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PUBLIC SECTOR MANAGEMENT (VIII)

Interview with:
Anca Roxana ANDRIțOIU

DATE AND PLACE OF BIRTH: April 13, 1966, Cluj-Napoca

ADDRESS: Bistrița, 8 Andrei Mureșanu St., Entrance B, Apt. 29, Bistrița-Năsăud

PROFESSIONAL QUALIFICATIONS: Senior Physician in General Medicine and Pediatrics

EDUCATION:
- 1972–1984 – Primary, middle, and high school – Prundu-Bârgăului, Bistrița-Năsăud
- 1984–1990 – "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca
- 2003 – Master's degree in "Health System Management" – University of Bucharest, Faculty of Sociology and Social Work (completed in February 2005)

PROFESSIONAL EXPERIENCE:
- 1990–1991 – Internship – Medical Clinic V, Cluj-Napoca;
- 1991–Dec. 1994 – Residency in General Pediatrics – Pediatric Clinic I, Cluj-Napoca;
- Jan. 1995–May 1995 – Specialist Physician (General Pediatrics) – Dej Ambulance Station, Cluj County;
- May 1995–Dec. 2000 – Specialist Physician, and from June 2000, Senior Physician (General Pediatrics) – School Health Center No. 3, Bistrița;
- Jan. 2001–Present – Senior Physician (General Pediatrics) – Bistrița-Năsăud Public Health Directorate, holding various positions:
  - Medical Inspector for Maternal and Child Health;
  - From March 2002 – Deputy Director for Strategy and Management, later Deputy Medical Director (title change);
  - From August 2007 – Executive Director;
- 2001–2014 – Senior Physician (General Pediatrics) – On-call duty at the Pediatric Emergency Unit, Bistrița County Hospital;
- 1995–2002 – Taught the "Human Anatomy and Physiology" course at the "Carol Davila" Post-Secondary School (Bistrița branch);
- September 2010–Present – Teaching "Health Management and Legislation" and "Puericulture, Pediatrics, and Specialized Nursing" at the Bistrița Post-Secondary Health School;
- 2001–Present – Member of the County Child Protection Commission.

July 2003: "Project Management" course at the Ascona Summer University, Switzerland
- November 2003 – April 2004: "Health Service Planning" course, organized by the Ministry of Health and GVG as part of the Health Sector Reform Project
- February 2004: "Local Capacity Building" training course, part of the "Support for the National Strategy for Improving the Situation of the Roma" project, organized by Human Dynamics and the Partners for Local Development Foundation (FPDL)
- October 2004: "Quality Assurance in the Health System" course (organized by Georgetown University)
- 2006: Participation in the Romania Health Services Reform Program, implemented by USAID; the program provided assistance to the Ministry of Health in achieving the objective of "Improving the performance of social and primary care services for vulnerable population groups"
- May 2006: Certificate of completion for the continuing medical education program "Family Planning Workshop for Primary Health Care Providers"
- February–May 2007: Training certificate from the "Horizontal Training for Structural Instruments" project
- 2007: Trainer Certificate in Health Policies and Programs
- November 2007: "Diversity Management" course
- October 2009: Management training program for staff from public health directorates involved in the decentralization process
- November 2010: Certificate of participation in a training course on understanding and applying equal opportunity and gender equality principles
- July 2011 – Course: "Hospital Evaluation Process" (part of the project: *Certification of healthcare service quality through the institutional development of CoNAS and optimization of the hospital accreditation process*) – completed with the acquisition of the External Hospital Evaluator certificate and registration in the CoNAS Evaluator Registry
- November 2015 – Certificate of participation: "Legislative changes regarding the implementation of the managerial control system in public entities"
- October 2022 – Training program: "Hospital Service Quality Management"
- October 2023 – Training program: "Improving strategic planning and management capacity for National Public Health Programs (PNSP) funded by the Ministry of Health" – SIPOCA Code 13
- May–June 2025 – Training certificate for advanced digital skills development: "Management in the context of public administration digitalization"

Reporter: You are the Executive Director of the Bistrița-Năsăud Public Health Directorate. Could you please tell our readers about the Directorate's responsibilities, the importance of the institution, and the role it plays for the benefit of each of us?

Anca Roxana ANDRIȚOIU: The Public Health Directorate acts, in effect, as the Ministry of Health's representative in the region; as such, it implements the policies and programs developed by the Ministry at the local level. It serves as the local health authority, and its duty is to monitor the organization and provision of medical care, ensure residents in the assigned area have access to healthcare, oversee the quality of medical services, and ensure compliance with the law.

In practical terms, we must ensure that people benefit from a variety of services, that these services are located as close to them as possible—allowing for rapid access—and that the services are of high quality and do not endanger their health.

- What is the implementation status of the project titled "SMART HEALTH: DEVELOPING THE DIGITAL CAPABILITIES OF THE PUBLIC HEALTH DIRECTORATE"—a project co-financed by Romania's National Recovery and Resilience Plan (NRRP) under Component 7 (Call Code: MS-732, relating to I3.2 – Non-competitive Call; Pillar II: Digital Transformation; Investment I3: Implementation of the eHealth and telemedicine system; NRRP/2022/C7/MS; Specific Investment I3.2: Digitalization of health-related institutions under the Ministry of Health)?

ARA: The financing contract was signed in April 2024, and implementation began for the project titled "Investments in IT systems and digital infrastructure at the Bistrița-Năsăud County Public Health Directorate." Project implementation was successfully completed within the scheduled timeframe—specifically, by September 30, 2025.

R: How does the DSP (Public Health Directorate) get involved in supporting individuals who seek information or guidance regarding matters within the institution's scope of activity?

ARA: Every day, a large number of people contact the DSP regarding various issues: some request medical information or details related to our field of work; others seek guidance on how to obtain specific documents from the institution; and some wish to report deficiencies or flag violations of legal regulations.

We strive to be as prompt as possible in providing information, guidance, and support to those who reach out to us. We are aided in this by the new equipment and software installed as part of the digitalization project, which facilitate better communication—both internally and with other institutions or the citizens we serve.

As for reports and complaints, these are handled by the Public Health Control Service, which verifies the situations on the ground. Unfortunately, some of the issues raised fall outside our jurisdiction, so we must redirect them to the appropriate institutions. Not everyone understands this; people often assume the DSP has the authority to enter any premises and resolve any issue. At times, individuals are dissatisfied with our response. In all such cases, we must provide further explanations and cite the relevant legislation.

- What projects do you have regarding health promotion in schools?

ARA: The Health Promotion and Health Education Unit within the Public Health Directorate (DSP) is an active department that carries out a multitude of preventive initiatives. Unfortunately, in recent months, two of the four colleagues working in this unit have retired and left the institution, making it extremely difficult to cover the full scope of activities.

School-based activities have been—and continue to be—numerous, as children and adolescents are the ideal target audience for instilling healthy behaviors and for information, education, and communication campaigns. Some examples of initiatives currently underway in schools include:

- MENTAL HEALTH Campaign – "Screen addiction: the new challenge of the digital age; how do we manage it?" (for this campaign, colleagues from the Health Promotion Unit developed a "Letter to Parents – Screen Addiction" that accompanied the distributed materials)
- Campaign: National Alcohol Awareness Month – "Alcohol makes you lose your senses, not your problems!"
- Campaign: Reproductive Health – "Get informed! Get involved! Choose the right solution for you!"
- Campaign: Promoting healthy eating and physical activity – "Be active! Eat healthy!"
- National tobacco prevention campaign ROMANIA BREATHES CLEAN – "How do you know... the truth about tobacco?"

I believe it is also very important to mention our participation in the activities initiated through the REBOUND project.

The REBOUND Prevention Module is part of the "Împreună" (Together) community project, initiated by the "Grigore Moisil" Association with the support of Dr. Eugen Hriscu—a project advisor—and launched in Bistrița in 2025. It is a program dedicated to preventing risky behaviors and promoting a healthy lifestyle, grounded in scientific evidence and internationally validated methodologies.

In Bistrița, the program is implemented by an inter-institutional partnership comprising over 200 social stakeholders and experts, forming the core of this community prevention project for the county's youth. Unlike traditional prevention methods, the REBOUND module does not rely on rigid theoretical lectures. Methodologically, the program is based on a transfer of international expertise, conducted in partnership with Finder Akademie Berlin (affiliated with the Department of Psychiatry in Heidelberg), an entity that provides scientific oversight for the program in 320 schools across Germany.

Implementation of the project began in Bistrița in 2025, with successful rollouts in the first seven schools in the county. In 2026, the project continues with a new group of seven schools that have expressed their desire to participate.

Representatives of the "Grigore Moisil" Association, who developed and implemented the REBOUND

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prevention module in schools across Bistrița-Năsăud, were invited to Cotroceni Palace to present the program at a forum hosted by the Presidential Administration. The invitation stems from the fact that this is the only scientifically evidence-based prevention program at the national level successfully implemented in schools in Bistrița-Năsăud.

R: Broadly speaking, what projects do you envision for the short, medium, and long term in your capacity as director?

ARA: As a decentralized institution, we must primarily align ourselves with the projects of the Ministry of Health. It is quite difficult to plan for the long term these days, given the financial and legislative instability we face.

In the short and medium term, we aim to successfully complete the projects in which we are already involved:

- The project "Provision of integrated services in rural communities – facilitating access for vulnerable persons to efficient, high-quality basic services" (MYSMIS 339395 / "SCI 2000"), launched in April 2025, in partnership with the County Agency for Payments and Social Inspection and the County School Inspectorate. This is a national initiative (2025–2029) designed to combat poverty and increase social inclusion in rural areas by providing integrated social and medical services to vulnerable individuals.
- The REBOUND project, which I have already discussed. Related to this issue, plans are in place to build one of the eight regional rehabilitation and reintegration centers for minors with addictions in Bistrița—funded through the PNRR (National Recovery and Resilience Plan)—which will operate within the Bistrița County Emergency Clinical Hospital. Establishing these centers is vital, and I hope this initiative is not abandoned, because minors struggling with addiction genuinely need these services.

- What challenges does the role entail in terms of organizing, planning, coordinating, leading, and controlling operations?

As in any field involving people, the DSP director must manage matters effectively from a leadership perspective. We need to identify the right people for specific tasks, try to motivate and listen to them, act fairly and impartially, and maintain open communication.

It is also crucial to foster communication and consultation among staff members regarding specific issues, as many of our activities require teamwork and the involvement of multiple DSP departments.

R: What are the main challenges facing the Director of the Public Health Directorate (DSP)?

ARA: One issue we have been facing recently concerns staffing. In the natural course of events, some colleagues have left the institution due to retirement; however, given financial restrictions and hiring limitations, we were unable to replace them in a timely manner. Our workload has not decreased—quite the opposite—yet we find ourselves forced to carry out operations with fewer staff members.

Another challenge this year has been the budget, which arrived only in May and was, naturally, smaller than the previous year's. In addition to successfully completing a digitalization project, we have sought to optimize institutional operations and administrative costs in recent years—for instance, by installing photovoltaic panels and renewing our vehicle fleet. Given the reduced budget, other planned investments will have to be postponed.

- How has the approach to a new epidemic changed—if at all—following COVID-19, and are you prepared to handle a new epidemiological threat should one arise?

I believe the pandemic posed a major challenge for all of us in the healthcare sector. Since we had never encountered anything like it, we adapted on the fly, guided and coordinated by the Ministry of Health and—crucially—by the INSP-CNSCBT, with whom we maintained constant contact. Although we enjoy excellent local collaboration with other involved institutions—especially the Inspectorate for Emergency Situations, which provided immense support—all eyes were on us; everyone expected us to take action and make decisions. We spent days and nights with phones pressed to our ears, managing teams in the field or in call centers, striving to make the best possible decisions. We also encountered harrowing situations where, while we had to adhere to regulations, we sought to remain humane and be mindful of the suffering of those affected. Our public hospitals made extraordinary efforts—particularly the county hospital, which modified its structure and completely reorganized to cope with the situation.

It was by no means easy, but we made it through and learned a great deal. We hope never to face such a situation again, but should we encounter a new epidemiological threat, I would like to believe we are now somewhat better prepared to handle it.

Recorded by: Sorana Lixandru, MD
Interview with: Anca Roxana ANDRIțOIU
Director of the Bistrița-Năsăud Public Health Directorate