COUNTRY REPORT

ROMANIA

MIPEX HEALTH STRAND

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MIGRATION POLICY GROUP

MIGRANT INTEGRATION POLICY INDEX

HEALTH STRAND

Country Report Romania

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Developed within the framework of the IOM Project "Fostering Health Provision for Migrants, the Roma and other Vulnerable Groups" (EQUI-HEALTH). Co-funded by the European Commission's Directorate for Health and Food Safety (DG SANTE) and IOM.

This document was produced with the financial contribution of the European Commission's Directorate General for Health, Food Safety (SANTE), through the Consumers, Health, Agriculture, and Food Executive Agency (CHAFEA) and IOM. Opinions expressed herein are those of the authors and do not necessary reflect the views of the European Commission or IOM. The sole responsibility for this publication therefore lies with the authors, and the European Commission and IOM are not responsible for any use that may be made of the information contained therein.

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READER'S GUIDE TO THE REPORT

This report was produced within the framework of the IOM's EQUI-HEALTH project, in collaboration with Cost Action IS1103 ADAPT and the Migrant Policy Group (MPG). Full details of the research and its methodology are contained in Sections I and II of the Summary Report, which can be downloaded from the IOM website at http://bit.ly/2g0GlRd. It is recommended to consult this report for clarification of the exact meaning of the concepts used.

Sections 5 – 8 are based on data from the MIPEX Health strand questionnaire, which covers 23 topics, in 10 of which multiple indicators are averaged. Each indicator is rated on a 3-point Likert scale as follows:

0 no policies to achieve equity
50 policies at a specified intermediate level of equity
100 equitable or near-equitable policies.

'Equity' between migrants and nationals means that migrants are not disadvantaged with respect to nationals. This usually requires equal treatment, but where migrants have different needs it means that special measures should be taken for them. Scores relate to policies adopted (though not necessarily implemented) by 31st December 2014. However, some later developments may be mentioned in the text.

To generate the symbols indicating a country's ranking within the whole sample, the countries were first ranked and then divided into five roughly equal groups (low score – below average – average – above average – high). It should be remembered that these are relative, not absolute scores.

The background information in sections 1-4 was compiled with the help of the following sources. Where additional sources have been used, they are mentioned in footnotes or references. It should be noted that the information in WHO and Eurostat databases is subject to revision from time to time, and may also differ slightly from that given by national sources.

Section	Key indicators	Text
1. Country data	Eurostat	CIA World Factbooks, BBC News (http://news.bbc.co.uk), national sources
2. Migration background	Eurostat, Eurobarometer (http://bit.ly/2grTjIF)	Eurostat, national sources
3. Health system	WHO Global Health Expenditure Database[1] (http://bit.ly/1zZWnuN)	Health in Transition (HiT) country reports (http://bit.ly/2ePh3VJ), WHO Global Health Expenditure database
4. Use of detention		National sources, Global Detention Project (http://bit.ly/29lXgf0), Asylum Information Database (http://bit.ly/1EpevVN)

These reports are being written for the 34 countries in the EQUI-HEALTH sample, i.e. all EU28 countries, the European Free Trade Area (EFTA) countries Iceland, Norway and Switzerland, and three 'neighbour' countries – Bosnia-Herzegovina, FYR Macedonia and Turkey.

All internet links were working at the time of publication.

[1] For the definition of these indicators please see p. 21 of the WHO document *General statistical procedures* at http://bit.ly/2lXd8JS

1. COUNTRY DATA

KEY INDICATORS		RANKING
Population (2014)	19.947.311	●●●●○
GDP per capita (2014) [EU mean = 100]	54	●○○○○
Accession to the European Union	2007	

Geography: Romania is the largest of the Balkan countries (238.391 sq.km), bordering the Black Sea, Bulgaria, Hungary, Republic of Moldova, Serbia, and Ukraine. The central Transylvanian Basin is separated from the Moldavian Plateau on the east by the Eastern Carpathian Mountains and from the Walachian Plain on the south by the Transylvanian Alps (Southern Carpathians). The largest city is the capital Bucharest (1,87 million). Only 54,6% of the population resides in urban settings, which is relatively low compared to the EU average of 75%.[2]

Historical background: In 1944, Romania was overrun by the Soviets. The post-war Soviet occupation led to the formation of a communist 'people's republic' in 1947 and the abdication of the King. The communist dictator Nicolae Ceausescu came to power in 1965, and the Securitate police state became increasingly oppressive and draconian through the 1980s. Ceausescu was overthrown and executed in December 1989.

Government: Romania is a republic divided in 41 counties. It joined the European Union in 2007.

Economy: Until 2009, Romania had one of the fastest growing economies in Europe. The country is a regional leader in multiple fields, such as IT and motor vehicle production. The Romanian economy suffered badly in the global financial crisis of 2008, prompting the government to launch a draconian austerity programme in 2010. The EU and the IMF agreed to a bailout programme of 20 billion euros in 2009 and opened a new, two-year credit line of four billion euros in 2013. Unemployment reached 8% during 2010 but has declined steady to reach 5,5% at the beginning of 2017.[3] GDP growth was estimated at 4,9% in 2016, well above the EU average of 1,8%.[4]

[2] http://www.eea.europa.eu/themes/urban
[3] http://www.tradingeconomics.com/romania/unemployment-rate
[4] https://ec.europa.eu/info/sites/info/files/ecfin_forecast_winter_1317_ro_en_0.pdf

2. MIGRATION BACKGROUND

KEY INDICATORS (2014)		RANKING
Foreign-born population as percentage of total population	1,1	●○○○○
Percentage non-EU/EFTA migrants among foreign-born population	61	●●●○○
Foreigners as percentage of total population	0,4	●○○○○
Non-EU/EFTA citizens as percentage of non-national population	71	●●●●○
Inhabitants per asylum applicant (more = lower ranking)	12.911	●○○○○
Percentage of positive asylum decisions at first instance	47	●●●○○
Positive attitude towards immigration of people from outside the EU (Question QA11.2, Eurobarometer)	53	●●●●●
Average MIPEX score for other strands (MIPEX, 2015)	45	●●○○○

Romania is a country of net emigration, with numbers that surpass by far the small immigration totals. At the end of 2015, Romania represented the main source country for migrants within the European Union (EU), with an estimated more than three million Romanians who have left to work or to study abroad, accounting for about 15% of the country's total population. Though still a transit country, Romania is slowly changing into a destination country for migrants, being the host country for about 200.000 migrants (i.e. foreign-born residents) – just over 1% of the total population.

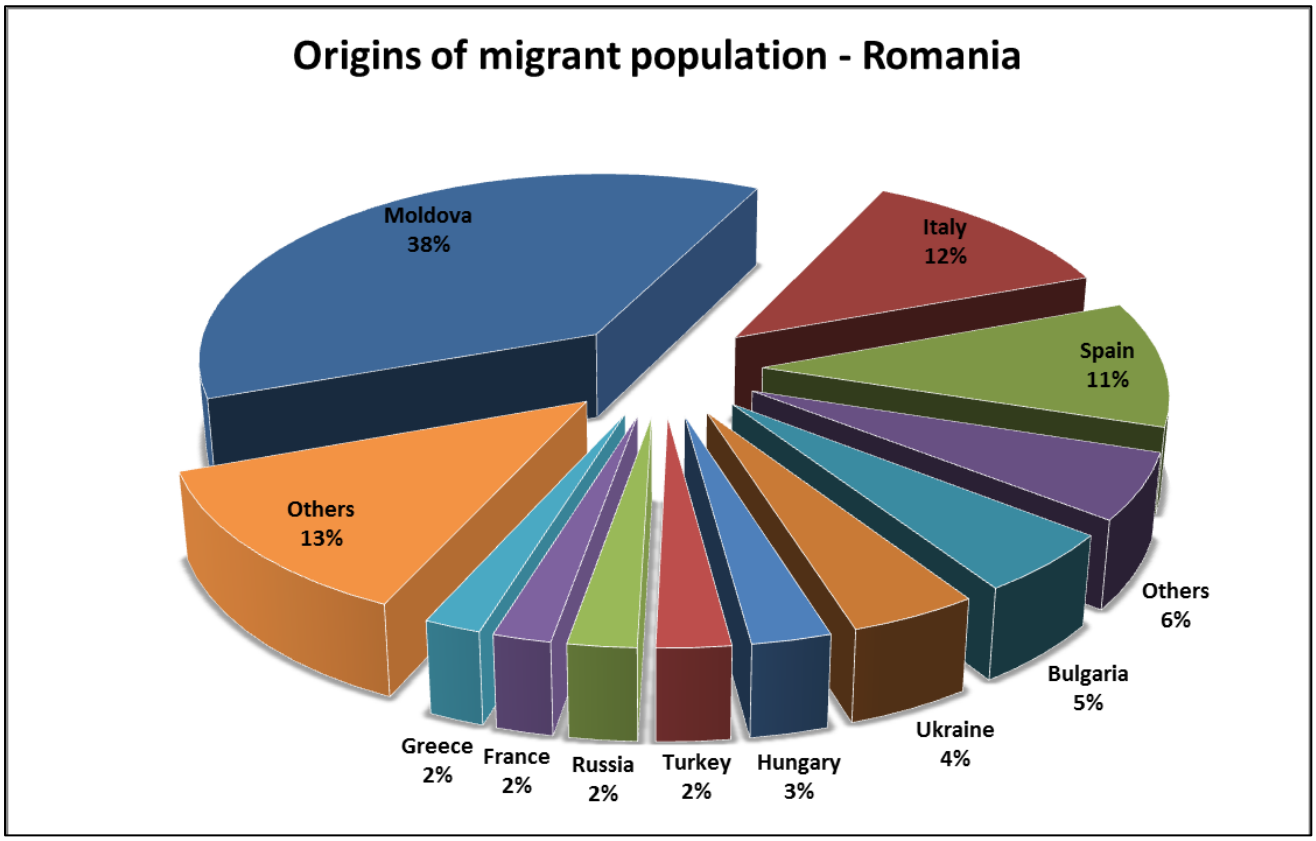
Migration has become an issue of utmost importance, and has deeply influenced and transformed Romanian society in all its aspects, from individual and community experiences to general public perceptions. During the last three years, Romania experienced economic growth but Romanians continued to leave the country in search of a better life, while the Romanian temporary work migration registered a tendency to become more permanent. Migration outflows have remained stable, with a slight rise in the number of young Romanians who leave the country to study and then decide to remain or migrate further for work. Moreover, the emigration of professionals (healthcare personnel – physicians, nurses, midwifes, etc.; teachers and educators; IT specialists, engineers, researchers, etc.) has increased and accounts for an important part of the Romanian workforce mobility within the European Union.

In addition, return migration has remained weak. Even in times of economic boom, it was below 7% from the destination counties with the highest emigration rate.

Data published by the National Institute of Statistics in June 2013 regarding Romanians registered as emigrants (defined as persons that have been abroad for at least one year) in the October 2011 Census indicate that they are almost equally males and females (364.800 men and 362.700 women). Most of them originate from urban areas: 54% compared to 46% from rural areas, with a high proportion in the working age groups of: 20-34 years old (46,2%) and 35-44 years old (24,8%).

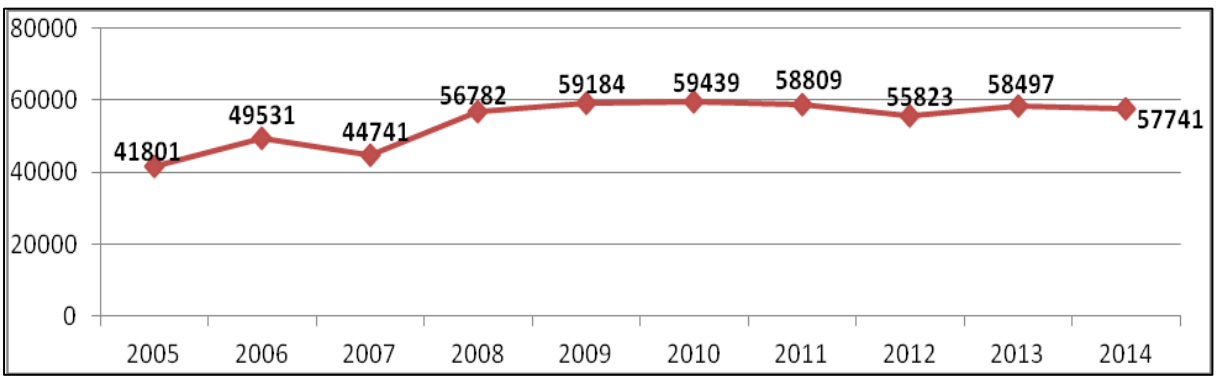
Statistics provided by the Romanian General Inspectorate for Immigration (GII) show that from 2011 to 2014, migration inflows had a rather stable evolution, with an annual variation of plus or minus two per cent. In 2014, the total number of immigrants was 98.586 persons, of which 57.471 were third-country nationals (TCNs) and 41.115 citizens of EU/EFTA Member States. Countries of origin are shown in Fig.1.

Figure 1. Foreign-born population in 2014 by country of birth (Eurostat)



Data for the years 2005-2014 regarding the number of **third-country nationals** residing in Romania indicate a rather linear trend with small annual variations of the total number since the year of 2008 (see Fig. 2). At the same time, it is worth noting that since Romania became a member of the European Union (2007), the number of TCNs relative to 2015 increased by 29% in 2007 and 38% in 2014.

Figure 2. Number of third-country nationals legally residing in Romania, 2005-2014[5]



Until 2005, immigration for commercial activities prevailed, while during the economic boom (2006-2008) labour immigration was on the increase. Immigration for education purposes represents a constant of the immigration phenomenon in Romania. This is a direct result of national policies that encourage foreigners to come and study in Romania, and of the scholarships and special places in the national educational systems offered for persons of Romanian ethnicity abroad. In 2014, as in the previous years, migrants who arrived through family reunion together with those who are family members of a Romanian citizen accounted for the majority of Romania's migrant population.

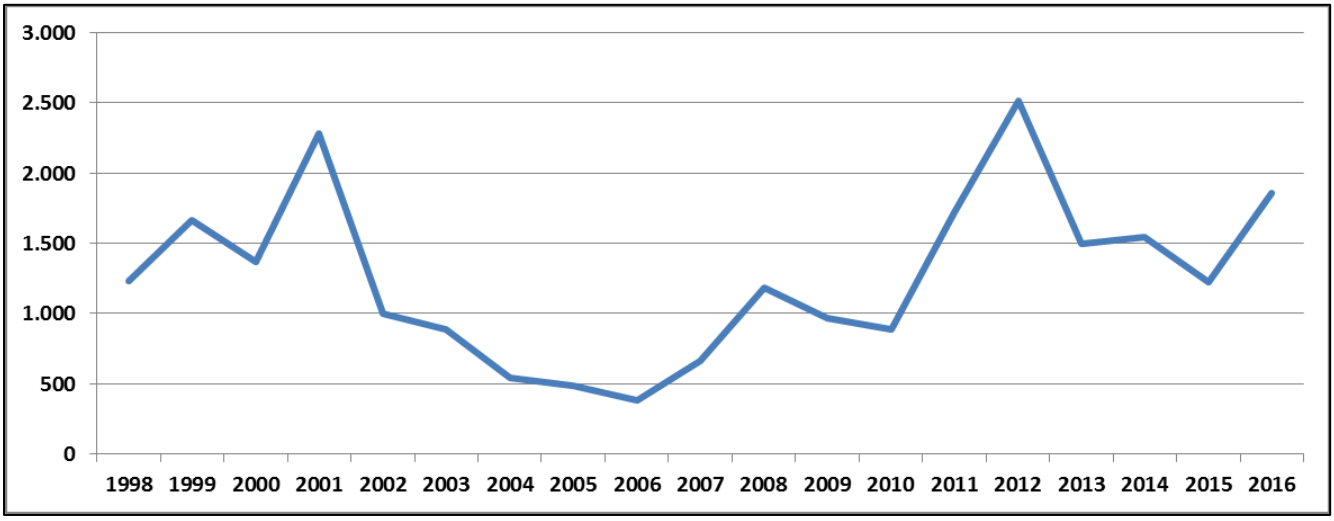
More than half of the immigrants are young (under 35), and around 60% are men. Over the years, they have settled predominantly in cities where they could find more economic, education, and labour market opportunities, as well as their established ethnic communities and social networks. Almost half of the migrants in Romania are concentrated around the capital city in the region Bucharest-Ilfov, while other cities (especially those with universities) attract the rest of immigrants: Iasi, Constanta, Timis, Cluj, and Prahova account for a total share of about 40% (GII, 2013; 2014).

In 2014, the number of work permits issued was 2.677. Most were issued to migrants originating from China (455), Turkey (407), Vietnam (307), and the Philippines (216) (GII, 2013; 2014).

Migration policies in Romania have focused on harmonization or coordination with the European legal framework and cooperation with other states. The operative situation in the field of immigration and asylum in Romania continues to be primarily influenced by the events at a global level and in the neighbouring countries, especially the situation in Northern Africa, the conflicts in Ukraine and in the Middle East.

Romania is situated on the EU Eastern border and the number of persons transiting Romanian national territory has increased. In 2014, 1545 asylum applications were registered; in the same year 47% of applications were approved. The administrative procedure in Romania is the fastest among the European Member States; in approximately 95% of the cases the procedure takes a maximum of 30 days.

Figure 2. First-time asylum applications to Romania, 1998-2016 (Eurostat)



3. HEALTH SYSTEM

KEY INDICATORS (2013)		RANKING
Total health expenditure per person (adjusted for purchasing power, in euros)	739	●○○○○
Health expenditure as percentage of GDP	5,6	●○○○○
Percentage of health financing from government National health system (NHS) / social health insurance (SHI)	15	SHI
Percentage of health financing from out-of-pocket payments (higher percentage = lower ranking)	19	●●●○○
Score on Euro Health Consumer Index (ECHI, 2014)	453	●○○○○
Overall score on MIPEX Health strand (2015)	45	●●●○○

The Romanian health system has undergone significant changes in the last 15 years and continues to adapt to the health needs of its population. The main responsibilities of the Ministry of Public Health are to develop the national health policy, to regulate the health sector, to set up organizational and functional standards, and to improve public health. The Ministry of Public Health functions through its representative bodies at county level.

In 2014 the share of gross domestic product spent on health was 5,6%, the lowest among all EU Member States. The funding per capita was also the lowest, while the number of physicians per 1.000 inhabitants was the lowest apart from Poland;[6] Romania also obtains the lowest score on the Euro Consumer Health Index. Even though the objective of healthcare reform has been to improve primary care and community-based services, the system remains biased towards hospital care.

In 1999, a healthcare insurance system was put in place with a single fund that collects the healthcare insurance premiums. The system of healthcare insurance represents the main system of funding, protection, and promotion of the population health – for citizens and migrants alike - that provides a basic coverage consisting of medical services, healthcare services, medicines, medical devices. The benefits package and the conditions for service delivery are laid out in the yearly framework contract elaborated by the National Health Insurance Fund, agreed to by the Ministry of Public Health, and approved by the government. Healthcare insurance is obligatory. Law 95/2006 on the reform of the healthcare system[7] represents the legislative framework that regulates the access and provision of medical services, to nationals and for migrants.

Almost 90% of the resident population is insured and enrolled in the national healthcare system, and data show that around 36% of insured persons are employed and that 22% are children. The unified national social health insurance fund is administered by the National Health Insurance Agency and its

[6] http://bit.ly/2oAgYdn
[7] Unless otherwise stated, references to laws in this report implicitly include the latest updates to those laws.

representatives at county level that are responsible for contracting services from public and private providers.

The mandatory health insurance scheme covers the whole population. Some categories are exempt from insurance contributions:

- Children;
- youth until 26 years old, provided they attend school or apprenticeship, and have no income from employment;
- youth until 26 years old who come from the child protection system and have no income or social benefits;
- disabled persons without income;
- husband, wife, and parents without own income who are supported by a healthcare insured/covered person, being considered as co-insured/ co-covered;
- pregnant women (ante-natal care) and women that gave birth who have no income or whose income is lower than the national minimum gross salary;
- mothers and babies (childbirth and post-natal care) until the baby is 2 years old or 3 years old in the case of babies with disabilities;
- the unemployed primary caretakers of disabled children aged 3-7;
- persons not working because of temporary loss of work capacity, as a result of work accident or an occupational illness;
- people at increased risk of exposure to, or suffering from, infectious diseases;
- victims of torture or psychological trauma;
- victims of human trafficking;
- members of a family receiving social benefit according to Law 416/2001;
- persons that are imprisoned or are under arrest, without income;
- persons receiving unemployment benefit;
- pensioners with pensions lower than 740 lei;
- foreigners in accommodation centres or public custody centres.

The uninsured are entitled to a minimum benefit package which covers emergencies, communicable diseases, and family planning services. In addition, all health programmes funded through the Ministry of Public Health are accessible to both insured and uninsured persons. Since 2007, the uninsured have been given access to preventive services through “Assessment of the health care status of the population through primary health care services” program. This allows a free visit to a family doctor who assesses health status based on a standard questionnaire, followed by a minimal set of lab tests.

A major issue confronting the Romanian health system is the shortage of qualified health professionals resulting from emigration, in particular to other EU countries, motivated by low salaries and inadequate working conditions in Romania. A recent survey of nearly one thousand medical students (Suciu et al. 2017) found that 85% of them planned to emigrate after graduation. Urgent measures are needed to ensure the country retains an adequate health workforce.

4. USE OF DETENTION

According to official statistics provided by the Romanian General Inspectorate for Immigration (GII), less than 15% of return decisions are implemented by force, leading to detention in case of non-compliance. The number of detainees in 2014 was 217, in a decreasing trend compared with previous years.

The alternatives to detention are included within the legal regime of toleration, including reporting or residence, while other practical alternatives (such as release to a care worker or placement under a care plan) are applied, bearing in mind the vulnerability of individual cases. Such measures are applied to persons with special needs found in detention pending deportation; they may involve psychiatric or other medical treatment that cannot be properly ensured in detention centres. Treatment takes place under the direct supervision of NGOs, and is also monitored by the medical staff of the GII.

One of the 'best practices' developed by Romania at the moment of transposition of the Return Directive is related to tolerated aliens' legal right to work in similar conditions as Romanian citizens. They are issued IDs and personal identification numbers by the GII, allowing them the same access to health services as other employed persons.

In Romania, migrants taken into detention are legally entitled to medical and psychological assistance, medication, and medical supplies free of charge. Medical services for migrants in the public custody centres must be offered through the infirmaries of the accommodation centres or the medical units of the Ministry of Internal Affairs and the Ministry of Public Health, and covered through the budget allocated to the GII. The average daily number of detainees in the centres is around 10-15 persons, therefore no pressure on the system has been observed. In both detention centres (located in Arad and Otopeni), the medical staff includes physicians, nurses and a psychologist.

The health risks of the migrants in public custody centres are found mainly in the area of mental health and serious illnesses. Mental health includes the psychological impact of detention (affecting most of the migrants in public custody centres). Several detainees have been transferred to a psychiatric hospital, mainly due to suicide attempts (one migrant committed suicide in the Arad Centre). Serious illnesses are treated in the specialized units of the Ministry of Internal Affairs, therefore outside the detention facilities. No complaints about the medical services provided in detention centres were recorded. Supplementary support is granted through the EU Return Funds for medical cases in detention (covering drugs and specialized treatments).

5. ENTITLEMENT TO HEALTH SERVICES

Score 67 **Ranking** ●●●●○

A. Legal migrants

Inclusion in health system and services covered

Regarding inclusion in the national healthcare system and medical services covered for legal migrants, art. 211 of Law 95/2006 regarding the reform of the healthcare system states that "According to the provisions of this law, all Romanian citizens with residence in Romania and foreign and stateless citizens who have requested and obtained the prolonging of temporary stay or who have residence in Romania and also make proof of the payment of the contribution to the Fund (National Healthcare Insurance Fund) are covered/ insured." The responsible actor is the Ministry of Health and the executive body is the National Healthcare Insurance House (NHIH), which coordinates and ensures the well-functioning of the healthcare social insurance national system. It is represented throughout the country by County Healthcare Insurance Houses, Bucharest's Healthcare Insurance House, Healthcare Insurance House of the Ministry of Transportation, Constructions and Tourism, Healthcare Insurance House of Defence, Public Order, National Security and Court Authority.

Migrants without an employer who pays the contributions can pay the contributions themselves, just as nationals do.[8]

The levels of contribution to the National Healthcare Insurance Fund depend on variables such as age, employment, financial resources, vulnerability etc. The Fiscal Code details the way the level of contribution to the fund in each situation is calculated, as well as the administrative documents and procedures that must are followed.[9]

For each category of user, detailed information is also available on the National/County/Bucharest Healthcare Insurance Houses' websites. The main responsible actors are NHIH (with the territorial structure as explained above) and the National Public Finance Agency (represented by Local and County Public Finance Agencies).

Special exemptions

Legal migrants can make use of the exemptions listed in Section 3.

Barriers to obtaining entitlement

The list of necessary documents for each category of migrants is available from the NHIH and the Healthcare Insurance Houses on Romanian territory. For legal migrants, some of these documents will probably be difficult to produce.

Administrative discretion in granting coverage does not apply to any group. Legislation in the field of healthcare, as well as the Governmental Decisions approved every year (for example GD 400/2014 to

[8] http://www.cnas.ro/default/index/index/lang/EN
[9] http://bit.ly/2oOFxj4

approve the package of services and Annual Framework Agreement that regulates the conditions for provision of medical assistance within the system of healthcare insurances for the period 2014-2015) are very clear and give precise definitions of basic medical care, minimal medical care, healthcare coverage situations, and how the procedure is to be implemented in each of these situations.

B. Asylum seekers

Inclusion in health system and services covered

According to Law 122/2006 on asylum in Romania and Law 95/2006 regarding the reform of the healthcare system, "Asylum seekers have the right to receive free of charge basic medical assistance and necessary treatment, emergency hospital care as well as free of charge medical treatment for acute diseases that jeopardise his/her life within the national emergency medical system or other recognized medical establishments." At the same time: "Asylum seekers with special needs are entitled to receive adequate medical assistance". Asylum seekers automatically benefit from healthcare insurance without paying into the National Healthcare Insurance Fund. However, the law does not entitle them to non-urgent treatment (except in case of "special needs"). In many cases, especially as regards the basic medical care, medical assistance is provided and available in the accommodation centres.

Special exemptions

Asylum seekers can make use of the exemptions listed in Section 4.

Barriers to obtaining entitlement

No documents are required which would be difficult for asylum seekers to produce, but clinical discretion is involved in the determination of 'urgent' treatment.

C. Undocumented migrants

Inclusion in health system and services covered

In Romania, even if it is not explicitly stated as such, undocumented migrants may benefit, free of charge, according to Law 95/2006 regarding the reform of the healthcare system, only from "emergency medical assistance, national vaccination programmes, monitoring of pregnancy and of the woman that gave birth, family planning services and all the other medical services that have been approved as part of the minimal healthcare package (emergency care, family medicine, family planning and access to consultations for serious diseases), in the annual framework program."

Special exemptions

Undocumented migrants can make use of the exemptions listed above (further specified in Section 3).

Barriers to obtaining entitlement

As in the case of nationals, in order to access the national healthcare system, a person needs an identity document and a personal identification number to enrol in the national healthcare system. This applies to all categories of people, nationals or migrants. For undocumented migrants this requirement can present a problem. (Similar difficulties are also quite widespread in Roma communities, where people who are nationals are often de facto undocumented).

6. POLICIES TO FACILITATE ACCESS

Score 55 Ranking ●●●○○

Information for service providers about migrants' entitlements

In Romania, the necessary information, practices, and legal provisions (Law 95/2006 regarding the reform of the healthcare system) are provided to service provider organisations.

Information for migrants concerning entitlements and use of health services

The responsible actor is the National Healthcare Insurance House (NHIH), which together with its representatives in the country (county/local healthcare insurance houses) provides information for migrants concerning entitlements and use of health services. However, the method and content are offered in a general manner: for example, the information is available in a separate section on the website, there are FAQs regarding specific situations and necessary documents that should be presented by migrants when accessing different types of services, etc.

Besides the NHIH, the GII is the responsible actor that coordinates all policy areas in the field of immigration, including healthcare for migrants. Information for migrants concerning entitlements and use of health services is available on its website and/or in person through its local or county offices throughout the country.

At the same time, the GII has funded and developed together with NGOs projects that include or address directly the provision of targeted information for migrants about their legal entitlements to healthcare. These projects involved the local and central responsible actors in the field of immigration and healthcare. Example of such projects include: brochures on healthcare access for TCNs, brochure and leaflets for medical care to asylum seekers and refugees, 15 migrant information centres that provide information and support to access healthcare services for migrants, support and accompanying to migrants in the relationship with the healthcare insurance houses, hospitals and family doctors, updated guide that includes information on the national healthcare system. Information is also available on the NGOs' websites.

Information on the websites of the NHIH and GII is available in Romanian and partially in English. The information in brochures, leaflets, guides is available in the languages of the main migrant communities in Romania. As explained above, the information addresses two main groups of migrants: legal migrants and asylum seekers.

Health education and health promotion for migrants

Some relevant examples of methods of dissemination of the health education and health promotion for migrants in Romania can be found on websites of the national and county healthcare houses[10] as well as of the Ministry of Health[11] and other institutions at central and local level, including hospitals and healthcare centres. With support from the EU programme 'PG SOLID', the Romanian Immigration Inspectorate developed in 2015 brochures for TCNs entitled *Welcome to Romania* in Romanian, English,

[10] http://www.cnas.ro
[11] http://www.ms.ro

Turkish, Arabic and Chinese, including health information and intended for dissemination through its regional centers for refugees and asylum seekers, its county offices for migrants, and NGOs.[12] The responsible actors, together with NGOs and with support from the EU, have developed and funded projects which have included a component of health education/health promotion for migrants.[13]

Projects have also set up health education meetings for migrants in schools, at NGOs locations, and in the accommodation centres for refugees and asylum seekers. At the same time, health education is included in the medical assistance provided by (publicly supported) NGOs through individualized counselling sessions. Targeted information for migrants about health education and health promotion developed within different projects includes promotion materials & information available on the websites in Romanian and English, as well as the languages of the main migrant communities in Romania - for example in Turkish, Arabic, Chinese, and French. The targeted information addresses two main groups of migrants: legal migrants and asylum seekers. However, it is important to underline that the Romanian health system is underfinanced and there is a shortage of medical personnel.

Provision of 'cultural mediators' or 'patient navigators' to facilitate access for migrants

There are intercultural mediators representing the migrant communities in Romania who have been trained to facilitate healthcare access for migrants. The intercultural mediators were officially acknowledged as mediators within an NGO project[14] (www.migrant.ro), and they cover the entire national territory. The intercultural mediators are not directly state-funded and this is why the provision of cultural mediators is not guaranteed across the (public) healthcare system, but rather on a smaller or ad-hoc basis depending on the NGO projects and funding available. However, the government contributes to some of these projects. The intercultural mediators facilitate mainly for legal migrants and asylum seekers; undocumented migrants also receive assistance, but not in a systematic manner (on a voluntary basis, using NGO funds, etc.).

Intercultural mediators have been trained and used so far mainly in facilitating dialogue with legal migrants (TCNs). Interpreters have been used in the asylum procedure in ensuring minimum cultural support for authorities (mainly during the preliminary medical examinations or in emergency cases, in the hospitals – in the first case they were paid to provide translation, while in the second one they acted on voluntarily basis).

Is there an obligation to report undocumented migrants?

Healthcare professionals and organisations have no legal obligation to report undocumented migrants.

Are there any sanctions against helping undocumented migrants?

There are no sanctions against healthcare professionals or organisations assisting undocumented migrants. In addition, according to Law 95/2006 regarding the reform of the healthcare system, undocumented migrants belong to the category of persons who are covered only for emergency medical assistance, a category that is automatically covered in the national healthcare system without financial contribution to the Fund. Therefore, healthcare professionals have to provide emergency medical assistance to undocumented migrants, according to the law, even if this category is not specifically mentioned.

[12] http://igi.mai.gov.ro/en/content/results-pg-solid; http://www.asociatiaconect.ro/ghidul-bun-venit-n-romnia-n-5-limbi4
[13] See e.g. http://www.romaniaeacasa.ro/index.php/ro/, http://sir.formigrants.ro/, http://www.migrant.ro/ .
[14] http://www.migrant.ro/mediatori

7. RESPONSIVE HEALTH SERVICES

Score 25 **Ranking** ●●●○○

Interpretation services

There are no qualified public interpretation services available for migrants accessing the healthcare system in Romania. Interpretation and accompanying services to migrants are provided on a voluntary basis, usually by intercultural mediators and with the support of NGOs. However, Law 95/2006 regarding the reform of the healthcare system stipulates that the patient should receive information in a manner that is comprehensible, although it has no specific provisions regarding qualified interpretation services for patients with inadequate proficiency in the official language.

Requirement for 'culturally competent' or 'diversity-sensitive' services

Law 95/2006 regarding the reform of the healthcare system specifically states the right to information and stipulates health care services that take into account individual and family characteristics, experiences and situation, respect for different beliefs, religion, culture, and competence in intercultural communication. Nevertheless, there are no measures and practices to actually implement such requirements besides some NGOs' projects and/or individual hospitals' internal regulations.

Training and education of health service staff

A diversity-sensitive approach towards service provision is found on an ad hoc basis in several hospitals, depending on the management and on the number of foreign doctors. Such approaches are mainly found in the big emergency hospitals in Bucharest. The capital has more than 35% of the TCN population in Romania. Policies exist to support training of staff in providing services responsive to the needs of different kinds of patient including, in the areas with important migrant communities, migrants. This is also tied to the fact that medical schools in Romania attract a lot of foreign students, who after graduation remain in Romania and become part of the medical personnel in the national healthcare system.

Involvement of migrants

In Romania, the involvement of migrants in information provision, service design and delivery in the health care system is enabled through ad-hoc cooperation and within different NGO projects. Additionally, there are migrant professional organisations (e.g. the Palestinian Pharmacists Organisation) and migrant students' organisations (including a significant number of medical students) that are directly involved in the process of information provision, service design and delivery. Also, it should be noted that many of the private medical service providers are migrant-owned companies.

At less than 1% of the population, the TCN community is numerically very small, while consultations during the development of laws are open to the entire population. Nevertheless, almost half of TCNs possess family reunification visas and are perceived as being "naturalised." On the other hand, the legislative framework is available only in Romanian. Thus, consultation is likely to be realised by organisations assisting migrants, and not necessarily by migrants themselves.

Encouraging diversity in the health service workforce

The participation of people with a migrant background in the health service workforce in Romania is rather difficult because of the legislative barriers. Access and participation of TCNs in the labour market is regulated by the Emergency Ordinance 56/2007 regarding foreigners' labour market participation and posting of foreign workers on the Romanian territory, and Law 157/2011 which modified and completed normative acts regarding the foreigners' regime in Romania. They stipulate that a third-country national can be only employed if the employer has not managed to find a national or a EU/EEA citizen who fulfils the job requirements. In addition, several conditions need to be met by a third-country national according to article 370 of Law 95/2006 regarding the reform of the healthcare system in order to obtain qualification as a medical doctor and labour market participation in this profession: one has to be a TCN with permanent resident status, the husband/wife of a Romanian citizen, ancestor or descendant in the care of a Romanian citizen, and other several specific conditions related to the medical profession.

In recent years, because of the austerity policy, new appointments in the national healthcare system were blocked and wages of medical personnel have remained very low. This largely explains the massive emigration of healthcare professionals.

Development of capacity and methods

Diagnostic procedures and treatment methods are not adapted to take more account of variations in the socio-cultural background of patients. In Romania, policies are exclusively focused on standardising diagnostic procedures and treatment methods.

8. MEASURES TO ACHIEVE CHANGE

Score 33 **Ranking** ●●●○○

Data collection

In Romania, various actors in the field (e.g. family doctors, the healthcare insurance houses and hospitals) collect data on migrant health, but there is no systematic, integrated collection of such data available in a purpose-built national database. As regards collection of data on migrant status, country of birth or ethnicity in the medical databases and clinical records, this information is optional. It is worth noting that information regarding health care provided to immigrants is recorded in the national database of the healthcare system, and some information about migrant health could be extracted from it based on the personal identity number. This is also the case at county level, where the county healthcare insurance houses collect specific data.

Support for research

Because of the relatively small number of migrants, service provision for them and methods for reducing inequalities in health or health care do not receive much priority and therefore, no extensive research is performed in this area. Nevertheless, in Romania such research is conducted on ethnic minorities, the Roma in particular. Though they belong to the native population, many of their problems are similar to those affecting migrants.

"Health in all policies" approach

In Romania there is ad-hoc consideration of the impact on migrant health of policies in other sectors than health. The impact on migrant health is taken into consideration as part of general policies on national migrant integration.

Whole organisation approach

No systematic attention is paid to migrant health in any part of the health system, measures are left to individual initiative. Nevertheless, according to Law 95/2006 regarding the reform of the healthcare system: “medical assistance is provided without any discrimination referring to and not limited to income, sex, age, ethnicity, religion, citizenship or political views.” The same law also states: “Every person that is covered within the national healthcare insurance system has the right to be informed, at least once a year, through the healthcare insurance houses, regarding the services he/she benefits from, the level of his/her contribution and ways of payment as well as about his/her rights and obligations.” At the same time, the law stipulates “the right to receive information that is well understood and explained regarding the medical treatment prescribed, that the confidentiality of personal data is ensured, especially regarding the diagnosis and treatment received.” There is therefore legislation that supports efforts to promote equitable care, even though migrants are not explicitly mentioned.

Leadership by government

Some legal provisions on migrant health exist, but without a specific plan of action. Different policies addressing migrant health are the responsibility of the GII, and this body cooperates with actors responsible for the healthcare field such as the NHIH, Ministry of Health, hospitals, etc., at central and local level.

Involvement of stakeholders

There are consultations with civil society in order to design and implement the national health policy every year. However, there is no special focus on migrant health policies at the Ministry of Health. Instead, cooperation with the NHIH, consultations with NGOs, intercultural mediators, migrants' representatives and promoting the migrants' needs and representation as regards the healthcare policies is provided through the GII (at central and local level). The GII is the national authority ensuring coordination with other Romanian institutions. Typical problems discussed are: how to ensure better access for migrants to medical services; difficulties encountered by migrants and how they can be addressed; better ways to inform migrants about their rights to medical care; developing cooperation between the authorities and NGOs to better assist migrants; and how to develop 'migrant-friendly' healthcare policies.

Migrants' contribution to health policymaking

Some projects developed by NGOs address, among other issues, migrants' contribution to health policy making at national and local level. At the same time, intercultural mediators representing immigrant communities through the GII ensure that migrant stakeholders participate in national policy making affecting their health, through meetings, consultations, recommendations, policy and law amendments, etc. NGO projects are supported by European and governmental funds. The GII and other authorities within the national health system are generally receptive and willing to get involved to represent the migrants' point of view on healthcare policies and to tackle the challenges that migrants may face.

CONCLUSIONS

According to the MIPEX 2015 report[15], Romania has already gone halfway to integrate migrants into the health system, which is further ahead than most Central European countries and new destinations, ranking 19th alongside the Czech Republic and Malta. This is despite the very small proportion of third-country nationals in the population (less than 1%). Entitlements are above average for EU/EFTA countries, although administrative barriers may create some problems in practice. Migrants can access information on entitlements, services and health issues through initiatives by the Romanian General Immigration Inspectorate (GII) and National Healthcare Insurance House (NHIH), supported by a network of NGOs. However, Romania's health services and policies have made a rather slow start in adapting to migrants' specific needs, though efforts are still greater than in most Central European countries.

In this context, it is important for Romania to improve data collection to allow effective monitoring of migrants' health needs and use of health services. At the same time, there needs to be more recognition of the importance of data and standardised concepts for decision-making processes.

There is also a need for long-term partnerships at local and central level between public healthcare institutions, immigration authorities, NGOs, service providers, and other actors working in the field of migrant health. The substantial allocation of EU funds in the 2014-2020 programming period could represent an opportunity for Romania, including for the healthcare sector, because it affords a key resource for the short, medium, and long term development of the Romanian economy and society.

A final comment concerns the state of the Romanian health system as a whole. Although the degree of equity between migrants and nationals is higher than in most Eastern European countries, both groups have to contend with a low underlying standard of health service provision. This is the result of underfinancing, workforce shortages and poorly balanced priorities: "underprovision of primary and community care and inappropriate use of inpatient and specialized outpatient care" (Vlădescu et al. 2016:xvi). This creates a downward spiral, in which as conditions get worse, more and more health professionals decide to leave the country. The government needs to take urgent and effective measures to remedy this situation.

[15] http://www.mipex.eu/romania

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