

## STANDARD PROJECT FICHE

as part of

Transition facility programme for Romania

Supporting the interoperability of Occupational Health Services for indicators standard data bases management of workers' health, safety and environment

### 1. Basic Information

1.1. CRIS Number: 2007/19343.03.01

1.2. Title: *Supporting the interoperability of Occupational Health Services for indicators standard data bases management of workers' health, safety and environment*

1.3. Sector: Health

1.4. Location: Romania

1.5. Duration: 12 months

### 2. Objectives

#### 2.1. Overall Objective:

To support the interoperability network of occupational health and safety providers in order to include workers in the active economic life cycle

**2.2. Project purpose:** To improve the quality of occupational health practice using research information, which is based on integrate management of occupational health and work environment

#### 2.3. Justification

##### Justification according to the Comprehensive Monitoring Reports

According to the **Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania** issued by the Commission in May 2006, the areas in which there is still a need for progress are: "health and safety at work", "public health", "equal treatment of women and men", "labour law". The report states that: "Efforts need to be maintained to achieve full implementation and enforcement of the legislation and to further strengthen the administrative capacity in these areas."

The **Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania**, issued by the Commission in September 2006 points out the following areas, where progress is still needed: "social policies and employment including public health, [...], financial management and control of future structural funds [...]."

Regarding the treatment of people with disabilities and mental healthcare, the September 2006 CMR, underlines that limited progress has been made and further action is needed. One can realise the importance of this sector for Romania as: "The National Authority for People with disabilities has recently allocated funds to NGOs for setting up services for disabled persons. 18 social services are under preparation, such as for training and professional integration, respite care centres and protected dwellings."

The Report recommends the following: "As regards disability, promotion of quality services for disabled persons, i.e. creation of community-based alternative services as well as increased access to employment and education now need to become a clear priority".

### 3. Description

#### 3.1. Background and justification:

##### Romanian legislation (laws) in force at 01.01.2007

There is still a considerable amount of work to do on health and safety in Romania in order that the Government of Romania can meet its Treaty obligations. These obligations relate to the aquis and to its enforcement arrangements.

The Ministry of Public Health, under the Law for safety and health at work no. 319/2006, which fully transposes the Framework Directive 391/89, should manage the occupational medicine/health system at national/regional/county level.

Ministry of Public Health, under the Law for sanitary reform no. 95/2006 should develop the occupational health standards and in force the requirements for health at work.

The Ministry of Labour, Social Solidarity and Family has responsibilities in protective services, employees' training in workplaces safety matters under the Law for safety and health at work no. 319/2006.

According to the Romanian legislation (*see annex 4*) that fully transposed European directives concerning safety and health, the employers have to organize an appropriate occupational health/medicine services access for their healthy or disabled employees, in equal bases approach.

##### Results and recommendations from other programmes, financed by EU Commission under Phare mechanism during the period of negotiation

Ministry of Public Health is the beneficiary of the project Phare 2003/005-551.04.07.01 EuropeAid/119644/D/SV/RO "*Improvement of the efficiency of occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk*".

This project developed units for promotion and communication in occupational health field in Institutes of Public Health, Authority of Public Health, and Clinics of Occupational Diseases **without** appropriate informatics application for workers' health management indicators.

This program was running for **one year** and the training of specialist covered **only some modules** and **210 occupational health and safety professionals**. The training is need to **cover all the professionals (about 3000 on national level)** in occupational health and safety from the multidisciplinary team for a good practice in occupational health.

Comprehensive recommendation for future actions (2007 – 2010) was to **carrying out of national surveys representative of all workplaces and occupations and examining of the occurrence, distribution and levels of occupational health and safety, environment and psychological hazards** and thus identifies priority problems.

At the same time, the **main recommendations** for further development and future linked actions are:

LB

- Technical Assistance to establish the National Institute for Occupational Health for Romania
- Reform of the Graduate & Postgraduate Short & Long-Term System of Education of Occupational Health Professionals in Romania
- Continuation of the short-term multidisciplinary training programme for OH professionals
- Implementation of the Pilot Programme for MOHSS (via the Occupational Health Department at the Public Health Institute in Bucharest)
- Implementation of good occupational health guidelines for occupational health services in Romania
- National & Regional Campaigns for the Promotion of Occupational Health and Safety
- Development and promotion of ethical approach for OHS specialists
- Developing healthy work environments through elaboration of health-based criteria for construction
- Development of healthy work practices and promotion of health at work
- Establishment of support services for occupational health
- Development of occupational health standards based on scientific risk assessment
- Establishment of registration and data systems development

Other recommendations refer to the creation of:

- a **web- based system** of occupational medicine/health information containing a database of occupational diseases, work-related disease and work-related injuries, as much as possible sectorial. The website should be free and accessible to everyone. An interactive part of the website where through Forums people can exchange experiences and best practices would help motivate and activate citizens.
- **on-line electronic communication network** of the Ministry of Health (Public Health Division, with the Occupational Medicine Departments within the 42 PHAs, 4 PHIs and 2 PHCs) with the Employers' Associations/Ministry of Labour/National Institute of Statistics/Union Trades.

The experts also underlined that: "In the case of persons that work in more places, it is necessary to have an overall assessment of the risks that the different workplaces face (that can be carried out through the experience of investigators, by carrying out an analysis of the exposure over time in similar circumstance), with the time spent in those particular workplaces. This type of assessment will be more important, once labour flexibility will be increased in the future, which will involve the need to have a register of the taken workplaces."

This project will follow the recommendations to ensure there is no overlapping with the previous project, which was the only one in the field of occupational health and safety in Romania.

The guideline for good occupational health practice must be further developed for disabled workers.

The Ministry of Labour and Social Solidarity and Family is the beneficiary of Phare RO/04/IB/SO/01 "*The implementation of the harmonised legislation in the field of occupational safety and health in small and medium size enterprises*". Ministry of Public Health had no benefit from that program and the data for health indicators management are missing for this sector

The Ministry of Labour and Social Solidarity and Family was the beneficiary of Phare Twinning Romania – France no. RO/99/IB/OT01 "*Development of a Surveillance System of*

*the Health Status of Workers Exposed to Dangerous Substances at Workplace".* The results were the transposition of 7 directives for safety and health in the Romanian legislation and a policy framework for implementation and a program for decreasing the workers' risk in a hospital for infection diseases pilot centre "Matei Bals" from Bucharest. Future enlargement of the risk management and prevention programs in sanitary sector is needed.

\*The final report of the proposed project for FT programming would focus on continuous capacity building of occupational health care system, in terms of training the specialists **in the new European curricula (2007)**, establishing the occupational health good practice model, building the informatics platform for sustainable actions for reducing and preventing priority hazards at work, such as high-risk chemical and physical exposures and unreasonable physical workload or psychological workloads that lead to severe occupational accidents and diseases and building the collaborative integrated network for management the health at work for the establishment and planning of new work environments and health-based criteria to be given to planners, designers and builders.

#### **Justification based on national strategy, programme**

The Ministry of Health is at present the coordinator and financier of the Health Programmes and Sub-programmes. These programmes (with their objectives, activities, methodology, indicators for monitoring and evaluation, national and local responsibilities etc.) are established every year through a ministerial order that sets up the provisions for each programme (for 2006 is the Ministerial Order no. 86/06.02.2006 for approving the health programmes and sub-programmes financed through the state budget for 2006. Within the frame of the first Health Programme, the subprogram 1.4 (managing the evaluation of the health status and risk factors) includes objectives and activities as regards to occupational health. The provisions related to occupational health in sub-programme 1.4 are, as follows:

#### **Objective 4: Health protection and disease prevention for the diseases associated with occupational risk factors .**

The activities performed for fulfilling this objective are:

- a. Professional education and training;
- b. The assessment of occupational risk factors.
- c. Investigating the occupational causes of cases of disease with a view to notifying these as occupational diseases.
- d. Assessing occupational risk and communicating this at the workplace.
- e. Monitoring the incidence of occupational diseases as well as sickness absence due to occupational disease.
- f. The harmonisation of legislation and professional training for occupational medicine.
- g. Other actions for solving local priorities.

**Within this programme, the activities that occur at the regional Institutes of Public Health are:**

- a. Elaborating methodologies for monitoring and inspection in particular areas, (such as occupational health).
- b. The training of personnel from the local organisations in the application of these methodologies.
- c. The methodological coordination of activities regarding monitoring and control of particular areas, the analysis of data collected and the elaboration of national reports.
- d. Control of the implementation of methodologies in the region.
- e. Evaluating the results of national reports.
- f. Setting up and accrediting regional laboratories.

- g. Carrying out studies and research projects in the field of health status with regard to risk factors from the workplace and the environment.
- h. Monitoring and reporting of the achievement of specific implementation plans for European integration.
- i. Training and professional education.
- j. Drafting provisional documents for specific projects projects.
- k. The purchase of iodine for iodine-prophylaxis of employees exposed to ionising radiations.

**Justification based on new document of the Commission of the European Communities – Directorate General for Employment, Social Affairs and Equal Opportunities, Working Conditions, Adaptation to Change named “Improving quality and productivity at work: Community strategy 2007 – 2012 on health and safety at work”**

The point 5 of this document refers to the main areas where Member States are being committed to adopt coherent national strategies which need to cover four areas in particular:

- i) improving the preventive effectiveness of health surveillance - to encourage Member State and business sector to implement systematic procedures to gather and analyse the data drawn from the health surveillance of workers in order to improve prevention while avoiding inflating the formal requirement to which companies are subject
- ii) taking action to promote the rehabilitation and reintegration of workers excluded from workplace for a long period of time because of an accident at work, an occupational illness or a disability
- iii) dealing with social and demographic change – determined by immigrant workers, integration of women, younger and older workers and monitor the trends and new risks for identify measures
- iv) strengthening policy coherence between public health, regional development and social cohesion, public procurement, employment and restructuring.

**Existing weaknesses of institutional network and system for management of workers' health, safety and workplaces' environment**

The main trend in modern occupational health field has been the continuous increasing number of private occupational health services providers for at least 6 years. The providers are represented by small and medium size medical companies that have at least one occupational medicine/health specialist. There are no legal requirements for building standardised data bases for an efficient management of indicators of workers' health, safety and workplaces' environment and further preventive actions and promoting health at work.

The weakness of the occupational health and safety national system is the public network of occupational health providers which is developing only some surveillance of occupational diseases.

Another weakness is the inadequate occupational risk-health surveillance of workers with disabilities even in private or public health care system.

People suffering from occupational accidents and diseases (about 6000 labour accidents/year and 2000 occupational diseases/year) need medical treatment and recovery and workplaces' rehabilitation and special health care. This is another weakness of the health care system link with informatics and insurance systems for occupational accidents and diseases.

LB

The system of medical recovery and rehabilitation of workers' health after labour accidents should be improved in the terms of specialists training, building capacity for disabled workers treatment, development of occupational and ergonomics procedures for workplace integration of disabled workers after labour accidents, with the lowest risk.

**This present project refers only to medical treatment and recovery procedures and workplaces' rehabilitation of workers with disabilities after labour accidents.**

The main achievements in health informatics are focused on electronic health care record, web access services, ID management system, message management services, and data management in national healthcare infrastructure system. The link between health informatics applications with environment parameters, workplaces design, and job analysis is extremely weak.

Under the EUROSTAT statistics reporting system there are some health indicators (no. of active people, no. of employed people, no. of employees at risk (chemical, biological, physical, psychosocial) incidence of occupational diseases and incidence of labour accidents, work-related morbidity, fatalities) that the Romanian health system has to manage and build reports.

Concerning these legal requirements there are some problems which can be and should be managed through projects of implementation of adaptable informatics systems under the building capacity. For example:

- inadequate informatics infrastructure of occupational health surveillance
- lack of reporting system
- lack of communication system
- lack of websites and portals for occupational health, environment and safety information on national/regional/county level
- lack of informatics sources of occupational health research and so on

The "risk observatory" concept was issued by European Agency for Occupational Safety and Health under the information network of national focal points from Member States. **Romania, a new EU member, has no point of risk observatory information and assessment data from networks involve in integrate management, environment, health and safety at work.**

### **Coordination with Structural and Cohesion Funds**

No overlap exists with Structural and Cohesion Funds.

According to the Regional Operational Programme (ROP) 2007-2013, the priority axes are:

- Improvement of regional and local transport infrastructure
- Improvement of social infrastructure
- Strengthening the regional and local business environment
- Sustainable development of regional and local tourism
- Support of sustainable urban development
- Technical assistance to support ROP implementation

The current project needs an overall and national coordination, essential for achieving not only its results, but also its objective and this can be done only by the Transition Facility programming.

The ERDF is concerned mainly with the development of regional infrastructure.

The eligible projects for the Cohesion funds must belong to one of the two categories of projects: environment projects and transport projects. The current project does not fall in any of the two categories.

The beneficiary and the Romanian authorities involved in this project will prevent any possible overlap with EU funding, in particular Structural and Cohesion funds. The programming for use of the Cohesion and Structural Funds within the 2007-2013 period is currently under way, so results of this project will be used at the implementation of future projects in the related areas.

The **interlinked** results of this project are meant to contribute for realizing a better efficiency in order to administrate the interoperability of Occupational Health services, and the activities within the current project do not fall under Operational Programme for Competitiveness priorities.

### 3.2. Linked Activities

1. The Ministry of Labour and Social Solidarity and Family was the beneficiary of Phare Twining Romania – France no. RO/99/IB/OT01 *"Development of a Surveillance System of the Health Status of Workers Exposed to Dangerous Substances at Workplace"*. The program for decreasing the workers' risk in a hospital for infection diseases pilot centre "Matei Bals" from Bucharest were design by experts for sanitary- infection diseases sector. The future enlargement of this preventive programme to the whole sanitary sector is needed.

2. The results of the project PHARE RO 2003/005-551.04.07 "Improvement of the efficiency of the Romanian system for occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk" were, as following:

- Analysis of the current reporting system for occupational diseases
- Assessment of the present situation in Romania concerning Multidisciplinary Occupational Health and Safety Services (MOHSS)
- Definition of quality assurance and quality management concept for OHS in Romania
- Comparative Assessment of OH promotion and communication methods in Romania and the EU
- Elaboration of a proposal for a National Information Network on OHS
- Implementation of pilot activities related to a promotion and information campaign
- Launching of a nation-wide campaign for OHS
- Creation of the website ([www.sanatate-ocupationala.ro](http://www.sanatate-ocupationala.ro)) linked to the websites of the OH departments within the District Health Authorities, Public Health Institutes and Centres
- Needs Assessment for Professional Specialties
- QA manual for certification of OHS professionals

3. PHARE RO 2004/IB/SO/01 *"The implementation of the harmonise legislation in the field of occupational safety and health in small and medium size enterprises"*

Under this project there was established the risk assessment methodology for small and medium size enterprises and training for the professionals (labour inspectors, employers and safety specialists) involved in risk assessment.

There is not unit, at regional or national level for an appropriate risk observation based on main indicators, probability and gravity.

### 3.3. Results

1. a draft legislation, working plan and software developed for information transfer data concerning occupational diseases and work related diseases between stakeholders based on assessment document of medical technology and informatics technology at national health system involved in workers' health management data

LB

2. training for specialists in occupational health (300) and rehabilitation medicine (100) for interoperability of occupational health services with rehabilitation medicine specialists
3. a list of main indicators based on standard workers' health data bases for promotion of good practice in occupational health services providers according with the European Strategy of Health and Safety (February 2007)

### 3.4. Activities

The activities of the project will be realised under the following contract:

#### Technical Assistance

Type of contract: TA – 600.000 Euro

The results of this project can not be achieved through a Twinning contract which is an instrument for targeted administrative cooperation. Some activities, e.g. software development can not be realised through an administrative cooperation. Taking into account the above mentioned points, the choice of technical assistance over twinning seems reasonable.

The Technical Assistance contract will provide a Team Leader and 4 senior experts, accompanied by various short term experts with suitable specialist knowledge. Activities envisaged under the Technical Assistance contract involve:

1. Information transfer data concerning occupational diseases and work related diseases between stakeholders – Budget/activity approximate 372.268 Euro

1.1. to analyse the current situation of medical and informatics technology and the current legislation for information transfer data concerning occupational diseases and work related diseases between stakeholders; the analysis will be focus on assessing the existing patient electronic records/ identity, the existing hazards electronic records/ data bases of safety sheets and/or toxicology agency and/or reference for biological agents, the existing medical exams electronic records/soft products/ application, the data bases, existing/ capacity storage;

1.2. to elaborate a draft legislation for an integrated information transfer data concerning occupational diseases and work related diseases between stakeholders;

1.3. to study and to create a strategy (including the action plans for implementing the strategy) for an integrated information transfer data concerning occupational diseases and work related diseases between stakeholders realised by:

- to assess the existing procedure of expertise for occupational diseases notification for insurance and compensation;
- to establish the procedure for preventive interventions;
- to establish the main human resources for preventive intervention in expertise procedure of occupational diseases in the network of counties authorities of public health and Authority of Public Health Bucharest;

1.4. To elaborate the software application for information transfer data concerning occupational diseases and work related diseases between occupational health providers, public and private, and the county authorities of public health – department of occupational medicine; to implement the application in a pilot focal point established in authority of public health Bucharest; to train 50 trainers for 2 days;

1.5. to build an expert system for at least one occupational disease and one work related disease link with job profile analyses and workplace assessment

16



2. Training for specialists in occupational and rehabilitation health and medicine  
Budget/activity approximate 112.752 Euro

- 2.1. to develop ten modules of training in occupational health and safety at work realised by:
- to assess the national framework training in occupational medicine/health and the main multidisciplinary team specialities;
  - to establish the main knowledge needs for update the training for fully fulfil the requirements for free movement of professionals in health and safety, link with European curricula of occupational medicine established by European Association of School of Occupational Medicine and 2005/36 EEC;
  - to write the course support for:
    - technology assessment,
    - environmental health,
    - social management,
    - medical informatics,
    - statistical methods in exposure assessment,
    - indoor air quality,
    - application of toxicology in occupational health,
    - occupational risk management,
    - the evidence-based approach for improving quality of OH,
    - financial management
- 2.2. to train one hundred professionals among which will be trainers for the next 200 hundred;
- 2.3. to develop five modules of training to improve professionals skills in rehabilitation
- emergency interventions in occupational accidents
  - treatment and procedures of recovery for the occupational accidents with high frequency
  - rehabilitation procedures and balneology treatment
  - occupational risk management for disable workers
  - human rights
- 2.4. to train at least 100 professionals

3. Promotion of good practice Budget/activity approximate 114.980 Euro

- 3.1. to establish the main efficiency indicators for strategy of promotion good practice in occupational health providers
- to assess the market mechanism in occupational health and safety services
  - to establish the opportunity of liberation the occupational health services for all workers
  - to establish the main health indicators for occupational health services efficiency and effectiveness
  - to develop a strategy for incentives for good practice in occupational health services providers
  - to establish the main human resources for training in financial issues
- 3.2. to assess for a new statement the main occupational health and safety indicators for economically active population
- 3.3. to realise a financial assessment of the surveillance activity in occupational health of the active population on the national level

## **TA contract**

### **Required Experts' profiles**

The following experts have a crucial role in implementing the contract and are referred to as key experts.

The profiles of the key experts for this contract are as follows:

#### **Key expert 1: Team Leader**

The Team Leader will be responsible for all matters relating to the management and implementation of the project, including the coordination of the activities of all the other experts (long-term and short-term) and the in-country management of the project. The Team Leader will draw up and monitor work programmes for all other experts. He/she will be responsible for all activities of the project.

##### *Qualifications and skills*

- medical studies (occupational medicine or rehabilitation medicine)
- knowledge or experience in rehabilitation medicine
- confirmed communication capabilities
- ability to work in a difficult environment
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- ability to manage a team of experts and co-ordinate highly complex and politically sensitive activities and to liaise with EU institutions and other donors.
- fluency in spoken and written English
- excellent computer skills

##### *General professional experience*

- minimum 10 years working experience

##### *Specific professional experience*

- proven experience in similar projects, preferably in Eastern Europe
- rehabilitation or occupational medicine experience required
- experience in cooperation with EU acceding countries/new member states
- previous experience as project coordinator/project manager or team leading experience

#### **Key expert 2: Senior occupational medicine expert**

He/she should support the Team Leader in performing daily activities. Activities: 1, 2, 3,

##### *Qualifications and skills*

- studies in occupational medicine and occupational health
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- fluency in spoken and written English
- excellent computer skills

##### *General professional experience*

- a general minimum 10 years working experience

##### *Specific professional experience*

- Experience in EU acceding countries/new Member States would be an asset
- Experience in similar projects would be an asset, preferably Eastern Europe
- Experience in training in this specific field

#### **Key expert 3: Senior IT expert**

He/she should support the Team Leader in performing daily activities. Activities: 1, 2, 3,

##### *Qualifications and skills*

- informatics studies
- knowledge in exploiting software applications used for elaborating judicial statistics
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- fluency in spoken and written English
- excellent computer skills

*General professional experience*

- a general minimum 10 years working experience

*Specific professional experience*

- solid background and direct experience (at least 5 years) in developing e-health applications
- proven experience in similar projects, preferably in Eastern Europe
- experience in EU acceding countries/new Member States would be an asset

**Key expert 4: Senior rehabilitation medicine expert**

He/she should support the Team Leader in performing daily activities. Activities: 1,2,3,

*Qualifications and skills*

- studies in rehabilitation medicine and rehabilitation health
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- fluency in spoken and written English
- excellent computer skills

*General professional experience*

- a general minimum 10 years working experience

*Specific professional experience*

- Experience in EU acceding countries/new Member States would be an asset
- Experience in similar projects would be an asset, preferably Eastern Europe
- Experience in training in this specific field

The minimum percentage of time which these experts should work in beneficiary country is 80%.

For the success of the project, the estimated minimum time inputs for the key experts are as following:

**Key expert 1: Team Leader: 200 working days**

**Key expert 2: Senior occupational medicine expert: 200 working days**

**Key expert 3: Senior IT expert: 125 working days**

**Key expert 4: Senior rehabilitation medicine expert: 120 working days**

**3.5.Lessons learned:**

Lessons learned from previous project:

- A highly qualified specialist who has long experience in the field shall write the Terms of Reference.
- It is essential to set out in the contract clear responsibilities of all people involved into project implementation.
- To ensure the relevance of the project activities and the availability of the appropriate people to participate in project, it is important to prepare and approve the contracts as quickly as possible.

43

- It is important to avoid delays in the project and to have effective communication with all relevant parties. Communication problems can be avoided by effective and timely consultation with all parties involved, so close cooperation between involved authorities during the project preparation and project implementation is essential. Therefore the contact persons in both main institutions involved in this project are nominated

*For further information please see annex 5 of the present project fiche.*

#### 4. Institutional Framework

The Implementing Authority for this project is the Ministry of Public Health (General Directorate for Foreign Relations and European Affairs - Project Implementation Unit) which is responsible for the administrative management of the programme.

#### 5. Detailed Budget

MEuro	Transition Facility Support			Co-financing			Total cost (TF plus cofinancing)
	Investment Support	Institution Building	Total Transition Facility (=I+IB)	National Public Funds (*)	Other Sources (**)	Total cofinancing of the project	Total cost (TF plus cofinancing)
<i>Project 01 Technical Assistance</i>	0.00	0.60	0.60	0.00	0.00	0.00	0.60
<b>Total</b>	0.00	0.60	0.60	0.00	0.00	0.00	0.60

VAT is not an eligible expenditure under both the Transition Facility and national cofinancing funds indicated in the above budget table. Where contracts are subject to VAT due to provisions of national legislation, these funds have to be provided from national resource outside and in addition to the amounts indicated in the budget table.

#### 6. Implementation Arrangements

##### 6.1 Implementing Agency

The Central Finance and Contracts Unit (CFCU) is the contracting authority. The financial management of the Program will be under the responsibility of the CFCU. The nominated Program Authorizing Officer (PAO), who is a Secretary of State from the Ministry of Finance, and the Deputy PAO, who is the General Director of the CFCU, is responsible for contracting and accounting. The responsibilities of the CFCU also cover finalization of contract dossiers for approval, of Technical contracts, and maintenance of financial records for audit purposes.

The Central Finance and Contracts Unit  
Ms Carmen Rosu, Director, PAO  
Ministry of Finance / Mircea Voda Bvd, no 44, Bucharest 1, Romania  
Tel: +40-21-3 26 55 55; Fax: +40-21-3 26 87 09  
E-Mail: [carmen.rosu@cfcu.ro](mailto:carmen.rosu@cfcu.ro)

Implementing Authority

**Laurențiu Mihai, SPO**  
**Ministry of Public Health, PIU PHARE,**  
**str. Cristian Popisteanu no.1-3, Bucharest 1, Romania**  
**Phone: +40-21-307 26 20; Fax: +40-21-312 14 33.**  
**e-mail: [ltmihai@ms.ro](mailto:ltmihai@ms.ro)**

A steering committee will be appointed by the Ministry of Public Health to coordinate all the technical issues of the project.

The steering committee will be set up in order to supervise the implementation of the project with the involvement of the representatives of the stakeholders: Ministry of Health, Ministry of Public Finance, the Institute of Public Health and the National Institute of Rehabilitation, Physical Medicine, Balneoclimatology, professional organizations involved in mental health reform or other stakeholder identified during the project implementation (i.e., public authorities).

The main international networks influencing and guiding (by their members that work in different Romanian institutions) this project would be:

1. European Agency for Health and Safety at Work – network of information focal point from Member States and Romania
2. European Network for Workplace Health Promotion – network of information and health promotion focal points from Member States and Romania
3. WHO – network of national points of occupational health (GOHNET)
4. EASOM – European Association of Schools of Occupational Medicine
5. International Commission on Occupational Health - Professional, Legislative research and Ethics network of Occupational Health professionals

## **6.2 Twinning**

Not Applicable

## **6.3 Non-standard aspects**

National Procurement rules are applied.

## **6.4 Contracts**

**TA contract:** 600.000 Euro

## **7. Implementation Schedule**

- 7.1. Start of tendering/call for proposals: January 2008
- 7.2. Start of project activity: May 2008
- 7.3. Project completion: June 2009

## **8. Sustainability**

The Ministry of Public Health will financially, representing resources in terms of staff and budget, sustain the results of the project and it will hold ownership of the equipment and management system procured or commissioned, and will be responsible for the maintenance and updates of the equipment / management system where necessary.

## **9. Conditionality and sequencing**

**Conditionality:** The good implementation of the technical assistance contract is conditioned by IT equipment already in place.

**Sequencing:** The main constraints are linked with management of changes of the governmental policy under the EU accession and further priorities for fully and completed integration link with Comprehensive Monitoring Reports on Romania's preparations for membership (CMR) issued by the Commission in May 2006 and in September 2006 - chapter 13.

Log frame  
Transition Facility programme for Romania

LOGFRAME PLANNING MATRIX FOR Project Fiche			Programme name and number 2007/19343.03.01	Disbursement period expires 15.12.2010
<b>Supporting the development of interoperability of Occupational Health Services for indicators standard data bases management of workers' health, safety and environment</b>			Contracting period expires 15 12 2009	
Overall objective			Total budget : 0.60 ME	TF budget 0.60 ME
<p>Relates to Copenhagen criterion and acquis chapter<sup>1</sup></p> <p>According to the <b>Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania</b> issued by the Commission in May 2006, the areas in which there is still a need for progress are: "health and safety at work", "public health", "equal treatment of women and men", "labour law". The report states that: "Efforts need to be maintained to achieve full implementation and enforcement of the legislation and to further strengthen the administrative capacity in these areas."</p> <p>The <b>Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania</b>, issued by the Commission in September 2006 points out the following areas, where progress is still needed: "social policies and employment including public health, [...]. financial management and control of future structural funds [...]."</p> <p>Regarding the treatment of people with disabilities and mental healthcare, the September 2006 CMR, underlines that limited progress has been made and further action is needed. One can realise the importance of this sector for Romania as: "The National Authority for People with disabilities has recently allocated funds to NGOs for setting up services for disabled persons. 18 social services are under preparation, such as for training and professional integration, respite care centres and protected dwellings."</p>			List of other projects with same objective	
<p>To support the interoperability network of occupational health and safety providers in order to include workers in the active economic life cycle</p>			<ul style="list-style-type: none"> <li>Ministry of Public Health is the beneficiary of the results of Phare 2003/005-551.04.07.01 EuropeAid/119644/D/SV/RO "Improvement of the efficiency of occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk"</li> <li>Ministry of Labour and Social Solidarity and Family is the beneficiary of Phare RO/04/IB/SO/01 "The implementation of the harmonise legislation in the field of occupational safety and health in small and medium size enterprises"</li> </ul>	

<sup>1</sup> Please specify here the recommendation made in Comprehensive Monitoring Report or other relevant documents (SIGMA (financial control, procurement, Peer Reviews, Evaluation reports, Final reports of TW projects)

LB

	<p>The Report recommends the following: "As regards disability, promotion of quality services for disabled persons, i.e. creation of community-based alternative services as well as increased access to employment and education now need to become a clear priority".</p>	
<p><b>Project purpose</b> To improve the quality of occupational health practice using research information, which is based on integrate management of occupational health and work environment</p>	<p>increase the medical surveillance percent of active population to 75% (the approximate figure at this moment is 25%) increase to 100% the health risk information for the main five established risks for health work to cover the needs of occupational health services both private and public from the whole country  The methodology and the infrastructure of the system</p>	<p><b>Sources of Verification</b> Statistics Official Reports Project reports Interim Evaluation report  The report establishing the methodology and the infrastructure</p> <p><b>Assumptions</b> Proper collaboration between the involved institutions.  Proper cooperation in gathering relevant information.  The commitment of the beneficiaries to the recommendations within the gap assessment</p>
<p><b>Results</b> 1. a draft legislation, working plan and software developed for information transfer data concerning occupational diseases and work related diseases between stakeholders based on assessment document of medical technology and informatics technology at national health system involved in workers' health management data  2. training for specialists in</p>	<p><b>Objectively verifiable indicators</b> The draft legislation content The working plan and the software The expert informatic system finalised with interoperable five modules an informatic platform The informatics platform in the place specified in the contract: software, communication application, products for securing data</p>	<p><b>Sources of Verification</b> Project report content Content of software and of the working plan</p> <p><b>Assumptions</b></p>



<p>occupational health (300) and rehabilitation medicine (100) for interoperability of occupational health services with rehabilitation medicine specialists</p> <p>3.a list of main indicators based on standard workers' health data bases for promotion of good practice in occupational health services providers according with the European Strategy of Health and Safety (February 2007)</p>	<p>10 modules of training for occupational medicine specialists / length of training is from 1 to 4 weeks: improved skills of 300 trained professionals (occupational medicine physicians, engineers, toxicologists, nurses, psychologists, IT specialists); 5 modules of training/ length training is from 1 to 4 weeks 100 trained professionals (specialists in sports medicine, balneology and occupational medicine)</p> <p>the strategy main indicators established for financial assessment of the surveillance activity of the active population the assessment regarding human resources training needs</p>	<p>Assessment report Minutes, Working documents, Training Curricula, training materials Certificates (diplomas); Lists of participants Methodology elaborated Manual content</p> <p>The strategy content Report content on the main financial indicators Assessment report</p>	
Activities	Means		Assumptions
<p><b>Technical Assistance contract</b></p> <p>1. Information transfer data concerning occupational diseases and work related diseases between stakeholders</p> <p>1.1. to analyse the current situation of medical and informatics technology and the current legislation for information transfer data concerning occupational diseases and work related diseases between stakeholders; the analysis will be focus on assessing the existing patient electronic records/ identity, the existing hazards electronic records/ data bases of safety sheets and/or toxicology agency and/or reference for biological agents, the existing medical exams electronic records/soft products/ application, the data bases, existing/ capacity storage;</p> <p>1.2. to elaborate a draft legislation for an integrated information transfer data concerning occupational diseases and work related diseases between stakeholders;</p> <p>1.3. to study and to create a strategy (including the action plans for implementing the strategy) for an integrated information transfer data concerning occupational diseases and work related diseases between stakeholders realised by:</p> <ul style="list-style-type: none"> <li>to assess the existing procedure of expertise for occupational diseases notification for insurance and compensation;</li> <li>to establish the procedure for preventive interventions;</li> <li>to establish the main human resources for preventive intervention in expertise procedure of occupational diseases in the network of counties</li> </ul>	<p>Technical assistance</p>		<p>Proper collaboration between the involved institutions.</p> <p>Proper cooperation in gathering relevant information.</p> <p>The commitment of the beneficiaries to the recommendations within the gap assessment</p>

<p>authorities of public health and Authority of Public Health Bucharest;</p> <p>1.4. To elaborate the software application for information transfer data concerning occupational diseases and work related diseases between occupational health providers, public and private, and the county authorities of public health – department of occupational medicine; to implement the application in a pilot focal point established in authority of public health Bucharest; to train 50 trainers for 2 days;</p> <p>1.5. to build an expert system for at least one occupational disease and one work related disease link with job profile analyses and workplace assessment</p> <p>2. Training for specialists in occupational and rehabilitation health and medicine</p> <p>2.1. to develop ten modules of training in occupational health and safety at work realised by:</p> <ul style="list-style-type: none"> <li>• to assess the national framework training in occupational medicine/health and the main multidisciplinary team specialities;</li> <li>• to establish the main knowledge needs for update the training for fully fulfil the requirements for free movement of professionals in health and safety, link with European curricula of occupational medicine established by European Association of School of Occupational Medicine and 2005/36 EEC;</li> <li>• to write the course support for: <ul style="list-style-type: none"> <li>- technology assessment,</li> <li>- environmental health,</li> <li>- social management,</li> <li>- medical informatics,</li> <li>- statistical methods in exposure assessment,</li> <li>- indoor air quality,</li> <li>- application of toxicology in occupational health,</li> <li>- occupational risk management,</li> <li>- the evidence-based approach for improving quality of OH,</li> <li>- financial management</li> </ul> </li> </ul> <p>2.2. to train one hundred professionals among which will be trainers for the next 200 hundred;</p> <p>2.3. to develop five modules of training to improve professionals skills in rehabilitation</p> <ul style="list-style-type: none"> <li>• emergency interventions in occupational accidents</li> <li>• treatment and procedures of recovery for the occupational accidents with high frequency</li> <li>• rehabilitation procedures and balneology treatment</li> </ul>		
---	--	--

LB

ig

<ul style="list-style-type: none"> <li>• occupational risk management for disable workers</li> <li>• human rights</li> </ul> <p>2.4. to train at least 100 professionals</p> <p>3. Promotion of good practice</p> <p>3.1. to establish the main efficiency indicators for strategy of promotion good practice in occupational health providers</p> <ul style="list-style-type: none"> <li>• to assess the market mechanism in occupational health and safety services</li> <li>• to establish the opportunity of liberation the occupational health services for all workers</li> <li>• to establish the main health indicators for occupational health services efficiency and effectiveness</li> <li>• to develop a strategy for incentives for good practice in occupational health services providers</li> <li>• to establish the main human resources for training in financial issues</li> </ul> <p>3.2. to assess for a new statement the main occupational health and safety indicators for economically active population</p> <p>3.3. to realise a financial assessment of the surveillance activity in occupational health of the active population on the national level</p>	
---	--

LB

## Annex 2 - Detailed time implementation chart

Adoption of the new statistical acquis communautaire provisions

	2007												2008												2009											
calendar months	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
activities																																				
Technical assistance				D	D	D	D	D	D	D	D	D	C	C	C	C	C	C	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
	D = Design C = Contracting I = Implementation																																			

### Annex 3a - Cumulative contracting schedule

	31/03/07	30/06/07	30/09/07	31/12/07	31/03/08	30/06/08	30/09/08	31/12/08	31/03/09	30/06/09	30/09/09	31/12/09
CONTRACTED Technical assistance						600,000						
NB: All contracting should normally be completed within 6-12 months and must be completed within 24 months of signature of the FA.												

### Annex 3b - Cumulative disbursement schedule

	31/03/08	30/06/08	30/09/08	31/12/08	31/03/09	30/06/09	30/09/09	31/12/09	31/03/01	30/06/01	30/09/01
DISBURSEMENT Technical assistance		120,000	240,000	360,000	480,000	600,000			0	0	0
NB: All disbursements must be completed within 36 months of signature of the FA.											

#### ANNEX 4 - REFERENCE LIST OF RELEVANT LAWS AND REGULATIONS

Law of safety and health at work no. 319/2006
Law for insurance of labour accidents and occupational diseases no.346/2002
The Government decision no. 1425/2006 For the approval of methodological normative of foresaw Law of safety and health at work no. 319/2006
The Government decision no. 1875/2005 Looking the protection health and security of the workers against the due riskiness subject to the asbestos
The Government decision no. 1876/2005 Looking the minimum requirements of security and health concerning to the exposure of the workers to the riskiness generated by vibrations
The Government decision no. 300/2006 Looking the minimum requirements of security and health for the temporary his shipyards reason
The Government decision no. 493/2006 Looking the minimum requirements of security and health regarding to the exposure of the workers to the riskiness generate of noise
The Government decision no. 971/2006 Looking the minimum requirements for signalling of security and or of health to the place of labour
The Government decision no. 1007/2006 Looking the minimum requirements of security and health regarding to medical attendance on board the ships
The Government decision no. 1028/2006 Looking the minimum requirements of security and health in labour regarding to the utilization of the equipments with viewing screens
The Government decision no. 1048/2006 Looking the minimum requirements of security and health for the utilization of to workers of individual protection equipments to the place of labour
The Government decision no. 1049/2006 Looking the minimum requirements for the assurance security and health work the anchor rings from the extractive above-ground industry the underground

19

The Government decision no. 1050/2006 Looking the minimum requirements for the assurance security and health of the workers from the extractive industry through drilling
The Government decision no. 1051/2006 Looking the minimum requirements of security and health for handling manually which table presents riskiness for workers, in chief of affections dorsolumbar
The Government decision no. 1058/2006 Looking the minimum requirements for the improvement security and the protection of the health of which workers can be exhibited the due risk of explosive atmospheres
The Government decision no. 1091/2006 Looking the requirements of security and health for the place of labour
The Government decision no. 1092/2006 Looking the protection of the workers against incident to riskiness their exposure to biologic agents in labour
The Government decision no. 1093/2006 Looking the minimum requirements of security and health for the protection of the workers against incident to riskiness subject to the agents carcinogenic or mutagenic in labour
The Government decision no. 1135/2006 Looking the minimum requirements of security and health in labour on board the fishing ships
The Government decision no. 1136/2006 Looking the minimum requirements of security and health regarding to the exposure of the workers to the riskiness generate of the electromagnetic fields
The Government decision no. 1146/2006 Looking the minimum requirements of security and health for the utilization in labour of to workers of the equipments of labour
The Government decision no. 1218/2006 Looking the minimum requirements of security and health for the assurance of the protection of the workers against incident to riskiness subject to the chemical agents in labour

43

**Annex 5 - Lessons learnt from previous years**

<b>Identified Gaps or Recommended courses of intervention</b>	<b>Action for covering the Gap or implement the recommended intervention</b>	<b>Phare Programming (Project Reference)</b>	<b>Transition Facility</b>
<ul style="list-style-type: none"> <li>- insufficient development of the informatics infrastructure of occupational health surveillance for all active population; lack of reporting and communication system in occupational health, environment and safety on national/regional/county level</li> <li>- insufficient carrying out of national surveys representative of all workplaces and occupations and examining of the occurrence, distribution and levels of occupational health and safety, environment and psychological hazards</li> <li>- not enough human resources allotted to for accomplishing the legal responsibilities of the Ministry of Public Health;</li> <li>- limited technical capacity regarding the standardized data bases of indicators' management for workers' health</li> </ul>	<ol style="list-style-type: none"> <li>1. Reform of the Graduate &amp; Postgraduate Short &amp; Long-Term System of Education of Occupational Health Professionals in Romania</li> <li>2. Continuation of the short-term multidisciplinary training programme for OH professionals</li> <li>3. Implementation of the Pilot Programme for MOHSS (via the Occupational Health Department at the PHI in Bucharest)</li> <li>4. Implementation of Good Occupational Health Guidelines for Occupational Health Services in Romania</li> <li>5. Developing healthy work environments through elaboration of health-based criteria for construction</li> <li>6. Development of healthy work practices and promotion of health at work</li> <li>7. Establishment of support services for occupational health</li> <li>8. Development of occupational health standards based on scientific risk assessment</li> <li>9. Establishment of registration and data systems development</li> </ol>	<p>Phare 2003/005-551.04.07.01 EuropeAid/119644/D/SV/RO</p> <p>"Improvement of the efficiency of occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk" with two type of contracts (TA, Supply)</p> <p>Ministry of Public Health was the beneficiary for only one program in the occupational health field in the above mentioned period.</p>	<p>Strengthening the development of interoperability of Occupational Health Services for indicators standard data bases management of workers' health, safety and environment (with two types of contracts TA, Supply)</p>



19

	<p>“Developing them to cover fully the basic occupational health and safety data by taking the guidance given by international organizations. The comparability of data should be ensured by collaboration between the countries through WHO or bilaterally. Romania should, through its WHO Collaborating Centre, link into the WHO data bank of new occupational hazards and outcomes. Each country is encouraged to join the WHO/ILO project for a CD-ROM data bank on occupational health and safety and distribute this data to its appropriate national networks. At least one focal point with such a data bank should be found in each country. A public information element should be included in the national programme for occupational health and information. Media should be effectively supplied with scientific information on occupational health and safety by national research institutions and professional bodies.”</p>	
--	---	--

**Note:** The table should summarize all the interventions aimed at the application of the recommendations of the comprehensive Monitoring Report, SIGMA (financial control, procurement, Peer Reviews, Evaluation reports, Final reports of TW projects, specifying the sources of financing of the intervention, i.e. IFIs or state budget (see the examples in the table).

Please insert in the table only those gaps/recommendations relevant for the interventions planned for current exercise, in a most synthetic way.

Obviously, the column for PHARE 2004-2006 will be completed only if the intervention spans over all the three programming years – i.e. there are projects to be financed from Phare 2004, respectively 2005 and 2006 under the same recommendation.

LB

Budget TA contract: 600 000 Euro

	Estimated number of working days	Fee  €	Sum  €
<i>Fee (including overheads):</i>			
<i>Long Term expert</i>			
- Team leader	200	900	180 000
- Senior IT experts	125	750	93 750
- Senior occupational medicine experts	200	900	180 000
- Senior rehabilitation medicine experts	120	750	90 000
Other experts			
<i>Total fees/costs</i>			<b>543.750</b>
<i>Other costs:(translations)</i>			<b>50.000</b>
<i>Audit costs</i>			<b>6.250</b>
<b>MAXIMUM CONTRACT VALUE</b>			<b>600.000</b>

<b>Translations</b>	<b>50.000</b>
Verbal Translation	10.000
20 Guides 8 €/pg approximate number of pages 250 (20*8*250)	40.000