Current state of balneotherapy/thermalisme in Romania: main actors, reglementation and problems to solve

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Abstract

Introduction: Romania owns almost 30% of natural therapeutic resources consisting in: climate (relief, hydrology and vegetation), including salt mines and caves microclimate; mineral/thermal waters (for bathing and drinking cure); mud/peat and gases. Balneal cure for rehabilitation is connected with tourism activity, so, common strategy for the future is important.

Objective: Main objective of this paper work is to presents the main actors involved in health resort medicine and medical balneal tourism and their problems to solve.

Methods: Study of laws and other public documents of Ministry of Health and Ministry of Regional Development and Tourism.

Results:

Key actors in the medical field are:
- The Ministry of Health
- National Health Insurance House
- National House of Pensions and Other Social Insurance Rights

Key actors in tourism activity:
- Ministry of Regional Development and Tourism
- Romanian Organization of Spa Owners, National Association of Tourism Agencies and Trade Unions

Conclusions: Both actors performing in medical balneal tourism need to work together for a common future. In the medical field is needed more elasticity to offer both medical and wellness programs and more cooperation to develop the master plan made by tourism actors. The tourism actors must be involved into the opening up of balneal/thermal patrimony because research in balneology and balneal medicine means high costs for discovery, characterize and maintaining in exploitation the resource. The economic and political leaders will help this collaboration and cooperation if the actors make themselves heard in this “polyphony” of balneal medical tourism.
Estado actual de la balneoterapia/termalismo en Rumanía: actores principales, reglamentación y problemas a resolver

Resumen

Introducción: Rumania posee casi el 30% de los recursos terapéuticos naturales que consisten en: el clima (relieve, hidrología y vegetación), incluidas las minas de sal y el microclima de las cuevas, aguas minerales/termales (para el baño y la cura en bebida); barro/turba y gases. La cura balnearia de rehabilitación se relaciona con el turismo de salud, por lo que, la estrategia común para el futuro es importante.

Objetivo: El objetivo principal de este trabajo es presentar los principales actores involucrados en la cura balnearia y el turismo de salud en balnearios y sus problemas a resolver.

Métodos: Estudio de las leyes y otros documentos públicos del Ministerio de Salud y Ministerio de Desarrollo Regional y Turismo.

Resultados: Los actores clave en el campo de la medicina son:
- El Ministerio de Salud
- Seguro Nacional de Salud
- Caja Nacional de Pensiones y otros derechos de la Seguridad Social

Los actores clave en la actividad turística:
- Ministerio de Desarrollo Regional y Turismo
- Organización de los propietarios de balnearios Rumanos, Asociación Nacional de Agencias de Turismo y Sindicatos

Conclusiones: Los dos actores que actúan en el turismo de salud en balnearios deben trabajar juntos por un futuro común. En el campo de la medicina se necesita más elasticidad para ofrecer tanto a los programas médicos y de bienestar una mayor cooperación para desarrollar el plan maestro realizado por los agentes turísticos. Los actores del turismo deben participar en la apertura del patrimonio termal, porque la investigación en termalismo y la medicina termal suponen altos costos para el estudio, caracterización y mantenimiento de la explotación de los recursos. Los líderes económicos y políticos aportarán esta colaboración y cooperación si los actores se hacen oír en esta “polifonía” del turismo de salud balneario.

Palabras clave: Rumania, Medicina Termal, Reforma de Salud, Turismo de Salud/Balneario, Plan Maestro

REFERENCE STANDARD
INTRODUCTION

Romania owns almost 30% of European natural resources for balneotherapy/health resort medicine consisting in climate (relief, hydrology and vegetation, including salt mines and caves microclimate), mineral/thermal waters (for bathing and drinking cure), mud/peat and gases.

Climate

Climate is temperate continental with four distinct seasons. The average annual temperature is 11°C (52°F) in the south and 8°C (46°F) in the north. Precipitation levels are over 750 mm/year with regional variation, for example in the south-central parts levels are around 600 mm/year and in the Danube Delta, rainfall levels are very low-around 370 mm/year. Romanian relief is distributed roughly equally between mountainous, hilly and lowland territories. Disposure of relief is enriched by an enormous number of springs and specific vegetation.

Types of mineral/thermal waters

Romania has different types of mineral/thermal waters: oligomineralized, alkaline, salty, sulfurous, magnesium, metallic, thermal waters, all of them with different chemical composition. Mineral or thermal water are used for drinking cure, bathing cure, aerosols, and gynecological applications.

Mud

Mud is one element of nature having immense impact on the human body in health as well as in sickness. Mud is made from substances formed in natural conditions under the influence of geological processes and which in smoothly divided state and in mixture with water are used in medical practice as mud bath or local procedures. International Society of Medical Hydrology and Climatology (ISMH). Some of the healing effects of the mud are known empirically from the antiquity, others have been described and studied recently, others have remained even today at the stage of sumary explanation.

Gases

Gases are represented by emanation of dry carbon dioxide named mofeta and of hydrogen sulphide named sulphatarium used for vascular and condroprotectiv effects.

Balneoclimatology is a part of medical specialisation in rehabilitation and physical medicine. Admission in specialisation is made after a national contest and education lasts four years. Rehabilitation using natural therapeutic factors is equally: traditional and contemporary.

After 1990, Romania inherited a health system funded by state, type Semashko, the decision-making process was completely centralized, with no separation.
between the beneficiary and provider\(^3\). Despite numerous reform efforts, developments were slow and still are an ongoing process.

Key actors in the medical field are:
- The Ministry of Health (MS)
- National Health Insurance House (CNAS)
- National House of Pensions and Other Social Insurance Rights (CNPAS)

For the medical tourism sector, main actors are:
- The Ministry of Regional Development and Tourism (MDRT)
- Organisations and associations involved in tourism activity, such as: Romanian Organization of Spa Owners (OPTBR), National Association of Tourism Agencies (ANAT), Trade Unions (Sindromania)

**KEY ACTORS IN MEDICAL BALNEOTHERAPY FIELD**

**Ministry of Health (MS)**
In Romanian health system, Ministry of Health, is the authority for strategy, regulation, monitoring and control. Ministry of Health has subordinated forty - two decentralized public health authorities, county ambulance services and other institutions\(^4\). Among them are the National Agency for Medicines and Medical Devices and National Public Health Institute. In addition, Ministry of Health coordinates research and development institutions, of which the National Institute of Rehabilitation, Physical Medicine and Balneology is the methodological forum in the field. Moreover, a number of over 60 health units are directly under the authority of Ministry of Health. Most of them are hospitals, some among the highest in the country (eg, Techirghiol Balneal and Rehabilitation Sanatorium).

**National Health Insurance House (CNAS)**
National Health Insurance House assures unified and coordinated operation of national social health insurance system and the management of Unic National Fund of Health Insurance (FNUASS). It has 42 subordinate county health insurance houses and collaborates with Health Insurance House of the Ministry of Defence (OPSNAJ) and Health Insurance House of the Ministry of Transport\(^5\).

Framework Agreement and its implementing rules establishes for each year medical services provided to policy holders and settled in the contractual relations between CNAS and service providers at all levels. Balneal rehabilitation services are financed up to 70% by the National Health Insurence House (standard condition of accomodation, meal and treatment), from FNUASS.

**National House of Pensions and Other Social Insurance Rights (CNPAS)**
National House of Pensions and Other Social Insurance Rights has the mission to administrate the public founds of pensions, work acidents and profesional di-
seases. From these public found are supported medical balneal activities of rehabilitation of retired peoples, after work accidents and professional diseases. The National House of Pensions and The Ministry of Health own 20% of buildings patrimony and facilities for balneotherapy in different locations and they complete the needs by public auction from the privat owners.

KEY ACTORS IN TOURISM SECTOR

The Ministry of Regional Development and Tourism (MDRT)

The Ministry of Regional Development and Tourism (MDRT) has the strategic planning function of products and tourism destinations (including balneal products and destinations).

Organization of Spa Owners (OPTBR), National Association of Tourism Agencies (ANAT), Trade Unions (Sindromania)

Organization of Spa Owners (OPTBR), National Association of Tourism Agencies (ANAT), Trade Unions (Sindromania) own facilities for balneotherapy.

ROMANIAN BALNEAL PATRIMONY

Romanian balneal patrimony included in 2009 160 spa entities from which 100 are registered in “Health/Spa Resort Register” edited by “Ministry of Regional Development and Tourism” after the authorization of natural factors and methodology of using them made by “National Institute of Rehabilitation and Physical Medicine” and the number increases every year. Recently the MDRT licensed at European standards 11 localities as balneal resort and are in progress to obtain this license other 10 localities.

In 2011 were 4850 beds in city hospitals and balneal sanatorium for Rehabilitation, Physical Medicine and Balneology and 463 beds for Neuro-Psycho-Motor rehabilitation.

Infrastructure of resorts consists in 3 types of buildings/facilities for cure: hotels from 19th century, hotels from second part of 20th century and new spa complexes developed in last years. Most of them, 80% of patrimony, belong to the private owners (OPBTR, ANAT, Sindromania), and the rest of 20% of patrimony is public property of Health Ministry and Pension Found.

STRATEGY FOR DEVELOPMENT

For a correct direction of development is important to reestablish the reliability in health tourism and upsurge relationship between output product and market requirement. For the opening up of balneal tourism is needed to choose one or more
positions on the market, to define the strategy to be applied to each combination market/product and to define the way of financing the activity (public/private). Starting with 2008 year the Ministry of Regional Development and Tourism realized SWOT analysis (Table 1) in order to establish the strategy of the future.

Table 1 - SWOT analysis of balneal tourism

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good potential resources for balneal tourism</td>
<td>• Poor quote of treatment and accommodation</td>
</tr>
<tr>
<td>• Loyal customer that consider balneal resort as tourism destination.</td>
<td>• Old customer and reduced possibility of renewal of clients</td>
</tr>
<tr>
<td>• Strong belief in healing effects of natural therapeutic factors</td>
<td>• Image of sanatorium closer to the hospital than to hotel</td>
</tr>
<tr>
<td>• Holistic and integrative approach of patient and of illness</td>
<td>• Diminution of research in this field</td>
</tr>
<tr>
<td></td>
<td>• Unequal level of professionalism at reception desk, restaurants,</td>
</tr>
<tr>
<td></td>
<td>• Too much actors from private and public/state sector involved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perspectives of development based on unexplored zones and resources</td>
<td>• Hard-line competition and competitors in the field</td>
</tr>
<tr>
<td>• Availability of European fund for development</td>
<td>• Strong dependence on pension fund and state subvention</td>
</tr>
<tr>
<td>• Aged patients for antiaging Aslan cure that were applied in balneal</td>
<td></td>
</tr>
<tr>
<td>resorts (model that may be used)</td>
<td></td>
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</tbody>
</table>

According to the evaluation made by Ministry of Regional Development and Tourism, the health tourism market includes: medical tourism (surgery, esthetic), balneal tourism (more preventive), thalasso therapy, hydrotherapy, wellness and/or spa, fitness and diverse training.

The market's trend of the health tourism is increasing in corelation with demographic evolution and asks products as: antiageing cure, esthetic medicine. Rehabilitation segment of the market is also increasing, but in urban neighborhood and linked to the business tourism (Table 2).

Taking into account the existing conditions and requirements, the department of strategy from the Ministry of Regional Development and Tourism synthetizes the master plans for the next three years8 (Table 3).
The marketing concepts must be reevaluated and applied properly to each region.

1. **Thermal city concept** means public/private treatment base, medical supervised, having water (tap or thermo/mineral) for treatment and leisure, completed with cosmetic products and/or drinking waters. This marketing concept may be applied: around Bucharest, Black Sea shore, Bucovina, and Transilvania regions.

2. **Antiaging resorts concept** need: clinic/hotel, having all devices for thalassotherapy and/or natural medical product from plants/herbes, mineral waters and mud including Gerovital H3, traditionally located on the Black Sea shore.

3. **Wellness and spa concept** is the newest direction of development that generally doesn’t need accommodation, is private financed, is targeted to: relaxation, leisure, short time cure and is developed in urban centers for active peoples.
Table 3 - Synthesis of master plan

<table>
<thead>
<tr>
<th>Sector/domain</th>
<th>Type of approach: resort and/or equipments</th>
<th>Targeted market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tourism destination:</td>
<td>As resort with private investment in hotels/centers and public investment for the city including cultural dimension</td>
<td>Central Europe, Ukraine, Russia</td>
</tr>
<tr>
<td>Thermal city</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thalassotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green national resort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical tourism: Ant aging, antismoking, weight loss, etc</td>
<td>As clinics/cure Private investments in equipments</td>
<td>Occidental Europe, USA (niche market in process)</td>
</tr>
<tr>
<td>Balneal and social</td>
<td>As balneal resort with public/state investments and support/subvention</td>
<td>National, social assisted</td>
</tr>
<tr>
<td>Wellness, fitness in urban centers</td>
<td>As centers within or separated from hotels Private investments in equipments</td>
<td>National, urban</td>
</tr>
</tbody>
</table>

4 Classical balneotherapy concept refers to traditional using of natural therapeutic factors. Facilities having this destination must be improved at the level of comfort and diversified medical activities. The European Directive from April 23th 2009 about reimbursement and subvention of transfrontalier medical services (treatments) is a good opportunity for giving plus value of Romanian tradition and experience in balneotherapy.

Due to the current social transformation: hard work, long time of activity and short time for resting, the duration of cure decreased up to 7.5 - 8 days and many peoples practice the week-end cure, one week cure or other type of short time treatment applied in location named spa: spa resort, spa hotel, spa Centrum, etc. Such short duration of cure is not adequate for balneotherapy. For the purpose of medical use, balneal products/activities will take places in regions national and/or international known, with important potential for balneal tourism development (mineral/thermal waters, mud), where the demand for balneal products (antiageing, weight loss, antistress, etc) is significant for the national and international market.
In these conditions the tasks of Ministry of Health, for goals achievements are:

1. Improvement of medical/sanitary rules at European standards for activity in balneal resort;
2. To promote CME addressed to general physicians about indications and contraindications of balneal medicine (criteria of sending patients);
3. To increase number of qualifications and of specialists in balneal medicine, for thalassotherapy, wellness and spa;
4. To promote the medical values of natural resources for branding Romanian balneal resorts;
5. To organize cluster for slow and nice aging in order to settle Romanian resorts on antiageing type.

Both actors performing in medical balneal tourism need to work together for a common future. In the medical field is needed more elasticity to offer both medical and wellness programs and more cooperation to the master plan made by tourism actors. The tourism actors must be involved into the opening up of balneal/thermal patrimony because research in balneology and balneal medicine means high costs for discovery, characterize and maintaining in exploitation the resource. The economic and political leaders will help this collaboration and cooperation if the actors make themselves heard in this polyphony of balneal medical tourism.

REFERENCES

4. Law no.95 of 14 April 2006 with regard to reform in the public health area.
5. Law no 145 of 24 July 1997 with regard to social health insurance as amended and supplemented.
6. Law no.19 of 17/03/2000 on the public system of pensions and other social security rights.