Austerity In Romania In The Context Of Vulnerable Groups

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Abstract*:*
The fiscal and administrative austerity package introduced by the government in 2025 includes higher consumption taxes, reduced social protections, and stricter conditions for social benefits. A major measure is raising the standard value-added tax (VAT) from 19 % to 21 %, while setting a single reduced VAT rate of 11 % for essential goods and services — including food, medicines, thermal energy, water, and other basic necessities. These price increases disproportionately burden persons with disabilities, who often rely on fixed or limited incomes and may spend a larger share of their income on essentials such as medicines, utilities, and accessible housing. Furthermore, the austerity package introduces stricter controls on social benefit payments. According to recent legislative proposals, allowances for persons entitled to social support — such as disability allowances — could be subject to seizure to cover unpaid local taxes and fees. Thus, individuals with disabilities who depend on monthly indemnities may face increased financial insecurity, especially if they live in precarious economic situations or already struggle to meet living costs. At the same time, while some pensioners remain exempt from new health-insurance contributions (CASS), this exemption may not uniformly extend to all categories of social beneficiaries. The measures as necessary fiscal adjustments, persons with disabilities — given their often limited incomes, higher dependency on social allowances, and greater need for essential goods and services — are likely to be among the most negatively impacted groups.

Keywords: austerity**,** fiscal measures**,** vulnerable groups**,** disability**,** pensioners

1. Methodology

The methodology of this study is based on the analysis of statistical data, using content analysis of major press releases, and a review of key legislative changes in Romania concerning the financing of specific forms of social support for vulnerable groups, particularly in the context of the 2005 budgetary crisis.

2.Introduction

European Union Member States are free to design their own social protection systems. However, they are bound by a recommendation adopted by the European Council that calls for the alignment of social protection objectives and policies (Cornelisse& Goudswaard,2002). In industrialized countries, social protection has been delivered through regulations, tax incentives, and public expenditure (Tanzi,2002). Debates on social protection systems are frequently framed around the presumed trade-offs between economic growth and equity. Considerable attention is given to the 'affordability' of social programs and their potential impact on individual incentives to work and save (Arjona et.al, 2002)**.** In recent years, the concept has been examined from a diverse array of perspectives, encompassing its role as a

macroeconomic stabilizer, a humanitarian response, a mechanism for risk management, and a means of advancing social justice (Gentilini&Omamo: 2011).

It is important to emphasize the strong relationship between social protection and the human rights framework, as access to adequate social protection is considered a fundamental aspect of the right to a secure livelihood, a right recognized in numerous international instruments, including the Universal Declaration of Human Rights. The core of this right lies in ensuring a minimum standard of livelihood—not necessarily income—for individuals facing circumstances that threaten their survival. Since the adoption of the UDHR, the principles of rights and sustainability in social protection provision have been advanced through various ILO Declarations. (Norton, Conway&Foster, 2002: 542).

In Europe, significant inequalities in the level of benefits provided by social security funds exacerbate polarization between highly protected and poorly protected beneficiaries. Moreover, income maintenance programs and the delivery of welfare services often operate within a particularistic-clientelist system, in which corruption and discretionary practices are widespread. (Petmesidou, 1996: 96). First outlined in 1895, the social security system in our country has undergone continuous development ever since, with its evolution consistently reflecting the changing needs of society (Marian, 2018).

The concept of vulnerable groups is used in sociological literature to designate social categories disproportionately exposed to economic, social, or institutional risks as a result of structural factors such as low income levels, limited access to resources, dependence on social transfers, or the existence of barriers to social and professional integration. Analyses focused on social policies emphasize that vulnerability should not be understood solely as an individual characteristic, but rather as the outcome of the interaction between socio-economic conditions and the ways in which public institutions distribute opportunities and social protection (Otovescu & Cioacă, 2019). From this perspective, identifying vulnerable groups requires the simultaneous assessment of economic, social, and institutional dimensions, as well as the risk of exclusion or marginalization in contexts marked by structural change or fiscal constraints.

In Romania, due to the absence of adequate social policies, the waste of already limited resources through the excessive provision of aid to certain groups negatively impacts those who are most in need of support from the social protection system and perpetuates the system's inefficiency in reducing poverty. Over-protection, in certain cases, generates significant social inequities (Preotesi, 2016).

A growing perspective in political discourse holds that social security systems should not be perceived as a constraint on a country's economic growth. Rather, when effectively designed and implemented, they constitute an essential economic instrument that fosters and sustains both economic and social development (Dobre-Baron, 2014: 56). The social protection system become fragmented, with unclear responsibilities between central and local authorities and opaque financing due to numerous central agencies. Healthcare access remains limited for low-income populations and rural areas, while the pension system, despite 2000 reforms, still

suffers from inequities, low coverage, and insufficient resources (Zaman, 2007). Also social contributions have an important impact on payroll policy. Also, social contributions represent a significant budgetary revenue item which can be viewed at the edge between taxation and insurance (Gyorgy, 2012). In Romania, this system comprises two main components: the public social insurance system and the social assistance system. The extent to which these two systems achieve their ultimate objective—namely, ensuring a decent standard of living for citizens—depends on the scope of coverage provided by social security benefits. This raises the question of "to what extent does the state effectively respond to the needs of vulnerable citizens?" (Dobre-Baron, 2012). Starting in the late 1960s, debates and controversies surrounding the so-called "social security crisis" increasingly shifted toward the financial dimensions of social protection systems. More specifically, attention centered on the growing imbalance between the revenues of social security schemes and their expenditures, and, consequently, on the gradual narrowing of the population covered by social security. (Dohotariu, 2015: 187).

Human rights considerations provide an essential normative framework for understanding social protection beyond purely economic or administrative perspectives. From this standpoint, social protection systems are not merely policy instruments but institutional mechanisms through which states operationalize fundamental social rights, including the right to social security, health care, and an adequate standard of living (Otovescu, 2009: 13-21). The European social model increasingly emphasizes rights-based approaches, linking social protection policies to principles of human dignity, social inclusion, and equality of opportunity. Consequently, the effectiveness of social protection systems should be evaluated not only in terms of fiscal sustainability or labour market incentives, but also according to their capacity to reduce structural inequalities, protect vulnerable groups, and ensure substantive access to fundamental human rights (Otovescu, 2009: 13-21).

2. Romanian security system

Social security in Romania is legally regulated through a comprehensive framework of laws, public institutions, and policy instruments designed to ensure protection against major social risks. At its core, the Romanian social security system is grounded in the Constitution, which guarantees citizens' right to social assistance and social insurance. This constitutional foundation is operationalized through a set of specialized laws that govern pensions, health insurance, unemployment benefits, and various forms of social assistance. Overall, the legal regulation of social security in Romania aims to balance financial sustainability with the need to ensure adequate protection for individuals facing social and economic risks. Despite continuous reforms, the system faces ongoing challenges related to demographic shifts, fiscal pressures, and the need to expand coverage and accessibility, particularly for marginalized populations.

2.1 Health system

The Romanian health care system operates as a social health insurance model and remains largely centralized, despite recent attempts to delegate certain regulatory responsibilities. It offers a comprehensive package of benefits to the 85% of the population that is insured, while the rest of the population is entitled to a basic set of services (Vlădescu,et.al.,2016). Romania continues to experience significant disparities in access to healthcare across different settings. Urban areas concentrate the vast majority of medical infrastructure, hosting 90.9% of all hospitals and hospital-type institutions, 92.3% of specialist outpatient clinics and hospital-affiliated outpatient services, 97.3% of medical dispensaries, 97.8% of dialysis centres, and 98.5% of specialist medical centres (Petre, et.al., 2023). A persistent characteristic of health systems in emerging economies is the chronic insufficiency of financial resources. This structural limitation has become increasingly pronounced in the context of recent economic crises, which have compelled many governments to reassess and, in numerous cases, reduce public expenditures allocated to the health sector. Consequently, health systems already operating under constrained budgets face heightened pressure to balance rising healthcare demands with limited fiscal capacity, further challenging their ability to ensure equitable access and maintain the quality and sustainability of services (Anton&Onofrei, 2012). Romania's hospital financing reform began in 1999 with the establishment of the Social Health Insurance System. This transition marked a shift away from historical, retrospective reimbursement methods toward per-diem payment mechanisms, and subsequently toward case-based payment models (Radu&Haraga,2008). This raises the question: *what is the current context of health insurance in Romania?*" Shortly after taking office, the Cabinet approved a package of strict fiscal and austerity measures, which sparked public discontent: tax increases, the freezing of pensions and salaries, and other measures considered unpopular. (Vasile, 2025, Radio Romania International). As a result, the government is confronted with a high degree of political instability. The implementation of unpopular economic measures, combined with persistent tensions within the ruling coalition and threats of resignation, alongside the looming possibility of a vote of no confidence, has generated a fragile and uncertain political environment. This climate poses significant challenges for governance, policy implementation, and the ability to maintain both public trust and coalition cohesion.

Thus, following the reforms of fiscal policies, as of September 1, over 600,000 Romanians will lose their health insurance coverage with the implementation of the new fiscal and budgetary measures. On the same day, the Bolojan Government assumed responsibility in Parliament for the second reform package, which comprises five major legislative initiatives (Toșa, 2025). Until now, co-insured individuals were covered by the social health insurance system without paying CASS. As of September 1, 2025, they will lose this coverage, but can opt for voluntary health insurance, according to Economica.net's analysis of the government-backed bill (Șomănescu, 2025). According to Legislația Muncii.ro, several groups including co-insured family members, certain pensioners, unemployed individuals, recipients of child-rearing or adoption leave, politically persecuted persons, and others previously

exempt—will now be required to pay CASS, with contributions withheld at source where applicable (https://legislatiamuncii.manager.ro/a/31174/servicii-medicale-pentru-neasigurati.html). In this broader context of austerity, according to published data, the budget of the National Health Insurance House increased from 1.8 billion lei in 1999 to 78.5 billion lei in 2025. Thus, over the past 25 years, the budget has increased more than 43-fold (Activity report 2024, National Health Insurance House).

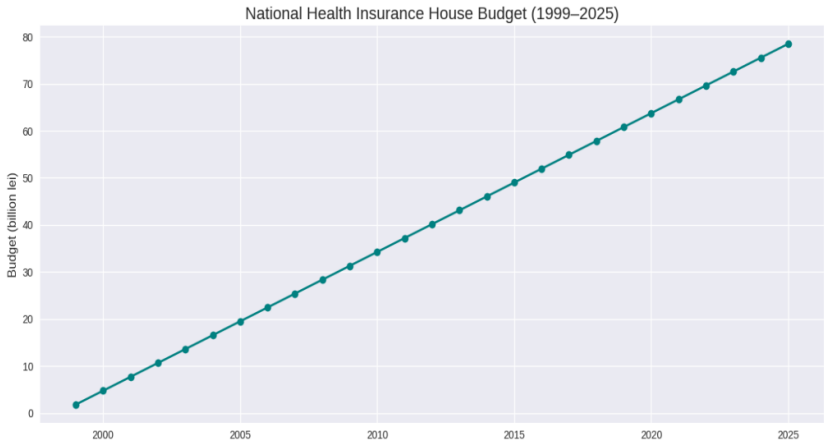

Figure 1. National Health Insurance House budget
Source: generated by author

From 1999 to 2025, the budget increases steadily from around 2–3 billion lei to nearly 80 billion lei, exhibiting an almost linear growth trend. This consistent rise suggests a stable budget projection without major fluctuations over the years. The data and corresponding chart can be utilized for predictive analysis or for comparing budget growth with GDP and social expenditures. Over the past two decades, the health care system has undergone multiple reforms with notable public health implications. Key measures include strengthening community and family medicine services, reducing the emphasis on tertiary care, launching National Health Programs, improving primary and emergency care, introducing DRG-based hospital payment, enhancing hospital management, implementing co-payments and health technology assessment for medicines, and increasing salaries for public-sector medical staff (Radu, et.al., 2021). Even so, under the new regulations adopted in 2025, the status of "co-insured" within the public health insurance system referring to individuals without their own income who were covered through a family member (such as a spouse, an unemployed parent, or persons on childcare leave, etc.) — has been eliminated. All these changes have a direct impact on access to publicly funded health services, including free or reimbursed consultations, diagnostic investigations, hospital care, and subsidized medicines. In the absence of voluntary re-enrollment in

the system, affected individuals are entitled only to a minimal benefits package, typically limited to emergency services, emergency hospitalization, and basic care. Moreover, per capita health expenditure in Romania is the lowest in the EU, and disparities in access disproportionately affect rural populations and individuals without official identification, including many members of the Roma community (see Figure no.2) (Truffa, 2025).

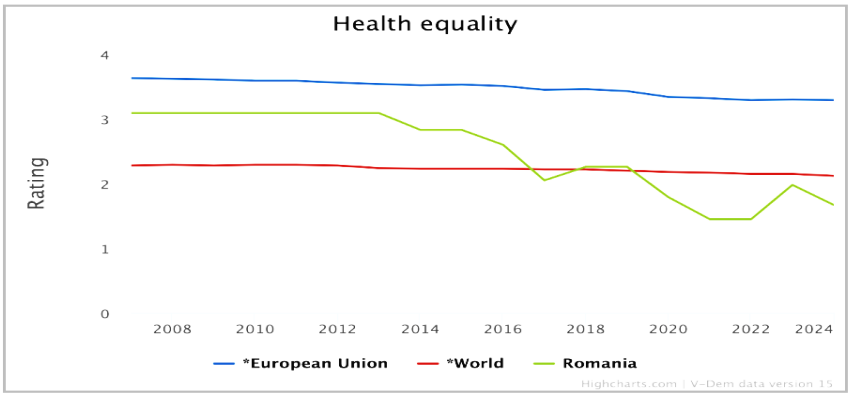

Figure 2. Health inequality 2007-2024
Source: https://v-dem.net/weekly_graph/health-inequality-in-romania-2007-2024

The presented graph measures the level of health equality on a scale from 0 to 4 across three categories: Romania, the European Union (EU), and the global average, over the period from 2007 to 2024. The European Union (blue line) demonstrates consistently high levels of health equality, maintaining a rating close to 3.8–3.9 throughout the entire period. This reflects relatively equitable and stable access to healthcare services within member states. The global average (red line) remains relatively constant at approximately 2.2–2.3, indicating moderate global health inequalities that have not significantly shifted over the observed timeframe. Romania (green line) starts with a health equality rating slightly above the global average (around 3.1) in 2007–2012. However, from 2012 onwards, Romania exhibits a pronounced and steady decline in health equality, falling below 2 from 2018 onward, with minor fluctuations thereafter. By 2024, Romania's rating is notably below the global average, signifying a marked increase in health disparities. Romania's health equality has significantly deteriorated over the past two decades, placing it far below EU standards and even beneath the global average.This downward trend indicates growing disparities in access to healthcare services among various social and geographic groups within the country. In contrast, the EU maintains high and stable health equality, while global levels have remained relatively unchang.

2.2 Pension system

The first organized forms of social protection in Romania, including pension systems, emerged in the second half of the 19th century and developed significantly until the interwar period, reflecting both the economic and social particularities of the time as well as European influences on social insurance (Iancu, 2003). Among the first institutionalized systems was the public servants' pension, provided by the state to ensure a minimum level of social protection for this professional category (Iancu, 2003). In the urban industrial environment, mutual associations and cooperatives also emerged, offering members financial protection in cases of illness, disability, or old age, representing an important step in the development of social insurance (Miclea, 2010). A significant legislative milestone was the adoption of Law no. 632/1912, considered the first modern framework regulating pensions for industrial workers, establishing conditions for old-age and disability pensions (Popescu, 1998). During the interwar period, legislation was extended to cover new professional categories and consolidate the principles of the public pension system (Năstase, 2005). Following the establishment of the communist regime in 1947, the pension system was nationalized and centralized, introducing a pay-as-you-go model in which pensions were calculated based on years of service and average salary, and the right to a pension became universal for all employees (Ionescu, 2012). After 1989, Romania undertook major pension reforms aimed at sustainability and modernization. Key changes included:

- Introduction of multiple pillars (state, private, and voluntary pensions).
- Gradual transition from a purely pay-as-you-go system to partially funded schemes.
- Adjustments to retirement age and benefits to align with European standards (Ciutacu & Radu, 2016).

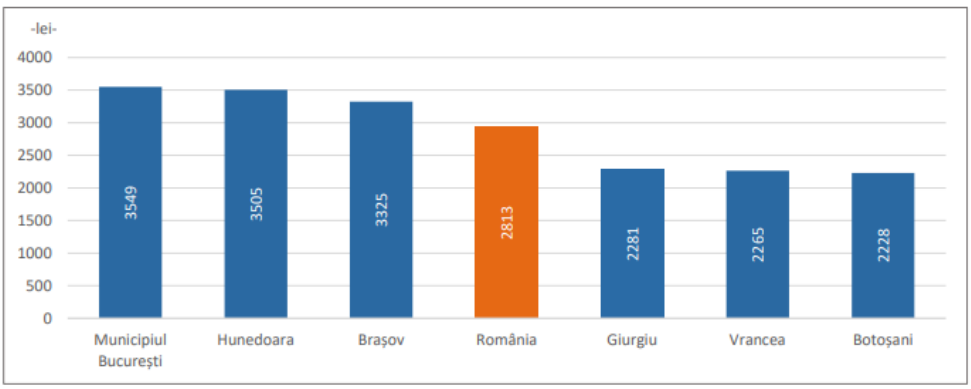

Figure 3. Maximum and minimum values of the average monthly state social insurance pension by territorial profile, in the second quarter of 2025

Source:
https://insse.ro/cms/sites/default/files/com_presa/com_pdf/pensii_tr2r2025.pdf

The chart highlights the average variations of the monthly state social insurance pension across various regions and municipalities in Romania for the second quarter of 2025, measured in lei. The Municipality of Bucharest records the highest average monthly pension, amounting to 3549 lei. This result can be attributed to the higher cost of living and wages in the capital, reflecting a possible correlation between pensions and the region's economic level. Hunedoara County and the Municipality of Braşov follow with similar average pensions of 3505 lei and 3325 lei, respectively, both exceeding the national average. The average monthly pension value for the entire country is 2813 lei, representing an important reference point for territorial comparisons. Giurgiu (2281 lei), Vrancea (2265 lei), and Botoşani (2228 lei) counties present the lowest average monthly pension values, below the national average. This aspect may indicate significant regional economic and social disparities, possible discrepancies in demographic structure, or differences in employment levels and contributions to the social insurance system. The difference between the maximum average monthly pension (Bucharest, 3549 lei) and the minimum (Vrancea, 2265 lei) is approximately 1284 lei, suggesting an unequal distribution of pensions across Romania's territory.

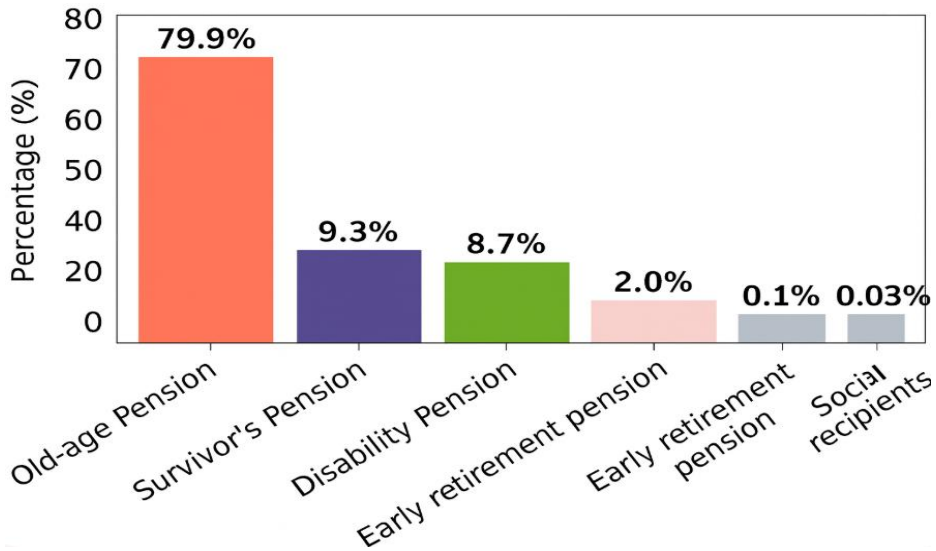

Figure 4. Distribution of pension and social benefit categories in Romania (2024)
Source: Generated by the author using data from National Institute of Statistics https://mmuncii.gov.ro/wp-content/uploads/2025/10/Pensii-trim_1-2025.pdf

The bar chart illustrates the proportional distribution of individuals across various pension and social-benefit categories. The data reveal a highly uneven structure, with one category dominating the overall composition. The Old-age pension category accounts for 79.9% of all beneficiaries, indicating that the pension system is primarily oriented toward supporting the elderly population. This

overwhelming share suggests both a mature demographic profile and a significant dependency ratio, which may have long-term implications for the sustainability of the pension system.The next two categories—Survivors' pensions (9.3%) and Disability pensions (8.7%)—represent substantially smaller but still meaningful proportions. Their combined share of approximately 18% highlights the system's secondary role in providing financial protection for individuals affected by the loss of a family provider or long-term health limitations. The remaining categories contribute only marginally to the total. Partially early retirement pensions (2.0%) **and** Early retirement pensions (0.1%) together form a negligible segment, suggesting that early exit from the labor market is either tightly regulated or less commonly utilized. Finally, Social benefit recipients (0.003%) constitute an almost imperceptible fraction, underscoring that non-contributory or welfare-based support plays a minimal role within this dataset. Overall, the distribution demonstrates a system heavily concentrated on traditional old-age support, with other forms of pensions and benefits playing comparatively minor roles. This pattern may reflect demographic pressures, policy priorities, or structural characteristics of the national social security framework.

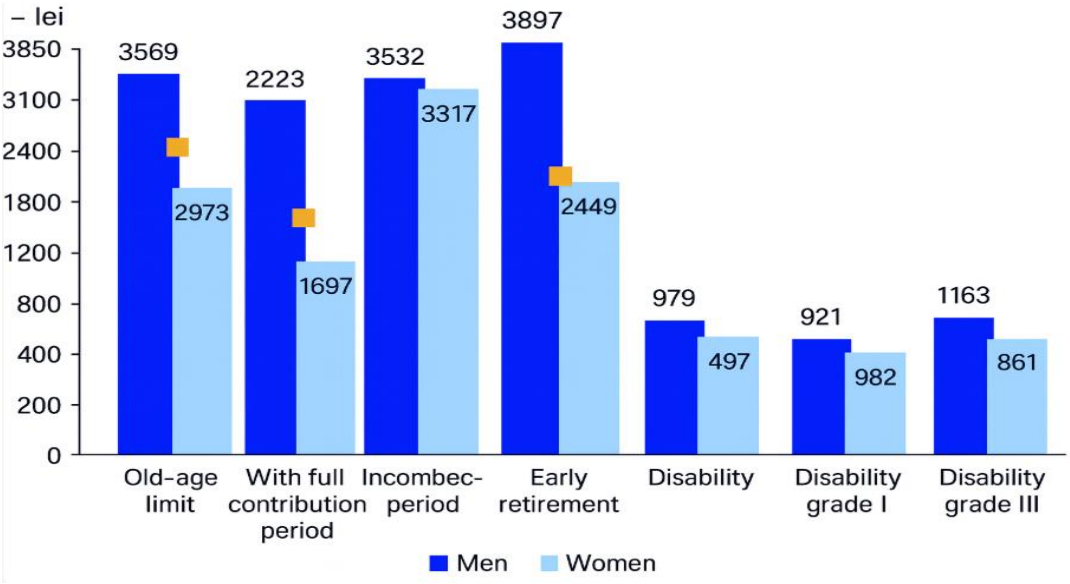

Figure 5. The average social insurance pension, by pension category and sex, in the year 2024
Source: Generated by the author using data from National Institute of Statistics https://insse.ro/cms/sites/default/files/field/publicatii/numarul_de_pensionari_si_pensia_medie_lunara_in_anul_2024_0.pdf

The bar chart presents a comparative overview of pension amounts received by men and women in Romania across seven distinct categories: old-age limit, full contribution period, incombec-period, early retirement, general disability, disability grade I, and disability grade III. The data reveals consistent gender-based disparities, with men generally receiving higher pension benefits than women, except in one category. In the old-age limit category, men receive 3569 lei, while women receive 2973 lei, indicating a gender gap of nearly 600 lei. This discrepancy is further accentuated in the full contribution period category, where men earn 2223 lei compared to 1697 lei for women. These differences suggest systemic inequalities in lifetime earnings and contribution histories, potentially influenced by labor market segmentation and gendered career trajectories The incombec-period category shows a narrower gap, with men receiving 3532 lei and women 3317 lei. This relative parity may reflect more uniform eligibility criteria or benefit calculations within this specific pension scheme. The most pronounced disparity is observed in the early retirement category, where men receive 3897 lei and women only 2449 lei a difference of nearly 1450 lei. This may be attributed to differential penalties, shorter contribution periods, or lower average wages among women. In the general disability category, men receive 979 lei, nearly double the 497 lei received by women. However, in disability grade I**,** women surpass men slightly, receiving 982 lei compared to 921 lei. This reversal, albeit modest, suggests that in cases of severe disability, benefit calculations may be less influenced by gendered economic factors.

In 2025, fiscal measures targeting retirees in Romania include the reintroduction of the health insurance contribution (CASS) at a rate of 10% for pensions exceeding 3,000 RON, effective from August 1, 2025, as well as a 10% income tax applied to taxable income after deducting CASS. Additionally, existing legislation provides a tax exemption for pensions below 2,000 RON, in accordance with earlier regulatory acts. Ongoing discussions regarding the introduction of new tax brackets under Law 141/2025 further indicate potential adjustments to pension taxation. Collectively, these measures have a direct impact on net pension income, as established by the provisions of the National House of Public Pensions (CNPP) and the Romanian Fiscal Code.

2.3 Disability system protection

Romanian legislation has undergone significant developments over recent decades to promote the inclusion of individuals with disabilities. Law no. 448/2006, concerning the protection and promotion of the rights of persons with disabilities, provides for social protection measures, fiscal incentives, and guarantees the rights to education and employment. Nevertheless, substantial challenges remain, including inadequate accessible infrastructure and the persistence of social stigma (Ionescu, 2020). Inclusive education is an area in progress, yet schools continue to face difficulties in adapting curricula and preparing teaching staff to address the special needs of students (Popescu & Marin, 2019). Furthermore, access to the labor market remains limited: the employment rate for persons with disabilities is significantly

lower than the national average, and discrimination based on disability persists (World Bank, 2021).

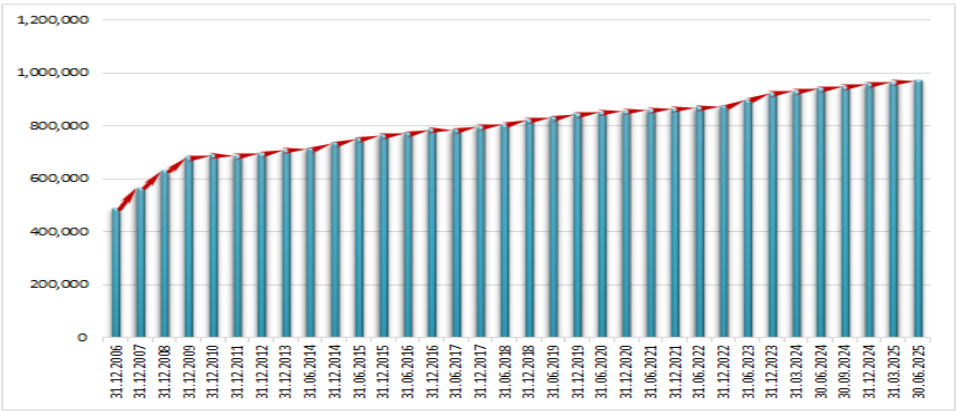

Figure 6 The evolution of the number of persons with disabilities, December 2006 – June 2025
Source: *National Authority for the Protection of the Rights of Persons with Disabilities* ***https://anpd.gov.ro/web/transparenta/statistici/***

In Romania, the number of individuals with disabilities has steadily increased in recent years. In 2014, approximately 738,000 people were officially registered as having a disability, and by 2025 this number had reached 973,079. This growth reflects both the aging of the population and the increasing prevalence of chronic illnesses, as well as more effective formal recognition of disabilities. The majority of individuals with disabilities live with their families or independently, with only a small proportion residing in institutional care. In terms of severity, nearly half are classified as having severe or pronounced disabilities, while the remainder fall into the moderate or mild categories. Overall, persons with disabilities represent approximately 4–4.5% of Romania's population. The continuing upward trend highlights the need for targeted social and healthcare policies designed to promote inclusion, support, and equal opportunities for this population.

In contrast with broader European trends, which generally aim to facilitate mobility and independence for persons with disabilities through inclusive policies and streamlined procedures, in 2025 the National Authority for the Protection of the Rights of Persons with Disabilities (ANPDPD) approved, through Order 312/2025, a procedure for the reevaluation of adults classified with a disability who hold a valid driving license and possess a disability certificate issued for conditions deemed incompatible with the right to drive. This measure, while intended to ensure safety and compliance with legal standards, represents a more restrictive approach compared to many EU member states, where emphasis is placed on supporting autonomy and minimizing bureaucratic barriers for individuals with disabilities. Thus, the press has reported cases of abuse based on this order, with such abuse

manifested through forced reevaluations of individuals with irreversible disabilities according to stirileprotv.ro, there were cases, for example, tetraplegic individualswho could not be transported to the evaluation committee, yet were still required to appear (Vieru & Curea, 2025). During the reevaluation process, social rights (allowances, benefits, reimbursements, etc.) are suspended, which for some has resulted in tangible losses—for instance, an individual from Tulcea County reported being deprived of their annual fuel reimbursement for a period of eight months (Bigea, Agerpres,2025). Some beneficiaries were compelled to "choose between their disability classification and their driving license," meaning they had to forfeit their disability certificate in order to retain their license. Such a situation is entirely unacceptable in a European state. Evaluations were applied on a wide scale, not only to cases deemed "incompatible with driving," but also to individuals with physical disabilities, the elderly, and the deaf—an approach which, according to certain organizations advocating for the rights of persons with disabilities, exceeds the legal framework and results in injustices. (Rusu,RadioRomânia,2025). In response to the precedent established nearly 20 years earlier (2006), when Romania enacted a law guaranteeing the protection of persons with disabilities (Law 448/2006), organizations advocating for the rights of persons with disabilities, such as the National Council for Disability in Romania (CNDR), have indicated that the procedure does not provide sufficient guarantees of transparency and fairness, and that adequate protections for vulnerable individuals are not ensured (National Council for Disability in Romania –CNDR, 2025). In addition to the "forced" reevaluation based solely on the possession of a driving license, even when the disability does not prevent the individual from operating a vehicle, the new fiscal austerity measures have resulted in situations where persons with disabilities can no longer have their rights, guaranteed under Law 448/2006, fully respected.

Thus, due to the austerity measures imposed by the Bolojan government, the National Council for Disability in Romania (CNDR) issued an open letter to the Government and Parliament, warning that the elimination of tax exemptions for persons with severe or pronounced disabilities from property, land, and vehicle taxes constitutes a "major regression" in the protection of the most vulnerable National (Council for Disability in Romania (b) (2025). According to Agerpres, the provision that allowed local councils to grant additional tax reductions or exemptions to persons with disabilities is also being eliminated. This measure effectively removes a layer of local discretion that previously enabled municipalities to tailor support according to the specific needs of residents with disabilities. From a legal and social perspective, this raises concerns regarding the protection of constitutionally guaranteed rights and international obligations under the UN Convention on the Rights of Persons with Disabilities. The loss of locally determined fiscal relief may exacerbate economic vulnerability, reduce autonomy, and limit access to essential services, thereby undermining efforts to promote social inclusion and equality for persons with disabilities (Agerpres, 2025).

3. Conclusions and Discussion

The fiscal and budgetary measures implemented by the Bolojan government have had significant consequences for vulnerable populations in Romania, particularly pensioners and persons with disabilities. Pensioners, often reliant on fixed and limited incomes, face an increased financial burden due to the elimination or reduction of certain tax exemptions and the rise of local taxes. These additional costs reduce their disposable income, limiting their ability to meet basic needs such as food, medicine, and housing maintenance, and potentially increasing the risk of poverty and social exclusion.

For persons with disabilities, the impact is even more pronounced. The removal of tax exemptions on properties, land, and vehicles diminishes both economic autonomy and access to mobility, persons with disabilities are being forced to choose between retaining their driving license. Those with severe or pronounced disabilities, who previously relied on such fiscal support, may be forced to bear additional costs that threaten access to essential services and social inclusion. Coupled with measures such as the forced reevaluation of disability certificates, these austerity policies exacerbate uncertainty and vulnerability. Importantly, these measures jeopardize the rights guaranteed under Law 448/2006, representing a significant regression in legal protection for persons with disabilities.

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