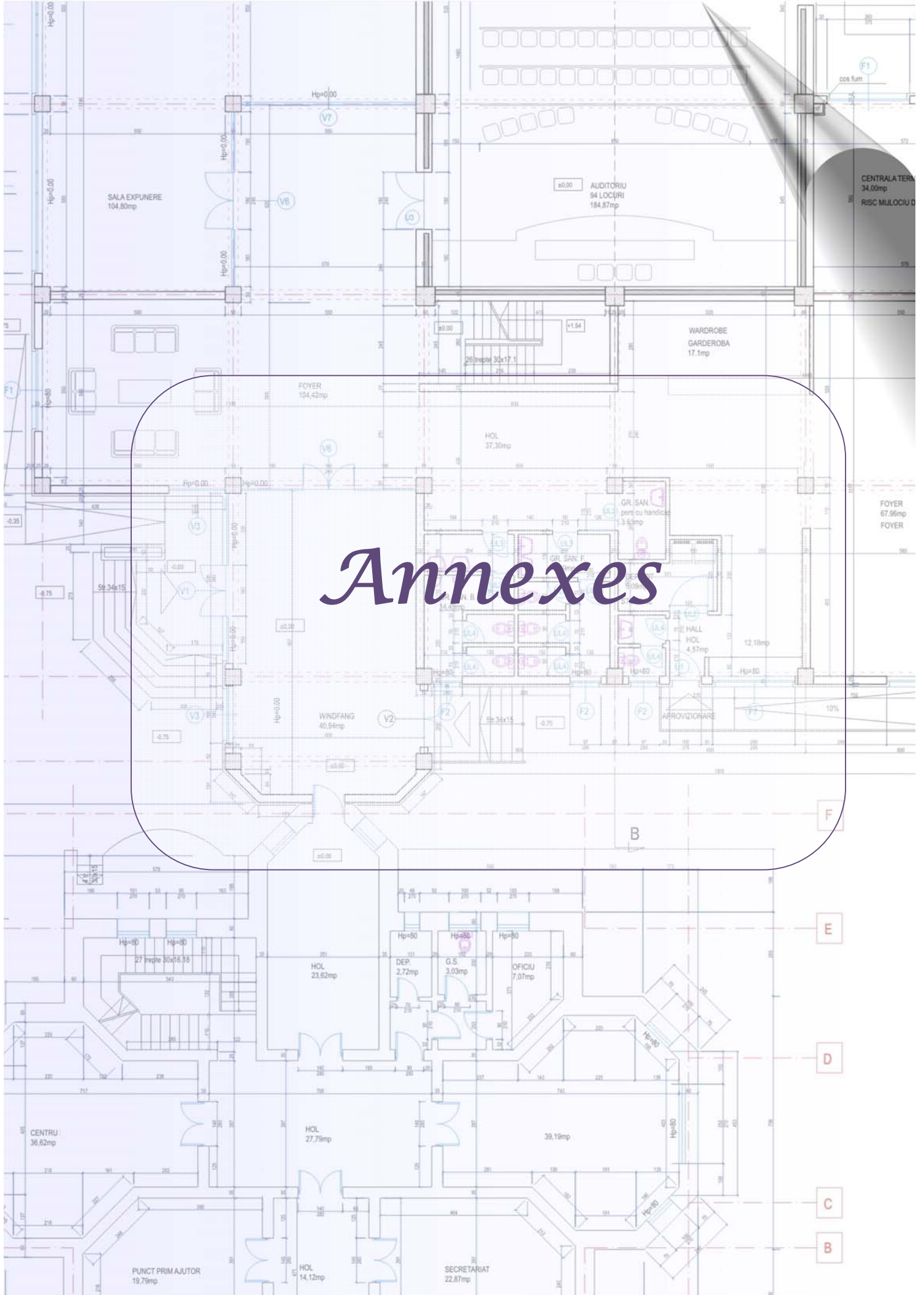


Annexes



ANNEX

I

Current legislation relevant for hospital infrastructure

List of current legislation

Following the juridical and organizational assessment, the health system activity in Romania is regulated by the provisions of the documents mentioned below. The arrangement of these normative acts is based on the following criteria: I. Politics. Strategies. Institutions; II. Medical units management; III. Financing. Budget. Acquisitions; IV. Hospitals activity regulation; V. Investments

I. Politics. Strategies. Institutions

Law no. 95/14.04.2006 on healthcare reform

Completed by:

- *Government Emergency Ordinance no. 197/25.11.2008* to modify and complete certain normative acts in healthcare;
- *Law no. 157/18.07.2008* to amend paragraph (2), article 218 of the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 93/2004* to modify and complete the Law no. 95/2006 on healthcare reform;
 - *Modified by:*
 - *Rectification dated 15.08.2008* of the Government Emergency Ordinance no. 93/2008;
 - *Government Emergency Ordinance no. 197/25.11.2008* to modify and complete certain normative acts in healthcare;
 - *Law no. 264/19.07.2007* to modify and complete the Law no. 95/2006 on healthcare reform;
 - *Government Emergency Ordinance no. 20/21.03.2007* to modify and complete the Law no. 95/2006 on healthcare reform;
 - *Law no. 34/16.01.2007* to approve the Government Emergency Ordinance no. 72/2006 to modify and complete the Law no. 95/2006 on healthcare reform and to abrogate certain stipulations from other normative acts in healthcare;
 - *Government Emergency Ordinance no. 88/20.11.2006* to modify and complete certain normative acts that award social benefits, as well as certain actions regarding personnel expenses;
 - *Government Emergency Ordinance no. 72/20.09.2006* to modify and complete the Law no. 95/2006 on healthcare reform and to abrogate certain stipulations from other normative acts in healthcare.

Modified by:

- *Government Emergency Ordinance no. 227/30.12.2008* to amend article 12 of the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 226/30.12.2008* regarding certain financial – budgetary actions;
- *Government Emergency Ordinance no. 197/25.11.2008* to modify and complete certain normative acts in healthcare;
- *Government Emergency Ordinance no. 192/25.11.2008* to approve certain actions regarding fiscal relaxation with a view to increasing employment and economic growth;
- *Government Emergency Ordinance no. 170/19.11.2008* to modify the Law no. 51/1993 on awarding certain rights to the magistrates removed from the judiciary for political reasons during 1945-1952, as well as to modify article 213, paragraph (1), item c) of the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 162/12.11.2008* on the transfer of the responsibilities and competencies exerted by the Ministry of Public Health to the authorities of the local public administration;
- *Government Emergency Ordinance no. 93/24.06.2008* to modify and complete the Law no. 95/2006 on healthcare reform;
 - *Modified by:*
 - *Rectification dated 15.08.2008* of the Government Emergency Ordinance no. 93/2008;
 - *Government Emergency Ordinance no. 197/25.11.2008* to modify and complete certain normative acts in healthcare;
- *Law no. 281/17.10.2007* to amend paragraph (3), article 17 of the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 90/18.09.2007* on certain financial-fiscal actions related to social health insurance and regulations regarding personnel expenses;
- *Law no. 264/19.07.2007* to modify and complete the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 20/21.03.2007* to modify and complete the Law no. 95/2006 on healthcare reform;
- *Law no. 34/16.01.2007* to approve the Government Emergency Ordinance no. 72/2006 to modify and complete the Law no. 95/2006 on healthcare reform and to abrogate certain stipulations from other normative acts in healthcare;
- *Government Emergency Ordinance no. 104/13.12.2006* to amend paragraph (3), article 190 of the Law no. 95/2006 on healthcare reform;
- *Government Emergency Ordinance no. 88/20.11.2006* to modify and complete certain normative acts that award social benefits, as well as certain actions regarding personnel expenses;
- *Government Emergency Ordinance no. 72/20.09.2006* to modify and complete the Law no. 95/2006 on healthcare reform and to abrogate certain stipulations from other normative acts in healthcare;
- *Government Ordinance no. 35/26.07.2006* to modify and complete the Government Ordinance no. 92/2003 regarding the Fiscal Procedure Code;
- *Rectification dated 05.05.2006* of the Law no. 95/2006.

Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes

Completed by:

- *Government Decision no. 601/04.06.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes;
- *Government Decision no. 805/31.07.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes;
- *Government Decision no. 1685/17.12.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes.

Modified by:

- *Government Decision no. 601/04.06.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes;
- *Government Decision no. 805/31.07.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes;
- *Government Decision no. 1685/17.12.2008* to modify and complete the Government Decision no. 357/26.03.2008 on the approval of 2008 national health programmes.

Government Decision no. 292/21.03.2007 on the approval of 2007 national health programmes

Completed by:

- *Government Decision no. 462/16.05.2007* to modify and complete the Government Decision no. 292/21.03.2007 on the approval of 2007 national health programmes.

Modified by:

- *Government Decision no. 1464/06.12.2007* to modify and complete the Government Decision no. 292/21.03.2007 on the approval of 2007 national health programmes;
- *Government Decision no. 462/16.05.2007* to modify and complete the Government Decision no. 292/21.03.2007 on the approval of 2007 national health programmes.

Order no. 13/10.01.2007 to approve the Framework-Norms regarding the content, description and structure of the national health programmes

The Framework-Norm dated 10.01.2007 regarding the content, description and structure of the national health programmes

Order no. 629/01.06.2006 to approve the organization and functioning Regulation of the Health Programmes National Agency

The organization and functioning Regulation of the Health Programmes National Agency

Ministry of Health Strategic Plan 2008 - 2010

Government Decision no. 699/05.05.2004 to approve the Romanian Government updated Strategy regarding the acceleration of public administration reform, 2004 – 2006

Appendix dated 05.05.2004 comprising the Romanian Government updated Strategy regarding the acceleration of public administration reform, 2004 – 2006

Government Decision no. 1088/08.07.2004 to approve the National Strategy regarding the health services and the Action Plan for healthcare reform

Government Decision no. 717/2001 to approve the Strategy regarding the participation of private sector in improving healthcare system performance in Romania (2001-2004)

Order no. 923/16.07.2004 to approve the Public Health National Strategy

Government Decision no. 1718/30.12.2008 on organization and functioning of the Ministry of Health

Modified by:

- *Government Decision no. 6/16.01.2009* to modify and complete the Government Decision no. 1718/30.12.2008 on organization and functioning of the Ministry of Health

Order no. 91/2004 to delegate certain responsibilities to the secretaries and undersecretaries of state within the Ministry of Health

Order no. 169/19.02.2008 to set-up the advisory commissions of the Ministry of Health

Government Decision no. 972/26.07.2006 to approve the Statute of the National Health Insurance House

Completed by:

- *Government Decision no. 1586/19.12.2007* to modify and complete the Statute of the National Health Insurance House, approved by the Government Decision no. 972/26.07.2006

Modified by:

- *Government Decision no. 1586/19.12.2007* to modify and complete the Statute of the National Health Insurance House, approved by the Government Decision no. 972/26.07.2006

The Statutes of the National Health Insurance House, dated 26.07.2006

Order no. 127/10.02.2009 to approve the Regulation of organization and functioning and the organizational structures of the District Public Health Authorities and the Public Health Authority of Bucharest municipality

Law no. 215/23.04.2001 on the local public administration

Completed by:

- *Law no. 131/24.06.2008* to amend article 116 of the Law no. 215/23.04.2001 on the local public administration;
- *Government Emergency Ordinance no. 66/28.05.2008* to modify and complete the Law no. 215/23.04.2001 on the local public administration and the Law no. 334/2006 on financing political parties and election campaigns, as well as the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Law no. 35/2008* to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials

Completed by:

- *Government Emergency Ordinance no. 97/27.08.2008* to modify and complete title I of the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials

Modified by:

- *Government Emergency Ordinance no. 97/27.08.2008* to modify and complete title I of the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Government Emergency Ordinance no. 66/28.05.2008* to modify and complete the Law no. 215/23.04.2001 on the local public administration and the Law no. 334/2006 on financing political parties and election campaigns, as well as the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Government Emergency Ordinance no. 20/27.02.2008* on certain actions regarding the process of election of the local public administration authorities

Modified by:

- *Government Emergency Ordinance no. 36/26.03.2008* on certain actions regarding the centralization of the voting results of the 2008 elections of the local public administration authorities.

Modified by:

- *Government Emergency Ordinance no. 66/28.05.2008* to modify and complete the Law no. 215/23.04.2001 on the local public administration and the Law no. 334/2006 on financing political parties and election campaigns, as well as the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Law no. 35/2008* to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials

Completed by:

- *Government Emergency Ordinance no. 97/27.08.2008* to modify and complete title I of the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials

Modified by:

- *Government Emergency Ordinance no. 97/27.08.2008* to modify and complete title I of the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Government Emergency Ordinance no. 66/28.05.2008* to modify and complete the Law no. 215/23.04.2001 on the local public administration and the Law no. 334/2006 on financing political parties and election campaigns, as well as the Law no. 35/2008 to elect the Chamber of Deputies and the Senate and to modify and complete the Law no. 67/2004 on the election of the local public administration authorities, the Law no. 215/23.04.2001 on the local public administration and the Law no. 393/2004 regarding the Statute of the local elected officials;
- *Government Emergency Ordinance no. 20/27.02.2008* on certain actions regarding the process of election of the local public administration authorities

Modified by:

- *Government Emergency Ordinance no. 36/26.03.2008* on certain actions regarding the centralization of the voting results of the 2008 elections of the local public administration authorities.

The Framework Law on decentralization no. 195/22.05.2006

Government Decision no. 139/06.02.2008 to approve the Methodological Norms for the application of the Framework Law on decentralization no. 195/22.05.2006

Methodological Norms for the application of the Framework Law on decentralization no. 195/22.05.2006

Government Decision no. 1096/02.10.2002 regarding the transfer of the buildings in which local sanitary units perform their activity, from the state private domain and from the Ministry of Health management to the public property of Bucharest Municipality and under the management of Bucharest's sector local councils

Modified by:

- **Rectification dated 13.03.2003** of the appendix to the Government Decision no. 1096/02.10.2002

Government Decision no. 866/16.08.2002 regarding the transfer of the buildings from the state private domain and from the Ministry of Health management to the public property of the local councils and under the management of local councils.

Government Decision no. 867/16.08.2002 regarding the transfer of the buildings from the state private domain and from the Ministry of Health management to the public property of the districts and under the management of district councils

Completed by:

- *Government Decision no. 419/29.03.2006* regarding the transfer of the buildings from the state private domain and from the Ministry of Health management to the public property of Botosani district and under the management of Botosani District Council;
- *Government Decision no. 982/22.08.2003* to amend the appendix to the Government Decision no. 867/16.08.2002 regarding the transfer of the buildings from the state private domain and from the Ministry of Health management to the public property of the districts and under the management of district councils;
- *Government Decision no. 165/13.02.2003* to amend the appendix to the Government Decision no. 867/16.08.2002 regarding the transfer of the buildings from the state private domain and from the Ministry of Health management to the public property of the districts and under the management of district councils;
- *Government Decision no. 32/16.01.2003* regarding the transfer of one building to the public property of Olt district and under the management of Olt District Council.

Modified by:

- *Government Decision no. 1106/10.10.2002* to declare certain sanitary units as units of national public interest in the state private domain and under the Ministry of Health management

Government Emergency Ordinance no. 162/12.11.2008 on the transfer of the responsibilities and competencies exerted by the Ministry of Public Health to the authorities of the local public administration

Government Decision no. 1567/25.11.2008 to approve the List of public sanitary units with beds for which the management of medical assistance is transferred to the local public administration authorities and to the City Hall of Bucharest Municipality, as well as the criteria this transfer is based on

Modified by:

- *Government Decision no. 1716/30.12.2008* to abrogate and modify certain normative acts in healthcare

Law no. 315/28.06.2004 regarding the regional development in Romania

Completed by:

- *Government Emergency Ordinance no. 111/16.11.2004* to modify and complete the Law no. 315/28.06.2004 regarding the regional development in Romania

Modified by:

- *Government Emergency Ordinance no. 111/16.11.2004* to modify and complete the Law no. 315/28.06.2004 regarding the regional development in Romania;
- *Rectification dated 07.07.2004* of the Law no. 315/28.06.2004.

II. Medical units management

Government Ordinance no. 70/29.08.2002 regarding the administration of public sanitary units of district and local interest

Completed by:

- *Law no. 95/16.04.2007* to approve Government Emergency Ordinance no. 120/2006 to amend paragraph (6), article 5 of the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Government Ordinance no. 78/19.08.2004* to modify and complete the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Law no. 99/07.04.2004* to approve the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Government Emergency Ordinance no. 48/12.06.2003* regarding certain actions to strengthen financial discipline and to increase the efficiency of funds use in health system, as well as the amendment of certain normative acts.

Modified by:

- *Law no. 95/16.04.2007* to approve the Government Emergency Ordinance no. 120/2006 to amend paragraph (6), article 5 of the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Government Emergency Ordinance no. 72/20.09.2006* to modify and complete the Law no. 95/16.04.2007 on healthcare reform and to abrogate certain stipulations from other normative acts in healthcare;
- *Government Emergency Ordinance no. 120/2006* to amend paragraph (6), article 5 of the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;

- *Government Ordinance no. 78/19.08.2004* to modify and complete the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Government Emergency Ordinance no. 27/29.04.2004* to abrogate paragraph (5), article 1 of the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Law no. 99/07.04.2004* to approve the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;
- *Government Emergency Ordinance no. 48/12.06.2003* regarding certain actions to strengthen financial discipline and to increase the efficiency of funds use in health system, as well as the amendment of certain normative acts.

Directions no. 337/16.01.2003 to apply the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest;

Directions no. 3615/17.01.2003 to apply the Government Ordinance no. 70/2002 regarding the administration of public sanitary units of district and local interest.

Government Decision no. 412/02.04.2003 to approve the Norms regarding the organization, functioning and financing of the social & medical assistance units

Directions no. 1/28.07.2003 to apply the Norms regarding the organization, functioning and financing of the social & medical assistance units, approved by Government Decision no. 412/02.04.2003

Directions no. 507/07.08.2003 to apply the Norms regarding the organization, functioning and financing of the social & medical assistance units, approved by Government Decision no. 412/02.04.2003

Order no. 493/27.03.2008 to approve the Norms regarding the manager election contest organized in public hospitals

Norm dated 27.03.2008 regarding the manager election contest organized in public hospitals

Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term

Completed by:

- *Order no. 555/28.03.2008* to modify and complete appendix 4 to the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term;
- *Order no. 341/20.03.2008* to modify and complete the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term;
- *Order no. 264/05.03.2008* to modify and complete the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term.

Modified by:

- *Order no. 555/28.03.2008* to modify and complete appendix 4 to the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term;
- *Order no. 341/20.03.2008* to modify and complete the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term;
- *Order no. 264/05.03.2008* to modify and complete the Order no. 112/22.01.2007 regarding the performance criteria based on which the management contract can be extended or can cease before term.

Order no. 284/12.02.2007 to approve the framework methodology regarding the process of examination for the specific functions in public hospital director committee

Modified by:

- *Order no. 1278/07.07.2008* to modify the Order no. 284/12.02.2007 to approve the framework methodology regarding the process of examination for the specific functions in public hospital director committee;
- *Order no. 558/27.03.2007* to modify the Order no. 284/12.02.2007 to approve the framework methodology regarding the process of examination for the specific functions in public hospital director committee.

Order no. 1706/02.10.2007 regarding the emergency units and compartments management and organization

Completed by:

- *Order no. 1523/03.09.2008* to modify and complete the Order no. 1706/02.10.2007 regarding the emergency units and compartments management and organization

Modified by:

- *Order no. 1523/03.09.2008* to modify and complete the Order no. 1706/02.10.2007 regarding the emergency units and compartments management and organization

Order no. 1628/24.09.2007 to approve the pattern of the administration contract of the Ministry of Health public hospitals

Order no. 320/15.02.2007 to approve the administration Contract of the section/laboratory or the medical service in the public hospital

Modified by:

- *Order no. 203/27.02.2008* to complete the *Order no. 320/15.02.2007* to approve the administration Contract of the section/laboratory or the medical service in the public hospital

Order no. 922/27.07.2006 to approve the pattern of the public hospital management contract

Completed by:

- *Order no. 1627/24.09.2007* to modify and complete appendix no. 1 to *Order no. 922/27.07.2006* to approve the pattern of the public hospital management contract;
- *Order no. 1506/05.12.2006* to modify and complete appendix no. 1 to *Order no. 922/27.07.2006* to approve the pattern of the public hospital management contract.

Modified by:

- *Order no. 1627/24.09.2007* to modify and complete appendix no. 1 to *Order no. 922/27.07.2006* to approve the pattern of the public hospital management contract;
- *Order no. 1506/05.12.2006* to modify and complete appendix no. 1 to *Order no. 922/27.07.2006* to approve the pattern of the public hospital management contract.

Order no. 921/27.07.2006 to establish the responsibilities of the public hospital director committee

Order no. 995/10.08.2004 to approve the national average values of the hospital management performance indicators

III. Financing. Budget. Acquisitions

Law no. 500/11.07.2002 regarding public finances

Modified by:

- *Government Decision no. 1865/21.12.2006* to modify the value limits regarding the approval of the technical-economical documentations of the new investment objectives;
- *Law no. 96/21.04.2006* regarding the deputies and senators Statute;
- *Law no. 314/08.07.2003* to amend art. 15 of the *Law no. 500/11.07.2002* regarding public finances.

Law no. 273/29.06.2006 regarding local public finances

Completed by:

- *Government Emergency Ordinance no. 28/19.03.2008* to modify and complete the *Law no. 273/29.06.2006* regarding local public finances;
- *Government Emergency Ordinance no. 28/19.03.2008* to amend the article 63 of the *Law no. 273/29.06.2006* regarding local public finances.

Modified by:

- *Government Emergency Ordinance no. 28/19.03.2008* to modify and complete the *Law no. 273/29.06.2006* regarding local public finances;
- *Government Emergency Ordinance no. 28/19.03.2008* to amend the article 63 of the *Law no. 273/29.06.2006* regarding local public finances;
- *Rectification dated 20.07.2006* to the *Law no. 273/29.06.2006*.

Order no. 1843/06.11.2008 on the implementation of the accounting Monograph regarding healthcare financing from the contributions collected according to the *Law no. 95/14.04.2006* on healthcare reform

Order no. 570/29.03.2007 to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well

Completed by:

- *Order no. 2190/28.12.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 963/21.12.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 1746/09.10.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 776/08.10.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 1553/10.09.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 718/10.09.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well.

Modified by:

- *Order no. 2190/28.12.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 963/21.12.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 2090/04.12.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 921/30.11.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 1746/09.10.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 776/08.10.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 619/14.08.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;
- *Order no. 1418/13.08.2007* to modify and complete the *Order no. 570/29.03.2007* to approve the technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control, the detailed activities, the specific indicators and the sanitary units as well;

Technical Norms regarding the implementation, assessment and financing of the 2007 national health programmes, the responsibilities in monitoring and control

Government Decision no. 457/21.04.2008 on the institutional framework regarding the management and coordination of the structural instruments

Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose

Completed by:

- *Government Ordinance no. 19/16.07.2008* to modify and complete the *Government Ordinance no. 29/31.01.2007* regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose;
- *Government Emergency Ordinance no. 37/26.03.2008* on the regulation of certain financial actions regarding the budget

Completed by:

- *Government Emergency Ordinance no. 186/25.11.2008* regarding the rectification of the 2008 state budget;
- *Government Emergency Ordinance no. 112/24.09.2008* regarding the rectification of the 2008 state budget;
- *Government Emergency Ordinance no. 43/16.04.2008* to modify and complete the *Government Emergency Ordinance no. 37/26.03.2008* on the regulation of certain financial actions regarding the budget.

Modified by:

- *Law no. 275/07.11.2008* to approve the *Government Emergency Ordinance no. 37/26.03.2008* on the regulation of certain financial actions regarding the budget;
- *Government Emergency Ordinance no. 112/24.09.2008* regarding the rectification of the 2008 state budget;
- *Rectification dated 30.04.2008* of the *Government Emergency Ordinance no. 37/26.03.2008*;
- *Government Emergency Ordinance no. 43/16.04.2008* to modify and complete the *Government Emergency Ordinance no. 37/26.03.2008* on the regulation of certain financial actions regarding the budget.
- *Law no. 249/12.07.2007* to approve the *Government Ordinance no. 29/31.01.2007* regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose.

Modified by:

- *Government Emergency Ordinance no. 220/17.12.2008* to amend article 1, paragraph (2), item i) of the *Government Ordinance no. 29/31.01.2007* regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose;
- *Government Ordinance no. 19/16.07.2008* to modify and complete the *Government Ordinance no. 29/31.01.2007* regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose;
- *Law no. 249/12.07.2007* to approve the *Government Ordinance no. 29/31.01.2007* regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose.

Methodological Norms for the application of the Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose

Completed by:

- *Order no. 3285/06.11.2008* to modify and complete the Methodological Norms for the application of the Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose, approved by the Law no. 249/2007 and the Minister of Economy and Finance Order no. 911/2007;
- *Order no. 3154/24.10.2008* to modify and complete the Methodological Norms for the application of the Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose, approved by the Law no. 249/2007 and the Minister of Economy and Finance Order no. 911/2007.

Modified by:

- *Order no. 3285/06.11.2008* to modify and complete the Methodological Norms for the application of the Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose, approved by the Law no. 249/2007 and the Minister of Economy and Finance Order no. 911/2007;
- *Order no. 3154/24.10.2008* to modify and complete the Methodological Norms for the application of the Government Ordinance no. 29/31.01.2007 regarding the allocation of the structural instruments, the pre-financing and co-financing from the state budget, including the National Fund of Development, into the budget of the institutions involved in managing and using the structural instruments for convergence purpose, approved by the Law no. 249/2007 and the Minister of Economy and Finance Order no. 911/2007.

Order no. 1006/2008 regarding the set-up of the Ministry of Health Technical-Economical Commission for the approval of the feasibility studies for the intervention works in healthcare, financed from the Regional Operational Programme and the approval of the Organization and Functioning Regulation

Modified by:

- *Order no. 1259/2008* to modify and complete the Order no. 1006/2008

Order no. 1118/2338/06.12.2007 issued by the Ministry of Regional Development and Housing and the Ministry of Economy and Finance to approve the eligible expenditures in the Key Area of Intervention “Rehabilitation, modernization and equipping of health services’ infrastructure”, Priority Axis 3: “Improvement of social infrastructure”, Regional Operational Programme 2007-2013

Law no. 388/31.12.2007 on the 2008 state budget

Completed by:

- *Government Emergency Ordinance no. 112/24.09.2008* regarding the rectification of the 2008 state budget;
- *Government Emergency Ordinance no. 25/05.03.2008* regarding the rectification of the 2008 state budget.

Modified by:

- *Government Decision no. 1334/22.10.2008* to complete the Government Decision no. 1255/2004 on starting the expropriation proceedings of the private properties positioned on the location of the work site “Section 2B in the area of Moldovenesti, Mihai Viteazu, Turda, Sandulesti, Tureni, Ciurila and, partly, Savadisla from Cluj District and Section 3C partly in the area of Abram, Tauteu and Balc in Bihor District”, from the investment objective “Brasov-Cluj-Bors Highway”, the Government Decision no. 742/2005 on starting the expropriation proceedings of the private properties positioned on the location of the work site “Section 2B in the area of Campia Turzii, Gilau, Floresti, Savadisla, Petrestii de Jos, Luna and Sandulesti from Cluj District and Section 3C in the area of Abram, Suplacu de Barcau, Balc, Chislaz, Tauteu, Sarbi and Biharia from Bihor District” from the investment objective “Brasov-Cluj-Bors Highway” and the Government Decision no. 689/2007 on starting the expropriation proceedings of the private properties positioned on the location of the public work site “Section 3C in the area of Ip and Marca of Salaj District and Spinus, Ciuhoiu, Salard and Tamaseu in Bihor District”, from the investment objective “Brasov-Cluj-Bors Highway”;
- *Government Emergency Ordinance no. 112/24.09.2008* regarding the rectification of the 2008 state budget;
- *Government Ordinance no. 18/16.07.2008* regarding the rectification of the 2008 state budget;
- *Government Emergency Ordinance no. 80/18.06.2008* to amend paragraph (4), article 23 of the Law no. 388/31.12.2007 on the 2008 state budget;
- *Government Emergency Ordinance no. 25/05.03.2008* regarding the rectification of the 2008 state budget;
- *Government Decision no. 95/30.01.2008* to approve the manner of distribution and utilization of the amounts provided by item a) and b) of the appendix no. 3/12/02 to the Law no. 388/31.12.2007 on the 2008 state budget.

Government Decision no. 158/13.02.2008 to approve the budgetary programming Component regarding the medium-term strategic planning Methodology of the central public administration institutions

Order no. 896/20.07.2006 to approve the Methodological Norms for drawing up the revenues and expenses budget of the public hospital

Completed by:

- *Order no. 434/07.03.2007* to modify and complete the Methodological Norms for drawing up the revenues and expenses budget of the public hospital, approved by the Order no. 896/20.07.2006

Modified by:

- *Order no. 1903/02.11.2007* to modify the Methodological Norms for drawing up the revenues and expenses budget of the public hospital, approved by the Order no. 896/20.07.2006, subsequently amended;
- *Order no. 434/07.03.2007* to modify and complete the Methodological Norms for drawing up the revenues and expenses budget of the public hospital, approved by the Order no. 896/20.07.2006.

Methodological Norms dated 20.07.2006 for drawing up the revenues and expenses budget of the public hospital

Order no. 1969/09.11.2007 to approve the accounting regulation for the non-patrimonial legal person

Government Decision no. 71/24.01.2007 to approve the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures of the public works concession contracts and the services concession contracts

Government Decision no. 1660/22.11.2006 to approve the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures by electronic means of the public acquisition contracts

Completed by:

- *Government Decision no. 198/27.02.2008* to modify and complete the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures by electronic means of the public acquisition contracts, approved by the Government Decision no. 1660/22.11.2006

Modified by:

- *Government Decision no. 198/27.02.2008* to modify and complete the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures by electronic means of the public acquisition contracts, approved by the Government Decision no. 1660/22.11.2006

Government Decision no. 925/19.07.2006 to approve the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures of the public acquisition contracts

Completed by:

- *Government Decision no. 1337/27.09.2006* to complete the Government Decision no. 925/19.07.2006 to approve the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures of the public acquisition contracts

Modified by:

- *Government Decision no. 1056/09.08.2006* to amend the article 102 of the Government Decision no. 925/19.07.2006 to approve the Norms for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures of the public acquisition contracts

Government Emergency Ordinance no. 54/28.06.2006 regarding the public goods concession contracts

Modified by:

- *Law no. 22/11.01.2007* to approve the Government Emergency Ordinance no. 54/28.06.2006 regarding the public goods concession contracts
- **Methodological Norms dated 14.02.2007** for the application of the Government Emergency Ordinance no. 54/28.06.2006 regarding the public goods concession contracts

Order no. 155/02.10.2006 to approve the public acquisition contracts award Guide

Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts

Completed by:

- *Government Emergency Ordinance no. 228/30.12.2008* to modify and complete certain normative acts;
- *Government Emergency Ordinance no. 143/28.10.2008* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Government Emergency Ordinance no. 94/26.09.2007* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Law no. 128/05.05.2007* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Law no. 337/17.07.2006* to approve the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts

Modified by:

- *Rectification dated 01.08.2006* of the Law no. 337/17.07.2006

Modified by:

- *Government Emergency Ordinance no. 228/30.12.2008* to modify and complete certain normative acts;

- *Government Emergency Ordinance no. 143/28.10.2008* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Government Emergency Ordinance no. 94/26.09.2007* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Law no. 128/05.05.2007* to modify and complete the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts;
- *Law no. 337/17.07.2006* to approve the Government Emergency Ordinance no. 34/2006 regarding the award procedures of the public acquisition contracts, the public works concession contracts and the services concession contracts
Modified by:
 - *Rectification dated 01.08.2006* of the Law no. 337/17.07.2006

Norms dated 22.11.2006 for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures by electronic means of the public acquisition contracts

Norms dated 24.01.2007 for the application of the Government Emergency Ordinance no. 34/2006' stipulations regarding the award procedures of the public works concession contracts and the services concession contracts

IV. Hospitals activity regulation

Government Decision no. 1714/17.12.2008 to approve the 2009 Framework Contract regarding the medical assistance in social health insurance system. In force beginning with 01.04.2009.

2009 Framework Contract dated 17.12.2008 regarding the medical assistance in social health insurance system

Government Decision no. 324/19.03.2008 to approve the 2008 Framework Contract regarding the medical assistance in social health insurance system

Completed by:

- *Government Decision no. 806/31.07.2008* to modify and complete the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Government Decision no. 324/19.03.2008;
- *Government Decision no. 486/07.05.2008* to modify and complete the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Government Decision no. 324/19.03.2008.

Modified by:

- *Government Decision no. 1225/01.10.2008* to modify the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Government Decision no. 324/19.03.2008;
- *Government Decision no. 806/31.07.2008* to modify and complete the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Government Decision no. 324/19.03.2008;
- *Government Decision no. 486/07.05.2008* to modify and complete the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Government Decision no. 324/19.03.2008.

Will be modified by:

- **Government Decision no. 1714/17.12.2008** to approve the 2009 Framework Contract regarding the medical assistance in social health insurance system. In force beginning with 01.04.2009

2008 Framework Contract dated 19.03.2008 regarding the medical assistance in social health insurance system

In-house Norms dated 24.01.2008 for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system, adjusted to the characteristic of medical assistance in the healthcare network of the ministries and institutions involved in defence, public order, national security and legal authorities, applicable to the contractual relations between Defence Health Insurance House, Public Order, National Security and Legal Authorities and the medical services and medicines' suppliers from this network

Order no. 522/27.03.2008 to approve the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system

Completed by:

- *Order no. 1587/19.09.2008* to modify and complete the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008;
- *Order no. 573/19.08.2008* to modify and complete the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008.

Modified by:

- *Order no. 2104/18.12.2008* regarding the extension of the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008 on the approval of the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system;

- *Order no. 888/17.12.2008* regarding the extension of the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008 on the approval of the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system;
- *Order no. 756/03.10.2008* to modify the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008 on the approval of the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system;
- *Order no. 1679/03.10.2008* to modify the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008 on the approval of the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system;
- *Order no. 1587/19.09.2008* to modify and complete the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008;
- *Order no. 573/19.08.2008* to modify and complete the Methodological Norms for the application of the 2008 Framework Contract regarding the medical assistance in social health insurance system, approved by the Minister of Public Health and the President of the National Health Insurance House Order no. 522/236/27.03.2008.

Government Decision no. 1148/18.09.2008 regarding the component, responsibilities, organization and functioning of the National Commission of Hospital Accreditation

Order no. 39/16.01.2008 regarding the reorganization of the specialized ambulatory

Order no. 886/19.07.2006 regarding the externality of the medical or non-medical services from the sanitary units

Norms dated 19.07.2006 regarding the externality of the medical or non-medical services from the sanitary units

Order no. 950/26.07.2004 to approve the internal hospital Regulation

Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine

Law no. 459/18.07.2001 to approve Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine

Completed by:

- *Government Ordinance no. 57/30.08.2001* to modify and complete Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine
 - *Law no. 271/16.06.2004* to approve Government Ordinance no. 57/30.08.2001 to modify and complete Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine

Modified by:

- *Government Ordinance no. 57/30.08.2001* to modify and complete Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine
 - *Law no. 271/16.06.2004* to approve Government Ordinance no. 57/30.08.2001 to modify and complete Government Ordinance no. 1/20.01.2000 regarding the organization and functioning of the institutions of legal medicine

Order no. 1764/22.12.2006 to approve the classification criteria of local, district and regional emergency hospitals considering their competences, material, human resources and capacity for assuring emergency medical assistance and medical care for patients in a critical state

Order no. 1232/09.10.2006 to approve the Norms regarding the suspension of the hospitals activity in case they don't comply with the conditions stipulated in the sanitary authorization

Norms dated 09.10.2006 regarding the suspension of the hospitals activity in case they don't comply with the conditions stipulated in the sanitary authorization

Order no. 914/26.07.2006 to approve the norms regarding the conditions a hospital should comply with in order to obtain sanitary authorization

Completed by:

- *Order no. 1144/15.09.2006* to modify and complete the Order no. 914/26.07.2006 to approve the norms regarding the conditions a hospital should comply with in order to obtain sanitary authorization

Modified by:

- *Order no. 1144/15.09.2006* to modify and complete the Order no. 914/26.07.2006 to approve the norms regarding the conditions a hospital should comply with in order to obtain the sanitary authorization

Norms dated 26.07.2006 regarding the sanitary authorization

Norms dated 26.07.2006 regarding the hospital general functional organization

Norms dated 26.07.2006 regarding the functional structure of the hospital's compartments and services

Norms dated 26.07.2006 regarding hygiene general conditions

Order no. 713/08.06.2004 to approve the Norms regarding the sanitary authorization of the sanitary units with beds

V. Investments

Law no. 50/29.07.1991 regarding the authorization of the construction works

Completed by:

- Law no. 101/09.05.2008 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 52/08.03.2006 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 119/05.05.2005 on approval Government Emergency Ordinance no. 122/2004 to amend the article 4 of the Law no. 50/29.07.1991 regarding the authorization of the construction works.

Will be completed by:

- Government Emergency Ordinance no. 214/04.12.2008 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;

Modified by:

- Government Emergency Ordinance no. 228/30.12.2008 to modify and complete certain normative acts

Modified by:

- Government Emergency Ordinance no. 228/30.12.2008 to modify and complete certain normative acts;
- Law no. 101/09.05.2008 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 117/02.05.2007 to amend item b), paragraph (1), article 11 of the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 376/05.10.2006 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 52/08.03.2006 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Law no. 119/05.05.2005 on approval Government Emergency Ordinance no. 122/2004 to amend the article 4 of the Law no. 50/29.07.1991 regarding the authorization of the construction works;
- Government Emergency Ordinance no. 122/2004 to amend the article 4 of the Law no. 50/29.07.1991 regarding the authorization of the construction works.

Will be modified by:

- Government Emergency Ordinance no. 214/04.12.2008 to modify and complete the Law no. 50/29.07.1991 regarding the authorization of the construction works;

Modified by:

- Government Emergency Ordinance no. 228/30.12.2008 to modify and complete certain normative acts

Order no. 1430/26.08.2005 to approve the Methodological Norms for the application of the Law no. 50/29.07.1991 regarding the authorization of the construction works

Methodological Norms dated 26.08.2005 for the application of the Law no. 50/29.07.1991 regarding the authorization of the construction works

Modified by:

- Order no. 1329/03.12.2007 on the supersession of the appendix no. 6 and 7 of the Methodological Norms for the application of the Law no. 50/29.07.1991 regarding the authorization of the construction works, approved by the Order no. 1430/26.08.2005;
- Rectification dated 31.10.2005 of the Methodological Norms for the application of the Law no. 50/29.07.1991 regarding the authorization of the construction works, approved by the Order no. 1430/26.08.2005.

Government Decision no. 28/09.01.2008 to approve the framework of the technical-economical documentations of the public investments, the structure and the methodology for drawing up the general cost estimate for the investment objectives and the intervention works

Government Decision no. 1182/04.10.2007 to approve the technical-economical indicators of the investment objective "Emergency District Hospital", Alba District

Government Decision no. 1000/28.08.2007 to approve the technical-economical indicators of the investment objective "Emergency District Hospital", Arad District

Government Decision no. 1002/28.08.2007 to approve the technical-economical indicators of the investment objective "Emergency District Hospital", Bacau District

Government Decision no. 1004/28.08.2007 to approve the technical-economical indicators of the investment objective "Emergency District Hospital", Bistrita-Nasaud District

Government Decision no. 1005/28.08.2007 to approve the technical-economical indicators of the investment objective "Emergency District Hospital", Brasov District

Government Decision no. 1006/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Braila District
Government Decision no. 1008/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Calarasi District
Government Decision no. 1011/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Hunedoara District
Government Decision no. 1013/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Mehedinti District
Government Decision no. 1183/04.10.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Galati District
Government Decision no. 1010/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Giurgiu District
Government Decision no. 1003/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Bihor District
Government Decision no. 1015/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Neamt District
Government Decision no. 1001/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Arges District
Government Decision no. 1016/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Prahova District
Government Decision no. 1007/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Caras-Severin District
Government Decision no. 1017/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Sibiu District
Government Decision no. 574/28.05.2008 to approve the technical-economical indicators of the investment objective “Slatina Emergency District Hospital”, Olt District
Government Decision no. 1018/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency District Hospital”, Suceava District
Government Decision no. 564/28.05.2008 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Cluj District
Government Decision no. 563/28.05.2008 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Constanta District
Government Decision no. 1009/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Dolj District
Government Decision no. 1012/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Iasi District
Government Decision no. 1019/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Timis District
Government Decision no. 1014/28.08.2007 to approve the technical-economical indicators of the investment objective “Emergency Regional University Hospital”, Mures District
Order no. 863/02.07.2008 to approve the “Directions to apply certain stipulations from Government Decision no. 28/09.01.2008 to approve the framework of the technical-economical documentations of the public investments, the structure and the methodology for drawing up the general cost estimate for the investment objectives and the intervention works”

Directions dated 02.07.2008 to apply certain stipulations from Government Decision no. 28/09.01.2008 to approve the framework of the technical-economical documentations of the public investments, the structure and the methodology for drawing up the general cost estimate for the investment objectives and the intervention works

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ANNEX

II

Hospital investment and management – relevant projects

Annex II comprises projects financed by grantor institutions with regard to investments in hospital infrastructure and management. The consultant studied relevant sources and contacted the involved institutions; the list is not exhaustive.

The projects are arranged into three sections: (A) Projects carried out during 2000 – 2008; (B) Ongoing projects; (C) Announced projects.

A. Projects carried out during 2000 – 2008

Project: RO.0107.14 – „The improvement of the Romanian system’s efficiency in epidemiology surveillance and transmissible diseases’ control”

Period of implementation: 2003 – 2005

Finalized project

Project objectives:

- Updating the legislation in order to strengthen a National Structure of Surveillance, Prevention and Infectious Diseases’ Control;
- Improving the functioning, the organizational structure and the financing of the epidemiology surveillance and reporting system;
- Establishing a National Action Plan for surveillance and control;
- Improving the national reporting system;
- Implementing a compatible system of data collecting, with a view to the integration in European Union;
- Evaluating and modernizing the laboratories of infectious diseases diagnosis;
- Improving the level of training of the specialists in epidemiology and microbiology, the laboratory technicians, the personnel responsible with data reporting;
- Ensuring the conditions for a mutual cooperation with networks of reference from the European Commission states.

Beneficiaries: Ministry of Health, Public Health Directorates, Public Health Institutes

Financing object:

- Technical assistance,
- Medical equipments,
- Rehabilitation works at the Cantacuzino Institute.

EU financing:

- Euro 4.866 Mil (Mil euro 1.4 for Technical assistance, mil euro 2.6 for investments - Phare and mil euro 0.866 co-financing from the Ministry of Health)

Project: Phare RO 2002/000-586.04.11.03/04 – „Improvement of the capacity of monitoring and appraisal of the health state within the reformation of the sanitary system”

Period of implementation: 2004 – 2005

Finalized project

The specific objectives of the project are:

- To adapt the specific legislation in order to make it entirely compatible with European standards;
- To strengthen the institutional capacity in the area of BNT monitoring and appraisal;
- To strengthen the institutional capacity in the area of cancer monitoring;
- To develop and create an adequate IT network in order to monitor and appraise the public health;
- To improve the efficiency of the programs for the early diagnosis of breast and cervix cancer.

Beneficiaries: Ministry of Health, District Hospitals, Institutes, Public Health Directorates

Financing object:

- Technical assistance
- Medical equipments

EU financing:

- Technical assistance euro 1,404,150.00
- Investments Euro 1,144,689.70

Project: 2002/000-586.04.11.01/02 – „The modular reformation of the regional HIV/AIDS centers for the improvement of HIV/AIDS infected people’s access to care and treatment”

Period of implementation: 2004 – 2006

Finalized project

Project objectives:

- Updating the legal framework that governs HIV/AIDS national strategy by aligning with European legislation;
- Updating the present system of surveillance, monitoring, reporting and data analysis;
- Improving the knowledge and the abilities of the sanitary personnel from HIV/AIDS Regional Centers; improving the facilities of daycare, testing and professional advisory centers; improving the NGO’s capacity in surveillance, advising and HIV/AIDS prevention;
- Updating the laboratory services within the HIV/AIDS Regional Centers, according to EC functioning standards of HIV/AIDS laboratories;
- Purchasing equipments for 9 HIV/AIDS Regional Centers and 5 PHD;
- Rehabilitating HIV laboratories from 9 HIV/AIDS Regional Centers and 5 PHD.

Beneficiaries: Ministry of Health, 9 HIV/AIDS Regional Centers, 5 Public Health Directorates.

Financing object:

- Technical assistance
- Medical equipments
- Rehabilitation works at 9 HIV/AIDS Regional Centers and 5 PHD

EU financing:

- Total budget: Mil Euro 3.450 (PHARE: Mil euro 1.200 technical assistance, Mil euro 2.250 for the investment and co-financing component, euro 750,000 for the investment component)

Project: RO-2002/000-586.04.13 - „Strengthening the Ministry of Health administrative capacity to adopt the acquis in the area of water intended for human consumption and health related risks”

Period of implementation: 2004 – 2006

Finalized project

Project objectives:

- Appraisal and definition of all the Ministry of Health necessities of ensuring the complete implementation of CE 98/83/CE and 76/160/EEC Directives;
- Assistance for implementing all the actions in order to ensure the compliance with the European standards of water intended for human consumption's quality;
- Strengthening the Ministry of Health monitoring capacity and ensuring the installation and functioning of the purchased laboratory equipments (based on a separate endowment contract);
- Strengthening the Ministry of Health reporting capacity;
- Training the personnel in order to implement these requirements.

Project results:

- The project aimed to protect the public health by ensuring the transposition and implementation of the EC Directives regarding the quality of water intended for human consumption (harmonization of the legislation, training the water laboratories' personnel, endowing the water laboratories according to EU standards);
- Medical equipments and 93 computers were purchased, more than 100 persons were trained in water quality control.

Beneficiaries: Ministry of Health, Public Health Institutes from Bucharest, Iasi, Cluj, Timisoara and 42 Public Health Directorates.

Financing object:

- Technical assistance
- Medical equipments
- Rehabilitation works at Public Health Institutes' water laboratories

EU financing:

- Total budget: Euro 5,899,820 (PHARE: Euro 1,899,820 Technical Assistance, Euro 3,000,000 the investment component and Co-financing Euro 1,000,000 - equipments Euro 750,000 and laboratories renovation – Euro 250,000)

Project: „Stability Pact for South-Eastern Europe – Strengthening the social cohesion by developing the community services of mental health in South-Eastern Europe”

The participant countries are: Albania, Bulgaria, Bosnia and Herzegovina, Croatia, Montenegro, The Moldavian Republic, Romania, Serbia and The Former Republic of Yugoslav Macedonia

The general objective of the project is to improve all mental health care and psychological status through the development of several community mental health services in South Eastern Europe –this representing a breakpoint in the reform process of the mental health care to strengthen social cohesion in region.

Component 2 scope: Develop a pilot centre for mental

Budget: Euro 87,750

Implementer: the Hospital Titan „Dr. Constantin Gorgos”

Period: 01.03.2004 – 20.02.2006

Results: The Community Center for Mental Health was officially opened in March 2006.

Project: PHARE/2003/005-551.04.07 - „The improvement of the Romanian system efficiency for surveillance of professional health and the control of professional diseases, diseases related to profession and accidents due to professional risk”

Period: 2005-2006

The project was completed.

The project's specific scopes:

- To strengthen the national system in the professional health sector by ensuring an efficient use of the institutions and resources;
- To improve and update the legal framework of professional health sector to ensure the implementation of the *acquis communautaire*;
- To improve the training of the professional health staff;

- To strengthen the capacity of recommendation, surveillance and inspection of professional health institutions within Ministry of Health;
- To strengthen the reporting mechanisms for professional health.

Funding objective

- Technical assistance,
- Medical equipment.

EU funds

- Technical assistance Euro 1,536,800 ;
- Medical equipment Euro 2,270,118.

Project: RO03-2003/IB/OT 09 TL - „Action plan for implementing the Ministry of Health strategy concerning the mental health care sector ”

Period: 2005-2006

Project completed

Project's objectives:

- Facilitate the implementation of Ministry of Health strategy in mental health sector;
- Improve the legal framework in mental health sector in Romania;
- Improve the training program of the medical staff involved in mental health sector.

Beneficiary: Ministry of Health

Funding objective:

- Technical assistance

EU funds:

- Euro 250,000
- Euro 50,000 Cofinancing

Project: PHARE/2003/005-551.04.08 – „Improvement of the responsibility and transparency in health system resources allocation by implementing a digital system to monitor the hospital morbidity and of a financing system based on resolved case– DRG”

Objectives:

- To develop a national unique reporting and monitoring system for hospital activity based on patient data;
- To develop a hospital financing mechanism, based on hospital activity (treated case);
- To adopt acknowledged international methods to classify the patient (coding system), in keeping with the recommendations of EU and World Health Organization;
- To develop the interventions in order to reduce the not necessary hospital admissions and to improve the health care quality.

Funded by: European Commission and Romanian Government

Period: 18 months (Nov 2005 – April 2007)

Results: Increase the efficiency in using public funds in order to reduce the losses and corruption in hospitals by implementing a national funding system based on solved case, implementing a correct and transparent allocation system for hospitals resources use, as well as identifying opportunities for alternative adequate services, more efficient in terms of cost-efficiency.

Budget:

- Technical Assistance Euro 1,496,400
- Investments: IT equipment (Euro 1,267,702 Phare + Euro 452,849 co-finance)

Technical Assistance component

Project Activities:

Activity A: DRG Data generation;
Activity B: Developing and implement a new minimum data set for each patient;
Activity C: Develop a national funding system based on solved case;
Activity D: Determine the relative values for hospital results;
Activity E: Reduce the volume of non-compliance services;
Activity F: Efficient collaboration with State Institutes.

Investment component

This component regards the acquisition of IT equipment for hospitals, public health authorities, district health insurance houses in order to successfully implement a DRG system.

By August 2006, the equipment was delivered and installed..

Project: RO 2004/016-772.05.01.02 - „Appraise the health status and the access to medical assistance of gipsy population”

Period: 2006
Project completed

This project aimed to:

- Strengthen the role of MoH in improving health status of gipsy population;
- Improve the efficiency of health insurances by enlarging the covering area they offer as well as the quality of medical services;
- Strengthen the support for gipsy population in terms of public health;
- Improve the medical assistance provided to gipsy population by family doctors.;
- Stimulate the health information dissemination.

Beneficiary: Ministry of Public Health

The finance scope:

- Technical assistance

EU funds

- Euro 250,000

Project: PHARE/2004/016-772.05.01.02 – „Elaborate a strategy to develop the regional and national hospital infrastructure”

Objective: Ministry of Public Health wants to have a strategy to develop the hospital sector based on the evaluation of hospital services at regional and national level.

Specific project’s objectives:

- Asses the current situation of the access to hospital services and the hospital infrastructure;
- Set up the type and number of required hospitals by region;
- Update a strategy to improve the hospital infrastructure, especially, hospital services integrated at county level, regional and national;
- Update the legal framework for hospital services.

Beneficiary: Ministry of Public Health

Funded by: European Commission and Romanian Government (Euro 191,850)

Period: December 2006 – May 2007
Project completed

Project: PHARE 2004/016-772.03.05 - “Improve the social security for immigrant workers” - Component B – Prepare the implementation of European Health Insurance Card

Period: 2006- 2007
Project completed

Brief:

By this project there were developed the strategy, the action plan, the management guides required to introduce the European Health Insurance Card.

Beneficiary: MoH, NHIH

The finance scope

- Technical assistance
- IT equipment

EU finance

- Investment budget: Euro 1,049,174.41 Phare + Euro 349,724.8 National co-finance
- Technical assistance: Euro 200,000 Phare

Project: PHARE/2004/016-772.03.09 – „Strengthen the institutional capacity of Blood Transfusion Romanian system to meet the EU requirements for the quality and safety in human blood transfusion and blood components”

Objective: Strengthen the capacity of MoH to implement the provisions of Directive 2002/98/EC within the Romanian Blood Transfusion system.

Funded by: European Commission and Romanian Government

Results:

- *Main beneficiary:* National Institute of Hematology Transfusion „Prof. Dr. C.T. Nicolau” Bucharest
- *Beneficiaries:* Transfusion Centers

A. 2004-016-772.03.09.01 – Technical Assistance component

The contract was worth 1,191,392 Euro and it was awarded to the consortium GTZ International Services and DRK-Blutspendedienst Baden-Wurttemberg-Hessen (German Red Cross). The implementation started in February 2007.

Project activities are structures in 4 major components:

1. Develop and implement a national quality management system based on good practices principles in accordance with Directive 2002/98/EC.

Major activities:

- Training for national quality manager and a number of regional quality managers;
- Study tours in two EU countries;
- Assistance for Romanian authorities in developing the documentation for quality management system.

2. Draw up a register for non-paid voluntary donations.

Major activities:

- Draw up a national register (digital data base);
- Develop a strategy to increase the number of mobile donations activities;
- Coordinate and organize mobile donation activities in accordance with the plan..

3. Design, develop and implementation in pilot centers a digital system (Electronic system for management of processing and distribution of blood and blood components).

Major activities:

- Create and test the software solution;
- Training for software developers;
- Assistance in installing and configuring the IT equipment purchased in the investment component (set and test the inter-connection infrastructure, training, installing and adjust the software solution, start up the system at its entire operate capacity, results dissemination).

4. Implement the technical requirements to stock, transport and distribution of blood units

Major activities:

- Develop an adequate system to stock, transport and distribute the blood units;
- Training for key personnel.

B. 2004-016-772.03.09.02 – Investment Component

Its scope is to provide equipment and special cars to a number of 8-10 regional transfusion centers for mobile blood collection; also equipment for immunology tests for collected blood, deepfreezes and refrigerators for cold chain as well as IT components to create and test IT system at the INHT level and for 2 pilot locations (CRTS Bucharest and CRTS Constanta).

There were 5 contracts concluded:

Lot 1 – Equipment for mobile collection– Sapaco 2000 – Euro 192,260

Lot 2 – Equipment for automatically testing ELISA TTI – Biorad – Euro 263,835

Lot 3 – Equipment for cold chain– Sapaco 2000 – Euro 138,752

Lot 4 – Special cars for mobile collection– Romcar Motors – Euro 264,850

Lot 5 – IT Equipment – Romsys – Euro 325,106

Project: PHARE RO 2004/016-772.03.11 „Strengthen the institutional capacity of Romanian institutions to reduce the drugs demand” component B „General evaluation of legal medicine services and establish the national network for legal medicine labs to detect drugs and metabolites”

Objectives:

- Revise the institutional structures in the sector of criminology services (legal and juridical medicine), to support the justice system in coordination its efforts, output maximization and overlaps avoidance in developing the current specific activities;
- Develop the legal medicine capacity to detect the drugs in regards to Acquis communitaire implementation in the respective sector.

Funded by: European Commission and Romanian Government

Period:

- Twinning light contract – 8 months, due date: 6th of August 2007
- Equipment contract – 4 months, due date: 23rd of May 2007

Results:

Beneficiaries: MoH through National Institute of Legal Medicine Bucharest, Institute of Legal Medicine Iasi and Institute of Legal Medicine Timisoara

Twinning light contract:

Budget: Euro 270,000 (Euro 250,000+20,000 co-finance)

Results:

- Evaluation report over the role and place of legal medicine;
- Organize the network of legal medicine labs of drug and metabolites analysis, consisting in 3 modern labs, similar with European ones.;
- Training for the three labs staff in toxicology (the twinning will determine for each of the three labs minimum number of personnel, organizational structure, similar with EU labs);
- Central lab meets the requirements to be accredited.

Equipment Contract:

Budget: Euro 987,000 (655,000 + 332,000)

Result: the equipment of the three labs for detecting the drugs and metabolites within the institutes of legal medicine in Bucharest, Iasi and Timisoara.

Project: PHARE RO 0108.03.05.438 „For a healthy heart”

Objectives: The project had the scope to establish a new cardiology unit within the EDH Targoviste to improve the health care service in the cardiology domain.

Funded by

- EC, through PHARE 2001 – Social and Economic Cohesion, Funding scheme for small infrastructure projects: Euro 100,960
- State Budget (National Fund): Euro 33,653
- Local budget: District Council Dambovită: Euro 18,000

Results

- The cardiology unit built by extending the existed unit (924 mp), completely inefficient;
- 17 new jobs created;
- Room for 27 new beds;
- 2 waiting rooms;
- Guard room with toilette, direct electricity and fanning.;
- 2 offices and 2 rooms for eating;
- 2 monitoring stations in an audio-video direct system;
- 2 rooms for medical assistances with own toilettes;
- Voice data system;
- 300 de flyers;
- Seminar organized to disseminate the information.

Project: Health Sector Reform – Phase II - APL II

Implementer: Project Management Unit – World Bank (PMU - WB)

Funded by International Bank for Reconstruction and Development (IBRD) and European Bank for Investments (EBI)

Components:

Component 1 – Medical assistance in maternity and neonatology

Component 2 – Emergency Medical Services

Component 3 – Primary medical assistance and medical services in rural areas

Component 4 – Health National accounts and planning

Component 5 – Project management

Objective component 1: rehabilitation of maternities and neonatal assistance units, purchase medical equipment and technical assistance as well as the training of personnel to ensure modern services of obstetrics, gynecology and neonatology.

Result component 1: it is planned the completion of works, in 2009, in the domain of mother and child only for several units, where local funds are not sufficient to completely architectural rehabilitation. The units were prioritized in keeping with the number of annually births. There were developed feasibility studies for the following units: DH,, Sf. Ioan Cel Nou” Suceava, Clinic Hospital “ Ioan Cantacuzino” Bucharest, Emergency Clinic Hospital „ Sf Pantelimon” Bucharest, Emergency University Hospital Bucharest, Obstetrics-Gynecology Hospital Botosani, Emergency District Clinic Hospital Craiova, Municipal Hospital Onesti, Emergency District Hospital Piatra-Neamt, Municipal Hospital Radauti, District Hospital Giurgiu, emergency District Hospital Bacau, Obstetrics-Gynecology Hospital Braila, Children Emergency Clinic Hospital „Sf.Ioan” Galati, District Hospital Miercurea Ciuc, Obstetrics-Gynecology Hospital,, Dr. Ioan A. Sbarcea” Brasov, Emergency District Hospital Sibiu, Emergency District Hospital Cluj, Emergency District Hospital Bistrita, Hospital O.G. Cuza Voda Iasi.

Objective component 2: improve the quality of the emergency medical assistance by modernizing emergency receiving units in the selected hospitals, both by works, medical equipment and other equipment as well as the professional training for the medical specialists.

Results component 2: there was provided specific medical equipment for all 63 UPU, of these 56 are within Emergency Hospitals, 2 within the Institutes of cardiology diseases and 4 within pediatrics hospitals; the total amount was approximately euro 14 mil.

In the period 2007-2008 for completing the modernization works of medical units of emergency medical assistance, MoH allocated around euro 2 mil, and through Project APL was allocated the amount of euro 500,000.

The units which were provided with equipment: UPU within the District Hospitals: Alba, Arad, Arges, Arges – Pediatrics, Bihor, Bihor-Pediatrics, Bacau, Bacau-Pediatrics, Botosani, Botosani-Pediatrics, Bistrita Nasaud, Brasov, Brasov-Pediatrics, Braila, Buzau, Constanta, Calarasi, Caras Severin, Cluj - Pediatrics, Covasna, Dambovită, Dolj, Galati, Galati-Pediatrics, Gorj Giurgiu, Hunedoara, Harghita, Iasi, Ialomita, Ilfov, Maramures, Mures, Mehedinti, Neamt, Olt, Prahova, Prahova-Pediatrics, Satu Mare, Sibiu, Sibiu – Pediatrics, Suceava, Salaj, Teleorman, Timisoara, Timisoara-Pediatrics, Tulcea, Valcea, Vaslui, Vrancea. Other hospitals provided with equipment: Cluj – Heart Institute, Bucharest: Emergency hospital, University Clinic

Hospital, Hospital Bagdasar Arseni, Hospital Sf. Pantelimon, Hospital of Burnt, IOMC, Hospital Marie Curie, Hospital Grigore Alexandrescu, Hospital C.C. Iliescu, Clinic hospital for Reparatory Surgery.

Objective component 3: Initially, one was intended to enlarge the access to medical care by establishing new health institutions in rural areas and to ensure a credit for family doctors.

Results component 3: MoH reconsidered this strategy with a view on sustainability and efficiency and it is still in the phase of developing a new approach. One's been started from an idea of developing a strategy regarding the improvement of the access to medical services in the deserved areas.

Objective component 4: This component will sustain the developing of a national health accounts system and preparing the project proposal to a better efficiency in health care, in two directions, with the following objectives: strengthen the MoH capacity to develop national health accounts , planning and developing programs.

Results component 4: It was completed the report The system of Health Accounts by Institute of Statistics.

Project: Hazard Risk Mitigation and Emergency Preparedness Project

Donor: World Bank

Implementer: Ministry of Transport, Constructions and Housing

Objective: provide support to Government to reduce the economic, social and environment vulnerabilities by strengthening the institutional and technical capacities in providing feed-back and to manage the calamities situations, landslides and earthquakes. One of the project's components specifically regards to reduce the seismic vulnerabilities of social and technical infrastructure by prioritizing the rehabilitation of key structures and institutions.

Results:

Rehabilitated units: Emergency hospital D. Gerota Bucharest, Hospital CFR Ploiesti (Corp B), Clinic Hospital for Plastic and Reparatory Surgery, Emergency Military Hospital Iasi, Emergency Military Hospital Galati

Ongoing rehabilitation units: Hospital Grigore Alexandrescu, Emergency Clinic Hospital "Prof. Dr. Bagdasar Arseni" (Pavilion A), Emergency Section of District Hospital Vaslui, Orthopedic Units of District Hospital Targoviste.

Units about to launch the tender: Institute of Neuro-surgery "Dr. Vlad Voiculescu, Central Unit of Municipal hospital "Schuller"

Units for which the feasibility studies have been developed and wait the Government approval since October 2008: Hospital CFR Witting, Hospital Sf. Spiridon Braila, Hospital "Maria Burghele" Buftea.

B. Ongoing Projects

Project: PHARE RO 2006/018-147.03.12 „Support for developing community services of mental health and for des-institutionalization of persons with mental problems“

Period: 2007-2009

Project completed

General objective:

- Improve the quality, accessibility and acceptance of mental health care services;
- Improve the mental health care services in Romania by developing community services for mental health as an alternative to hospitalization, improving the quality of hospital care and establish links with primary sector of health care.

Instant objective:

- Improve the mental health care in Romania by developing community services as an alternative to hospitalization;
- Improve the quality of health care in hospitals;
- Set up the links with primary health sector.

The project has two components:

- Twinning component which is to last 2 years– Implementation Authority is to be MoH.;
- Grants component – Implementation Authority is to be Ministry of Economy and Finances through ACIS.

Beneficiaries: MoH, National Centre for Mental Health

Funding object

- Technical assistance;

EU funds

- Technical Assistance euro 1.100.000 Euro(1.000.000 – Phare and 100.000 Euro – Co-finance)

Project: PHARE RO 2006/018-147.03.03/04.09 – „Acquisition of equipment to treat and final destruction of dangerous medical waste in keeping with the national legal framework and current European standards.“

Objective: Acquisition of hi-tech equipment to treat the dangerous medical waste. The equipment is to be purchased in keeping with the impact over the human health and environment.

Funded by: European Commission and Romanian Government

Period: 9 months

Results:

- Equipment produced under a certificated system ISO 9001 or equivalent.
- The equipment operates under an integrated system (chopper), to minimize contamination risk of the personnel which works with the equipment as well as the environment contamination.
- The integrated system ensures the medical waste treatment, under a single handling in loading phase; all the process phases are then automatically completed with no other operator's intervention..

Project: PHARE RO 2006/018-147.03.11 – „Implementation of blood banks directive, therapeutically cells use and human tissues-cells-tissues

Objective: The organization and equipment for a network of banks of human tissues and cells which follows the EU standards..

Funded by: European Commission and Romanian Government

Period: 12 months

Project: PHARE RO 2006/018-147.05.01 – „Develop a feasibility study for implementation of an integrated information system in health sector”

Period: 2008-2009

Objectives:

- A preliminary report which analyzes the status of the existed information system enabled for the health activities management. This report approved by the Project Coordination Committee would be presented in the second month since the beginning of the project;
- A proposal for organizational measures for IT&C component of the Health sector in Romania; this is relied on the preliminary report approved by the Project Coordination Committee; the proposal will be implemented by issuing a legal paper (minister order or Government Decision);
- A feasibility study for a future Integrated Health Information System (IHIS). This study must integrate the existed information systems and to offer new information services, on national level, for management, medical staff and patients. Yet, it will be presented a comparative study regarding the same experience of other EU states.;
- A proposal for Technical Specifications of an Integrated Information system in Health sector which should include the required staff, technical and financial resources.;
- O proposal for a national strategy of eHealth, which, basically, will integrate the above documents..

Beneficiaries: Ministry of Health and National Centre for Organization and Insurance of a Information System in Health sector.

Funding object:

- Technical assistance

EU funds:

- Euro 270.000

ANNEX

III

Institutions involved in hospitals investment projects

Annex IV – *The institutions below are directly/indirectly involved in hospitals investment process. At the end of this appendix there are the organizational charts of several institutions.*

▪ **The European Commission**

The Commission is independent of national governments. Its job is to represent and uphold the interests of the EU as a whole. It drafts proposals for new European laws, which it presents to the European Parliament and the Council.

It is also the EU's executive arm – in other words, it is responsible for implementing the decisions of the Parliament and the Council. That means managing the day-to-day business of the European Union: implementing its policies, running its programmes and spending its funds.

The 'seat' of the Commission is in Brussels (Belgium), but it also has offices in Luxembourg, representations in all EU countries and delegations in many capital cities around the world.

It finances investments in hospitals infrastructure, specific technical assistance, managers training.

Source: <http://europa.eu>

▪ **Ministry of Public Finance – Authority for Coordination of Structural Instruments**

This coordination structure was set-up in March 2004 as part of the Ministry of Public Finance, of the name of Management Authority for Community Assistance, according to Government Decision no. 403/2004 to amend Government Decision no. 1574/2003 on reorganization and functioning of the Ministry of Public Finance and the National Agency for Fiscal Administration.

After the Government reorganization in March 2007, the Management Authority for Community Assistance became the Authority for Coordination of Structural Instruments, according to Government Decision no. 386/2007 on reorganization and functioning of the Ministry of Economy and Finance.

According to Government Decision no. 386/2007, ACSI is a general direction within the Ministry of Public Finance, organized as it follows:

- The Analysis and Programming Direction
- The Coordination System Direction
- The Monitoring Direction
- The Technical Assistance Direction (it is also the Management Authority for the Technical Assistance Operational Programme)
- The Central Appraisal Unit

The Authority for Coordination of Structural Instruments within the Ministry of Public Finance is the national coordinator of the assistance in relation with EU. As a national coordinator of the non-reimbursable assistance awarded by EU, ACSI has responsibilities regarding the pre-adhesion financial assistance and the coordination of structural and cohesion funds. The institution coordinates the preparation and functioning of the legislative, institutional and procedural framework; on the other hand, it programmes, coordinates, monitors and appraises the use of non-reimbursable financial assistance. ACSI coordinates:

- the non-reimbursable assistance awarded to Romania by European Union through Phare Programme;
- the non-reimbursable assistance awarded to Romania, on reciprocal basis, by the EU members states;
- the elaboration and implementing of the National Development Plan, the basic strategic document for Romania's access to Structural Funds;
- the elaboration, monitoring and appraisal of the national reference strategic framework, the operational programmes and the specific framework documents of implementation;
- the development of administrative capacity, elaboration and update of the structural procedures involved in the management of structural instruments;
- the activity of awareness and communication regarding structural instruments;
- the technical assistance programme JASPERS (Joint Assistance to Support Projects in European RegionS).

Source: <http://www.fonduri-ue.ro>

▪ **Regional Development Agency**

Every development region has a regional development agency - a non-governmental, non-profit, public utility, legal personality body, which acts in regional development area.

The Regional Development Agency has the following responsibilities:

- elaborates the strategy, the plan and the regional development programmes, as well as the plans of funds management and submit them to the regional development council for approval;
- ensure and is responsible for the realisation of the regional development programmes and the plans of funds management, according to the decisions adopted by the regional development council, in compliance with the legislation in force;
- applies to the national institution with responsibilities in the regional development area for amounts from the National Fund of regional development, in order to finance the approved development projects;

- ensure the technical and financial management for the Fund of regional development, in order to accomplish the objectives foreseen in the regional development programmes;
- is responsible for the accurate management of the entrusted funds, towards the regional development council, the national institution/institutions with which RDA has contracts, as well as the approved bodies;
- ensure and is responsible, based on the contracts signed with the national institutions, for implementing, technical and financial monitoring and controlling the programmes financed by EU within the regional development programmes;
- emphasizes the implementation progress, the difficulties faced, as well as the regional development projects/programmes impact and proposes improvement actions; the reports are prior approved by the regional development council and are submitted to the national institution with responsibilities in the regional development area;
- implements and ensure, on contract basis, the advertising of the regional development programmes and projects;
- establishes regional partnerships, with the assistance and under the coordination of the regional development council and promotes at regional level the knowledge of EU policies and the principles the regional development policies are based on;
- identify and promotes regional and local interest projects as well as cooperation projects within the region, in partnership; promotes the region and the foreign investments, with the assistance of the regional development council; collaborates with bodies and similar institutions from EU and is a part of the implementation of regional and local interest international projects;
- ensure, along with the specialized regional bodies, the collection and centralization at regional level of the information regarding the use of non-reimbursable funds assigned to the region in order to implement the regional development programmes.

At territorial level, there is a subsidiary for each development region:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. North-East RDA
Lt. Draghescu Street no. 9
Piatra Neamt, Neamt District
Telephone: 0233 218071
Fax: 0233 218072
E-mail: adrnorddest@adrnorddest.ro</p> | <p>5. West RDA
Proclamatia de la Timisoara Street no. 5
Timisoara, Timis District
Telephone: 0256 491923
Fax: 0256 491981
E-mail: office@adrvest.ro</p> |
| <p>2. South-East RDA
Independentei Square no.1
Braila, Braila District
Telephone: 0339 401018
Fax: 0339 401017
E-mail: adrse@adrse.ro</p> | <p>6. North-West RDA
Sextil Puscariu Street no. 2
Cluj-Napoca, Cluj District
Telephone: 0264 431550
Fax: 0264 439222
E-mail: adrnv@mail.dntcj.ro</p> |
| <p>3. South Muntenia RDA
Decembrie 1918 Street no. 1
Calarasi, Calarasi District
Telephone: 0242 331769
Fax: 0242 313167
E-mail: office@adrmuntenia.ro</p> | <p>7. Centre RDA
Consiliul Europei Square, bl. 32D
Alba Iulia, Alba District
Telephone: 0258 818616/int. 110
Fax: 0258 818613
E-mail: office@adrcentru.ro</p> |
| <p>4. South-West Oltenia RDA
Unirii Street no.19
Craiova, Dolj District
Telephone: 0251 418240
Fax: 0251 412780
E-mail: office@adroltenia.ro</p> | <p>8. Ilfov RDA
Calea Victoriei no. 16-20
Sector 3, Bucharest
Telephone: 021 315 9659
Fax: 021 315 9665
E-mail: contact@adrbi.ro</p> |

▪ **Ministries**

Health Ministry

Cristian Popisteanu Entrance no. 1-3, sector 1, Bucharest, Telephone: 021 3072500, 021 3072600
E-mail: dirrp@ms.ro

Elaborates the policies and strategies of the health system, with implication in the hospitals investment process; finances hospitals' capital expenditures.

Public Finances Ministry

Apolodor Street no. 17, sector 5, Bucharest, Telephone: 021 3199759, Fax: 021 3122509

Approves hospitals' capital expenditures, monitors the funds assigned for investments.

Ministry of Regional Development and Housing

Apolodor Street no. 17, North Wing, sector 5, Bucharest, Telephone: 037 2111409, 037 2111443
E-mail: info@mdlpl.ro

The General Direction MAROP (Management Authority for the Regional Operational Programme), within the Ministry of Regional Development and Housing coordinates the ROP, including the 3.1 Axis – concerning the hospitals investment process.

Ministry of Administration and Interior

Revolutiei Square no.1 A, sector 1, Bucharest, Telephone: 021 3037080
Leading role in hospitals administrative and financial decentralization.

▪ **National Health Insurance House**

Calea Calarasilor 248, Bl. S19, sector 3, Bucharest
Telephone: 021 3026262/252, Fax: 021 3168058, E-mail: relpubl33@casan.ro

Finances the payment of hospitals personnel salaries and the necessary medical materials. It isn't directly involved in hospitals investment process, but it indirectly decides whether or not the hospitals should be extended or new hospitals should be built, because its funds ensure the financing of the medical services of the newly built/extended hospitals.

At territorial level, there is a house for every district (District Health Insurance House)

1. **DHIIH Alba**
Vasile Goldis Street no. 5, Alba Iulia
Telephone: 0258 834339
Fax: 0258 834514
2. **DHIIH Arad**
Revolutiei Avenue no. 45, Arad
Telephone: 0257 270202; 270307
Fax: 0257 270207
E-mail: casar@casar.ro
3. **DHIIH Arges**
Spitalului Alley no.1, Pitesti
Telephone: 0248 285928, 0788 385366
Fax: 024 8284674
E-mail: secrngen@casag.ro
4. **DHIIH Bacau**
Marasesti Street no. 13, Bacau
Telephone: 023 4576948
Fax: 023 4510425
5. **DHIIH Bihor**
Borsului Road km 4, Oradea
Telephone: 0259 476830; 416017
Fax: 0259 454184
E-mail: casbh@rdslink.ro
6. **DHIIH Bistrita-Nasaud**
Granicerilor Street no. 5, Bistrita
Telephone: 0263 213256; 213138
Fax: 0263 213201
E-mail: pop@cjasbn.bistrita.astral.ro
7. **DHIIH Botosani**
Mihai Eminescu Avenue no. 52
Botosani
Telephone: 0231 512692
E-mail: casbt@casbt.ro
8. **DHIIH Braila**
Rosiori Street no. 395
Braila
Telephone: 0239 627700
Fax: 0239 627800
9. **DHIIH Brasov**
Mihai Kogalniceanu Avenue no. 11
Brasov
Telephone: 0268 547666
Fax: 0268 547669
10. **DHIIH Bucharest**
Branduselor no. 2-4 Street, sector 3
Bucharest
Telephone: 021 3153929
Fax: 021 3142757
11. **DHIIH Buzau**
Crizantemelor Street no. 18, Buzau
Telephone: 0238 717834
Fax: 0238 724108
E-mail: casbz@rdslink.ro
12. **DHIIH Calarasi**
Independentei Street no. 51
Calarasi
Telephone: 0242 316717
Fax: 0242 318464
13. **DHIIH Caras-Severin**
Spitalului Street no. 36, Resita
Telephone: 0255 212200
Fax: 0255 212643
E-mail: cjascs@resita.rdsnet.ro
14. **DHIIH Cluj**
Constanta Street no. 5, Cluj Napoca
Telephone: 0264 407100/101/102/103
22. **DHIIH Harghita**
Patinoarului Street no. 3 Miercurea Ciuc
Telephone: 0266 310311; 310260
Fax: 0266 311488
23. **DHIIH Hunedoara**
1 Decembrie Street, no.16, Deva
Telephone: 0254 219280; 218921
Fax: 0254 218911
E-mail: relpubl@cjashd.ro
24. **DHIIH Ialomita**
Matei Basarab Street no. 175, Slobozia
Telephone: 0243 231665
Fax: 0243 232750
E-mail: relpub@casil.ro
25. **DHIIH Iasi**
Gheorghe Asachi Street no. 18-20, Iasi
Telephone: 0232 218630
Fax: 0232 218641
26. **DHIIH Ilfov**
Aviator Popisteanu Street no. 46, sect. 1, Bucharest
Telephone: 021 224198, 031 4250657
Fax: 021 2243867
E-mail: casilfov@gmail.com
27. **DHIIH Maramures**
Dr. Gheorghe Bilascu Street no. 22, Baia Mare
Telephone: 0262 215208; 215209
Fax: 0262 215205
28. **DHIIH Mehedinti**
Antoniniei no. 4 Street, Drobeta Turnu Severin
Telephone: 0252 328766; 328767
Fax: 0252 322772
E-mail: oficial@cjasmh.ro
29. **DHIIH Mures**
Aurel Filimon Street no. 19, Tg. Mures
Telephone: 0265 250040; 263598
Fax: 0265 250031; 250041
E-mail: casmures@rdslink.ro
30. **DHIIH Neamt**
Lt. Draghescu Street no.4 B, Piatra Neamt
Telephone: 0233 230612
Fax: 0233 230513
E-mail: cjas@casnt.ro
31. **DHIIH Olt**
Muncii Alley no. 1-3, Slatina
Telephone: 0249 415905; 415906
Fax: 0249 415902, 0249 415903
E-mail: info@casot.rdsctv.ro
32. **DHIIH Prahova**
Praga Street no. 1, Ploiesti
Telephone: 0244 594600; 594703
0244 517462
Fax: 0244 511443
33. **DHIIH Salaj**
Unirii Street no. 20, Zalau
Telephone: 0260 617089; 613242
Fax: 0260 612614
E-mail: cas@cassalaj.ro
34. **DHIIH Satu Mare**
Lucian Blaga Avenue no. 64, Satu Mare
Telephone: 0261 706878
Fax: 0261 765050
E-mail: cas@cassam.ro
35. **DHIIH Sibiu**
Mihai Viteazu Avenue no. 4, Sibiu
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Telephone: 0752 090452
16. **DHII Covasna**
Vasile Goldis Street no. 2
Sfintu Gheorghe
Telephone: 0267 352970/971/973
E-mail: cascov@cascov.ro
17. **DHII Dambovita**
Libertatii Avenue C2-C3
Targoviste
Telephone: 0245 214 045; 214114
Fax: 0245 634344
18. **DHII Dolj**
1 Decembrie 1918 Street no. 8, Craiova
Telephone: 0251 406666, 0351 429010
0351 419445
Fax: 0251 553406
E-mail: info@casdj.ro
19. **DHII Galati**
Mihai Bravu Street no. 42, Galati
Telephone: 0236 410111, 0745 105370
Fax : 0236 413462
E-mail: casgalati@casgl.ro
20. **DHII Giurgiu**
Vlad Tepes Street Bl. MUV 1, Giurgiu
Telephone: 0246 216796, 0731 374310
Fax: 0246216202
E-mail: office@casgr.ro
21. **DHII Gorj**
Grivitei Street no. 30, Tirgu Jiu
Telephone: 0253 223 940; 223 950
Fax: 0253 223621
E-mail: office@casgorj.ro
- Fax: 0269 217770
E-mail: cjasb1@rdslink.ro
36. **DHII Suceava**
Prof. Morariu Leca Street 17C, Suceava
Telephone: 0230 521896; 521030
Fax: 0230 521548
E-mail: info@cassv.ro
37. **DHII Teleorman**
Libertatii Street no. 1, Alexandria
Telephone: 0247 317084; 316954
Fax: 0247 317084
E-mail: info@castr.ro
38. **DHII Timis**
Corbului Street no. 4, Timisoara
Telephone: 0256 201772
Fax: 0256 294484
E-mail: secretariat@cjastm.ro
39. **DHII Tulcea**
Isaccai Street no.6, Tulcea
Telephone: 0240 512449; 512957
Fax: 0240 510732
E-mail: office@castl.x3m.ro
pdg_sec@castl.x3m.ro, info@castl.x3m.ro
40. **DHII Valcea**
General Magheru Street no.27, Ramnicu Valcea
Telephone: 0250 734221
Fax: 0250 737949
E-mail: casvl@rdslink.ro
41. **DHII Vaslui**
Stefan Cel Mare Street no.131, Vaslui
Telephone: 0235 369104; 315605
Fax: 0235 369115; 369103
E-mail: cjasvs@vaslui.rdsnet.ro
42. **DHII Vrancea**
Cuza Voda Street no. 52 bis, Focsani
Telephone: 0237 227714; 224583
Fax: 0237 226626
E-mail: secretariat@casvn.ro

▪ **Public Health Directions**

Public Health Directions are the Ministry of Health representative in territory. Hospitals are subordinated to these directions. There is a public health direction for every district.

1. **PHD Alba**
Revolutiei 1989 Avenue no. 23, Alba Iulia
Telephone: 0258 835243; 835244
Fax: 0258 834600
E-mail: dspj.licitatii@alba.astral.ro
2. **PHD Arad**
Spitalului Street no. 2-4, Arad
Telephone: 0257 254438; 230010; 234818
Fax: 0257 280068
E-mail: dspj.ar@rdslink.ro
3. **PHD Arges**
Exercitiului Street no. 39bis, Pitesti
Telephone: 0248 624100
Fax: 0248 216484
E-mail: dspj.arges@dsparges.ro
4. **PHD Bacau**
V.Alecsandri Street no.45, Bacau
Telephone: 0234 512850
Fax: 0234 524875
E-mail: dspjbacau@dsp.mic.ro
5. **PHD Bihor**
Republicii Street no. 33, Oradea
Telephone: 0259 434565
Fax: 0259 418654
E-mail: dirsan@rdsor.ro
6. **PHD Bistrita-Nasaud**
Granicerilor Street no. 5, Bistrita
Telephone: 0263 232601; 231592
Fax: 0263 231137
E-mail:
dspj.bistrita_nasaud@dspbn.elcom.ro
7. **PHD Botosani**
Marchian Street no. 89, Botosani
22. **PHD Harghita**
Miko Street no.1, Miercurea Ciuc
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Fax: 0266 371142
E-mail: dspj.harghita@aspharghita.ro
23. **PHD Hunedoara**
22 Decembrie Street no. 58, Deva
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24. **PHD Ialomita**
Decebal Street no. 1, Slobozia
Telephone: 0243 230280
Fax: 0243 232384
E-mail: dsp.ialomita@dspialomita.ro
25. **PHD Iasi**
V.Conta Street no. 2-4, Iasi
Telephone: 0232 271687
Fax: 0232 241963
E-mail: dspj.iasi@dspiiasi.ro
26. **PHD Ilfov**
Av. Popisteanu Street no. 46, sector 1, Bucharest
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27. **PHD Maramures**
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 E-mail: dspj.braila@dspbr.ro
- 9. PHD Brasov**
 Calea Bucuresti no. 25-27, Brasov
 Telephone: 0268 330895; 330884
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 E-mail: dspj.brasov@rdslink.ro
- 10. PHD Bucharest**
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 E-mail: dspj.bucuresti@lycos.com
- 11. PHD Buzau**
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 Telephone: 0238 710860
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 E-mail: dspbz@mail.ols.ro
- 12. PHD Calarasi**
 Eroilor Street no. 1-3, Calarasi
 Telephone: 0242 311462
 Fax: 0242 312680
 E-mail: dspcl@dtc.ro
- 13. PHD Caras Severin**
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 Fax: 0255 224691
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- 14. PHD Cluj**
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 Fax: 0264 530388
 E-mail: buget@dspcluj.ro
- 15. PHD Constanta**
 Mihai Eminescu Street no. 2, Constanta
 Telephone: 0241 480939, 480940, 480945
 Fax: 0241 480946
 E-mail: dspjct@softhome.net
- 16. PHD Covasna**
 Stadionului Street no.1-3, Sfantu Gheorghe
 Telephone: 0267 351398
 Fax: 0267 351459
 E-mail: dsp@dspcovasna.ro
- 17. PHD Dambovita**
 T.Vladimirescu Street no. 17-19, Targoviste
 Telephone: 0245 613604
 Fax: 0245 611067
 E-mail: dspj.dambovita@dsp.romwest.ro
- 18. PHD Dolj**
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- 19. PHD Galati**
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- 21. PHD Gorj**
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 Fax: 0253 210144
 E-mail: dspj.gorj@intergorj.ro
- Telephone: 0252 323638
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 E-mail: dspmh@severin.rdsnet.ro
- 29. PHD Mures**
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 Telephone: 0265 215146; 219008
 Fax: 0265 212344
 E-mail: dspj.mures@dspms.ro
- 30. PHD Neamt**
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 Fax: 0233 213874
 E-mail: vrusu@sant.ro
- 31. PHD Olt**
 Crisan Street no. 9-11, Slatina
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- 32. PHD Prahova**
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- 33. PHD Salaj**
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 Telephone: 0269 210071
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- 36. PHD Suceava**
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 Telephone: 0230 530905; 530915
 Fax: 0230 515089
 E-mail: dspsv@dspsv.ro
- 37. PHD Teleorman**
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 Telephone: 0247 311354; 312224
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 E-mail: secretariat@dsptr.ro
- 38. PHD Timis**
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- 39. PHD Tulcea**
 Viitorului Street no. 50, Tulcea
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 E-mail: dspj.tulcea@x3m.ro
- 40. PHD Valcea**
 Calea lui Traian no. 331, Ramnicu Valcea
 Telephone: 0250 747720
 Fax: 0250 746504
 E-mail: gilea@ivex.ro
- 41. PHD Vaslui**
 Dobrogeanu Gherea Street no. 26, Vaslui
 Telephone: 0235 311714; 312455; 362001
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 E-mail: dsp_vs@yahoo.com
- 42. PHD Vrancea**
 Garii Avenue no. 14, Focsani
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 Fax: 0237 227235
 E-mail: dspvn@gmx.net

▪ **Hospitals**

The hospitals in the list below are presented according to their definition in the Law no. 95/2006, article 172, paragraph (2): “[...], the following sanitary units with beds are included in the category of hospitals: institutes and medical centres, sanatoria, preventoria, health centres and social & medical assistance units.” The list is not exhaustive, it can be completed while using different sources of information.

Alba District

Units subordinated to PHD

Emergency District Hospital Alba-Iulia
Municipal Hospital Aiud
Pneumoftiziologie Hospital Aiud
Municipal Hospital Blaj
Municipal Hospital Sebes
Town Hospital Abrud
Town Hospital Campeni
Town Hospital Ocna Mures
Town Hospital Zlatna
Town Hospital Cugir
TBC Sanatorium Campeni
Health Centre Baia de Aries

Social & Medical Assistance Units

Social & Medical Assistance Unit Ocna Mures
Neurology-Psychiatry Hospital Alba

Arad District

Units subordinated to PHD

Teaching District Emergency Hospital Arad
Municipal Teaching Hospital Arad
Obstetrics - Gynecology Teaching Hospital "Dr. Salvator Vuia" Arad
Town Hospital Ineu
Town Hospital Santana
Territorial Hospital Gurahont
Chronic Diseases Hospital Lipova
Chronic Diseases Hospital Sebis
Psychiatry Hospital Capalna
Psychiatry Hospital Mocrea
Health Centre Chisineu-Cris

Units subordinated to MH

Neuropsychomotoric Recovery Hospital "Dr.C.Barsan" Dezna

Social & Medical Assistance Units

Social & Medical Assistance Unit Ghioroc
Social & Medical Assistance Unit Lipova
Social & Medical Assistance Unit Ineu
Social & Medical Assistance Unit Gurahont
Social & Medical Assistance Unit Savarsin

Arges District

Units subordinated to PHD

Emergency District Hospital Pitesti
Pediatrics Hospital Pitesti
Pneumoftiziologie Hospital "Sf. Ilie" Pitesti
Municipal Hospital Campulung
Municipal Hospital Curtea de Arges
Town Hospital "Regele Carol I" Costesti
Town Hospital "Sf. Spiridon" Mioveni
Chronic Diseases Hospital Mozaceni
Chronic Diseases Hospital Rucar
Pneumoftiziologie Hospital Campulung
Pneumoftiziologie Hospital Leordeni
Pneumoftiziologie Hospital "Sf. Andrei" Valea Iasului
Psychiatry Hospital "Sf. Maria" Vedea
Recovery Hospital Bradet
Hospital "Dr. Teja Papahagi" Domnesti
Hospital "Dr. Ion Craciun" Calinesti
Geriatrics and Chronic Diseases Hospital "Constantin Balaceanu Stolnici" Stefanesti

Social & Medical Assistance Units

Social & Medical Assistance Unit
Calinesti
Social & Medical Assistance Unit
Dedulesti Moraresti

Bacau District

Units subordinated to PHD

Emergency District Hospital Bacau
Pediatrics Hospital Bacau
Pneumoftiziologie Hospital Bacau
Emergency Municipal Hospital Moinești
Municipal Hospital Onesti
Town Hospital Buhusi
Town Hospital "Ioan Lascar" Comanesti

Units subordinated to MH

Balneary Sanatorium Slanic Moldova
Town Hospital Targu Ocna
Communal Hospital Podu Turcului

Bihar District

Units subordinated to PHD

Teaching District Emergency Hospital Oradea

Galati District

Units subordinated to PHD

Teaching District Emergency Hospital "Sf. Apostol Andrei" Galati
Emergency Teaching Hospital for Children "Sf. Ioan" Galati
Infectious Diseases Hospital "Sf. Cuvioasa Parascheva" Galati
Obstetrics - Gynecology Hospital "Buna Vestire" Galati
Pneumoftiziologie Hospital Galati
Psychiatry Hospital "Elisabeta Doamna" Galati
Municipal Hospital "Anton Cincu" Tecuci
Town Hospital Tg. Bujor
Chronic Diseases Hospital Ivesti

Social & Medical Assistance Units

Shelter for Elderly Persons Stefan cel Mare
Emergency Centre for Homeless Sf.Spiridon
Social & Medical Centre Pechea
Social & Medical Centre Galati
Infectious Diseases Hospital Sfanta Cuvioasa Parascheva

Giurgiu District

Units subordinated to PHD

Emergency District Hospital Giurgiu
Town Hospital Bolintin Vale
Pneumoftiziologie Hospital Izvoru
Infectious Diseases Hospital Andngureni
Psychiatry Hospital Vadu-Lat
Health Centre Ghimpat

Gorj District

Units subordinated to PHD

Emergency District Hospital Tg. Jiu
Municipal Hospital Motru
Town Hospital Bumbesti Jiu
Town Hospital Novaci
Town Hospital Rovinari
Town Hospital Tg. Carbonești
Town Hospital Turceni
Pneumoftiziologie Hospital "Tudor Vladimirescu" Comuna Runcu

Harghita District

Units subordinated to PHD

Emergency District Hospital Miercurea Ciuc
Municipal Hospital Gheorgheni
Municipal Hospital Toplita
Municipal Hospital Odorheiu Secuiesc
Psychiatry Hospital Tulghes
Social & Medical Assistance Units
Caritas - Miercurea Ciuc Subsidiary, District Service of Medical Care and Social Assistance at Home
Caritas - Miercurea Ciuc Subsidiary, District Service of Medical Care and Social Assistance at Home Odorheiu Secuiesc
Caritas - Subsidiary Miercurea Ciuc, District Service of Medical Care and Social Assistance at Home Gheorgheni

Hunedoara District

Units subordinated to PHD

Emergency District Hospital Deva
Municipal Hospital "A. Andmionescu" Hunedoara
Municipal Hospital Brad
Municipal Hospital Lupeni
Municipal Hospital Orastie
Municipal Hospital Vulcan
Town Hospital Hateg
Chronic Diseases Hospital Petrila
Pneumoftiziologie Sanatorium Geoagiu
Pneumoftiziologie Sanatorium Brad
Health Centre Calan

Units subordinated to MH

Psychiatry Hospital Zam

Ialomita District

Units subordinated to PHD

Emergency District Hospital Slobozia
Municipal Hospital Fetesti
Municipal Hospital Urziceni
Town Hospital Tandarei

Social & Medical Assistance Units

Social Assistance Public Service
Social & Medical Services Consulting Room

Iasi District

Units subordinated to PHD

Teaching District Emergency Hospital "Sf. Spiridon" Iasi
Emergency Teaching Hospital "Sf. Ioan" Iasi
Emergency Teaching Hospital for Children "Sf. Maria" Iasi
Emergency Teaching Hospital "Prof. dr. N. Oblu" Iasi

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Pediatrics Teaching Hospital "Dr. Gavril Curteanu" Oradea
Infectious Diseases Teaching Hospital Oradea
Pneumoftiziologie Hospital Oradea
Obstetrics - Gynecology Teaching Hospital Oradea
Neurology and Psychiatry Teaching Hospital Oradea
Municipal Hospital "E. N. Popovici" Beius
Municipal Hospital "Dr. Pop Mircea" Marghita
Municipal Hospital Salonta
Town Hospital Alesd
Psychiatry Hospital Nucet
Health Centre Bratca
Health Centre Stei
Health Centre Valea lui Mihai
Units subordinated to MH
Psychiatry and Safety Measures Hospital Stei
Teaching Hospital of Medical Recovery Baile Felix
Social & Medical Assistance Units
Social & Medical Psychiatry Centre Nucet
Social & Medical Assistance Unit for Chronics Salonta
Social & Medical Centre Popesti
Social & Medical Assistance Centre Valea lui Mihai
Social & Medical Centre Sacueni
Bistrita-Nasaud District
Units subordinated to PHD
Emergency District Hospital Bistrita
Town Hospital "Dr. George Trifon" Nasaud
Town Hospital Beclean
TBC Preventorium Ilisua
Health Centre Teaca
Botosani District
Units subordinated to PHD
Emergency District Hospital "Mavromati" Botosani
Recovery Hospital "Sf. Gheorghe" Botosani
Pediatrics Hospital Botosani
Obstetrics - Gynecology Hospital Botosani
Pneumoftiziologie Hospital Botosani
Psychiatry Hospital Botosani
Municipal Hospital Dorohoi
Town Hospital Darabani
Town Hospital Saveni
Communal Hospital Trusesti
Pneumoftiziologie Sanatorium Guranda
Neuropsychiatry Sanatorium Podriga
Social & Medical Assistance Units
Social & Medical Assistance Unit Mihaileni
Social & Medical Assistance Unit Sulita
Social & Medical Assistance Unit
Nicolae Balcescu
Social & Medical Assistance Unit
Stefanesti
Social & Medical Assistance Unit
Saveni
Social & Medical Assistance Unit Suharau
Braila District
Units subordinated to PHD
Emergency District Hospital Braila
Obstetrics - Gynecology Hospital Braila
Pneumoftiziologie Hospital Braila
Psychiatry Hospital "Sf. Pantelimon"
Town Hospital Faurei
Social & Medical Assistance Units
Social & Medical Assistance Unit Ianca
Brasov District
Units subordinated to PHD
Teaching District Emergency Hospital Brasov
Obstetrics - Gynecology Teaching Hospital "Dr. I. A. Sbarcea"
Brasov
Pediatrics Teaching Hospital Brasov
Infectious Diseases Hospital Brasov
Pneumoftiziologie Hospital Brasov
Neurology and Psychiatry Hospital Brasov
Municipal Hospital Codlea
Municipal Hospital Fagaras
Municipal Hospital Sacele
Town Hospital "Dr. C. T. Sparchez" Zarnesti
Town Hospital Rupea
Chronic Diseases Hospital Victoria
Units subordinated to MH
Neurosis Sanatorium Predeal
Social & Medical Assistance Units
Infectious Diseases Hospital Brasov - "Floarea Soarelui"

Recovery Teaching Hospital Iasi
Pneumoftiziologie Teaching Hospital Iasi
Obstetrics - Gynecology Teaching Hospital "Elena Doamna" Iasi
Obstetrics - Gynecology Teaching Hospital "Cuza-Voda" Iasi
Infectious Diseases Teaching Hospital "Sf. Paraschiva" Iasi
Teaching Hospital "Dr. C. I. Parhon" Iasi
Municipal Hospital Pascani
Town Hospital Harlau
Town Hospital Tg. Frumos
TBC Preventorium for Children Deleni
Units subordinated to MH
Gastroenterology and Hepatology Institute Iasi
Cardiovascular Diseases Institute "Prof. Dr. George I. M. Georgescu" Iasi
Psychiatry Teaching Hospital "Socola" Iasi
Psychiatry and Safety Measures Hospital Padureni - Grajduri
Social & Medical Assistance Units
Social & Medical Assistance Centre Bivolari
Unit Medico-Sociala Podu-Iloaiei – *without authorization, rejected on 31.03.2006*
Social & Medical Unit Raducaneni
Social & Medical Unit Sculeni - *without authorization, rejected on 20.04.2007*
Ilfov District
Units subordinated to PHD
Emergency District Hospital Ilfov
Town Hospital "Dr. Maria Burghele" Buftea
Psychiatry Hospital Domnita Balasa
Communal Hospital Peris
Maramures District
Units subordinated to PHD
Emergency District Hospital "Dr. C-tin Opris" Baia Mare
Municipal Hospital Sighetu-Marmatiei
Town Hospital Tg. Lapus
Town Hospital Viseu de Sus
Psychiatry Hospital Cavnice
Pneumoftiziologie Hospital Baia - Mare
Infectious Diseases, Dermatovenerology and Psychiatry Hospital Baia - Mare
Chronic Diseases Hospital Baia Sprie
Health Centre Somcuta Mare
Units subordinated to MH
Recovery Hospital Borsa
Mehedinti District
Units subordinated to PHD
Emergency District Hospital Drobeta Tr. Severin
Municipal Hospital Orsova
Town Hospital Baia de Arama
Town Hospital Strehia
Town Hospital Vanju Mare
Social & Medical Assistance Units
Social & Medical Assistance Centre Cujmir
Social & Medical Assistance Centre Bicles
Mures District
Units subordinated to PHD
Teaching District Emergency Hospital Tg. Mures
Municipal Hospital "Dr. Eugen Nicoara" Reghin
Municipal Hospital "Dr. Gh. Marinescu" Tarnaveni
Municipal Hospital Sighisoara
Town Hospital Sangeorgiu de Padure
Town Hospital Sarmasu
Town Hospital "Dr. Valer Russu" Ludus
TBC Preventorium Gornesti
Health Centre Miercurea Niraj
Health Centre Sovata
Units subordinated to MH
Cardiovascular Diseases and Transplant Institute Tg. Mures
Social & Medical Assistance Units
Iernut Town-Hall - Social & Medical Centre
Neamt District
Units subordinated to PHD
Emergency District Hospital Piatra Neamt
Emergency Municipal Hospital Roman
Town Hospital Bicaz
Town Hospital Roznov
Town Hospital Targu Neamt
Psychiatric Hospital of Chronics Gadinti
Pneumoftiziologie Hospital Bisericani
Olt District
Units subordinated to PHD
Emergency District Hospital Slatina
Municipal Hospital Caracal
Town Hospital Corabia
Town Hospital Bals
Psychiatry Hospital of Chronics Schitu-Greci

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Bucuresti

Units subordinated to PHD

University Emergency Hospital Bucharest
Pediatrics Teaching Hospital "Dr. V. Gomoiu"
Teaching Hospital "Dr. I. Cantacuzino"
Teaching Hospital "Acad.N.Cajal" Caritas
Teaching Hospital Colentina
Teaching Hospital Coltea
Nefrology Teaching Hospital "Dr. C. Davila"
Obstetrics - Gynecology Teaching Hospital "Dr. P. Sarbu"
Psychiatry Teaching Hospital "Prof. Dr. Al. Obregia"
Emergency Teaching Hospital
Emergency Teaching Hospital of Burns and Repairing Plastic Surgery
Emergency Teaching Hospital for Children "Gr. Alexandrescu"
Emergency Teaching Hospital "Bagdasar - Arseni"
Pediatrics Emergency Teaching Hospital "M. S. Curie"
Ophthalmology Emergency Teaching Hospital
Emergency Teaching Hospital "Sf. Ioan"
Dermatovenerology Teaching Hospital "Prof. Dr. S. Longhin"
Infectious and Tropical Diseases Teaching Hospital "Dr. V. Babes"
Orthopaedy Teaching Hospital Traumatology and Osteoarticular TBC "Foisor"
Teaching Hospital Filantropia
Teaching Hospital "N. Malaxa"
Teaching Hospital "Prof. Dr. T. Burghel"
Teaching Hospital "Sf. Maria"
Emergency Teaching Hospital "Sf. Pantelimon"
Chronic Diseases and Geriatrics Hospital "Sf. Luca"
Pneumoftiziologie Hospital "Sf. Stefan"
Psychiatry Hospital Titan C. Gorgos
Oro-Maxilo-Facial Surgery Teaching Hospital "Prof. Dr. D. Theodorescu"
Rheumatic Diseases Centre "Dr. I. Stoia"
Appraisal and Treatment of Toxic Addiction of the Youth Centre "Sf. Stelian"
Neuropsychomotoric Recovery Teaching Medical Centre for Children "Dr. Nicolae Robanescu"

Units subordinated to MH

Oncological Institute "Prof. Dr. Al. Trestioreanu" Bucharest
National Institute of Geriatrics and Gerontology "Ana Aslan"
Institute for Maternity and Child Protection "Alfred Rusescu"
National Institute of Recovery, Physical Medicine and Balneoclimatology
Endocrinology National Institute "C. I. Parhon"
National Institute of Diabetes, Nutrition and Metabolic Diseases "N. Paulescu"
National Institute of Neurology and Neurovascular Diseases Bucharest
Institute of Cardiovascular Diseases "Prof. Dr. C. C. Iliescu"
National Institute of Infectious Diseases "Matei Bals"
Fono-audiologie and ORL Functional Surgery Institute "Prof. Dr. Dorin Hociota"
Pneumoftiziologie Institute Marius Nasta
Teaching Institute Fundeni

Social & Medical Assistance Units

Red Cross Society of Romania

Buzau District

Units subordinated to PHD

Emergency District Hospital Buzau
Municipal Hospital Ramnicu Sarat
Town Hospital Nehoiu
Chronic Diseases Hospital Patarlagele
Chronic Diseases Hospital Smeeni
Communal Hospital Vintila Voda
Health Centre Parscov

Units subordinated to MH

Psychiatry and Safety Measures Hospital Sapoca

Social & Medical Assistance Units

Red Cross Society of Romania – Buzau subsidiary

Calarasi District

Units subordinated to PHD

Emergency District Hospital Calarasi
Pneumoftiziologie Hospital Calarasi
Municipal Hospital Oltenia
Town Hospital Budesti
Town Hospital Lehliu Gara
Psychiatry Hospital Sapunari

Caras-Severin District

Units subordinated to PHD

Emergency District Hospital Resita

Pneumoftiziologie Hospital Scornicesti

Health Centre Draganesti Olt

Social & Medical Assistance Units

Social & Medical Assistance Centre Corabia

Social & Medical Assistance Centre Caracal

Prahova District

Units subordinated to PHD

Emergency District Hospital Ploiesti
Municipal Hospital Ploiesti
Infectious Diseases Hospital Ploiesti
Obstetrics - Gynecology Hospital Ploiesti
Pediatrics Hospital Ploiesti
Municipal Hospital Campina
Town Hospital Baicoi
Town Hospital "Sf. Filoftea" Mizil
Town Hospital Andnaia
Town Hospital Valenii de Munte
Psychiatry Hospital Voila Campina
Pneumoftiziologie Hospital Floresti
Orthopaedy and Traumatology Hospital Azuga
Pneumoftiziologie Hospital Drajna
Pulmonary Diseases Hospital Breaza
TBC Preventorium Poiana Tapului
Health Centre Baltesti
Health Centre Plopeni
Health Centre Urlati

Units subordinated to MH

Balneoclimaterical Sanatorium for Children Busteni

Salaj District

Units subordinated to PHD

Emergency District Hospital Zalau
Town Hospital Jibou
Town Hospital Simleu Silvaniei
Chronic Diseases Hospital Crasna
Medical Assistance and Research Centre Simleu Silvaniei
Health Centre Cehu-Silvaniei

Social & Medical Assistance Units

Social & Medical Assistance Centre Ileanda

Satu Mare District

Units subordinated to PHD

Emergency District Hospital Satu Mare
Pneumoftiziologie Hospital Satu Mare
Municipal Hospital Carei
Town Hospital Negresti Oas
Town Hospital Tasnad

Sibiu District

Units subordinated to PHD

Teaching District Emergency Hospital Sibiu
Pediatrics Teaching Hospital Sibiu
Pneumoftiziologie Hospital Sibiu
Psychiatry Hospital "Dr. Gh. Preda" Sibiu
Municipal Hospital Medias
Town Hospital Agnita
Town Hospital Cisnadia
Social & Medical Assistance Unit
"Hospital - Shelter" Sibiu, subordinated to Sibiu District Council
Social & Medical Assistance Unit Saliste, subordinated to Sibiu District Council

Suceava District

Units subordinated to PHD

Emergency District Hospital "Sf. Ioan cel Nou" Suceava
Municipal Hospital Campulung Moldovenesc
Psychiatry Hospital Campulung Moldovenesc
Municipal Hospital Falticeni
Municipal Hospital Vatra Dornei
Municipal Hospital Radauti
Town Hospital Siret
Psychiatry Hospital for Chronics Siret
Town Hospital Gura Humorului
Chronic Diseases Hospital Solca

Social & Medical Assistance Units

Brosteni Local Council -Social & Medical Assistance Unit

Vicovu de Sus Local Council - Social & Medical Unit

Social & Medical Assistance Unit Zvoristea

Teleorman District

Units subordinated to PHD

Emergency District Hospital Alexandria
Municipal Hospital Caritas-Rosiorii de Vede
Pneumoftiziologie Hospital Rosiorii de Vede
Municipal Hospital Tr. Magurele
Town Hospital Zimnicea
Psychiatry Hospital for Chronics Balaci

Management of infrastructure projects for hospitals in Romania
Annex III – Institutions involved in hospitals investment projects

Emergency Municipal Hospital Caransebes
Town Hospital Anina
Town Hospital Oravita
Town Hospital Moldova Noua
Town Hospital Otelu Rosu
Chronic Diseases Hospital Bocsa
Communal Hospital Bozovici

Social & Medical Assistance Units
Care and Assistance Centre Oravita

Cluj District

Units subordinated to PHD

Teaching District Emergency Hospital Cluj
Emergency Teaching Hospital "Prof.Dr. Octavian Fodor" Cluj - Napoca
Infectious Diseases Teaching Hospital Cluj - Napoca
Emergency Teaching Hospital for Children Cluj - Napoca
Pneumoftiziologie Teaching Hospital "Leon Daniello" Cluj - Napoca
Recovery Teaching Hospital Cluj - Napoca
Municipal Teaching Hospital Cluj - Napoca
Municipal Hospital Dej
Municipal Hospital Campia Turzii
Municipal Hospital Gherla
Municipal Hospital Turda
Town Hospital Huedin
Chronic Psychiatric Diseases Hospital Borsa
Teaching Centre of Diagnosis and Treatment Cluj
Health Centre Mociu

Units subordinated to MH

Oncological Institute "Prof. Dr. I. Chiricuta" Cluj - Napoca
Heart Institute "Nicolae Stancioiu" Cluj Napoca
Teaching Institute of Urology and Renal Transplant Cluj Napoca

Constanta District

Units subordinated to PHD

Teaching District Emergency Hospital Constanta
Infectious Diseases Teaching Hospital Constanta
Pneumoftiziologie Teaching Hospital Constanta
Municipal Hospital Mangalia
Municipal Hospital Medgidia
Town Hospital Cernavoda
Town Hospital Harsova
Orthopaedy, Traumatology and Medical Recovery Hospital Eforie Sud
Ftiziologie Hospital Agigea
Health Centre Baneasa

Units subordinated to MH

Teaching Hospital of Recovery, Physical Medicine and Balneology Eforie Nord
Balneary and Recovery Sanatorium Mangalia
Balneary and Recovery Sanatorium Techirghiol

Social & Medical Assistance Units

Social & Medical Assistance Unit Agigea

Covasna District

Units subordinated to PHD

Emergency District Hospital "Dr. Fogolyan Kristof" Sf.Gheorghe
Municipal Hospital Targu Secuiesc
Town Hospital Covasna
Town Hospital Baraolt

Units subordinated to MH

Cardiology Hospital Covasna
Neuromuscular Pathology "Dr. Radu Horia" Valcele

Dambovita District

Units subordinated to PHD

Emergency District Hospital Targoviste
Municipal Hospital Targoviste
Town Hospital Moreni
Town Hospital Gaesti
Town Hospital Pucioasa
Town Hospital Titu
TBC Sanatorium Moroieni
Neuromotorie Recovery Centre Gura Ocnitei
Health Centre Voinești

Social & Medical Assistance Units

Social & Medical Assistance Centre Niculesti
Care and Assistance Centre Sacuieni

Dolj District

Units subordinated to PHD

Teaching District Emergency Hospital Craiova
Infectious Diseases and Pneumoftiziologie Teaching Hospital "Dr. Victor Babes" Craiova
Municipal Teaching Hospital Filantropia - Craiova
Neuropsychiatry Teaching Hospital Craiova

Psychiatry Hospital Poroschia
Health Centre Cervenia
Health Centre "Regele Carol I" Deparati
Health Centre Furculesti

Timis District

Units subordinated to PHD

Emergency Teaching Hospital District Timisoara
Emergency Teaching Hospital Municipal Timisoara
Obstetrics-Gynecology Teaching Hospital "Dr. D. Popescu" Timisoara
Infectious Diseases and Pneumoftiziologie Teaching Hospital "V. Babes" Timisoara
Emergency Teaching Hospital for Children "L. Turcanu" Timisoara
Municipal Hospital Lugoj
Town Hospital Deta
Town Hospital Faget
Town Hospital Sannicolau Mare
Hospital "Dr. K. Diel" Jimbolia
Health Centre Buzias
Health Centre Ciacova

Units subordinated to MH

Psychiatry Hospital Gataia
Psychiatry and Safety Measures Hospital Jebel
Cardiovascular Diseases Institute Timisoara
Teaching Medical Centre of Appraisal and Recovery for Children and Teenagers "Cristian Serban" Buzias

Tulcea District

Units subordinated to PHD

Emergency District Hospital Tulcea
Town Hospital Macin
Town Hospital Babadag
Hospital Tichilesti (Leper House)
Health Centre Sulina

Valcea District

Units subordinated to PHD

Emergency District Hospital Ramnicu Valcea
Obstetrics - Gynecology Hospital Ramnicu Valcea
Municipal Hospital "Costache Nicolescu" Dragasani
Town Hospital Balcesti
Town Hospital Brezoi
Town Hospital Horezu
Pneumoftiziologie Hospital "C.Anastasatu" Mihaesti
Psychiatry Hospital Dragoiesti

Vaslui District

Units subordinated to PHD

Emergency District Hospital Vaslui
Adults Municipal Hospital Barlad
Pediatrics Hospital "Sf. Nicolae" Barlad
Municipal Hospital Huand
Town Hospital Negresti
Psychiatry Hospital Murgeni
Chronic Diseases Hospital "Dr. I.T. Nicolaescu" Tutova

Social & Medical Assistance Units

Social & Medical Assistance Centre Codaesti
Social & Medical Assistance Centre Bacesti

Vrancea District

Units subordinated to PHD

Emergency District Hospital "Sf. Pantelimon" Focsani
Municipal Hospital Adjud
Town Hospital Marasesti
Town Hospital Odobesti
Town Hospital Panciu
Psychiatry Hospital for Chronics Dumbraveni
Communal Hospital Vidra

Social & Medical Assistance Units

Social & Medical Assistance Unit Odobesti

Municipal Hospital Calafat
Municipal Hospital Bailesti
Town Hospital Segarcea
Town Hospital "Asezamintele Brancovenesti" Dabuleni
Hospital Filisaniilor - Filiasi
Pneumoftiziologie Hospital Leamna
Units subordinated to MH
Cardiology Centre Craiova
Psychiatry Hospital Poiana Mare
Social & Medical Assistance Units
Social & Medical Centre Amarastii de Jos
Social & Medical Assistance Unit Brabova
Social & Medical Assistance Unit Cetate
Social & Medical Assistance Unit Melinesti
Social & Medical Assistance Unit Plenita
Social & Medical Assistance Unit Bechet

▪ Institutes of Public Health

Public Health Institutes perform activities of public health assistance. They are the Ministry of Health representative in the substantiation, elaboration and implementation of the strategies regarding the prevention of sickening, the control of transmissible and non-transmissible diseases and the politics of public health at regional and national level.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Institute of Public Health Bucharest
Dr. Leonte Street no. 1-3, Sector 5, Bucharest
Telephone: 021 3183620; 3183621
Fax: 021 3123426
E-mail: directie@ispb.ro
Institute of Public Health "Prof. Dr. Iuliu Moldovan" Cluj-Napoca
L. Pasteur Street no.6, Cluj - Napoca
Telephone: 064 594252; 064 594253
Fax: 064 599891
E-mail: inst@ispcj.ro</p> | <p>3. Institute of Public Health Iasi
V. Babes Street no.14
E-mail: ispiasi@yahoo.com</p> <p>4. Institute of Public Health "Prof. Dr. Leonida Georgescu" Timisoara
Dr.Victor Babes Avenue no.16-18, Timisoara
Telephone: 0256 492101
Fax: 0256 492101</p> |
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▪ Centres of Public Health

Public Health Centres are budgetary institutions directly subordinated to the Ministry of Health. They carry out activities in the area of technical assistance for preventive medicine, medical scientific research, speciality training for doctors (environmental medicine, nourishment medicine, labour medicine and epidemiology, community medicine, social medicine and health promotion).

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Public Health Centre Targu Mures
Gh. Marinescu 40 Street, Targu-Mures
Telephone: 0265 218360, 0365 424413
Fax: 0265 219320
E-mail: secretariat@cspmures.ro</p> | <p>2. Public Health Centre Sibiu
Luptei Street no. 21, Sibiu
Telephone: 0269 212812
Fax: 0269 212976
E-mail: office@cspSibiu.ro</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

▪ Newly set up institutions

The decentralization process in health area, as part of the reformation process in healthcare, began with the approval of the Law no. 95 in 2006. The main purpose of the decentralization is to accomplish the equal access of the citizens to healthcare and to improve the quality of life. This extensive process have in view short - time urgent actions to establish, in every development region, flexible structures able to answer the need of healthcare of the population.

1. National Programmes Agency + 8 Regional Programmes Agency

Legal personality unit under the coordination of the Ministry of Health – resulted from the present National Programmes Agency. 8 Regional Programmes Agency will be subordinated to the National Programmes Agency, legal personality units having under their coordination District Programmes Services – non-legal personality units resulted from similar structures within Public Health Directions.

2. State Sanitary Inspection + 8 State Sanitary Inspections

Legal personality unit under the coordination of the Ministry of Health – resulted from the present State Sanitary Inspection. It will reorganize such as to cover the following areas: inspection of the quality of medical assistance services control and inspection of the public health. 8 State Sanitary Inspections will be subordinated to the State Sanitary Inspection, legal personality units having under their coordination District Sanitary Inspection Services – non-legal personality units resulted from similar structures within Public Health Directions.

3. National Agency of Medical Assistance + National Agencies of Medical Assistance

Legal personality unit under the coordination of the Ministry of Health, formed by the reorganized specialty compartments within the Ministry of Health, the District Public Health Directions and the Public Health Direction of Bucharest Municipality. 8 National

Agencies of Medical Assistance will be subordinated to it, legal personality units having under their coordination District Medical Assistance Services.

4. District Medical Assistance Services

Non-legal personality units resulted from the following structures within Public Health Directions: community assistance/registering/appraisal of the medical assistants, ambulatory specialty medical assistance, hospital and pre-hospital emergency medical assistance, maternal – infant assistance.

▪ The Presidential Commission

Contact person: Rodica Prioteasa
E-mail: rodica.prioteasa@presidency.ro
Telephone/Fax: 021 4110812

The goal of the Commission is to analyse the present state of the Romanian sanitary system and to submit policies regarding its improvement. The head of the Commission is prof. dr. Cristian Vladescu; the Commission is effective up to 31.12.2009. The organization and functioning of the Commission are supported by public funds from the state budget of the Presidential Administration.

Source: <http://sanatate.presidency.ro/>

▪ Local Councils of the Sectors of Bucharest Municipality

The local councils listed below have hospitals in their patrimony, according to the Government Decision no. 1096/2002 regarding the transfer of the buildings in which local sanitary units perform their activity, from the state private domain and from the Ministry of Health management to the public property of Bucharest Municipality and under the management of Bucharest's sector local councils.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Local Council of Sector 1
Banu Manta Avenue no. 7-9
Bucharest
Telephone: 021 319.10.13
Fax: 021 319.10.33</p> <p>2. Local Council of Sector 2
Chiristigiiilor Street no.11-13, Bucharest
Telephone: 021 209.60.00
Fax: 021 209.62.82</p> <p>3. Local Council of Sector 3
Parfumului Street 2-4, Bucharest
Telephone: 021 318.03.23-29
Dispecerat: 9854</p> | <p>4. Local Council of Sector 4
George Cosbuc Avenue no. 6-16 Bucharest
Telephone: 021 335.92.30
Fax: 021 337.07.90</p> <p>5. Local Council of Sector 5
Regina Elisabeta Avenue no. 29-31, et.2, cam.22, Bucharest
Telephone/Fax: 021 314.87.06</p> <p>6. Local Council of Sector 6
Calea Plevnei no.147-149, Bucharest
Telephone: 021 318.01.48
Fax:021 318.01.52</p> |
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▪ District Councils

According to the Government Decision no. 867/2002, some buildings, in which local sanitary units perform their activity, were transferred from the state private domain and from the Ministry of Health management to the public property of the districts and under the management of district councils.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. DC Alba
I. I. C. Bratianu Square no. 1, Alba Iulia
Telephone: 0258 813380
Fax: 0258 813325
E-mail: cjalba@cjalba.ro</p> <p>2. DC Arad
Revolutiei Avenue no. 75, Arad
Telephone: 0257 281600
Fax: 0257 281572
E-mail: rcret@cjarad.ro</p> <p>3. DC Arges
Vasile Milea Square no. 1, Pitesti
Telephone: 0248.210.056
Fax: 0248.220.137
E-mail: presedinte@cjarges.ro</p> <p>4. DC Bacau
Calea Marasesti no. 2, Bacau
Telephone: 0234 537200
Fax: 0234 535012
E-mail: presedinte@csjbacau.ro</p> | <p>22. DC Harghita
Libertatii Square no. 5, Miercurea Ciuc
Telephone: 0266 207701
Fax: 0266 207703</p> <p>23. DC Hunedoara
1 Decembrie 1918 Street no.28, Deva
Telephone: 0254 211350
Fax: 0254 230030
E-mail: cjhunedoara@yahoo.com</p> <p>24. DC Ialomita
Matei Basarab Avenue no. 29, Slobozia
Telephone: 0243 230200
Fax: 0243 230250</p> <p>25. DC Iasi
Stefan cel Mare and Sfint Street no. 69, Iasi
Telephone: 0232 235100
Fax: 0232 210336
E-mail: ghiseu.unic@icc.ro</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5. **DC Bihor**
Parcul Traian no. 5, Oradea
Telephone: 0259 410181
E-mail : registratura@cjbihor.ro
6. **DC Bistrita-Nasaud**
Petru Rares Square no.1
Telephone: 0263 213657; 215503
Fax: 0263 214750
E-mail: cjbn&cjbn.ro
7. **DC Botosani**
Revolutiei Square 1-3, Botosani
Telephone: 0231 514712; 514713; 514714
Fax: 0231 515020
E-mail: consiliu@cjbotosani.ro
8. **DC Braila**
Independentei Square no. 1, Braila
Telephone: 0239 619600; 619700
Fax: 0239 611765
E-mail: consiliu@cjbraila.ro
9. **DC Brasov**
Eroilor Avenue no. 5 cam. 10
Telephone: 0268 410777
E-mail: relatii.publice.cj@judbrasov.ro
10. **General Council of Bucharest Municipality**
Regina Elisabeta Avenue 47, sector 5 – Bucharest
Tel: 0213055500; 3055580; 3051255
Fax: 021 3055513
11. **DC Buzau**
N. Balcescu Avenue no. 48, Buzau
Tel: 0238 414112
Fax: 0238 725507
E-mail: cjbuzau@cjbuzau.ro
12. **DC Calarasi**
Calarasi Street 1 Decembrie 1918, no.1
Telephone: 0242 311 301; 0242 311 302
Fax: 0242 331 609
E-mail: cjcalarasi@calarasi.ro
13. **DC Caras-Severin**
1 Decembrie Square no.1, Resita
Telephone: 0255 211420; 211421
E-mail: cjcs@cjcs.ro
14. **DC Cluj**
21 Decembrie 1989 Avenue no.58, Cluj-Napoca
Telephone: 0264 503300; 593677
Fax: 0264 596726
E-mail: cjc&cjcluj.ro
15. **DC Constanta**
Tomis Avenue no.51, Constanta
Telephone: 0241 708404
E-mail : consjud@cjc.ro
16. **DC Covasna**
Libertatii Square 4, Sf. Gheorghe
Telephone: 0267 311190
Fax: 0267 351228
E-mail:office@covasna.info.ro
17. **DC Dambovita**
Tricolorului Square 1, Targoviste
Telephone: 0245 611030
Fax: 0245 212230
E-mail: consjdb@cjd.ro; cjding@cjd.ro
18. **DC Dolj**
Unirii Street no. 19, Craiova
Telephone: 0251 408200
Fax: 0251 408241
E-mail: contact@cjdolj.ro
19. **DC Galati**
Eroilor Street no. 7, Galati
26. **DC Ilfov**
Gh. Manu Street no. 18, sector 1, Bucharest
Telephone: 021 2125699
Fax: 021 3111417
E-mail: presedinte@cjilfov.ro
27. **DC Maramures**
Gh. Sincai Street no. 46, Baia Mare
Telephone: 0262 212110
Fax: 0262 213945
28. **DC Mehedinti**
Traian Street no. 89, Drobeta Turnu-Severin
Telephone: 0252 341118
E-mail: relatiicupublicul@sejmh.ro
29. **DC Mures**
Primariei Street no. 2, Tirgu Mures
Telephone : 0265 263211
Fax: 0265 268718
E-mail: cjmures@cjmures.ro
30. **DC Neamt**
Alexandru cel Bun Street no. 27, Piatra Neamt
Telephone: 0233 212890
Fax: 0233 211569
E-mail: cons.judetean@cjneamt.ro
31. **DC Olt**
A.I. Cuza Avenue no. 14, Slatina
Telephone: 0249 431080
Fax: 0249 431122
E-mail: cjolt@cjolt.ro
32. **DC Prahova**
Republicii Avenue no. 2-4, Ploiesti
Telephone: 0244 514545
Fax: 0244 596669
E-mail: cons_jud@cjph.ro
33. **DC Salaj**
1 Decembrie 1918 Square no. 12, Zalau
Telephone: 0260 614120
Fax: 0260 661097
E-mail: office@cjsj.ro
34. **DC Satu Mare**
25 Octombrie Square no.1, Satu Mare
Telephone: 0261 716994
Fax: 0261 710651
35. **DC Sibiu**
Gen. Magheru Street no. 14, Sibiu
Telephone: 0269 217733
Fax: 0269 218159
36. **DC Suceava**
Stefan cel Mare Street 36, Suceava
Telephone: 0230 210148
Fax: 0230 222839
37. **DC Teleorman**
Dunarii Street no.178, Alexandria
Telephone: 0247 311201; 311301
Fax: 0247 312494
38. **DC Timis**
Revolutiei din 1989 Avenue no. 17, Timisoara
Telephone: 0256 406300; 406400
Fax: 0256 406306; 406675
E-mail:cjt@cjtimis.ro
39. **DC Tulcea**
Pacii Street no. 20, Tulcea
Telephone: 0240 511960
Fax : 0240 513071
E-mail : office@cjtulcea.ro
40. **DC Valcea**
Gral. Praporgescu Street no. 1, Ramnicu Valcea

Management of infrastructure projects for hospitals in Romania
Annex III – Institutions involved in hospitals investment projects

Telephone: 0236 417222; 411099
Fax: 0236 460703
E-mail: conducere@cjgalati.ro;
consiliu@xnet.ro

20. DC Giurgiu

Bucharest Street no.10, Giurgiu
Telephone: 0246 213579; 214594
Fax: 0246 216511
E-mail: cjpg@cjgiurgiu.ro

21. DC Gorj

Victoriei Street no. 2-4, Tg. Jiu
Telephone: 0253 212016; 212019;
214304; 212723
Fax: 0253 212023; 217854

Telephone: 0250 732901
Fax: 0250 735617
E-mail: consiliu@cjvalcea.ro

41. DC Vaslui

Stefan cel Mare Street no. 79, Vaslui
Telephone: 0235 361089
Fax: 0235 361091
E-mail: consiliu@consiliu.vaslui.ro

42. DC Vrancea

Dimitrie Cantemir Street no. 1, Focsani
Telephone: 0237 616800; 0237 213054
Fax: 0237 212228; 0237 221895
E-mail: contact@cjvrancea.ro

Management of infrastructure projects for hospitals in Romania
 Annex III – Institutions involved in hospitals investment projects

Figure no.1 - Organizational Chart of the Ministry of Health

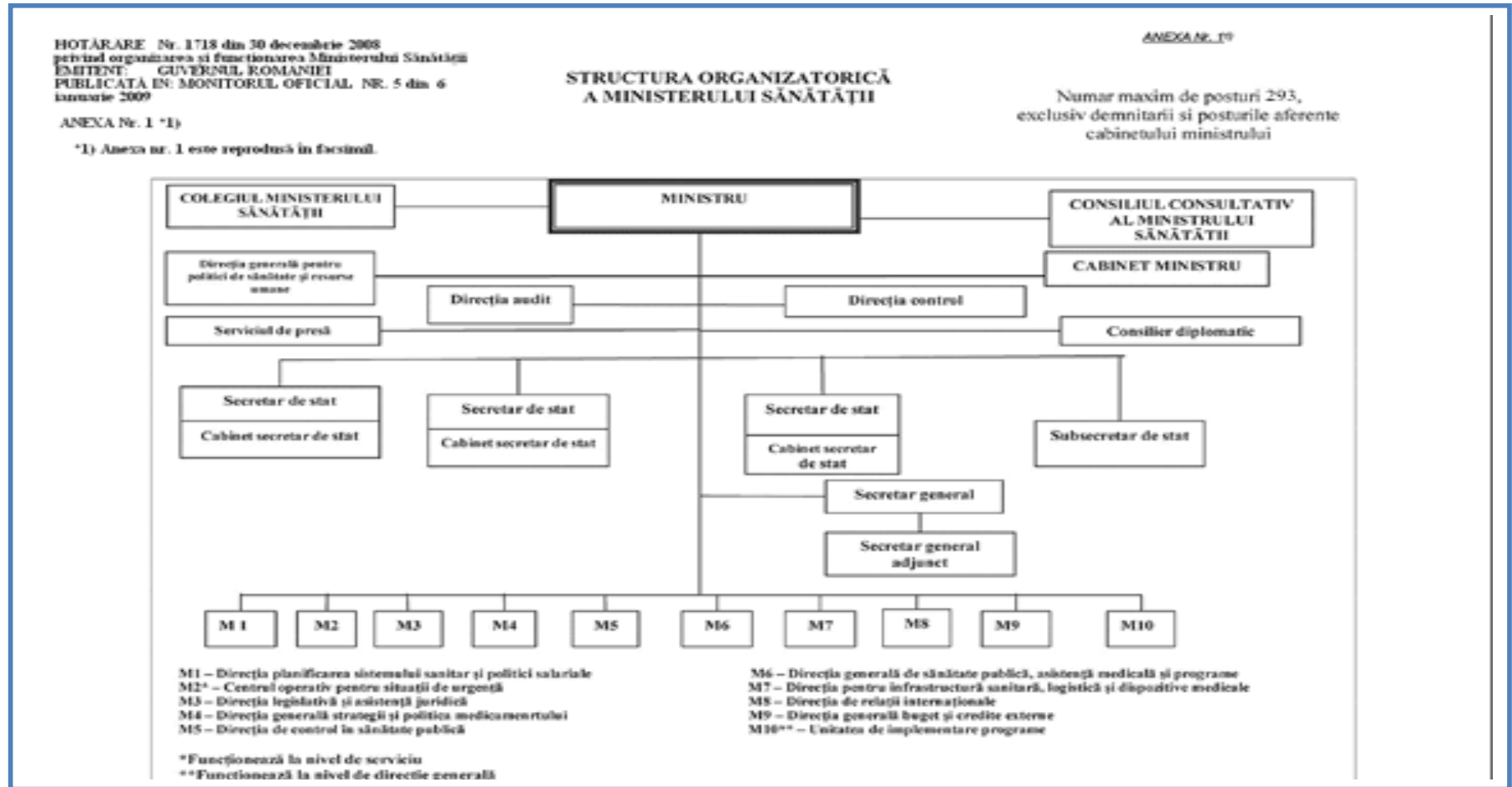
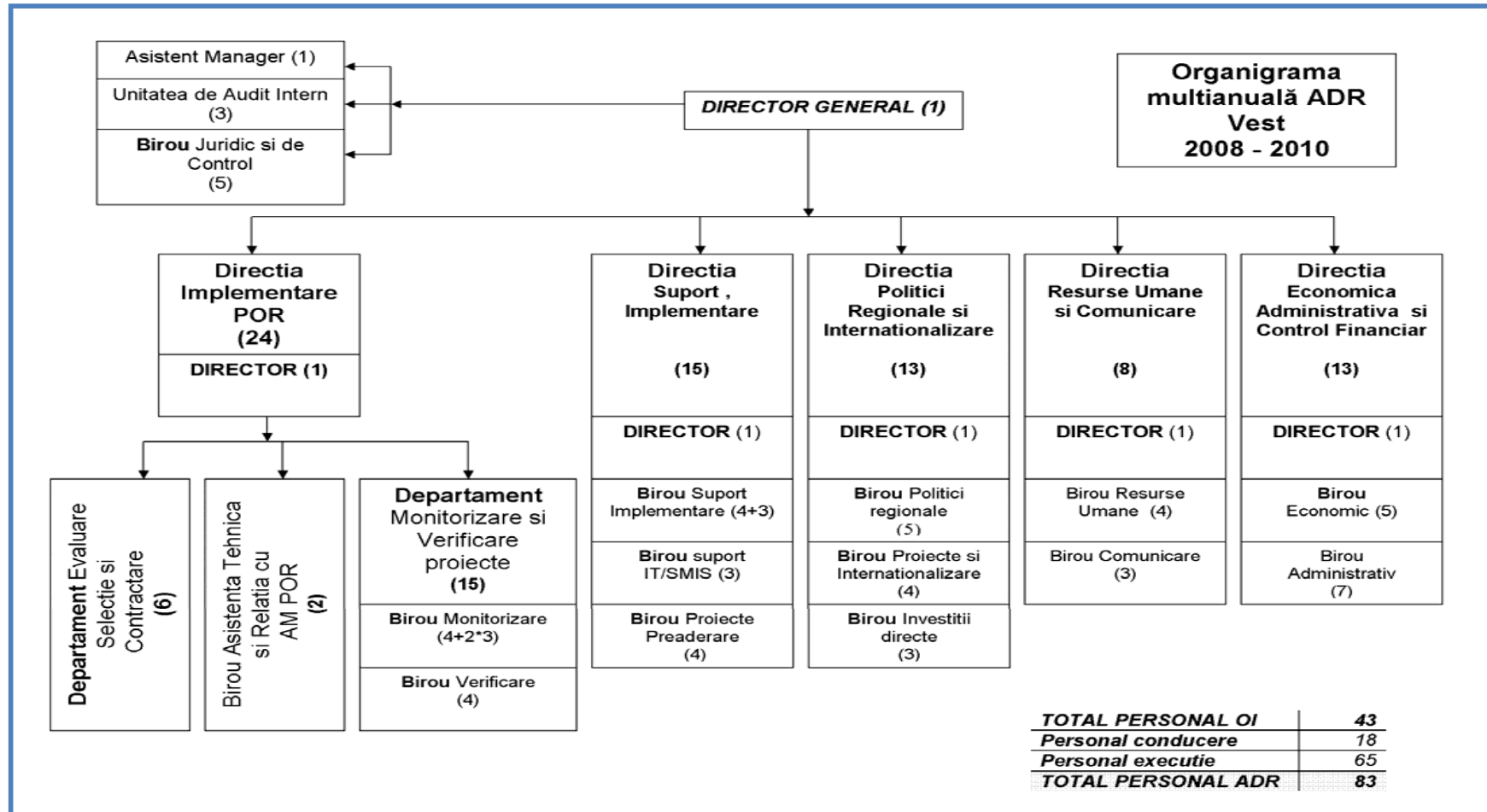
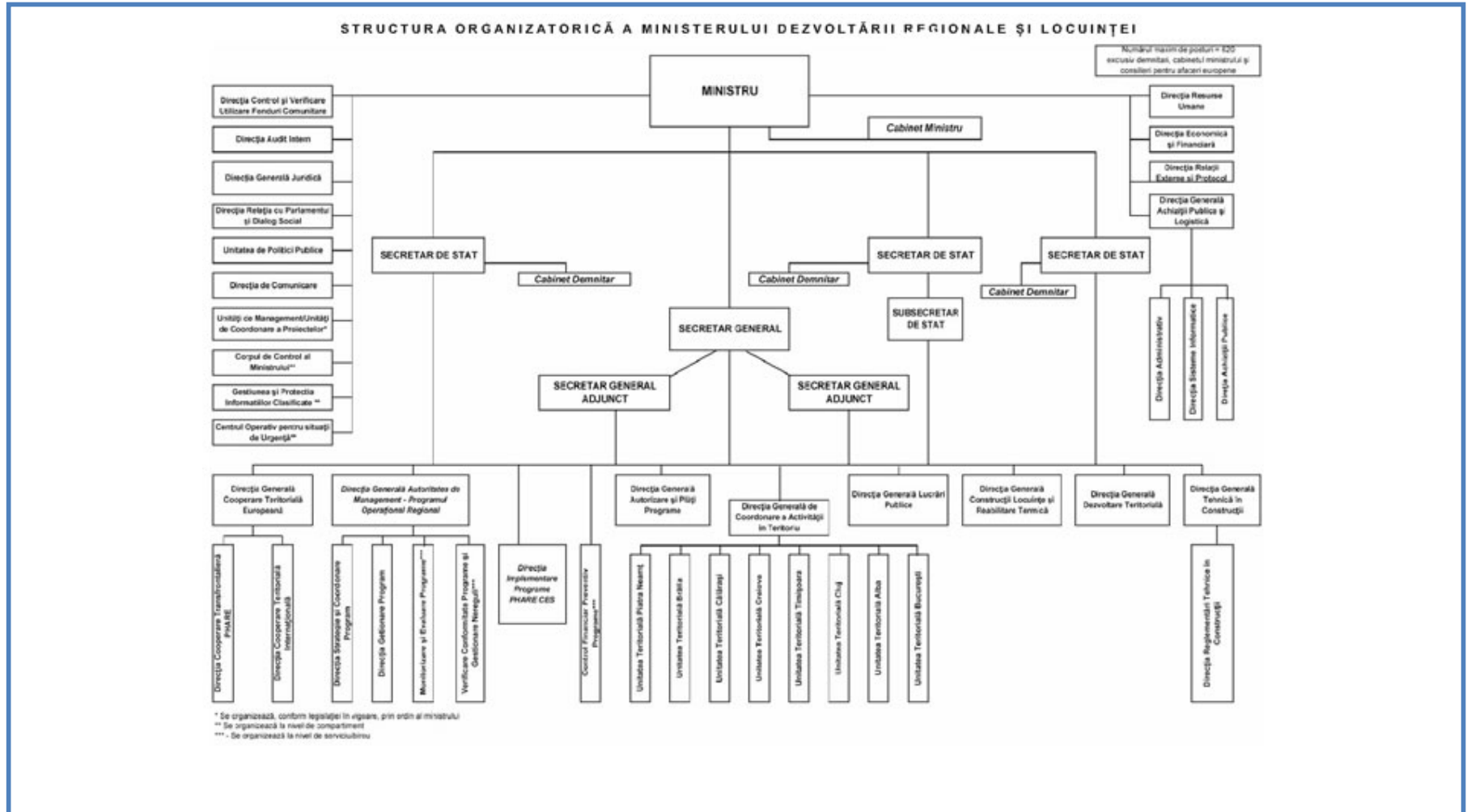


Figure no. 2 – Organizational Chart of the Regional Development Agency

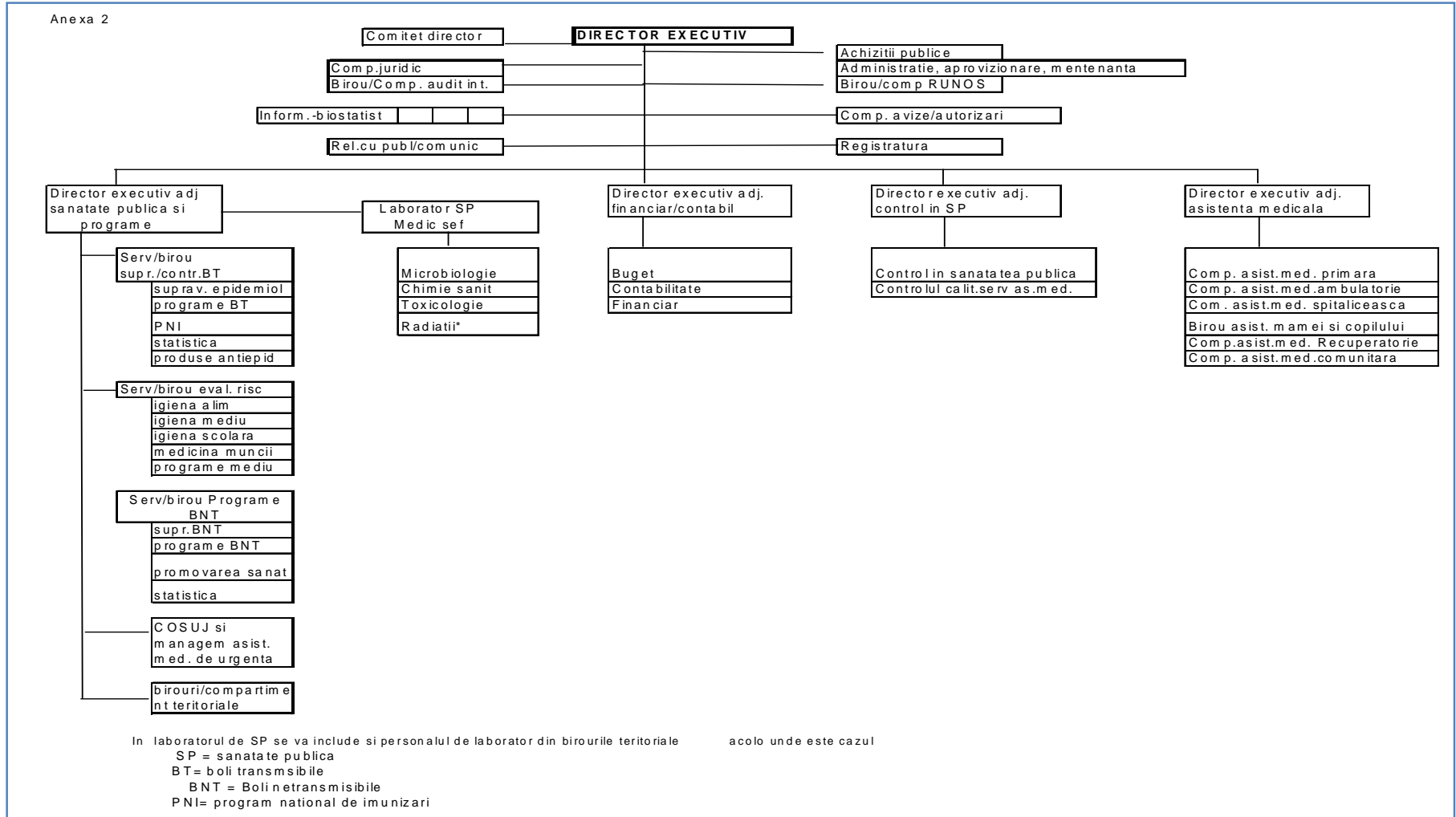


Management of infrastructure projects for hospitals in Romania
Annex III – Institutions involved in hospitals investment projects



Management of infrastructure projects for hospitals in Romania
Annex III – Institutions involved in hospitals investment projects

Figure no. 4 – Organizational Chart of the Public Health Direction



Management of infrastructure projects for hospitals in Romania
 Annex III – Institutions involved in hospitals investment projects

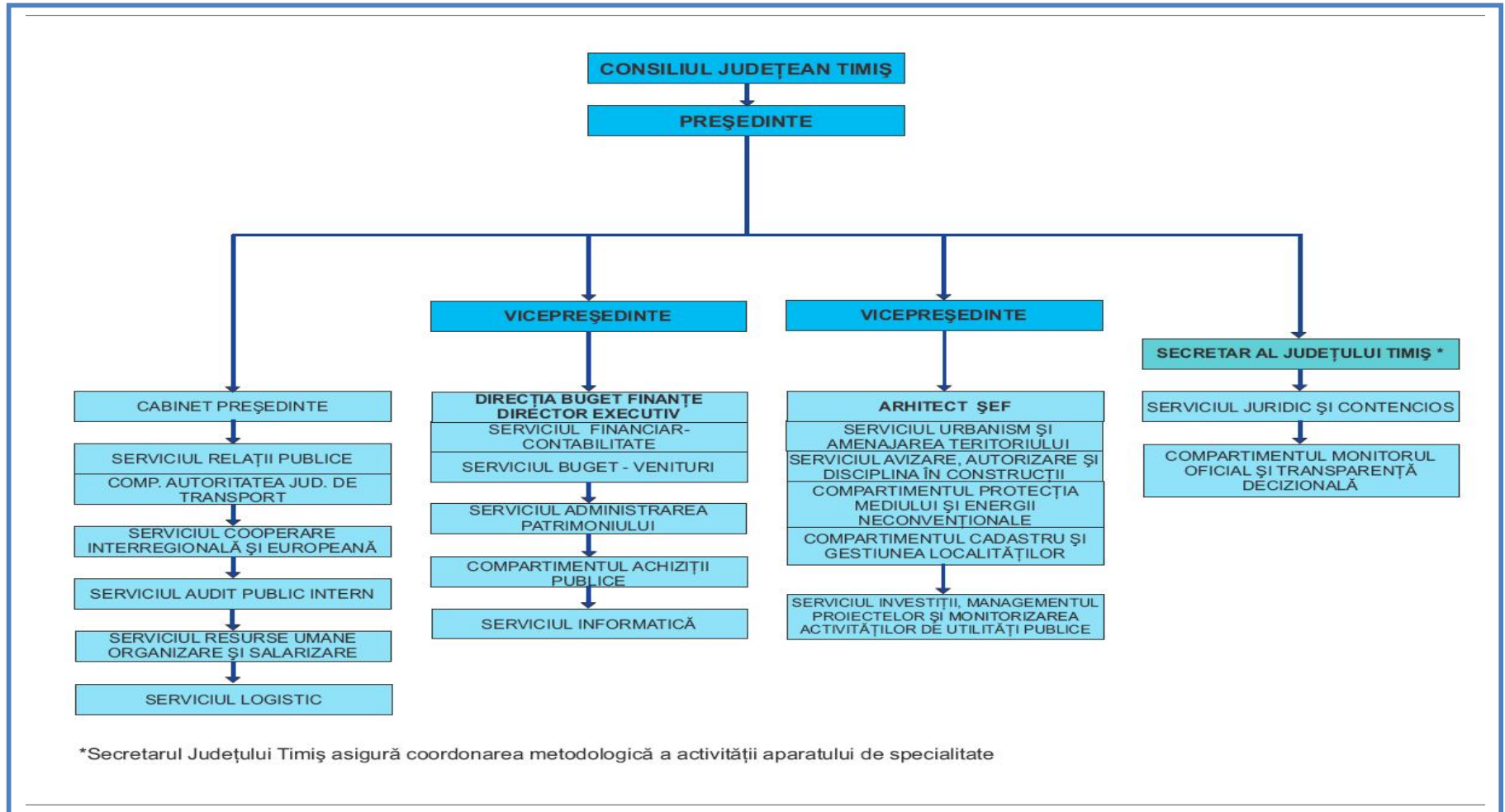


Figure no. 5 – Organizational Chart of the District Council

Management of infrastructure projects for hospitals in Romania
Annex III – Institutions involved in hospitals investment projects

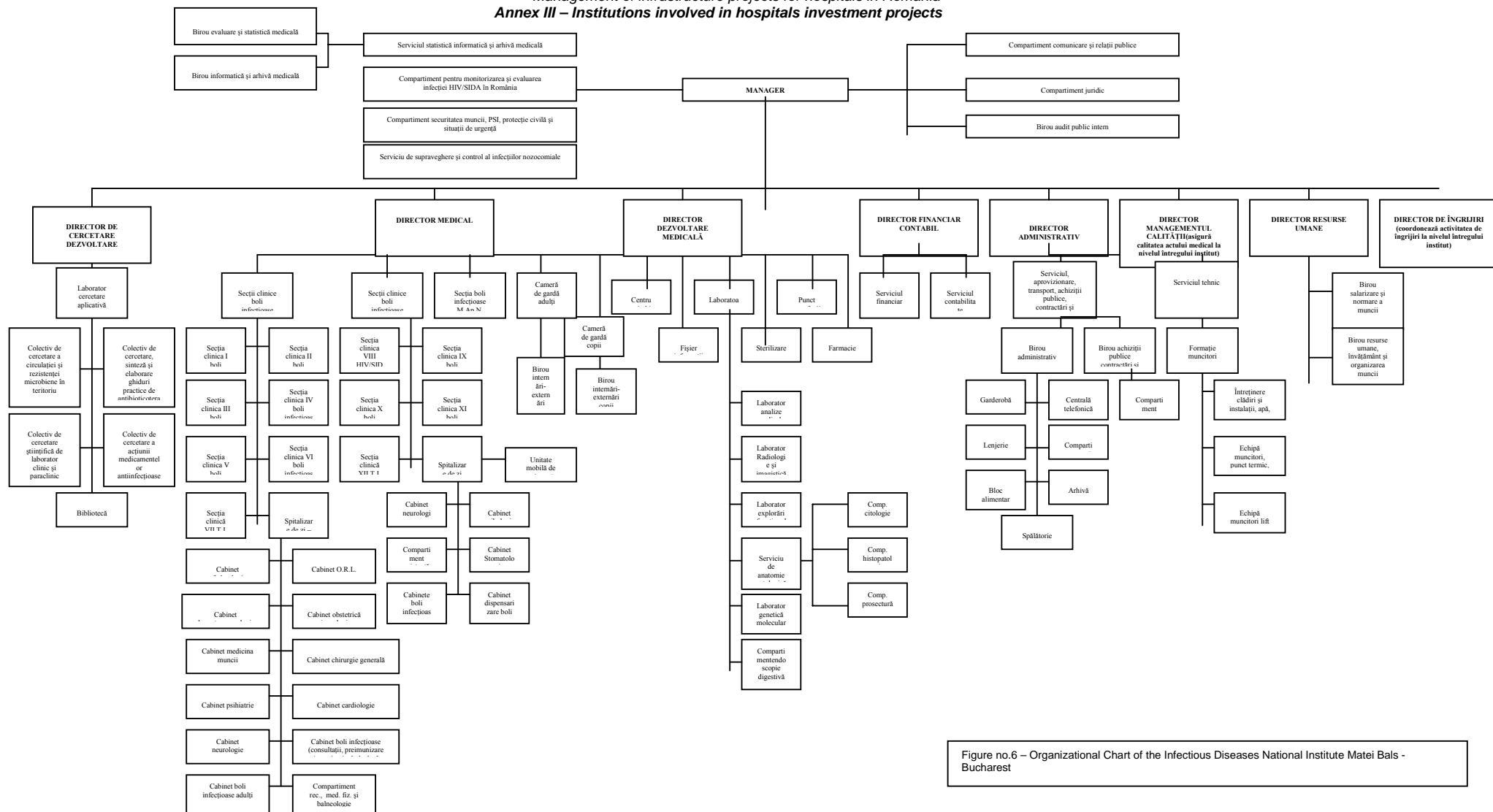


Figure no.6 – Organizational Chart of the Infectious Diseases National Institute Matei Bals - Bucharest

ANNEX

IV

New brand hospitals planned to be risen

Table no. 1 – Emergency Regional Hospitals planned to be risen

No	Type	Locality	County	Investment Total Value	
				thou lei	Euro
1	ERH	BUCUREȘTI	BUCUREȘTI		
2	ERH	BUCUREȘTI	BUCUREȘTI		
3	ERH	CLUJ	CLUJ	969,570	230,850,000
4	ERH	CONSTANȚA	CONSTANȚA	974,047	231,915,952
5	ERH	CRAIOVA	DOLJ	740,298	176,261,383
6	ERH	IAȘI	IAȘI	741,790	176,616,683
7	ERH	TIMIȘOARA	TIMIȘ	718,843	171,153,167
8	ERH	TÂRGU MUREȘ	MUREȘ	752,758	179,228,167
TOTAL				4,897,306	1,166,025,352

Source: Ministry of Health

Table no.2 – Emergency county hospitals planned to be risen

No	Type	Locality	County	Investment Total Value	
				thou lei	euro
1	ECH	ALBA IULIA	ALBA	425,388	101,282,883
2	ECH	ARAD	ARAD	424,784	101,138,950
3	ECH	BACĂU	BACĂU	435,319	103,647,300
4	ECH	BISTRIȚA	BISTRIȚA NĂȘĂUD	426,414	101,527,117
5	ECH	BRAȘOV	BRAȘOV	429,125	102,172,550
6	ECH	BRĂILA	BRĂILA	423,379	100,804,617
7	ECH	BUCUREȘTI	BUCUREȘTI	423,379	100,804,617
8	ECH	CĂLĂRAȘI	CĂLĂRAȘI	427,070	101,683,233
9	ECH	DEVA	HUNEDOARA	426,266	101,491,983
10	ECH	DROBETA TURNU	MEHEDINȚI	426,839	101,628,267
11	ECH	GALAȚI	GALAȚI	426,203	101,476,967
12	ECH	GIURGIU	GIURGIU	428,067	101,920,667
13	ECH	ORADEA	BIHOR	411,234	97,912,917
14	ECH	PIATRA NEAMȚ	NEAMȚ	427,691	101,831,133
15	ECH	PITEȘTI	ARGEȘ	429,078	102,161,500
16	ECH	PLOIEȘTI	PRAHOVA	436,374	103,898,617
17	ECH	REȘIȚA	CARAȘ SEVERIN	425,758	101,371,000
18	ECH	SIBIU	SIBIU	427,306	101,739,617
19	ECH	SLATINA	OLT	560,986	133,568,095
20	ECH	SUCEAVA	SUCEAVA	426,672	101,588,600
TOTAL				8,667,333	2,063,650,629

Source: Ministry of Health

Table no.3 – Hospitals planned to be risen in Mures County

Type	Locality	County	Investment Total Value	
			(VAT included)	
			<i>thou lei</i>	<i>euro</i>
Municipal hospitals	Reghin, Sighisoara, Tarnaveni	MUREŞ	714,877	170,208,810
Town hospitals	Ludus, Sarmasu, Sovata	MUREŞ	249,089	59,306,905
Communal Hospitals	Iernut, Band, Deda, Gurghiu	MUREŞ	107,247	25,535,000
TOTAL		MURES	1,071,213	255,050,715

Source: Ministry of Health

ANNEX

V

Statutes and activity framework of relevant institutions

Annex V contains the general directions of the statutes, by-laws or the activity framework of some of the institutions involved in hospitals' infrastructure projects

Ministry of Public Finance – Authority for Coordination of Structural Instruments

Government Decision no 34/01-22-09 regarding the structure and functions of the Ministry of Public Finance, published in the Official Gazette, part I, no 52, 01-28-09.

Main objective:

The Authority for Coordination of Structural Instruments within the Ministry of Public Finance is the national coordinator of assistance in relation with European Union, with roles and responsibilities both in what regards EU pre-accession financial assistance and in the coordination of structural and cohesion funds' management. Thus, the institution coordinates the establishment and efficiency of the legal, institutional and procedural framework for the management of structural instruments and also schedules, coordinates, monitors and assesses the use of non-refundable financial aid.

Main attributions:

ACSI coordinates:

- ❖ Non-refundable aid extended by the European Union to Romania through Phare Program;
- ❖ Non-refundable aid extended bilaterally by the EU countries to Romania;
- ❖ The design and implementation of the National Development Plan, a strategic paper documenting Romania's access to Structural Funds;
- ❖ The design, monitoring and assessment of the national reference strategic framework, operational programs and implementation main documents;
- ❖ The development of the administrative resources, of the design and updates of the structural procedures involved in the management of structural instruments;
- ❖ The information and communication activities in the field of structural instruments;
- ❖ The technical assistance program JASPERS (Joint Assistance to Support Projects in European Regions)

Regional Development Agency

Law no 315/06-28-04 regarding the regional development in Romania, published in the Official Gazette, part I, no 577, 01-28-09.

The Regional Development Agency is a nongovernmental, nonprofit body, of public service, with legal personality, functioning in the field of regional development. It's structure and functions are regulated by Law no 315/06-28-04 regarding the regional development of Romania and by the statute of establishment and activity approved by the Regional Development Council.

In Romania there are eight Regional Development Agencies. They develop the strategy, the plans and the programs of regional development, as well as the plans for funds' management (documents approved by the RDC).

RDA's objectives are: the development, implementation and monitoring of regional plans, management of the PHARE funds extended to the regions and of structural funds after the EU accession, management of the funds extended to the regions by the Romanian Government, the offset of financial imbalances between the regions, the promotion of local, regional and international partnerships.

Main attributions:

- ❖ Designs and submits for approval to the Regional Development Council the regional development strategy, plan and programs, as well as plans for the management of funds;
- ❖ Ensures the implementation of regional development programs and plans for the management of funds, according to the decisions of the Regional Development Council, in harmony with the legislation in force, and is responsible in front of the Council for their implementation;
- ❖ Applies for financial support from the National Fund for regional development at the national institution responsible with regional development, in order to finance the approved development projects;
- ❖ Stands along with the Regional Development Council in order to attract resources required to gain its goals;
- ❖ Ensures the technical and financial management of the Regional Development Fund, in order to achieve its goals stated in the regional development programs.

The Ministry of Health

Government Decision no 1718/12-30-08 regarding the structure and functions of the Ministry of Health, published in the Official Gazette, part I, no 5, 01-06-09.

Main objective:

The Ministry of Health is the specialized body of the public central administration, with legal personality, subordinated to the Government and is the central authority in public health care field.

Main attributions:

- ❖ Develops public health policies, strategies and programs, according to the Government's Program, coordinates and controls the implementation of public health policies, strategies and programs, at national, regional and local level;
- ❖ Assesses and monitors population's health, takes actions for it's improvement and informs the Government about health indicators, trends and actions required for their improvement;

- ❖ Regulates the structure and activity of the health care system;
- ❖ Monitors, controls and evaluates the activity of health care institutions and takes actions to improve the quality of health care within population;
- ❖ Alongside the central and local public administration's institutions, provides the human, material and financial resources required for the activity of institutions within the public health care sector.

Ministry of Public Finance

Government Decision no 34/01-22-09 regarding the structure and functions of the Ministry of Public Finance, published in the Official Gazette, part I, no 52, 01-28-09.

Main objective:

The Ministry of Public Finance is organized and functions as the main specialized central public administration body, with legal personality, subordinated to the Government, which implements the strategy and Government's Program in the field of public finances. The Ministry of Public Finance is a ministry with a synthesis role.

Main attributions:

- ❖ Designs, monitors and assesses the public policies implemented through legal papers within the ministry's fields of activity.
- ❖ Oversees the public policies papers developed by other public authorities pertaining to the ministry's activity;
- ❖ Develops projects for legal papers in the ministry's field of activity and follows up their adjustment with the pertaining European Union legislation;
- ❖ Oversees the projects of legal papers pertaining to the ministry's activity;
- ❖ Submits medium and long term development strategies and solutions to improve the public finance field;
- ❖ Based on its methodologies, maintaining a constant financial balance, develops the project for the Government's budget, the law of the Government's budget and the report regarding the project for the Government's budget, as well as the project for the law to adjust the Government's budget, implementing the required adjustments.

Ministry of Regional Development and Housing

Government Decision no 33/01-22-09 regarding the structure and functions of the Ministry of Regional Development and Housing, published in the Official Gazette, part I, no 47, 01-27-09.

Main objective:

The activity of the Ministry of Regional Development and Housing involves the following areas: strategic planning, regional development, territorial cohesion and development, trans-boundary, trans-national and interregional cooperation, land management, urban planning and architecture, housing, real estate and buildings management and development, public works and constructions.

Main attributions:

- ❖ Correlates sectorial development policies and strategies in order to insure a coherent and durable governmental strategy of national and regional land development in Romania, according to its main areas of activity;
- ❖ Develops and submits for approval the legal framework for its pertaining areas of activity;
- ❖ Represents the Government's interests within the international bodies, based on conventions, agreements and arrangements established in its pertaining areas of activity;
- ❖ Issues specific notifications and approvals for the financing programs supported in part or in full by the Government's budget, local budgets, European Community funds, special funds and loans granted by the Government, as well as for land developments of national interest financed from other sources;
- ❖ Initiates, finances and manages, according to the legislation in force, the development programs and projects of local and national interest in the following areas: public housing development, thermal rehabilitation of multistorey buildings, reducing the buildings' vulnerability to earthquakes, technical and buildings' infrastructure of water supply and sewage systems in cities, local interest road infrastructure, social, cultural and sporting infrastructure, town planning, urban data bases, as well as other areas stated by law or other administrative papers of the central public administration authority;
- ❖ Assesses and monitors the implementation of infrastructure, constructions and building programs and projects in its field of activity.

Ministry of Administration and Interior

Government Decision no 30/04-25-07 regarding the structure and functions of the Ministry of Administration and Interior, published in the Official Gazette, part I, no 309, 05-09-07.

The structure and activity of the ministry are regulated by:

- ❖ Government Decision no 3/01-09-09 regarding the amendment and expansion of the Government Decision no 416/2007 regarding the structure and staff of the Ministry of Administration and Interior, published in the Official Gazette, part I, no 30, 01-15-09;
- ❖ Emergency Ordinance no 221/12-23-08 regarding the implementation of activities to reorganize the central public administration, published in the Official Gazette, part I, no 882, 12-24-08;

- ❖ Emergency Ordinance no 24/04-11-07 regarding the implementation of activities to reorganize the central public administration, published in the Official Gazette, part I, no 247, 04-12-07;
- ❖ Emergency Ordinance no 30/04-25-07 regarding the structure and functions of the Ministry of Administration and Interior, published in the Official Gazette, part I, no 309, 05-09-07.
- ❖ Government Decision no 1317/10-31-07 regarding the amendment and expansion of the Government Decision no 416/2007 regarding the structure and staff of the Ministry of Internal Affairs and Administration Reform, as well as amendment of some legal papers, published in the Official Gazette, part I, no 751, 06-11-07;
- ❖ Government Decision no 416/05-09-07 regarding the structure and staff of the Ministry of Internal Affairs and Administration Reform, published in the Official Gazette, part I, no 311, 05-10-07;

Main objective:

The Ministry of Administration and Interior is a specialized body of the central public administration, with legal personality, performing its duties according to the Constitution and legislation in force, in the following areas: protection of fundamental human rights and liberties, of public and private property; the implementation of Government's Program and strategies pertaining to public administration and order and monitoring, for the Government, of the development and implementation of programs regarding institutions' reform by the ministries and other central public administration authorities; public servants; cadastre, geodesy and cartography activity; activity regarding under-privileged areas and industrial zones; ensuring social order; guarding persons, public buildings, properties and valuables; preventing and controlling crimes; enforcing legal provisions regarding state frontier; computerized personal register service; legal regime applicable to foreigners; applicants for the refugee status and people who gain some form of protection in Romania; fire fighting and civil protection activities for population and assets; management and protection of National Archives.

Main attributions:

- ❖ Monitors the implementation of provisions within the central and local public administration reform and restructure strategies and programs, developed based on the Government's Program, according to the European Union's standards and Romanian laws, and insures the implementation of strategies and programs pertaining to its field of activity;
- ❖ Establishes, according to the law, the actions required to protect fundamental human rights and liberties, as well as public and private property;
- ❖ Organizes and runs, through its specialized structures, according to competencies, actions for prevention and control of terrorist activities, organized crime, illegal drugs traffic and use, trafficking of human beings, illegal migration, cybercrimes, as well as other crimes and antisocial activities;
- ❖ Through its specialized subordinated structures, it insures the implementation of the Government's strategy and program in the area of public administration and public servants management, specialized training in public administration, geodesy activity, topography, photogrammetry, remote sensing, cadastre, cartography and real estate advertising, personal register service, as well as activities of prevention and management of civil emergencies;
- ❖ Develops and implements the National Personal Register Service.

National Health Insurance Agency

Statute – approved by the Government Decision no 972/07-26-06 regarding the approval of the Statute of the National Health Insurance Agency, published in the Official Gazette, part I, no 680, 08-08-06.

The main objective is to insure the coherent and coordinated activity of the public health insurance system in Romania.

Main attributes:

- ❖ Insures, monitors and controls the activity of the public health insurance system;
- ❖ Manages the Public Health Insurance Fund, according to the legislation in force, through its CEO, along with other insurance agencies, including the Health Insurance Agency for Defense, Public Order, National Security and Judiciary Authority and the Health Insurance Agency of the Ministry of Transportation, Constructions and Tourism, up to their restructuring;
- ❖ Approves the insurance agencies' plans of expenses and revenues, according to the law;
- ❖ Establishes the qualifications for health care within the public health insurance system, with the support of Romanian College of Physicians and the Romanian Dental Council;
- ❖ Partakes in national tenders organized by the Ministry of Public Health for acquiring drugs and specific materials required for the implementation of health programs;
- ❖ Monitors and controls the method of release for drugs with compensated and free prescriptions.

Public Health Agencies

Order of the Minister of Health no 127/02-10-09 regarding the approval of the structure and functions regulation of the counties and Bucharest public health agencies

Main objective:

The Public Health Agencies have the main objective to improve the public health and get close to the European Union states health and demographic indicators. Public Health Agencies are responsible for the prevention, assessment and control of infectious and non-infectious diseases, in order to reduce the morbidity and mortality, the monitoring of the public health status, the health promotion and training, occupational health, health in relation with environment, as well as the management of the health care system in their designated area.

Main attributions:

- ❖ Organize, coordinate and control the public health care services, health promotion and prophylactic activities, emergency, curative and rehabilitation health care services, house calls, provided by public or private health care facilities, as well as forensic and sports medicine services;
- ❖ Coordinate and control the implementation and development of national health care programs in their designated area, in order to achieve the objectives and indicators, by specific activities at local level;
- ❖ Perform annual assessments of the activities and submits strategies to improve the public health in their assigned area.
- ❖ Perform periodical assessment of the public health status in their assigned area, in order to identify the main public health issues and allocate resources for maximum efficiency in improving public health;
- ❖ Develop and coordinate the implementation of local health care programs according to public health priorities identified at local level;
- ❖ Send reports to the Ministry of Health and local public administration authorities regarding the public health status and conclusions of the assessment, on periodical basis and whenever is necessary.

Hospitals

Statute – Law no 95/04-14-06 regarding the health care reform.

Internal regulation – Order of the Minister of Health no 950/07-26-04 regarding the approval of Hospitals' Internal Regulations

Main objective:

The hospital provides conditions required for medical investigations, treatment, housing, hygiene, food and prevention of nosocomial infections, according to the regulations approved by the order of the Minister of Public Health.

Main attributions:

- ❖ Prevention and control of nosocomial infections;
- ❖ Providing examinations, tests, treatments and other health care services to hospitalized patients;
- ❖ Establishing the accurate diagnostic and therapeutic measures for hospitalized patients;
- ❖ Supply and distribution of drugs, supply of cleaning and disinfecting substances and materials, supply of food in order to insure a healthy qualitative and quantitative diet, according to the amount stated by legislation in force;
- ❖ Insuring an adequate microclimate in order to prevent the development of nosocomial infections;
- ❖ During quarantine periods limits the access of visitors in the hospital and in some wards, such as newborns, forbids the access in the ward (allowed only on the hallways).

Public Health Institutes/Centers

Law no 95/04-14-06 regarding the health care reform.

Main objective:

Public Health Institutes/Centers are regional or national public institutions, with legal personality, subordinated to the Ministry of Public Health, which coordinate from technical and methodological point of view the specialized activity in the area of documentation, development and implementation of strategies for disease prevention, control of infectious and non-infectious diseases and public health policies in specific areas, at national and/or regional level.

Main attributions:

- ❖ Insure the technical and methodological monitoring of the public health network, depending on their field of expertise;
- ❖ Involvement in strategies and policies development in their field of expertise;
- ❖ Development of projects of regulations, norms, methodologies and guidelines in specific public health fields;
- ❖ Perform expert appraisal, provide technical support and public health services, upon request from natural or legal persons;
- ❖ Monitor the public health status, infectious and non-infectious diseases, in order to pinpoint issues of community health;
- ❖ Perform research and development activities in the public health field and health management.

Newly established institutions

1.	<p>National Programs Agency + 8 Regional Programs Agencies</p> <p><i>Main attributions:</i></p> <ul style="list-style-type: none"> ❖ Submit for approval to the Ministry of Public Health the primary areas of activity in developing national health programs, based on assessment of real needs in population and health issues identified; ❖ Develop and submit for approval to the Ministry of Public Health the strategy of national health programs, the structure and implementation of national health programs; ❖ Develop the structure of health programs and subprograms, in cooperation with specialized departments within the Ministry of Public Health and National Health Insurance Agency; ❖ Document the need for financial resources according to the objectives and activities comprised in the health programs; ❖ Develop and submit for approval to the Ministry of Public Health the technical norms for the implementation and assessment of national health programs; ❖ Assess quarterly and annually the achievement of health national programs' objectives and submit proposals for their improvement in order to achieve the approved objectives.
2.	<p>National Health Inspection Agency + 8 Regional Health Inspection Agencies</p> <p>The Order of the Minister of Health no 824/07-05-06 regarding the approval of Regulations of the structure and functions of the National Health Inspection Agency</p> <p>National Health Inspection Agency, public authority subordinated to the Ministry of Health, will supervise methodologically and financially the counties' inspection agencies. In the eight regions, eight regional health inspection agencies will be established.</p> <p><i>Main attributions:</i></p> <ul style="list-style-type: none"> ❖ Identify public health risks, assess and analyze the potential or real risk, by assessing the probability of occurrence of adverse effects or events for people and environment, due to the exposure to hazards as sources of risk; ❖ Risk management, in order to reduce and/or eliminate the threat and, thus, the risks posed to the public health; ❖ Risk communication, by mutual exchange of information based on scientific data between people performing risk assessment, those responsible with risk management, consumers and other potentially interested parties in the area under assessment.
3.	<p>National Agency for Medical Assistance + Regional Agencies for Medical Assistance</p> <p>According to the strategy of the Ministry of Health, the National Agency for Medical Assistance will be an institution with legal personality, which will be established by reorganizing and restructuring the specialized departments within the Ministry of Health and current Public Health Agencies.</p> <p>The National Agency for Medical Assistance will coordinate eight Regional Agencies for Medical Assistance, institutions with legal personality, containing health care services at county level.</p> <p>The National Agency for Medical Assistance will include the Department of Mental Health, from the current National School of Health Management, which will coordinate the psychiatric institutions from methodological point of view.</p> <p>The head of The National Agency for Medical Assistance will be a CEO with the rank of a state undersecretary, who will have the role of methodological and technical supervision of the following health institutions about to be established/reorganized by a Government Decision: regional hospitals subordinated to Regional Agencies for Medical Assistance, county hospitals, emergency county hospitals, emergency clinical county hospitals will be subordinated to the present Public Health Directorates, under the counties councils.</p> <p>Regional Agencies for Medical Assistance will coordinate the following health institutions with legal personality: psychiatric hospitals, psychiatric clinical hospitals, chronic care psychiatric hospitals, presently subordinated to the Public Health Agencies and the Ministry of Health.</p>
4.	<p>Counties Medical Assistance Services</p> <p>Counties Medical Assistance Services are institutions without legal personality, organized from the following institutions detached from Public Health Directorates: community health care/registration/assessment of nurses, specialized outpatient health care, emergency health care before and during hospitalization, health care for mother and newborn.</p>

Local councils

Law no 215/04-23-01 of local public administration

Main objective:

The local council initiates and decides, according to the law, in all issues of local interest, except those that by law pertain to other authorities of the local or central public administration.

Main attributes:

- ❖ Related to the structure and functions of the mayor's office, of public institutions and services of local interest and commercial companies and national authorities of local interest;
- ❖ Related to the economical, social and environmental development of the village, town and city;
- ❖ Related to the management of public and private domain of the village, town and city;
- ❖ Related to the management of public services;
- ❖ Related to inter-institutional cooperation on internal and external level.

District councils

Law no 215/04-23-01 of local public administration

Main objective:

The county council is the local public administration authority, established at county level to coordinate the activity of the village, town and city councils, in order to provide public services of county interest.

Main attributes:

- ❖ Regarding the structure and functions of the county council, public institutions and services of county interest and commercial companies and national authorities of county interest;
- ❖ Related to the economical and social development of the county;
- ❖ Related to the management of county heritage;
- ❖ Related to the management of public services provided by subordinated institutions;
- ❖ Related to inter-institutional cooperation.
- ❖ Other attributions stipulated by law.

ANNEX VI

Position papers

Annex VI contains position papers concerning health infrastructure and were developed by domestic or foreign organizations .

1. Strategically documents

- 1.1 Regional Operation Program 2007-2013
http://inforegio.ro/docs/ROP%20Revised%20Official%20Proposal_6%20iunie_07_final.doc

Strategic References National Framework 2007-2013 http://inforegio.ro/docs/NSRF_var3_ian07_240107.doc
- 1.2 National Plan for Development 2007-2013
http://discutii.mfinante.ro/static/10/pnd/documente/pnd/PND_2007_2013.pdf
- 1.3 Regulation CE Nr. 1080/2006 regarding European Fund for Regional Development
http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_210/l_21020060731en00010011.pdf
- 1.4 Regulation CE Nr. 1083/2006 regarding general provisions over European Fund for Regional Development, European Social Fund and Cohesion Fund
http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_210/l_21020060731en00250078.pdf

2. Regional development plans 2007-2013

- 2.1 Regional development plan of Nord-East development region <http://www.adrnordest.ro/getdoc.php?id=725>
- 2.2 Regional development plan of South - East development region <http://www.adrse.ro/DocumenteInfo/PDR%20Sud-Est-2007-2013.pdf>
- 2.3 Regional development plan of Muntenia South development region
http://www.adrmuntenia.ro/upl/doc/232_ro_PDR%20%20FINAL.zip
- 2.4 Regional development plan of Oltenia South – West development region <http://www.adroltenia.ro/newro/pagina.php?cod=5>
- 2.5 Regional development plan of Vest development region <http://www.adrvest.ro/index.php?page=articol&aid=458>
- 2.6 Regional development plan of Nord-West development region
<http://www.nord-vest.ro/genpage.aspx?pc=prezentarepdr.aspx>
- 2.7 Regional development plan of Centre development region
<http://www.adrcentru.ro/download/Planul%20de%20Dezvoltare%20al%20Regiunii%2019.04.pdf>
- 2.8 Regional development plan of Bucharest - Ilfov development region <http://www.adrbi.ro/content.php?varPg=62>

3. Ministry of Health Strategic plan 2008 – 2010

<http://www.ms.ro/pagina.php?id=119>

4. National health program

- 4.1. National health programs – 2007
<http://www.ms.ro/programe-nationale.php>
- 4.2 National health programs – appraisal report 2007
http://www.ms.ro/fisiere/programe_nationale/15_51_542_raport_evaluare_pns_2007.doc
- 4.3 National health programs – 2008
<http://www.ms.ro/programe-nationale.php>
5. “Elaboration of a strategy for hospital infrastructure development in Romania” – Phare /2004/016-772.05.01.02
6. EU Action Plan for public health system 2008 - 2013
http://www.ms.ro/fisiere/pag_dir_struct/4_48_Programul%20Comunitar%20de%20actiune%20in%20domeniul%20Sanatatii%202008-2013.ppt#257,2,CADRUL_LEGAL
7. Presidency commission for analysis and development of public health policies in Romania– “A health system focused on citizen’s needs”
http://www.presidency.ro/static/ordine/COMISIASANATATE/UN_SISTEM_SANITAR_CENTRAT_PE_NEVOILE_CETATEANULUI.pdf
8. National Strategy for public health– Order of minister of health nr. 923/16.07.2004
Official Gazette nr. 662/22.07.2004
10. Government program 2009 – 2012. Chapter 6 - Health
http://www.gov.ro/capitolul-6-sanatate__l1a2085.html
11. Romania – health sector. Sector Policy study – developed by World Bank
<http://siteresources.worldbank.org/INTROMANIA/ROMANIAN/Resources/HealthSectorPolicyNoteRomanian.pdf>

ANNEX VII

Application Matrix for ROP – Axis 3.1.

Assessment matrix for the phases and sub-phases of the project's cycle – the design stage of accessing structural funds through axis 3.1. ROP

No. (1)	Phase/sub-phase aim (2)	Expected result (3)	Activity and sub-activity (4)	Who is responsible (5)	Who answers (6)	Official document (7)	Ideal execution term (8)	Acceptable margin (9)	Observations (10)
1	Reading and learning the Solicitant Guide (SG)	There is an informed person regarding the content of SG	Download from Internet, printing, reading, examination, charts	Local public administration (LPA) Consulting company Hospital manager	Public source Consultant Contact persons from SG Other information sources accessible based on current relations' network	Published SG	2-3 weeks	2-3 + 2 weeks	In LPA there must be person designated to be trained or who attended training There must be an agreement if there is a designated company A hospital manager should be available and willing
2	Recruiting and selecting potential partners								
2 a)	Clearing up the project's subject	Understanding the subject and its relation with the action field 3.1 Identifying and submitting a list of potential partners	Identifying technical partners (writing and carrying out the project), relational partners, financial partners, beneficiary Writing down the list of partners Signing an intent agreement Informing potential partners about the partnership's advantages	Solicitant (LPA)	Potential partners	List of potential partners A letter of intent and the reply	1-2 months	1-2 months + 1 month	Complex task, very important for the solicitant and partner The decision is taken in a moment of uncertainty regarding the project The evasive nature of what follows requires the preexistence of good interpersonal relationships and inter-institutional connections. It those do not exist, the information phase is critical.
2 b)	Verifying the eligibility according to criteria	Placing each partner in the category of eligible or non-eligible	Sending a letter of intent containing the eligibility criteria, phone, email communications and discussion	Solicitant (LPA)	Potential partners	Letters of intent	1-2 months	1-2 months + 1 month	There is the risk that one of the partners is not eligible and the partnership will not work
3	Start of drawing the financing application	Financing application drawn according to requirements	Constant communication between solicitant and partners, by fax, email, letters	Solicitant (LPA) Consulting company	Potential partners and solicitant	Letters, emails, faxes	6 months	1-2 months	A good cooperation between solicitant, consulting company, hospital manager, other partners is compulsory Financing application must be drawn in an articulate and coherent manner, according to the instructions from the Solicitant Guide.
4	Obtaining required approvals	Obtained approvals	Compiling files Applications for obtaining permits	Solicitant (LPA) Consulting company	LPA Other involved institutions	Applications	? months	? months	It is possible that obtaining licenses to drag a lot, leading to...
5	Obtaining all documents attached to the financing application	Annexes of financing application	The projects' abstract, written according to the model Power of attorney in original Statutory documents of the solicitant Partnership agreement The most recent financial statements Eligibility statement Commitment statement signed by the solicitant and partners Copies after the documents stating that the target building is the owned or administered by the solicitant	Solicitant (LPA) Consulting company Partners	LPA Other involved institutions Partners	Requests for licenses and certificates Letters, emails	1-2 months	Few months	A lot of documents. It requires huge work in order to obtain all the necessary licenses and certificates. Each certificate/license/slip requires a certain period to be obtained or filled in. For instance, the approval of the technical slip regarding conditions for environment protection requires 20 working

Management of infrastructure projects for hospitals in Romania
Annex V II – Application Matrix for ROP – Axis 3.1.

No. (1)	Phase/sub-phase aim (2)	Expected result (3)	Activity and sub-activity (4)	Who is responsible (5)	Who answers (6)	Official document (7)	Ideal execution term (8)	Acceptable margin (9)	Observations (10)
			Documents licensing the construction (feasibility studies) Cost-benefit analysis Urbanism license Technical slip regarding conditions for environment protection Evidence regarding the capacity to insure own contribution – decision of the local/county council approving the project and expenses						days. Some certificates/licenses are valid for a certain period: for example, the urbanism license expires after 6-24 months.
6	Copies of other annexes	Obtaining the annexes	The approval of the health care unit regarding the chronology of activities, types of medical equipments that will be acquired, of types of activities proposed for the hospitals The decision of the County Council appointing the health care unit Documents showing the performance indicators of hospital management Document stating the mean number of examinations/physician in ambulatory care	Solicitant and partners	Partners	Required documents	2 months	2 – 3 months	Good cooperation between LPA and hospital
7	Verifying specific eligibility criteria	Determining the project's eligibility	Verifying Hospitals List developed by MPH Establishing that the health care unit does not perform commercial activities	Solicitant and partners	Solicitant and partners	Hospitals list Commitment statement	1 month	?	Changes in the hospitals list are possible.
8	Acknowledging instructions to fill in the Financing Application	Financing Application filled in accurately	Reading instructions for filling in Adding the documents including resumes or job descriptions	Solicitant and partners or Consulting company	Solicitant and partners or Consulting company	Financing application form	1-6 months	?	
9	Developing the budget (section 4 of "project's financing" in the Financing application)	Budget written according to the instructions	Reading instructions Developing the budget	Solicitant and partners or Consulting company	Solicitant and partners or Consulting company	Financing application form	?	?	Eligible, ineligible expenses, solicitant's contribution must be known
10	Verifying the financing application	The Financing Application file is complete	Comparing with the List for checking up the administrative compliance	Solicitant and partners or Consulting company	Solicitant and partners or Consulting company	Financing application file	1 week	1 week	
11	Submitting the Financing application	The Financing Application file is submitted and registered	Following the requirements to submit financing applications	Solicitant or Consulting company	Management Authority intermediary institution	Official result of the financial application after each step in the assessment and selection process Obtaining an official, unique SMIS code	?	?	

Management of infrastructure projects for hospitals in Romania
Annex V II – Application Matrix for ROP – Axis 3.1.

No. (1)	Phase/sub-phase aim (2)	Expected result (3)	Activity and sub-activity (4)	Who is responsible (5)	Who answers (6)	Official document (7)	Ideal execution term (8)	Acceptable margin (9)	Observations (10)
12	The process of assessment and selection of the financing application	Obtaining the result regarding: administrative conformity, eligibility, technical and financial assessment, technical assessment of the project	Verifying the administrative conformity Verifying the eligibility Technical and financial assessment of the project Strategic assessment of the project	Intermediary institution	Solicitant		?	?	
12.1	Verifying the administrative conformity	Obtaining the result regarding the administrative conformity	Verifying the administrative conformity according to the Checking grid	Intermediary institution	Solicitant	Request for clarifications (maximum three)	6 working days	It may take longer depending on the number of requests for clarifications	The solicitant must send the clarifications under the terms and within the dead-line specified in the request for clarifications Only applications following the administrative requirements will advance in the next step of the assessment process
12.2	Verifying the eligibility of the Financing application	Obtaining the result regarding the financial eligibility	Verifying the eligibility according to the Checking grid	Intermediary institution	Solicitant	Request for clarifications (maximum three)	12 days after the request for verifying the eligibility has been submitted	It may take longer depending on the number of requests for clarifications	The solicitant must send the clarifications under the terms and within the dead-line specified in the request for clarifications Only financing applications following all the criteria in the Checking grid are admitted in the next step
12.3	Technical and financial assessment of the project (Selection)	Obtaining a score between 0 and 6	Verifying according to the technical and financial assessment grids	Independent evaluators	Solicitant	Request for clarifications (maximum two)	45 working days	It may take longer depending on the number of requests for clarifications	Only projects that obtained a minimum of 3,5 points will be admitted in the strategic assessment If the projects gets 0 points at any of the sub-criteria in the technical and financial assessment grid, the project is rejected on the spot
12.4	Strategic assessment of the project	Establishing the relevance of the project in the context of the regional development strategy	Assessment by the RCSAC members	RCSAC – The Regional Committee for Strategic Assessment and Correlation – Gov decision 764/2007		Information obtained from IB	45 working days	?	In the meantime, the assessment of this commission was waived
13	Pre-contract terms		1. Submitting the documentation for obtaining the approval of the State Inspection in Constructions, regarding the technical and economic documentations for investment targets financed from public funds and to obtain the approval of SIC to modify existing buildings 2. Submitting and assessment of the Technical Project Verifying the eligibility documents during the on-site visit before signing the Financing Contract						

ANNEX VIII

Infrastructure process – a Gantt graph

Management of infrastructure projects for hospitals in Romania
Annex V III – Infrastructure process – a Gantt graph

Infrastructure investment process - MH funds

no	Activity	Filled by	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
a	Investment needs assessment	Mgt H	■													
b	Investment List	H - Sv. Th + dr FC	■													
c	Substantiation Note	H - Sv. Th	■	■												
d	Expertise Report	Contractor	■	■	■											
e	Budget development	dpt FC	■	■	■	■										
f	Obtain the Urban Certificate	City Hall		■	■	■										
g	Contracting the technical – economic documentation	H		■	■	■	■	■								
h	Fulfillment of technical – economic documentation	Contractor				■	■	■	■	■	■	■	■	■	■	■
i	Investment list submittal to MH	H dpt FC			■											
j	Budget approval	MH					■	■								
k	Investment documentation submitted to M	H					■	■								
l	Investment approval	MH					■	■								
m	Launching of building works public acquisition procedures	H					■	■	■	■						
n	Construction permit obtaining	City Hall								■	■	■	■			
o	Selection and contracting the construction	H								■	■	■	■	■	■	■
p	Construction works start up	Contractor								■	■	■	■	■	■	■
q	Construction works monitoring	H								■	■	■	■	■	■	■
r	Resuming the bureaucratic process	H													■	■
s	Works taking over	H + contractor														■

Prescurtari

H = Hospital

sv Th = Tehnical Service

dr FC = financial directordirector financiar contabil

dpt FC = financial department

MH = Ministry of Health

ANNEX

IX

PCM with MH funds

Management of infrastructure projects for hospitals in Romania
Annex IX – PCM with MH funds

Nr	Stage	Decision making	Funding	Implementation	Observation / Problems
1	Investment needs assessment . <i>It is done by November previous year.</i>	Hospital management along with dpt chiefs identifies the investments needs.	***	H. manager + Tech / Admin dpt.	This assessment may stand in place for more years, unless funded.
2	Investment list . The list includes a technical paper. <i>Done by November previous year</i>	H. manager	***	<ul style="list-style-type: none"> • H. Financial director • H. Tech / Admin dpt 	It is not sure what investments would be approved out of this list. Usually, the investments are not included in the budgets, yet the final budget may include a considerable amount.
3	Justification note . Each investment objective is described in, along with arguments. An annex with preliminary calculus added.	H. manager	***	H. Tech / Admin dpt.	
4	Expertise report . This document stands for the first estimation of the investment. ET < 2 months	H. manager	H pays out of its own funds.	A specialized company is hired.	<ul style="list-style-type: none"> • This report is completed before the investment list. It is paid by hospital but it is not known if the investment would be approved or not. • This report is 2 years valid.
5	Budget development . It is outlined on its history and needs assessment. <i>Done at the end of the previous investment year.</i> Once the contract with NHIH is concluded, the budget is shaped down and its final form would be around May – June. ET < 2 months	H. manager	***	H. Financial director	<ul style="list-style-type: none"> ▪ In March, the H gets a tentative budget file to start up certain procedure of the investment's process.
6	Obtain the Urban Certificate (UC) ; from the City Hall / County Council ET < 1 month	City Hall	***	H. Tech / Admin dpt	Usually, it is valid for 1 year with an option for extension with one more years. Therefore, in case the investment is not accepted or fund in the respective year, it is required an updated UC.
7	Contract the TE documentation (update the Expertise Report, SF, PT, CS, DDE) – public acquisition procedures ET: 2 -12 months	H. manager	H pays it out of his own funds	<ul style="list-style-type: none"> ▪ H. Admin / Invest / Tech dpt. ▪ Specialized company 	Pr: The H Mgt doesn't know if the respective investment would be ever approved and then financed but pays this costs for TE documentation.
7.1.	Geotechnical survey -The stability and durability of any engineering project depends on the careful analysis of the structural parameters of the terrain, as selection of a favorable site depends upon a particular structural element possessed by the rock. ET : 2 -6 months	H. Administrative / Technical Service	H pays it out of his own funds	Specialized company	▪ It is required only for new buildings as well as for interventions in the construction foundation.
7.2.	Land survey . Topographical features have also a primary importance in the construction of any engineering project. Land survey reveals besides land features the limits for properties. This is an important issue in order to avoid litigations. ET: 2 – 3 months	H. Administrative / Technical Service	H pays it out of his own funds	Specialized company	▪ It is required only for new buildings as well as for interventions in the construction foundation.

Management of infrastructure projects for hospitals in Romania
Annex IX – PCM with MH funds

Nr	Stage	Decision making	Funding	Implementation	Observation / Problems
7.3.	<i>Hydro - geological study.</i> This study identifies and describes the hydro geological features of the project site. Hydro - geological study is intended to provide the designer solutions to deal with water identified underground, accumulation of rain waters a.s.o. This study also gives information about the chemical – physical analysis of the soil in project area.	H. Administrative / Technical Service	H pays it out of his own funds	Specialized company	▪ It is required only for new buildings as well as for interventions in the construction foundation.
7.4.	Formally permits. In keeping with the requirements specified within UC, there are issued preliminary authorizations whose recommendations need to be included in the technical documentation.				
7.4.1.	<i>Electricity formally permit.</i> It is required only for new / extension buildings.	Power supplier	***	▪ H. Admin / Tech dpt ▪ Specialized company	
7.4.2.	<i>Gas formally permit.</i> It is required only for new / extension buildings.	Gas supplier	***	▪ H. Admin / Tech dpt ▪ Specialized company	
7.4.3	<i>Water and sewerage formally permit.</i> It is required only for new / extension buildings	▪ Water supplier	***	▪ H. Admin / Tech dpt ▪ Specialized company	
7.5.	Feasibility stage: Feasibility Study (FS) or Documentation for Intervention on Construction (DALI). It follows the format provided in the GD 28/2008. ET: 1-3 months	▪ H. Admin / Tech dpt	H pays it out of his own funds	Specialized company	▪ FS is required for new construction and extension of existing constructions. DALI is required for projects on existed buildings. ▪ Documents at feasibility stage (including cost estimates) must be updated each year.
7.6.	Permits. Each permit could generate the following situations: (i) Release the permit without objections; (ii) Release the permit with objections; (iii) Refuse to release the permit.	Various organizations presented below at each permit required.	H pays for required taxes	▪ H. Admin / Tech dpt ▪ Specialized company	
7.6.1.	<i>Electricity permit</i>	Power supplier	H pays for required tax	▪ H. Admin / Tech dpt ▪ Specialized company	
7.6.2.	<i>Gas permit.</i>	Gas supplier	H pays for required tax	▪ H. Admin / Tech dpt ▪ Specialized company	

Management of infrastructure projects for hospitals in Romania
Annex IX – PCM with MH funds

Nr	Stage	Decision making	Funding	Implementation	Observation / Problems
7.6.3.	<i>Water and sewerage permit.</i>	Water supplier	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.6.4.	<i>Health permit.</i> It confirms the health circuits. It may be required a study on the impact over the population health	DSP	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.6.5.	<i>Sanitary-Veterinary permit.</i>	ANSVSA county	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.6.6.	<i>Romanian Water Company permit.</i> If the used water are leached into a natural water than is required this permit, too.	Romanian Water company	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.6.7.	<i>Historical patrimony permit.</i> It is required for buildings which are included in the national cultural patrimony.	Ministry of Culture and Cults	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.6.8	<i>Environmental Compliance procedure.</i> This compliance is issued when the previous permits are obtained, an emphasis being over the health permit. It is submitted a Technical documentation which is analyzed by a Technical Analysis Commission called by APM and formed by various institutions in keeping with the project objectives. One is resulted two options: a) Environmental compliance in simple procedure or b) it is required an environment impact study. ET: < 2 months	APM (Technical Analysis Commission)	H pays for required tax	Specialized company.	
7.6.9.	<i>State Inspectorate for Constructions permit.</i> It is the final permit, being obtained based on the previous ones.	State Inspectorate for Constructions	H pays for required tax	<ul style="list-style-type: none"> ▪ H. Admin / Tech dpt ▪ Specialized company 	
7.7.	<i>Technical design.</i> The technical design must provide sufficient information for all work categories the project comprises. The law requests these details as the technical design is the main document the constructor later uses for execution. Technical design comprises written files for each design specialty and respective drawings and calculations. ET: 3 – 6 months	H. Admin / Tech dpt	H pays it out of his own funds	Specialized company	
7.8.	Construction permit. It is made up PAC documentation in order to obtain the construction permit, which is required for: new construction, reconstruction, consolidation, modification, extension,	City hall	Tax 1% of the total investment value,	▪ H. Admin / Tech dpt	

Management of infrastructure projects for hospitals in Romania
Annex IX – PCM with MH funds

Nr	Stage	Decision making	Funding	Implementation	Observation / Problems
	changing of the destination of any kind of construction		Paid by the hospital.	▪ Specialized company	
7.9.	Detail design for execution.	H. Admin / Tech dpt	H pays it out of his own funds	▪ Specialized company	▪ Practically, it is made during the construction works.
7.10.	ToR for construction works.	H. Admin / Tech dpt	H pays it out of his own funds	▪ Specialized company	
8.	Investment list submittal to MH – Budget dpt. Other documents go along: Justification note, calculus annexes, expertise report, and initial budget.	H. manager	***	H. Financial dpt.	
9.	Budget approval. Usually it is approved by May – June; yet the H knows within the first 3 months of the year in what terms the budget would be approved. The H can use the funds against a preliminary budget file. ET: < 1 month	MH – Budget dpt	***	***	Pr: Budget approved around May – June is very late; the H management doesn't have a clear picture over the availability of funds.
10.	Investment documentation submitted to MH. This documentation includes: SF, Justification note, PT and the approved budget.	MH – Invest dpt	***	H. Financial dpt.	
11.	Investment approval. MH approves the investment and issues to H an investment card. ET: < 1 month	MH	***	***	Pr: This step would be done around May-June which is very late to initiate an investment. Then, almost a half of the year it is a short period to launch the works in the same year.
12.	Public acquisition procedure for the construction works. Until the hospital receives the investment card, this procedure is already launched. ET: 2 months	H Manager	H pays it out of his funds	H Financial dpt	
13.	Selection and contracting the construction company. Selection committee decides over the most appropriate bid. ET < 2 months	Hospital	***	H evaluation committee	Pr: The lack of specialized knowledge in construction and costs of hospitals staff, members in the bids evaluation committee.
14.	Construction works start up.	Hospital	Hospital from MH funds	Construction company	Pr: If the works exceeds December, then the bureaucratic process of approving again the investment list and appropriate budget needs to be resumed.
15.	Works supervision / monitoring	Hospital	H pays it out of his funds	Supervision company	
16.	Works reception	H. manager	***	Tech / Admin dpt	Pr: The hospital staff may not have the appropriate experience and knowledge to receive the works.

Management of infrastructure projects for hospitals in Romania
Annex IX – PCM with MH funds

Nr	Stage	Decision making	Funding	Implementation	Observation / Problems
17	Environment authorization / renewal. It is obtained before the activity starts in the respective construction and it is based on an Environment balance report; it checks the implementation of the measures stipulated in the Environmental Compliance.	APM	H pays it out of his funds.		
18	Health authorization / renewal. It is obtained before the activity starts in the respective construction; it checks the implementation of the measures stipulated in the Health permit.	DSP	H pays it out of his funds.		
19	Sanitary – Veterinary authorization / renewal. It is obtained before the activity starts in the respective construction; it checks the implementation of the measures stipulated in the sanitary veterinary permit.	ANSVSA county	H pays it out of his funds.		

Acronyms used:

ANSVSA	National Agency for Sanitary Veterinary and Food
APM	Agency for Environment Protection
CS	Terms of References
DDE	Details Design for Execution
DSP	Directorate for Public Health
ET	Estimated Time
H	Hospital
Mgt	Management
PAC	Project for Construction Authorization
PCM	Project Cycle Management
PT	Technical Design
SF	Feasibility Study
TE	Technical Economic
UC	Urban Certificate

ANNEX

X

Administration contract between
Hospital and LPA

art.1.

2. Avizează statele de funcții și structura organizatorică a spitalului.
3. Urmărește respectarea încadrării în normativele de personal aprobate și în bugetele de venituri și cheltuieli aprobate.
4. Avizează, la propunerea Ministerului Sănătății și Familiei, reorganizarea și desființarea unității sanitare respective.
5. Avizează propunerile privind schimbarea profilului și a denumirii unității sanitare, în condițiile legii.

Art. 6. DREPTURILE ADMINISTRATORULUI

1. Posedă și folosește imobilul administrat, potrivit destinației sale.
2. Aprobă bugetul propriu de venituri și cheltuieli.
3. Elaborează statul de funcții, în baza bugetului propriu aprobat și cu respectarea prevederilor legii.
4. Elaborează și aplică măsurile necesare pentru utilizarea eficientă a bazei materiale și a fondurilor, în vederea creșterii calității actului medical.

VI. ÎNCETAREA CONTRACTULUI

Art.7. Contractul poate înceta ca urmare a revocării de către proprietar a dreptului de administrare, în cazul în care administratorul nu își exercită drepturile și nu își îndeplinește obligațiile prevăzute în prezentul contract.

VII. FORȚA MAJORĂ

Art.8. Forța majoră invocată cu respectarea prevederilor legale exonerează de răspundere partea care o invocă.

VIII. LITIGII

Art.9. Toate litigiile născute din aplicarea prevederilor prezentului contract se vor soluționa pe cale amiabilă, prin negocieri între părți.

Art.10. Litigiile nesoluționate pe cale amiabilă vor fi înaintate spre soluționare instanței judecătorești competente.

IX. DISPOZIȚII FINALE

Art.11. În litigiile privitoare la dreptul de administrare, în instanță titularul acestui drept va sta în nume propriu.

Art.12. În litigiile cu terți, referitoare la dreptul de proprietate, administratorul are obligația de a arăta instanței cine este titularul dreptului de proprietate. Titularul dreptului de administrare răspunde, în condițiile legii, pentru prejudiciile cauzate ca urmare a neîndeplinirii acestei obligații. De asemenea, neîndeplinirea acestei obligații poate atrage revocarea dreptului de administrare.

Art.13. Prezentul contract poate fi modificat și completat prin acte adiționale, înșușite de ambele părți.

Art.14. Prezentul contract se încheie în _____exemplare originale.

CONTRACT DE ADMINISTRARE

I. PĂRȚILE CONTRACTANTE

Municipiul Oradea prin Administratia Imobiliara Oradea cu sediul in Oradea, P-ta Unirii, nr.1, cod fiscal 21982927, reprezentata prin Mihai Groza - primarul Municipiului Oradea, Boloș Marcel - directorul executiv al Administrației Imobiliare Oradea și Marioara Rosan- șef Serviciu Juridic la Administrația Imobiliară Oradea, in calitate de proprietar

și

Spitalul de Pneumoftiziologie Oradea cu sediul in Oradea, str.Izvorului, nr.57, cod fiscal _____, reprezentata prin manager Foncea Gh. Dacian, in calitate de administrator

II. OBIECTUL CONTRACTULUI

2.1 Avand in vedere prevederile art. 1 din OG nr. 70/2002 privind administrarea unitatilor sanitare publice de interes judetean si local, Municipiul Oradea prin Administratia Imobiliara Oradea da in administrarea Spitalul de Pneumoftiziologie Oradea imobilele (clădiri și terenuri) identificate conform anexei nr.1 la prezentul contract.

III. DESTINATIA BUNURILOR DATE IN ADMINISTRARE

3.1 Bunurile prevazute la punctul 2.1 sunt date in administrare in vederea realizarii actului medical.

IV. DURATA CONTRACTULUI

4.1 Prezentul contract se incheie pentru o perioada nedeterminata incepand cu data semnarii prezentului acestuia de către ambele părți.

V. DREPTURILE ȘI OBLIGAȚIILE PĂRȚILOR

5.1. Drepturile și obligațiile proprietarului

- a) de a preda administratorului bunurile prevazute la punctul 2.1,
- b) de a verifica periodic daca administratorul foloseste bunul potrivit destinatiei sale si nu-l deterioreaza;
- c) de a aviza, in cel mult 10 zile de la data primirii, proiectele bugetelor de venituri si cheltuieli, trimise de administrator;
- d) de a aviza, in termen de 5 zile de la data primirii, statele de functii pentru unitatile sanitare publice.

5.2. Administratorul are urmatoarele drepturi:

- a) de a primi in administrare bunurile prevazute la punctul 2.1
- b) de a folosi bunurile primite in administrare in vederea realizarii actului medical.

5.3. Administratorul are urmatoarele obligatii

- a) de a folosi bunurile primite in administrare potrivit destinatiei acestora-desfășurarea actului medical;
- b) de a conserva și utiliza bunurile primite in administrare asemeni unui bun proprietar;
- c) de a suporta din bugetul propriu cheltuielile ocazionate de remedierea deteriorărilor produse din culpa sa la bunurile primite in administrare;
- d) de a permite proprietarului verificarea periodica a bunului primit in administrare;
- e) de a nu schimba destinația bunurilor primite în administrare fără hotărârea Consiliului Local Oradea;
- f) de a transmite spre avizare proiectele bugetelor de venituri si cheltuieli, conform legii;
- d) de a transmite spre avizare statele de functii pentru unitatile sanitare publice, conform legii.
- e) să solicite aprobarea Consiliului Local Oradea pentru executarea unor lucrări de reparații sau investiții la bunurile administrate;
- f) să elaboreze situatiile financiare trimestriale si anuale, potrivit reglementarilor legale in vigoare, pe care le inaintea spre avizare primarului si directiei de sanatate publica, in vederea centralizarii;
- g) de a elabora si aplica masuri de utilizare eficienta a bazei materiale si a fondurilor in vederea cresterii calitatii actului medical.

VI. INCETAREA CONTRACTULUI DE ADMINISTRARE

6.1 Prezentul contract inceteaza sa mai produca efecte juridice in urmatoarele situatii:

- a) bunurile ce formeaza obiectul prezentului contract inceteaza sa mai existe;
- b) administratorul schimba destinatia bunurilor primite in administrare, cu avizul Ministerului Sănătății, fără aprobarea Consiliului Local Oradea.
- c) administratorul nu executa obligatiile stabilite in sarcina sa prin prezentul contract.

6.2 Prezentul contract inceteaza in cazul in care proprietarul intelege sa revoce dreptul de administrare in temeiul prevederilor al.3 art. 12 din Legea 213/1998, in urma neexecutarii obligatiilor asumate de administrator.

VII. FORȚA MAJORĂ

7.1 Nici una dintre părțile contractante nu răspunde de neexecutarea în termen sau/și de executarea în mod necorespunzător total sau/și parțial a oricărei obligații care îi revine, în baza prezentului contract, dacă neexecutarea sau executarea necorespunzătoare a obligației respective a fost cauzată de forța majoră, așa cum este definită de lege.

7.2 Partea care invocă forța majoră este obligată să notifice în scris celeilalte părți în termen de 3 zile producerea evenimentului și să ia toate măsurile posibile în vederea limitării consecințelor lui.

7.3 Dacă în termen de 3 zile de la producere evenimentul respectiv nu încetează, părțile au dreptul să-și notifice încetarea de plin drept a prezentului contract, fără ca vreuna dintre ele să pretindă daune-interese.

VIII. MODIFICAREA CONTRACTULUI

8.1 Prevederile prezentului contract pot fi modificate, după o prealabilă notificare scrisă, cu acordul ambelor părți, prin act adițional.

8.2 Prezentul contract va fi adaptat corespunzător reglementărilor legale ulterioare încheierii acestuia, care îi sunt aplicabile.

IX. LITIGII

9.1 Părțile au convenit ca toate neînțelegerile privind validitatea prezentului contract sau rezultate din interpretarea, executarea sau încetarea acestuia să fie rezolvate pe cale amiabilă.

9.2 În cazul în care rezolvarea litigiilor nu este posibilă pe cale amiabilă, părțile se vor adresa instanțelor judecătorești competente.

X. DISPOZIȚII FINALE

10.1 Prezentul contract a fost încheiat în 2 exemplare , asigurandu-se cate unul pentru fiecare parte contractanta

ANNEX

XI

Quantitative survey:

Detailed results

Quantitative survey regarding the knowledge, attitudes and practices of the hospitals' managers in running infrastructure projects

April – May 2009

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GENERAL FINDINGS

INTRODUCTION

The survey was not supposed to be part in the study as per ToR, however, the consultant considered its development a strong supportive instrument in analyzing the capacities of managers to administrate the infrastructure projects. Its scope is to identify certain perception, attitudes, knowledge and practices in hospital managers.

The panel consisted in 41 managers which were tackled either face-to-face (7 of them) or were asked to self-fill in a questionnaire sent via email or fax. The Ministry of Health was informed about this undertaking and a letter was issued to the consultant to be sent in advance to the hospitals to facilitate the interviews. The consultant intend to have much more subjects, yet, certain facts hampered more responses, as the evaluation period was in place and 73 managers were replaced and no replacement had taken over the position. The panel represents 10% of the total targeted population.

The survey was carried out between 1 May – 15 June 2009.

SURVEY RESULTS

1. Number of projects vs. Socio demographic items

a) Number of projects vs. Managers' age

Most of the managers surveyed (17) are part of the age category 51-60 years (41,46% of total panel). In almost equal shares are represented the managers between 30 - 40 years (10 subjects) and 41 - 50 years (11 subjects). Only 3 managers exceeded the age of 61 years.

Most of the projects (31 – 39,7% of the 78 projects) were developed by managers within the age category **51-60 years**, followed by **41-50** (24 – 30,7%) and **30-40** (18 – 23%). It prevails the category „**over 61 years**”, with only 5 projects(6,4% of 78 projects).

Therefore, the most efficient age category is **41-50 years**, and the least efficient is over 61 years.

b) Number of projects vs. gender

Out of the 41 managers, 13 are women and 28 men.

The women developed 27 projects of 78 (34,6%), and the men 51 projects (65,4%). Thus, the managers men developed 2/3 of total. But men are twice numbered in the total panel.

When reckoning the report between the number of subjects of each gender and number of projects developed it results that **the most efficient category is the women one, which has an efficiency of 20% more.**

c) Number of projects vs. managers background

The majority of managers surveyed (29) are doctors (70,7% of total); the next professional category is the economists one(8 – 19,5%). Other professional categories have insignificant statistical shares: engineers (2 – 5%) and lawyers(1 – 2,4%). One subject didn't declare his profession.

The largest share of projects is on the doctors' side (55 projects – 70,5% of total projects). Then, the economists' one (17 projects – 21,8%) and engineers (5 – 6,4%). The lawyer didn't develop any project. Yet, the professional categories have very different shares with a net advantage for doctors (70,7%).

d) Number of projects vs. hospital type

Within the panel, the largest share is for **specialty hospitals** (36,6%), followed by **county hospitals** (29,3%), **town hospitals** (9,7%) and **general** (7,3%). Three units (7,3%) have the institute status. Yet, the panel contents 2 municipal hospitals, 1 communal and 1 private.

When the projects are reported to the number of hospitals the following rank is resulted:

1. Town hospitals: 9/4
2. County hospitals: 26/12
3. Municipal hospitals: 4/2
4. Private hospitals: 2/1
5. Specialty hospitals: 27/15
6. Institutes: 5/3
7. General hospitals: 4/3
8. Communal hospitals: 1/1

Despite the lack of statistical representativeness of the panel, our research emphasizes **the higher efficiency in projects development of those hospitals where the co-financing of LPA plays a major role.**

e) Number of projects vs. region (hospital location)

In regard to region, the largest share in the panel is for South –East (29,26%), followed by Bucharest Ilfov(21,95%). The other regions are represented with a lower number of hospitals (between 1 and 5).

When the projects are reported to each region, the following rank is obtained:

1. Muntenia south region: 5/2
2. N-W region: 12/5
3. W region: 9/4
4. N-E region:4/2
5. S-W region: 4/2
6. S-E region: 23/12
7. Bucharest – Ilfov region: 14/9
8. Center region: 7/5

Considering the lack of representativeness of the panel, a low efficiency stands in the hospitals of Bucharest Ilfov and Central regions.

f) Number of projects vs. RE owner

Almost half of the hospitals surveyed operate in buildings of **County Councils (43,9%)**. Then, it follows those where the owner is Local council (31,7%), followed by Ministry of Health (21.95%). Yet, the number of projects developed by each category varies between 2 and 34.

Reporting the number of projects for each category of owner, the following rank is obtained:

1. Private property:2/1
2. Local Council property: 25/13
3. County Council property: 34/18
4. MH property: 17/9

The higher the property type is located on particular-general axis, the lower average of projects developed per hospital; and vice-versa: the more the property is private, the higher the efficiency is.

Conclusion 1

If the panel was representative, it would be build-up a “robot-portrait” of the efficient manager in developing investment projects. In the given conditions, we can, at most, to sketch such a portrait:

The efficient manager in accessing many projects is a woman, between **41 - 50 years**, engineer background, which leads a private or town hospital, under Local Council and located in Muntenia South region or North-West.

2. Projects' value vs. socio-demographic items

a) Projects' value vs. managers' age

Most of the managers surveyed (17) are part of the age category 51-60 years (41,46% of total panel). As noticed above, the most efficient managers are in the category 41-50 years.

In regards to the project *value*, the things are different: the projects with the highest values were developed by managers in the category **51-60 years**.

Reporting the average project's value to each age category, the following rank is obtained:

1. 51-60 years, average: 2,211,764.7 euro/manager
2. 30-40 years, average: 2,000,000 euro/manager
3. 41-50 years, average: 1,427,272.7 euro/manager
4. > 61 years, average: 533,333 euro/manager

Thus, following the criteria of project value, the highest performance is for managers between **51-60 years**, followed by 30- 40 years.

Managers between 41-50 years developed the most numbered projects, but with the least value vs. the first two categories.

Managers over 61 years have the least performance – both in terms of numbers and values of the projects.

b) Projects' value vs. managers' gender

As noticed in the section (1), out of the 41 managers surveyed, 13 are women and 28 men. Also, we have seen the women developed more projects than men did. Regarding the projects' value, the rank reverses:

1. Men, average 2,003,357.4 euro/manager
2. Women, average: 1,446,153.8 euro/manager

Thus, the men-managers present higher performance in terms of projects' value, although developed, in average, less projects than women managers.

c) Projects' value vs. managers' profession

As seen in section 1, the majority of managers interviewed are doctors (70.7%); the second significant professional category is the economists' one (19.5%). The other professional categories are statistically insignificant.

In accordance with the results presented in section 1, the most efficient managers are the engineers and economists, in terms of number of projects developed. Yet, in terms of projects' value, the results are different. Reporting the average project's value to each profession category, the following rank is obtained:

1. doctors, average: 61,800,000 euro/manager)
2. engineers, average: 3.500.000 euro/manager)
3. economists, average: 637.500 euro/manager)
4. lawyers: 0

Therefore, if the engineers exceed the doctors when the efficiency is measured in terms of number of projects developed, then, the doctors are 17 times more efficient when it comes the value of the projects.

d) Projects' value vs. hospital type

The largest share in the panel is for specialty hospitals (36.6%). Further, we have seen the highest number of projects were developed by specialty hospitals and county ones. In terms of projects' value, the situation comes different: the specialty hospitals leave the first place to the institutes. Reporting the average projects' value to hospital type, the following rank results:

1. Institute, average: 5,000,000 euro
2. County hospitals, average: 2,116,666 euro
3. Specialty hospitals, average: 1,306,666 euro
4. Municipal, average: 1,300,000 euro
5. Private, average: 1,000,000 euro
6. Town hospitals, average: 325,000 euro
7. General hospitals, NA
8. Communal, NA

Therefore, the projects with the highest value were developed by the institutes, where si registered a double average value than the next one ranked.

e) Projects' value vs. region (hospital location)

AS presented above, within the panel, the largest share is roomed by SE region (29.26%), followed by Bucuresti-Ilfov, (21.95%). The region Muntenia South, NW and W developed the highest number of projects. In terms of projects' value, the efficiency top reverses: on the first place is NW region..

Reporting the average project's value to each region, the following rank results:

1. N-W region, average: 3,080,000 euro
2. Bucuresti-Ilfov region, average: 2,677,777 euro
3. S-E region, average: 2,366,666 euro
4. Muntenia South region, average: 1,350,000 euro
5. W region, average: 1,350,000 euro
6. Central region, average: 1,200,000 euro
7. N-E region, average: 750,000 euro
8. S-W region, average: 200,000 euro

Therefore, in terms of the average project's value, the highest performance is obtained by the hospitals in the region Nord-West, followed by Bucuresti-Ilfov and South-East region.

It emerges the gap between projects' number and value in regions Muntenia South and West.

f) Projects' value vs. RE owner

In accordance with data presented in section 1, the County councils are the owner for almost 2/5 of the hospitals within the panel (43.9%); then, it is followed by Local Council (31.7%) and MH (21.95%).

In terms of project's value, the highest performance is reached by the hospitals with MH as RE owner; the private hospital is on the last place. Is the private hospital on the last place in terms of project's value because a more efficient cost management?

Reporting the average project's value to RE owner, the following rank results:

1. MH, RE owner, average: 3,822,222 euro
2. Local Council, RE owner, average: 1,384, 615 euro
3. County Council, RE owner, average: 1,194,444 euro
4. Private property, average: 1,000,000 euro

Therefore, in terms of projects' value, the first place is for hospitals under MH, real estate ownership.

We have noticed few relevant differences for efficiency when one is reported to number of projects vs. value of projects, as in the following table"

Socio-demographic items	Efficient Manager type (number of projects)	Efficient Manager type (value of projects)
Age	41-50 years	30-40 years or 51-60 years
Gender	Woman	Man
Profession	Engineer	Doctor
Hospital type	Private or town	Institute
RE owner	Local Council	Ministry of Health
Region	Muntenia South or NW	NW, Bucuresti Ilfov, SW

Therefore,

- if the middle age managers (41-50) are more efficient in quantity, the younger or seniors (30-40 and 51-60) are more efficient in quality;
- if the women seem more efficient in quantity, the men present a higher performance in quality;
- if engineers are more efficient in quantity, the doctors are in quality;
- if the hospitals private and particular interests developed the largest number of projects, the hospitals which serve the general interests developed the highest value projects;
- if the hospitals with RE under local councils developed the largest number of projects, the hospitals with RE under MH developed the projects with highest value;
- the hospitals from NW region developed both the largest number of projects and the highest value ones.

Conclusion 2

With the given conditions of the panel, a "robot-portrait" might be sketched out:

The efficient manager in developing high value projects is man, between 30-40 years or 51-60, doctor and administrates an institute, with the RE ownership under MH, located in NW region.

3. Recommendations made by managers to their fellows

The 2nd question requested the managers to provide 3 recommendations they would make to their fellows in running an infrastructure project. Of 41 subjects, only 38 made 101 recommendations.

In the following list, one retained only those recommendations, which were mentioned more than 10 times. As might be notice, the highest frequency stand for need for consultancy and wish "to do something".

1. To apply for consultancy 19 times
2. Willing "to do something" (something useful for community) 14 times
3. To acquire support behalf the hospital RE owner 12 times

4. To build up a competent team 10 times

Therefore, 1/3 of total recommendations refers to the two compulsory dimensions in any performing activity: *competence and motivation*. This result would be banal unless considering the projection of own lacks and needs. For the social researchers, the projective character of this question is obvious: the present managers recommend to a virtual manager to do or to have those things they miss (or to those around them).

Conclusion 3

If we rely on the postulate of social psychology in accordance with the recommendations for the Other, being hypothetically or for real, in a similar situation reflects the own problems and dissatisfactions, it results that:

The problems the hospital managers face the most are:

- 1) *insufficient competence of hospital managers* in developing infrastructure projects;
- 2) *lack of a higher motivation of manager's collaborators*, (a motivation which would exceed the selfish interests and target the common good);
- 3) *lack of a consistent support behalf the hospital RE owner*;
- 4) *insufficient competence of project team members*.

4. Managers Involvement during Different Phases of an Investment Project Considering their Basic Profession

By question no. 3 the managers were asked to state their involvement during different phases of an investment project, as follows:

- a) By mentioning 3 phases they were/are mostly involved in;
- b) By mentioning 3 phases where their role/involvement was/is more reduced;
- c) By mentioning the most time consuming phases;
- d) By presenting the modifications, they consider that are necessary to be made during these phases in order to simplify an investment.

Further on, we have tried, in an analytical way, to determine the *specific features of each professional category involvement during different investment phases*. The results of this assessment are presented below.

a) Project phases where the managers are mostly involved

To this question the doctors gave 77 answers of a total of 111 answers (69,37%). Most of the answers (32) mention *the investment need assessment phase* (28,82).

Regarding the above mentioned phase, most of the mentions (21) are made by doctors (65,62%) of the total number of mentions, followed by economists: 8 mentions (25%), engineers: 2 mentions (6,25%), and the legal advisers have mentioned only once this phase of an investment project (3,12%).

The number of people belonging to each professional category mentioning they are mostly involved in the *investment need assessment phase* is significantly influenced by the number of managers belonging to each of these professional category, number ranging from 1 (legal advisers) to 29 (doctors).

The following ranking will result by calculating the ratio between the number of managers belonging to each professional category and the number of answers related to the *investment need assessment phase*:

- 1) economists - 8/8 (100%)
- 2) engineers - 2/2 (100%)
- 3) legal advisers - 1/1 (100%)
- 4) doctors- 29/21 (72,4%)

Thus, compared with the number of respondents of each professional category, **one can notice that the lowest percentage of managers stating they are mostly involved in the *investment need assessment phase* is related to doctors.**

b) The investment project phases where the managers' involvement was/is more reduced

Regarding this issue, the doctors give 80 answers out of a total number of 107 (74,76%, meaning a share higher than their share in the total number of surveyed professionals, which is 71%). Most of the mentions (32%) are related to the *investment need assessment phase* (28,82).

Out of the total number of answers, most of them (19) are mentioning the *phase regarding the obtaining of permits required for the investment*. (17,75% of the total number of answers)

Regarding this permit obtaining phase, most of the mentions (13) are also made by doctors (68,42% of the total mentions related to this phase). They are followed by economists with 4 mentions (21%), engineers and legal advisers, each with one mention regarding this phase (5,26%).

As the number of those belonging to each professional category, stating that their role is more reduced in the *phase regarding the obtaining of permits required for the investment* is significantly influenced by the number of managers belonging to each of these professional categories, we have calculated the ratio between the number of managers of each professional category and the number of answers related to the *phase regarding the obtaining of permits required for the investment*, thus resulting the following ranking:

- 1) legal advisers - 1/1 (100%)
- 2) economists- 8/4 (50%)
- 3) engineers - 2/1 (50%)
- 4) doctors - 29/13 (44,8%)

Thus, compared with the number of managers of each professional category, one can notice that the lowest percentage of managers stating they have a more reduced role in the *phase regarding the obtaining of permits required for the investment* is related to doctors.

Instead, it was noticed that, **the legal advisers represent the highest share of the managers stating that their role is reduced during this phase** (the only representative of this professional category has mentioned the *phase regarding the obtaining of permits required for the investment*, although his specific professional skills would have granted the legal adviser, during this particular phase, a competitive advantage. The manager with juridical educational background states that he is mostly involved regarding the following project phases: *investment need assessment phase, ensuring of the financing, and co-ordination of: technical design, CBA, bill of quantities and cost estimate*, phases that incur less juridical skills.

c) Most time-consuming project phases

To this question, the doctors give 67 answers out of a total of 99 answers (67,67%). Most mentioned (16) are the following phases: *co-ordination of: technical design, CBA, bill of quantities and cost estimate, and obtaining the permits required for the investment*, (16,16). The mentions regarding the works contracts tendering (13,13%) and ensuring of the financing (12,12%) are following.

As regarding the first ranked phases (the highest number of mentions (10 and respectively 11) are made by doctors (62,65%, respectively 68,75%) of the total number of mentions). The economists with 5 and respectively 4 mentions are following (31,25%, respectively 25%), engineers with only 1 mention regarding the *co-ordination of: technical design, CBA, bill of quantities and cost estimate phase*, (6,25%) and the legal advisers with only 1 mention regarding the phase of *obtaining the permits required for the investment* (6,25%).

Though, we have noticed that the number of people belonging to each professional category stating that the most consuming project phases are: *co-ordination of: technical design, CBA, bill of quantities and cost estimate* and *obtaining the permits required for the investment* is significantly influenced by the number of managers belonging to these professional categories.

The following ranking will result by calculating the ratio between the number of managers belonging to each professional category and the number of answers related to the following project phases: *co-ordination of: technical design, CBA, bill of quantities and cost estimate* and *obtaining of permits required for the investment*:

a) phase regarding the *co-ordination of: technical design, CBA, bill of quantities and cost estimate*:

- | | |
|----|----------------------------|
| 1) | economists - 8/5 (62,5%) |
| 2) | engineers - 2/1 (50%) |
| 3) | doctors - 29/10 (34,48%) |
| 4) | legal advisers - 1/0 ----- |

b) phase regarding the *obtaining of permits required for the investment*:

- | | |
|----|-----------------------------|
| 1) | legal advisers - 1/1 (100%) |
| 2) | economists - 8/4 (50%) |
| 3) | doctors - 29/11 (37,93%) |
| 4) | engineers - 2/0 ----- |

Thus, compared with the number of respondents of each professional category, one can notice that **the lowest percentage of managers stating that the most time consuming project phases are: *co-ordination of: technical design, CBA, bill of quantities and cost estimate*, and respectively, *obtaining of permits required for the investment* is related to legal advisers and engineers.**

As regarding the doctors, these give the highest shares of answers related to the following phases: *tendering for equipment supply* (87,5% of the mentions regarding this particular phase), *tendering for technical design, CBA, bill of quantities and cost estimate* (81,81%) and *tendering for works contracts* (69,23%). The results show that the **doctors complain most about tendering which seems to be the most time consuming phases for them**. Their perception is predictable as long as these types of activities keep them away from their practice or operating rooms, without offering them professional satisfaction; and the feeling that they “are losing their time” is almost inevitable. But, it is likely that this “tender phobia” of doctors to be explained by an absence of specific skills that would help them to reduce the time spent for this kind of activities, but it is also possible that the bureaucratic feature of this tendering process to be so pronounced that these phases would be changed into the most time consuming ones of the entire project cycle. We will try and find an answer to this alternative after we will make also other correlations.

As regarding the legal-adviser manager (the only representative of legal profession) it is paradoxical that: on one hand they state that their role is more reduced during the phase of *obtaining the required permits for the investment*; on the other hand they say that this phase is also the most time consuming one, together with *works contract tendering* and *approval of application for financing* phases. The explanation could be: either their juridical skills are deficient, or the bureaucratic features of these two activities are so pronounced, that the managers skills don't matter any longer, the activities are “eating time”! We will try and find an answer to this alternative too, after we will make also other correlations.

d) Modifications considered by managers to be salutary for simplifying the investment process

The answers to question 3-d were grouped in 9 descriptive categories.

According to the frequency criterion, the first three positions are occupied by the following modification suggestions:

- 1) More flexible tendering regulation
- 2) Simplifying of the permit obtaining process
- 3) The budget subsidy document to be received sooner from the Ministry of Health and from the public local administration bodies.

One can notice the strong correlation between the answers to question (3-d) and answers to question 3-c: *Which are the most time consuming project phases?* Regarding this, most mentions, referred to the following phases:

1-2) the *co-ordination of: technical design, CBA, bill of quantities and cost estimate* (16,16%);

1-2) *obtaining of permits required for the investment* (16,16%);

3) *works contract tendering procedures* (13,13%);

4) *ensuring the financing* (12,12%).

Except the phase regarding the *co-ordination of: technical design, CBA, bill of quantities and cost estimate*, all the other phases which are considered by managers to be most time consuming are found among their proposals to simplify the investment process.

Conclusion no. 4

The doctors represent the lowest share of managers stating that they are mostly involved during the *investment need assessment* phase and *obtaining the required permits for the investment*; the legal advisers and the engineers represent the lowest share of managers stating that the most time consuming are the following project phases: *co-ordination of: technical design, CBA, bill of quantities and cost estimate* and, respectively *obtaining the required permits for the investment*.

As regarding the most time consuming project phases, the highest share of answers are given by doctors considering the *tendering process* as most time consuming: for equipment supply (87,5% of mentions regarding this project phase), tendering for *technical design, CBA, bill of quantities and cost estimate* (81,81%) and tendering for *works contracts* (69,23%).

In conclusion,

- The managers complain about the **excessive bureaucracy related to the procedures regarding the granting of the financing approvals** as well as about **the excessive bureaucracy related to the tendering process**.
- **Most of the complaints regarding the tendering procedures are from doctors** who represent the highest share of the persons considering the tendering as one of the most time consuming project phases.
- Most of the managers' proposals are related to **a more flexible tendering and simplifying of the procedures regarding the financing approvals**.

5. Defining the Project Manager’s Competence by the Surveyed Hospital Managers

Question no. 4 asked the respondents to appraise what element of competence is more important regarding a hospital manager, so that he will be able to manage the implementation of an investment project (closed question). The respondents were offered the following 5 answer variants:

- a) Experience
- b) Project Management know how
- c) Technical knowhow (construction works, public procurement, technical equipment etc)
- d) Financial know how
- e) Leadership / Management skills

As a whole, the frequency of the answers built up the following ranking of the skills appreciated by the hospital managers:

1. Leadership	139	4,6%
2. Experience	136	4,5%
3. Project Management KH	131	4,4%
4. Financial KH	112	3,7%
5. Technical KH	101	3,4%

As regards the intensity of skills appraisal the results are presented in the table below:

	Very much	Much	Few	Very few	Grand Total
Leadership	31	8	0	1	40
Experience	24	12	4	0	40
Project Management KH	17	20	2	1	40
Financial KH	6	22	12	0	40
Technical KH	1	21	13	4	40

Therefore, 31 of the subjects (75,6% of the whole surveyed sample) appreciate “very much” the leadership skills and other 8 subjects appreciate them “ much”, together they represent more than 95% of the surveyed sample.

Further, we are presenting the results obtained following the correlation of the answers with social-demographic items: age, genre and base profession of the surveyed managers, hospital type and ranking, hospital location (development region) and its ownership.

a) Experience valuation considering respondents’ age

Most respondents appraised the *experience* “very much”(11 of them), they are 51-60 years old, but this age category is the most represented in the surveyed sample (there are 17 people of this age interval).

By calculating the ratio between the numbers of subjects of each age category who appraised *experience* „very much” the following ranking will be obtained:

1) > 61 years old: 3/3 (100%)
2) 51-60 years old: 17/11 (64,7%)
3) 41-50 years old: 11/6 (54,5%)
4) 30-40 years old: 10/5 (50%)

The above mentioned table can be completed by calculating also the respondents who appraised experience „much”:

- 1) > 61 years old: 3/3 (100%)
- 2) 51-60 years old: 17/16 (94,1%)
- 3) 30-40 years old: 10/9 (90%)
- 4) 41-50 years old: 11/9 (81,8%)

The first two rows remain unchanged, but the youngest age segment (30-40) seems to be more open to *experience* value than the average age segment (41-50).

The two above figures show an expected fact: **older the respondents, more valuating the *experience* as an ingredient of a project manager competence.**

b) Experience valuation considering respondents' professional background

The highest number of respondents appraising *experience* „very much” (28) are doctors, but this professional category is also the best represented within the surveyed sample (there are 29 of them).

By calculating the ratio between the number of subjects belonging to each professional category and the number of those appraising *experience* „very much” one will obtain the following ranking:

- 1) legal advisers - 1/1 (100%)
- 2) doctors - 29/18 (62,06%)
- 3) economists - 8/4 (50%)
- 4) engineers - 2/1 (50%)

The figure above can be completed by calculating also the number of respondents who appraised *experience* „much”:

- 1) engineers - 2/2 (100%)
- 2) legal advisers - 1/1 (100%)
- 3) doctors - 29/27 (62,06%)
- 4) economists - 8/6 (50%)

Therefore, **the valuation of experience as an ingredient of a project manager's competence does not vary depending on the respondents' base profession.** Our initial assumption is not confirmed – at least under given conditions (lack of statistical representativeness of the surveyed sample).

c) Valuation of the project management know how considering respondents' professional background

The most managers appraising *the project management know how* „very much”(12) are doctors, but this professional category is also the best represented within the surveyed sample (there are 29 of them).

By calculating the ratio between the number of subjects belonging to each professional category and the number of those appraising *project management know how* „very much” one will obtain the following ranking:

- 1) legal advisers - 1/1 (100%)
- 2) economists - 8/4 (50%)
- 3) doctors - 29/12 (41,37%)
- 4) engineers - 2/0

If we also add the answers appraising *project management know how* „much” the following results will be obtained:

- 1) legal advisers - 1/1 (100%)
- 2) economists - 8/8 (100%)
- 3) doctors - 29/27 (93,1%)
- 4) engineers - 2/1 (50%)

Practically, the ranking remains the same, but the significance of the research data is so reduced that **no conclusion can be drawn regarding the relationship between the valuation of the *project management know***

how and the respondents professional background. The initial assumption is not confirmed – at least under given conditions (lack of statistical representativeness of the surveyed sample and its reduced dimension).

d) Valuation of the technical knowhow considering respondents' professional background

It is to be noticed that, regarding this item, only one respondent (doctor) appraised the technical knowhow as „very important”. The most appraisals (14) considering the *technical knowhow* as being „important” are expressed by doctors, but this professional category is also the best represented within the surveyed sample (70%).

By calculating the ratio between the number of subjects belonging to each professional category and the number of those appraising *technical knowhow* „much”, one will obtain the following ranking:

- 1) engineers - 2/2 (100%)
- 2) economists - 8/5 (62,5%)
- 3) doctors - 29/14 (48,27%)
- 4) legal advisers - 1/0

If we also add the only answer appraising the *technical knowhow* as „very much” the following results will be obtained:

- 1) engineers - 2/2 (100%)
- 2) economists - 8/5 (62,5%)
- 3) doctors - 29/15 (51,72%)
- 4) legal advisers - 1/0

Practically, the ranking remains unchanged, but research data show, so far as they are relevant, that **engineers and economists are more open than doctors and lawyers to evaluate the technical knowhow.** Though, the initial assumption is not confirmed – it considers that these base professions are connected by a high valuation of the technical knowhow, and this is not resulting from our survey.

e) Valuation of the financial know how considering the respondents' professional background

Regarding this item it is to be noticed the low number of respondents (only 6 managers, 4 doctors and 2 economists) valuating the *financial know how* „very much”. Most of the managers appraising *financial know how* „much” (14) are doctors, but this professional category is also the best represented within the surveyed sample (70%).

By calculating the ratio between the number of subjects belonging to each professional category and the number of those appraising *financial know how* „much” one will obtain the following ranking:

- 1) engineers - 2/2 (100%)
- 2) legal advisers - 1/1 (100%)
- 3) economists - 8/5 (62,5%)
- 4) doctors - 29/14 (48,27%)

If we add those 6 answers appraising *financial know how* „very much” we will obtain the following results:

- 1) engineers - 2/2 (100%)
- 2) legal advisers - 1/1 (100%)
- 3) economists - 8/7 (62,5%)
- 4) doctors - 29/18 (62.00%)

The ranking remains unchanged, and the research data show that **the engineers and lawyers are more open to valuate the technical know how than the economists and doctors.** Our initial assumption is confirmed – at least under given conditions (lack of statistical representativeness of the surveyed sample).

What is surprising is something else: the high number of respondents (12, of which 11 doctors and 1 economist) valuating *financial know how* as being “less important”.

f) Valuation of the leadership/management skills depending on respondents' genre

As an absolute number the answers valuating at maximum the *leadership/management skills* is more than twice higher related to men (22) than women (10). Moreover, a woman manager declared that, for her *the leadership/management skills* count “very little”.

But, regarding the total number of surveyed managers: 41, the number of men is twice higher (28) than the number of women (13).

By calculating the ratio between the number of respondents of each genre and the number of those appraising *leadership/management skills* „very much” one will obtain the following ranking:

- 1) Men: 28/22 (78,57%)
- 2) Women: 13/10 (76,92%)

If we add the 8 answers valuating the *leadership/management skills* „much” we will obtain the following results:

- 1) Men: 28/28 (100%)
- 2) Women: 13/12 (92,30%)

As a conclusion, **men are most open than women to evaluate the *leadership/management skills* as an element of a project manager competence.** We do not know yet if this can be explained by „genre stereotypes” based on how they have been raised and educated or by punctual facts experienced during the investment project management process. Question 4-e did not require from the respondents a comparative appraisal (men vs. women), but we can assume that men have projected in their answers a self-image cultivated by the Romanian society (men are “natural born leaders” rather than women). At the same time, the higher valuation by men of the *leadership/management skills* can be explained by the fact that the men have sensed more than women the lack of these skills (expressed by difficulties regarding project planning, communication, resource management and objectives setting).

g) Valuation of the *leadership/management skills* considering respondents ‘profession

Most managers appraising *leadership/management skills* „very much” (23) are doctors, followed by those expressed by economists (6). But these professional categories are also the best represented within the surveyed sample (70% and respectively 19,51%).

By calculating the ratio between the number of subjects belonging to each professional category and the number of those appraising *leadership/management skills* „very much”, one will obtain the following ranking:

- 1) legal advisers - 1/1 (100%)
- 2) doctors - 29/23 (79,3%)
- 3) economists - 8/6 (75%)
- 4) engineers- 2/1 (50%)

If we add those 6 answers appraising the *leadership/management skills* „ much” we will obtain the following results:

- 1) economists - 8/8 (100%)
- 2) engineers - 2/2 (100%)
- 3) legal advisers - 1/1 (100%)
- 4) doctors - 29/28 (96.55%)

The ranking changed, and the figures of the second table show that the **economists, engineers and legal advisers are more open than doctors to valuate *leadership/management skills*.**

What is surprising is the fact that one manager (doctor) valuates the *leadership/management skills* as “ less important”.

One may assume that the doctors are less open to evaluate the *leadership/management skills* because of their personal experience: they are working *in* a hospital, *for* the hospital, *together with* the hospital personnel and thus they are seldom facing difficult situations. By working in a more “friendly” and “familiar” environment, being professionally acknowledged and respected, the doctors are less aware of the *leadership* importance.

Conclusion no. 5

The correlations between the obtained answers to question no. 4 and some social-demographic items (selected for the purpose of some working assumptions) generated the validation of some of the assumptions and invalidation of others, but also lead to “judgment suspension” related to some assumptions (which could not be tested by our survey):

- older the respondents, more valuating the *experience* as an ingredient of a project manager competence;
- the valuation of *experience* as ingredient of a manager’s competence is not variable dependent on the respondents’ base profession;
- one cannot draw a conclusion regarding the relationship between valuating the project management know how and respondent’s base profession;
- the engineers and the economists are more open than doctors and lawyers to evaluate the *technical knowhow*, but not even they value very much the technical knowhow ;
- men are more open than women to value *leadership/management skills* as an element of a project manager’s competence;
- economists, engineers and legal advisers are more open than the doctors to value *leadership/management skills*.

6. Problems Faced by Managers and Frequency of the Problems They Are Facing

Question no. 5 presented the respondents a list containing the problems likely to occur during application for financing and implementation of an investment project:

Deficient Planning

- b) Inappropriate/non-sufficient financial resources
- c) Lack of support from the top management
- d) Deficient communication between the financing institution, hospital, contractor constructor
- e) Inappropriate/Non sufficient human resources
- f) Deficient definition of roles and responsibilities
- g) Unclear objectives
- h) Ignoring the warning signs
- i) Non realistic expectations
- j) Conflicts between departments or persons

The surveyed managers were asked to show how often they have faced or/and are facing the above mentioned problems, on a 5 phase scale: *Never, Seldom, From time to time, Quite often, Very often*.

There were received 435 answers (32 non-answers), distributed as follows:

	a	b	c	d	e	f	g	h	i	j	Total answ.
Non answer	0	3	5	3	3	4	3	3	5	3	32
Never	3	3	7	1	1	9	12	10	10	5	74
Seldom	3	2	7	0	7	9	14	17	14	15	98
From time to time	13	3	8	14	16	11	11	8	7	13	103
Quite often	6	13	10	10	12	7	0	2	4	4	60
Very often	16	17	4	13	2	1	1	1	1	1	50
Total answers and non answers											467

Thus, the ranking of answers frequency and their share in the total number of the measurable answers (435) is presented below:

1. Quite often	103	23,67%
2. Very often	98	22,53%
3. From time to time	74	17,01%
4. Seldom	60	13,80%
5. Never	50	11,49%

Thus, the problems presented to the respondents via the questionnaire were well chosen, as the “very often” category is ranked on the second place and they represent 22,53% of the total number of measurable answers, followed by the “from time to time” category (17,01%). Moreover, the fact that the „never” answers have an insignificant share (only 11,49%) show the fact that when **“choosing the problems likely to occur more or less regarding all investment projects” (items a-j) was a realistic procedure based on the significant expertise of the researchers regarding the project progress.**

The fact that the “Quite often” answers are first ranked should not surprise anyone, because this is a predictable fact, according to the Gauss curve. What should surprise us should be the ranking on the second position of the “very often” answers, which, according to Gauss curve should be ranked 4th or 5th.

As regarding the intensity of appraisals, this is ranging on a scale from 1 to 5. In order to calculate the intensity of appraisals, we have used the following scores: “Never”: 1 point, “Seldom”: 2 points, “From time to time”: 3 points, “Quite often”: 4 points and “Very often”: 5 points, thus obtaining a total score for each answer category by multiplying the number of answers of each category by the number of points mentioned above.

	a	b	c	d	e	f	g	h	i	j	Product	Total points
Never	3	3	7	1	1	9	12	10	10	5	74 x 1	74
Seldom	3	2	7	0	7	9	14	17	14	15	98 x 2	196
From time to time	13	3	8	14	16	11	11	8	7	13	103 x 3	309
Quite often	6	13	10	10	12	7	0	2	4	4	60 x 4	240
Very often	16	17	4	13	2	1	1	1	1	1	50 x 5	250
Total points												1069

Thus, by comparison with the total score (1069 points) one can calculate the share of each answer category:

1. From time to time	309 p.	28,90%
2. Very often	250 p.	23,39%
3. Quite often	240 p.	22,46%
4. Seldom	196 p.	18,33%
5. Never	74 p.	6,92%

The 2nd ranked category “Very often” in this intensity table represents an alarm signal showing the existence of a **too high frequency of problems encountered by project managers on the application for financing-implementation- finalization phases of a project**. The following assessment will try to identify in what extent this is due to their managerial competence, and in what extent this is due to the institutional environment they have to interact with.

Conclusion no. 6

The fact that the answers belonging to “Very often” category are ranked on the second position regarding their frequency, that the “Never” answers are placed on the last position of the table and the “Very often” answers are ranked on the second position in the intensity table made us draw the following conclusions:

- The research results show that choosing for testing the “problems that occur related to all projects” was a realistic one;
- The project managers encounter too often different problems during application for financing and investment project implementation process.

7. Problems Encountered by Managers Considering the Social-Demographic Items

There are significant correlations between *some social-demographic items* and *the frequency the hospital managers encounter problems regarding the application for payment and investment project implementation process*.

a) Problems related to project planning

This type of problems are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, **doctors**, in **general** and **communal** hospitals, especially those located in development region **Muntenia-South** and which are owned by the **Ministry of Health**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **economists**, working in **private** hospitals (followed by the **town** hospitals), especially those located in development region **North-East** and in **privately** owned hospitals.

b) Problems related to the financing

This type of problems are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, by **engineers** (followed by **doctors**), in **municipal**, **town**, **communal**, hospitals and **institutes**, especially those located in development regions **Muntenia-South** and **South-East**, mostly related to hospitals owned by the **Local Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **41-50 years**, by **women**, by **economists**, in **private** hospitals (followed by the *specialized hospitals*) and in **privately** owned hospitals (followed by those owned by the **Ministry of Health**).

c) Problems occurred because of the top management

This type of problems are encountered „often” and „very often” mostly by managers with age ranging between **51-60 years**, by **men**, by **engineers** (followed by *doctors*) in **communal** hospitals and **institutes**, especially those located in development region **North-East**, and in hospitals owned by the **Local Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **economists**, in **private** hospitals (followed by the *county and town hospitals*), especially those located in development region **South-East**, (followed by those located in development region *West*) and in **privately** owned hospitals.

d) Problems related to communication

This type of problems are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, by **engineers** (followed by *economists*), in **institutes** and **communal** hospitals, especially those located in development region **Bucharest-Ilfov** (followed by those located in development region *Center*) and in hospitals owned by the **County Council** (followed by those owned by the *Local Council*).

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **51-60 years**, by **men**, by **doctors**, in **county** hospitals, especially those located in development region **Muntenia-South** and in hospitals owned by the **County Council**.

e) Problems related to human resources

This type of problems are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, by **engineers** (followed by *economists*), in **institutes** and **general** hospitals, especially those located in development region **North-West** (followed by those located in development region *Bucharest-Ilfov*) and in hospitals owned by the **Local Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **economists**, in **private** hospitals (followed by *town hospitals*) especially those located in development regions **West** and **South-West** and in hospitals owned by the **Local Council**.

f) Tasks defining

This type of problems are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, by **economists** (followed by *doctors*), in **communal** hospitals, especially those located in development regions **Muntenia-South** and **South-West** and in hospitals owned by the **County Council** (followed by those owned by the *Ministry of Health*).

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **51-60 years**, by **women**, by **economists**, (followed by *doctors*) in **general** and **municipal** hospitals, especially those located in development region **South-East** and in **privately** owned hospitals.

g) Clear objectives

This type of problems are encountered „often” and „very often” mostly by managers with age ranging between **51-60 years**, by **men**, by **doctors** in **county** hospitals, especially those located in development region **Muntenia-South**, and in hospitals owned by the **County Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **doctors**, in **private, municipal and town** hospitals, especially those located in development regions **West** and **South-West** and in **privately** owned hospitals.

h) Reaction to warning signals

This type of problems are encountered „often” and „very often” mostly by managers with age ranging between **51-60 years**, by **men**, by **doctors** in **communal** hospitals, especially those located in development region **Muntenia-South**, and in hospitals owned by the **County Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **engineers** (followed by *economists*), in **private** hospitals,, especially those located in development regions **North-West** and **South-West** and in **privately** owned hospitals

i) Realistic Expectations

Problems regarding realistic expectations are encountered „often” and „very often” mostly by managers over **61 years old**, by **men**, by **doctors** in **communal** hospitals, especially those located in development region **Muntenia-South**, and in hospitals owned by the **County Council**.

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **women**, by **doctors**, in **private** hospitals (followed by *general* hospitals), especially those located in development regions **South-West** and **Bucharest-Ilfov** in **privately** owned hospitals.

j) Conflicts: present or not

Problems regarding conflicts (if they are present or not) are encountered „often” and „very often” mostly by managers over **61 years old**, by **women**, by **doctors** (followed by *economists*), in **communal** hospitals, especially those located in development region **Muntenia-South** and in hospitals owned by the **County Council** (followed by those owned by the *Local Council*).

This type of problems are encountered „seldom” or „never” mostly by managers with age ranging between **30-40 years**, by **men**, by **engineers**, in **private** hospitals (especially those located in development region **West** and in **privately** owned hospitals (followed by those owned by the *Local Council*).

From the survey results presented above, one can identify two manager and hospital profiles: some of them seem “to attract problems” and some seem to be “avoided by problems”:

	Age	Genre	Base profession	Hospital type	Region	Real estate Ownership
Problems are encountered „often” and „very often”	Over 61 years old	M	Doctor	Communal	Muntenia-South	County Council
Occurrence frequency	7	9	5	7	6	6
Frequency share	46,66%	90%	50%	41,17%	60%	50%
Problems are encountered „seldom” or „never”	30-40	F	Economist	Private	West and South-West	Private
Occurrence frequency	7	8	5	8	4 + 4	8
Frequency share	63,63%	80%	50%	50%	26,66% each	80%

In presenting the above mentioned results we have found a few situations when a social- economic item appears also within the category of those who “attract problems” and within the category of those who are

“avoided by problems”. This can be explained because the other answers categories are grouped in the “From time to time” area, but this is not something abnormal. Thus, the following normal situations have been noticed:

- there are also men managers who encounter communication problems „often” and „very often”, but also men managers encountering this problem „seldom” or „never”;
- there are also managers (economists as base profession) encountering problems related to : *task defining* “ often” and “very often”, but also economists managers encountering this kind of problem “seldom” or “never”;
- the doctor managers can be divided into two categories: some of them encounter problems related to *clear objectives defining* “ often” and “very often”, and other encounter this kind of problem “seldom” or “never”;
- likewise, there are doctor managers encountering „often” and „very often” problems caused by the *non realistic expectations feature*, as well as doctor managers encountering this kind of problem “seldom” or “never”;

It is also interesting to notice that, as a rule, women managers are situated on the “appropriate side” of the “problem-no problem” axis. It is also interesting to notice that, as a rule, women managers are situated on the “good side of the problems/no problems axis” women being most present in the “seldom or never” answers category. There is though also an exception: women managers represent an important share of those stating they are facing “often” and “very often” problems *generated by the presence of conflicts*.

From the facts presented above one can conclude the following:

- the category represented by those who “ attract problems” the highest share is represented by *men managers, over 61 years old, and doctors*;
- the problems occur “ often” and “very often” in *communal* hospital, mostly those located in development region *Muntenia-South* and mostly in hospitals owned by the County Council;
- the highest share regarding the category of those “avoided by problems” is represented by *women managers, those between 30-40 years, as well as those who are economists*;
- the problems mentioned by the questionnaire occur “seldom” or “never” mainly in private hospitals, located either in development region West or development region South-West, *privately* owned hospitals.

Conclusion no. 7

In the end one can build the guiding-image of the ideal leadership:

The hospital manager most suitable to manage an investment project is a woman, between 30-40 years old, economist, managing a private hospital, located in the Western part of Romania (development regions West and South-West), privately owned.

The “ideal portrait” of the hospital is: a private one and its building being privately owned. Taking into account the fact that our survey included only one private hospital, as well as the fact that an investment project is more wanted by other hospital categories, owned by the public property, we have tried to draft the “ideal

portrait” by eliminating the private property out of the picture (in fact we have replaced, each time, the “private hospital” by the following ranked hospital):

The most suitable hospital manager to manage the implementation of an investment project is woman, between 30-40 years old, economist, managing a TOWN hospital, located in the Western part of Romania (development regions West or South-West), hospital owned by the LOCAL COUNCIL.

We present, below, also the leadership* *anti-model*:

The less suitable hospital manager to manage the implementation of an investment project is man, over 61 years old, doctor, managing a communal hospital, located in the Southern part of Romania (development region Muntenia-South), hospital owned by the County Council.

8. Institutional Communication Main Partner

Question no. 9 asked the managers to identify a liaison person, activating at the Local or County Council, for communication and/or solving the requests/problems regarding the hospital infrastructure projects. In order to facilitate the data processing, the respondents were offered the following answer variants:

- a) The person appointed by the Local/County Council, member in the hospital Board of Directors;
- b) Is there a separate department with the Local/County Council responsible for the hospitals;
- c) Directly to the general management of the Local/County Council (County Council president / mayor, vice- presidents/mayors);
- d) Certain department heads (budget/finance/investments);
- e) Some other person (please mention).

The 41 respondents gave 48 de answers. More than a half mentioned the *management* of the Local/County Council (County Council president / mayor, vice- presidents/mayors).

Of the above mentioned variants, the fewer answers (3) mentioned the *person appointed by the Local/County Council, member in the hospital Board of Directors or some other person* (these two categories of answers had each a share of 6,25%).

The fact that the Local/County Council representative in the Hospital Board is “eluded” and that there is a direct communication with the top management of the administrative institutions can be explained either by a non efficient activity of the representative, or the wish of doctors to “shorten” the bureaucratic chain of institutional communication. It is obvious that the number of answers mentioning the top management of the local administration body is almost 9 times (!) higher than those mentioning its representative in the Hospital Board.

In order to give a reasonable answer to the dilemma mentioned above, we have correlated the “communication partner” item with two social items: „hospital type” and “hospital real estate ownership”.

a) Communication partner considering the hospital type

Out of the 26 managers indicating, as communication partner the Local/County Council top management, 11 managers (42,3%) manage county hospitals, and 6 managers – specialized hospitals (23%). Considering all

* As it will be further seen, the above mentioned anti-model is in high extent accordingly to the situation described by one of the case studies included in this Report.

hospitals types, the 11 managers represent over 2/3 of the total number of county hospitals (68,75%), and the other 6 managers – 2/5 of the number of specialized hospitals (40%):

Rank	Hospital type	No of answers	% of the total no of answers
1	County	11	42,3
2	Specialized	6	23,0
3	Town	4	15,4
4	Municipal	2	7,7
5	Institute	1	3,84
6	General	1	3,84
7	Communal	1	3,84
8	Private	0	-

On the other side, among those 3 managers communicating with the Local/County Council representative in the Hospital Board, 2 of them manage specialized hospitals and 1 manages a county hospital. The communicational behavior is not homogenous related to hospital type, but one can notice the high share represented by county hospital managers communicating directly with the local public administration top management and also the high share of specialized hospital managers who are doing the same thing.

b) Communication partner considering the hospital real estate ownership

According to the above mentioned criterion, the 26 hospitals with managers communicating directly with the local public administration top management are ranked as follows:

1. County Council ownership– 13
2. Local Council ownership – 10
3. Ministry of Health ownership – 3

To these figures one should add the 10 managers communicating directly with the *department heads (budget/finance, investment)* of County Council or Local Council.

Considering the criterion of real estate ownership, the hospitals managed by these managers are ranked as follows:

1. County Council ownership – 6
2. Local Council ownership – 2
3. Ministry of Health ownership – 2

One can say that the *County Council or Local Council special departments for hospitals* do not act as privileged communication partners, as they are mentioned only by 4 answers (8,33%), given by the managers of 2 hospitals owned by the County Council and by managers of 2 hospitals owned by the Local Council.

If we add up the answers indicated as privileged communication partner the top management of public local administration institutions (County Council presidents/vice presidents, mayors/vice-mayors, and heads of the budget/finance/investments departments) we will obtain the results presented by the following table:

Rank	Hospital type	No of answers	% of the total no of answers
1.	County Council	19	39,58
2.	Local Council	12	25,00
3.	Ministry of Health	5	10,42
Total and%		36	75

Thus, regarding the privileged communication partner for requests and problem solving, **3/4 of the answers mention the management of the County or Local Councils.**

For the managers who gave 45 answers (93,75%), **the person appointed by the County or Local Councils in the Hospital Board „useless”,** and for the respondents giving other 44 answers (91,66%), **the departments created especially for hospitals, within the County/Local Councils are useless.**

Conclusion no. 8

The institutional communication between hospitals and public local administration departments created for this purpose is not functional. In this respect, one may notice the following:

- The hospital managers predisposition for direct communication with the top management of the local public administration seems to have no connection to the type of hospitals they are managing;
- Instead, the managers preference for “top management communication” may be explained by the fact that the hospitals they are managing are owned by county and/or local councils. (86% of the cases).

9. Information Sources regarding Structural Funds

„Have you found about the availability of structural funds for hospitals?” – this was question no. 10. In case of an affirmative answer, the respondents were asked to mention also the information source.

Out of the 41 surveyed managers, 39 stated they have found about structural funds for hospitals, and as regarding the information source, most of them, (17) mentioned the media (including the internet), this representing 43,58% of the total number of persons admitting they have found about the funds. On the last position, with only one mention regarding the information source was situated the Regional Development Agency, and it was mentioned by only one manager (county hospital, subordinated to the Ministry of Health, located in the development region North West). The following position, with only 2 answers is related to the special department of the city hall as information source (5,1%), answers given by specialized hospitals managers, one of the hospitals is subordinated to the Local Council, the other hospital to the Ministry of Health, one is located in the development region North-West, the other one in development region South-East.

a) Information source regarding Structural Funds considering the type of the hospital

The fact that a half of the managers who have found about structural funds from the County Council are managing county hospitals seems to be something normal. It is also normal that 1/3 of the managers of the county hospitals included in the surveyed sample (a total number of 12) get informed via the County Council, of which we are presenting below the most significant data:

On the other hand, **it is not normal that almost ½ of the county managers hospitals, hospitals included in the surveyed sample (5 out of 12) get informed from the media regarding such an important issue.** This shows that something is not functioning properly regarding the institutional communication related to Structural Funds...

Hospital type Source	institute	private	commune	general	county	municipal	town	specialized	Total
County Council					4		2	2	8
Media, internet	3		1	3	5	1		4	17

b) Information source regarding Structural Funds considering the hospital ownership

As regards the ranking of hospitals considering its real estate ownership, the situation is amazing, as well. It seems normal that the 6 of the 8 managers who got informed via the County Council to represent hospitals owned by the County Council itself, **but it is abnormal that more than a half of the County Council owned hospitals (7 of 12) to find about the existence of structural funds from...the media.**

Source \ Owner	County Council	Local Council	Ministry of Health	Private	Total
Media, internet	7	5	5		17
County Council	6	2			8

c) Information source regarding Structural Funds considering the development region (hospital location)

As regards the administrative-territorial distribution of hospitals the table below presents the fact that, in development regions Bucharest-Ilfov, Muntenia-South, North-East and South-West, the County Councils has not been acting as information source for hospitals.

What is even more serious, and quite strange, is the fact that, in all the development regions **the Regional Development Agency is not the primary information source regarding the Structural Funds.** The only exception that improves a little bit the table below is the development region North-West.

Source \ Region	Buch.-Ilfov	Center	Muntenia-South	N-E	N-W	S-E	S-W	W	Total
Media, internet	6			1	2	5		3	17
County Council		3			1	3		1	8
Regional Development Agency					1				1

Conclusion no.9

As we have seen in the previous paragraph, the institutional communication is deficient. There were two consequences discovered by this research:

- The hospital managers do not interact with specialized bodies within an institutional frame or by virtue of some institutional roles, they interact rather with some *persons* (president-vice presidents of County Councils, mayors, vice-mayors, heads of the budget/finance or investment departments) who become communication persons by virtue of some inter-personal relationship and by using more or less *informal* communication routes;

- As a surrogate solution, the information via the *media* is an alternative to the institutional communication – not necessarily to be blamed, but superficial (random, insufficient and without long lasting effects).

10. Expressing the Intention to Draft an Application for Financing from Structural Funds

The last question of the questionnaire asked the respondents whether they intend to draft an application for financing from structural funds hospital related investments. They had to choose among the following answer variants:

- The hospital is included on the Ministry of Health list containing 15 hospitals
- The application has been already submitted
- Drafting of the application is close to finalization
- The opportunity of an application for financing was only discussed with the County/Local Council
- This opportunity has not been discussed

Out of the total number of surveyed managers (41), only 35 answered to the above mentioned question – but this means not necessarily that the recorded 6 non-answers are equivalent to “I don’t know”, but they might mean exactly this (it is certain for 2 answers out of the 6: the 2 managers who did not know about the existence of financing for hospital investments from structural funds).

Almost half of the ones who answered this question (17 out of 35) said that, for the time being, the “opportunity of an application for financing was only discussed with the County/Local Council”.

The good news is that 5 managers say that “the application for financing has been already submitted” and other 4 stated that “drafting of the application for financing is close to finalization”. Thus, in 9 of the cases the things “have started” (1/5 of the total number of the surveyed hospitals). Moreover, the managers of 3 county hospitals reported that their hospital is “on the list containing the 15 hospitals owned by the Ministry of Health”. Unfortunately, in 6 of the cases, “the opportunity has not been discussed”. Other 6 managers (among them the manager of the only private hospital contained by the surveyed sample) did not even answer to this question.

The following table presents the answer distribution by the five answers categories:

Answer category	No. of answers
a) The hospital is included on the list containing the 15 hospitals owned by the Ministry of Health	3
b) The application for financing has been already submitted	5
c) Drafting of the application is close to finalization	4
d) The opportunity of an application for financing was only discussed with the County/Local Council	17
e) This opportunity has not been discussed	6
Total	35

Further on, we will see how the answers are distributed by three criteria: *hospital type, hospital building owner and hospital location*.

a) Intention for drafting an application for financing considering the hospital type

The most advised answers are from managers of **county** hospitals (12), followed by **specialized** ones (11). 3 hospitals which have started the procedures are included among each hospital type (the application has been submitted or is close to finalization), but their share in the total number of hospitals is different from one type to the other: 25% in the case of county hospitals and 20% in the case of the specialized ones.

We present, in the table below, the distribution of the „optimistic” answers (items b and c):

Answer category	institute	private	commune	general	county	municipal	town	specialized	No. of answers
The application for financing has already been submitted				1	1	1		2	5
Drafting of the application for financing is close to finalization					2		1	1	4
Total hospitals	3	1	1	3	12	2	4	15	41

b) Intention for drafting an application for financing considering the hospital ownership (real estate)

As we have already noticed, regarding 9 hospitals (22%) out of 41 included in the survey sample the things have already started. The distribution of the 9 hospitals considering their ownership is very simple: 5 of them are owned by the **County Council** and 4 of them are owned by the **Local Council**.

We present, in the table below, the distribution of the 9 hospitals considering the ownership:

Answer category	County Council	Local Council	Ministry of Health	Private	No of answers
The application for financing has already been submitted	2	3			5
Drafting of the application for financing is close to finalization	3	1			4
Total hospitals	18	13	9	1	41

On the last position of the ranking are situated the hospitals whose managers declared that “the opportunity of an application for financing was only discussed” or even less, “the opportunity has not been discussed”. There are a total of 23 answers of this kind, and their distribution considering the ownership is the following:

Answer category	County Council	Local Council	Ministry of Health	Private	No of answers
The opportunity of an application for financing was only discussed with the County/Local Council	8	6	3		17
This opportunity has not been discussed	2	2	2		6
Total hospitals	18	13	9	1	41

The above tables show paradoxical results: for instance, the fact that the hospitals that have started the procedures are belonging to the hospitals owned by the County or Local Council type does not mean at all, that the hospitals of this category are in an advanced phase of application for financing; on the contrary the second table shows that most of the hospitals where “it was only discussed” or “it was not discussed” (a total number of 23) are also belonging to this type of ownership: 18 hospitals, meaning 78% of the total number where the procedures have not been started.

This is the reason why, in order to obtain a ranking of hospitals as realistic as possible, according to their “reaction speed” we have used again the data moderation procedure, calculating the ratio between the number of hospitals of each type and the number of “optimistic answers”:

1. Local Council ownership: 13 / 4 answers (30,76%)
2. County Council ownership: 18 / 5 answers (27,77%)
3. Ministry of Health ownership: 9 / 0 answers
4. Private ownership: 1 / 0 answers

By calculating the ratio between the number of hospitals of each type and the number of hospitals “where nothing is happening”, we will obtain the following ranking of passivity:

1. Local Council ownership: 13 / 8 answers (61,53%)
2. County Council ownership: 18 / 10 answers (55,55%)
3. Ministry of Health ownership: 9 / 5 answers (55,55%)
4. Private ownership: 1 / 0 answers

Thus, **even the most reactive hospitals and the most passive ones are belonging to the hospitals owned by the Local Council**, this fact shows that not in all areas of Romania, the local councils are equally available to proceed with the applications for financing for hospitals. We will notice this in the following paragraph where we will assess the correlation between the intention for drafting an application for financing and the location of the hospital.

c) Intention for drafting an application for financing considering the location of the hospital (development region)

The distribution of answers by region shows that most of the non answers are received from managers of hospitals located in development region **Bucharest-Ilfov**, most reactive hospitals are located in development region **South-East** (5 of the 9 hospitals where the procedures have been started), but the largest number of hospitals where “nothing is happening” are located in the same region (6 of 22).

The table below presents the hospitals managers’ answers distribution by development region:

Hospital where “works have been started”

Answer category	Buch.-Ilfov	Center	Munt.-South	N-E	N-W	S-E	S-W	W	No. of answers
The application for financing has already been submitted					1	4			5
Drafting of the application for financing is close to finalization		1				1	1	1	4
Total hospitals	9	5	2	2	5	12	2	4	41

Hospitals where “nothing is happening”

Answer category	Buch.-Ilfov	Center	Munt.-South	N-E	N-W	S-E	S-W	W	No. of answers
The opportunity of an application for financing was only discussed with the County/Local Council	4	3	1		2	4	1	2	17
This opportunity has not been discussed	1			1	1	2		1	5
Total hospitals	9	5	2	2	5	12	2	4	41

In order to realistically assess the activity and reaction speed, we have calculated the ratio between the number of hospitals located in each region and the number of answers of each category:

Hospitals where the “works have been started”

1. Region S-E: 12/ 6 answers (50%)
2. Region N-W: 5 / 1 answer (20%)

Hospitals where “nothing is happening”

1. Region W: 4 / 3 answers (75%)
2. Region S-E: 12 / 8 answers (66,66%)
3. Region Center: 5 / 3 answers (60%)
4. Region N-W: 5 / 3 answers (60%)
5. Region Bucharest-Ilfov: 9 / 5 answers (55,55%)
6. Region Muntenia South: 2 / 1 answer(50%)
7. Region N-E: 2 / 1 answer (50%)
8. Region S-W: 2 / 1 answer (50%)

Thus, most of the hospitals with *high reaction speed* are located in **Region South-East**, but these are only half of the number of possible cases (6 of 12). Vice versa, the most “*lazy*” hospitals are located in **Region West** (3 hospitals of 4 surveyed hospitals).

Conclusion no. 10

Only 1/5 of the surveyed hospitals have started the application for financing procedures.
◆ the most “diligent” hospitals are the county ones and the specialized ones ; the “laziest” ones are the communal hospitals and the institutes ◆ The highest share of diligent hospitals include those located in development region South-East and the laziest in region West.

GENERAL CONCLUSIONS

Number of applications for financing

The largest number of efficient managers initiating an application for financing are *women, managers between 41 and 50 years old, engineers* and those managing a *privately owned* hospital or a *town* hospital subordinated to the *Local Council*, located in development regions *Muntenia-South* or *Nord-West*.

Value of the investment projects for which applications for financing have been elaborated

As regarding the value of contracts, doctors are 17 times (!) more efficient than engineers.

The most efficient managers regarding the applications for financing of high value projects are *men, managers between 30-40 years old or 51-60 years old, doctors*, those managing an institute subordinated to the Ministry of Health located in the development region North-West, and eventually in regions *Bucharest-Ilfov* or *South-West*.

Recommendations hospital managers would make to a non experienced manager

The problems on which the hospital managers would warn about other managers are:

- 1) *non sufficient hospital managers’ competence* regarding the drafting of an application for financing and investment project implementation cycle;
- 2) *lack of an elevated motivation of people around the manager, those who are collaborating with the manager during the drafting of an application for financing and investment project implementation cycle* (motivation that should surpass the selfish interest and to be directed to the common welfare);
- 3) *absence of a consistent support from the hospital owner*;
- 4) non-sufficient competence of collaborators (members of the project team)

Managers involvement during different investment project phases

The lowest share of managers stating that the *technical design, CBA, bill of quantities and cost estimate* project phase is most time consuming, and the engineers represent the lowest share of managers stating that the phase regarding the obtaining of permits for the investment is most time consuming.

Most complaints are received from doctors considering the *tendering process* as most time consuming project phases for them. This could be explained, in the doctors' case, by lack of specific skills but also because of the bureaucracy related of these activities which are lasting more than necessary.

Mostly the managers complain about the excessive bureaucracy related to the procedures regarding the granting of the financing approvals as well as about the excessive bureaucracy related to the tendering process. Most of the managers' proposals are related to a more flexible tendering and simplifying of the procedures regarding the financing approvals.

Defining the project manager's competence

Valuating of some skills and abilities depend on some social-demographic items, but not on all of them:

- older the respondents, more valuating the experience as an ingredient of a project manager's competence;
- the base profession of respondents does not influence at all the appraisal of either the *experience* or the *project management know how* as project manager's competence ingredients;
- engineers and economists are more open than doctors and legal advisers to evaluate the *technical knowhow*, but they are not very much valued not even by them;
- man are more open than women to evaluate the *leadership/management skills*;
- the economists, the engineers and legal advisers are more open than doctors to evaluate the *leadership/management skills*;

Problems encountered by managers and problem frequency occurrence

The most suitable hospital manager to manage the implementation of an investment project is woman, between 30-40 years old, *economist*, managing a private hospital, located in the Western part of Romania, whose privately owned (if there were not private hospital this hospital would be a *town* hospital, owned by the Local Council).

The less suitable hospital manager to manage the implementation of an investment project is man, over 61 years old, doctor, managing a communal hospital, located in the Southern part of Romania (development region Muntenia-South), hospital owned by the County Council.

Institutional communication partners

The institutional communication is deficient, immature, with no standards or standardized procedures. The hospital managers have a predisposition for direct communication with the top management of the local public administration, but this seems to have no connection to the type of hospitals they are managing. Instead, the managers' preference for "top management communication" may be explained by the fact that the hospitals they are managing are owned by county and/or local councils. (86% of the cases).

Information source regarding the Structural Funds

The Regional Development Agencies are not a primary information source regarding the Structural Funds (except Regional Development Agency of region North-West).

The under-developed level of institutional communication has two consequences:

- hospital managers do not interact with specialized bodies within an institutional frame or by virtue of some institutional roles, they interact rather with some *persons* (president-vice presidents of County Councils, mayors, vice-mayors, heads of the budget/finance or investment departments) who become communication persons by virtue of some inter-personal relationship and by using more or less *informal* communication circuits;
- an alternative to the institutional communication – not necessarily to be blamed, but superficial (random, insufficient and without long lasting effects).

Intention for preparing an application for financing from Structural Funds

Only 1/5 of the surveyed hospitals have started the application for financing from Structural Funds.

The most “*diligent*” hospitals are the county ones and the specialized ones; the “*laziest*” ones are the communal hospitals and the institutes.

The highest share of diligent hospitals include those located in development region South-East and the laziest in development region West.

The graphs below shows the value of the Indicators on infrastructure projects against managers' age, gender, professional background and country regions

Figure 1 – Average value of the infrastructure projects vs. country regions

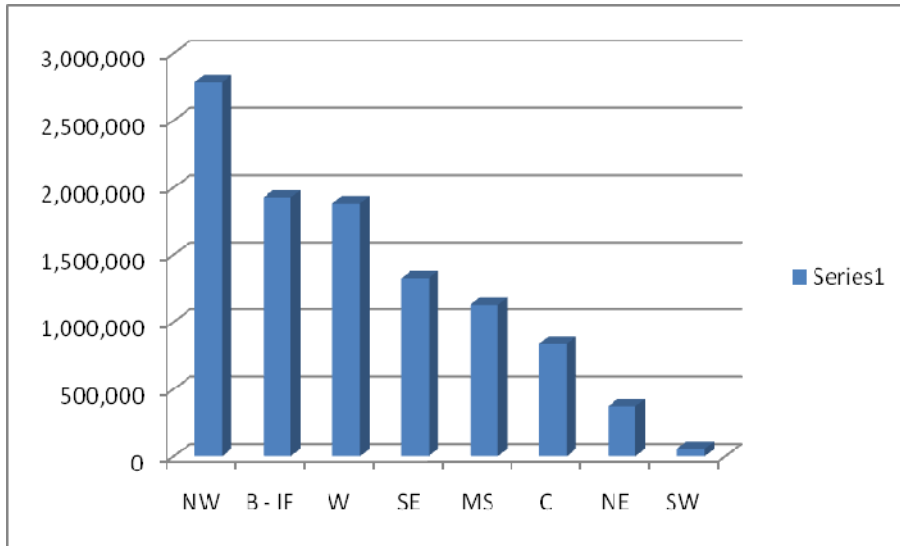


Figure 2 – Average value of the infrastructure projects vs. age

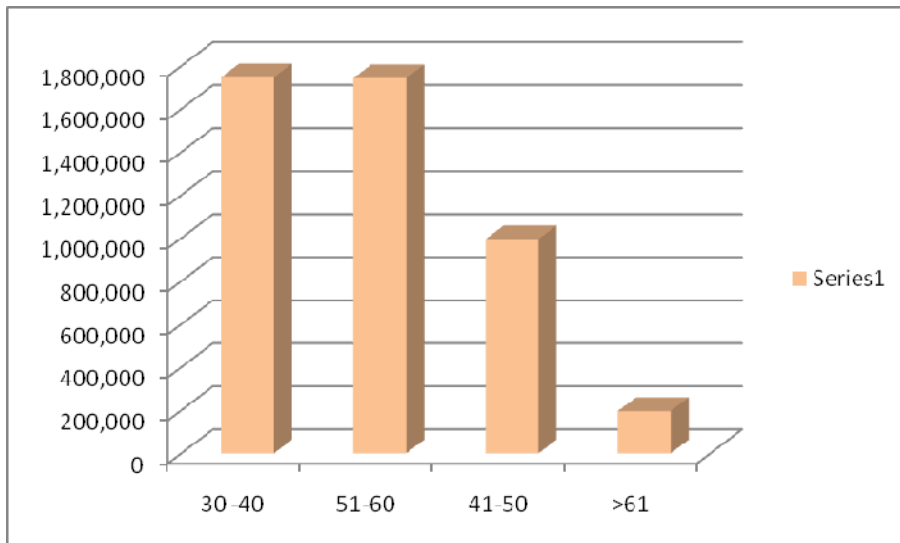


Figure 3 – Average value of the infrastructure projects vs. professional background

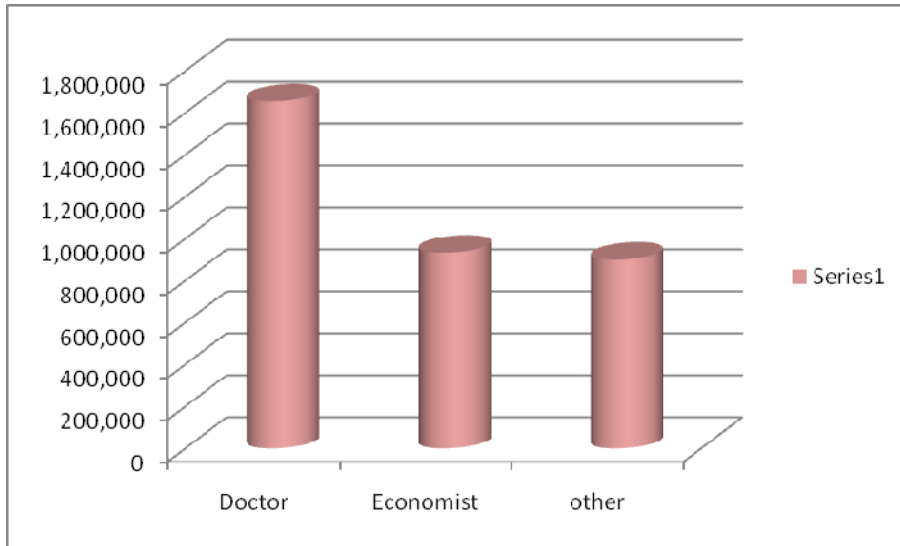


Figure 4 – Average value of the infrastructure projects vs. gender

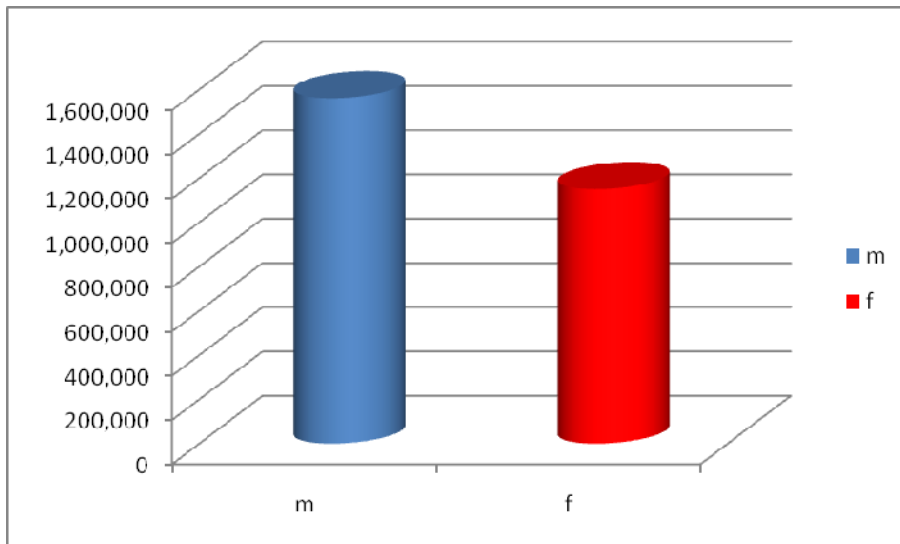


Table 1 – Problems in administrating infrastructure projects vs Hospital type

Hospital	Funding	Planning	Communication	HR	avg
Institute	4.67	3.3	3.7	4	3.9
Communal	5	4	4	3	4
General	4	4	2.7	3.7	3.6
County	4.25	3	3.5	3.1	3.5
Municipal	4.5	3.5	3	3	3.5
Town	4.5	2.25	2.5	2	2.8
Specialty	2.89	2.1	2.1	2.7	2.5

Table 2 – Problems in administrating infrastructure projects vs Region

Region	Funding	Planning	Communication	HR	avg
B - IF	3.9	2.7	2.9	3.6	3.3
Centre	4	2.8	3	2.2	3
Munt. S	5	4	4.5	3.5	4.3
NE	2	1	2	1.5	1.6
NW	4.2	3.2	2.8	3.6	3.5
SE	3.2	2.7	2.5	2.8	2.8
SW	4.5	2	3	3	3.1
W	4	2.7	2.7	2.5	3

Table 3 – Problems in administrating infrastructure projects vs Manager's age

Manager's age	Funding	Planning	Communication	HR	avg
31-40	2.8	2.1	2.2	2.6	2.4
41-50	3.6	2.9	2.81	3	3.1
51-60	4.2	2.8	3	3	3.3
>61	4.3	3.7	3.7	3.7	3.9

Table 4 - Problems in administrating infrastructure projects vs Real Estate owner

RE owner	Funding	Planning	Communication	HR	Avg
CC	3.7	2.8	3	2.7	3.1
LC	4.25	2.7	2.7	3.2	3.2
MH	3.4	2.7	2.4	3	2.9

Questionnaire for managers of public hospitals regarding their knowledge, practices and experience in managing hospital infrastructure projects – quantitative version

Good morning,

WE kindly request you to answer the following questions. These questions are part of a study on the management of hospitals' infrastructure project in Romania. The project is funded by European Commission.

Your answers would help the project's team to better understand the reality, as it is now, over the institutional framework in which the hospitals' managers act today when an infrastructure project is developed in their hospitals.

We go through the questionnaire by mainly, approaching the management of hospital infrastructure project as well as relevant budgets.

1. What more important value projects were carried out within the hospital since you are a manager?

Project	Aprox value (euro)	Project initiated by You. (Y / N)	Project taken over (Y/N)
a)			
b)			
c)			

2. What recommendations would you do for a hospital manager not so experienced in investments projects

- a) _____
- b) _____
- c) _____

3. In the following there are listed down the main steps in carrying out a an investment project.

- a). Assess the investment needs
- b). Identify the Funding source
- c). Coordinate the development of Technical Economic (TE)documentation (Feasibility study, Technical Design, required surveys etc)
- d). Obtain the required investment permits
- e). Budget development
- f). Public Acquisition procedures of TE doc.
- g). public acquisition procedures for construction works.
- h). public acquisition procedures for equipment
- i). obtain the funding approvals, depending on management from DSP, MH, CC / LC.
- j). construction works
- k). works reception

f) Specify 3 steps where you are most involved: _____

g) Specify 3 steps where your role is reduced: _____

4. To manage an investment project, how much it depends on.....?

	Very much	Much	A little	Not much	Don't know
Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Knowledge on project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Technical knowledge (construction, public acquisition, equipment etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Financial knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Aptitudes / skills on management

5. In any project the problems listed below occur. How often happened to you to face these problems?

	Never	Rarely	From time to time	Often	Very often
e) Problems in planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Inappropriate/not sufficient funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Lack of support from superior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Lack of communication between donor, hospital, constructor, other suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Inappropriate/not sufficient human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Lack in defining the roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Unclear objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Ignore the warning signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Not realistically expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Conflicts between departments and persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What hospital departments are involved in carrying out an investment?

7. To what extend do you agree with the following statements:

	To a very large extend	To a large extend	Sort of	To a small extend	To a very small extend
The manager of a public hospital develops the budget for an investment project in hospital infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The manager of a public hospital manages the budget for an investment project in hospital infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The manager of a public hospital verifies the budget for an investment project in hospital infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The budget for an investment project in hospital infrastructure is developed by the financial department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The manager of a public hospital must interpret the budget proposed by the financial department or by the company providing a feasibility study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge obtained during compulsory training allows the manager of the public hospital to develop/assess an investment budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The manager of the public hospital must only approve the budget, without an involvement in its development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Generally speaking, in your hospital, who **initiates** the proposal/proposals for investments in hospital infrastructure:

- a. The hospital manager
- b. The County/Local Council

- c. The Directorate of Public Health
 - d. The Ministry of Health
 - e. The hospital's board of trustees
 - f. Other (please specify):
9. As a manager, who do you call from the County/Local Council to communicate/solve requests/problems regarding projects of hospital infrastructure:
- a. The person designated by the County/Local Council in the hospital's board of trustees
 - b. There is a separate department for hospitals within the County/Local Council
 - c. Directly the general management of the County/Local Council (president/mayor, vice-presidents)
 - d. Certain department managers (budget/finances, investments)
 - e. Other (please specify):
10. Are you in line with the existence of structural funds for hospitals?
- a. Yes. Information source _____
 - b. No.
11. If yes, is there an intention to apply for these funds?
- a. The hospital is included in the 15 of MH;
 - b. An application was submitted;
 - c. An application is to be completed;
 - d. One's been discussed with CC / LC the opportunity to apply for these funds;
 - e. One's been no discussion for the moment

Statistical data:

- 1. Age _____ ;
- 2. Gender _____ (M / F)
- 3. Background _____ (medic, economist, jurist)
- 4. Hospital _____
- 5. Hospital type _____
- 6. Real estate owner _____
- 7. Hospital subordinated to _____

ANNEX

XII

The Managers’ capacity evaluation

The analysis of the managers’ general capacities is centralized in the table 1 (below), including the consultant’s analysis, managers’ and LPA representatives’ perception over the importance of the respective capacities. The consultant’s view is presented on the same scale from 1 to 5¹, where 1 stands for “very low” and 5 for “very high”.

Table 1 – Appraisal of managers’ general capacities

General Capacity	Existed*	Managers’ perception on importance	LPA representatives’ perception on importance
1) Leadership	2.9	4.7	4.7
1.1.) Achievements	1.5		
1.2.) Motivation	2		
1.4.) Energy	4		
1.6.) Knowledge of the business	4		
2) Experience	2	4.5	4
3) Project management know-how	2	4.3	4.7
4) Financial knowledge	1.5	3.8	3.7
5) Technical knowledge	1	3.4	3.7
Final appraisal	1.9		

*Column “existed” represent the consultant’s appraisal.

The final appraisal indicates the general capacities of the managers to administrate a complex infrastructure project tend to be from **low to very low**.

¹ 1 = very low, 2 = low, 3 = middle, 4 = high, 5 = very high

COLOPHON

Client	: DG Regio – European Commission
Project	: <i>Management of infrastructure projects for hospitals in Romania</i>
Implementer	: Romair Consulting ltd and Romtens Foundation
Report	: Final Report
Length of report	: 224 pages
Coordinator	: Dragos Alexandru
Authors	: Mihaela Haratau, Silvia Florescu, Dumitru Bortun, Eugenia Bratu
Project team leader	: Prof. Dr. Adrian-Streinu Cercel
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