This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Romania. For a category and indicator-level summary, please see the Country Profile for Romania.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a
Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

- Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2
- Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1
- No evidence of an AMR plan = 0

Current Year Score: 0

Romania does not have a national AMR plan developed for the surveillance, detection and reporting of priority AMR pathogens. The Global Database for Antimicrobial Resistance Country Self Assessment of the World Health Organization (WHO) shows that the Romanian National AMR action plan is under development and that a multi-sectoral working group on AMR has been established. [1] There is however, no further evidence on the period when the plan is expected to be completed. The WHO Library of National Action Plans also shows that Romania does not have a National AMR action plan. [2] There is no evidence of a National AMR action plan or provisions for its completion on websites of the Ministry of Health, Ministry of Agriculture and Rural Development and the National Institute of Public Health. [3, 4, 5] There is, however, evidence that the National Sanitary Veterinary and Food Safety Authority (ANSVA) has a "Strategy of the National Sanitary Veterinary and Food Safety Authority on Combating Antimicrobial Resistance (AMR) in Veterinary Medicine 2016-2018", of 2016, which focuses on AMR activities related to animals. [6]


1.1.1b
Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

- All 7 + 1 priority pathogens = 2
- Yes, but not all 7+1 pathogens = 1
- No = 0

Current Year Score: 1

There is a national laboratory system in Romania which tests for some of the priority AMR pathogens. Romania reports data on antimicrobial susceptibility of 8 bacterial pathogens commonly causing infections in humans, which are required by the European Antimicrobial Resistance Surveillance Network (EARS-Net). The reporting includes 4 of the 7+1 WHO priority...
pathogens, namely Escherichia coli, Klebsiella pneumoniae, Streptococcus pneumoniae, and Staphylococcus aureus. The remaining pathogens include Pseudomonas aeruginosa, Acinetobacter species, Enterococcus faecalis, and Enterococcus faecium. [1] Data provided to EARS-Net is mainly received from specialized infectious disease hospitals, academic and tertiary hospitals. [2] Data collection for Romania is managed by the National Public Health Institute. Microbiology laboratory capacity for standardized testing of antimicrobial susceptibility is available at the National Reference/Research Laboratory at the Cantacuzino Institute and hospital laboratories. There is however no evidence provided on designated sentinel sites. [3] The National Institute of Public Health (NIPH) also shows evidence that the laboratory system can test for Mycobacterium tuberculosis, and S. aureus. [4, 5] There is no further evidence provided on the websites of the Ministry of Health and the Ministry of Agriculture and Rural Development. [6, 7]


**1.1.1c**

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Romania’s government conducts detection or surveillance activities for antimicrobial residues or AMR organisms. Romania also does not have a national AMR plan. [1, 2] Furthermore, there is no evidence of surveillance activities in soil, waterways, etc. for antimicrobial residues or AMR organisms on the websites of the Ministry of Environment, Water and Forests, Ministry of Health, Ministry of Agriculture and Rural Development, and the National Institute of Public Health (NIPH). [3, 4, 5, 6] Lastly, in the Global Database for Antimicrobial Resistance Country Self Assessment of the World Health Organization (WHO), Romania reports that environmental health standards in terms of AMR exist, but they are not fully implemented. [1]

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 1

National legislation in Romania requires prescriptions for antibiotic use for humans, however there is evidence of gaps in enforcement. The Law No.95/2006 “On Healthcare Reform” under Article 975 specifies that the National Agency for Medicines and Medical Devices (NAMMD) draws up a list of the medicinal products subject to medical prescription, specifying, if necessary, the category of classification. The list is updated annually. [1] Antibiotics are included as prescription medicine in this list. [2] The European Centre for Disease Prevention and Control (ECDC) also notes that antibiotics are prescription only in Romania. [3] The Ministry of Health has posted information regarding the correct use of antibiotics on its website and notes that antibiotics should not be used without a prescription. [4] However, the European Commission reports that Romania is among the European Union countries with the highest rates of antibiotics taken without prescription. The reported rate for Romania is 20%. [5]


1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 2

National legislation in Romania requires prescriptions for antibiotic use for animals, and there is no evidence of gaps in enforcement. Order No.64/2012 approves the norms for prescription of veterinary medicinal products and their use. As per this order, veterinary medicinal products may not be traded without a marketing authorization, and may not be used without a medical prescription from the veterinarian. [1] The order does not specifically refer to antibiotics, but it is all inclusive that veterinary medicinal products are sold by prescription. Furthermore, the National Veterinary Sanitary Authority for Food and Safety (ANSVSA) has updated in February 2020 the "National Guide on Prudent Use of Antimicrobials in Veterinary Medicine", which focuses on the prudent usage of antimicrobials, and especially antibiotics, in animals and how to prevent
antimicrobial resistance. [2] The European Commission (EC) in its "Romania Country Profile Organization of Official Controls" also reports that Romania requires prescription of veterinary medicinal products (VMP). [2] Furthermore, antibiotics for animal use are classified as prescription medicines under the list of veterinary medical products of the Institute for Control of Biological Products and Veterinary Medicines, which is the responsible agency for the assessment, marketing authorization, and laboratory testing of VMPs and other veterinary products. [4]


1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?
Yes = 1, No = 0

Current Year Score: 1

Romania has legislation and national contingency plans on zoonotic disease. The National Sanitary Veterinary and Food Safety Authority (ANSVSA) has issued orders and contingency plans in relations to zoonotic disease. Order No. 35/2016 on "Approving the Methodological Norms Program of the surveillance, prevention, control and eradication of animal diseases ...", sets out the rules for the surveillance, prevention, control and eradication of zoonotic disease. [1] Order No.34/2006 on "Approving the sanitary veterinary norm on monitoring zoonoses and zoonotic agents", sets out the rules for protection measures against zoonotic agents and zoonotic disease, surveillance of zoonotic agents and disease, epidemiological investigation of disease and food poisoning outbreaks, notification procedures, etc. [2] In addition, there are also national contingency plans on various zoonotic disease such as foot and mouth disease and avian influenza, which lay out the mechanisms for disease control and response, institutional coordination in emergency situation, public notification, etc. [3] There is no further evidence of updated legislation, plans, or strategy documents. [4, 5]


1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence on national legislation, and risk analysis of various zoonosis, which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans in Romania. However, there are various risk analysis documents which include avian influenza and newcastle disease. The "Risk Analysis for avian influenza in domestic birds in Romania", and the "Risk Analysis for Newcastle disease" prepared by the National Sanitary Veterinary and Food Safety Authority (ANSVSA) conduct the risks analysis of avian influenza and newcastle disease, including measures of prevention and protection. [1, 2] Those measures include surveys in poultry and wild birds, biosecurity measures to limit the risk of avian influenza in rearing compartment of birds, preventative vaccination of poultry and movement of vaccinated animals, testing of breeding birds for newcastle disease, disinfection, etc. Furthermore, Order No.29 "On the approval of the Veterinary Sanitary Norm regarding the general prevention and control measures of rabies in domestic and wild animals" of 28 March 2008 by ANSVSA also identifies the risk of rabbies and provisions for preventative measures such as vaccination of domestic and wild carnivores, organization of mass vaccination campaigns, registration of animals, etc. [3] There is no further evidence on the websites of the Ministry of Health, and the Ministry of Agriculture and Rural Development. [4, 5]


1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?
Yes = 1, No = 0

**Current Year Score: 1**

Romania has legislation that accounts for the surveillance and control of multiple zoonotic pathogens of public health concern. The National Sanitary Veterinary and Food Safety Authority (ANSVSA) has issued orders and regulation on surveillance of zoonoses and zoonotic agents. Order No. 35/2016 on "Approving the Methodological Norms Program of the surveillance, prevention, control and eradication of animal diseases..." of 30 March 2016, sets out the rules for the surveillance, prevention, control and eradication of zoonotic disease. Order No.34/2006 "On Approving the sanitary veterinary norm on monitoring zoonoses and zoonotic agents" of 17 February 2006, sets out the rules for protection measures against zoonotic agents and zoonotic disease, surveillance of zoonotic agents and disease, epidemiological investigation of disease and food poisoning outbreaks, notification procedures, etc. Romania also has legislation on surveillance and control of various zoonotic pathogens of public health concern such as salmonella through Regulation 2160/2003 "Control Salmonella and other zoonotic agents specific borne zoonotic forma consolidated", as well as legislation on the surveillance and control of avian influenza, foot and mouth disease, brucellosis, etc. [1, 2, 3, 4] There is no further evidence of updated national legislation, plans, or guidelines. [5, 6]


### 1.2.1d

**Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?**

Yes = 1, No = 0

**Current Year Score: 1**

There is evidence that Romania has an agency dedicated to zoonotic disease that functions across ministries.

The National Sanitary Veterinary and Food Safety Authority (ANSVSA), is the national agency dedicated to surveillance and control of animal disease including zoonotic disease. It is a specialised body of central public administration which is
coordinated by the Prime Minister through the Office of the Prime Minister, which means that it can have cross-ministerial functions. [1] ANSVSA monitors and controls activities in veterinary and food safety, animal health and welfare, animal disease, zoonotic disease and laboratory services. On 14 August 2020, a Draft Governmental Order has been issued, which would amend Government Order 1415/2009 “Regarding the organization and functioning of the National Sanitary Veterinary Authority and for Food Safety and its subordinate units”, which extends to ANSVSA inspection units at the border control, among other staff and salary provisions. [2]

Furthermore, the National Centre for Communicable Disease Control and Control within the National Institute of Public Health in Romania is responsible for the surveillance of diseases transmitted through water, food and zoonoses. [3] It ensures management of information within the system of reporting communicable diseases and ensures their transmission to the European Centre for Disease Prevention and Control (ECDC). It also assesses the trends of communicable diseases at the national level and recommends control measures to the Ministry of Health. There is no further information provided on the websites of the Ministry of Health and the Ministry of Agriculture and Rural Development. [4, 5]


1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

Romania has a mandatory national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. The mechanism is in the form of national requirement of disease surveillance and reporting by livestock owners. Order No.79 "On approving the sanitary and veterinary internal notification on the official declaration of infectious animal diseases" of 18 September 2008 issued by the National Sanitary Veterinary and Food Safety Authority (ANSVSA), makes it compulsory to report animal disease. [1] The animal’s owner has the obligation to notify any alteration of the health status of the animals, or any case of mortality registered, to the designated free practice or official veterinarian. The designated free practice, which is a free public veterinary practice designated by the government, has the obligation to communicate to the official veterinarian any situation in which a transmissible animal disease is suspected. The official veterinarian has the obligation to communicate the suspicion of disease to the county sanitary veterinary and food safety directorate, which is the local sanitary veterinary competent authority, which then reports to the veterinary directorate at the national level at the National Sanitary Veterinary and Food Safety Authority (ANSVSA). [2] There is no further evidence of an online mechanism of reporting on the Ministry of Agriculture and Rural Development’s website, the ANSVSA’s website, and the Ministry’s of Health website. [3, 4, 5] However, the ANSVSA also provides a direct link to the European Commission’s...
animal disease notification page. [6] It has also provided an online form for requesting information of public interest and a toll-free number for complaints. [7, 8] There is no further evidence of updated legislation or mechanisms. [9]


1.2.2b
Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals for owners. Romania has a law on personal data protection, Law No.677/2001 "On the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data, Amended and Completed", although it does not make reference to explicitly protecting the confidentiality of information generated through surveillance activities for animals owners. [1] This law protects processing of personal data and data on health status of individuals and the processing of this data is no longer protected in case of national public health threat. There is also no evidence of any guideline that safeguards confidentiality of information generated through surveillance activities for animals owners in Order No.79 "On approving the sanitary and veterinary internal notification on the official declaration of infectious animal diseases", 18 September 2008, issued by the National Sanitary Veterinary and Food Safety Authority (ANSVSA). [2] There is no further evidence on this issue on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development and the National Sanitary Veterinary and Food Safety Authority (ANSVSA). [3, 4, 5] There is no further evidence of updated legislation or guidelines. [6]


1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)? Yes = 1 , No = 0

Current Year Score: 1

Romania conducts surveillance of zoonotic diseases in wildlife. The National Sanitary Veterinary and Food Safety Authority (ANSVSA) has posted a form for reporting animals and birds found sick or dead on its website. It includes an e-mail address of disease notification at ANSVSA to which the form may be sent. [1] The website states that timely reporting of animals and birds found sick or dead is very important for prevention and control of diseases and pathogens being transmitted from wild animals to domestic animals and animal holdings. [2] The National Sanitary Veterinary and Food Safety Authority (ANSVSA) has also issued Order No. 35/2016 on “Approving the Methodological Norms Program of the surveillance, prevention, control and eradication of animal diseases...” of 30 March 2016, which sets out the rules for the surveillance, prevention, control and eradication of zoonotic diseases, also includes wild-life diseases such as rabies, tularaemia and avian influenza in wild birds. [3] Furthermore, ANSVSA also has Order No.55 “For the approval of the Strategic Program on surveillance, control and eradication of fox rabies in Romania” of 16 January 2008, which includes monitoring the evolution of rabies, data collection and recording, monitoring of fox population, vaccination, etc. [4] Romania conducts surveillance of zoonotic disease through the National Centre for Communicable Disease Control and Control within the National Institute of Public Health in Romania. The National Centre for Communicable Disease Control is responsible for the surveillance of diseases transmitted through water, food and zoonoses, including vector borne diseases and malaria. [5, 6] There is no further evidence provided on websites of the Ministry of Health and the Ministry of Agriculture and Rural Development. [7, 8]


1.2.3 International reporting of animal disease outbreaks

1.2.3a
Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1, No = 0
Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a
Number of veterinarians per 100,000 people
Input number
Current Year Score: 44.85

2018

OIE WAHIS database

1.2.4b
Number of veterinary para-professionals per 100,000 people
Input number
Current Year Score: 14.57

2018

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a
Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?
Yes = 1, No = 0
Current Year Score: 0

There is no public evidence of legislation providing mechanisms for working with the private sector in controlling or responding to zoonoses. Order No. 35/2016 on "Approving the Methodological Norms Program of the surveillance, prevention, control and eradication of animal diseases", and Order No.34/2006 on "Approving the sanitary veterinary norm on monitoring zoonoses and zoonotic agents" do not include such mechanisms. [1, 2] Furthermore, contingency plans such as "Romania’s Foot-and-Mouth Disease Contingency Plan", which lays out the national legal framework, necessary steps for disease control and response, mechanisms of cooperation for emergency situation and disease control, public awareness and notification, do not provide any evidence of working with the private sector in controlling or responding to zoonoses. [3, 4] There is also no evidence of mechanisms for working with the private sector provided on websites of the National Sanitary Veterinary and Food Safety Authority (ANSVSA), the Ministry of Health, the Ministry of Agriculture and Rural Development and the National Institute of Public Health. [5, 6, 7, 8] There is no further evidence of updated legislation in this regards. [9]


1.3 BIOSECURITY

1.3.1 Whole-of-government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0
Current Year Score: 0

There is insufficient evidence that Romania has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored, including details on inventories. There is no evidence provided on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the Ministry of National Defence, and the Verification Research, Training and Information Centre (VERTIC) database. [1,2,3,4] Romania reports to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" under the Biological Weapons Convention, however the last report containing data for 2018 does not contain information on inventories. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. As per the report covering data for 2018, Romania does not have any BSL-4 laboratories. [5, 6] It has five BSL2 containment laboratories in: (i) the National Society "Pasteur Institute", which contains animal viruses, bacteria, and parasites, (ii) the "Cantacuzino" National Medico-Military Institute for Research and Development ("Cantacuzino" NMMIRID), which contains highly pathogenic influenza strains and respiratory viruses, (iii) the Institute for Hygiene and Veterinary Public Health, which operates containment laboratories of various micro-organisms such as Escherichia coli, Listeria innocua, Pseudomonas aeruginosa, Salmonella enterica subsp. enterica serovar enteritidis, etc., (iv) the Institute for Control of Veterinary Biological Products and Medicines (ICVBPBM), which contains various microorganisms such as Staphylococcus aureus, Bacillus subtilis, Escherichia coli, Salmonella enterica subsp. Enterica serovariant typhimurium, etc., (v) the National Institute for Infectious Diseases "Matei Balș"Bucharest (INBI MB), which had dedicated areas for virology, bacterology, etc. There are also two functional BSL-3 containment laboratories at the National Sanitary Veterinary and Food Safety Authority (NSVFS) and the National Institute for Infectious Diseases "Matei Balș"Bucharest (INBI MB), which has areas dedicated to pathogenic fungi and Mycobacterium tuberculosis, and there is also a non-functional BSL-3 laboratory at "Cantacuzino" NMMIRID. [6, 7]


1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Romania has biosecurity legislation or regulations in place. There are no laws or guidelines in place that address requirements such as physical containment, operation practices, failure reporting systems or cybersecurity of
facilities in which especially dangerous pathogens and toxins are stored or processed. The websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, the Ministry of National Defence, the Ministry of Education, Research, Youth and Sports, and the Verification Research, Training and Information Centre (VERTIC) do not contain any information about biosecurity. [1, 2, 3, 4, 5] Although Romania declares to have legislation on biosecurity in the "Confidence Building Measure Return" reports of 2019, 2018, and 2017 in accordance to the latest version of the World Health Organization (WHO) Laboratory Biosecurity Guidance or equivalent national or international guidance, the listed laws do not specifically relate to biosecurity, rather they cover the regime for the control of export, transfer, brokering and transit of dual-use items [6, 7, 8].


1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?
Yes = 1 , No = 0

Current Year Score: 0

There is no available evidence that Romania has an agency responsible for biosecurity; nor does it have biosecurity legislation. However, as per Law No.137/1995 "On the Environmental Protection" of 29 December 1995, under Article 22, the central environmental protection authority - the Ministry of Environment, Water and Forests - specifies the regulations regarding import, export, and transit of dangerous substances and hazardous waste. [1] In addition, Law No.56/1997 "For the implementation of the provisions of the Convention on the prohibition of the development, production, stockpiling and use of chemical weapons and on their destruction" under Article 5 sets the National Agency for Export Controls to ensure the control of the production, use, import and export of toxic chemicals and of their precursors. [2] The websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, the Ministry of National Defence, the Ministry of Education, Research, Youth and Sports, and the Verification Research, Training and Information Centre (VERTIC) do not contain any information about biosecurity. [3, 4, 5, 6] There is also no further evidence found on the "Confidence Building Measure Return" report for 2019, 2018 and 2017. [8, 9, 10] There is no further evidence of updated legislation.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Romania has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. Romania reports to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. The Romanian "Confidence Building Measure Return" reports of 2019, 2018, and 2017 do not provide any evidence on the consolidation of inventories of especially dangerous pathogens and toxins into a minimum number of facilities. In fact, in the 2019 report, Romania reports to have one more BSL-3 facility. [1, 2, 3] There is also no evidence provided on the websites of the Ministry of Defence, the Ministry of Research and Innovations, the National Institute of Public Health (INSP), the Ministry of Health, and the Verification Research, Training and Information Centre (VERTIC) database. [4, 5, 6, 7, 8]

[8] Verification Research, Training and Information Centre (VERTIC). "Romania".
Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1, No = 0

Current Year Score: 1

There is public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for Ebola in Romania, although there is no such evidence available for anthrax. The National Institute of Research & Development for Microbiology & Immunology "Cantacuzino" (NIRDMI) conducts Ebola real-time PCR diagnostic tests, as does the National Institute for Infectious Diseases "Matei Balș", which is also designated as the facility to receive patients in case of an Ebola outbreak. [1, 2, 3] The NIRDMI does not provide any further information on PCR testing for Ebola, although it lists this test as part of the diagnostic tests that it performs. The NIRDMI does not list anthrax on the list of diagnostic testing that it performs. [1] There is no further evidence provided on websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, or the Ministry of National Defence regarding PCR testing for Ebola or anthrax. [4,5, 6]

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Romania requires standardised biosecurity training for personnel working with dangerous biological materials. There is no public evidence of this mentioned on websites of the Ministry of Health, the National Centre for Control of Communicable Disease's (CNSCBT), the Ministry of Agriculture and Rural Development, the Ministry of National Defence, and the Verification Research, Training and Information Centre (VERTIC). [1, 2, 3, 4, 5] Although Romania is part of the European Committee on Standardization (CEN) and has participated in the CEN Workshop agreement on laboratory biorisk management guidelines, there is no evidence that CEN guidelines are mandatory for Romania, and that
Romania abides by these guidelines. CEN offers suggestions on what biosecurity training should include, such as knowledge on identifying hazards and managing risks. It does not however provide a standardised program. [6] There is also no further evidence provided by the "Confidence Building Measure Return" reports of 2019, 2018 and 2017. [7, 8, 9]


1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence that Romania has a regulatory framework for biosecurity and there is no evidence that checks are carried out on personnel with access to dangerous pathogens, toxins, or biological materials with pandemic potential. The European Union (EU) report on "Implementation of legislation and measures related to biosafety and biosecurity in EU Member States" of 2008, provides country-specific information and includes reports on security checks required for personnel with access to especially dangerous pathogens/toxins. The report does not provide any evidence of such requirements for Romania. [1] There is also no evidence provided on websites of Ministry of Health, the National Institute of Public Health's (INSP), the Ministry of Agriculture and Rural Development, the Ministry of National Defence, and the Verification Research, Training and Information Centre (VERTIC). [2, 3, 4, 5, 6] There is also no further evidence provided by the "Confidence Building Measure Return" reports of 2019, 2018 and 2017. [7, 8, 9]

1.3.4 Transportation security

1.3.4a Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1, No = 0

Current Year Score: 1

There is publicly available information on national regulations on the safe and secure transport of infectious substances (Categories A and B) in Romania. Romania follows the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), which includes infectious substances and toxins. [1, 2] Romania has adhered to ADR under Law No.31/1994 "For the accession of Romania to the European Agreement on the International Carriage of Dangerous Goods" of 18 May 1994. [3, 4] ADR contains rules for the transport of infectious substances (Categories A and B) including the classification of infectious substances and how such material is to be handled. The rules specify that it is the responsibility of the consignor to ensure that infectious substances material is properly classified, packed, marked and that the correct documents are included in the shipment. [5] The ADR abides to the World Health Organization’s (WHO) "Guidance on regulations for the Transport of Infectious Substances 2009-2010". [6] Furthermore, the Romanian National Road Transport Authority (ARR) under the Ministry of Transportation provides all the information for national and international regulation on the on the safe and secure transport of infectious substances, such as ADR agreements and requirements, classification of dangerous and hazardous goods, which include infectious substances and toxins, packaging, labelling, routing, documents needed for transportation, personal protection requirements, technical vehicle inspection, etc. [7]


1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 1

Romania has regulation in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. Romania follows the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), which includes infectious substances and toxins. [1, 2] ADR contains rules for the transport of infectious substances (Categories A and B) including the classification of infectious substances and how such material is to be handled. The rules specify that it is the responsibility of the consignor to ensure that infectious substances material is properly classified, packed, marked and that the correct documents are included in the shipment. [3] Romania also has Emergency Ordinance No. 119/2010 "On the Export Control Regime of Dual-Use Goods and Technologies", which regulates the export control regime of dual use goods and technologies, as well as the necessary measures to be taken in order to fully abide by the Council Regulation (EC) No. 1334/2000 "On setting up a Community regime for the control of exports of dual-use items and technology" of 22 June 2000. The export control list includes human pathogens, zoonoses and toxins. [4, 5] The emergency ordinance requires end-user certificate, export license for dual-use goods, and international import certificate. The end-user certificate should be obtained by the competent authority of the country where the dual-use goods are being exported attesting that the consignment has reached its final destination. [4] This same legislation is also mentioned in the "Confidence Building Measure Return" reports of 2019, 2018 and 2017, as well as the Verification Research, Training and Information Centre (VERTIC). There are no further additions or updates to the regulations. [6, 7, 8, 9] Further, end-user screening is mandated by the EU's Regulation No 428/2009 Setting up a Community Regime for the Control of Exports, Transfer, Brokering and Transit of Dual-Use Items. Regulations issued by the European Council are legally binding legislative acts in all EU member states, including Romania. [10]

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 1

Romania has national biosafety legislation and regulation in place. The Government Decision No. 1092/2006 "On the Protection of Workers from Risks Related to Exposure of Biological Agents at Work" is the main legislation regarding biosafety in Romania. [1] Government Decision No. 1092/2006 aims to protect workers’ health and security against risks of exposure to biological agents at work and to prevent them from being exposed to hazards that may occur from exposure to biological agents at work. This includes details on the provision of protective equipment, adequate training, safe working environment, physical confinement of biological agents, testing when possible of for the presence of biological agents outside the primary physical confinement, safe collection, storage and disposal of waste using secure and identifiable containers, arrangements of safe handling and transport of biological agents within the workplace, health surveillance of workers at the workplace, availability of vaccinations for workers who are not immune to the biological agents that they are exposed or may be exposed, notification of accidents with biological agents, etc. Lately, due to the COVID-19 pandemic, Romania has also issued the "Basic recommendations on biosafety in the clinical microbiology laboratory", which provides biosafety information for safe laboratory practices reducing the risk of contamination and spread of pathogens including COVID-19. [2] Romania also reports on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017 that is has legislation in place on biosafety in accordance with the latest version of the WHO Laboratory Biosafety Manual or equivalent national or international guidance. [3, 4, 5]
1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1, No = 0

Current Year Score: 1

There are established agencies in Romania that are responsible for the enforcement of biosafety legislation and regulations. The Ministry of Health and the Ministry of Labour, Family and Social Protection are the two governmental agencies in charge of enforcement of biosafety legislation and regulations. The Government Decision No.1092/2006 "On the Protection of Workers from Risks Related to Exposure of Biological Agents at Work", which aims at laying out minimum requirements for the protection of workers' health and security against risks and prevention of risks that may arise due to exposure of biological agents at work, puts the Ministry of Health and the Ministry of Labour, Family and Social Protection (named Ministry of Labour, Social Solidarity and Family at the time of the government decision) as the responsible authorities for the enforcement of biosafety legislation and regulations. [1] The Ministry of Health is in charge of establishing the arrangements for the health surveillance of workers at risk of health and safety due to exposure or potential exposure to biological agents. The Ministry of Labour, Family and Social Protection is in charge of enforcing the requirements of safety at work. There is no further information provided on the websites of the Ministry of Health, Ministry of Agriculture and Rural development, the Ministry of National Defence, and the Ministry of Education, Research, Youth and Sports. There is no further evidence of updated legislation or regulation. [2, 3, 4, 5] There is no further evidence provided on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017. [6, 7, 8]


1.4.2 Biosafety training and practices

1.4.2a 
Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Romania has a requirement for standardised biosafety training for personnel working with dangerous biological materials. Romania requires biosafety training for workers at risk relating to exposure of biological agents at work, as per the Government Decision No.1092/2006 "On the Protection of Workers from Risks Related to Exposure of Biological Agents at Work.", however it does not lay out a standardized program. [1] Under Article 18 of this government decision, employers should take appropriate measures to ensure that workers receive sufficient and appropriate training regarding potential risks to health, precautions to prevent exposure, hygiene requirements, wearing and use of protective equipment and clothing as well as steps to be taken in case of incidents and incident prevention. As per Article 19, the training should be given at the beginning of work in contact with biological agents and it should continue to be adapted and repeated periodically, if necessary. However, there are no provisions made for using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The training is left at the discretion of the employer. Lastly, the "Basic recommendations on biosafety in the clinical microbiology laboratory" issued during COVID-19, also requires that all staff working in laboratory is properly trained, but it does not specify the types of training. [2] There is no further information provided on websites of the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Education, Research, Youth and Sports, the National Institute of Public Health, and the Verification Research, Training and Information Centre (VERTIC) database. [3, 4, 5, 6, 7] There is also no further evidence on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017. [8, 9, 10]

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the country has conducted an assessment to determine whether ongoing dual use research is occurring. In the 2019 report for the “Confidence Building Measure Return” to the United Nations Office at Geneva (UNOG) containing data for 2018, Romania reports that there are no national biological defence research and development programs taking place. [1] However, Romania reports on biological research that is being conducted in the country in accordance with biosecurity practices and the “Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction” of 10 April 1972, which is a multilateral disarmament treaty on banning weapons of mass destruction including biological and toxin weapons. The reported research includes evaluation of pathogenic strains of Salmonella, resistance to antibiotics and consumption of antibiotics, staphylococcal strains and species, etc. Moreover, the Emergency Ordinance No. 119/2010 “On the Export Control Regime of Dual-Use Goods and Technologies”, regulates the export control regime of dual use goods and technologies, as well as the necessary measures to be taken in order to fully abide by the Council Regulation (EC) No. 1334/2000 “On setting up a Community regime for the control of exports of dual-use items and technology” of 22 June 2000. [2] There is also no evidence of a conducted assessment on the website of the Ministry of Research and Innovations. [3] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the Ministry of National Defence, or the Verification Research, Training and Information Centre (VERTIC). [4, 5, 6, 7]


1.5.1b
Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Romania has legislation or policy on research using dual-use materials. The country however has legislation on export of dual-use goods and technologies as per Emergency Ordinance No. 119/2010 "On the Export Control Regime of Dual-Use Goods and Technologies" of 2010, which regulates the export control regime of dual use goods and technologies, such as requirements on end-user statement, export license for dual-use goods, and international import certificate. [1] There is no mention of oversight of dual-use research. There is also no evidence of a national policy requiring oversight of dual use research on websites of the Ministry of Health, the Ministry of Research and Innovation, the Ministry of Education, Research, Youth and Sports, the Ministry of National Defence and the Ministry of Agriculture and Rural Development. [2, 3, 4, 5, 6] There is no further evidence provided on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017, or the Verification Research, Training and Information Centre (VERTIC). [7, 8, 9, 10]


1.5.1c
Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1, No = 0

Current Year Score: 0
There is no evidence that Romania has an agency responsible for oversight of dual-use research. There is also no publicly available national policy requiring oversight of dual-use research, such as research with especially dangerous pathogens, toxins, and/or pathogens with pandemic potential. Romania however has legislation on export of dual-use goods and technologies as per Emergency Ordinance No. 119/2010 “On the Export Control Regime of Dual-Use Goods and Technologies” of 2010, which regulates the export control regime of dual use goods and technologies, such as requirements on end-user statement, export license for dual-use goods, and international import certificate. [1] There is no mention of oversight of dual-use research or a concerned agency. There is no evidence of a national policy requiring oversight of dual use research or a concerned agency on the website of the Ministry of Health, the Ministry of Research and Innovation, the Ministry of Education, Research, Youth and Sports, the Ministry of National Defence, and the Ministry of Agriculture and Rural Development. [2, 3, 4, 5, 6] There is also no further evidence provided on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017, or the Verification Research, Training and Information Centre (VERTIC). There is no further evidence of updated legislation or regulation. [7, 8, 9, 10]


**1.5.2 Screening guidance for providers of genetic material**

**1.5.2a**

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a requirement in Romania for screening synthesised DNA before it is sold. There is no mention of such legislation or policy on the website of the Ministry of Health or in legislation on the website of the National Agency for Medicines and Medical Devices. [1, 2] There is however legislation on medicinal products developed by means of biotechnological processing including recombinant DNA technology. As per Law No.95/2006 "On Healthcare Reform" of September 2006, medicinal products developed by means of biotechnological processing including recombinant DNA...
technology are authorized through a centralized procedure, which means getting approval by the European Medicines Agency. [3] The same is true for the approval of commencement of clinical trials for medicinal products developed by means of biotechnological processing including recombinant DNA technology, which also requires approval by the European Medicines Agency. [4] Romania also has the Emergency Ordinance No. 119/2010 “On the Export Control Regime of Dual-Use Goods and Technologies”, which regulates the export control regime of dual use goods and technologies, as well as the necessary measures to be taken in order to fully abide by the Council Regulation (EC) No. 1334/2000 “On setting up a Community regime for the control of exports of dual-use items and technology” of 22 June 2000. [5] There is no further evidence provided on the website of the Ministry of Transport, Infrastructure, and Communications, the Ministry of Agriculture and Rural Development, the Ministry of National Defence, and the Ministry of Education and Research. [6, 7, 8, 9] There is also no evidence provided on the "Confidence Building Measure Return" reports of 2019, 2018, and 2017, or the Verification Research, Training and Information Centre (VERTIC). [10, 11, 12, 13]

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a
Immunization rate (measles/MCV2)
Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

World Health Organization

1.6.1b
Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?
Yes = 1, No = 0

Current Year Score: 1

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a
Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?
Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

Romania’s national laboratory system has the capacity to conduct diagnostic tests for 6 of the 10 WHO-defined core tests. The National Institute of Research & Development for Microbiology & Immunology "Cantacuzino" (NIRDMI), which serves as Romania's reference laboratory system, conducts diagnostic testing of: Polymerase Chain Reaction (PCR) testing for Influenza virus; virus culture for poliovirus; serology for HIV; microscopy for mycobacterium tuberculosis; rapid diagnostic testing for...
plasmodium spp. and bacterial culture for Salmonella enteritidis serotype Typhi. [1] There is no further information provided on the four country-defined tests on the websites of the Ministry of Health and the Institute of Public Health. [2, 3]


2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2. Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1. No evidence of a plan = 0

Current Year Score: 1

There is evidence of documents for conducting testing during a public health emergency in Romania, but there is insufficient evidence that they include considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. The Order of the Ministry of Health No. 807/2020 "For establishing the attributions in the testing activity in order to detect SARS-CoV-2 virus infection in some units under the Ministry of Health" of 14 May 2020 states that the National Institute of Public Health (INSP) coordinates and monitors nationally the sampling and testing of SARS-CoV-2. It also lays out the rules for the collection and transportation of samples and referral to the NIPH in case of lack of testing capacities at the local level. [1]

Furthermore, the document issued by the National Center for Surveillance and Control of Communicable Diseases (CNSCBT) "Case definitions for acute respiratory syndrome with the new coronavirus" of 10 August 2020 lays out the rules for priority testing of COVID-19, as does the "Methodology for surveillance of acute respiratory syndrome with the new coronavirus (COVID-19)" issued by CNSCBT on 3 April 2020, which provides a detailed test algorithm for COVID-19. [2, 3] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, and the INSP for testing for novel pathogens, scaling capacity, and defining goals for testing. [4, 5, 6]

2.1.2 Laboratory quality systems

2.1.2a
Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?
Yes = 1, No = 0

Current Year Score: 1

There is evidence that the national reference laboratory in Romania- The Cantacuzino National Research and Development Institute for Microbiology and Immunology (Cantacuzino NRDIMI) is accredited. Cantacuzino NRDIMI is accredited by the Romanian Accreditation Association (RENAR). The initial accreditation is received on 31 January 2019, and it will expire on 31 January 2023. [1] There is no further evidence on the websites of the Ministry of Health, Institute of Public Health, and Cantacuzino NRDIMI regarding external quality assurance. [2, 3, 4]


2.1.2b
Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?
Yes = 1, No = 0

Current Year Score: 1

There is evidence that the national reference laboratory in Romania- Cantacuzino National Research and Development Institute for Microbiology and Immunology (Cantacuzino NRDIMI) is subject to external quality assurance review. The national reference laboratories at the Cantacuzino NRDIMI participate in international external quality assurance. The Viral Respiratory Infections Laboratory including influenza, rubella, measles etc. and the Viral Enteric Infections Laboratory are checked annually and have been certified as reference centres by the World Health Organization (WHO). [1] There is also no further evidence on the websites of the Ministry of Health, the Institute of Public Health, and Cantacuzino NRDIMI. [2, 3, 4]

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a
Is there a nationwide specimen transport system?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a nationwide specimen transport system in Romania. There is no evidence of a nationwide specimen transportation system provided on the websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, and the Institute of Public Health. [1, 2, 3] On its website, The National Institute of Public Health (NIPH) provides guidelines that include measures to prevent and control highly infectious diseases, as well as guidelines on transportation of vaccines. [4] The "Measures to Prevent and Control Transmission in Hospitals of MERS-CoV (Middle Eastern Respiratory Syndrome-Coronavirus)" of 2014, and the "Prevention and control of suspicious infections with the new Coronavirus (2019-nCoV) in health facilities" issued by the National Center for Surveillance and Control of Communicable Diseases (CNSCBT) on 23 January 2020, include guidelines for the safe handling of biological material including safe packaging and labelling, and mentions that laboratories must be notified of the specimen shipment so that all necessary measures can be taken for secure handling, however does not provide any further information on a nationwide transportation system for specimens either through the Ministry of Health or a private system for nationwide transporting specimen. [5, 6]


2.2.2 Laboratory cooperation and coordination

2.2.2a
Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?
Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no public evidence of a plan in place in Romania to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. However, as per the Order of
the Ministry of Health No. 807/2020 "For establishing the attributions in the testing activity in order to detect SARS-CoV-2 virus infection in some units under the Ministry of Health" of 14 May 2020, the National Institute of Public Health (INSP) coordinates and nationally monitors the sampling and testing of SARS-CoV-2. [1] The INSP is in charge in approving regional requests for increased testing capacities. It also assigns the laboratories to be used for regional units that have exceeded their testing capacities, or that do not have the needed testing capacities. However, no details are provided on the rapid authorization or licensing of laboratories to supplement the capacity of the national public health laboratory system. In addition, the Ministry of Health publishes on its website the updated list of laboratories where COVID-19 testing is done in the country. [2] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, and the INSP. [3, 4, 5]


2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Romania is conducting ongoing event-based surveillance (EBS) and analysis for infectious disease. Evidence of EBS is also not found on the websites of the Ministry of Health, the Ministry of Agriculture and Rural Development and the National Institute of Public Health. [1, 2, 3] The "Methodology for surveillance of acute respiratory syndrome with the new coronavirus (COVID-19)" issued by CNSCBT on 3 April 2020, also does not provide any evidence of EBS. [4] Lastly, the General Inspectorate for Emergency Situation (IGSU), which serves as the country’s emergency operations centre, also does not provide any evidence of EBS in its report of fulfilling a condition placed by the European Comission (EU) (in order to receive European funds 2014-2020) on conducting a national risk assessment. There are no further updates on the matter. [5, 6]

2.3.1b
Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Romania reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. The last reported infectious disease as per the Disease Outbreak News page was the Avian influenza reported in October 2005 and there have been no further updates since then. [1] The WHO Disease Outbreak News pages for 2020 and 2019 do not provide any evidence of the same. [2, 3] Further, on February 25, 2020, the Romanian government reported its first case of covid-19 to the WHO, who had previously declared covid-19 a potential PHEIC on January 30, 2020. [4, 5] Additionally, there is no evidence of a potential PHEIC notification within the last two years on the website of the Ministry of Health and the National Institute of Public Health (INSP). [6, 7]


2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a
Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Romanian government operates an electronic reporting surveillance system at the national and sub-national level. However, there is evidence of an online surveillance platform for registering suspected and confirmed positive cases of COVID-19 as outlined in the "Methodology for surveillance of acute respiratory syndrome with the new coronavirus (COVID-19)" issued by the National Centre for Surveillance and Control of Communicable Disease (CNSCBT) on 3 April 2020. According to this document, suspected and confirmed cases are notified by telephone and entered into the online platform. [1] There is also a register of communicable diseases financed by the Norwegian Grant 2009-2014 on "Initiative in Public Health". [2] Lastly, Romania reports to the European Centre for Disease Prevention and
Control (ECDC) in case of disease outbreaks through an electronic system of early warning reporting surveillance (EWRS).
Public health authorities officially designated by the government have access to EWRS, which gives them access for data input into this electronic platform. [3] There is no further evidence of an electronic surveillance system on the websites of the Ministry of Health, the National Institute of Public Health (INSP), and the National Centre for Surveillance and Control of Communicable Disease. [4, 5, 6]


2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a system to collect ongoing/real time laboratory data in Romania. There is insufficient evidence that the Romanian government operates an electronic reporting surveillance system at the national and sub-national level. However, there is evidence of an online surveillance platform for registering suspected and confirmed positive cases of COVID-19 as outlined in the "Methodology for surveillance of acute respiratory syndrome with the new coronavirus (COVID-19)" issued by the National Centre for Surveillance and Control of Communicable Disease (CNSCBT) on 3 April 2020. [1] According to this document, suspected and confirmed cases are notified by telephone and entered into the online platform. There is no evidence provided in the document in regards to collecting ongoing/real time laboratory data. There is also a register of communicable diseases financed by the Norwegian Grant 2009-2014 on "Initiative in Public Health". [2] Lastly, Romania reports to the European Centre for Disease Prevention and Control (ECDC) in case of disease outbreaks through an electronic system of early warning reporting surveillance (EWRS). Public health authorities officially designated by the government have access to EWRS, which gives them access for data input into this electronic platform. [3] There is no further evidence of an electronic surveillance system on the websites of the Ministry of Health, the National Institute of Public Health (INSP), and the National Centre for Surveillance and Control of Communicable Disease. [4, 5, 6]

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a
Are electronic health records commonly in use?
Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 1

There is evidence that electronic health records are not commonly in use in Romania, but there is evidence they are used. Romania uses a National E-Health Record (EHR), which is a centralized IT system that collects patients' medical data from all medical providers public and private. The EHR is also integrated with other IT platforms of the National Health Insurance House, which coordinates the functioning of the social health insurance system, such as the Electronic Health Records (DES), Electronic Prescription System (SIPE), the Electronic Health Insurance Card (CEAS), and the Unique Integrated IT system (SIUI). [1, 2] The 2019 assessment of the health information system in Romania "Health information system in Romania" funded by the European Union, states that there is a single electronic health records system across the health system. This system includes diagnosis data, discharge data, treatment data, etc. and it is also used for public health monitoring. [3] There is no further evidence provided on the website of the Ministry of Health, and the National Institute of Public Health (INSP). [4, 5]


2.4.1b
Does the national public health system have access to electronic health records of individuals in their country?
Yes = 1, No = 0

Current Year Score: 1

The national public health system in Romania has access to electronic health records of individuals in the country. Romania uses a National E-Health Record (EHR), which is a centralized IT system that collects patients' medical data from all medical providers. The EHR system is also integrated with other IT platforms of the National Health Insurance House, which coordinates the functioning of the social health insurance system, such as the Electronic Health Records (DES), Electronic Prescription System (SIPE), the Electronic Health Insurance Card (CEAS), and the Unique Integrated IT system (SIUI). [1, 2] Primary care facilities such as clinics and health care centres, secondary health care facilities such as hospitals, emergency
care, and tertiary care facilities such as specialized care, referral from primary and secondary care, all have access to electronic health records. There is no further updated information provided by WHO on this matter. [3] The 2019 assessment of the health information system in Romania "Health information system in Romania" funded by the European Union, also states that there is a single electronic health records system across the health system and its data is also used for public health monitoring. [4] There is also no further evidence provided on the website of the Ministry of Health and the National Institute of Public Health (INSP). [5, 6]


2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

**Current Year Score: 1**

Romania has data standards in place to ensure that data is comparable. The Romanian National E-Health Record (EHR), which is a centralized IT system that collects patients' medical data from all medical providers, is developed on the HL7 standard. The HL7 is an interoperability standard in the IT medical field recognized as the most commonly used in the world. It supports clinical practice and the management, delivery, and evaluation of health services. [1] The EHR system is also integrated with the other IT platforms of the National Health Insurance House, which coordinates the functioning of the social health insurance system, such as the Electronic Health Records (DES), Electronic Prescription System (SIPE), the Electronic Health Insurance Card (CEAS), and the Unique Integrated IT system (SIUI). [2, 3] The 2019 assessment of the health information system in Romania "Health information system in Romania" funded by the European Union also confirms that data assessment meets quality standards. [4] There is no further evidence provided on the website of the Ministry of Health and the National Institute of Public Health (INSP). [5, 6]


2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data. The European Centre for Disease Prevention and Control (ECDC) reported in 2017 that there is no intersectoral coordinating mechanism in Romania between human and veterinary authorities in regards to antimicrobial resistance. There has been limited cross-sectoral collaboration between the human and veterinary authorities on strategies and action plans. [1] Dr. Victor Babes Hospital of Infectious and Tropical Disease Bucharest, a prominent hospital for infectious disease in Romania, also reports that there is weak cooperation between veterinary-human sectors and data for veterinary epidemiology is not easily available. [2] There is also no evidence, or updates of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data provided on the websites of the Ministry of Health, National Centre for Control of Communicable Disease, the National Sanitary Veterinary and Food Authority and the Ministry of Environment, Water and Forests. [3, 4, 5, 6]


2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1, No = 0

Current Year Score: 1

Romania makes de-identified health surveillance data on disease outbreaks publicly available via reports on government websites. The National Centre for Control of Communicable Disease (CNSCBT) at the Institute of Public Health (INSP) of Romania actively publishes weekly update reports on communicable disease outbreaks including influenza virus, rubella, and west nile virus. [1] The reports include information on the number of confirmed cases, number of new cases, age-group...
distribution, territorial exposure units. There are also annual reports analysing the evolution of communicable diseases under surveillance. [2] These reports include information on communicable diseases such as rubella and other communicable diseases that can be prevented through vaccines, viral hepatitis, transmittable diseases through food and animals, infectious respiratory diseases, vector transmitted disease, etc. They also include information on the number of cases, territorial distribution, age-group distribution, etc. [2]


2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?
Yes = 1 , No = 0

Current Year Score: 1

Romania makes de-identified COVID-19 surveillance data available via daily reports on government websites. The Ministry of Health and the Institute of Public Health (INSP) publish daily and weekly reports on their websites regarding the daily case count, mortality rate, number of healed individuals, territorial distribution, number of individuals in isolation or quarantine, distribution by sex and age, accompanying diseases of affected individuals, regional trends, etc. [1, 2, 3]


2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?
Yes = 1 , No = 0

Current Year Score: 1

Romania has legislation in place that safeguards the confidentiality of identifiable health information for individuals. Law No.677/2011 "On the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data, Amended and Completed" classifies processing of personal data regarding the state of health as a special category, for which processing of personal data is prohibited. [1] Exceptions are made only in the case of protection of public health or prevention of an imminent danger or criminal offense, in which case the data processing is done under the supervision of medical staff under a pledge of professional confidentiality. The Ministry of Health has also made this information available on its website. [2] In addition, the confidentiality of identifiable health information for individuals is safeguarded by the EU's General Data Protection Regulation, which came into force in May 2018 and adopted in Romania by Law No.190 "On measures for the implementation of Regulation (EU) 2016/679 of the European Parliament and of the
Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation)” of 18 July 2018. [3, 4] There are no further updates to the legislation and regulation in force. [5]


2.4.4b
Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?
Yes = 1, No = 0

Current Year Score: 1

The Romanian legislation on personal data protection includes protection from cyber attacks. Law No.677/2001 "On the Protection of Individuals with Regard to the Processing of Personal Data and the Free Movement of Such Data, Amended and Completed” includes security of data processing. As per Article 20 of this law, the data collector has the obligation to apply adequate technical and organizational measures in data processing involving transmission within a network in order to protect the data against accidental or unlawful destruction, loss, alteration, disclosure or unauthorized access, as well as against any other form of illegal processing. However there is no specification in the law on what these adequate technical and organizational measures refer to. [1] Legislation responsible for personal data protection is also posted on the website of the Ministry of Health, where reference is made to Regulation of the European Parliament and the Council No. 2016/679 “On the Protection of Natural Persons with regards to the processing of Personal Data and on the Free Movement of such Data” of 27 April 2016, which requires for encryption of personal data. [2, 3] There are no further updates to the legislation and regulation in force. [4] In addition, as a member of the European Union, Germany is subject to the 2016 General Data Protection Regulation (GDPR), effective since 2018. [5] This extensive regulation includes specific provisions to protect data against cyber attacks, including a requirement that data held by state authorities must be overseen by a dedicated data protection officer who is proficient in dealing with cyber attacks, and a requirement to inform all individuals affected by a data breach within 72 hours. [5]

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 2

There is evidence that Romania has made a commitment via cooperative agreement to share surveillance data for more than one disease during a public health emergency with other countries in the region. As a member state of the European Union, Romania regularly shares surveillance data with the European Center for Disease Commission Prevention and Control (ECDC).

[1] The list of communicable diseases for which surveillance data is shared is approved by the European Union’s Commission Implementing Decision (EU) 2018/945 "On the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions" of 22 June 2018. The surveillance data is shared with the ECDC through the early warning response system (EWRS).

[2] Currently Romania is sharing surveillance data on COVID-19 and West Nile Virus.

[3]

REFERENCES


2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a national system in place in Romania to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing but only in the event of a current public health emergency. The World Health Organization (WHO) through the COVID-19 Health System Response for Romania reports that there are clear procedures for contact tracing, and that contact tracing has been implemented for all confirmed cases. [1] Furthermore, the “Methodology for surveillance of acute respiratory syndrome with the new coronavirus (COVID-19)” issued by the National Center for Surveillance and Control of Communicable Diseases (CNSCBT) on 3 April 2020 and 10 August 2020 request that epidemiological investigation of confirmed cases in initiated within 24 hours at the local level. [2, 3] However, the document does not provide any evidence of support at the sub-national level. There is no further evidence on the matter in the websites of the Ministry of Health and the National Institute of Public Health (INSP). [4, 5]


2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 2

There is evidence that Romania provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. The Law No. 136/2020 “On the establishment of measures in the field of public health in situations of epidemiological and biological risk"
of 21 July 2020 makes provisions for quarantine and isolation monthly allowances, allowance of social insurance, and medical attention, as well as provision of food in needed cases. The law does not apply to one specific disease, rather it applies to all public health situations of epidemiological and biological risk. [1] Furthermore, the Government Emergency Ordinance No. 30/2020 "For amending and supplementing certain normative acts, as well as for establishing measures in the field of social protection in the context of the epidemiological situation caused by the spread of the SARS-CoV-2 coronavirus" of 21 March 2020 makes provisions for payment allowance in the measure of 75% of the national average wage for those who are financially affected by restrictions due to COVID-19, as well as paid parental leave for child-care during closing of schools. [2] The COVID-19 Health System Report Monitor Romania of the World Health Organization (WHO) also reports that the European Union has made available funds for support of vulnerable groups affected by COVID-19 and elderly care. [3] Lastly, Law No.55/2020 "On some measures for the prevention and combating the effects of the COVID-19 pandemic" of 18 May 2020 includes measures such as granting basic necessities to the affected people. [4]


2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Romania makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. The Ministry of Health publishes daily updates, which include number of new cases, number of total cases, number of deaths, number of individuals in isolation, number of hospitalizations, number of individuals healed, number of tests, regional distribution, age, gender, and age-group distribution, number of affected Romanians outside of Romania and the distribution, distribution in the European Union member states, etc. The daily updates do not include de-identified data on contact tracing efforts for COVID-19. [1] The National Institute of Public Health (NIPH) also provides weekly updates on the number of cases with COVID-19, regional distribution, number of deaths, accompanying diseases of those deceased with COVID-19, number of healed individuals, regional distribution, age and gender distribution, etc. The weekly updates of INSP also do not provide de-identified data on contact tracing efforts for COVID-19. [2] There is no further information provided in the websites of the Ministry of Health and INSP. [3, 4]

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 1

There is evidence that Romania has joint legislation between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency, but it is in place only in response to an active public health emergency. The Decision of the Government of Romania No. 3 "On the approval of the operational procedure for the management of cases of infection with the new Coronavirus" of 28 February 2020 lays out the procedures through which the public health system and the border control authorities cooperate to identify suspected and potential cases of COVID-19 in international travelers and trace and quarantine their contacts. [1] The Decision of the Government lays out different scenarios for symptomatic and asymptomatic cases. The aeroportual authorities conduct temperature scans, and report to the control tour and the emergency services suspected cases. The suspected cases are taken by the Directorate of Public Health in a specially designated space where they do further checks, and also check their travel history and record close contacts as well as the location in the territory of Romania. Suspected symptomatic cases are taken to infectious disease hospitals. Travelers identified by the border police coming from affected areas are also scanned for temperature, they pass through designated areas, and have to fill the travel history and location questionnaire while in Romania. The suspected cases or those coming from affected areas have to abide to the country’s isolation procedures of 14 days. There is no further evidence that these policies apply to future public health emergencies on the websites of the Ministry of Health, the Border Police, and the National Institute of Public Health (INSP). [2, 3, 4]

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a
Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Romania has an applied epidemiology training program in the country, and there are resources provided by government to send citizens to another country to participate in applied epidemiology training programs. The National Institute of Public Health (INSP) has published the training curricula in epidemiology. [1] Furthermore, there are opportunities to work together with the European Programme for Intervention Epidemiology Training (EPIET) fellows and other medical and scientific trainees within Cantacuzino National Institute of Research & Development for Microbiology & Immunology (Cantacuzino NIRDIMI) and National Public Health Institute of Romania. The EPIET also allows country nationals to train in other countries abroad, and the government provides resources to participate in applied epidemiology training programs. [2] Romania is also part of the Network for the Control of Public Health Threats in the Mediterranean Regions and South East Europe (EpiSouth) Training in Public Health and Applied Epidemiology. Participants in the EpiSouth Training in Public Health and Applied Epidemiology are key professionals working at the central level of their national surveillance institutions, selected by EpiSouth participating countries through their project focal point. [3] Resources are available through the European Union (EU). The training programs are in the form of fellowship financed by the EU and the call is opened for the 2021 cohort. [4] There is no further evidence provided on the website of the Ministry of Health. [5]

2.6.1b
Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?
Yes = 1, No = 0

Current Year Score: 1

The available field epidemiology training programmes are inclusive of animal health professionals in Romania, however there is no evidence of a specific animal health field epidemiology training program offered (such as FETPV) in Romania. The available field epidemiology training programmes in Romania are inclusive of animal health professionals. There are opportunities in Romania to work together with the European Programme for Intervention Epidemiology Training (EPIET) fellows and other medical and scientific trainees within the Cantacuzino National Institute of Research & Development for Microbiology & Immunology (Cantacuzino NIRDMDI) and National Public Health Institute of Romania. Training supervision is carried out by the main European Public Health Microbiology Training Programme (EUPHEM) site coordinator together with the co-supervisors based in Cantacuzino NIRDMDI and National Public Health Institute, under the coordination of the assigned supervisor by the European Centre for Disease Prevention and Control (ECDC). [1] EPIET and EUPHEM training fellowships are explicitly inclusive of applicants with veterinary medicine training, and calls are opened for the 2021 cohort. [2] There is no further evidence provided on websites of the Ministry of Health and the National Sanitary Veterinary and Food Safety Authority. [3, 4]


2.6.2 Epidemiology workforce capacity

2.6.2a
Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?
Yes = 1, No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country.
Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 2

There is evidence that Romania has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks in the general population and pandemics" lays out the response measures and the intersectoral coordination of the health authorities and the health system with other sectors for intervention against epidemics and pandemics. The plan includes collaboration with international organizations within the epidemiological surveillance system and early warning rapid response, monitoring the circulation of pathogens with public health impact, manufacturing of countermeasures such as vaccines, serums, immunomodulations, reagents, culture media, monitoring of activities in national reference laboratories, etc. to prevent mass illness caused by epidemics and pandemics, etc. [1, 2] There is no further evidence on the website of the Ministry of Health and the General Inspectorate for Emergency Situations. [3, 4]


3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

Although Romania has an overarching plan is in place, there is no evidence that it has been updated in the last 3 years.

Romania has a national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention
Plan to prevent mass illness outbreaks in the general population and pandemics” lays out the response measures and the intersectoral coordination of the health authorities and the health system with other sectors for intervention against epidemics and pandemics. The plan includes collaboration with international organizations within the epidemiological surveillance system and early warning rapid response, monitoring the circulation of pathogens with public health impact, manufacturing of countermeasures such as vaccines, serums, immunomodulations, reagents, culture media, monitoring of activities in national reference laboratories, etc. to prevent mass illness caused by epidemics and pandemics, etc. [1, 2] There is no further evidence on the website of the Ministry of Health and the General Inspectorate for Emergency Situations. [3, 4]


3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

Romania's overarching emergency response plan does not include considerations for paediatric and/or vulnerable populations. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks in the general population and pandemics" lays out the response measures and the intersectoral coordination of the health authorities and the health system with other sectors for intervention against epidemics and pandemics. The plan includes collaboration with international organizations within the epidemiological surveillance system and early warning rapid response, monitoring the circulation of pathogens with public health impact, manufacturing of countermeasures such as vaccines, serums, immunomodulations, reagents, culture media, monitoring of activities in national reference laboratories, etc. to prevent mass illness caused by epidemics and pandemics, etc. [1, 2] The plan however, does not include considerations for paediatric and/or vulnerable populations. There is no further evidence on the website of the Ministry of Health and the General Inspectorate for Emergency Situations. [3, 4]

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Romania has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 “On the approval of the National Intervention Plan to prevent mass illness outbreaks in the general population and pandemics" which lays out the response measures and the intersectoral coordination of the health authorities and the health system with other sectors for intervention against prevention of epidemics and pandemics, does not provide a specific mechanisms for engaging the private sector. [1, 2] Nonetheless, experts from the business sectors are part of the National Platform for Disaster Risk Reduction, which is an advisory body of representatives of ministries and public institutions with responsibilities in the management of various types of risk, as well as non-governmental organizations, cultural, scientific, trade union and other civil society organizations. [2] There is no further evidence on the website of the Ministry of Health and the General Inspectorate for Emergency Situations. [3, 4]


3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?
Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 1

There is evidence that Romania has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic, but they exist only for one disease. There is legislation related to COVID-19. Law No. 136/2020 "On the establishment of measures in the field public health in situations of epidemiological and biological risk" of 21 July 2020, lays out the rules for quarantine and isolation in case of epidemics or pandemics. [1] Law No.55/2020 "On some measures for the prevention and combating the effects of the COVID-19 pandemic" of 18 May 2020 outlines the specific criteria for social distancing, hygiene measures, self-isolation, usage of masks, disinfection, etc., and when they should take place. [2] Further, a series of regulations have set the criteria for the implementation of other NPIs such as mandatory usage of masks in closed spaces, restrictions and hygiene rules to follow for public transportation, bars and restaurants, public gatherings, sports, cultural, and religious activities, education, etc. [3] Hygiene rules and mask requirements are also posted on the website of the Institute of Public Health (ISHP). [4] However, there is no further evidence of NPIs which are applicable to other diseases on the websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU). [5, 6]


3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1
There is evidence that Romania has activated its national emergency response plan for an infectious disease outbreak in the past year but no evidence that the country conducted a bio-threat focused exercise during the same period. Romania has activated its national emergency response plan for COVID-19. The plan includes measures to control and respond to the pandemic, enable public authorities to intervene efficiently and with adequate means for crisis management[1, 2, 3] However, there is no evidence that Romania has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. [4] The World Health Organization (WHO) reports that a table top exercise, and a full-scale field exercise were planned for March, 2020, and May, 2020, respectively, however there are no details provided on what these exercises would contain and on whether they took place. There is no further evidence provided on the websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU) . [4, 5]


3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is no evidence that Romania has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities in the past year. The latest After Action Review (AAR) that Romania has undergone for measles and West Nile virus is of 12 March 2018 - 15 March 2018, to identify a list of gaps and best practices with the World Health Organization (WHO). The report however is not available. [1] Furthermore, there is no evidence that Romania has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. [2] The World Health Organization (WHO) reports that a table top exercise, and a full-scale field exercise were planned for March, 2020, and May, 2020, respectively, however there are no details provided on what these exercises would contain and on whether they took place. There is no further evidence provided on the websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU) . [3, 4]

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Romania has undergone a national-level biological threat-focused exercise that has included private sector representatives in the past year. There is no evidence that Romania has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. [1, 2] The World Health Organization (WHO) reports that a table top exercise, and a full-scale field exercise were planned for March, 2020, and May, 2020, respectively, however there are no details provided on what these exercises would contain and on whether they took place. There is no further evidence provided on the websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU). [3, 4]


3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1, No = 0

Current Year Score: 0

Romania has an Emergency Operations Centre in place which is generalized for all emergencies and not health specific. The General Inspectorate for Emergency Situations, which operates under the Department of Emergency Situations of the Ministry of Internal Affairs, serves as the national Emergency Operations Centre. [1] The General Inspectorate for Emergency Situations (IGSU) is in charge of coordinating, managing and implementing the national measures against emergencies. The communication of governmental decisions or National Committee’s decisions to the central public administration authorities also occur through the IGSU. It also follows international regulations in coordinating all the organizations that are involved in the management of emergencies. [2] The General Inspectorate for Emergency Situations is the listed focal point under the United Nations Office for Disaster Risk Reduction (UNISDR) and the listed agency within Sendai framework for emergency response and Hyogo Framework for Action. [3]

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that the Emergency Operations Centre in Romania is required to conduct a drill at least once per year or that is has conducted such a drill annually in the past. The General Inspectorate for Emergency Situations (IGSU), which serves as the Emergency Operations Centre, does not provide any evidence of conducting a drill as least once per year on its website. There is also no information in the "Action Plan for the Implementation of the Strategy for Consolidation and Development of the General Inspectorate for Emergency Situations 2017-2019", which lists all the planned activities for the period and for prevention, response and control of national emergencies. The plan has not been updated. [1] There is evidence that conducting exercises is part of the units' preventative measures against emergencies. It includes exercises with potential sources of potential nuclear, chemical, and biological risks, but there is no specific information available on the type of exercises and their frequency. [2] Further, the European Commission reports that there is national emergency management exercises program as part of IGSU’s main activities, but it is not available to the public; the exercise planning is based on the conducted risk analysis and the preparedness and prevention needs. [3] There is no evidence provided on the website of the Ministry of Health. [4]


3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence to show that the EOC in Romania can conduct, or has conducted within the last year, a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is no evidence provided on the website of the General Inspectorate for Emergency Situation’s (IGSU), or in its annual action plan which outlines all the activities regarding emergency prevention, response and control. [1, 2] However, the European Commission reports that there is national emergency management exercises program as part of IGSU’s main activities, but it is not available to the public. The exercise planning is based on the conducted risk assessment and preparedness and prevention needs. [3] There is no evidence provided on the website of the Ministry of Health. [4]
3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that public health and national security authorities in Romania have carried out an exercise to respond to a potential deliberate biological event. There is also no evidence of standard operating procedures or other agreements between public health and security authorities. However, on 15 November 2018, a joint chemical, biological, radiological and nuclear (CBRN) defense drill took place for the first time conducted by the United States Embassy and the Romanian security and response forces, which included the General Inspectorate of the Romanian Police, the General Inspectorate for Emergency Situations and the Romanian Intelligence Service's Antiterrorist Brigade. [1] Furthermore, there is evidence of a nuclear emergency exercise at a nuclear power plant which was conducted by the National Commission for Nuclear Activities Control between 4-6 October 2016. This was done to test the ability to respond to a potential nuclear emergency of the participating institutions such as the National Institute of Public Health, Ministry of Health, Ministry of Defence, Ministry of Environment, Ministry of Transport, Emergency Hospital in Bucharest and the Operational Control Centre of the Government. There is no evidence of an updated exercise. [2] There is no further evidence on websites of the Ministry of Health, the Ministry of Defence and the General Inspectorate for Emergency Situation (IGSU). [3, 4, 5]

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (e.g., different languages, location within the country, media reach)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Romania has a risk communication plan that is specifically intended for use during a public health emergency. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks in the general population and pandemics" does not outlines how messages will reach populations and sectors with different communications needs. [1, 2] Furthermore, the Government Decision No.557/2016 "On the Management of Risk Types" passed in August 2016, makes provisions under Article 9 for the development of the national response for epidemics by the General Inspectorate for Emergency Situations with the approval of the Department for Emergency Situations within the Ministry of Internal Affairs. [3] It does not outline how messages will reach populations and sectors with different communications needs. There is also no evidence provided on websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU). [4, 5] There are no further legislation or regulation updates.


3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Romania has a risk communication plan that is specifically intended for use during a public health emergency. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks..." does not include a section detailing a risk communication plan that is specifically intended for use during a public health emergency. [1] However, the Government Decision No.557/2016 "On the Management of Risk Types" passed in August 2016, under Article 9 makes provisions for the development of national response for epidemics by the General Inspectorate for Emergency Situations with the approval of the Department for Emergency Situations within the Ministry of Internal Affairs. [2] There is no further evidence provided on the websites of the Ministry of Health, and the General Inspectorate for Emergency Situations (IGSU). [3, 4]


3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. There is insufficient evidence that Romania has a risk communication plan that is specifically intended for use during a public health emergency. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks..." does not include a section detailing a risk communication plan that is specifically intended for use during a public health emergency. [1] However, Law No.136/2020 "On the establishment of measures in the field of public health in situations of epidemiological and biological risk" of 21 July 2020 designated the National Institute of Public Health (INSP) as the responsible agency to report daily on the national and regional distribution of the number of infected cases, number of new cases, number of tests, number of re-tests, etc. [2] The law however does not designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. There is no further evidence on the websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU). [3, 4]

generate-de-epidemii-si-pandemii-incredintarea-serviciului-de-interes-econo]. Accessed 9 September 2020.
health in situations of epidemiological and biological risk". [http://www.cnscbt.ro/index.php/lex/1874-legea-nr-136-2020-
privind-instituirea-unor-masuri-in-domeniul-sanatatii-publice-in-situatii-de-risc-epidemio"

3.5.2 Public communication

3.5.2a
In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g.
social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or
disinformation?
Public health system regularly shares information on health concerns = 2, Public health system shares information only
during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly
utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

There is evidence that the public health system has actively shared messages via online media platforms (e.g. social media,
website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation
in the past year. The National Institute of Public Health (INSP) of Romania regularly publishes alerts and shares updates on
public health concerns such as the situation of measles, rubella, diphtheria, influenza, etc. in the country. It also report
information on international public health concerns such as Ebola and Poliomyelitis. The information is shared in its website.
[1] The information and alerts are also posted in the website of the Ministry of Health and its social media outlets such as
Facebook. [2, 3] There have also been vaccination campaigns against measles and the public is informed on the effects of
vaccines, vaccines and pregnancy, parents’ testimonies, and frequently asked questions. [4, 5] Currently, the Ministry of
Health n, and the Institute of National Institute of Public Health (INSP) and their social media post daily messages and
updates regarding the situation of COVID-19. [6, 7]

S%C4%83n%C4%83t%C4%83-C5%A3ii-Rom%C3%A2nia-167611313593642/]. Accessed 9 September 2020.
[4] National Institute of Public Health (INSP) of Romania. "Measles in Romania and the prevention of this disease through

3.5.2b
Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious
diseases in the past two years?
No = 1, Yes = 0
Current Year Score: 1

There is no evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years. There is no evidence found on the websites of the Ministry of Health, the Prime Minister’s Office, and the President’s Office. [1, 2, 3] International and national media outlets also provide no evidence on the subject. [4, 5, 6, 7, 8] In fact, during May 2020, Romania has shut down websites that were providing false information regarding COVID-19 to the public. The article however does not mention the type of false information that these websites contained. [9]


3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 73.66

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 117.08

2019

International Telecommunication Union (ITU)
3.6.3 Female access to a mobile phone

3.6.3a Percentage point gap between males and females whose home has access to a mobile phone
Input number

Current Year Score: 4.0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a Percentage point gap between males and females whose home has access to the Internet
Input number

Current Year Score: 7.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?
Yes = 0, No = 1

Current Year Score: 0

There is evidence that Romania, in the past year, has issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. On 14 March 2020, in light of the pandemic, the European Union (EU), of which Romania is a member, adopted Regulation 2020/402, under which special authorization was required to export personal protective equipment (masks, gloves, goggles, face shields and overalls) out of the EU. [1] On 23 April 2020 this was superseded by a new regulation, numbered 2020/568, under which authorization was required to export personal protective equipment out of the EU, except to Albania, Andorra, Bosnia, the Faroe Islands, Gibraltar, Iceland, Kosovo, Liechtenstein, Montenegro, Norway, North Macedonia, San Marino, Serbia and Switzerland. [2] Further, the World Trade Organisation's "COVID-19: Measures affecting trade in goods" list confirms that Romania issued an "Export ban on certain medical supplies and equipment partially lifted (exports allowed only to other EU Members and with previous authorization from the National Agency for Medicines and Medical Devices). Export ban remains in force for drugs used in the treatment of COVID-19" effective 23 April 2020, for 6 months and was extended. [3]
3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence that Romania has issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak. The World Trade Organisation's "COVID-19: Measures affecting trade in goods" list confirms that Romania issued "Temporary export ban on certain food products, e.g. grain and meslin; barley; oat; corn; rice; wheat flour and meslin; soy beans; sunflower seeds; cane or bean sugar; bakery, pastry and biscuit products, unposted bread, empty capsules from starch leaf used for medicines, waffles with lid, dried pasta from flour, from starch, starch extracted from potatoes and similar products; and cakes and other solid residues, whether or not ground or agglomerated in pellet form, resulting from the extraction of soybean oil (HS 1001; 1003; 1004; 1005; 1006; 1101; 1201; 1206; 1512; 1701; 1905; 2304; 2306), due to the COVID-19 pandemic (originally effective from 1 April 2020 to 16 April 2020)" but on 16 April 2020 measure terminated. [1]


3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence that Romania has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak in the past year. As per Law. No. 55/2020 "On some measures to prevent and combat the effects of the COVID-19 pandemic" of 18 May 2020, Romania closed its borders due to the COVID-19 pandemic. [1] However, as reported by the World Health Organization (WHO) in the "COVID-19 Health System Report Monitor Romania", borders have been opened on 23 June 2020 for European Union member states and European Union Economic Area countries that have been in the green zones. [2] There is no further evidence found on the websites of the Ministry of Health, Ministry of Foreign Affairs, the National Institute of Public Health (INSP), and Romanian Border Police. [3, 4, 5, 6]
Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a
Doctors per 100,000 people
Input number

<table>
<thead>
<tr>
<th>Current Year Score</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>298.07</td>
<td>WHO; national sources</td>
</tr>
</tbody>
</table>

4.1.1b
Nurses and midwives per 100,000 people
Input number

<table>
<thead>
<tr>
<th>Current Year Score</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>738.91</td>
<td>WHO; national sources</td>
</tr>
</tbody>
</table>

4.1.1c
Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?
There is no public evidence that Romania has a public workforce strategy in place to identify fields where there is an insufficient workforce and strategies to address these shortcomings. There is, however, evidence that there is a shortage of health professionals in the country. Euronews reports that according to the Solidaritatea Sanitara, which is one of the largest healthcare federations in Romania, there is a shortage of 40,000 healthcare workers in the public healthcare system. This is equivalent of 17.46% of the staffing needs in public hospitals. [1] Furthermore, at the request of the Ministry of National Education in Romania, the World Bank has developed a "Workforce Development System Approach for Better Education Results (SABER) Country Report" for the country that aims at providing an assessment of Romania’s policies and institutions regarding technical and vocational education and training (TVET). [2] The report also recognizes shortages in health professionals, although it does not provide any evidence on a national strategy or plan on health workforce. Health is one of the priority sectors for Romania as outlined in the "National Reform Programme 2019", but there is no mention of a national strategy or plan on health workforce. [3] There is no further evidence provided on websites of the Ministry of Health, the Ministry of Education and Research, and the Ministry of Labour and Social Protection. [4, 5, 6]


4.1.2 Facilities capacity

4.1.2a
Hospital beds per 100,000 people
Input number

Current Year Score: 689

2017

WHO/World Bank; national sources

4.1.2b
Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Romania has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit or patient isolation facility located within the country. The hospitals "Matei Balș" , "Victor Babeș", and the "Marius Nasta" Institute of Pneumoftiziology are the designated first line covid-19 hospitals, where patients are placed in intensive care units. [1, 2, 3, 4] Furthermore, the Ministry of Health’s "Plan of Measures for the preparation of hospitals in the context of the covid-19 coronavirus epidemic and the list of support hospitals for patients tested positive for SARS-CoV-2 virus" of 29 March 2020, specifies that hospitals need to report on the number of beds that have a functional source of oxygen and compressed air. [5] There is also evidence that the Monza Hospital has isolation rooms with septic zones for patients with infections, but there are no further details provided on these rooms. [6] There is no further information available on websites of the Ministry of Health or the Institute of Public Health. [7, 8]

[4] Radio Europa Libera Romania. 3 July 2020. "In Bucharest, there are no more places at ATI in COVID hospitals. Dr Marinescu: We must be prepared for the worst". [https://romania.europalibera.org/a/%C3%AEn-bucure%CC%99ti-nu-mai-sunt-locuri-la-ati-%C3%AEn-spitalele-covid-dr-marinescu-trebuie-s%C4%83-fim-preg%C4%83ti%C8%9Bi-pentru-ce-e-mai-r%C4%83u/-30703775.html]. Accessed 11 September 2020.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Romania has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak but there is no evidence that it has demonstrated capacity to expand isolation in response to an infectious disease outbreak in the past two years. The Ministry of Health’s "Plan of Measures for the preparation of hospitals in the context of the covid-19 coronavirus epidemic and the list of support hospitals for patients tested positive for SARS-CoV-2 virus" of 29 March 2020, specifies that hospitals need to report on the number of beds that have a functional source of oxygen and compressed air. They also need to report daily on the centralized electronic system of the Ministry of Health.
their bed occupancy. The county public health directorates and the country emergency committees collaborate through set protocols in order to support the network of infectious diseases hospitals. However, no details are given on these protocols. The plan also foresees the establishment of support hospitals of contagious non-coronavirus cases. It also includes the identification of areas including isolation wards in hospitals with intensive care units, which may be expanded for patients with COVID-19 to be put in separate areas from the rest of the patients. [1] Furthermore, the hospitals "Matei Baș", "Victor Babeș", and the "Marius Nasta" Institute of Pneumofitiziology are the designated first line COVID-19 hospitals, where patients are placed in intensive care units. [2, 3, 4, 5] There is also evidence that the Monza Hospital has isolation rooms with septic zones for patients with infections, but there are no further details provided on these rooms. [6] There is no further information available on websites of the Ministry of Health, the Institute of Public Health, and the General Inspectorate for Emergency Situations (IGSU). [7, 8, 9]

[5] Radio Europa Libera Romania. 3 July 2020. "In Bucharest, there are no more places at ATI in COVID hospitals. Dr Marinescu: We must be prepared for the worst". [https://romania.europalibera.org/a%C3%AEn-bucure%C8%99ti-nu-mai-sunt-locuri-la-atii-%C3%AEn-spitalele-covid-dr-marinescu-trebuie-s%C4%83-fim-preg%C4%83ti%C8%9Bi-pentru-ce-e-mai-r%C4%83u-/30703775.html]. Accessed 5 April 2021.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

There is a national procurement protocol in place in Romania which can be utilised by the Ministries of Health and Agriculture for the acquisition of laboratory needs including equipment, reagents and media, and medical supplies, including equipment, PPE for routine needs. Institutions, including the Ministry of Health and the Ministry of Agriculture, prepare an annual public procurement plan which contains information on the overall needs for public contracts during the year,
estimated value of the public contract, type of contract award procedure such as simplified procedure of acquisitions, direct acquisition of supplies and services, or public tender, which may be used for acquisition of laboratory needs including equipment, reagents, and media, and medical supplies, including equipment, and PPE. [1] The Ministry of Agriculture and Rural Development has posted on its website information on procurement protocol including calls for participation, calls for direct acquisition, technical specifications, documents requirements, terms of procurement, legals basis, etc. [2] The procurement system is a centralised electronic system with one location for all e-procurement in the country that is available online. [3] The electronic system enables electronic submission, storing, opening and evaluation of the bids. It allows for open public tender, limited public tender only for selected bidders, competitive negotiations, simplified procedures for contracts with a reduced value, and innovative partnership, through which the contracting authority enters into a partnership with the bidder to develop an innovative product or service. [4] The procurement procedures are guided by Law No. 98 "On Public Procurement" of 2016, which sets out the manner and procedure for awarding public procurement contracts. [5]


4.2.2 Stockpiling for emergencies

4.2.2a Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

There is evidence that Romania has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. There is evidence of reporting and maintaining a stockpile of routine medical products. As per Minister of Health Order No.269/2017 "On Mandatory Provision of Medicinal Product Adequate and Continuous Stocks" of 14 March 2017, under Article 2, there is a daily reporting to the Ministry of Health through the Electronic System for Inventory Reporting of medicinal stocks and trade operations by distributors of medicinal products, importers of medicinal products, authorized manufacturers of medicinal products, and pharmacies. However, these products are not named. [1] The National Institute of Public Health (INSP) also publishes on its website updated lists of the stock of vaccines. The website lists the names and stocks of each and several vaccines available at the end of the month by county. However, this was last updated on September 30, 2020 and has not been reported since then. [2] Furthermore, as per the report "COVID-19 in Europe: Status report from the National Medical Associations" of 8 May 2020 by the Standing Committee of European Doctors (CPME), which collects information by the National Medical Associations, there is a limited supply of PPE. In addition it is reported that there is availability of 1,600 ventilators, and that several hundred ventilators have...
been ordered. [3] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Internal Affairs, Ministry of National Defence, the General Inspectorate for Emergency Situations (IGSU), and the National Agency for Medicines and Medical Devices (NAMMD). [4, 5, 6, 7, 8]


4.2.2b
Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Romania has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. There is no further evidence provided on the websites of the Ministry of Health, National Institute of Public Health (INSP), Ministry of Internal Affairs, Ministry of National Defence, and the General Inspectorate for Emergency Situations (IGSU). [1, 2, 3, 4, 5]


4.2.2c
Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Romania conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. As per Minister of Health Order No.269/2017 "On Mandatory Provision of Medicinal Product Adequate and Continuous Stocks" of 14 March 2017, under Article 2, there is a daily reporting to the Ministry of Health through the Electronic System for Inventory Reporting of medicinal stocks and trade operations by
distributors of medicinal products, importers of medicinal products, authorized manufacturers of medicinal products, and pharmacies. However, these products are not named. [1] The National Institute of Public Health (INSP) also publishes on its website updated lists of the stock of vaccines. The website lists the names and stocks of each and several vaccines available at the end of the month by county. However, this was last updated on September 30, 2020 and has not been reported since then. [2] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Internal Affairs, Ministry of National Defence, and the General Inspectorate for Emergency Situations (IGSU). [3, 4, 5, 6]


4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Romania has a mechanism to procure but no plan/agreement to leverage domestic manufacturing capacity of medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. Romania, as a member state of the European Union (EU) is part of the joint procurement agreement of the EU. The joint procurement agreement is under Decision No.1082/2013/EU "On serious cross-border threats to health and repealing Decision No 2119/98/EC" of 22 October 2013, which lays down the rules on epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health. Under Article 5, provisions are made for the joint procurement of EU institutions and any Member States for medical supplies for serious cross-border threats to health, which include PPE such as coveralls, gloves, goggles, face-shields and mask, equipment such as ventilators, kits, and laboratory hardware, and medical countermeasures (MCMs) such as vaccines and diagnostics. [1, 2, 3] During COVID-19, under the joint procurement agreement, the European Commission has launched five tenders for medical supplies for all its member states (including Romania), which included coveralls, gloves, goggles, face-shields and mask, and equipment such as ventilators, kits, and laboratory hardware. [3] Furthermore, the European Commission (EC) has signed an agreement on behalf of the Member States with AstraZeneca to purchase a potential coronavirus vaccine, as well as has concluded explanatory talks with various pharmaceutical companies on the purchase of potential vaccines. Under the joint procurement agreement, the EC has signed a contract on 28 July 2020 with the pharmaceutical company Gilead to secure doses of Veklury, which is the first medicine authorised at the EU level to treat COVID-19. The medicine is made available to all Member States by the EC starting in August, 2020. The EC has also launched five tenders which included laboratory kits, medical supplies, and laboratory supplies for all its member states (including Romania). Lastly, there is no evidence that
Romania has a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency, however the EU through the European Commission will closely collaborate with European manufacturers to scale up the production of medical supplies. As such it has revised the harmonized standards of manufacturing to allow for the quality production of medical facemasks, personal eye protection, medical gloves, protective clothing as well as respiratory protective devices. There is no further evidence on the websites of the Ministry of Health, National Institute of Public Health (INSP), Ministry of Internal Affairs, Ministry of National Defence, General Inspectorate for Emergency Situations (IGSU), and National Agency for Medicines and Medical Devices (NAMMD).


4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Romania has a mechanism to produce or procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency.

The joint procurement agreement is under Decision No.1082/2013/EU "On serious cross-border threats to health and repealing Decision No 2119/98/EC" of 22 October 2013, which lays down the rules on epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health. Under Article 5, provisions are made for the joint procurement of European Union institutions and any Member States for medical supplies for serious cross-border threats to health. [1, 2, 3] During COVID-19, under the joint procurement agreement, the European Commission has launched five tenders for laboratory supplies and medical supplies for all its member states (including Romania). [3] Furthermore, there is no evidence that Romania has a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency. There is no further evidence provided on the websites of the National Institute of Public Health (INSP), Ministry of Health, Ministry of Internal Affairs, Ministry of National Defence, General Inspectorate for Emergency Situation (IGSU), and the National Agency for
4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Romania has a plan, program, or guideline in place for dispensing medical countermeasures for national use during a public health emergency. There is no evidence provided on websites of the Ministry of Health, the Ministry of National Defence and the General Inspectorate for Emergency Situation's (IGSU). [1, 2, 3]. There is evidence, however, that as a Member State of the European Union (EU), Romania may engage in joint procurement of medical countermeasures for cross-border health threats as per Decision No.1082/2013/EU "On serious cross-border threats to health and repealing Decision No 2119/98/EC" of 22 October 2013. This lays down the rules on epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health, including preparedness and response planning related to those activities in order to coordinate and complement national policies. [4] However, there is no evidence on how these MCMs are to be dispensed after being procured in this document.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Romania has a public plan in place to receive health personnel from other countries to respond to a public health emergency. However, Romania receives health personnel from other European Union (EU) countries through the European Union Civil Protection Mechanism (EUCPM) and the European Medical Corps. [1] The mechanism was set up to enable coordinated assistance from the participating states to victims of natural and man-made disasters in Europe and elsewhere, and it currently includes all 28 European Union Member States in addition to Iceland, Montenegro, Norway, Serbia, the former Yugoslav Republic of Macedonia and Turkey. Civil protection teams also provide medical assistance. Furthermore, established under the EUCPM as part of the European Emergency Response Capacity, there is the European Medical Corps, which enables quick deployment of teams and equipment from the European Union Member States to provide medical assistance and public health expertise in response to emergencies to the affected EU Member States, as well as to other countries outside the EU. This includes emergency medical teams, public health teams and mobile laboratories. [2] There is no further evidence of a plan in place on the website of the Ministry of Health. [3]


4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens’ right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number
Current Year Score: 95.2

2015

4.4.1c
Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)
Input number
Current Year Score: 280.23

2017
WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a
Are workers guaranteed paid sick leave?
Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0
Current Year Score: 2

2020
World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a
Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?
Yes = 1, No = 0
Current Year Score: 0

There is no public evidence that the government of Romania has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. Romania, however, has universal health care coverage through compulsory insurance as per Law No.145 "On Social Health Insurance", 24 July 1997. [1] Social health insurance is compulsory for all citizens and for foreigners residing in Romania. Every insured person in Romania has access to the same comprehensive basic benefits package, regardless of their income or socioeconomic status. The uninsured have access only to a minimum benefits package, including emergency care, treatment of communicable diseases and care during pregnancy. [2] There is no further evidence provided in the "National Health Strategy 2014-2020" and on the website of the Ministry of Health on providing prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. [3, 4] In fact news outlets report
that doctors in Romania are highly exposed to the COVID-19 virus due to lack of personal protective equipment. [5]


4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a system in place for public health officials and healthcare workers to communicate during a public health emergency. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks..." does not outline a system for public health officials and healthcare workers to communicate during a public health emergency. [1] There is, however, evidence that Romania is working to improve its emergency response capabilities. In November 2017, Romania initiated a five step package on capacity-building for emergency risk communication, with guidance from the World Health Organization Regional Office for Europe in conjunction with the WHO Country Office for Romania [2]. The five steps include: (i) training; (ii) capacity mapping; (iii) plan development; (iv) plan testing; and (v) plan adoption. As part of the initiation, a workshop on Emergency Risk Communication on capacity mapping and plan development took place between 30 October - 2 November 2017. The purpose of the workshop was to identify Romania’s strengths and challenges and to address the challenges. [2] There is, however, no further public evidence on the conclusion of the project and results obtained. There is no further evidence provided in the websites of the Ministry of Health, and the General Inspectorate for Emergency Situations (IGSU). [3, 4]

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of a system in place for public health officials and healthcare workers in both the public and private sector to communicate during a public health emergency. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks..." does not outline a system for public health officials and healthcare workers to communicate during a public health emergency. [1] There is, however, evidence that Romania is working to improve its emergency response capabilities. In November 2017, Romania initiated a five step package on capacity-building for emergency risk communication, with guidance from the World Health Organization Regional Office for Europe in conjunction with the WHO Country Office for Romania [2]. The five steps include: (i) training; (ii) capacity mapping; (iii) plan development; (iv) plan testing; and (v) plan adoption. As part of the initiation, a workshop on Emergency Risk Communication on capacity mapping and plan development took place between 30 October-2 November 2017. The purpose of the workshop was to identify Romania’s strengths and challenges and to address the challenges. [2] There is, however, no further public evidence on the conclusion of the project and results obtained. There is no further evidence provided in the websites of the Ministry of Health, and the General Inspectorate for Emergency Situations (IGSU). [3, 4]


4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that the national public health system in Romania is monitoring and tracking the number of healthcare associated infections that take place in healthcare facilities. The Minister of Health Order No.1.101 "On the approval of the
norms for the surveillance, prevention and limitation of healthcare associated infections" of 30 September 2016, lays out the rules for the surveillance, prevention and limitation of healthcare associated infections (HAI). [1] The order requires detection, identification, recording and reporting of HAI by any healthcare unit, be that public or private. Each health facility is required to prepare an annual surveillance and prevention program for the limitation of HAI. In all health units, surveillance, prevention and limitation of HAI is part of the professional duties of the staff as part of their employment. As a member state of the European Union (EU), Romania also reports surveillance data on HAI to the European Centre for Disease Prevention and Control (ECDC). HAI are reported through the national passive surveillance system, however the levels captured through this system are highly under-reported. The European Centre for Disease Prevention and Control (ECDC) reports that Romania lacks robust data on health-care associated infections. [2, 3] The Romanian government has also requested support by ECDC for the containment of HAI. On a field visit of ECDC to Romania, various topics and initiatives for limiting HAI were discussed, including awareness raising, increase in funds, training provisions for hospital staff and implementing an integrated reporting system. [4]


4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1.1 Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 1

There is a national requirement for ethical review before beginning a clinical trial in Romania. Law No. 95/2006 "On Healthcare Reform" of September 2006 states that the National Bioethics Committee for Medicinal Products and Medical Devices (NBCMMPMD) is the national ethics committee that conducts the ethical review before beginning a clinical trial. [1] The committee issues its opinion within 60 days to the National Agency for Medicines and Medical Devices (NAMMD). In its review, the NBCMPMD includes the protocol used for the clinical trial, the qualifications of those conducting the clinical trial, the compensation scheme to be granted in case of damage or death caused by the clinical trial, insurance provisions for covering liabilities from the clinical trial, payment methods and agreements between the sponsors and the sites for the
clinical trials. Information regarding the requirements of conducting clinical trials including application procedures, legislation and public information are provided on the website of NAMMD. [2] There is no further information provided on the website of the Ministry of Health. [3] There are no further legislation or regulation updates.


4.7.1b
Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics in Romania. Information regarding the requirements of conducting clinical trials including application procedures, legislation and public information are provided on the website of National Agency for Medicines and Medical Devices (NAMMD), but it does not include information on expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. [1] There is no further information provided on the websites of the Ministry of Health, and the Ministry of Education and Research. [2, 3] There are no further legislation or regulation updates.


4.7.2 Regulatory process for approving medical countermeasures

4.7.2a
Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?
Yes = 1, No = 0

Current Year Score: 1

Romania has a government agency responsible for approving new medical countermeasures for humans - The National Agency for Medicines and Medical Devices (NAMMD). Although Law No.95/2006 "On Healthcare Reform" of September 2006 does not specifically make provisions for approval of new medical countermeasures for humans, as per this law, the NAMMD may allow temporary authorization of the distribution of an unauthorized medicinal product in response to suspected or confirmed spread of pathogenic agents, toxins, chemical agents or nuclear radiation, which could cause harm to public health, or in any other case of necessity not covered by authorized medicinal products. [1] Furthermore, the law gives NAMMD the responsibilities of approving manufacturing of medicinal products, approving import licensing, granting authorization for wholesale distribution of medicinal products, authorizing clinical trials, approving medicine donations, performing health technological assessment for medicines and monitoring adverse side effects of medicines [1, 2] There is
4.7.2b
Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?
Yes = 1, No = 0

Current Year Score: 1

There is publicly available evidence that Romania has an expedited process for approving medical countermeasures for human use during public health emergencies. Under Article 703 of Law No.95/2006 "On Healthcare Reform" of 30 September 2006 the National Agency for Medicines and Medical Devices (NAMMD) may allow temporary authorization of the distribution of an unauthorized medicinal product in response to suspected or confirmed spread of pathogenic agents, toxins, chemical agents or nuclear radiation, which could cause harm to public health, or in any other case of necessity not covered by authorized medicinal products. [1] There is no further information provided on websites of the Ministry of Health, the NAMMD, and the Ministry of Education an Research. [2, 3, 4] There are no further legislation or regulation updates.


Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a
Has the country submitted IHR reports to the WHO for the previous calendar year?
Yes = 1, No = 0
Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that pandemics are integrated into the national disaster risk reduction strategy and there is no standalone disaster risk reduction strategy for pandemics. The "National Intervention Plan to Prevent Mass Illness Outbreaks in the General Population and Pandemics" approved by Government Decision No. 320/2013 "On the approval of the National Intervention Plan to prevent mass illness outbreaks in the general population and pandemics", which is inclusive of pandemics does not include a risk reduction component. [1, 2] Romania, however, has a National Platform for Disaster Risk Reduction (NPDRR), which is approved by the Government Order No.768 "On the organization and functioning of the National Platform for Disaster Risk Reduction of 19 October 2016. [3] The NPDRR is a multisectoral and interdisciplinatory body, which has a consultative role in establishing strategies and programs for disaster risk reduction. However, the NPDRR does not contain any specifics regarding a risk reduction strategy for pandemics. There is no further evidence provided on the website of the Ministry of Health and the General Inspectorate for Emergency Situations. [4, 5] However, as a result of the COVID-19 pandemic, Romania has passed various legislation pieces and regulations specifically pertaining to this virus. [6]

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Romania is a member of a number of regional groups relating to public health emergencies. Romania is part of the Health Emergency Operations Facility (HEOF), which is set up by the Health Security Program of the European Commission. The Health Emergency Operations Facility (HEOF) is a public health emergency management structure for a coordinated management of public health emergencies at the European Union (EU) level. HEOF provides information exchange, consultation, and coordination for the handling of public health emergencies. [1, 2] Health Emergency Operations Facility (HEOF) provides the European Commission with an overview of pandemic and epidemic phenomena, related data and information, measurements taken and the health related situational awareness information. Furthermore, Romania is also a member of the Southeastern European Health Network (SEEHN), which focuses on common cross-border technical capacity required to deal with potential outbreaks and ensuring proper implementation of the 2005 International Health Regulation (IHR). The network also collaborates on laboratory capacity and information exchange. [3, 4] Members of Southeastern European Health Network have also signed a Memorandum of Understanding on the "Future of the South-eastern Europe Health Network in the framework of the South East European Co-operation Process", which strengthens cooperation on public health related emergencies. [5] Lastly, Romania is also a member of the Southeast European Center for Surveillance and Control of Infectious Diseases (SECID), which aims to strengthen health security in Southeast Europe through increased cross-border capacities, promoting regional initiatives of "One Health", network collaboration, etc. [6] There is no further evidence provided on the website of the Ministry of Health. [7] There is no evidence of reported gaps in implementation.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Romania is a member of a regional group with regards to animal health emergencies. Romania is a member of the Southeastern European Health Network (SEEHN), which aims to develop and deepen regional cooperation, with a focus on common cross-border technical capacity required to deal with potential outbreaks in both human and animals. It also aims to ensure proper implementation of the 2005 International Health Regulation (IHR). The network collaborates on laboratory capacity and information exchange. The network sought to increase regional capacity to rapidly detect clusters of human cases of avian influenza and monitor the spread of avian influenza viruses in both human and animal populations by improving integrated surveillance systems and building laboratory capacity. As part of its Communicable Diseases Surveillance Network, leading coordinators for the network from each country have been appointed in consultation with their respective Ministries of Health in order to be supported by teams of experts in various animal and human health areas. There is no further evidence provided regarding animal health emergencies. [1, 2] Furthermore, as a European Union (EU) Member State, Romania has access to EU Veterinary Emergency Team, which is a team of experts in veterinary science, virology, wild life, laboratory testing, risk management, etc. that are sent to provide support in regards to animal disease outbreak in the affected areas. [3] Lastly, Romania is also a member of the Southeast European Center for Surveillance and Control of Infectious Diseases (SECID), which aims to strengthen health security in Southeast Europe through increased cross-border capacities, promoting regional initiatives of "One Health", network collaboration, etc. [4] The SECID includes zoonosis and OneHealth, and prepares gap analysis, cross-border workshops, strengthening of surveillance and reporting, field work etc. There is no further evidence provided on the website of the Ministry of Health. [5] There is no evidence of reported gaps in implementation.


5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2
2021

Biological Weapons Convention

5.3.1b
Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years? Yes = 1 , No = 0
Current Year Score: 1

2021

Biological Weapons Convention

5.3.1c
Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)? Yes = 1 , No = 0
Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d
Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:
Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0
Current Year Score: 4

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a
Does the country meet at least 2 of the following criteria?
- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)
Needs to meet at least two of the criteria to be scored a 1 on this measure. Yes for five = 1, Yes for four = 1, Yes for three = 1, Yes for two = 1, Yes for one = 0, No for all = 0

Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a
Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b
Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a
Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?
Yes = 1, No = 0

Current Year Score: 0
2021

OIE PVS assessments

5.4.2b
Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?
Yes = 1, No = 0
Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a
Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?
Yes = 1, No = 0
Current Year Score: 0

There is no evidence that Romania has allocated national funds to improve capacity to address epidemic threats within the past three years. The World Bank reports in the "Romania Health Program for Results" of 20 March 2019 that Romania has low levels of expenditures allocated for the health sector and that there is an underfunding of public health concerns. [1] The report notes that Romania spends only 6% of its GDP in healthcare compared to an average of 10% of the rest of the European Union (EU) countries. There is no further evidence on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the Office of the President, and the Prime Minister's Office. [2, 3, 4, 5]


5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a
Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1, No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a publicly identified special emergency public financing mechanism and funds which Romania can access in the face of a public health emergency. As a European Union Member State, Romania is not eligible for IDA funds. [1] Since the country is not eligible for IDA funds, it is also not eligible for the World Bank Pandemic Financing Facility. [2] Emergency services and certain public health care services however are paid from the state budget. [3] There is no evidence of a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency in the 2019 approved state budget, although it makes reference to healthcare as a priority sector with an increased budget. [4] However, as part of the emergency planning for COVID-19, the European Union (EU) has made available to all member states, two financing mechanisms, namely the Emergency Support Instrument, and the EU Solidarity for Health Initiative, which provide funds for ongoing health crisis to mitigate the consequences of the pandemic, and anticipated needs in regards to exits and recovery, as well as purchase of medical supplies and equipment, recruitment of additional healthcare workers, etc. [5] There is no further evidence provided on websites of the Ministry of Health and the General Inspectorate for Emergency Situations (IGSU). [6, 7]

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of public commitment by senior leaders of Romania to provide financing or other support to other countries to improve their capacity to address epidemic threats or to improve its own capacity by expanding domestic funding or seeking foreign funding in the past three years. There is no evidence that Romania has offered any funds through the Global Health Security (GHS) Tracking Dashboard. [1] There is no further evidence provided on the websites of the Ministry of Health, Ministry of Foreign Affairs, the World Health Organization, and media sources. [2, 3, 4]


5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country’s domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Romania has requested financing or technical support from donors to improve the country’s domestic capacity to address epidemic threats, but there is no evidence that Romania has provided other countries with financing or technical support to improve capacity to address epidemic threats. There is evidence via the Global Health Security Funding
Tracker that Romania has invested donor financed to improve domestic capacity to address epidemic threats. The tracker notes that Romania has received funding from multiple donors to decrease the burden of tuberculosis and malaria, eradicate polio, estimate the epidemiological burden of dengue in the country, etc. [1] Though the tracker notes that Romania has invested 146.87m USD in covid-19 response in 2020, there is no evidence that the country has provided any financing or technical support to improve other countries’ capacity to address epidemic threats in the future. [2]

Additionally, Romania has been committed to strengthening collaboration with the World Health Organization (WHO) and Europe in addressing health emergencies and communicable diseases. [3, 4] On the occasion of European Immunization Week 2017 and the visit of the WHO Regional Director for Europe to Romania on 26-28 April 2017, a series of technical meetings on communicable disease prevention and control and responding to health emergencies and outbreaks was organized by the WHO Country Office in Romania. There is no further evidence provided on the websites of the Ministry of Health, Ministry of Foreign Affairs, the World Health Organization (WHO), or media sources. [5, 6, 7]


5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country
5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a
Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?
Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available plan or policy for Romania to share genetic data, epidemiological data, clinical specimen, and isolated specimen with international organizations. There is however, evidence of legislation for epidemiological surveillance and data sharing with international organizations and other member states. Decision No.1082/2013/EU “On serious cross-border threats to health and repealing Decision No 2119/98/EC” of 22 October 2013, lays down the rules on epidemiological surveillance, monitoring, early warning of, and combating serious cross-border threats to health, including preparedness and response planning related to those activities, in order to coordinate and complement national policies. [1] It also provides the methods of cooperation and coordination between different actors and the European Union (EU). The decision also requires personal data protection on surveillance data, and that surveillance data be shared with the European Centre for Prevention and Disease Control (ECDC) though the early warning response system (EWRS). The websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the National Institute of Public Health, the Ministry of Education and Research, and media reports do not provide any relevant information on this issue. [2, 3, 4, 5]


5.6.1b
Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?
Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Romania has not shared samples in accordance with the PIP framework in the past two years. The World Health Organization (WHO) has not reported any non-compliance in the past year by Romania and neither has a search for international and local media articles revealed any non-compliance. [1] Romania is part of the PIP framework and also operates through the Global Influenza Surveillance and Response System (GISRS), the Global Influenza Programme...
(GIP), and Influenza Virus Traceability Mechanism represented by Cantacuzino Institute. [2, 3, 4]


5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?
Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that Romania has not shared pandemic pathogen samples during an outbreak in the past two years. There is no evidence of a lack of sharing by Romania of pandemic pathogen samples including COVID-19 by the World Health Organization (WHO) [1, 2, 3]. There is also no evidence found in international and local media outlets.


Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020
6.1.1b
Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 1

2020

6.1.1c
Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 2

2020

6.1.1d
Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 1

2020

6.1.1e
Country score on Corruption Perception Index (0-100, where 100=best)
Input number
Current Year Score: 44

2020

6.1.1f
Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)
Input number
6.1.1g
Human rights risk (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 2

2020
Economist Intelligence

6.1.2 Orderly transfers of power
6.1.2a
How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?
Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0
Current Year Score: 3

2021
Economist Intelligence

6.1.3 Risk of social unrest
6.1.3a
What is the risk of disruptive social unrest?
Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0
Current Year Score: 3

2021
Economist Intelligence
6.1.4 Illicit activities by non-state actors

6.1.4a
How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3
2021
Economist Intelligence

6.1.4b
What is the level of illicit arms flows within the country?
4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3
2020
UN Office of Drugs and Crime (UNODC)

6.1.4c
How high is the risk of organized criminal activity to the government or businesses in the country?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2
2021
Economist Intelligence

6.1.5 Armed conflict

6.1.5a
Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?
No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 4
2021
Economist Intelligence
6.1.6 Government territorial control

6.1.6a
Does the government’s authority extend over the full territory of the country?
Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a
Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a
Adult literacy rate, population 15+ years, both sexes (%)  
Input number

Current Year Score: 98.84

2018

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a
United Nations Development Programme (UNDP) Gender Inequality Index score
Input number

Current Year Score: 0.68

2018
6.2.3 Social inclusion

6.2.3a
Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 1.2

2017

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 1

The share of employment in the informal sector in Romania is reported to be 31.5%. This is estimated by the National Trade Union Bloc, which has carried out a study in 2013, and reported in the Eurofound. [1] There is no evidence of more recent estimates by the World Bank, International Labour Organization (ILO), and the National Institute of Statistics of Romania. [2, 3, 4]


6.2.3c
Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 3

2016, or latest available

World Bank; Economist Impact calculations
6.2.4 Public confidence in government

6.2.4a
Level of confidence in public institutions
Input number
Current Year Score: 0

2021
Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a
Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number
Current Year Score: 1

2021
Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a
Gini coefficient
Scored 0-1, where 0=best
Current Year Score: 0.36

Latest available.
World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a
What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 2

2021
6.3.2 Adequacy of airports

6.3.2a
What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

2021

6.3.3 Adequacy of power network

6.3.3a
What is the risk that power shortages could be disruptive?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

2021

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a
Urban population (% of total population)
Input number
Current Year Score: 54.08

2019

World Bank

6.4.2 Land use

6.4.2a
Percentage point change in forest area between 2006–2016
Input number
Current Year Score: 1.91
6.4.3 Natural disaster risk

6.4.3a
What is the risk that the economy will suffer a major disruption owing to a natural disaster?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a
Total life expectancy (years)
Input number

Current Year Score: 75.36

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b
Age-standardized NCD mortality rate (per 100 000 population)
Input number

Current Year Score: 555.3

2019

WHO

6.5.1c
Population ages 65 and above (% of total population)
Input number

Current Year Score: 18.79
2019

World Bank

6.5.1d
Prevalence of current tobacco use (% of adults)
Input number

Current Year Score: 25.5

2018

World Bank

6.5.1e
Prevalence of obesity among adults
Input number

Current Year Score: 22.5

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a
Percentage of homes with access to at least basic water infrastructure
Input number

Current Year Score: 99

2017

UNICEF; Economist Impact

6.5.2b
Percentage of homes with access to at least basic sanitation facilities
Input number

Current Year Score: 84.31

2017

UNICEF; Economist Impact
6.5.3 Public healthcare spending levels per capita

6.5.3a
Domestic general government health expenditure per capita, PPP (current international $)
Input number
Current Year Score: 1256.16

2018
WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a
Trust medical and health advice from the government
Share of population that trust medical and health advice from the government, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0
Current Year Score: 0

2018
Wellcome Trust Global Monitor 2018

6.5.4b
Trust medical and health advice from medical workers
Share of population that trust medical and health advice from health professionals, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0
Current Year Score: 1

2018
Wellcome Trust Global Monitor 2018