

# **Country Office Evaluation: Romania**

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## Table of contents

Executive Summary .....	i
1. Introduction .....	1
1.1 Evaluation features .....	1
1.2 Methodology.....	2
1.3 Country context .....	5
1.4 WHO activities in Romania .....	8
2. Findings.....	10
2.1 Relevance of WHO's strategic choices .....	10
2.2 WHO's contribution and added value (effectiveness and progress towards sustainability) ..	14
2.3 How did WHO achieve the results? (Elements of efficiency).....	19
3. Conclusions .....	26
4. Recommendations .....	29

The following annexes are available in Volume 2:

Annex 1: Terms of reference

Annex 2: Evaluation methodology and evaluation matrix

Annex 3: Evaluation observations

Annex 4: List of people interviewed

Annex 5: Bibliography

## Acronyms

BCA	Bilateral Collaborative Agreement
COE	Country office evaluation
EQ	Evaluation question
EU	European Union
EURO	WHO Regional Office for Europe
GDO	Geographically dispersed office
GPW	Global Programme of Work
GSM	Global Management System
HDI	Human Development Index
HQ	WHO headquarters
HRH	Human resources for health
IHR	International Health Regulations
IOM	International Organization for Migration
MOH	Ministry of Health
NCD	Noncommunicable disease
NPO	National professional officer
NSSD	National Strategy for Sustainable Development
SDG	Sustainable Development Goal
UHC	Universal health coverage
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WCO	WHO country office
WHO	World Health Organization

## Executive Summary

Country office evaluations are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018. The workplan clarifies that country office evaluations *“will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the country. In addition, these evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context”*. They encompass the entirety of WHO activities during a specific period and aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

This country office evaluation was the first of its type undertaken in the European Region by the WHO Evaluation Office. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Romania on the basis of its achievements. These include not only results of the WHO country office (WCO) but also contributions at the regional and global levels to the country programme of work. As with all evaluations, this country office evaluation meets accountability and learning objectives endorsed by the Executive Board of WHO. It will be publicly available and reported on through the annual Evaluation Report.

Covering the period of two consecutive BCAs (2014-2015 and 2016-2017), this evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

- a. Demonstrate achievements against the objectives formulated in the Biennial Collaborative Agreements (BCA) and other relevant strategic instruments; and corresponding expected results developed in the WCO biennial workplans, while highlighting the challenges and opportunities for improvement.
- b. Support the WCO and partners when developing the next strategic instruments based on independent evidence of past successes, challenges and lessons learned.
- c. Provide the opportunity to learn from the evaluation results at all levels of WHO. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

The main expected use for this evaluation is to support the WCO as it considers the upcoming BCA and for future planning. Other main users of the evaluation are the WHO Regional Office for Europe, its geographically dispersed offices and WHO headquarters in order to enhance accountability and learning for future planning. The Government of Romania as a recipient of WHO's actions, as well as the people of Romania, and other organizations, including donors, partners, national institutions and civil society, have interest to be informed about WHO's achievements and be aware of best practices. Also, the Executive Board has direct interests in learning about the added value of WHO's contributions in Romania. Finally, over the medium-term, it will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCOs work/presence in countries.

Guided by the WHO evaluation practice handbook, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

## Relevance of the strategic choices

WHO's priorities as expressed in the BCAs for 2014-2015 and 2016-2017 are relevant. They address important health needs in Romania based on consistent situation analyses and are aligned with the National Health Strategy 2014-2020. They are also coherent with Health 2020, the twelfth General Programme of Work and the general directions of the Sustainable Development Goal agenda. They reflect the priorities of the Ministry of Health and represent high-level commitment of both WHO and the Romanian authorities.

As the framework to guide WHO's work in Romania, the BCAs also have some shortcomings. The short-term vision and operational approach of the BCAs are not well suited to address the more systemic and long-term needs of Romania. WHO operations in Romania are limited by the relatively narrow scope of WHO's work in Member States of the European Union, despite the large burden of disease in the country and the need for critical support as it embarks on long-term health system reform. An additional challenge derives from the changes that have taken place in the Government of Romania during the period under review, which have resulted in changing priorities of the Ministry of Health and additional requests for WHO support which sometimes exceeded the scope of the BCAs and could not always be properly accounted for in the WHO performance assessment framework.

The Organization has been able to raise important health issues with the Government of Romania and has been effective in supporting the Ministry of Health in policy development and articulating health priorities.

The BCAs do not contain a country-specific theory of change to illustrate how WHO activities contribute to programmatic or health outcomes in Romania. This prevents a more accurate assessment of the relevance of WHO contributions in Romania.

Key national stakeholders, including United Nations agencies, national technical institutions and other non-State actors are consulted to varying degrees during the development of BCAs. A broader and more systematic engagement of the stakeholders in the WHO strategic planning process could ensure greater relevance of the strategic choices and the wider engagement of Romanian health actors in its implementation.

Inequities in access to care as well as health inequalities among vulnerable populations are important issues in Romania. The BCAs addressed health inequities, with a particular focus on the Roma population in the 2014-2015 BCA in the context of the decade on Roma inclusion and European Union work on Roma. While there is no explicit reference to gender issues or gender-affirmative approaches in the BCAs, gender equality is considered part and parcel of WHO's work and approaches.

## WHO's contribution and main achievements

WHO has significant influence and credibility in the health sector and is considered a trusted and responsive partner by health actors in Romania. WHO is seen as an essential partner in Romania as well as an ally at the policy and technical levels. The technical support provided by WHO, in the form of policy advice, guidelines, norms, standards and tools, and capacity building opportunities, is highly valued by Romanian policy makers and health professionals. Likewise, WHO's leadership is considered essential to advance elements of the national health agenda.

Specific WHO achievements in support of the formulation of Romanian health policies, include the development of the National Health Strategy 2014-2020 and, more recently, the legislation on tobacco control.

WHO has made significant advances in all categories contained in the BCA. There are numerous examples of activities and outputs delivered, notably in the area of immunization, tuberculosis, and communicable diseases in general, and there is consensus among stakeholders of the significant benefits for the health of the population of Romania as a result of WHO's efforts.

WHO's contribution in the area of communicable diseases included support to the immunization programme in terms of policy advice, advocacy, technical support and capacity building. The Organization also contributed to the development of a new delivery model for tuberculosis and to the development of a national programme for hepatitis.

There is consensus that greater support is required to address noncommunicable diseases, in particular from the perspective of prevention strategies. That being said, there have been some achievements in this area, most notably the WHO contribution to the design of a national cervical cancer screening and prevention plan. WHO also supported the Ministry of Health during the process leading to the adoption of legislation on tobacco use in public places and published a 'Romanian Food Basket' report which will be used for the development of national dietary recommendations.

WHO also supported the Romanian Presidency to organize a high-level policy dialogue on environment and health and promoted the further roll-out of the "Roma health mediators" programme in support of improvements in health status and access to health services for the Roma population.

WHO contributed to strengthening surveillance and capacity building for outbreak preparedness and response and for implementation of the International Health Regulations.

Health systems reform constitutes a priority area for the Ministry of Health. However, this is an area where national implementation is slow and lagging behind national stakeholder expectations. Nevertheless, WHO has made valuable contributions in this area, but there is need for enhanced strategic support in the near future, especially in the future iteration of the health law. Some of the key issues relate to limited access to health care in rural areas and for vulnerable populations, the need to move from predominant hospital-based care towards primary care, preventive services and community care, and issues related to the sustainability of health financing and human resources for health. WHO is now working with the Ministry of Health to promote legislation for community health care and the integrated delivery of health services.

Changing priorities as a result of changes of Government pose a challenge for the effectiveness and sustainability of WHO's contributions. In order to provide continuity of commitments in the face of changing priorities, WHO needs to balance responsiveness with the need to sustain critical longer-term projects.

WHO's efforts to support cross-border interaction to build coalitions and strengthen capacity building through exchange of knowledge, information, best practices and experiences across countries is welcomed and an area for further strengthening.

## Ways of working and programme management challenges

**Key contributions of core functions:** WHO's contribution to Romania results from the close and successful collaboration between the WCO, the Regional Office for Europe and its geographically dispersed offices. All six core functions contributed to the achievements of the Romania WCO over the period of the evaluation. Articulation of policy options constituted one of the most important functions of the WCO, with WHO guidelines, norms and standards being highly regarded. WHO's leadership and convening power and the technical support provided by the Organization were considered very effective and relevant. Efforts in respect of research and monitoring the health situation were less substantial.

**Staffing:** WHO staff were recognised for their hard work and dedication, technical competence, responsiveness and their ability to establish positive and collaborative relationships with relevant health actors in Romania. For a significant part of the evaluation period (2014-2015), the National Professional Officer covered also the administrative assistant position while for nine months in 2016 the National Professional Officer alone covered all WCO technical functions. The Regional Office for Europe's business model, with small WCOs and close collaboration with the Regional Office and its

geographically dispersed offices for technical assistance, is effective. However, the evaluation found consensus on the need to strengthen the current staffing levels in the WCO in order to better respond and support the health sector reform in Romania.

**Funding:** The WCO budget is determined by Romania's European Union member status. Given the significant unaddressed health needs of the country, WHO funding for Romania should be reconsidered notwithstanding its European Union member status. WHO and the Government of Romania are exploring ways to include elements of WHO technical assistance and capacity building within the European Union funding for Romania.

**Strategic planning:** In Romania, the standard BCA planning process does not allow a sufficiently robust strategic planning approach to address the long-term needs for health care reform, especially in a changing environment. Thus, WHO's work in Romania would benefit from a longer-term strategic planning instrument (4-5 years). Any future instrument should be strategic rather than operational and include a theory of change and a results framework. The new operating model associated to the thirteenth General Programme of Work may provide useful guidance in this regard.

**Programme management challenges:** The difficulty in measuring results against planned targets and assessing WHO's contributions to the same are indications of a number of systemic challenges in planning and monitoring processes in WHO at both corporate and country levels. This weakens WHO's capacity to demonstrate results and its contribution to health improvements in any given country. Activities performed as part of the BCAs are reported systematically in the WHO Global Management System following WHO standard processes. A number of requests for technical assistance, particularly if ad-hoc or outside the scope of the BCAs, cannot be adequately reported in the current structure of the Global Management System. The evaluation shows support for efforts to adapt the WHO reporting system to better reflect WHO contributions in countries.

**Partnerships:** The main partner of WHO is the Ministry of Health. In the absence of a common United Nations framework, collaboration with United Nations agencies was more informal and established around specific projects. The WCO also has close cooperation with the Romanian Presidency (Department of Public Health). WHO has partnered less extensively with civil society, academia and other non-State actors. The evaluation shows potential for broader strategic engagement with other partners, including intersectoral action, in support of health priorities. Of particular importance is the partnership with the European Union, and Romania's upcoming presidency of the European Union is an opportunity for building synergies with the European Union and the Government of Romania in order to advance common priority areas in health.

## Recommendations

1. The Regional Office for Europe and the Head of the WHO country office should consider a new, longer-term, 4-5 year strategic planning instrument to address the more systemic and long-term needs of Romania, the directions set by the its Government, the 13th General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. It is recommended that such an instrument:
  - I. articulate a country support strategy that goes beyond the short-term (2-year) planning timeframe, taking into account long-term joint commitments and outcomes, and medium-term WHO strategies;
  - II. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
  - III. focus on long-term strategic issues for Romania, i.e. health sector reform towards universal health coverage (including governance, financing and legislation) and



- noncommunicable diseases, including mental health; and emphasize the role of gender, human rights and equity as social determinants of health;
  - IV. facilitate a critical assessment by the WHO country office of any additional or changing priorities and ad-hoc support requests from the Government of Romania against agreed strategic priorities and commitments.
- 2. The WHO Secretariat should ensure that the WHO country office has the requisite capacity and resources to provide critical support to Romania as it embarks on long-term health system reform. It is recommended that:
  - I. the Regional Office for Europe review resource allocations to Romania, at both country and regional office levels, based on country needs for WHO support irrespective of European Union membership status;
  - II. the WHO country office's human resource capacity is enhanced through the following options: i) additional National Professional Officer(s) and/or international professional(s), and ii) provision for longer-term technical experts.
- 3. To increase and sustain effectiveness of WHO support to Romania, the Regional Office for Europe and the WHO country office should strengthen those core functions that would help WHO deliver more effectively. It is recommended that:
  - I. the Regional Director for Europe continue to play a critical health diplomacy role in advocating for Universal Health Coverage in Romania, and to sustain commitments linked to the 13th General Programme of Work;
  - II. the WHO country office strengthen its convening power around health and engage strategically with other health system actors, including United Nations agencies, relevant national agencies and non-State actors;
  - III. the WHO country office, the Regional Office for Europe and its geographically dispersed offices, support capacity building of technical professionals and civil society as contributors to the sustainability of national health priorities;
  - IV. the WHO Regional Office for Europe facilitate cross-border interaction to build coalitions and strengthen capacity building through knowledge transfer and exchange of best practices across the countries in the South Eastern European subregion.
- 4. The WHO country office should enhance its strategic partnerships at country level to include a broader range of partners and national stakeholders in order to better contribute towards improving the health status in Romania. It is recommended that the WHO country office:
  - I. incorporate a broader participatory planning process in development of the next strategic planning instrument, including all relevant government entities, other United Nations agencies, academia, and non-state actors;
  - II. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities, and allow exchange of knowledge and best practice;
  - III. with support of the WHO Office to the European Union in Brussels, continue and build on the existing good relationship with the European Union in order to contribute more effectively towards its support for the Romanian health sector reform (in the near-term, this also includes support to Romania's presidency of the European Union in 2019).

## 1. Introduction

1. Country office evaluations (COE) are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018.<sup>1</sup> The workplan clarifies that COEs “*will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the country. In addition, these evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context*”. They encompass the entirety of WHO activities during a specific period. The COEs aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

### 1.1 Evaluation features

2. **Purpose.** This COE was the first of its type undertaken in the European Region by the WHO Evaluation Office. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Romania on the basis of its achievements. These include not only results of the WHO country office (WCO) but also contributions at the regional and global levels to the country programme of work. As with all evaluations, this COE meets accountability and learning objectives endorsed by the Executive Board of WHO. It will be publicly available and reported on through the annual Evaluation Report.

3. **Objectives.** This evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

- a. Demonstrate achievements against the objectives formulated in the Biennial Collaborative Agreements (BCA) and other relevant strategic instruments; and corresponding expected results developed in the WCO biennial workplans, while highlighting the challenges and opportunities for improvement.
- b. Support the WCO and partners when developing the next strategic instruments based on independent evidence of past successes, challenges and lessons learned.
- c. Provide the opportunity to learn from the evaluation results at all levels of WHO. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

4. **Expected use.** The main expected use for this evaluation is to support the WCO as it considers the upcoming BCA and for future planning. Other main users of the evaluation are the WHO Regional Office for Europe (EURO), its geographically dispersed offices (GDO) and WHO headquarters (HQ) in order to enhance accountability and learning for future planning. The Government of Romania as a recipient of WHO’s actions, as well as the people of Romania, and other organizations, including donors, partners, national institutions and civil society, have interest to be informed about WHO’s achievements and be aware of best practices. Also, the Executive Board has direct interests in learning about the added value of WHO’s contributions in Romania. Finally, over the medium-term, it will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCOs work/presence in countries.

5. **Scope.** The evaluation covered the period of two consecutive BCAs, 2014-2015 and 2016-2017, and included all contributions from the WCO in Romania, EURO, its GDOs and HQ over the same period. It focused on WHO’s contribution to the objectives and the expected results defined in the BCAs and

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<sup>1</sup> Evaluation update and proposed workplan for 2018-2019. EB 142/27 ([http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_27-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_27-en.pdf)).

the biennial country work plans as a whole rather than individual activities which have taken place during the period evaluated.

6. The BCAs for the period 2014-2017 served as the reference to frame the evaluation scope. All other strategic contributions made by WHO were also included.

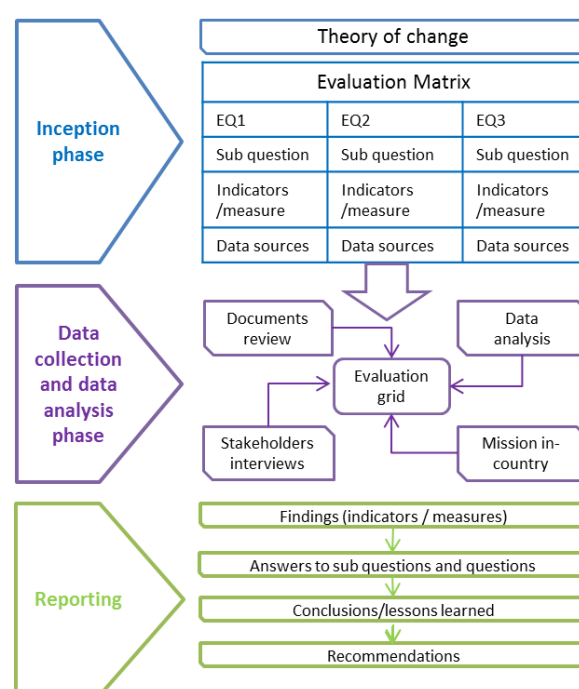
7. **Evaluation questions.** All COEs address the 3 main evaluation questions (EQ) identified below. The sub-questions are then tailored according to country specificities and detailed in an evaluation matrix (see Annex 2).

- **EQ1 - Were the strategic choices made in the BCAs** (and other relevant strategic instruments) **addressing Romania 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.
- **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 was informed by the biennial work-plans produced during the evaluation period.
- **EQ3 – How did WHO achieve the results?** (efficiency) In this area the evaluation sub-questions cover the contribution of the core functions, the partnerships and allocation of resources (financial and staffing) to deliver the expected results.

## 1.2 Methodology

8. Guided by the WHO evaluation practice handbook, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology (summarized in Figure 1 below and developed further in Annex 2) ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

**Figure 1: Methodological approach**

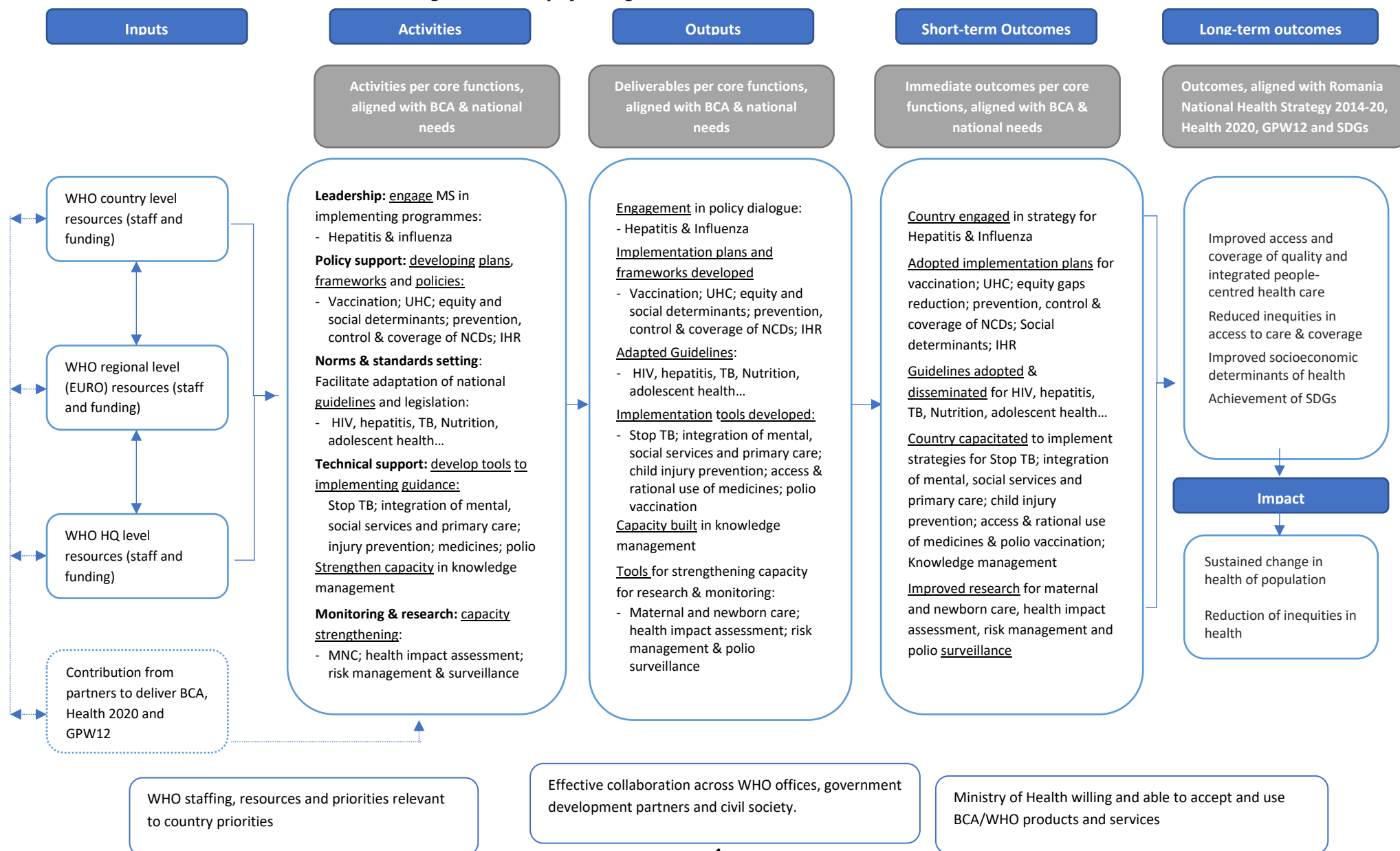


9. The evaluation was conducted between July and October 2018 by a core team from the WHO Evaluation Office supported by an external consultant. The evaluation adopted the BCAs as a primary criterion for the evaluation. However, in the absence of a clear theory of change or of a logical or results framework in the BCAs, during the inception phase the team reconstructed the evaluation theory of change (see Figure 2) framing WHO's engagement in-country. This was then validated by the WCO head and team during the field mission. The theory of change is aligned with the one validated by WHO in the context of the evaluation of WHO's presence in countries<sup>2</sup> and in previous COEs. Using the theory of change, the team developed an evaluation matrix, unpacking for each evaluation question the specific indicators/measures for assessing each sub-question, as well as the data collection method and data sources used. The evaluation mainly used existing data collected by WHO and partners, complemented with direct feedback from Ministry officials, WHO staff and other development partners, during the timeframe evaluated. After a comprehensive document review, the team conducted a one-week mission in-country during which time it held a large number of interviews (list available in Annex 4). All the data were then analysed to produce the present report.

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<sup>2</sup> WHO, 2015, Evaluation of WHO's presence in countries (<http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1>).

**Figure 2: Theory of Change – WHO contributions in Romania 2014-2017**



## 1.3 Country context

10. In 2016, Romania had a population of 19 million with a life expectancy at birth of 72 for males and 79 for females.<sup>3</sup> Its population has been decreasing since the 1990s, due to declining fertility and birth rates, relatively high death rates and outward migration.<sup>4</sup> 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.<sup>5</sup> 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 50<sup>th</sup> 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's 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.<sup>6</sup>

11. 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,<sup>7</sup> and was the third cause of death in 2016, followed by lower respiratory infections, hypertensive heart disease and cardiomyopathy.<sup>8</sup> Mortality by cervical cancer, which is highly preventable by screening and early treatment, was three times the European average in 2012,<sup>9</sup> showing the highest incidence rate of Europe.<sup>10</sup> Avoidable deaths by breast cancer also remain higher than EU rates. Preventable mortality, particularly for alcohol-related causes of death, is also high.<sup>11</sup> Romania also shows the highest infant and maternal mortality rates of Europe<sup>12</sup> 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).<sup>13</sup> Romania also has the highest incidence of tuberculosis within the EU.<sup>14</sup>

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<sup>3</sup> WHO Country Statistics, Romania (<http://www.who.int/countries/rou/en/>).

<sup>4</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

<sup>5</sup> The World Bank in Romania: Overview (2018). <http://www.worldbank.org/en/country/romania/overview#1>

<sup>6</sup> 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](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ROU.pdf)).

<sup>7</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>8</sup> 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>).

<sup>9</sup> Biennial Collaborative Agreement between the Ministry of Health of Romania and WHO 2016/2017.

<sup>10</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>11</sup> Ibid.

<sup>12</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

<sup>13</sup> 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>).

<sup>14</sup> Biennial Collaborative Agreement between the Ministry of health of Romania and WHO 2016/2017.

12. 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 having access to a minimum package of benefits.<sup>15</sup> 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, and reports also indicate inequalities in access for the insured (such as in rural versus urban settings).<sup>16</sup> 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.<sup>17</sup>

13. Public funding covers about 80% of the total health expenditure; leaving considerable out-of-pocket payments.<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup>

14. 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.<sup>21</sup> 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 is significantly higher than in other European countries, whereas primary care is underutilized, and patients seek hospital care for conditions that are generally managed by primary care.<sup>22</sup> The current payment system for primary care doctors incentivizes referral to hospitals and specialist care and over-prescription of high-cost pharmaceuticals.<sup>23</sup> 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.<sup>24</sup> The Quality of Care seems to be one of the weaker points of the healthcare system.<sup>25</sup> The

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<sup>15</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

<sup>16</sup> 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>).

<sup>17</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>18</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

<sup>19</sup> 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>).

<sup>20</sup> WHO Regional Office of Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system.

<sup>21</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

<sup>22</sup> 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>).

<sup>23</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>24</sup> 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>).

<sup>25</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).



rates of physicians and nurses 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.<sup>26</sup>

15. 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",<sup>27</sup> 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 health care, increasing prevention and a community-based approach and intersectoral action.<sup>28</sup> The Strategy comprises three strategic priority areas: (1) public health, (2) ensuring equal access to quality and cost-effective health services, and (3) cross-cutting measures for a sustainable and predictable health care system by implementing cross-cutting policies and programmes, accelerating the use of information technology, and developing health infrastructure.<sup>29</sup> 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 lifelong learning, for promoting active ageing, for social inclusion and poverty reduction, for persons with disabilities; and for tuberculosis control.<sup>30</sup>

16. The Government of Romania established a National Strategy for Sustainable Development (NSSD) 2013-2020-2030 built on 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.<sup>31</sup>

17. 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

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<sup>26</sup> 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.

<sup>27</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>28</sup> 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/>).

<sup>29</sup> Biennial Collaborative Agreement between the Ministry of Health of Romania and WHO 2016/2017.

<sup>30</sup> 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](https://sustainabledevelopment.un.org/content/documents/19952Voluntary_National_Review_ROMANIA_with_Cover.pdf)).

<sup>31</sup> Government of Romania, Ministry of Environment and Sustainable Development and United Nations Development Program, National Centre for Sustainable Development (2008). National Sustainable Development Strategy Romania 2013-2020-2030.



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.<sup>32</sup>

## 1.4 WHO activities in Romania

18. The WCO in Romania was established in January 1991 in Bucharest to carry out a series of priority activities: medicines supply; primary health care; mother and child care, including family planning; nursing; mental health; and HIV/AIDS. Today the WCO's main objective is to support the Ministry of Health and the Romanian Government in developing health policy and improving the health of the population. The Office is the focal point for WHO activities in Romania.<sup>33</sup> For the period under evaluation, the country team consisted of two staff members (the Head of the Country Office and a National Professional Officer (NPO)) in 2014-2015; one NPO between 1 January and 1 October 2016; and three staff members (the Head of the Country Office, a NPO and an administrative assistant) for the rest of the period.

### EURO BCA model

19. In the EURO model, the priorities for the Country Office are set out in a biennial collaborative agreement (BCA) between the WHO Regional Office for Europe and the host country, which constitute a practical framework for collaboration. The BCA is co-signed by the Minister of Health of the host country and the Regional Director for Europe.

20. The agreements are drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe, initiated at the WCO level, and are based on a bottom-up WHO programme budget planning exercise in order to determine the priority health outcomes for WHO's collaboration in the host country for a particular biennium.

21. The BCA details the collaboration programme, including proposed outputs and deliverables, that are aligned at the outcome and output level with the WHO programme budget and coherent with its General Programme of Work (GPW). The programme budget outputs are within the managerial responsibility and accountability of the Secretariat, while outcomes define Member States' uptake of these outputs. Achieving the priority outcomes as identified in the BCA is the responsibility of both the WHO Secretariat and the government of the individual Member State.

22. 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.<sup>34</sup> 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.

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<sup>32</sup> WHO Regional Office for Europe (2018). Aide Memoire: WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>33</sup> <http://www.euro.who.int/en/countries/romania/who-country-office>

<sup>34</sup> <http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>

23. The BCA document has two parts:

- Description of the health impacts hoped to be achieved through the agreed biennial programme for collaboration, which will be the focus of the joint efforts of the government and the WHO Secretariat
- Description of the budget for the BCA, its financing and the mutual commitments by the WHO Secretariat and individual government.

24. Technical assistance is delivered in close collaboration between EURO, its geographically dispersed offices (GDO), the WCO and, to a lesser extent, HQ. The WCO does not have technical capacity to the extent that could enable independent provision of technical assistance. The country achievements are therefore mainly the result of the joint contribution of all relevant WHO offices.

25. The value of WHO technical and management staff based in EURO, its GDOs and the WCO is not reflected in the budget indicated in the BCA, hence it greatly understates the real value of the support to be provided to the country. Such support goes beyond the budget indicated in the BCA and includes technical assistance and other inputs from HQ, EURO, GDOs and unfunded inputs from the country office.

26. The value of government input – other than channelled through the WHO Secretariat - is not estimated in the BCA.

27. The Office implements the agreement in close collaboration with national institutions, including non-State actors, and international partner agencies.

28. The Government of the individual Member State works with WHO on the implementation of the BCA 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.

## 2. Findings

29. The findings of the evaluation are presented following the three main evaluation questions and sub-questions identified in the Terms of Reference (see Annex 1 for the full list).

### 2.1 Relevance of WHO's strategic choices

#### **Are the BCAs and other relevant strategic documents based on a comprehensive health diagnostic of the entire population and on Romania's health needs?**

30. The two Biennial Collaborative Agreements (BCAs) that cover the period of this evaluation are aligned to national health needs of Romania, as corroborated by two independent health situation analyses of the country.<sup>3536</sup> As illustrated in Box 1, all areas covered in the BCAs address relevant health issues of the country. However, a formal analysis justifying the choice of priorities is not explicit.

31. As already mentioned in Chapter 1, Romania is characterized by a relatively high burden of disease in comparison with other countries in the European Union (EU). The country ranks behind other EU countries for many health outcomes. This is exacerbated by poor socioeconomic conditions and inequalities in access to care adversely affecting large segments of vulnerable populations, such as the Roma, the elderly, and people living in rural areas. Notwithstanding the above challenges, the level of WHO operations in Romania is relatively reduced as a result of the more limited role that the Organization plays in EU Member States.

32. A comprehensive analysis of the issues, perspectives and options and an inclusive priority setting process are critical to ensure the strategic relevance of the BCAs. In this respect, a number of interviewees considered that the short-term timeframe of the BCA model, and the fact that it is more operational than strategic, reduces the opportunities to address some of the critical health needs of Romania that require a long-term vision, cross-sectoral action, and profound systemic changes such as health systems reform, the prevention of noncommunicable diseases (NCDs), as well as concerns with equity and access to care. These are issues of significance to meet the Sustainable Development

#### **Box 1 – Areas covered by BCAs 2014-2015 and 2016-2017**

- Access to treatment for TB
- Increased immunization coverage
- HIV
- Hepatitis guidelines and integration to services
- Obesity action plan and coverage for NCDs and risks factors
- Organization and integration of mental health services
- Capacity building for violence prevention
- Nutrition guidelines and legislation
- Child injury prevention
- Roma health and integration of health equity programmes
- Best practices on maternal, child and adolescent health
- Capacity building for environmental risk assessment
- Capacity building and advice on human resources for health policies
- Guidance on access to and rational use of medicines and health technologies
- Knowledge management
- Capacity building for IHR
- Guidelines for epidemic preparedness and response, and specifically for influenza
- Support to polio vaccination campaigns
- Strengthening food safety and risk management of zoonotic and foodborne diseases

<sup>35</sup> WHO Regional Office for Europe. Annex II Background report to WHO mission to deliver a rapid review of the Romanian health system. Bucharest, Romania, 15-17 November 2017.

<sup>36</sup> 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](http://www.euro.who.int/_data/assets/pdf_file/0017/317240/Hit-Romania.pdf?ua=1)).

Goals (SDGs) and the goals of the thirteenth GPW which would benefit from more strategic long-term WHO planning tools than the standard BCA.

33. In the absence of a clear theory of change or of a logical or results framework included in the BCAs at the outset, it proved challenging to clearly determine the extent to which the activities undertaken by WHO contribute to achieving the expected objectives as defined in national programmes, plans or strategies.

### Are the BCAs and other relevant strategic documents coherent with the National Health Strategy as well as with SDGs targets relevant to Romania?

34. Both BCAs refer to the National Health Strategy 2014-2020, and the 2016-2017 BCA outputs are directly linked to SDG targets. The BCAs in Romania are the result of negotiations held primarily between the WCO and the Ministry of Health (MOH). Other health partners, EURO and its GDOs are consulted regularly and participate to some extent in the process. The end-result ensures that priorities in the BCAs are aligned with the National Health Strategy and MOH priorities. In this respect, the BCAs were endorsed by high-level authorities of both EURO and the Romanian MOH.

#### **Box 2 – Good practice: maintaining relevance**

*The strategic priority for both the National Health Strategy and WHO is healthcare service reform, especially increasing access to primary health care services. This requires a long-term vision and commitment. In reality, as a result of frequent requests to support emergencies (e.g. a measles outbreak), the root causes are not addressed (e.g. increasing access to vaccination for rural and marginalized populations). In several cases, WHO has made strategic use of ad-hoc requests to include strategic components, supporting the longer-term issues. One example is the combination of support for supplemental immunization activities with strategic research to assess barriers to vaccination services, to provide evidence for policy dialogue.*

35. The Government of Romania has undergone several changes during the period of the evaluation, which has led to changing priorities of the MOH and resulted in additional requests for WHO assistance. The BCA is a relatively flexible tool that has been able to accommodate this to a certain extent. This evaluation found that, on some occasions, new MOH priorities have exceeded the scope of the BCAs, implying a change in the course of ongoing programmes in order to accommodate new requests for assistance. The BCAs therefore, although representing the main instrument defining WHO's contribution in Romania, do not capture the full extent of this contribution.

36. Most interviewees consulted praised the flexibility and responsiveness of WHO in adapting the Organization's response to the changes in the government's priorities. At the same time, many senior-level stakeholders also highlighted WHO's sustained contribution to Romania as an important source of stability and continuity in an ever-changing environment. In addition, the GPW and Health 2020<sup>37</sup> represent longer-term commitments by Member States, which can provide further stability with regard to agreed policy directions.

37. All ministry and government officials, public health and other health officers and non-state actors participating in the evaluation see WHO as a trusted and credible partner to advocate for relevant health priorities for the country. In this light, stakeholders outside the MOH would welcome stronger engagement in the design of future BCAs.

### Are the BCAs coherent with the other UN cooperation strategies in Romania?

38. Romania has a limited UN presence due to its membership of the EU. Only a few UN agencies maintain some level of operations, i.e. IOM, UNDP, UNHCR and UNICEF. UNICEF's head of office plays

<sup>37</sup> <http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>

the role of UN Resident Coordinator ad-interim. There is no common country assessment, nor joint framework for UN collaboration. Instead, in this environment, heads of agencies collaborate informally on specific projects of mutual interest, such as collaboration with IOM on migrant health, with UNHCR on refugees and with UNICEF on immunization.

39. It was noted that the lack of formal joint strategies may restrain opportunities for building synergies; such as leveraging opportunities for collaboration with the EU in the context of the upcoming Romanian EU presidency.

40. It was also proposed that the WCO could play a stronger convening role around health matters aiming to build on the comparative advantage and added value of each UN agency present in the country.

### **Are the BCAs coherent with the WHO General Programme of Work and aligned with WHO's international commitments?**

41. Both 2014-2015 and 2016-2017 BCAs are aligned with WHO's twelfth GPW for the period 2014-2019. They are coherent with the programme budget and provide flexibility to implement WHO's broader strategic plans.

42. The BCAs also reflect the new 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.

43. The BCA 2016-2017 is also aligned with the SDG agenda and Romania is in the process of defining its national SDG indicators.

### **Do the BCA and WCO position health priorities in the national agenda and in those of the national partners in the health sector?**

44. WHO has succeeded in the past few years in ensuring that important health priorities are included in the BCAs and in relevant policies in Romania. WHO was an active partner in the development of the National Health Strategy 2014-2020. Other examples of WHO's influence are in relation to the hosting of policy dialogues on issues such as community health, or the code of practice on the international recruitment of health personnel, and in the area of preventive care for cervical cancer.

45. WHO's brand value, its credibility as a source of neutral policy advice and sound evidence, and its responsiveness and achievements in Romania contribute to anchor its contribution to the health policy environment. Likewise, technical expertise from WHO resulted in specific policy changes (e.g. procurement systems, tobacco control, and food safety risk communication).

46. Some challenges come from the changing political environment as it may impact agreed national commitments. Interviewees highlighted that it is very important for WHO to understand the political dimensions of Romania in order to be able to effectively champion WHO's global and regional priorities in the country. The high-level advocacy exerted by the Regional Director in stimulating high-level policy dialogue was considered instrumental for a number of initiatives and priority areas. In this respect, the Regional Director met with the President of Romania on two occasions since 2017.

47. Health in Romania is generally considered to be the domain of the MOH. An important role for WHO is therefore to foster the intersectoral action that is essential for advancing the broader agenda, such as for NCDs and the SDGs. The evaluation found effective examples of collaboration with the Ministry of the Environment, the national veterinary authority (food safety) and the Romanian Presidency (SDGs).

## Do the BCAs support good governance, gender equality and the empowerment of women?

48. The BCAs include language and priorities explicitly designed to reduce inequalities and address issues of equity in access to care by vulnerable populations, such as in the area of HIV care with a priority that aimed to provide “evidence-based policy and build consensus to address vulnerability and structural barriers (including gender) to accessing services”, in the area of violence against women, youth and children, or in the area of social determinants of health. The BCAs recognized the reduced access to services for vulnerable populations, and included priorities addressing Roma health in the context of the decade on Roma inclusion and EU work in this regard.

49. Women’s empowerment is not explicitly presented as standalone topic but considered when providing support for development and implementation of health policies.

50. Several interviewees considered that support to good governance is important in the context of political changes and requires sustained efforts by WHO, especially with regard to implementation of the National Health Strategy 2014-2020 and to the pending health system reform. WHO can also contribute to this effort by encouraging longer-term strategic agreements with the MOH, associated with a strategy for implementation and progress monitoring mechanisms.

### Summary of key findings

- Overall, the BCAs are relevant in that they articulate health priorities of the country and are aligned with the National Health Strategy 2014-2020. They are also coherent with the twelfth GPW and Health 2020 and reflect the general directions of the SDG agenda.
- The BCAs are endorsed by the highest-level leadership of EURO and the MOH.
- WHO operations in Romania are relatively reduced as a result of its EU Member status, despite the large burden of disease in the country.
- The BCAs do not explain the rationale for the strategic choices.
- The BCA short-term vision and operational approach are not well suited to address the more systemic and long-term needs of Romania. Instead, a more systematic and longer-term strategic planning tool may be more useful to ensure the relevance of WHO’s contribution.
- Changes of the Romanian Government have led to changes in the MOH long-term strategic vision and requests for support which, on occasion, have exceeded the scope of the BCAs, implying a change in course of ongoing programmes in order to accommodate new requests for assistance.
- WHO is considered a credible, trusted and responsive partner by most health actors. WHO has been able to raise important health issues with the Government of Romania and has been effective in supporting the MOH in policy development and in articulating health priorities.
- It is important for WHO to use its convening power, building synergies with UN agencies and other partners, to leverage opportunities and secure broad engagement and intersectoral action around the BCAs.
- In the absence of a clear theory of change or of a logical or results framework included in the BCAs, it proved challenging to clearly determine the extent to which the activities undertaken by WHO contribute to achieving the expected objectives as defined in national programmes, plans or strategies.
- Strategic choices in the BCA could benefit from a broader participatory planning process, to ensure its greater relevance and the wider engagement of Romanian health actors in its implementation.



## 2.2 WHO's contribution and added value (effectiveness and progress towards sustainability)

### To what extent were the country biennial work plans based on the focus areas as defined in the BCA and other relevant strategic instruments?

51. Workplans are aligned with the GPW and BCA strategic priorities. According to feedback gathered during the evaluation, the country office workplans remained fairly stable during each biennium, and were able to accommodate emerging requests from the Government. Interviewees considered that, in order to maintain the strategic direction of the BCAs, continuous engagement with the senior level of the MOH was necessary in order to ensure support for established commitments and avoid discontinuity in implementation. The WCO has succeeded in combining ad hoc requests with BCA priorities, for example including research to understand factors related to suboptimal vaccination uptake<sup>38</sup> in support for the measles outbreak response. The WCO, in consultation with EURO and HQ, assesses WHO's capacity to provide additional support in relation to new requests beyond the scope of the BCAs for relevant health topics. This additional work may be accommodated within the workplans of the relevant budget centre providing the service (EURO, GDO or HQ), but is however not well reflected in WHO reporting tools as a contribution to WHO's work in Romania.

### What were the main results achieved for each outcome, output and deliverable for the WCO?

52. The BCAs for the period 2014-2015 and 2016-2017 are linked to the corresponding WHO programme budget outcomes and outputs.

53. The following sections describe some of the key achievements of WHO in Romania across each category. Some of the activities performed by WHO led to clear outputs, in other cases outputs are expressed in terms of the activities performed, presuming some relationship with progress towards implicit outcomes (e.g. increased capacity, adoption of normative guidance). Attribution of WHO's efforts to national outcomes (e.g. behaviour change, increased service coverage) or impact (e.g. improved health status) is not possible.

54. Technical contributions are in most cases the joint effort of the WCO and EURO, including the GDOs.

#### Category 1: Communicable diseases

55. Most respondents consider WHO's contribution to the area of communicable diseases in Romania to be significant. Key achievements in this area include the following:

56. WHO provided technical assistance for the development of a new delivery model for TB care in Romania aimed at improving the quality, cost-effectiveness and financial sustainability of TB services, including the control of multidrug resistant TB. WHO communications material was considered very useful for the programme. The

#### **Box 3 – Good practice: amplifying effectiveness**

*WHO funding for Romania is limited vis-à-vis its health needs, due to Romania's status as a member of the EU. WHO has been able to amplify support by supporting Romania to access external funding for healthcare improvement. Examples include WHO support for the development of the National Health Strategy (enabling access to EU structural funds) and support for the national TB strategy and programme (enabling access to GFATM and Norwegian funding). In addition, the GFATM and Norway grants included funding for WHO technical assistance, thus benefitting both Romania and WHO.*

<sup>38</sup> Measles outbreak in Romania: understanding factors related to suboptimal vaccination uptake - Report February 2018.

TB strategy was designed as part of a health system strengthening initiative and led to the receipt of donor funding.

57. WHO supported Romanian authorities to expand their immunization coverage and assisted the 2016 measles outbreak response through support for the design of a response strategy, vaccination campaigns and communications (in collaboration with UNICEF). The Regional Director provided strong and high-level advocacy at the Romanian Parliament and MOH for the immunization efforts. WHO also provided expert technical advice for vaccine production, dissemination and communication materials, and supported research to assess measles mortality factors, and to understand people's beliefs and attitudes towards vaccination. WHO also contributed to surveillance activities. The Regional Verification Commission for Measles and Rubella Elimination met in Romania during the timeframe of the evaluation and this opportunity facilitated additional capacity building for Romanian professionals and increased advocacy for resources and research. WHO also 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.

58. WHO supported a multi-stakeholder 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.

### *Category 2: Noncommunicable diseases*

59. NCDs are responsible for the largest burden of mortality and disability in Romania and are widely considered insufficiently addressed. Nevertheless, technical support provided in collaboration between WCO and EURO contributed to notable achievements as described below. Some support was in response to national priority needs, while other activities were in the context of regional programmes.

60. WHO supported the MOH in the design of prevention programmes and plan of actions for several NCDs. For example, the WCO support for the national cancer screening programme included the organization of a national workshop with key stakeholders, in which experts (from the International Agency for Research on Cancer, Lyon) presented evidence-based cervical cancer prevention strategies, reviewed local cervical cancer prevention activities and made recommendations for the better functioning of the programme. This resulted in successful Romanian requests for EU structural funding for the national cancer screening programme.

61. WHO supported the MOH during the process leading to the adoption of legislation on tobacco use in public places and contributed to health education campaigns and health promotion activities against tobacco use. It also provided capacity building on law enforcement and supported the MOH in ongoing work on tobacco control, including the Global Adult Tobacco Survey.

62. WHO provided tools to facilitate assessment of adults with mental disabilities living in institutions, as part of a Regional initiative, and supported multi-stakeholders' efforts for service improvement. It also contributed to a national project on prevention of domestic violence.

63. The WHO-designed "*Romanian Food Baskets*" report will be used for the development of national dietary recommendations in alignment with WHO food-based dietary guidelines. WHO engaged all major sectors, including the Romanian Presidency and the Parliament, in promoting action against childhood obesity. Romania participated in the WHO European Childhood Obesity Surveillance Initiative, which provided the basis for addressing child obesity in the country. Subsequently, the national physical activity programme was also drafted to be part of the EU platform for diet, physical activity and health.



### *Category 3: Promoting health through the life course*

64. Social determinants of health are widely considered to be an important area for improvement and WHO support.

65. WHO promoted the further roll out of “health mediators” for the Roma population in order to improve their health status and their access to health care services. The programme has served as a model for other countries, such as Hungary and Serbia.

66. WHO, in collaboration with the Romanian Presidency, organized a high-level policy dialogue on health and environment policies in 2016, including the commitment of the President of Romania and the participation of the Regional Director for Europe. The policy dialogue served as the entry point for these areas of the SDG agenda in Romania. It was followed by a second policy dialogue on implementing the 2030 Agenda for Sustainable Development in 2018. WHO also supported the MOH to conduct a thorough analysis of SDG3 and provide strong inputs to Romania’s 2018 Voluntary National Review.

### *Category 4: Health systems*

67. WHO has contributed to the ongoing review and strengthening of the Romanian health system. There is wide recognition that the Romanian health system needs significant structural reforms, including a major shift from the predominant hospital-based care towards primary care, preventive services and community care. However, this is an area where national implementation is slow and lagging behind national stakeholder expectations. Other major issues to be addressed include strengthening the governance and regulatory structures, and a revision of the health financing system including the providers’ reimbursement mechanisms. Access to care, particularly for vulnerable populations and in rural areas, is another priority issue.

68. WHO supported the Romanian Government in the development of the National Health Strategy 2014-2020, which was a conditionality for the granting of EU structural funding. The core of the strategy includes the reform of the health services structure to strengthen primary health care, but this has not been fully implemented. A WHO-led rapid health system performance review in 2017 provided insights to the health system gaps that influence access to, and quality of, health services. This area of work will continue to guide national health authorities on ways to address governance and other health system functions. In addition, the Organization has provided advice to improve access to health care services and the strengthening of health information systems.

69. WHO and the Romanian Presidency organised a policy dialogue on HRH in 2015 with the purpose of promoting the adoption of the WHO Code of Practice on the international recruitment of health personnel. This raised awareness of the need for a national human resources for health (HRH) policy. The high rates of outward migration of qualified health personnel is an area of concern for the national authorities. In December 2016, the National Plan for Human Resources for Health in Romania was launched for debate. The document is in line with the WHO Global Strategy on Human Resources for Health: Workforce 2030 and is the result of cooperation between the Romanian Presidency, the WCO and the MOH.

70. Another relevant area of WHO’s contribution focused on the promotion of community health and community integrated health service delivery. WHO supported the design of legislation and the development of regional service plans and a master plan of services for several regions. In addition, WHO continued to provide policy advice on health financing.

71. High level advocacy by the Regional Director for Europe was also instrumental to promote centralized procurement of medicines, resulting in significant cost savings.

72. Romania continued to participate in WHO-hosted EVIPNet, a knowledge transfer platform which allows interaction and exchange of experiences across countries.

### Category 5: Preparedness. Surveillance and response

73. The Romanian emergency services are coordinated by the Ministry of Internal Affairs, bringing together the different bodies involved in emergency services and civil protection: security, air rescue, fire department and ambulances, and emergency medical teams. WHO is a key partner for the Ministry of Internal Affairs in this regard. The national programme is fairly advanced and also collaborates with WHO in support of cross-border emergencies.

74. WHO contributed to strengthening surveillance through capacity building as part of the polio programme and continued to review the national plan to maintain the country's polio free status. WHO also supported the MOH in its collaboration with the Ministry of Defence, responsible for the national institute for vaccine production.

75. WHO provided capacity building on risk communication during food-borne emergencies and outbreaks, facilitated the translation of WHO guidelines on food safety into Romanian, and provided assistance in responding to specific outbreaks and health promotion activities in relation to food safety. Subsequent to the 2016 E. coli outbreak, WHO also organized a national multisectoral workshop on response to food safety and zoonotic events.

76. The most important contribution in this area relates to WHO support in response to the ongoing measles outbreak. In addition, WHO supported workshops on risk communication and national preparedness and response, as well as a polio simulation exercise.

77. WHO also provided technical support and capacity building for implementation of International Health Regulations and for the coordination of the national Ebola committee (2015).

### What has been the added value of regional and headquarters contributions to the achievement of results in country?

78. Technical assistance in Romania is delivered in close collaboration between EURO, the GDOs the WCO and, to a lesser extent, HQ. The WCO does not have technical capacity to the extent that could enable independent provision of technical assistance. The country achievements are therefore mainly the result of the joint contribution of all relevant WHO offices.

79. The capacity of the WCO to identify needs for technical assistance and elicit the appropriate response from the Organization, as well as the degree of responsiveness of EURO to WCO requests, are therefore critical to ensure the effectiveness of WHO's contribution in Romania. Most stakeholders acknowledged that, in general, WCO and EURO can facilitate a rapid response to the country on almost all technical subjects either from its own resources or by tapping into the experience of other WCOs in the Region.

80. EURO works around priorities in an interdivisional manner. In this way, it has contributed to significant country achievements, such as the increase in immunization coverage and the legislation on tobacco control.

81. The high-level leadership and advocacy provided by the Regional Director was also considered a powerful force to strengthen policy dialogue and policy action on health priorities in Romania. The Regional

#### Box 4 – Good practice: sustaining impact

*Especially with intercountry projects managed from the Regional Office, there is a risk of limited follow up. The following are case studies in how follow-up support sustains impact. In the first example, WHO provided guidance on risk communication in food safety emergencies, new to Romania. A subsequent E. coli outbreak in Romania required the protocols to be implemented, and EURO followed up with a lessons learned workshop - which helped consolidate the new system. In the second example, WHO supported legal reform to prohibit smoking in public spaces. Following this success, WHO now supports training for law enforcement personnel to ensure impact of the legislation.*

Director visited Romania twice during the period of the evaluation, contributing to political momentum and enabling policy dialogue on relevant health issues.

82. EURO also supports cross-border work as part of the South-Eastern-European Health Network. National stakeholders also highlighted the need for other opportunities beyond this network to build coalitions and strengthen capacity building through the exchange of knowledge, information, best practices and experience across countries. This is particularly important in terms of building bridges between Romania and its neighbouring non-EU countries, where WHO is particularly well positioned to offer a neutral platform for exchange of lessons learned and best practices.

83. In general, EURO prioritizes its efforts in supporting the needs of non-EU countries. WHO's operations in Romania are therefore comparatively less intensive than its operations in other non-EU countries of comparable development status and health burden, the reason being that Romania receives financial support and policy direction from the EU, although the EU provides less technical support. Most stakeholders considered that WHO operations in Romania could be strengthened to respond to the needs of the country.

### **What has been the contribution of WHO results to long-term changes in health status in Romania?**

84. In the absence of a Theory of Change for the WHO contribution in Romania and of a related monitoring system to measure the extent of progress and results achieved, it is not easy to attribute specific causality between the activities performed by WHO and the health improvements of Romania.

85. That being said, the evaluation found evidence of WHO's contribution to intermediate outcomes, such as the legislation on tobacco control, the national hepatitis and TB strategies, and the efforts to improve the health of the Roma population. These strategies, with appropriate implementation, should lead to long-term changes in health status.

### **Is there national ownership of the results and capacities developed?**

86. Most national stakeholders valued WHO's contributions to the health system. Despite WHO's support in the form of policy and technical advice and capacity building, several reform initiatives, including parts of the National Health Strategy 2014-2020 and more recent reforms promoted by the EU which WHO has also supported, have not been fully implemented. Major health system reform requires a long-term vision and stability.

87. Changes of Government often led to changing priorities, which affected the extent of project implementation and, on occasion, led to project delays or discontinuation. The programme areas that have remained more stable, such as the tobacco control programme, have benefited from continued advocacy by WHO, professional associations and civil society.

88. The change of priorities from one government to another affects to some extent the continuity and sustainability of WHO's contributions within and across consecutive BCAs.

89. High-level diplomacy and advocacy have been valued as important contributing factors to incentivize implementation, the adoption of policies and follow-up to dialogues. In particular, the advocacy visits by the Regional Director for Europe have proved effective in building ownership. Several stakeholders also recommended a balance of responsiveness and proactivity by the WCO, coupled with efforts to engage with, and build capacity among, professional associations and other non-State actors to facilitate implementation and sustainability.

### Summary of key findings

- *The contribution of WHO in Romania is, in most cases, the result of the joint efforts of the WCO and EURO, including GDOs.*
- *There are significant achievements in all major categories contained in the BCA and there is a consensus among stakeholders of significant benefits for health institutions and programmes in Romania as a result of WHO's efforts.*
- *Important long-term health priorities, including NCDs, social determinants of health, and health sector reform are still areas for further work.*
- *Government changes represent a challenge to the long-term efforts initiated in the country and to the sustainability of WHO's contribution.*
- *High-level diplomacy and advocacy, together with a balance of responsiveness and proactivity of the WCO and efforts to engage with, and build capacity among, professional associations and other non-State actors, are important to facilitate the implementation and sustainability of WHO contributions.*
- *WHO's efforts to support cross-border interaction to build coalitions and strengthen capacity building through exchange of knowledge, information, best practices and experience across countries is welcomed and an area for future strengthening.*
- *Irrespective of Romania's EU member status, WHO's operations in Romania could be strengthened to better respond to the needs of the country.*

## 2.3 How did WHO achieve the results? (Elements of efficiency)

### What were the key core functions<sup>39</sup> most used to achieve the results?

90. WHO is widely recognized among national stakeholders as a trusted, responsive and neutral partner and convener that provides solid, evidence-based, solutions and policy advice. The evaluation found that WHO has significant influence and credibility in the health sector in Romania and WHO's contributions were characterized as positive, qualified, technical, responsive, appropriate and collaborative.

91. The contributions of each core function towards progressing the BCAs in the period 2014-2015 and 2016-2017 are briefly summarised below.

- **Leadership.** High-level leadership and advocacy proved effective in a number of instances and very relevant for health issues in Romania. To provide continuity of commitments in the face of changing priorities, WHO needs to balance responsiveness with the need to sustain critical longer-term projects.
- **Norms and standards** were noted as areas where WHO has provided significant support and were viewed as a key ingredient for strategic-level input. WHO guidelines, norms and standards were highly regarded by most stakeholders and considered an authoritative source of evidence-based guidance. WHO guidelines have been adapted to the Romanian context in areas such as immunization, communicable diseases (hepatitis, TB), and nutrition.
- **Advice and articulation of policy options** constitutes one of the most important functions undertaken by the WCO. WHO staff and consultants were engaged in a number of health

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<sup>39</sup> The six core functions of WHO are: (i) providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (ii) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (iii) setting norms and standards and promoting and monitoring their implementation; (iv) articulating ethical and evidence-based policy options; (v) providing technical support, catalysing change, and building sustainable institutional capacity; and (vi) monitoring the health situation and assessing health trends.

reform and policy formulation initiatives, such as the formulation of the National Health Strategy 2014-2020, the design of the community health legislation and the tobacco control legislation and framework for collaboration. Effective policy advice relies on the credibility of the Organization and trust in its work, its strong technical expertise, and the reported excellent working relations between WHO staff and other health actors in Romania.

- **Technical support** was provided across all priority areas by WHO staff as well as by WHO-funded consultants. Stakeholders conveyed that most requests for technical support were addressed in a prompt and responsive manner. Several stakeholders referred to WHO as part of their “team”, highlighting the level of inter-connectedness and trust that exists. Technical support by WHO was considered effective and of high quality. Some stakeholders argued for longer and more stable capacity building missions in order to ensure greater effectiveness of these efforts.
- **Monitoring the health situation** was accomplished in certain cases, such as through surveillance in response to disease outbreaks, or establishing baseline data for some issues, such as for tobacco consumption. Furthermore, health trends are monitored as part of the Global Health Observatory.
- **Research.** Although this function is possibly the least developed, WHO supported some research activities in Romania, such as the study on people’s beliefs and attitudes towards measles vaccination. Strengthened knowledge transfer in the form of creating opportunities for sharing best practices and exchanging experiences within Romania and across neighbouring countries was suggested as an important future activity by a number of stakeholders.

### How did the strategic partnerships contribute to the results achieved?

92. Over the period of the BCAs, the WCO worked in partnership with Government bodies, including the MOH, the Romanian Presidency, the Parliament, national public health and health care-related institutions, other relevant ministries (e.g. the Ministry of Environment and the Ministry of Internal Affairs), UN agencies and other partners and non-State actors, in order to contribute towards improving the health status in Romania. Relations appear to be good and supportive of effective joint working. The part played by interpersonal factors in building and maintaining such positive relations was noted by several stakeholders.

93. The main partnership mechanisms of WHO with the Government of Romania was with the MOH through the jointly-agreed BCAs, and through additional requests for assistance. The responsiveness of WHO to Government priorities has been indicated earlier. Many public health officials considered that a broader, more direct engagement of WHO with public health institutions would strengthen the effectiveness of WHO’s contribution.

94. In the absence of a common UN framework, collaboration with UN agencies was established around specific projects and on an informal basis. In the views of several stakeholders, WHO’s use of its convening power around health issues could be strengthened to leverage joint support more strategically with other UN agencies. The fact that UN agencies are co-located in the same building is helpful.

95. The EU is the main funding institution for Romania and a main actor in guiding the reforms of the health system. WHO collaborates with the EU at the regional level, facilitating high-level policy dialogue on health priorities and health policy matters between the Government of Romania, the EU and WHO. At the national level, WHO supports the Government of Romania in articulating EU requirements for health sector policy changes as they correspond to the requirements of the GPW and Health 2020. WHO is exploring with the Government of Romania the opportunity to include

elements of capacity building and technical support in the EU structural funding grants for implementation in Romania. The availability of funding to WHO in support of this would contribute to strengthening the effectiveness and sustainability of the reforms undertaken.

96. It was noted that Romania's upcoming presidency of the EU will require support from WHO both at national and regional levels. This is an opportunity for building synergies with the EU and the Romanian Government in order to advance common health priority areas. Collaboration needs to involve other partners, as appropriate, in support of the themes identified within Romania's EU presidency.

97. WHO has partnered less extensively with civil society and other non-State actors. However, the evaluation found interest, including in other sectors, for broader engagement with WHO in support of health priorities. Non-State actors consulted expressed interest to be engaged in future WHO activities. This could be an area for future focus.

### How did the funding levels and their timeliness affect the results achieved?

98. According to the BCAs, the initial 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 costs of personnel in the WCO nor the support and inputs provided by HQ, EURO or the GDOs.

**Table 1: WHO expenditure on Romania 2014-2017**

Category and programme area	EURO (intercountry workplans)			WCO			Grand Total EURO & WCO US\$	% of total expenditure
	2014-2015 US\$	2016-2017 US\$	Total EURO US\$	2014-2015 US\$	2016-2017 US\$	Total WCO US\$		
<b>Communicable diseases</b>	-	-	-	172,082	349,217	521,300	521,300	32%
HIV and hepatitis	-	-	-	-	3,403	3,403	3,403	0%
Tuberculosis	-	-	-	172,082	314,404	486,487	486,487	30%
Vaccine-preventable diseases	-	-	-	-	31,410	31,410	31,410	2%
<b>Noncommunicable diseases</b>	-	-	-	34,489	49,753	84,242	84,242	5%
Noncommunicable diseases	-	-	-	7,592	27,233	34,825	34,825	2%
Mental health and substance abuse	-	-	-	12,926	5,709	18,634	18,634	1%
Violence and injuries	-	-	-	13,971	-	13,971	13,971	1%
Nutrition	-	-	-	-	16,812	16,812	16,812	1%
<b>Promoting health through the life course</b>	2,500	-	2,500	11,990	36,299	48,289	50,789	3%
Reproductive, maternal, newborn, child and adolescent health	-	-	-	-	10,925	10,925	10,925	1%
Social determinants of health	2,500	-	2,500	11,990	5,380	17,370	19,870	1%
Health and the environment	-	-	-	-	19,994	19,994	19,994	1%
<b>Health systems</b>	-	-	-	35,364	127,594	162,958	162,958	10%
Integrated people-centred health services	-	-	-	20,875	35,819	56,694	56,694	3%
Access to medicines and other health technologies and strengthening regulatory capacity	-	-	-	9,830	-	9,830	9,830	1%
Health systems information and evidence	-	-	-	4,659	91,774	96,434	96,434	6%
<b>Preparedness, surveillance and response</b>	71,600	39,645	111,245	12,848	43,850	56,698	167,943	10%
Alert and response capacities	-	-	-	4,999	-	4,999	4,999	0%
Epidemic-and pandemic-prone diseases	71,600	39,645	111,245	-	19,995	19,995	131,240	8%
Food safety	-	-	-	7,849	9,905	17,754	17,754	1%
Polio eradication	-	-	-	-	13,950	13,950	13,950	1%
<b>Corporate services/enabling functions</b>	-	-	-	207,466	449,636	657,102	657,102	40%
Leadership and governance	-	-	-	183,744	401,092	584,836	584,836	36%
Management and administration	-	-	-	23,722	48,545	72,266	72,266	4%
	74,100	39,645	113,745	474,239	1,056,350	1,530,589	1,644,334	100%

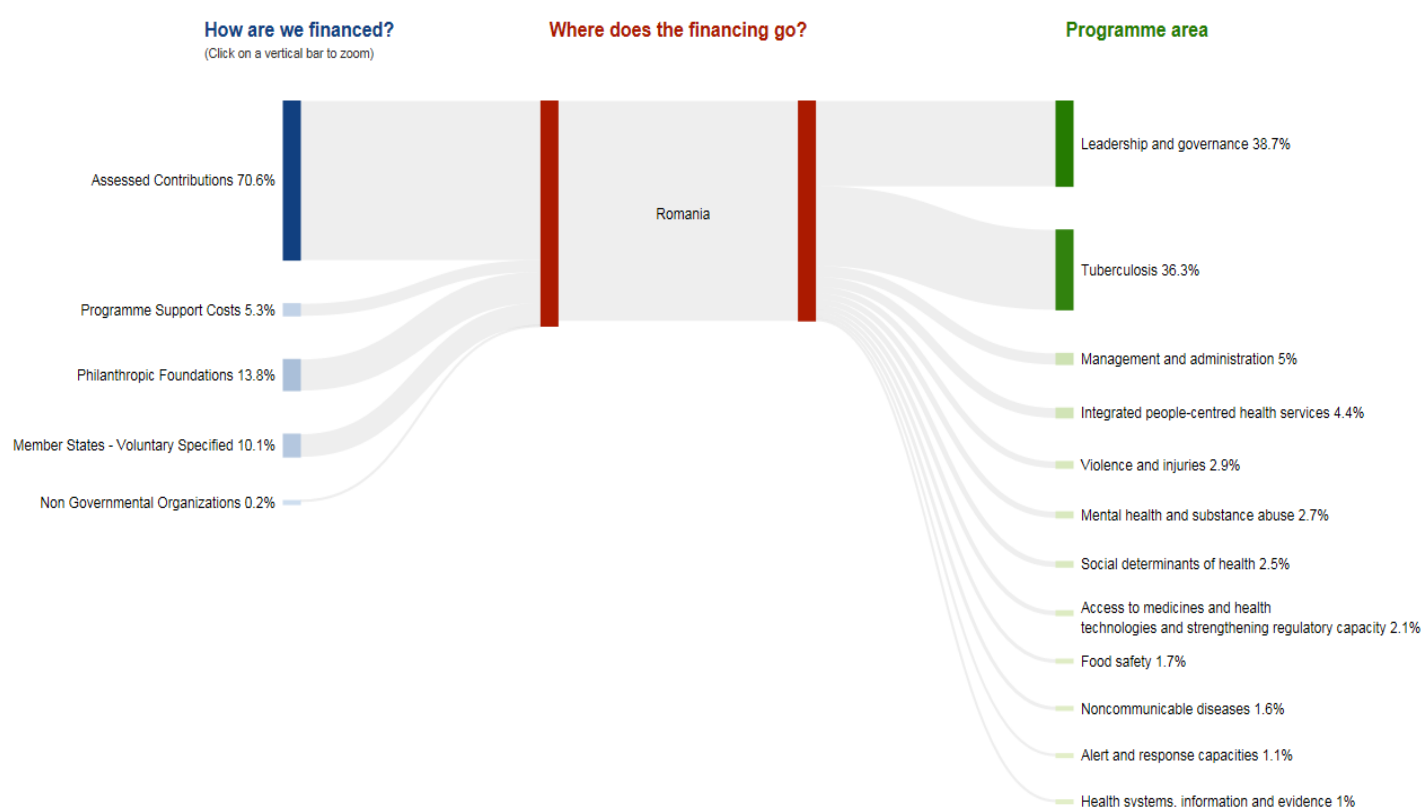
99. Table 1 above indicates overall expenditure across the four-year period from available monitoring data, which is essentially the WCO expenditure and includes salaries of WCO staff. The total WHO expenditure on support to Romania, i.e. one that would include EURO, GDO and HQ support, cannot be assessed from the current monitoring system.



100. The WCO expenditure for the four-year period is US\$ 1.5 million, including salaries of country office staff. EURO expenditure for Romania for the same period was US\$ 114 000, excluding staff salaries and travel. WHO HQ expenditures on Romania are estimated to be significantly less than EURO expenditures, but not known as HQ expenditure is not disaggregated per country.

101. Apart from enabling functions,<sup>40</sup> expenditures were essentially on support for the BCA category *communicable diseases* (32% or US\$ 521 000) of which 30% (US\$ 486 000) was on TB control. The least expenditure was on the BCA categories *NCDs* (5%) and *Promoting health through the life course* (3%).

**Figure 3: WHO country office financial flow 2015-2015**



Source: WHO Programme budget web portal

<sup>40</sup> Enabling functions include: leadership and governance; transparency, accountability and risk management; strategic planning, resource coordination and reporting; management and administration; and strategic communications.

**Figure 4: WHO country office financial flow 2016-2017**



Source: WHO Programme budget web portal

102. Figures 3 and 4 above show the financial flows for the WCO budget centre for 2014-2015 and 2016-2017 respectively. Assessed contributions represented 71% of total financing in 2014-2015 and 49% in 2016-2017. The next most important sources of funding for the WCO were the additional resources received for WHO technical assistance as part of the following grants for TB control:

- from the Global Fund to fight AIDS, Tuberculosis and Malaria, channelled through the Romanian Angel Appeal Foundation, a national nongovernmental organization (14% in 2014-2015 and 9% in 2016-2017); and
- From the Norwegian Government channelled through the Marius Nasta Institute for Pneumology (19% in 2016-2017).

103. However, additional priorities that emerge due to changes in Government and MOH priorities sometimes go beyond the scope of the BCAs and are difficult to be tracked and reported under the current WHO mechanisms.

### Was the staffing adequate in view of the objectives to be achieved?

104. During the period covered by the evaluation, as previously mentioned, the WCO staff count was between one and three staff members. While most technical assistance is provided by EURO/GDO staff, the WCO staff concentrate on identification of needs and stakeholder engagement. They also focus on coordination and follow up with relevant stakeholders on technical matters at both national and regional levels and follow up on programme progress.

105. At the end of 2016, the position of head of the country office changed from that of a national liaison officer to an international professional. This is part of a wider process in the Organization, at the request of Member States, and adds a broader international perspective. A majority of stakeholders acknowledged the responsiveness and quality of the support provided by the WCO, as well as its capacity to identify requirements and to elicit the adequate and prompt response by EURO.



Part of the effectiveness of the contributions of the WCO was based on the good relations established with partners.

106. Despite the wide recognition of the professional competence and skills of existing WCO staff, most stakeholders considered that the current staffing level needed to be strengthened in order to better support the health sector reform in Romania. Apart from any additional long-term staff appointments in the WCO, it was also suggested that longer-term (3-6 months) international subject matter experts in the WCO could substantially contribute, both in terms of capacity building of national counterparts and knowledge transfer.

107. In light of EURO's role in supporting most of the countries in the Region, the Regional Office has limited capacity to provide the technical support, policy advice and capacity building required to meet the pressing health needs of Romania. Requests for longer-term technical missions to the country as a means of capacity building of senior national officials, also poses additional challenges to Regional resources.

### **What were the monitoring mechanisms to inform BCA implementation and progress towards targets?**

108. The BCA is the main driver of WHO's support to a country. The activities performed against it are reported systematically in the Global Management System (GSM) tool and reported through the mid-term and end of biennium programme budget performance assessments. A number of requests for technical assistance, particularly if ad-hoc or outside the scope of the BCAs, cannot be adequately reported in the current structure of the GSM. They may be accommodated within the workplans of the budget centre providing the support (EURO, GDO or HQ) but this is not well reflected in the WHO reporting tools as a contribution to WHO's work in Romania. In addition, the WCO can only report these efforts in qualitative form, either as part of the mid-term and end of biennium programme budget performance assessment reporting or as part of their monthly reports to the Regional Office, but they are not linked to specific programme outputs in GSM.

109. The evaluation noted as an area for improvement the establishment of a mechanism to reflect all activities performed at country level irrespective of the office from across the Organization that is contributing to the activity. EURO and HQ are working to link the qualitative information on countries that is reflected in the Programme Budget Web Portal to outcomes and impacts at country level.

110. As mentioned earlier, progress towards targets is not assessed or reported, because the BCA does not articulate performance targets.

### **To what extent have the BCAs been used to inform WHO country workplans, budget allocations and staffing?**

111. Overall, the BCAs are used to inform WHO country workplans and budget allocations for activities (but not staffing). The BCAs indicate the collaborative activities planned for Romania, with the caveat that unplanned additional activities are included during the lifetime of the BCA.

112. The WHO budget allocations and staffing in Romania are also influenced by Romania's status as an EU Member State, notwithstanding its needs for support.

### *Summary of key findings*

- *All six core functions contributed to the achievements of the Romania WCO over the period of the evaluation. Articulation of policy options constituted one of the most important functions of the WCO, with WHO guidelines, norms and standards being highly regarded. WHO's leadership and convening power and the technical support provided by the Organization were considered very effective and relevant. Efforts in respect of research and monitoring the health situation were less substantial.*
- *While WHO engaged with the MOH in a very responsive manner, broader strategic engagement with other partners in support of health priorities would be welcomed.*
- *The current staffing level needs to be strengthened in order to better respond and support the health sector reform in Romania.*
- *Longer-term (3-6 month) international subject matter experts would substantially contribute to technical support and capacity building of national counterparts.*
- *There is a need to establish a mechanism to reflect all activities performed at country level from across the Organization.*
- *The lack of explicit outcome/impact targets in the BCA is not conducive to rigorous monitoring of achievements.*

### 3. Conclusions

113. Based on the findings presented in the previous section, the following conclusions are articulated around the three main evaluation questions all of which inform the recommendations presented in Chapter 4.

#### Relevance of the strategic choices

114. WHO's priorities as expressed in the BCAs for 2014-2015 and 2016-2017 are relevant. They address important health needs in Romania based on consistent situation analyses and are aligned with the National Health Strategy 2014-2020. They are also coherent with Health 2020, the twelfth GPW and the general directions of the SDG agenda. They reflect the MOH priorities and represent high-level commitment of both WHO and the Romanian authorities.

115. As the framework to guide WHO's work in Romania, the BCAs also have some shortcomings. The short-term vision and operational approach of the BCAs are not well suited to address the more systemic and long-term needs of Romania. WHO operations in Romania are limited by the relatively narrow scope of WHO's work in EU Member States, despite the large burden of disease in the country and the need for critical support as it embarks on long-term health system reform. An additional challenge derives from the changes that have taken place in the Government of Romania during the period under review, which have resulted in changing MOH priorities and additional requests for WHO support which sometimes exceeded the scope of the BCAs and could not always be properly accounted for in the WHO performance assessment framework.

116. The Organization has been able to raise important health issues with the Government of Romania and has been effective in supporting the MOH in policy development and articulating health priorities.

117. The BCAs do not contain a country-specific theory of change to illustrate how WHO activities contribute to programmatic or health outcomes in Romania. This prevents a more accurate assessment of the relevance of WHO contributions in Romania.

118. Key national stakeholders, including UN agencies, national technical institutions and other non-State actors are consulted to varying degrees during the development of BCAs. A broader and more systematic engagement of the stakeholders in the WHO strategic planning process could ensure greater relevance of the strategic choices and the wider engagement of Romanian health actors in its implementation.

119. Inequities in access to care as well as health inequalities among vulnerable populations are important issues in Romania. The BCAs addressed health inequities, with a particular focus on the Roma population in the 2014-2015 BCA in the context of the decade on Roma inclusion and EU work on Roma. While there is no explicit reference to gender issues or gender-affirmative approaches in the BCAs, gender equality is considered part and parcel of WHO's work and approaches.

#### WHO's contribution and main achievements

120. WHO has significant influence and credibility in the health sector and is considered a trusted and responsive partner by health actors in Romania. WHO is seen as an essential partner in Romania as well as an ally at the policy and technical levels. The technical support provided by WHO, in the form of policy advice, guidelines, norms, standards and tools, and capacity building opportunities, is highly valued by Romanian policy makers and health professionals. Likewise, WHO's leadership is considered essential to advance elements of the national health agenda.

121. Specific WHO achievements in support of the formulation of Romanian health policies, include the development of the National Health Strategy 2014-2020 and, more recently, the legislation on tobacco control.

122. WHO has made significant advances in all categories contained in the BCA. There are numerous examples of activities and outputs delivered, notably in the area of immunization, TB, and communicable diseases in general, and there is consensus among stakeholders of the significant benefits for the health of the population of Romania as a result of WHO's efforts.

123. WHO's contribution in the area of communicable diseases included support to the immunization programme in terms of policy advice, advocacy, technical support and capacity building. The Organization also contributed to the development of a new delivery model for TB and to the development of a national programme for hepatitis.

124. There is consensus that greater support is required to address NCDs, in particular from the perspective of prevention strategies. That being said, there have been some achievements in this area, most notably the WHO contribution to the design of a national cervical cancer screening and prevention plan. WHO also supported the MOH during the process leading to the adoption of legislation on tobacco use in public places and published a 'Romanian Food Basket' report which will be used for the development of national dietary recommendations.

125. WHO also supported the Romanian Presidency to organize a high-level policy dialogue on health and environment policies.

126. WHO promoted the further roll-out of the "Roma health mediators" programme in support of improvements in health status and access to health services for the Roma population.

127. WHO contributed to strengthening surveillance and capacity building for outbreak preparedness and response and for implementation of the International Health Regulations.

128. Health systems reform constitutes a priority area for the MOH. However, this is an area where national implementation is slow and lagging behind national stakeholder expectations. Nevertheless, WHO has made valuable contributions in this area, but there is need for enhanced strategic support in the near future, especially in the future iteration of the health law. Some of the key issues relate to limited access to health care in rural areas and for vulnerable populations, the need to move from predominant hospital-based care towards primary care, preventive services and community care, and issues related to the sustainability of health financing and human resources for health. WHO is now working with the MOH to promote legislation for community health care and the integrated delivery of health services.

129. Changing priorities as a result of changes of Government pose a challenge for the effectiveness and sustainability of WHO's contributions. In order to provide continuity of commitments in the face of changing priorities, WHO needs to balance responsiveness with the need to sustain critical longer-term projects.

130. WHO's efforts to support cross-border interaction to build coalitions and strengthen capacity building through exchange of knowledge, information, best practices and experiences across countries is welcomed and an area for further strengthening.

## **Ways of working and programme management challenges**

131. **Key contributions of core functions:** WHO's contribution to Romania results from the close and successful collaboration between the WCO, EURO and its GDOs. All six core functions contributed to the achievements of the Romania WCO over the period of the evaluation. Articulation of policy options constituted one of the most important functions of the WCO, with WHO guidelines, norms and standards being highly regarded. WHO's leadership and convening power and the technical support provided by the Organization were considered very effective and relevant. Efforts in respect of research and monitoring the health situation were less substantial.

132. **Staffing:** WHO staff were recognised for their hard work and dedication, technical competence, responsiveness and their ability to establish positive and collaborative relationships with relevant health actors in Romania. For a significant part of the evaluation period (2014-2015), the NPO

covered also the administrative assistant position while for nine months in 2016 the NPO alone covered all WCO technical functions. EURO's business model, with small WCOs and close collaboration with EURO and its GDOs for technical assistance, is effective. However, the evaluation found consensus on the need to strengthen the current staffing levels in the WCO in order to better respond and support the health sector reform in Romania.

133. **Funding:** The WCO budget is determined by Romania's EU member status. Given the significant unaddressed health needs of the country, WHO funding for Romania should be reconsidered notwithstanding its EU member status. WHO and the Government of Romania are exploring ways to include elements of WHO technical assistance and capacity building within the EU funding for Romania.

134. **Strategic planning:** In Romania, the standard BCA planning process does not allow a sufficiently robust strategic planning approach to address the long-term needs for health care reform, especially in a changing environment. Thus, WHO's work in Romania would benefit from a longer-term strategic planning instrument (4-5 years). Any future instrument should be strategic rather than operational and include a theory of change and a results framework. The new operating model associated to the thirteenth GPW may provide useful guidance in this regard.

135. **Programme management challenges:** The difficulty in measuring results against planned targets and assessing WHO's contributions to the same are indications of a number of systemic challenges in planning and monitoring processes in WHO at both corporate and country levels. This weakens WHO's capacity to demonstrate results and its contribution to health improvements in any given country. Activities performed as part of the BCAs are reported systematically in the GSM following WHO standard processes. A number of requests for technical assistance, particularly if ad-hoc or outside the scope of the BCAs, cannot be adequately reported in the current structure of the GSM. The evaluation shows support for efforts to adapt the WHO reporting system to better reflect WHO contributions in countries.

136. **Partnerships:** The main partner of WHO is the MOH. In the absence of a common UN framework, collaboration with UN agencies was more informal and established around specific projects. The WCO also has close cooperation with the Romanian Presidency (Department of Public Health). WHO has partnered less extensively with civil society, academia and other non-State actors. The evaluation shows potential for broader strategic engagement with other partners, including intersectoral action, in support of health priorities. Of particular importance is the partnership with the EU, and Romania's upcoming presidency of the EU is an opportunity for building synergies with the EU and the Government of Romania in order to advance common priority areas in health.

## 4. Recommendations

1. The Regional Office for Europe and the Head of the WHO country office should consider a new, longer-term, 4-5 year strategic planning instrument to address the more systemic and long-term needs of Romania, the directions set by the its Government, the 13th General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. It is recommended that such an instrument:
  - I. articulate a country support strategy that goes beyond the short-term (2-year) planning timeframe, taking into account long-term joint commitments and outcomes, and medium-term WHO strategies;
  - II. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
  - III. focus on long-term strategic issues for Romania, i.e. health sector reform towards universal health coverage (including governance, financing and legislation) and noncommunicable diseases, including mental health; and emphasize the role of gender, human rights and equity as social determinants of health;
  - IV. facilitate a critical assessment by the WHO country office of any additional or changing priorities and ad-hoc support requests from the Government of Romania against agreed strategic priorities and commitments.
2. The WHO Secretariat should ensure that the WHO country office has the requisite capacity and resources to provide critical support to Romania as it embarks on long-term health system reform. It is recommended that:
  - I. the Regional Office for Europe review resource allocations to Romania, at both country and regional office levels, based on country needs for WHO support irrespective of European Union membership status;
  - II. the WHO country office's human resource capacity is enhanced through the following options: i) additional National Professional Officer(s) and/or international professional(s), and ii) provision for longer-term technical experts.
3. To increase and sustain effectiveness of WHO support to Romania, the Regional Office for Europe and the WHO country office should strengthen those core functions that would help WHO deliver more effectively. It is recommended that:
  - I. the Regional Director for Europe continue to play a critical health diplomacy role in advocating for Universal Health Coverage in Romania, and to sustain commitments linked to the 13th General Programme of Work;
  - II. the WHO country office strengthen its convening power around health and engage strategically with other health system actors, including United Nations agencies, relevant national agencies and non-State actors;
  - III. the WHO country office, the Regional Office for Europe and its geographically dispersed offices, support capacity building of technical professionals and civil society as contributors to the sustainability of national health priorities;
  - IV. the WHO Regional Office for Europe facilitate cross-border interaction to build coalitions and strengthen capacity building through knowledge transfer and exchange of best practices across the countries in the South Eastern European subregion.

4. The WHO country office should enhance its strategic partnerships at country level to include a broader range of partners and national stakeholders in order to better contribute towards improving the health status in Romania. It is recommended that the WHO country office:
- I. incorporate a broader participatory planning process in development of the next strategic planning instrument, including all relevant government entities, other United Nations agencies, academia, and non-state actors;
  - II. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities, and allow exchange of knowledge and best practice;
  - III. with support of the WHO Office to the European Union in Brussels, continue and build on the existing good relationship with the European Union in order to contribute more effectively towards its support for the Romanian health sector reform (in the near-term, this also includes support to Romania's presidency of the European Union in 2019).