

## Joint pro-Roma Civil Society Contribution to the public consultation on access to health services in the EU

### EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH (EXPH)

November 2015

#### PART 3 – National context - case studies from local NGOs from Member States

##### Romania

##### Roma health in Romania

**Romania has the largest population ratio of Roma in Central and Eastern Europe** with available data showing that there is a **disparity in the major health indicators between Roma and non-Roma populations** (see **Table 1**):

INDICATORS REGISTERED IN 2011	ROMA <sup>1</sup>	NON-ROMA <sup>2</sup>
LIFE EXPECTANCY	61 years	74,5 years
BIRTH RATE	12,6‰	9,2 ‰
MORTALITY RATE	18,3‰	11,8‰
INFANT MORTALITY RATE	23,1‰	11,2‰
MATERNAL MORTALITY RATE	0,62 %	0,027% <sup>3</sup>

**Table 1.** – Disparities between health indicators of the Roma and non-Roma population in

<sup>1</sup> Social Observatory for Roma – Bucharest University

<sup>2</sup> World Bank, <http://data.worldbank.org/indicator/SP.DYN.LE00.IN/countries/RO?display=graph>

<sup>3</sup> Data from 2010

## Medical Caravans



Medical caravan in Rosia, Sibiu (Romania)

**In the framework of the project “Together for Rural Health” medical caravans’ are organized in Romania targeting very poor communities with bad health infrastructure: medical doctors and students offer free consultations for poor communities, including Roma, on the spot:** a rural school can become a medical clinic and a second grade class can be transformed into an Electrocardiography room or a first grade class set up like a pediatric practice. Medical caravans could encourage and support **the poor, including Roma**

**people, found to have the most serious health problems to continue the medical investigations.**

**The first two medical caravans** were launched in Tarlungeni and Araci, in July 2013. 800 people of whom 75% were Roma were consulted. **The third medical caravan** was launched in **Rosia, Sibiu (Romania)**. During the visit, the school in Nou village became, for two days, a medical clinic with **27 students** and **12 specialised doctors** offering free consultations for 240 patients (150 adults and 90 children). Many of the patients admitted that they had not been seen by a doctor for quite some time and were very glad for the opportunity. **They received medicine, medical letters for continued investigations, electrocardiograms (EKGs) and Electrocardiography tests.** A group of young women from the village participated in the HPV prevention course and children took part in the Little Doctor workshop, where they learned about personal hygiene and healthy nutrition.

**The most common health problems for the children** seen by the doctors were **hypothyroidism, pneumonia, cardiac conditions, dermatological infections, hearing and sight problems.** Another common problem affecting children's health was their improper diet resulting in some children having rickets and others being obese. Many of them also had **dental cavities.**<sup>4</sup>

A two-day mobile hospital was set up by OvidiuRo in Budila in July 2014 for the **4th medical caravan**. In Budila, a poor village, people rarely make it to the doctor unless their condition is already life threatening. Budila has become the community with most individual case follow-ups due to the commitment of the local coordinator, social worker Simona Cristea.

Of the 119 children and 79 adults who were examined, 30% were referred for further specialized medical tests. As usual in these communities, many of children’s health problems are caused by malnutrition, lack of clean water and the resulting poor hygiene. Sweets and French fries are quickly added to babies’ diets.

14 resident doctors and 20 medical students from the Carol Davila University of Bucharest, gave free consultations to the villagers in Cojasca in March 2015 in paediatrics, cardiology, internal medicine, ophthalmology, dermatology, orthopaedics and laboratory medicine.

<sup>4</sup> <http://www.togetherforbetterhealth.eu/countries/romania/medical-caravan-nou-village-sibiu-county>

During **the 5th medical caravan**, 150 adults and 150 children were examined. There are many cases of HIV, tuberculosis and hepatitis in Cojasca, as well as hygiene problems which translate into skin diseases like scabbies and lice.

The most common health problems were skin infections (scabbies) and hearing and vision problems. Also, some of the kids are HIV infected from birth (Cojasca is the locality with most cases of HIV in Romania) but, according to their GP, they are under treatment and further observation and no one in their community has died of HIV in the last few years.

Other problems noted by the doctors were a lack of age-appropriate psychomotor development and ability to express one's needs. The whole community suffers from the general lack of education – hygiene education, health education, nutrition education, even basic education, like reading and writing.

**The 6th medical caravan** was lunched in June 2015 in Tirnava, Sibiu county. "I discovered far too many cases of scabies because of the poor hygiene. Many people didn't want to admit that they have scabies and I don't know how many of them will follow the treatment." **Andi Cristian Rizoiu, dermatologist.**

The **most common health problems identified among the 130 children** were skin infections scabbies, breathing problems, parasites, rickets, heart murmurs and chickenpox. Many children in our program have vitamin D deficiencies.

The whole community suffers from the general lack of education – regarding hygiene, health, nutrition and general issues. Many poor mothers do not know how to properly wash their babies and, in some cases, they only use water, without any kind of soap, which results in the spread of the skin diseases and infections.

impoverished children and adults from Horezu Poenari village received free medical tests during the 7th medical caravan in October this year. For two days, the school in Horezu Poenari was transformed into a clinic for the Medical Caravan. 40 volunteer specialists and students consulted and recommended treatments for the poor children and adults from Horezu Poenari, Valea Stanciului, Dolj County. The most common problems were tuberculosis (a family with 9 children was sent to the hospital for the right treatment), viral infections and scabies.

The next medical caravan is scheduled for 21 and 22 November.

## Training of Roma Health mediators in Romania

**Romania** was among the first countries which adopted a **Roma health programme**,<sup>5</sup> and the Roma Health Mediator was introduced within the Classification of Occupations in Romania, as an official professional qualification<sup>6</sup>.

A simple formula for training had been agreed for **2002-2007**. According to the database of the Ministry of Health, 2000 Roma Health Mediators have been trained in that period. **In 2007**, occupational standards for Health Mediators were introduced, which included the need for four days of training, organised by Public Health Directorates and delivered by trainers from Romani CRISS. Follow up training courses on health issues were further organised by the Public Health Directorates. **Romanian civil society groups** were involved in that process, with their main role being to train and achieve employment for the Health Mediators.

**According to the cost-efficiency calculations of local civil society groups** in Romania, the monthly payment for Health Mediators was 700 RON / 160.66 EUR, the target group for each Health Mediator was composed of 500 persons and the cost for each beneficiary was about 1,4 RON/ 0.32 EUR. This cost should be compared to the costs of the treatment of a Tuberculosis (TB) patient which costs 450 RON /103.28 EUR.

However, the training of Health Mediators was challenged by the **Strategy for Decentralising Public Health Services**. This meant in practice that the community medical assistance programme, which included Roma Health Mediators, was transferred to local authorities under the responsibility of municipalities. As a result, several local authorities refused to employ Roma Health Mediators due to the lack of appropriate financial support and in some cases, due to the lack of understanding as to their important role. As a consequence, a large proportion of Roma Health Mediators lost their jobs, which resulted in both higher levels of unemployment and further worsened **access to public health services for Roma communities**.<sup>7</sup>

<sup>5</sup> Ministry of Health Order no. 619/2002

<sup>6</sup> Roma health mediation in Romania, p 7, WHO, [http://www.euro.who.int/\\_data/assets/pdf\\_file/0016/235141/e96931.pdf](http://www.euro.who.int/_data/assets/pdf_file/0016/235141/e96931.pdf)

<sup>7</sup> [http://www.irf.ua/files/ukr/programs/east/domiloiu\\_romania.pdf](http://www.irf.ua/files/ukr/programs/east/domiloiu_romania.pdf)

## Every child to preschool programme

In Romania, 'Together for Better Health' **adds a health component to OvidiuRo's (OvR) Fiecare Copil in Gradinita (Every child to preschool) early educational program**, by providing funds to cover some of the most pressing health needs of impoverished preschool children.

The Every Child to Preschool (FCG) program was launched in partnership with the Ministry of Education in 2010. Since then over 11,000 children in 43 rural and semi-rural communities have benefited from early education and better nutrition through FCG. Currently 2.500 children in 43 communities from 11 counties are included in the Every Child to Preschool program.

### **Every Child to Preschool has doubled the preschool daily attendance rates of severely impoverished children from 43% to 82% through the food coupons.**

Parents receive €12 in food coupons at the end of the month if they take their child to preschool every day. In Romania, the monthly child allowance (which is unconditional) is €10, so this is a significant increase for families surviving on their children's allowance. Food coupons, conditional on children's attendance in preschool, have proven to be a highly effective and efficient tool to stimulate destitute, functionally illiterate parents (with an average of four years of schooling) to bring their young children to gradinita every day. Targets the poorest children – those living in overcrowded, inadequate housing in isolated areas with sorely limited access to potable water and standard health care. In the winter, the unemployment rate is close to 100% due to the low education level of the adults combined with a low demand for unskilled labour.

The goal of the project is to turn this program into a public policy, supported by authorities and available for all 120,000 poor children in Romania.

### **How FCG works:**

A local team (composed of the school director, preschool teachers, a social worker, and a school mediator) implements FCG under the auspices of the Mayor and Local Council. To participate in FCG, the local administration is required to convene a "Local Action Group" to approve the program and customize the implementation plan according to the local situation. The Local Council must allocate at least €35 per year per child for clothes and shoes for the children in the program. In addition to providing food coupons for children's regular attendance, OvR allocates €15 per child per year so teachers can purchase school materials of their own choosing. OvR also provides training and on-site consultation to the Local Action Group and implementation team and organizes teacher training workshops in modern teaching methods.

More information on that project is available at

<http://www.togetherforbetterhealth.eu/countries/romania/romania>