79
S-W	10	0	33	0	0	8	6	5	6	3	71
W	5	0	76	0	0	26	6	14	20	1	148
TOTAL RO	67	4	515	3	13	209	37	87	120	13	1068

Source: MMSS (2022) Data for 2020 reported by service providers. Note: Data are missing for 11 social services. In the table, the county and area of residence where the social service is based (and not the provider's headquarters) are considered.

ANNEX 2.

DATA ON LTC SERVICES

AT THE REGIONAL LEVEL

Distribution of beneficiaries of the LTC services by type of service, development region and residential area (number of unique beneficiaries during the year 2020)

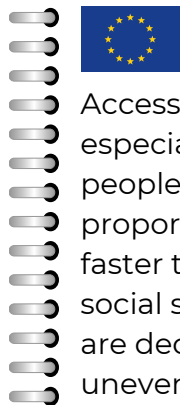
Region	Residential medico-social		Centers for older people			Home care	Day care for older people		Food services (*)		TOTAL
	8710CR MS-I	8710CR MS-II	8730CR-V-I	8730CR-V-II	8730CR-V-III	8810ID-I	8810CZ-V-I	8810CZ-V-II	8899CP DH-I	8899CP DH-II	
URBAN											
B-IF	0	202	4270	0	0	462	188	1145	475	0	6742
Center	534	245	1449	19	28	6253	564	865	293	56	10306
N-E	315	59	2025	0	0	1345	648	320	369	6	5087
N-W	2313	0	1637	0	4	1890	1591	2805	707	43	10990
S	85	0	770	0	0	98	0	1225	307	0	2485
S-E	211	107	1550	0	10	447	38	243	369	0	2975
S-W	121	0	1168	0	0	274	140	74	44	16	1837
W	121	0	2175	0	0	591	372	1741	698	7	5705
TOTAL URBAN	3700	613	15044	19	42	11360	3541	8418	3261	129	46127
RURAL											
B-IF	0	0	760	0	0	0	37	0	0	0	797
Center	244	0	1597	0	7	1659	15	40	35	0	3597
N-E	1022	0	1458	0	0	685	0	131	6	5	3307
N-W	319	0	1967	0	26	766	0	81	14	0	3173
S	541	0	1164	0	0	307	0	69	0	0	2081
S-E	179	0	745	0	9	53	0	39	0	0	1025
S-W	418	0	487	0	0	0	62	313	32	0	1312
W	150	0	742	0	0	5	9	70	51	0	1027
TOTAL RURAL	2873	0	8920	0	42	3475	123	743	137	5	16318
TOTAL											
B-IF	0	202	5030	0	0	462	225	1145	475	0	7539
Center	778	245	3046	19	35	7912	579	905	328	56	13903
N-E	1337	59	3483	0	0	2030	648	451	375	11	8394
N-W	2632	0	3604	0	30	2656	1591	2886	720	43	14162
S	626	0	1934	0	0	405	0	1294	307	0	4566
S-E	390	107	2295	0	19	500	38	282	369	0	4000
S-W	539	0	1655	0	0	274	202	387	76	16	3149
W	271	0	2917	0	0	596	381	1811	748	7	6732
TOTAL RO	6573	613	23964	19	84	14835	3664	9161	3398	134	62445

Source: MMSS (2022) Data for 2020 reported by service providers. Notes: Corresponding data for 1,068 social services that responded; data are missing for 11 social services. In the table, the county and area of residence where the social service is based (and not the provider's headquarters) are considered. (*) The values in the columns related to the food preparation and distribution services were adjusted with the estimated percentage (17%) of the total older people beneficiaries of social canteens, according to MMSS.

ABOUT THE PROJECT

The World Bank provides technical assistance to the Ministry of Labor and Social Solidarity in developing a strategic framework & management tools to improve the access, quality, and sustainability of long-term care services for older persons in Romania. The support refers to:

- Providing analytical inputs to inform the preparation of the National Strategy on Long-Term Care (LTC) and active aging for the period 2023-2030 and potential reforms of the legislative framework governing social assistance for the elderly.
- Providing advisory services to the MMSS to manage the delivery and oversight of LTC for the elderly at the community level.



Access to long-term care (LTC) services in EU countries—especially Romania—is uneven and unaffordable for older people. The European Commission notes that the proportion of elderly, dependent Romanians is growing faster than in most member states. At the same time, LTC social services – institutional, community, and home care – are decentralized and remain underdeveloped and unevenly distributed among communities.

Disclaimer

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This brochure does not necessarily represent the position of the European Union or the Romanian Government.

Equal opportunities and equity

All project activities were designed and implemented for the equal benefit of men and women. The project team and experts enjoyed equal treatment regardless of gender, ethnic origin, or other characteristics.

Sustainable development

During the implementation of the project, the World Bank team aimed at the reasonable and efficient use of resources to protect the environment and ensure social cohesion. Every citizen and institution should remember that sustainable development is the only way to meet human needs without jeopardizing the integrity of natural systems and the future of humanity as a whole.

Acronyms and Abbreviations

ADL	Activities of daily life
ANPDPD	National Authority for the Protection of the Rights of Persons with Disabilities
DGASPC	General Directorate of Social Assistance and Child Protection
EU	European Union
FSS	Social service provider
IADL	Instrumental activities of daily life
IZA	Institute for Labor Economics
LTC	Long-term care
MMSS	Ministry of Labor and Social Solidarity
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PNRR	National Recovery and Resilience Plan
PO SNDPD	Operational Plan on the implementation of the National Strategy on the Rights of Persons with Disabilities "A fair Romania", 2022-2027 (ANPDPD, 2022)
SECPAH	Complex Evaluation Service for Adults with Disabilities (within the DGASPC)
SHARE	Survey of Health, Ageing and Retirement in Europe
SPAS	Public Service of Social Assistance (*)
UAT	Administrative-territorial unit
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization
WB	World Bank

(*) In this document, the acronym SPAS is generically used for all forms of organization of public social assistance services established in the municipalities, cities, and communes of Romania (DAS - Directorate of Social Assistance, SPAS - Public Service of Social Assistance or Compartment, according to the Compartment, according to the Government Decision no. 797/2017).



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