SWOT-TOWS ANALYSIS OF THE PANDEMIC STRATEGIES APPLIED IN ROMANIA BETWEEN 2020-2021

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Abstract

This paper outlines pandemic management strategies, focusing on effective health policy improvements in Romania. Utilizing SWOT and TOWS analysis, it develops attack, defense, adaptation, and survival strategies to mitigate threats, leverage strengths, address weaknesses, and maximize national benefits. Emphasizing early disease detection and non-pharmaceutical interventions as crucial in pandemic control, the study highlights the importance of high vaccination rates. It advocates for health crisis management through the innovation of existing policies and the introduction of new methods, demonstrating the efficacy of the SWOT-TOWS approach in global health policy development.

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1. Introduction

The importance of effective global health governance is reflected in countries' response to the COVID-19 pandemic. From the beginning of the pandemic until now, in Romania, gaps in the health system have been highlighted and inequalities between different groups of people have been accentuated, making access to quality health services difficult. The purpose of the research is to evaluate health policies and improve these plans by creating a clear picture of how crisis management works and how the responsible bodies respond to the crisis. With a clear picture, gaps in health systems and global health governance can be seen, with the opportunity to formulate broader and fairer policies that respond at all levels. As expected, the health policies brought by the European Union (EU), the World Health Organization (WHO) and the Center for Disease Prevention and Control (CDC) cannot be applied equally in every country due to economic and social differences. Thus, countries are obliged to adapt these recommendations according to the level of preparedness. The evolution of the pandemic highlighted the deficiencies already existing in the health sector in Romania. Thus, by implementing the lockdown on March 16, 2020, an attempt was made to reduce the burden on the health system and to obtain control over the spread of the disease and community transmission [Romanian Government, 2020a].

The lockdown was followed by other decisions aimed at managing the health crisis, such as the temporary closure of small and medium-sized enterprises, mask-wearing policies, regular hygiene policies, social distancing, vaccination strategy, digital transformation of the health and education sector, the implementation of applications COVID-19 and contact tracing [Romanian Government, 2020b, 2020c].

Romania, having among the largest diasporas in the EU, has contributed to the difficulty of pandemic management [Eurostat, 2020]. It was difficult to apply restrictive measures due to the circular movement of temporary labor between origin and destination. The need to re-adapt the control measures of the authorities to detect the transmission of the virus in these population groups and in the early detection of the disease by planning and preparing possible scenarios are useful policies for the control of the pandemic.

The spread of false information about the disease and about vaccination, have contributed to people's lack of confidence in political decisions and increased instability in the country. The authorities

took decisions in a hurry following the example of other countries in Western Europe without adapting them according to the needs of the country and the citizens. To formulate laws that can be applied in all EU countries, policy makers need to be aware of these state differences. Investment opportunities are multiple, and the evolution of health policies depends a lot on the communication and collaboration of the competent authorities.

2. Literature review

The study of pandemic management and health policy, especially post-COVID-19, has garnered extensive research. Joshua Gans' "The Pandemic Information Gap: The Brutal Economics of COVID-19" examines the pandemic's economic challenges and the information deficits affecting pandemic response and policymaking. This analysis is pivotal for understanding the economic strategies influencing health policy during crises. Michael Mosley's "COVID-19: Everything You Need to Know about the Corona Virus and the Race for the Vaccine" offers an exhaustive look at COVID-19, from its onset to vaccine development, illuminating health policy responses. Lastly, "Global Health Security: Recognizing Vulnerabilities, Creating Opportunities" by Simon Rushton and Jeremy Youde delves into global health security, surveying policy responses and international cooperation in health crisis management. Collectively, these works provide a comprehensive view of pandemic management, covering economic challenges, health policy, vaccine development, and global health security, thereby shedding light on the multifaceted strategies needed for managing health crises like COVID-19.

3. Methodology

The method chosen to study and to understand health policies was a qualitative case study analysis method. The research subject has an exploratory character, and the real, already existing data contributed to the depth and richness of the analysis. The research developed during the health crisis aims to study complex phenomena based on individual experiences, creating a different picture of reality. The pandemic period between the years 2020-2021 is a fixed period in which several existing official documents, rules, laws, policies, and strategies were analyzed to find gaps in pandemic management and to formulate innovative policies.

The choice of SWOT-TOWS analysis is because it helps to build an overview of a country's strengths and weaknesses, which are considered internal factors with a direct impact on the country. Opportunities and threats in the SWOT-TOWS analysis are considered external factors, external variables, which are not directly influenced by the internal governance of the country. Another reason why the SWOT-TOWS analysis was chosen is that the outbreak of the COVID-19 pandemic opened the way to the applicability of the method in the analysis of health policies.

The recent disease outbreak has forced us to develop new health policies and adapt existing ones to the globalized world, and under these conditions, a SWOT-TOWS analysis is essential. In Romania, these policies have not received enough attention in recent years, and the COVID-19 pandemic has forced the government to rethink existing strategies and develop new strategies. Thus, a successful SWOT-TOWS analysis will contribute to the development of useful conclusions that could contribute to the development of health policies in the country.

4. Results

The SWOT analysis provides a qualitative comparison between several factors, both internal and external, that can influence the achievement of a certain objective in our field of interest, i.e. in pandemic management.

Thus, decisions can be made, and strategies can be built to lead to the fulfillment of the proposed goals (see Table 1.):

• we strengthen the favorable internal factors and further build on them, i.e. on Strengths (S).

• we strengthen the unfavorable internal factors or eliminate them, i.e. Weaknesses (W).

• we take advantage of favorable external factors, Opportunities (O).
• we avoid or remove unfavorable external factors, Threats (T).

Table 1. SWOT analysis of proposed goals

Favorable internal factors	**Unfavorable internal factors**
Strengths (S)	**Weaknesses (W)**
S3 Promoting digitization and smart applications	**W3** Locations with poorly developed internet network/no coverage
Favorable external factors	**Unfavorable external factors**
Opportunities (O)	**Threats (T)**
O3: Digitization of the health, education and work sectors	**T3:** Risk of data theft

The unfavorable internal factors, which are found in W, respectively the unfavorable external factors, which are found in T, must be corrected, improved, or removed in order to solve the problems encountered in the pandemic. After completing the SWOT analysis, decisions can be made, strategies can be built to guide the achievement of the proposed goal. For this it is advisable to strengthen the favorable internal factors and build on them.

By making correlations between the four types of factors analyzed, four types of strategies that will help us to:

• take advantage of the strengths and improve them.
• correct weak points and overcome them.
• take advantage of opportunities and capitalize on them.
• keep threats under control and neutralize them.

Thus, we obtain four types of strategies (see Table 2.):

1. attack – use S to exploit O
2. defense – use S to diminish T
3. adaptation – use O to improve W
4. Survival – use W to avoid T

Table 2. TOWS analysis of the four types of strategies

TOWS	**Opportunities**	**Threats**
	Favorable external factors	Unfavorable external factors
Strong points	**Atac strategy**	**Defense strategy**
Favorable internal factors	use S to exploit O	use S to diminish T
Weak points	**Adaptation strategy**	**Survival strategy**
Unfavorable internal factors	use O to improve W	use W to avoid T

The optimal response to the management of the COVID-19 pandemic can only be formulated through highlighting gaps in the management system; by finding weak points and strong points. In the matter of health policies, it is very important to have transparency between the people in power, responsible for making decisions because that's the only way control can be achieved in case of a pandemic.

Our contribution and the novelty of the research paper is the application of SWOT-TOWS analysis by summarizing the strategies applied during the pandemic period 2020-2021 and finding solutions to manage the global health crisis. Thus, knowing the strengths, weaknesses, opportunities, and threats (SWOT = strength, weakness, opportunity, and threat) we can make global decisions based on scientific evidence and reformulate existing policies to improve them.

SWOT-TOWS analysis is useful to guide policy makers and global leaders in re-adapting steps/strategies for more effective management of the pandemic. It also helps to identify favorable and unfavorable factors, recognizing the challenges and obstacles of current strategies and in shaping political decisions. Thus, based on the evaluation of the SWOT-TOWS analysis, we can formulate new policies, guidelines, and health strategies in a targeted way. The objectives being the transformation of weak points into strengths and threats into opportunities.

We decided to carry out this analysis, setting a limit of 7 points for each factor, focusing mainly on health policies, strategies, public health measures and other interventions and laws especially in the field of health. The strengths listed are plans that can be implemented immediately with the help of pre-existing knowledge and resources. Weaknesses are components that can be improved or eliminated with certain efforts. Opportunities are what accelerate maturity of the system, and threats are difficulties that affect the proper functioning of the system.

In the following table (see Table 3.), a summarized SWOT-TOWS analysis can be found with the strengths and weaknesses of Romania, considered internal factors that directly influenced the country's response to the COVID-19 pandemic. In the same table opportunities and threats are presented, considered external factors, that can influence the response of the country, without having a direct impact on the response to the pandemic.

Table 3. SWOT-TOWS analysis of existing policies in Romania

Strategic analysis (Internal factors / External factors)	**Strength (S)**	**Weakness (W)**
	S1: Implementation of rapid and effective actions in the early stages of the disease outbreak. **S2:** Community involvement to reduce the spread of the disease. **S3:** Promoting digitization and smart applications. **S4:** Development of financial support strategies. **S5:** Progressive shaping of public health and public health policies. **S6:** Daily/weekly reporting of the pandemic situation. **S7:** Combating food insecurity;	**W1:** Lack of medical equipment. **W2:** Ineffective communication. **W3:** Locations with poorly developed internet network/no coverage. **W4:** Eligibility problems when accessing financial support. **W5:** Political instability. **W6:** Propagation of false information. **W7:** Rising food prices;
Opportunity (O)	**SO**	**WO**
O1: Intensification of scientific research. **O2:** Standardization and harmonization of health policies at the level of the member states. **O3:** Digitization of the health, education, and work sectors. **O4:** Application for European funds. **O5:** Pragmatic redistribution of tasks at all levels in society. **O6:** Emphasizing the fight against disinformation. **O7:** Combating food insecurity;	**SO1:** Supplementing hospital beds and medical staff. **SO2:** Educating the population on health and global health policies. **SO3:** Stabilization of connections to the global internet network. **SO4:** Helping vulnerable populations. **SO5:** Facilitating coordination at regional level based on common EU policies. **SO6:** Elaboration of informative materials from reliable sources (e.g. from the official WHO website). **SO7:** Distributing free food;	**WO1:** Facilitating joint procurement of medical equipment and effective treatments. **WO2:** More effective collaboration between the EU, WHO and Member States. **WO3:** The need to increase funds for digitization. **WO4:** Extension of eligibility criteria. **WO5:** Sharing tasks at all levels, increasing stability, communication, and collaboration for an effective pandemic response. **WO6:** Participation in current EU and WHO projects in the fight against disinformation. **WO7:** Food price control and limitation;

T1: Migration of medical personnel to other countries. **T2:** Precautionary knowledge in the health field. **T3:** Risk of data theft. **T4:** EU funds are distributed to all EU countries in a certain percentage. **T5:** Collaboration and coordination difficulties in choosing the right strategy. **T6:** Inconsistency/inefficiency in the applied strategy. **T7:** Lack of labor workers, difficulties in transport and lack of agricultural equipment;	**ST1:** Accelerating the hiring of new medical personnel/creating jobs. **ST2:** Mandatory introduction of the Health Education subject in schools. **ST3:** Facilitating data protection. **ST4:** Fair and equal distribution of funds. **ST5:** Development of new strategies considering the specific factors of each country. **ST6:** Emphasizing important aspects and reducing fear in the population. **ST7:** Attracting the labor force, creating centers that distribute the surplus of free food during the crisis, avoiding food waste and facilitating production by implementing new technologies;	**WT1:** Correcting the lack of medical personnel through specific strategies established by the government. **WT2:** Investment by global leaders in educating the public about health and improving communication at every level of society. **WT3:** Investments in digitization and their development. **WT4:** Correct calculation of the amount of funding required for each country. **WT5:** The EU can accelerate progress within the country by choosing the right strategies. **WT6:** Controlling the spread of false information. **WT7:** Developing long-term strategies, making target groups more efficient;

In the following, useful correlations are presented to understand Table 3 (see Table 3.):

1) Attack strategy:

Strengths (S) – Opportunities (O)

The correlations between these two types of analyzed factors helped to identify which of the "Strengths" of the pandemic can be used as much as possible through the "Opportunities" discovered. For example, S6 - Daily/Weekly Pandemic Situation Reporting and O6 - Emphasizing the fight against disinformation, are correlations that can be improved with strategies from SO6 – Developing informative materials from reliable sources (from the official WHO website) and WO6 – Participation in current EU and WHO projects in the fight against disinformation.

2) Defense strategy:

Strengths (S) – Threats (T)

The correlation between these two types of factors in the analysis helps us to discover if we can use the "Strengths" to minimize, and even remove the "Threats". For example, S1 – Implementing fast and efficient actions in the first stages of the disease outbreak and T1 – Migration of medical personnel to other countries, are aspects that can be minimized through strategies ST1 – Accelerating the hiring of new medical staff/job creation and through WT1 – Correcting the shortage of medical personnel through the specific strategies established by the government.

3) Adaptation strategy:

Weaknesses (W) – Opportunities (O)

By correlating these two types of factors we can see which of the "Weaknesses" can be adapted or changed to help us take advantage of the identified "Opportunities". For example: W – Ineffective communication with O2 – Standardization and harmonization of health policies at the level member states.

The thinking strategy for solving the weak point is WO2 – More effective collaboration between the EU, WHO and Member States and SO2 – Educating the population on the topic of health and global health policies.

4) Survival strategy:

Weaknesses (W) – Threats (T)

The correlation between these two types of factors could help us find solutions for "Weaknesses" so that we can avoid the "Threats" identified in the analysis. The choice for exemplification: W5 – Political instability and T5 – Difficulties in collaboration, coordination of strategies. Avoiding this threat can be achieved perhaps through ST5 – Developing new strategies considering the specific factors of each country and WT5 – the EU can accelerate progress within the country by choosing the right strategies.

5. Discussions

Looking at the results, Romania seemed to control very well the early stages of the pandemic, by implementing non-pharmaceutical measures (basic hygiene, social distancing, school closures, etc.). Limiting the movement of people entering and exiting the country should have been better controlled. The increase in the number of cases every day highlighted the global lack of medical equipment, making it more difficult to fight the disease. The Romanian government made great efforts to collaborate with the EU to facilitate the procurement of medical equipment and to supplement the number of beds in every COVID-19 hospital in the country to slow down the pandemic, but the steps made were not enough.

The lockdown imposed by the government had clear results in managing infection rates, but at the same time it also had socio-economic consequences, and effects on the mental health of the population. Several businesses were closed during that time and people lost their jobs or agreed to work for less money to keep their job.

Public health and social measures taken to prevent pandemics must consider the principles of human rights (responsibility, equality, non-discrimination and participation) in the long term. The outbreak affected people differently, depending on age, gender, ethnicity, the presence or absence of disabilities, education, job, etc. [Inter Agency Standing Committee, 2020].

Before implementing prevention, mitigation, and response measures, the government should carefully analyze them because they can exacerbate inequalities. Moreover, the protection of medical personnel has to be provided by the authorities, to prevent a decrease in the quality of healthcare services and to keep mortality rates under control.

The establishment of the telephone line, called „Tel Verde" had a positive impact on the population. Health experts answered people's questions and concerns 24h/7 [World Health Organization, 2020c]. Romanian authorities have worked constantly to increase the testing of COVID-19 and to facilitate the availability of rapid tests [Simona Fodor, 2020]. Regarding the COVID-19 vaccine, the EU has taken several actions in this regard through various programs and collaborations [World Health Organization, 2021d].

Important factors were taken into consideration to deal with the crisis such as the capacity of the health system, attention to vulnerable populations, and the level of urbanization.

Elderly care facilities were at great risk due to the large number of people present in a relatively small and inadequate place. The risk of infection with SARS-CoV-2 was very high in these centers, and the virus could also be brought in by caregivers or visiting relatives. For this reason, emergency plans had to be developed for the benefit of the residents.

The most significant challenges faced by these care centers in during the COVID-19 crisis included (European Committee of Regions, 2020a):

- lack of personal protective equipment.
- insufficient medical personnel.
- difficulties in isolating infected patients.
- inability to perform COVID-19 tests.
- unclear procedures for isolating the outbreak.

• difficulties in transferring patients from one center to another.
• lack of medicines.

To avoid fear and confusion, the authorities had to send clear and consistent information about existing outbreaks on people's preferred communication channels (e.g. social media, television, radio, etc.). Involvement of celebrities or other important people in the promotion of preventive measures to combat the pandemic have increased citizens' trust in their application and improved the attitude in managing disinformation.

Many mobile applications have been developed in the EU to detect potential patients with COVID-19, such as CovTrack in Romania [European Commission, 2020c]. The CovTrack app allowed users to keep a record of those they met and could also report to the local authorities if they have identified a potential case of COVID-19 [Ro Insider, 2020].

Provision of food, clean water, hygiene materials and other basic items are essential for isolated or quarantined people. Depending on the context, the services of volunteering were activated in the city of Cluj-Napoca, Romania, where volunteers offered help to people and delivered food every day [TVR Cluj, 2020].

The EU economic recovery plan has been accessed by several European countries, including Romania to support vulnerable populations and for financing small and medium-sized enterprises. The pandemic has accelerated the digital transformation of the health, education, and other working sectors. Most people had to adapt to the new circumstances, and so did their children who continued their education in virtual mode.

Online education has been a challenge in several areas in Romania, where internet access was hard to achieve, and many families were facing financial problems. The Ministry of Education intervened by distributing tablets to help these children to continue their education [Paul Joyce, 2020]. Promoting lifelong learning, quality education, healthy living and well-being for all ages are part of the Sustainable Development Goals (SDGs) of United Nations. All member states of the United Nations have adopted an agenda for Sustainable Goals as early as 2015, which means that members are firmly committed to implementing plans that will help achieve these global goals [United Nations, 2015].

Finally, considering the country's level of development, political instability, and the level of education of the population, Romania's response to the pandemic was a justified one.

Following the response of European countries, Romania applied its national strategies and tried to implement the EU/WHO recommendations in a timely manner. There are still several steps to follow regarding the EU's common legal framework for emergency situations. Most EU countries have extremely complex laws and regulations for managing a pandemic, and introducing new legislation from the EU could disturb the pre-existing laws (European Committee of Regions, 2021a).

We can conclude that in Romania there is potential in the field of development health policies, but investment and qualified personnel are needed. Patterns and strategies The EU and WHO are useful, but they need to be rethought to be applied in Romania. The pandemic COVID-19 is still ongoing, and we firmly believe that many more will emerge recommendations over the years that will be useful in crisis management.

6. Conclusions

In conclusion, all decisions must be part of a long-term plan to rebuild the economy and increase the quality of life. In the field of health policies, when formulating new policies or improving existing policies, the task force should be composed of experts from various fields to touch all points and formulate policies that primarily consider the health of the population and not economic interests. To achieve these objectives, both the EU and Romania have already taken important steps whose effects will be seen in the near future.

The need for reform has never been more important than now. Challenges such as the implementation of measures to slow the transmission of the disease and the functioning of the global market

are difficult to balance, and fast and efficient response in these situations is very important. Also, socio-economic differences must be considered before health policies are formulated and modulated in such a way that they apply in each country according to its economic situation [Böhme K., 2020].

The study has a major impact on people's perception of health policies and emphasizes the importance of achieving a balance between the global market and human health. Also, the present paper is enriched with scientific data and summarizes existing policies, which can be used as a guide for specialists involved in the formulation of health policies both at the Romanian and global level.

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