

ROMANIAN MINISTRY OF HEALTH
Health Sector Reform - Improving Health System Quality and Efficiency Project
Loan no. 8362-RO

TERMS OF REFERENCE

Consultancy services for developing communication strategy, public relations and awareness campaign for Health Sector Reform Project and Romania Health Program-for-Results

I. BACKGROUND

Health Sector Reform Project (Loan 8362-RO)

The Ministry of Health, through the Project Management Unit (PMU), is implementing the Health Sector Reform – Improving Health System Quality and Efficiency Project (the Project), financed by the International Bank for Reconstruction and Development (IBRD), Project no. 8362RO, ratified by Romanian Law no. 179 of December 16th, 2014, with subsequent amendments.

The main objective of the Project is to contribute to improving access to, and quality of selected public health services.

The Project was approved on March 28th, 2014 and became effective on January 22nd, 2015. The project amount is EUR 250.00 million and the closing date is December 31st, 2024.

To achieve the main objectives of the Project, the Romanian Government, through the Ministry of Finance, and the International Bank for Reconstruction and Development, signed on June 11th, 2021, the Loan Agreement no. 9253-RO, for the purpose of providing additional financing for activities related to the Project. The Loan no. 9253-RO was ratified by the Romanian Parliament by law no. 298/December 14th, 2021.

The Project comprises the following components:

Part A: Strengthening Health Service Delivery

Activities supported under this component aim at improving access to and quality of selected life-saving services and screenings by strengthening key hospitals that will become the backbone of the hospital network, and at improving the cancer screening network through the provision of goods, works, consulting and non-consulting services, and training. The following activities are included:

- a) improvement in life-saving medical services, such as medical services in operating rooms, intensive care units (ICUs), advanced surveillance and treatment units for critical cardiac patients, burn centers, radiotherapy units/centers, emergency medical services including telemedicine systems, and medical imaging diagnosis services;
- b) performing rehabilitation works for existing medical units, and (ii) new construction of burn centers for the treatment of severe burns in (A) Timisoara, (B) in Bucharest, and (C) in Targu Mures; and
- c) improving the cervical cancer screening network by supplying mobile units for cervical cancer screening and strengthening the technical capacity of the regional pathology and cytology laboratories.

Part B: Public Health Sector Governance and Stewardship Improvement

Activities supported under this component aim at improving sector governance and stewardship of the Ministry of Health (MoH) and other relevant governmental institutions to bridge the gap between policy and practice, and to strengthen government capacity to improve the quality of medical care

services through the provision of goods, non-consulting services, consultants' services and training. The following activities are included:

- a) adopting evidence-based standards and protocols;
- b) strengthening and supporting the implementation of health technology assessments (HTA);
- c) strengthening the capacity of the health sector to conduct surveys and studies, and providing advice in formulating evidence-based health policies;
- d) supporting selected national health programs to shift focus towards preventive care and promotion of health services among the population; and
- e) strengthening the communication strategy of the MoH to inform the general public about the reform program and its expected outcomes.

Part C: Project Management, Monitoring and Evaluation

This component supports the MoH and the Project Management Unit (PMU) in Project management and implementation, including fiduciary tasks, monitoring and evaluation and reporting through the provision of goods, non-consultancy services, consultants' services, training, auditing and incremental operating costs.

Part D: Strengthening of Public Health Emergency Response to COVID-19

This component aims at strengthening the public health response through, among others, improving the quality of medical care for preparedness and enhanced response to COVID-19, including by minimizing risks for patients and health personnel. The component includes, *inter alia*:

- a) equipping and expanding triage centers, medical units and intensive care units (ICU) in selected health facilities with medical supplies, medicines and equipment to treat COVID-19 patients, as well as training; and
- b) providing public health laboratories with appropriate medical equipment, diagnosing reagents including kits needed, and training, to detect, prevent and treat COVID-19 patients.

Health Program for Results (Loan 9005-RO)

The Romania Health Program-for-Results (PforR) was approved on September 17th, 2019, and the Loan Agreement was signed and countersigned by the International Bank for Reconstruction and Development and Romania Ministry of Public Finance representatives on September 23rd, 2019. The Loan Agreement was amended in July 2020 to support Government's response to the COVID-19 epidemic. The PforR became effective on January 12th, 2021. The total amount of the project is EUR 500 mil. (USD 557.20 mil.).

The objective of the Program is to increase the coverage with primary health care for the underserved populations and to improve the efficiency of health spending, by addressing underlying institutional challenges.

The Program consists of the following components:

Results Area 1: Improving Primary Health Care (PHC) coverage for underserved populations

The aim of this results area is to improve the coverage of primary care services for underserved populations, by addressing the physical, financial, and social challenges they face.

(a) To address the physical challenges of access to primary care, the Program supports the expansion of community health care and strengthen collaboration with primary health care. Community health nurses and Roma health mediators will be hired, trained, and deployed to communities to provide community-based interventions.

(b) To address the social challenges faced by vulnerable groups, the Program supports assistance to targeted communities (including marginalized communities) to receive health education and navigate the health care system, in particular primary health care system.

(c) To address the financial challenges to primary health care, the Borrower aims to provide uninsured population in Romania with a minimum package of primary health care services aligned with the basic package of primary health care services for the insured population.

Results Area 2: Rebalancing the Hospital-Centric System towards Effective Primary Health Care

This results area aims to rebalance the hospital-centric system towards effective primary health care by addressing the institutional challenges: underinvestment in primary health care, misalignment of incentives that is embedded in National Health Insurance House's provider payment mechanisms and regulatory restrictions on the scope of primary health care services. A set of measures are supported to make primary health care comprehensive, widely accessible and effective.

(a) One initiative under the program is to revise the primary health care package to expand the number of services provided, including: (i) prescriptions for exams and medications to control the most prevalent noncommunicable diseases; (ii) increase the supply of preventive services for adults and children, such as annual medical check-ups; and (iii) during the COVID-19 outbreak: introduce remote consultations and prescriptions in the scope of services delivered by primary health care providers, expand prescribing rights for primary health care providers and increase the hourly caps on the number of primary health care consultations.

(b) To increase the supply of primary health care services, the program supports the revision of the provider payment mechanisms and expand the scope of services, incentivizing family physicians to improve the effectiveness of services.

(c) To address underinvestment in primary health care, the Program supports an increase in the budgetary allocation for primary health care.

Results Area 3: Improving health expenditures efficiency by addressing critical cost drivers

This results area aims to increase the efficiency of health expenditure by addressing critical cost drivers, including high spending on pharmaceuticals, devices and supplies and by improving access to and use of information.

(a) The program supports more effective implementation of centralized public procurement and pharmaceutical policies to ensure better control of spending on medical products.

(b) The program supports improvements in health information management to ensure standardization and interoperability of existing subsystems, to facilitate access to information and enable evidence-based decision-making.

See Annex 1 for Details on the Specific Program Indicators/Results Expected.

II. OBJECTIVE OF THE ASSIGNMENT

The objective of the assignment is the provision of consultancy services to the Ministry of Health for developing and implementing communication strategies, public relations and awareness campaigns for both Operations (the Project and the Program-for-Results) and to ensure timely and qualitative services for achieving the projects objectives.

III. SCOPE OF WORK

The provided work will be based on a unitary communication concept that will be used throughout the entire project implementation and that will result in creating communication deliverables. Contract duration is from the signing date until the project activities are concluded, 31.12.2024.

COMMON SCOPE OF WORK UNDER BOTH OPERATIONS (PROJECT AND PROGRAM-FOR-RESULTS)

- 1) Raise awareness of operations in the context of reforming the healthcare system;
- 2) Increase awareness and knowledge of key issues in and solutions for the health system and people's health;
- 3) Inform on key aspects of operations (e.g., vision, health reform intended, components, milestones, stakeholders and beneficiaries)
- 4) Prompt action to (i) gain support for/increase ownership of the reform among reform implementers; (ii) increase number of beneficiaries of the reform, including among vulnerable categories;
- 5) Promote results of projects, champions of change, and benefits among targeted audiences
- 6) Influence perceptions, beliefs, attitudes, and behaviors to increase (i) accountability of reforms, (ii) transparency of reforms, (iii) demand and support for enhanced public health services; and to enhance people's behaviors towards tackling individual health issues with a focus on prevention.

SPECIFIC SCOPE OF WORK UNDER THE PROJECT

- 1) Inform and raise awareness on project milestones and respective opportunities for the overall population, and, when strategic, for targeted beneficiaries under the project (e.g., increased screenings options, rehabilitation works for medical units, adoption of new standards and protocol in hospitals, new trainings available for medical staff) to increase participation in project components and encourage adoption of new behaviors.
- 2) Inform specific stakeholders that are interested in health reforms, investments made in civil works, technical assistance, equipment, and professional training, in order to ensure a high-level of understanding of reform and project objectives, timeline, areas of collaboration, and benefits to be unlocked, as well as participation in relevant initiatives/activities and adoption of new behaviors, tools, protocol etc.
- 3) Inform and raise awareness on project accomplishments, key changes in the health system, and benefits for stakeholders and beneficiaries, in order to ensure transparency, particularly over sensitive aspects of the reform (e.g., investments in hospital infrastructure), a regular flow of information in a proactive way, and traction for the reform.

SPECIFIC SCOPE OF WORK UNDER THE PROGRAM-FOR-RESULTS

- 1) Inform the target public categories, the beneficiaries/patients and the stakeholders that are interested in the extension of the minimum package of primary medical assistance services for the uninsured. Use strategic communication to encourage actions to be taken by targeted public categories.
- 2) Inform the target public categories, the beneficiaries/patients and the stakeholders that are interested in the community healthcare services. Support efforts in upgrading the amcmsr.gov.ro platform and extending the collaboration between community healthcare and primary health care. Use strategic communication to encourage actions to be taken by targeted public categories.
- 3) Use strategic communication to increase ownership of reforms, including on sensitive components (e.g., enhancing health expenditure) and communicate clearly over reform objectives, benefits, and results.

- 4) Use creative communication to enhance reform implementation on selected project components (e.g., increase reach out to underserved populations).
- 5) Inform and raise the level of understanding for key reform components (e.g., changes in the minimum package of primary health care services) among the general population, but also relevant public segments through more targeted and intense efforts.

SPECIFIC TASKS

- 1) Drawing up a qualitative and quantitative analysis to track the presence of the Ministry of Health in mass-media in the period 2020-2022, focusing on the reforms/reform areas/target groups that captured by the two operations. Using the findings, propose strategic approaches to communicate around the reforms and support implementation and achievement of proposed results.
- 2) Organizing market research and focus groups with the purpose of identifying the public perception on various medical services and building strategies meant to increase the level of acknowledgement among the public for specific actions.
- 3) Developing a stakeholder mapping for each Operation to inform the communication strategy and plan, applying a recognized methodology in the field.
- 4) Developing an integrated communication strategy for offline and online environments with the purpose of informing the Romanian public with regard to the scope and the expected and actual results of the reforms, increasing understanding, supporting reform adoption and implementation, and changing behaviors towards a healthier society and a better performing, transparent, and inclusive health system; Creating a communication plan that is aligned to the strategy and that must include at least the following:
 - a) Creating a concept for a 360-degree national communication campaign to include strategic and creative, proactive and reactive communication and promotion, public relations, media relations, social media, influencers communication, risk communication, and branding.
 - b) Advertising (TV, Radio, Media and Online commercials to be used in the communication campaigns);
 - c) Creating graphic concepts and providing promotional materials;
 - d) Ensuring technical support, organizing press conferences and providing follow-up reports after each conference in order to measure impact and identify solutions for improving further actions;
 - e) Creating social media campaigns in collaboration with the Ministry of Health and manage the online channels that were created for projects promotion purposes;
 - f) Matrix of KPIs, outcomes, impact and behavioral changes aimed to be achieved among various public segments to inform the monitoring and evaluation process of the strategy;
 - g) Monitoring and evaluation methodology.
- 5) Implementing the above-mentioned communication strategy and plan. Applying adjustments throughout implementation based on feedback and data gathered during regular monitoring and evaluation processes meant to inform enhancements in the remaining part of the strategy and plan.
- 6) Working in collaboration with the team responsible for mass-media relations in the Ministry of Health, for the tasks that are related to changes in the implementation of both Operations.
- 7) Ensuring training sessions to the designated personnel inside the Ministry of Health for specific mass-media activities, as well as to personnel in other public institutions, as needed and when serving project objectives. This can be complemented or substituted by training materials (e.g., manuals, brochures, 2-pages) to be developed to ensure building the necessary communication capacity at a larger scale.
- 8) Providing specific recommendations to improve the webpages content on the Ministry of Health's website that describe the planned reforms, as well as web structures and features, where feasible.

- 9) Drawing up specific reports regarding the activities being carried out with recommendations for further action which are actionable, well thought, and compliant with various constraints and reforms' objectives.
- 10) Analyzing the results of the implemented communications campaign and making suggestions to improve communication activities within the Ministry of Health.

ACTIVITIES

- 1) **Drawing up a qualitative and quantitative analysis** to track the presence of the Ministry of Health in mass-media in the period 2020-2022, focusing on the reforms/reform areas/target groups that were defined in the projects. Using the findings, propose strategic approaches to communicate around the reforms and support implementation and achievement of proposed results.

In order to evaluate the public opinion on the Ministry of Health image and communication, sociological research will be carried out, using qualitative and quantitative techniques. The scope of such research is to identify the strengths and the weaknesses as per the public perception, following the mass-media activities during 2020-2022. This will create the conceptual basis of the communication, public relations and promotional campaign. The sociological methods and the analysis techniques that will be used in the research will be described in details in the technical documents, explaining their importance for the above mentioned objective.

- 2) **Market research/focus groups**

Market research will be held at the beginning of the communication, public relations and promotion campaigns. Their objective is to identify the target groups and the key messages that are about to be used in the campaigns. Following the signing of the contract, a national market research will be carried out on a representative sample in order to obtain quantifiable results. Proposals for its organization will be part of technical proposals.

- 3) **Developing a stakeholder mapping for each Operation to inform the communication strategy and plan, applying a recognized methodology in the field.**

The stakeholder mapping will include a stakeholder analysis and a subsequent mapping based on relevant criteria (e.g., power versus interest, public segment, ways to engage with).

- 4) **Developing an integrated communication strategy for offline and online environments with the purpose of informing Romanian public with regard to the reforms scope and their expected and actual results**

The communication strategy for offline and both online environments will be presented to the Ministry of Health together with the campaign concept and will be based on the results that were identified following the qualitative and quantitative analysis on the Ministry of Health presence in mass media during 2020-2022.

The communication strategy will be organized on operational objectives with the general purpose of delivering accurate information to the public with regards to the reforms in the national public health system.

The strategy must include: objectives, technical steps, used resources, public segmentation in distinctive target groups. The strategy must be implemented in an integrated way across all channels and media.

- 5) **Developing a communication plan for the communication strategy described at point 4**

This will include, at least the following:

- Concept for a 360-degree communication national campaign to include strategic and creative, proactive and reactive communication and promotion, public relations, media relations, social media, influencers communication, risk communication, and branding. The concept will be further detailed through main communication components/segments and dedicated activities.
- Media plan for the dissemination of communication materials in the online environment (press releases, press announcements, commercials etc.).
- Media plan for TV and Radio commercials, taking into account the results of the market research on the target audience and the media in which it is present. Proposal on online channels and social networks, on which the Operations will be communicated (–e.g., Facebook, YouTube, etc.).
- Plan (including weekly planning) for social media posting.
- Types of materials to be broadcast in the press (press releases, press releases)
- Matrix of KPIs, outcomes, impact and behavioral changes aimed to be achieved among various public segments to inform the monitoring and evaluation process of the strategy.
- Monitoring and evaluation methodology.
- A GANTT timeline on the coordination of actions under the above-mentioned communication strategy.

The communication plan for the offline and online environment will include, in the media plan, the highlighting of the ways to promote TV and Radio commercials. The media plan based on which the commercials will be broadcast will be presented by the Consultant and approved by the Ministry of Health. As a minimum level of requirements, the media plan must have national coverage over a wide range of audience and viewers, in order to cover as many of the target audience segments of the Client as possible:

- a) **Television** – the plan will include TV stations with national coverage where commercial with a duration of minimum 30 seconds - maximum 60 seconds will be broadcast. At least 3 national television channels will be proposed. The Consultant will propose a media plan for the broadcasts and the TV commercials will be realized and broadcast according to this media plan and also in accordance with the Ministry of Health’s decisions.
- b) **Radio** – the plan will include national and regional radio stations where commercials with a 30 seconds minimum duration will be broadcast. At least 2 national radio stations and 2 regional ones will be proposed. The Consultant will propose a media plan for the broadcasts and the radio commercials will be realized and broadcast according to this media plan and also with the approval of the Ministry of Health.
- c) **Online** – online spots will be extracted from the TV commercials. The online broadcast plan will include social media – which is highly used by the Romanian public; at least 2 such social networks will be proposed. Segmentation and audience targeting methods must be included. The Consultant will propose a media plan for the online posts which will be realized and broadcast on social networks according to this media plan that must be presented to and approved by the Ministry of Health.

6) Developing a branding concept for a national communication, public relations and promotion campaign

The concept of the campaign will be developed on the basis of the defined communication objectives of the reforms and on the basis of the results identified following market research and focus groups. It will also include the branding service of the campaign by developing a unified identity harmonized

with the communication objectives of the Ministry of Health, which will be translated into a personalized identity manual. The concept will include the following deliverables:

- Logo
- Creative direction of all deliverables
- Perception objectives
- Slogan
- Tone of voice
- Recommended target audience typology and types of communication
- Visual direction for online communication (site design, layout of press releases, visuals to be broadcast on social networks)

7) Creating TV and Radio commercials to be used in the communication campaigns

TV commercials will be approx. 30 seconds long and will include a brief (spot concept), the script and then creating a production team to create the commercials. TV commercial will be aired both during and beyond prime time.

Radio commercial will be created from the TV commercial, keeping the same concept and adapting it for the radio broadcast for the stations elected by the Ministry of Health, following the proposals made by the Consultant.

The online commercial will be extracted from the TV commercial and it will be broadcast in accordance with the media plan approved by the MoH.

8) Creating graphic concepts and providing promotional materials

Promotional materials that will be created must follow a unitary creation concept. The key elements of the information, public relations and communication campaign, set out in the visual identity guide, to be carried out by the Consultant, will be present on all materials.

The promotional materials intended to be made will be distributed during the press conferences and they will consist of: Flyers, Notepad, Pens.

9) Ensuring technical support, organizing press conferences and providing follow-up reports after each conference in order to measure impact and identify solutions for improving further actions

The Consultant will propose and ensure technical support for organizing not less than 5 press conferences, with the objective of promoting to the press and public the progress registered within the Operations regarding the health reforms. The events will be held physically, and the Consultant must take into account the eventuality of not being able to hold these events due to the epidemiological situation and must therefore provide alternative suggestions that must be included in the Technical Proposal.

For the conferences, the Consultant will propose and ensure:

- a) Event preparation;
- b) Event implementation;
- c) Post event (follow up and reporting) – within 7 working days from the date of the event).

10) Working in collaboration with the team responsible for mass-media relations in the Ministry of Health, for the tasks that are related to changes in the two Operations

For the subjects that refer to development, investments and achievements in the Operations, the Consultant will collaborate with the specific structure responsible for the mass-media relation within the MoH. The description of how to ensure this requirement will be included in the technical proposal.

11) Ensuring training sessions to the designated personnel inside the Ministry of Health for specific mass-media activities, as well as to personnel in other public institutions, as needed and when serving project objectives

Considering the need of the MoH representatives to present the projects, the actions and the achievements publicly, the Consultant will propose media trainings in the Technical Offer in order to facilitate the communication from the institution. The manner in which they are carried out will be the subject of the technical offer. The Consultant will propose to hold at least 6 such sessions.

12) Providing support in Ministry of Health web pages creation

The Consultant will support the creation of the presentation web pages of MoH that are specific to the Operations, in collaboration with the responsible teams within MoH, with the projects coordinators and with the institution responsible for platforms administration. The economic operators will present in details the manner to ensure these services and the way it will be promoted to the audience in the technical offer.

13) Creating social media campaigns and managing the online channels created for projects promotion, in collaboration with the Ministry of Health

By creating a presence in the online environment and by implementing a communication plan on the main social platforms in Romania (Facebook, Instagram, LinkedIn) the visibility of the Operations and their results will be ensured. Promotion campaigns on social channels and online platforms will generate an increased impact of the projects carried out and will ensure the dissemination of key messages.

14) Drawing up specific reports regarding the activities being carried out

The Consultant will submit quarterly reports that will include the performance indicators of the communication campaigns according to the communication environment (reach, impressions, engagement, awareness, etc.) for the materials used and the activities carried out by the team dedicated to the implementation of the contract. At the same time, the quarterly reporting should include the evolution of the indicators specific to each communication medium and a detailed information of the activities carried out during the reported period. The consultant will present in the technical proposal in detail the reporting arrangements for each action.

15) Analyzing the results of the implemented communications campaign and making suggestions to improve the communication activities within the Ministry of Health

At the end of the campaigns, the Consultant will present an analysis report of their results, which will include a comparison between the initial situation and the current one, based on the results of sociological research and focus groups. The analysis reports of the campaign results will be considered finalized only after the approval of the Ministry of Health.

V. REPORTING REQUIREMENTS

The Consultant shall submit quarterly reports that will be approved by the Ministry of Health in order to ensure achievement of the objectives set forth.

The consultant will have to draft a summary quarterly report, where it will present the progress made so far, will update the working plan and the methodology for fulfillment of tasks, will identify any aspects and solutions for obtaining a successful result for this assignment. All the documents must be

submitted in electronic format, using the Microsoft Office products (Word, Excel, Power Point and Access), and printed (1 copy) and should be delivered to the Ministry of Health - PMU.

The reports submitted by the Consultant shall be the exclusive property of the Client and may not be used by the Consultant without the Client's exclusive written consent.

VI. DURATION OF SERVICES AND ESTIMATED EFFORT LEVEL

The estimated duration of the assignment is of 25 months, with possible extension, to commence within one week from the contract signature, estimated for November 2022.

The consulting services shall be provided by a Communication agency, which is required to provide at least 8 key experts, whose estimated cumulated input is of 60 man-months and support team (non-key experts).

VII. CONSULTANT'S QUALIFICATION REQUIREMENTS AND EVALUATION CRITERIA

The assignment should be carried out by a qualified Consultant with in-depth experience in communication services.

The Consultant shall provide the adequate staff (in terms of qualifications and time allocation), as well as the needed equipment to complete efficiently all the activities required under the scope of contract and to finally achieve the specific and the overall objectives of the contract.

The Consultant must prove the experience of at least 3 such media partnerships with publications/TV stations/news, business or general Romanian websites – by submitting letters of commitment. The economic operators will propose the type of materials that they consider appropriate for promotion within the partnerships

The team members (key experts) shall meet the following individual requirements:

1) KE 1: Team leader

For the contract purposes, the Consultant shall provide an expert with proved experience as Team Leader in similar projects.

Availability: The team leader must be available for the whole contract period, be present for liaison with the Client up to the end of the works contract.

Education:

- University completed with a bachelor's degree or equivalent in economics, management, journalism, communication or an advanced master program in communication, journalism, public relations or related communication field.

Experience:

- Minimum 10 years total work experience;
- At least 5 years of work experience related to strategic communication planning, as project manager/team leader in minimum 3 similar contracts;
- Experience on health journalism or health communications will be an advantage.

Competencies:

- Outstanding communication, networking and negotiation skills;
- Proven experience in preparing and implementing various forms of communication materials across multiple communication channels, creative/journalistic writing skills and strategic approach to communications;
- Ability to conceptualize and develop visual media products;
- Demonstrated ability to develop, maintain and engage in productive, professional relationships with government counterparts, donors, civil society and other stakeholders, as well as a good understanding of government administrative and legislative mechanisms and processes;
- Familiarity with local media, demonstrated ability to build and nurture strong relations with the media and established network with local journalists. Previous editor work experience, including experience in designing strategic digital communication campaigns (Internet communication strategies, blogging, on-line campaigning) will be considered an advantage;
- Strategic communication skills acquired through courses and training programs;
- Excellent knowledge and written communications in Romanian and English;
- Computer literate (Word, Excel, Power Point, Internet).

2) KE 2: Communication expert

Education:

- University completed with a bachelor's degree or equivalent in Public Relations / Communication / Philology / Foreign Languages / Advertising;

Experience:

- Minimum 10 years total work experience;
- At least 5 years of communication and public relation and as media expert in minimum 3 similar contracts.
- Experience on health journalism or health communications will be an advantage.

Competencies:

- Proven experience in preparing and implementing various forms of communication materials across multiple communication channels, creative/journalistic writing skills and strategic approach to communications;
- Ability to conceptualize and develop visual media products;
- Strategic communication skills acquired through courses and training programs;
- Excellent knowledge and written communications in Romanian;
- Computer literate (Word, Excel, Power Point, Internet)

3) KE 3: Communication expert

Education:

- University completed with a bachelor's degree or equivalent in Public Relations / Communication / Philology / Foreign Languages / Advertising.

Experience:

- Minimum 10 years total work experience;
- At least 5 years of communication and public relation.

Competencies:

- Proven experience in preparing and implementing various forms of communication materials across multiple communication channels, creative/journalistic writing skills and strategic approach to communications;

- Strategic communication skills acquired through courses and training programs;
- Excellent knowledge and written communications in Romanian;
- Computer literate (Word, Excel, Power Point, Internet).

4) KE 4: Graphic designer expert

Education:

- University completed with a bachelor's degree or equivalent.

Experience:

- Minimum 5 years total work experience;
- At least 3 years as graphic designer in minimum 3 similar contracts.

Competencies:

- Graphic designer acquired through courses and training programs – diploma.

5) KE 5: Copywriter expert

Education:

- University completed with a bachelor's degree or equivalent.

Experience:

- Minimum 5 years total work experience;
- At least 3 years as copywriter in minimum 3 contracts.

6) KE 6: Social Media Communication expert

Education:

- University completed with a bachelor's degree or equivalent.

Experience:

- Minimum 5 years total work experience;
- At least 3 years as social media communication expert in minimum 5 contracts;
- Experience on health journalism or health communications will be an advantage.

7) KE 7: Media Planner

Education:

- University completed with a bachelor's degree or equivalent.

Experience:

- Minimum 5 years total work experience;
- At least 3 years as event organizer in minimum 5 contracts.

8) KE 8: Website development Expert

Education:

- University completed with a bachelor's degree or equivalent.

Experience:

- Minimum 5 years total work experience;

- At least 3 years as website developer in minimum 3 contracts.

Competencies:

- Website developer acquired through courses and training programs – diploma.

The consultant will include in the team at least two non-key experts for the performance of the other activities under the contract.

The consultant is responsible for organizing the activities of the experts, the composition of the team of experts, their profile and the estimated effort. The project team experts were set at a minimum by reference to the contractual conditions.

VIII. WORKING METHOD

The Consultant shall have a participative approach, constantly working in close collaboration with the representatives of the Ministry of Health.

The Ministry of Health team responsible for project implementation are:

- Project Management Unit within the MoH;
- Relevant departments within the Ministry of Health.
- Technical working groups

For any meeting or discussions that do not directly involve the Project Management Unit (PMU) of the Ministry of Health, the Consultant shall submit the minutes of the meeting.

IX. DATA, LOCAL SERVICES AND FACILITIES TO BE PROVIDED BY THE CLIENT

The Client shall ensure access to the data required and shall contribute to the coordination of all the factors involved.

The Client will not be able to ensure acceptable or adequate working conditions (especially as regards working premises). The PMU shall provide, to the extent possible, suggestions and references for organizing logistic assistance.

Any changes and additions to the present Terms of Reference shall be introduced upon consultation with the Project Coordinator and with the approval of Minister of Health and the World Bank.