Country Office Evaluation: Romania

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Table of contents

Annex 1: Terms of Reference

I. Introduction

1. Country Office Evaluations (COE) are part of the Evaluation Office work-plan approved by the Executive Board in January 2018. The work-plan clarifies that COEs "*will focus on the outcomes/results achieved by the respective country office, as well as contributions through global and regional inputs in the country. In addition, the evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context*". [1] They encompass the entirety of WHO activities during a specific period. The COEs provide lessons that can be used in the design of new strategies and programmes in-country.

2. The Romania COE is the first Country Office Evaluation undertaken in the WHO European Region by the WHO Evaluation Office. The evaluation will cover the period from 2014 to 2017 corresponding to the last two fully executed Biennial Collaborative Agreements.

II. Country context

3. In 2016, Romania had a population of 19 million with a life expectancy at birth of 72 for males and 79 for females.[2] Its population has been decreasing since the 1990s, due to declining fertility and birth rates, relatively high death rates and outward migration.[3] A Member of the European Union (EU) since 2007, Romania shows one of the highest poverty rates in the EU. Also, the share of Romanians at risk of poverty after social transfers increased from 21.6% in 2010 to 25.3% in 2016. However, the share of the at-risk population decreased from 41.5% in 2010 to 38.8% in 2016.[4] In 2015, Romania was classified by the UNDP in the very high human development category with a Human Development Index (HDI) value of 0.802, occupying the 50th position out of 188 countries and territories. Between 1990 and 2015, Romania's HDI value increased by 14.6%, from 0.700 to 0.802, associated with increases in life expectancy at birth by 5.3 years, and expected years of schooling by 2.8 years). Likewise, Romania Gross National Income per capita increased by about 74% between 1990 and 2015. Its HDI value of 0.802 is nevertheless below the average of 0.892 for countries in the very high human development group and below the average of 0.891 for countries in the EU. When the HDI is discounted for inequality, it falls to 0.714, representing a loss of 11.1% due to inequality. Other very high HDI countries experience similar losses due to inequality (9% in the EU). The gender Inequality Index, reflecting gender-based inequalities in reproductive health, empowerment and economic activity, is 0.339, ranking it 72 out of 159 countries.[5]

4. Despite gradual improvements in life expectancy at birth, Romania still ranks behind other EU countries in terms of life expectancy and many other health outcomes. The main cause of death is heart disease, for which Romania figures among the highest age-adjusted mortality rates in Europe. This, along with cerebrovascular disease, led to the most premature deaths in Romania in 2016. Lung cancer remains the most common cause of cancer mortality,[6] and was the third cause of death in

[1] Evaluation: update and proposed workplan for 2018–2019. EB 142/27
[2] WHO Country Statistics, Romania (http://www.who.int/countries/rou/en/).
[3] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).
[4] The World Bank in Romania: Overview (2018). http://www.worldbank.org/en/country/romania/overview#1
[5] Human Development Report 2016. Briefing note for countries on the 2016 Human Development Report - Romania. UNDP (http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ROU.pdf).
[6] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.

2016, followed by lower respiratory infections, hypertensive heart disease and cardiomyopathy.[7] Mortality by cervical cancer, which is highly preventable by screening and early treatment, was three times the European average in 2012,[8] showing the highest incidence rate of Europe.[9] Avoidable deaths by breast cancer also remain higher than EU rates. Preventable mortality, particularly for alcohol-related causes of death, is also high.[10] Romania also shows the highest infant and maternal mortality rates of Europe[11] and has shown a decline in the rates of immunization for certain childhood diseases over the last two decades (from 99% for diphtheria-tetanus-pertussis and poliomyelitis in 2000 to less than 90% in 2013).[12] Romania also has the highest incidence of tuberculosis within the EU.[13]

5. A particular issue of concern relates to the social inclusion and health disparities affecting the Roma minority. Roma represent the second largest ethnic minority in Romania, after Hungarians (6.5%).[14] According to the results of the 2011 Population and Housing Census, 621,573 Romanian citizens declared to be Roma (representing about 3.3% of the stable population of Romania). However, the estimations regarding the number of Romanian citizens belonging to the Roma minority are not consistent. For example, the Council of Europe estimated them at 1.85 million.[15] The Roma population experiences inferior social and economic conditions than the general Romanian population, with lower educational attainment levels, higher unemployment and poverty, and poorer health status. Roma have higher mortality rates and lower life expectancy at birth than the general Romanian population. Despite the absence of specific health statistics disaggregated by ethnicity, it is estimated that more than half of Roma adults over 45 years suffer from disabilities or chronic diseases and over 45% children have not completed the compulsory immunization scheme. The Roma experience more structural obstacles to access healthcare, such as the widespread absence of identity and entitlement documents, the lack of medical insurance, the lack of financial capacity to cover out of pocket expenses and alleged discrimination by providers.[16] The government of Romania developed a strategy for the inclusion of the Romanian citizens belonging to Roma minority for the period 2015-2020[17] aimed at providing opportunities and resources for the full participation of the Roma population in the Romanian society.

6. The Romanian health care system is based on a social health insurance system. It provides a comprehensive benefits package to about 85% of the population; with the remaining population

[7] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf).
[8] Biennial Collaborative Agreement between the Ministry of Health of Romania and WHO 2016/2017.
[9] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.
[10] Ibid.
[11] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).
[12] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf).
[13] Biennial Collaborative Agreement between the Ministry of health of Romania and WHO 2016/2017.
[14] WHO (2013). Roma health mediation in Romania. Roma Health –Case Study Series 1. WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0016/235141/e96931.pdf?ua=1).
[15] European Commission. Strategy of the Government of Romania for the inclusion of the Romanian citizens belonging to Roma Minority for 2015-2020. (http://collections.internetmemory.org/haeu/20180322140344/http://ec.europa.eu/justice/discrimination/files/roma_romania_strategy2_en.pdf).
[16] WHO (2013). Roma health mediation in Romania. Roma Health –Case Study Series 1. WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0016/235141/e96931.pdf?ua=1).
[17] European Commission. Strategy of the Government of Romania for the inclusion of the Romanian citizens belonging to Roma Minority for 2015-2020. (http://collections.internetmemory.org/haeu/20180322140344/http://ec.europa.eu/justice/discrimination/files/roma_romania_strategy2_en.pdf).

having access to a minimum package of benefits.[18] The uninsured, including agricultural workers, unemployed and informal workers, are entitled to emergency services, care for communicable diseases and antenatal care. The poor and vulnerable groups, such as the Roma communities experience limited access to care. Reports also indicate inequalities in access for the insured (such as in rural versus urban settings).[19] The unmet needs of Romanian elderly are by far the highest in Europe. Reported unmet needs because of cost, geographical barriers or waiting lists are three times higher in Romania as compared to the European average.[20]

7. Public funding covers about 80% of the total health expenditure; leaving considerable out-of-pocket payments.[21] Health expenditure has stagnated since 2010, representing 5.8% of the gross domestic product in 2014. That same year, total health spending per capita was $868 in constant 2011 international dollars; whereas the average in the EU was $3,379.[22] The National Health Insurance Fund budget has increased tenfold from 2000 to 2017. However, the healthcare system remains underfunded. Additionally, the health systems administrative capacity is weak with high turnover of policy makers, leading to discontinuity in policy formulation and implementation.[23]

8. The Romanian health system is organized at two levels, national and district; with the national level being responsible for setting general objectives, and the district level responsible for ensuring service provision.[24] About two thirds of hospitals are public, a quarter of which are managed by the Ministry of Health and the remainder by local authorities. In 2015 there were 500 acute hospital beds per 100,000 people in the country compared with an average of 396 beds in the EU. The rate of acute hospitalizations seems significantly higher than in other European countries, whereas primary care seems underutilized, and patients seem to seek hospital care for conditions that are generally managed by primary care.[25] The current payment system for primary care doctors incentivizes referral to hospitals and specialist care and over-prescription of high-cost pharmaceuticals.[26] The health system is largely fragmented with providers showing scarce integration and coordination in the form of referral systems. The lack of coordination between providers leads to duplication and gaps in provision of services.[27] The Quality of Care seems to be one of the weaker points of the healthcare system.[28] Only 25% of respondents in Romania rated healthcare quality as good in the 2013 Eurobarometer survey as compared with the EU average of 71%. The rates of physicians and nurses

[18] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).
[19] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf.
[20] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.
[21] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).
[22] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf
[23] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.
[24] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).
[25] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf).
[26] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.
[27] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf).
[28] European Observatory of Health Systems and Policies: WHO Romania Health Systems Review (2016). Health Systems in Transition, Vol. 8, N° 4, (http://www.euro.who.int/__data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1).

per population are relatively low as compared to other EU countries. In addition, the country experiences high emigration of nurses, doctors and other qualified health professionals.[29]

9. There have been many health reforms during the last three decades. The European Commission's presence contributed to the development of the Romanian National Health Strategy 2014-2020, "Health for Prosperity",[30] which aims to promote health in alignment with the Europe 2020 strategy. It represents the Romanian government's commitment to ensuring and promoting health as a key determinant of development from a social, territorial and economic point of view and focuses on promoting primary healthcare, increasing prevention and a community-based approach and intersectoral action.[31] The Strategy comprises three strategic priority areas: (1) public health, (2) ensuring equal access to quality and cost-effective health services, and (3) crosscutting measures for a sustainable and predictable healthcare system by implementing cross cutting policies and programmes, accelerating the use of information technology, and developing health infrastructure.[32] Several other sectoral strategies have been developed driven in part by the EU financing cycle and the European Cohesion Policy framework 2014-2020, such as, for example, strategies for child protection, for long life learning, for promoting active ageing, for social inclusion and poverty reduction, for persons with disabilities; and for tuberculosis control.[33] The European Commission stated that corruption and informal payments restrain capacity for transformational change and structural reforms.[34]

10. The Government of Romania established a National Strategy for Sustainable Development (NSSD) 2013-2020-2030 built in three pillars: environment, social equity and economic prosperity, which are seen as convergent with the 2030 Agenda for Sustainable Development. Within the NSSD agenda, the public health objective aims to improve the structure of the health sector and the quality of care and performance of the health system. It aimed to reach by 2020 the EU average in terms of public health standards and quality of medical services. For 2030, the aim is to achieve full alignment with the average performance level of the EU.[35]

11. A recent review of the Romanian Health System performed by the WHO Regional Office for Europe, at the request of the Romanian Government, identified the following priority areas for action:

- Strengthening health system governance: clarifying roles and responsibilities of the different health system actors and stakeholders; building capacity in the Ministry of Health; and facilitating consensus among key actors to set priorities for health system reform.
- Strengthening health services delivery: in particular, strengthening outpatient and primary care, including reallocation of resources and reinforcing health care services in rural areas; addressing gaps in health services coordination and integration, including community health services; and implementing cancer screening programmes.
- Increasing health system financing: further aligning it with the EU average coupled with policies to strengthening financial protection; improving the Health Insurance House

[29] Romania Systematic Country Diagnostic - Background Note, Health (June 2018). The World Bank (http://documents.worldbank.org/curated/en/191101530906607257/pdf/128060-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteHealth.pdf. Ibid.

[30] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.

[31] Lidia Onofrei (2014) The Romanian National Health Strategy 2014 – 2020: "Health for Prosperity" – community medical assistance. International Journal of Integrated Care. 2014;14(5)(https://www.ijic.org/articles/abstract/10.5334/ijic.1566/).

[32] Biennial Collaborative Agreement between the Ministry of Health of Romania and WHO 2016/2017.

[33] Ministry of the Environment, Government of Romania (2018). Romania's Voluntary National Review 2018 (https://sustainabledevelopment.un.org/content/documents/19952Voluntary_National_Review_ROMANIA_with_Cover.pdf).

[34] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.

[35] National Strategy for Sustainable Development 2013-2020-2030 (NSSD**)**. Government of Romania Decision n° 1460, 12 Nov 2008.

payment mechanisms based on performance; and developing new payment mechanisms based on quality standards for primary care.

- Further development of a human resources for health planning policy: addressing retention of the medical profession; evaluating the role of local authorities in offering incentives to general practitioners; and further developing professional roles such as community nurses and health mediators to increase coverage for vulnerable groups in rural settings and remote areas. [36]

III. WHO activities in Romania

12. The WHO Country Office(WCO) in Romania was established in January 1991 in Bucharest to carry out a series of priority activities: drugs supply; primary health care; mother and child care, including family planning; nursing; mental health; and HIV/AIDS. Today the Country Office's main objective is to support the Ministry of Health and Romanian Government in developing health policy and improving the health of the population. The Office is the focal point for WHO activities in Romania. The country team consists of three people: the Head of the Country Office, a National Professional Officer and an administrative assistant.[37]

13. The priorities for the Country Office are set out in the biennial collaborative agreements (BCA) between the WHO Regional Office for Europe and the host country. The Office implements the agreement in close collaboration with national institutions and international partner agencies. The BCAs between the Ministry of Health of Romania and the WHO Regional Office for Europe for 2014-2015 and 2016-2017 outline the medium-term framework for cooperation with the Government of Romania.

14. The BCAs are aligned with the Twelfth General Programme of Work[38] for the period 2014-2019. The BCAs also reflect the vision of the WHO Regional Office for Europe, Better Health for Europe, as well as the concepts, principles and values underpinning the European Policy for health and well-being, Health 2020, adopted by the Regional Committee for Europe in September 2012.[39] Health 2020 is built around four priority areas: (i) investing in health through a life-course approach; (ii) tackling noncommunicable and communicable diseases; (iii) strengthening people-centred health systems, public health capacity and emergency health services; and (iv) creating resilient communities and supportive environments. The BCAs are also aligned at the outcome and output level with the WHO programme budgets for 2014-2015[40] and 2016-2017.[41] The specific outputs and deliverables included in both BCAs are reproduced in Appendix 1.

15. According to the BCAs, the total activity budget of the country office workplans in 2014-2015 amounted to US$ 168,772 and this figure increased to US$ 613 790 in 2016-2017. These budgets do not include the technical support and inputs provided by headquarters, the Regional Office for Europe, geographically dispersed offices and country offices; nor the costs of personnel in the Romanian Country Office. Table 1 provides an overview of the total expenditure of the WHO Country Office in Romania during the biennia 2014-2015 and 2016-2017.

Table 1: WCO Romania expenditure in biennia 2014-2015 and 2016-2017

[36] WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.
[37] http://www.euro.who.int/en/countries/romania/who-country-office
[38] WHO (2014). Twelfth General Programme of Work. http://apps.who.int/iris/bitstream/handle/10665/112792/GPW_2014-2019_eng.pdf?sequence=1
[39] WHO Regional Office for Europe (2013). Health 2020 http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf
[40] WHO (2014). Programme Budget 2014-2015 (http://www.who.int/about/resources_planning/PB14-15_en.pdf?ua=1).
[41] WHO (2015). Programme Budget 2016-2017 (http://www.who.int/about/finances-accountability/budget/PB201617_en.pdf?ua=1).

Category	Programme Area	2014-2015 US$	2016-2017 US$	Total US$
Communicable diseases		**172,082**	**349,217**	**521,300**
	HIV and hepatitis	-	3,403	3,403
	Tuberculosis	172,082	314,404	486,487
	Vaccine-preventable diseases	-	31,410	31,410
Noncommunicable diseases		**34,489**	**49,753**	**84,242**
	Noncommunicable diseases	7,592	27,233	34,825
	Mental health and substance abuse	12,926	5,709	18,634
	Violence and injuries	13,971	-	13,971
	Nutrition	-	16,812	16,812
Promoting health through the life course		**11,990**	**36,299**	**48,289**
	Reproductive, maternal, newborn, child and adolescent health	-	10,925	10,925
	Social determinants of health	11,990	5,380	17,370
	Health and the environment	-	19,994	19,994
Health systems		**35,364**	**127,594**	**162,958**
	Integrated people-centred health services	20,875	35,819	56,694
	Access to medicines and other health technologies and strengthening regulatory capacity	9,830	-	9,830
	Health systems information and evidence	4,659	91,774	96,434
Preparedness, surveillance and response		**12,848**	**43,850**	**56,698**
	Alert and response capacities	4,999	-	4,999
	Epidemic-and pandemic-prone diseases	-	19,995	19,995
	Food safety	7,849	9,905	17,754
	Polio eradication	-	13,950	13,950
Corporate services/enabling functions		**207,466**	**449,636**	**657,102**
	Leadership and governance	183,744	401,092	584,836
	Management and administration	23,722	48,545	72,266
	Total	**474,239**	**1,056,350**	**1,530,589**

Source: WHO Global Management System data

16. The Government of Romania is engaged in working with WHO on the implementation of the BCAs and, in particular, on the policy and strategy formulation and implementation processes required and the provision of available personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes and uptake of the priority programme budget outputs identified in the BCA

IV. Objectives and scope of the COE

17. The main purpose of this COE is to identify achievements, challenges and gaps and document best practices and innovations of WHO in Romania. These include results of the WCO but also contributions from the regional and global levels to the country programme.

18. As with all evaluations, this COE meets accountability and learning objectives. It will be publicly available and reported on through the annual Evaluation Report. This evaluation will build on an analysis of existing documents and data of relevance to the purpose of the evaluation, complemented with the perspectives of key stakeholders, to:

a. Demonstrate achievements against the objectives formulated in the BCAs (and other relevant strategic instruments) and corresponding expected results developed in the WCO biennial work-plans, while pointing out the challenges and opportunities for improvement.

b. Support the WCO and Partners when developing the next BCAs (and other relevant strategic instruments) based on independent evidence of past successes, challenges and lessons learnt.

c. Provide the opportunity to learn from the evaluation results at the various levels of the Organization. All programmes can benefit from knowing about their successes and challenges at global, regional and country levels. These can then usefully inform the development of

future country, regional and global support through a systematic approach to organizational learning.

19. The evaluation will cover the period 2014-2017 and all activities undertaken by WHO (WCO, Regional Office for Europe and headquarters) in Romania as framed in the BCAs 2014-2015 and 2016-2017 and other strategic documents covering activities not part of the BCAs which took place over that period of time.

V. Stakeholders and users of the evaluation

20. Table 2 shows the role and interest of the main evaluation stakeholders and expected users of the evaluation.

Table 2: preliminary stakeholders' analysis

Internal stakeholders	Role and interest in the evaluation
WCO Romania	As lead for the development and implementation of the BCAs, the WCO is the main stakeholder of the evaluation because it has an interest in enhancing accountability of WHO in-country as well learning from evaluation results for future programming.
Regional Office for Europe	As a key contributor to the development of the BCAs, the Regional Office has a direct stake in the evaluation in ensuring that WHO's contribution in-country is relevant, coherent, effective and efficient. The evaluation findings and best practices in Romania will be directly useful to inform other WCOs in the Region as well as regional approaches in health.
Headquarters management	The results of the evaluation should be of interest as headquarters management is in charge of the strategic analysis of country cooperation agreement content and implementation and is responsible for promoting the application of best practices in support of regional and country technical cooperation.
Executive Board	The Executive Board has a direct interest in being informed about the added value of WHO's contributions in countries and being kept abreast of best practices as well as challenges through the annual evaluation report.
External Stakeholders	
Government of Romania	As a recipient of WHO's action, it has an interest in the partnership with WHO, both in current and future BCAs, and an interest to see WHO's contribution to health in-country independently assessed.
All individuals in Romania	WHO's action in Romania has to ensure that it benefits all population groups, prioritizes the most vulnerable and does not leave anyone behind The evaluation will look at the way WHO pays attention to equity and ensures that all population groups are given due attention in the various policies and programmes.
UN Agencies	WHO contributes to United Nations work in Romania alongside other UN agencies. There is therefore an interest for these agencies to be informed about WHO's achievements and be aware of the best practices in the health sector.
Donors and partners	Donors (multilateral and bilateral agencies) and philanthropic foundations have an interest in knowing whether their contributions have been spent effectively and efficiently and if WHO's work contributes to their own strategies and programmes.

VI. Evaluation questions

21. All COEs address the 3 main evaluation questions identified below. The sub-questions are then tailored according to country specificities and are detailed in an evaluation matrix to be developed during the inception phase by the evaluation team. Sub evaluation questions have been tailored taking into account the timing of this COE and the available evaluative information. Good practices and lessons learned will be identified across the findings. The evaluation questions will assess the achievement of the last two BCAs and will inform the upcoming BCA starting in 2020 and other relevant strategic instruments.

EQ1 - Were the strategic choices made in the BCAs (and other relevant strategic instruments) **addressing Romania's health needs and coherent with government and partners priorities? (relevance)**

This question assesses the strategic choices made by WHO at the BCA design stage and their flexibility to adapt to changes in context. The evaluation sub-questions focus on the following elements:

1.1 Are the BCAs and other relevant strategic documents based on a comprehensive health diagnostic of the entire population and on Romania's health needs?
1.2 Are the BCAs and other relevant strategic documents coherent with Romania's National Health Strategy 2014-2020 and any other relevant national health strategies, as well as the SDG targets relevant to Romania?
1.3 Are the BCAs coherent with the broader UN-wide approach in Romania? Are the key partners clear about WHO's role in Romania?
1.4 Are the BCAs coherent with the General Programme of Work and aligned with WHO's international commitments?
1.5 Has WHO learned from experience and changed its approach in view of evolving contexts (needs, priorities, etc.) during the course of the BCAs 2014-2015 and 2016-2017?
1.6 Are the BCAs strategically positioned when it comes to:
   i. Clear identification of WHO's comparative advantage and clear strategy to maximise it and make a difference?
   ii. Capacity of WHO to position health priorities (based on needs analysis) in the national agenda and in those of the national partners in the health sector?

EQ2 - What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness /elements of impact/progress towards sustainability)

To address this question the evaluation team will consider the biennial workplans produced during the evaluation period. Specific sub-questions are:

2.1 To what extent were the country biennial workplans (operational during the evaluation period) based on the focus areas as defined in the BCAs (and other relevant strategic instruments) (or as amended during the course of implementation)?
2.2 What were the main results achieved for each outcome, output and deliverable for the WCO as defined in the country biennial workplans?
2.3 What has been the added value of regional and headquarters contributions to the achievement of results in-country?
2.4 What has been the contribution of WHO results to long-term changes in health status in-country?
2.5 Is there national ownership of the results and capacities developed?

EQ3 – How did WHO achieve the results? (efficiency)

In this area, the evaluation sub-questions will mainly cover the contribution of the core functions, the partnerships and allocation of resources (financial and staffing) to deliver the expected results and for each will seek to identify best practices and innovations.

3.1 For each priority, what were the key core functions most used to achieve the results?
3.2 How did the strategic partnerships contribute to the results achieved?
3.3 How did the funding levels and their timeliness affect the results achieved?
3.4 Was the staffing adequate in view of the objectives to be achieved?
3.5 What were the monitoring mechanisms to inform the BCA implementation and progress towards targets?
3.6 To what extent have the BCAs been used to inform WHO country workplans, budget allocations and staffing?

VII. Methodology

22. Guided by the WHO Evaluation Practice Handbook, the evaluation will be based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning.

23. During the inception phase the evaluation team will design the methodology which will entail the following:

- Adapt the **theory of change** developed for the evaluation of WHO's presence in countries. The theory of change to frame the COE Romania will: i) describe the relationship between the BCA priorities for collaboration, the programme budget outputs and the activities and budgets as envisaged in the biennial workplans; ii) clarify the linkages with the General Programme of Work and programme budgets; and iii) identify the main assumptions underlying it.
- Develop and apply **an evaluation matrix**[42] geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints.
- Adhere to WHO cross-cutting strategies on **gender, equity and human rights** and include to the extent possible disaggregated data and information.
- Follow the principles set forth in the **WHO Evaluation Practice Handbook** and the United Nations Evaluation Group's **Norms and Standards for Evaluation** and E**thical Guidelines for Evaluation**.

24. The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information through a variety of means.

25. The COE will rely mostly on the following **data collection methods**:

a. Document review will include analysis of key strategic documents, such as the General Programme of Work, the Programme Budget, the WCO workplan and budget, the BCAs

[42] An **Evaluation Matrix** is an organizing tool to help plan for the conduct of an evaluation. It is prepared by the evaluation team during the inception phase of the evaluation, and is then used throughout the data collection, analysis and report writing phases. The Evaluation Matrix forms the main analytical framework for the evaluation. It reflects the key evaluation questions and sub-questions to be answered and helps the team consider the most appropriate and feasible method to collect data for answering each question. It guides analysis and ensures that all data collected is analysed, triangulated and used to answer the evaluation questions, and make conclusions and recommendations.

(and other relevant strategic instruments), relevant national policies, strategies and other relevant documentation.

b. Stakeholder interviews. Interviews will be conducted with external and internal stakeholders at global, regional and country levels of the Organization. External stakeholders for this evaluation are: ministry of health officials and officials of other relevant governmental institutions; healthcare professional associations and other relevant professional bodies; relevant research institutes, agencies and academia; health care provider institutions; UN agencies, other relevant multilateral organizations; donor agencies; other relevant partners; nongovernmental organizations and civil society.

c. Mission in-country. Following the document reviews and some stakeholder interviews, the country visit will be the opportunity for the evaluation team to develop an in-depth understanding of the perspectives of the various stakeholders around the evaluation questions and collect additional secondary data, in particular from external stakeholders.

26. **Stakeholder consultation**. In addition to acting as key informants during the evaluation process, key internal and external stakeholders will be consulted at the drafting stages of the terms of reference, inception note and evaluation report and will have the opportunity to provide comments.

27. **Limitations**. No major primary quantitative data collection is envisaged to inform this evaluation. The evaluation team will mainly use data (after having assessed their reliability) collected by WHO and partners during the timeframe evaluated.

VIII. Phases and deliverables

28. The evaluation is structured around 5 phases summarized in Table 3 below.

Table 3: summary tentative timeline – key evaluation milestones

Main phases	Timeline	Tasks and deliverables
1. Preparation	July-August 2018	Draft and final Terms of Reference (TOR) Evaluation team formed
2. Inception	August 2018	Desk review of existing literature, headquarters and Regional Office briefings Draft and final inception note
3. Data collection and analysis	September 2018	Key interviews with Regional Office and headquarters staff Country visit Data analysis and review
4. Reporting	October 2018	Draft and final evaluation report.
5. Management response and dissemination	December 2018	Management response to the evaluation recommendations

29. **Preparation**. These TORs are prepared following the WHO Evaluation Practice Handbook. The final version of the TOR will take into consideration results of consultations with key internal and external stakeholders.

⇨ **1st deliverable: Final TOR**

30. The **inception phase** will start with a first review of key documents and briefings with headquarters, Regional Office and WCO key stakeholders. During the inception phase, the evaluation team will assess the various logical/results frameworks and their underlying Theory of Change. The

inception note will close this phase. Its draft will be shared with key internal stakeholders (at the three levels of the Organization) for their feedback. The inception note will be prepared following the Evaluation Office template and will focus on methodological and planning elements. Taking into account the various logical/results frameworks and the evaluation questions, it will present a detailed evaluation framework and the evaluation matrix. Data collection tools and approaches will be clearly identified in the evaluation matrix.

⇨ **2nd deliverable: Inception note**

31. **Data collection and analysis**. This phase will include additional document review, key stakeholders interviews at headquarters and regional levels and a country visit. The in-country mission will start with briefings to the WR/WCO and key partners and will end with a debriefing to WR and WCO. This is followed by analysis of all relevant data collected through the different sources.

32. **Reporting.** This phase is dedicated to the in-depth organization of key findings and results, and identification of key lessons learned and recommendations. These will be presented in the draft evaluation report, which will be shared with key internal and external stakeholders for fact checking.

- **3rd deliverable: Evaluation Report,** prepared according to the WHO Evaluation Practice Handbook. It will provide an assessment of the results according to the evaluation questions identified above and will include conclusions based on the evidence generated in the findings and draw actionable recommendations.

33. The revisions of any of the deliverables produced by the evaluation team will be accompanied by feedback on each comment provided. This feedback will succinctly summarize if and how comments were addressed and if they were not it will justify why.

34. **Management response and dissemination of results**. The management response will be prepared by the WCO and posted on the Evaluation Office webpage once finalized, alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the organization as appropriate.

IX. Evaluation team

35. The evaluation team will be led by the Director-General's Representative for Evaluation and Organizational Learning, and will include staff from the WHO Evaluation Office and one senior consultant. Together they bring the relevant expertise in evaluation, health and WHO's governance mechanisms.

Appendix 1

Strategic agenda for cooperation between the Government of Romania and WHO, based on BCAs 2014-2015 and 2016-2017. Details of WHO programme budget outputs and WHO deliverables agreed in the BCAs.

Programme areas	BCA 2014-2015/ PB 2014-2015	Deliverables	BCA 2016-2017/ PB 2016-2017	Deliverables
Communicable diseases				
HIV	Output 1.1.2	Provide to Member States with evidence-based policy and build consensus to address vulnerability and structural barriers (including gender) to accessing services	Output 1.1.2	112C3- Facilitate adaptation of national guidelines for prevention and control of viral hepatitis in line with global guidance and integration of key hepatitis interventions into existing health care mechanisms and systems
TB	Output 1.2.1	Technical assistance to Romania to scale up Stop TB strategy and M/XDR-TB response	Output 1.2.2	122C2- Support countries in adopting tuberculosis guidelines and tools in line with latest global, and relevant regional, guidance
Vaccine preventable diseases	Output 1.5.1	Technical assistance to Romania to increase access to immunisation services by developing a communication strategy and plan	Output 1.5.1	151C1- Support country in developing and implementing national multi-year plans and annual implementation plans, including micro-planning for immunization, with a focus on under-vaccinated and unvaccinated populations
	Output 1.5.2	Strengthening the quality of disease surveillance and delivery of immunization services.		
Noncommunicable diseases				
NCDs	Output 2.1.1	Technical support for National Obesity Action Plan Policy tools to promote cost-effective interventions on diet, physical activity and obesity focused on active mobility and Marketing food to Children contributing to NCD action plan in accordance with the WHO set of recommendations of marketing of food to children and the global recommendations on physical activity evaluated Policy Tools & technical advice to achieve targets in salt reduction & elimination trans-fat are used and evaluated in countries	Output 2.1.3	213C2- Support country efforts to increase health care coverage for NCDs and their risk factors, as well as the integration of measures for the prevention and control of NCDs in countries' frameworks and policies aimed at ensuring universal health coverage and reducing health equity gaps
Mental Health	Output 2.2.1	Technical support in developing mental health services	Output 2.2.2	222C1- Support organization of mental health and social care services and their integration in primary care
Violence and injuries	Output 2.3.3	Capacity building workshop	Output 2.3.2	232C1- Provision of technical support to countries for developing plans consistent with WHO guidance to prevent child injuries
Nutrition	Output 2.5.1	Technical assistance to establish the obesity surveillance system	Output 2.5.2	252C1- Support the development, adaptation and updating of national guidelines and legislation on nutrition, based on the updated global norms, standards and guidelines, for example, food-based dietary guidelines, guidelines on micronutrient supplementation and fortification, and draft legislation on marketing breast-milk substitutes, as well as the promotion of healthy diets

Promoting health through the life-course				
Reproductive Health			Output 3.1.1	311C3- Strengthen national capacity for collection, analysis and use of data, as well as their dissemination and use, on maternal and newborn health, including documentation of best practices in order to improve access to, and quality of, interventions
			Output 3.1.5	315C1- Support country in adopting/adapting and implementing cross-sectoral guidelines on adolescent health policies and strategies which include system strengthening, especially improvement of health service delivery
Social determinants of health	Output 3.4.1	Evidence and resource packages to strengthen the capacity of MS to better understand/meet the health needs of vulnerable groups as well as strengthen migrant-sensitive services and to contribute to developing and improving policies, health systems and interventions to reduce significant challenges to the health systems Training package and capacity-building (multi-country trainings) supporting MDG progress for the Roma population, in the context of the decade on Roma inclusion and EU work on Roma; Technical assistance to reorienting selected SPA towards greater equity with focus on Roma Normative guidance, analytical tools and policy reviews to inform Ministry of Health & Government decision making and accountability for equity in health through action on social determinants	Output 3.4.2	342C1- Support the integration of social determinants of health and health equity in national health programmes, policies and strategies, including in WHO and country programmes
Health and the environment			Output 3.5.1	351C1- Strengthen national capacity to assess and manage the health impacts of environmental risks including through health impact assessments, and support the development of national policies and plans on environmental and workers' health
Health systems				
Health systems: integrated people centered health services	Outputs 4.2.1	Strengthening PH services and capacity		
	Output 4.2.2	Capacity building in HRH and technical advice		
Access to medical products	Output 4.3.1	Recommendations and technical guidance on medicines pricing, supply and reimbursement and health technology assessment policies	Output 4.3.1	431C3- Support institutionalization of mechanisms to support access to, and rational use of, medicines and other health technologies and services
Health systems information and evidence	Output 4.4.3	Increased number of policy briefs produced with stakeholders; increased number of HEN syntheses in response to MS demands AND establishment of	Output 4.4.3	443C1- Establish mechanisms for continually strengthening national capacity in knowledge

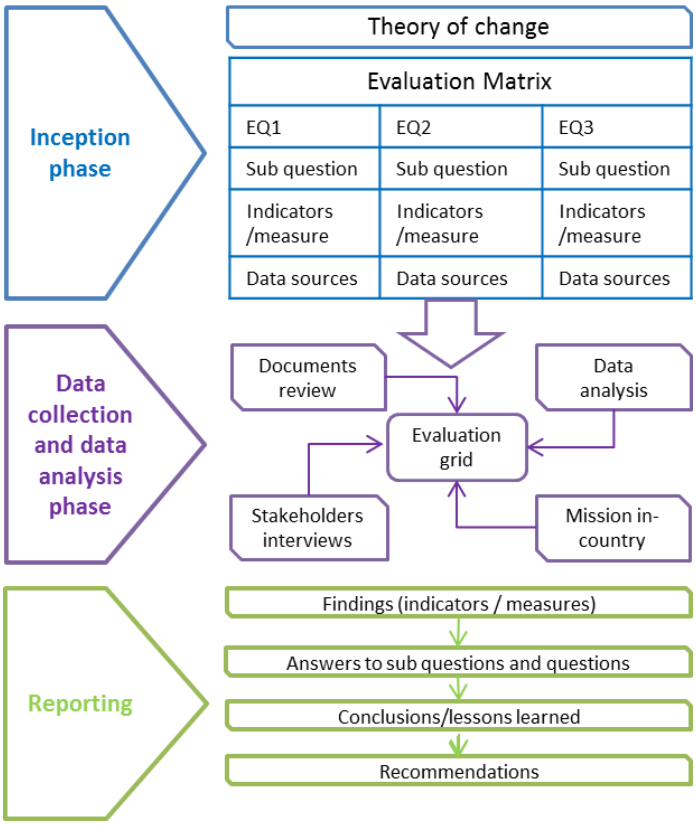
		EVIPNet Europe: identification of countries for networks and organization of initial multi-country training workshops for implementation of Health 2020		management and translation to support the implementation of public health policies and interventions
Preparedness, surveillance and response				
Preparedness, surveillance and response	Output 5.1.1	Support further development of capacities and implementation of the national plan for IHR	Output 5.1.1	511C1- Support further development and implementation of the national plan for implementation of the International Health Regulations (2005) in countries and continue to support them in maintaining their capacities throughout the biennium
Epidemic and pandemic prone diseases	Output 5.2.2	Consolidation of ILI and SARI surveillance Multi-country workshops and training provided to promote the use of WHO technical norms and standards	Output 5.2.1	521C2- Engage country in implementing national preparedness, prevention and control programmes for influenza, in accordance with regional and global policies and strategies
			Output 5.5.1	551C1- Provide direct incountry support for polio vaccination campaigns and surveillance in all countries either experiencing an outbreak of the disease, at high risk of such an outbreak or affected by polio
Food safety	Output 5.4.2	Support the strengthening of food safety risk communication in ROM Food safety aspects included in approaches to address and contain antimicrobial resistance in Romania	Output 5.4.1	541C2- Support country in strengthening risk management and communication of foodborne and zoonotic risks along the farm-to-table continuum

Annex 2: Evaluation methodology and evaluation matrix

This Annex summarizes the approach adopted in this COE and the main methods and tools employed. It draws on the inception note.

Guided by the *WHO Evaluation Practice Handbook*, the overall methodological approach adopted by the evaluation team is summarized in Figure 1. This shows the sequencing and interrelationship of activities under each of the three main phases of the evaluation process. Concretely, the evaluation was conducted between July and October 2018 by a core team of five members.

Figure 1: Methodological approach



Inception phase

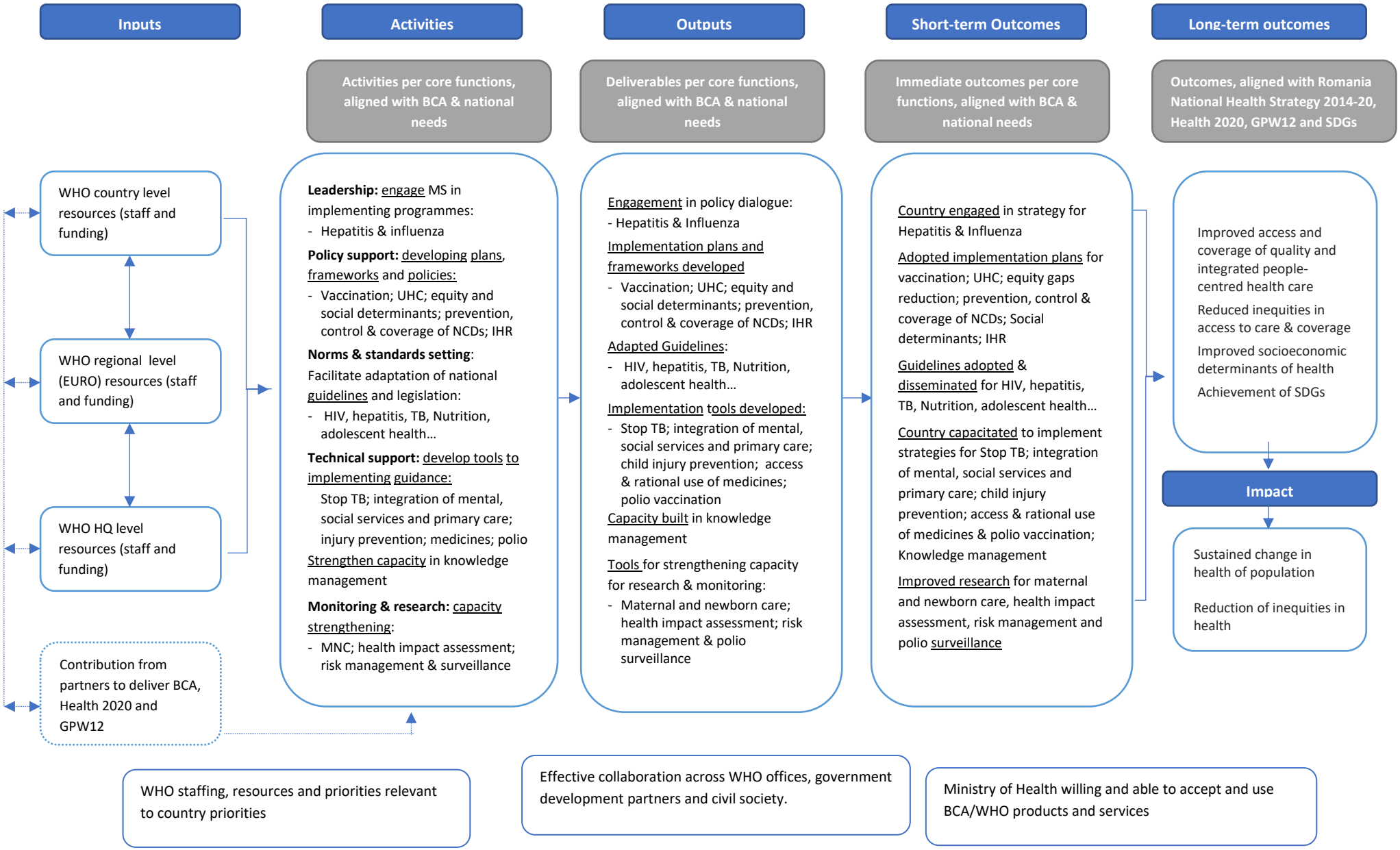
a. Theory of change underlying WHO's contribution in Romania

In the absence of an explicit logic model or theory of change (TOC) to frame the contributions of WHO in Romania over the evaluation period, the evaluation team reconstructed a TOC that clarifies WHO's contribution to the national health objectives and goals in terms of health outcomes and potentially the health impact of its collaborative programmes with the Government of Romania, as defined in the BCAs and the biennial work plans (see Figure 2).

The TOC aims to encompass contributions from all levels of the Organization and all strategic contribution areas of WHO in the country. The TOC is aligned with that validated by WHO in the context of the evaluation of WHO's presence in countries[43] and previous country office evaluations and was validated by the WR and WCO team during the field mission.

[43] WHO (2015). Evaluation of WHO's Presence in Countries. Geneva: WHO Evaluation Office (http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1).

Figure 2: Theory of Change (TOC) – WHO contribution in Romania 2014-2017



b. Evaluation matrix

Using the TOC, the evaluation team developed an evaluation matrix which defines specific indicators/measures for assessing each sub-question and indicates what data collection method and data sources will be used to inform each of these. The evaluation matrix is available at the end of this Annex.

c. Inception note

The inception note was prepared following the Evaluation Office template and focused on methodological and planning elements of the evaluation. It presented, taking into account the various logical/results frameworks and the evaluation questions, a detailed evaluation framework and the evaluation matrix. Data collection tools and approaches were clearly identified in the evaluation matrix. It was shared with the WCO prior to the mission for their comments.

Data collection phase

The evaluation team used a pragmatic mixed-methods approach in addressing the evaluation questions. The evaluation matrix details for each sub-question the main data collection methods. To this end, different instruments have been employed and evidence from different sources triangulated.

a. Documents review

The evaluation matrix identified key documents that were reviewed prior to the mission. Relevant information has been extracted to address the corresponding sub-questions. A preliminary review of documents available had shown limitations in terms of data availability as some of the sub-questions do not easily lend themselves to quantitative assessment. This reinforced the case for combining careful review of different data sources.

b. Stakeholder interviews

These have been the main form of primary data collection. The evaluation team conducted a large number of interviews (list available in Annex 4) with WHO colleagues at the three levels of the Organization as well as with all main partners in-country. Care was taken to ensure that the interviewees felt comfortable to express their opinions. The evaluation used a combination of individual and group interviews across the different activities. In practice, individual interviews were usually the most useful in providing detailed information and opinions. Group interviews, on the other hand, provided helpful insights into retrospectively understanding the processes of decision-making (which have often not been systematically recorded) as well as the implementation processes (where participants identified what elements fed into decisions, and how the implementation process took place over time). By default, all interviews have been treated as confidential by the evaluation team.

c. Country mission

Planned after the document review, it took place in September 2018 and was the opportunity for the evaluation to complement the information gathered through stakeholder interviews. The mission started with a briefing with the WCO. An in-country feedback session was organized at the end of the mission with the WCO.

d. Data analysis

The evaluation team triangulated all information collected and compiled information in an evaluation grid structured by evaluation question (EQ), sub-question and indicators. Evaluation findings were then drawn only after a thorough cross-checking and triangulation of all information related to each EQ. This ensured that answers to EQs were based on solid and cross-checked evidence. The evaluation team identified a certain number of challenges to address some of the evaluation questions, which are described below.

Reporting

On the basis of the cross-checked evaluation findings, the team formulated answers to the evaluation questions. These answers informed the drafting of the conclusions. These included, to the extent possible, lessons learned and best practices identified in the course of the evaluation to further strengthen the current BCA.

Finally, the evaluation team provided practical, operational recommendations for future adjustments and actions. Each recommendation is based on the answers to evaluation questions and overall conclusions, which in turn will be linked to evaluation findings per evaluation question and ultimately to the data collected.

Gender, equity and human rights

The evaluation ensured that gender, equity and human rights issues were addressed to the extent possible and through several means. A number of sub-questions within the evaluation matrix are gender sensitive with appropriate related indicators. The document review paid specific attention to how these issues were addressed at planning, implementation, monitoring and evaluation stages of WHO contributions. Finally, these dimensions have been reflected in the interviews.

Limitations of the evaluation

The evaluation encountered a few other relevant issues:

- No primary quantitative data collection was undertaken to inform this evaluation. The evaluation team mainly used existing data collected by WHO and partners during the timeframe evaluated.
- Whilst corporate outcomes and outputs defined in the corporate programme budget are reflected in the BCA, the absence of a results framework with performance indicators for each BCA deliverable (with corresponding baselines and targets) challenges establishing progress towards intended results.
- Deliverables in the 2014-2015 and 2016-2017 BCAs[44] are not specific but generic corporate contributions (e.g. “support”, “capacity building”), therefor it is challenging to establish intended specific services and products, or their actual contribution to outputs and outcomes.
- Establishing WHO inputs in terms of human and financial resources is difficult, because regional (EURO and GDO) contributions to Romania are not reflected in the BCAs, nor easily traceable in the GSM.

Considering the limitations identified above, the evaluation team could only assess progress for each of the main outcome groups identified in the TOC but was not able to measure them against planned targets as they were not identified in a measurable manner.

[44] The 2018-2019 BCA articulates country-specific ‘products and services’ for each ‘deliverable’.

Evaluation Matrix – WHO contributions in Romania 2014-2017

Evaluation sub-questions	Indicator / measure	Main source of information							
EQ 1 - Were the strategic choices made in the BCA (and other relevant strategic instruments) **addressing Romania's health needs and coherent with government and partners priorities? (relevance)**		**Doc. review**	**Key informant interviews**						
			WCO staff	**RO / HQ staff**	**MOH**	**Nat. ins-titutions**	**Donors**	**NGOs / partners**	**UN agencies**
1.1 Are the BCA and other relevant strategic documents based on a comprehensive health diagnostic of the entire population and on Romania's health needs?	- Availability in the BCA of a comprehensive health diagnostic inclusive of gender related issues and covering all population (minorities, migrants) living in Romania and based on evidence-based data available such as data from the Global health observatory or other reliable and valid sources (such as the Demographic Health survey or others)								
1.2 Are the BCA and other relevant strategic documents coherent with the Third Romania Health Sector Strategic Plan or any other relevant national health strategies, as well as the SDGs targets relevant to Romania?	- Level of alignment of health priorities identified in the BCA, and other relevant strategic documents, with - Priorities of the Third Romania Health Sector Strategic Plan - MDG targets in Romania - SDG targets in Romania								
1.3 Is the BCA coherent with the UN system? And are the key partners clear about WHO's role in Romania?	- Level of alignment of the BCA with the UN system and the Delivery as One framework - Level of clarity among partners about the role of WHO in Romania								
1.4 Is the BCAs coherent with the General Programme of Work and aligned with WHO's international commitments?	- Level of coherence between the BCA and GPW, MDG, SDG								
1.4.1 And does the BCA support good governance, gender equality and the empowerment of women?	- Availability of explicit reference in the BCA to - good governance, - gender equality and empowerment of women								
1.5 Has WHO learned from experience and changed its approach in view of evolving contexts (needs, priorities, new international SDG agenda, polio transition etc.) during the course of the BCA 2014-2018?	- Changes or orientation in the implementation of the BCA 2014-2018 and rationale for these changes - Consider changes with regards to the SDG agenda								
1.6 Is the BCA strategically positioned when it comes to:	- Indications of best practice in terms of strategic positioning								
1.6.1 Clear identification of WHO's comparative advantage and clear strategy to maximise it and make a difference?	- Explicit elements of WHO's comparative advantage identified in the BCA - Explicit strategy to value the comparative advantages identified								

Evaluation sub-questions	Indicator / measure	Main source of information							
1.6.2 Capacity of WHO to position health priorities (based on needs analysis) in the national agenda and in those of the national partners in the health sector?	- Clear linkages between BCA priorities and most important health needs in the country as identified in the health diagnostic (see 1.1) - Indication of role played by WHO in the development of the national health agenda - Indication of role played by WHO in development of main national partners in the health sector								
1.6.3 Specificities of the partnership between WHO and the Government of Romania in the specific context of "delivering as one"?	- Indication of partnerships elements in the BCA - indication of evolution in the BCA - Reasons for change in partners - Reasons for evolution within continuing partners								
EQ 2 - What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness /elements of impact/progress towards sustainability)		**Doc. review**	**Key informant interviews**						
			WCO staff	**RO / HQ staff**	**MOH**	**Nat. ins-titutions**	**Donors**	**NGOs / partners**	**UN agencies**
2.1 To what extent were the country biennial work plans (operational during the evaluation period) based on the focus areas as defined in the BCA (and other relevant strategic instruments) (or as amended during course of implementation)?	- Availability of explicit linkages between the work plans and the focus areas described in the BCA 2014-2018 - Weight (and trend) of activities in work plans not included in the BCA and rationale for their inclusion in the work plans								
2.2 What were the main results achieved for each outcome, output and deliverable for the WCO as defined in the country biennial work plans?	- Level of achievement for each BCA priority and other key activities within and outside the BCA - Identification of key results and best practices - Identification of added value of WHO contributions								
2.3 What has been the added value of regional and headquarters contributions to the achievement of results in country?	- Indication of HQ and/or RO contributions to BCA development and to the design of other strategic documents - Indication of HQ and/or RO contributions to specific activities in Romania - Indication of participation of Romania partners to regional or global initiatives /capacity development opportunities directly linked to BCA priorities - Identification of added value from key results and best practices								
2.4 What has been the contribution of WHO results to long-term changes in health status in Romania?	- Indication of long term WHO engagement in selected areas or work - Perception of stakeholders on WHO's role to changes in these areas - Identified key results and best practices								

Evaluation sub-questions	Indicator / measure	Main source of information							
2.5 Is there national ownership of the results and capacities developed?	- Indication of key areas of national capacities developed - Indication of changed practices among partners following WHO support and capacity development activities - Indication of continued activities by national partners following end of WHO support - Identified key results and best practices								
EQ 3 - How did WHO achieve the results? (efficiency)		**Doc. review**	**Key informant interviews**						
			WCO staff	**RO / HQ staff**	**MOH**	**Nat. ins-titutions**	**Donors**	**NGOs / partners**	**UN agencies**
3.1 For each priority, what were the key core functions most used to achieve the results?	- Reference to core functions supporting achievement of results in biennial reports and other WCO, RO and HQ documents - Linkages between activities in programme budgets and core functions - Perception of stakeholders about WHO functions most used - Identified best practices								
3.2 How did the strategic partnerships contribute to the results achieved?	- Reference to the strategic partnerships identified in the BCA, and to others as identified by the WCO, including the UNCT - Indication of their contributions to the results - Perception of strategic partners about the contribution of the partnerships to the achievements								
3.3 How did the funding levels and their timeliness affect the results achieved?	- Level of funding compared with budget planned for BCA and other activities - Timing of funding over the BCA period - Main funding mechanisms used - Perception of stakeholders on level of funding, timeliness and relationship with WCO performance								
3.4 Was the staffing adequate in view of the objectives to be achieved?	- Level and number of staff available for BCA implementation and other activities - Perception of stakeholders on staffing situation and relationship with WCO performance								
3.5 What were the monitoring mechanisms to inform BCA implementation and progress towards targets?	- Availability of monitoring mechanisms - Availability and usefulness of monitoring reports on progress towards targets - Identified best practices								
3.6 To what extent has the BCA been used to inform WHO country work plans, budget allocations and staffing?	- Availability of explicit linkages between BCA and work plans, budget allocations and staffing - Weight of the BCA versus other activities undertaken by WCO								

Annex 3: Evaluation observations

This Annex summarizes systematically specific observations for the both BCAs (2014-2015 and 2016-2017) mapped against the relevant sub-evaluation questions defined in the evaluation matrix in Annex 2 (column 1).

EQ 1: Were the strategic choices made in the BCA (and other relevant strategic instruments) **addressing Romania's health needs and coherent with government and partners priorities? (relevance)**		**Key observations (document and interview synthesis)**
1.1 BCAs based on population health needs	Availability in the BCA of a health diagnostic from which the BCA can be derived	• BCAs are based on comprehensive health situation analysis, health policy reviews and plans and needs assessments • Each BCA contains health situation analysis (BCA 2014-2015 p. 6; BCA 2016-1027 p. 6-8) which is corroborated by independent health system analyses of Romania • BCAs are essentially operational tools, not considered sufficiently strategic • Short (two-year) time frame of BCA makes it difficult to address more complex health needs of Romania that require a long-term vision such as health system reform or cross-sectoral action such as NCDs • Implementation of health system reform is number one priority in Romania: governance, financing, delivery, inequalities in access and loss of human capital
1.2 Coherence of BCAs with the National Health Strategy and the MDG/SDGs targets	Alignment of BCAs with: - National Health Strategy - MDG/SDG targets	• BCAs aligned with National Health Strategy 2014-2020 and with MOH priorities • Although focus of National Health Strategy was on health systems, disease-specific outcomes also included in BCAs (but with strong health systems focus) • Global and regional health strategies included as relevant. • BCAs signed by Regional Director and Ministry of Health, in presence of Presidential Administration of Romania • BCA 2016-2017 outputs linked to SDG targets • WCO takes lead in developing BCAs and negotiates priorities with MOH which are then discussed with the Regional Office (including ad hoc discussions with technical units/GDOs in EURO) • No formal involvement in BCA development of health partners outside MOH • Changing governments lead to changing MOH priorities • BCA design is broad and has some flexibility to accommodate additional MOH requests for support but some fall outside the scope of the BCAs
1.3 Coherence of BCAs other UN cooperation strategies in Romania	Level of alignment of the BCAs with other UN cooperation strategies in Romania	• No joint framework for UN collaboration exists in Romania but close coordination and regular exchanges with other UN agencies in Romania (UNICEF, UNHCR, IOM, UNDP) on issues of joint interest • No common country assessment or UNDAF in Romania
1.4 Coherence of BCAs with the WHO General Programme of Work and WHO's international commitments?	Level of coherence between the BCAs and - GPW 12 - MDG/SDG targets	• BCAs aligned with programme budgets and coherent with GPW12 • BCAs reflect vision of EURO, *Better Health for Europe*, and also concepts, principles and values underpinning *Health 2020* • BCA 2016-2017 outputs linked to SDG targets • No national SDG goals defined as yet in Romania – Government plan to include health SDGs in next national health strategy

1.4.1 Extent to which BCAs support good governance, gender equality and the empowerment of women	Explicit reference in BCAs to - good governance - gender equality and empowerment of women - equity concerns and human rights	• Women's empowerment not presented as standalone topic but looked into when providing for development and implementation of health policies • Specific focus on health needs of Roma population in BCA 14-15 was broadened in 16-17 BCA to health equity in national health programmes policies and strategies • Government strategy for the inclusion of the Romanian citizens belonging to Roma Minority for 2015-2020 • No specific focus on health of the elderly
1.5 WHO's adaptation capacity to evolving context during the course of the BCAs 2014-2015 and 2016-2017?	Changes of orientation implementation of the BCAs 2014-2015 and 2016-2017 and rationale for these changes	Strategic priorities adjusted between BCA 2014-2015 and BCA 2016-2017, mainly to reflect further developments in Government priorities and health needs of the country and SDGs: • HIV support suspended • Hepatitis added • NCD broadened from obesity (intercountry priority) to general NCDs and UHC/SDG priorities • Violence and injuries narrowed to violence towards children • Specific focus on Roma in 2014-2015 broadened in 2016-2017 • maternal, child and adolescent health added • environmental health added • shift in focus for vaccines (from immunization planning/delivery to immunization demand creation) • shift in emphasis of health information from vital statistics to broader knowledge management • focus shifted from people-centred health services to HRH
1.6.1 Identification of WHO's comparative advantage and strategy to maximise it	Elements of WHO's comparative advantage identified in the BCAs	• No explicit mention of WHO's comparative advantage in the BCAs
1.6.2 Capacity of WHO to position health priorities in the national agenda	Clear linkages between BCAs priorities and most important health needs - indication of role played by WHO in the development of the national health agenda - Indication of role played by WHO in development of main national partners in the health sector	• WHO participated in working group to develop the National Health Strategy 2014-2020 and provided some financial support for the process. • National implementation is slow and lagging behind national partners' expectations • WHO has a role to play in supporting coherent and timely implementation of the National Health Strategy • WCO also has role to play in ensuring global and regional priorities are advanced in Romania and encouraging broad intersectoral action to advance health issues • Navigating in a changing political environment requires a good understanding of the political dimensions and critical issues • WHO was able to influence the health agenda in the country through the hosting of policy dialogues and provision of timely technical expertise (e.g. cancer screening programme) • RD visits were very influential to move health agendas • WCO was very responsive to ad hoc requests for support from MOH • Ad hoc requests for support can delay the necessary strategic support that addresses the underlying causes of the ad hoc requests • Good collaborative relations exist between WCO and national counterparts, academia, professional associations, NGOs.

EQ 2: What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness /elements of impact/progress towards sustainability)		Key observations (documents and interview synthesis)
2.1 Inclusion of BCA focus areas in country work plans	Availability of explicit linkages between the work plans and the focus areas described in the BCAs 2014-2015 and 2016-2017	• Workplans are aligned with BCA and GPW strategic priorities • Continuous exchange with MOH at senior level necessary to ensure sustainability of projects in context of changing governments • WCO workplans can accommodate emerging needs of Government to a certain extent • EURO is consulted for requests for support for relevant health topics that fall outside scope of BCAs and this additional work may be accommodated within regional or subregional workplans • This additional investment of all three levels of the Organization is not easily recognized as contribution to WHO's work in Romania.
2.2 Main results achieved	- achievements for BCAs - key results and best practices	**Communicable diseases** **Immunization** • Significant WHO contribution to help authorities to reach high immunization coverage and to support the ongoing measles outbreak response. • WHO led a multi-partner assessment of the national immunization programme and identified system-wide barriers to equitable access to immunization services, followed by a set of recommendations for the improvement of health services. • WHO supported communication and advocacy activities, which contributed to increase in MMR vaccination. • Regional Verification Commission meeting held in Romania - enabled better understanding of situation in Romania and helped advocacy for resources and research (measles mortality study) • WHO supported a study on vaccine hesitancy • Advocacy visit of Regional Director on occasion of European Immunization Week • WCO provides annual support for European Immunization Week • WCO supported assessment of cost of care of congenital rubella syndrome **TB** • WHO provided technical assistance for development of new delivery model for TB care in Romania with aim to improve quality of TB services, their cost-effectiveness and financial sustainability, including control of M/XDR TB) • 2014 regional action plan on MDR TB, resulted in development of national plan • Who working with EU (ECDC) on advocacy – joint visit of Regional Director and EU health commissioner ensured engagement of civil society • WHO worked closely with MOH to secure donor funding to national institutions for TB control projects • WHO and Global Fund facilitated referral of XDR-TB patient from Montenegro to Romania **Hepatitis** • WHO supported the multistakeholder process to develop a national programme on hepatitis prevention and control. The document served as a fundraising tool for the EU structural funds to support the implementation of the programme.

	-	**Noncommunicable diseases** **Cancer screening programmes** • WHO presented evidence-based cervical cancer prevention strategies, reviewed local cervical cancer prevention activities and made recommendations for the better functioning of the national cancer screening programme, which was used to raise EU structural funds. **Tobacco control** • WHO supported MOH in process to strengthen tobacco law in order to ban smoking in public places. Regional Director provided political advocacy vis-à-vis Parliament • WHO subsequently organized enforcement training for local police • WHO provided financial and technical support to conduct the Global Adult Tobacco Survey (household survey) funded by Bloomberg to know what is happening in country in terms of consumption and tobacco prevalence • WHO provided support for endgame strategy for tobacco consumption (assistance for stakeholder mapping) • WCO supported World No-Tobacco Day local awareness campaign • WCO supported studies on adolescent and adult tobacco use **Violence and injury prevention** • WHO attended key national events and initiatives organized by national stakeholders regarding violence and injury prevention and is recognized as a UN agency with a core mandate in this area • WHO supported a policy dialogue and situation analysis for child maltreatment prevention • WHO supported development of health promotion & health education material for schools on domestic violence **Nutrition** • WHO-designed Romanian Food Basket report will be used for the development of national dietary recommendations that meet nutrient intake values and WHO dietary guidelines in a cost-efficient manner. • The survey of child and adolescent health and the COSI study set the basis for addressing child health priorities in the country but lack of funding prevents further WHO work in this area. • The national physical activity programme has been drafted and will feed into the EU platform for diet, physical activity and health **Mental health** • WHO quality rights toolkit (Phases I and II) used to assess adults with mental disabilities living in institutions (3 facilities in Romania visited) and support further multistakeholder efforts for the improvement of services to be continued with phase III of this regional project throughout the next biennium • Mental health identified as an emerging need

	-	**Promoting health through the life course** **SDGs** • WHO supported evidence-based environment and health policy dialogue in Romania, which served as entry point for the health agenda of the SDGs – attended by Regional Director • WHO participated in working group for Romania Voluntary National Review – chapter on health included even though health was not on agenda for 2018 • WHO supported national participation in Regional workshops on SDGs **Vulnerable populations** • WHO promoted further roll-out of "Roma health mediators" programme – this model has since been copied in Serbia and Hungary • WHO support translation into Romanian of a toolkit on social participation to support implementation of 3-year national project on improving health status of vulnerable populations **Health systems** • WHO-conducted rapid health system performance review in 2017 provided quick orientation around main health system gaps that influenced access to and quality of health services, intended to guide health authorities in addressing health system reform. • WCO participated in working group for modification of legislation on community health care • WCO supported a conference to encourage legislation on community health care – other countries invited to share good practices • EURO led a community integrated services delivery project • WHO supported a project to have a master plan of services for 3 regions of Romania, including opening 3 new hospitals • WHO supported development of regional service plans for 8 regions of Romania • WCO supported policy dialogue on human resources for health • WHO supported development of national health promotion plans • WHO collaborated in finalization of ambulatory strategies for EU-WHO project on continuum of care for patients – day care services • WHO provided advice to MOH on central procurement of medicines, resulting in significant savings for Romania. • WHO supported an expert mission to review medicines policies with MOH and provide pricing and reimbursement-related recommendations • Assessment of costs of health professionals training and development of national database for health professionals in Romania 2016 • MOH hosted 2016 WHO autumn school on health information & evidence for policy-making • Ensuring presentation of Romania in SEEHN and in public health services technical activities in South East Europe

	-	**Preparedness, Surveillance and response** **Polio** • WHO supported a national workshop on strengthening AFP surveillance and reviewing the national plan to maintain the country's polio free status, helped MOH enhance AFP surveillance capacity by training specialists directly involved in the national surveillance system, and reviewing the national plan to maintain the country's polio-free status. A Challenge remains when it comes to containment due to changed regulations and unclear legal status of national facility responsible for containment. WHO is supporting MOH to facilitate the containment process further with the MOD, which is now governing the national institute for vaccine production • Following polio outbreak in Ukraine, WHO supported polio outbreak simulation exercise in Romania (3-day workshop) **Emergency response** • Overall emergency response system pretty strong, coordinated by the Ministry of the Interior – but health emergencies rely on MOH • WHO supported development of national health emergency risk communication plan • WHO supported coordination of national Ebola committee – exercise was subsequently evaluated by ECDC **IHR** • WCO supported one-day workshop on IHR bring all relevant people round the table • WCO supported a meeting to explore IHR implementation activities in Romania. Working with RO on JEE request (pending with MOH) • EURO provided technical support for ECDC-funded preparation and response plan for communicable diseases • Cross-border support relevant during floods, also for vector borne diseases, measles outbreak, IHR in general **Pandemic influenza** WHO provided support for vaccine production and influenza surveillance: • Technical assessment of local production of influenza vaccine (Cantacuzino) • Study on influenza disease burden • EVIPNet rapid response report on seasonal influenza vaccination coverage among at-risk groups in Romania • Influenza awareness vaccination campaign supported **Food safety** • EURO organized training for county inspectors on risk communication during food emergency; this training helped to organize crisis cells during 2016 E. coli outbreak; and WHO organized one health workshop focusing on response to food safety and zoonotic events to reflect on what happened • WHO organized policy dialogue on Food Safety on World Health Day 2015 • WHO guidelines on food safety translated into Romanian and disseminated in all counties
2.3 Added value of regional and headquarters contributions	Indication of HQ/RO contribution to specific activities in Romania	• Technical assistance is delivered by EURO, its GDOs and, to a lesser extent, HQ. No technical expertise in WCO to the extent that could enable independent provision of technical assistance. • Compared to other UN agencies, the 3 levels of WHO provide strong support for the WCO. • WCO either solicits technical assistance directly from the Regional Office or contracts consultants directly (internationally and locally) for capacity building • EURO very responsive to requests for support and its interdivisional approach is well suited to addressing the needs of the country • Very active WCO – good working relations between WCO and EURO and between WCO/EURO and MOH • Good working relations between WCO and all other health partners in-country • WHO support to Romania is very relevant, irrespective of the country's EU member status • Visits of the Regional Director carry much political weight (topics included SDGs, measles outbreak, HIV, TB, medicines procurement) • In addition to IHR platform, national partners would like greater cross-border interactions to facilitate information sharing, exchange of best practices and validation of media information (e.g. SEEHN).

2.4 Contribution of WHO results to long-term changes in health status in Romania	- Indication of long-term WHO engagement in selected areas or work - Perception of stakeholders on WHO's role to change these areas	Policy changes: • National hepatitis prevention and control plan drafted • improvement of national cancer screening programme assisted by WHO recommendations • Amendment of tobacco legislation to prevent smoking in public places • new TB law drafted Increased level of service coverage and access: • Improvements in coverage of Roma population by "Roma health mediators" • innovative delivery model for TB care in Romania • extensive support to the country to address an ongoing measles outbreak: support provided for immunization, development of communication plans, and studies to inform a strategy to increase vaccination uptake.
2.5 National ownership of results and capacities developed	- National capacities developed - Indication of changed practices or continued activities among national partners following WHO support	• National Health Strategy developed as precondition to access EU structural funds • Lack of government stability affects coordination, implementation and sustainability of National Health Strategy and other reform initiatives • WHO has role to play in ensuring sustainability of projects, encouraging implementation of the National Health Strategy and reminding governments of their commitments with regard to Health 2020 and GPW13 • Tobacco control programme relatively stable in Romania due to persistent advocacy, especially from local NGOs

EQ 3: How did WHO achieve the results? (efficiency)		**Key observations (document and interview synthesis)**
3.1 Key core functions[45] most used to achieve the results?	Stakeholders perception and reference to core functions supporting achievements	WCO self-assessment of core functions most used: • Leadership and partnerships • Setting norms and standards • Articulating evidence-based policy options • Technical support and capacity building Perception of government stakeholders: • Stewardship, advocacy, trusted partner, credibility, neutral convener, responsive • Setting norms and standards and providing guidelines • Evidence-based policy options • Technical support and capacity building Perception of partners: • Leadership, neutrality, credibility, honest broker with excellent convening power • Setting norms and standards and providing guidelines, tools • Evidence-based policy options • Technical support and capacity building • needs to improve research and access to data

[45] **Core functions**: 1) Providing leadership and engaging in partnerships; 2 Shaping the research agenda, and simulating the generation transition and dissemination of knowledge; 3 Setting norms and standards, and promoting implementation; 4) Articulating evidence-based policy options; 5 Providing technical support and building capacity; Monitoring health situations and trends

3.2 Contribution of strategic partnerships to results achieved	- Reference to the strategic partnerships and indication of their contributions to the results	• WCO is a constant partner for dialogue with all national health partners and local health authorities - WCO staff feel like peers and enjoy strong interpersonal relations with all partners • Contacts with WCO are very structured at ministry level but more informal with NIPH. Non-State actors are keen to enhance their engagement with WCO on relevant health matters. • Partnerships with UN agencies are close and informal due to proximity and size of UNCT. In Romania, WHO does not have the role of convening agency around health matters, as it does in other countries • Policy exchanges with EU occur at regional level, while at national level WCO assists Government to implement EU prerequisites for funding and is exploring possibility of streamlining EU funding to support WHO technical assistance and capacity building activities. • Romania's upcoming presidency of EU is an opportunity to advance common health priorities
3.3 Funding levels	Level and timeliness of funding and perception of stakeholders	• WHO has limited funds to work in EU countries. • The WCO is small and ill equipped to cater for the significant health needs of Romania. • WCO expenditures reflect activity expenditure, including GFATM/Norway grants for TB, and WCO staff expenditure. EURO expenditures do not include staff and travel. • Difficult to track totality of WHO expenditure (to include HQ, EURO,GDOs) in Romania under current WHO reporting mechanisms.
3.4 Adequacy of staffing	Staff available for the implementation of activities and perception of stakeholders	• The EURO staffing model at country level entails small WCO with technical assistance provided by EURO. • Staffing is perceived as insufficient (both internally and in the perception of external stakeholders) to cater for the health needs of the country, especially in the area of support for health system reform. • The position of head of the WCO changed from that of an NPO to an IP at the end of 2016. The NPO/IP mix combines in-depth knowledge of the national context with a broader international perspective.
3.5 Monitoring mechanisms to inform BCA implementation and progress towards targets	Availability of monitoring mechanisms and reports on progress towards targets	• Regular reporting in the WHO Global Management System and mid-term and end-of-biennium performance assessments conducted • Monthly reporting to the Regional Office by WCO. • Difficult to assess totality of WHO's contribution to Romania under current reporting mechanisms • Drive to have indicators and targets for BCAs, but for moment performance indicators are PB indicators
3.6 To what extent have the <u>BCAs been used to inform</u> WHO country work plans, budget allocations and staffing?	- Availability of explicit linkages between BCAs and work plans, budget allocations and staffing - Weight of the BCAs versus other activities undertaken by WCO	• BCAs are the basis of the planning process

Annex 4: List of people interviewed

WHO Country Office	
Butu, Cassandra	National Professional Officer, former Head of WHO Country Office a.i.
Grbic, Miljana	WHO Representative and Head of WHO Country Office
Olsavszky, Victor	Former Head of WHO Country Office

WHO Regional Office for Europe	
Bassiri, Sussan	Director, Administration and Finance
Boyce, Tammy	European Office for Investment for Health and Development, Venice
Brown, Chris	Head of Office, European Office for Investment for Health and Development, Venice
Dara, Masoud	Coordinator, Communicable diseases
Emiroglu, Nedret	Director, Programme Management/Director, Health Emergencies and Communicable Diseases
Hayes, Luminita	Senior Adviser, WHO Office to the European Union
Kishman, Marija	Desk Officer, Strategic Relations with Countries
Kluge, Hans	Director, Health Systems and Public Health
Licari, Lucianne	Director, Country Support and Communications
Mauer-Stender, Kristina	Programme Manager, Tobacco Control
Meulenbergs, Leen	Director, Strategic Partnerships
O'Conner, Patrick	Team Lead, Vaccine Preventable Diseases and Immunization
Tello, Juan	Head of Office, European Centre for Primary Health Care, Almaty

WHO headquarters	
Sparrow, Erin	Technical Officer, Health Systems and Innovation

National partners and institutions	
Alexandru, Calin	Department for Emergency Situations, Ministry of Internal Affairs
Achimescu, Diana	Ministry of the Environment
Arafat, Raed	Secretary of State, Ministry of Internal Affairs
Asandi, Silvia	Romanian Angel Appeal
Attila, Lazslo	Chief, Health Commission, Chamber of Deputies, Romanian Parliament
Botezat, Ileana	National Centre for Mental Health
Brad, Romana	2035 Tobacco-Free Romania Initiative

Ciobanu, Magdalena	National Institute for Lung Diseases
Cucu, Alexandra	National Institute of Public Health (health promotion, community health, nutrition)
Cucuiu, Radu	National Institute of Public Health (international health regulations)
Dima, Claudia	National Institute of Public Health (National Center for Health Evaluation and Promotion)
Dumitra, Gindrovel	National Society of Family Medicine
Farcasanu, Dana	Centre for Health Policies and Services
Furtunescu, Florentina	Carol Davila University of Medicine and Pharmacy
Galan, Adriana	National Institute of Public Health (health status evaluation and health promotion)
Levente, Vas	Chamber of Deputies, Romanian Parliament
Neagu, Monica	National Veterinary Authority
Onofrei, Lidia	Ministry of Health (community care)
Paun, Diana	Presidential Administration
Pistol, Adriana	National Institute of Public Health (communicable disease surveillance and control)
Pop, Cora	Secretary of State, Ministry of Health
Popa, Mircea Ioan	National Institute for Medical-Military Research and Development, Cantacuzino
Rafila, Alexandru	Senior Adviser, Ministry of Health
Samoila, Mihnea	Petrom
Serban, Amalia	Minister of Health
Ungurean, Carmen	National Institute of Public Health (noncommunicable diseases)
Ungureanu, Marius	Cluj School of Public Health
Verman, Daniel	Ministry of Health (injuries and violence prevention)
Vulcanescu, Razvan	President, National Health Insurance House

International partners and institutions

Bult, Pieter	Head of Office, United Nations Children's Fund
Mocanu, Mircea	Head of Office, International Organization for Migration
Proskuryakova, Tatiana	Country Manager, World Bank

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