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EUROPEAN SOCIAL CHARTER

20th National Report on the implementation of the European Social Charter

submitted by

THE GOVERNMENT OF ROMANIA

Articles 3 (§1-3), 11, 12 and 13 (§1-3)

for the period 01/01/2016 – 31/12/2019

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THE 20TH NATIONAL REPORT ON APPLYING
THE REVISED EUROPEAN SOCIAL CHARTER

PRESENTED BY
THE ROMANIAN GOVERNMENT

on Article 2 of the Revised European Social Charter, 'Health, social security and social protection': 3 paragraphs 1-3, 11, 12, 13 paragraphs 1-3

for January 1, 2016 - December 31, 2019

Article 3 Right to occupational safety and hygiene

Paragraph 1 – Health, safety and the working environment

General objective

The Committee noted that a National Strategy on Occupational Health and Safety was being developed by the Ministry of Labour and Social Protection during 2014-2020. It requests that the following report provide details on this strategy.

During 2017, Romania developed the draft N**ational Strategy in the field of occupational safety and health 2018-2020**, adopted by GD 191/2018 and published in the Official Gazette of Romania 331 / 16.04.2018.

The strategy represents a possibility to achieve a safe and healthy work environment and the framework tool to ensure the correlation with the strategic directions of the European Union on occupational safety and health. Ensuring safe and healthy workplaces, maintaining and improving the health of workers, as well as achieving and sustaining the desire for occupational well-being is the main concern in the medium and long term of the structures with responsibilities in the field of occupational safety and health in order for the functioning and sustainable development from the economic and social point of view of Romania.

The elaboration and implementation of the Strategy also took into account the convergence with the European Pillar for Social Rights, a document that takes into account the dynamics of change at European level, including recent changes in the labour market, in order to build a fairer Europe and strengthen its social dimension.

The aim of the Strategy is to continue the specific actions set at national level taking into account the 3 main challenges set at the level of the European Union, as well as the strategic objectives set by the European Strategic Framework 2014-2020 on occupational safety and health. Thus, at national level, the strategy aims to:

- Risk prevention and the promotion of safer and healthier occupational conditions;
- Maintaining a good health of workers;
- Prevention of occupational accidents and occupational diseases and promotion of employees' health throughout their professional life.

The strategy establishes, based on the consensus of all parties involved, the common framework of actions to be carried out by all competent authorities, institutions with responsibilities in the field and the social partners, establishing general and specific objectives at national level in the field of occupational safety and health. short and medium term.

The general objectives of the Strategy are:

A) Better implementation of laws, especially those regarding micro-enterprises and SMEs;

To this end, the Strategy Action Plan includes short- and medium-term measures to improve the legal framework in this area and to improve compliance with legislation;

B) Improving the security and protection of workers' health, by prioritising those employed in risky economic activities, within priority areas of action, with emphasis on the prevention of occupational diseases;

This objective will be achieved through the development and provision of tools to support micro, small and medium-sized enterprises to comply with legislation and improve the collection of statistical data;

C) Stimulating joint actions with social partners by raising their awareness and involvement in managing occupational safety and health issues and materializing an effective social dialogue;

In order to achieve this objective, the establishment of a Tripartite National Committee is envisaged.

D) Adequate management of the issue of elderly workers in the context of the general phenomenon of aging population, respectively active labour force;

This will be achieved through awareness-raising and support actions that involve addressing the aging of the workforce and improving the prevention of occupational diseases.

States Parties have a duty to conduct research, scientific and communication activities in relation to psychosocial risks. The previous report does not provide information on this issue. The Committee reiterates its request

With reference to the obligation to carry out research, scientific and communication activities, **in connection with psychosocial risks**, we specify that the National Action Plan for the implementation of the National Strategy in the field of occupational safety and health for the period 2018-2020 provides *for Specific Objective no. .4: Addressing the phenomenon of the aging workforce and improving the prevention of occupational diseases*, developing a study on the phenomenon of the aging workforce, new and emerging risks and the prevention of occupational diseases which will result in the development of a method for assessing psycho-social risks.

Organizing occupational risk prevention

During 2016-2019, the Labour Inspectorate developed specific information materials:

- Frequently asked questions on Consultation of workers, organization and functioning of occupational safety and health committees;
- Frequently asked questions about Self-Instructions on occupational safety and health.

The Labour Inspectorate publishes on its website specific information materials made by its own staff, developed by international organizations or translated and adapted to national specifics. Also, links are made to sites of interest (https://www.inspectiamuncii.ro/ghiduri).

Paragraph 2 - Health and safety regulations

The content of Health and safety regulations

Occupational health and safety regulations must cover work-related stress, aggression and work-specific violence, especially for workers in atypical employment relationships. The previous report does not provide information on this issue. The Committee reiterates its request.

Regarding the national regulations regarding occupational stress, aggression and violence and especially for workers in atypical employment relationships, we specify that art.7 paragraph (4), letter a) of the Security Law and Occupational Health Act No 319/2006, as subsequently amended, transposing the provisions of Framework Directive 89/391 / EEC on the introduction of measures to improve the occupational safety and health of workers, provides that **the employer is required to assess the risks to safety and health workers, including the choice of work equipment, chemicals or preparations used and the**

arrangement of workplaces. This risk assessment shall also include the risks referred to in this sub-item.

At the same time, according to art. 12 paragraph (1) letter a) of Law no. 319/2006, as subsequently amended, the employer must carry out and be in possession of a risk assessment for occupational safety and health, including for groups sensitive to specific risks.

Labour Inspection controls if the employer has a risk assesment.

Protection against dangerous substances and agents

The Committee would like the following report to provide details on the provisions on the protection of the risks of exposure to benzene.

In Romania, the protection of workers against the risks due to exposure to dangerous substances is regulated by the following normative acts elaborated under Law 319/2006 on occupational safety and health, with subsequent amendments:

- Government Decision 1218/2006 on establishing minimum occupational safety and health requirements to ensure the protection of workers from the risks related to the presence of chemical agents, as subsequently amended and supplemented, transposing Directive 98/24 / EC on chemical agents, together with the directives which established the lists of occupational exposure limits (OELs) in application of this Directive;

- Government Decision 1093/2006 on establishing the minimum safety and health requirements for the protection of workers from the risks related to exposure to carcinogens or mutagens at work, as subsequently amended and supplemented, transposing the provisions of Directive 2004/37 / EC on carcinogens or mutagens, consolidated, except for the limit values found in the above Government decision.

Due to the carcinogenic character of benzene, it falls under both the provisions of Government Decision no. 1218/2006, with subsequent amendments and completions, and the provisions of Government Decision no. 1093/2006, with subsequent amendments and completions, according to the provisions of art. 3 of GD 1218/2006.

The existing provisions at European level for benzene, respectively the limit value set for a reference period of 8 hours, as well as the notation "skin" warning users that there is a possibility that the substance penetrates the skin, can be found in Annex 1 to Government Decision 1218/2006, with subsequent amendments and completions, to the current number 87.

In the same decision, in addition to the provisions of European legislation, mandatory biological limit values were established for benzene in Annex 2 to the current number 9, as well as indications for monitoring the health of workers exposed to risks due to benzene, in the workplace.

A new draft law amending Directive 2004/37 /EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work has now been published by the European Commission (CMD), in which the occupational exposure limit value for benzene was revised, in the sense of decreasing it. Romania will ensure the timely application of the Directive.

Regarding the general aspects on tracking workers' health, those who are exposed or who may be exposed to benzene benefit from prophylactic medical services, according to the

provisions of art. 8 and 9 and SHEET on detailed prophylactic medical services according to professional exposure no. 15 of *Government Decision 355/2007 on tracking workers' health condition, with the subsequent modifications and completions.*

Protecting workers against ionizing radiation

The Committee calls for confirmation of the fact that workers are protected to a level at least equivalent to that set out in the Recommendations of the International Commission on Radiological Protection.

In the field of the use of ionizing radiation, the National Commission for the Control of Nuclear Activities (CNCAN) elaborates norms in order to ensure the radiological safety of the professionally exposed personnel, of the population and of the environment. The norms issued by order of the CNCAN president are mandatory for all those to whom they are addressed;

As a Member State of the European Union, Romania has the obligation to ensure the transposition and implementation of the acquis Communautaire;

CNCAN was responsible for transposing Directive 2013/59 /EURATOM of December 5, 2013 laying down basic safety rules on protection against the dangers posed by exposure to ionizing radiation and repealing Directives 89/618 / Euratom, 90/641 / Euratom , 96/29 / Euratom, 97/43 / Euratom and 2003/122 / Euratom in national law. ***The dose limits established by this Directive are in accordance with the recommendations of the International Commission on Radiological Protection (ICRP)***. The following rules have been issued setting dose limits for ionizing radiation activities, as well as requirements for the protection against ionizing radiation of professionally exposed personnel, the population and the environment:

a) The norms regarding the basic requirements of radiological safety, approved by the Order of the Minister of Health, the Minister of National Education and the President of CNCAN no. 752 / 3,978 / 136/2018, published in the Official Gazette of Romania, Part I no. 517 and 517 bis of 25.06.2018;

b) The norms on the regulated control of radioactive sources and the safe management of orphan sources, approved by Order of the President of CNCAN no. 144/2018, published in the Official Gazette of Romania, Part I no. 550 from 02.07.2018;

c) The norms on the authorization procedures, approved by the Order of the CNCAN president no. 155/2018 published in the Official Gazette of Romania, Part I no. 576 and 576 bis of 09.07.2018;

d) The norms on the estimation of the effective doses and of the equivalent doses for the internal exposure and for the external exposure approved by the Order of the CNCAN president no. 145/2018 published in the Official Gazette of Romania, Part I no. 555 and 555 bis of 03.07.2018;

e) Regulation on the management of emergency situations specific to nuclear or radiological risk, approved by the Order of the Minister of Internal Affairs and of the President of CNCAN no. 61/113/2018 published in the Official Gazette of Romania, Part I no. 523 and 523 bis of 26.06.2018;

f) The norms on the prevention, preparedness and response in case of emergency situations for the emergency preparedness category I, the emergency preparedness category II and the emergency preparedness category III, approved by the Order of the CNCAN president no. 146/2018 published in the Official Gazette of Romania, Part I no. 554 and 554bis of 03.07.2018;

g) The norms on the prevention, preparedness and response in case of emergency situations for the emergency preparedness category IV and the emergency preparedness category VI, approved by the Order of the CNCAN president no. 147/2018 published in the Official Gazette of Romania, Part I no. 565 and 565 bis of 05.07.2018;

h) Order of the President of the National Commission for the Control of Nuclear Activities no. 102/2018 on amending and supplementing the Order of the President of the National Commission for the Control of Nuclear Activities no. 202/2002 for the approval of the Norms regarding the issuance of permits for the exercise of nuclear activities and the designation of accredited experts in radiological protection, published in the Official Gazette of Romania, Part I no. 449 of 30.05.2018;

i) Order of the President of the National Commission for the Control of Nuclear Activities no. 56/2004 on the approval of the Fundamental Norms for the safe management of radioactive waste and spent nuclear fuel, republished in the Official Gazette, Part I no. 223 of 28.03.2014;

j) The norms on the radiological monitoring of recyclable metallic materials for the entire collection, marketing and processing cycle approved by the Order of the Minister of Administration and Interior, the President of the National Commission for Control of Nuclear Activities and the Vice President of the National Agency for Fiscal Administration no. 117/89/21707/2010 published in the Official Gazette of Romania, Part I no. 567 of 11.08.2010;

k) The norms on the medical physics expert approved by the Order of the Minister of Public Health and the President of CNCAN no. 1272/266/2006 published in the Official Gazette of Romania, Part I no. 906 of 07.11.2006;

l) The radiological safety norms on the decommissioning of the mining installations and / or preparation of uranium and / or thorium ores approved by the Order of the CNCAN President no. 184/2006 published in the Official Gazette of Romania, Part I no. 734 of 28.08.2006;

m) The norms on the limitation of the releases of radioactive effluents in the environment approved by the Order of the CNCAN president no. 221/2005 published in the Official Gazette of Romania, Part I no. 820 of 09.09.2005;

n) The norms on monitoring of the environmental radioactivity in the vicinity of a nuclear or radiological installation approved by the Order of the CNCAN president no. 275/2005 published in the Official Gazette of Romania, Part I no. 923 of 17.10.2005;

o) The norms on monitoring of radioactive emissions from nuclear and radiological installations approved by Order of the President of CNCAN no. 276/2005 published in the Official Gazette of Romania, Part I no. 923 of 17.10.2005;

p) Order of the President of the National Commission for the Control of Nuclear Activities no. 372/2005 on the prohibition of the use of medical radiological installations of fluoroscopy without image intensifier, published in the Official Gazette of Romania, Part I no. 1098 of 06.12.2005;

q) The norms for individual dosimetry approved by the Order of the CNCAN president no. 180/2002 published in the Official Gazette of Romania, Part I no. 769 bis of 22.10.2002, with subsequent amendments and completions;

r) The radiological safety norms on the operational radiation protection in the mining and preparation of uranium and thorium ores approved by the Order of the CNCAN president no. 127/2002 published in the Official Gazette of Romania, Part I no. 677 of 12.09.2002;

s) Order of the President of the National Commission for the Control of Nuclear Activities no. 373/2016 on the approval of the Operational Procedure code: MC-PO-DSURI 01, revision

9, Carrying out the control activity for supervising the development of activities with ionizing radiation sources (Control Procedure) - administrative document.

We also mention that during the inspections carried out according to the Procedure for carrying out the control activity for supervising the development of activities with ionizing radiation sources, CNCAN representatives monitor whether the users of ionizing radiation installations (authorization holders) comply with radiological safety norms and possess systems. dosimetrist surveillance of professionally exposed personnel.

Other types of workers

The Committee concludes that the situation in Romania is not in conformity with Article 352 of the Charter on the ground that domestic workers are not covered by occupational health and safety regulations.

Although domestic workers do not have a separate regulation in Romanian law, to ensure all workers employed in atypical contracts benefit from the same level of protection as other employees of the company, based on the conclusion of an individual employment agreement, regardless of employment while **Law 319/2006 on occupational safety and health applies to all workers employed in Romania.**

Paragraph 3 - Implementation of measures to control the application of these regulations

Occupational accidents and diseases

The Committee requested that the following report include statistics on fatal occupational diseases

Regarding the statistical data on the number of injured at work, injured with temporary incapacity for work, fatally injured, during January 1, 2016 and December 31, 2019, the situation is as follows:

Year	No. of employees	Persons involved in accidents			IF(frequency index)		Collective accidents		
		Total	Fatal	*itm*[1]	Fatal	Total	No.	Vict.	Fatal
2016	5.007.363	5271	300	4.971	0,06	0,99	23	110	12
2017	5.160.087	5677	314	5303	0,06	1,04	27	111	15
2018	5.331.301	5741	268	5473	0,05	1,06	22	134	4
2019	5.522.541	5145	182	4963	0,03	0,95	18	88	6

The Committee considers that there are insufficient measures to reduce the fatal accident rate and concludes that the situation is not in line with the Charter.

The national strategy in the field of occupational safety and health 2018-2020 establishes the general and specific objectives at national level in the field of occupational safety and health, in the short and medium term and is developed in accordance with the needs identified in the context of Romania's development. the objectives of the Community strategic framework.

[1] Itm – Temporary incapatited to work

The aim of the Strategy is to continue the specific actions set at national level, taking into account the 3 main challenges set at the level of the European Union, as well as the strategic objectives set by the European Strategic Framework 2014-2020 on occupational safety and health.

Thus, at national level, the strategy aims to:

- Prevent risks and promote safer and healthier working conditions;
- Maintain the good health of workers;
- **Prevent work accidents and occupational diseases and promote the health of employees throughout their professional life.**

These objectives of the Strategy will be achieved according to the National Action Plan for the implementation of the national strategy in the field of occupational safety and health 2018-2020 provided in the annex to the Strategy.

We consider that the prevention actions from the National Action Plan for the implementation of the Strategy will contribute to the reduction of the number of work accidents.

The Committee requests the following report to provide information on the reporting of non-fatal accidents at work.

Regarding the reporting of non-fatal accidents at work, we mention the following:

Law 319/2006 on occupational safety and health, with subsequent amendments and completions, defines in art. 5 letter g work accident as *"violent injury to the body, as well as acute occupational intoxication, which occur during the work process or in the performance of duties and which cause temporary incapacity for work for at least 3 calendar days, disability or death".*

Also, according to Article 32 (2) of the same law, *"the work accident registered by the employer is to be reported to the territorial labour inspectorate, as well as to the insurer, according to the law."*

In conclusion, the reporting of non-fatal accidents at work is done by the employer only in case of an accident involving temporary incapacity for work of at least 3 calendar days or disability.

We mention that the minor accident is an event that results in superficial injuries that require only first aid treatment and that involve incapacity for work of less than 3 days and is not reported by the employer to the Territorial Labour Inspectorate or the insurer.

The employer has the obligation to keep records of minor accidents in the Sole Register of minor accidents according to the model provided in Annex 17 to the Methodological Norms for the application of the provisions of Law 319/2006 on occupational safety and health, approved by Government Decision 1425/2006, with subsequent amendments and completions.

Labour Inspection checks, during the control actions, the filling in of all registers, including the Sole Register for light accidents.

The Committee requests that the following report provide information on the concept of occupational disease, the mechanisms for recognizing, correcting and reviewing occupational diseases (or the list of occupational diseases and the measures taken and / or

considered to counteract the insufficient recognition and reporting of occupational diseases);

According to art. 5 letter h) of Law 319/2006 on occupational safety and health with subsequent amendments, occupational disease is defined as the condition that occurs as a result of exercising a trade or profession, caused by harmful physical, chemical or biological agents. characteristics of the workplace, as well as the overload of various organs or systems of the body in the work process.

At the same time, the disease related to the profession is the disease with multifactorial determination, in which some determining factors are of a professional nature.

In the sense of the provisions of art. 5 let. h), the ailments suffered by pupils and students during the practical training are also occupational diseases.

The declaration of occupational diseases is mandatory and is made by doctors employed by the territorial public health authorities and the municipality of Bucharest.

The research into the causes of occupational diseases, in order to confirm or refute them, as well as the establishment of measures for the prevention of other diseases is performed by the specialists of the territorial public health authorities, in collaboration with the inspectors from the territorial labour inspectorates.

The declaration of occupational diseases is made on the basis of the research report.

The above mentioned provisions regarding occupational diseases are detailed (procedural steps, documentation, method of declaration / reporting) in GD 1425/2006 for the approval of the Methodological Norms for the application of Law 319/2006. The list of occupational diseases with mandatory declaration can be found in Annex 22 of the same normative act.

At the same time, within the specific Objective 1. Improving the legal framework in the field of OSH in the National Action Plan for the implementation of the National Strategy in the field of occupational safety and health 2018-2020, actions are envisaged to improve the legislation on insurance for occupational accidents and diseases to support beneficiaries, simplifying administrative procedures in the process of reporting and reporting occupational diseases and updating the list of occupational diseases in line with EU trends and recommendations.

The activity of the Labour Inspectorate

The Committee requests information on the activities of the authority responsible for labour inspection in the civilian nuclear sector.

The competent national authority in the nuclear field that ensures the exercise of regulation, authorization and control is the National Committee for the Control of Nuclear Activities (CNCAN). Regarding the labour inspection activity, we make the following clarifications:

- the minimum requirements for the surveillance of the workers' health regarding the risks for safety and health are established by the *Government Decision 355/2007 on surveilling workers' health*, with subsequent amendments and completions, published in the Official Gazette of Romania, Part I no. 332 of 17.05.2007;
- according to the provisions of Law 319/2006 on occupational safety and health no. 319/2006, the Ministry of Health is the competent authority in the field of occupational medicine and health surveillance of workers

CNCAN has no attributions in the field of labour inspection in the nuclear sector established by law, but only responsibilities in verifying the fulfilment by the authorization holders of the requirements established in the issued norms and in the issued authorizations.

Occupational accidents involving workers are subject to investigation by the territorial labour inspectorates. However, the research procedure is simplified, compared to the one provided in Law no. 319/2006. The Committee requests further information in this regard.

Regarding the investigation of occupational accidents by the territorial labour inspectorates, we mention the following:

In accordance with Art. 29 paragraph (1) of Law 319/2006 on occupational safety and health, with subsequent amendments and completions "*the investigation of events is mandatory*" and is carried out as follows:

a) by the employer, in case of events that have produced temporary incapacity for work;

b) by the territorial labour inspectorates, in case of events that produced obvious or confirmed disability, death, collective accidents, dangerous incidents, in case of events that produced temporary incapacity of work for workers at employers of natural persons, as well as in situations with persons missing data;

c) by the Labour Inspectorate, in case of collective accidents, generated by some special events, such as damages or explosions.

The event is defined according to art. 5 letter f) of Law 319/2006 on occupational safety and health, as subsequently amended and supplemented, as an accident that resulted in the death or injury of the body, caused during the work process or in the performance of duties, the situation of a missing person or a road accident or traffic, in the conditions in which employees were involved, the dangerous incident, as well as the case susceptible to occupational disease or related to the profession.

The investigation of work accidents is carried out by the territorial labour inspectorates in accordance with the legal provisions stipulated by the Methodological Norms for the application of the provisions of Law 319/2006 on occupational safety and health, approved by GD 1425/2006, with subsequent amendments and completions.

Number of inspections carried out during the reference period
Labour inspectors in the field of occupational safety and health carried out the following types of activities, between January 1, 2016 and December 31, 2019:

No.	SPECIFIC INDICATORS	2016	2017	2018	2019
1.	**Number of units controlled**	**57.477**	**56.111**	**49.614**	**49.080**
2.	**Number of controls performed**	**58.100**	**56.629**	**49.979**	**49.525**
3.	**Available time fund (in days)**	**116.421**	**109.699**	**102.165**	**102.966**
4.	**Time fund used (in days) for:**	**100.667**	**93.249**	**87.324**	**87.418**
	▪ *preventive controls*	*71.449*	*67.638*	60.994	60.901
	▪ *researching occupational accidents*	*14.208*	*12.895*	14.943	15.841
	▪ *consulting and expertise*	*242*	*304*	313	328
	▪ *participation in noxious determinations*	*2.572*	*1.989*	1.449	1.600
	▪ *training*	*1.845*	*1.290*	1.195	1.011
	▪ *solving letters, notifications, complaints*	*1.123*	*1.040*	756	752
	▪ *office work*	*8.205*	*7.513*	7.136	6.678
	▪ *professional development*	*1.023*	*580*	538	307

The status on the number of labour inspectors with control attributions in the field of occupational safety and health at national level during 2016-2019 is presented as follows:

2016: 518 labour inspectors;

2017: 492 labour inspectors;

2018: 484 labour inspectors;

2019: 483 labour inspectors.

The Committee notes a decrease in the number of criminal proceedings for breaches of occupational safety and health. The Committee requests that the following report provide information on the reasons for this decrease. The Committee has previously requested information on inspections carried out in small and medium-sized enterprises. The report shows that a number of activities were carried out during the reference period to increase / focus inspections on small and medium enterprises, in 2015 63% of inspections targeted small and medium enterprises.

The reduction in the number of sanctions, fines, work stoppages, work equipment that has ceased to operate was due to the positive impact of the new approach to inspection, namely the fact that deficiencies posed a minor social risk in the field of occupational safety and health were brought into compliance during inspection visits.

Regarding the observation that in 2015, 63% of the total number of inspections concerned small and medium-sized enterprises, this situation is explained by the fact that small and medium-sized enterprises (SMEs) represent 99.6% of the total number of enterprises in Romania.

Article 11 The right to health protection

Paragraph 1 Eliminating the causes of poor health

Measures to ensure the highest possible standard of health

In Romania, life expectancy at birth in 2019 was 75.99 years for both sexes compared to 73.76 in 2009 (70.19 years for men and 77.45 for women).

The death rate in Romania increased slightly in 2015-2019 from 13.2 deaths per 1000 inhabitants in 2015[1)] to 13.6 deaths per 1000 inhabitants in 20181), and decreased to 13.4 deaths per 1000 inhabitants in 2019[1)].

Source: INS (National Statistics Institute) - demographic statistics

1) The rates were calculated with deaths that had their habitual residence in Romania relative to the resident population on July 1 of each year. The rates for 2019 are provisional.

The data for 2015 have been revised according to the INS Revision Calendar.

The revised data on demographic phenomena (births and deaths) related to the months of year N represent the absolute final data related to demographic phenomena (births and deaths) recorded in year N, to which were added demographic phenomena (births and deaths) recorded late in N years +1, N + 2 and the first 4 months of year N + 3, but which took place in year N.

The Committee previously mentioned that the most important causes of premature death were cardiovascular disease, cancer, digestive diseases, respiratory diseases, accidents, injuries and poisoning. The Committee requests concrete information on the implementation of the programs mentioned in the previous report (2016) and their impact on reducing the number of premature deaths caused by these diseases.

The development of the national health programs was carried out in accordance with the provisions of GD 155/2017 on the approval of the national health programs for 2017 and 2018 and of the Technical Norms for the implementation of the national public health programs for 2017 and 2018, approved by Order 377/2017 of the Minister of Health, with subsequent amendments and completions. The term of application of these normative acts was extended until 31.03.2021.

The indicators of the national public health programs presented below represent the centralization of the indicators reported by the specialized units that have implemented national public health programs financed from the budget of the Ministry of Health in 2019.

1. Active early detection of cervical cancer subprogram by performing Babeş-Papanicolau testing on the eligible female population in population screening regime

Region	Eligible age population	No. of tests 2019	Population coverage 2019%
Total	**5.638.536**	**50.049**	**0,89**
NORTHWEST	726.232	13.715	1,89
CENTRE	662.686	6.187	0,93
NORTH EAST	852.289	11.018	1,29
SOUTH EAST	711.656	6.359	0,89
SOUTHERN MUNTENIA 1	440.991	1.147	0,26
SOUTHERN MUNTENIA 2	415.758	2.790	0,67
BUCHAREST-ILFOV	727.148	3.182	0,44
SOUTHWEST OLTENIA	572.359	4.680	0,82
WEST	529.417	971	0,18

2. National program for mental health and prophylaxis in psychiatric pathology

Result indicators:

Number of patients benefiting from occupational therapy activities: 8,838

Number of patients hospitalized in psychiatric structures that carry out occupational therapy activities: 51,366

The share of patients benefiting from occupational therapy activities from the total number of patients hospitalized in psychiatric structures that implement the program activities: 17.20%

Starting with the third quarter of 2019, the Ministry of Health implemented the National Program for assessing the status of vitamin D by determining the serum level of 25-OH of vitamin D in people at risk.

The objective of this program is to improve the detection of vitamin D deficiency in patients in risk groups, by performing the activity on determining the serum level of 25-OH vitamin D in people in risk groups, on the medical recommendation of a specialist in the field: obstetrics-gynaecology , neonatology, paediatrics or endocrinology.

Indicators achieved: Number of patients in whom the serum level of vitamin D-25 was determined: 5,323

Result indicators: The share of patients with suboptimal level of vitamin D-25 in the total number of patients in whom this marker was determined: 74.83%

Regarding national curative health programs that provide drugs, medical supplies, medical devices and medical services for neoplastic diseases, cardiovascular disease, diabetes, mental health and rare diseases in accordance with the provisions of *GD 206/2015 on the approval of national health programs for 2015 and 2016*, with subsequent amendments and completions, the *Order of the President of the National Health Insurance House no. 185/2015 for the approval of the Technical Norms for the implementation of national curative health programs for 2015 and 2016, with subsequent amendments and completions, GD 155/2017 on the approval of national health programs for 2017 and 2018, with subsequent amendments and completions, of the Order of the President of the National Health Insurance House 245/2017 for the approval of the Technical Norms for the implementation of the national curative health programs for the years 2017 and 2018, with subsequent amendments and completions, of GD 720/2008 of 9 for the approval of the List containing the common international names corresponding to the medicines from which the insured benefit, with or without personal contribution, on the basis of medical prescription, in the social health insurance system, as well as the common international names corresponding to the medicines is granted within the national health programs, republished, with the subsequent modifications, of the Order of the Minister of Public Health and of the President of the National Health Insurance House 1,301 / 500/2008 for the approval of the therapeutic protocols regarding the prescription of medicines related to the international common names provided in the List containing the common international names corresponding to the medicines benefited by the insured, with or without personal contribution, on medical prescription, in the social health insurance system, approved by Government Decision 720/2008, with the subsequent amendments and completions and of the Order of the president of the National Health Insurance House 268/2013 on the approval of the List of sanitary materials benefiting patients included in the national curative health programs, financed from the budget of the Single National Health Insurance Fund, with subsequent amendments and completions*, we present a dynamic situation (2016-2019) of the evolution the number of patients and the amounts allocated for the above-mentioned programs, in the Annex 1 to the report.

The novelty elements within the national curative health programs starting with 2017 were:

- ensuring the treatment of adult patients with congenital heart malformations through interventional cardiology procedures within the national program of cardiovascular diseases;
- changing the eligibility criteria for the Subprogramme for Monitoring the Progression of the Disease in Patients with Oncological Diseases by PET - CT (Adults and Children) in order to benefit as many patients as possible from this investigation,
- changing the eligibility criteria for the National Program for the treatment of deafness by implantable hearing aids (treatment of bilateral neurosensory hearing loss) as well as the introduction of a new activity to replace the sound processor (external part) in patients with implantable prostheses with bone anchorage due to wear physical activity and to ensure the patient's optimal auditory performance;
- within the National Diabetes Program, the recommendation for glycosylated haemoglobin (HbA1c) can be made by the family doctor, not only the diabetologist, and to improve the quality of life of patients, insulin pump systems were also provided under this program. with continuous blood glucose monitoring sensors (including consumables for them);
- introducing in the National Treatment Program for Rare Diseases of the following activities:
    1. treating patients with idiopathic pulmonary fibrosis;
    2. treating patients with Duchenne muscular dystrophy;

3. treating patients with hereditary angioedema;
4. treating patients with Leber hereditary optic neuropathy;
5. treating patients with spinal muscular atrophy;
6. treating patients with Castleman disease.

The Committee noted the specific measures to reduce infant and maternal mortality described in the previous report (2016). It requests, in the next report, information on their implementation and their impact in practice.

In terms of maternal mortality, perinatal mortality and early neonatal mortality, annual reports are prepared. Neonatal mortality - from the first month after birth - is strongly influenced by the pathology of premature or low birth weight infants, deaths in this period accounting for over 50% of deaths under 1 year. For the medical assistance of these children, the Ministry of Health approved by Order no. 427/2017, the establishment of a national council of experts and of some councils of experts at the level of the counties and of the Bucharest municipality. These councils update in the period 2017 - 2019 the evaluation of the obstetrics-gynaecology sections / compartments and new-borns, from public and private system, in accordance with the criteria provided in the Order of the Minister of Health and Family no. 910/2002, with subsequent amendments and completions and will prioritize them on 3 levels of competence, level 3 being the most efficient, the purpose of this approach being for each new-born to be born in the health unit that can provide the necessary services for his care, for decrease in infant mortality.

Within the structure of the National Institute for Maternal and Child Health in Bucharest, a Centre of Excellence for prenatal pathology was established in 2016.

The National Institute of Maternal and Child Health initiated in 2018 a study on surviving mothers of severe obstetric pathologies. 50 cases were selected, from 2015 to 2016, from level 2 and 3 maternity hospitals. The identification of cases was done using the definition of Maternal Near Miss Tool, a tool recommended by the WHO. According to it, severe postpartum haemorrhage, severe preeclampsia, eclampsia, severe systemic infection, sepsis, uterine rupture are criteria for inclusion in the category of near-miss cases.

In the Methodological Norms for the application of the Government Decision 140/2018 for the approval of the service packages and of the Framework Contract that regulates the conditions for granting medical assistance, medicines and medical devices within the social health insurance system for 2018 - 2019, provisions have been inserted which entered into force on April 1, 2018 for the supervision of normal and risky pregnancy and the list of investigations for prenatal screening was significantly expanded.

The National Health Strategy lists as its first strategic general objective the improvement of the health and nutrition of mother and child and reducing the risk of maternal and infant death. As such, pregnant women and young mothers (as well as children under 18 years old and other categories) are automatically insured in the healthcare system.

In the implementation of the Strategy, the National Institute for Mother's and Child's Health (NIMCH) partnering with UNICEF Romania, evaluated the social and medical causes for the infant and maternal mortality, identifying in particular premature births, small weight at birth for new-borns if the pregnant women, mostly socially vulnerable, did not monitored their pregnancy.

The basic health services package available for the pregnant woman and the young mothers includes:

a. primary medical care: the medical services expensed from the Single National Fund for Health Insurance focus on monitoring pregnancy and young mothers by the general

practitioner; the general practitioner recommends laboratory investigations and pregnancy specific treatments, as well as other necessary laboratory investigations, from those included in the basic package.

b. specialized outpatient health care for clinical specialties: the obstetrics-gynaecology specialist provides pregnancy and young mother monitoring services for outpatients, one consultation per pregnancy trimester and one consultation during the first trimester after birth;

In addition to the above, starting with April 1st, 2018, the direct monitoring of normal or high risk pregnancies can take place directly in the specialist outpatient clinical department, and covers diagnoses related to a pregnancy (such as gestational oedema, slight hyperemesis gravidarum, uterine track infections during pregnancy, as well as hereditary and acquired coagulation disorders/thrombophilia, under certain conditions) as well as laboratory tests (amniocentesis, chorionic villi biopsy, assessing the pregnancy with high infection risks - rubella, toxoplasmosis, CMV, hepatitis B and C - and cordocentesis).

These medical services provided during day outpatient admissions are available for every pregnant woman that is directed by the general practitioner to seek out an appointment with a hospital medical services provider in Romania that has a contractual relation with a health insurance agency, for the types of services that she needs.

According to the National Reproductive Health Survey (2016) – 2016 NRHS, 92,9% of pregnant women had prenatal care during pregnancy with 2% higher for women coming from the urban residence area. 74,8% of pregnant women had their first prenatal care visit in the first trimester of pregnancy, 11,4% in the second and 1,3% in the third trimester of pregnancy.

There is a positive trend of prenatal care in the first trimester of pregnancy for women coming from the rural area, from 54% in 1999 to 66% in 2004 and 71,5% in 2016.

Ministry of Health (MoH) recommends a total of 10 or more prenatal care visits for a pregnant woman with a normal pregnancy. According to the 2016 NRHS, 30,9% of women reported 10 or more prenatal care visits in 2016, a percentage similar to 2004 (30,6 %). There is an increase in pregnant women resident in the rural area who had 10 or more prenatal care visits comparing to 2004 (30,4% in 2016 vs 22% in 2004).

86,5% of pregnant women received prenatal care from the OG specialist, 58,2% from the family practitioner, 10,3 from nurses and 4,7 % from midwives. There is a decrease in differences urban versus rural in prenatal care, staff offered services and number of services provided.

As genetic malformations is the third cause of death in children, MoH has organized 6 regional centres of medical genetics, financed from the government funds, through the national health programs, in order to increase the prenatal diagnosis and genetic counselling capacity.

The hospital medical services for giving birth are provided irrespective of the patient's insurance status or the existence of a sending medical note and are covered from the National Single Fund for Health and Social Insurance.

For the medical assistance of the premature children, MoH introduced a regionalized system of care in order to guarantee each neonate is born in a medical unit that can provide appropriate services, in order to reduce this significant part of the infant mortality. Training programs for professionals involved in mother and child care, including the establishment in 2016 of a centre of excellence for prenatal pathology within the National Institute for Mother and Child Health from Bucharest, are targeting the same objective.

As the most serious risk for the life of new-borns (0 – 3 month old) was identified as being the small weight at birth, and in order to standardise the medical care for this age group,

since December 2017, NIMCH carries out, together with the CRED Foundation, the project "Hospital - Community, a continuous care flow for the new-born and infant presenting a higher risk of illness and death", with a budget of 2,065,619.45 EUR and an implementation period of 36 months. Within the project, 810 professionals from the medical field are benefitting from training sessions in order to develop their competence and offer adequate medical services for new-borns and infants, so as to reduce the death toll and improve child health indicators; 5 clinical guidelines are to be written or updated on the topic.

In 2016, MoH implemented the "Mother and Child" national program with a budget of over 2.5 million EUR, designed to equip 123 hospital units (9 hospitals subordinated to the Ministry and 114 local hospital units) with 634 medical incubators. This program continued the achievements of the Health Care Reform — Phase 2 Project, implemented by MoH with the financial support of the International Bank for Reconstruction and Development (IBRD) and the European Investment Bank (EIB), targeting the renovation of maternity hospitals and neonatal health care facilities, the provision of medical equipment and technical assistance, and the training medical staff on delivering modern obstetrics, gynaecology and neonatology services.

Infant mortality rate in Romania constantly decreased from 2011 onward and registered in 2019 a significant drop, with more than one third compared to 2011 both in rural and urban communities.

Infant Mortality , Romania 2011 – 2019, by residency and gender (1,000 live born)										
Gender	Residence	Year								
		2011	2012	2013	2014	2015	2016	2017	2018	2019 (*)
Total	**Total**	9.4	9	7.8	8.1	7.3	6.9	6.6	6.4	**6.1**
	Urban	7.5	6.6	6.3	5.9	5.7	5.6	5.2	5.2	4.7
	Rural	11.8	11.8	9.7	10.7	9.3	8.5	8.4	7.8	7.7
Male	Total	10.6	9.6	8.6	9.4	8	7.8	7.4	7	6.6
	Urban	8.3	7.1	6.9	7.2	6.3	6.1	5.6	5.7	5.2
	Rural	13.3	12.5	10.6	12.1	10.1	9.8	9.6	8.6	8.2
Female	Total	8.2	8.4	7	6.7	6.6	5.9	5.9	5.7	5.6
	Urban	6.6	6.2	5.6	4.6	5.2	4.9	4.7	4.7	4.3
	Rural	10.2	11	8.7	9.2	8.4	7.1	7.2	6.9	7.2

*) preliminary data

Maternal mortality rate in Romania also decreased and halved in 2019 (10.6) compared to 2011 (25.5).

Maternal deaths and mortality 2011 - 2019						
	Number of Maternal deaths			**Maternal mortality (** 100,000 live born)		
	Total	**Urban**	**Rural**	Total	**Urban**	**Rural**
2011	**50**	23	27	25.5	21.6	30.1
2012	**23**	10	13	11.4	9.2	14.0
2013	**27**	11	16	12.6	9.3	16.5
2014	**24**	14	10	11.9	12.7	10.9
2015	**27**	12	15	13.1	10.6	16.2
2016	**17**	7	10	8.1	6.3	10.8
2017	**24**	10	14	11.7	8.8	15.1
2018	**18**	8	10	8.7	7.7	11.6
2019*)	**20**	6	14	10.6	5.8	16.4

*) preliminary data

The new born, as well as its mother, benefit from medical monitoring; regular visits from the medical staff at the residence of the child until he/she reaches one year of age are compulsory. The purpose is to closely monitor the child's growth and development, train mothers to provide optimal conditions for the growth and development of the child, prevent abandonment, abuse, and neglect which would have negative consequences in the harmonious development of the child. According to the 2016 NRHS, 42,9% (a positive trend from 38% in 2004) of mothers received postnatal home care in the first 6 weeks after delivery, with no differences in urban or rural areas. During the home visits mothers receive information and counselling linked to nutrition, baby care and family planning issues.

Access to healthcare

The Committee noted that, according to the report on the implementation of the National Health Strategy 2014-2020 (for 2015), although the strategy was adopted at the end of 2014, most of the measures included in the strategy are in various stages of implementation. However, this latest report does not provide concrete results. The Committee therefore calls for a concrete assessment of the strategy's implementation process in the next report.

The National Health Strategy 2014-2020 "Health for Prosperity" benefits annually from an implementation report. At the same time, national studies are being carried out on the main health issues, but the impact assessment requires the implementation of the measures included in this strategic framework for several consecutive years.

Measures and actions taken in the field of health during 2016-2019, in order to prevent the phenomenon of corruption

Health is one of the priority sectors within the National Anticorruption Strategy 2016-2020 (SNA), with a dedicated objective and own measures.

In this respect, the general objective 3 of the strategy concerns *"Increasing the integrity, reducing vulnerabilities and risks of corruption in priority sectors and areas of activity",* including specific objective 3.1, on *"Increasing the integrity, reducing vulnerabilities and risks of corruption". corruption in the public health system ".*

Monitoring the implementation of SNA measures was done through a set of tools designed to facilitate dialogue between all participants interested in the fight against corruption and to allow: identifying progress in implementing SNA, identifying and correcting practical problems in implementing anti-corruption policies and rules, increasing the degree of knowledge, understanding and implementation of measures to prevent corruption in the public and private sectors.

Thus, the measures taken in the health sector can be highlighted by reference to:

- participation in cooperation platforms (these represent meetings of actors interested in the fight against corruption, in which participants present the latest developments in the implementation of the SNA); During the reporting period, the persons responsible for the implementation of the ANS at the level of the Ministry of Health (MoH) participated in all the meetings of the cooperation platforms organized by the ANS Technical Secretariat (ST ANS), without having a substantial involvement on the merits. We also mention that the ST SNA dialogue with the MS representatives in the platform was deficient.

- carrying out the thematic evaluation mission within the MoH and its subordinate structures;

- annual reporting on the implementation of the strategy.

The evaluation mission within the MoH took place between 02-04 October 2017 (central structure and four subordinated / coordinated / under authority structures).

Following the thematic evaluation mission, the evaluation report was prepared based on the findings and recommendations made by the evaluation team, highlighting the need to strengthen the practical application of the three themes subject to thematic evaluation for 2017: gift reporting, protection of whistle-blowers and of sensitive functions.

The following comments were included in the Thematic Evaluation Report:

- Regarding gift reporting, at the same time with the mission a system procedure was under approval within the Commission for monitoring, coordination and methodological guidance of the implementation and development of the internal managerial control system of the Ministry of Health, aimed at establishing procedural steps to be followed when reporting the goods received free of charge on the occasion of protocol actions during the exercise of the mandate or position.

At that time, the *Commission for the Valuation and Inventory of Goods Received Free of charge* on the occasion of protocol actions in the exercise of the position had not yet been set up within the institution, although the normative act governing this legal obligation and its implementing rules have been in force since 2004.

It was also acknowledged that the staff of the institution have very little information on the legal provisions regarding the obligation to declare goods received free of charge on the occasion of protocol actions in the exercise of the mandate or position, which is also one of the main reasons for not submitting statements to that effect.

- Regarding the protection *of public interest whistle-blowers*, it was found that there are no persons or compartments responsible for receiving public interest warnings, nor procedures related to their resolution or application of protection measures for whistle-blowers, the institution's staff not benefiting from information programs. On a positive note, at the time of the mission, *the Commission for monitoring, coordinating and offering methodological guidance for the implementation and development of the internal managerial control system of the Ministry of Health* had under approval the operational procedure for assigning persons / departments responsible for receiving public interest warnings, resolving the issues notified in their content and applying the protection measures provided by law.
- Regarding the *sensitive positions*, at the date of the evaluation mission, they had not yet been identified by the MoH. By means of the Ministry of Health Order 976/2016, with subsequent amendments and completions, the *Monitoring Commission of the Internal Management Control System* was established, meaning, therefore, that there is a specific structure within the sense of Order 400/2015 of the General Secretariat of the Government on approving the *Code of internal managerial control of public entities*. At that time the Commission for monitoring, coordinating and offering methodological guidance for the implementation and development of the internal managerial control system of the Ministry of Health had under approval the system procedure on the inventory of sensitive positions as well as the system procedure on the identification of risks and vulnerabilities to corruption.

A sustained effort was made by some structures under the subordination or coordination of the MoH to manage relevant databases, without, however, making them effective in order to substantiate public policies in this area. An example in this sense is the National Agency for Medicines and Medical Devices (NAMMD) which manages: information on sponsorship, related to the medicine for human use - the result of centralization of forms for declaring sponsorship activities, sent to NAMMD, according to Law 95/2006 and WHO 194/2015 by both sponsors and beneficiaries, being included in the Register published on the Agency's website,

for consultation with the general public or any person with a legitimate interest, as well as information on clinical trials authorized to be conducted in Romania.

Another relevant example is that of the National Health Insurance House (CNAS), which manages a huge volume of information that, if it could be partially connected to other databases, would allow, beyond detection through its own control mechanisms - insufficient in relation to the volume of activity subject to control, and other administrative control mechanisms, detection of irregularities in areas such as: reported and non-performed medical services; issuing medical leave certificates in non-compliance with the legal provisions in force; granting medical prescriptions in violation of therapeutic protocols; providing medical services to deceased persons, etc.

The Ministry of Health has implemented, since December 2016, a mechanism for assessing patient satisfaction (Patient Feedback Mechanism) regarding the quality of services provided by hospitals, this includes the option to report integrity incidents.

Following the findings of the thematic evaluation mission, the evaluation report also includes a series of general recommendations, in order to ensure a viable mechanism for the early identification and timely removal of the premises of corruption. The SNA implementation monitoring methodology stipulates the obligation of the evaluated institution to submit, within 12 months from the publication of the evaluation report on the sna.just.ro portal, a report on the measures adopted in order to implement the formulated recommendations. Although ST SNA repeatedly requested information on the measures taken, the MoH did not respond to the requests.

The MoH provided ST SNA with regular reports on the state of implementation of the SNA. The following measures for institutional transparency and corruption prevention were carried out by the MoH, as it results from the report:

- The Ministry of Health and the CNAS signed a Joint Declaration of adherence to the values, principles and actions of the National Anticorruption Strategy 2016-2020, which affirms the readiness of the two institutions to "participate, through the activities undertaken in the health system integrity plan, in achieving the proposed objectives and the implementation of the monitoring mechanism in this strategy ";
- Through the project "Improving the strategic planning and management capacity of the National Public Health Programs (PNSP) financed by the Ministry of Health" implemented by the Ministry of Health, in partnership with the Romanian Academy (SIPOCA project 13), attention is paid to the action "setting up a mechanism for prioritizing budget allocations and evaluating the opportunity of MoH and CNAS decisions, according to evidence-based studies and clear evaluation methodologies and criteria ". ST SNA is to request from the MoH information on the stage of implementation of the project on the occasion of the elaboration of the Monitoring Report for 2020.
- Regarding the transparency of the use of public resources through the centralized aggregation of data on the portal transparenta.ms.ro, MS, has undertaken actions deriving from the Partnership for an Open Government (Open Government Partnership) and the National Action Plan related to it. The Ministry of Health is among the 5 beneficiary ministries within the project Increasing the quality and number of open data sets published by public institutions - SIPOCA 36, a project implemented at the level of the General Secretariat of the Government.

Also in order to make public procurement transparent in the public health units (sanitary units with beds, ambulance services), the Ministry of Health has concluded a Collaboration Protocol with the National Agency for the Digital Agenda of Romania. Based on the quarterly protocol, this institution makes available to the Ministry of Health the databases regarding

the public procurements carried out in the health system, the information being published in open format (excel) on the website of OGP Romania;

Currently, the Ministry of Health has published on the platform https://data.gov.ro/#null a number of 65 data sets collected both at the level of the institution and at the level of the units under its coordination or subordination.

- In the same framework, of the transparency of the acquisitions carried out at the level of public hospitals, Order 1258/2016 of the Minister of Health for the transparency of information on public procurement and contracts involving the use of public assets at the level of public hospitals, county ambulance services and institutions with legal personality under the subordination or coordination of the Ministry of Health. According to this normative act, 378 institutions upload data on the platform www.monitorizare.ms.ro.
- Regarding the measure regarding the establishment at MS and CNAS level of a common mechanism for monitoring and control of providers in the social health insurance system, we specify that, in 2017, it was established that in addition to the joint control plan MS - CNAS control, to sign a protocol providing for joint actions and the designation of joint teams, as well as mutual support in the activity of the control structures of the two institutions.

At CNAS level, the project "Integrated Management System in the Social Health Insurance System" - SIPOCA code 729. The objective of the project is to develop an important tool for operational support that optimizes the decision-making processes of the institution, to provide information based on public health policies can be implemented, as well as to strengthen the institutional capacity of CNAS to communicate with the institutions that supply data to the public health system by increasing the degree of interoperability of the information and IT systems used and data standardization.

Thus, by implementing the MoH project, it aims to ensure the rigorous substantiation of CNAS management decisions based on understanding the needs, reducing risks and increasing the efficiency of public spending, and in terms of the control component, it will improve control actions by:

1. extracting, analysing and archiving large volumes of sampled data, existing in the four information systems that make up the Health Insurance Information Platform and
2. generating personalized reports in order to perform analyses of different types or statistics (Ministry of Health, National Institute of Statistics, National Institute of Public Health, etc.), respectively control actions regarding the activities carried out by service providers under contract with health insurance companies.

In 2019, the staff of the control structure organized at the level of CNAS participated, as a co-opted member, in 4 control actions performed by the Ministry of Health at the level of hospital medical service providers, actions ordered by order of the Ministry of Health.

- Regarding the action “establishing a mechanism for traceability of medicines on the Romanian market”, the MoH reported the creation, in 2016, of a mechanism for real-time monitoring of drug stocks at national level. Online daily reporting obligations have been introduced for wholesale drug distribution units, authorized importers and manufacturers, as well as for closed and open circuit pharmacies. The mechanism allows public access to information on the status of stocks for each drug, on the website of the Ministry of Health (https://ser.ms.ro/access/user).

A number of legislative changes in 2017 have improved and clarified the legal framework for the electronic drug stock reporting system. Thus, it was established that each wholesale distributor, importer and authorized manufacturer must report for the quantities delivered

each medicinal product the name of the beneficiary and the country of destination of delivery. This opens up the possibility of verifying the traceability of medicines throughout the distribution chain, from manufacturing to the level of the Community pharmacy. The Ministry of Health and the National Agency for Medicines and Medical Devices thus have the possibility to follow in real time the direct parallel exports made by distributors;

- Regarding the strengthening of the control and integrity structures of the MoH and the extension of their attributions, the organizational chart of the MoH was modified, by establishing the Integrity Service within the Control Body of the Minister, a structure with 8 positions, of which 7 are executive;

- Regarding the Patient Feedback Mechanism, it was implemented in 2016, being improved along the way by the fact that the level of patient satisfaction is collected after their discharge, which increases the objectivity of the results, evaluations being anonymous and taking and processing data not dependent on hospital staff, so as not to affect patient responses. From a comparative perspective, the impact of this mechanism in terms of its use by beneficiaries shows a positive upward trend in its use:

mechanism	**year**		
	2017	2018	2019
SMS questionnaires	45.000	86.992	130.514
Web questionnaires	68.000	201.924	358.702

For these questionnaires, a platform for sending SMS to patients, receiving responses and analysing them, regardless of the mobile phone network to which the patient or their next of kin is subscribed, was developed. The answers received from patients via SMS or web are also processed on the computer platform, the data being exported from this platform, monthly, and published in open format on the website of the Ministry of Health, as well as on data.gov.ro. The link where these results can be accessed is: http://www.ms.ro/organizare/%20compartimentul-de-integritate-2/#tab-id-6.

The Committee noted that there were inequities in access to health care with lower access in rural areas for certain socio-economic groups, such as retirees, the unemployed, the self-employed and agricultural workers, and the Roma population. The provision of medical services remains characterized by the excessive provision of highly specialized hospital care to the detriment of primary and community care. There are no recent national studies on public satisfaction with the health system. The Committee requests comments on the issues mentioned above.

Within the measures of Strategic Intervention Area 2: health services, GO. 4. Ensuring equitable access to quality and cost-effective health services, in particular to vulnerable groups, identifies as a priority area "Development of integrated and comprehensive community health care services, mainly for rural people and vulnerable groups, including Roma".

In order to create a legislative framework for carrying out the activity of community health care on the community healthcare the following legislative acts were approved by the Romanian Government:

- Government Emergency Ordinance (GEO) No.18/2017 on community healthcare approved by the Law No.180/2017 with subsequent amendments and completions;

- Government Decision No. 324/2019 for the approval of the Methodological Norms on the organisation, functioning and financing of the community healthcare activity;
- Government Decision No. 459/2010 for the approval of the cost /year standard for services provided in the medical-social units and of some norms regarding the personnel from the medical-social assistance units and the personnel that carries out activities of community healthcare, with subsequent amendments and completions.

The Ministry of Health has developed a functional online application for collecting data from the community health care activity, with the subdomain name https://amcmsr.gov.ro/, ensuring the protection of personal and medical data according to the legislation in force.

In February 2021, the community health care services were provided by 1791 community nurses and 463 health mediators (dates from the Ministry of Health – Social Inclusion Unit).

Within the project RO 19.03 "Strengthening the National Network of Roma Mediators for the improvement of the health status of the Roma population", financed by Norwegian Grants, for which INSP was Project Promoter, 45 community centres were established, rehabilitated and provided with community teams from 6 counties of the country. Staff were trained on the basis of the Handbook of Effective Health Promotion Tools and Promotional Materials developed for community intervention. Within this project, methodological tools (guides, standards and materials for health promotion, etc.) were developed and the methodology for assessing health needs of vulnerable groups was developed. Based on this, the Report "Assessment of needs and behaviours at risk for health in 45 Roma communities" was elaborated, available on the INSP website at http://www.reteaua-amc.ro/wp-content/uploads/ 2015/08 /Report-research-roma-2.pdf

This project is continued with another project with funding through the EEA Financial Mechanism 2014-2021 "Strengthening the national network of primary health care providers to improve the health status of population, children and adults (including vulnerable population)" which will increase the number of vulnerable communities in which Community Medical Centres will operate from 45 (of the project RO 19.03) to 84, in 7 counties (Botoșani, Călărași, Dolj, Giurgiu, Gorj, Neamț to which was also added Suceava). This project will develop inter alia, a model of community healthcare, useful tools for providing these services and will strengthen the capacity of teams providing community health care services.

The Ministry of Health carries out between September 2018 – July 2022 the project financed through the Operational Programme for Human Capital "Creating and implementing integrated community services to combat poverty and social exclusion", implemented in partnership with the Ministry of Labour and Social Justice and the Ministry of National Education, laying the foundations of an integrated services system. The project will develop and pilot integrated community services in 139 rural communities with over-average and severe type of marginalization, from 7 development regions (except for the region Bucharest-Ilfov). Integrated community teams consist of community nurse/health mediator (where applicable), social assistant/social technician and school counsellors/school mediator.

Starting with 15.09.2015, the National Authority for Quality Management in Health started its activity. The National Authority for Quality Management in Health (ANMCS) is a public institution with legal personality, a specialized body of the central public administration in the field of quality management in health, which functions under the Government and coordination of the Prime Minister.

ANMCS deals with the accreditation of health units, which are established in consultation with the Ministry of Health. As sanitary units are defined, according to GD 629/2015 regarding the composition, attributions, organization and functioning of the National Authority for Health Quality Management, the entities with or without legal personality whose object of activity is the provision of medical assistance, at any its level: primary health care / family medicine, outpatient health care, hospital health care, regardless of the form of ownership. Accreditation is granted for a period of 5 years, after which the unit must be re-accredited.

The purpose of ANMCS is to ensure and continuously improve the quality of health services and patient safety, by standardizing and evaluating health services and accrediting health units.

ANMCS is financed from its own revenues and subsidies granted from the state budget, through the budget of the General Secretariat of the Government.

The Committee noted that the number of doctors and nurses is relatively low in Romania compared to EU averages. The relatively low number of doctors and nurses was mainly caused by the high rates of external migration in the last decade. The Committee calls for comments on this issue and whether steps are being taken to address the external migration of doctors and nurses.

Regarding the health workforce, the Ministry of Health established on 01.04.2017 the Human Resources Centre in Public Health, a structure that has, among other tasks, both stimulating the return to the country of Romanian doctors who specialized in other states, as well as decreasing the Romanian exodus = of the medical staff.

The Committee requests that the following report provide information on concrete measures taken in the field of long-term care (LTC) and palliative care.

The Ministry of Health initiated the improvement of the legislative framework regarding palliative care, by Order 253/2018 for the approval of the Regulation on the organization, functioning and authorization of palliative care services, published in the Official Gazette no. 199 bis of March 5, 2018.

The Regulation envisages the progressive development of palliative care in Romania, as an integral part of the health system, in order to constantly and coordinated increase the coverage of the need for care for the target population, through efficient use of existing human and logistical resources and development of new services.

Evaluations and interventions specific to palliative care will be documented in the patient's file by all staff involved in providing services and the activity of palliative care providers in Romania will be monitored by the General Directorate of Health and Public Health of the Ministry of Health, which will develop data synthesis submitted which will be presented to the management of the Ministry of Health.

Authorization of the operation of palliative care services at home is made by the Ministry of Health, and authorization of the operation of other structures that provide palliative care services is made by the territorial public health directorates

According to Order 253/2018, depending on the level of complexity of palliative care, three levels and palliative care interventions are defined.

Level 1: Patient education and support for self-care aims to ensure adequate care in the periods between palliative care interventions of medical staff; this level is provided by the staff of the basic and specialized palliative care services.

Level 2: Basic palliative care is the care and support provided to patients and their families or relatives by primary care staff in primary care, community or hospitals, with basic training in palliative care, certified by graduating from accredited training programs by competent professional bodies and who occasionally care for patients with chronic progressive diseases and palliative care needs.

Level 3: Specialized palliative care is the care provided by providers authorized for the provision of specialized palliative care, through interdisciplinary teams of staff with in-depth studies in the field of palliative care, for which palliative care is the basic activity; they provide direct care for patients and their families or relatives, as well as advice for competence levels 1 and 2.

Regarding the particularities of the **specialized paediatric palliative care services**, these are:

a) the duration of assistance of the children benefiting from palliative care is of months / years, depending on the specifics of the pathology and the prognosis of the disease;

b) respiratory care for the family is an important part of paediatric palliative care services;

c) the care unit is the family, therefore the paediatric palliative care ensures the support of the whole family, including the siblings of the sick child;

d) paediatric palliative care is provided in an environment adapted and focused on the child's needs, preferably at the child's home; families are the main caregivers, and the child's home is the place where the devices and equipment must be provided to allow his / her efficient assistance;

e) the coordination of services is comprehensive, so as to ensure a flexible care, depending on the needs of the family; for this it is important that each family is assigned a case coordinator who is a member of the interdisciplinary team, responsible for coordinating the services provided;

f) paediatric palliative care is provided respecting the principle of accessibility and continuity of services for 24 hours.

In the annexes that are an integral part of Order 253/2018, the following aspects are provided:

- Principles of palliative care.
- Locations and structures through which palliative care services are provided.
- Beneficiaries of palliative care services.
- Human resources in palliative care.
- Hygienic-sanitary conditions, endowment and equipment in palliative care services in sanitary units with beds.
- Patient management in palliative care.
- Conditions for authorizing palliative care providers at home.

The Committee previously concluded that the provisions of the Charter were not in line with the grounds that the conditions in certain psychiatric hospitals were clearly inadequate. The Committee requested specific information on the standards governing the conditions in psychiatric hospitals and how these conditions are monitored.

The Monitoring Council was established by Law no. 8/2016, being part of the mechanisms provided by the UN Convention on the Rights of Persons with Disabilities under Article 33.

The Monitoring Council is an autonomous authority under parliamentary control established to protect, promote and monitor the way in which the rights of persons with disabilities in institutions are respected. The rights of persons with disabilities mean the patrimonial and non-patrimonial rights guaranteed to these persons by the Convention and by special laws.

In order to achieve its purpose, the Monitoring Board fulfils the following attributions, respecting the principles of legality, respecting the dignity of persons, non-discrimination, equal opportunities, as well as functional independence and staff, impartiality and objectivity:

1) regularly examines the observance of the exercise of the rights of persons with disabilities within public or private residential facilities, intended to serve persons with disabilities, as well as hospitals / psychiatric wards;

2) makes recommendations regarding the observance of the rights of persons with disabilities in the institutions provided in point 1 and monitors their implementation by public or private entities that have attributions in this respect;

3) verifies the legality of the presence of persons with disabilities in the institutions provided in point 1;

4) immediately notifies the competent judicial bodies whenever there are indications that the violation of the rights of persons with disabilities was committed by criminal acts and may file a complaint, if necessary, against the solutions of non-prosecution or non-prosecution;

5) notifies the legally competent authority to order disciplinary measures or sanctions or to suspend, withdraw and cancel the accreditation of the institutions provided in point 1, in cases of violation of the rights of persons with disabilities;

6) receives and analyses the notifications of death sent by the institutions provided in point 1;

7) monitors whether in cases of death of persons with disabilities from the institutions provided in point 1 and notifies the judicial bodies in order to perform the forensic autopsy, according to the law;

8) facilitates the involvement and full participation of civil society, in particular persons with disabilities and the organizations they represent, in the monitoring process they organize;

9) facilitates the access, announced or unannounced, of the representatives of non-governmental organizations carrying out programs to defend the rights of persons with disabilities and of non-governmental organizations representing persons with disabilities, in the institutions referred to in point 1, in order to monitor respect for their rights persons with disabilities an independent representation before a court or before any other independent body, the mentioned non-governmental organizations have an active procedural capacity in defence of the rights and legitimate interests of these persons;

10) collaborates, whenever necessary, with the institution of the People's Advocate, as a designated national authority for the prevention of torture and inhuman and degrading treatment;

11) collaborates, whenever necessary, with the Contact Points, in order for them to fulfil their role through the Convention and this law.

According to Law no. 8/2016, the monitoring activity of the institutions provided in point 1 is carried out through monitoring visits and by informing in any other way on the observance of the rights of persons with disabilities by these institutions.

Monitoring visits are usually carried out unexpectedly, on the basis of an annual visit schedule established by the Chair of the Monitoring Board or unscheduled, at his disposal.

Monitoring visits will be scheduled in such a way as to give the highest priority to the institutions referred to in point 1 where cases of serious violations of the rights of persons with disabilities have been reported, to cover in a balanced way the types of institutions referred to in point 1 and their geographical location. the evolution of the situation found during the previous visits in the institutions provided in point 1 (follow-up visits).

In order to fulfil its monitoring tasks, the Monitoring Council is provided with:

- access to all information and documents regarding the number of persons with disabilities in these institutions, as well as to the number and location of the institutions;

- access to all information and documents regarding the treatment applied to persons with disabilities, the measures ordered against them, the conditions in which they live and carry out their activity or any other relevant aspects for fulfilling the attributions of the Monitoring Council;

- unannounced access to all the institutions referred to in point 1 and to their installations and facilities;

- the freedom to choose the institutions he wishes to visit and the persons with whom he wishes to have meetings;

- the conditions necessary to have meetings with the chosen persons, without witnesses, either in person or with an interpreter, if deemed necessary, as well as with any other person about whom the visiting team considers that it can provide relevant information;

- being notified, immediately, by the institutions provided for in point 1, on the cases of death of persons with disabilities in them and on the notification to the judicial bodies, according to the law, regarding these deaths;

- the right to make notifications and recommendations to the competent authorities;

- the right to be informed, within the legal term or quickly, about the measures taken by the legally competent authorities as a result of the notifications, recommendations and measures it has ordered;

- active procedural quality in defending the rights and legitimate interests of persons with disabilities;

- the right to liaise with the Committee on the Rights of Persons with Disabilities, to send information to it and to meet with its members;

- the right to publish and disseminate one's own reports.

The monitoring visits are carried out by visiting teams composed of 3 members, out of which a monitoring inspector from the Monitoring Council and 2 independent experts each, as external collaborators. The decisions of the team are taken by consensus or by the vote of the majority of the members.

The findings of the monitoring visits are contained in the visit report which includes the recommendations made by the Monitoring Board and is prepared by the members of the monitoring team, within 30 days of its completion, is approved by the Chair of the Monitoring Board and it is communicated to the visited institutions and to the public authorities under whose subordination and coordination they are.

The visited institution has the obligation to communicate to the Monitoring Council, within 30 days, a reasoned response regarding the recommendations and measures ordered.

Both the visit report and the reasoned response are public and are displayed on the website of the visited institution, that of the public authority under its subordination and coordination, as well as that of the Monitoring Council, except for personal data.

The Monitoring Council draws up an annual activity report, which is endorsed by the Senate Committee on Human Rights, Religions and Minorities and approved by its plenary.

The Committee requests updated information on the cooperation protocol concluded with the Centre for Legal Resources in 2003, which allows NGO representatives access to health facilities for monitoring visits.

In January 2020, at the level of the Ministry of Labour and Social Protection, a new collaboration agreement was concluded with the *Legal Resources Centre Foundation*.

Through this Agreement, the quality of the Legal Resources Centre Foundation (CRJ) is recognized to carry out monitoring visits in all residential facilities, public or private, for children and young people institutionalized with and without disabilities.

The Ministry of Labour and Social Protection through the National Authority for the Rights of Persons with Disabilities, Children and Adoptions facilitates the access of the LRC in residential facilities and collaborates with it in developing and publishing joint studies and documentation materials, in compliance with the provisions of the Agreement.

The Committee requests that the next report contains information on dental care services and treatments (such as who is entitled to free dental treatment, the costs of major treatments and the proportion of direct payments made directly by patients).

The reimbursement of medical services is provided from the budget of the National Health Insurance Fund for the current year.

Dental services are provided under the health insurance system, reimbursed by health insurance companies in varying percentages.

For the package of basic medical services for dentistry there are three ways of obtaining a discount:

• reimbursement for children - full tariff coverage;

• In the age group over 18 years - only for young people between the age of 18 - 26, if they are students, including high school graduates, until the start of the academic year, but not later than 3 months, apprentices or students and if they do not earn income from work, the health insurance companies reimburse 100% the fees for dental services for which for which the percentage of 60% is provided.

• Payment for adults (over 18 years) - full tariff coverage or 60% discount;

• a third type of discount, for the beneficiaries of special laws (former magistrates who were removed from justice for political reasons between 1945 - 1989 - the communist regime, war veterans, invalids and war widows, revolutionary fighters in 1989) where the coverage is also full if the services were provided in state health units, otherwise the percentage settled by the health insurance houses is 60%.

Examples of rates of the main dental treatments (2018):

Consultation[2] (includes the study model, as the case may be, the dental oncological control, the highlighting of the dental plaque by staining, as the case may be and the oral hygiene) = RON 133 lei /EUR 27

Treatment of simple cavities = RON 94 /EUR 19

Soothing dressing / endodontic drainage = RON 39 / EUR 8

Treatment of apical periodontitis - by incision - with anaesthesia = RON 109 / EUR 22

Extraction of permanent teeth with anaesthesia = RON 70 / EUR 14

Orthodontic / tooth grinding = RON 20 /EUR 4

Prosthesis repair[3] = RON 78 / EUR 16

Orthodontic appliance repair = RON 390 /EUR 80 - It is reimbursed for young people between 18 - 26 years old, if they are students, including high school graduates, until the beginning of the academic year, but not more than 3 months, apprentices or students and if they do not earn income from work.

Sealing / tooth[4] = 78 lei / 16 euros etc. It is 100% reimbursed for children up to 18 years old.

The Committee asked whether the legal recognition of gender for transgender people requires (in law or in practice) that they be subjected to sterilization or any other invasive medical treatment that could affect their health or physical integrity.

Law 119/1996 on civil status documents provides the conditions under which civil status documents may be amended, and the specific case of sex change is found in Chapter III - Registration of mentions in civil status documents, art. 43, lit. i): "*The birth certificates and, where applicable, the marriage or death certificates shall include mentions regarding the changes in the marital status of the person, in the following cases: (...) i) change of sex, after the final and irrevocable decision of the court ".*

Regarding the general rules on amending civil status documents, they are found in Law no. 287/2009 on the Civil Code, which specifies:

Article 100 para. 1: The annulment, completion or modification of the civil status documents and of the mentions inscribed on them can be done only on the basis of a final court decision.

Art. 101: Registration of the mentions on the civil status law. The annulment, completion, modification and rectification of a civil status act or of a mention inscribed on it, ordered by a final court decision or, as the case may be, by order of the mayor, shall be registered only by mention on the corresponding civil status act. For this purpose, the final court decision is communicated immediately, ex officio, by the court that ruled last on the merits.

At the same time, Law no. 119/1996 on civil status documents provides:

Art. 57: (1) The annulment, completion or modification of the civil status documents and of the mentions inscribed on them may be made only on the basis of a final and irrevocable court decision.

(2) In case of annulment, completion and modification of the civil status documents, the notification of the court is made by the interested person, by the civil status structures within the local or county community public services for the registration of persons or by

[2] There is only one consultation every 12 months for an insured person over 18 years old and one consultation every 6 months for children up to 18 years old.
[3] Granted once per year
[4] One procedure every other year

the prosecutor's office. The request is solved by the court in whose territorial area their domicile or headquarters is located, based on the verifications performed by the local community public service for the registration of persons and the conclusions of the prosecutor.

In Romania, medical services are provided in a unitary way for all patients. Also, there are several non-governmental organizations in Romania whose field of activity is the protection of the rights of LGBTI people and have addressed in a more structured form the governmental structures of recent years.

Paragraph 2

Consultation and education services

Education and raising awareness

By Order 446/2017 of the Minister of Health, the Standards, Procedure and methodology for the evaluation and accreditation of hospitals were approved. The normative act also includes the Standard on the promotion of the concept of "friend of the child", the criteria and requirements related to this standard being developed based on the 10 UNICEF steps for the promotion of breastfeeding.

Since 2017, the advertising of an advertising spot has started, through television networks with national coverage, regarding the advantages of exclusive breastfeeding in the first 6 months of the child's life. The insertion of the message "Exclusive breastfeeding of the baby in the first 6 months is essential for a healthy life", is done at the end of all advertising blocks that contain advertisements for products that could undermine breastfeeding.

The National Institute of Maternal and Child Health and the CRED Foundation, the Romanian-Swiss Centre for Health System Development have implemented the project "HOSPITAL-COMMUNITY, continuous care flow of the new-born and infant at high risk of illness and death", MySmis Code : 109586.

The project was co-financed from the European Social Fund through the Human Capital Operational Program 2014 - 2020 and had an implementation period of 36 months, between 27.12.2017 - 26.12.2020.

The project has contributed to improving the skill level of medical professionals by providing adequate and quality medical services to the new-born and infant, leading to a decrease in the number of neonatal and infant deaths, by improving indicators of child health, by training of staff involved in the implementation of priority health programs.

NIMCH partnered with PartNET Association, SAMAS Association and the Association of Independent Midwives in the program RENASC [Reborn], implemented through June 2018 – October 2019; the program made possible the building of a national network for promoting the reproductive health through integrated public policies, gathering 700 relevant persons from over 45 organisations, NGOs and public or private institutions. The program also includes insuring a better access to information and sexual education, as well as expanding the preconception and prenatal screening. The result of the program, namely the Action Plan for increasing the access to family planning services, was endorsed by MoH and will serve as a model for the next strategic policy framework and an operational plan for sexual and reproductive health in Romania 2020-2030.

Elements of health education can be found both at curricular and extracurricular level, as follows:

➢ ***At curricular level***, formulated in terms of contents and skills that students acquire, in the curricula of the common core Natural Sciences and Physical Education for primary education, Biology (anatomy, ecology, etc.) for middle school and high school;

By Order 3590 of April 5, 2016 of the Ministry of National Education and Scientific Research, the new framework plans for lower secondary education were approved, as well as the training profile of the high school graduate, and by MoE (Ministry of Education) Order 3393/28 February 2017, the new school curricula for lower secondary education were approved, the provisions of these normative acts being applied in the education system starting with the 5th grade, from the school year 2017 - 2018. In accordance with this legal framework in force for the period reference, the Biology discipline is compulsory throughout the gymnasium education, having allocated 1 hour per week in the 5th and 8th grades and 2 hours per week in the 6th and 7th grades.

Having as a starting point the competencies associated with the training profile of the high school graduate, among which we mention the manifestation of interest for a healthy life and the application of rules for maintaining a healthy life, through the school curriculum, Biology aims to achieve health education, including contents relating to: elements of hygiene and disease prevention (including of the human reproductive system), sexually transmitted infections. Also, in the curriculum are recommended a series of learning activities and teaching strategies, each teacher having the opportunity to diversify and customize them, so as to ensure equal opportunities and meet the training and educational needs of each student and each collectively as a whole. We exemplify such learning activities and teaching methods:

-analysing statistical data (for example: correlation of acts of violence / road accidents / morbidity-alcohol or drug use, irresponsible sexual behaviour - STI, unwanted pregnancy) in order to identify risky behaviours;

- drawing conclusions (for example: formulating rules of hygiene / healthy lifestyle, based on information extracted from various sources of documentation, on relationship and reproductive functions);

-participating in workshops for the elaboration / making of materials to promote a healthy lifestyle; debates, round tables on topics related to hygiene / risk behaviours;

-performing case studies from which to result the need to adopt some rules of personal hygiene in order to prevent diseases;

-recognizing the consequences of risky behaviours on health (for example: tobacco use, alcohol, drugs, unhealthy eating);

-watching movies, meetings with specialists in order to identify risky behaviours and make predictions about the medical and social consequences of adopting such behaviours (sedentary lifestyle, physical and intellectual overload, alcohol use, caffeine, drugs, STDs, pregnancy at an inappropriate age, etc.);

-making group projects, portfolios, reports, on various topics.

➢ ***In the school curriculum through the optional course Health Education***, valid for all pre-university education cycles (grades I-XII), which aims to promote the health and well-being of the student, personal development of the student and prevention of skills, attitudes with negative effects on human health and the environment. The school curriculum for the optional subject Health Education, approved by Order 4496/2004 of the Ministry of Education and Scientific Research, includes a series of references to sex education, through specific topics, including:

- Future plans: family, social relationships, the impact of sex life on the future;
- Unwanted pregnancy and abortion: risks, family planning;

- Reproductive and family health (responsible sexual behaviour; sexually transmitted infections; family life plans, social relationships, the impact of sexual life on the future; conception and pregnancy - risks of pregnancy in puberty and adolescence for mother and child; unwanted pregnancy and abortion - social services: family planning, counselling, sexual violence, sexual abuse, etc.);
- Forms of domestic violence (physical, social, economic, emotional, sexual);
- Reproductive and family health (Prenatal diagnosis; Sexuality legislation; Pornography and prostitution).

The content and the methodological approaches proposed by this school discipline promote a scientific, pedagogical, legislative perspective etc. on the issue of education for life and sex education;

➢ ***Within the school curriculum for optional subjects, for high school, adolescence and self-knowledge***, approved by MoE Order 5638 /11.12.2017. The program is structured on the basis of the following general competencies:

- Adopting a healthy lifestyle from the perspective of physical and socio-affective development in adolescence;
- Applying strategies of self-knowledge and collaboration with others, which help to develop self-esteem;
- Assuming responsibilities in interpersonal relationships, based on valuing peers and respecting their physical and mental health.

This curriculum encompasses:

- Physical and sexual development (transition from childhood to puberty and adolescence, physical development and development of secondary sexual characteristics specific to each sex; specific aspects in adolescence).
- Risk situations in adolescence (sexually transmitted diseases; teenage pregnancy and pregnancy crisis; support and mobilization options for successfully going through crisis periods).

In this context, we specify that all school programs, mentioned above, carry out sex education in a holistic manner, integrated with education for life and health, from the perspective of social, emotional and moral development of the child and adolescent.

The above-mentioned curricula are available at: http://programe.ise.ro/.

➢ ***Within Coordination classes/activities*** at the subject Personal development/orientation and counselling;

➢ **Within extracurricular educational activities** (education activities for health and healthy lifestyle) from the Scoala Altfel *(School differently)* program that is included in the structure of the school year. The program also includes the organization of competitions at county and national level in order to promote the best activities and capitalize on examples of good practice. We also mention the development of national competitions specific to this field: the national contest "Skilled Sanitarians", the contest of anti-drug projects "Together", the national contest of health care "Let's help!", The national contest "Your health matters", the national contest Mens sana in corpore sano ", National competition" Health education, preparatory class and grades I XI "etc.

The evaluation of health education, sexual and reproductive health education consists in evaluating the learning outcomes of both the compulsory subjects in the common core and the optional ones mentioned above.

Counselling and screening

The Committee requests information and statistics on access to counselling and screening programs in rural areas for women and children, as well as for the general population.

For the prevention of sexually transmitted diseases, the main national program is the National Program for the Prevention, Surveillance and Control of HIV Infection and was initiated in 2001. It currently has national coverage.

The objectives of the program are the following:

1. reducing the spread of infection HIV/AIDS through specific prevention actions, as well as early detection of infected persons among those with risk behaviour for the infection HIV/AIDS and of symptomatic HIV infected persons, through:

1.1. performing specific screening tests;

1.2. confirmation of the cases of HIV infection;

1.3. registration of the persons with HIV infection at the level of infectious diseases territorial units;

1.4. providing, in hospital and outpatient, ARV medicines necessary for post-exposure prophylaxis;

1.5. carrying out information-education-communication activities to promote behaviours with minimal risk of acquiring the infection HIV/AIDS.

2. reducing the morbidity associated with HIV infection by ensuring the treatment of sick persons with HIV/AIDS infection through:

2.1. registration of the persons with HIV/AIDS infection at at the level of infectious diseases territorial units;

2.2. providing, in hospital and in outpatient, ARV medicines for the treatment of the sick persons with HIV/AIDS infection;

2.3. providing, in hospital and in outpatient, of the necessary medicines for the prophylaxis of the main opportunistic infections associated with the HIV/AIDS infection;

2.4. ensuring the management of the HIV/AIDS sick person;

2.5. performing the genotypic resistance tests to ARV at the sick persons with HIV/AIDS infection in therapeutic failure;

2.6. increasing the adherence to treatment.

3. developing and adopting working methodologies for HIV testing in the community.

Cervical cancer is the most important and urgent public health problem for our country, with the highest incidence and mortality rates among those of the Member States of the European Union. The role of early detection and appropriate treatment is well established in cervical cancer, which is the prototype of the curable disease under the conditions of early detection.

The subprogram for active early detection of cervical cancer by performing Babeş-Papanicolau testing in the eligible female population, under screening, was initiated in 2012.

The goals of the program are to prevent and combat cervical cancer and strengthen the capacity of the health system to control and fight cervical cancer nationwide. The main

objective of the program is to reduce the incidence of invasive forms of cervical cancer and specific mortality from cervical cancer.

To achieve this goal, the program offers free testing of all women in the age group 25-64 years, over a period of 5 years.

Every year, within the framework of the National Health Promotion Program of MoH, with the occasion of World Day of Contraception in 26 August, dissemination activities were carried out by the Public Health Directorates and implemented in collaboration with local partners. Through the support of community nurses and health mediators those activities targeted also women from vulnerable population.

Starting with 2016, each year the community nurses and the heath mediators were trained for healthy eating and nutrition in vulnerable Roma communities; 4,500 kits, containing methodological instruments and covering 7 health promotion themes implemented in Roma population communities were distributed and 108,500 persons belonging to Roma minority benefited from a project developing the inter-sectoral collaboration for a better health status of the population, especially vulnerable groups.

The **Roma health mediators** are also contributing to the dissemination of basic notions on a healthy lifestyle, of information on the access of community members to health care and medico-social services and on public health campaigns (such as immunisation programmes, identifying transmissible diseases).

Another important vector in dissemination the essential information on the basics of child care and the benefits of breast feeding and vaccines, the advantages of the health insurance system, on healthy eating, in presenting the benefits of family planning and facilitating the communication with healthcare professionals is **the community team**. This team, consisting of a community nurses and a health mediator, monitors and supports, for medical or/and social issues, the most vulnerable persons.

The number of health mediators grew from 391 in 2014 to 456 in 2019 and of community health nurses from 982 in 2014 to 1694 in 2019.

These professionals assisted a constantly growing number of beneficiaries, as the table below indicates.

Year	Total number of beneficiaries, out of whom:	Pregnant women and recent mothers	Children (aged below 18 years)
2017	618,380	31,750	135,500
2018	665,412	30,950	147,443
2019	765,232	27,650	299,100

This community health mediation and nursing was regulated in 2017 through GEO no. 18/2017 on **community health nursing, a legal act** epresenting an important milestone within the efforts to ensure access to basic integrated healthcare and community services for disadvantaged people, including persons belonging to Roma minority. Besides regulating, in a law level act, the activity of community medical assistance (through community medical nurses, sanitary mediators and midwives) along with basic social services (through social workers), it also introduces the concept of integrated community centres. Integrated

community centres are financeable through Regional Operational Programme 2014-2020 complementarily to the project concerning integrated community services financeable through Human Capital Operational Programme 2014-2020.

The information on the activity led by community nurses and health mediators is to be read in connection with the elements on projects developed by the Ministry of Health as described above under paragraph 1 of Article 11.

Paragraph 3

Prevention of diseases and accidents

A healthy environment

The Committee wishes to receive up-to-date information on levels of air pollution, drinking water contamination and food poisoning during the reference period, i.e. whether trends in these levels have increased or decreased. It also requests information on noise pollution, waste management, asbestos risks.

The "*Health and Environment Report*", annual report, public document that can be accessed on the INSP website (https://cnmrmc.insp.gov.ro/en/rapoarte) contains updated information on air pollution levels (assessment of the health impact of pollutants in ambient air in urban areas), contamination of drinking water (water quality distributed centrally in large supply areas, monitoring of drinking water quality centrally distributed in small supply areas, monitoring of bathing water quality, monitoring the quality of well water and artesian water for public use, monitoring of bottled drinking water - other than natural mineral waters or than spring waters) and food poisoning (the role of food in food poisoning outbreaks in Romania) between January 1, 2016 - December 31, 2019. The same report contains information for the requested period and regarding the system monitoring management of waste resulting from medical activity.

In general, the monitoring of these factors shows an improvement for the last years, however there are still non-compliances that must be remedied through a joint effort with the other competent authorities (Ministry of Environment, Waters and Forests, Ministry of Economy, Entrepreneurship and Tourism, Minister of Energy, Ministry of Finance, Minister of European Investments and Projects).

Regarding the assessment and management of air quality at national level is regulated by Law No. 104/2011 on ambient air quality, with subsequent amendments, by establishing measures to maintain air quality where appropriate and improve it until reaching levels that does not present a significant risk to the health of the population and the environment.

National legislation in the field of air quality, approved between January 1, 2016 - December 31, 2019:

- Government Decision no. 806/2016 for the amendment of the annexes no. 4, 5, 6 and 7 of Law no. 104/2011 on ambient air quality;
- Order of the Minister of Environment, Waters and Forests no. 36/2016 on the approval of the lists of administrative-territorial units drawn up following the inclusion in the evaluation regimes of the areas in the areas and agglomerations provided in annex no. 2 of Law no. 104/2011 on ambient air quality;
- Order of the Minister of Environment no. 598/2018 regarding the approval of the lists with the administrative-territorial units drawn up following the classification in the management regimes of the areas in the areas and agglomerations provided in annex no. 2 of Law no. 104/2011 on ambient air quality, with subsequent amendments in the first management regime agglomerations: Bucharest (PM10, PM2.5, NOx, C6H6),

Bacău (NOx), Brăila (NOx), Brașov (NOx , PM10), Constanța (NOx), Cluj (NOx, PM10), Craiova (NOx, PM10), Galați (NOx), Iași (NOx, PM10), Pitești (PM10), Ploiești (NOx, PM10), Timișoara (PM10).

- Order of the Minister of Environment no. 657/2018 for the approval of protection zones for fixed air quality measurement points, included in the National Air Quality Monitoring Network.

Air quality assessment at national level is carried out in 13 agglomerations and 41 areas of ambient air quality assessment, according to Law no. 104/2011, by measurements at fixed points performed through the National Air Quality Monitoring Network (RNMCA), for all the indicators provided in Annex no. 1 of the Law or, as the case may be, by mathematical modelling of the dispersion of pollutants emitted into the atmosphere.

From the analysis of trends in the evolution of measurements, between January 1, 2016 and December 31, 2019, it is found that exceedances of daily / annual limit values were recorded for the following indicators: nitrogen dioxide (NO2), benzene (C6H6), suspended particles (PM10 and PM2.5) and ozone (O3) in several areas of the zones and agglomerations provided in Annex no. 2 of Law no. 104/2011. Taking into account these exceedances, the Order of the Minister of Environment no. 598/2018.

We mention that in the areas and agglomerations where the level of pollutants exceeds the limit value / target value, the local authorities must elaborate air quality plans so that the exceeding period is as short as possible.

In accordance with the legislation in force, effective action to reduce air pollution must be taken by local authorities and economic agents in areas and agglomerations, on the basis of air quality plans and air quality maintenance plans which must contain effective measures and quantifiable, to estimate the planned improvement in air quality as well as the expected timeframe for reaching the limit values.

Representatives of local public authorities for health, transport, agriculture, statistics, internal affairs, stakeholders, etc. participate in the elaboration of air quality plans.

In Romania, the air quality plan is elaborated on the basis of an air quality study, elaborated by natural or legal persons authorized in accordance with the provisions of GD no. 257/2015 Methodology for developing air quality plans, short-term action plans and air quality maintenance plans and approved by decision of the local council.

Informing the public about air quality is done through external panels for displaying data on ambient air quality, as well as on the websites of environmental protection agencies, where information bulletins are published daily on general daily air quality indices, according to the Order MMGA 1095/2007 for the approval of the Norm regarding the establishment of air quality indices in order to facilitate the public information.

In 2017, the Ministry of Environment launched, in a new, improved and more friendly version for the public, the website www.calitateaer.ro. For the development of the site, the modification and optimization of the central air quality data collection and processing system were considered, modifications that were based on the requirements related to the satisfaction of the data reporting needs at European level, as well as the optimization of the mode. transmission and visualization of data and, implicitly, of the publicly accessible web interface.

The most important action to improve air quality and human health is to combat pollutant emissions at source and to identify and implement the most effective measures to reduce emissions at local, national, regional and global levels. The medium and long term goal is to achieve air quality levels that do not affect or induce an unacceptable risk to human health and the environment.

In this regard, it is necessary to act at different levels to reduce exposure to air pollution by: promoting the necessary legislation, cooperation with the sectors responsible for air pollution, cooperation of local authorities responsible for developing and implementing air quality plans, cooperation with NGOs and the development of air quality research.

Regarding food poisoning (TIA), the following information was reported during the reference period[5]:

Year	No. of outbreaks	No. of consumers	No. of sick people	No. of people admitted	No. of deaths
2019	51	2252	450	288	0
2018	47	2954	371	215	0
2017	34	2176	501	174	0
2016	63	6284	643	437	0

The large number of reported consumers, compared to the number of patients in the same outbreaks is due to the outbreaks of TIA - public / collective food.

The monthly distribution of TIA outbreaks indicates a maximum in the warm months, respectively May - September.

The foods incriminated in the TIA outbreaks were represented by the following groups:

a) "ready-to-serve meals" that came from the kitchen of the pension / school / kindergarten / restaurant / pizzeria where they were eaten, but also from the private household;

b) milk and milk products that were purchased from private producers and from the canteen of the cottage / pension / restaurant where they were consumed;

c) eggs and egg products that have been purchased mainly from private producers and from their own household;

d) poultry meat and poultry meat preparations that were purchased from the catering company, fast food, restaurant where they were consumed;

e) cakes that have been purchased from an unknown source (street vendor) and from a private household;

f) foods coded "other". Favouring factors were the existence of contaminated persons and contaminated equipment, inadequate storage of food;

g) pig meat and pig meat based products which have been purchased from a known private household. Favouring factors were the inadequate storage of food, the use of contaminated ingredients.

Tobacco, alcohol and drugs

Statistics on tobacco use

Evolution of indicators on tobacco use between 2011 and 2018 according to GATS (Global Adult Tobacco Survey). In Romania, current tobacco use (for smoking, smoke-free and / or

[5] Source: "*Health and Environment Report*", annual report, public document that can be accessed on the INSP website (https://cnmrmc.insp.gov.ro/en/rapoarte)

heated tobacco products) increased significantly from 26.8% in 2011 to 30.7% in 2018, representing a relative increase of 14.9%. The prevalence of regular smokers was significantly higher in 2018, for the general population (30.2 in 2018 compared to 26.7% in 2011), among women (21.2% in 2018 vs. 16.7% in 2011, relative increase of 27.0%,) and among young adults, 15-24 years (33.5% in 2018 vs. 22.6% in 2011, with a relative increase of 48.3%). The prevalence of daily tobacco smoking increased from 24.3% in 2011 to 27.4% in 2018 (a relative increase of 12.5%).

The average age of initiation of daily smoking among those aged 20-34 who are or have been daily smokers, has increased significantly from 17.1 years in 2011 to 17.9 years in 2018.

The prevalence of exposure to environmental tobacco smoke (second-hand smoke) decreased significantly between 2011 and 2018. The percentage of adults exposed to second-hand smoke at home decreased significantly from 35.4% in 2011 to 31.9% in 2018, with a relative decrease of 9.7%. Among non-smokers, the trend was even more evident from 24.4% in 2011 to 18.2% in 2018 (a relative decrease of 25.7%). The percentage of adults exposed to second-hand smoke at work decreased significantly from 34.2% in 2011 to 10.1% in 2018 (a relative decrease of 70.5%). Exposure to second-hand smoke among those who visited various public places decreased significantly: in government buildings from 20.7% to 6.4% (relative decrease of 68.9%), in restaurants from 86.6% to 7.5% (relative decrease of 91.3%), in bars and nightclubs from 94.4% to 27.5%) (relative decrease of 70.9%), in schools from 25.1% to 12.9% (relative decrease of 48.6%), in universities from 47.5% to 28.7% (relative decrease of 39.6%), in public transport from 8.9% to 4.2% (relative decrease of 53.4%).

The *percentage of smokers advised by healthcare providers to quit smoking* decreased significantly from 67.3% in 2011 to 57.1% in 2018, (relative decrease of 15.1%). The same trend was observed in the case of attempts to quit smoking (37.8% of current smokers had an attempt to quit smoking in 2011, compared to 23.8% in 2018). The percentage of adults who noticed health warnings on cigarette packs fell significantly from 97.9% in 2011 to 94.8% in 2018. However, the percentage of adults who thought about quitting smoking due to these warnings decreased significantly from only 30.6% in 2011 to 21.9% in 2018 (a relative decrease of 28.3%). In 2018, only 86.0% of adults considered that inhaling tobacco smoke from others causes serious illness among non-smokers, compared to 94.2% in 2011.

Exposure to any form of advertising, promotion or sponsorship for cigarettes decreased from 37.7% in 2011 to 36.4% in 2018. Although this trend was observed in all age groups, the proportion of young adults (15-24 years) remains high (48.7%). The average monthly expenses of regular smokers of manufactured cigarettes increased significantly from RON 325.8 in 2011 to RON 482.6 in 2018. The adjusted average price for a pack of 20 cigarettes increased from RON 13.6 to 16.8 RON (relative increase of 23.4%). The accessibility of cigarettes, however, has not changed: the cost of 100 packs of cigarettes manufactured, as a percentage of GDP per capita, was constant from 2011 to 2018 (4.5%)

Tobacco use in children and teenagers

In Romania, a constant evolution can be observed from 2005/2006 (12%) to 2017/2018 (19.88%) of the frequency of 15-year-old girls who smoke at least once a week. Compared to 2015-2016 (27.14%) in boys there is a downward evolution of the frequency of 15-year-old boys (24.67%) who report this behaviour

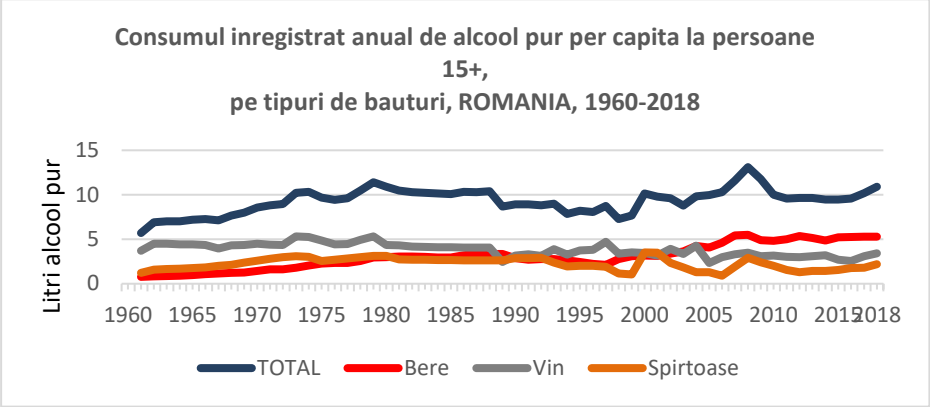
The Global Youth Tobacco Study (GYTS 2017) conducted on a representative sample of 4,395 students aged 13-15 in grades 6-8 found that: 14.6% of students (16.4% of boys and 12, 5% of girls) used tobacco products; 8.6% of students (9.8% of boys and 7.3% of girls) smoked cigarettes; 3.1% of students (3.8% of boys and 2.3% of girls) used heated tobacco products (such as iQOS or GLO). 28.0% of smokers tried a first cigarette before the age of 10. According to the study, 15.5% smoked electronic cigarettes at least once in their lifetime, significantly more boys (18%) than girls (12.7%); 8.2% smoke electronic cigarettes regularly (in the last 30

days), a percentage as high as for regular cigarettes (8.6%), significantly more boys (10.1%) than girls (5 , 9%). The percentage of boys who smoke electronic cigarettes is higher than that of those who smoke regular cigarettes (10.1% versus 9.8%).

Statistics on alcohol use

At the level of the WHO information system (GISAH) there are annual records for Romania, starting with 1961 for the registered consumption of alcohol, total and by types of drinks (wine, beer, spirits) (see Figure no. 1). We find that if in 1961 Romania had a registered consumption of alcohol per adult inhabitant (15+) of 5.7 / l pure alcohol / year, this consumption doubled, reaching in 2009 to 11.77 l pure alcohol / inhabitant / year. However, it should be noted that, starting with 2010, there is a slight decrease in alcohol consumption (from 10.01 in 2010 to 9.57 in 2016). Since 2017, consumption has started to increase slightly, reaching 10.9 l of pure alcohol / year in 2018.

Figure 1



Sources:

- WHO_Global Information System on Alcohol and Health (GISAH)
- for 2018 the National Statistics Institute

Statistics on drug use[6]

During the reference period, the National Anti-Drug Strategy for 2013-2020 continued to be implemented in Romania. The reference document addresses the phenomenon of drug, alcohol and tobacco use, as well as drug trafficking.

The main drugs used in Romania

According to the results of the last general population study – GPS 2019, the lifetime prevalence of the consumption of any type of illicit drug in general population is identified at 11.9%. The prevalence in the last year of illicit drug use is 6.7%, while as regards to the drug use in the last month, there is a prevalence of 4.2%. Compared to the previous study, there is an increase for all three types of consumption. The differences recorded in trend can be explained by the renewed interest in new psychoactive substances consumption, but also by the evolution of cannabis use, which, although registering the lowest values in Europe, continues its upward trend (at a slower growth rate, compared to the one recorded

[6] Source: National reports on the drug situation in 2016, 2017 and 2018 available on the website of the National Anti-Drug Agency (http://ana.gov.ro/rapoarte-si-studii/).

in previous periods). For the first time, first place in the „top" of the most used illicit drugs in Romania is held by the new psychoactive substances (NSP) – 6.3 %. The following places are occupied by cannabis – 6.1%, cocaine / crack – 1.6%, over-the-counter drugs – 1.5%, ecstasy – 1.0%; for values registering below 1%, the situation is hereunder: heroin – 0.9%, LSD – 0.5%, amphetamines – 0.2%, solvents / inhalants – 0.1%.

In terms of age-class, regardless of the time period analyzed, the highest prevalence are recorded in the 15-34 age groups, confirming the results of other studies, according to which this is the age group with the highest risk of consumption: 16.9%, 10% and 6.6%, respectively. For the adult population (35-44 years), records show prevalence over 3 times lower: 4.7%, in case of experimental consumption; 2.1%, in case of recent consumption; and 1.3%, in case of current consumption.

Compared to the previous study, it can be noted an increase in the experimental use of illicit drugs, from 7,6% to 10,7%, but also in recent and current use: from 4,1% to 6,0%, respectively from 1,7% to 3,9%.

The differences recorded in trend can be explained by the renewed interest in new psychoactive substances, but also by the evolution of cannabis use, which, although registering the lowest values in Europe, continues its upward trend (at a slower growth rate, compared to the one recorded in previous periods).

The evolution of vaccine coverage by vaccine types for 2016-2019:

	AV% 18 months			
	2016	**2017**	**2018**	**2019**
BCG	95,5	96,8	96	96,3
3 doses of paediatric Hep B.	89,8	92	92,6	90,1
3 doses of DTP	89,1	82,2	86,2	87,8
3 doses of IPV	87,5	82,2	86,2	87,8
3 doses Hib	87,5	82,2	86,2	87,8
1 dose RRO	85,8	86,5	89,6	89,5

Source: INSP-CNSCBT

The Committee requests information on all types of accidents and the measures taken to prevent them.

According to *data recorded by GPs*, the rate of 000,000 inhabitants of the resident population for accidents of all causes, had in the period 2016-2019 an initially oscillating evolution increasing from 1443.8% 000 inhabitants in 2016 to 1652.9% 000 inhabitants in 2017, to it then decreased in 2018 to 1234.1% 000 inhabitants, later increasing again to 1411.3% 000 inhabitants in 2019.

The data for each type of accident/year are presented in the table below.

Death caused stated to the GP	**000% rate inhabitant resident population**			
	2016	**2017**	**2018**	**2019**
Transport accident	49.8	40.9	40.0	41.7
Water transport accidents	6.0	4.1	0.4	2.4
Air transport and space flight accidents	0.2	0.5	0.2	0.5
Transport accidents, other and without specification	23.8	18.0	21.9	19.4
Falling	920.3	914.9	791.2	846.5
Exposure to mechanical forces	165.5	144.5	155.7	151.1
Drowning and accidental submersion	4.1	1.2	3.3	4.3
Expose to electricity, radiation, temp., Extreme pressures	3.1	3.1	2.3	4.3
Expose to smoke, fire, flake, and subst. the burning	25.9	23.1	21.4	23.3
Exposure to the forces of nature	7.3	6.3	4.9	4.9
Accidental poisoning by exposure to harmful substances	1.5	1.3	1.4	2.2
Accidental exposure to factors, others and without specification	156.6	420.7	143.5	140.9
Self-inflicted injuries	4.9	5.1	3.8	4.0
Aggression	12.1	10.4	9.2	9.5
Events whose intention is not specified	51.9	50.4	23.6	143.1
Public force intervention / accidents in case of war	0.1	0.2	0.1	0.9
Complications of medical and surgical care, medications, subst.bio.	10.8	8.5	11.1	12.4
Total	1443.8	1652.9	1234.1	1411.3

Source: INSP-CNSISP

According to the *data reported* by the hospitals under contract with CNAS according to the Order of the Minister of Health no. 1782/2006, the rate %000 inhabitant resident population for accidents of all causes, had in the period 2016-2019 an oscillating evolution, initially decreasing from 949.2% 000 inhabitants in 2016 to 946.0% 000 inhabitants in 2017, to increase then in 2018 to 960.6% 000 inhabitants, later decreasing again to 936.1% 000 inhabitants in 2019.

The data for each type of accident/year are presented in the table below.

Name of discharge cause by accident	000% rate local resident population			
	2016	2017	2018	2019
TOTAL	**949.2**	**946.0**	**960.6**	**936.1**
Transport accident	82.1	80.4	79.0	77.5
Water transport accidents	0.1	0.1	0.1	0.1
Air transport and space flight accidents	0.0	0.0	0.1	0.0
Transport accidents, other and without specification	3.2	3.0	3.0	2.5
falling	525.2	525.6	540.6	524.0
Exposure to mechanical forces	154.1	152.5	150.2	146.4
Drowning and accidental submersion	3.1	3.1	3.2	3.3
Expose to electricity, radiation, temp., Extreme pressures	1.5	1.7	1.8	1.4
Expose to smoke, fire, flake, and subst. the burning	31.9	32.3	33.3	32.9
Exposure to the forces of nature	2.8	5.1	3.2	2.7
Accidental poisoning by exposure to harmful substances	8.3	8.1	8.3	8.2
Accidental exposure to factors, others and without specification	19.0	19.6	21.4	21.8
Self-inflicted injuries	10.1	8.6	8.7	7.8
Aggression	42.6	38.1	37.6	34.7
Events whose intention is not specified	25.2	27.5	28.2	29.9
Public force intervention / accidents in case of war	0.1	0.0	0.1	0.0
Complications of medical and surgical care, medications, subst.bio.	34.7	36.1	38.2	39.1
While engaged in sports or leisure activities	5.4	4.2	4.0	3.8

Source: INSP-CNSISP

The dynamics of **serious traffic accidents a**nd their consequences, produced at national level during the reference period was as follows:

Year	Accidents	Deaths	Seriously injured
2016	8683	1912	8285
2017	8639	1951	8169
2018	8569	1867	8124
2019	8643	1868	8125

Regarding the number of ***crimes***, at national level, for driving under the influence of alcohol and psychoactive substances, the situation is as follows:

Denumirea contravenției/infracțiunii	2016	2017	2018	2019
offense of driving a vehicle under the influence of alcoholic beverages	8511	8493	9080	9494
offence of driving a motor vehicle under the influence of psychoactive substances	60	145	337	728
contravention sanctions applied for *driving a vehicle under the influence of alcoholic beverages*	11.926	11.988	12980	18.676

The increase of the previously mentioned statistical data must be corroborated with the fact that, starting with 2017, within the traffic police territorial structures, a number of 140 devices (95 Drager devices and 45 AquilaScan devices) have been installed, devices meant to establish the presence of psychoactive substances, thus extending and streamlining the activity of detecting the crimes of driving a vehicle under the influence of psychoactive substances.

Legislative amendments in the field of traffic on public roads for 2016-2019, were adopted as follows:

- ***Government Emergency Ordinance no. 195/2002 on traffic on public roads*** was amended, during the reference period, as follows: by Law no. 93 of May 11, 2016, Government Emergency Ordinance no. 41 of June 28, 2016, Government Ordinance no. 14 of August 18, 2017, Government Emergency Ordinance 90 of December 6, 2017; Law 203 of July 20, 2018, Government Emergency Ordinance 96 of November 9, 2018, Law 349 of December 27, 2018, Law 345 of December 27, 2018, Law 130 of July 11, 2019, Law 152 of July 24, 2019; Government Ordinance 11 of August 12, 2019, Law 241 of December 20, 2019 and Law 252 of December 23, 2019;
- ***The Regulation for the application of Government Emergency Ordinance 195/2002*****,** approved by Government Decision 1391/2006 was amended during the reference period by Government Decision 965 of December 15, 2016.

Preventive-educational projects aimed at raising awareness of all categories of road traffic participants about the risks they are exposed to when they do not comply with road rules, as well as to determine road traffic participants to adopt a preventive behaviour, in order to reduce road risk nationally:

- **in 2016** the projects "Survivors" - "Cheat the belt, Fool your life!", "Road education, Education for life!", "Green for education, for traffic", as well as "Open day for children" were organised on the occasion of International Children's Day;
- **in 2017:** "Exact time for safety", "We love 2 wheels", "Safe vacation", "Be smart in traffic!", "Be awake at the wheel", "Give up the steering wheel when you drink!", "Road education, Education for life!", "Green for education, for traffic", as well as "Road education hour";
- **in 2018**: "Road education class", "Drivers of grade 10!", "Be awake at the wheel", "A mother in need knows herself", "Road education, Education for life!", " Attention in traffic ", as well as" Green in education, for traffic ";
- **in 2019**: "Road education class", "Drivers of grade 10!", "Stop fatigue at the wheel! For your safety, rest! "," Open Day for Children" were organised on the occasion of International Children's Day," Road Education, Education for Life! "," A Mother that

helps you",“ Irreparable Trauma ",“ Be smart in traffic! ", as well as“ Be careful in traffic! "The forty thousand."

- ✓ The project "***Road education class***" took place in **4 cities** (Bucharest, Cluj-Napoca, Arad and Timisoara), with a number of 75,500 beneficiaries (teachers and students);
- ✓ The campaign "***Survivors" - "You cheat the belt, You fool your life***!" took place in **6 cities** (Bucharest, Târgoviște, Iași, Constanța, Brașov and Timișoara), with a number of **3,500 physical beneficiaries** and an indefinite number of beneficiaries in the online environment;
- ✓ The preventive-educational projects "***Green for education, green for traffic***", "***Road education, Education for life***!", "***Open day for children***" and "***We love 2 wheels***" took place **at a national level**, organized by the territorial road police structures, with a number of **5,000, 2,050, 8,200**, namely **300** beneficiaries.

Article 12 The right to social security

Paragraph 1 Creating a social security system

Risks covered, financing benefits and protected persons

The Committee requests that the next report provide all relevant information on the changes to the social security financing system in view of the important reform that took place in 2017.

From the perspective of the fiscal regulations adopted in the reference period 2016 - 2019, the Government Emergency Ordinance 79/2017 for the amendment of Law 227/2015 on the Fiscal Code, a normative act aimed at reforming the public social systems in Romania, making employers responsible for the timely payment of mandatory social contributions due, as well as increasing the degree of revenue collection to the social insurance budget. It is important to mention that the measures adopted by GEO 79/2017 for the amendment of Law 227/2015 on the Fiscal Code, with subsequent amendments and completions, did not change the conditions for granting social benefits specific to social insurance systems in Romania. In this context, the reduction of the number of compulsory social contributions from 9 (employee and employer) to 3 (CAS[7], CASS[8] and CAM[9]) did not produce effects on social insurance systems.

In fact, through the transfer of social contributions, their level decreased by only 2 percentage points, so that out of the total of 39.25% contributions that were paid at a gross salary, from 2018, 37.25% are paid. Of the 22.75% contributions due by the employer, 20 percentage points were transferred to the employee. In total, from the gross salary, 35% are contributions due by the employee and retained by the employer for the employee and the remaining contributions borne by the employer, respectively 2.75% (after the transfer of 20 points to the employee), decreased to 2.25% and covers the risks of unemployment, accidents at work, sick leave, salary claims. The latter are contained in a single contribution, called a work insurance contribution.

At the same time, we mention that the contributions for difficult and special working conditions that the employer still owes have decreased:

- CAS for difficult working conditions decreased from 31.3% to 29% (-2.3 percentage points);

[7] CAS – Social security contribution.
[8] CASS - Social health insurance contribution.
[9] CAM – Occupational insurance contribution.

- CAS for special working conditions decreased from 36.3% to 33% (-3.3 percentage points).

The occupational insurance contribution was introduced in conjunction with the measure to reduce the number of social security contributions and to ensure the establishment of social security funds in accordance with the principles underlying social security systems such as the principle of contributory and social solidarity without infringing Revised European Social Charter or other EU regulations.

The contribution is due to natural and legal persons who have the status of employers or are assimilated to them and is intended to fund the Guarantee Fund for the payment of salary claims and to ensure the necessary for the payment of social security benefits for employees, respectively unemployment benefits, benefits received for sick leave or expenses for accidents at work and occupational diseases.

The same normative act changed the way of establishing the CAS and the CASS, in the sense that the natural persons who realize incomes from independent activities no longer owe the social contributions on the realized income. Thus, starting with January 1, 2018, the CAS calculation base is the chosen income which cannot be lower than the minimum gross salary per country, and the CASS base is the minimum gross salary per country. Also, persons who earn monthly income from self-employment below the minimum gross wage in the country are not required to pay CAS and CASS, but may opt for the payment of the contribution, under the same conditions as those who are required to pay the contribution.

Compared to those presented above, we mention that the transfer of social obligations did not affect the level or conditions for granting social benefits, which are established by special laws, the reform arising from the need to simplify the system of administration and collection of tax receivables.

With regard to the Committee's finding as to the extent to which the population is covered by the unemployment insurance scheme, we note that, once the employer's compulsory social security contributions have been transferred to the employee and the employer has paid the employment insurance contribution, employees are insured unemployment insurance system.

As a result, the Government Emergency Ordinance 79/2017 respects the provisions of the Romanian Constitution and the European Social Charter regarding the ensuring of a real social and health protection of citizens both in and outside the work environment, by adapting the legal and institutional mechanisms to the standards and values specific to European democracies, as well as by continuing internal reforms in all areas of social life.

Regarding the paragraph from the conclusions of art. 12 par. 1 according to which the active population in 2015 was 9,159,000 people, the National Institute of Statistics made the following observation: reporting to the population, as addressed in the document, is not the most appropriate. The value corresponds to the population by domicile - provisional data as of July 1, 2015, but the scope of the survey is the resident population; In general, as long as only people aged 15 and over can be active - the ratio to the total population is not exactly appropriate.

Therefore, the National Institute of Statistics proposes to eliminate the reference to the population, possibly replacing it with the value of the activity rate (which is the percentage ratio between the active population and the population aged 15 and over) - 54.5% - in 2015.

In this sense, the most recent annual data are those of 2019 - active population: 9,033,695 people, and activity rate: 55.1%.

With regard to ***occupational accidents and diseases*****,** the Committee requests that the following report provide information on the number of people covered by the total active population.

Chapter II - "Insurance reports and insured risks" of Law 346/2002 on insurance for occupational accidents and diseases has been amended as follows:

- art. 6 on the individual insurance contract, of Law 346/2002, republished, with subsequent amendments and completions, was repealed;
- the volunteers who carry out their activity within the voluntary emergency services, based on the volunteering contract, during their participation in interventions or during the time required for them to prepare for interventions, have been mandatorily insured, under the law.

The active population in Romania is insured in the insurance system for occupational accidents and diseases, as occupational risks are manifested during the active period of a person.

The number of active employees is **5,522,541 as of 31.01.2019 and 5,574,172 as of September 30, 2020,** according to the data provided by the Labour Inspectorate and published on the website of the Ministry of Labour and Social Protection.

The Committee considers that a significant percentage of the active population is covered by unemployment insurance.

The legal framework established by Law 76/2002 on the unemployment insurance system and the stimulation of employment, regulates a series of measures aimed at both stimulating employment and increasing employment in the labour market and preventing unemployment and protecting people in the insurance system for unemployment.

Under Article 5, point IV of the above-mentioned law, the unemployed person is the person who cumulatively meets the following conditions:

a. is looking for a job from the age of at least 16 and until the retirement conditions are met;

b. the state of health and the physical and mental capacities make it fit for the performance of a job;

c. does not have a job, does not earn income or earns, from activities authorized by law, income lower than the value of the reference social indicator of unemployment insurance and employment stimulation, in force;

d. is available to start work in the next period, if a job is found.

Under Article 17 (2), the following persons are assimilated to the unemployed:

a. graduates of educational institutions of at least 16 years old, who have failed to find work according to professional training;

b. graduates of special schools for people with disabilities of at least 16 years old, who have failed to find work according to professional training.

Pursuant to Article 18 of Law 76/2002, with subsequent amendments and completions, the insured can be:

a. Romanian citizens who are employed or earn income in Romania, in accordance with the law, except for retired persons;

b. Romanian citizens working abroad, in accordance with the law, except for retired persons;

c. foreign citizens or stateless persons who, during the period in which they have their domicile or residence in Romania, are employed or earn income, in accordance with the law, except for retired persons.

Insured persons are entitled to unemployment benefits, under the law.

Pursuant to the provisions of Article 5, point V, of Law 76/2002, with subsequent amendments and completions, within the meaning of the provisions of this law, the contribution period is the period of time for which the person was compulsorily insured in the unemployment insurance system, as well as the period of time for which the person was optionally insured by concluding an unemployment insurance contract and by payment under this contract to insure the contribution to the unemployment insurance budget.

According to the provisions of Article 34 of the invoked law, the unemployed receive unemployment benefits if they cumulatively meet the following conditions:

a. have a contribution period of at least 12 months in the last 24 months prior to the date of registration of the application;

b. do not have income or have income from activities authorized under the law, but of lower than the reference social indicator, in force;

c. do not meet the retirement conditions;

d. are registered with employment agencies under whose territorial area they have their domicile or, as the case may be, their residence, if they had the last job or made income in that township.

Pursuant to Article 39 (1) of the previously-mentioned Law, the unemployment benefit is granted for different periods, depending on the contribution period, as follows:

a. 6 months, for persons with a contribution period of at least one year;

b. 9 months, for persons with a contribution period of at least 5 years;

c. 12 months, for persons with a contribution period that exceeds 10 years.

According to paragraph 2 of the same article, the unemployment benefit is an amount granted monthly and in a differentiated manner, depending on the contribution period, as follows:

a. 75% of the value of the reference social indicator of unemployment insurance and employment stimulation, in force at the date of its establishment, for persons with a contribution period of at least one year;

b. the above-mentioned amount plus an amount calculated by applying a percentage differentiated according to the contribution period to the average gross monthly basic salary for the last 12 months of the contribution period,.

The percentage quotas differentiated according to the contribution period are:

a. 3% for persons with a contribution period of at least 3 years;

b. 5% for persons with a contribution period of at least 5 years;

c. 7% for persons with a contribution period of at least 10 years;

d. 10% for persons with a contribution period of at least 20 years.

The value of the reference social indicator is 500 RON.

According to article 40, of the mentioned law, the unemployment indemnity is granted to graduates for a period of 6 months and is a fixed, monthly amount, the amount of which

represents 50% of the value of the reference social indicator, in force at the date of its establishment. Unemployment benefit is granted only once for each form of education completed.

According to the provisions of Article 39 (4) of that law, for persons who have been insured under an unemployment insurance contract, when determining the amount calculated by applying a percentage differentiated according to the contribution period, it will be taken into account monthly income declared in the unemployment insurance contract.

According to article 6 of Law no. 76/2002, with subsequent amendments and completions, at national and territorial level, the situations and evolutions on the labour market are monitored, mainly, with the help of a system of statistical indicators established by the National Institute of Statistics in collaboration with the Ministry of Labour and Social Protection.

Unemployment rate registered in 2016

The main indicators that characterized the civil labour force, according to the data provided by the National Statistics Institute (Labour Balance on January 1, 2016), were presented at the beginning of the year as follows:

- labour resources - 12,481.1 thousand people;

- active civilian population - 8,776.8 thousand people;

- the population in professional training and other categories of working age population - 3,704.3 thousand persons;

- the employed civilian population - 8,340.6 thousand people, out of which 5,041.1 thousand employees

According to the information extracted from the ANOFM database, the insured population in the unemployment insurance system numbered 6,616,527 thousand people.

The unemployment rate registered in 2016 was at a low level, with a downward trend in almost all months of the year, reaching from 4.90% in January 2016, to 4.77% in December 2016.

The number of unemployed persons experienced a downward trend until July, in August this indicator registered the value of 78,950, increasing compared to the previous month (July - 68,091 people). In December, the number of unemployed persons was 90,111 people (21.5% of the total number of unemployed registered at the end of the reporting year).

Unemployment rate registered in 2017

The main indicators that characterized the civil labour force, according to the data provided by the National Statistics Institute (Labour Force Balance on January 1, 2017), were presented at the beginning of the year as follows:

- labour resources - 12,562.1 thousand people;

- active civilian population - 8,735.8 thousand people;

- the population in professional training and other categories of working age population - 3,826.2 thousand people;

- employed civilian population - 8,317.6 thousand people, out of which 5,223.8 thousand employees

According to the information extracted from the ANOFM database, the insured population in the unemployment insurance system numbered 6,644,155 thousand people.

At the end of December 2017, the registered unemployment rate was 4.02%, thus reaching a historical minimum of the last 25 years, the downward trend of unemployment manifesting itself throughout the year, atypical for an economy with seasonal activities.

The average number of unemployed in 2017 was 374,650 people, while the average number of unemployed persons was 73,066 people (19.5% of the average total number of unemployed).

Unemployment rate registered in 2018

The main indicators that characterized the civil labour force, according to the data provided by the National Statistics Institute (Labour Balance on January 1, 2018), were presented at the beginning of the year as follows:

- labour resources - 12,432.5 thousand people;

- active civilian population - 8,717.9 thousand people;

- the population in professional training and other categories of working age population - 3,714.6 thousand people;

- the employed civilian population - 8,340.6 thousand people, out of which 5,041.1 thousand employees

According to the information extracted from the ANOFM database, the insured population in the unemployment insurance system numbered 6,444,861 thousand people.

The registered unemployment rate, calculated by ANOFM, was 3.31% at the end of December 2018, thus reaching a historical minimum of the last 25 years, the downward trend of unemployment manifesting itself throughout the year, atypical for an economy with seasonal activities.

The average number of unemployed in 2018 was 310,067 people, while the average number of unemployed persons was 59,178 people (19.1% of the average number of unemployed).

Unemployment rate registered in 2019

The main indicators that characterized the civilian labour force, according to the data provided by the National Institute of Statistics (Labour Balance on January 1, 2019), were presented, at the beginning of the year, as follows:

- labour resources - 12,238.9 thousand people;

- active civilian population - 8,696.4 thousand people;

- the population in professional training and other categories of working age population - 3,542.5 thousand people;

- employed civilian population - 8,407.5 thousand people, of which 5,426.2 thousand employees

According to the information extracted from the ANOFM database, the insured population in the unemployment insurance system registered the value of 6,420,767 thousand people.

The registered unemployment rate, calculated by ANOFM, was 2.97% at the end of December 2019, thus reaching a historical minimum of the last 26 years, the downward trend of unemployment manifesting itself throughout the year, atypical for an economy with seasonal activities.

The average number of unemployed in 2019 was 266,164 people, while the average number of unemployed persons was 52,473 people (19.7% of the average total number of unemployed).

Regarding the number of people covered from the total active population:

According to the situation of the National House of Public Pensions (CNPP) for November 2019, prepared based on existing data at CNPP in January 2020, the number of insured in the public pension system according to the data communicated in the D112 declarations was 5,402,112 persons adds 41,421 insured persons based on social insurance contracts (about 60% of the active population).

Offering proper benefits

The Committee calls for the following report to clarify how the law defines "an adequate job offer" and what are the situations in which a job offer can be refused without losing the right to benefits.

According to Article 42, paragraph (1) of Law no. 76/2002 on the unemployment insurance system and employment stimulation, with subsequent amendments and completions, do not benefit from unemployment benefits persons who, at the date of applying for the right, refuse a job *suitable to their training or level of education* or refuse to participate in services for employment stimulation and training provided by employment agencies.

According to Article 44, letters d) and e) the payment of unemployment benefits granted to beneficiaries ceases on the date of unjustified refusal to enter a job suitable to the preparation or level of education or on the date of unjustified refusal to participate in employment incentive training or at the date of their interruption for reasons attributable to the person.

Unjustified refusal means the situation in which the beneficiary of the unemployment benefit does not accept the solutions related to employment or, as the case may be, his qualification or requalification, offered on the basis of counselling or mediation.

According to the provisions of art. 70^3 par. (1) of Law 76/2002 on the unemployment insurance system and employment stimulation, with subsequent amendments and completions, the persons who benefit, free of charge, from the unemployment insurance budget, of skills assessment and certification services acquired in other ways than formal ones have the obligation not to refuse, for imputable reasons, the job offered by the employment agency, corresponding to the certified professional competences, and not to interrupt the process of evaluation and certification of professional competences.

Compared to the provisions of art. 70 ^ 3 par. (2) of Law 76/2002, with subsequent amendments and completions, “where the persons who benefit, free of charge, from the unemployment insurance budget, of skills assessment and certification services acquired in other ways than formal ones refuse, for imputable reasons, the job offered by the employment agency, corresponding to the certified professional competencies, or interrupt the current process of evaluation and certification of professional competences, including the activities carried out according to the legal provisions, before entering the this evaluation process, for imputable reasons, have the obligation to reimburse all the expenses made for the services of assessing and certifying the professional competences acquired in other ways than the formal ones, whose financing was ensured from the unemployment insurance budget.

In consideration of the above, we specify that the provisions of art. 70 ^ 3 par. (1) and (2) of Law 76/2002, with subsequent amendments and completions, concerns the hypothesis of refusal, for imputable reasons, of a job that corresponds to the professional competencies certified on the basis of professional standards (or professional training standards), offered by the employment agency to the person who benefits, free of charge, from the unemployment insurance budget, from the services regulated by the quoted legislative texts.

The Committee asks what other benefits, if any, can be cumulated by a person receiving the minimum amount of unemployment benefit / guaranteed minimum social pension / minimum level of benefits paid as replacement income.

Regarding the benefits that can be cumulated during the period when the person receives the ***minimum amount of unemployment benefit***, we specify that the person entitled to unemployment benefits may also receive an allowance for family support, regulated by Law 277/2010, if the average monthly net income per family member is up to 530 lei, including aid for home heating, if the family income does not exceed the thresholds provided by law.

Regarding the benefits that the person can additionally receive during the period in which he receives ***the minimum amount of the social pension*****,** we specify that some of the persons receiving the minimum social pension can also receive aid for heating the house, if they meet the eligibility conditions imposed by law , respectively if it falls within the income thresholds provided by GEO 70/2011 on social protection measures during the cold season, with subsequent amendments and completions. The evolution of the amounts of heating aid is presented in Annex 2 to the report. At the same time, persons with disabilities can cumulate the minimum social pension rights with the right to the allowances granted to persons with special needs, regulated by Law 448/2006 on the protection and promotion of the rights of persons with disabilities, republished with subsequent amendments and completions (Annex 2 to the report).

Regarding the social assistance benefits that can be claimed when the ***minimum level of social security benefits provided as a replacement income*** is not adequate, we specify that in the reference period 2016-2019 these persons were granted benefits based on income testing (Annex 2), namely social assistance, family support allowance, educational incentive and home heating aid granted during the cold season.

During the reporting period, the value of the pension point increased constantly:

- in 2016 the value of the pension point increased by 5%, reaching the level of RON 871.7,
- In 2017, the value of the pension point increased by 5.25% reaching the level of RON 917.5,
- During 2018, two increases of the value of the pension point were applied, so that in the period January-June the value of the pension point was RON 1000, and starting with July it was RON 1100,
- Starting with September 2019, the value of the pension point was increased from RON 1100 to RON 1265.

The average pension increased in the reference period by approx. 36% from RON 885 (€ 197) in 2016, RON 981 (€ 215) in 2017, RON 1082 (€ 232) in 2018, to RON 1203 (€ 253) in 2019.

Regarding the social allowance for retirees, two increases were applied during the reporting period, in March 2017, when the social allowance for retirees was increased to 520 lei and in September 2019, when the social allowance was increased to 704 lei .

The accompanying allowance, which represents 80% of the value of a pension point and which is financed from the state budget, is granted to retirees classified in the first degree of disability even if they benefit from the social allowance for retirees.

Retirees who are beneficiaries of the social allowance for retirees are entitled to a number of 6 single journeys per year, with a 50% discount on the fare set for regional and interregional trains, without a class II reservation system, by means or by ships of class II passengers, for internal public transport, between localities *(under Law 147/2000 on the discounts granted to retired persons for internal transport, with subsequent amendments and completions).*

Starting with 01.09.2019, *retirees* who are granted social allowance for *retirees* and *retirees* with incomes of up to 1139 lei per month inclusive, regardless of whether or not they earn other incomes, benefit from the "90% Compensation Program of the reference price of medicines *(Government Decision 643/2019 on amending some normative acts regarding the Program for compensating with 90% the reference price of medicines for retirees).*

*Information on the minimum levels of benefits that can be paid in the event **of occupational accidents / diseases** or in the event of **disability**.*

Persons who have not reached the standard retirement age provided in annex no. 5 to Law no. 263/2010 on the unitary public pension system, with subsequent amendments and completions, who have lost all or at least half of their working capacity and who have completed a contribution period, in accordance with the law, may benefit from disability pension.

In accordance with art. 68 of Law no. 263/2010, as subsequently amended and supplemented, the invalidity pension is due:

- persons who have lost all or at least half of their ability to work due to a common illness or work-related accidents;
- people who have lost all or at least half of their work capacity due to occupational accidents or diseases, neoplasms, schizophrenia and AIDS;
- persons who have served in the military as short-term or short-term military, for a legally established period, and to those who have been in camps, on the battle field or imprisoned;
- pupils, apprentices and students who have lost all or at least half of their work capacity as a result of occupational accidents or \ diseases that occurred during and as a result of professional practice;
- persons who have lost all or at least half of their working capacity and the seriously mutilated, as a result of participating in victory fight in the December 1989 Revolution or in connection with the revolutionary events of December 1989, which were included in an insurance system prior to the date of the occurrence of the disability due to this cause, being entitled to an invalidity pension under the same conditions as the invalidity pension is granted to persons who have suffered occupational accidents.

We specify that, according to the regulations applicable to the invalidity pension, including, if the application of the calculation formula for determining the amount of the pension results an amount that is below the level of social allowance for retirees (respectively below the level of RON 704 starting with September 2019), the state budget grants, as a social allowance for retirees, the difference between the level of the amount of pension due or in payment and the level of social allowance for retirees.

We mention that retirees classified in the first degree of disability have the right, in addition to the pension, to a companion allowance, in a fixed amount, which represents 80% of the value of a pension point, established under the law.

In 2019, the average value of national equivalent disposable income was EUR 3851, so that 40% represents EUR 1540 / year or EUR 128 / month.

The value of the social allowance for retirees is RON 704 starting with September 1, 2019, which represents approximately EUR 146.

Information on the evolution of the minimum wage during the reference period.

Intervals	The monthly value of the minimum gross base salary per country guaranteed in payment - established on the grounds of art. 164 of the Labour Code (RON)	Law
Starting July 1, 2015	1050	GD 1091/2014
Starting May 1, 2016	1250	GD 1017/2015
Starting February 1, 2017	1450	GD 1/2017
Starting January 1, 2018	1900	GD 846/2017
Starting January 1, 2019	2080	GD 937/2018
Starting January 1, 2019 - for staff assigned to positions for which the level of higher education is provided, with at least one year of seniority in the field of higher education	2350	GD 937/2018
Between January 1, 2019 - December 31, 2019, for the construction field	3000	GEO 114/2018

Paragraph 2 Maintaining a social security system at a satisfactory level equal to at least the level required for ratification of the European Social Security Code

Under Law 116/2009, Romania ratified the European Code of Social Security, of the Council of Europe.

According to the reporting obligations, the following reports were submitted to the CoE during the reference period:

2017 - the 6th detailed report on the ratified parts of the CESS;

2018 - the 7th detailed report on the ratified parts of the CESS as well as the 4th joint report on the non-ratified parts of the CESS;

2019 - the 8th detailed report on the ratified parts of the CESS;

2020 - the 9th detailed report on the ratified parts of the CESS as well as the 5th joint report on the non-ratified parts of the CESS.

Paragraph 3 Developing the social security system

The quality of social assistance benefits depends to some extent on the ability of beneficiaries to obtain the benefits to which they are entitled in a timely manner but also on the adequacy of social assistance benefits in relation to socio-economic changes (e.g. inflation rate). .

During 2016-2019, the amounts of social assistance benefits (state child allowance, child raising allowance and insertion incentive, allowances and aids for raising a child with a disability, allowances granted to persons and children with disabilities), respectively income thresholds of heating allowances have been increased to ensure an adequate standard of living for the beneficiaries and their families. These changes are visible in the analysis of the evolution of the program amounts described in Annex 2 to the report.

The current levels of the amounts of assistance benefits are established in relation to the social benchmark by applying a social inclusion index. The reference social indicator (RSI) is regulated by Law 76/2002 on the unemployment insurance system and employment stimulation, with subsequent amendments and represents the unit expressed in national currency - RON - which refers to social assistance benefits, paid from the state budget, granted both for the protection of beneficiaries from the social assistance system as well as to encourage people receiving social assistance to get employed. Currently, the Ministry of Labour and Social Protection (MMPS) intends to improve the effectiveness of social assistance benefits by considering the possibility of establishing another indexation mechanism that would lead to a review of benefits in a predictable manner.

In order to ensure an adequate level of protection through all social assistance benefits, the MLSP launched in the reference period a request for support under the Structural Reform Support Program funded by the European Commission, addressed to all EU Member States. Thus, the Ministry of Labour and Social Protection has been implementing, since 2019 the project "*Support for the development of an indexation mechanism and for piloting a new payment method for social assistance benefits in Romania*" funded by the European Commission through DG REFORM. The project is implemented with the help of Provider Ernst & Young SRL (EY). The estimated duration of the project is August 2019 - October 2020.

The project has two main components with the following objectives: (i) defining a new mechanism for indexing social assistance benefits for Romania and (ii) identifying a new payment method for social assistance benefits by analysing the possibility of introducing the prepaid card. Within component 1 of the project, the methods / mechanisms for indexing social assistance benefits were analysed and identified, taking into account best practices at EU level. The purpose of identifying new methods for indexing the level of social assistance benefits in Romania is to improve the targeting of the poorest people, by ensuring an adequate level of social assistance benefits currently granted by the Ministry of Labour and Social Protection. The adoption of such a mechanism requires an assessment and justification in terms of cost-effectiveness, budgetary predictability and adequacy of benefits.

At the same time, there is currently a legislative initiative in the Romanian Parliament (PLX453 / 2020), which follows the legal procedure to complete the legislative process and provides for an increase in RSI, with an impact on the amounts of the following social assistance benefits borne by the state budget: social assistance (Law no. 416/2001); monthly placement allowance (Law no. / 272/2004); family support allowance (Law no. 277/2010); benefits for the disabled, adults and children (Law no. 448/2006); aid for home heating (GEO no. 70/2011); aid for refugees (Law no. 122/2006); the minimum amount of the child raising allowance (GEO no. 111/2010); accommodation leave allowance (Law no. 273/2004);

allowances / aids / support for persons caring for disabled children or disabled people caring for children (GEO no. 111/2010).

We appreciate that the increase of RSI, implicitly of the mentioned social assistance benefits, can lead to the increase of the quality of life of the beneficiaries. According to the legislative initiative, the increase in RSI will be achieved in 3 stages: from January 1, 2021: RON 750; from January 1, 2022: RON 990 and from January 1, 2023: RON 1,200.

With regard to the awarded "financial incentives", depending on the social benchmark, both to jobseekers and to employers who employ the unemployed, we specify the following:

- according to the provisions of art.73^1 paragraph (1) of Law 76 / 2002, with subsequent amendments and completions, graduates of educational institutions and graduates of special schools, of at least 16 years old, who, within 60 days upon graduation, is registered with the employment agencies and is employed full-time for a period longer than 12 months, benefits, from the unemployment insurance budget, an insertion premium equal to 3 times the value of the social indicator of reference in force on the date of employment.

- according to the provisions of art. 934 of Law 76/2002, with the subsequent modifications and completions, the employers that employ young people at risk of social marginalization, provided in art. 5 point IV^3 of Law 76/2002, with subsequent amendments and completions, and which benefit from personalized social support based on a solidarity contract, benefits monthly, according to the legal provisions, for each person in this category, from the unemployment insurance budget, of an amount equal to the basic salary established on the date of employment of young people, but not more than four times the value of the reference social indicator, in force on the date of employment, until the expiration of the duration of the solidarity contract.

The evolution of the guaranteed minimum social pension (social allowance for retirees) in the reference period (2016 - 2019) was the following:

RON 400 (€90)/2015, RON 400 (€89)/2016, RON 520 (€114)/2017, RON 640 (€138)/2018, RON 704 (€148)/2019.

In accordance with the provisions of art. 39 of Law 76/2002, with subsequent amendments and completions, the unemployment benefit is granted to the unemployed provided in art. 17 para. (1), for different periods of 6, 9 or 12 months, depending on the contribution period and the amount is awarded monthly and differentiated, depending on the contribution period, as follows:

a) 75% of the value of the reference social indicator in force at the date of its establishment, for persons with a contribution period of at least one year;

b) the amount provided in let. a), to which is added an amount calculated by applying, on the average income which constitutes the basis for calculating the unemployment benefit for the last 12 months during which the contribution period was completed, a percentage differentiated according to the contribution period, thus :

• 3% for persons with a contribution period of at least 3 years;

• 5% for persons with a contribution period of at least 5 years;

• 7% for persons with a contribution period of at least 10 years;

• 10% for people with a contribution period of at least 20 years.

The income that constitute the basis for calculating the unemployment indemnity, provided at let. b), is established by the methodological norms for the application of Law 76/2002, with subsequent amendments and completions and is declared in the Statement on the obligations to pay social contributions, income tax and nominal records of insured persons, provided by Law 227/2015, with subsequent amendments and completions.

The evolution of the unemployment rate during 2016 - 2019 is presented by the situation of the main statistical indicators:

Indicator	**2016**	**2017**	**2018**	**2019**
Registered unemployment rate% *	4,77	4,29	3,56	3,06
Registered female unemployment rate% *	4,33	3,95	3,41	3,19
Registered male unemployment rate% *	5,14	4,57	3,68	3,36
Average number of unemployed, of which:	418.552	374.650	310.067	266.124
- Compensated	83.698	73.066	59.201	52.473
- Not compensated	334.854	301.584	250.866	215.892
Total entries (people), of which:	552.015	549.506	518.244	521.709
- Newly registered	431.365	393.431	343.868	354.856
- Dismissals	97.595	89.151	90.630	90.319
Total outputs (people), of which:	570.020	616.638	580.453	552.740
- By classification	277.328	292.662	259.995	258.998
Share of outputs by classification in total outputs (%)	48,65	47,46	44,79	46,86

** average data*

According to statistical data calculated by the National House of Public Pensions, the replacement rate in the case of the old-age pension decreased from 35.6% in 2016, to 34.3% in 2017, to 27.94% in 2018, to 27 , 85% in 2019.

In November 2017, the Government adopted Emergency Ordinance 79/2017, in force since January 1, 2018, which substantially changed the structure of social contributions, brought changes regarding the reduction of social contributions and implemented the transfer of the tax burden of the obligations regarding social insurance and social health insurance contributions from the employer to the employee.

Until January 1, 2018 - the date of entry into force of *GEO 79/2017*, the tax burden of social contributions, in the case of income from salaries and assimilated to salaries, was borne by the employee and the employer, as follows:

- employees owed individual social security contributions in the total amount of 16,5%, respectively, the individual social security contribution (10.5%), the individual social health insurance contribution (5.5%) and the individual unemployment insurance contribution (0.5%);

- employers owed social contributions in the total share of between 22.75% and 23.45%, for normal working conditions, respectively:

- social security contribution, differentiated according to working conditions (15.8% for normal conditions, 20.8% for difficult conditions and 25.8% for special working

conditions and other working conditions);
- social health insurance contribution (5.2%);
- unemployment insurance contribution (0.5%);
- contribution for holidays and social health insurance benefits (0.85%);
- insurance contribution for work accidents and occupational diseases (0.15% - 0.85%);
- contribution to the Guarantee Fund for the payment of salary claims (0.25%).

After January 1, 2018, the level of contributions decreased by 2 percentage points, so that out of the total of 39.25% contributions paid to a gross salary, 37.25% are paid. Out of the total of 22.75% contributions due by the employer, 20 points are transferred to the employee. In total, from the gross salary, 35% will be contributions retained by the employer on behalf of the employee, and the remaining contributions borne by the employer, respectively 2.75% (after the transfer of 20 points to the employee), decrease to 2.25% and will cover risks of unemployment, occupational accidents , sick leave, wage claims. The latter are contained in a single contribution, which is called work insurance contribution.

At the same time, we mention that the social insurance contributions for the activity carried out in difficult or special working conditions have decreased:

- CAS for difficult working conditions: from 31.3% to 29% (-2.3pp);
- CAS for special working conditions: from 36.3% to 33% (-3.3 pp).

Also, another simplification brought by this ordinance regarding the transfer of social contributions to employees consists in the fact that, out of the 9 contributions paid by the employee and the employer, only 3 remain:

1) Pension contribution (CAS) - paid for the employee,
2) Health contribution (CASS) - paid for the employee,
3) Insurance contribution for work - borne by the employer.

Following *GEO 79/2017:*

1.1 The social security contribution rates are as follows:

a) 25% due by the natural persons who have the quality of employees and by the natural persons for whom there is the obligation to pay the social insurance contribution, according to the Fiscal Code;

b) 4% due in case of difficult working conditions, by natural and legal persons who have the quality of employers or are assimilated to them;

c) 8% due in case of special working conditions and other working conditions as provided in Law 263/2010 on the unitary system of public pensions, with subsequent amendments and completions, by natural and legal persons who have the quality of employers or are assimilated to them.

1.2 The share of the social health insurance contribution is 10% due by the natural persons who have the quality of employees or for whom there is the obligation to pay the social insurance contribution, according to the Fiscal Code.

1.3 The share of insurance contribution for work is 2.25% due by natural and legal persons who have the quality of employers or are assimilated to them, as well as by natural persons who realize in Romania income from salaries or assimilated to salaries from employers from states which does not fall within the scope of the applicable European legislation in the field of social security, as well as of the agreements regarding the social security systems to which Romania is a party.

The tax burden of social contributions, in the case of income from salaries and assimilated to salaries, is borne as follows:

a) by natural persons who have the quality of employees:

25% social insurance contribution;

10% social health insurance contribution;

b) by natural and legal persons who have the quality of employers or are assimilated to them:

4% social insurance contribution for difficult working conditions;

8% social insurance contribution for special conditions and other working conditions;

2.25% insurance contribution for work.

The amendments are in line with the *Unitary Wages Act (LSU)* adopted in the summer of 2017, which provided for a 25% salary increase of gross salaries for most public administration employees from January 2018. Also to compensate for the transfer of social contributions, The government increased the minimum gross wage by 31% to 1,900 and called on the social partners to renegotiate private sector wages.
We mention that the transfer to the employees of the obligations regarding the obligatory social contributions, materialized by the adoption of GEO 79/2017, was made in order to improve the national fiscal norms intended to combat the practices of avoiding tax obligations.
The prospect of administrative simplification, with the anticipation of a positive impact on the business environment, as a result of the reduction in the number of social contributions, and especially as a result of the elimination of certain obligations of the employer, was also the basis for this measure.
Another aspect taken into account by this reform was to increase the collection of revenues to the state social insurance budget and to make employers responsible for the timely payment of compulsory social contributions due by both them and employees. Moreover, the social contributions collected to the state social insurance budget increased significantly in 2018 due to the reform regarding the transfer of contributions to employees, the amounts obtained in addition making it possible to reduce the deficit in the public pension system.
The reform was promoted taking into account both the need to improve the sustainability of the pension system by increasing collection, and the need to adapt long-term benefits (given that pension benefits are calculated on the basis of a points system, which takes into account income crude).

Paragraph 4 Social security of people travelling between states

With respect to bilateral agreements with other States, the Committee questioned whether such agreements with Serbia and Albania had been concluded. He also asked what Romania intends to do regarding Andorra, Azerbaijan, Bosnia and Herzegovina, Croatia and Georgia. According to the 16th report, Romania has concluded a new bilateral agreement guaranteeing the principles of equal treatment and exportability of benefits with Albania and has negotiated with Armenia and Montenegro. However, the Committee notes from the report that the agreement with Albania entered into force outside the reference period. Notes also that the report does not provide information on Andorra, Azerbaijan, Bosnia and Herzegovina and Georgia; so that the Committee understands that no agreement has been concluded or is not foreseen with these states. Requests that the following report clarify whether this agreement is correct.

A. *The agreement between Romania and the* ***Republic of Serbia*** in the field of social security, signed in Belgrade on October 28, 2016 and ratified in January 2018, entered into force on **April 1, 2018**.

For Romania, the Agreement with Serbia applies to the legislation on temporary work incapacity; maternity allowance; the allowance for caring for a sick child; allowance for the prevention of illness and recovery of work capacity; pensions granted under the public pension system; benefits in kind in case of illness and maternity; benefits in kind and in cash in case of occupational accidents and diseases; death benefits; state child allowance.

This Agreement with Serbia, as well as the Agreement on social security between Romania and **Albania**, which entered into force on **September 1, 2016** is also based on the principles of equal treatment and export of benefits.

B. With respect to **Croatia**, since its accession to the European Union, Romania has been applying European regulations for coordinating social security systems in relation to this state.

C. There are no ongoing discussions with **Andorra, Azerbaijan, Bosnia and Herzegovina** and **Georgia** on the coordination of social security systems. No agreement with these states has been concluded or is planned at this time.

D. Armenia notified Romania of the option to apply the Convention between the *People's Republic of Romania and the Union of Soviet Socialist Republics on Cooperation in the Field of Social Provisions*, signed at Bucharest on December 24, 1960, which entered into force on August 1, 1961.

There were no further discussions with Armenia regarding the updating of the above-mentioned legal framework in force on the coordination of social security systems between the two states.

E. The text of the Social Security Agreement with **Montenegro** has been fully agreed. Romania has completed the internal procedures for approving the conclusion of this Agreement.

In its previous conclusions, the Committee asked whether there were agreements on family benefits with Albania, Georgia and Serbia or whether they were planned and, if so, in what period. He also asked whether Romania intends to conclude agreements with States Parties with which there are no such agreements or to adopt unilateral measures and, if so, when. The Committee notes from report 16 that family benefits are covered only by the bilateral agreement with the "Former Yugoslav Republic of Macedonia".

A. As mentioned above, there are no ongoing or planned discussions with **Georgia** on the coordination of social security systems.

The social security agreement with the Republic of **Albania**, signed at Bucharest on February 27, 2015, entered into force in 2016, does not contain the state allowance for children in the field of material application.

The social security agreement with **Serbia**, which entered into force on 1 April 2018, contains child support in its scope.

B.: **Child allowances**, as family benefits, they are subject to the following bilateral agreements of Romania that are in force in the field of social security with third countries:

- Agreement between Romania and the **Republic of Northern Macedonia** in the field of social security, signed at Bucharest, on February 27, 2007 (March 1, 2008);
- The new Agreement on social security between Romania and the **Republic of Serbia**, signed at Belgrade on October 28, 2016, which entered into force on April 1, 2018.

Also, the Social Security Agreement between Romania and **Montenegro** that was negotiated but not yet signed includes the child allowance.

In its previous conclusions, the Committee asked whether the granting of social security benefits to nationals of non-EU or EEA non-EU States Parties is subject to a condition of residence or work. As there is no response in the report yet, the Committee considers that it has not been established that the principle of equal treatment is guaranteed for nationals of other States Parties.

The following social security agreements in force, concluded by Romania, explicitly include the principle of equal treatment:

- with the former **Union of Socialist Social Republics**, concluded at Bucharest on 24 December 1960, which entered into force in 1961;
- with the **Republic of Albania**, concluded at Bucharest on 27 February 2015 and entered into force in 2016, replacing the former 1963 agreement;
- with the **Republic of Turkey**, concluded in Ankara on 6 July 1999, which entered into force in 2003;
- with the **Republic of Northern Macedonia**, concluded in Bucharest on 27 February 2006, which entered into force in 2008;
- with the **Republic of Moldova**, concluded in Bucharest on April 27, 2010, entered into force in 2011;
- with the **Republic of Serbia** concluded in Belgrade on 28 October 2016, entered into force on 1 April 2018.

According to the Romanian legislation in force, the social insurance rights are granted to Romanian citizens, foreigners or stateless persons, regardless of domicile or citizenship, provided that they have been insured in the public pension system in Romania.

In accordance with the provisions of art.7 par.2 of Law 346/2002 on insurance for occupational accidents and diseases, foreign citizens or stateless persons employed by individual employment, who provide work for a Romanian employer are insured in the insurance system for accidents at work in Romania and benefit from the same benefits as Romanian citizens if they are registered with an occupational accident/ disease.

The right to keep the accumulated benefits

In its previous conclusions, the Committee noted that the retention of accumulated benefits is guaranteed to nationals of States Parties covered by EU regulations or related to Romania through a bilateral agreement. The Committee notes from the report that all bilateral social security agreements concluded by Romania include provisions on old-age, invalidity and occupational disease benefits, sickness and maternity benefits and survivors' pensions;

the agreements with the Republic of Moldova and the "former Yugoslav Republic of Macedonia" have a wider scope and include unemployment benefits and family benefits. According to the report, there are some exceptions to the export of benefits. The Committee requests that the following report provide additional information on this matter, in particular on the exceptions allowed and under what conditions it applies. The Committee also asks what benefits are covered by the agreements concluded with Armenia, the Russian Federation and Ukraine.

- The bilateral social security agreements concluded by Romania contain provisions regarding different social security benefits, having a wider or narrower scope, depending on the compatibility between the social security system of Romania and that of the state that is a party to the agreement.
- Most of the agreements contain provisions regarding the opening and granting of the right to a pension from the public pension system in Romania (old-age, early, partially early, disability, survivor). Some bilateral social security agreements also include provisions on benefits from the health insurance system, accidents at work and occupational diseases, unemployment and the state allowance for children, respectively.

- The agreements in the field of social security in force, concluded by Romania, include the following benefits in their material field:
  - **Republic of Serbia** - pensions, accidents at work and occupational diseases, health insurance and state child allowance;
  - **Albania** - pensions, accidents at work and occupational diseases, health insurance;
  - **Moldova** - pensions, accidents at work and occupational diseases, health insurance, unemployment;
  - **Republic of Northern Macedonia** - pensions, accidents at work and occupational diseases, health insurance, unemployment and child allowance;
  - **Republic of Turkey** - pensions, accidents at work and occupational diseases, health insurance and state child allowance;
  - **USSR** - all forms of social provisions (pensions and allowances in cash and in kind in case of old age, illness, pregnancy, birth, disability, in case of loss of support, as well as in other cases provided by state law), but constitutes an institution of the principle of equal treatment on the basis of territoriality (the legislation that applies is that of the state where you reside).

- Regarding the **export of benefits**, most of the Agreements concluded by Romania, currently in force, contain this principle.

Thus, the Agreement concluded with:

- The **Republic of Albania** has export exceptions for cash benefits for temporary incapacity for work and special non-contributory cash benefits;
- The **Republic of Northern Macedonia** has exceptions for Romania for the export of the following benefits: unemployment, child allowance, and allowance for temporary incapacity for work;
- The **Republic of Moldova** has an exception for unemployment in the case of Romania;
- **Republic of Turkey -** no exceptions to the export of benefits;
- **Republic of Serbia** - exceptions for the export of benefits: For Romania: child allowances, allowances for temporary incapacity for work, social allowance for pensioners, aid for the surviving spouse and other special non-contributory cash benefits.

- In relation to **Armenia, Ukraine, the Russian Federation and Belarus**, the Social Security Convention with the former USSR applies.
  This Convention is based on the principle of territoriality, meaning that nationals of a Contracting Party permanently residing in the territory of the second Contracting Party shall enjoy the same social security rights as nationals of the second Contracting Party.
  The material scope of this convention includes pensions and benefits (in cash and in kind), which are granted to citizens in case of old age, illness, pregnancy, birth, disability, in case of loss of support, as well as in other cases provided by the legislation of the Parties. Contracting.
  The export of benefits on the territory of the state of domicile applies in all cases, except for the social allowance for pensioners which is granted only to persons domiciled in Romania.

In its 2013 Conclusions, the Committee found that nationals of States Parties not covered by EU regulations or who do not have a bilateral agreement with Romania do not have the opportunity to accumulate periods of insurance or work completed in other countries.

According to the provisions of Law 76/2002 on the unemployment insurance system and employment stimulation, with subsequent amendments and completions, corroborated with Law 227/2015 on the Fiscal Code, with subsequent amendments and completions, natural and legal persons who are employers or are assimilated to them have the obligation to pay the insurance contribution for work for Romanian citizens, citizens of other states or stateless persons, during the period have, according to the law, domicile or residence in Romania.

The same obligation has the same individuals, Romanian citizens, citizens of other states or stateless persons, during the period when they have their domicile or residence in Romania, who earn income from salaries or assimilated to salaries from employers in states that do not fall under the applicable European legislation. in the field of social security as well as of the agreements to which Romania is a party.

Pursuant to Article 18 (2) (c) of Law 76/2002 on the unemployment insurance system and employment stimulation, with subsequent amendments and completions, foreign citizens or stateless persons who, during the period when they had their domicile or residence in Romania, had the quality of insured, have the right to benefit, According to this law, unemployment benefits as well as specialized services aimed at stimulating employment and increasing employment opportunities, consisting mainly of information and professional counselling, job mediation, training, assessment and certification of professional skills acquired on other than formal means, consultancy and assistance for starting a self-employed activity or for starting a business, measures aimed at increasing the chances of integration and reintegration into the labour market of jobseekers.

Romania continues the negotiations for concluding new social security agreements with other third countries in order to ensure the application of the principle of totalization of insurance periods in relation to as many states as possible.

Article 13 The right to social and medical assistance

Paragraph 1 Proper assistance for each person in need

Type of benefits and eligibility criteria

Social assistance

Annex 2 to the report provides the necessary information on the provision of social assistance benefits for vulnerable families to prevent and combat poverty and the risk of social exclusion.

In 2018, by Law no. 192/2018 for the amendment and completion of Law no. New measures have been introduced to ensure that beneficiaries of social assistance enter the labour market and to prevent and limit any form of dependence on state or community aid. The most important provision of the Law refers to the situation in which the beneficiaries of social assistance refuse a job or participation in employment and vocational training services offered by employment agencies, in this case the right to assistance. social ceases. In case of refusal of a job, another right can be requested only after a period of 12 months from the date of the decision to terminate the right.

The other regulations refer to:

- the possibility for several working adults in the family receiving social assistance to provide monthly, at the request of the mayor, actions or works of local interest and the working hours to be added together for all able-bodied persons in the family receiving social assistance, and to be calculated in proportion to the amount of social assistance received by the family;
- defining actions or works of local interest that can be carried out at the request of the mayor;
- regulation of the mayor's obligation to draw up the seasonal activity plan on the basis of requests received from legal entities, authorized natural persons, individual enterprises or family enterprises in need of labour and establishing the conditions for carrying out seasonal activities by aid recipients including the remuneration of these seasonal activities;
- cessation of the right to social assistance in the situation where the able-bodied persons from the families receiving social assistance repeatedly refuse to carry out the seasonal activities established by the mayor;

Please note that during the period of termination or, as the case may be, suspension of the right to social assistance, people in need may benefit from other social assistance rights:

- family allowance (Law no. 277/2010),
- aid for domestic heating (GEO no. 70/2011),
- state allowance for children (Law no. 61/1993),
- allowances for people with disabilities (Law no. 448/2006),
- the educational incentive (Law no. 248/2015), these rights not being conditioned by the performance of working hours for the benefit of the community, by the refusal of a job or by the refusal to carry out the seasonal activities established by the mayor. The conditions of eligibility and the evolution of the amounts of these rights during the reporting period are set out in Annex 2 to the report.

Regarding the implementation of the Minimum Inclusion Income (VMI), this reform was initiated in 2016, according to Law no. 196/2016 regarding the minimum inclusion income. The Government approved the extension of this Law, until April 2021, according to the provisions of the Government Emergency Ordinance 96/2018 on the extension of certain deadlines, as well as for the amendment and completion of some normative acts. The implementation of Law no. 196/2016, with subsequent amendments and completions, was postponed due to difficulties in completing the national IT system of social assistance, as well as the lack of capacity of local public administration authorities to ensure data processing of beneficiaries and verify eligibility criteria.

The national IT system of social assistance will be realized through PNRR (National Recovery and Resilience Plan) and will be completed on the interoperability component by implementing the project *HUB OF SERVICES MLSP.* (SII MMPS), a project to be implemented by the Ministry of Labour and Social Protection in collaboration with the National Agency for Payments and Social Inspection (ANPIS) and other institutions with skills in the field of digitization. The project will be implemented with European funds and aims to develop the IT system and the interoperability and interconnection platform between MMPS and the institutions subordinated / under its authority / under its coordination (ANDPDCA[10], ANPIS[11], ANOFM[12], CNPP[13] and IM[14]), as well as other institutions at central and local level. This will facilitate the correlation and integrated management of data management and processing systems for the two components of the social assistance field (social services and benefits), as well as the interoperability of data on social service beneficiaries and social assistance benefits, but also other social protection measures (pensions, unemployment).

The right to health care

The Committee considered that the right to healthcare should not be limited to emergencies and that a system that does not include primary or specialist outpatient medical care, which a person without resources might require, does not provide sufficient care for people's health. poor or socially vulnerable who become ill.

According to the provisions of art. 222 para. (1), (2) and (3) of Law no. 95/2006 on health care reform, republished, with subsequent amendments and completions, are provided, according to this law:

a) all Romanian citizens with domicile or residence in the country;

b) the foreign citizens and stateless persons who have applied for and obtained the extension of the right of temporary residence or are domiciled in Romania;

c) citizens of EU Member States, the EEA and the Swiss Confederation who do not have insurance taken out in the territory of another Member State which produces effects in the territory of Romania, who have applied for and obtained the right of residence in Romania, for a period of more than 3 months;

d) persons from the Member States of the EU, the EEA and the Swiss Confederation who fulfil the conditions of cross-border worker namely they carry out an employed or self-employed activity in Romania and reside in another Member State to which he/she usually returns daily or at least once a week;

e) pensioners from the public pensions system who are no longer domiciled in Romania and who establish their residence in the territory of an EU Member State, of an EEA State or of the Swiss Confederation, respectively domicile in the territory of a state with which Romania applies a bilateral social security agreement with provisions for sickness-maternity insurance.

Insured persons are entitled to the basic package from the date of payment of the contribution to the fund, and the remaining amounts will be recovered by the National Agency for Fiscal Administration, in accordance with the law, including ancillary tax obligations due to tax receivables.

[10] National Authority for the Rights of Persons with Disabilities, Children and Adoptions
[11] National Agency for Payments and Social Inspection
[12] National Agency for Employment
[13] National House of Public Pensions
[14] Work inspection

The quality of the insured and the insurance rights cease:

a) for the persons provided in paragraph (1) letter a), upon the loss of the right of domicile or residence in Romania, as well as under the conditions of art. 267 paragraph (2) - (2^2), as appropriate;

b) for the persons provided in paragraph (1) letter b), upon the loss of the right of residence in Romania, as well as under the conditions of art. 267 paragraph (2)
- (2^2), as appropriate;

c) for the persons provided in paragraph (1) letter c), upon the loss of the right of residence in Romania, for a period of more than 3 months, as well as under the conditions of art. 267 paragraph (2) - (2^2), as appropriate;

d) for the persons provided in paragraph (1) letter d), upon the loss of the status of cross-border worker, as well as under the conditions of art. 267 paragraph (2) - (2^2), as appropriate;

According to art. 224 para. (1) and (2) of Law 95/2006 on the health care reform, republished, with subsequent amendments and completions, the following categories of persons **benefit from insurance, without paying the contribution:**

a) children up to the age of 18, young people from the age of 18 to the age of 26, if they are students, including high school graduates, until the beginning of the academic year, but not more than 3 months after graduation, apprentices or students, doctoral students who carry out teaching activities, according to the doctoral study contract, within the limit of 4-6 conventional teaching hours per week, as well as persons who follow the individual training module, based on their request, to become soldiers or professional graduates;

b) young people up to 26 years of age who come from the child protection system;

c) the husband, wife and parents without their own income, who are dependent on an insured person;

d) the persons whose rights are established by Decree-Law no. 118/1990 regarding the granting of rights to persons persecuted for political reasons by the dictatorship established starting with March 6, 1945, as well as to those deported abroad or constituted as prisoners, republished, with subsequent amendments and completions, by Law no. 51/1993 regarding the granting of some rights to the magistrates who were removed from justice for political reasons during the years 1945 - 1989, with the subsequent modifications, by the Government Ordinance no. 105/1999 on granting rights to persons persecuted by the regimes established in Romania starting from September 6, 1940 until March 6, 1945 for ethnic reasons, approved with amendments and completions by Law no. 189/2000, with subsequent amendments and completions, by Law no. 44/1994 on war veterans, as well as some rights of war invalids and widows, republished, with subsequent amendments and completions, by Law no. 309/2002 regarding the recognition and granting of some rights to the persons who performed the military service within the General Directorate of the Labour Service during 1950 - 1961, with the subsequent modifications and completions, as well as the persons provided in art. 3 para. (1) lit. b) point 1 of the Law of gratitude for the victory of the Romanian Revolution of December 1989, for the anti-communist workers 'revolt in Brasov from November 1987 and for the anti-communist workers' revolt in the Jiu Valley - Lupeni - August 1977 no. 341/2004, with the subsequent amendments and completions, for the monetary rights granted by these laws;

e) disabled persons, for the incomes obtained based on Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities, republished, with subsequent amendments and completions;

f) patients with diseases included in the national health programs established by the Ministry of Health, until the cure of the respective disease;

g) pregnant women and women;

h) natural persons who are on medical leave for temporary incapacity for work, granted as a result of work accidents or occupational diseases, as well as those who are on medical leave granted according to the Government Emergency Ordinance no. 158/2005 regarding the holidays and the indemnities of social health insurances, approved with modifications and completions by Law no. 399/2006, with subsequent amendments and completions;

i) persons who are on accommodation leave, according to Law no. 273/2004 regarding the adoption procedure, republished, on parental leave according to the Government Emergency Ordinance no. 111/2010 on leave and monthly allowance for raising children, approved with amendments by Law no. 132/2011, with subsequent amendments and completions;

j) persons who are serving a custodial sentence or are in pre-trial detention in prisons, as well as persons who are serving an educational or security measure depriving of liberty, respectively persons who are in the period of postponement or interruption the execution of the custodial sentence;

k) the persons who benefit from unemployment indemnity or, as the case may be, from other social protection rights that are granted from the unemployment insurance budget, according to the law;

l) detained, arrested or detained persons who are in detention and pre-trial detention centres, aliens in accommodation centres for return or expulsion, as well as those who are victims of human trafficking, who are during the procedures necessary to establish identity and are accommodated in centres specially arranged according to the law;

m) natural persons who benefit from social aid according to Law no. 416/2001 regarding the guaranteed minimum income, with the subsequent modifications and completions;

n) natural persons who have the quality of pensioners, for the incomes from pensions, as well as for the incomes realized from intellectual property rights;

o) Romanian citizens, who are victims of human trafficking, for a period of no more than 12 months;

p) the monastic staff of the recognized cults, kept in the records of the State Secretariat for Cults;

q) volunteers who carry out their activity within the voluntary emergency services, based on the volunteer contract, during the period of participation in emergency interventions or preparation in order to participate in them, according to the provisions of Government Ordinance no. 88/2001 regarding the establishment, organization and functioning of the community public services for emergency situations, approved with modifications and completions by Law no. 363/2002, with subsequent amendments and completions.

(1^1) The persons who have acquired the status of insured based on paragraph (1) letter c) and q) cannot have co-insured themselves.

(2) The categories of persons that are not provided in par. (1) have the obligation to insure themselves according to the present law and to pay the contribution to the social health insurances under the conditions of Law no. 227/2015 on the Fiscal Code, with subsequent amendments and completions.

At the same time, art. 154 of Law no. 227/2015 on the Fiscal Code, with subsequent amendments and completions provides **the categories of individuals exempted from paying the social health insurance contribution:**
a) children up to the age of 18, young people from the age of 18 to the age of 26, if they are students, including high school graduates, until the beginning of the academic year, but not more than 3 months after graduation, apprentices or students, doctoral students who carry out teaching activities, according to the doctoral studies contract, within the limit of 4-6 conventional teaching hours per week, as well as persons following the individual training module, based on their request, to become soldiers or professional graduates. If he achieves cumulated monthly incomes from independent activities, agricultural activities, forestry and fish farming over the value of the minimum gross basic salary per country or incomes from salaries or assimilated to salaries, for these incomes he owes contribution;

b) young people up to 26 years of age who come from the child protection system. If he achieves cumulated monthly incomes from independent activities, agricultural activities, forestry and fish farming over the value of the minimum gross basic salary per country or incomes from salaries or assimilated to salaries, for these incomes he owes contribution;

c) the husband, wife and parents without their own income, who are dependent on an insured person;

d) the persons whose rights are established by Decree-Law no. 118/1990 regarding the granting of rights to persons persecuted for political reasons by the dictatorship established starting with March 6, 1945, as well as to those deported abroad or constituted as prisoners, republished, with subsequent amendments and completions, by Law no. 51/1993 regarding the granting of some rights to the magistrates who were removed from justice for political reasons during the years 1945 - 1989, with the subsequent modifications, by the Government Ordinance no. 105/1999 on granting rights to persons persecuted by the regimes established in Romania starting from September 6, 1940 until March 6, 1945 for ethnic reasons, approved with amendments and completions by Law no. 189/2000, with subsequent amendments and completions, by Law no. 44/1994 on war veterans, as well as some rights of war invalids and widows, republished, with subsequent amendments and completions, by Law no. 309/2002 on the recognition and granting of rights to persons who completed military service within the General Directorate of the Labour Service during 1950 - 1961, with subsequent amendments and completions, as well as the persons provided in the Law of Gratitude for the victory of the Romanian Revolution of December 1989, for the anti-communist workers 'revolt from Braşov from November 1987 and for the anti-communist workers' revolt from Valea Jiului - Lupeni - August 1977 no. 341/2004, with the subsequent amendments and completions, for the monetary rights granted by these laws;

e) disabled persons, for the incomes obtained based on Law no. 448/2006, republished, with subsequent amendments and completions;

f) patients with diseases included in the national health programs established by the Ministry of Health, until the cure of the respective disease;

g) pregnant women and women;

h) natural persons who have the quality of pensioners, for the incomes from pensions, as well as for the incomes realized from intellectual property rights;

h^1) natural persons who realize incomes from salaries and assimilated to salaries, for incomes from intellectual property rights;

i) natural persons who are on medical leave for temporary incapacity for work, granted as a result of work accidents or occupational diseases, as well as those who are on medical leave granted according to the Government Emergency Ordinance no. 158/2005, approved with

modifications and completions by Law no. 399/2006, with the subsequent modifications and completions, for the indemnities related to the medical certificates;

j) the persons who benefit from unemployment indemnity or, as the case may be, from other social protection rights that are granted from the unemployment insurance budget, according to the law, for these monetary rights;

k) persons who are on accommodation leave, according to Law no. 273/2004 regarding the adoption procedure, republished, with the subsequent modifications and completions, on leave for raising the child according to the provisions of art. 2 and art. 31 of the Government Emergency Ordinance no. 111/2010 on leave and monthly allowance for raising children, approved with amendments by Law no. 132/2011, with subsequent amendments and completions, for the monetary rights granted by these laws;

l) natural persons who benefit from social aid according to Law no. 416/2001 regarding the guaranteed minimum income, with the subsequent modifications and completions, for these monetary rights;

m) persons serving a custodial sentence or being in pre-trial detention in prisons, persons detained, arrested or detained in detention and pre-trial detention centres organized under the Ministry of Internal Affairs, as well as persons in pre-trial detention the execution of an educational or security measure depriving of liberty, respectively the persons who are in the period of postponement or interruption of the execution of the custodial sentence;

n) aliens in accommodation centres for return or expulsion, as well as for those who are victims of human trafficking, who are during the procedures necessary to establish identity and are accommodated in centres specially arranged according to law;

o) the monastic staff of the recognized cults, kept in the records of the State Secretariat for Cults;

p) Romanian citizens, who are victims of human trafficking, for a maximum period of 12 months;

q) volunteers who carry out their activity within the voluntary emergency services, based on the volunteering contract, during the period of participation in emergency interventions or preparation in order to participate in them, according to the provisions of Government Ordinance no. 88/2001 on the establishment, organization and operation of community public services for emergency situations, approved with amendments and completions by Law no. 363/2002, with subsequent amendments and completions;

r) the natural persons for the incomes from salaries and assimilated to the salaries from the employers who carry out activities in the construction sector and fall under the conditions provided in art. 60 pt. 5. The provision shall apply until December 31, 2028.

In accordance with art. 232 para. (1) of Law 95/2006, republished, with subsequent amendments and completions, the persons who do not prove the quality of insured benefit from medical services, **within a minimum package of medical services**, provided by this law.

The minimum package of medical services in primary health care and the minimum package of medical services in specialized outpatient health care for clinical specialties *include in addition to medical services for medical-surgical emergencies and the following types of medical services:*

- in primary health care

- surveillance and detection of endemic-epidemic diseases - assessment of environmental factors, advice on food hygiene and detection of endemic-epidemic diseases - clinical examination, presumptive diagnosis, referral to specialized structures for investigations,

confirmation, appropriate treatment and hygienic measures -specific sanitary, as appropriate.

- *consultations for monitoring the evolution of pregnancy and during childbed:*

a) recording during the first quarter;

b) supervision, monthly, from the 3rd month to the 7th month.

c) supervision, twice a month, from the 7th month to the 9th month inclusive;

d) following the child at birth from the maternity hospital - at home;

e) follow-up during childbed 4 weeks after birth;

The pregnant woman's supervision also promotes the exclusive breastfeeding of the child until the age of 6 months and its continuation until at least 12 months, testing for HIV, hepatitis of viral etiology with virus B and C, as well as pre and post testing counselling. HIV and lues of pregnant women.

- *consultations for the provision of family planning services consisting of:*

a) advising the person on family planning;

b) indication of a contraceptive method.

- *prevention services -preventive consultation services and clinical evaluation;*

a) preventive consultation for people over 18 years of age to prevent diseases with major consequences in morbidity and mortality - every 3 years, which includes:

- consultation (anamnesis, objective examination, diagnosis);
- recommendation for paraclinical examinations when there are clinical arguments for suspicion of a pathological condition recorded in the observation sheet;
- the medical classification of the insured in a risk group.

The consultation can be performed at the request of the person receiving the minimum package or at the request of the family doctor, in the month in which the uninsured person is born - for the uninsured persons registered on the list of the family doctor;

b) periodic clinical evaluation of the evolution for patients with chronic diseases - annually, within the limits of competencies, and includes: medical advice, hygienic-dietary recommendations and other activities

- *support activities* - issuance of medical documents: issuance of the medical certificate establishing the death, except for situations of suspicion that require forensic expertise, according to legal provisions.

- in specialized outpatient care for clinical specialties

- *consultations for the surveillance and detection of diseases* with endemo-epidemic potential - include, as the case may be, clinical examination, presumptive diagnosis, referral to specialized hospitals for confirmation and treatment.

- *consultations for monitoring the evolution of pregnancy and childbirth* allow the presentation directly to the outpatient specialist.

- *consultations for the provision of family planning services:*

a) advising women on family planning;

b) indicating contraceptive methods in people without no risk.

Family planning services allow going directly to the outpatient specialist

The minimum package of medical services in hospital health care includes medical services provided in a continuous and day hospitalization regime and is granted in the situation where the patient cannot prove the quality of the insured.

1. The criteria on the basis of which the hospitalization of patients in continuous hospitalization is performed are:

a) medical-surgical emergency in which the patient's life is endangered or which have this potential until the emergency situation is resolved;

b) diseases with endemic-epidemic potential until the complete solution of the case;

c) birth

2. The criterion on the basis of which the hospitalization of patients in day hospitalization is performed is the medical-surgical emergency situation.

The committee asks what the level of the social pension is and whether people who receive it are also entitled to additional housing and heating benefits.

The benefit of the **guaranteed minimum social pension** was established starting with 2009, by the entry into force of the *Government Emergency Ordinance 6/2009*, which supplemented the very low revenues obtained from pensions, at a maximum level

In 2010, the phrase guaranteed minimum social pension became a social allowance for retirees. The replacement of the phrase **minimum guaranteed social pension** with **social allowance for retirees** was imposed due to the need to ensure a minimum subsistence income, but correlated with the need to comply with general principles of the public pension system (for example, the principle of contributiveness) and minimum conditions for access to the categories of pensions regulated by the public pension system in Romania. This presupposes that the person receiving the social allowance for the pensioner is a pensioner of the public pension system.

Since its introduction, the measure has aimed to improve the social protection system, so as to encourage solidarity with the most vulnerable, as well as to avoid the social exclusion of pensioners whose incomes are below the limit beyond which it can intervene. social marginalization and poverty.

The law that established this allowance also provided that it has a guaranteed minimum level, established annually by budgetary laws.

From the introduction of the measure until 2019, the reference level of the benefit, at which the pensions lower than this ceiling are completed, has been constantly increased by the Government: from 350 lei in 2009 to 400 lei in 2015, at 520 lei in March 2017 and at 704 lei in September 2019.

Regarding income-based testing programs, they are also aimed at the elderly, so all people without income, or with low income, up to the thresholds established by law, can apply for the right to social assistance or housing heating aid that is granted during cold season. Also, if they have a degree of disability, the elderly can be entitled to receive benefits for people with disabilities, based on Law no. 448/2006, which are not conditioned by a certain income threshold.

Regarding the **minimum inclusion income**, there is no information available regarding the social benefits that can be granted under Law no. 196/2016, as the provisions of this law were extended until April 1, 2021. In the context of postponing the implementation of VMI, the Government decided to continue implementing programs based on testing of revenues currently implemented with funding from the state budget, namely:

- *guaranteed minimum income* (GNI), granted according to Law 416/2001 on guaranteed minimum income, as subsequently amended and supplemented,
- the allowance for family support, granted according to Law 277/2010, republished, with subsequent amendments and completions, and
- aid for home heating, granted according to GEO 70/2011 on social protection measures during the cold season, with subsequent amendments and completions.

Assistance measures granted to foreign nationals illegally present in the territory and asylum seekers

In accordance with the provisions of art.104 of GEO 194/2002 on the legal regime of aliens, republished, with subsequent amendments and completions, and the Regulation of accommodation centres for aliens taken into public custody (approved by Order of the Minister of Internal Affairs no. 121/2014), during the accommodation in the centres, the aliens with illegal stay on the Romanian territory are provided with accommodation, food, maintenance and hygiene materials, as well as medical and psychological assistance.

As not all foreigners are required to be taken into public custody and, consequently, accommodation in custody centres, depending on their legal situation, foreigners are either tolerated on national territory or request international protection in Romania. Thus, in the case of tolerated aliens, the costs of accommodation and food are no longer borne by the General Inspectorate for Immigration, stating that foreigners who do not have sufficient funds to support their existence have the opportunity to use, according to law, the support of NGOs. (JRS Romania, CNRR, Young Generation, etc.).

At the same time, we specify the fact that, in the case of aliens with illegal stay and tolerated on the Romanian territory, in accordance with the provisions of art. 1062 para. (3) of the GEO 194/2002 on the regime of foreigners in Romania, they are guaranteed access to the labour market, under the same conditions provided by law for Romanian citizens.

Also, if foreigners are applicants for international protection, they benefit from the rights provided by Law 122/2006 on Asylum in Romania, republished with subsequent amendments and completions.

The legal framework on asylum, amended in December 2015 and January 2016, provides that:

- during the asylum procedure, the protection seeker has the right to receive access to the labour market under the conditions provided by law for Romanian citizens, after the expiry of a period of 3 months from the date of submission of her application, if no administrative decision has been taken and the delay cannot be imputed to him, as well as during the judicial phase of the asylum procedure.

Asylum seekers who, when submitting an asylum application, have a right of residence on the territory of Romania and are legally employed, can continue to carry out their lucrative activity.

- the protection seeker who does not have maintenance means, has the right to benefit, upon request, for the entire duration of the asylum procedure, of material reception conditions, which guarantees the subsistence and protects her physical and mental health.

Material reception conditions consist of accommodation, food, maintenance and hygiene materials, clothing and footwear, transportation, which may be granted in kind, in the form of financial allowances or vouchers or through a combination of these 3 elements.

At present, the food allocation is in amount of 10 lei/person/day and the clothing allocation is in amount of 67 lei/person/summer and of 100 lei/person/winter; the allocation for other

expenses (such as local transport, cultural services, press, repair and maintenance services, personal hygiene products) is 6 lei/person/day. The accommodation is either offered in one of the 6 regional centres for the reception of asylum-seekers or either is subsidised in the amount of 450 lei/person/month (the maintenance expenses are also subsidised in the amount of 120 lei/summer month and 155 lei/winter month). These amounts are subject to periodical indexation, based on data on the quality of life provided by NIS.

At the same time, asylum seekers benefit upon request for free accommodation in one of the 6 centers of the General Inspectorate for Immigration. These accommodation centers have well-equipped living rooms and kitchens, as well as recreation areas (prayer rooms, clubs, games rooms, computer rooms and gyms) which are used free of charge by asylum seekers.

The accommodation in the G.I.I. regional centers also involves the provision of personal hygiene and cleaning products, as well as the provision of material necessary for the preparation of food and the serving meals.

Asylum seekers receive **free** primary and emergency **hospital care**, as well as medical care and treatment in cases of acute or chronic diseases.

Minors seeking asylum attend **Romanian language learning courses**, during a school year, after graduation being enrolled in the compulsory school education system under the same conditions as Romanian citizens minors. In order to ensure participation in the courses, G.I.I. provides **packages of requisitives**.

Asylum seekers participate **free of charge in cultural adaptation activities** and can benefit from counseling and psychological assistance.

Minors seeking asylum benefit from the **state allowance granted to minors**, under the same conditions as for Romanian citizens.

Complementary assistance to the government program for asylum seekers through projects with non-reimbursable European funding

Complementary assistance for asylum seekers through European funds provided by the European Commission.

The projects financed by AMIF are carried out in the 6 localities where the G.I.I. are operating, respectively Bucharest, Galaţi, Suceava - Rădăuţi, Timişoara, Baia Mare - Somcuta Mare and Giurgiu and have the following activities:

- ensuring the **free accommodation** of a number of approximately 50 asylum seekers identified as belonging to the category of **special cases** in centers specially set up for this category of people in Timisoara and Bucharest (in addition to the existing accommodation within the G.I.I. center in these cities);
- **free of charge cultural and educational activities** (cultural accommodation and recreational activities);
- providing **free counseling** on rights and obligations as well as access to social rights, where children have been **materially supported** to join the romanian education system;
- providing complementary medical assistance services consisting in the settlement of medicinal products and other medical investigations;
- **material assistance** additional to the one offered by the Romanian state, which consisted in **granting vouchers** to persons who are in vulnerable situations.

Paragraph 2 Non-discrimination in the exercise of social and political rights

In its previous conclusions, the Committee noted that Ordinance no. 137/2000 prevents and sanctions all forms of discrimination in the exercise, inter alia, of political rights. Such information has not been provided in connection with social rights and the Committee requests that the following report provide information on this.

Ordinance 137/2000 on the prevention and sanctioning of all forms of discrimination, republished, expressly provides in art. 1, paragraph 2, letter e) economic, social and cultural rights, in particular:

(i) the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment, to equal pay for equal work and to just and favourable remuneration;

(ii) the right to form and join trade unions;

(iii) the right to housing;

(iv) the right to health, health care, social security and social services;

(v) the right to education and training;

(vi) the right to take part, on equal terms, in cultural and sporting activities;

The Committee requests that the following report provide up-to-date information on the provisions enshrining the principle of equality and prohibiting discrimination in the exercise of political or social rights and whether they are interpreted in practice in such a way as to prevent discrimination on the basis of receiving social or medical care.

The Committee requests that the following report provide up-to-date information on the provisions enshrining the principle of equality and prohibiting discrimination in the exercise of political or social rights and whether they are interpreted in practice in such a way as to prevent discrimination on the basis of receiving social or medical care.

Thus, the right to social assistance benefits is guaranteed in Romania for all Romanian citizens, as well as for citizens of other states or stateless persons, who have their domicile or residence in Romania.

At the same time, according to the provisions of art. 5 of Law no. 292/2011, the national social assistance system is based on certain general values and principles**, including the principle of non-discrimination, according to which vulnerable persons benefit from social protection measures and actions without restriction or preference over race, nationality, ethnic origin, language , religion, social category, opinion, sex or sexual orientation, age, political affiliation, disability, chronic non-communicable disease, HIV infection or belonging to a disadvantaged category.**

Therefore, social assistance programs are also addressed to foreign citizens and stateless persons and can be accessed, without discrimination, if people meet the eligibility conditions imposed by law.

Paragraph 3 Prevention, removal or mitigation of the need

The free and unrestricted access of the person to any information of public interest is one of the fundamental principles of the relations between persons and public authorities, being also regulated by the provisions of Law no. 544/2001 on free access to information of public interest and the Methodological Norms for application.

The information and guidance of vulnerable persons, in difficulty, regarding their rights and obligations is based on the provisions of ***GO 27/2000 on the regulation of the activity of solving petitions***. The counselling and guidance of the beneficiaries is performed both at national level (through the Ministry of Labour and Social Protection and the National Agency for Payments and Social Inspection), and at county level (at the level of AJIPIS) and locally (through Public Social Assistance Services).

The Ministry of Labour and Social Protection and the National Agency for Payments and Social Inspection provide beneficiaries with e-mail addresses and telephone numbers where beneficiaries can ask questions and receive free assistance (information, clarifications, answers) about the legislation in force and programs ongoing social assistance.

ANPIS subordinates the county agencies for payments and social inspection, respectively of the Bucharest municipality, ensuring the coordination, guidance and control of their activity. At the county level, the documentation related to the establishment of the rights to the social assistance benefits is also processed.

Also, the information of the beneficiaries can be made at local level, through the Public Social Assistance Services, at this level being ensured and organized the activity of receiving the requests / requests for social assistance benefits.

The Law on social assistance no. 292/2011 with subsequent amendments and completions provides the following: ART. 53 (1) Measures to prevent and combat poverty and the risk of social exclusion are part of the general framework of multidimensional actions of the social inclusion process through which provides the necessary opportunities and resources for the full participation of vulnerable people in the economic, social and cultural life of society, as well as in the decision-making process regarding their lives and access to fundamental rights. (2) In order to prevent and combat poverty and the risk of social exclusion, through the initiated public policies, the state: a) ensures the access of vulnerable persons to some fundamental rights, such as: the right to housing, social and medical assistance, education and at work; b) establishes support measures according to the particular needs of disadvantaged persons, families and groups. (3) The harmonization of policies aimed at knowing, preventing and combating situations that determine poverty and the risk of social exclusion is achieved within the national mechanism for promoting social inclusion, established by law, with the participation of central and local public administration authorities and civil society organizations. ART. 54 (1) Single persons and families who do not have the necessary resources to satisfy a minimum standard of living have the right to social assistance benefits and social services, granted according to the identified needs of each person or family. (2) The minimum standard of living represents the limit expressed in lei that ensures basic needs such as: food, clothing, personal hygiene, maintenance and sanitation of the home and is calculated in relation to the poverty line according to the methodology used in the Member States of the European Union . ART. 56 (1) The main categories of social services with the sole purpose of preventing and combating poverty and the risk of social exclusion are addressed to persons and families without income or low income, homeless persons, victims of human trafficking, as well as persons deprived of freedom. (2) Families and single people without income or with low income can benefit from a diverse range of social services adapted to individual needs, such as counselling and information services, social insertion / reintegration services, rehabilitation services and the like.

Social services are provided at the request of the person, as the case may be, of his legal representative, as well as ex officio. The request for the provision of social services is addressed to the public social assistance service organized under the subordination of the local public administration authorities. The request for the provision of social services can also be addressed directly to a private social service provider, in which case, if a service contract is concluded with the applicant, the provider has the obligation to inform, in

writing, the administrative-territorial authority on whose territorial area is the domicile or residence of the beneficiary of the respective service. (art. 44 of the Social Assistance Law no. 292/2011 with subsequent amendments and completions).

The process of providing social services has the following mandatory stages:

a) initial evaluation;

b) elaboration of the intervention plan;

c) complex evaluation;

d) elaboration of the individualized assistance and care plan;

e) implementation of the measures provided in the intervention plan and in the individualized plan;

f) monitoring and evaluation of the provision of services.

Art. 47 of the Law on social assistance no. 292/2011 with subsequent amendments and completions provides that the initial assessment and intervention plan are made by the social worker or, in his absence, by staff with skills in the field of social assistance within the public assistance service (SPAS) subordinated to the local public administration authorities. The initial assessment aims to identify individual and family needs, based on which the intervention plan is developed. (3) The intervention plan carried out under the conditions of par. (2) is addressed to the person and, as the case may be, to his / her family and includes the social assistance measures, respectively the recommended services for solving the identified situations of need or social risk, as well as the social assistance benefits to which the person is entitled.

(4) **During the initial assessment process, the person receives free of charge the information regarding the social risks and the social protection rights from which he / she can benefit, as well as, as the case may be, the necessary advice in order to overcome the difficult situations.**

In addition to the provisions mentioned above, we specify that in order to ensure the application of social policies in the field of child protection, family, the elderly, people with disabilities, as well as other persons, groups or communities in social need, local public administration authorities have responsibilities and the provision of social assistance and social services benefits. (art. 112 of the Social Assistance Law no. 292/2011 with subsequent amendments and completions)

In the field of organization, administration and provision of social services, the local public administration authorities have as attributions, among others, the following:

- initiate, coordinates and applies measures to prevent and combat situations of marginalization and social exclusion in which certain groups or communities may find themselves;

- identify the families and people in difficulty, as well as the causes that generated the situations of risk of social exclusion;

- perform the attributions provided by law in the process of providing social services;

- ensure the information and counselling of the beneficiaries, as well as the information of the population regarding the social rights and the available social services

- provide, administer or, as the case may be, contract the social services addressed to the child, family, persons with disabilities, elderly persons, as well as to all categories of beneficiaries provided by law, being responsible for the quality of the services provided

In the application of the attributions provided in art. 112 local public administration authorities set up specialized structures called public social assistance services (SPAS) and organize, in the specialized apparatus of the county council / mayor, the department responsible for contracting social services.

Regarding the following comment in the text: and whether such services and institutions are adequately distributed on a geographical basis, we specify that in accordance with the provisions of the Administrative Code, SPAS is a public service of local interest, and according to art. 113 of the Social Assistance Law 292 / 2011 with subsequent amendments and completions, all local public administration authorities have the obligation to set up specialized structures called public social assistance services (SPAS).

Currently (quarter 3, year 2020) there are 960 SPAS accredited as social service providers. Regarding the geographical distribution of public social assistance services accredited as social service providers, the available data show important disparities at the territorial level: 251 SPAS are registered in urban areas covering approx. 65% (of the 319 cities of Romania), while in rural areas there are 709 public social assistance services, covering approx. 25% of the rural territory (compared to the 2862 communes).

The National Agency for Payments and Social Inspection (ANPIS) implements the policies and strategies in the field of the national social assistance system developed by the Ministry of Labour and Social Protection. Among the objectives of ANPIS is also the facilitation of the access of the entitled persons, according to the law, to the social assistance benefits. In this regard, the Agency has the role of providing personal help and guidance to people without resources who want to apply for social assistance. In addition to the above-mentioned activity, ANPIS has responsibilities for guiding the central and local public administration authorities, individuals and legal entities, public or private, with responsibilities in the field of social assistance, in order to carry out their activity in good conditions, to improve their activity. and the prevention of the facts of violation of the legal provisions (according to GEO no. 113/2011 regarding the organization and functioning of the National Agency for Payments and Social Inspection).

At the same time, ANPIS, as an institution of the Romanian state, provides counselling, complete information and real access to the fundamental rights of citizens (according to Law no. 116/2002). In this sense, for the identified persons and families who are in a situation of social marginalization, together with the local public administration authorities, they take individual measures in order to prevent their social marginalization. Among the social protection measures we exemplify:

- the right to a guaranteed minimum income (GVA)

- the right to the support allowance for needy families (ASF).

Thus, by implementing the project ***Development of the social assistance system to combat poverty and social exclusion***, Call code: POCU 460/4/6 / Increasing the number of people receiving social assistance services at the community level, ANPIS aims to strengthen the capacity of public services to initiate, coordinate and implement measures to prevent and combat situations of marginalization and social exclusion in 350 marginalized communities by providing adequate human resources and training, as well as improving the skills of staff working in the sector social assistance (39,000 people trained). The project aims to support the development of 350 communities by providing specialized personnel to the Public Social Assistance Services that operate within them, in order to obtain accreditation as social services providers and to provide community assistance services in accordance with the legal provisions in force, to improve the situation of vulnerable persons and families from the community. The national training programme will address a target

group of 39.350 persons specialized in the field of social assistance selected in the project, from the institutions with responsibilities in the field of social assistance/public and private social services providers, in accordance with the law.

By the end of 2020, 535 administrative-territorial units were identified being in degree of marginalization (according to The Atlas of Rural Marginalized Areas and of Local Human Development in Romania, published by the World Bank for the communities included in one of the 4 types of marginalization), potential beneficiaries of the project, of which 360 were invited to conclude protocols of participation within the project, being signed 263 collaboration protocols.

In order to participate in the national training programme, a total number of 67.541 professionals in the social assistance sector were identified at national level and a number of 42.748 questionnaires were applied on the need to train the target group. The training of the 39.000 persons employed in the social assistance sector will be based on upskilling/specialisation courses of minim 40 hours, according to the Law No. 129/2000 regarding adults vocational training (republished) which will aim at developing or supplementing the knowledge, skills or professional competencies of the personnel with responsibilities in the field of social assistance.

The implementation period is 29.03.2019- 30.09.2022.
Partial results:
R 2.1 A set of elaborated selection criteria – *completed*
R 4.1 1 selection methodology of recruiting assistants/ social workers – *completed*
R 5.1. 1 training curricula elaborated and approved at the level of the MLSJ and 350 training kits elaborated, produced and distributed – *training curricula and training plan have been completed* The thematic addresses topics such as:
MODULE I: Training in the field of case management and integrated intervention:
MODULE II: Training in the application of procedures, methodologies and working tools in the field of social assistant intervention;
MODULE III: Training in the application of procedures, methodologies and integrated work tools
MODULE IV: Training in the field of online application SCI for electronic cases management.
- **R 7.1** 39.000 specialists in social assistance recruited through a transparent methodology – *completed*
- **R 7.2 1** training plan elaborated and 1 curricula for course elaborated – *completed*
The curriculum's thematic comprises:
- communication and intervention for certain vulnerable categories;
- interactive and interpersonal communication;
- learning specific methodologies and working procedures
- organising work in integrated teams;
- planning specific activities by areas of competence,
- **R 8.3** 1 international conference with minimum 30 participants from the EUSDR area – *completed (150 participants, September 2019)*.

By implementing the project **High-performing social policies - national strategy for the successful implementation of family policies**, code SIPOCA 706, ANPIS aims to simplify access to services in the field of family policies by developing a friendly communication interface, direct, easy to access and accessible to citizens, as well as developing a national strategy in the field, so that "no one is left behind".

The result of the project is the creation of a functional Help desk / call centre regarding the granting of social assistance benefits. The Helpdesk will have a national coverage in the 41 counties and Bucharest City. Its structure will include the activity of relations with the public, but also a call-center. The entire structure of the Helpdesk will contribute to: making the communication with citizens more efficient, ensuring a unitary character of the

communication regarding the granting of social benefits at the level of AJPIS/APISMB (County Agency for Payments and Social Inspection/Agency for Payments and Social Inspection of Bucharest), to the adequate formalization of the interaction with the citizens at the information desk.

The implementation period is 10.08.2020 – 09.12.2022. Within this project, performance indicators will be defined and developed at national level, in the field of social assistance and family policies. The project will also ensure the development of an operational procedure for reporting performance indicators. The project has also a digitalization component, having as main objective the development of an architecture / template for reporting the performance indicators in the field of family policies. At the same time, an interactive electronic platform for citizens will be also created, in order to simplify access to the information on social assistance benefits.

Within the Ministry of Labour and Social Protection the necessary preparations are made for the completion and the signing of specifications in order to purchase the consultancy services that will provide the necessary expertise to achieve the objectives of the project.

Also, by implementing the project: *"Pro-Abil" - Strengthening the capacity of the National Agency for Payments and Social Inspection to implement legislative provisions in the field of social protection code MySmis2014 + - Operational Program Administrative Capacity 2014 - 2020 POCA / 627/1/1-IP17 / 2019*, ANPIS aims to achieve a methodology for explaining the legislative framework for beneficiaries in the field of social protection applicable to citizens at the level of the General Directorate of Social Assistance and Public Social Assistance Services at the local level. In addition, within the project are realized two unitary training programmes (curricula) and the organization of training courses which are addressed to all social inspectors and legal advisers from the level of AJPIS (County Agencies for Payments and Social Inspection), so that the approach of specific activities to be unitary at national level.

The implementation period: 04 September 2020 - 03 September 2022.