

## HEALING THE POPULATION AND MAKING THE ECONOMY SICK DURING THE MANAGEMENT OF THE COVID-19 PANDEMIC

Ioan Hurjui<sup>1,\*</sup>, Marcela Cristina Hurjui<sup>1</sup>

<sup>1</sup> "Ștefan cel Mare" University, Doctoral School of Economy, Suceava, Romania

**Abstract:** The public authority responsible for ensuring health has, as general attributions provided by the legislation in the field, the organization, coordination and control of the public healthcare activity, health promotion and preventive medicine, emergency medical care, curative, medical recovery, home healthcare, which is provided through public or private authorities, as well as forensic and sports medicine assistance.

In this context, a main task of the Public Health Authority is to stock up on medicines, serums, vaccines, disinfectants, insecticides and other specific materials for special situations, with public health implications and to approve, by order of the public authority, the methodological norms of its constitution, preservation and use.

**Keywords:** health system, ensuring health, health expenditure, health, medical services, health sustainability, health services, public healthcare, good practice, specific actions, field-specific responsibilities, reserve of medicines.

### INTRODUCTION

In the context of the COVID-19 epidemic, the provisions of the normative acts regarding the establishment of the state of emergency on the Romanian territory ruled that the public authorities responsible for ensuring health could directly purchase materials and equipment necessary to combat this epidemic. Subsequently, the normative acts regarding the prolongation of the state of emergency on the Romanian territory established the possibility to use direct acquisitions of materials and equipment necessary to prevent and combat COVID-19 within the established limit of budgetary funds allocated for this purpose and exceeding the value threshold established by the Public Procurement Law.

### MATERIALS AND METHODS

Considering that, following the verifications carried out over the years, aspects were taken into account regarding the fact that medical equipment and other independent endowments purchased by the health units, financed from budgetary credits and from own revenues distributed by the Public Authority responsible

for ensuring health, were not put into operation and were not used or transferred to other health facilities, proves that these acquisitions were not necessary.

Thus, the public authority responsible for ensuring health provided financing for investments for a small number of health units that requested funds for investments over the years, although it had significant resources from its own revenues, resources that were reported as available at the end of each year.

Also, according to the provisions of the normative acts regulating the health reform, for special situations with implications on public health, the public authority responsible for ensuring health had the obligation to establish the Reserve, which had to include medicines, serums, vaccines, disinfectants, insecticides, medical devices, assistive technologies and devices and other specific materials, but it was noted that there was only one product and that one was expired.

Over the years, these shortcomings in the medical system have resulted from verifications, which have promoted certain conclusions and recommendations for the implementation at the level of the Public Authority responsible for ensuring health of a sustainable policy for ensuring human resources in health.

\*Correspondence to: Ioan Hurjui, PhD Associate Professor, "Ștefan cel Mare" University, Doctoral School of Economy, 13 Universităţii Street, 720229, Suceava, Romania, E-mail: hurjui\_ioan@yahoo.com

Moreover, the non-harmonization of the planning decisions of the public health medical system with the real needs of the population determines the inappropriate and inefficient use of the accessibility to the medical services and the provision of the medical staff during this period [2,7].

## RESULTS AND DISCUSSIONS

In the context of the COVID-19 pandemic, through the normative acts issued at that time, the Public Authority responsible for ensuring health had an essential objective to introduce new health programs and medical services designed to prevent and combat COVID-19; and subsequently by its order there are established the national health programs, priority actions and medical services intended to prevent and combat COVID-19, as well as the activities provided for in the national programs which are suspended or limited only to those vital to ensuring health of the population affected by pathologies other than COVID-19.

Also, according to the normative acts issued in this respect, the Public Authority responsible for ensuring health ensures the elaboration, development and financing of priority actions for monitoring, treatment and care of critical patients with emerging and re-emerging infections (AP-IE / RE), and through the Service emergency medicine, the administrative coordination of these actions.

The public authority responsible for ensuring health provides by transfer, at the request of the county public authorities, the necessary funds for the

settlement of the expenses related to the food allowance for vulnerable persons who are in isolation at home.

Another point to note is that the public authority responsible for health insurance according to the epidemiological evolution, establishes and updates the affected areas and the period of mandatory quarantine and other necessary measures, by issuing instructions.

In order to stimulate and motivate the activity carried out by the medical staff, the Public Authority responsible for ensuring health makes transfers for the payment of the risk incentive, support measures settled from European funds, following the spread of COVID-19 coronavirus, during the state of emergency. At the level of the Public Authority responsible for ensuring health, within the National Programs for Surveillance and Control of Infectious Diseases, amounts were allocated during the state of emergency in the context of the COVID-19 coronavirus epidemic, as follows in Figure 1.

Also, analyzing the data presented in the previous graph, it results that the largest funding during the state of emergency was granted to the counties with the highest number of infected people.

The public authority responsible for ensuring health has allocated to the public authorities, during the state of emergency, funds for the realization of investment expenses. From the data analysis, it is noted that there were budgetary provisions for a number of 32 PCR devices / automatic PCR system, but, funding was granted for only 8 PCR devices / automatic PCR system, respectively 21% of the program distributed per year 2020, at the level of the Public Authority

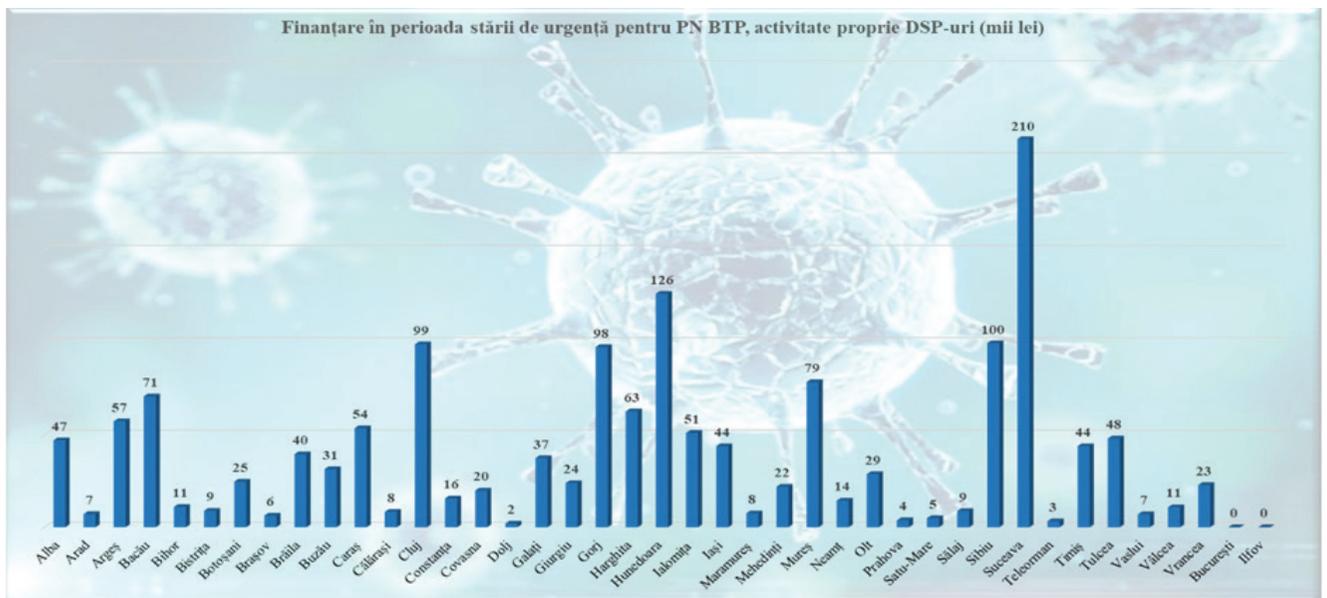


Figure 1.

responsible for ensuring health.

Another objective provided by the Public Authority responsible for ensuring health was the allocation of amounts to cover quarantine expenses during the state of emergency, respectively from the Budget Reserve Fund available to the Government, provided in the state budget for 2020, by supplementing the budget it [3, 4, 7].

Also, at the level of the Public Authority responsible for ensuring health, the situation of the number of quarantined persons was analyzed, according to the data reported by the county authorities, thus resulting that the number of quarantined persons had an increasing trend, from 3,148 persons in March to 52,884 persons in May. In this context, the medical staff opted for accommodation, which increased from 5 people in March to 4,993 at the end of the emergency period, at the same time the number of people forcibly quarantined increased from 13 to 527 people in May.

In particular, it was noted that during the state of emergency caused by the COVID-19 pandemic, the public authority responsible for health insurance received donations consisting of goods received free of charge, in kind (medical equipment/devices, medicines, products for the prevention and/or control of coronavirus infection (COVID-19), respectively sanitizing gel, protective masks, as well as from the European Commission [3,4].

In the context of the COVID-19 pandemic, the Public Authority responsible for ensuring health had the obligation to ensure the process of developing documented procedures, respectively system procedures and operational procedures, for the processes and activities carried out within the entity and to inform its staff, which was noted to have been drawn up as a single operational procedure.

In order to purchase sanitary materials, equipment, etc., the public authorities did not fully comply with the legal provisions regarding the commitment of expenses related to procurement orders made during the state of emergency.

Also, through the World Bank's Project Management Unit, the Public Authority responsible for ensuring health, concluded legal commitments for the purchase of products to combat the COVID-19 pandemic, mainly representing COVID-19 detention kits, harvesting and transport kits, monitors vital signs and heart mode, ATI beds, ATI venues.

Compared to those presented above, information was taken into account strictly related to the activity during the state of emergency, respectively,

the situation of epidemiologists, as well as medical staff with other specialty who managed the COVID-19 pandemic, of which the following were noted:

At the level of the Public Authority responsible for health insurance, the number of positions occupied by epidemiologists registered the value of 281.5, and at the end of the state of emergency a number of 285.5 positions was registered. The number of positions occupied by medical personnel with other specialization for pandemic management was 65,683 positions at the beginning of the emergency village and 72,228.5 positions at the end of the state of emergency. In this context, the additional posts for the county public authorities at the beginning of the emergency room were 8 in number, and at the end of the state of emergency, additional posts of 107 posts were approved, of which 11 posts were filled.

In particular, it was noted that, of the situations provided by the Public Authority responsible for ensuring health, the largest number of posts occupied by epidemiologists during the state of emergency was found in Bucharest, respectively with a number of 43.5 doctor positions at the beginning of the emergency room and 36.5 positions at the end of the state of emergency, while a number of counties did not have any positions occupied.

In the context of the COVID-19 epidemic, at the level of the Public Authority responsible for ensuring health, as well as at the level of the county public authorities, during the state of emergency were employed without competition a number of 201 persons for whom salary rights were established according to legal provisions. Also, during this period, seconded personnel were assigned as well as delegated personnel in number of 480 persons for whom salary rights were established according to the legal provisions.

In view of the assessments presented, the public health authorities and local government authorities are considering the identification of specific actions for further measures to combat the COVID-19 epidemic, by stimulating the provision of hospital and primary health care services, by stimulating the medical staff, as well as the acquisition of PCR, medical equipment for the intensive care units and the intensification of protection measures at the level of the entire health system.

Moreover, it is necessary to identify specific actions to establish procedures and comply with all measures to combat the COVID-19 epidemic to overcome syncopes in the national public health system, and to prioritize solutions based on the harmonization

of planning and organizational decisions. of the system in accordance with the real needs of the population in the field of health, with the provision in parallel of the medical resources necessary for the access of the population to the health services [2, 6].

**In conclusion**, compared to those mentioned above, the public authority responsible for ensuring health together with the local public administration authorities, will have to implement measures in order to develop generally valid procedures for county public health authorities for emergencies (alert status, state of emergency), as well as the creation of the legislative and organizational framework regarding the training by its subordinate institutions, its coordination and sub-authority of the medical staff within the public health authorities in the territory regarding the management of emergencies and/or situations special epidemiological problems generated by the emergence of communicable diseases with a major impact on public health.

It is also necessary for the Public Authority responsible for ensuring health to consider identifying practical solutions leading to an unified strategy for the establishment of safety stocks at the level of subordinate authorities, coordination and under its authority for protective materials and disinfectants, necessary to fight pandemics; at the onset of the state of emergency, under the conditions of depletion of stocks on the SICAP platform and the release of materials strictly necessary for the protection of personnel and the proper conduct of business [2, 4, 7].

### **Conflict of interest**

The authors declare that they have no conflict of interest.

### **References**

1. The 2018 Ageing Report Economic, Economic & Budgetary Projections for the 28 EU Member States (2016-2070) (Romanian).
2. Rapoarte de control pe anii 2006- 2018 întocmite de Curtea de Conturi a României (Romanian).
3. <http://www.cnas.ro/page/rapoarte-de-activitate.html>: Rapoartele de activitate ale Ministerului Sănătății în anii 2006-2018
4. Institutul Național de Statistică, *Tendinte%20sociale\_2014\_2017\_R0.pdf* (Romanian).
5. HG nr.1028/2014 privind Strategia Națională de Sănătate pentru perioada 2014-2020 (Romanian).
6. HG nr. 459/2010 pentru aprobarea standardului de cost/an pentru servicii acordate în unitățile medico-sociale și a unor normative privind personalul din unitățile de asistență medico-socială și personalul care desfășoară activități de asistență medicală comunitară (Romanian).
7. Raportul de audit al performanței privind infrastructura în domeniul sănătății în perioada 2016- 2015 (Romanian).
8. <https://ec.europa.eu/info/sites/info/files/2017-european-semester-country-report-romania->
9. Raport in domeniul sănătății - eurostat.ro (Romanian).