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EUROPEAN SOCIAL CHARTER

16th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF ROMANIA

- Article 3, 11, 12, and 13 for the period 01/01/2012 - 31/12/2015
- Complementary information on Article 7§1, 7§6, 7§7, 8§2 and 16 (Conclusions 2015)

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17 May 2017

CYCLE 2017

THE 16TH NATIONAL REPORT ON THE IMPLEMENTATION

OF THE REVISED EUROPEAN SOCIAL CHARTER

SUBMITTED BY THE
ROMANIAN GOVERNMENT

On the Group 2 of articles of the Revised European Social Charter,
“Health, social security and social protection”: articles 3 paragraphs 1-3, 11, 12,
13 paragraphs 1-3

For the period between January 1st, 2012 and December 31st, 2015

Article 3

Paragraph 1 - Health and safety regulations

Romania has fully transposed the health and safety Directives in its national law. The most recent acts are:

- GD no. 359/2015 *amending and supplementing certain health and security regulations* – transposes Directive 27/2014/EU amending certain OSH directives, such as to align them to Regulation no. 1272/2008 on classification, labelling and packaging of substances and mixtures. Amends GD's on chemical agents, carcinogens and mutagens, youth protection and OSH warning.
- Law no. 154/2015 *amending and supplementing EOoG no. 96/2003 on maternity protection at work* - transposes Directive 27/2014/EU amending certain OSH directives, such as to align them to Regulation no. 1272/2008 on classification, labelling and packaging of substances and mixtures. Amends EOoG no. 96/2003 maternity protection at work.
- GD no. 520/2016 *on minimal health and security requirements regarding the exposure of workers to the risks arising from electromagnetic fields*.

Additionally to the minimum requirements of EU Directives, Romania has:

- Stipulations on lone workers and minimal requirements for workplace ergonomics, in GD no. 1091/2006 on workplaces (transposes Directive 89/654/EC). The employer is required to designate a supervisor for lone workers. Such workers should be provided technical means allowing them to keep contact with the supervisor (supervision centres, radio alarm devices, radio-telephone, telephone etc.).
Criteria are laid down for the size of the workplace, chair and workbench specifications, optimisation of process flows etc.,
<https://www.inspectiamuncii.ro/documents/66402/267275/GD+1091+on+2006.pdf/d86ad05b-32a1-4205-9928-36b47ad6f20f>, Article 5 and 11, and Annex 1, points 22 and 23.
- Minimal requirements applicable to electrical work plant and equipment, mainly instating technical and organisation measures for protection against electric shock by indirect contact, technical measures and means for protection against electric shock by direct contact, and requirements for fitting electric plant and equipment depending on their

protection class. They are included in Annex no. 9 to GD no. 1146/2006 *on work equipment* (transposes Directive 2009/104/EC), <https://www.inspectiamuncii.ro/documents/66402/267275/GD+1146+on+2006.pdf/8d88bbfe-d954-46fa-b026-743cecdc80be>

- Limit values for noise exposure that, for a number of workplaces, are lower than those laid down by the Directive (see Table 1), set down in GD 493/2006 on noise protection of workers, amended by GD no. 601/2007 (transposes Directive 2003/10/EC).

Table 1 Maximum admissible noise values at workplaces with higher and significant neuropsychological and psycho-sensory stress (attention, responsibility, decision-making, time constraints)

Job complexity	Workplace	Admissible noise level Lech,z dB(A)
Heightened neuropsychological and psycho-sensory stress workplaces	<ul style="list-style-type: none"> - Test or repair workshops - Process supervision stations - Customs points 	75
Significant neuropsychological and psycho-sensory stress workplaces	<ul style="list-style-type: none"> - Radio, TV and film sets - Control stations (e.g.: power dispatch, road, railway or naval transport dispatch) - Measurement, research and design laboratories - Computer offices or rooms - Treatment rooms - Customer service, valuables handling, mail sorting rooms - Written and audio mass-media editor's rooms - Medical offices, study rooms, classrooms, amphitheatres, libraries 	60
	<ul style="list-style-type: none"> - Operation and treatment rooms - Creation workshops - Air traffic control and information facilities 	50

- Mandatory occupational exposure limits (EL) for 563 dangerous chemicals, compared to 121 indicative EL set in the Community. See Annex 1 to GD no. 1218/2006 on dangerous chemicals (transposes Directive 98/24/CEE);

https://www.inspectiamuncii.ro/documents/66402/267275/GD+no+1218+-+2006_chemical+agents_EN++2016.pdf/54fa6832-5f84-4fd9-ac0b-bad6d6b746b4

- EL for 27 types of de powders, Annex 4 to GD no. 1218/2006;

- Biological limit values for a number of dangerous chemicals, Annex 2 to GD no. 1218/2006;

- Provisions on mandatory medical tests for more than 100 substances or classes of substances (GD no. 355/2007 *on monitoring workers' health*, amended) and for various working conditions: at height, under pressure, in education, in food industry etc.;

- Measures for protection of workers against extreme temperatures (>37°C or < - 20°C), in EOoG no. 99/2000 *on measures for the protection of employees against extreme temperatures*. During periods of high temperatures, employers are required to reduce the intensity and pace of physical work, ventilate work areas, alternate dynamic/static effort and work/rest intervals in shaded places, provide 2-4 litres of mineral water per person/shift, showers etc. During periods of low temperatures, employers are required to distribute 0.5-1 litres of hot tea per person/shift, give breaks for recovery of thermoregulation capacity in spaces with suitable microclimate, provide personal protection equipment etc.

- In the case of industrial facilities with potential for emissions of noxious and/or explosive gases, standards for the organisation of intervention and rescue operations (Order no. 391/2007), for engineering, fitting, commissioning, repairing and maintaining plant and equipment operating in potentially explosive atmospheres Order no. 392/2007) and for verification of ventilation systems (Order no. 393/2007).

By the amendment, in December 2013, of *Law no. 349/2007 on the reorganization of the institutional framework in the field of chemical substances management*, the Labour Inspectorate was designated competent authority controlling the implementation of the REACH¹ OSH Regulation.

¹ [Regulation \(EC\) no 1907/2006 \(REACH\)](#) concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC, as subsequently amended and supplemented

In order to discharge its new responsibilities, since 2014, the Labour Inspectorate has been developing and implementing activities, including (<https://www.inspectiamuncii.ro/metodologie-control1>):

- Training labour inspectors on the new regulations and controlling their implementation;
- Information and awareness raising of other stakeholders: workers, employers, outsourced OSH services, trade unions, employers' associations etc.;
- Controlling the implementation of the new legal provisions.

Regarding the personnel (workers, irrespective of their legal waged or unwaged status and sector, including home workers and home employees), we should indicate that then provisions of Law no. 319/2006 *on health and safety at work* (transposes Framework Directive 89/391/CEE) apply to:

- All sectors, both public and private;
- Employers;
- Legally employed workers, including students during work experience, as well as apprentices and workers' representatives;
- Persons present on the premises with the employers' permission for the preliminary tests of skills with a view to employment;
- Persons carrying out community or volunteer work;
- Unemployed, during their participation in vocational training;
- Persons without a written employment contract, but for whom the contract terms and conditions and work carried out can be proven using any other means and methods.

The Labour Inspectorate controls the implementation of national OSH regulations *in all sectors/industries* (including railway transport, mining, agriculture, building etc.), *except certain sectors provided by law*, by all employers, natural persons or legal entities.

The main sectors excluded from the control of the Labour Inspectorate are:

- Military;
- Nuclear;
- Independent workers;
- Persons carrying out housework.

Law no. 319/2006, in its Article 50, lists the **sectors and entities which are not controlled by the Labour Inspectorate** and that organise, coordinate and control OSH measures on their premises through prevention and protection services set up or designated by such institutions, for the purpose of enforcing the regulations, thus:

- Ministry of National Defence, military entities and entities staffed with special status civil servants of the Ministry of Administration and Internal Affairs,
- General Department for Penitentiaries of the Ministry of Justice,
- Romanian Intelligence Service,
- Foreign Intelligence Service,
- Protection and Guard Service,
- Special Telecommunication Service,

- National Commission for Control of Nuclear Activities.

Occupational accidents and diseases occurring in facilities subordinated to the above-mentioned entities are investigated, recorded and kept track of by the institutions' own bodies.

Housework is defined by the *Labour Code* (Article 108 and 109 of Law no. 53/2003); labour inspectors do not carry out inspections at private residences.

With regard to the rules adopted to provide workers in atypical employment the same level of protection as for other employees, it is noteworthy that, in principle, irrespective of the form of employment, the *Health and Safety at Work Law* no. 319/2006 equally applies to all workers in Romania.

The lawmakers took into account the reality that day labourers' contractual arrangements are very fluid and, for their protection, all workplace accidents involving such workers are subject to investigation by the territorial labour inspectorates. However, in order to avoid overburdening the labour inspectors, the investigation procedure² is simplified, compared to that laid down in the *Health and Safety at Work Law* no. 319/2006.

- Law no. 52/2011 *On occasional activities carried out by labourers*
- Order no. 600/2015 *approving the Application Norms for Law no. 52/2011 on occasional activities performed by day labourers*

Other acts that include provisions on atypical employment OSH are:

- GD no. 1.256/2011 *laying down requirements for operation and authorisation of temporary work agencies* (transposes Directive 2008/104/EC)
- GD no. 557/2007 *on completion of measures to encourage improvements in the safety and health at the workplace for employees employed under a fixed term employment contract and for temporary employees employed by temporary work agencies.*
- Law no. 344/2006 *on the posting of workers for provision of trans-national services* (transposes Directive 97/61/EC)

² Enforcement Regulations for Law no. 52/2011 occasional activities carried out by day labourers, approved by Order no. 600/2015

- GD no. 104/2007 *regulating the specific procedure for the posting of employees to Romania for the provision of cross-border service.*
- Ordinance no. 25/2014 *on the **employment and secondment of foreigners to Romania, and amending and supplementing certain regulations on the status of aliens in Romania***
- EoG no. 56/2007 *on the employment and posting of foreigners in Romania*

In terms of special measures taken to protect the health and safety of workers doing dangerous or dirty work, in Romania, Article 3(1) of Law no. 263/2010 *on the unitary public pension system* defines working conditions as normal, particular and special:

- g) *jobs with particular working conditions - jobs where the exposure to occupational risk factors or to the specifics of certain categories of public services throughout the normal working hours may lead, in time, to occupational diseases and/or hazardous work behaviours with impacts on the insured persons' health and safety;*
- h) *jobs with special working conditions - jobs where the exposure to occupational risk factors or to the specifics of certain categories of public services over at least 50% of normal working hours may lead, in time, to occupational diseases and/or hazardous work behaviours with impacts on the insured persons' health and safety;*

The same act includes provisions on special working conditions jobs, in:

ANNEX 1 - LIST of cabin crew in civil aviation with special working conditions

ANNEX 2 - LIST of special conditions jobs, where the following activities are carried out

ANNEX 3 - FACILITIES that have been certified as meeting the requirements for classification as special conditions workplaces, according to GD no. 1.025/2003 *on the methodology and criteria for employment in special conditions jobs*

ANNEX 4 - LIST of occupations in performance arts classified as workplaces with special conditions

Facilities with **special working condition** jobs are required to implement prevention and protection plans for normalising the conditions. Operating permits are issued for fixed terms of 1-3 years. The method for renewal of the certificates of special working conditions is laid down in GD no. 1.014/2015. During the reporting period, the number of economic operators that were certified with special working conditions decreased constantly.

Table 2 Number of companies certified with special working conditions

Year	2012	2013	2014	2015
No. of companies	176	146	138	131

Moreover, in its Report, the European Committee for Social Rights requested information about the outcomes of the Research and Development Plan 2009-2012 and the regular revision of policies, in the light of changing risks.

The projects developed under the “Occupational Health and Safety” (OSH) Programme, part of the *Sector Research and Development Plan of the MoLFSPE 2009 - 2012*, are comprised of a number of practical, non-binding guides and studies that are accessible at <http://www.inpm.ro/ro/oferta-noastra/publicatii/ghiduri.html>.

The Labour Inspectorate establishes an annual framework programme of activities (<https://www.inspectiamuncii.ro/program-cadru-de-actiuni-al-inspectiei-muncii>), considering:

- The responsibilities assigned to the institution by the Government Programmes;

- EU’s OSH Strategic Framework 2014-2020 (https://www.inspectiamuncii.ro/documents/66402/1001279/1_RO_ACT_part1_v2.pdf/30b58acd-c2be-4545-a8cc-32f6981d3820);

- European OSH campaigns coordinate by the European Agency for Safety and Health at Work and SLIC (Senior Labour Inspectors Committee), which are focused on topics resulting from surveys and questionnaires carried out by the Agency’s *Risk Observer*. Also, the Labour Inspectorate organises activities on the issues proposed by the International Labour Organisation on the occasion of the *World OSH days* (April 28th).

- Analysis of labour inspectorate findings and

- Workplace accident statistics

(<http://www.mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>).

In the case of severe accidents, such as the one which took place in Colectiv, on the 30th of October 2015, the Labour Inspectorate carries out nationwide, targeted inspections at similar workplaces.

According to the provisions of Law no. 108/1999 *for the establishment and organisation of the Labour Inspectorate*, the Labour Inspectorate’ Annual Activity Report is submitted to the Minister for Labour, Family, Social Protection and the Elderly and to the Director General of the International Labour Office. The Report is drafted in observance of the requirements of ILO Convention no. 81/1947 *on labour inspection in industry and commerce* and the requirements of ILO Convention no. 129/1969 *on labour inspection in agriculture*. The former was ratified by Romania by the Decree no. 284/1973 of the State Council and the latter by Decree no. 83/1975 of the State Council. The Labour Inspectorate’s Annual Activity Report is posted on the institution’s web page. The Internet address has changed, since the previous Report: (<https://www.inspectiamuncii.ro/raport-anual-al-activitatii-inspectiei-muncii>).

Workplace risk prevention measures

Also, the Committee requested information on the measures taken by employers - in particular, small and medium enterprises (SME’s) - for meeting their obligations to assess and prevent occurrence of workplace risks, as well as on how these obligations are complied with in practice.

Targeted Guides developed in the period 2012-2014: *Frequently asked questions on health and safety information, training and consultation of workers from micro and*

small enterprises; ten frequently asked questions on risk assessment in micro and small enterprises.

The Labour Inspectorate has a web page dedicated to SME's, where it posts specific information materials developed in-house, by international organisations or translated and adapted to the local particularities. Also, links are provided to websites of interest (<https://www.inspectiamuncii.ro/securitatea-si-sanatatea-in-munca1>).

Consultation with employers' organisations and trade unions

Regarding the consultations with bodies responsible for company health and safety issues, it is worth mentioning that, in February 2013, the *New Code of Civil Procedure* (Law no. 134/2010) came into force, amending the *Social Dialogue Law* no. 62/2011.

The main amendments include:

- Trade unions' acquiring legal status
- Representativeness of trade unions
- Establishment, organisation and operation of employers' organisations
- Representativeness of employers' organisations
- Mediation or arbitration of collective labour conflicts.

Chapter IV of GD no. 1425/2006 *approving the Enforcement Rules of Law no. 319/2006* sets forth the rules for then organisation and operation of the Committees for Health and Safety at Work (CHSW).

The Labour Inspectorate and Territorial Labour Inspectorate (ITM) encourage consultations with the social partners, by:

- Meetings, round tables, workshops on topics within their responsibilities;
- Participation in CHSW meetings (see Table 3);
- Reviewing CHSW meeting minutes submitted by employers with ITM, for the purpose of identifying issues of concern

Table 3 Number of participations of labour inspectors in CHSW meetings

Year	2012	2013	2014	2015
No. of participations	1.275	1.438	1.409	1.440

For instance, in 2015, the Labour Inspectorate carried out activities to raise awareness among prevention stakeholders and activities to promote of OSH and the Labour Inspectorate. ***Essentially, the purpose was to find out what was the companies' perception of the investment in OSH: was it or not profitable for the companies?***

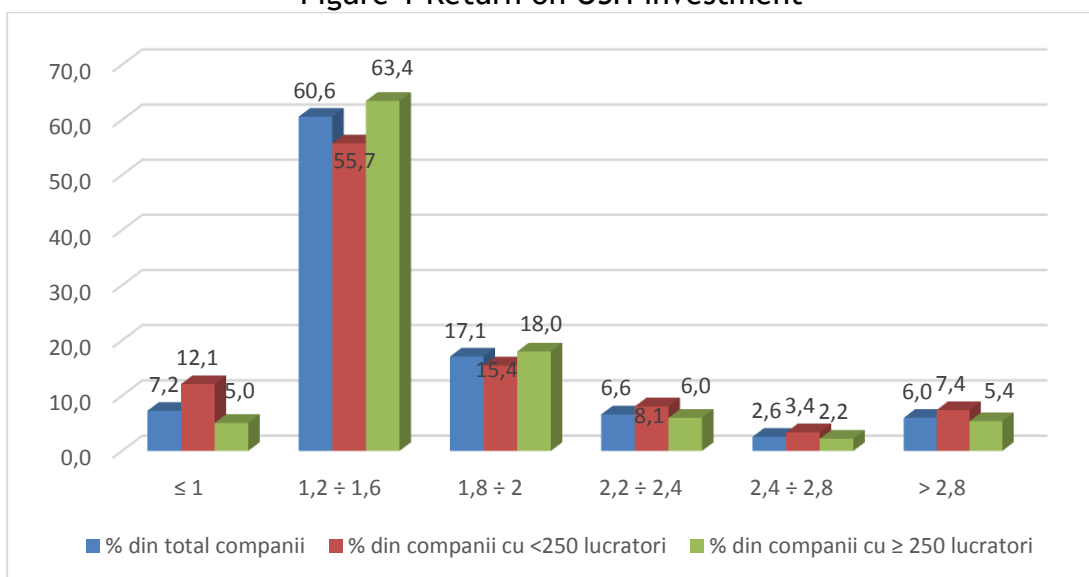
To this effect, the questionnaire and interview guidelines were translated and adapted to the purpose, which were used in the Project "*Calculating the international return on prevention for companies: Cost and benefits of investments in OHS*"³ of the International Social Security Association (ISSA), German Social Accident Insurer (DGUV) etc. The questionnaire was used in the Project by permission of ISSA.

In July - August, the labour inspectors carried out interviews at companies, with teams of 4 persons with OSH knowledge and responsibilities, namely: the employer,

³ http://www.csreurope.org/sites/default/files/ISSA%20RoP%20Study_0.pdf

designated person or a member of the internal prevention and protection unit, representative of CHSW and a workplace supervisor.
469 companies responded to the questionnaire, of which 317 medium businesses (68%) and 149 large companies (32 %), from 39 Counties.

Figure 1 Return on OSH investment⁴



A relatively small percentage (7.2 %) of the respondent companies said that OSH investment did **not** benefit companies (OSH investment to return ratio ≤ 1). Most teams (60.6%) deemed that the OSH investment/benefit ratio, expressed in money, is 1.2-1.6. This result fits within the lower range of the findings of the inspiring study, namely 1.29-2.89, with an average of 2.2⁵. The differences between the opinions of large and medium companies were insignificant.

- According to Article 45 of the Health and Safety at Work Law no. 319/2006, as subsequently amended, the Ministry of Labour, Family, Social Protection and Elderly is the competent authority in health and safety at work. The main responsibilities of the Ministry in this area are:
 - Develops the national health and safety at work policy and strategy, together with the Ministry of Public Health and in consultation with other agencies with responsibilities in the area;
 - Develops draft acts, aimed at the consistent implementation of the relevant national strategy and Community Acquis;
 - Endorses relevant regulations initiated by other agencies, according to the law, and participates in the development of such regulations, as the case may be;

⁴ Light blue: % from the total number of companies; Light green: % from the number of companies with ≥ 250 ; workers; Light red: % from the number of companies with < 250 workers.

⁵ International Social Security Association (ISSA), the return on prevention: Calculating the costs and benefits of investments in occupational safety and health in companies, <http://www.issa.int>.

- Monitors the enforcement of the relevant regulations, based on data, information and proposals forwarded by its subordinated, coordinated or cooperative bodies;
- Together with the Ministry of Education and Research, coordinates the development of research programmes of national interest in the field of occupational health and safety;
- Together with the Ministry of Education and Research, organises general and/or specific occupational health and safety training provided in educational establishments;
- Carries out information gathering and research work, according to the law;
- Represents the State in international relations, within the scope of its responsibilities.

In view of the above, in particular the responsibility for the development the development of research programmes of national interest in the field of occupational health and safety, in 2008, the Authority issued Order no. 668 approving the Sector Research and Development Plan of the Ministry of Labour, Family and Equal Opportunities 2009 - 2012.

The goal of the “Workplace Security and Health” Programme - promoted as part of the Sector Research and Development Plan of the Ministry of Labour, Family and Equal Opportunities 2009 - 2012 - was to provide the technical and scientific support for informing decisions on the implementation of the National Health and Safety at Work Strategy for 2008 - 2013, in compliance with the European programmatic document “Improving quality and productivity at work: Community Strategy 2007 - 2012 on health and safety at work”, and its implementation was a component in all actions undertaken for the purpose of improving workplace health and safety in companies and/or facilities.

The objectives of the “Workplace Security and Health” Programme covered:

- continuous improvement of security and health at work, for the purpose of developing security and health at work measures aimed at improving working conditions and, implicitly, providing workers with safe personal protection equipment;
- providing employers with know-how for implementing workplace prevention and protection activities aimed at developing support for the enforcement of health and safety regulations, reduce costs associated with work accidents and occupational ill-health (human, economic and social), improve companies’ image and safety of goods they provide, include security and safety issues in the companies’ development strategy, development of workplace risk assessment and monitoring tools;
- raising awareness among the security and health at work stakeholders, with the aim of developing a culture of prevention, by the use of tools for disseminating and promoting health and safety best practices;
- integrating security and health at work in vocational education and training programmes, with the aim of providing the information required for raising awareness of workplace health and safety issues in pre-university and university education, in compliance with the European objective of developing an authentic risk-prevention culture.

The “Workplace Security and Health” Programme materialised in:

1. Improved legal framework and security and health at work;
2. Tools, sets of recommendations and solutions aimed at building the companies' capacity to implement the relevant national regulations that transpose EU regulations in the field;
3. Increased capacity of companies to manage workplace security and health, with the aim of increasing economic and labour market competitiveness;
4. Less workplace accidents and diseases, resulting in reduced social security and healthcare costs, as well as increased business performance of companies;
5. Increased quality of the services provided by training providers, by the definition of requirements and learning outcomes for training workers with responsibilities in security and health at work.

The deliverables, in the form of guides, studies and methods, were published on the web page of the National Research and Development Institute of Occupational Safety "Alexandru Darabont" - www.inpm.ro, in the "Oferta noastră - Publicații - Ghiduri" Section (*Our offer - Publications - Guides*):

- Guide for preventing workers' exposure to psycho-social risks
- Implementation guide of the PPE Directive
- Implementation guide of the Machinery Directive
- Guide on evaluation of PPE security aspects
- National guide on critical machinery security and safety requirements
- National guide on critical PPE security and safety requirements.
- Security and health at work guide on the use of work equipment
- Security and health at work guide on the use of PPE
- Security and health at work guide on workplaces
- Security and health at work guide for the construction sector
- Security and health at work guide for manual handling of loads - version transmitted by the guide coordinator
- Security and health at work guide on workers' exposure to noise
- Security and health at work guide on mechanical vibrations
- Security and health at work guide on monitors
- Security and health at work guide on security and health signalling,
- Security and health at work guide on exposure to biological agents
- Security and health at work guide on exposure to chemicals
- Security and health at work guide on exposure to carcinogens and mutagens
- Security and health at work guide on exposure to asbestos
- Guide for evaluating and preventing electrical risks
- Method for developing in-house security and health at work instructions,
- Guide necessary in the use of chemicals, carcinogens and mutagens
- Study on the development of requirements and skills for training workers with OSH responsibilities.

In 2012, by Order no. 3808/2012, the Minister of Labour, Family, Social Protection and Elderly approved the Sectoral Research and Development Plan of the MoLFSPE for 2013 - 2015. The Order was published in the Official Journal no. 28 of 14 January 2013. Subsequently, for reasons related to the annual appropriation of funds for projects and delay of certain deadlines for completion, the Order was amended and supplemented.

The goal of the Sectoral Research and Development Plan of the Ministry of Labour, Family, Social Protection and Elderly for 2013 - 2015 was to develop research products and services in MoLFSPE's area of responsibility, with a view to providing a theoretical foundation informing national policy decisions on priority action lines. The main beneficiaries of the findings of the Research were: Ministry of Labour, Family, Social Protection and Elderly, as national authority setting the employment and social affairs strategy and policies, institutions subordinated to, coordinated by or under the authority of the MoLFSPE, public and private organisations active in the social area, employers' organisations and trade unions, non-governmental organisations, companies and/or business units, irrespective of the form of organisation and property.

The specific objectives were:

- 1) To provide employers with know-how for implementing workplace prevention and protection activities
- 2) Continuous improvement in the level of security and health at work
- 3) To promote integration of risk management and social responsibility in organisations

During the reporting period, the competitive award procedure took place for the projects included in the Sector Research and Development Plan of the Ministry of Labour, Family, Social Protection and Elderly for 2013 - 2015. The procedure was completed, but no projects awarded, for reasons related to potential beneficiaries failing to meet particular eligibility requirements.

At the time of their development, the Sector Research and Development Plan of the Ministry of Labour, Family and Equal Opportunities 2009 - 2012 and the Sector Research and Development Plan of the MLFSPE for 2013 - 2015, respectively, were correlated with the European Strategy 2007-2012 on health and safety and with the objectives of the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020.

Consultations with employers' organisations and trade unions

With regard to Social Dialogue Law no. 62 of 10 ay 2011, we should mention that it was published in the Official Journal of Romania no. 625 of 31 August 2012, fact that should be reflected in its title, namely: "Law 62/2011, reissued".

Public information on the development of draft acts is carried out in compliance with *Law no. 52/2003 on decisional transparency in public administration*, reissued. According to this Law, before being submitted to public authorities for approval, draft regulations are subject to public debate, by their publication on the initiator organisations' web page of the. Thus, businesses and other stakeholders with work health and safety responsibilities may submit written proposals, suggestions or opinions on the draft act put up for public debate.

Law no. 62/2014 amending and supplementing Law no. 346/2004 on incentives for the establishment and development small and medium enterprises instates the requirement for the initiator of the act to carry out the "SME (small and medium enterprises) test", before its approval. The test involves a survey with regard to then potential impacts of the new regulations on the SME's operations. Evaluating the SME Test findings should lead to the identification of any corrections required to finalise the draft regulation.

Paragraph 2 - Health and safety regulations

In order to ensure effective enforcement of the right to security and health at the workplace, in consultation with employers' organisations and trade unions, the parties undertake the duty:
to issue health and security regulations;

Question A

Please indicate the criteria applied by the Labour Inspectorate to ensure the implementation of security and hygiene regulations and provide information, in particular statistics, on:

- a. Workplaces, including residence, subject to control by the Labour Inspectorate, indicating the categories of facilities that are exempt from such control;
- b. Number of control visits;
- c. Number of workers visited.

The criteria applied by the Labour Inspectorate to ensure the implementation of security and hygiene regulations and provide information, in particular statistics, workplaces, number of control visits and number of workers visited are:

- Facility size;
- Level of the potential risk of workplace injury and/or disease;
- Influence of processes on working conditions;
- Records of workplace accidents and diseases;
- Occupational morbidity and workplace dispersion.

Question B

Please describe the civil and criminal sanctions system that guarantees the implementation of security and hygiene regulation and reporting of offences committed:

- a. Number of offences;
- b. Sector where identified;
- c. Consequences, including judicial.

With a view to correcting the irregularities identified during control missions or investigating workplace accidents and diseases, the labour inspectors may employ the following legal means:

- 1) Order measures to be taken (set out in the inspection report), with precise implementation and reporting timelines, for the correction of irregularities found in compliance with the law;
- 2) Impose main or complementary civil sanctions (set out in the contravention finding and sanctioning report). The main sanctions for contraventions are the warning and civil fine. Depending on the nature and gravity of the contravention, the labour inspectors may impose one or several complementary civil penalties, such as: cancellation or withdrawal of security and health operating permit; staying the operations; or decommissioning equipment, when an imminent workplace accident or disease hazard is found, with the stay of operations measure being entered into the company records;

- 3) Notify prosecution services, in the case of indictable offences;
- 4) Apply for the legal entity to be stricken off from the Companies Register, in case the employer commits repeated infractions of labour laws or of security and health at work standards.

The civil penalties imposed between January 2012 and December 31st 2015 are summarised in the table below:

Table 4 Civil penalties imposed for violation of security and health at work standards in the period January 2012 and December 31st 2015

INDICATORS		Year 2012	Year 2013	Year 2014	Year 2015
1.	No. of civil sanctions imposed	125,818	96,591	90,294	79.017
	No. of fines	5,625	6,543	5,592	4.491
	No. of warnings	120,193	90,048	84,702	74.526
2.	Amount of fines imposed (Lei)	31,086,700	32,891,200	27,896,002	22.548.800
3.	No. of measures ordered to correct found nonconformities	130,598	101,324	94,366	82.593
4.	No. of workplaces where activity was suspended	110	93	83	86
5.	No. of decommissioned work equipment	450	774	329	337

The number of criminal prosecution notifications issued in the period January 2012 and December 31st 2015 is summarised in the table below:

Table 5 Number of criminal prosecution notifications issued in the period January 2012 and December 31st 2015

Year 2012	Year 2013	Year 2014	Year 2015
87	30	51	52

The breakdown of criminal prosecution notifications issued during the reporting period by sector is thus:

In 2012, 87 criminal prosecution notifications were issued, of which:

- In agriculture: 3 criminal prosecution notifications;
- In transport: 1 criminal prosecution notification;
- In mining: 42 criminal prosecution notifications;
- Commerce, industry and other: 41 criminal prosecution notifications.

In 2013, 30 criminal prosecution notifications were issued, of which:

- In agriculture: 3 criminal prosecution notifications;
- In transport: 0 criminal prosecution notifications;
- In mining: 1 criminal prosecution notification;
- Commerce, industry and other: 26 criminal prosecution notifications.

In 2014, 51 criminal prosecution notifications were issued, of which:

- In agriculture: 3 criminal prosecution notifications;
- In transport: 2 criminal prosecution notifications;
- In mining: 2 criminal prosecution notifications;
- Commerce, industry and other: 44 criminal prosecution notifications.

In 2015, 52 criminal prosecution notifications were issued, of which:

- In agriculture: 5 criminal prosecution notifications;
- In transport: 1 criminal prosecution notification;
- In mining: 2 criminal prosecution notifications;
- Commerce, industry and other: 44 criminal prosecution notifications.

Question C

Please provide statistics on workplace accidents, including fatal injuries, and occupational diseases, indicating the percentage of active population included in such statistics. Please describe the preventive measures taken, by sector.

The statistics on **workplace accidents** for January 2012 and December 31st 2015 are thus:

In 2012:

- 3,686 persons injured, of which 215 fatally;
- *frequency rate* (number of injured persons to 1,000 workers) was 0.79⁰/₀₀ for all injuries and 0.05⁰/₀₀ for fatal injuries;
- 22 *collective workplace accidents* occurred, involving 126 individuals, of whom 9 died;
- the *temporary incapacity* ended in the case of 3,190 persons, of whom 35 by death, 102 by invalidity decision, and the remaining 3,053 by going back to work.
- *the average duration of incapacity* for persons no longer in temporary incapacity in 2012 (average number of working days lost by injured person) is 66.4 days, and the *seriousness indicator* (total number of incapacity days to 1,000 employees) is 45.1⁰/₀₀.

In 2013:

- 3.627 persons injured, of which 199 fatalities;
- *frequency rate* (number of injured persons to 1,000 workers) was 0.76⁰/₀₀ for all injuries and 0.04⁰/₀₀ for fatal injuries;
- 24 *collective workplace accidents* occurred, involving 115 persons, of whom 10 died;

- the *temporary incapacity* ended in the case of 3,086 persons, of whom 32 by death, 89 by invalidity decision, and the remaining 2.965 by going back to work.
- *the average duration of incapacity* for persons no longer in temporary incapacity in 2012 (average number of working days lost by injured person) is 64.4 days, and the *seriousness indicator* (total number of incapacity days to 1,000 employees) is 41.8⁰/₀₀.

In 2014:

- 3,604 persons injured, of which 185 fatalities;
- *frequency rate* (number of injured persons to 1,000 workers) was 0.76⁰/₀₀ for all injuries and 0.04⁰/₀₀ for fatal injuries;
- 23 *collective workplace accidents* occurred, involving 94 persons, of whom 7 died;
- the *temporary incapacity* ended in the case of 3,025 persons, of whom 36 by death, 94 by invalidity decision, and the remaining 2.895 by going back to work;
- *the average duration of incapacity* for persons no longer in temporary incapacity in 2012 (average number of working days lost by injured person) is 61.9 days, and the *seriousness indicator* (total number of incapacity days to 1,000 employees) is 39.5⁰/₀₀.

In 2015:

- 4,300 persons injured, of which 183 fatalities;
- *frequency rate* (number of injured persons to 1,000 workers) was 0.89⁰/₀₀ for all injuries and 0.04⁰/₀₀ for fatal injuries;
- 25 *collective workplace accidents* occurred, involving 121 persons, of whom 12 died;
- the *temporary incapacity* ended in the case of 3,776 persons, of whom 28 by death, 91 by invalidity decision, and the remaining 3.657 by going back to work;
- *the average duration of incapacity* for persons no longer in temporary incapacity in 2012 (average number of working days lost by injured person) is 61.4 days, and the *seriousness indicator* (total number of incapacity days to 1,000 employees) is 48⁰/₀₀.

The statistics on new cases of **occupational diseases declared** for January 2012 and December 31st 2015 are thus:

- 2012: 862 new cases of occupational diseases declared;
- 2013:999 new cases of occupational diseases declared;
- 2014:980 new cases of occupational diseases declared;
- 2015: 854 new cases of occupational diseases declared.

The OSH measures ordered by the Labour Inspectorate with a view to preventing workplace injuries and diseases permanently covered the following priorities:

- small and medium companies;
- dangerous sectors;
- vulnerable workers (daily labourers, migrant workers, posted workers);
- social dialogue.

Furthermore, in order to achieve the general priorities and objectives: to improve workplace security and health, continuous and sustainable reduction in the number of workplace accidents and diseases, develop a prevention culture at work and promote behaviour change, the Labour Inspectorate took the following measures for each individual sector:

- improving the implementation of and compliance with security and health at work regulations;
- awareness raising and informing employers and workers on the means to implement the regulations, European best practices, role of preventing occupational risks and of behaviour changing;
- consultations with social partners and exchange of information at all levels (national, sector and local), with regard to workers' security and health at work;
- preventive control missions in small and medium enterprises;
- preventive control missions in entities operating in dangerous sectors: mining, civil engineering, transport, healthcare, agriculture, forestry);
- national campaigns to verify compliance with security and health at work regulations, by sector;
- control missions to verify compliance with all minimal security and health at work requirements in the case of vulnerable workers: daily labourers, migrant workers, posted workers, temporary workers;
- take over and implement European awareness raising and control campaigns for specific risks, seen as priorities at European level.

Reminding that the Report should provide full and up-to-date information with regard to changes in the laws and regulations in the reporting period, the Committee requests that the next Report include information on the transposition of Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work

equipment by workers at work. Also, the Committee requests details on any obligation of employers to take monitoring measures for workplace risk assessment and any deadlines for compliance.

With regard to Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work [second individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC] - Codification of Directive 89/655/CEE, as amended by Directives 95/63/EC and 2001/45/EC - we specify that it was transposed into the Romanian security and health at work law in Decision no. 1.146 of 30 August 2006 regarding the establishment of minimum safety and health requirements for the use of work equipment by workers at work.

Moreover, in the process of purchasing work equipment for manufacturers, importers and distributors, the employers require and check that the products be accompanied by legal documents (conformity statement, EC mark, instructions for use).

In addition, throughout the use of the work equipment, the employers ensure adequate maintenance of such equipment, such as to comply with minimal security requirements.

The requirement to verify the work equipment was materialised in the employers' obligation to carry out: initial checks, checks after installation, checks before commissioning, current checks and checks on new sites, based on a schedule of checks. Employers are also required to record the outcomes of such checks. Checks are carried out by competent individuals or designated workers with responsibilities in this field.

The employers keep records of the outcomes of work equipment checks and provide them to the labour inspectors, on the latter's request.

The work equipment that may be the cause of dangerous situations are subject to regular checks or, each and every time when exceptional events occur that may have a negative impact on the security of the work equipment, special checks carried out by competent individuals.

Where employers use work equipment susceptible to pose specific risks to workers' security and health, the employers ensure that only designated workers may operate, repair and maintain such equipment.

The requirements on work equipment "inspection" and "competence" to carry out such inspections did not encounter problems in practice.

The Labour Inspectorate has a scheme for supervising the market for certain work equipment that is brought into Romania for the first time.

ICSPM-CS⁶ of INCDFM⁷ Bucharest has developed a tool for the technical inspection of work equipment used by the certification body, on request by workers.

The Implementation Guide for implementation of the work equipment Directive provides information, including on work equipment "inspection" and "competence" to do that.

In general, a "specific risk" is deemed to be a risk that may generate workplace accidents or diseases with serious, irreversible consequences, such as death or invalidity.

⁶ Certification body.

⁷ National Institute of Research and Development for Environment Protection.

Basically, the concept of “specific risk” defines the specific situation whereby the work equipment, through its intrinsic constructive features and operation, involves a particular risk for the operator.

Employers assess health and security risks for workers operating work equipment and take the required action to ensure that the equipment provided to workers in the company and/or business units is fit or adapted for the operation and can be used by the workers without endangering their health and safety.

Furthermore, when selecting work equipment based on worker’s security and health criteria, employers pay special attention to all work conditions, specific features and existing risks associate to all workplaces in the company and/or business units, with a focus on the risks likely to occur when using such work equipment.

With a view to preventing workplace accidents and diseases, employers provide employees with adequate information and instructions on the work equipment used at work. Additionally, the employers train the workers with regard to the operation of work equipment and prevention of associated risks.

The Committee requests that the next Report provide information with regard to any measures adopted to incorporate the exposure limit of 0.1 fibres per cm³ instated by Directive 2009/148/EC, as well as with regard to the Government’s intentions to ratify ILO Convention no. 162 on the use of asbestos (1986).
The Committee requests information in the next Report on the Government’s intentions to ratify ILO Convention no. 115 on protection against radiations (1960).

- For asbestos:

In Romania, provisions of Convention no.162/1986 were included in GD no. 1875/2005 on the protection of workers’ against risks of exposure to asbestos, as subsequently amended and supplemented.

- For ionising radiations:

Having analysed the text of Convention no. 115/1960 concerning the Protection of Workers against Ionising Radiations, it was found that the area covered by this instrument is within the scope of responsibility of the National Commission for Control of Nuclear Activities, according to Article 4 (1) of Law no.111/1996 on the safe deployment, regulation, authorisation and control of nuclear activities, reissued, which stipulates that the Commission is the “competent national authority in the nuclear field, which has responsibilities of regulation, authorisation, and control”.

We should point out that the subject-matter of the above-mentioned law, according to Article 1, is the regulation, authorization and control of the nuclear activities for exclusively peaceful purposes so that they should meet the nuclear safety conditions set for the protection of the occupationally exposed workers, the patient, the environment, the population and the property, with minimal risks in compliance with the regulations and the observance of the obligations proceeding from the agreements and conventions Romanian is a party to.

Also, Article 5 of Law no. 111/1996 stipulates thus:

(1) The Commission is empowered to issue regulations for the detailed specification of the general requirements for nuclear safety, protection from ionizing radiation, including the procedures for authorization and control, manufacturing of products and provision of services designated for nuclear facilities, as well as any other regulations necessary for the authorization and control activity in the nuclear field.

(2) The Commission shall elaborate the strategy and policy of regulation, authorization and control in the field of nuclear safety, the protection against ionising radiation, control of the non-proliferation of nuclear weapons, physical protection of nuclear materials and facilities, transport of radioactive materials and nuclear security, of radioactive waste and spent nuclear fuel management, as part of the National Strategy for Developing the Nuclear Field, and shall be approved by Government Decision.

(3) The Commission may also issue regulations, in consultation with the ministries and other interested factors, according to their specific responsibilities.

(4) Regulations and responsibilities of authorization and control for which express provisions of empowering of other ministries and special bodies of the central public administration are specified under this Law shall be exempted from the provisions of paragraph (1).

(5) By the regulations issued and the measures ordered within the framework of authorization and control procedures, the Commission shall ensure an adequate framework where natural or legal persons safely carry out activities subject to the provisions of this Law.

(6) The Commission shall review the regulations whenever it is necessary for these to be consistent with international standards and with ratified international conventions in the field, and shall order the measures required for the application thereof.”

Based on the provisions of Law no. 111/1996, National Commission for Control of Nuclear Activities has developed Guides, Standards, and Regulations, within the scope of its responsibilities.

The Committee requests that the next Report provide information whether the standard for protection, information, training and access to medical surveillance described in previous reports was maintained since the coming into force of Law no. 319/2006. Furthermore, the Committee asks whether temporary workers covered by Law no. 52/2011 have access to medical surveillance and representation at the workplace. Then, the Committee requests specific examples with regard to the manner in which such access is provided.

The standard for protection, information, training and access to medical surveillance described in previous reports continued to be maintained since the coming into effect of Law no. 319/2006 on safety and health of workers at work, as subsequently amended and supplemented.

With regard to day workers' access to medical surveillance, we should indicate that Law no. 52/2011 *on occasional activities performed by daily labourers*, as subsequently amended and supplemented, does not stipulate such an obligation for the employer.

Article 5 (3) c) of this act provides the employer's obligation “to require day workers to give a signed statement that their health allows them to carry out the tasks assigned by the employer”.

The Committee requests information in the next Report on consultations with the company/enterprise bodies responsible for workplace health and security.

According to the provisions of Article 6 (1) of Law no. 319/2006 on safety and health of workers at work, as subsequently amended and supplemented, the employer shall have the duty to ensure the safety and health of workers in every aspect related to the work.

In consideration of the provisions of Article 18 of this act, employers consult workers and/or their representatives and allow them to take part in discussions on all questions relating to safety and health at work.

Workers' representatives with specific responsibilities for the safety and health of workers have the right to ask the employer, and to submit proposals to such effect, to take appropriate measures for mitigating the hazards for workers and/or removing sources of danger.

Also, representatives with specific responsibilities for the safety and health of workers and/or the workers themselves are entitled to appeal to the competent authorities, if they consider that the measures adopted and the means used by the employers are insufficient for the purpose of ensuring safety and health at work

Risks covered by the regulations

The list of acts provided at this sub-point is supplemented with:

- Government Decision no.359/2015 amending and supplementing certain acts in the field of occupational safety and healthcare. Transposes into national laws Directive 2014/27/UE amending Directives 92/58/CEE, 92/85/CEE, 94/33/EC, 98/24/EC and 2004/37/EC such as to align them to Regulation (EC) 1272/2008 on classification, labelling and packaging of substances;
- Law no. 154/2015 amending and supplementing EoG no. 96/2003 on maternity protection at work. Transposes Directive 27/2014/EU amending certain OSH directives, such as to align them to Regulation no. 1272/2008 on classification, labelling and packaging of substances and mixtures.
- Government Decision no. 1102/2014 laying down conditions for the marketing of pyrotechnic articles.

At this point of the Report, we make the following correction:

Government Decision no. 1756/2007 on the limitation of environmental noise generated by equipment intended for outdoor use was issued in 2006, rather than in 2007.

Prevention and protection levels

For the implementation of GD no.124/2003 on the prevention, reduction and control of environmental pollution by asbestos, as amended and supplemented (transposing Directive no. 87/217/CEE on the prevention and reduction of environmental pollution by asbestos), the Environment Protection Agency (EPA) and its subordinated bodies manage "asbestos and asbestos waste inventories" since 2010, yet is not involved in adopting measures for the protection of workers against asbestos exposure risks at work.

The data contained in **asbestos and asbestos waste inventories** show that, of all items containing asbestos, the largest quantities are present in asbestos cement sheet and pipes. Considering the provisions of article 12 of **GD no. 124/2003 on the prevention, reduction and control of environmental pollution by asbestos, as amended and supplemented**, asbestos activities have been banned as from 2007, and any existing materials containing asbestos is considered waste.

Inventory of asbestos items and asbestos waste for 2010

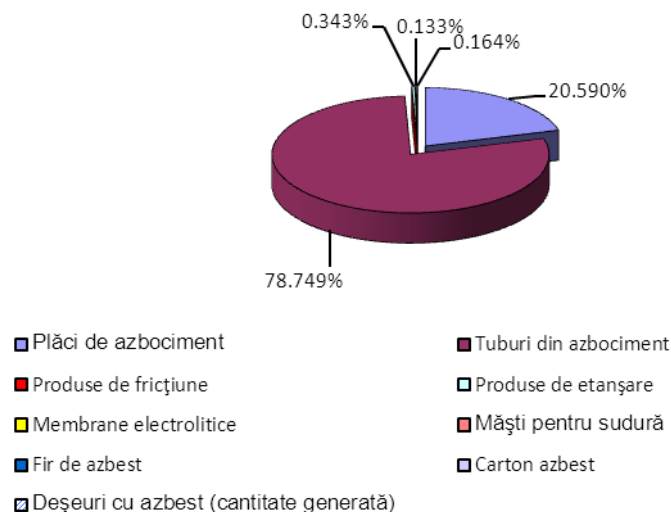
Asbestos items	Quantity (tonnes)
Asbestos cement sheets	12113,704
Asbestos cement pipes	46330,381

Friction products	7,3
Sealing products	202,030
Electrolytic membranes	0,860
Welding helmets	0,076
Asbestos yarn	78,312
Carton cardboard	3,581
Asbestos waste (generated quantity)	96,458

Source: County Environment Protection Agencies

The chart below shows the relative share of each asbestos item and asbestos waste inventoried in 2010. Asbestos cement pipes represent the largest group, at 78.749%, followed by asbestos cement sheet, with 20.590%. Friction products, electrolytic membranes, welding helmets and asbestos cardboard account for less than 1% of the total quantity.

Relative share of asbestos and asbestos waste (%)⁸



Asbestos waste is deposited in the storage facilities of economic operators or are disposed of at S.C. Etermed S.A. and S.C. Vivani Salubritate.

(Source: Report on the State of the Environment in Romania for 2012)

Setting-up, changing and maintaining jobs

- Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work codified Directive 89/655/CEE concerning the minimum safety and health requirements for the use of work equipment by workers at work, and the amendments brought by Directives 95/63/EC, 2001/45/EC and

⁸ Left column:

Asbestos cement sheets
Friction products
Electrolytic membranes
Asbestos yarn
Asbestos waste (generated quantity)

Right column:

Asbestos cement pipes
Sealing products
Welding helmets
Asbestos cardboard

2007/30/EC, published in the Official Journal of the European Communities (JOCE) series L no. 393/1989, no. 335/1995, no. 195/2001 and no. 165/2007.

Government Decision no. 1146/2006 transposes into the national law Directive 89/655/CEE concerning the minimum safety and health requirements for the use of work equipment by workers at work, as amended by Directives 95/63/EC and 2001/45/EC, published in the Official Journal of the European Communities (JOCE) series L no. 393/1989, no. 335/1995, no. 195/2001. With regard to the provisions of Directive 2007/30/EC, administrative measures have been taken for their implementation, such that Romania may be capable to submit in due time the Country Report on the implementation of Directive 89/931/CEE, its Special Directives and Directives 209/148/EC, 91/383/CEE and 94/33/EC, in compliance with the Decision no. 9200 of the European Commission of 21.12.2011 defining the structure of this report.

At this point of the Report, we should mention that Government Decision no. 1029/2008 on the conditions for marketing machines was amended by Government Decision no. 517/2011, fact that should be reflected in its title, namely: "Government Decision no.1029/2008 the conditions for marketing machines, as subsequently amended and supplemented".

Daily labourers

According to the provisions of Article 1 (2) of *Government Decision no. 557/2007 on completion of measures to encourage improvements in the safety and health at the workplace for employees employed under a fixed term employment contract and for temporary employees employed by temporary work agencies*:

"(2) the employer, as defined by the Safety and Health at Work Law no.319/2006, has the obligation to ensure **for the employees listed at Paragraph (1) the same working conditions of safety and health at work**, particularly regarding access to personal protective equipment, **same as the other employees.**"

The employees listed at Paragraph (1) for whom the same conditions of safety and health at work must be provided, including medical surveillance, are:

- a) employees hired based on a fixed-term contract, as provided for by law;
- b) temporary workers hired by work agencies, as provided for by law.

Other types of workers (house workers and self-employed)

Currently, Law no.319/2006 is pending amendment, and changing the definition of workers is considered, such as to also include "authorised natural persons" (self-employed).

Concerning house workers, they are exempt from the provisions of Law no.319/2006, given that this group of workers is also not covered by Directive 89/391/CEE introducing measures to encourage improvements in the safety and health of workers at work.

Consultations with employers' organisations and trade unions

We reiterate the observations made at Article 3 (1) - Consultations with employers' organisations and trade unions.

Paragraph 3 - Provision for the enforcement of safety and health regulations by measures of supervision

In order to ensure effective enforcement of the right to security and hygiene at work, in consultation with employers' organisations and trade unions, the parties undertake:

To ensure the implementation of measures aimed at supervising the enforcement of these regulations.

Please indicate if the requirement to consult with employers' organisations and trade unions is provided in the national law, and if whether such consultation has been undertaken in fact and at what level (national, regional, sector or company).

In Romania, the consultations with employers' organisations and trade unions are governed by Social Dialogue Law no. 62/2011. This act was presented in the previous Report for 2008-2011.

During the reporting period (2012-2015), on 15.02.2013, the New Code of Civil Procedure came into force (Law no.134/2010), an act that amended the Social Dialogue Law.

The main amendments include:

- Trade unions' acquiring legal status
- Representativeness of trade unions
- Establishment, organisation and operation of employers' organisations
- Representativeness of employers' organisations
- Mediation or arbitration of collective labour conflicts

According to Article 47 (1) and Article 47 (2) h) of Law 319/2006 on safety and health of workers at work, "*The Labour Inspectorate is the competent authority for controlling the application of regulations on safety and health at work*" and, among others, has the responsibility to "*to provide information top whom may be concerned on the most effective means to observe the regulations on health and safety at work*".

Furthermore, with a view to ensuring consultation of workers' representatives in companies, Section 6 of Law no.319/2006 stipulates:

"Article 18

(1) Employers shall consult workers and/or their representatives and allow them to take part in discussions on all matters relating to health and safety at work.

(2) The implementation of the provisions of Paragraph (1) involves:

- a) consultation of workers;*
- b) workers' and/or their representatives' right to make proposals;*
- c) balanced participation.*

(3) Workers and/or workers' representatives, as defined in Article 5 d) shall take part in a balanced way or be consulted in advanced and in good time by the employer with regard to:

- a) any measure that may substantially affect safety and health at work;*
- b) designation of workers referred to in Articles 8 (1) and 10 (2), as well as the activities referred to in Article 8 (1);*
- c) information referred to in Article 12 (1), Article 16 and Article 17;*
- d) enlistment, where appropriate, of outsourced services referred to in Article 8 (4);*
- e) planning and organisation of training programmes referred to in Articles 20 and 21.*

(4) Workers' representatives with specific responsibilities for the safety and health of workers shall have the right to ask the employer to take appropriate measures and submit to him proposals aimed at mitigating hazards for workers and/or remove sources of danger.

(5) Workers' representatives with specific responsibilities for the safety and health of workers may not be placed at disadvantage because of their respective activities, referred to in Paragraphs (1)-(3).

(6) The employer must allow workers' representatives with specific responsibilities for the safety and health of workers adequate time off work, without deducting their wages, and provide them with the necessary means to enable such representatives to exercise their rights and functions deriving from this law.

(7) Workers or workers' representatives with specific responsibilities for the safety and health of workers are entitled to appeal to the competent authority, if they consider that the measures adopted and the means used by the employers are insufficient for ensuring health and safety at work.

(8) Workers' representatives with specific responsibilities for the safety and health of workers shall be given the opportunity to submit their observations during inspection visits by the labour inspectors and health inspectors.

Article 19

With a view to complying with the provisions of Articles 16, 17 and 18 (1), the employers shall set up committees on safety and health at work, organise them and make them operational”.

Chapter IV of GD no. 1425/2006 Methodological Norms for applying Law no. 319/2006 details the organisation and operation of the committees on security and health at work.

The Labour Inspectorate and Territorial Labour Inspectorate (ITM) ensure consultations with the social partners take place, by:

- Meetings, round tables, workshops on topics within their responsibilities;
- Participation in meetings of the committees on security and health at work;
- Reviewing the issues discussed in the meetings of the committees on security and health at work, based on the minutes of these meetings submitted by employers at the Territorial Labour Inspectorates.

The meetings of trade unions/workers and employers/employers' organisations representatives with Territorial Labour Inspectorates are presented below:

Table 6 Meetings with prevention stakeholders

	2012	2013	2014	2015
Number of information/training meetings with representatives of employers/employers' organisations	740	920	838	717
Number of information/training meetings with representatives of employees/trade unions	554	696	651	559

Regarding the labour inspectors' participation in the meetings of the committees on security and health at work (the main bodies provided for the consultation of workers in companies), see Table 3 in Article 3 (1).

Issues related to the activity of Labour Inspection for the 2012-2015 period

a) the organization of the Labour Inspection

Labour Inspection is a specialised body of central public administration, subordinated to the Ministry of Labour, Family, Social Protection and Elderly (MoLFSPE), based in Bucharest (Figure no. 2).

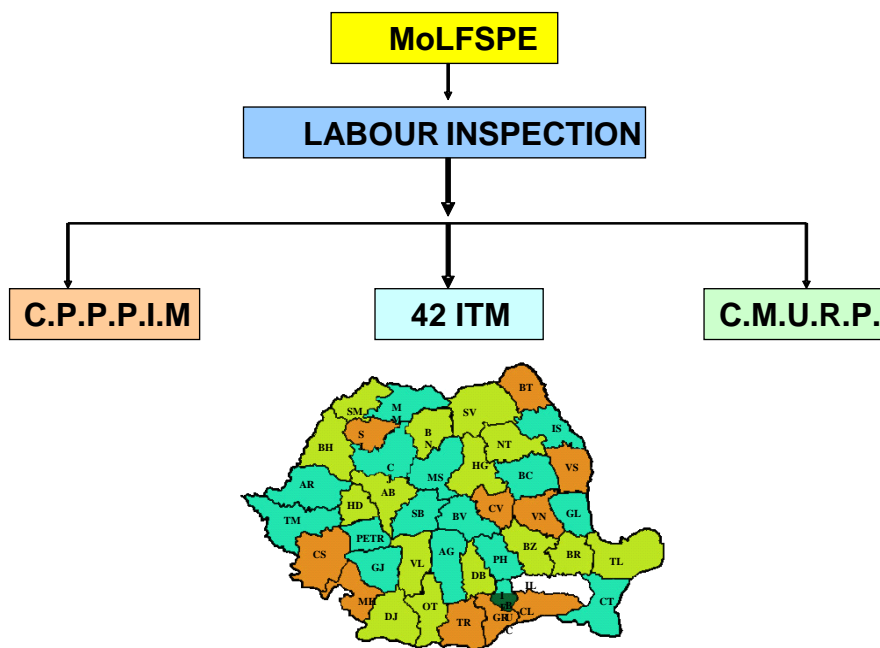
Labour Inspection exercises its duties as a nation-wide authority operating in the field of labour health and safety and as overseer of the labour products market, as well as in the field of labour relations.

Labour Inspection was established based on Law no. 108/1999 (Appendix no. 1), in compliance with the provisions of Conventions no. 81 and 129 of the International labour Organization and it is organized and operational based on Government Decision no. 1377/2009, as amended and supplemented. This institution has legal personality and it is financed from the state budget.

Labour Inspection is the body to which the following institutions are subordinated:

- 42 local labour inspectorates (ITM), units with their own legal personality, organized in each county and in Bucharest city;
- Centre for Vocational Training and Improvement for labour inspection (CPPPIM);
- Centre for Monitoring Companies Posing a Vocational Risk (CMURP).

Fig. no. 2 - Labour Inspectorate organization



B) Human and material resources

Table 7 - Dynamics of labour inspectors in management and execution positions during 2012-2015

State of play according to occupied positions	2012	2013	2014	2015
Central level - labour inspection				

Management positions ⁹ (IGS, IGSA, D, SS, SB) ¹⁰	10	11	11	10
Executive positions - labour health and safety	33	28	25	26
Territorial level - territorial labour inspectorates				
Management positions ¹¹ (IS, ISA, SS, SB) ¹²	177	178	175	175
Executive positions - labour health and safety	538	527	517	500

Labour inspectors are civil servants within public positions with a special status. The labour inspector position can be taken by persons with higher education in the following fundamental subjects of study: engineering, agriculture and forestry, law, economy or further specialization in: sociology, psychology, medicine, public administration and political sciences.

Labour inspectors are hired based on a competition or exam, according to the legal provisions in force, depending on their professional training and skills.

There is no type of specific vocational training available prior to being appointed in a public position as labour inspector. Following the appointment, labour inspectors may attend training programmes specific to their two key area of activities, respectively SSM and RM.

The public institution, according to the law, has certain duties in terms of training and providing full support in order for the labour inspector to be able to fulfil his/her tasks.

Labour inspectors may participate to specialized training programmes or to improvement programmes organized by external suppliers of vocational training (e.g.: National Agency of Public Servants or other public or private organizations specialized in this field).

Also, labour inspectors may participate to the professional improvement courses organized within CPPPIM Botosani, an institution subordinated to the Labour Inspection. Usually, trainers for such courses are selected from inside the organization, respectively labour inspectors.

The training of labour inspectors is also covered through the implementation of some vocational training programmes for labour inspectors, organized by higher education institutions, by various vocational training suppliers or in cooperation with partners from within similar institutions of other European countries. The state of play for the labour inspectors participating to vocational training/improvement programmes is presented in the following table:

Table 8 State of play regarding the vocational training provided for the staff within the Labour Inspection and subordinated institutions

Year	Total number of participants	inspectors ¹³	Total no. of participants from among the Labour Inspection (LI) out of the total	Of whom labour inspectors from within LI ⁷
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⁹ Including labour relations

¹⁰ IGS - General State Inspector, IGSA - Deputy General State Inspector, D - Director, SS - Head of unit, SB - Head of office

¹¹ Including labour relations

¹² IS - Head Inspector, ISA - Deputy Head Inspector, SS - Head of unit, Sb - Head of office

¹³ - 7 labour inspectors in the field of labour health and safety and in the field of labour relations

			no.	
2012	124	114	10	2
2013	154	96	8	0
2014	113	69	15	7
2015	269	211	38	23
Total	660	490	71	32

During the reporting period, funds allocated for vocational training/improvement of labour inspectors have been continually increasing, as presented in the table below.

Table 9 Vocational training expenses for the LI staff for the 2012-2015 period (lei)

2012	2013	2014	2015
46,959	48,942	67,811	138,563

Each labour inspector has in his/her own office a desktop based computer, access to the Internet and e-mail, access to a legislation database and manages a software keeping record of the control actions organized within companies and the measures taken, entitled “Pacific” as well as the SIGAM database on people who have suffered work-based accidents. Starting from 2015, the COLUMBO software has been implemented, which aims to manage the entire activity undertaken by labour inspectors.

Labour inspectors:

- Own the European Computer Driving License (ECDL).
- Have access to guidelines and best practices on implementing European campaigns (e.g. SLIC campaigns, the European Week for Health and Safety at the Workplace);
- Have access to information on the harmonized application of legislation (a case solved/specified for a claimant is sent to all territorial units of the Labour Inspectorate)
- Are trained within area-based meetings (e.g.: in the field of market surveillance, SLIC campaign on handling general public and psycho-social drivers) etc.

For the purpose of investigating labour-related events, labour inspectors may use a *Guidelines for drafting the file for event investigation*.

In order to provide guidance to the labour inspectors in the implementation of inspection visits within companies, they may use the following tools:

- *Handbook on inspection methods* designed in 2002, within the Romania-Sweden twinning project, which explains the stages of the inspection process. Currently, this handbook is undergoing a review process.
- *Inspection procedures*, for the harmonized implementation of inspection visits;
- *Methodologies* for each action included in the Framework Programme for Actions of the Labour Inspection.

These methodologies, in general, have the following structure:

1. Action objectives
2. Action reasoning
3. Target group
4. Action duration
5. Period for implementation
6. Required resources
7. Implementation of the action
(preparation/delivery of inspection visits/capitalization of results)

The level of *resources required* for the implementation of the Labour Inspection activities at central level and within the 42 ITMs are established through the Organizational and Operational Regulation (ROF).

According to the provisions included in ROF, the Labour Inspection operates with a staff of 2,526 positions, public servants and contract-based staff and may operate:

- 322 cars (maximum) in order to organize control actions and other activities, with a monthly fuel consumption per car of 175 litres,
- 3 ships with an average monthly fuel consumption of 750 litres,
- 2 engine-propelled boats, for urgent interventions during labour accidents and for complex control actions, with an average monthly fuel consumption of 175 litres per boat.

In 2012, the Romanian labour inspection system capacity to fulfil its control mission in terms of compliance with the provisions of European directives in the field of labour health and safety was tested. The evaluation mission for the Labour Inspection set out by the Senior Labour Inspection Committee (SLIC), through the Evaluation Programme for the Member States took place between September 3-7, 2012. The evaluation team made up from 6 members was led by the French representatives, joined by representatives of Denmark, Greece, Bulgaria and Latvia. While concluding the evaluation missions, the president of the evaluation team stated that the common labour inspection principles defined by SLIC are complied with, took note of best practices recorded and formulated a number of recommendations.

In the context of duties that it has to undertake as a body integrated within the dialogue and cooperation structures of the European Union, in 2013, 2014 and 2015, the Labour Inspection took part to evaluation missions organized for the labour inspection systems in Bulgaria, United Kingdom and Portugal, as decided by the Senior Labour Inspection Committee (SLIC) through the Evaluation Programme for the Member States. In general, the evaluation exercise represents a beneficial action for the Member State subjected to the evaluation as well as for the other Member States, as it provides the opportunity to identify some shared problems that are debated within SLIC. National labour inspection bodies play a key role in promoting and applying decent work-based conditions, in ensuring the compliance with labour health and safety and in observing the principles and fundamental rights at the workplace.

In 2014, the representatives of the Romanian Labour Inspection led the evaluation mission for the United Kingdom labour inspection system. At the end of the evaluation exercise, the Head of Health and Safety Executive UK welcomed the manner in which the evaluation team led by the Romanian Labour Inspection has fulfilled its task.

c) Statistical data which are being collected

In order to collect data necessary for compiling the Annual Report according to the template requested by SLIC, the Labour Inspection monitors the inspection activity through indicators on control activities organized in the field of Health and Safety at Work (SSM), which are centralised on a daily, monthly and quarterly basis.

The following indicators regarding the control activity undertaken in the field of SSM are currently submitted by ITMs on a daily basis, in an electronic template:

- No. of labour inspectors within ITMs;
- No. of control actions, no. of issues found, no. of measures taken;
- No. of employers sanctioned, no. of administrative sanctions applied (warnings, fines, value of fines (lei));
- No. of shutdowns performed for work equipment, no. of suspensions of company activity;
- No. of events communicated, no. of events investigated, no. of events under investigation.

The daily centralised report, at national level, of all these indicators is submitted to the minister of labour, family and social protection.

The following indicators regarding the control activity undertaken in the field of SSM are submitted by ITMs on a **monthly** basis, in an electronic template:

- No. of control actions performed by ITMs;
- No. of labour inspectors participating to control actions;
- No. of employers checked, no. of employers sanctioned;
- No. of non-compliances found, no. of measures taken, no. of pending measures, no. of measures achieved;
- No. of administrative sanctions applied (warnings, fines, value of fines (lei));
- No. of shutdowns performed for work equipment, no. of suspensions of company activity;
- No. of events communicated by employers;
- No. of events notified by ITM and Labour Inspection (work-related accidents, collective workplace accidents; dangerous incidents; accidents outside the work environment);
- No. of persons injured in work-related accidents (totally, partially incapacitated, deadly);
- No. of persons injured in collective workplace accidents (totally, partially incapacitated, deadly);
- No. of proposals for criminal investigation submitted to the competent bodies;
- The use of the available time resources - no. of days used for: *preventive control actions, investigation of work-related accidents, consultancy and know-how provided for SSM authorization, participation to harmful substances testing, investigation of technical failures, training sessions, answering to letters, complaints, notifications, provision of services, desk-based work, professional improvement programmes.*

The monthly centralised report, at national level, of all these indicators is submitted to the minister of labour, family and social protection.

D) Dynamics of key statistical data for 2012-2015

Table 10 State of play of control actions taken in the field of health and safety at work, administrative sanctions applied and also suspension of company activities

	2012	2013	2014	2015
No. of companies subjected to control actions	70,683	69,390	78,393	56,224
No of employees within companies subjected to control actions	2,491,515	2,504,635	2,555,410	2,544,222
Total no. of economic operators*	850,113	859,424	910,639	**
Out of these, companies with >10 workers*	72,511	72,340	71,205	**
No. of control actions performed	71,807	71,366	80,415	57,121
No. of control actions in small and medium enterprises	41,712	42,435	46,240	36,239
No. of control actions with independent workers	3405	3679	5048	3162
No. of control actions for solving complaints	2017	2157	2084	2716
No. of administrative sanctions applied	125,818	96,591	90,294	79,017
Value of fines applied (thousand lei)	31,086	32,891	27,896	22,548
No. of equipment shutdowns	450	774	329	337
No. of companies whose activity was suspended	110	93	83	86
No. of proposals for criminal investigation	87	30	51	52
No. of withdrawals of permits	6	9	11	5

* - According to the Statistical Annual Report of Romania 2015, drafted by the National Institute for Statistics (INS);

** - Information is not yet available.

Table 11 Report on people who have suffered work-related accidents

Year	Total no. of employees at national level	Total of injured people	Deadly injuries	Collective accidents			Frequency index [%]		Seriousness index [%]
				No.	Victims	Deceased	Deadly	Total	
2012	4,693,585	3,686	215	22	126	9	0.05	0.79	45.1
2013	4,753,821	3,627	199	24	115	10	0.04	0.76	41.8
2014	4,743,965	3,604	185	23	94	7	0.04	0.76	39.5
2015	4,826,674	4,300	183	25	121	12	0.04	0.89	48.0

Occupational diseases and the developments in occupational morbidity in Romania are being monitored by the National Centre for Monitoring Risks within the Community Environment, within the National Institute for Public Health in Bucharest.

The National Centre for Monitoring Risks within the Community Environment analyses and presents on an annual basis the development of occupational morbidity, issues related to exposure to risk factors within the work environment which determine such levels of morbidity, dynamics of changes in time, as well as aspects related to the use

of new technologies, alongside new risks of exposure to hazardous occupational agents.

Data provided by the National Centre for Monitoring Risks within the Community Environment are taken over in the Annual Activity Reports of the Labour Inspection which are published on the web page of the institution.

Table 12 Breakdown of economic activities for new cases of occupational diseases, As declared in 2015

Economic activity	Occupational disease	Number of cases of occupational diseases
00 Unspecified	TOTAL	5
	Non-allergic asthma (irritant)	1
	Degenerative disc disease, including disc herniation	1
	Silicosis	3
01 Agriculture, hunting and related services	TOTAL	3
	Degenerative disc disease, including disc herniation	1
	Pulmonary fibrosis	1
	Acute, sub-acute and chronic occupational poisoning and their consequences	1
02 Forestry and forest exploitation	TOTAL	2
	Degenerative disc disease, including disc herniation	2
05 High-rank and low-rank coals extraction	TOTAL	167
	Arthritis	3
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Acute and chronic bronchitis	3
	Bursitis	1
	Conjunctivitis	1
	Vertebral spine deformities	7
	Degenerative disc disease, including disc herniation	109
	Hearing impairment	1
	Coal workers' pneumoconiosis	15
	Rhinitis	1
	Silico-tuberculosis	1
Silicosis	24	
06 Crude oil and natural gas extraction	TOTAL	1
	Arthritis	1
07 Metallic ore extraction	TOTAL	9
	Silico-tuberculosis	1
	Silicosis	8
08 Other extraction-based activities	TOTAL	2

	Degenerative disc disease, including disc herniation	1
	Silicosis	1
09 Services related to extraction activities	TOTAL	20
	Degenerative disc disease, including disc herniation	2
	Silicosis	18
10 Food industry	TOTAL	7
	Arthritis	1
	Allergic asthma	2
	Allergic contact dermatitis	1
	Degenerative disc disease, including disc herniation	2
	Hives, angioedema (Quincke oedema), anaphylaxis	1
13 Manufacturing of textile products	TOTAL	2
	Mixed contact dermatitis (allergic and irritant)	1
	Degenerative disc disease, including disc herniation	1
14 Manufacturing of clothing items	TOTAL	4
	Degenerative disc disease, including disc herniation	2
	Periarthritis	1
	Rhinitis	1
15 Leather tanning and finishing; manufacturing of travel and leather items, harnesses and shoes; fur processing and dyeing	TOTAL	2
	Degenerative disc disease, including disc herniation	1
	Epicondylitis	1
16 Wood processing, manufacturing of wood and cork-based products, except for furniture; manufacturing of straw-based products and products made from other interwoven vegetable fibres	TOTAL	2
	Degenerative disc disease, including disc herniation	2
17 Paper and paper-based products manufacturing	TOTAL	2
	Degenerative disc disease, including disc herniation	1
	Rhinitis	1
20 Manufacturing of chemical products and substances	TOTAL	2
	Non-allergic asthma (irritant)	1
	Hearing impairment	1
22 Manufacturing of rubber-based and plastic products	TOTAL	3
	Chronic Obstructive Pulmonary Disease (COPD)	1
	Raynaud's disease	1

	Tenosynovitis	1
23 Manufacturing of other products based on non-metallic ores	TOTAL	207
	Benign pulmonary diseases: benign pleural effusion, rounded atelectasis, pleural plaques	2
	Asbestosis	2
	Chronic Obstructive Pulmonary Disease (CPOD)	24
	Acute and chronic bronchitis	12
	Conjunctivitis	1
	Mixed contact dermatitis (allergic and irritant)	1
	Degenerative disc disease, including disc herniation	43
	Hearing impairment	1
	Acute and chronic irritation and inflammation of upper airways	2
	Bronchopulmonary cancer	4
	Periarthritis	2
	Silicosis	113
24 Metal works industry	TOTAL	71
	Non-allergic asthma (irritant)	10
	Chronic Obstructive Pulmonary Disease (CPOD)	6
	Acute and chronic bronchitis	6
	Degenerative disc disease, including disc herniation	19
	Hearing impairment	2
	Bronchopulmonary cancer	2
	Pneumoconiosis caused by other inorganic dust exposures	1
Silicosis	25	
25 Metallic construction and metal products industry, excluding machinery, equipment and installations	TOTAL	13
	Degenerative disc disease, including disc herniation	2
	Pulmonary fibrosis	1
	Pneumoconiosis caused by other inorganic dust exposures	4
	Rhinitis	1
	Siderosis	1
	Silicosis	3
Raynaud's disease	1	
26 Manufacturing of computers, electronic and optical products	TOTAL	4
	Non-allergic asthma (irritant)	1
	Asbestosis	1
	Degenerative disc disease, including disc herniation	1

	Pneumoconiosis caused by other inorganic dust exposures	1
27 Manufacturing of electrical equipment	TOTAL	16
	Asbestosis	1
	Acute and chronic bronchitis	1
	Silicosis	14
28 Manufacturing of machinery, equipment and installations	TOTAL	39
	Allergic asthma	1
	Non-allergic asthma (irritant)	2
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Acute and chronic bronchitis	4
	Degenerative disc disease, including disc herniation	10
	Hearing impairment	2
	Rhinitis	1
Silicosis	18	
29 Manufacturing of road-based transport vehicles, trailers and semi-trailers	TOTAL	57
	Asbestosis	15
	Acute and chronic bronchitis	3
	Degenerative disc disease, including disc herniation	10
	Hearing impairment	2
	Acute, sub-acute and chronic occupational poisoning and their consequences	19
	Silicosis	7
	Deafness	1
30 Manufacturing of other means of transport	TOTAL	7
	Non-allergic asthma (irritant)	2
	Bronchopulmonary cancer	1
	Pneumoconiosis caused by other inorganic dust exposures	1
	Silicosis	3
31 Furniture manufacturing	TOTAL	32
	Non-allergic asthma (irritant)	3
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Extrinsic allergic alveolitis (hypersensitivity pneumonitis)	1
	Acute and chronic bronchitis	1
	Degenerative disc disease, including disc herniation	14
	Epicondylitis	1
	Hearing impairment	1
Acute, sub-acute and chronic occupational poisoning and their	4	

	consequences	
	Laryngitis	1
	Periarthritis	3
	Tenosynovitis	2
32 Other industrial activities	TOTAL	2
	Mixed contact dermatitis (allergic and irritant)	1
	Degenerative disc disease, including disc herniation	1
33 Repair, maintenance and installation of equipment and machinery	TOTAL	2
	Degenerative disc disease, including disc herniation	2
34 Production of spare parts and ancillary items for cars and car engines	TOTAL	8
	Asbestosis	1
	Acute and chronic bronchitis	1
	Silicosis	5
	Tenosynovitis	1
35 Production and supply of electrical and thermal power, natural gas, hot water and air conditioning	TOTAL	25
	Infectious and parasitic diseases, including tropical diseases, where infection risks have been assessed	1
	Vertebral spine deformities	1
	Degenerative disc disease, including disc herniation	7
	Pulmonary fibrosis	2
	Hearing impairment	3
	Coal workers' pneumoconiosis	2
	Pneumoconiosis caused by other inorganic dust exposures	7
	Silicosis	2
38 Waste collection, treatment and disposal; recovery of used materials	TOTAL	3
	Acute, subacute and chronic occupational poisoning and their consequences	3
41 Construction of buildings	TOTAL	9
	Degenerative disc disease, including disc herniation	2
	Hearing impairment	1
	Acute, sub-acute and chronic occupational poisoning and their consequences	6
42 Civil engineering works	TOTAL	4
	Non-allergic asthma (irritant)	1
	Degenerative disc disease,	2

	including disc herniation	
	Pulmonary fibrosis	1
43 Special construction works	TOTAL	11
	Arthritis	1
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Degenerative disc disease, including disc herniation	5
	Acute, sub-acute and chronic occupational poisoning and their consequences	2
	Acute and chronic irritation and inflammation of upper airways	1
	Pneumoconiosis caused by other inorganic dust exposures	1
45 Retail and bulk trade, maintenance and repair works for cars and motorbikes	TOTAL	2
	Degenerative disc disease, including disc herniation	2
46 Bulk trade except for cars and motorbikes trading	TOTAL	1
	Degenerative disc disease, including disc herniation	1
47 Retail trade, except for cars and motorbikes trading	TOTAL	2
	Degenerative disc disease, including disc herniation	2
49 Land-based transport and pipeline-based transport	TOTAL	35
	Arthritis	3
	Degenerative disc disease, including disc herniation	28
	Hearing impairment	3
	Tenosynovitis	1
52 Storage and ancillary activities for transports	TOTAL	2
	Degenerative disc disease, including disc herniation	2
53 Postal and delivery services		2
	Degenerative disc disease, including disc herniation	2
55 Hotels and other accommodation facilities	TOTAL	2
	Allergic asthma	1
	Rhinitis	1
56 Restaurants and other catering services	TOTAL	1
	Chronic Obstructive Pulmonary Disease (CPOD)	1

64 Financial brokerage services, except for insurance and pension funds activities	TOTAL	1
	Allergic asthma	1
70 Activities of centralised departments, central administrative offices; management activities and management consultancy activities	TOTAL	1
	Degenerative disc disease, including disc herniation	1
74 Other professional, scientific and technical activities	TOTAL	2
	Allergic asthma	1
	Rhinitis	1
75 Veterinary activities	TOTAL	3
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Degenerative disc disease, including disc herniation	2
80 Investigation and protection activities		4
	Degenerative disc disease, including disc herniation	4
84 Public administration and defence; social insurance in the public system	TOTAL	3
	Allergic asthma	1
	Non-allergic asthma (irritant)	1
	Rhinitis	1
85 Education	TOTAL	11
	Arthritis	1
	Chronic Obstructive Pulmonary Disease (CPOD)	1
	Mixed contact dermatitis (allergic and irritant)	1
	Degenerative disc disease, including disc herniation	4
	Laryngitis	2
	Vocal cord (“singer’s”) nodules	1
	Rhinitis	1
86 Activities related to human health	TOTAL	27
	Non-allergic asthma (irritant)	1
	Infectious and parasitic diseases, including tropical diseases, where infection risks have been assessed	2
	Acute and chronic bronchitis	2
	Allergic contact dermatitis	2
	Mixed contact dermatitis (allergic and irritant)	1
	Degenerative disc disease, including disc herniation	6

	Hepatitis A, B, C, E	3
	Laryngitis	1
	Carpal tunnel syndrome	1
	Tuberculosis	7
	Hives, angioedema (Quincke oedema), anaphylaxis	1
87 Combined medical care and social assistance services, including accommodation	TOTAL	1
	Degenerative disc disease, including disc herniation	1
88 Social assistance activities, without accommodation	TOTAL	1
	Degenerative disc disease, including disc herniation	1
90 Artistic performance and creative activities	TOTAL	8
	Degenerative disc disease, including disc herniation	3
	Hearing impairment	1
	Laryngitis	1
	Meniscus injuries	1
	Carpal tunnel syndrome	2
96 Other service-based activities	TOTAL	2
	Acute and chronic bronchitis	1
	Degenerative disc disease, including disc herniation	1
OVERALL TOTAL FOR OCCUPATIONAL DISEASES		854

Table 13 Occupational morbidity over the 1980-2015 period

YEAR	Number of new cases of occupational diseases
1980	2,310
1981	2,568
1982	2,464
1983	2,231
1984	1,683
1985	1,498
1986	1,426
1987	1,384
1988	1,294
1989	1,423
1990	1,470
1991	1,414
1992	1,506
1993	1,562

YEAR	Number of new cases of occupational diseases
1998	1,828
1999	1,802
2000	1,576
2001	2,238
2002	2,508
2003	1,376
2004	990
2005	1,002
2006	910
2007	1,353
2008	1,286
2009	1,366
2010	1,065
2011	929

YEAR	Number of new cases of occupational diseases
1994	1,875
1995	2,031
1996	2,015
1997	2,060

YEAR	Number of new cases of occupational diseases
2012	854
2013	999
2014	980
2015	854

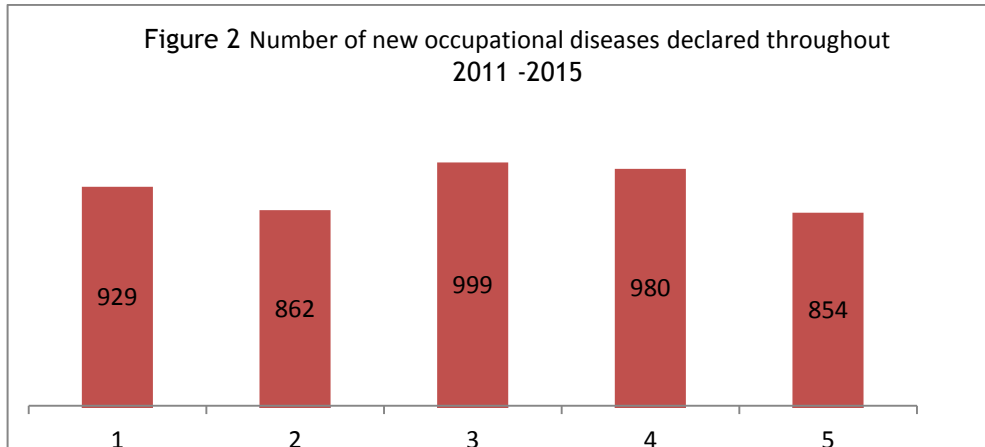


Table 14 Breakdown for new cases of occupational diseases per occupational fields, throughout 2013-2015

YEAR	Occupational field	Number of new cases of occupational diseases
2013	Foundry worker	107
	Locksmith	55
	Miner	53
2014	Locksmith	125
	Foundry worker	79
	Miner	68
2015	Locksmith	89
	Miner	82
	Laboratory assistant	41

Table 15 Specific aspects of morbidity

YEAR	Occupational diseases*	Number of new cases of occupational diseases
2012	Silicosis	198
2013	Degenerative disc disease,	266

	including disc herniation	
2014	Silicosis	253
2015	Degenerative disc disease, including disc herniation	303

*Occupational diseases with the highest share among the total number of new cases of occupational diseases

The Committee is asking for an explanation in the following report as regards the discrepancies identified in the number of deadly accidents presented in the previous report (504 in 2008 and 272 in 2010) compared to the figures published by EUROSTAT (340 in 2008 and 201 in 2010).

The differences between the statistical data regarding the work-related accidents specified in the previous report and those presented in the EUROSTAT statistics are due to the following reasons:

- EUROSTAT statistics do not include work-related accidents which take place during the travel undertaken by the worker from home to his/her workplace and the other way round;
- EUROSTAT statistics include labour-related accidents temporarily incapacitating the worker for a period longer than or equal to 4 days, while the figures included in our report include all work-related accidents temporarily incapacitating the workers, meaning also those which resulted in a 3-days medical leave, according to the Romanian legislation;
- Reporting statistics to ECSR and to EUROSTAT at different milestones. Between these milestones, the database of work-related accidents managed by the Labour Inspection
- also records other accidents, whose investigation was finalised during the respective period.

The Committee also requires information regarding any measures taken in order to focus inspection visits on the small and medium enterprises sector, in order to include independent and home-based workers and in order to investigate the complaints submitted by the workers or by their representatives. Then, it requires information regarding the number of permit withdrawals, regarding the number of criminal rulings turned into cases submitted to the criminal investigation bodies, as well as an explanation for the sharp decrease in the number of suspensions of company activities in 2011.

The Framework Action Programmes for 2012-2015 period proposed a number of actions and campaigns in order to increase the number of verifications organized in small and medium enterprises, control actions performed while taking into consideration the independent workers, as well. Among these we mention:

- *National campaign on verification of actual implementation of risk assessment in small and medium enterprises (SMEs).*

- *Information and awareness raising sessions for employers and workers in small and medium enterprises, promotion of best practices of health and safety at work.*
- *National information and awareness raising campaign for employers and workers in small and medium enterprises (SMEs) on new and emerging risks at the workplace, means for applying legal provisions and European best practices.*
- *Monitoring action regarding the existing risks for the jobs within micro-enterprises (0-9 workers) and prevention and protection measures applied.*
- *Monitoring action regarding the existing risks for the jobs within small enterprises (10-49 workers).*
- *Monitoring action regarding the existing risks for the jobs within medium enterprises (50-249 workers).*

As a result of the actions taken, the control actions delivered in small and medium companies and with independent workers during 2012-2015 are presented in Table 16.

Table 16 Control actions delivered in small and medium companies and with independent workers

	2012	2013	2014	2015
No. of control actions in small and medium enterprises	41,712	42,435	46,240	36,239
Share of control actions in SMEs out of the total number of control actions organized	58%	59.5%	57.5%	63.4%
No. of control actions with independent workers	3405	3679	5048	3162
Share of control actions with independent workers out of the total number of control actions organized	4.7 %	5.2 %	6.3 %	5.5 %

As regards the investigation of complaints submitted by the workers or by their representatives, the Labour Inspection, based on *Government Ordinance no. 27/2002 on regulating the activity of solving petitions*, is investigating all complaints submitted by them and is sending within a maximum of 30 days a written answer regarding all issues notified and the results of the control actions performed. Statistics of verifications performed in order to solve complaints coming from workers is presented in table 17.

Table 17 Control actions organized in companies as a result of complaints submitted by workers

2012	2013	2014	2015
2017	2157	2084	2716

As regards the withdrawal of permits and the number of proposals to open criminal investigation forwarded to criminal investigation bodies, the current situation is presented in table 18.

Table 18 Statistics on withdrawal of permits and cases forwarded for criminal investigation

	2012	2013	2014	2015
No. of withdrawals of permits	6	9	11	5
No. of proposals for criminal investigation	87	30	51	52

After the accession to the European Union, the Labour Inspection intensified control activities to check how employers comply with the legislation in force (harmonised to the Community acquis) on certified safe equipment for workers. Following these actions, in the period 2007 - 2010, there were many decisions to cease operations for work equipment. Starting with 2011, as a result of previous actions, most employers took the necessary steps to provide work equipment compliant with the legislation in force, and the number of ceased activities registered a relatively consistent decreasing trend in the following years.

We mention that the Government Decision no.1377/2009 approving the Regulation on the organisation and functioning of the Labour Inspection, and laying down certain organisational measures was further amended and supplemented, until 2005, which should be reflected in its wording, namely: “Government Decision no.1377/2009 approving the Regulation on the organisation and functioning of the Labour Inspection, and laying down certain organisational measures, as further amended and supplemented”.

Article 11

Paragraph 1

The right to the highest attainable standard of health

The analysis of certain aspects regarding Romanian population health based on data collected by public healthcare institutions, data provided by national and international studies, and data available from databases like ECHI (European Core Health Indicators), indicated poor health for the Romanian population compared to the EU 27 level.

Some of the available data indicate that the situation in Romania is not better in terms of the frequency of health-risk behaviours among the population.

Health promotion activities in line with the recommendations of the Regional Office for Europe of the World Health Organisation are necessary to maintain and improve population health, to foster risk free health behaviours and to support authorities in order to develop health-oriented public policies:

- Promote changes in the lifestyle, behaviours and environmental and social conditions, in order to facilitate the development of a “culture of health and wellness” among individual and communities;
- Social and educational communication actions to promote healthy conditions, lifestyle, behaviours and environments;

- Refocus healthcare services to develop healthcare models which encourage health promotion;
- Cross-sectoral partnerships for more efficient health promotion activities;
- Evaluate the impact of public policies on health;
- Communicate risks;
- Awareness and interventions on social and health equity factors.

The development of national health prevention and education, supported by the Romanian Presidency, is a priority of the Romanian Government Programme. These programmes are also included in the National Health Strategy 2014-2020, Health for Prosperity, the Multiannual Plan to promote a healthy lifestyle and the WHO recommendations. The representatives of the Ministry of Health, together with experts of WHO, UNICEF, National Public Health Institute, National School of Public Health, Management and Training developed the *Integrated Multiannual Plan to promote health and education for health*, a framework document including measures whose implementation in 2016-2020 will have as direct result a constant increase in the percentage of population with favourable health behaviours and, indirectly, on medium- and long-term, a decrease in the increase rhythm of morbidity and mortality caused by non-communicable diseases and the decrease of their burden on the population.

The Integrated Multiannual Plan to promote health and education for health is developed to implement the strategic guidelines provided by the National Health Strategy 2014 - 2020, Health for Prosperity, and responds to the need to support the population in order to adopt favourable health behaviours.

The principles underpinning the development of this Plan are equity and universal access to preventive health services, community empowerment to increase control on health drivers and improve health, services focused on the specific needs of the beneficiaries and respect for the beneficiaries.

The *National Prevention Programme* included information, educational and communication campaigns in line with the public health issues identified at national and local levels and with the recommendations of the World Health Organisation (Health Calendar), as well as other specific activities to promote health, as follows:

- Harmonisation of legislation on promoting health and education for health;
- IEC Campaign for the World TB Day;
- IEC Campaign for the World Health Day; National Health Day;
- IEC Campaign for the World No Tobacco Day;
- IEC Campaign for the International Day against Drug Abuse and Illicit Trafficking;
- IEC Campaign for the National No Tobacco Day;
- IEC Campaign for the World AIDS Day;
- IEC Campaign to promote a healthy lifestyle;
- Education and information campaign on the influenza and avian influenza pandemics.
- Continuing education and training for staff undertaking health promotion and education for health activities (the personnel of the national health promotion

network, physicians, psychologists, social workers and nurses, teaching staff, school counsellors etc.), train-the-trainer courses, etc.

- Training of health mediators or trainers within the education for health programmes developed in various communities;
- Implementation of health promotion programmes with foreign partners;
- Assessment of knowledge, attitudes and health-harming behaviours (smoking, alcohol, drugs, food, etc.);

1. Child mortality continued to decrease, reaching 8.4‰ in 2014 and 8‰ in 2015. The distribution by environment of the child mortality indicator in 2015 shows higher mortality in rural areas - 10‰, than in urban areas - 6.3‰. Child mortality increased in 2015 compared to 2014, by 0.1‰ in urban areas and decreased by 0.9‰ in rural areas (from 10.95‰ in 2014, to 10‰ in 2015).

Specific interventions to reduce the child mortality indicator:

A. Improvement of nutrition:

- National programme to promote exclusive breastfeeding for 6 months and continued breastfeeding until the age of at least 1 year old;
- Distribution of iron and vitamin D to supplement the diet of infants until the age of 1 year old and 18 months, respectively, to prevent iron deficit and rickets;
- Free distribution of infant formula for children who cannot be breastfed and have poor nutrition.

B. Improvement of the quality of healthcare services for low-birth-weight infants:

- Regionalisation of perinatal care by 3 levels of competence, with organisation, endowment and staff training in level III regional units, which have the capacity to provide highly specialised care for premature babies and babies born with severe pathologies. Additional financial allocations for these units from the state budget;
- Specialised neonatal land and air transport system, to the regional units;
- Prevention of nutrition disorders in low- and very low-weight children, by additional provision of specific products for the enteral and parenteral feeding of premature babies, for hospital and outpatient care, until their nutritional recovery.

C. Improve prenatal diagnosis of vices and malformations

- Strengthen the diagnosis network for vices and malformations and general advice by developing 5 regional centres of medical genetics.

2. Maternal mortality was 14.9 to 100 000 babies born alive in 2015. Starting with 2009, indirect causes of maternal death (indirect obstetrical risks, respectively), except for trauma lesions and poisonings (collateral causes), are codified with codes from O95 to O99.

The analysis of maternal death and, implicitly, maternal mortality is performed against the four big groups of maternal death: abortion (codes between O00 and O08 inclusively), direct obstetrical risk (codes between O10 and O92 inclusively), indirect obstetrical risk (codes between O95 and O99 inclusively) and collateral causes.

In 2015 the maternal deaths, reported to 100 000 babies born alive, by the four big groups of maternal death evolved as follows:

- Deaths by abortion (codes O00-O08): in 2015, maternal death by abortion decreased by 1 death compared to the previous year (from 6 deaths in 2014 to 5 deaths in 2015). Thus, maternal mortality by abortion decreased from 3.1 to 2.7;
- Deaths by direct obstetrical risk (codes O10 - O92) increased from 11 deaths in 2014 with an index of maternal mortality by direct obstetrical risk of 5.6 to 13 deaths in 2015, maternal mortality by direct obstetrical risk of 6.9;
- Deaths by indirect obstetrical risk (codes O95-O99) also increased to 7 deaths in 2014, with maternal mortality of 3.6 to 9 maternal deaths in 2015 (4.8);
- Deaths by collateral causes (codes S00-T98): 1 maternal death by collateral cause in 2015.

In order to record all maternal deaths, post-abortion 30 days or post-delivery 42 days, we also monitor deaths by collateral causes, and accidents of all natures.

The Ministry of Health regulated in an order the filling in of a chart, for each maternal death, charts which are analysed by the health system. It includes additional data and is submitted, in copy, to the National Institute for Mother and Child Healthcare in Bucharest. The specialists of the institute draft an annual report which is submitted to decision-makers.

Specific interventions to reduce the maternal death indicator:

1. The package of prenatal, perinatal and postnatal healthcare services (in force for the entire period of reference) granted during pregnancy and post-partum in all healthcare facilities which have contracts with the health insurance houses, and reimbursed from the National Health Insurance Fund, regardless the contribution to the health insurance system:

▪ **Pregnancy and post-partum monitoring by primary healthcare services:**

- a) Registration during the first trimester; one consultation;
- b) Monthly supervision, from month 3 to month 7; one consultation /month.
- c) Supervision, twice a month, from month 7 to month 9, inclusively; two consultations/month;
- d) Post-partum follow-up after discharge from maternity – home care; one consultation;
- e) Post-partum follow-up, 4 weeks after delivery; one consultation.

Pregnancy supervision includes actions to promote exclusive breastfeeding until 6 months and continued breastfeeding until at least 12 months, tests for HIV, viral

hepatitis B and C, and counselling before and after HIV and *syphilis* testing for pregnant women.

▪ **Pregnancy and post-partum supervision services – specialist outpatient care for clinical specialties** – one consultation for each pregnancy trimester and one consultation in the first trimester after delivery.

For pregnancy and post-partum supervision services the patient may go directly to the obstetrics-gynaecology specialist in outpatient care facilities, without the obligation to present a referral.

▪ **The package of basic healthcare services in specialist outpatient care for para-clinical specialties:** - **additionally** to the investigations to which all insured persons are entitled, **pregnant women benefit** from the following laboratory investigations:

- **ABO blood group** (may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility)
- **Rh blood group** (may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility)
- **Specific anti-Rh antibodies** (may be recommended by the specialist physician in the clinical outpatient care facility)
- **Anti-HAV IgM** (may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility)
- **Ag HBs (screening)** - may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility
- **Anti HCV** - may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility
- **HIV testing**, may be recommended both by the family physician and by the specialist physician in the clinical outpatient care facility.

The list of para-clinical investigations: radiology - medical imaging, nuclear medicine and functional explorations, includes the following pregnancy specific non-radiant investigations:

- **Obstetric ultrasound anomalies trimester II** and
- **Obstetric ultrasound anomalies trimester I with TN.**

▪ **The package of basic healthcare services in hospital care** includes prenatal, intra-natal and postnatal care, with:

Amniocentesis (trimester II), chorial villosity biopsy (trimester I) and pregnant women investigation for pregnancy-threatening infections (*rubella, toxoplasmosis, CMV, hepatitis B and C virus infections*) are part of the package of basic healthcare services in hospital care - day care services. These services may be performed as part of the inpatient care.

Hospital services in case of delivery are granted without an admission note, regardless the insured status of the patient, and are paid by the National Health Insurance Fund.

2. Regionalisation of care provided to pregnant women by three levels of competence, with level III regional units dedicated to severe pregnancy and post-partum pathologies.

3. Audit of maternal deaths and severe morbidity, during pregnancy and post-partum.

Romania was the first country in the European Region to develop a National Strategy on Sexual and Reproductive Health based on the previous WHO EURO Strategy. Our country recognizes the importance of aligning Romania's priorities and interventions with those of the European Union.

Government Decision no. 1028/ 2014 approved the National Health Strategy 2014 - 2020 and the Action Plan for the implementation of the national strategy. The strategic area of intervention "PUBLIC HEALTH" includes the Overall Objective "To improve mother and child health and nutrition".

The first Specific Objective is "To improve mother and child health and nutrition and to reduce mother and infant death risk". The actions under this strategic objective are: to improve the legal framework, to strengthen capacity for the management, monitoring and evaluation of the National Health Programme for Women and Children, to improve the methodological framework and the technical capabilities of healthcare providers, to ensure access to early diagnosis, adequate monitoring and quality treatment, to improve the information among general population and especially among high-risk families and children.

The second Specific Objective is "To reduce the number of unwanted pregnancies, the incidence of abortion on demand and maternal mortality by abortion". The actions under this strategic objective are: to increase capacity to forecast the needs and to monitor the distribution of free birth control products, to ensure access of eligible persons to free birth control products, to increase territorial coverage with integrated providers of family planning/reproductive health services, to increase population awareness and information on reproductive options.

Also, the National Health Strategy 2014 - 2020 and the Action Plan for the implementation of the National Strategy include:

- Target 4.2. "To reduce child mortality by 40% in 2015 compared to the reference value in 2002", under the Millennium Development Goal 4: "Reduce child mortality" was reached by Romania, child mortality in 2002 was 17.3‰ children born alive, and in 2015 the indicator registered was 8‰.

Target 5A "Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio", under the Millennium Development Goal 5: "Improve maternal health" was reached by Romania; in 1990 we registered 84 deaths in 100.000 new-borns, and in 2014 maternal mortality registered 13 deaths in 100,000 new-borns alive.

Future health reforms and their impact on improving population health

The evolution of morbidity and mortality in the past two decades, marked by the increasing burden of chronic illnesses, in parallel with the developments in the healthcare system and in the society, in general, require a paradigm shift to increase the role of prevention, early identification and intervention in chronic diseases. Hence, the important role and responsibility of interventions and programmes to

promote health and education for health and individual and community levels, community healthcare services and family medicine.

These services have the role to support and empower the individual to assume more responsibility for maintaining own health by adopting a proper lifestyle and anticipative behaviours from an early age, instead of corrective behaviours in advanced stages of illness, and the responsibility of not leaving the vulnerable population marginalised or excluded from the services they are entitled to.

The vision of decision-makers and experts in the field is that population should have access through national health programmes to a wide range of primary and secondary prevention services with proven cost-effectiveness, with favourable medium- and long-term effects on the overall health of the population and, implicitly, on the individual productivity, and on the expenses in the health and social sectors. The increased accessibility, quality and effectiveness of preventive services may be achieved following the implementation of a well synchronised set of critical field-specific measures and interventions.

The National Health Strategy 2014-2020 proves the commitment of decision-makers in the health field sector and of the Romanian Government to ensure and promote health as a key trigger of sustainable development for the Romanian society, including social, territorial and economic growth, as the nation's driver for progress and prosperity.

The document aims at providing a framework of intervention to eliminate the weaknesses identified in the health sector by: reducing important inequities in the health system, improving the use of resources in healthcare services and providing better cost-effectiveness using evidence-based medicine and, last but not least, improving administrative capacity and quality of management at all levels.

The strategy is a framework instrument designed to foster harmonisation with the European context and the strategic guidelines included in the "Europe 2020" Strategy (Health 2020) of the World Health Organisation Europe Region and is aligned with the 7 flagship initiatives of the European Union. The strategic document was developed in the context of European Funds programming process for 2014 - 2020 and is a vision document justified by the need to fulfil the ex-ante conditionality provided by the Position of the Commission Services on the development of the Partnership Agreement and programmes in Romania for 2014 - 2020, and the country recommendations formulated by the European Commission on the health sector.

Also, the general framework for the development of health policies for 2014-2020 took into account the reform measures proposed by the "Functional Analysis of the Health Sector in Romania" performed by World Bank experts.

The National Health Strategy 2014-2020 identified three priority strategic areas, where improvements are necessary. They are: public health, the system of healthcare services and horizontal measures to complete actions under the other two strategic areas.

Strategic Area 1 - Public Health, aims to:

- Improve mother and child health;
- Fight the double burden of illness on population by:
 - Effective epidemics control and supervision of communicable diseases, with a focus on communicable diseases with relatively high burden on Romanian population;
 - Reduce the burden by preventable non-communicable diseases, including interventions for historically neglected chronic pathologies

(cancer, cardiovascular diseases, diabetes, mental health, rare diseases).

- Environmental health;
- Population awareness and education on effective preventive solutions (primary, secondary or tertiary).

Strategic Area 2 - Health Services, aims to:

- A basic community healthcare services system for vulnerable groups;
- Increase effectiveness and diversify primary healthcare services;
- Strengthen the quality and effectiveness of services provided by the specialised outpatient care facilities;
- Increase population safety by strengthening the integrated emergency system and by ensuring fair access to adequate emergency healthcare services;
- Regionalisation/focus of hospital healthcare services and development of reference regional networks with hospital and laboratories with different levels of competence interconnected with the primary healthcare and specialised outpatient care sectors;
- Increase access to rehabilitation, recovery, palliative and long-term care services;
- Develop networks of healthcare providers.

Strategic Area 3 - includes the following horizontal measures:

- Develop the governance of the health system, including performance monitoring and evaluation; strengthen cross-sectoral cooperation (apply the concept “health in all policies”);
- Strengthen the management, planning and monitoring capacity of the public health and healthcare services at national, regional and local levels;
- Implement a sustainable policy to ensure human resources for the health sector;
- Implement a sustainable policy to ensure financial resources for the health sector, cost control and population financial protection;
- Develop and implement a drug policy to ensure fair and sustainable access to evidence-based medicine for population;
- Create the Agency for Evaluation and Quality; evaluate medical technologies and permanent improvement of health services quality;
- Promote research and innovation in health;
- Improve the infrastructure of the health system;
- Information management, by innovative ITC solutions, development of e-health solutions;
- Development of adequate infrastructure at national, regional and local levels, to reduce inequity in access to healthcare services.

According to the *Order of the Minister of Health no. 987/2016 approving the Report on the Implementation of the National Health Strategy 2014-2020, for 2015*, the main aspects indicate the following:

- Although the strategy was adopted at the end of 2014, most measures included in the strategy are under various implementation stages;
- The institutions responsible for the implementation have already initiated measures and projects to enable them to reach the indicators;
- Most performance and result indicators included in the strategy are relevant and allowed for setting reference and target values;
- A small number (16) of specific additional indicators were proposed to allow for more adequate measurement of progress;
- Some of the result indicators, especially those depending on information on population, could not be calculated as the statistical data from the National Institute of Statistics are not available yet for 2015;
- The national health programmes are the main framework for the implementation of the Strategy activities, especially for the strategic area 1- public health;
- The increase of financial allocations through national programmes is identified as a solution for reaching many of the indicators of the public health strategic area;
- Foreign funds, Norwegian grants, World Bank funds are an important instrument to reach the Strategy objectives and indicators;
- The main issues indicated are related to the availability of human resources in the public health structures and the availability of financial resources;
- In the field of public health, the European regulatory framework, decisions, directives and regulations establishing obligations for our country are an important mechanism to guide national interventions and, at the same time, a pressure factor to improve infrastructure, and ensure accreditation and qualified personnel;
- The improvement of the regulatory framework was identified as a necessary mechanism in all areas of intervention;
- Strengthening partnerships with other ministries, civil society, professional organisations was identified as a prerequisite of success in reducing the impact of behavioural factors and of policies in other fields on the health sector;
- Effective implementation of measures in the healthcare field requires close cooperation between the Ministry of Health, National Health Insurance House, National Authority for Quality Management in Healthcare and representatives of professionals and patients;

The implementation of investments in the infrastructure of healthcare services requires cooperation between the Ministry of Health, Ministry of Labour, Family, Social Protection and Elderly, County Councils, donors and beneficiary representatives, namely Local Public Authorities.

Order no. 44/53/2010 lays down regulations on scheduling medical services at the level of primary healthcare and specialist outpatient care.

At the same time, the relevant legislation in force in the period of 1 January 2012 - 31 December 2015, namely:

- *Government Decision no. 1389/2010* approving the Framework Contract for granting healthcare services under the health insurance system for 2011 – 2012, as further amended and supplemented
- *Government Decision no. 117/2013* approving the Framework Contract for granting healthcare services under the health insurance system for 2013 – 2014, as further amended and supplemented,
- *Government Decision no. 400/2014 approving the package of services and the Framework Contract regulating the conditions for providing healthcare services under the health insurance system for 2014 – 2015*, as further amended and supplemented, provides for the *obligation of providers* of primary healthcare, specialist outpatient care for clinical and para-clinical specialties and dental medicine, health recovery-rehabilitation services and hospital *under a contract with the health insurance house* **to draft priority lists for healthcare services, if applicable.**

Mention should be made that **access to healthcare services is immediate at the level of all healthcare segments** (implicitly for family physicians, specialist outpatient or emergency services in case of **medical-surgical emergencies**).

We mention that the Government Decision no. 400/ 2014 approving the package of services and the Framework Contract regulating the conditions for providing healthcare services under the health insurance system for 2014 - 2015, as further amended and supplemented, provides that when concluding the healthcare provision contract the provider shall submit, according to Art. 86 letter t) *“a statement on own responsibility of the hospital manager that they apply the admission criteria for the list of conditions which cannot be diagnosed, investigated and treated in the outpatient/day hospital facilities and which require inpatient care, presented by each provider in electronic format and print - and that they ensure waiting list management for admissions which ca be schedules, according to the hospital competence area”*.

With regard to the above, the Ministry of Health does not have any records on the waiting list management and waiting time for access to healthcare.

With regard to the standards regulating the conditions in the psychiatric hospitals, and their monitoring, we mention that the psychiatric hospitals are public mono-specialised healthcare facilities organised according to the legislation in force - Title VII of Law no. 95/2006 on the health reform as further amended and supplemented, and to the other subsequent legal provisions regulating the healthcare facilities activity.

The Law on Mental Health no. 487/2002 as reissued, regulates an important component of public health, namely maintaining and promoting individual mental health and protection of persons with mental disorders, and the role of the bodies in charge with controlling these activities. The mental health law was supplemented in 2012 as its enforcement proved various mismatches of its provisions with other provisions of the domestic law, such as the Family Code, Criminal Code, and with provisions of international treaties on human rights and fundamental freedoms, such as the Universal Declaration of Human Rights, UN Convention against Torture and

Other Cruel, Inhuman or Degrading Treatment or Punishment, European Convention on Human Rights and Fundamental Freedoms.

The rules on the enforcement of the Mental Health Law, approved by OMH no. 488/2016 as further amended and supplemented, regulated on the special healthcare conditions in the psychiatric facilities for adults and children, the rights of the persons admitted in these facilities, restraint measures, and the criteria a non-governmental organisation should meet when performing monitoring visits in psychiatric care facilities.

The therapeutic team consists in medical professionals specialised in psychiatry, paediatric psychiatry, psychologists, social workers, nurses and other professionals, depending on the activities performed, pursuant to law. The therapeutic team is led by a psychiatrist.

The therapeutic team coordinator organises the services provided by the healthcare facility, according to patient needs.

The minimum mandatory endowments in a psychiatry facility are:

- Beds allocated by wards, including permanent supervision wards for men and women, pursuant to the legislation in force;
- Consultation rooms;
- Individual or group psychotherapy rooms;
- Occupational, educational and recreational therapy facilities;
- Treatment room;
- Dining rooms.

The minimum healthcare services a psychiatric facility should provide are:

- Diagnosis and treatment of acute and chronic mental disorders;
- Psychological evaluations;
- Counselling and psychoeducation for patients and their families;
- Occupational, educational and recreational therapy programmes;

In a paediatric psychiatric facility, the therapeutic team consists in: medical professionals specialised in paediatric psychiatry or other specialities assimilated to it, psychologists, nurses, speech therapist, carers, and other professionals, depending on the activities performed, pursuant to law.

The minimum mandatory endowments in a paediatric psychiatry facility are:

- Beds allocated by wards, pursuant to the legislation in force;
- Consultation rooms;
- Psychology / psychometry rooms;
- Play therapy, occupational, educational and recreational therapy rooms;
- Group therapy rooms;
- Treatment room;
- Dining rooms.

The minimum healthcare services a paediatric psychiatric facility should provide are:

- Diagnosis and treatment of acute and chronic mental disorders in children and adolescents;
- Psycho neurodevelopment evaluation;
- Psychological evaluation;
- Counselling and psychoeducation for patients and their families;

- Occupational, educational and recreational therapy programmes.

Healthcare facilities performing involuntary admissions should have an emergency department or unit and admission conditions pursuant to the provisions of Art. 25 of Law no. 487/2002, as reissued. Also, healthcare facilities performing involuntary admissions should be able to create the involuntary admission committees pursuant to the provisions of Art. 61 (2) of Law no. 487/2002, as reissued.

With regard to monitoring the conditions in the psychiatric hospitals/units, this is performed as follows:

- Through the patient feedback mechanism, in place starting with April 2015 (Order of the Minister of Health no. 146/2015 approving the implementation of the patient feedback mechanism in public hospitals, all healthcare units have the obligation to provide patients, upon discharge or at the end of a medical procedure, a form which shall be analysed by the Ethics Committees set up in every healthcare facility; the implementation of this mechanism aims at improving the provision healthcare services);
- By cooperation with non-governmental organisations in the field of human rights and mental health promotion (there is an ongoing cooperation protocol with the Centre for Legal Resources since 2003, allowing the NGO representatives access to healthcare facilities to perform monitoring visits);
- By controls/inspections performed by the authorised structures of the central public administration, pursuant to law.

Availability of rehabilitation centres for drug addicts and range of facilities and treatments
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With regard to the availability of rehabilitation centres for drug addicts and range of facilities and treatments, we mention the following healthcare services provided by the drug addiction structures:

- Complex patient evaluation, according to the modern, biologic, psychological and social evaluation model.
- Complex somatic examination with thorough investigation, in cooperation with the internal medicine, surgical, endocrinology and other specialisations, when necessary.
- Psychiatric examination and complex psychological examination to establish, when applicable, the presence of a dual diagnosis (drug addiction associated with mental illness).
- Clinical and para-clinical diagnosis of somatic disorders associated with IV drug use (chronic hepatitis B, C, HIV, thrombosis, thrombophlebitis, inter-current infections).
- Evaluation of social situation, identifying relapse risk factors and support factors.
- Detailed history of psychoactive drug use using urine drug metabolites, to examine possible multiple addictions.
- Complex rehabilitation treatment, both classical (symptomatic) and substitution treatment (with Suboxone, Methadone), strictly individualised.

Both somatic and concurrent psychiatric conditions are treated. Psychological therapy and support psychotherapy are the rule.

- Upon discharge, patients are referred to one of the existing post-treatment facilities, either to one of the outpatient maintenance programmes with long-term substitutes, or are prescribed opioid receptor antagonists (Naltrexone) and follow-up.

Pursuant to the provisions of the Government Decision no. 206/2015 approving the national healthcare programmes for 2015 and 2016, the national healthcare programmes are implemented as follows:

- a) Ministry of Health - national public health programmes;
- b) National Health Insurance House - national curative health programmes.

According to the provisions of the Order of the National Health Insurance House President no. 185 / 2015 approving the technical rules for the implementation of the national curative health programmes for 2015 and 2016 as further amended and supplemented, the National Mental Health Programme includes the following activities: opioid agonist and antagonist substitution treatment for drug addicts and urine tests for drug metabolites, to initiate and monitor treatment.

Rehabilitation treatment for all categories of psychoactive substances and alcohol, and initiation of opioid substitution treatment are provided in the psychiatric hospitals and /or general hospitals having a toxicology/drug addiction department/unit and/or psychiatric day care services approved in their organisational structure and specialist staff (psychiatric/addiction professionals): specialist psychiatrist, nurse, psychologist, social worker.

Units implementing opioid agonist and antagonist substitution programmes for drug addicts:

Socola Psychiatric Institute, Iași;

- Psychiatric Hospital Jebel;
- Clinical Emergency Hospital Cluj-Napoca - Clinical Psychiatric Unit III acute patients - Drug Addiction Unit;
- Clinical Emergency Children's Hospital Cluj-Napoca - Drug Addiction Unit for children;
- Floreasca Clinical Emergency Hospital, Bucharest - Intensive Care Unit II toxicology;
- "Grigore Alexandrescu" Clinical Children's Hospital, Bucharest - Toxicology Unit;
- "Al. Obregia" Psychiatric Hospital, Bucharest;
- "Sfântul Stelian" Drug Addiction Evaluation and Treatment Centre, Bucharest;
- "Prof. Dr. Matei Balș" National Infectious Disease Institute, Bucharest
- Rahova Prison Hospital.

Paragraph 2

Education and awareness raising

Main actions taken by Romania to promote safe maternity:

1. Obstetrics-Gynaecology Guides developed systematically at national level to assist healthcare professionals make decisions in providing care for patients with gynaecological and obstetrical conditions. These are evidence-based clinical good practice recommendations, to be considered by obstetricians and gynaecologists, and by other healthcare professionals providing healthcare services for patients with gynaecological and obstetrical conditions.

The recommendations included in the Clinical Obstetrics-Gynaecology Guides rely on authors' consensus on accepted therapeutic approaches. Variations of medical practices may be required based on the individual circumstances, and on the specific resources and limitations of the institution or of the type of medical practice. These individual characteristics of the practice at the level of various institutions (based on the recommendations included in the guides) or amendments to these recommendations are considered in the development of protocols.

25 Obstetrics-Gynaecology Guides were finalised and distributed to the specialist institutions in all counties: Pregnancy-Induced Hypertension, Antibiotic Prophylaxis in Obstetrics-Gynaecology, Conduct in Rh Incompatibility Pregnancy, Thromboembolism in Pregnancy, Pregnancy and Valvular Heart Disease, Menopause Therapy, Multiple Pregnancy, Conduct in Premature Birth, Tocolysis, C-section, Ectopic Pregnancy, Premature Separation of Normally Implanted Placenta, Placenta praevia, Premature and Preterm Rupture of Membranes, Amniotic Fluid Embolism, Uterine Rupture, Severe Haemorrhage in Stages 3 and 4 of Vaginal Delivery, HIV Infection in Pregnancy, Breech Birth, Post-partum Pathological Conditions, Cervical Cancer, Breast Cancer, Ovarian Cancer, Endometrial Cancer, Iron Deficiency Anaemia in Pregnancy.

2. Medical practice protocols were developed establishing iron supplements in the diet of pregnant women and children (for children, supplements are differentiated depending on age and food habits). Preventive iron intake is prescribed by family and specialist physicians and is free of charge, regardless whether the beneficiary is insured or not.

3. Additional iodine through the Law on universal salt iodisation.

4. A training programme was developed for the primary healthcare personnel and for public education to promote breastfeeding. In parallel, information materials on breastfeeding, infant and child diet were developed.

The "Baby-Friendly Hospital" WHO/UNICEF initiative was launched in Romania, involving controlled education of pregnant women and mothers, especially on breastfeeding and providing all infrastructure requirements for breastfeeding on demand.

The implementation, under the National Woman and Child Health Programme, of an intervention to promote breastfeeding, a healthy diet and to prevent child obesity; Its activities include training of staff in maternities both on prenatal education for couples and infant care, and for exclusive breastfeeding of infants.

The same programme includes an intervention to prevent maternal morbidity and mortality, by increasing access to, quality and efficiency of specific healthcare for pregnant and postpartum women. Prenatal consultation includes obesity tests for the pregnant woman, counselling and information on healthy food and exercising during pregnancy.

Counselling and screening

The Ministry of Health, through the Social Inclusion Unit, provides technical and methodological coordination for community healthcare activities. The Unit cooperates

with the National Public Health Institute, National Centre for Health Evaluation and Promotion and territorial Public Health Directorates, which provide technical and methodological support for the activity of community nurses and health mediators, especially to promote mother and child health.

Community healthcare includes all public healthcare programmes, services and actions delivered at community level to increase population access to healthcare services, especially to prevention-focused services.

Community healthcare activity is delivered by community nurses and health mediators.

Community healthcare personnel work in an integrated system with social workers at community level, with family physicians and other providers of healthcare, educational and social services, including non-governmental organisations providing services in the field.

The development of community healthcare services is a cost-effective alternative to ensure population access to basic healthcare services, especially rural and vulnerable population, including the Roma population, and a prerequisite for restructuring the specialist services.

Community nurses and health mediators, together with the healthcare professionals implement the screening programmes included in the National Health Programmes.

The basic services package in primary healthcare is regulated by:

- **Government Decision no. 1389/2010** approving the Framework Contract regulating the conditions for providing healthcare services under the health insurance system for 2011 - 2012, (published in the Official Journal no. 895 of 30 December 2010), applicable in the period of 1 June 2011 - 31 March 2013, and the Methodological Rules for its enforcement approved by Order 864/538/2011 (*period 01.06.2011 - 31.12.2011*), and Order 1723/950/2011 (*period 01.01.2012 - 31.03.2013*)
- **Government Decision no. 117/2013** approving the Framework Contract regulating the conditions for providing healthcare services under the health insurance system for 2013 - 2014, (published in the Official Journal no. 166 of 28 March 2013), applicable in the period of 1 April 2013 - 31 May 2014, and the Methodological Rules for its enforcement approved by Order 423/191/2013 (*period 01.04.2013 - 31.05.2014*)
- **Government Decision no. 400/2014** approving the package of services and the Framework Contract regulating the conditions for providing healthcare services under the health insurance system for 2014 - 2015 (published in the Official Journal no. 366 of 19 May 2014), applicable in the period of 1 June 2014 - 30 June 2016, and the Methodological Rules for its enforcement approved by Order 619/360/2014 (*period 01.06.2014 - 31.03.2015*), and Order 388/186/2015 (*period 01.04.2015 - 30.06.2016*)

as follows:

A. Prevention and prophylaxis measures:

1. Preventive consultations are active periodic consultations, provided to those aged 0 to 18 years old, on:
 - a) nurture and development;
 - b) nutrition and dietary practices;
 - c) identification and intervention by age/gender specific risks; prevention services for children, by gender and age, according to rules.

– Consultations are delivered as follows:

- a) Upon discharge from maternity and after a month - at the child residence;
- b) at 2, 4, 6, 9, 12, 15, 18, 24 and 36 months;
- c) once a year for 4 to 18 year-olds.

1. Consultations for pregnancy and post-partum monitoring, according to the legal provisions in force:

- a) registration in the first trimester;
- b) monthly supervision, from month 3 until month 7. If the pregnant woman is registered in month 3, the report to the health insurance house for this month will only include the registration, not the follow-up;
- c) Supervision, twice a month, from month 7 until month 9, inclusive;
- d) Post-partum follow-up after discharge from maternity - at home;
- e) Post-partum follow-up 4 weeks after birth.
 - Supervision will include promotion of exclusive breastfeeding until the infant is 6 months old and continued breastfeeding until the infant is 12 months old, HIV testing, hepatitis B and C virus testing, and pre- and post-HIV and syphilis testing counselling.

2. Preventive consultations for insured persons older than 18 years old:

- *In the period 1 January 2012 - 31 May 2014* - upon the request of the insured or of the family physician, one consultation per year - periodical medical examination of the insured older than 18 years old to prevent diseases with major consequences in morbidity and mortality

- *In the period 1 June 2014 – 31 December 2015* – preventive consultations to evaluate individual risk in asymptomatic adults are actively delivered by family physicians to the general population without disease signs – as follows:

– All asymptomatic persons aged 18 to 39 years old - once every 3 years; the family physician fills in the exposure to risk factors finalised by filling in the specific risk chart by the age group and gender, according to rules. For asymptomatic persons aged 18 to 39 years old identified with high risk, preventive consultations shall be performed yearly.

– All asymptomatic persons > 40 years old - annually; the family physicians fills in the exposure to risk factors finalised by filling in the specific risk chart by the age group and gender, according to rules.

3. Supervision - evaluation of environmental risks, counselling on food hygiene and identification of potential endemic-epidemic diseases - clinical examination, initial diagnosis, referral to specialist for investigation, confirmation, treatment and specific health and hygiene measures, as applicable. Potential endemic-epidemic diseases are listed at la point II of the Annex to the Government Decision no. 1186/2000.

- One consultation per person for each potential endemic-epidemic disease suspected and confirmed.

4. Consultations for family planning services:

- a) Family planning consultations for women;
- b) Recommended birth control method for non-risk persons and maximum 2 consultations per calendar year, per insured

B. Home consultations are provided to insured persons from the own list of the family physician, outside the practice, during working hours for home consultations.

- Home consultations are provided for insured persons which cannot be moved due to permanent or temporary invalidity, insured persons with chronic diseases or with an acute episode preventing them to go to the practice, children aged 0 - 1 year old, children aged 0 - 18 years old with contagious diseases and post-partum.

In Romania, free medical examinations must be delivered to school age population. According to *Order no. 5298/1668/2011 approving the Methodology for examining the health of pre-school and school age students of authorised/accredited public and private educational institutions, on free healthcare services delivery and on promoting a healthy lifestyle*, the examination and evaluation of health through healthcare for pre-school and school age population shall be provided throughout the school attendance period, and includes the following components:

- a) Services to ensure a healthy environment for the pre-school or school age community - identification and management of risk to collective health, verification of compliance with public health regulations;
- b) Services to maintain individual and collective health, epidemiologic triage, upon entry and return to school after holidays, and vaccination in special epidemiologic situations, established by order of the minister of health;
- c) Services to examine students' health - examination of health, monitoring of children with chronic diseases, issuance of necessary medical documents;
- d) Services to ensure individual health - medical leaves, healthcare services for current conditions which do not require emergency interventions, until the child is referred to the family physician or in cooperation with the family physician;
- e) Medical services to ensure health - curative medical actions, medical consultation on request, special referrals and free prescriptions and first aid in case of emergency;
- f) Actions to promote education for health and a healthy lifestyle.

Personnel involved in healthcare provision for pre-school and school age population:

- a) Healthcare personnel of the educational institution and, as appropriate, the family physician of that unit;
- b) Personnel of the county and Bucharest municipality health directorates;
- c) personnel in the local public administration with joint competence in the public pre-university education, except special education;

- d) School principal;
- e) Class master or primary education/pre-school teacher of the class/group;
- f) Teaching staff, auxiliary and non-teaching staff of the school;
- g) Personnel of the county and Bucharest municipality school inspectorates.

The examination of health of pre-school and school age population in authorised/accredited public and private educational institutions aims at improving health by health evaluation, disease prevention and early identification of illness, impairment or risk factors, by fast initiation of necessary actions or adequate education for health measures.

The examination of health of pre-school and school age population in authorised/accredited public and private educational institutions focuses on the following main objectives as priorities for each category of beneficiaries:

1. Pre-school population:

- To evaluate the physical and neuro-psychomotor development and appraise the health level;
- To identify various psychophysical, organ, sensory, speech, congenital or acquired impairments or diseases, and apply early medical and educational recovery treatments, with a view to future integration in educational institutions;
- To provide counselling to parents/legal guardians of 6-7-year-olds, based on their health situation, as appropriate, and to guide them to special education (for mentally, sensory and physically impaired);
- To train healthy life skills;

2. School population:

- To evaluate the physical and neuro-psychomotor development and appraise the health level;
- Early disease identification:
 - To identify physical and neuropsychological development disorders;
 - To identify deficiencies and/or age specific diseases;
- Early identification of risk factors and behaviours:
 - nutritional;
 - alcohol;
 - tobacco;
 - drugs, including ethnobotanicals;
 - STD (sexually transmitted diseases);
 - sedentary life style;
 - violence;
 - other risk factors;
- school and career guidance based on the individual health situation;
- education for a healthy lifestyle.

Children and youngsters identified with disorders or diseases after medical examinations shall be registered and, as appropriate, they will be provided with

outpatient care by the school physician together with the family physician and/or other specialist physicians, in order for their health to be recovered.

The stages of regular medical examination and milestone health check-ups are the following:

- a) Regular medical examinations of health performed on a yearly basis for all pre-school children in communities;
- b) Regular medical examinations of health performed on a yearly basis for students;
- c) Milestone regular health check-ups provided for all students of 1st, 4th, 8th/9th, 12th/13th grade and for the last year of study in vocational schools.

The schedule of the medical examination is drafted by the doctor together with the management of the pre-school children community or of the school (which will be also providing the mobilisation required on fixed dates).

The regular milestone health check-ups are to start with 9th grade students, while in high school, with 12th grade students, in order to trace potential cases of chronic illnesses or illnesses which might become chronic, with referrals to specialist doctors in order to receive counselling on school and professional development, also depending on potential health issues identified.

The medical examination is provided for students in the 4th grade and in the last year of study of the vocational schools.

In the last two months before the opening of the school year, the 1st grade students are to be examined and this represents an opportunity to perform a comparison in terms of their health status at the moment when they enter the educational system, respectively, by the end of the 1st grade.

We provide below a number of indicators related to 2015:

- a) Total number of doctors in school and university medical practices: 752
- b) Total number of nurses in school and university medical practices: 2903
- c) Number of prevention actions against illnesses: 566,863
- d) Total number of dentists in school and university medical practices: 511
- e) Total number of assistant dentists in school and university medical practices: 416
- f) Number of prevention actions in the field of dentistry: 197,365

As regards the major screening programmes available in Romania in 2016, these are the following:

1. National Screening Programme for early active tracing of cervical cancer consists from the testing of female population with the method of Babes-Papanicolaou cervical cytospread.
2. National New-born Screening Programme for phenylketonuria (PKU) and hypothyroidism (HTC).
3. National Screening and Treatment Programme for retinopathy of prematurity.

The period between 1st of June 2014 - 31st of December 2015 - According to *Order no. 619/360/2014* on the approval of Implementation Rules for the application in 2014 of the Government Decision no. 400/2014 for the approval of the service

packages and of the Framework-contract which regulates conditions for the provision of medical care within the social health insurance system for 2014-2015 and of the **Order no. 388/186/2015** on the approval of Implementation Rules for the application in 2015 of the Government Decision no. 400/2014, **preventive services provided for asymptomatic adults are the following:**

➤ **Preventive consults for the assessment of individual risk for the asymptomatic adult aged 18 to 39 years:**

- Assessment of behaviours with a global impact on health (lifestyle)
- Assessment of cardiovascular risks (RCV)
- Assessment of oncologic risk
- Assessment of risks related to mental health: tracing problematic use of alcohol, screening of depression
- Identification of some significant risks related to reproductive health

➤ **Preventive consults for the assessment of individual risk for the asymptomatic adult over 40 years:**

- Assessment of behaviours with a global impact on health (lifestyle)
- Assessment of cardiovascular risks (RCV)
- Assessment of oncologic risk
- Assessment of risks related to mental health: tracing problematic use of alcohol, screening of depression
- Significant risks related to reproductive health

Paragraph 3

Ministry of Environment, Water and Forests (MoEWF) delivers the national policy in the fields of environment, water management and forest management, fulfilling its role as a state authority, coordination and control authority in these sectors, either directly or through specialised technical bodies, authorities or public institutions which are subordinated, coordinated or placed under the authority of the ministry.

Ministry of Environment, Water and Forests (MoEWF) acts in order to protect the environment and natural resources, in order to guarantee a clean environment to the current generation and the future ones, in harmony with the economic development and social progress.

MoEWF operates with a series of subordinated institutions, institutions which are placed under its authority and coordination.

Thus, the National Agency for Environment Protection, the National Environment Guard and the Administration of the “Danube Delta” Biosphere Reserve - Tulcea are all subordinated to MoEWF.

The National Meteorological Administration and the National Forests Company “Romsilva” are operating under the authority of MoEWF and the Administration of the

Environment Fund - AFM Bucharest and the “Romanian Waters” National Administration are coordinated by MoEWF.

The relevant legislation in the field of environment protection is presented in Appendix 1 to the report.

Also, data of interest from the point of view of environment protection regarding: air quality and levels of pollution; noise pollution, quality of drinking water, chemical substances and their effects on health and quality of life are included in the “Report on environment conditions in Romania for 2014” drafted by ANPM in 2015 and validated by MMAP, available on the ministry web-site, at the following internet address: <http://www.anpm.ro/raport-de-mediu>.

Regarding the contamination of drinking water

As regards water contamination, Ministry of Health is drafting, in compliance with the requirements of Directive 98/83/EC on the quality of water intended for human consumption, a report at every three years on water supplies providing more than 1000 cubic meters/day or which serve more than 5000 inhabitants, according to a template report from the European Commission. The last three-year report included the 2011-2013 period and it included also some data for small scale supplies with drinking water.

Below we submit the compliance degree of the key quality parameters for drinking water, for 2011, 2012, 2013 regarding the large scale and small scale supplies.

1. Supplies > 1000 cubic meters/day or > 5000 inhabitants served

	2011	2012	2013
No. of colonies	99.32%	99.61%	96.45%
22			
Chlorides	99.69%	99.92%	99.99%
Cl. perfringens	99.76%	99.86%	99.86%
Coliforms	98.61%	98.75%	84.54%
Colour	99.42%	99.93%	99.92%
Ecocci	99.73%	99.57%	99.60%
E.coli	99.79%	99.73%	99.72%
Fe	92.47%	93.55%	96.76%
Mn	96.31%	96.03%	95.40%
Na	99.43%	98.37%	98.46%
NH4	98.33%	98.63%	98.73%
NO2 tap	99.65%	99.7%	99.79%
NO2 wtp	99.91%	99.89%	99.97%
NO3	99.61%	98.99%	99.1%
Oxid.	99.99%	99.96%	100%
Pb	100%	99.27%	99.7%
Pest. Tot.	100%	100%	100%
pH	99.93%	99.95%	100%
Turb.	98.83%	99.78%	98.74%

2. *Small scale supplies providing less than 1000 cubic meters/day or which are serving less than 5000 inhabitants*

	2011	2012	2013
CC22	94	95.18	92.09
Chlorides	97.08	97.82	97.48
Cl. perfringens	99.83	95.08	99.61
Coliforms	89.85	91.87	90.13
Colour	98.9	98.8	96.59
Ecocci	95.58	96.65	95.06
E.coli	95.71	96.32	95.72
Fe	78.03	80.49	85.43
Mn	68.4	63.08	84.25
NH4	93.85	92.75	92.93
NO2 tap	98.29	92.79	98.97
NO2 wtp	99.11	99.03	98.99
NO3	93.51	97.6	92.13
Odour	99.73	99.82	99.73
Oxid.	99.58	99.39	99.35
Pest. Ind.	100	99.25	98.17
Pest.Tot.	100	100	100
pH	99.9	99.98	99.82
Turb.	97.7	97.91	96.78

Food poisoning

In 2012, 79 food poisoning outbreaks were reported to the National Centre of Communicable Disease Surveillance and Control, out of which 31 (39.24%) were group cases and 48 (60.75%) were family cases. In 53.1% of the cases the symptoms were moderate, 45.1% presented mild symptoms and 1.6% severe manifestations. No deaths were recorder in the studied cases.

In 2013, 105 food poisoning outbreaks were reported to the National Centre of Communicable Disease Surveillance and Control, out of which 48 (47.7%) were group cases and 57 (52.3%) were family cases. In 52.02% of the cases the symptoms were mild, 45.65% presented moderate symptoms and 2.31% severe manifestations. No deaths were recorder in the studied cases.

Regarding the **prevention of tobacco, alcohol and illegal drugs use**, the Romanian law which regulates smoking in public areas is *Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, as subsequently amended and supplemented*.

Thus, in 2002, in accordance with the provisions of art. 3 of the above mentioned law: “(1) *Smoking shall be completely prohibited in all enclosed public spaces.*

(2) *Smoking is permitted in specially designated areas, provided the following requirements are met:*

a) *[the space] is built exclusively for smoking purposes and does not allow for the polluted air to enter the enclosed public spaces;*

b) *the space is equipped with working ventilation systems that ensure that the pollution level is within the maximum limits.*

(3) The provisions of paragraph (1) shall not apply to bars, restaurants and discotheques and other public spaces with similar destination, provided that the requirements in paragraph (2) letter b) are observed.

(4) The provisions of paragraph (2) shall not apply to bars, restaurants, discotheques and other public spaces with similar destination, if the owner or manager determines and displays the following warning: "In this unit smoking is prohibited."

The following year, through the provisions of art. 1 para 10 of Ordinance 13/2003 amending and supplementing Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, art. 3 was amended as follows *"Bars, restaurants, discotheques and other public spaces with similar destination shall clearly mark the smoking areas and shall ensure the adequate ventilation of such spaces, so that the polluted air does not penetrate the non-smoking areas."*

Also, through Ordinance no. 5/2008 amending and supplementing Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, art. 3 was amended as follows:

" (2) In enclosed public spaces, smoking is permitted only in specially designated rooms, provided the following requirements are met:

a) [the room] is used exclusively for smoking;

b) it is not a transit or access area to the enclosed public space;

c) it is equipped with working ventilation systems that ensure the functional discharge of tobacco smoke;

d) it is equipped with ashtrays and fire extinguishers and it is set up in accordance with the legal provisions in force on fire prevention and fire fighting;

e) it displays one of the following signs, in visible places: "Smoking room", "Room where smoking is allowed" or "Smoking area", so that anyone is advised that it is the only place where smoking is allowed.

(3) Smoking is allowed in bars, discos, restaurants and other public spaces with similar destination, only in rooms which are specially equipped for smoking, provided that the following requirements are met:

a) it represents no more than 50% of the enclosed public space for customers;

b) it is separated from the rest of enclosed public space, so that to ensure complete isolation from it;

c) it is not a transit or access area to the enclosed public space;

d) it is equipped with working ventilation systems that ensure the functional discharge of tobacco smoke;

e) be equipped with ashtrays and extinguishers and it is set up in accordance with the legal provisions in force on fire prevention and fire fighting;

f) it displays one of the following signs, in visible places: "Smoking room", "Smoking area" or "Room where smoking is allowed"

(4) The provisions of paragraphs (2) and (3) shall not apply to enclosed public spaces whose owner, manager or director determines and displays the following warning: "In this building, smoking is completely banned", "In this institution, smoking is completely banned", "In this unit, smoking is completely banned".

At the beginning of 2016, the law regulating smoking in public places was amended through the introduction of more restrictive measures, by means of art. 3 para (1) of

Law no. 15/2016 amending and supplementing Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, *“Smoking is prohibited in all enclosed public places, including enclosed workspaces, public transport vehicles, children’s playground. The present provisions do not apply to maximum security prison cells.”*

Therefore, since 2002, Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, as subsequently amended and supplemented, was amended for the purpose of preventing and combating the consumption of tobacco products, by restricting smoking in enclosed public spaces, introducing warning messages on tobacco product packaging, information and education campaigns for the public, with the final aim of protecting the health of smokers and non-smokers from the harmful effects of smoking.

Regarding the **status of regulations on smoking prohibition in certain spaces**, the implementation of health warnings on tobacco products, as well as tobacco advertising, promotion and sponsorship, we mention the following:

1. *Law no. 15/2016 amending and supplementing Law no. 349/2002 for preventing and combating the effects of the consumption of tobacco products, as subsequently amended and supplemented*, establishes measures to prevent and combat the consumption of tobacco products, by banning smoking in all enclosed public spaces, including enclosed workspaces and children’s playgrounds, introducing warning messages on tobacco product packaging, information and education campaigns for the public, informing consumer on tobacco products they purchase, indicating the tar, nicotine and carbon monoxide content on final products and also through concrete measures on the use of tobacco products ingredients, with the final aim of protecting the health of smokers and non-smokers from the harmful effects of smoking, preventing smoking among minors and ensuring an adequate level of quality for the life of the people of Romania.

2. *Law no. 457/2004 on the advertising and sponsorship for tobacco products, as subsequently amended and supplemented*, establishes measures for the publicity of tobacco products, as well as their promotion in the media and other printed publications, TV and radio shows, through information society and sponsorship services in the tobacco industry, including the free sampling of tobacco products, in order to prevent the consumption of tobacco products.

3. *Law for transposing Directive 2014/40/EU of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products* aims at facilitating the smooth functioning of the internal market for tobacco and related products, taking as a base a high level of protection of human health, especially for young people, and to meet the obligations of the Union under the WHO Framework Convention for Tobacco Control (FCTC).

4. *“2035 - Romania’s First Tobacco-Free Generation” Strategy* is a commitment document, but also a working paper proposed by representatives of the civil society and professional entities of medicine doctors with the aim of contributing to the preservation of the right to life and health of Romanian citizens, adults and children. It was developed in accordance with the principles and objectives of the National Health Strategy 2014-2020 and presents in detail measures to combat tobacco consumption included in the Multi-annual integrated plan for health promotion and health education. The proposals in the Strategy take into account the internal and

international commitments of the Romanian Government and Parliament and are based on the recommendations and strategies proposed by international organizations independent from the tobacco industry.

After similar studies, carried out in 2003, 2007 and 2010, in 2013 the National Anti-Drug Agency developed the 4th survey on the general population, based on the standard methodology recommended by the European Observatory for Drugs and Drugs Addiction, which allows for the data to be compared at European level.

The continuation of this series of surveys underlines the importance of studying a phenomenon over time, in order to make the adequate decisions. According to specialists, drug policies are better supported, in terms of opportunity and efficiency, when they permanently take into account the changes and the transformations, as they are reflected in the surveys.

For the *GPS National survey on the general population on tobacco, alcohol and drug use - 2013*, the scope of the survey was the population of Romania, according to the results of the Population and Housing Census of 2011, aged between 15 and 64. The sample included 7,200 people, Romanian citizens established in Romania, among which 5,700 people aged between 15 and 64, selected at national level, and 1,500 young people aged between 15 and 34, selected from Bucharest, which represented an oversampling of this area and this category of population. The data collection was done by a service provider, specialized in opinion surveys and was financed through a Funding Agreement signed between the European Observatory for Drugs and Drugs Addiction and the National Anti-Drug Agency.

In this survey, tobacco and alcohol are considered legal drugs because of their psycho-active action and their addictive potential. However, given the impact of these substances in society, the analysis of the prevalence and the consumption model are presented separately from those of the other drugs.

Statistics and trends at national level

1. Illicit drugs

Out of the 7,200 respondents included in the sample, 49.8% were men and 50.2% women, 66.3% lived in urban areas, whereas the rest of 33.7%, in rural areas.

In order to carry out the survey, a respondents' stratification variable was defined, based on the age group, which lead to the following distribution: 22.6% were aged between 15 and 24, 28.9% between 25 and 34, 19% between 35 and 44, 13.9% between 45 and 54 and 15.6% between 55 and 64.

At the same time, a variable on marital status was also defined, which lead to the following distribution: 42.4% of those questioned were single (widow, unmarried, divorced/separated), and 57.6% were in a relationship (partnerships, married).

In terms of education level, the definition of the corresponding variable showed that about half (55%) of the respondents declared they had high school or post-high school education, whereas only 16% completed at most secondary school. People with higher education (university and post-university) represented 29% of the studied population.

In terms of occupational status of those questioned, as a result of a regrouping of answers corresponding to this item, the sample presented the following distribution: 52.9% declared themselves economically active, whereas 47.1% stated they are economically inactive.

Experimental use, recent use and actual use of any type of drug

In 2013, the experimental use of illicit drugs in the general population reached the prevalence of 6.6%. Extrapolating, we can appreciate that approximately 903,161

people aged between 15 and 64 years have tried a psychoactive substance at least once over their lifetime.

In order to analyse the trends registered during the 9 years of survey, by excluding new substances with psychoactive properties from the data analysis, we see a life prevalence of illicit drug use of 5.9%, which means that approximately 807,371 people aged between 15 and 64 have had an experience of this type.

For the first time in the 9 years of survey, a sufficient number of cases was registered as to allow to present the prevalence of any illicit drug over the last month on the general population, the data indicating that approximately 1% of the people aged between 15 and 64 declared an actual use of drugs (1.4% - any type of drug, including medicines, 1.1% - any illicit drug, including new substances with psychoactive properties - NSP, 1.1% - any illicit drug).

The continuation rate of the recent use, that is the proportion of those who used at least once a psychoactive substance (LTP) and who did this over the last 12 months (LYP) is 37.1%, whereas 62.9% showed a discontinuation of this type of substance use.

The continuation rate of the recent use, that is the proportion of those who used at least once a psychoactive substance (LTP) and who did this over the last 30 days (LMP) is 41.1%, whereas 58.9% showed a discontinuation of this type of substance use.

In the following pages, we will present the characteristics of drug consumption in the general population, in what regards the illicit drugs category: marijuana, ecstasy, cocaine, crack, amphetamines, hallucinogenic mushrooms, heroin, solvents and inhalants, LSD, new psychoactive substances, ketamine, methadone, GHB, not including medicines used without a medical prescription.

Drug use, by gender and age

Compared to women, men declared a higher use of any illicit drug, registering a 7.5% lifetime prevalence, a 2.8 last year prevalence and a 1.4% last month prevalence. The analysis of the data shows that, in the case of LYP, the registered value is similar regardless of the gender of respondents (2.5% in the case of women), the biggest difference being registered in the case of LTP (5.6% in the case of men).

By age group, the highest prevalence, regardless of the analysed period of time, is registered for the age group 15-24, which confirms the results of the other surveys which show that this is the age group at the highest risk in terms of consumption. Compared to this group, the next age group in the young people category (25-34 years old) registers differences of about 2 points in the case of LTP, whereas for the other two prevalences the difference is the same, of 1.2%. The adult population (35-44 y.o), registers prevalences of 3.3%, in the case of experimental use, 0.9%, in the case of recent use and 0.4%, in the case of actual use.

Drug use, by education level and occupational status

Depending on the educational level, the highest prevalences are registered in the case of people with university and post-university studies (LTP of 8.3%, LYP of 2.9%), except for the values of LMP, which registers the highest value in the case of people who completed at most secondary education (1.7%). If the values of LYP and LMP for the people who completed high school or post-high school education show the smallest use of any illicit drug (2.2% and 1.0%), in the case of experimental use the 5.7% prevalence places this category of population on the second place.

The analysis of data on the prevalence of drug use by occupational status shows that the unemployed (the economically “inactive people”) declared a lifetime, last year and last month use of any illicit drug which is higher compared to the economically “active” population, the percentage difference being similar for the three

prevalences (6.7% compared to 6%, 2.8% compared to 2.0% and 1.5% compared to 0.8%).

Drug use, by residence

The analysis of data on respondents by type of residence shows the biggest difference between the categories taken into account for the 3 prevalences. Thus, the urban population declared the consumption of an illicit drug which is 8 times bigger compared to rural population, regardless of the time interval considered for the calculation of prevalences.

Regardless of the time interval considered for the calculation of prevalences, the results show that drug use is a reality for all regions of the country. The biggest values are registered in the Bucharest-Ilfov region, whereas the smallest are registered in the South-Vest region of Romania. South-East region is on the second place, while the differences between West and North-West regions are very small.

Bucharest-Ilfov is the region with the biggest experimental use of illicit drugs, with a prevalence of 13.9%, followed by South-East region, with 6.5%, West region, 6.2% and North-West region, 4.2%. The smallest consumption, of 0/9%, is registered in the South-West region.

The LTP of any type of illegal drug among people aged between 15 and 64 is 6.6% (compared to 4.3% in 2010, and 1.7% in 2007). We notice that although the illicit drug experimental use is in a continuous grow, the increase rate of this type of prevalence has considerably diminished. Thus, if in 2007 this type of consumption registered a 2.52 times increase, in 2013, the increase is of only 1.5 times.

In turn, both recent and actual use register a decrease in such prevalences, compared to the 2010 survey: 2.5% in 2013, compared to 3.6% in 2010, and 1.1% in 2013, compared to 1.8% in 2010, which indicates a decrease in the illicit drug use over the last year and also over the last month.

2. Alcohol

The alcohol products consumption registers the highest level of consumption prevalence in the population of Romania, as over half (52.6%) of the participants in the survey declared they had consumed alcoholic products over the last month. 6.2% of them have also mentioned a daily consumption routine.

The continuation rate of the recent use of alcohol, that is the proportion of those who drank alcohol at least once in their lifetime (LTP) and who did this over the last 12 months (LYP) is 81%, whereas 19% showed a discontinuation of this type of substance use. The actual use of alcohol shows a continuation rate of 80%.

The biggest values of prevalences are registered in young people aged between 25 and 34. Although in terms of experimental use, young people in the age group 15-24 register the smallest prevalence, the LYP and LMP show higher values compared to adults in the 55-64 age group. Although most respondents declared they started alcohol use after they turned 29, 10.6% said they started the alcohol consumption when they were younger than 14, the youngest declared age being 3, while the oldest 60.

The ratio between men and women who consumed alcohol increases along with the reference period for the calculation of prevalence, from 1.2 in the case of experimental use, to 1.8 in the case of recent use. There is a very significant statistical link between the actual alcohol consumption and the gender of the respondent, the alcohol consumption probability in the case of men being 3.4 bigger than in women.

Regardless of the time interval considered for the analysis, the alcohol consumption prevalence registers bigger values in urban areas, compared to rural areas, but the

ratio between the proportions of consumers does not show values above 1.2. However, the residence area is also a factor influencing the alcohol consumption (significant statistical relation).

Although the South-East region registered the highest rate of experimental use of alcohol (86.3%), those living in Bucharest registered the highest value in terms of recent and actual consumption of alcoholic drinks (73.7% and 59.6%). The smallest values, regardless of the time interval considered, were noticed in the North-West region.

As the education level of respondents increases, we notice a higher rate of those who consumed alcohol, the LTP, LYP and LMP being 1.5 times bigger compared to those of people who completed at most secondary education. The same also applies to the relation between the respondents' occupational status and alcohol consumption. The ratio between those economically active who declared they consumed alcoholic products increases 1.09 times in the case of experimental use, up to 1.3 times in the case of actual use, compared to those economically inactive.

The respondents who consumed alcohol over the last 12 months were also asked about the place where they use to drink. Almost half of the subjects (44.8%) declared that they usually drank at home, while 17.7% mentioned they drank in a restaurant or when they visit somebody. 1.5% declared they drank on the street/in public places, although the consumption of alcohol is not allowed in such situations.

Beer is first on the Romanians' list of preferences, being mentioned by a third of recent consumer, compared to sparkling wine, mentioned by only 1.7% of the respondents who consumed alcohol over the last year.

Age to start drinking alcohol

The average age to start drinking is 14. In turn, 79.2% of the respondents declared they started drinking when they were under 20, and 16.1% when they were somewhere between 20 and 24 years old.

The earliest declared age to start drinking was 2, whereas the latest is 60. Another important element analysed in the survey was the motivation to drink alcohol. Recent alcohol consumers were asked to mention at least 3 reasons for drinking. The mood changing effect was mentioned by most of the respondents, the alcohol being used as a mean to reduce stress and anxiety. The following 3 answers were mentioned by most of the respondents as reasons for drinking alcohol: "To relax" (29.5%), "To feel merrier" (26.5%) and "To have the energy to dance and have a good time" (20.9%). The group membership ("I drink because in my group, all my friends drink"), as a reason to drink was mentioned by 11.5% of the subjects.

Regarding the perception of risks generated by alcohol consumption, over 70% of the respondents agree with the say: "One glass of one a day may be good for your health", while over half (51.4%) "totally agree" or "agree" with the saying: "Moderate drinking has good effects on health".

While "moderate" intake of alcohol is thought to be "beneficial", heavy drinking is considered by almost all respondents (over 97%) to be associated with personal or social problems.

Results registered in terms of alcohol intake which induces drunkenness confirmed the data presented above. Thus, if in the case of (experimental) lifetime consumption the ratio between the alcohol consumption prevalence and the prevalence of alcohol consumption leading to drunkenness is 2, if referred to the last months of consumption, it reaches 5.91 (which means that 1 out of 6 people who consumed alcohol over the last month got drunk).

As in the case of alcohol consumption, the analysis of the prevalences of alcohol consumption leading to drunkenness shows the biggest values for the age group 25-34,

except for the values of the last months excess drinking, which are bigger for the age group 15-24, which is worrying in terms of consumption behaviour of the youngest subjects of the survey.

In order to identify the share of people exposed to the risk of developing alcohol consumption related problems, the AUDIT test was applied. Developed and applied by the World Health Organisation in 1989, the AUDIT test focuses on the identification of abusive alcohol consumption and incipient forms of addiction. The test includes 10 multiple answer questions on the quantity and consumption of alcohol consumption, behaviour towards alcohol, as well as medical and psycho-social problems generated by excessive drinking. Each item is given a value between 0 and 4 points, the minimum score being 0 points, whereas the maximum score, 40 points. The bigger the score, the higher alcohol consumption and addiction.

The Audit test refers only to the last year consumption. As a difference from other alcohol assessment test, the Audit test proved to be relevant for different ethnic or gender groups. It is considered one of the most precise tests to identify alcohol-related problems, with an accuracy of 92% and a specificity of 94%. The application of the test revealed that 69.2% of those who consumed alcohol over the last year present a lower risk of alcohol addiction, whereas 7.6% are considered as being at high risk of developing alcohol addiction or are already alcohol addicts.

We can appreciate that the alcohol consumption prevalences in 2013 show a stabilization compared to those registered at the time the previous survey was carried out (2010), the only difference being that for the actual consumption the value of prevalence is above the 50% threshold (52.6% in 2013, compared to 49.4% in 2010). The biggest values continue to be those registered in 2004, regardless of the time interval taken into account for the calculation of prevalences.

3. Tobacco

Smoking tobacco cigarettes registers the second level of prevalence of drug consumption in the population of Romania. Thus, 62.5% of those interviewed smoked at least once in their lifetime, 36.2% of them declaring they use to smoke daily.

The continuation rate of the recent use of tobacco, that is the proportion of those who smoked at least once in their lifetime (LTP) and those who did this over the last 12 months (LYP) is 56%, whereas 43.1% showed a discontinuation of this type of substance use. The continuation rate of the actual use of tobacco products is 97.03%.

Beside the consumption frequency, the survey also analysed the number of cigarettes smoked daily, the respondents who declared they had smoked over the last 30 days being asked also about the number of cigarettes smoked daily. The data showed that almost half of them (43.9%) smoke between 10 and 20 cigarettes every day, while 11.7% smoke more than 20 cigarettes daily.

Although the ration between men and women smokers shows some slight differences (from 1.28 in the case of lifetime consumption to approximately 1.4 in the case of last year or last month consumption), the relation between smoking and respondent's gender is statistically significant ($p < 0.001$), which indicates that the consumption model of smokers, depending on the analysed reference periods, is influenced by the respondent's gender.

Similar values are also registered in terms of LYP and LMP of smoking (36.2% and 35.3%), which suggest that this type of behaviour corresponds to a monthly consumption model. This observation is valid for all group ages considered in the analysis.

The 25-34 age group presents the highest values of the 3 prevalence indicators: 66.4% for LTP, 41.4% for recent consumption and 40.6% for actual consumption. The

statistically significance test indicates a significant relation from the statistical point of view ($p < 0.001$) between smoking and age group.

The analysis of average age to start smoking indicates that over a half (52.1%) of respondents declared they smoked for the first time when they were somewhere between 15 and 19. At the same time, a worrying percentage was registered for the age group under 14 (18.5%).

By region, most people who smoked over the last year are from Bucharest-Ilfov (40.4%), followed by those living in South (36.7%) and Centre (36.2%), while the smallest values are registered in the population of the North-West region Nord-Vest (29.9%).

The analysis of experimental, recent and actual smoking prevalences, by occupational status of the respondents, shows a difference between 3 and 5 percent for those considered in the survey as “economically inactive people”. A statistically significant relation ($p < 0.001$) between the two variables (smoking and occupational status), is noticed only in the case of values associated to smoking over the lifetime.

Each respondent who declared himself a smoker at the time of the interview was also asked whether he ever tried to quit. About half of them (43.9%) gave a negative answer, which indicated that, once initiated, the smoking behaviour is maintained. The affirmative answers to this questions were analysed by residency, age, region, gender and educational level, the profile of the respondent (offered by the highest percentages registered) being the following: living in rural areas (59.6%), aged between 55 and 64 (63.2%), resident in the South-East region (68.1%), man (56.6%) who completed at most secondary education (62.3%).

In order to test the need for an intervention, those in the smokers category were asked if they had ever talked to a doctor about smoking and its consequences. Data show that 82% of them mentioned they didn't have such a dialogue. The analysis of the affirmative answers to this question by residency shows that the smallest share (16.1%) is registered by those living in rural areas who ask a doctor additional information on smoking and its consequences is smaller.

While 70.2% of the participants consider that the main factor which can make them quit smoking is their own will, only 18.3% totally agree with coercive measures (ban of smoking).

In order to evaluate the risks of smoking, each respondent was asked to what extent he believed that the presence of a smoker in their proximity presented a risk to their own health. Most of the respondents (85.3%) agreed to the assertion that says smoking is harmful for the health of those around. At individual level, 27.4% consider smoking less than 10 cigarettes a day is not a risk for health.

Thus, in order for Romania to meet the obligation assumed as part of the Global action plan for the prevention and control of NCDs, in terms of tobacco use reduction by 30% until 2025 compared to 2010, it is necessary that the prevalence of current smoking (daily and occasionally) reaches 21.8% until 2025 and that of daily smoking 18.4% in the age group of over 15.

Immunization and epidemiologic monitoring

Over the last year, the Ministry of Health faced a dramatic decrease in the immunization coverage for all type of vaccines used, with various causes, from not going to the doctor's office, medical restrictions, refusal, birth abroad to the lack of correct information of parents, anti-vaccination campaigns promoted by media, priests and even the medical staff who underlined the adverse reactions of vaccines and not their benefits.

At present time, there is a dramatic decrease in the immunisation coverage at national level for the vaccines included in the National Immunization Calendar, which is under the 95 % limit recommended by the World Health Organisation. Thus, vaccination in Romania has constantly decreased from one year to another, in the case of all vaccines included in the National Immunization Programme.

According to the National Institute of Public Health - National Centre for the Supervision and Control of Communicable Diseases (NCSCCD), the analysis of results of vaccine coverage of 18 months vaccination of children born in 2014 lead to the following conclusions:

The number of children included in this cohort whose vaccine history was analysed was 14,794, which represents 85% of the total number of new-borns communicated to NCSCCD by the Public Health Departments of each county and the capital city of Bucharest. Out of the 14,794 children, 8,340 (56%) were from urban areas and 6,454 (44%) from rural areas.

A fully immunized child is the child who was given 1 dose of BCG vaccine, 3 doses of Hep.B, 4 doses of DTPa vaccine, 4 doses of IPV vaccine, 4 doses of Hib vaccine and 1 dose of MMR vaccine

Results:

1. Immunization coverage per types of vaccines and environments at national level:

Type of vaccine and minimal no. of doses	Urban coverage (%)	Rural coverage (%)	Total coverage (%)
BCG 1	96.3	94.6	95.5
HEP B 3	90.6	88.9	89.8
DTP 4	66.2	53.6	60.7
VPI 4	66.2	53.6	60.7
Hib 4	66.2	53.6	60.7
ROR 1	85.5	86.2	85.8

As one can find in the table, the immunization coverage for HEP B 3, DTP 4, VPI 4, Hib 4, ROR 1 was placed below the 95% target, in total, for the urban, respectively the rural environment.

Supposing that, as stipulated by the assessment methodology for the immunization coverage, the immunization history of ALL children in this cohort registered on the lists of ALL general practitioners has been assessed, the immunization coverage resulted from the comparison with the number of new-born in the cohort looks like this:

Type of vaccine and no. of doses	Total coverage (%)
BCG 1	81.3
HEP B 3	76.4
DTP 4	51.7
VPI 4	51.7
Hib 4	51.7
ROR 1	73

Additional information on immunization coverage are to be found on the INSP-CNSCBT website, using the following link:

<http://www.cnscbt.ro/index.php/analiza-date-supraveghere/evaluarea-acoperirii-vaccinale/397-analiza-rezultate-av-18-luni-feb-2016/file>

In terms of long term strategy, by means of the **National Strategy for Health 2014-2020**, the Ministry of Health has set the following objectives and strategic lines in order to increase the immunisation coverage:

- Strengthening /developing the capacity to manage and/or implement the immunisation programme according to the national calendar in force at national, regional, county or local level;
- Improving the structure and functionality of the national immunisation register (RENV);
- Monitoring the immunisation coverage, by seric prevalence and attitudinal surveys in the general population and service providers;
- Strengthening the capacity to supervise the unwanted post-vaccine adverse reactions (AEPI), to inform and alert events (clusters, lots causing AEPI) at national level and in the European/international system;
- Improving the compliance to vaccination of the general population, but mostly of vulnerable and disadvantaged groups.

At the same time, in order to raise the awareness of population on the immunisation benefits and to ensure an adequate immunisation status for all children, for the main diseases which can be prevented through vaccination, the Ministry of Health initiated the development of a draft Law of vaccination in Romania.

The draft law was developed by a working group of specialists in different areas: epidemiology, microbiology, infectious diseases, paediatrics, family medicine, legislation, as well as specialists in other fields.

The Vaccination law aims at raising the awareness of the population on the vaccination benefits and at creating the legal framework which will ensure in the future an optimal immunisation coverage at national level for all types of vaccines included in the National Vaccination Plan.

In order to **decrease the number of road accidents**, the General Police Inspectorate made available a series of data and information on the activities carried out between 2012-2016.

In order to decrease the number of victims of road accidents, the General Inspectorate of Romanian Police, through its specialized structure Traffic police, aims at combating the causes of road accidents, by a firm implementation of the legislation in the field, together with the development of road safety education activities, based on the strategic partnership with the civil society, within the National Road Safety Education Campaign “**CHOOSE LIFE!**”, initiated in 2010. Thus, a significant number of road traffic participants were made aware of the actual risks, this being reflected by the decrease in the number and consequences of road accidents over the last years.

In order to meet the main objective set for the period 2012-2016, that is to progressively decrease the number of road accidents victims, the action plan of the Romanian traffic police is based on 2 main piles, **law enforcement actions and preventive and educational measures**, the latter being focused on vulnerable groups of road traffic participants (pedestrians, moped riders, motorcyclists, bike riders) and those in the age categories at high risk of accidents: children, young people between 18 and 25 and the elderly, as well as on the diversification of work methods in order to make the preventive and educational message more efficient among the target group members, by making use of the modern communication means.

In 2012, a series of projects were initiated and implemented in collaboration with partners, such as:

- “Find your balance” project, implemented in collaboration with Ursus Breweries Romania, aimed at raising the awareness on the negative effects of drinking alcohol on driving.

- The projects “What you do after a car accident? Your guide to car insurance”, “Do you love your car? Sign an insurance!” and “What you do if you have a car accident?”, developed in collaboration with the Association to Promote Insurance (A.p.P.A).
 - The project “Don’t drink and drive!” in partnership with Brand Support, which included the placement of “POLITAXI” cars in several cities of Romania, with the aim at promoting a responsible behaviour among drivers, in terms of preventing alcohol drinking and driving.
 - Traffic Police, together with the Romanian National Company of Motorways and National Roads, started, with the support of S.C. DCG Consulting S.R.L. - DIALOGICA the “National Programme for improving the road safety on the national roads in Romania, by indicating the areas with the highest risk of accidents”. As part of this campaign, information boards were installed on N.R. 7, between Bucharest and Nădlac and on N.R 1 in Sibiu county.
 - With the support of Publicis Communication Service Bucharest, an online campaign to promote a responsible behaviour among drivers, in order to prevent the use of alcohol by drivers. This initiative was sent to the European Traffic Police Network - TISPOL and to the European Crime Prevention Network, in order to be promoted as a good practice on the websites of these organisations.
 - The education project “Michelin Road Safety Days”, aimed at improving the knowledge of traffic rules among children and making them have a preventive behaviour in traffic.
 - As part of the efforts made for the preparation of the educational and preventive actions for the International children’s day, in collaboration with BCR Asigurări, Michelin România, Mediadocs Publishing, Cuvântul Info and Vesta Investment, specific promotional materials were developed, which were subsequently offered to children. At the same time, workers at the Traffic Police department participated in the actions organized in emergency hospitals for children “Grigore Alexandrescu” and “Marie Curie”, as well as in Carol Park in Bucharest, where promotional materials were distributed to children, and recommendations on the observance of traffic rules were made to children and their parents /grandparents. At the same time, similar actions implemented in Constanța, Iași, Prahova and Timiș counties, promotional objects being offered to children who were victims of road accidents.
 - The project “Last day of school, first day of holiday”, developed in collaboration with Mediadocs Publishing, consisted in the organisation of contests focused on road traffic, which also included recommendations on the observance of traffic rules made to children and their parents /grandparents
- In 2013, the collaboration with partners lead to the initiation and implementation of the following projects for the traffic participants:
- “Don’t drink and drive!”, implemented with the support of Berarii României. The campaign was implemented at the same time on different media channels: outdoor, print, TV, radio and online;
 - “Be responsible in traffic”, with the support of Mediafax Group and consisted in the publishing in different newspapers Prosport, Ziarul Financiar, Business Magazine and ProTV Magazine posters with educational and preventive messages for drivers;
 - The project “Smart people’s caravan”, in partnership with S.C. PRO EDUCAȚIE PUBLISHING - BUBU magazine, for children, which included contests focused on road traffic, aimed at raising the awareness of children and their parents on the importance of observing traffic rules, as pedestrians or drivers.
 - Organising the cycling event “To the mountains by bike”, in collaboration with MEDIAFAX;

- The implementation of “POLITAXI” project in different cities of Romania, in collaboration with Brand Support, with the aim at discouraging the use of alcohol by drivers;
 - Coordinating the project “A friend as driver when you’ve been drinking is a friend indeed”, with the support of Bergenbier S.A., was addressed to young people and recommended them to ask a friend to drive their car when they had a drink.
 - Monitoring and coordination of three events dedicated to road safety, organized by the Traffic Police and Michelin Romania, under the title “Road Safety Days”;
 - In Bucharest, representatives of the Traffic Police Department participated and monitored the widest road safety education campaign ever carried out in Romania, implemented on 29.09.2013 with support from Lidl Discount, simultaneously in all the company’s shops, dubbed “Green to education for road traffic”.
 - Inauguration of the “Mobile learning park”, an event organized with support from the Friendly Society “Ionașcu Filofteia Dănuța” and the local authorities of Buzău. In the project, children participated in a contest aimed at learning and obeying traffic rules;
 - The national stage of the competition “Road safety education - Education for life”, addressed to gymnasium and high school students and aimed at raising their awareness as to the importance of obeying road traffic rules;
- The preventive education activities were supplemented by two road traffic video clips broadcasted on national television with support from Next Advertising, namely “Cross the road where crossing is marked” and “Drink driving is a crime”, as well as by three radio ads, made with support from Profiles International and R.F.I., which were broadcast on EUROPA FM, MAGIC FM and R.F.I.
- To follow-up on the activities of 2014, the following projects were initiated and implemented together with partners:
- “Let someone else drive when you drink”, developed with support from Brewers of Romania;
 - The project “Smart guys’ caravan”, developed in partnership with S.C. PRO EDUCAȚIE PUBLISHING –BUBU Magazine;
 - Campaign on wearing the safety belt and efforts to promote it in virtual media, with support from S.C. Publicis;
 - Organisation and implementation of nationwide activities, in partnership with SC LIDL DISCOUNT SRL, in the project “Green to education for road traffic”, aimed at promoting responsible road behaviour of children and parents;
 - With support from S.C. BERGENBIER S.A., the activities of the project “A friend indeed is a friend in driving” were implemented in Bucharest and in Counties Argeș and Prahova, in the Carrefour commercial centres. The public were invited to experience the feeling of driving under influence, by wearing goggles that visually induce the sensation of drunkenness. The goal of the project was to convince drivers to refrain from drink driving;
 - The national stage of the contest “Road safety education – Education for life”, addressed to gymnasium and high school students and aimed at raising their awareness as to the importance of obeying road traffic rules.

In 2015, in cooperation with partners, the following projects were initiated and implemented:

- “Let someone else drive when you drink”, developed with support from Brewers of Romania;
- At national level, the project “The safety belt saves lives” was initiated;
- The programme “There are motorcyclists on the roads”, aimed at raising awareness among motorcyclists and drivers as to the risks resulting from either of the two groups ignoring traffic rules;
- Since pedestrian indiscipline remains one of the main serious cause of traffic accidents, the national programme “Don-t cross over!” was initiated, aimed at raising pedestrians’ and drivers’ awareness of the risks resulting from ignoring traffic rules.
- On 19.09.2015, the project “Green to education for road traffic” was organized in partnership with SC LIDL DISCOUNT SRL, aimed at promoting responsible behaviour of children and parents;
- The national stage of the contest “Road safety education - Education for life”, addressed to gymnasium and high school students and aimed at raising their awareness as to the importance of obeying traffic rules.

The statistics for 2012-2015 are thus:

Year	Accidents	Deaths	Seriously injuries	Actions ¹⁴
2012	9366	2042	8860	70309
2013	8555	1861	8158	74741
2014	8447	1818	8122	71352
2015	9380	1892	9057	70883

Article 12

Paragraph 1

Covered risks, funding of benefits and protected persons

During the reporting period (1 January 2012 - 31 December 2015) the number of unemployed registered with the Local Employment Agencies were thus:

- On 31 December 2012, out of a total of 493 775 registered unemployed, 60.62% did not receive benefits;
- On 31 December 2013, out of a total of 512 333 registered unemployed, 61.0462% did not receive benefits;

¹⁴ Actions ordered by the Road Traffic Department and carried out at local level by the Local Traffic Police Units or the Traffic Police Brigade of the Bucharest Police.

- On 31 December 2014, out of a total of 478 338 registered unemployed, 70.53% did not receive benefits;
- On 31 December 2015, out of a total of 436 242 registered unemployed, 75.12% did not receive benefits.

The analysis of the figures for claiming and non-claiming unemployed registered with the local employment agencies shows that the number of non-claiming unemployed was high and rising, during the reporting period.

In general, the non-claiming unemployed are persons who either no longer qualify for unemployment benefit or never have, but are requesting assistance from the local employment agencies for finding a job. They are mainly unskilled or poorly skilled workers from rural areas, who have no choice but to claim the guaranteed minimum income (GMI) from local authorities in order to support themselves. Most of the long-term unemployed are former non-claiming unemployed (young aged below 25, unemployed for more than 6 months, and adults aged above 25, unemployed for more than 12 months).

Unemployment benefit

Law no. 76/2002, as subsequently amended and supplemented, makes unemployment entitlement conditional on the claimant having contributed to the unemployment fund for at least 12 of the past 24 months before submitting the claim with the employment agency in whose area of jurisdiction the claimant resides.

According to the above-mentioned Law, the unemployment benefit is paid monthly and the amount depends on the length of previous contribution, thus:

- 75% of the social reference indicator applicable at the time of determining the unemployment entitlement, in the case of persons who have contributed for at least one year;
- an amount is added to the above-mentioned entitlement, which is calculated by adding a percentage rate of 3% to 10% on the average base monthly gross wages for the past 12 months, depending on the length of the contribution.

According to the above-mentioned law, mainstream and special school leavers aged at least 16 who, within 60 days from leaving school, could not find a job matching their qualification are assimilated to unemployed, though they never contributed to the unemployment benefit scheme.

The unemployment benefit is paid out to the above-mentioned persons for 6 months and is a fixed monthly amount, equal to 50% of the social reference indicator applicable at the time of determining the entitlement.

The value of the social reference indicator was set at 500 Lei, in 2008, by the Government Emergency Ordinance no. 126/2008 of the Government amending Article 33, Paragraph 1 of Law 76/2002. The value of the social reference indicator did not change since, and is still 500 Lei.

The persons receiving unemployment benefit are required to show up at the unemployment agency on a monthly basis, at the scheduled times or as and when summoned, to receive support in finding a job, participate in employment motivation activities or in training programmes provided by the employment agencies with which they are registered.

In case the beneficiaries, without good reason, decline a job offer suitable to their training or education or refuse or cease to participate in employment motivation activities or in training programmes, the payment of the unemployment benefit is terminated.

Though the applicable regulations do not provide for an initial period when the claiming unemployed may turn down a job, the employment agencies are specifically required by law to ensure that any job proposed to the unemployed is suitable for his/her qualification and education.

Sickness benefits

The persons insured for sick leave and benefits in the social health insurance system during their regular domicile or residence in Romania are:

- 1* persons on individual employment contracts or in an employment relationship or in any other dependent activities;
- 2* persons operating in elected or appointed positions within the executive, legislative or judiciary, during their term of office;
- 3* members of cooperative organizations of craftsmen;
- 4* unemployed (those receiving monthly financial entitlements paid from the unemployment insurance budget);

The same rights apply to the persons who are not in one of the above situations, but are:

- a. partners, limited partners or shareholders;
- b. members of a family association;
- c. authorized to carry out independent activities;
- d. persons who enter into a contract of social insurance for leave and maternity allowances and leave and allowances for sick child care, if the contribution period started by January 1, 2006.
- f. spouse of a enterprise holder or self-employed who, without being him/herself registered with the commercial register and authorized to carry out business as holder of the enterprise or self-employed or without being an employee, regularly participates in the operations of the enterprise or self-employed, carrying out the same or complementary tasks as the enterprise holder/self-employed.

The entitlement to sick leave and benefits is conditional on the payment of the health insurance contributions intended to support such benefits, hereinafter named "contribution for sick leave and benefits".

Under the *Government Emergency Ordinance no. 158/2005 on leave and health insurance benefits, approved as amended by Law no. 399/2007, as subsequently amended and supplemented*, the insured persons are entitled to the following types of sick leave and benefits:

- a) sick leave and allowances for temporary disability, caused by common illnesses or accidents outside work;

- b) sick leave and allowances for illness prevention and recovery of work capacity exclusively for situations resulting from work-related accidents or occupational disease;
- c) sick leave and maternity benefits;
- d) sick leave and benefits for sick child care;
- e) sick leave and allowances for maternal risk.

According to Article 4 (2) of the *Government Emergency Ordinance no. 158/2005 on leave and health insurance benefits, as subsequently amended and supplemented*, “the contribution for sick leave and benefits intended exclusively for financing the disbursement of the entitlements provided for by this Emergency Ordinance to the persons listed under Article 1 (1) shall be stipulated in the Fiscal Code, as subsequently amended and supplemented. In the case of the persons listed under Article 1 (2), the contribution for sick leave and benefits intended exclusively for financing the disbursement of the entitlements provided for by this Emergency Ordinance shall be of 0.85% of all revenues subject to income tax; in the case of the persons listed under Article 1 (2) a), c) and d), on the income covered by the social insurance contract made by the persons listed under Article 1 (2) e); and in the case of the persons listed under Article 1 (2) lit. f), on the income declared to the Health Insurance Houses. The contributions shall be paid to the National Health Insurance Fund.

On the grounds of Article 6 (2), (8) and (9) of the above-mentioned Law, legal and natural persons listed under Article 5 a) shall be required to pay the contribution for sick leave and benefits in amount of 0.85% of the total wages paid out, in compliance with the applicable financial and tax regulations. For the purpose of this Ordinance, total wages paid out shall mean all the amounts of money used by an employer for paying wages or other wage-type entitlements.

In the case of the persons listed under Article 1 (1), the monthly base for calculating the sick leave and benefits contribution may not exceed the product of multiplying the number of insured persons during the month for which the contribution is calculated with the value of 12 minimum national gross wages.

In the case of the persons listed under Article 1 (2), the monthly base for calculating the sick leave and benefits contribution may not exceed the value of 12 minimum national gross wages.

The social insurance contribution share for sick leave and benefits is 0.85%.

In correlation, Article 195 (1) of *Tax Code Law no. 227/2015, as subsequently amended and supplemented*, stipulates that, in the case of the persons listed under Article 192 a), the monthly base for calculating the social insurance for sick leave and benefits is the total of gross income from wages and other assimilated revenue earned in the country and abroad, in compliance with the applicable European regulations on social security and the agreements on social security systems to which Romania is a party.

According to Article 73 (1) and (2) of the *Joint Order no. 60/32/2006 of the Minister of Health and the President of the National Health Insurance House, as subsequently amended and supplemented*, the average daily base for calculating health insurance benefits shall be determined as the ratio between the total income for the past 6 months (based on which the sick leave and benefits contribution was paid) and the total number of days for which the contribution was paid during this period, thus:

$$Mzbc_i = \sum V : NTZ,$$

where:

Mzbc_i = daily average base for calculating the benefits;

$\sum V$ = sum of income for the past 6 months, based on which the sick leave and benefits contribution was paid;

NTZ = total number of days worked during the past 6 months, based on which the sick leave and benefits contribution was paid.

The number of days for which the sick leave and benefits contribution was paid during this period may not be higher than the number of working days of each month included in the period considered as base for calculation, according to Law no. 53/2003 - The Labour Code -, as subsequently amended.

In case the insured person received an income for less than 6 months, the base for calculating entitlements shall be the average income received based on which the contribution was calculated.

We should point out that, *Order no. 60/32/2006* for determining the average daily base for calculating health insurance benefits, the total income for the past six months was based on the minimum national wages.

According to Article 74 of *Order no. 60/32/2006, as subsequently amended and supplemented*, the amounts payable as health insurance benefits is equal to the product of the daily average and the percentage shares provided by law multiplied by the number of working days sick leave.

Considering the above, we should mention that, in the case of employees, the amount of health insurance benefits represents 75% of the minimum national gross wages.

Paragraph 2

By Law no. 116/2009, Romania ratified the European Code of Social Security of the Council of Europe.

In compliance with the reporting requirements, a detailed report was submitted to the CoE services on the ratified parts of the Code, as well as a joint report on the non-ratified parts of the ECSS.

Paragraph 3

In 2009, through Government Emergency Ordinance no. 6/2009 instating the minimum social pension guarantee, the **minimum guaranteed social pension** category was introduced, intended to top up very low pensions to a maximum level established by this act. The top up is payable from the state budget. In 2009, the minimum guaranteed social pension was capped thus: from 01.04.2009 - 300 Lei and from 01.10.2009 - 350 Lei, with the same amounts being applicable for the period 2010 - 2014.

Starting from 1 January 2015, the amount was raised to 400 Lei.

Since 2010, the level of the minimum guaranteed social pension has been determined yearly, by the State Budget Law. Law no. 118/2010 on certain measures required for re-establishing the budget balance, as subsequently amended and supplemented, the guaranteed minimum social pension became the social allowance for pensioners.

This allowance *is neither a social security benefit nor a new type of pension*, though it is based on the recipient's former capacity as contributor to the pension fund, and it is not calculated nor determined based on the time of contribution to the social security system.

According to Article 2 (1) of the Government Emergency Ordinance no. 6/2009 instating the minimum social pension guarantee, the beneficiaries of the social allowance for pensioners are pensioners of the public pensions system resident in Romania, irrespective of the date they enrolled for pension, if the pension entitlement or paid out is less than the social allowance for pensioners.

According to Paragraph (2) of the same Article, the social allowance for pensioners is determined as the difference between the minimum pension stipulated by law and the pension entitlement or paid out, calculated in compliance with the Framework Pensions Law.

A number of categories are at an advantage from receiving the social allowance for pensioners:

a) **beneficiaries of survivor pensions**, *the social allowance is granted to each beneficiary* and tops up each of the survivor pensions granted, up to the maximum level of 400 Lei;

b) **in the case of agricultural workers where pensions are based on pensionable employment** in the former farming cooperatives (CAP) until the coming into force of Law no. 80/1992 on pensions and other social security entitlements for agricultural workers. Once integrated in the public pension system, the pensions for this category of beneficiaries were calculated differently, and the resulting pensions were lower than that normally resulting from the same periods of contribution and, in such situations, the social allowance for pensioners is granted as a top up to the maximum monthly level of 400 Lei.

c) **beneficiaries of 3rd grade invalidity pensions**, whose invalidity was generated by a common disease and who have contributed to the public pension system for a short time, hence they receive very low pensions.

According to Article 6 (2) din Law no. 263/2010 on the unified public pension system, as subsequently amended and supplemented, lawyers, notaries, clergy and assimilated personnel of legally recognized religions may be insured in the public pension system, based on a social insurance contract, under the terms and conditions of this Law, as well as any other person wishing to be insured or to top up their guaranteed income.

Considering the specific requests for information addressed by the European Committee of Social Rights (ECSR), please be informed that, during the period 2012 - 2014, the income replacement rate was thus:

- 2012 – the replacement rate was **35.09 %** (calculated as a ratio between the average gross wages communicated by the National Institute of Statistics of 2063 Lei and the average gross pension/system of 724 Lei);
- 2013 – the replacement rate was **35.00 %** (calculated as a ratio between the average gross wages communicated by the National Institute of Statistics of 2163 Lei and the average gross pension/system of 757 Lei);

- 2014 – the replacement rate was **34.15 %** (calculated as a ratio between the average gross wages communicated by the National Institute of Statistics of 2328 Lei and the average gross pension/system of 795).

For 2015, the replacement rate cannot be calculated, since no figures are yet available on the average gross wages for this period. The average gross pension for 2015 was of 839 Lei.

In terms of the number of persons insured in the public pension system, we communicate the available figures extracted from the national data base of the National Public Pensions House, thus:

- 2012 – **Average number of insured persons – 5,555,515;**
- 2013 – **Average number of insured persons – 5,558,023;**
- 2014 – **Average number of insured persons – 5,596,654;**
- 2015 – **Average number of insured persons – 5,699,697.**

The figures for insured persons include:

- insured persons listed in the "Statements of social security contributions, income tax and nominal records of insured persons" (Tax statement 112);
- insured persons who have entered optional insurance contracts with the local insurance houses, based on Law no.263/2010;
- insured persons who file the "Statement of persons meeting the requirements for being insured by default in the public pension system " (Tax statement 600).

Paragraph 4

Status of bilateral instruments for coordinating social security agreed between Romania and third countries, including signatories of the Social Charter

1. Albania

The Agreement on social security between Romanian and the Republic of Albania was signed in Bucharest, on the 27th of February, 2015, and came into force on the 1st of September, 2016.

From the date of its coming into force, the new Agreement on social security made between Romania and the Republic of Albania replaced the Inter-governmental Convention between the Peoples' Republic of Romania and the People's Republic of Albania concerning cooperation on social issues, signed in Bucharest on the 3rd of May, 1961.

The new Agreement applies to the regulations on pensions, workplace accidents, occupational illnesses, as well as sick and maternity benefits.

The Agreement on social security between Romania and the Republic of Albania also states the principle of equal treatment of persons to whom the Agreement applies and of citizens of the Contracting Party on whose territory such persons are resident, according to the laws of such Contracting Party.

The Agreement also covers the principle of exported benefits.

2. Armenia

Armenia notified Romania of its option to apply to the Convention between the People's Republic of Romania and the Union of Socialist Soviet Republics on social provisions cooperation, signed at Bucharest, on the 24th of December 1960 and entered into force on the 1st of August, 1961.

3. Republic of Moldova

The Agreement between Romania and the Republic of Moldova in the area of social security was signed in Bucharest on the 27th of April, 2010, and came into force on the 1st of September, 2011.

The Agreement applies to regulations on pensions, workplace accidents, occupational illnesses, as well as sick, maternity and unemployment benefits.

The Agreement states the principle of equal treatment of persons to whom the Agreement applies and of citizens of the contracting party on whose territory such persons are resident, according to the laws of such contracting party.

The Agreement also covers the principle of exported benefits.

4. Montenegro

The text of a social security agreement between Romania and Montenegro was discussed and agreed, based on internationally and modern principles of

coordination of social security. The text is yet to be signed. based on modern principles enshrined in international social security coordination

5. Republic of Serbia

The Agreement between Romania and the Republic of Serbia in the area of social security was signed in October 2016.

The Agreement between Romania and the Republic of Serbia in the field of social security will apply to regulations on pensions, sickness and maternity benefits, workplace accidents and occupational illnesses, death grants and state allowance for children.

The Agreement states the principle of equal treatment of persons to whom the Agreement applies and also covers the principle of exported benefits.

6. Republic of Macedonia

The Agreement between Romania and the Republic of Macedonia in the area of social security was signed in Bucharest on the 27th of February, 2006, and came into force on the 1st of March, 2008.

The Agreement applies to regulations on pensions, workplace accidents, occupational illnesses, sick and maternity benefits, child allowance and unemployment benefits.

The Agreement states the principle of equal treatment of persons to whom the Agreement applies and of citizens of the Contracting Party on whose territory such persons are resident, according to the laws of such Contracting Party.

The Agreement also covers the principle of exported benefits.

7. Republic of Turkey

The Agreement on social security between Romania and the Republic of Turkey, signed on the 6th of July 1999 in Ankara, has been in force since the 1st of March, 2003.

The Administrative Arrangement for the implementation of the Agreement on social security between Romania and the Republic of Turkey, signed in Bucharest, on the 30th of May, 2003, came into force on the 22nd of January 2004.

The Agreement applies to regulations on pensions, workplace accidents, occupational illnesses, as well as sick and maternity benefits.

The Agreement provides for equal treatment of persons residing on the territory of either of the Contracting Parties and the citizens of such Contracting Party.

The Agreement also covers the principle of exported benefits.

8. Other third countries with which Romania has made social security agreements providing for equal treatment and export of benefits are: Republic of Korea, in force since 2010; Canada, in force since 2011; The State of Israel, in force since 2013; and Quebec, in force since 2016.

9. Concerning the state allowances for children paid out as social benefits, they are subject to the following social security agreements: Agreement between Romania and the Republic of Macedonia on social security; Convention between the Government of the Socialist Republic of Romania and the Government of the People's Democratic Republic of Algeria on social security; Agreement between Romania and the State of Israel on social security.

With regard to the export of benefits, this principle, with the exceptions explicitly stipulated by law, is included in the specific subject matter of the bilateral social security agreements in question. The bilateral social security agreements entered into by Romania after the 1990's include provisions on various social security benefits, with a wider or narrower scope depending on the compatibility between Romania's social security system and that of the

other state. Most of the agreements include provisions on the opening of right to pension from the Romanian public pension system (old age, early, partial early, invalidity and survivor pension). Some of the social security bilateral agreements include provisions on benefits payable from the health insurance system, such as for workplace accidents and occupational illness, unemployment and child allowance. Any exceptions on the export of benefits are specifically stated in each of the agreements.

Article 13

The changes in the social security regulations in the period January 2012 - December 2015 include the following acts:

1. Government Emergency Ordinance no.42/2013, adopted by Law no. 286/2013.

- The guaranteed minimum income (social benefit) was increased by 8.5, since July, 2013 and by a further 4.5%, since January, 2014; the family support benefit was raised by 30%, since July, 2013, and the income cap up to which this benefit is granted was raised by 43%, from 370 Lei/person to 530 Lei/person.

2. Government Ordinance no.27/2013, adopted by Law no.304/2013

- The allowance for electrical home heating was introduced, benefiting some 14,000 households. Also, the wood heating allowance is no longer paid out on a monthly basis, but in full, for the entire duration of the cold season for which the entitlement was determined.

3. Government Emergency Ordinance no.65/2014, adopted by Law no.125/2015

- The placement allowance was raised from 97 Lei/child to 600 Lei/child, starting with the entitlements for December 2014
- The family support allowance (regulated by Law no.277/2010) was raised by 42 Lei for each child in the family, starting with the entitlements for November 2014
- Law no. 125/2015 doubled the amount of state child allowance, starting with June 2015

4. Law no.126/2014

- Introduces the permission to earn up to 6 ISR (3000 Lei) in any one calendar year during the statutory parental leave

- Exempts from payment the child allowances/insertion incentives determined by the 27th of September 2014

5. Government Decision no. 383/2015 approving the National Strategy on social inclusion and poverty reduction for the period 2015 - 2020 and the Strategic Action Plan for the period 2015 - 2020. The Strategy is aimed at strengthening social inclusion of vulnerable groups and lifting 580,000 persons from poverty, between 2008 and 2020, according to the target assumed by Romania with a view to achieving the objectives of the Europa 2020 Strategy. The Strategy identifies and describes solutions for managing and dealing with social inclusion and poverty reduction issues, thus:

- Policies to support training and employment in the formal economy, and increase employees' productivity and income;
- Measures to improve the performance of the social transfers system, expand the scope and quality of integrated social services, based on the needs identified at national level;
- Implementing supplementary measures to increase school participation rates and improve learning outcomes, as well as to facilitate public access to life-long learning and training programmes;
- Policies ensuring the improvement of the quality, fairness and access to healthcare for the main vulnerable groups;
- Measures contributing increased housing quality and access including social housing, in particular for vulnerable groups and the homeless.

6. In February, 2016, the Government of Romania put out for public debate **the Integrated Package to fight poverty**, a document that includes **47 measures** organized by age group, with implementation schedules and financing sources identified for each measure. Some of the programmes already existed and others were newly developed, but all were reunited in an integrated scheme, structured by life stages. The Integrated Package to fight poverty is targeted at all age groups, but mainly focuses on specific measures and programmes addressed to children from deprived families, thus:

- **Sonographies and medical screening at birth** – early prevention/diagnosis for mother and child, including by training the staff providing care to the pregnant woman and the child;
- **No child without identity** – simplified procedures and individual support for obtaining a CNP (individual identity number) at birth, in maternity;
- **Community crèches in urban communities and payment of caregivers in rural areas** – implementing projects to develop crèches and early education programmes;
- **Monitoring the implementation of the law “Every child to kindergarten”**, by random, on-the-spot visits to monitor attendance to

participating kindergartens and by quarterly review meetings with the line ministries and NGO's;

- **School stationery for pre-school children receiving social vouchers**, an action that will complement the Programme "Every child to kindergarten", by the supply of school stationery (through schools) and clothes (through town halls);
- **Healthy children go to kindergarten**, a national health and nutrition package for disadvantaged children, aimed at preventing/reducing recurrent illnesses, increase immunity and avoid delayed growth;
- **Social housing** – improving social housing infrastructure;
- **Grants for home improvements** – developing a package of measures to reduce poor housing, make housing deeds for disadvantaged groups, and facilitate access to water and sewerage for these persons.
- The proposal has been made to extend the "Second Chance" programme and other programmes, such as "Teach for Romania" or "Healthcare caravan in villages", measures that will support the professional development of pre-university teachers, participation of vulnerable groups in education and provide them with healthcare information. To support active ageing and the elder's participation in community life, the programme "**Community grandparents**" was developed, where intergenerational learning activities may be carried out, with the elder's involvement in child care in community crèches and after school programmes and other social and educational activities, such as training programmes for the elderly.

This package and the key measures proposed are aimed at rapidly reducing the number of poor by at least 580,000 persons, by 2020, with the use of established best practice models. The programmes will be correlated with the social services addressed to families with children, such as to customise the support according to the real needs of the child and his/her family.

7. With regard to the initiatives and measures taken by the Government of Romania to reduce and fight poverty and promote social inclusion, on the **13th of April, 2016**, the **Prime Minister of Romania issued the Decision no.133/2016**

establishing the Committee “Anti-poverty Coalition”, published in the Official Journal no.280 of the 13th of April, 2016.

Paragraph 1

Types of benefits and eligibility criteria

The Social Assistance Law no. 292/2011 created a consistent and coordinated legal and institutional framework establishing the general principles and rules for the granting of social assistance and the criteria for the organization and operation of the system, with a view to ensuring adequate conditions for the development and implementation of social assistance sector public policies.

The national social assistance system represents the corpus of institutions, measures and auctions whereby the State - represented by the central and local governments and the civil society - intervenes for preventing, limiting or removing the temporary or permanent effects of situations that might result in social marginalization or exclusion of the person, family, groups or communities.

The national social assistance system intervenes in subsidiarity or complementarity, as applicable, to the social security systems and comprises the social assistance benefits system and the social services system.

Social assistance, through its specific measures and actions, is aimed at developing individual, group or community capabilities to provide for social needs, improve life quality and promote social cohesion and inclusion principles.

The social assistance system is not contribution-based, being supported from the national and local budgets.

According to Law no. 292/2011, depending on their purpose, social security benefits are categorized thus:

- a) Social security benefits to prevent and fight poverty and social exclusion;
- b) Social security benefits to support the child and family;
- c) Social security benefits to support persons with special needs;
- d) Social security benefits for special situations.

In Romania, fighting poverty and social exclusions remains a national priority. Therefore, the Ministry of Labour, Family, Social Protection and Elderly is currently implementing the following programmes aimed at preventing and fighting poverty and social exclusion risk:

1. **The Social Benefits Programme (VMG).** It is provided based on Law no. 416/2001 regarding the minimal guaranteed income, with further changes and amendments, to all families and single individuals with low income or without any income, who are in a difficult situation, in order to help them overcome it. The social benefit is calculated as the balance between the net monthly income of the family or single individual and the monthly level of the guaranteed minimum income stipulated by the law. This, the monthly level of the guaranteed minimum income is currently the following:

Family type	Amount -lei-
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Single individual	142
2 persons	255
3 persons	357
4 persons	442
5 persons	527
For each extra person above 5	37

Monthly level of the guaranteed minimum income for 2012-2015: it has been increased starting from July 2013 and then from January 2014

Family type	2012 (lei)	2013 (lei)	2014 (lei)	2015 (lei)
Single individual	125	136	142	142
Family of 2 persons	225	244	255	255
Family of 3 persons	313	342	357	357
Family of 4 persons	390	423	442	442
Family of 5 persons	462	505	527	527
For each extra person above 5	31	35	37	37

The right to social benefit is decided upon by taking into consideration the family income, also calculating the movable and immovable assets in their possession.

The social benefit is conditioned by the active seeking for a job and the beneficiary must perform community work up to a number of hours that are equivalent to the amount of the social benefit, compared to the minimum wage at national level.

Thus, for the amounts provided as social benefits, one of the adult persons able to work within the beneficiary family must perform on a monthly basis, following the request from the mayor, actions or works of local interest, without exceeding the normal work regime and in compliance with the security and hygiene rules at the workplace. This situation is exempted for the families where the social benefit resulted from the calculation is of up to 50 lei/month, as for such families the work hours are decided on a quarterly basis and are performed during the first month of payment.

The work hours are calculated proportionally to the amount of the social benefit provided to the family or single individual, with an hourly wage corresponding to the minimum gross basic wage guaranteed for payment at national level, against the average monthly duration of the work schedule. The number of working days, limited to the monthly workload of 21.25 days, is set down by dividing the number of work hours calculated as 8 hours/day. The duty to perform actions or works of local interest may be transferred to other members of the family, with the mayor's approval, in such a situation when the person nominated to perform the actions or works of local interest is temporarily incapacitated or has partially or entirely lost his/her work capacity.

The individuals able to work, who do not produce incomes from wages or other activities, are to be taken into consideration when setting down the number of family members in order to determine the income level per family only if they can prove every three months that they are registered with the local agency for employment, in order to receive a job, and they have not refused a job or the participation to delivery of services meant to increase employment and to vocational training services provided by such agencies.

The persons able to work who find themselves in one of the following situations are exempted from performing the above mentioned duties:

- a) they provide upbringing and care to one or more children aged up to 7 years old or up to 18 years old for children with severe or accentuated disabilities;
- b) they provide care to one or more persons with severe or accentuated disabilities or dependent elderly persons who do not benefit from the services of a personal assistant or home caregiver;
- c) they participate to a vocational training programme;
- d) they have a labour contract.

Also, families and single individuals with monthly net incomes that add up to the level of the guaranteed minimum income benefit from a 15% increase of the amount allocated to social benefits per family, if at least one family member is able to prove that he/she works with an individual labour contract, is a civil servant or performs an activity, which provides him/her with incomes equivalent with wages.

Among the reasons which determine the suspension of the social aid, we mention the following:

- the formal recipient of social benefits failed to submit, once every three months, to the local mayor's office, a self-declaration regarding the list of family members and the corresponding incomes, accompanied by a certificate regarding the incomes received which are subjected to income tax,
- persons able to work within the beneficiary families, who have not had incomes generated by wages or other activities, were not able to prove the fact that they were registered with the local employment agency, in order to receive a contract and that they have not refused a job being offered,
- none of the adults able to work within the beneficiary family did perform, on a monthly basis, following the mayor's request, actions or works of local interest,
- local social benefits agency found, based on the documents submitted by the mayor, that the wrong amount was set down for the social benefits or that, during 3 consecutive months, the amounts sent by postal delivery have been returned.

The reasons which determine the ending of social aid are the following:

- the applicant refused to provide information required in order to finalize the social investigation,
- when the social investigation is performed, mistaken data regarding the number of family members or the received incomes have been found,
- if the right to social aid has been suspended, according to the above mentioned terms (regarding the provision of actions or works of local interest, filing the statement and the proof of income, the proof of the fact that persons able to work who do not generate incomes are recorded in the records of the employment agency in order to receive a contract and they have not refused a job) and, within 3 months since the date of payment suspension, such duties have not been fulfilled.
- beneficiaries failed to comply with the terms stipulated by the law as regards the family income or assets.

In case of suspension of payment for the beneficiaries, the right to social aid is not terminated, but merely suspended over a limited amount of time, respectively, until the moment when the rightful beneficiary is able to submit the proofs which reinstate his/her rights. The submission of proofs results in resuming the payment of social benefits starting with the following month.

Data provided by the National Agency for Payments and Social Inspection as regards the number of decisions to suspend the payment as a result of failure to comply with the provisions of Law no. 416/2001 on the guaranteed minimum income, as subsequently amended and supplemented, are the following:

YEAR	Number of suspension decisions issued due to failure to comply with the following provisions of Law no. 416/2001		
	Art. 6 para. (2) - failure to perform actions of actions of local interest	Art. 7 para. (1) - failure to produce a proof from the Local Agency for Employment	Others: Art. 14 ¹ - failure to submit documents once every 3 months Art. 18 - mistaken amount, identified as a result of the verifications performed by the Court of Accounts or by the Social Inspection, returned postal deliveries, reports submitted by the Territorial Labor Inspectorate or Local Employment Agencies Art. 20 ¹ - mayor's decision, mistaken data regarding the family members or incomes
2015	24,400	4,389	56,300
2016	6,445	1,865	21,302

The suspension of social aid as a result of failure to comply with some provisions of the law does not affect the individual's right to benefit from other types of social care benefits, such as the financial allocation for family support, kindergarten tickets or social benefits for heating.

The single individual beneficiary of social aid, as well as the persons who are included in the families benefiting from these aids have the right to social health insurance, with a payment of their contribution from other sources, according to the law. The contribution to social health insurance for single persons or for persons who are members of families benefiting from social aid is paid by the county agencies for payments and social inspection and it is set down by applying the quota stipulated by the law on the amount allocated as social aid.

The county agencies have the duty to pay on a monthly basis the individual contribution for social health insurance to the local insurance houses and to submit the records of payment obligations to the budget of the National Single Fund for social health insurance.

The funds required for the payment of social aid, as well as for the payment of the social health insurance contribution, are covered by the state budget, through the budget of the Ministry of Labour, Family, Social Protection and Elderly.

Starting from 2011, the mandatory premium payment for house insurance, according to the Law no. 260/2008 on the mandatory household insurance against earthquakes, landslides or floods, is paid by the Ministry of Labour, Family, Social Protection and Elderly in the case of social benefits recipients. The mandatory premium is covered from the due social benefit, according to the mayor's decision.

This programme targets also the elderly, therefore all persons with no income or with low incomes are able to ask for social benefits.

The level of social pensions for retired persons for 2012-2015 was regulated through the following bills of law:

- Law no. 293/2011 establishing the state budget for 2012: **350 lei**;
- Law no. 5/2012 establishing the state budget for 2013: **350 lei**;
- Law no. 356/2013 establishing the state budget for 2014: **350 lei**;
- Law no. 186/2014 establishing the state budget for 2015: **400 lei**.

The retired persons registered in the public pension system residing in Romania benefit from social pensions, no matter the date when they applied for their pension, as long as the amount due as pension is placed below the level of the guaranteed minimum social pension.

Those persons who do not fulfil the conditions required in order to receive a pension shall receive a social benefit.

- 2. The programme providing a financial allocation for family support established according to the provisions of Law no.277/2010, republished, as subsequently amended and supplemented.**

The financial allocation for family support represents a type of support for families with low incomes which are providing care and upbringing for children aged up to 18 years old. The provision of this financial allocation aims to supplement family incomes in order to provide better conditions for the children upbringing, care and education and also in order to stimulate attendance of educational programmes by school age children, who are members of low income families. The family made up from husband, wife and their children, who live together, benefits from a financial allocation, as well as the family made up from a single parent and his/her children who live together with this person.

The right to a financial allocation for family support is established by taking into consideration all family incomes, as well as their assets, but also depending on the number of children in the family.

The financial allocation for family support stimulates an increased level of education for children by conditioning the payment of this financial allocation with the attendance of school courses by the school age children; the amount of the financial allocation can be decreased depending on the level of school truancy (based on reports submitted by local school inspectorates).

Starting from the rights related to the month of July 2013, through the approval of the **Government Emergency Ordinance no. 42/2013** changing and supplementing Law. No. 416/2001 on the guaranteed minimum income, and also for the amendment of Law no. 277/2010 on the financial allocation for family support, the financial allocation for family support was provided to families with children whose monthly average net income per family member amounted to up to 530 lei, including this value.

Through the approval of the **Government Emergency Ordinance no. 65/2014** changing and supplementing a number of regulations, the financial allocation for family support was increased as follows:

Family support financial allocation	BENEFICIARIES: FAMILIES	2016 amount (lei)
Financial allocation for supporting two-parent families with an income < 200 lei	with 1 child	82
	with 2 children	164
	with 3 children	246
	with 4 and more children	328
Financial allocation for supporting two-parent families with an income ranging from 201 lei to 530 lei	with 1 child	75
	with 2 children	150
	with 3 children	225
	with 4 and more children	300
Financial allocation for supporting single-parent families with an income < 200 lei	with 1 child	107
	with 2 children	214
	with 3 children	321
	with 4 and more children	428
Financial allocation for supporting single-parent families with an income ranging from 201 lei to 530 lei	with 1 child	102
	with 2 children	204
	with 3 children	306
	with 4 and more children	408

	Family type, level of income and number of children	2012 (lei)	2013 (lei)	2014 (lei)	2015 (lei)
Family support financial allocation	Financial allocation for supporting two-parent families with an income < 200 lei		Starting from July 2013, the amount was raised by 30% compared to 2012	Starting from November 2014, the amount was raised by 105% compared to 2013	
	Families with 1 child	30	40	82	82
	Families with 2 children	60	80	164	164
	Families with 3 children	90	120	246	246
	Families with 4 children and more	120	160	328	328
	Financial allocation for supporting two-parent families with an income ranging from 201 lei to 370 lei and an income ranging from 201 lei to 530 lei		Starting from July 2013, the amount was raised by 30% compared to	Starting from November 2014, the amount was raised by 127%	The amount was raised by 127% compared to 2013

	(starting from July 2013)		2012	compared to 2013	
	Families with 1 child	25	33	75	75
	Families with 2 children	50	66	150	150
	Families with 3 children	75	99	225	225
	Families with 4 children and more	100	132	300	300
	Financial allocation for supporting single-parent families with an income < 200 lei		Starting from July 2013, the amount was raised by 30% compared to 2012	Starting from November 2014, the amount was raised by 65% compared to 2013	The amount was raised by 65% compared to 2013
	Families with 1 child	50	65	107	107
	Families with 2 children	100	130	214	214
	Families with 3 children	150	195	321	321
	Families with 4 children and more	200	260	428	428
	Financial allocation for supporting single-parent families with an income ranging from 201 lei to 370 lei and an income ranging from 201 lei to 530 lei (starting from July 2013)		Starting from July 2013, the amount was raised by 30% compared to 2012	Starting from November 2014, the amount was raised by 70% compared to 2013	The amount was raised by 70% compared to 2013
	Families with 1 child	45	60	102	102
	Families with 2 children	90	120	204	204
	Families with 3 children	135	180	306	306
	Families with 4 children and more	180	240	408	408

3. The programme for provision of household heating benefits: such benefits are provided based on Government Emergency Ordinance no. 70/2011 regarding

the social protection measures during the cold season, with further changes and amendments, in order to cover for a part of expenses related to household heating during the cold season. Such social protection measures are taken for single individuals or families whose net monthly average income per family member is situated under a certain threshold stipulated by the law. The right to heating benefits is decided upon by taking into consideration the family income, also calculating the movable and immovable assets in their possession. The corresponding income and the amounts of benefits provided are the following:

THERMAL ENERGY				NATURAL GAS			WOOD, COAL, OIL-BASED FUELS			ELECTRICAL POWER		
INCOME THRESHOLDS		PERCENTAGE-BASED COMPENSATION		INCOME THRESHOLDS		AMOUNT	INCOME THRESHOLDS		AMOUNT	INCOME THRESHOLDS		AMOUNT
VMG + single individual		100 %	0 %	< 155		262	GMI		58	< 155		240
< 155		90 %	0 - 7 %				< 155		54			
155.1	210	80 %	0 - 14 %	155.1	210	190	155.1	210	48	155.1	210	216
210.1	260	70 %	0 - 20 %	210.1	260	150	210.1	260	44	210.1	260	192
260.1	310	60 %	0 - 27 %	260.1	310	120	260.1	310	39	260.1	310	168
310.1	355	50 %	0 - 33 %	310.1	355	90	310.1	355	34	310.1	355	144
355.1	425	40 %	0 - 40 %	355.1	425	70	355.1	425	30	355.1	425	120
425.1	480	30 %	0 - 46 %	425.1	480	45	425.1	480	26	425.1	480	96
480.1	540	20 %	0 - 53 %	480.1	540	35	480.1	540	20	480.1	540	72
540.1	615	10 %	0 - 59 %	540.1	615	20	540.1	615	16	540.1	615	48
615.1	786	5 %	0 - 61 %									
786.1		0 %	0 - 63 %									

These benefits are provided to families and individuals (vulnerable consumers) who use the following sources of energy to heat their homes, as applicable: thermal energy supplied within a centralised system, natural gas, electrical power or wood, coal, oil-based fuels.

The vulnerable consumers who use thermal energy supplied by a centralised heating system in order to heat their household benefit from a monthly benefit for heating provided by the state budget, in a situation when the monthly average net income per

family member amounts to up to 768 lei for families and 1082 lei for single individuals. Benefits for thermal energy are provided through a percentage-based compensation applied to the value of thermal energy used up on a monthly basis by the vulnerable consumer, within the limits of a monthly average consumption. In case of families and single individuals recipients of social benefits, this percentage-based compensation is of 100%.

Depending on the average net income per family member, the families and single individuals who are using thermal energy supplied by a centralised heating system in order to heat their households may benefit from an additional percentage-based compensation of the invoice as a form of aid received from the local budget.

The vulnerable consumers who use natural gas in order to heat their household benefit from a monthly aid for heating during the cold season of **20 lei**, if the monthly average net income per family member, respectively that of the single individual, is ranging from 540.10 lei and 615 lei or a monthly aid of **262 lei**, if the monthly average net income per family member, respectively that of the single individual, is of up to 155 lei.

The vulnerable consumers who use electrical power in order to heat their household benefit from a monthly aid for heating during the cold season of **48 lei**, if the monthly average net income per family member, respectively that of the single individual, is ranging from 540.10 lei and 615 lei or a monthly aid of **240 lei**, if the monthly average net income per family member, respectively that of the single individual, is of up to 155 lei.

Families and single individuals with low incomes who use wood, coal or oil-based fuel in order to heat their household benefit from a monthly aid for heating during the cold season of **16 lei**, if the monthly average net income per family member, respectively that of the single individual, is ranging from 540.10 lei and 615 lei or a monthly aid of **58 lei**, if the monthly average net income per family member, respectively that of the single individual, is of up to 155 lei.

The monthly average number of beneficiaries and amounts provided from the state budget in 2012-2015:

Amounts based on income testing	2012		2013		2014		2015	
	Average monthly number of beneficiaries	Amounts paid -lei-	Average monthly number of beneficiaries	Amounts paid -lei-	Average monthly number of beneficiaries	Amounts paid -lei-	Average monthly number of beneficiaries	Amounts paid -lei-
Guaranteed minimum income	192,713	414,292,262	217,109	533,372,724	240,617	662,894,250	245,545	673,411,053
Contribu	194,43	22,934,	221,331	31,201,	240,617	36,361,	255,220	37,112,8

tions to social health insurance related to the social benefit provided in order to ensure the guaranteed minimum income	7	906		084		834		69
Contributions to the mandatory household insurance for social benefits recipients	56,859	3,499,224	45,541	2,639,461	11,974	650,123	52,700	3,075,005
Family support financial allocation	301,586	216,861,399	260,416	215,061,950	247,620	260,682,745	277,624	535,518,000
Household heating benefits, among which:	1,217,116	336,598,848	1,044,746	368,459,714	1,027,950	226,603,345	692,000	197,784,075
Thermal energy	245,815	100,223,753	206,205	84,721,327	267,757	50,383,876	118,697	42,904,969
Natural gas	276,247	121,142,825	239,397	103,716,908	265,091	80,588,652	157,971	72,019,403
Electrical power	-	-	290	28,896	12,599	4,465,526	8,838	4,559,277
Wood, coal and oil-based fuels	695,054	145,232,270	598,854	179,992,583	482,503	91,165,291	406,494	78,300,426

4. Also, **emergency aid** can be provided through Government Decisions to families and individuals who find themselves in difficult situations, due to natural disasters, fires, accidents and also for any other special situations due to their health or any other reasons that might lead to a risk of social exclusion. Such emergency benefits are provided based on Law no. 416/2001 on the guaranteed minimum income.

Also, the mayors have the ability to provide other emergency benefits from local budgets to the families and individuals who find themselves in difficult situations caused by natural disasters, fires, accidents and also in any other special situations, as set out through a decision of the Local Council.

Emergency benefits	2012		2013		2014		2015	
	Total number of benefits provided	Amounts paid -lei-	Total number of benefits provided	Amounts paid -lei-	Total number of benefits provided	Amounts paid -lei-	Total number of benefits provided	Amounts paid -lei-
National budget	63	182,800	77,909	24,295,522	1,655	3,866,050	2,246	5,664,350
Local budgets	127,212	44,938,300	732	2,046,350	82,835	28,527,834	42,381	18,786,517

1. Another programme addressed to children from disadvantaged families was established by **Law no. 248/2015 on stimulating participation in preschool education of children from disadvantaged families**. The Law establishes an **education incentive in the form of social vouchers aimed at stimulating the participation of children from disadvantaged families in kindergarten** and improving their access to education. The incentive will be financed from the State budget, with appropriations from the value added tax allocated to local budgets for this purpose. These education incentives are granted to children from disadvantaged families, when the following requirements are met concurrently:

- The child is enrolled in kindergarten, according to the National Education Law no. 1/2011;
- The monthly income per family member is up to twice the guaranteed minimum income for a single person, as provided for by Law no. 416/2001 on the guaranteed minimum income, namely 284 Lei.

The nominal minimum monthly amount granted as education incentive is **50 Lei** for each entitled child enrolled in kindergarten.

It is estimated that this Law will benefit some **110,000 children**. **55.5 million Lei** were transferred from the national budget to local budgets, for the implementation of the programme.

Furthermore, the Ministry of Labour, Social Protection and Elderly has prepared further programmes to support individuals and families in difficulty, such as **Minimum Inclusion Income (MII)** that harmonises poverty fighting measures and consolidates the 3 current social assistance benefits: the **guaranteed minimum income (Law no. 416/2001)**, **family support allowance (Law no. 277/2010)** and the **home heating support (EGO no. 70/2011)**. **MII will be the main form of support for preventing and fighting poverty and the risk of social exclusion in Romania, including in poor families with children.**

MII will be granted from the national budget, as the difference between the amounts stipulated by special laws and the net family or single person income for a given period of time, for the purpose of guaranteeing a minimum income for each person in Romania. MII is intended to secure a minimum standard of living, defined by law as the limit revenue in Lei that covers the basic needs, such as food, clothes, personal hygiene and house maintenance and hygiene.

Law nr. 196/2016 regulates the Minimum Inclusion Income (MII) and provides the following:

- Establishes the minimum inclusion income, as a social assistance benefit provided to families and single persons in difficulty, for the purpose of preventing and fighting poverty and the risk of social exclusion;
- The categories of financial support comprised in the minimum inclusion income:
 - **Inclusion support (social support)**, covering the family food needs (currently regulated under the guaranteed minimum income);
 - **Support for the family with children**, covering the supplementary needs of a family bringing up children (currently regulated as family support allowance);
 - **Living support**, covering energy needs (currently regulated as house heating support).

Additionally, it includes:

- **Payment of social health insurance contributions**, a benefit currently granted to persons receiving social support;
- **Payment of the mandatory house insurance policy**, currently regulated for the home owners receiving social support;
- **Provision of emergency support** in special situations that may lead to the risk of social exclusion;
- **The income calculated in relation to the family size by using equivalent coefficients, reflecting the distribution of consumption (1 point for the first adult, 0.5 point for the other family members), thus:**

Single person	2 persons	3 persons	4 persons	5 persons
1	1.5	2	2.5	3

Currently, the equivalence scale for the guaranteed minimum income is:

Single person	2 persons	3 persons	4 persons	5 persons
1	1.8	2.5	3.1	3.7

- **Sets a single minimum threshold = 260 Lei/ adult-equivalent.** The benchmark 260 Lei amount represents the income of the poorest 10% of the citizens above the severe poverty threshold (214 Lei) and being close to absolute poverty (304 Lei). At this level, then programme meets its objective to pull 10% of the population out of severe poverty, as per the Europa 2020 Strategy;
- **Sets a single maximum threshold = 600 Lei/adult- equivalent**
- **Increases the bases for calculating the benefit, thus:**
 - **Support for families with children, from 107 to 120 Lei (+12%);**
 - **Social benefit, from 142 Lei to 260 Lei (+83%);**
 - **Wood heating, from 58 Lei to 80 Lei (+38%)** (in the case support for of municipal heating, natural gas and electricity, the existing maximum levels are maintained);
- **Income from formal sources** (wages, independent activities, agriculture) **are to be considered after a 50% deduction, but no more than 400 Lei/family,** whilst currently they are considered in full. The purpose of the deduction is to incentives participation on the labour market. Furthermore, the amount resulting from estimating agriculture income will be considered, amount that will not result in elimination form the programme by default, as the case currently is. This arrangement will, eventually, balance out the differences in approach between urban and rural areas.
- **With reference to the requirements for maintaining entitlement, the same conditions will apply as in current programmes:**
 - Requirement to show up to the employment services;
 - Requirement to not turn down job offers;
 - Requirement to not refuse enrolment in qualification / re-qualification / training programmes;
 - Requirement to attend school;
 - Requirement to do community work;
 - Prohibition to claim again within 6 months after refusing a job or qualification/ re-qualification/ training programme without good cause.
- Regarding the circuit of documents and determination of entitlement, the current arrangements are maintained with some changes, such as the information in applications being processed by the local authorities and supporting documents only being requested when the data in the application cannot be verified in other data bases. In this format, the overall right to receive MII will be determined by decision of the mayor, whilst the entitlement to one or several of the MII components and the specific amounts will be

determined by decision of the executive director of the County Agency for Payments and Social Inspection.

- Moreover, the draft law stipulates that the persons fit for work from the families receiving the minimum inclusion income will benefit from labour market inclusion measures, such as:
 - Participation in second chance type literacy programmes , including programmes delivered in the local community centres for permanent learning provided for in Article 344 of National Education Law no.1/2011, as subsequently amended and supplemented;
 - Participation in qualification / re-qualification / training programmes recommended by the territorial employment agencies;
 - Labour market counselling and guidance services;
 - Employment in social or insertion enterprises, as provided for by Law no. 219/2015 on social economy;
 - Priority employment, based on measures for temporary employment for works and activities of local interest, subsidised from the unemployment benefits budget.

This law generates the following impact:

- Introduction of a modern scheme, correlating the three existing programmes with different eligibility criteria;
- Alignment of indicators used and establishing the same type of benefit recipient - namely, the family -, unlike the three current programmes that are addressed to the family (FSA, GMI) and the household (heating allowance);
- Use of the adult-equivalent for determining the income thresholds, in compliance with the European model for distribution of consumption in the household, rather than the total household income;
- Higher benefits paid out, on average with 60%, to persons without any income, and with about 30%, to persons that have an income;
- Inclusion in the programme of employees, in order to stimulate retention on the labour market;
- Reduced differences between urban and rural areas, by considering self-consumption in subsistence farming;
- Improved targeting of the poorest persons, by reshuffling income thresholds and fairer configuration of amounts paid as social benefits;
- Strengthened pro-work component, by the introduction of financial incentives in all the MII components and keeping a share of the earned income, so that the social action changes direction from a reactive to a pro-active intervention s;
- Maintaining the measures intended to motivate children's participation in school and, thus, creating the prerequisites for acquiring an education that might afford them better access to the labour market and, implicitly, to higher standards of living;

- Simplified procedures and administrative cost-cuts, by the reduction of the number of forms and documents required;
- One monthly payment to one family. Lower administration costs, less effort, including from the beneficiary, benefits cashed in full, in one instalment only.

Moreover, the premise is set for modernising the public authorities involved and for suitably equipping town halls and the territorial/national agencies. This could be supported from European Funds.

Financial: The new programme for the minimum inclusion income (MII) will be applied from 1 April 2018.

Level of benefits

Besides the four types of social assistance benefits that persons in difficulty may be entitled to (with no or low income), the beneficiaries of social support also qualify for the free services of the soup kitchen, as provided for by Law no. 208/1997 on social canteens. Furthermore, any person that is temporarily without an income is entitled to the services of a soup kitchen for up to 90 days per year.

The social canteens are public social assistance entities, with or without legal personality, established, organised and managed by the local authorities and by private services providers. Then social canteens provide free or paid cold and warm food. They prepare and serve two meals per day per person - lunch and dinner - within the limit of the food allowance provided for by law.

According to the **Government Decision no. 903/2014** regarding the establishment of the minimum daily allowance for food for collective consumption of public and private institutions and units of social care for adults, adults with disabilities and elders, the daily food allowance for social canteens is 12 Lei, as from October 2014.

A. In compliance with the applicable regulations, a single person without income may be entitled to the following monthly benefits:

- Social support (GMI) for single persons: 142 Lei – approximately 18% of the average income per adult-equivalent, set at 86 Euros, in 2013;
- House heating support (AI) for the cold season:
 - o Wood, coal and petroleum-based fuel heating: 58 Lei (for persons on social support);
- Social canteen (CS): 12 Lei/day*30 days: 360 Lei (benefits in kind / food granted to persons in difficulty);
- (GMI) 142 Lei + (CS) 360 Lei = 502 Lei (112 Euros) – approximately 65% of the average income per adult-equivalent;
- During the cold season: 502 Lei + (AI) 58 Lei = 560 Lei (124.5 Euros) - approximately 72% of the average income per adult-equivalent.

For single persons with one child, the guaranteed minimum income is 255 Lei per month. The person may also be entitled to family support allowance (FSA) in amount of 107 Lei per month and to the education incentive (EI) in amount of 50 Lei per month.

- (GMI) 255 Lei + (CS) 360 Lei *2 persons + (FSA) 107 Lei + (EI) 50 Lei = 1.132 Lei (251 Euros/2 persons =125 Euros/person) – approximately 72% din average income per adult-equivalent)

B. According to the new provisions on the Minimum Inclusion Income (MII), a single person without income may be entitled to the following monthly benefits:

- Inclusion support (MII) for single persons aged up to 65: 260 Lei (approximately 33% of the average income per adult-equivalent, established at 86 Euros in 2013) and 300 Lei for single persons aged over 65 years (approximately 38% of the average income per adult-equivalent);
- House heating support (AL) during the cold season, for wood, coal and petroleum-based fuels: 80 Lei;
- Social canteen (CS): 12 Lei/day*30 /days: 360 Lei (benefits in kind / food granted to persons in difficulty)
- (MII) 260 Lei + (CS) 360 Lei = 620 Lei (138 Euros) – approximately 80% of the average income per adult-equivalent;
- During the cold season: 620 Lei + (AL) 80 Lei = 700 Lei (156 Euros) approximately 90% of the average income per adult-equivalent;

For single persons with one child, the inclusion income support is of 390 Lei per month. The person may also be entitled to family support allowance (AFC) in amount of 120 Lei per month, and to the education incentive (EI) in amount of 50 Lei per month.

- (MII) 390 Lei + (CS) 360 Lei *2 persons + (AFC) 120 Lei + (EI) 50 Lei = 1.280 Lei (284 Euros/2 persons =142 Euros/person) – approximately 82% of the average income per adult-equivalent).

The right to healthcare

According to **Article 224 (2) (f) of Law no. 95/2006 on healthcare reform, republished, as subsequently amended and supplemented**, the members of a family entitled to social support according to Law no. 416/2001, as subsequently amended and supplemented, shall be insured for the period they receive such support and the

health insurance contribution shall be paid from other sources. Therefore, all beneficiaries of social support have medical coverage and all the rights of any person insured in the social health insurance system, having access to emergency and specialist healthcare services.

Furthermore, according to Article 26¹ of Law no. 416/2001 on the guaranteed minimum income, as subsequently amended and supplemented: the social health insurance contribution for singles or families receiving social support is paid by the national budget, from funds allocated for this purpose by the Ministry of Labour, Social Protection and Elderly. The social health insurance contribution for singles or families receiving social support is paid by the **county agencies for payments and social inspection** and is determined by applying the percentages provided for by law on the amount of social support. Every month, the county agencies are required to pay the individual social health insurance contribution to **Single National Social Health Insurance Fund** managed by the **National Tax Administration Agency** and to submit to the same Tax Authority the records of payments made to the Single National Social Health Insurance Fund.

According to Article 224 (1) of Law no. 95/2006 on healthcare reform, reissued, as subsequently amended and supplemented, the following categories of persons are entitled to insurance, without paying the contribution:

- all children up to 18 years of age; young aged from 18 to 26, if students, including high school leavers, until the beginning of the higher education academic year, but not longer than 3 months; apprentices or students, if they are not in remunerated employment;
- young aged up to 26 **originated from the child protection system**, who are not in remunerated employment or on social benefits granted on the grounds of Law no. 416/2001 on the guaranteed minimum income, as subsequently amended and supplemented; spouse and parents without own income, dependants of an insured person;
- **persons whose entitlements are set forth by:**
 - ✓ Decree-Law no. 118/1990 on the granting of rights to persons persecuted by the dictatorship for political reasons with effect from 6 March 1945, and those deported abroad or in prison, reissued;
 - ✓ Law no. 51/1993 on the granting of rights that have been removed from magistrates court for political reasons during the years 1945-1989, as subsequently amended,
 - ✓ Government Ordinance no. 105/1999 concerning the granting of some rights to persons persecuted by the regimes instituted in Romania starting from 6 September 1940 until 6 March 1945 because of their ethnicity, approved as amended and supplemented by Law no. 189/2000, as subsequently amended and supplemented,
 - ✓ Law no. 44/1994 on war veterans, as well as certain rights of the war invalids and widows, reissued, as subsequently amended and supplemented,
 - ✓ Law no. 309/2002 on the recognition and granting of certain rights to persons who were in military service in the General Department of the

Labour Service in the period 1950 - 1961, as subsequently amended and supplemented,

- ✓ The persons provided for by Article 3 (1) b) 1 of the Law no. 341/2004 of Gratitude to the heroes-martyrs and fighters who have contributed to the Romanian Revolution of December 1989 and to persons who died or suffered from the anti-communist uprising of Braşov, in November 1987, as subsequently amended and supplemented,
if they do not receive any other income than the money entitlements granted to them by this Law;
- Disabled persons who do are not receive an income from remunerated employment, pension or other sources, except for income obtained on the grounds of Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities, reissued, as subsequently amended and supplemented;
- Sufferers form conditions covered by national health programmes established by the Ministry of Health, until the condition is healed, if they do not receive an income from remunerated employment, pension or other sources;
- Pregnant and postnatal women, if they have no income or have income below the minimum national base wages.

The right to legal remedy and support

The new Law on Social Assistance no. 292/2011 lays down the new social assistance principles and dissolves the Social Mediation Commission. According to Article 143 of Law no. 292/2011, the administrative acts issued by central and local authorities on the granting of social benefits and provision of social services may be challenged in administrative litigation, on the grounds of the Administrative Litigation Law no. 554/2004, as subsequently amended and supplemented.

Before addressing the administrative court of jurisdiction, the person that believes his rights or legitimate interests were violated by an individual administrative act should request the issuing public authority or its supervising body, if applicable, within 30 days from being notified accordingly, to cancel the act in part or in whole.

If the beneficiary of the social service deems he/she was treated unfairly in the provision of the social services to him/her, as set forth in the social services contract, he/she may address to the relevant court that has jurisdiction for settling social services litigations. The petitions to the administrative litigation court or to any other court of law requesting the settlement of litigations related to rights to or provision of social services are to be dealt with expeditiously.

At the same time, the beneficiaries may address the National Agency for Payments and Social Inspection, whose main responsibility is to inspect public and private entities that provide social assistance and services.

The Agency's goal is to manage and administer in a consistent system the social assistance benefits and other social services supported from the national budget through the Ministry of Labour, Family, Social Protection and the Elderly, carry out

assessments and monitor social services and control social assistance measures taken by central and local authorities or by other natural or juristic persons and aimed at preventing, limiting or removing the temporary or permanent effects of situations that may generate social marginalisation or exclusion of a person, family, group or community. Moreover, the Agency provides coordination, guidance and control of its territorial agencies and other subordinated entities, for the purpose of ensuring that such entities consistently comply with the applicable regulations and adequately discharge their responsibilities.

Personal scope of social protection

According to Article 4 din Law no. 292/2011, all Romanian citizens who are domiciled or resident in Romania and all citizens of European Union Member States, European Economic Area and the Swiss Confederation, **as well as foreigners and stateless persons who are domiciled or resident in Romania** are entitled to social assistance, as provided for by the Romanian laws, by the European Union Regulations and the agreements and treaties to which Romania is a party. Such persons are entitled to be informed on the contents of the social assistance activities and measures and on the means for benefiting from them. The right to social assistance is granted ex-officio or on request, as the case may be, in compliance with the applicable regulations.

Thus, all foreign citizens may be entitled to social support in Romania. The Romanian law does not require any specific time of residence in Romania, to qualify for social assistance.

Law no. 122/2006 on asylum in Romania, as subsequently amended and supplemented, establishes the legal status of aliens who are requesting a form of protection in Romania and of aliens who are beneficiaries of a form of protection in Romania. According to Article 17 (1) n¹ of Law no. 122/2006, during the asylum procedure, the alien requesting a form of protection is entitled to social assistance, as provided by the Social Assistance Law no. 292/2011, as subsequently amended.

Furthermore, according to Article 20 (1) g) of Law no. 122/2006, acknowledging refugee status or granting subsidiary protection offers the beneficiary the right to benefit from social insurance, measures of social assistance and social health insurance, under the conditions stipulated by law for Romanian citizens and to receive, upon request, a monthly non-reimbursable aid in amount not exceeding 540 Lei, for a duration of maximum 12 months, if, for objective reasons, the person in question lacks the necessary means of subsistence.

The funds required for the disbursement of such monthly aid are provided from the budget of the Ministry of Labour, Family, Social Protection and the Elderly, through the National Agency for Payments and Social Inspection and the county agencies for payments and social inspection.

Paragraph 2

No new legislative evolutions took place in the reference period.

Paragraph 3

The relevant regulations include:

1. **Law no. 116/2002** on preventing and fighting social marginalisation;
2. **Law no. 292/2011** on social assistance;
3. **Law no. 68/2003** on social services, as subsequently amended and supplemented;
4. **Government Decision no. 978/2015** approving the minimum standards cost for social services and the minimum monthly income per family member based on which the monthly fee payable by the relatives of the elderly in nursing homes;
5. **Government Decision no. 867/2015** approving the list of social services and the framework rules for the organisation and operation of social services.

According to **Law no. 116/2002 on the control and prevention of social exclusion**, local councils, through their specialised units, are required to provide free counselling services to potential beneficiaries of this law.

In the period 2012 - 2014, free counselling was provided, thus (no data yet available for 2015):

Year	No. of counselled persons	No. of counselled families ¹⁵
2012	43,156	72,512
2013	56,422	86,734
2014	36,751	79,736

At the same time, Law no.116/2002 and its Enforcement Rules set forth the following measures aimed at supporting marginalised persons: career counselling, employment mediation and placement for young aged 16 to 25, through customised social support provided by specialists from the National Employment Agency.

The main tool for the provision of personalised social support to young in difficulty and facing the risk of labour market exclusion is the solidarity agreement made between the young who meet the requirements of Law no.116/2002 and the County and Bucharest agencies for employment. Based on this contract, the agencies undertake to provide employment mediation and counselling services to the young, to identify insertion employers and inform them on the incentives provided by law for the employment of young confronted with the risk of labour market exclusion.

- Thus, in **2012**, **1408 disadvantaged persons** received **employment mediation and counselling**, **1346** solidarity agreements were made and **649** insertion employers were identified.

The **1346 solidarity agreements** were entered into with the following categories of beneficiaries:

- **167** young from placement centres and child care centres of the specialised public services and authorised child protection organisations (12.4 %);
- **69** single young parents (5.1 %);
- **327** young married persons with children (24.3 %);
- **249** young married persons without children (18.5 %);
- **1** young married person who had served a prison sentence (0.1%);

¹⁵ Art. 16 - Information on family counselling services

- **533** persons from other categories of young in difficulty (39.6 %).

Of the **1,346** persons with whom the agencies made solidarity agreements, **1221** persons were employed, of whom **1013** on fixed term contracts and **208** on permanent contracts.

- In **2013**, **1226** disadvantaged persons received employment mediation and counselling, **958** solidarity agreements were made and **360** insertion employers were identified.

Also, **894** young under solidarity agreements with employment agencies were employed, either during the reporting year or in the previous one.

The **958** solidarity agreements were entered into with the following categories of beneficiaries:

- **74** young from placement centres and child care centres of the specialised public services and authorised child protection organisations (7.7 %);
- **62** single young parents (6.5 %);
- **125** young married persons with children (13 %);
- **99** young married persons without children (10.3 %);
- **598** persons from other categories of young in difficulty (62.4 %).

Out of the total number of **894** persons employed in 2013, **836** persons were employed on fixed term contracts and **58** persons on permanent contracts.

- In **2014**, **630** disadvantaged persons received employment mediation and counselling, **564** solidarity agreements were made and **268** insertion employers were identified.

As a result of the **564** solidarity agreements made in 2014, **420** were employed, of which **283** persons on fixed term contracts and **137** persons on permanent contracts.

The **420** persons employed belong to the following categories of beneficiaries:

- **103** young in or from the child protection system (24.5 %),
- **26** young with disabilities 6.2 %);
- **163** young without families or whose families cannot support them (38.8%);
- **124** with dependent children (29.5 %);
- **4** who served terms in prison (1 %).

Total costs of counselling services

The total costs for providing the counselling services are calculated based on cost standards used for determining the required current expenditure of social services organised and delivered by local public providers and for the appropriation of money from the central budget to local budgets.

The cost standards are one of the criteria based on which the public social services providers contract such services with private providers or with other public providers, as the case may be.

The minimum cost standard represents the minimum annual expenditure required for the provision of social services, calculated at national level for a type of

beneficiary/social service, according to the minimal quality standards applicable for the social service in question.

The **Government Decision no. 23/2010** approving standard costs for social services was adopted in 2010. **Government Decision no. 978/2015** approving the minimum cost standards for social services and the minimum monthly income per family member upgraded the cost standards and introduced new standards, thus:

1. Minimal cost standard for services targeted at children placed into maternal assistants' care

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children placed with maternal assistants with one child	21,456
Children placed with maternal assistants with two children	12,025
Children placed with maternal assistants with three children	8,075

2. Minimal cost standard for services targeted at disabled children placed into maternal assistants' care

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children placed with maternal assistants with one child	25,486
Children placed with maternal assistants with two or more children	16,056

3. Minimal cost standard for residential services targeted at children:

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children placed in placement centres	28,847
Children placed in family-type households	25,955
Children placed in individual apartments	24,602

4. Minimal cost standard for residential services targeted at disabled children:

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children placed in placement centres	39,078
Children placed in family-type households	33,955
Children placed in individual apartments	28,332

5. Minimal cost standard for emergency reception centres and other residential services

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-

Children placed in emergency reception centres, night shelter for the homeless, children who have committed criminal offences without criminal liability etc.	40,173
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6. Minimal cost standard for maternal centres

BENEFICIARY CATEGORY	Minimal cost standard/year/beneficiary -lei-
Mothers with one child	45,931
Mothers with two children	41,155
Mothers with three children	39,561

7. Minimal cost standard for day-care centres

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children benefiting from day-care centres services	11,283

8. Minimal cost standard for recovery centres

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children benefiting from recovery centres services	14,313

9. Minimal cost standard for counselling centres and other daytime care services, others than those included under section 7 and 8 above

CHILDREN CATEGORY	Minimal cost standard/year/beneficiary -lei-
Children benefiting for counselling centres and other daytime care services, others than those included under section 7 and 8 above	2,600

10. Minimal cost standard for the care and assistance centre for disabled adults

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Care and assistance centre	33,827.50

11. Minimal cost standard for the recovery and rehabilitation centre for disabled adults

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
a) Centre for recovery and rehabilitation	35,920.11
a) Centre for neuropsychiatric recovery and rehabilitation	37,870.40

12. Minimal standard cost for the integration centre through occupational therapy

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Integration centre through occupational therapy	27,281.54

13. Minimal cost standard for pilot centre for recovery and rehabilitation

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Pilot centre for recovery and rehabilitation	39,026.69

14. Minimal standard cost for the training centre for an independent life

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Training centre for an independent life	30,332.50

15. Minimal cost standard for protected households

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Protected household Minimum protected households Medium protected households Maximum protected households	21,609.41

16. Minimal cost standard for the “Respiro” centre

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
“Respiro” centre	24,745.59

17. Minimal cost standard for the crisis centre

Type of public residential service	Minimal cost standard/year/beneficiary -lei-
Crisis centre	19,654.21

18. Minimal cost standard for day-time centres

Type of alternative (day-time) public service	Minimal cost standard/year/beneficiary -lei-
Day-time centres (recovery and rehabilitation, occupational therapy, complementing therapies, counselling, vocational guidance, others) (CZ, CPO, CC, others)	19,402.07

19. Minimal cost standard for outpatient care centres providing neuromotor recovery services

Type of alternative (day-time) public service	Minimal cost standard/year/beneficiary -lei-
Outpatient care centres providing neuromotor recovery services	8,723.20

20. Minimal cost standard for home-based services (specialised home-based care, mobile team - for a maximum of 40 hours/week)

Type of alternative (day-time) public service	Minimal cost standard/year/beneficiary -lei-
Home-based services (specialised home-based care)	23,814.00
Home-based services (specialised home-based care including catering)	29,873.00

21. Minimal cost standard for services aimed at disabled adults who benefit from care and protection of a professional personal assistant

Type of alternative public service	Minimal cost standard/year/beneficiary -lei-
Professional personal assistant for one adult	30,321.50
Professional personal assistant for two adults	22,446.56
Professional personal assistant for one adult with HIV/AIDS infection	31,896.56

22. Minimal cost standard/year for residential social services for the elderly

Type of service	Minimal cost standard/year/beneficiary -lei-
Nursing home for the elderly	23,784

23. Minimal cost standard/year for home-based personal care services, aimed at the elderly included in the categories of dependency IA, IB and IC, according to the National Assessment Grid for elderly needs approved through Government Decision no. 886/2000

Type of activities	Number of hours of professional care received at home	Minimal cost standard/year -lei-
Support delivered in order to achieve mainly the basic activities of daily life, according to the provisions of the Law on social care no. 292/2011: ensuring personal hygiene, dressing and undressing, feeding and hydration, ensuring human waste hygiene, transfer and mobilization, in-house movement, communication;	at least 20 hours a week, with a cost of 15 lei/hour	15,600
support delivered in order to achieve instrumental activities of daily life, according to the provisions of the Law on social care		

no. 292/2011: cooking, shopping, laundry and cleaning, facilitation of travel outside the household, asset management and administration, companionship and socializing		
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24. Minimal cost standard/year for home-based personal care services, aimed at the elderly included in the categories of dependency IIA, IIB and IIC, according to the National Assessment Grid for elderly needs approved through Government Decision no. 886/2000

Type of activities	Number of hours of professional care received at home	Minimal cost standard/year -lei-
Support delivered in order to achieve mainly the basic activities of daily life, according to the provisions of the Law on social care no. 292/2011: ensuring personal hygiene, dressing and undressing, feeding and hydration, ensuring human waste hygiene, transfer and mobilization, in-house movement, communication;	at least 10 hours a week and less than 20 hours, with a cost of 15 lei/hour	11,700
support delivered in order to achieve instrumental activities of daily life, according to the provisions of the Law on social care no. 292/2011: cooking, shopping, laundry and cleaning, facilitation of travel outside the household, asset management and administration, companionship and socializing		

25. Minimal cost standard/year for home-based personal care services, aimed at the elderly included in the category of dependency IIIA, according to the National Assessment Grid for elderly needs approved through Government Decision no. 886/2000

Type of activities	Number of hours of professional care received at home	Minimal cost standard/year -lei-

Support delivered in order to achieve instrumental activities of daily life, according to the provisions of the Law on social care no. 292/2011: cooking, shopping, laundry and cleaning, facilitation of travel outside the household, asset management and administration, companionship and socializing	less than 10 hours a week, with a cost of 15 lei/hour	7,800
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26. Social services aimed at victims of domestic violence

-lei-

Type of service	Minimal cost standard/year/beneficiary
Emergency centre (shelter)	16,570
Recovery centre for victims of domestic violence	16,570

27. Social services aimed at aggressors

-Lei-

Type of service	Minimal cost standard/year/beneficiary
Assistance centres for the aggressors	6,599

National Regulations

- Law no.360/2003 on the regime of hazardous chemical substances and preparations
- Government Decision no. 882/2007 on the designation of competent authorities for the implementation of Regulation (EC) no. 1907/2006/EC of the European Parliament and of the Council concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC - *repealed by Law no.249 amending Article 4 of Law no. 349/2007*
- Law no.349/2007 on the reorganization of the institutional framework in the field of chemical substances management
- Law no.249/2011 amending Article 4 of Law no.349/2007 on the reorganization of the institutional framework in the field of chemical substances management
- Government Decision no. 477/2009 regarding the establishment of the applicable penalties for breaking the Regulation no. 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorization and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC
- Law no.254/2011 amending Article 26 of Law no.360/2003 on the regime of hazardous chemical substances and preparations
- Government Decision no.662/2011 repelling Government Decision no. 347/2003 restricting the marketing and use of certain hazardous chemical substances and preparations
- Expeditious Ordinance no.60/2013 supplementing Article 4 (1) of Law no. 349/2007 on the reorganization of the institutional framework in the field of chemical substances management
- Order no. M.108/2013 approving the Enforcement Rules on exemptions provided by Articles 2 and 3 supplementing Article 4 (1) of Regulation (EC) no. 1.907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorization and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC.
- *Law no. 176 of 16 December 2014* for the ratification of the Minamata Convention on Mercury, open for signature and signed by Romania at Kumamoto, on the 10th of October 2013.
- *Decision no. 1079 of 26 October 2011* amending and supplementing Government Decision no. 1.132/2008 on the regime of batteries and accumulators and waste batteries and accumulators.
- *Decision no. 654 of 4 July 2012* laying down measures for the implementation of Regulation (EC) no. 1.102/2008 of the European Parliament and of the Council of 22

October 2008 on the banning of exports of metallic mercury and certain mercury compounds and mixtures and the safe storage of metallic mercury.

- *Order no. 556/435/191 of 5 June 2006* on the specific marking of the electric and electronic equipment launched on the market after 31st December 2006.
- *Government Decision no. 1132/2008* (18.09.2008) on the regime of batteries and accumulators and waste batteries and accumulators (OJ no.667/25.09.2008).
- *Law no.252/2011* approving the Government Ordinance no. 9/2011 laying down certain measures for the implementation of Regulation (EC) no. 1.005/2009 of the European Parliament and of the Council of 16 September 2009 on substances that deplete the ozone layer, and repealing Government Ordinance no. 89/1999 on the commercial regime and introduction of restrictions in utilization of halogen hydrocarbons which are destroying the ozone layer.
- *Ordinance no.24/2000* (27 January 2000) (OJ no.38/29.01.2000) for then acceptance of the Amendment to the Montreal Protocol on ozone depleting substances, adopted in Copenhagen, on 25 November 1992
- *Order no.95/2005* (12.02.2005) laying down criteria acceptance criteria and preliminary procedures for the acceptance of waste storage and the national list of waste accepted in each class of landfill (OJ no. 194/8.03.2005)
- *Order of MEWM no. 108/2005* (16.02.2005) on methods for collection of samples and determining asbestos in the environment (OJ no. 217/15.03.2005) - transposes the Annex to Directive 87/217/CEE - "According to Annex 2 , Point II to the Order of MEWM no.108/2005 - Fibres counting method - the concentration of asbestos emissions in the air can also be measured using the fibres counting method, as laid down by the Joint Order of the Minister of Labour and Social Solidarity and the Minister of Health and Family no. 508/933/2002 approving the General health and safety rules, published in the Official Journal of Romania, Part I, no. 880 of 6 December 2002, and in the Order of the Minister of Labour and Social Solidarity no. 389/1996 approving the specific health and safety Rules for working with asbestos, published in the Official Journal of Romania, Part I, no. 222 of 17 September 1996, transposing Council Directive 83/477/CEE (including the amendment brought by Directive 91/382/CEE) on the protection of workers from the risks related to exposure to asbestos at work."
- *Law no. 95/2006* on healthcare reform in Romania, reissued, as subsequently amended and supplemented (the initial version was published in the Official Journal no. 372 of 28 April 2006; the reissued version was published in the Official Journal no. 652 of 28 August 2015)
- *Government Decision no. 1389/2010* approving the Framework Agreement on the conditions for granting medical assistance within the health insurance system for the years 2011-2012 (published in the Official Journal no. 895 of 30 December 2010), applicable between 1 June 2011 and 31 March 2013,
- *Government Decision no. 117/2013* approving the Framework Agreement on the conditions for granting medical assistance within the health insurance system for the years 2013 - 2014, (published in the Official Journal no. 166 of 28 March 2013), applicable between 1 April 2013 and 31 May 2014.
- *Government Decision no. 400/2014* approving the packages of services and the Framework Agreement on the conditions of granting medical assistance within the health insurance

system for the years 2014 - 2015, (published in the Official Journal no. 366 din 19 May 2014), applicable between 1 June 2014 and 30 June 2016.

- Joint Order of the Minister of Health and the President of the National Health Insurance House no. 1723/950/ 2011 approving the Enforcement Rules for 2012 of the Framework Agreement on the conditions for granting medical assistance within the health insurance system for the years 2011 - 2012, approved by the Government Decision no. 1.389/2010 (published in the Official Journal no. 922 and 922 bis of 27 December 2011), applicable between 1 January 2012 and 31 March 2013.
- Joint Order of the Minister of Health and the President of the National Health Insurance House no. 423/191/2013 approving the Enforcement Rules for 2013 of the Framework Agreement on the conditions for granting medical assistance within the health insurance system for the years 2013 - 2014, (published in the Official Journal no. 174 and 174 bis of 29 March 2013), applicable between 1 April 2013 and 31 May 2014.
- Joint Order of the Minister of Health and the President of the National Health Insurance House no. 619/360/2014 approving the Enforcement Rules for 2014 of the Government Decision no. 400/2014 approving the packages of services and the Framework Agreement on the conditions of granting medical assistance within the health insurance system for the years 2014 - 2015, (published in the Official Journal no. 403 and 403 bis of 30 May 2014), applicable between 1 June 2014 and 31 March 2015.
- Joint Order of the Minister of Health and the President of the National Health Insurance House no. 388/186/2015 approving the Enforcement Rules for 2015 of the Government Decision no. 400/2014 approving the packages of services and the Framework Agreement on the conditions of granting medical assistance within the health insurance system for the years 2014 - 2015, as subsequently amended and supplemented (published in the Official Journal no. 220 bis of 1 April 2015), applicable between 1 April 2015 and 30 June 2016.
- Law no. 487/2002 on mental health and protection of people with mental disorders, reissued (the initial version was published in the Official Journal no. 589 of 8 August 2002; the reissued version was published in the OJ 652 of 13 September 2012).

Article 7 - The right of children and young persons to protection

Paragraph 1 - Prohibition of employment under the age of 15

Concerning the provision of profit-making activities by children in the cultural, artistic, sports, advertising and modelling fields, Government Decision no. 75/2015 was adopted and published in the Official Journal no. 115 of 13 February 2015, an act that regulates these areas.

Thus, Art. 2 of the above-mentioned act provides:

“(1) A child may carry out remunerated activities in the areas listed at Art. 1 based on contracts made between the organiser and the child’s parents/legal representative, as the case may be, or directly with the child, in the case of children above 14 years of age, with the prior approval of parents/legal representative.

(2) The contract shall be made in compliance with Law no. 287/2009 on the Civil Code, reissued, as subsequently amended.

(3) Remunerated activities carried out in the areas listed under Art. 1 may be provided by children as:

a) actor, extra, singer, musician, dancer, acrobat in cultural, educational or artistic events, such as: theatre, opera, ballet, circus, dance, music or performing contests, as well as any other stage contests or performances;

b) actor, extra, singer, musician, dancer, acrobat or model in shootings for feature films, shootings, recordings or live radio or television shows, with or without advertising purpose;

c) extra or model at photo shoots, with or without advertising purpose;

d) extra or model in fashion shows;

e) professional sportsman in performance sports.

(4) Rehearsals of any kind and any other activities meant to ensure the good performance of the activities listed under Para. (3) are considered as integrant part of such activities.

(5) From the minimum employment age, for any of the activities provided under Para. (3), children may enter individual employment agreements, in compliance with Law no. 53/2003 - Labour Code, reissued, as subsequently amended and supplemented.”

According to Art. 17 (3) of GD no. 75/2015, the persons designated by the Director of the General Social Assistance and Child Protection Department from the County or Sector of the City of Bucharest where the activity in question is performed are tasked with identifying irregularities and issuing sanctions, and the Labour Inspectorate does not have jurisdiction to verify the compliance with this act.

The Labour Inspectorate verifies the implementation of legal measures for the protection of children who work based on an individual employment agreement or based on another legal employment relation instrument, in particular through national campaigns organised for various areas of occupation and aimed at identifying illegal employment cases.

Thus, between January 2012 and 31 December 2015, the inspections on employment relations resulted in the following outcomes:

Item	INDICATORS	2012	2013	2014	2015
0	1	3	4	5	6
1	No. of inspections carried out	105,063	100,457	130,720	72,882

2	No. of employees in the inspected companies, TOTAL , of which:	4,035,739	3,933,668	4,0399,957	3,414,473
a	- women :	1,802,126	1,713,113	1,836,910	1,593,169
b	- young below 18 years of age, aged 15 - 18	3,519	1547	1,728	2,693
3	Total no. of employers sanctioned for employment relations	47,169	34,007	25,63	18,145
4	No. of employers sanctioned for illegal employment, TOTAL Of which:	5,575	5,203	4,226	3,072
a	- for employing young aged 15 to 18 without legal papers	70	61	57	66
5	No. of persons identified to be working without legal papers, TOTAL : Of which:	14,326	1,5761	14,096	10,332
a	- women	4,826	5,659	5,480	2,559
b	- young below 18 years of age	97	166	71	102
6.	No. acts incriminated in the updated Labour Code for employing more than 5 persons without individual employment agreements	405	438	333	273
7.	No. acts incriminated in the updated Labour Code for employing minors, in violation of legal age or working hours requirements for minors	72	37	25	60

When it is deemed that the act was committed in such circumstances as to be incriminated by the criminal law, the employment inspectors notify the criminal prosecution services of jurisdiction.

In terms of data on young people carrying out unremunerated, freelance or household (domestic) work, since no employment relations exist, as defined by the law, the Labour Inspectorate does not have any such information, and has no authority to verify the manner in which such activities are performed.

In such cases, the employment inspectors notify the relevant authorities (National Authority for Child Protection and Adoption; the Police).

Article 7 - The right of children and young persons to protection

Paragraph 6 - Time spent in vocational training treated as part of the working day

Law no. 53/2003 - Labour Code, reissued, amended and supplemented, regulates general aspects of training (Art. 192 and following), instating employers' obligation to provide training programmes to all employees.

„ART. 194

(1) An employer shall ensure the participation of every employee to vocational training, as follows:

- a) at least once every two years, when it has at least 21 employees;
- b) at least once every three years, when it has less than 21 employees.

(2) The expenses related to the vocational training, provided under the terms in paragraph (1), shall be borne by the employers.

ART. 195

(1) An employer that is a legal person with more than 20 employees shall develop and apply annual vocational training plans, after consulting the trade union or, as the case may be, the representatives of the employees.

(2) The vocational training plan prepared according to the provisions in paragraph (1) shall be annexed to the collective labour agreement concluded at organization level.

(3) The employees shall have the right to be notified of the content of the vocational training plan.

ART. 196

(1) The participation to the vocational training may take place on either employer's or employee's initiative.

(2) The actual vocational training method, the rights and obligations of the parties, the length of the vocational training, and any other issues related to the vocational training, including the contractual obligations of the employee in relation to the employer bearing the vocational training expenses shall be agreed upon by the parties and shall be included in addenda to the individual employment contracts.

ART. 197

(1) When the participation to the vocational training courses or internships has been initiated by the employer, all expenses generated by such participation shall be borne by it.

(2) When, under the conditions provided for in paragraph (1), the participation to the vocational training courses or internships requires the partial removal from the field, the participating employee shall enjoy pecuniary rights.

(3) During the suspension of the individual employment contract under the conditions provided for in paragraph (1), the employee shall enjoy length of service at that workplace, and that period shall be considered period of contribution to the public social security system.

ART. 199

(1) If the employee initiates the participation to a vocational training form involving the removal from the field, the employer shall analyse the request of the employee, together with the trade union or, as the case may be, the representatives of the employees.

(2) The employer shall decide as regards the request of the employee under paragraph (1) within 15 days from its submission. Meanwhile, the employer shall decide on the employee participation to the vocational training form, choosing whether to fully or partially bear the costs.

ART. 200

The employees having concluded an addendum to the individual employment contract regarding the vocational training may receive, besides the wage corresponding to the workplace, other benefits in kind for vocational training."

On the other hand, Art. 157 of the Labour Code provides that should the employer fail to fulfil its obligation to ensure on its account the participation of an employee to vocational training under the terms of the law, the employee shall be entitled to a vocational training leave, paid by the employer, of up to 10 working days or up to 80 hours. In such a case, the leave benefit shall be laid down according to Article 150 of the same Law.

Article 7 - The right of children and young persons to protection

Paragraph 7 - Paid annual leave

From the time of the latest National Report on the implementation of the revised European Social Charter, CHAPTER III - Leaves of Law no. 53/2003 - Labour Code, reissued, amended and supplemented, was amended and supplemented.

Thus, Paragraphs 5 and 6 were added to Art. 145 of Law no. 12/2015, published in the Official Journal no. 52 of 22 January 2015, reading:

“(5) Where temporary incapacity, maternity leave, maternal risk leave or sick child leave occurs during the annual statutory leave, the latter is stayed and the employee is to take the remaining days of statutory leave after the situation of temporary incapacity, maternity leave, maternal risk leave or sick child leave ceases, and when this is not possible, the remaining statutory leave days are to be rescheduled.”

(6) The employee is entitled to annual statutory paid leave also when the temporary incapacity persists, as provided for by law, for the entire duration of a calendar year, the employer being required to grant the annual statutory leave within 18 months starting with the year following that when the employee was on medical leave.”

We point out that temporary incapacity to work, maternity leave and maternal risk leave occurred/taken during the annual statutory leave stay the statutory leave by law, and the sick child leave taken during the annual statutory leave stays the statutory leave by request of the employee.

With regard to the provisions of Art. 151 Para. 1 of the Labour Code, we point out that the labour laws do not explicitly define “objective reasons” nor the circumstances under which and for how long may the statutory leave be stayed / discontinued on at the request of the employee.

However, legal provisions exist that, when corroborated, may lead to the identification of the objective reasons for which the statutory leave may be stayed, on request.

For instance, Art. 152 of Law no. 53/2003 - Labour Code, reissued, amended and supplemented, indicates:

- Para. 1 **“In case of extraordinary family events**, the employees shall have the right to paid days off, not included in the length of the leave.”

- Para. 2 **“The extraordinary family events and the number of paid days off shall be laid down by law, applicable collective labour agreement or rules of procedure”.**

From among the extraordinary family events for which, on demand, the employees are entitled to paid days off we mention:

- paternal leave, to which the new born baby’s father is entitled to (5 working days) - Law no. 210/1999 on paternal leave;

- employee’s marriage - 5 days (GD 250/1992, reissued, on annual leave and other leave of employees of public administration, specific government business enterprises particularly and budget-funded services);

- birth or marriage of a child - 3 days (GD 250/1992, reissued);

- death of employee’s spouse or next of kin to the 2nd degree - 3 days (GD 250/1992, reissued).

As part of the employment relations inspection missions, the Labour Inspectorate also verifies employers’ compliance with the regulations on annual statutory leave entitlements, including in the case of young workers.

Also, our agency carries out campaign-type inspections aimed at verifying observance of legal provisions on working time, including statutory leave.

The employment laws do not provide any misdemeanour (civil) sanctions for failure to comply with the provisions on annual statutory leave. However, in order to correct the irregularities

found, mandatory actions are ordered, with specific implementation deadlines. When the employer fails to implement the actions ordered by the employment inspectors, civil sanctions are applied, according to the provisions of Art. 23 (1) b) of Law no. 108/1999 on the establishment and organisation of the Labour Inspectorate, reissued, amended and supplemented.

Article 8 - The right of employed women to protection of maternity

Paragraph 2 - Unlawful dismissal during maternity leave

Compensations/reparations in case of unlawful dismissal

According to the provisions of Art. 67 din Law no. 53/2003 - Labour Code, reissued, as subsequently amended and supplemented, the employees dismissed for reasons not related to their person may enjoy compensations under the terms of the law and the applicable collective labour agreement.

Art. 87 (1) of the Labour Code states the following: *“As regards the employment and working conditions, the employees with an individual employment contract of limited duration shall not be treated less favourably than the similar permanent employees, just based on the duration of the individual employment contract, except for the cases where the differentiated treatment is justified on objective reasons.”*

Considering the above-mentioned legal provisions, we can conclude that women employed in the public sector, both with indefinite and fixed-term individual employment contracts, may be entitled to compensation under the provisions of the law and the collective bargain agreement, if and when they are dismissed.

Furthermore, according to Art. 60 (1) c) and d) of Law no. 53/2003 - Labour Code, reissued, amended and supplemented, the dismissal of employees may not be decided during the pregnancy of the employ nor during the maternity leave.

According to the provisions of Art. 78 of the Labour Code, a dismissal decided in violation of the procedure provided for in the law is be null and void.

If the dismissal was groundless or illegal, the court shall order its cancellation and shall demand the employer to compensate the employee with an amount equal to the indexed, increased and updated wages and other rights the employee would have benefited from (Art. 80 (1) of the Labour Code).

We believe that it is necessary to point out that, according to Art. 266 of Law no. 53/2003 (Labour Code), reissued, as subsequently amended and supplemented, the purpose of the labour jurisdiction is the resolution of the labour disputes regarding the conclusion, performance, amendment, suspension and cessation of the individual employment contracts (...), and according to Art. 269 (1) of the Labour Code, reissued, the courts established according to the Code of Civil Procedure are competent for the trial of the labour disputes.

Thus, dismissed employees may file a lawsuit with the court of law of jurisdiction in the area where they reside.

According to Art. 268 Para. 1 lit. a) of the Labour Code, requests to settle a labour dispute may be submitted within 30 calendar days from the notification of the unilateral decision of the employer regarding the cessation of the individual employment contract.

Article 16

Families' right to housing

On the existence of protection measures in case of eviction from unlawfully used or occupied property and deadlines for notification of eviction
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The actions of the Romanian Gendarmerie staff are governed by the principles of legality, necessity and proportionality, the institution being a guarantor of the rights and liberties of all Romanian citizens.

With respect to legal protective measures against forced eviction, Art. 659 (1) of the Code of Criminal Procedure states that „in the cases provided for by law, and when the court bailiff deems necessary, the police, gendarmerie and other law enforcement agencies, as applicable, are required to support the prompt and effective implementation of any enforcement orders, without requesting payment of any money or other consideration”. Paragraph 3 of Article 659 states that “law enforcement officers may not refuse to support forced eviction on the grounds of existence of impediments of any nature, the court bailiff being solely responsible for not enforcing the order, as provided for by law.”

To conclude, the entire responsibility for the enforcement lies with the court bailiff. Thus, according to the provisions of Article 2 of Law no. 550 of 29 November 2004 on the organisation and operation of the Romanian Gendarmerie, this agency operates in the interest of the citizens and communities, and in support of the state institutions, exclusively in compliance with and for the implementation of the law.”

The civil law - New Code of Civil Procedure (NCCP) (Law no. 134/2010, as subsequently amended; hereinafter referred to as NCCP) - instates a new special procedure: eviction from property occupied without title.

The above-mentioned special eviction procedure may, on one hand, concern the *former tenant*, who used the property based on a title, or, on the other hand, *the individual who occupies the property without title*, the common factor being the unlawful use/occupation of the property whose eviction was requested. The term “occupier” is defined in the NCCP, thus:

“The occupier shall be defined as any person, other than the property owner or tenant, who occupies the property in fact, with or without the owner’s permission or consent” - Art. 1.034 Para. (2) e) NCCP.

Therefore, the scope of the procedure covers varied situations that may occur in practice: on one hand, situations where the person to be evicted occupied the property legally, on grounds of a title granting him/her a right to use the property (yet such right has now terminated) and, on the other hand, the situation whereby the person to be evicted occupies the property without any title.

The special eviction procedure is jurisdictional. In fact, in the case of tenants, the New Civil Code in its Article 1.831 (1), lays down the rule according to which eviction may only be carried out based on a court order, unless otherwise provided for by law.

The following *specifics* of the *special eviction procedure* should be mentioned:

- as a rule, the application for an eviction order is judged *with the parties summoned*; as an exception, considering certain particularities of the application, it may be judged without summoning the parties, in case the eviction for failure to pay rent or lease is requested based on a contract that is enforceable title for such payments, according to the law [Art. 1.042 (1) NCCP];
- the eviction application is judged with *celerity*, according to Art. 1.042 (2) NCCP;
- the eviction order *may be appealed against* [Art. 1.042 (5) NCCP], a common means of remedy under the civil law, which may be exercised for any dissatisfaction with the ruling of the first court;
- the stakeholders may *challenge the enforcement* of the eviction order in court, in compliance with the law (Art. 1.044 NCCP);
- the *stay of the eviction order is more restrictive*, in consideration of the particular legal status or then person to be evicted: a person that occupies the property in question without a title.

To give the persons in question the chance to evict the occupied property voluntarily, court ordered eviction is preceded by a *prior procedure*, provided for in Art. 1.038 and 1.039 NCCP, whereby *the former tenant/occupier is notified*. These articles stipulate different deadlines for the notification of eviction, in consideration of the *different legal status* of the persons to be evicted under the special procedure:

- whilst the notice served to a former tenant to vacate and hand over the property provides a longer term for compliance [see, for instance, Art. 1.038 (1) NCCP - *not more than 30 days from the date of the notice*], the occupier is required to vacate the property *within 5 days from being served the eviction notice* [Art. 1.039 NCCP];

- for humanitarian and social protection reasons, Art. 896 NCCP - but also Art. 578 of the Former Code of Civil Procedure - instate(d) *a ban on eviction from property used as dwelling in the period from December 1st to March 1st*; on the other hand, this protection measure is not applicable: when the debtor cannot demonstrate that, for the purpose of the housing regulations, he/she and his/her family do not have a suitable dwelling or if the debtor and his/her family have another adequate dwelling where they could move forthwith; in the eviction of persons occupying a property abusively, in fact, without any title, and of persons who have been evicted for endangering cohabitation relations or are a serious public nuisance;

Also depending on the legal status of evicted persons (irrespective of the procedure applied - special or common), the lawmakers instated a number of protective measures for such persons [*in the case of tenants evicted/to be evicted from property nationalised by the Romanian State and now returned to their rightful owners by way of administrative/judicial decisions*, see, for instance: Expeditious Ordinance no. 40/1999 of the Government on the protection of tenants and determination of rent for premises used as dwellings, as subsequently amended; Expeditious Ordinance no. 68/2006 of the Government instating measures for the encouragement of housing developments in national programmes; Expeditious Ordinance no. 74/2007 of the Government on the provision of social housing premises intended for tenants who are or will be evicted from property returned to former owners, as subsequently amended; *regarding the persons or families whose economic standing does not allow them to buy or rent a dwelling at market prices*, see, for example: Housing Law no. 114/1996, as subsequently amended; Law no. 152/1998 on the establishment of the National Housing Agency.

To conclude, judicial assessment is of such nature as to provide adequate procedural guarantees of the fundamental right to an equitable trial. On the other hand, at the end of the day, the outcome of this judicial procedure ensures the protection of the right to ownership (public or private) itself, guaranteed by the Constitution. Thus, social protection of evicted persons is provided through a wide range of measures, such as the above-mentioned ones. At the same time, the notification deadlines stipulated by the NCCP are such as to ensure adequate protection of evicted persons.

With regard to the provision of legal support in such cases, we point out that Article 90 of the NCCP stipulates that persons who *do not have the means to cover the cost of starting and complete a civil lawsuit without jeopardising their own or their family livelihood, may be receive legal assistance, under the special law on public legal support*. Such support may be provided at any moment during the lawsuit, in whole or in part. Legal support includes:

- exemption, discounts, instalment payment or postponement of payment of legal fees required by law;
- free of charge legal defence and assistance by Bar-appointed lawyer;
- any other means provided for by law.

The special provisions on the granting of legal support are included in the Expeditious Ordinance no. 51/2008 on public legal support in civil matters. Legal support is granted to evicted persons in compliance with the entitlement conditions stipulated under Art. 8 and Art. 8¹ of the above-mentioned EOoG.

Regarding the requirement to consult the parties with a view to identifying alternative solutions to eviction, in relation to the jurisdictional procedure, the provisions on mediation are applicable.

According to Art. 1 of Law 192/2006 on mediation and organisation of the mediator profession, mediation represents *a manner of amicably settling conflicts / disputes, with the support of a third person specialized as a mediator, under neutrality, impartiality and confidentiality conditions and based on the free consent of the involved parties. It is based on the trust parties invest in the mediator, as the person capable to facilitate negotiations among them and to support the same for conflict settlement purposes, by mutually reaching a convenient, efficient and sustainable solution.*

Art. 43 (2¹) of the same Law provides that in civil and commercial matters, *the parties can try to settle the existing conflict / dispute by mediation, before bringing the case to justice / trial.*

Art. 21 of the NCCP stipulates that the judge is to recommend the parties to settle the dispute amicably, through mediation, according to the special law (namely, Law 192/2006). Throughout the lawsuit, the judge shall attempt to conciliate the parties, providing them with guidance, according to the law. Furthermore, Art. 227 of the NCCP stipulates that the judge may invite the parties to an information meeting on the advantages of mediation. When deemed necessary, considering the circumstances of the case, the judge shall recommend the parties to go for mediation, with a view to settling the dispute amicably, at any stage of the civil lawsuit. However, mediation is not mandatory for the parties. When the judge recommends mediation, the parties shall go to the mediator for receiving information on the advantages of mediation. After being informed, the parties shall decide whether they accept or not to settle the dispute by mediation.

Also, for legal provisions on social protection measures alternative to eviction, see, for instance, Housing Law no. 114/1996, as subsequently amended.

Family counselling services

According to the provisions of **Law no.116/2002 on the prevention and fighting of social exclusion**, Local Councils, via their specialised units, are required to provide **free counselling services**, for the purpose of families benefiting from the rights stipulated by this law.