

COUNTRY REPORT

ROMANIA

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Introduction

Romania has joined the EU in January 2007 and became the largest exporter of workers in the EU by 2019¹. The massive migration of working-age citizens has not only created labour shortages throughout the country, but also led to a steeply increasing demand for PHS, as the absence of potential carers makes family care impossible. While the social service workforce is lower than one per cent of the country's total workforce², many Romanian women have joined the ranks of undeclared carers abroad. Under these circumstances, personal care services organized at the municipal level remain restricted to the most vulnerable groups.



Factors supporting the growth and development of the field of PHS

In Romania, the extent of the shadow economy is estimated to make up one third of the GDP.³

The Romanian population is decreasing, with a birth rate of 9.6 and mortality rate of 13.5 in 2018. Life expectancy at birth is 72.3 for men and 79.2 for women.⁴ The age structure is robust, with 15.26 per cent of the population aged below 14 years, 66.89 per cent aged between 15 and 64 years and 17.85 per cent older than 65 years⁵. Unemployment is below an overall 4 per cent. However, youth unemployment rates are strikingly high, with a peak of 16 per cent for females under 20.⁶ This may be related to young motherhood, the share of births of first children to mothers aged below 20 being 12.1 per cent in Romania at present.⁷

The gender pay gap is rather low, but Romania ranks high on workplace discrimination for women especially with sexual harassment and the effects of parental leave on the professional future.⁸

Poverty and discrimination of the Roma population are major issues in Romania. The National Strategy for Social Inclusion and Poverty Reduction (2015-2020) identifies poor families, children and youth without parental care, elderly dependent persons, who live alone, Roma people, persons with disabilities, other vulnerable groups such as persons with addictions, homeless persons etc. as well as persons who live in marginalized areas, as being most vulnerable.⁹

¹ European Commission (2020).

² Federation of European Social Employers (2019).

³ Davidescu/Schneider (2017); Enste (2018).

⁴ INS (2019).

⁵ World Bank (2019).

⁶ ILO (2019).

⁷ ACTMedia (2019).

⁸ Marica (2015).

⁹ Romanian Ministry of Labor, Family, Social Protection and Elderly (2015).

The employment rate of Roma in Romania was 32 per cent in 2014, while the labor market gap between Roma and non-Roma women was 15 per cent.¹⁰ Poor women or Roma women could represent a target group for jobs requiring lower qualification and skills. However, the PHS sector is rather difficult to access for rural residents. Additionally, Roma face prejudices and stereotyping, leading to discriminatory practices of employers.¹¹



Definition and development of PHS instruments

There is no designated definition of PHS. Government decision 539/2005 defines personal household services as services offered by actors specialized on care and assistance at home. The law defines the following services: medical care and assistance, emotional support and psychological counselling, palliative care, household services and transportation services.

Personal care services are covered by the definition of social services. Social services represent the activity or group of activities carried out in order to respond to the social needs as well as to the special needs of individuals, families or groups, in order to overcome difficult situations, to prevent and act against the risk of social exclusion, to promote social inclusion and to increase the quality of life.¹² Social services are public interest services, organized in diverse forms and structures, according to the specific character of the activities that are carried out resp. according to the particular needs of each category of clients.

According to the Law of Social Assistance No. 292/2011, **social services** are defined as services of assistance and support for the satisfaction of basic personal needs, such as personal care services, rehabilitation services and social insertion or reinsertion services. They consist of:

- Services that include accommodation, either permanent or for a fixed period: residential homes for children, elderly persons, adults with disabilities, protected housing for persons with disabilities, integrative day centres offering occupational therapy for adults with disabilities, night shelters for adults, day and night shelters for children, maternal centres for mothers with children, reception centres for children in distress, shelters for victims of domestic violence etc.
- Services that do not include accommodation: day centres, organisations offering home care, soup kitchens, mobile food services, social ambulances etc.

Social services are offered:

- At the place of residence of the client
- In day centres
- In residential centres
- At the place of residence of the person offering the service
- In the community

¹⁰ Kahanec (2014).

¹¹ OSCE (2006).

¹² See Art. 27, Law 292/2011, the Social Assistance Law.

Persons with disabilities receive a **disability allowance** and a **complementary budget allowance**, which are calculated according to the degree of disability. They represent 60, 35 resp. 12 per cent of the Social Reference Indicator. The authority in charge of the payments is the General Directorate of Social Assistance and Child Protection.¹³ Persons with disabilities cared for in publicly run residential facilities, assisted by a personal assistant or benefitting from publicly offered homecare services do not receive these allowances.

Persons suffering from severe disabilities have the right to a **personal assistant**. The personal assistant may be a close relative or a qualified person. In both cases, personal assistants are employed and paid by the local government. The overall amount for this entitlement is shared between the state budget and the local budget.

In Romania, persons with disabilities can access two different sets of entitlements, depending on the causes that have generated the disability: a medical condition or a work accident.

In the first case, the person is certified by an assessment commission based at the General Directorate for Social Assistance and Child Protection and gets access, after the issuing of a disability certificate, to various forms of non-contributory entitlements, with the personal assistant being the most important. The person with a disability may choose between a personal assistant employed by the local government or receiving the financial equivalent of the net salary of the assistant, under the form of a care/assistance allowance (in Romanian *indemnizatia de însotitor*)¹⁴. In the second case, the person with a disability undergoes the assessment procedure at the local Commission of Assessment of the Work Capacity, resulting in an invalidity pension, which is a contributory measure. This status of invalidity pensioner allows the access to a care/assistance allowance, with a value of 80 per cent of the pension point.

The referral to care/assistance allowance is therefore done by different institutional structures and the amount to be received is different as well.

The home care services for elderly, disabled or dependent persons include the following types of activities:

- support granted to carry out the usual activities of daily life, mainly: ensuring body hygiene, dressing and undressing, feeding and hydration, ensuring hygiene of eliminations, transfer and mobilization, inward movement, communication;
- instrumental activities of daily life, mainly: food preparation, shopping, household and laundry activities, facilitating travel abroad and accompanying, administration and management of goods, accompanying and socializing activities.
- services for rehabilitation and adaptation of the environment: small arrangements, repairs and the like;
- other recovery / rehabilitation services: kinetic therapy, physiotherapy, medical gymnastics, occupational therapy, psychotherapy, psycho-pedagogy, podiatry, speech therapy and the like.

¹³ See: <http://anpd.gov.ro/web/comunicat/> (last accessed 20 January 2020).

¹⁴ Law 153/2017, corroborated with Law 448/2006 and Government Decision 953/2019.

- medical services, in the form of consultations and medical care at home or in health institutions, consultations and dental care, administration of medicines, provision of sanitary materials and medical devices.

Medical home-care services are financed by the National Health Insurance Authority at medical recommendation for up to 90 days. All ensured persons may benefit from these services – as long as the authority’s budget is not exhausted. As far as budgeting is concerned, there may be consistent regional disparities. Medical home-care services funded by the National Health Authority are exclusively care services. Assistance and social services refer to both care and non-care services.

Non-care household services such as shopping, housekeeping etc. are supported by local authorities in an uneven manner.



Landscape of users

The target groups for **social services** are the following:¹⁵

- Children and/or families
- Persons with disabilities
- Elderly persons
- Persons in a dependency situation (chronically ill persons, terminally ill persons)
- Victims of domestic violence
- Persons without shelter
- Persons suffering from addictions (such as alcohol, drugs, other toxic substances, internet, gambling etc.)
- Victims of human trafficking
- Persons in detention
- Persons on probation
- Persons suffering from psychic illness
- Persons living in remote communities
- Long-term unemployed persons
- Family members of the clients

Caring for persons in need of care is culturally perceived as being the duty of close family members (parents, spouses, adult children, siblings). Additionally, the provisions for the care of elderly people include the family as primary caretakers, thus only in situations where they are not able to provide help, does the state intervene¹⁶.

However, given the migration dynamic, many people are not able to fulfil this duty. Romania faces one of the most explosive increase in the population over 65 among the EU’s Member States, largely due to the exodus of 4 million Romanians of active age against the framework

¹⁵ See: <http://www.mmanpis.ro/evaluare-servicii-sociale/> (last accessed 20 January 2020).

¹⁶ Chiriacescu, Diana, workshop contribution, 12.02.2020

of EU wide population aging.¹⁷ Given the distance from the expected carer's place of residence and the place of residence of the person in need, services including accommodation are preferred. This is also the case because of the lack of availability of home-care services in smaller settlements. However, as there is strong preference for home-care services from the part of the clients, the situation might change.

Approximately six to seven per cent of Romania's elderly population would need homecare services, but only 0.23 per cent actually benefit from such services¹⁸. Given that the demand for home-care social services exceeds the offer, needs are prioritized. Consequently, the users are usually terminally or chronically ill elderly people, without younger relatives who live nearby.

Disability allowances are targeted at disabled persons resp. at parents of disabled children. **Personal assistants** support severely disabled persons. Typical users of disability allowances are disabled persons and families with disabled children.

Medical home-care services are used by persons with medical conditions.



Financing of the main instruments and associated prices

Clients of **social services** provided by public institutions pay a certain percentage of the price, according to their income.

The costs for **medical homecare** services should be borne by the national health authority for 90 days per year per client. However, if the authority's budget is exhausted while the services are still needed, the service provider might suggest that the client pays for the continuation of the services.

The costs for **personal assistants** are borne by the state, although the personal assistants are employed by local governments, who receive and reallocate this budget from the national authorities.

In cases of disability, local authorities may provide services in-kind, through a personal assistant, or offer a care allowance. In March 2020, the value of this care allowance was 1346 RON, ca 275 EUR¹⁹. In cases of invalidity, the local authorities provide only an allowance. In December 2019, this allowance was 1012 RON, ca 207 EUR. Currently, a person with a disability can cumulate disability entitlements with an invalidity pension²⁰.

¹⁷ According to media reports, up to 17 per cent of Romania's population is working abroad. See: <https://www.digi24.ro/stiri/actualitate/social/romania-prima-dupa-siria-in-topul-migratiei-575743> (last accessed 20 January 2020). See also: Vladu (2018).

¹⁸ According to media reports, 20 per cent of the country's elderly population needs homecare, but only 1 per cent of the needs are satisfied. See: <https://stirileprotv.ro/stiri/sanatate/asistent-medicala-la-domiciliu-ar-trebui-sa-fie-gratuita-dar-nu-sunt-fonduri-suficiente-cat-plateste-pe-zi-un-batran.html> (last accessed 20 January 2020).

¹⁹ Law 153/2017, corroborated with Law 448/2006 and Government Decision 953/2019.

²⁰ Chiriacescu, Diana, workshop comment, 12.02.2020.

The decentralization of the social services sector has progressed, but it is far from complete. The State Budget Law (issued every year) includes, in its Annex 4, provisions for funding for specific types of services to be handled at the county/department level: child protection services and care for institutionalized persons with disabilities.

In the Annex 5 of the State Budget Law there are provisions related to the services funded at local level (municipalities). At this level, aside from personal assistants, there is no dedicated budget for social services in villages or communes, even though many services are provided at this level. While the Annex 4 thus provide for the 17 000 persons with disabilities in residential centres and institutions, the social services provided in communities for the overall population with disabilities (estimated 800 000) is thus not taken into account in the structure of the State Budget. Thus local governments have to use exclusively the local budgets in order to cover the costs for community-based services²¹.



Work arrangements

The national Registry of Accredited Social Services published by the ministry on a regular basis nominally lists 283 service providers for home-based services at 27 February 2020. These types of services are mainly provided by private service providers in urban areas. However, there are considerable regional disparities: there are regions where over 30 service providers are registered, whereas in other regions only one service provider can be found.

As far as the public and private service providers are concerned, intermediary employment prevails. Personal assistants are often self-employed. Given that the demand for home-based services should be comparable all over the country, the data further suggest a high incidence of undeclared employment. This is further exacerbated by the high costs of formal direct employment, which is rare²².



Landscape of intermediaries and quality management

Social services may be offered by:

- Public providers of social services such as specialized organisations functioning within the framework of local authorities, of central authorities or of health, educational or other public institutions that have developed integrated social services on the community level

²¹ Chiriacescu (2020): Finanțarea publică a serviciilor sociale și achiziția publică a serviciilor furnizate de ONG în România. Workshop presentation, 12.02.2020.

²² Chiriacescu, Diana, workshop comment, 12.02.2020.

- Private providers of social services such as NGOs, religious associations approved by the law or individual service providers authorized by the law
- Local branches of international foundations and associations authorized by the law
- Social economy actors authorized by the law

There are two crucial imbalances, that affect the sectors associated with PHS in Romania. First, the geographical repartition of providers is uneven, with too few actors in the southern and far northern parts of the country. Second, until 2019, the number of public and private social service providers was almost equal. However, in 2020 the picture has changed, due to the decrease of rural public providers that are accredited: 70 per cent of providers are currently private and 30 per cent are public²³. In terms of the overall number of social services delivered to clients in Romania, 55 per cent of these services are covered by public providers and 45 per cent of them are private.

The total number of accredited home care service providers for elderly and for disabled persons²⁴, was 283 in March 2020. 24.30 per cent, i.e. 69 service providers were public and 75.61 per cent, i.e. 214 service providers were private organisations. The private providers of these services mostly consist in the NGOs and the church-affiliated providers, while percentage of for profit services in the overall number of providers remains very small in Romania (7 PHS services in total, meaning 2.4 per cent)²⁵.

The homecare services for elderly, disabled and dependent persons are regulated by the Ministry of Labour and Social Protection and are subject to specific quality standards.

There are institutions that offer home-care services directly, but also agencies and internet platforms that connect individual service providers to individual users. Agencies usually define service packages for which the users pay a certain intermediation fee.

Personal assistants employed by local governments receive a limited number of mandatory training hours, which are provided by their employers²⁶.

Qualification courses may be offered by public institutions such as local governments or NGOs such as Caritas. Courses were developed according to EU-wide requirements and consist of a programme of 360 hours divided into 120 hours of theoretical training and 240 of practical training. Participants have to pay a participation fee, which is not high and can also be paid in instalments. However, the completion of basic education (i.e. 8 classes) is a precondition, which certain possible target groups such as young Roma women are not likely to meet. Successful participants acquire a certificate that is valid in all EU countries.

²³ Romanian Ministry of Labour and Social Protection (2020).

²⁴ The denomination of this service in the Romanian National Registry (*ro.* "nomenclator") is "home care services for elderly, persons with disabilities and persons with dependency needs".

²⁵ Romanian Ministry of Labour and Social Protection (2020).

²⁶ Law 448/2006, art. 38.



Landscape of employees and degree of professionalisation

Typical employees of home-care services are middle-aged women, who either have a prior qualification in health care or pursue a qualification course for home-care services providers prior to employment.

There are several aspects that need to be further improved regarding the working conditions of personal assistants: the lack of provision for sick leave, the absence of accurate payment, as well as the fact that care is funded for eight hours per day only.

With regards to undeclared work, home-care services are also provided by middle-aged women, who are expected to care for their clients the way they would care for a relative. It can be further noticed that the domestic workers involved in PHS are aging²⁷.

On internet platforms one can notice a growing number of job seekers in the home-care sector, women aged between 50 and 60, who offer references from abroad. As younger women with the same skills tend to seek jobs abroad, a circulation of skills seems to take place.

The Habilitas Association is about to develop a professional profile of PHS workers within the framework of the EU Tenderness for Life project.²⁸



Wages

Care providers usually work on wages around minimum wage level, as their wages are calculated on the basis of the wages for personal assistants. These are regarded as low-level employees in the public sector and earn wages from 1.900 to 2.251 RON gross income per month, according to seniority.²⁹ The minimum wage in 2019 is 2080 RON (446 EUR).



Social dialogue in the field of PHS

The main social partners in the dialogue are:

- **Dizabnet**, a network of service providers for persons with disabilities, founded with the support of EASPD and Handicap International
Members: 69 NGOs and 14 public institutions

²⁷ Chiriacescu, Diana, workshop comment, 12.02.2020.

²⁸ See: <https://www.habilitas.ro/index.php/ro/tenderness-for-life-t4/> (last accessed 20 January 2020).

²⁹ See: <http://www.jurnal-social.ro/asistentul-personal-angajare-salariu-concediu-de-odihna-incetarea-contrac-tului-de-munca/> (last accessed 20 January 2020).

- **Seniorinet**, a network of providers for home-care services for elderly persons, founded at the initiative of Caritas, the association 4change, the White-Yellow Cross (with support from Belgium), the Bucharest Mutual Support Association (ADAM), the Habilitas Association (professional development for home-care services).
Members: 54 NGOs and public institutions
- **FONSS** – the Federation of Nongovernmental Organizations for Social Services, a national network of 37 social service providers, working mainly for the improvement of the regulatory systems of the social services,
- **FDSC** – Foundation for Civil Society Development, that offers training and networking opportunities as well as access to financial resources for institutional development.

The two main trade unions (Publisind and Pro-asist) represent solely employees from the public sectors and thus not employees from NGOs and other private actors. There also exist a union of personal assistants as well as the ALFA union federation.

The employers are represented by the Concordia Employers Confederation. While the law enables any employer to set up or join an employers' organization, there is threshold in terms of members for a federation of employers' organisations to be able to negotiate with unions. Unfortunately, many employers' organizations do not have a sufficient number of members to pass this threshold. The social services sector encounters significant difficulties from this point of view, in organising itself in unions or employers' organisations.

There are no PHS subsectors in Romania. The absence of collective bargaining at sectorial level results in the absence of sectorial contracts, paid holidays or other social benefits.



Policy Process

In Romania, in 2015, only 15 per cent of the GDP was devoted to social protection, compared to an EU average of 28 per cent. In particular, the share allocated to social services within the non-contributory social assistance component is of 0.6 per cent of the GDP compared to an EU average of 2.27 per cent.

Overall, the Romanian system tends to over-emphasize the passive social protection (in the form of benefits), to the detriment of active social protection (services). This imbalance has been increasing over the years³⁰.

Social services are centrally overseen by the Ministry of Work, Families and Social Protection and provided at the local government level.

Personal assistants are regarded as social service providers and are thus overseen by the Ministry of Labour and Social Protection.

Medical home-care services are overseen by the National Health Authority and provided by the institution's regional branches.

A crucial issue in Romania is the lack or insufficiency of information. Beyond the sheer lack of statistics on users and needs, users often find themselves unaware of the existence or

³⁰ Analysis of the official data provided by the Ministry of Labour and Social Protection, FONSS 2020.

availability of services, as well as of the procedures required to obtain them. In parallel, the public authorities, especially at the local level, are often unable to provide comprehensive information as they do not have an accurate mapping of existing services providers since they are only aware of certain accredited organizations and there is no register for non-accredited actors.

The World Bank is currently coordinating the technical assistance for the Ministry of Labour and Social Protection, related to the elaboration of the National Strategy for Persons with Disabilities. The process includes an extensive data collection at national level, regarding the forms and efficiency of benefits to persons with disabilities. This research will incorporate participatory surveys from the population.



Commonalities across countries

The scope of the Romanian welfare policies is rather limited, so that the welfare regime can be described as “familialism-by-default”.³¹



Previous Instruments

There has been a legislative initiative by a liberal MP for the introduction of a service voucher system oriented on the Belgian model in April 2016³². However, the initiative was mainly targeted at the reduction of undeclared work and did not address professionalization issues. It has not received political support and has not been revived since then.

Additionally, the resistance to vouchers of persons with disabilities and their families remains very high, with strong and valid arguments, referring to the lack of choice between services, lack of availability of mappings, an anticipated disengagement of the state and others³³.

A network of private non-profit care providers, professional and civic organizations have launched an initiative with the support of the Belgian and French embassies to advocate for boosting legal and financial policy measures that would enable the development of accessible long term care services for the elderly in 2018³⁴.

³¹ Mureşan/Hărăguş (2015).

³² Cristian (2016).

³³ Chiriacescu, Diana, written comment, 27.02.2020.

³⁴ Vladu, Cristina: Current State of Long Term Care in Romania and Projections for the Future. Roundtable report. Bucharest, 13.11.2018.



Promising practices

A legal framework has been created, so that persons in full employment who care for elderly relatives can work half-time, while receiving a full salary. The difference in income should be borne by the local authorities. However, due to lacking legal details and lacking budgets on the local level, the law has not been implemented so far.³⁵

Social vouchers, “tichete sociale”, have been introduced by the local administration in some municipalities. They are addressed at needy residents and can be used for buying basic foodstuffs in supermarkets that have entered partnerships with the local administration.³⁶

³⁵ See: https://www.avocatnet.ro/articol_50281/Asistent-personal-2019-Cei-ce-au-in-grijă-un-bătrân-pot-lucra-cu-jumătate-de-normă-dar-să-primească-salariu-intreg.html (last accessed 20 January 2020).

³⁶ See: <https://primariaclujnapoca.ro/social/tichete-sociale-pentru-alimente/> (last accessed 20 January 2020).

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