A partnership since 1989

35

Jozef Goebels
President ADR-Vlaanderen
President The Open Network

ACTIE
DORPEN
ROEMENIË
ADR - VLAANDEREN

The Open network
for community development
A Romanian - Flemish Initiative

ACTIE DORPEN ROEMENIË

ADR - VLAANDEREN

HORIZON 2030

35

South – Eastern Europe

PILLARS

1° Continuation of our work & activities.

2° Positive image South-Eastern Europe:

- **Shift in Europe West → East**
- **Enlargement EU**
- **Balkanism**

3° Feeling at home – belonging:

- **Migration**

4° People-to-People diplomacy:

- **Twinning 2030**

Aanbod Activiteiten Projecten ADR nieuws ADR flash Contacteer ons

ADR-Vlaanderen

Verenigt mensen met een hart voor Roemenië

Aanbod | Activiteiten | Projecten | Ontdek waar we actief zijn | Over ADR-Vlaanderen

Home

ADR-Vlaanderen staat voor 'Actie Dorpen Roemenië Vlaanderen', de koepelorganisatie van Vlaamse vrijwilligersgroepen die samenwerken met een partner in Roemenië of Oost-Europa.We geloven dat een samenleving wordt gevormd door actieve burgers, die actie ondernemen en op zoek gaan naar elkaar, ook over de landsgrenzen heen. Mensen die samen gemeenschappelijke uitdagingen willen aanpakken en reageren op noden in de gemeenschap.

Het zijn de concrete ontmoetingen, contacten en initiatieven van mensen samen die maken dat Europa een Europa van burgers wordt.

ADR-groepen dragen hieraan bij door actie te ondernemen, zowel in Vlaanderen als in Oost-Europa.

Op deze manier draagt onze organisatie bij tot de profilering van Vlaanderen als een open en inspirerende regio in Europa.

ACTIE DORPEN ROEMENIË

ADR - VLAANDEREN

WAAR ADR-VLAANDEREN VOOR STAAT →

Supported by Rotary Club Keerbergen - Belgium

Vlaanderen verbeelding werkt

The Open network

Belgian Luxembourg Romanian Moldovan Chamber of Commerce Connecting Business

BIO RACER SPEEDWEAR

OLF
ORGANIZAȚIA LOCALĂ DE FEMEI
22

FDAAM
Fundația pentru Dezvoltarea Asociațiilor de Ajutor Mutual

România adam
4

ORGANIZAȚIA LOCALĂ DE BĂRBAȚI
14

The Open network
for community development
A Romanian - Flemish Initiative

CLS
4

OLT
Organizația Locală de Tineret
AGLT 37
TEAM 31

CDL
Comitet de Dezvoltare Locală
14

Proiecte

- FORWARD
- ABLE
- SOS Fire in schools
- OPORTUNITATI
- SOS Fire!
- REGAL
- RE-InVEST
- Comunitati rurale active
- Anul 2014 – 25 de Ani de Colaborare Romano-Belgiana
- Belgica.2012

ADAMS va organiza si coordona intalniri comunita adrele medicale si pacienti, va intermedia legaturile intre APL si asociatiile de pacienti, va organizarea conferinte pe ter entilor; va organiza sesiuni de lucru cu grupurile de pacienti cronici.

Goal: €3000 Collected: €

Donate

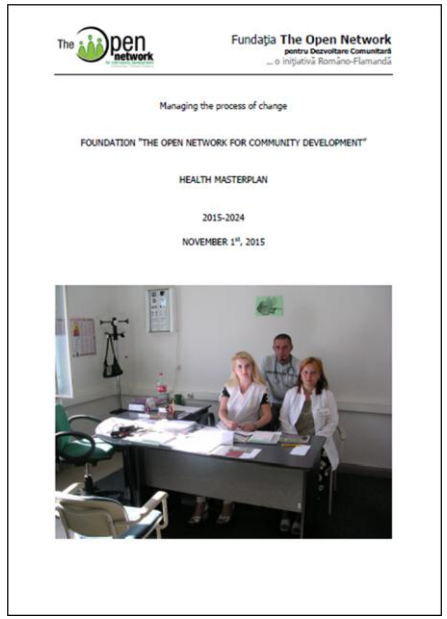
twork.ro/#

The Open network for community development
A Romanian - Flemish Initiative

Health Department:

PROGRAMUL DE COOPERARE ELVEȚIANO-ROMÂN
SWISS-ROMANIAN COOPERATION PROGRAMME

2016 Project Home care


Fundația The Open Network pentru Dezvoltare Comunitară
...o inițiativă Româno-Flamandă

Managing the process of change

FOUNDATION "THE OPEN NETWORK FOR COMMUNITY DEVELOPMENT"

HEALTH MASTERPLAN

2015-2024

NOVEMBER 1st, 2015


Slatina-Timiș community
Caraș Severin County
Romania

Case Study

How some communities can be healthier than others

Bogdan Ileanu
Adrian Pană
Ioan Suru
Cristina Vladu


Being healthy or free to choose for a healthy life?
How the capability approach improves health.
Social Map Slatina-Timis
Influence of ADAMSlatina-Timis as social-medical center.

Version 20170307

Telemedicine

HiAP – Positive Health

Health Diplomacy.

Population Health.

Value Based Healthcare

Nurses and acts!

Position Papers:
- Long Term Care
- Primary Prevention
- Primary Healthcare in Rural areas.

UZA opens first walk-in center for digital care in Belgium: 'Home follow-up allows patients to go home faster'

wit-gele kruis

The electronic nursing record
Supports the exchange of patient information

INSTITUTE FOR POSITIVE HEALTH

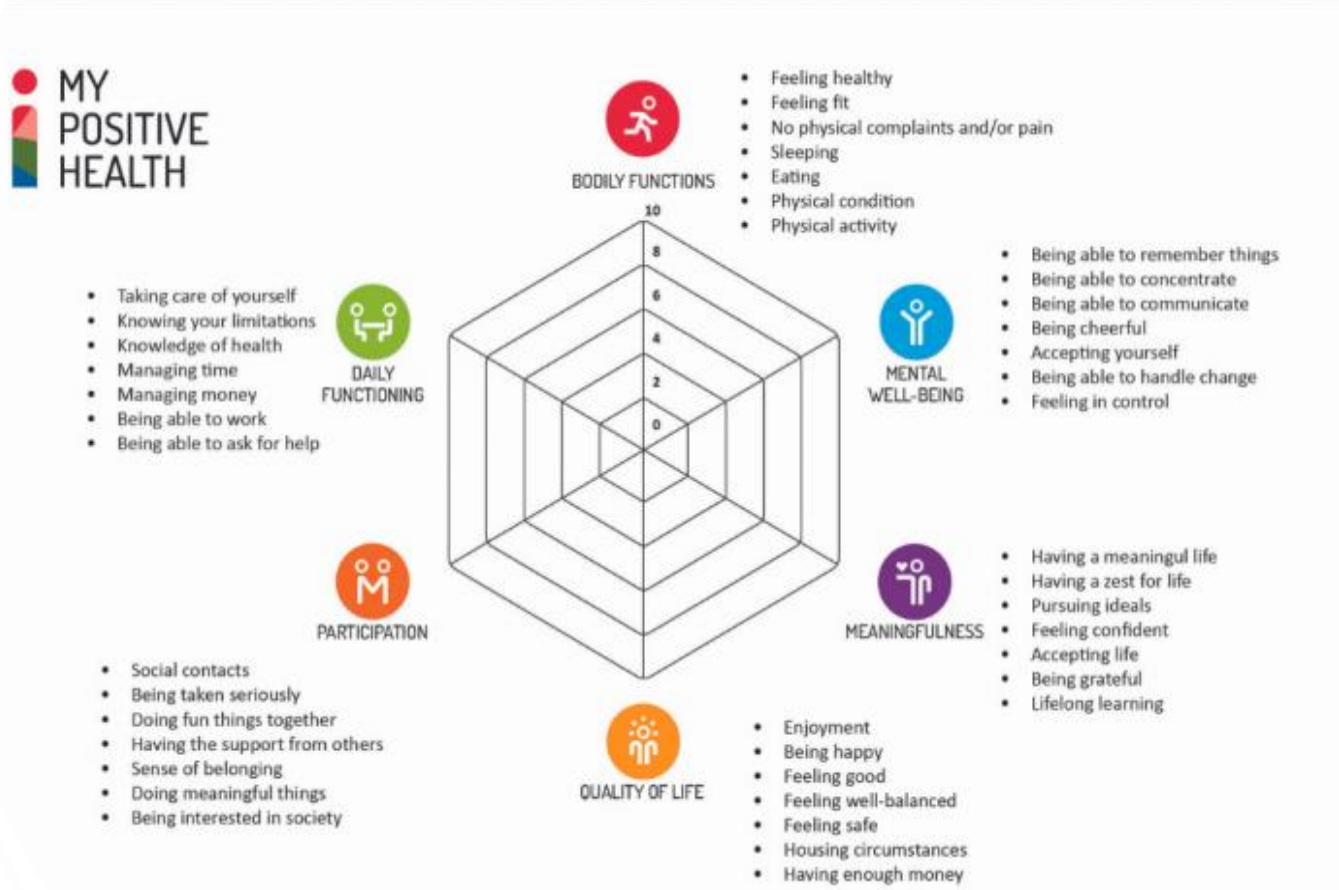
Positive Health is a broader perspective on health, elaborated in six dimensions. This broader approach contributes to people's ability to deal with the physical, emotional and social challenges in life. And to be in charge of their own affairs, whenever possible.

A vision on health

The way health and disease are thought about has changed significantly, in recent years. For a long time, health was primarily defined as the absence of disease. Positive Health takes a broader view. It is not about health as a static fact or a goal to be achieved, but rather about the resilience of people to adapt to whatever life throws at them. This more dynamic approach does more justice to people and to what they care about.

A method

This broad interpretation of health is elaborated in six dimensions, which have emerged from research into what people themselves perceive health to be. They appear to not only consider physical health important, but also, for example, sense of purpose, participation and quality of life. The spider web describes the six dimensions and associated aspects. With the spider web, people can outline their own health. It is also an instrument that can be used as a prelude to a conversation about health and well-being.



Health in All Policies (HiAP)

Health in All Policies (**HiAP**) was a term first used in Europe during the Finnish presidency of the (EU), in 2006, with the aim of collaborating across sectors to achieve common goals.
It is a strategy to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education.

World Health Organization

In the context of the 8th WHO Global Conference on Health Promotion, it has been defined as "an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity." Such an approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.

In a caring neighborhood, everyone, regardless of age or care needs, can live comfortably in familiar surroundings.

A caring neighborhood consists of three pillars:

1. **Participation and inclusion:** A caring neighborhood focuses on building social tissue, solidarity and caring coexistence.
2. **Linking informal and formal care:** Caring neighborhoods make the link between informal care (self-care, informal care, neighborly help and volunteer work) and formal or professional care.
3. **Inter-sectoral collaboration:** Caring neighborhoods collaborate with different sectors to improve care.

Leuven Platform for Population Health Management and Integral Care (LPHI).

UZ-Leuven network with 35 hospitals in Flanders.
UZ-Leuven again in the top 50 ranking "World's Best Hospitals 2023"

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group".

It is an approach to health that aims to improve the health of an entire human population. It has been described as consisting of three components

1. health outcomes,
2. patterns of health determinants,
3. politics and interventions that links 1-2.

A priority considered important in achieving the aim of population health is to reduce health inequities or disparities among different population groups due to, among other factors, the social determinants of health (SDOH). These SDOH include all the factors (social, environmental, cultural and physical) that the different populations are born into, grow up and function with throughout their lifetimes which potentially have a measurable impact on the health of human populations.

The Population Health approach is "patient-centered" and helps by:

- Focusing on wellness instead of sick care.
- Using data more effectively to improve care. (EVIDENCE BASED MEDICINE)
- Engaging patients in their care.
- Coordinating care that was previously fragmented.

UZA opens first walk-in center for digital care in Belgium: 'Home follow-up allows patients to go home faster'

The UZA@home walk-in center is a further step in the digitization of care:

- "The UZA has been offering forms of home follow-up for about ten years, but COVID-19 accelerated everything. For more and more conditions, patients can opt for a care pathway with home follow-up. And they are increasingly doing so."
- "Thanks to home follow-up, patients can go home sooner after an operation. Or they have to come to UZA less often for their treatment."
- "They can continue to recover at home in their familiar surroundings, while a care team closely monitors them from a distance and is ready to offer advice. They currently follow up about ten to twenty patients every day in this way. This frees up more beds and eases the work of care staff.
- "That home follow-up is in the hands of a professional team seven days a week between 8 a.m. and 9 p.m.”
- "As a patient, you should be able to ask any question you would also ask in the hospital. That is why patients can easily stay in touch with the healthcare providers via the UZA@home app, even after their treatment or admission.“ Through telemonitoring, the UZA monitors patients intensively and for long periods of time (often months at a time) for a wide variety of diseases.

Health Department:

- Jozef Goebels Honorary member Board OMENIA National.
- Collaboration with regional branches in Romania.

- Federation of the providers of socio-medical services addressed to the elderly.
- Ioan Suru, board member.

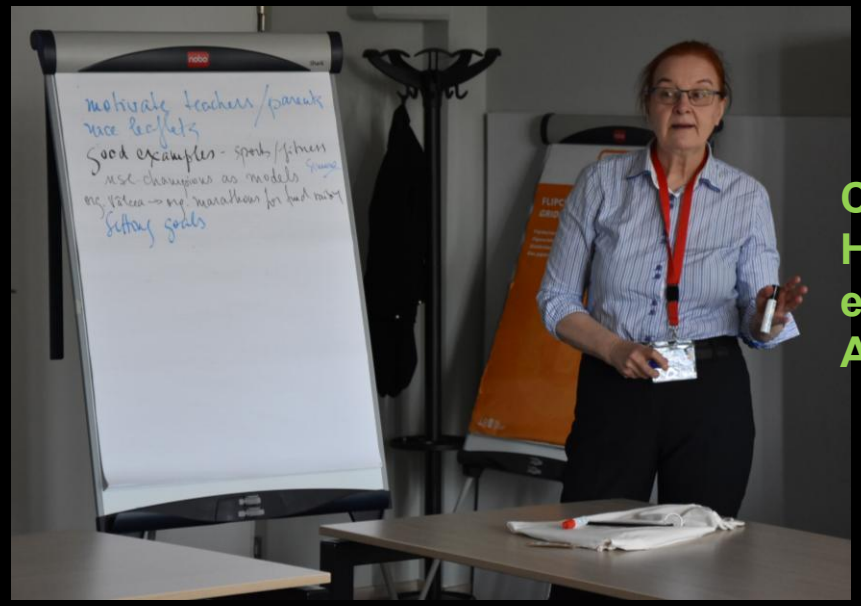
Start-up of vaccination center at ADAMs and other places where there is cooperation with Flemish partners ADR.

Slatina-Timis December 2021: 80% vaccinated!

Project 2023: “Increasing the access of the vulnerable population to prevention services”.
Applicant: The National Center of Studies in Family Medicine
Partners: Public Health Directory Arad; ADAMSlatina-Timis; Viscri Incepe; Institute of Basis Medical Sciences, University of Oslo,

CONCEPT NOTE: DEVELOPING HEALTH MUTUAL ORGANIZATIONS IN ROMANIA “ENHANCE CITIZENSHIP TO ENSURE QUALITY – ACCESIBILITY – AFFORDABILITY AND INCREASED SOLIDARITY IN HEALTH” / “SWIMMING AGAINST THE TIDE” 2023-2025

Health team ADR/TON.



Cristina Vladu, Health Policy expert ADR/TON

Ioan Suru, Executive Director ADAMSlatina-Timis, Mutualistic Organizations expert.

Alex Stoian, dentist – orthodontist, dental care expert ADR/TON.

Jozef Goebels, president ADR/TON.

Mutual Health Organization:

- Non-profit organization: benefits reinvested
- Solidary
- Autonomous (NGO)
- An actor in patient rights
- Social movement
- Democratic

A Mutual Health Organization acts as:

Social Insurer

Social Movement

Social Entrepreneur

Community Health Center

BELGIUM

1. First line healthcare: patient central / health and welfare
2. Interdisciplinary under 1 roof
3. Focused on accessible care: flat rate payment system
4. Health promotion: different activities
5. Community oriented vision
6. Defined operation area
7. Focused on research and development
8. A non-profit organization
9. An independent and pluralistic organization
10. A participatory organization: employees, membership, GA, board
11. With a proactive culture of quality: integral quality system

ROMANIA

ADAMSlatina-Timis a "best practice" in Romania.

Per Capita: prevention/social
Per Act: prestation

Community Health Center? Romania

2026: Ro is planning 2.000 community centers in rural Romania: local centers where medical, social and prevention services are bundled.

Goal: improve access to basic healthcare and social services in underserved areas, especially where medical staff is limited.

Concept:

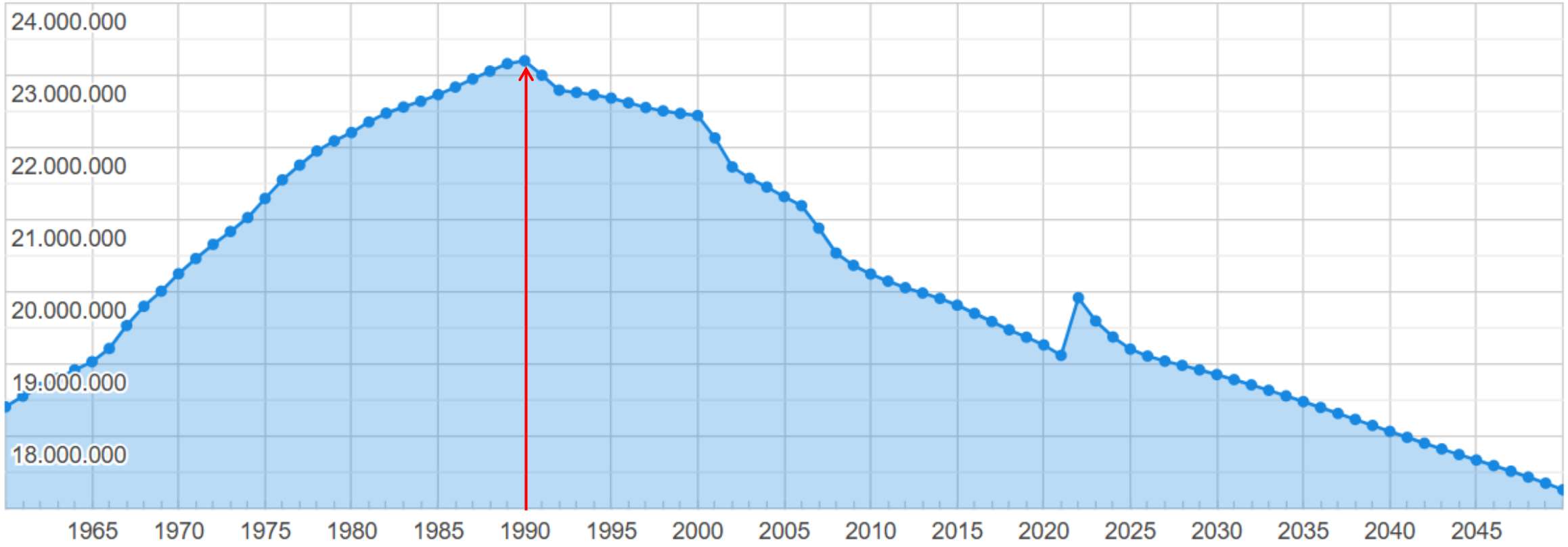
- Basic medical services (often linked to family doctors),
- Community nurses and health mediators,
- Social services (support for elderly, poor families, Roma communities, etc.),
- Health education and prevention (vaccination, maternal care, chronic disease monitoring),
- Multidisciplinary teams (nurse, social worker, mediator),
- Outreach work: **home visits are essential**,
- Focus on **prevention and early intervention**, not just treatment.

Community Health Center? Romania

Concerns:

- The Romanian model focuses more on territorial coverage in rural regions, no final list for the moment;
- These Romanian centers currently lack clearly allocated staff and there is no solid strategy for recruiting and retaining healthcare professionals;
- that many of these center's risk becoming simply infrastructure projects, without sustainable activity in the long term. For example, there will be such centers in Bucosnița and Slatina Timiș, but it is still unclear how they will be effectively staffed and operated.

Grafiek Tabel



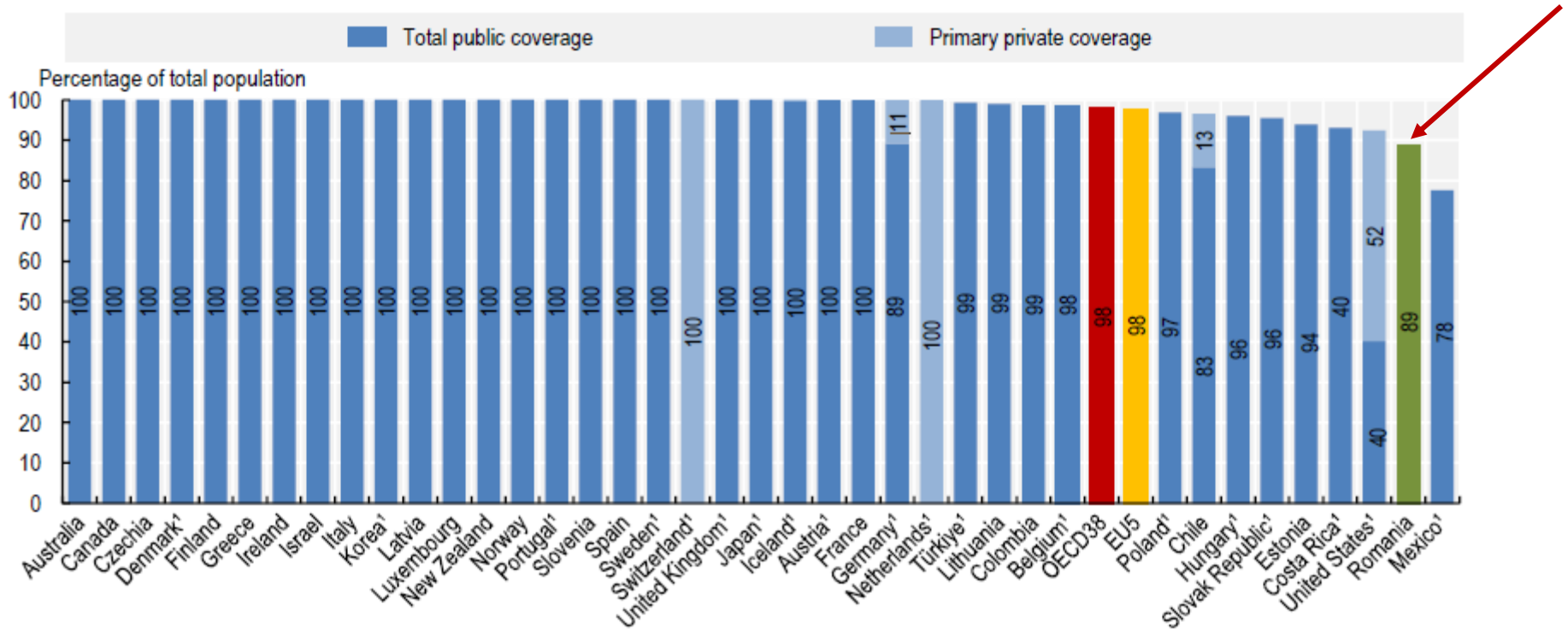
Bovenstaande grafiek toont het (geprognotiseerd) aantal inwoners per jaar in Roemenië van 1960 tot en met 2050.

In 2023 telt de bevolking van Roemenië 19.596.744 inwoners. In 1960 woonden er in Roemenië nog 18.406.905 personen. In 2050 bestaat de bevolking van Roemenië naar verwachting uit 17.257.896 inwoners.

What does inclusion mean in health?

Healthcare inclusion is determined by the interaction of four main dimensions:

Romania had one of the highest levels of unmet needs compared to OECD countries in 2024



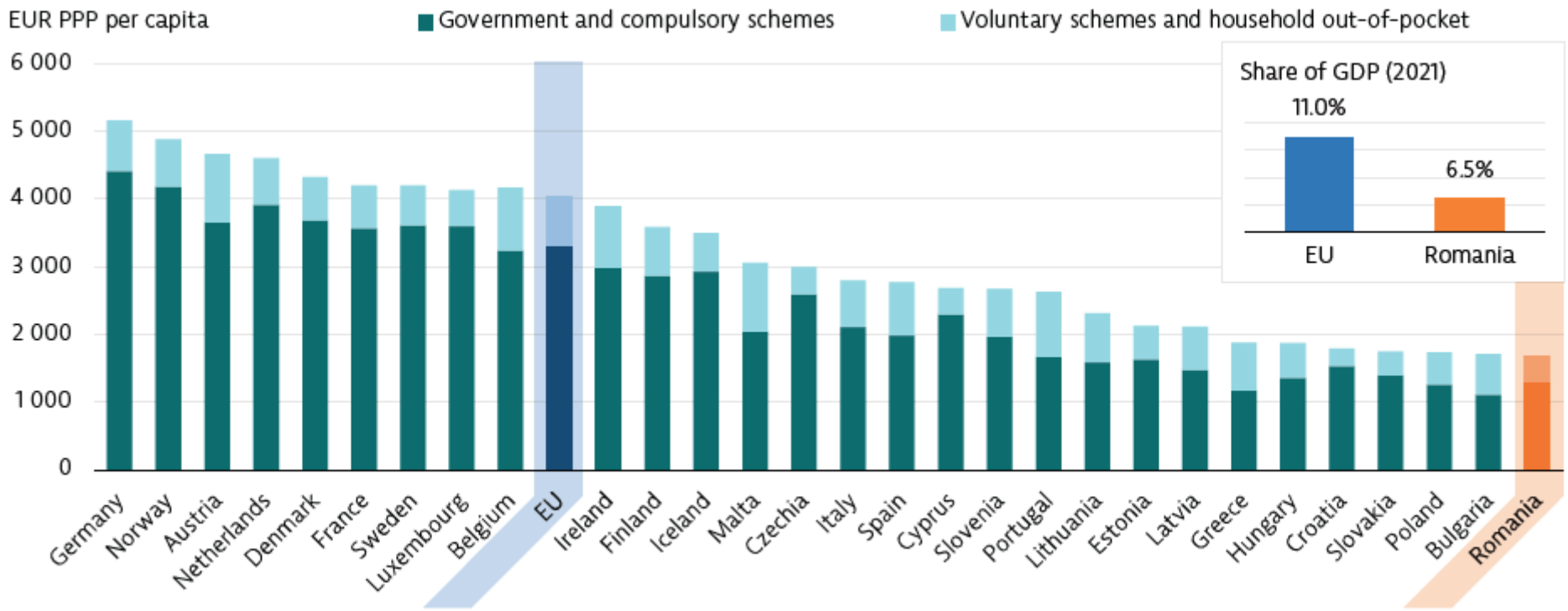
Eurostat Database 2025, based on EU-SILC data.

Minimum vs. basic health service package in Romania

Dimension	Minimum Package (Uninsured)	Basic Package (Insured)
Population covered	~11% of population	~89% of population
Legal purpose	Safety-net access	Comprehensive care
Emergency care	✓ Yes	✓ Yes
Primary care (GP)	Limited	Full
Preventive services	Selected only	Comprehensive
Specialist care	✗ No	✓ Yes
Hospitalisation	Emergency only	✓ Yes
Diagnostics and labs	Very limited	✓ Yes
Reimbursed medicines	✗ No	✓ Yes
Financial protection	Very low (high OOP)	Moderate–high
Level of inclusion	Minimal inclusion	Full inclusion

OECD (2025). *OECD Reviews of Health Systems: Romania 2025*; CNAS Romania.

Health spending per capita in Romania remains the lowest among EU countries



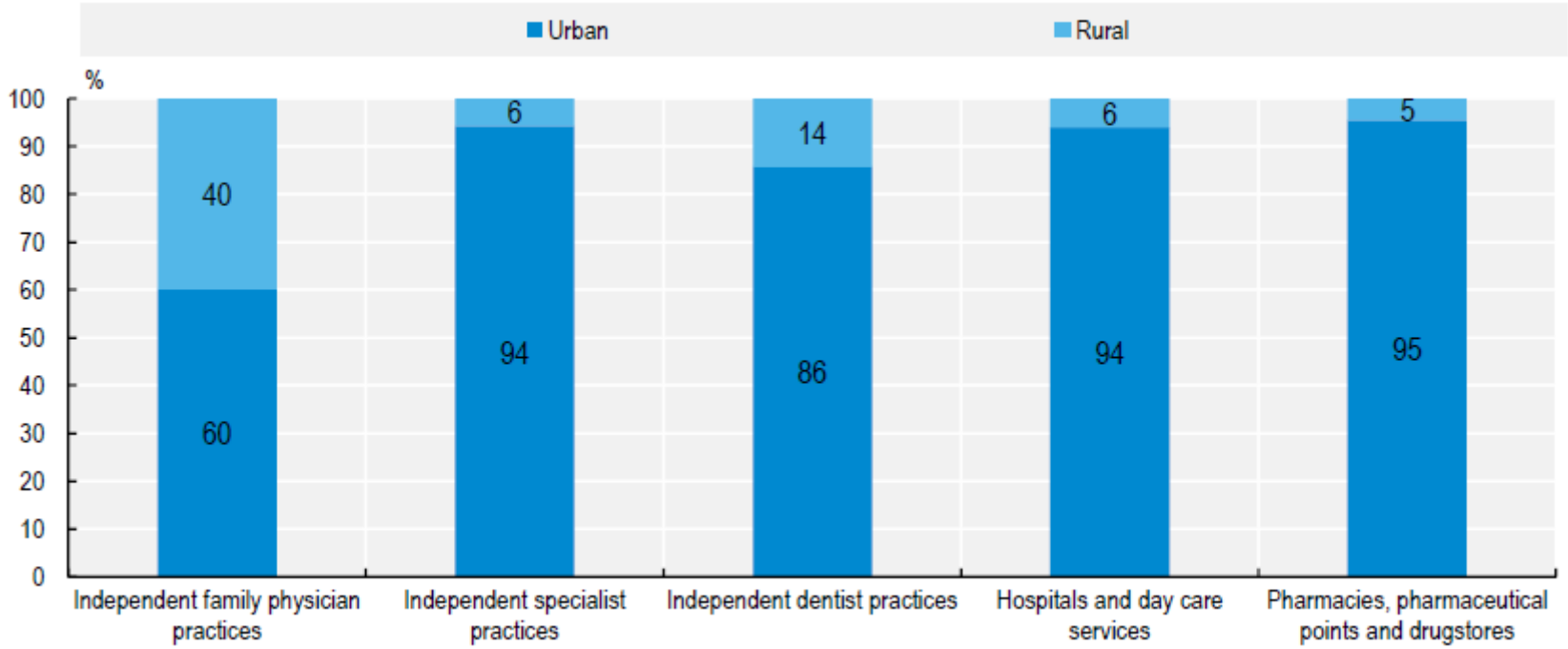
OECD Health Statistics 2023.

Minimum wage in Romania vs. EU

Indicator (2025–2026)	Romania	EU average / High-income EU
Gross minimum wage	~€790 / month	€1,500–2,700 / month
Share of uninsured population	~11%	~2% (OECD avg.)
Out-of-pocket health spending	~23% of total	~19% (OECD avg.)
Unmet medical needs	High (among highest in EU)	Lower

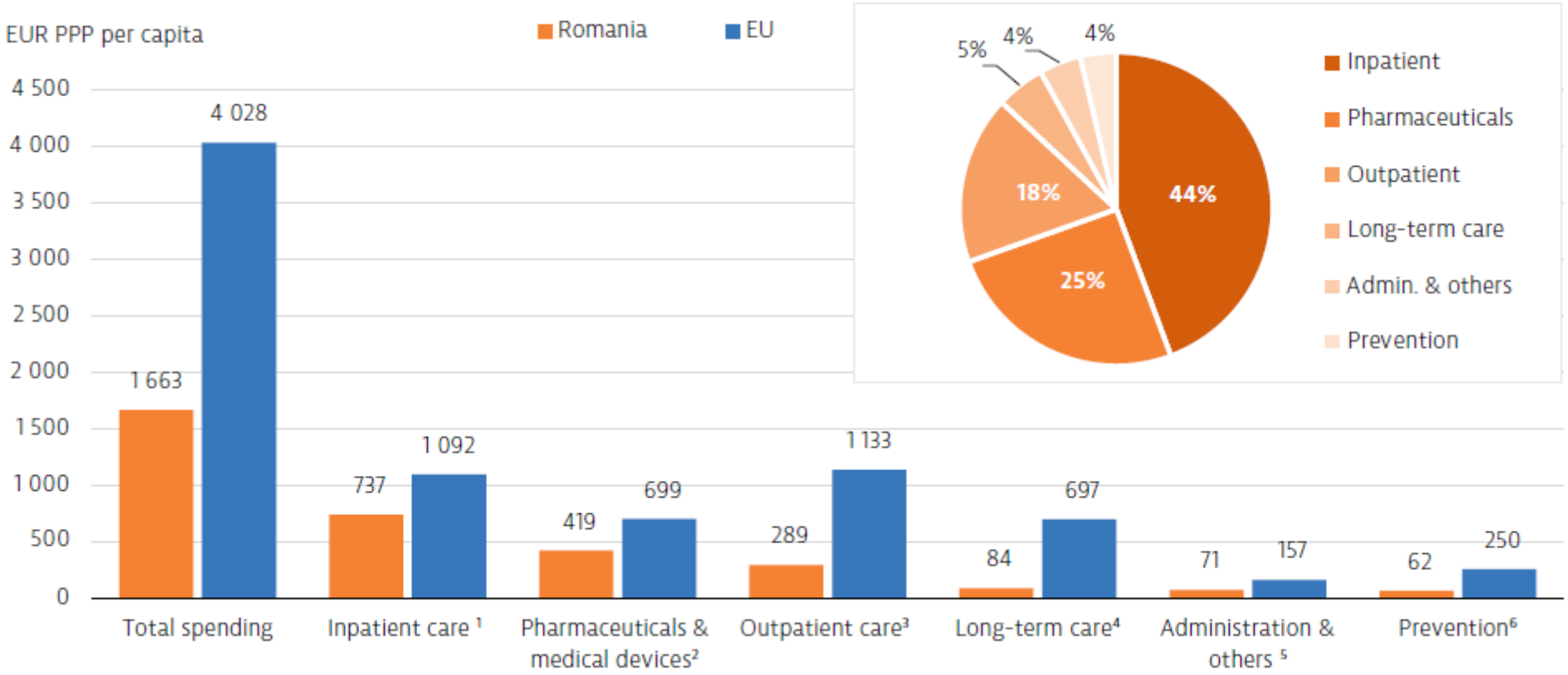
Eurostat; OECD Reviews of Health Systems: Romania 2025)

Healthcare services are overwhelmingly concentrated in urban areas in Romania



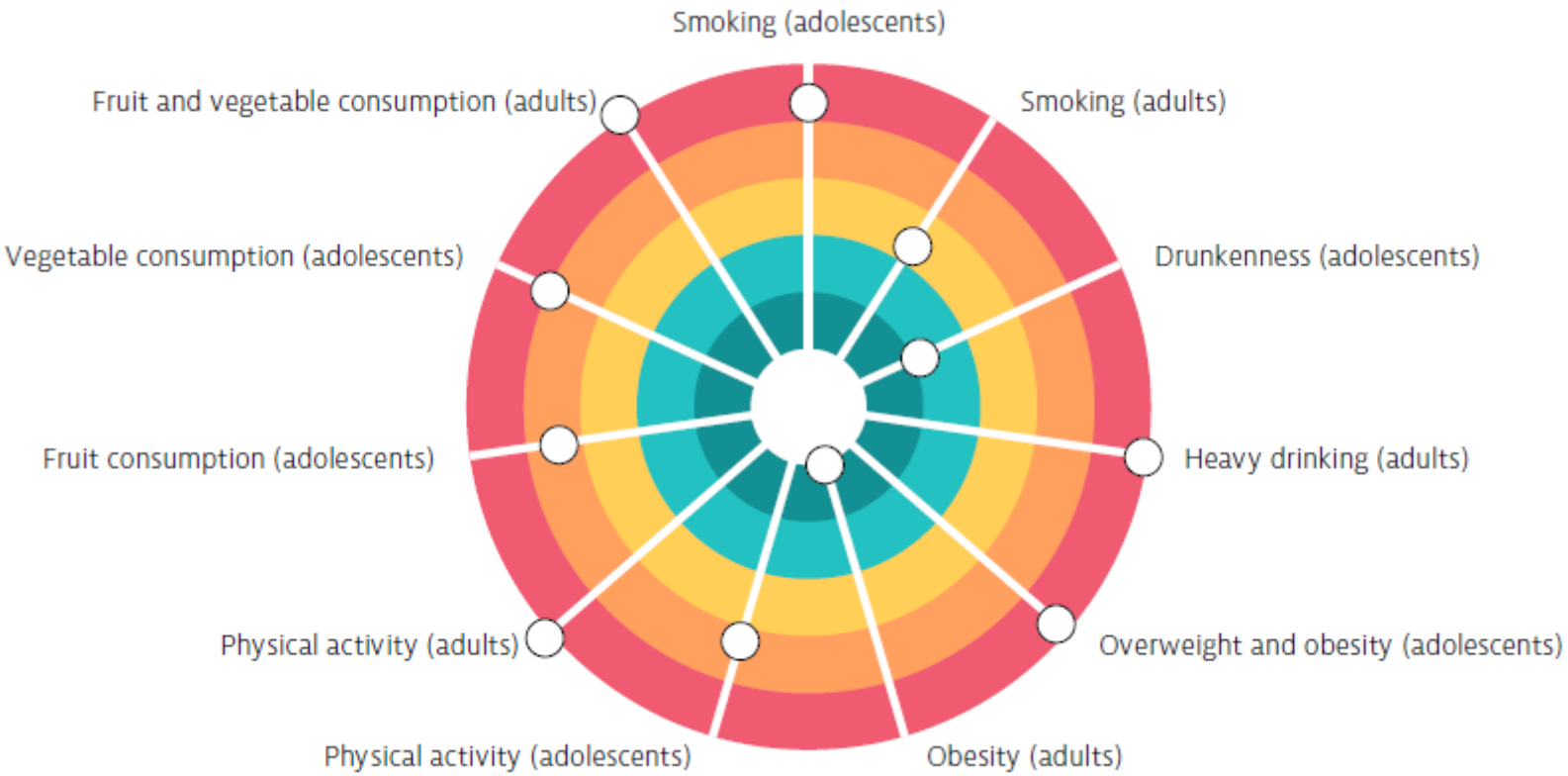
National Institute of Statistics (2025), *Activitatea rețelei sanitare și de ocrotire a sănătății în anul 2024 (Activity of the sanitary and health care network in 2024)*,

Romania spends less than the EU average in all areas



OECD Health Statistics 2023.

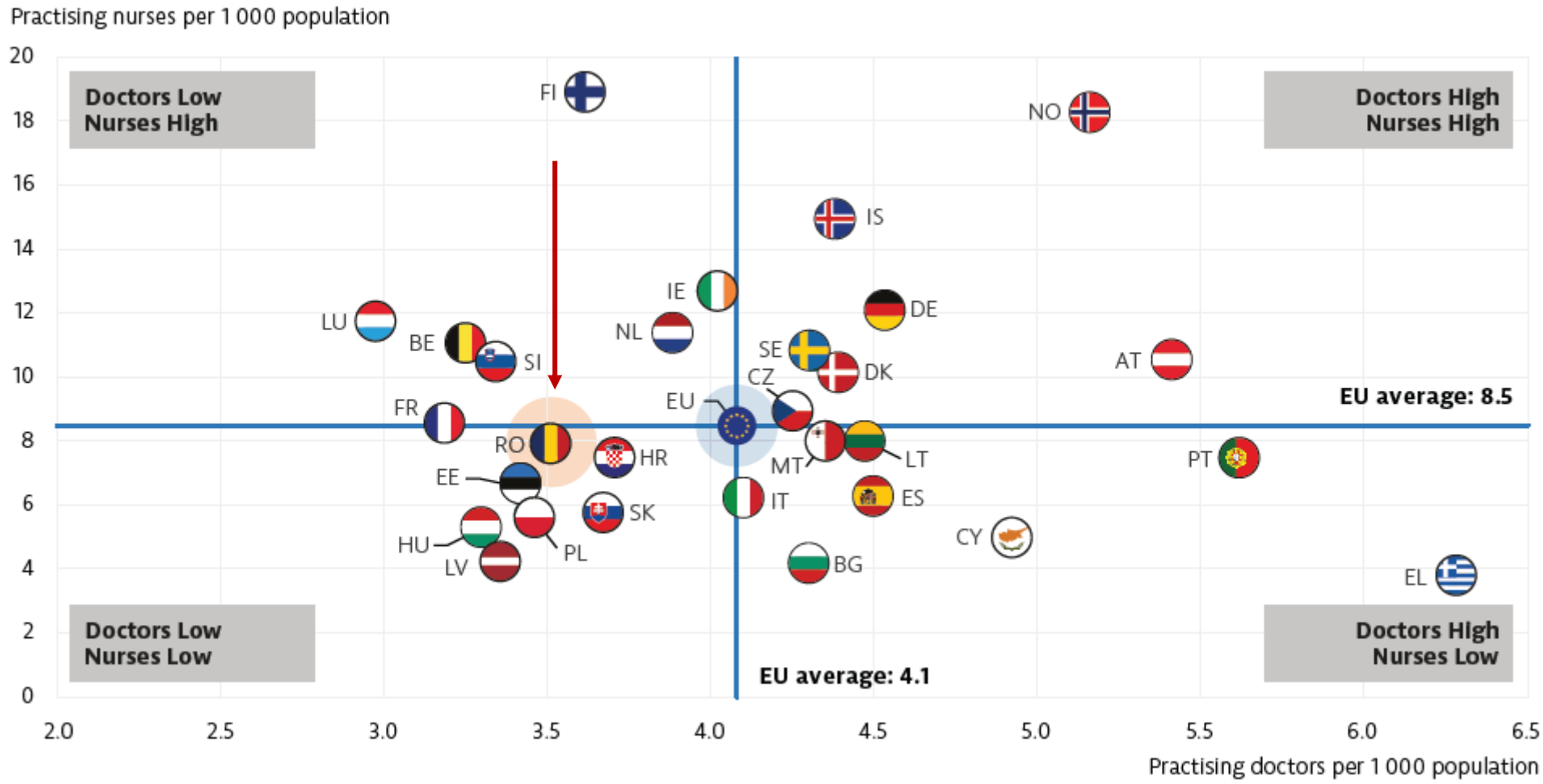
Romania fares worse than most EU countries on many risk factors



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

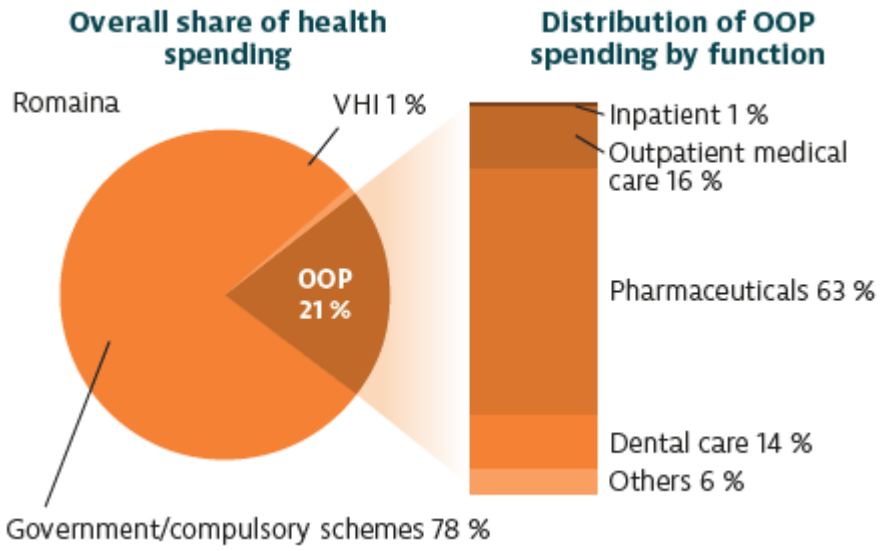
Eurostat; OECD Reviews of Health Systems: Romania 2025)

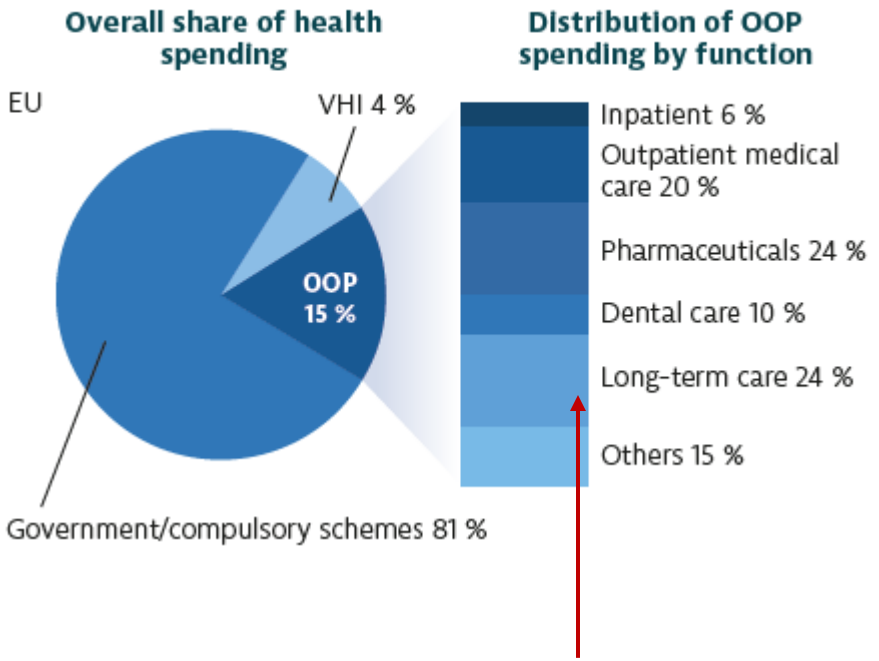
Romania has below the average number of nurses, and far below the average number of doctors



OECD Health Statistics 2023.

Out-of-pocket spending in Romania





Romanian long-term care spending?

OECD Health Statistics 2023.

Who remains uninsured in Romania?

- People working in the informal economy
- Self-employed persons with interrupted contributions
- Individuals without identity documents
- Migrants and highly mobile populations

OECD (2025). *OECD Reviews of Health Systems: Romania 2025*.
European Commission (2023). *Country Health Profile: Romania*.

Vulnerable and excluded populations

- Rural populations, where services are scarce
- Roma communities, often facing social and administrative barriers
- Older adults with chronic diseases and limited income
- People living below or near the poverty threshold

Who pays vs. who benefits in the Romanian health insurance system

Category	Approximate share	What this means
Active contributors (employees, self-employed paying CASS)	~30–35% of population	People who actually pay health contributions
Insured, non-contributing (children, pensioners, disabled, unemployed, exempt groups)	~55–60%	Fully insured by law, but do not pay directly
Uninsured	~10–11%	Limited access (minimum package only)
Total population covered by system	~89% insured	Receive full benefits
Who finances the system?	~1/3 of insured persons	Financial burden concentrated on contributors

This imbalance helps explain why many Romanians perceive the health system as inaccessible despite mandatory insurance.

Eurostat; OECD Reviews of Health Systems: Romania 2025)

Effects of high out-of-pocket payments in Romania

Level	Impact	Explanation
Patient level	Delayed care-seeking	Patients postpone consultations due to cost concerns
	Late diagnosis	Conditions are detected at more advanced stages
	Poor chronic disease control	Reduced access to follow-up, diagnostics, and medicines
	Low treatment adherence	Patients skip or reduce prescribed treatments
Health system level	Increased emergency department use	Emergency care used as substitute for routine care
	Avoidable hospital admissions	Conditions manageable in primary care worsen
	Higher long-term costs	Delayed care increases treatment complexity and costs
	Inefficient resource use	Hospitals compensate for gaps in outpatient care

How romanians perceive the health system

Perception dimension	Observed perception	Implication for inclusion
Quality of care	Only ~25% of Romanians perceive healthcare quality as good	Low confidence in system performance
Affordability	~76% believe people cannot afford adequate care	Financial barriers limit effective access
Equity of access	Widespread perception of inequality	Perceived exclusion of vulnerable groups
Geographic access	Urban–rural differences seen as significant	Territorial inequities in service availability
Overall trust	Generally low public trust in the system	Reduced use of preventive and timely care

Public perception functions as an **indicator of effective inclusion**, not merely subjective opinion.

Conclusion

1. Romania has achieved **high formal health insurance coverage**, but **effective inclusion remains limited**.
2. The main barriers to inclusion are **financial constraints**, a **narrow contributor base**, and **high out-of-pocket payments**, rather than the number of uninsured individuals.
3. Vulnerable groups (low-income, rural populations, socially excluded groups) experience **disproportionately higher unmet medical needs.**
4. Public perception reflects these realities: **low trust, perceived unaffordability, and inequality of access**.

My conclusion: strengthening healthcare inclusion in Romania requires improving financial protection, access, and trust, not only expanding formal coverage.

ADAMS-HUB

Nationaal centrum voor mutualistische organisaties en innovaties op het gebied van volksgezondheid in Roemenië

Deze ADAMS-HUB zal dienen als:

- een platform voor opleiding en ondersteuning van ngo's, bestaande ADAM-verenigingen of soortgelijke entiteiten
- een bron van informatie, kennis en expertise op het gebied van volksgezondheid en sociale zorg in het algemeen
- een brug voor samenwerking met nationale en internationale partners (bijv. Belgische mutualiteiten zoals CM, andere Europese mutualiteiten, ADR, FDAAM, TON, universiteiten, overheden, enz.).

Slatina Timis

adam

ADAMS - Hub al mutualității și inovației în sănătate

Evolutie projecten gezondheid in onze Roemeense partnerdorpen

ACTIE DORPEN ROEMENIË
ADR - VLAANDEREN

Slatina Timis adam
ADAMS - Hub al mutualității și inovației în sănătate

The Open network for community development
A Romanian - Flemish Initiative

Slatina Timis adam

MOLDOVITA adam

Lăpușata adam

Bunești adam
(Gemeenschapscentrum Bunesti)

Batăr / Tăut

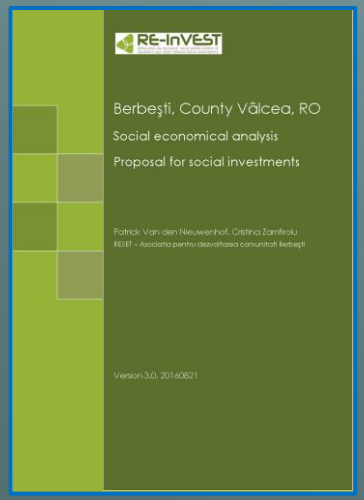
Vinatori / Arad

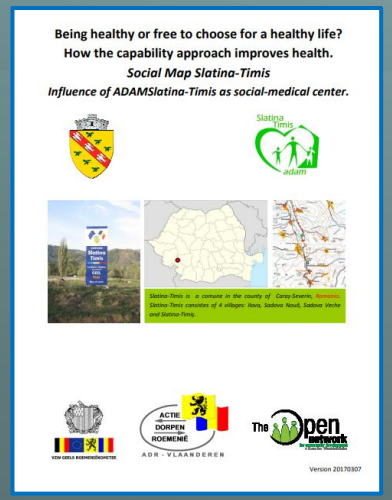
Poienari / Neamț

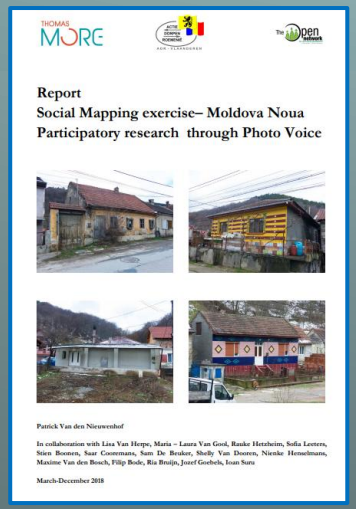
ACTIE DORPEN ROEMENIË
ADR - VLAANDEREN

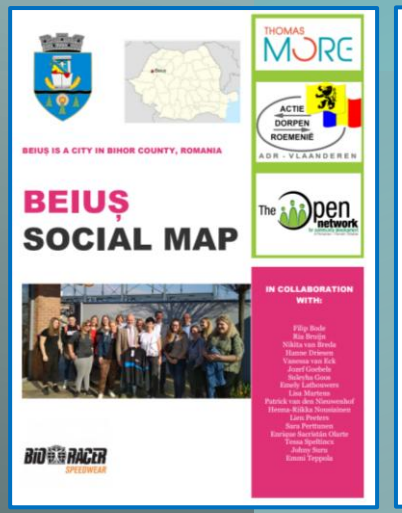
Social Maps

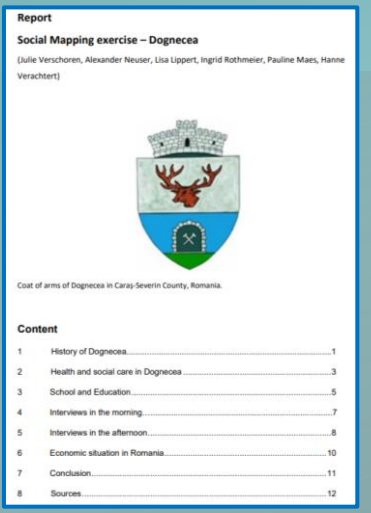
The Open network for community development
A Romanian - Flemish Initiative











ACTIE DORPEN ROEMENIË
ADR - VLAANDEREN
toerisme urism ourism

Local Resilient Actions for a Sustainable Europe of Citizens

Bonding & Bridging

ADR – Vlaanderen, Belgia	Universitatea "Ștefan cel Mare" Suceava	Județul Suceava Consiliul Județean Suceava	Arhiepiscopia Sucevei si Radautilor	Municipiul Suceava Consiliul Local Suceava	Open Network (TON) for Community Development	Comuna Hanțești Consiliul Local Hânțești

Centrul Național de Studii pentru Medicina Familiei

Slatina Timis adam

DIRECȚIA DE SĂNĂTATE PUBLICĂ A JUDEȚULUI ARAD

UNIVERSITY OF OSLO

Iceland Liechtenstein Norway grants

ACTIE DORPEN ROEMENIË

ADR - VLAANDEREN

EMBASSY OF THE KINGDOM OF BELGIUM IN BUCHAREST

Final Conference SG2.23 Project: "Increasing vulnerable population's access to preventive medical services", part of the Program: "Challenges in Public Health at the European Level EEA Grants 2014-2021

Hosted by the Belgian Embassy Bd Dacia Nr. 58 Bucharest.

December 14, 2023.

Activități de animație

pentru persoanele vârstnice într-un centru rezidențial de îngrijire sau centru de zi

O INIȚIATIVĂ ROMÂNO-FLAMANDĂ

EMBASSY OF THE KINGDOM
OF BELGIUM IN BUCHAREST

Report of the Round Table on Value Based Health Care and Mutualistic approach in healthcare systems

Hosted by the Belgium Embassy in Romania

June 05, 2025.

Reimagine Education

Belgische expertise en onderzoek ontwikkeld aan de KU Leuven door *prof. dr. Ferre Laevers* en het *Centrum voor Ervaringsgericht Onderwijs* beschikbaar gesteld voor het Roemeense onderwijssysteem.

3 oktober 2025

***R**esidentie van de Belgische ambassadeur in Roemenië.*

In samenwerking met de Coalition for Education, Babel School en The Open Network.

Health Diplomacy – 4de Symposium Brussel

4de symposium in het kader van “Health Diplomacy”

“The impact of AI and New Technologies on Health – A Romanian-Belgian Perspective”

23 oktober 2025

Georganiseerd door de Roemeense ambassadeur in Brussel, Andreea Pastarnac i.s.m. de WHO European Region en promotor van Health Diplomacy.

Value-based care in the health system

VERSLAG EVENEMENT 17 maart 2026

"Value-Based Healtcare (VBHC) (Waardegedreven zorg) in het gezondheidszorgsysteem"

Een geïntegreerde aanpak van gezondheidszorg, onderwijs en sociale diensten, geïnspireerd door het Belgische systeem

Georganiseerd in de SENAAT, door de gezamenlijke commissies:

- *Commissie Onderwijs, Wetenschap en Innovatie;*
- *Commissie Gezondheid;*
- *Commissie Arbeid, Gezin en Sociale Bescherming in samenwerking met ADR-Vlaanderen (België);*
- *ADAMS-HUB (Roemenië);*

en onder auspiciën van de Belgische ambassadeur in Roemenië.

ACTION
SENIORS ACTIVE IN THE COMMUNITY

Senioren – inspiratie en energie in het hart van Vlaanderen

Het ACTION-project 'Seniors Active in the Community' wordt uitgevoerd door de Divina Providenta Association (Roemenië – coördinator) in samenwerking met het Centru de Resurse si Consultanta in Educatie (CRCE) en ADR-Vlaanderen vzw (België) en wordt medegefinancierd door de Europese Unie via het Erasmus+-programma, KA210-ADU – kleinschalige samenwerkingsverbanden op het gebied van volwasseneneducatie, met identificatienummer 2024-2-RO01-KA210-ADU-000278611.

Cofinanțat de Uniunea Europeană


www.slatina-timis.be