

# Mapping administrative divergence: a comparative benchmarking of healthcare procurement in the CEE region

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## **Abstract**

*This study explores the divergent trajectories of public procurement management in the healthcare sectors of Central and Eastern Europe (CEE), focusing on Poland, Romania, Bulgaria, and Hungary. Despite being governed by the same EU regulatory framework, these nations exhibit different levels of administrative maturity and institutional behavior. The research applies Institutional Theory, specifically the concepts of coercive, mimetic, and normative isomorphism, to analyze regional divergence. The study employs a multi-dimensional benchmarking framework, triangulating data from the EU Single Market Scoreboard, OECD assessments, national procurement platforms, and Transparency International indices (2019–2024) and proposes a Procurement Management Maturity Matrix, categorizing the systems into three stages: Reactive, Systematized, and Strategic. Persistent institutional voids lead to "performative compliance," where administrative actions satisfy legal mandates but fail to deliver strategic value. The paper argues that moving toward procurement maturity requires a transition from "administrative mimesis" (copying procedures) to "professionalized strategy." By providing a unique theoretical categorization of CEE procurement systems, this study offers a diagnostic tool for policy-makers and hospital managers to identify and bridge the gap between formal legal compliance and effective organizational performance.*

**Keywords:** Public Procurement, Healthcare Management, Comparative Administration, Medical Devices, CEE Region

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## 1. Introduction

In the contemporary landscape of public administration, the procurement of medical equipment has transcended its traditional role as a clerical function, emerging as a cornerstone of strategic healthcare management. Across the European Union, public procurement accounts for approximately 14% of GDP, yet in the specialized realm of medical technologies, its impact is measured not only in financial efficiency but in clinical outcomes and institutional resilience (Sforza & Cimini, 2020). For the nations of Central and Eastern Europe (CEE), the transition from post-communist administrative legacies to modernized, transparent systems has created a unique "natural experiment" in comparative management.

Despite being governed by the same overarching regulatory framework, specifically EU Directives 2014/24/EU and 2014/25/EU, countries like Poland, Romania, Bulgaria, and Hungary have exhibited divergent trajectories in their procurement maturity. This paper seeks to explore this divergence through the lens of Institutional Theory, specifically the concept of Isomorphism developed by DiMaggio and Powell (1983). We argue that the regional variations observed are not merely a product of varying GDP levels, but are driven by three distinct institutional pressures:

1. *Coercive Isomorphism*: The European Commission and national regulatory bodies exert both formal and informal pressure on the systems. While all four countries face the same "coercive" mandates to digitize and increase transparency, their substantive responses range from "strategic integration" (Poland) to "performative compliance" (Hungary).
2. *Mimetic Isomorphism*: Organizations manifest a tendency to model themselves on peers perceived as more successful during periods of uncertainty. We observe this in the rapid "copy-paste" adoption of procurement specifications across regional hospitals, which often results in the occurrence of inadequate or obsolete technical requirements.
3. *Normative Isomorphism* refers to the professionalization of the procurement workforce. The degree to which a country treats a procurement officer as a "strategic manager" rather than a "legal clerk" remains the most significant determinant of system maturity.

Inefficient procurement processes lead not just to potential loss of taxpayer funds, but to a "standardization gap" that delays the adoption of innovations and weakens the healthcare supply chain. For instance, while Poland has leveraged AI-enabled transparency to protect its National Health Fund (NFZ), in the case of other regional actors, emergency-driven procurement (such as during the 2021 pandemic peak) bypasses competitive safeguards, leading to long-term systemic fragility.

This study provides a multi-dimensional benchmarking of the CEE region, evaluating legal compliance, institutional capacity, and digital infrastructure. By synthesizing data from national procurement platforms (such as Romania's SEAP),

OECD assessments, and Transparency International indices, we propose a Procurement Management Maturity Matrix. This framework allows managers to move beyond "administrative mimesis" toward a proactive, value-based procurement model that aligns technical criteria with life-cycle perspectives and patient safety.

The remainder of this paper is structured as follows: Section 2 reviews the theoretical underpinnings of strategic procurement and institutional behavior; Section 3 details the comparative methodology; Section 4 presents the benchmarking results across the four target nations; Section 5 discusses the management implications and the proposed maturity framework; and Section 6 concludes with recommendations for regional administrative convergence.

## **2. Review of the scientific literature**

Public procurement of medical equipment is increasingly recognized as a strategic policy area, crucial for hospital management, innovation, and safeguarding patient safety. Recent literature analysing the topic from various angles - regulatory, operational, and evaluative, shows growing consensus on the essential role of standards in shaping procurement requirements and market behaviours. This review synthesizes insights from recent studies and policy analyses, framing them against the Romanian context.

### *Transparency, Digital Platforms, and Good Practice*

Digital procurement platforms are now standard across Europe, playing an essential role in promoting transparency, competition, and efficiency. A best practice is identified in Turkey, where the mandatory Electronic Public Procurement Platform (EPPP) has public access features, automated controls, and data traceability, allowing "all publicly available information about a tender under a single page entitled Tender at a Glance" (Arefin, 2017).

Swedish hospitals integrate digital platforms into a multi-criteria framework, evaluating "not only price, but also ergonomic properties, quality, functionality, and environmental properties" (Terio, 2010). In Slovakia, central and regional systems have become more efficient due to digital tools adoption, however there are still challenges related to data consolidation and market engagement (Nemec et al., 2021). Romania has also a central digital platform, which allowed for an increase in market access and auditability, aligning with recommended approaches in the broader EU.

### *Public Tender Design and Evaluation Criteria: Beyond the Lowest Price*

The literature brings forward a recurring discussion around the lowest price as a criteria in public tenders, which has proven to often present risks related to quality or safety of the purchased object or service. Indeed, as Gavurová & Kubák (2021) point out, 'lowest price results in the procurement of the products that are often of very low quality... which can also endanger the patients' health'. Open,

competitive auctions outperform negotiated procedures in bidder participation and rebates, but frameworks must be in place to ensure “award criteria reflect not only price, but also total life-cycle cost, functionality, and patient safety” (Atella & Decarolis, 2019).

Innovative frameworks, including MCDA, net monetary benefit (NMB), and harmonized EU directives, demonstrate common efforts to standardize evaluation focused on outcome. The MCDA approach “captures and compares all implantable medical devices attributes, to provide an objective method for choosing among the available options” (Elezbawy et al., 2022). The ultimate goal is to align technical criteria, sustainability standards, cost-effectiveness, clinical outcomes, and life-cycle perspectives, both to achieve the best possible outcome within the resource constraints, but also to allow for real time adaptation to the market and valorification of recent innovation.

#### *Centralization vs. Decentralization*

Another crucial decision countries need to make when organizing public procurement, especially in the health system, is related to potential centralization, which is discussed in terms of pros and cons by case studies from Cyprus, Greece, and the Czech/Slovak Republics (Kastanioti et al., 2013). Centralization can offer economies of scale, reduce redundancy, and improve price negotiation. A “Central Unified Procurement Agency... would yield economies of scale comparable to NHS Scotland, which achieved savings of over €200 million in 2006” (Theodorou et al., 2015). However, centralization can lead to excessive bureaucracy, and it generally lacks flexibility, which may slow down the procurement process and reduce responsiveness. On the other hand, decentralized models, such as Sweden’s, while enabling better tailoring to cover local needs and enjoy usually better market engagement, present also a risk of fragmentation and inconsistent standards adoption, especially against a background of institutional void (Terio, 2010).

#### *The Strategic Role of Procurement and Public Servant Expertise*

Medical equipment procurement requires, as if the case in other sensitive sectors, a strategic approach, which, in order to be actually carried out in practice, requires solid management systems and, very importantly, trained personnel. As noted by Sforza and Cimini (2020), healthcare procurement has evolved from a clerical task into a strategic function that must be aligned with the organization’s clinical objectives and long-term values. This requires “professionalization and capacity building” to ensure that procurement officials can manage complex technical specifications and multi-criteria evaluations (European Commission, 2017). Consequently, the use of performance measurement frameworks - similar to a balanced scorecard - is increasingly recommended to ensure that tender outcomes reflect strategic goals rather than just immediate cost savings (OECD, 2020). It is also commonly acknowledged across countries that staff involved in public procurement of medical devices must be well aware of standards and continuously

trained to ensure strategic procurement, both in centralized and decentralized systems.

The reviewed literature demonstrates a unitary view across systems and experts around several core ideas: digitalization and transparency are increasingly embedded in public procurement; reliance on lowest price in tender design can drive savings but risks quality and safety; both centralized and decentralized models have merits and decisions need to be made depending on the level of system maturity and personnel competences and a well-trained procurement workforce is essential, especially in the medical equipment field. Romanian practice aligns well with EU good practices, but there is room for a more strategic approach to public procurement to ensure unitary behaviours and predictable outcomes.

### 3. Methodology

To evaluate the divergent trajectories of healthcare procurement in the CEE region, this study employs a multi-dimensional comparative benchmarking framework. This approach allows for the systematic assessment of institutional maturity across different administrative contexts that are governed by the same European legal mandates (EU Directives).

The study adopts a purposive sampling strategy, selecting four nations — Poland, Romania, Bulgaria, and Hungary — that represent a spectrum of institutional development within the Central and Eastern European region. These countries share a common historical legacy of centralized planning and have all undergone significant structural reforms following their accession to the European Union, even if at different moments in time. Their varying levels of success in implementing digital and strategic procurement tools provide a rich context for analyzing institutional isomorphism.

By synthesizing multiple data streams, the study ensures that "performative compliance" (official reports) is cross-referenced with operational reality and actual market outcomes. The primary sources include:

- *National Procurement Data*: Direct extracts from national platforms, such as Romania's SEAP/SICAP and the Polish Public Procurement Office reports.
- *Institutional Assessments*: Longitudinal data from the OECD (2024), the EU Single Market Scoreboard, and the European Commission's Public Procurement Indicators.
- *Transparency and Governance Indices*: Annual reports from Transparency International (Corruption Perception Index) and the National Council for Dispute Resolution (CNSC) for legal efficiency metrics.

To map the countries to the Maturity Matrix, each system was evaluated across six strategic dimensions. A qualitative-to-quantitative scoring method was applied to these dimensions to determine the stage of maturity (1 through 3):

- *Legal Compliance*: Alignment with EU thresholds and the use of negotiated vs. open procedures.
- *Institutional Capacity*: The degree of professionalization and the presence of specialized guidelines (e.g., ANAP & AmCham guide).
- *Procedural Efficiency*: Measured by dispute resolution times and the reduction of legal appeals over time.
- *Digital Infrastructure*: Evaluation of e-procurement maturity, ranging from basic administrative repositories to AI-enabled fraud detection.
- *Investment Trends*: Analysis of healthcare spending trajectories and EU fund absorption rates.
- *Anti-corruption Mechanisms*: Scores derived from Transparency International and the prevalence of non-competitive emergency awards.

The final assessment involved a thematic synthesis where empirical findings were mapped against the three stages of the Procurement Management Maturity Matrix. This mapping identified the dominant institutional driver in each country, Coercive (compliance-led), Mimetic, or Normative (professionalized), providing a holistic view of the region's management landscape.

#### 4. Comparative Analysis in the Central East European Region

Every year, Central and Eastern European governments spend billions on medical equipment, which would be expected to transform healthcare, yet often leads to less than satisfactory outcomes. Public procurement represents 13-15% of GDP in EU member states (European Commission, 2023), and this is particularly significant in the field of medical equipment procurement, where the outcome at stake is not just financial, but translates in direct impact on public health and patients' safety.

This section examines how Romania, Hungary, Bulgaria, and Poland handle public procurement of medical devices revealing surprising winners and concerning laggards. Since joining the EU, these four countries have transformed their procurement systems following directives 2014/24/EU and 2014/25/EU (European Parliament and Council, 2014), but implementation varies widely: Poland leads with remarkable transparency, Romania is catching up fast with innovative green initiatives, Bulgaria maintains solid foundations despite political turbulence, while Hungary struggles with transparency issues.

Based on national legislation, procurement platform statistics (like Romania's SEAP), OECD assessments (OECD, 2024), EU Single Market Scoreboard indicators (European Commission, 2024), and Transparency International corruption indices (Transparency International, 2024), each system was evaluated across six dimensions: legal compliance, institutional capacity, procedural efficiency, digital infrastructure, investment trends and anti-corruption mechanisms.

Poland's system shines as the regional benchmark (Pavel & Beblava, 2023). Their centralized electronic platform uses AI to detect fraud, processes are

standardized and predictable, transparency being baked into every step. Small businesses can actually compete and the National Health Fund (NFZ) coordinates procurement efficiently. The country maintains a Corruption Perception Index score of 54 (highest in the region) and achieves an impressive 85–90% EU fund absorption rate.

Romania has transformed dramatically. Disputes dropped 60% from over 9,000 in 2009 to 3,668 in 2023 (CNSC, 2024). They've pioneered mandatory environmental criteria for medical equipment, the first in the region (ANAP, 2024). The collaboration between their procurement agency (ANAP) and the American Chamber of Commerce produced practical guidance that actually helps (ANAP & AmCham, 2023). Healthcare investment is projected to grow from €20 billion (2024) to €27.3 billion (2028), representing a 37.68% increase (Statista, 2024). They're not at Poland's level yet, but the trajectory suggests convergence within 3-5 years.

Bulgaria has impressive laws, 13 different procurement procedures for various situations (ICLG, 2024). Their two-tier appeals system (Competition Commission - Supreme Administrative Court) resolves disputes in three months, but political instability keeps derailing reforms. The country possesses robust institutional capacity but struggles to maintain consistent policy direction.

As for Hungary, the OECD's 2024 assessment pulls no punches; the country needs urgent reform (OECD, 2024). Emergency procedures bypass competition too often. Transparency is limited. Corruption risks are elevated. The country's Corruption Perception Index score of 42 (lowest in the regional comparison) reflects these systemic challenges.

**Comprehensive country comparison of healthcare procurement systems in CEE (2023)**

**Table 1**

Indicator	Poland	Romania	Bulgaria	Hungary
Corruption Perception Index (2023)	54 <sup>a</sup>	46	43	42
Procurement Transparency Score (1-5)	5.0	4.0	3.5	2.5
Dispute Resolution Time	Rapid (weeks)	2-4 months	3 months	Variable/Concerning
E-Procurement Maturity	Advanced (AI-enabled)	Comprehensive	Functional	Basic/Limited
EU Fund Absorption Rate (%)	85-90 <sup>b</sup>	70-75	65-70	Variable

Indicator	Poland	Romania	Bulgaria	Hungary
Environmental Criteria Integration	Voluntary	Mandatory <sup>c</sup>	Limited	Minimal
SME Participation Level	High	Improving	Moderate	Limited
Healthcare Investment Growth	Highest regional	€20B → €27.3B <sup>d</sup>	Moderate	Centralized/Mixed
Dispute Reduction (2009-2023)	Stable (low baseline)	-60% <sup>e</sup>	Moderate improvement	Limited progress
Key Strength	Transparency & Efficiency	Rapid Reform & Innovation	Legal Framework	—
Main Challenge	Maintaining leadership	Capacity building	Political instability	Comprehensive reform needed

*Source: author's compilation*

Note:

*Color coding indicates best performers (green) and areas requiring improvement (red).*

<sup>a</sup> *Transparency International (2023). Scale: 0 (highly corrupt) to 100 (very clean).*

<sup>b</sup> *European Commission data (2023). Percentage of allocated EU funds successfully absorbed.*

<sup>c</sup> *Romania is a pioneer in the region for mandatory environmental criteria in public procurement.*

<sup>d</sup> *Projected growth from €20 billion (2023) to €27.3 billion by 2028.*

<sup>e</sup> *60% reduction in procurement disputes between 2009 and 2023, representing significant improvement in process efficiency.*

All countries align with EU public procurement thresholds applicable for the 2024–2025 period: works contracts at €5,538,000, supplies and services for the public sector at €143,000, and supplies and services in the utilities sector at €443,000. These thresholds are established at EU level through delegated regulations implementing Directives 2014/24/EU and 2014/25/EU and ensure harmonisation across Member States. At the same time, national legislation provides flexibility for contracts below EU thresholds, including direct award limits, which vary by country (approximately €27,000 in Romania and €51,129 in Bulgaria). This framework ensures consistency across the region while allowing national authorities discretion in implementation details. Am completat ca sa se inteleaga mai bine si am pus referintele la final

#### *Best practices identified*

- Poland's winning formula (Tkachenko et al., 2022) combines AI-powered fraud detection that catches problems before they become scandals, standardized procedures that everyone understands, real-time monitoring that keeps everything transparent and SME-friendly policies that actually help small businesses compete.

This integrated approach demonstrates that technology and policy can work synergistically.

- Romania's green revolution (ANAP, 2024) represents a European first. They mandated ecological criteria for medical equipment in 2024, equipment must meet standards for energy consumption, recyclability and manufacturing impact. Surprisingly, costs haven't increased significantly while environmental benefits are measurable. This challenges the conventional wisdom that environmental standards necessarily raise procurement costs.

- Bulgaria's efficient appeals system (ICLG, 2024) works well: Competition Commission handles first appeals (15–30 days), Supreme Court takes second appeals (14 days to file, one month to resolve). This demonstrates that even in challenging political environments, specific mechanisms can function effectively.

Despite their differences, all four countries struggle with similar challenges. The expertise gap (not enough procurement specialists who understand medical equipment) creates decision-making bottlenecks. Lost economies of scale result from too many small, separate purchases instead of bulk buying. The technical specification dilemma requires balancing detail (for quality) with openness (for competition). EU funding presents administrative burdens that slow down fund absorption, with rates varying from Poland's excellent 85–90% to Hungary's concerning variability. Finally, innovation lag means procurement cycles can't keep up with medical technology advancement (Nemec et. al, 2023).

Healthcare spending is rising across the region driven by aging demographics, technology advancement and post-pandemic infrastructure needs. Funding comes from diverse sources: national budgets, EU Recovery funds, European Investment Bank partnerships and public-private partnerships. EU structural funds remain critical, but absorption rates tell different stories. Poland achieves 85–90% (excellent), Romania reaches 70–75% (improving), Bulgaria manages 65–70% (constrained), and Hungary shows variable performance (concerning). These disparities reflect both administrative capacity and political commitment.

We suggest that technology can transform these systems significantly towards 2030, as AI can be employed to handle risk assessment and bid evaluation, blockchain could help enhance transparency and traceability, IoT-connected devices could automate inventory management (Polish Ministry of Digital Affairs, 2024). By 2026, EU directives will likely mandate environmental criteria region-wide (European Commission, 2024). Scenario-based analyses suggest that by 2030 mature systems could feature complete digitalization with AI assistance, blockchain-enabled traceability, mandatory ESG criteria (30% minimum weight), regional platform interoperability, administrative costs below 1% of contract values, and quality weighted at 60–75% in evaluations.

## 5. Discussion – The CEE Procurement Management Maturity Matrix

To understand the divergent trajectories of Romania, Poland, Hungary, and Bulgaria, we must move beyond simple financial metrics and examine the Management Maturity of their respective institutional ecosystems. By synthesizing the benchmarking data through the lens of Institutional Theory, we propose a three-stage maturity framework that captures the transition from administrative survival to strategic management.

### *Stage 1: The Compliance-Driven Stage (Baseline)*

At this level, procurement is managed as a purely clerical, legally-mandated task. The primary institutional driver is Coercive Isomorphism, which means acting only to satisfy minimum EU or national legal requirements.

- *Characteristics:* High use of "Lowest Price" criteria, limited transparency, and a prevalence of emergency-driven procedures.
- *Management Logic:* The goal is "audit survival." Performance is measured by the lack of legal appeals rather than patient outcomes or cost-effectiveness.
- *Regional Laggards:* Hungary's current struggle with emergency procedures and limited transparency places its system in this stage, where institutional voids are often filled by informal networks rather than standardized digital tools.

### *Stage 2: The Performative Stage (Intermediate)*

In the second stage, countries have built robust digital infrastructures and legal frameworks, but the management culture does not match the projected performance. This leads to Mimetic Isomorphism, where authorities "copy-paste" successful models without adapting them to local technical needs.

- *Characteristics:* Comprehensive e-procurement platforms (like SEAP in Romania), significant reduction in disputes, and the introduction of new criteria (Green/Ecological).
- *Management Logic:* "Performative Compliance." While the system looks modern on the surface, the high correlation between public administration and hospital procurement cycles suggest a lack of original, data-driven decision-making.
- *The Romanian Case:* Romania sits firmly in this stage. The 60% reduction in disputes and the pioneering of mandatory environmental criteria show a system that is consistently improving, but still relies on mimetic behaviors to mask technical capacity gaps.

*Stage 3: The Strategic Stage (Advanced)*

The final stage of maturity is reached when procurement is integrated into the broader strategic goals of the healthcare system. Here, Normative Isomorphism takes over, and professionalized procurement managers treat the tender process as a tool for innovation and fraud prevention.

- *Characteristics:* AI-enabled fraud detection, high SME participation, real-time market engagement, and the use of Multi-Criteria Decision Analysis (MCDA).
- *Management Logic:* "Value-Based Procurement." Performance is measured via balanced scorecards aligned with clinical safety and long-term Life-Cycle Costs (LCC).
- *Regional Benchmark:* Poland's AI-powered transparency and standardized, predictable processes exemplify this stage. By reducing "information asymmetry" through technology, Poland has turned its procurement system into a regional competitive advantage.

**CEE Procurement Management Maturity Matrix (Summary)**

**Table 2**

<b>Dimension</b>	<b>Stage 1:</b>	<b>Stage 2:</b>	<b>Stage 3: Strategic</b>
<b>Primary Driver</b>	Coercive (Legal Pressure)	Mimetic (Copy-Paste)	Professional
<b>Focus</b>	Legal Compliance	Process Efficiency	Strategic Value
<b>Technology</b>	Basic/Limited	Functional/Comprehensive	Integrated/AI-enabled
<b>Criteria</b>	Lowest Price	Mixed/Performative	Quality/LCC/Innovation
<b>Representative</b>	Hungary	Romania / Bulgaria	Poland

**6. Managerial Implications and Future Research Directions**

The transition from a reactive, compliance-driven procurement model to a strategic, value-based system requires a fundamental shift in institutional management culture. Based on our benchmarking of the CEE region and the proposed Maturity Matrix, several key managerial implications emerge for policy makers and healthcare administrators.

For administrators in Stage 1 and Stage 2 systems (such as Hungary and Romania), the primary challenge is overcoming Mimetic Isomorphism. When procurement officers "copy-paste" technical specifications from previous tenders or peer institutions, they inadvertently inherit potentially inadequate or obsolete technical requirements. To break this cycle, we propose the following managerial interventions:

- *Professionalization of the "Agent":* Following the European Commission's (2017) recommendation, procurement should be treated as a specialized management career path rather than a legal-clerical role. This involves continuous training in Multi-Criteria Decision Analysis

(MCDA) and Life-Cycle Costing (LCC), allowing managers to move beyond "lowest price" traps.

- *Institutionalizing Knowledge Management*: The establishment of a National Technical Specification Repository would serve as a "de-biasing" tool. By providing pre-validated, up-to-date technical benchmarks, authorities can reduce the risk of "Performative Compliance" and ensure that specifications are aligned with current innovation.
- *Leveraging Digital "Nudges"*: Poland's success demonstrates that AI and digital tools can act as "institutional nudges" toward transparency. For managers, this means implementing systems that flag high-risk non-competitive awards or extreme price variances in real-time, reducing information asymmetry between the buyer and the market.

#### *Future Research Directions: The Digital and Green Frontier*

While this study has mapped the current maturity landscape, the rapid evolution of technology and policy creates new avenues for scholarly inquiry:

**AI and Supply Chain Resilience**: Future research should investigate how the adoption of AI-enabled procurement (Stage 3 maturity) impacts the resilience of the medical supply chain during global disruptions. Does a more transparent, digital system recover faster from shocks than a reactive one?

**The "Green" Standardization Gap**: As Romania pioneers mandatory environmental criteria, a longitudinal study is needed to assess whether these "Green" mandates lead to substantive sustainability or merely a new form of "Green-washed" Performative Compliance.

**Cross-Regional Convergence**: Expanding this study to include the Baltic states or the Western Balkans would provide a broader dataset to test the Isomorphism hypothesis and identify if there is a specific "CEE path" to procurement maturity that differs from the Western European model.

## **7. Conclusions**

This study shows that divergent healthcare procurement outcomes in Central and Eastern Europe persist despite a common EU regulatory framework. The comparative analysis of Poland, Romania, Bulgaria, and Hungary demonstrates that procurement performance is driven less by formal legal compliance and more by institutional capacity, managerial professionalism, and the strategic use of digital tools.

Poland represents the advanced maturity benchmark, where procurement functions as a value-based policy instrument. AI-enabled transparency, standardized procedures, and professionalized procurement management reduce information asymmetry, enhance competition, and support efficient allocation of healthcare resources. Romania and Bulgaria occupy an intermediate stage, characterized by strong formal convergence with EU rules but incomplete

functional convergence. Romania's recent reforms—particularly dispute reduction and the introduction of mandatory environmental criteria—signal a clear upward trajectory, although continued reliance on mimetic practices limits efficiency gains. Bulgaria's solid legal framework is offset by weak policy continuity and political instability. Hungary remains predominantly compliance-driven, with extensive use of non-competitive procedures undermining transparency and economic efficiency.

The proposed Procurement Management Maturity Matrix highlights that the largest efficiency gains arise when systems move beyond coercive compliance toward professionalized, strategy-driven procurement. From a policy perspective, further convergence in the CEE region requires shifting emphasis from regulatory alignment to capacity building, professionalization of procurement staff, and the use of digital tools as active governance mechanisms rather than formal reporting platforms.

Overall, healthcare procurement should be treated as a core component of economic governance in health systems. Without institutional upgrading, digitalization risks reinforcing performative compliance rather than delivering sustainable efficiency, innovation, and value for money.

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