



## **Strengthening Engagement in Public Health Research**

### **STEPS**

**Report on National Workshop in Romania  
31<sup>st</sup> of March 2010,  
National Institute of Public Health, Bucharest**

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## **STEPS Report on National Workshop in Romania**

### **TABLE OF CONTENTS**

1. Short general description of workshop.
2. Report on four themes.
  - 2.1. Public health research system in Romania. The place of research in the Romanian public health system.
  - 2.2. The role of different civil society, through its various organizations, in contributing to public health research in Romania.
  - 2.3. Major national public health research topics
  - 2.4. European dimensions of public health research
3. Summary of final discussions.
4. Conclusions, Recommendations.
5. Attachments.
  - 5.1. Agenda of the workshop.
  - 5.2. List of participants.
  - 5.3. List of Steering Committee.
  - 5.4. Summary of the evaluation.

## 1. SHORT GENERAL DESCRIPTION OF WORKSHOP

### **Introduction. General national context for STEPS project implementation in Romania**

*Geographic location:* Romania is located in the geographic center of Europe (south-east of Central Europe), north from the Balkan Peninsula and half way between the Atlantic Ocean coast and the Ural Mountains. The country's landscape is dominated by the Carpathian Arch, and the southern border is represented by the lower stream of the Danube (1,075 km), flowing into the Black Sea. Size wise, Romania is the twelfth EU member state (238,391 km<sup>2</sup>) with 21.6 million inhabitants (ranking seventh among the 27 member states, respectively second among the 12 new member states, after Poland) [1]. The capital is Bucharest, located in the south-east of the country, counting approximately 2 million inhabitants, the country's largest city, as well as the most important economic center.

*Political situation:* At the end of World War II, Romania adhered to the Communist Block. The political orientation shifted after 1989, as the country became a parliamentary republic. The electoral system consists of direct and universal suffrage, starting at the age of 18 [2].

*Economic situation:* After 1989, all sectors in Romania have started to experience major changes, but the economic sector reform was gradual, rather than radical. At the moment, according to the current World Bank ranking of economies based on the gross domestic product per capita, Romania falls into the group of countries with an upper middle income (GDP per capita, Atlas method, USD 8,280 in 2008), together with Bulgaria, Latvia, Lithuania and Poland, while all the other EU member states fall into the high income economies group [3].

*Education system:* As in all Eastern European countries, education represented a cultural value and an important investment, even during Communism; this is why the specific indicators are much more favourable than economic indicators. The literacy rate is 97.6% and 97.3% among adults and young people respectively. Also, 87.5% of young people are included in secondary education (high school) and 58.3% in tertiary education (post-graduate studies) [4]. Before 1989, the entire education system was mainly public and free. Private institutions have now developed, especially in pre-primary and university education.

*Healthcare system:* After World War II, Romania had a centralized public healthcare system that provided, at least theoretically, universal and free access to healthcare services, based on the territorial principle (according to the place of work, education institution or address). After 1989, this gradually evolved towards a social health insurance system that has actually started to operate since 1998. The system is based on the mandatory contribution of employees (5.5% of their gross monthly income) and employers (5.2% of the monthly salary fund) [5]. Contributions are collected in a single national fund that provides approximately 75% of the public funding for healthcare [6]. The system is based on the principles of equity, solidarity, free competition among providers and freedom of choice of the service provider, at all healthcare levels, ensuring (at least, in theory) universal access to a very wide range of services, including for certain categories of people that are insured without paying the contribution. Romania has the lowest level of healthcare expenditure (public and private) among the EU member states. In 2007, it was 4.7% of the GDP and USD 369 per capita, respectively [4]. 80.3% of the total healthcare expenditure came from public sources [4].

This is the general context of the country, in which the STEPS project came to raise awareness of the national stakeholders and of civil society organizations about the importance of research in public health.

### **The title of the workshop**

The workshop title was “Consolidating the Role of Civil Society in Contributing to Public Health Research”

### **The aim of the workshop**

The aim of the workshop was to encourage and promote the cooperation among different civil society organizations in public health research, in order to influence the decision-making process and the public policies related to health

### **The date and venue**

The workshop took place on the 31<sup>st</sup> of March, 2010, from 10.00 a.m. to 5.00 p.m. The venue of the workshop was the National Institute of Public Health from Bucharest, 1-3 Dr Leonte Anastasievici Street, sector 5, second floor, Council Hall.

### **Number of participants**

34 participants attended the workshop, including the lecturers (4) and the co-organizers (2).

### **The title of presentations and names and short introduction of speakers**

1. *Role and Importance of Public Health Research in Romania* – **Dana Galieta Minca**, MD, PhD. She is a professor of public health at the University of Medicine and Pharmacy “Carol Davila” from Bucharest, Department of Public Health, as well as the head of the department and member of the Council of the University. She has more than 20 years experience in the field of public health– both in teaching and research – in national and international projects. She is a coordinator of the master programs and PhD thesis, the representative of the University to ASPHER and the President of the Public Health Commission of the Romanian College of Physicians.
2. *The Role of Civil Society Organizations in Public Health Research* – **Dana Otilia Farcasanu**, MD, MPH, PhD. She is the Executive President of the Centre for Health Policies and Services. She has 20 years of experience in the field of public health, both in governmental and nongovernmental sectors. She has been a national/international consultant and researcher for the Romanian Ministry of Health, The Swiss Agency for Development and Cooperation (SDC), World Bank, WHO, UNFPA, USAID, etc. She has been the coordinator of many national and international projects and the author and co-author of many specialty publications, manuals and research reports.
3. *National Topics for Public Health Research – preliminary results* – **Florentina Furtunescu**, MD, MPH, PhD. She is associate professor at the University of Medicine and Pharmacy “Carol Davila” - Department of Public Health, being involved in teaching and research, with 15 years of experience in public health. She served the Ministry of Health as head of Public Policy Unit and as general director of Public Health Authority and was involved in national and international projects of the World Bank, WHO, ECDC etc. She is the vice-president of the Romanian Association of Public Health and Health Management.
4. *European Dimension of Public Health Research* – **Letitia Clara Stanila**, expert within the National Authority for Scientific Research. She has a degree in Chemical Engineering from University Politehnica of Bucharest, Romania and holds a master’s degree in International Relations and European Integration from the National School for Political and Administrative Studies in Bucharest. She has been acting as Romanian delegate to the PC NMP and NCP NMP under FP6. Presently she is the Romanian FP7 NCP for Health,

NMP and Security, and the Romanian delegate to the Health Programme Committee. She is familiar with the European Commission's rules and procedures regarding FP project proposals. She participates in several FP6 funded projects like COOREERS, ROMOB, [SEE-ERA.NET](#), ERA-ENV and was Project leader for a PHARE project. Also she is the WP leader in the FP7 NMP TeAm project and participates in the FP7 HEALTH NCP Net project, HIVERA Net project.

## 2. REPORT ON FOUR THEMES

### 2.1. Public health research system in Romania. The place of research in the Romanian public health system

In Romania, there seems to be an artificial separation between research and public health, the former being the responsibility of the Ministry of Education, Research, Youth and Sports, and the latter falling under the responsibility of the Ministry of Health. These two central public institutions have segmented responsibilities in this respect.

**Research and development** are specifically defined in a binding normative act (Government Ordinance no. 57/2002 on scientific research and technology development, with subsequent amendments), which covers the definitions of terms, the institutions involved and their responsibilities, the national research-development system and the types of related organizations, the accreditation criteria and the accrediting bodies.

The Ministry of Education, Research, Youth and Sports conducts its research activity through the National Authority for Scientific Research, a specialized body of the central public administration under its subordination. This body has the mission of drafting, applying, monitoring and assessing policies on research-development and innovation, in line with the national research-development strategy and the government program.

The national research-development system includes public and private institutions that have research and development as their object of activity. They can be:

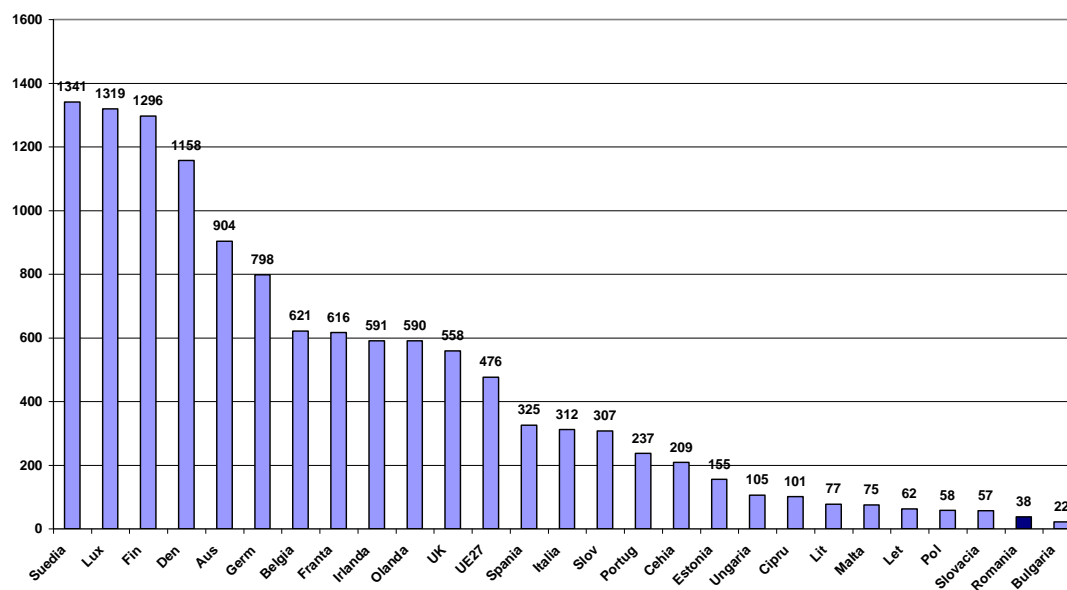
- a. Of national interest – universities, national research-development institutes, research centers of the Romanian Academy, related academies or national societies, national companies and national state-owned corporations.
- b. Other public or private organizations (including non-governmental organizations).

Pursuant to the above-mentioned normative act, the Romanian Government passes a national research-development strategy (Government Decision no. 217/2007, for 2007 - 2013) and a National Research-Development and Innovation Plan (GD no. 457/2007). Health is included among the priorities of the national strategy. For the 2007 – 2013 period, research in health will focus on: developing the knowledge of human integrative biological systems, human body mechanisms for adjusting to the dynamics of biological and psycho-social environment factors, investigation and interventional methods based on molecular and cellular medicine, genomics and proteomics, modern therapies focused on chemical, genetic and cellular support, as well as their benchmarking in line with the bioethical norms, developing the brain-machine interface for investigation and recovery in neurological disorders, implementing new prevention and intervention methods nationwide, specific to the European operation area [7].

Although there are political documents that express the commitment to supporting research, this area is not a priority on the political agenda.

Thus, research funding at national level varied between 0.4 and 0.6% of the GDP, to reach a national target of 1% of the GDP in 2010, which is Romania's response to the Lisbon Strategy (3% of the GDP) [1]. In 2008, research funding per capita reached one of the lowest levels in EU (EUR 38), Romania ranking second to last, after Bulgaria (fig 1).

**Fig 1. Research financing per inhabitant, EU, 2008**



Data source: Eurostat

Under these circumstances, Romanian researchers have to cope with low income, poor infrastructure, a lack of vision on their own career and insufficient social recognition nationwide, while more and more opportunities emerge abroad, given the freedom of movement throughout EU. Therefore, emigration becomes a solution for many of them, this leading to a 25% drop in the number of researchers, between 1993 and 2008 [1], and to a higher average age for this group. Nevertheless, Romania has a long tradition in research and well trained and dedicated human resources.

**Public health research** also has a long tradition, as the first social medicine University chair in Romania was established in Bucharest, in 1942. Furthermore, the social variables as health status determinants were taken into account 70-80 years before social medicine turned into an academic subject in all traditional university centers. The 3<sup>rd</sup> and 4<sup>th</sup> decades of the 20<sup>th</sup> century saw the establishment of public health institutes, which started to collaborate with universities and successfully host their teaching and research activity.

As public health could not advance outside society, it was impacted by the ideological currents from Romania in 1940 - 1990. Yet, none of the public health chair leaders stood out due to their ideological, combative drive, and whenever possible, they were happy to turn to developing and applying components of methods and techniques – mainly quantitative – in public health and healthcare administration.

After 1990, they established numerous collaboration relationships with schools from Western European countries, Canada and USA. Professionals from Bucharest, starting with the youngest ones, participated in specialization internships and advanced courses in Europe and North America between 1992 and 2002, but few of them are still working in public institutions in the country.

Some of the institutions certified to conduct research in public health are the following:

- a. universities/faculties of medicine (8 public and several private universities),
- b. National Public Health Institute,
- c. Two research-development institutes (“Cantacuzino” – in microbiology and immunology and “Victor Babes” – in pathology and biomedical sciences),
- d. National School of Public Health and Health Services Management (reorganized recently)
- e. Hospitals of clinical institutes with beds (Bucharest Oncology Institute, “Ana Aslan” Geriatrics and Gerontology Institute, “CC Iliescu” Cardiovascular Diseases Institute, “N. Paulescu” Diabetes and Nutritional Disorders Institute etc. ).

**Public health** is defined by the national law as “the population’s health status in relation to health’s determinants: socio-economic, biological, environmental factors, lifestyle, healthcare provision, healthcare quality and access” [5].

The Romanian healthcare system provides prophylactic and curative services for the population on three levels of healthcare (family doctors, ambulatory specialty care and hospitals).

According to the law, public health care represents the society’s organized effort to protect and foster the population’s health and is implemented through a set of political and legislative measures, programs and strategies intended for the determinants of health status, as well as through the organization of institutions to provide all necessary services [5].

The Ministry of Health is the central authority in charge with public health, acting mainly as a regulatory, organization and funding entity for certain services or interventions in public health and, to some extent, as a controller for how the legislation is being implemented. The Ministry of Health also finances the prophylactic component of national healthcare programs focusing on the most important public health issues in Romania (the therapy component being funded from the Social Security Fund).

The Ministry of Health has under its subordination the National Public Health Institute, a recently created institution that brings together the six public health institutes/centers with tradition and real capabilities for public health research. However, this institute’s future role in research is uncertain, as the existing program papers define it rather as a ministry executive body.

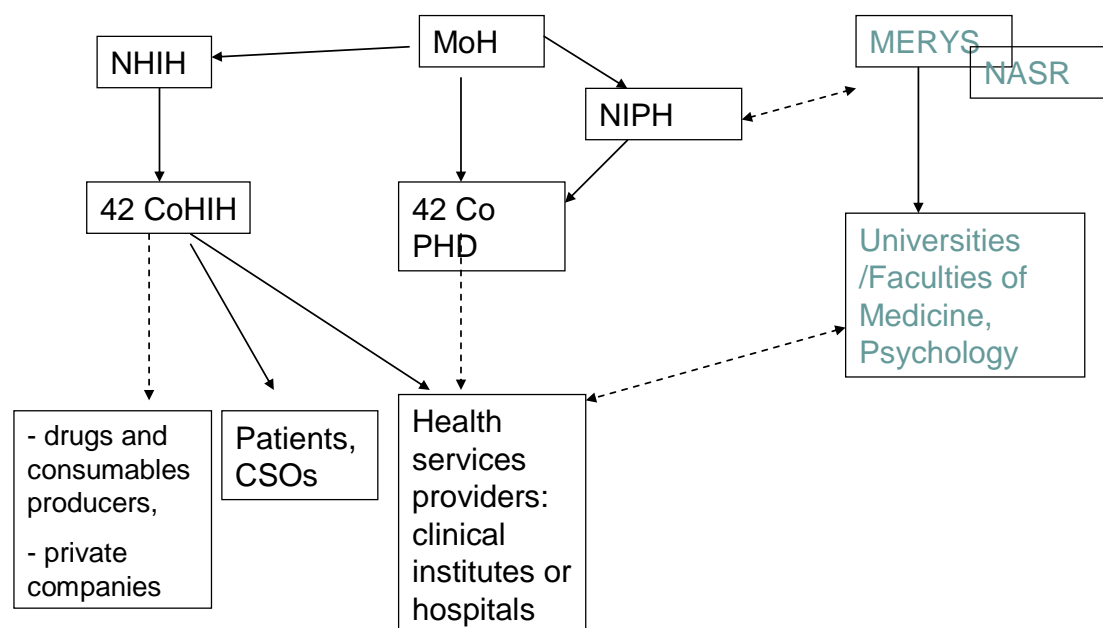
To prioritize public health issues, as well as to plan, implement and evaluate the interventions and programs of the Ministry of Health, research must be approached in scientific terms<sup>1</sup>. For

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<sup>1</sup> In scientific terms, research means conducting studies based on a certain methodology to prove various assumptions or answer specific questions, using also an experimental process. The activity must be systematic and follow a series of steps

the time being, this is not formally recognized as part of the national health programs and generally it is not systematically financed from public sources, although it is a prerequisite for the adequacy, effectiveness, efficiency and sustainability of public health interventions. The relation between the national research-development and the healthcare system is illustrated in fig 2.

**Fig. 2 Organizations involved in public health research in Romania**



**Legend:**

- NHIH** = National Health Insurance House
- Co HIH** = County Health Insurance Houses
- MoH** = Ministry of Health
- Co PHD** = County Public Health Directorates
- NIPH** = National Institute of Public Health
- MEYRS** = Ministry of Education, Research, Youngs and Sport
- NASR** = National Authority for Scientific Research

**Discussions:**

The participants to the workshop agreed on the followings:

1. The process of accrediting a NGO for research is very complicated in Romania and usually the NGOs are not able to follow it. An analysis of the specific legal framework is necessary in order to make this process easier and feasible for those NGOs which are interested in the field of research.

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and a rigorous standardized protocol, taking into consideration the literature review of previous surveys in the field and setting the questions to be answered. The answer requires a certain interpretation or opinion of a researcher.

2. From the legal point of view, the Ministry of Education, Research, Youth and Sports does finance all the research activities, but there is a weak interaction between the organizations from the healthcare system and those from the research system. Following this, very few research studies from the public health field are financed by the specific ministry. Also the research outcomes (even fundamental or applicative research) are partially transferred and used in the overall health system.
3. Usually, the Ministry of Health does not finance research activities.
4. The mechanisms of establishing the priorities in the public health field are not very documented and there is a medium capability to plan and especially to implement and assess the public health interventions.
5. Ensuring the sustainability of the interventions, programs and projects remains a continuous challenge.
6. The public health research is rather financed by international organization or through international projects than by the national authorities.

## **2.2. The role of different civil society, through its various organizations, in contributing to public health research in Romania**

There is no commonly recognized definition of civil society organizations across the European Union. Broadly speaking, they are separate from the governmental sector and promote shared goals, interests and values of the society at large. A definition of OECD considers the CSOs as „associations around which society voluntarily organizes itself and which represent a wide range of interests and ties. These can include community-based organisations, indigenous peoples’ organisations and non-government organisations” [8].

Based on this principle, we can state that there are three major categories of civil society organizations in Romania:

- a. professional organizations (College of Physicians from Romania, College of Pharmacists from Romania, Order of Nurses and Midwives etc.) – with the mission to regulate and oversee the practice of medical professions, the professionals’ licensing, the deontology and the patients’ rights;
- b. trade unions – safeguarding the employees’ interests in their relation with the employers. The position of union leader is incompatible with the affiliation to a governmental institution. They militate for goals like salary level, working time or working conditions, workplace health and safety.
- c. non-governmental (and non-profit) organizations set up as associations, foundations, federations or unions. Totally there are registered in Romania more than 65000 NGOs, from which more than 1000 declared an interest in protecting human health.

A part of these organizations are active in the health field and they can be split, with regard to their mission, as follows:

- i. organizations that promote general or specific public health-related purposes (e.g. Red Cross, organizations that support tobacco control, or healthy workplace);

- ii. organizations aimed at protecting the patients' rights or the access to treatment of certain categories of patients (e.g. access to treatment for patients with rare diseases, cancer or diabetes).

Most of the NGOs implement public health intervention directly in the field (they are dealing with vulnerable groups, they facilitate the access to health services of hard to reach people, they do health education campaigns etc.). Some NGOs are especially involved in public consultation process when regulations are planned at national or local level. They work in partnership (rather informal than formal partnerships) with media and with the public institutions.

Mechanisms of involving CSOs in the legislative process are clearly established. Formally, there is a legal framework whereby the NGOs must be consulted and then contribute to the drafting of legislation connected to their mission and objectives (Law no. 52/2003 on transparency of decision making in public administration). The public authority which is responsible to promote new regulations has to announce the intention, to publish the draft legislation on its website and to organize public debates on the text of the new regulation if any CSOs organizations ask for it. These mechanisms are generally used by the NGOs and usually their voice is heard by the public when new regulations are promoted. However, there are many situations when the CSOs are not well mobilized in time and the regulations pass without their input.

Mechanisms of involving CSOs in setting research priorities or public health interventions are not very well established by regulation. Usually the partnership with CSOs is supported by the public authorities, but the consultations with CSOs are rather informal and their opinions are not always known or analysed. For example, the national health programs (financed by the state) are approved on yearly basis through a Government decision. This text of the regulation is prepared by the Ministry of Health and published on its website. The CSOs can supervise and make proposals, but their points can or cannot be considered. The CSOs are not a permanent stakeholder in deciding the priorities.

Mechanisms of financing CSOs for research purposes are not very commonly used. Theoretically, those CSOs accredited for research can apply to specific calls for proposals published by the Ministry of Education. But as we mentioned before, not many CSOs are accredited for research from the legal point of view and there are a lot of activities in the health field (assessments, surveys etc.) that are beyond the legal definition of "research". So, in this context, the public financing of the CSOs for public health research is not very common. There is a legislative framework in place, according to which the CSOs can apply to earmark non-reimbursable public funds for non-profit general activities (Law no. 350/2005), based on project competitions. Yet, this mechanism is not used by the Ministry of Health.

### **Discussions:**

The STEPS project brought the opportunity for dialogue and mutual collaboration among civil society organizations in public health research. During the debates organized within the framework of STEPS project, the participants agreed on the followings:

1. Civil society organizations are fully or partially aware of their involvement in public health research; some state they are the exclusive beneficiaries of the research outcomes, while others say they facilitate and support the research process.
2. Generally, there are few organizations really interested in getting involved in public health research (relatively low response rate for the questionnaire, organizations that participated to

the preliminary meeting, but not to the final meeting, low rate of confirmations to attend the final meeting).

3. Interested organizations usually have prior experience in research, in national and international projects and they are also part of national and international networks. They would like to enhance their involvement in research, especially in setting the research priorities. They admit the lack of a formal framework for the consultation of the civil society related to public health research.

4. Interested CSOs understand the need of a closer collaboration and stronger involvement in research, both nationally and throughout Europe.

5. New mechanisms have to be developed in favour of a closer collaboration between the public institutions and the CSOs related to identifying the public health problems and to establishing the public health priorities.

### 2.3. Major national public health research topics

The socio-economic transition after 1989 and especially the economic recession have seriously impacted the population's health status, as the indicators from Romania are generally worse than in other member states and have seen improvements later than others [9]. Thus, the Romanian population's health status has certain specifics:

- Significant aging of the population, combined with a lower birth rate (11% in 2008), limited reproduction (overall fertility rate: 1.3 in 2008), a negative natural growth rate of population since 2002 and an increasing percentage of the population over 65 (15% in 2008) [10]
- Life expectancy at birth is much lower than the EU-15 average (member states before the 2004 EU accession wave), with a 6-year gap for women and 8-year gap for men in 2008 [1].
- High infant mortality rate which, although it has seen major progress over the past two decades, remains three times higher than the EU-15 average (11 infant deaths per 1,000 live births compared to 3.7 in EU-15) [1]. This is accompanied by a still high maternal mortality (15 deaths to 100,000 live births) [9]
- One of the highest premature mortality rate (age 20 – 64) in EU – 2,3 times higher in men, respectively 1.9 times higher in women, compared to the EU-15 average in 2002 [9]. One of the main causes for premature death, which is also an important cause for the gaps between the health status in Romania and the EU-15 average, is cardiovascular morbidity, whose determinants are insufficiently known and controlled [9].

These realities are accompanied by the increasing threat of the global economic crisis, the decrease in the households' income and already precarious healthcare funding, as well as the uncertainty caused by the ongoing healthcare system reform with a doubtful efficiency.

Under these circumstances, public health research ranks low on the list of political priorities in healthcare. This list includes mainly items on providing the funding and operability of curative healthcare and crisis management, rather than preventive interventions and rational, planned provision of healthcare services.

The tool applied through the STEPS project gave respondents the opportunity to propose a national public health research topic. The proposed topics were summarized and sent in advance for reflection to all organizations that took part in the national workshop.

During the workshop, the proposed topics were presented and discussed one by one. The participants had the chance to argue individually for their proposal. After the discussions, the participants worked individually on the list of topics, using the scoring method. They each extracted three topics from the list and prioritized them based on the following criteria:

- relevance as a public health issue
- significance in the current socio-economic context
- economic feasibility
- legislative feasibility
- acceptance by population
- acceptance by decision-makers'

The first three topics with the highest score were then selected. All three topics were considered appropriate for the Romanian public health system, based on the arguments below.

### **1. A reproductive health survey**

*Substantiation of opportunity:* Romania had a special situation, as a result of the pro-birth policy applied under the communist regime. Thus, in 1990, there were 300,000 live-born infants and in excess of 1 million abortions [10]. Numerous family planning interventions have been initiated immediately after 1990, supported generally by international organizations. Also, three surveys on reproduction health were conducted in 1993, 1999 and 2004. A strategy for reproductive health was approved and implemented at national level.

At the moment the strategy came at its end and most international organizations working in this area have either left, or have already defined the end-date of their presence in Romania. Some of their activities were institutionalised or included in the national health programs, but this process is not complete. Also a national assessment of the reproductive behaviours is not considered to be financed by the Ministry of Health in the next few years, even the methodology and the tools are available from the former studies.

In this context - with some important stakeholders living and without a frame for monitoring the reproductive health - two trends are occurring. On one hand some reproductive services or interventions that were provided before are not yet unfolded and on the other hand, the impact of these discontinuities on the health status of the population is not known by the health authorities.

A new assessment of the reproductive health must be done at national level, in order to provide evidence for the next strategy, to assure the sustainability of the past interventions and to fully integrate them in the list of services provided through the social health insurance system.

### **2. Assessing the needs for public health specialists and their career opportunities**

*Substantiation of opportunity:* In Romania, the list of para-clinical medical specializations includes Public Health and Management as an item. There are also other related specializations (epidemiology, hygiene and medical ecology, labor medicine etc). The successive reforms of the healthcare system and public administration institutions created

confusion about the statute of doctors specializing in the above mentioned areas and limited their motivation for this career.

Conducting an assessment and a career roadmap would be useful both for institutions and for encouraging young doctors to choose these specializations.

### **3. Developing a monitoring frame for the lifestyle of children and teenagers with regard to healthy eating habits, physical activity and other determinants of the health status.**

*Substantiation of opportunity:* Romania has an increasing burden of non-communicable diseases and most of the national health programs are focused rather to treatment than to primary prevention. The health education intervention are fragmented and not always evidence-based.

During the communism times and few years after, there was a very organized network of school medicine responsible for monitoring the children development status and for health education. After the transformation of the health system part of the responsibilities were transferred to the family doctors and part of them remained to the school doctors, but some gaps occurred. Following the recent decentralization process of the healthcare system, the school doctors were transferred under the local public administrations. A framework for the rigorous monitoring of their health must be created in order to identify the health risk factors at national level, and to initiate sustainable interventions of primary prevention.

## **Discussions**

Participants agreed on the followings:

1. There are serious gaps in the health status of the Romanian population compared to EU average. These health gaps and especially their determinants must be well understood in order to develop appropriate interventions.
2. Planning and implementing appropriate interventions, but also monitoring and evaluation of their results and sharing the lessons learnt are very important in decreasing the health gaps between Romania and EU. Planning capacity seems to be more developed at the institutional level, but more focus is needed on implementing and assessing the interventions. For example, there is a public health strategy (as a formal document) in place for ten years (2004 – 2013), but its implementation is weak.
3. The sustainability of public health interventions has to be considered and improved. Many projects were very successful in Romania, but their results were not properly institutionalized.
4. Beyond the political decision, research is very important in identifying the public health problems and in establishing priorities.
5. All of the proposed topics for public health research express real problems of the Romanian health system. Some of them are connected; some others are formulated rather in term of needs than in term of research topics, but all of them emerged from important public health problems.
6. The prioritization exercise revealed three topics which were considered very important through consensus. The public health authorities together with the CSOs must look for potential financing sources to achieve these studies. But the other proposals, which emerged from the survey, must be kept on a priority list and fund for those themes should be identified in the next future.

## **2.4. European dimensions of public health research**

In the actual financial crises, the European Union set up and adjusted its policy strategies and priorities. For the Health domain, the major directions are the followings:

- health and quality for life expectancy growth, for early-phase disease prevention and control, mainly in the life style (reducing the alcohol consumption, smoking and healthy nutrition);
- the pandemics management, for epidemics detecting and prevention (AIDS/HIV, flu and bioterrorism);
- the dynamics in the health systems and new technologies, for improving life quality and defining the rare disease strategies; funds for health domain and organ donor management and organ banks.

Having this, the three main fields in public health for which the budget will be allocated and where Europe has a very strong interest are:

- Structural Funds
- Research Programs
- Public Health Programs

The European Union has three key financing instruments to support research and innovation: the Cohesion Policy (financed from the Structural Funds and the Cohesion Fund); the 7<sup>th</sup> Framework Program for Research (FP7) and Competitiveness and Innovation Framework Program (CIP).

### **Research Framework**

Starting with the '80's, the successive Framework Programs for Research played the main role in the multidisciplinary research and in the trans-national cooperation in research and development, in Europe and abroad.

**The 7<sup>th</sup> Framework Programme**, ongoing for 2007-2013, is the European implementing policy instrument for research and development. With more than 50 billion Euro budget, FP7 is financing research, technological development and demonstrative activities, on competitive basis, for individual and collaborative research projects, as well as for gaining research competencies and strengthen research capacities.

**The Competitiveness and Innovation Framework Program** (2007 – 2013), with a 3.6 billion Euro budget is meant to encourage the European enterprises' competitiveness.

**The Structural Funds and the Cohesion Fund:** The purpose of the structural funds (The European Regional Development Fund - ERDF and the European Social Fund – ESF and of the Cohesion Fund is the consolidation of the economical, social and territorial cohesion by reducing the development differences between the regions and member states.

In Romania, research and innovation are financed by the Sectoral Operational Programme "Increase of Economic Competitiveness" (POS – CCE), co-financed by the European Regional Development Fund – ERDF, Priority Axis 2 – Competitiveness by research and technological development and innovation, in which the Health field is one of the 5 National Strategic Priorities.

Compared with FP7 and CIP, the management of the structural funds is decentralized and is implemented at the regional or national level.

For POS-CCE, the Management Authority is the Ministry for Economy and the National Authority for Scientific Research is the Intermediary Organism. The funds are allocated for building research and development infrastructure (new laboratories, new buildings, equipments, etc) and also for cooperation between the academia and enterprises.

All these funds (the Structural Funds and the Cohesion Fund, Framework Program 7, The Competitive and Innovation Program) can be used on a complementary basis. This means using more funds for different actions (with different, separate costs/invoices financial evidences), which are undergoing consecutively or complementary. Double financing (meaning getting financial support from different sources for the same spending article, being EU or national) is illegal and not allowed.

As mentioned before, the main EU research financing instrument is the 7<sup>th</sup> Framework Program and the Program structure and financing are described on its website: [http://cordis.europa.eu/fp7/home\\_en.html](http://cordis.europa.eu/fp7/home_en.html)

The Cooperation Programme is the FP7 central element and it has 10 themes among which some are related to public health (Health; Food, Agriculture and Biotechnologies; Information and Communication Technologies; Nanosciences, nanotechnologies, materials and new production technologies; Environment, Socio-economic Sciences and Humanities; Security). Research in the Health domain has a 6 billion Euro budget. Health Theme has 4 pillars but it has also a transversal approach (fig 3).

The allocated funds are financing the research focused on the health issues – ameliorating health – but, in the same time are also encouraging industry and European enterprises’ competitiveness and innovation capacity, company which are active in the health field. The focus is on transferring the newest research in clinical trial, developing and validation of new therapies, health promotion and prevention, improving the diagnose instruments and the medical technologies, as well as building durable and efficient health system. On the priority illnesses are included cancer, cardiovascular, infectious diseases, mental and neurological diseases, mainly aging related one.

Participating in the FP7 is open for individuals and organizations as well - universities, research centres, multinational corporations, SMEs, public administrations, individuals worldwide are all welcome to participate.

**Fig. 3 Activities included in “Health” theme**



Source: European Commission, Health Work Programme

### **How to start**

1. You have an idea or an initiative for a research project

Before starting writing the project proposal you should think about:

- the Scientific and technological novelty (don't "reinvent the wheel")
  - the advancement your idea brings
  - social, economical, environmental impact
  - benefits of product or technology development
  - technical manufacturing possibilities
  - ethical issues
2. Read the FP7 eligibility criteria and rules
  3. Look for EU or other states partners
  4. Send the project proposal according with the deadline and the project competition specific schedule.
  5. Read the project proposals evaluation procedure in order to understand the way your proposal is evaluated. You can also apply for becoming yourself an evaluator. The European Commission guarantees the correctness evaluation of your application – this will be done by 3-7 independent evaluators, experts in the related field.
  6. If the evaluation is positive, the contract negotiation will start.
  7. The contract is signed and the project can start.

### **Where do you find support for writing the project proposal?**

The National Authority for Scientific Research (ANCS) through the National Contact Points (NCPs) is offering free-of-charge consultation for applying your proposal into the launched competition theme, the consortium building by looking for partners, the electronic application of the project proposal, financial, legal and project management's consultancy and intellectual property rights but also help/counselling for the whole project duration. Also, based on the state scheme funding, ANCS can co-finance your participation in the FP7 through the Capacities Program – Module III from the National Plan for Research and Development.

### **The national interests promotional actions**

Every FP7 competition has a working schedule, elaborated by the European Commission and the representatives of the Member States and Associated in the Health FP7 Committee Program. Any entity can submit proposals for this Working Program, because preparing of this document is possible only on a national-based consultation involving all the actors in the field. Here is the working schedule (fig. 4).

### **European Science Foundation (ESF)**

The European Science Foundation is a scientific association, formed by the 79 organizations of scientific research from 30 European countries, having the purpose of promoting high level Science at the European level, facilitating cooperation and collaboration in scientific field. This trans-frontalier activity combines “bottom-up “ and “top-down” and has three main pillars: Science Strategy, Science Synergy, Science Management. Science Strategy comprises on future oriented activities and it is in charge with European oriented policies, in order to identify the future research directions and the priorities. The instruments are Forward Looks, Member Organisation Fora, and Exploratory Workshops. Science Synergy brings together researchers and member organizations in order to plan and implement research activities at the European level. Instruments: EUROCORES, ESF Research Networking Programmes and ESF Research Conferences. Science Management – services and expertise in projects management. Example: European Young Investigator Awards (EURYI).

**Fig. 4. Working Schedule for FP 7:**



Source: National Authority for Scientific Research

## Discussions

The participants agreed to the following:

1. There is a extensive amount of data related to EU financing opportunities but the Romanian institutions and organizations are not very well prepared to look for the appropriate information, despite having enough expertise related to the research topic. From this point of view the STEPS workshop and the connection to the NFP for health were very welcome by all the participants.
2. Looking for partners was considered a barrier, because most of the organizations don't have previous experience in FP 7 projects.
3. The EU projects' management was considered difficult, because the mechanisms for spending EU funds are nor very well established or known within the institutions.
4. The insufficient knowledge of the appropriate opportunities and information sources, and the lack of routine in implementing EU research projects and in looking for partners, could explain the small involvement of Romanian organizations in EU projects.

5. The availability of the National Authority for Scientific Research to provide consultation and counselling, to look for partners and to support the organizations in implementing projects is a very important resource that must be used as much as possible in the future.

### 3. RESUMEE OF GENERAL DISCUSSIONS

The STEPS project brought the opportunity for dialogue and mutual collaboration among civil society organizations in public health research, through at least three activities:

- a. questionnaire-based survey,
- b. preliminary meeting at national level to prepare the workshop
- c. actual workshop, held on the 31<sup>st</sup> of March.

Opportunities as those mentioned above should be created more often, in order to encourage the partnership between the public authorities and the civil society organizations. The latter expressed their willingness to provide more support to the public institutions in implementing or endorsing the public health interventions.

The visibility of public health among the research priorities was considered rather poor by the participants due to the fact that few research studies and related research activities in public health field are financed from public funds (Ministry of Education and Research). One explanation could be the weak connection between the Ministry of Education and Research and the Ministry of Health units. Another possible explanation is the complexity of the process of accrediting a NGO for research. Usually the NGOs are not able to fulfil the required criteria. An analysis of the specific legal framework is necessary in order to make this process easier and feasible for those NGOs which are interested in the field of research.

On another hand, the role of research in public health is rather limited. The mechanisms of establishing priorities in the public health field are not very documented through research. The capability to plan but especially to implement and assess the public health interventions needs to be improved. The assessment of the national health programs is not very common and usually it is not planned and financed by the Ministry of Health. National surveys and assessments are financed rather by international organizations and the results of these studies (databases, reports, recommendations) are transferred and used partially by the public institutions after the projects are finished. The sustainability of the public health interventions – either national health programs financed by the Ministry of Health or interventions supported by international donors – should be carefully considered in the future.

The role of NGOs in public health research is quite unclear for the NGOs themselves but also for the health authorities. Some NGOs consider they support the research or they are beneficiaries of research results. They are informally consulted regarding the public health priorities, even if some of them have important experience and are active in the field.

The involvement of Romanian stakeholders (both public institutions and CSOs) in EU research projects was perceived as rather low and some barriers in accessing EU fund for research were identified, as follow:

- The Romanian institutions and organizations are overloaded by the huge amount of data regarding EU financing mechanisms and opportunities.
- The difficulty to look for partners, because most of the organizations don't have previous experience in FP 7 projects.

- The projects' management was considered difficult, because the mechanisms for spending EU funds are not very well established or known within the institutions
- The lack of previous experience/routine in implementing EU research projects

The needs for a closer collaboration between the public authorities and the CSOs and for a stronger involvement in research, both nationally and throughout Europe were recognized by all participants.

## 4. CONCLUSIONS, RECOMMENDATIONS

### Conclusions

The activities carried out during the STEPS project resulted into the collaboration between NGOs interested in public health research, professional associations and patients' associations, as well as between the non-governmental and governmental sectors. Thus, the project created the framework for debating the importance of the non-governmental sector's participation in public health research, in developing evidences to correctly substantiate healthcare public policies.

Representatives of UN organizations (WHO and UNFPA) that attended the seminar said they were satisfied with regard to the non-governmental organizations they worked with in public health research and they will continue to collaborate with organizations that have research expertise.

There are important health gaps between Romania and EU. These gaps and especially their determinants must be well understood in order to develop appropriate public policies and research is a key factor in understanding the public health problems. Currently the use of research in defining the public health policies and interventions is rather limited.

There are three main types of CSOs in Romania, with different involvement in public health research but their roles are not very well understood. Many CSOs play various roles in the public health research process, despite the fact that only few of them have public health research formally stated as part of their mission. They facilitate the research activities, mobilize stakeholders or make lobby at various levels for certain research priorities. They can be direct or indirect beneficiaries of the research outcomes, or they can provide a more flexible administrative framework to involve the researchers. The national workshop and the preliminary activities helped to raise the organizations' awareness on their potential role in public health research and also to get them involved in supporting research through bi- and multilateral activities.

Some CSOs gained important technical expertise in public health research. However, this expertise is not used enough by the society and the results they got in different projects are not widely known. Despite this experience, the current legislation makes it difficult for them to be accredited for research nationally.

There is a mechanism in place for formal consultation between the public authorities and the CSOs in the process of drafting regulations. However, the CSOs involvement in establishing public health research priorities is rather limited and the formal partnerships among the public authorities and the CSOs are not very common.

The financing of CSOs comes from international funds rather than from national public sources.

The access of Romanian stakeholders to EU funds for public health research was perceived as rather weak due to the huge amount of data regarding EU financing mechanisms and opportunities, the lack of previous experience, the difficulty to look for partners, the lack of mechanisms for spending EU funds and to the project management rules. The availability of the National Authority for Scientific Research to provide consultation and counselling in all the project phases was considered a very important resource that must be used in the future.

### **Recommendations:**

1. Research must play a more important role in defining and prioritizing public health issues, as well as in planning and implementing relevant public policies. The CSOs have to influence the political decision in this direction.

2. The role of CSOs in public health research should be better understood and increased. They must have a clearer voice in deciding the priorities for public health research as well as in planning and implementing the public policies. In this purpose at least few things can be done:

- To organize meetings or workshops on public health research, at least biannually.
- To build a database with CSOs active in public health research
- To improve the access to outcomes and databases built as a result of research efforts (developing a website that contains a list of the research projects, outcomes and tools could be considered). This would enhance transparency and improve the synergy of interventions in public health.
- To assess the opportunity of establishing an NGO coalition aimed at supporting public health research. The civil society organizations must join forces to impact the political process in public health and gain a stronger voice.
- To build mutual collaborations between NGOs and organizations with research capabilities, especially with universities or other public organizations that have financial and human resources for research. In this respect, the STEPS project was an example of what should be developed, while a formal partnership was established among implementing organizations from Romania (two NGOs and a university department). This kind of partnerships should be encouraged.

3. The technical expertise that civil society organizations have gained over the years should be used and developed in the public healthcare system. Also, the research outcomes and the databases built by the civil society organizations must be exploited and widely disseminated.

4. The authorities should consider creating a working group to review the current legislation on research, in order to facilitate the accreditation for CSOs.

5. The formal partnership between the public institutions and the CSOs should be encouraged and developed. STEPS project, through the dialogue initiated among various stakeholders from the civil society, government institutions (National Authority for Scientific Research included) and representatives from international organizations is a first step in developing the collaboration and creating partnerships. This should not be just an isolated initiative and new ways to continue the dialogue and foster partnerships should be identified.

6. More opportunities for civil society organizations to get involved in healthcare policies in general, including public health research, should be created. A formal consultation framework must be therefore defined between the public authorities and the CSOs.

7. Formal mechanisms for funding civil society organizations from public funds, based on project competitions, must be developed and used. The UN should maintain the support provided to non-governmental organizations with research expertise and to promote them as partners of the relevant public institutions
8. The results of the pilot projects implemented by the civil society organizations must be adopted and built on in the public institutions.
9. A close collaboration of public institutions and CSOs with the national focal points for public health research should be considered for the purpose of filtering and utilizing the huge amount of information on EU funding opportunities and for developing their capabilities of drafting and implementing European projects. The Romanian civil society must also bring a more substantial input in setting priorities at European level.
10. The public health research topics identified during the project are adequate and represent real issues for Romania. Government institutions, as well as the civil society should step up and identify research opportunities in the proposed areas.

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**Other useful websites:**

Ministry of Health: [www.ms.ro](http://www.ms.ro)

National Health Insurance House: [www.casan.ro](http://www.casan.ro)

National Authority for Scientific Research: [www.ancs.ro](http://www.ancs.ro)

National Institute of Public Health: [www.ispb.ro](http://www.ispb.ro)

FP7 website: [http://cordis.europa.eu/fp7/home\\_en.html](http://cordis.europa.eu/fp7/home_en.html)

**5. ATTACHMENTS**

5.1 Agenda of the workshop



**NATIONAL WORKSHOP ON  
CONSOLIDATING THE ROLE OF CIVIL SOCIETY  
IN CONTRIBUTING TO PUBLIC HEALTH RESEARCH  
Bucharest, 31 March 2010**

**AGENDA**







**Wednesday, March 31**

09.30 – 10.00	<b>Welcome coffee and registration</b>
10.00 – 10.15	<b>Opening remarks</b> <i>Dr Dana Farcasanu</i> , Executive President, Center for Health Policies and Services
10.15 – 10.30	<b>Introduction to STEP Project - "Strengthening Engagement in Public Health Research". Goals and Terms of Reference for the workshop.</b> <i>Dr Florentina Furtunescu</i> , Department of Public Health and Management, University of Medicine and Pharmacy "Carol Davila", Bucharest
10.30 – 10.50	<b>Paper Presentation 1</b> <b>The place of research in the Romanian public health system. Description of the existing public health system</b> <i>Prof Dr Dana-Galieta Minca</i> , Department of Public Health and Management, University of Medicine and Pharmacy "Carol Davila", Bucharest
10.50 – 11.10	<b>Paper Presentation 2</b> <b>The role of civil society through its various organisations in contributing to public health research in Romania</b> <i>Dr Dana Farcasanu</i> , Center for Health Policies and Services
11.10 – 11.30	<b>Coffee break</b>
11.30 – 11.50	<b>Paper Presentation 3</b> <b>Major national public health topics – preliminary results of the STEP questionnaire</b> <i>Dr Florentina Furtunescu</i> , Department of Public Health and Management, University of Medicine and Pharmacy "Carol Davila", Bucharest

## 5.2 List of participants

Bucharest, 31 March 2010

### List of participants

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### 5.3 List of Steering Committee

Three organizations have been involved in implementing STEPS project in Romania:

1. The Center for Health Policies and Services as lead organization,
2. The Department of Public Health and Management – University of Medicine and Pharmacy “Carol Davila”, Bucharest
3. The Romanian Public Health and Health Management Association (EUPHA member).

A Memorandum of Understanding for implementing the STEPS project was signed by the three partners. In light of this partnership and with a view to ensure the smooth implementation of the project at all levels, the Steering Committee comprises 5 members and a secretary:

1. Ms Dana Farcasanu – President and Authorised Representative of the Lead Organization, Project Director
2. Mrs Florentina Furtunescu – Research Coordinator
3. Mrs Antoaneta Dragoescu – PR/Communications Coordinator
4. Ms Cornelia Matic – as Administrative and Reporting coordinator
5. Mr Liviu Popescu – Financial Officer
6. Mrs Camelia Varsescu – Secretary

### 5.4 Summary of the evaluation

The evaluation of the workshop by participants was done using a written evaluation form, with a 65% response rate (22 filled questionnaires returned to CPSS).

The questionnaire assessed the following dimensions:

1. Workshop theme: it was considered interesting or very interesting by 20 of the participants
2. Lecturers’ rating:
  - a. very high or high – 18 of the participants

- b. very high or high – 19 of the participants
  - c. very high or high – 18 of the participants
  - d. very high or high – 21 of the participants
3. Materials received: very high or high - 16 of the participants
4. Discussions: very interesting or interesting - 18 of the participants
5. Interaction with other participants - 20 of the participants
6. The proposed agenda: very interesting or interesting - 18 of the participants
7. Logistics:
  1. Location: good or very good 18 of the participants
  2. Equipment: good or very good 19 of the participants
  3. Coffee breaks and lunch: very good, excellent – all the participants
  4. Accommodation: very good - 3 (of three)
  5. reimbursement of transport: very good - 3 (of three)

Qualitative aspects:

8. Most appreciated aspects: novelty of the proposed subjects (FP7), networking and debates
9. Less appreciated aspects: not enough time to address each topic
10. Suggestions:
  - a. 2 day workshop
  - b. Continuity (not an isolated event)