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The Historical Evolution of Healthcare Organization in Romania—historical benchmarks analyzed through the social and political determinants from the early nineteenth century until the mid-twentieth century

Summary of PhD thesis for obtaining the scientific title of doctor in the fundamental domain: Medical Sciences, field Medicine

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Nr. 7155 from the 18.12.2014

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We invite you to participate at the public presentation of the PhD thesis.

Thank you.
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**Keywords:** health care system history, public health, health financing, hospitals, social care
Chapter 1. Introduction

This paper represents a review and an analysis of the most important moments that have marked the beginnings of the healthcare system in Romania. We can consider the about one century period of time, from the Organic Rules (1831-1832) to the year of King Charles the Second’s Dictatorship instauration (1938), as the period in which our healthcare system has grown and consolidated itself. This period has coincided with the most important historical moments of our modern and united state’s foundation.

The purpose of this work is to analyze the manifold and scattered information regarding the birth of the healthcare system in Romania, looking to understand the mechanisms and social phenomena that have brought to the formation of a health care system with all its components defined by actual definitions.

To be able to fulfil these objectives, I have researched through primary and secondary bibliographic sources, concerning the history and in particular the history of medicine from that period of time. Most of the sources are coming from the Digital Library of Bucharest, The Library of History of Medicine from the National Institute of Health Bucharest, the Romanian Academy Library and the National State Archives.

The analyzed documents are covering the space inhabited by the Romanian population before and after the Union of the Country that has sequentially occurred at 1859 and 1918.

Chapter 2. The premises of Romanian health care system’s emergence

At the beginning of the XIXth century there was no healthcare system in our country. To be able to understand the premises of our healthcare organization I have analyzed the beginning of the XIXth century from the historical, social and political point of view and also from the perspective of the development of public health in Europe.
Historical events that have marked the period of time from the end of the XVIII\textsuperscript{th} and the beginning of the XIX\textsuperscript{th} Century in the Romanian Provinces

The end of the XVIII\textsuperscript{th} century was marked by the tendencies of the big Empires to conquer through wars, new markets, especially to assure an access to sea, and also to aquire new territories for their natural resources and importance for the economy.

The different strategies of peace between the important powers of Europe have been made above the heads of the small states that have successively been allies with one or the other of the European powers in the hope to fulfil their own national ideal.

In this chapter I present the influence of the Ottoman Empire on the Romanian provinces through the Phanariots rulers. Their negative role in keeping our country in a state of poverty and backwardness is described. But there is also a positive role that is described from the part of the few enlightened rulers that have had influence in developing the first forms of public medical care.

Some aspects of the Russian protectorate are also presented, to point out the first reforms of the state. The influence of the frequent wars and of the epidemics of plague, cholera and typhus on the health of the population is described.

In Transylvania, a province under the Austro-Hungarian Empire domination, there was a special status of the Romanian population, a majority not recognised by the state that is of importance for the historical background.

The social situation of the population from Romanian provinces at the beginning of the XIX\textsuperscript{th} Century

In this chapter I have drawn a synthetic portrait of the Romanian society around the year 1800. The Romanian society was of a feudal type, the population was living mainly in the rural areas. In Transylvania only 7,1\% of the population was living in the urban areas, in Moldavia 5,8\% and Wallachia 5,7\% (Murgescu, B 2010, pag. 61).

The weak development of the industry and of the bourgeoisie was an element of backwardness in comparison with other European countries.

The population from the Romanian provinces didn’t have any access to medical
care. The wealthy people could afford to pay private doctors. The poor ones were using traditional “healers” that didn’t have any medical background.

On the territory of the Romanian provinces there was no medical school. Foreign doctors were coming in our country being especially interested in cultivating a private clientele.

The appearance of public doctors is linked with the need to react to the epidemic waves. The first segment of population that was hit by the diseases were the poor ones, affected by poor nutrition, by working hard labours, living in unwholesome dwellings, with no knowledge about sanitation and without any possibility to access medical care (Bolovan, I 2007, pag. 237).

The role of medical Enlightenment in the development of public health in Europe at the beginning of the XIXth century

Medical Enlightenment was based on the democratic ideas of Jean Jacques Rousseau (Spielman, J 1980, pp. 295) which has opposed feudalism and social inequity.

The Enlightenment has launched the idea of equal rights for people, citizen rights, the idea of nation and national identity, tolerance through education and culture.

The enlightened doctors believed that their duty was to be involved in sanitary reforms. They were talking about the fact that the development of a thriving society is based on factors that stimulate demographic growth.

The industrial revolution, started at the end of the XVIIIth century in most of the European countries, has created economic progress but has also brought new social problems.

Doctors, economists, politicians, philosophers have understood that diseases have social roots and that was of capital importance to intervene on education and public sanitation. Here we have the origins of the first public health measures adopted by the states.
Chapter 3. The sanitary laws

In this chapter I have analyzed the evolution of the sanitary laws from 1830 (The Organic Regulations) to the last sanitary law from 1930 and its modifications. I have also presented the early forms of sanitary laws from the XVIIIth century to better understand the starting point. The framework of analysis comprised the following items: central and local ruling structures, hospital and out of hospital care, urgent care, preventive care, social care, pharmacies and healthcare financing.

The first sanitary laws in the Romanian provinces

The first sanitary laws have appeared linked with the need of the state to react in front of two major problems: poverty and diseases. These two being associated by definition, the society has reacted to improve them. The sanitary laws have developed a system of anti-epidemic defence.

In Transylvania the legislative framework was the Autro-Hungarian one. Since 1752 it had established a network of public health. The first sanitary law adopted in the Austro-Hungarian Empire is known as Planum regulationis in re sanitatis from 1755.

In Wallachia and Moldavia the first sanitary laws were the dispositions of the rulers that, beginning with the XVIIIth century, have established the first public health structures dedicated to the poor.

Modern sanitary laws in Romanian Principalities

The Organic Regulations

The Organic Regulations have been adopted at the same time in the two Romanian provinces (1831-1832). They were considered precursors of Romanian’s Constitution. The Organic Regulations contain, only at some chapters, sanitary measures in case of epidemics (the quarantines) and about the practice of public medicine. The leading structures were comprised in the Ministry of Internal Affairs (Negulescu, P & Alexianu, G 1944, pag. 69). This affiliation was due to the need for the united intervention of sanitary and military forces in case of epidemics.
The sanitary laws after the Union of the Romanian Principalities from 1859

Immediately after the Organic Regulations, a series of sanitary laws were adopted to regulate the activity of the “Board of Civil Hospitals”, the foundation of pharmacies, the operation of the Quarantine Committee, laws for the control of prostitution, laws for the compulsory immunization against smallpox.

The Board of Civil Hospitals was founded by General Kisseleff in April 1832. It was formed from three hospitals initially and had the purpose to assure free hospital care to people, regardless of nationality and religion (Găleşescu, Al 1900, pag. 5).

In 1862, after the administrative unification of the Romanian provinces the General Sanitary Board was founded having Carol Davila as General Inspector and Iacob Felix as Vice Inspector. Both of them have initiated sanitary reforms. Carol Davila has also initiated a national medical school (1869).

The sanitary law from 1874 is considered the first Romanian sanitary law. It has established the functioning of the central and local sanitary structures, the activity of sanitary inspection, local and governmental tasks in the health system.

The Cantacuzino law from 1910

One of the most important moments in the development of sanitary laws is the promulgation of the Cantacuzino law in 1910. This law has improved the sanitary division in the territory. Hospital activity, public hygiene is also envisioned. The healthcare system management was centralized.

The sanitary laws after the 1918 Unification of the country

The centralized coordination of health care institutions after the Unification from 1918 was especially difficult in the conditions after the First World War. The newly joined provinces Transylvania, Bucovina, Bessarabia, remained temporarily under the previous sanitary administration structures.

In 1921 all provinces passed under the unique administration from Bucharest due to the Unification law from 1921. In 1922, sanitary matters are separated, for the first time, from the Internal Affair Ministry and have been taken in charge by the newly founded

**The sanitary law from 1930 the first law of the United Romania**

The sanitary law from 1930 (Monitorul Oficial nr. 154, 1930) has accomplished the progressive ideas of social hygiene promoted by the medical school from Cluj, through the personality of professor Iuliu Moldovan (1882-1966) (Lupu, O 1981, pag. 527). The elaboration of the law was supported by two doctors, Dumitru Mezincescu (1880-1961) and Iacob Iacobovici (1879-1959). The sanitary law from 1930 was complex and comprehensive but was considered too modern and difficult to apply at that moment.

The period of time after 1930 was agitated, due to the slowly recovering of the economy after the crisis and also due to the preparations for the entrance of the country into the Second World War. The climate of insecurity is suggested by the increased number of health ministers that have succeeded at the Ministry of Health.

The lack of continuity in sanitary policy was blamed at that time. Doctors were talking about the necessity of a planned sanitary policy in order to insure stability in the system. This could not be accomplished due to the Second World War. The 1930 sanitary law has remained valid till 1943 during the communist leadership.

**The history of Health Insurance in our country - the legislative framework**

**The social insurance laws in the Old Kingdom**

In parallel with the efforts for the development of the public medical system in our country, there was also a development of the health system of workers from the industry. Romania, being a country with mainly an agricultural profile, this type of assistance has appeared later then in other European countries.

In 1912, was adopted the “Law for the organizations of the craft, credit and labour insurance”, known as the Nenitescu law. This was the starting point for the social insurance system in Romania.

**The social insurance laws in Transylvania**

In Transylvania the social insurance system was ruled after the Hungarian law number XIX from 1907. This law specified the compulsory and uniform taxation system.
The Insurance House had local divisions. The representation in the leading structures was split equally between workers and owners of the factories, the state having only a mediation role.

In Bucovina laws to protect for work accidents were in place since 1887 (Austrian laws) and from 1888 there were laws for the coverage in case of diseases. In Bucovina there were a few independent Insurance Institutes.

The social insurance laws after the Unification of the provinces from 1918

After 1918 the social Health Insurance System was unified through the assimilation of the laws from the Old Kingdom to the whole country.

In 1933, the “Ioanitescu Law” has brought new directions in the social insurance system. This law, named also the “Unification law of the Social Insurance” has unified the application of the insurance system in Romania. It has stipulated the principle of contributivity and solidarity in social insurance. The common fund of the insurance system was made out of taxes, supplementary contributions and subvention from the state.

Pharmacy regulations and laws

At the beginning of the XVIIIth century there were no specific rules for the pharmaceutical practice. The general sanitary laws brought specific regulations for the selling and preparing drugs. Sanitary laws have also stipulated rules on how to open a pharmacy, on vocational education of pharmacists, laws for the rationing of the spending on medication, regulations for the price of medication.

Medical profession regulations

The laws referring to the medical profession were adopted by the state from the second part of the XVIIIth century. It was the task of the main doctor from the Court to check the appropriate training of the doctors and to give a proof of the authenticity of it.

In the 1874 sanitary law the certification of the right to practice is stipulated. The sanitary laws have also contained rules on how to occupy a medical position, on continuing medical education (1910) and on the foundation of the Medical College of Doctors (1930).
A general glance on the sanitary laws from 1830 to 1938

The modern sanitary laws have appeared together with the organization of the state and have tried to respond to the great provocations of the developing society and of its increasing medical needs. Although, in the early stages, the Romanian provinces have evolved under different sanitary rules, after the unification of the country, the system has managed to harmonize the sanitary laws in all Romanian provinces.

The sanitary laws have created the framework for the development of the healthcare system. They have become more “mature” and complete in time, when the understanding of sanitary problems has increased. A series of institutions have been built to provide medical care to the population. The sanitary laws were also used as methodological instruments for public sanitation and anti-epidemic measures.
Chapter 4. Health care system financing - a historical review

In this chapter I have made a review of the mechanisms of healthcare financing in Romania. This review has shown that there was a tendency of the financing mechanisms to overlap and to complete each other. Private financing, with ancient origins, has had the role of building hospitals and social institutions. State financing has appeared during the anti-epidemic fight and was mainly dedicated to the medical and social services of the poor. In time, the two forms of financing have completed each other. We have in our sanitary history the example of the Board of Civil Hospital which, although a private structure, has provided free care to the poor and in return the government has subsidised the private hospital from The Board. The state has also subsidised private social institution for the care of patients with tuberculosis and other social categories. On the other hand, public hospitals received subsidies from the Board of Civil Hospitals in time of need.

Financing through the Social Insurance System has appeared at the beginning of the XX\textsuperscript{th} century and covered a small percentage of population. The insurances have covered accidents, illnesses and pension.

The big problem of the healthcare system was the insufficient funding. Provision of medication, of doctor’s wages, building new hospitals were prevented this lack of funding.

This explains why the coexistence of the private and state initiative has had an important role in our health system’s development.

Chapter 5. Hospital care

Hospital care should be analyzed from the perspective of the social and economic background in which they have appeared. They need also to be analyzed in the framework of the sanitary system and considering the place of each hospital in it.

Initially hospitals were used as shelters for the poor and for isolation in case of contagious diseases. Only during the XVIII\textsuperscript{th} century they were used as places where doctors, midwifes, surgeons were treating patients.

The Romanian medical education system at university level was developed in the hospitals administered by Board of Civil Hospital. This has stimulated the medical innovation and new technologies to be adopted in these hospitals.
Medical specialties started to appear after the second half of the XIXth century. This is why hospitals have become either multidisciplinary or mono-disciplinary. In the healthcare system hospitals have had a privileged position, most of the healthcare expenditure being directed toward them.

Initially the number of hospitals or hospital beds was not legislated. Anyone who wished could open a hospital to support the community. The standardization of hospital beds has come with the sanitary laws from 1881 and 1910.

Hospital has been built by private donors, by the state and by the Health Insurance System. A special type of hospitals is the one built by religious communities and charity associations.

A specific case for our country is the unified administration of private hospitals under the Board of Civil Hospitals or under the Board of Trustees form Saint Spiridon Church. These independent institutions have managed a private capital and have succeeded to develop medical care for the disadvantaged in their hospitals until the dissolution, by the communist power in 1948.

Another model of hospitals was the one developed by the state. Rural and county hospitals were meant to increase the access of people from the countryside to medical care.

**Chapter 6. Out of hospitals medical care**

In this chapter I have described the work of doctors in ambulatory care. The chapter also describes the origins of the medical education system, to illustrate the way human resources in the healthcare system have been formed. I have identified the appearance of the first dispensary or policlinics, the type of care provided. The development of public medical care in the ambulatory settings has increased access of patients to care but the coverage was still very low.

**Coverage with medical personnel – an image about access to care**

The main problem in the ambulatory care was the lack of doctors. Although their number has increased progressively from 27 doctors in 1833 in Bucharest, to 1 public doctor for 12,482 people in 1933, with even lower coverage rates in Bessarabia and Dobrogea, it
was still not sufficient. The practice in the public system was not attractive for the doctors due to the low wages and the excessive paperwork.

Chapter 7. Emergency care

Emergency care was initially unsystematic. Home visits of public and private doctors were the first forms of response to urgent medical needs. The first medically assisted transport unit to the hospital was founded only in 1906 by Doctor Nicolae Minovici. The “Rescue Society” has assured free transportation of poor ill people and accident victims. During the war it has contributed to the transport of the wounded. This society was an example of civic initiative and has a unique character in this way.

Hospital emergency care

The recognition of the necessity of specialized hospitals for patients requiring urgent care, has generated the foundation of the Emergency Hospital in Bucharest in 1934. The Health Insurance System had also a hospital for urgent care built in 1932.

The emergency system from our country was among the first in Europe to have an integrated system from the transport of the victim to specialized hospital care.

Chapter 8. Preventive care organization

Preventive care was an important component of the healthcare system. It was initially structured as an anti-epidemic system through the quarantines. In time, clinical observations and statistical studies have allowed a better understanding of the cause of diseases and has made possible the institution of preventative measures.

The care for the new generation has generated attentive preventive measures dedicated to the mother and child. Public Health Institutes (1921) have been founded to serve as methodological promoters of preventive care.

The sanitary laws have established the framework for preventive care. A number of regulations have also been put in place for public hygiene, hospitals hygiene, and sanitary inspection.
Innovative preventive care models

Model dispensaries were created with the purpose to improve preventive care in the rural areas and to relief the excessive burden of work of primary care doctors. In the same time they were supposed to be training centres for public health specialists.

Preventive care policlinics have been also founded in the urban area of Bucharest. They were working under the supervision of the Institute of Public Health Bucharest.

Chapter 9. Social care

From the early times the society has taken care of the fragile categories like children, pregnant women, the elderly, the homeless and of people with certain diseases, known as social diseases.

Medical and social care has overlapped due to the fact that illness and poverty were frequently associated. The intervention of the society had to solve both problems at the same time.

Social care institution was built mainly by the private initiative but the state and the Social Insurance System has had also an important role. The type of social institutions ranged from orphanages, mentally ill asylums, Tuberculosis hospital and dispensaries, Venereal diseases dispensaries and rehabilitation centres.

Chapter 10. Discussions

Medical care has been initially driven by the private initiative in the name of charity. Modern scientific, philosophical and political ideas that have circulated in different moments of history have been taken by the elites of the society and transformed into laws that have generated modern health care systems.

In the XVIII\textsuperscript{th} century, the Romanian provinces were influenced by the ideologies of the Enlightenment époque and the ideals of the French Revolution. In the vision of this century, the man was the centre of the society and his health status a key element for progress. The state has intervened in the protection of the health of its citizens through public health measures.
The Romanian society was a deeply religious one, who believed in the help of the poor and ill people. Charity has played an important role in the start of the health care system.

From the political point of view, the period between 1830 and 1938 has contained the most important moments of our history starting with the two Unions and ending with the two World Wars. The climate of instability has made the situation such as no political power was able to fulfil its health policies. This has determined a significant fragmentation in health legislation.

The legislative framework of the sanitary system was generous and vanguards. Some of the sanitary laws were like complete hygiene courses. The sanitary laws were not always applicable due to the cleavage between their high standards of care and the reality from our country. They were more “a fiction on its way in becoming a reality” (Bărbulescu, C 2010, pag 35).

The healthcare system from our country has alternated between “centralized” and “decentralized” management. The centralized periods were characterized by an increased stability of the medical profession, an increased number of investments in health and a more coherent health policy but also an increased bureaucracy. On the other hand the decentralized periods of management, although considered to be a modern way of management, didn’t achieve the expected progress due to the lack of involvement of local authorities.

The impact of the existence of a health care system in our country was felt in the life expectancy of the population. Although lower than in other European countries due to the social condition of the population it has shown significant improvement.

In 1930 our country there was a significant number of public and private hospitals, dispensaries and policlinics. A case study on Ilfov County has allowed us to identify the diversity of medical care units and to estimate the access to medical care of the population. Hospital beds were more available than out of hospital facilities. In 1929 there were 1.7‰ hospital beds and in 1933, in the community, a doctor had to serve a population of 12,482. The practice of medicine in the public system, in urban and rural areas, was not attractive for the doctors due to the bad conditions of living and low wages. The focus of medical care on hospitals is due to the development of health care facilities like laboratories and Roentgen imaging and to the implementation of the latest (possible) scientific progress.
One of the big problems of our sanitary system was the lack of financing. In 1933 Romania was spending 83 lei per inhabitant in comparison with the United State that were spending the equivalent of 250 lei, Hungary 216 lei, Italy 261 lei, the Netherlands 170 lei (Banu, G 1935, pag. 518).

The main thesis of my work is the profound social character of the Romanian health care system. I have proven it through the important effort of private and public organizations to cover free care for the disadvantaged. I have also proven it through the sanitary laws that have governed healthcare development.

To be able to survive the social project of the Romanian medical system has been strongly supported by the private initiative. This is why we cannot put our health system’s evolution into a specific frame. It was adapted to the Romanian reality but in the same time anchored into the international context.

Chapter 11. Conclusions

- The particularities of the development of the Romanian health care system lye in its roots, deeply linked with the social and historical background of the country, and on the definition of an original medical culture that has resulted from the contribution of the remarkable personalities that our country has had.

- The factor that has mainly influenced the type of healthcare system was the social and economic condition of our population - a poor population, predominantly occupied with agriculture, with a high level of illiteracy.

- The historical conditions have been aggravating factors of the social state of the population - the period of time between 1830-1938 has been characterized by multiple events like the 1848 Revolution, the Independence War (1877), the peasants uprising from 1907, the First World War (1916-1917), the economic crisis (1929-1930).

- The Romanian sanitary system has had an important social dimension through the free access to care in hospital and out of hospitals, for poor people.

- The public-private financing after an original model system has allowed the state to fulfil its social objectives and has proven the strong humanitarian feelings of the Romanian
bourgeoisie

- The Social Insurance System has appeared only at the beginning of the XXth Century. This system has provided care for employed people, in its own hospitals and dispensaries. In 1933, the adoption of the free choice of the doctor has made the junction with the public health system.

- The Romanian healthcare system has been permanently linked to the international scientific level of knowledge through the numerous collaborations of Romanian doctors with doctors from abroad.

- The existence of a sanitary system has had an impact on life expectancy of the population. At 1900 the average life expectancy was 36.4 and in 1933 it was of 42 years. The difference between our country and other European countries lies especially in the lack of out of hospital care to cover the population.

- In the XXth century some innovative preventive institutions have been put in place. They didn’t succeed at that time but their model is worth to be reconsidered in the modern times.

- Social care has been mainly sustained by the private initiative but state institutions have had a better organization.

- The Romanian sanitary system, from the analyzed period, does not fit into any model of health care system recognized today. It was an open, innovative system that had to function in the conditions of a non-efficient economy and had to find innovative financing sources and sometimes also innovative ways to providing health services to the population.

- The review of the development of the Romanian healthcare system between 1831 and 1938 represents an important topic that was not analyzed in this way till now. Using historical data and putting them in the context of the multidisciplinary medical literature has allowed us to emphasise the complex characteristics of our healthcare system and to retrieve important information for the understanding of the actual evolution.
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a. First author:


b. Co-author:


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b. First author


c. Co-author


Papers published as abstracts at international profile conferences

a. Co-author:


Papers communicated at national profile conferences


Neculau, A. Elemente de modernism în legislația sanitară de la sfârșitul secolului al XIX-lea, începutul secolului XX. A XLI-a Reuniune Națională de Istoria Medicinei Brașov, 2011
This paper represents a historical review and an analysis of the important benchmarks in the development of the Romanian healthcare system. The period of time that was analyzed is comprised between 1830 and 1938, two significant moments in our history. The first one represents the beginning of the organization of our country as a State, and the second one, represents the temporary dissolution of the democratic state, through the Royal dictator of King Carol the Second, a moment that has also preceded our country’s entrance into the Second World War.

Our sanitary system has evolved and has become a mature and complete one at the end of the studied period. The State was involved in assuring the health of its citizens through the creation of healthcare facilities, through public sanitation measures, through the support and development of preventive services and services directed to special social categories.

The paper contains a review of the sanitary laws that have governed the Romanian healthcare system. It contains also an analysis of health care services financing evolvement and the medical structures that were built, with significance for the development of Romanian medicine.

The profound social structure of the Romanian healthcare system is defended as the main thesis of this study. An emphasis is put on the originality of the methods chosen in delivering health services to the population.

The originality of this work is derived from the method used to analyze the evolution of the healthcare system in Romania. Using the framework of the modern healthcare system has made possible the identification of the roots of each type of medical components of the system and has allowed a better understanding of the topic. The paper can serve as an instrument of formation and information for specialists in public health or from any other medical field, to permit a better understanding of the evolution of the health care system from its origins to the communist period.
# Curriculum vitae

## Personal information

<table>
<thead>
<tr>
<th>Name/Surname</th>
<th>Neculau Andrea Elena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Brașov, 12, Dihamului street, Postal Code 500483</td>
</tr>
<tr>
<td>Telephone</td>
<td>072.897.50.65</td>
</tr>
<tr>
<td>Fax</td>
<td>0368401233</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:andrea.neculau@gmail.com">andrea.neculau@gmail.com</a></td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.medfam.ro/neculau">http://www.medfam.ro/neculau</a></td>
</tr>
<tr>
<td>Nationality</td>
<td>Romanian</td>
</tr>
<tr>
<td>Date of birth</td>
<td>04.03.1969</td>
</tr>
<tr>
<td>Gender</td>
<td>female</td>
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## Professional experience

<table>
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<tr>
<th>Dates</th>
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<tr>
<td>Occupation or Position held</td>
<td>Senior Family Physician at Private Medical Practice Dr. Neculau Andrea, Brașov</td>
</tr>
<tr>
<td>Main activities and responsibility</td>
<td>Primary care services</td>
</tr>
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<td>Name and address of the employer</td>
<td>Private medical practice under contract with the National Insurance House Medicine</td>
</tr>
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<th>Dates</th>
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<tr>
<td>Occupation or Position held</td>
<td>Assistant Professor at the discipline Family Medicine Department of Fundamental and Prophylactic Sciences</td>
</tr>
<tr>
<td>Main activities and responsibility</td>
<td>Supervisor of practical training of students at the discipline of Family medicine and of nursing students</td>
</tr>
<tr>
<td>Name and address of the employer</td>
<td>Transylvania University, Faculty of Medicine, Brașov</td>
</tr>
<tr>
<td>Type of business or sector</td>
<td>University Teaching-Family Medicine</td>
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## Education and training

<table>
<thead>
<tr>
<th>Dates</th>
<th>October 2006 - March 2008</th>
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<tr>
<td>Title of qualification awarded</td>
<td>Master in management and Public Health</td>
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Principal subjects/skills covered | Master degree
---|---
Name and type of organisation | University of Medicine and Pharmacy Bucharest
Dates | June 2003
Title of qualification awarded | Senior family physician
Principal subjects/skills covered | medicine
Name and type of organisation | Ministry of Health

Dates | 2000-2001
Title of qualification awarded | Trainer in family medicine
Principal subjects/skills covered | Teaching and training
Name and type of organisation | Center for Polices and Health Services Cluj Napoca

Title of qualification awarded | Specialist in family medicine
Principal subjects/skills covered | medicine
Name and type of organisation | University Transylvania Brașov

Dates | 1988-1994
Title of qualification awarded | Medical doctor
Principal subjects/skills covered | Medicine
Name and type of organisation | University of Medicine and Pharmacy Bucharest

**Foreign languages know**

<table>
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<tr>
<th>Self-assessment</th>
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<td>Reading</td>
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(*) Common European Framework of Reference for Languages
**Member in professional Associations**

- Member in the board of the Society of Family Medicine Brașov affiliated to the National Society of Family Medicine

**Participation in international and national projects**

- Trainer in the project for the Screening of the uterine, breast and colon cancer- Ministry of Health - May- Nov, 2012
- Consultant in the UNICEF project "Assistance and technical support to an evidenced based analysis for costing primary health care services for children and women-phase 2". (01. 2011-03. 2012)
- Consultant in the UNICEF project "Assistance and technical support to an evidenced based analysis for costing primary health care services for children and women". (10. 2009-03. 2010)
- Consultant in the project "Improving Content of the Education Courses for the Family Doctors, Managers of the PHC Facilities and Family Doctor Nurses in Moldova (Dec 2008-Dec 2009)"
- Consultant and trainer in the USAID project of assistance of health care reform in Romania 2006-2007 – Piloting the model chronic care model in primary
- Trainer in the project PHARE RO 2002/000-586. 04. 11. 03 - Improving the Capacity of Monitoring and Evaluating Heath in the framework of the Reform of the Health Care System (2004-2005)
- Member of the Qualy-Med project , 2002-2005 – development of 5 practice guidelines for primary care ([www.ghidurimedicale.ro](http://www.ghidurimedicale.ro))
- Participant in the project “Romanian Family Medicine going European level”, CNSMF- introducing the EPC instrument for the evaluation of quality in primary care (2002-2005)
- Member of the project of the development of the Sentinel Network – Romanian Society of Family Medicine (GP-Medinet, 2001-2003)

**Computer skills and competences**

Computer usage, text editing, data search (Word, Excel)

**Supplementary information**


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**Dr Andrea Neculau**

30.12.2014