

WHO Health Coordination Meeting
Meeting Minutes – 26th April 2023

Meeting Subject	Health Sector Coordination & Behavioural Insight Study	
Time & Location	13:00 pm EEST, online. Zoom.	
Chaired by	Dr Silvia Gatscher (WHO Romania)	
Minutes prepared by	William Revell, Silvia Gatscher (WHO Romania)	
Agenda	<ol style="list-style-type: none"> 1. introduction 2. Behavioural insight presentation 3. Questions 4. Comments 5. Closing 	
AGENDA POINTS		
Agenda Point 1	<p style="text-align: center;">Overall welcome to health partners.</p> <p>Introduction of attendees.</p>	
Agenda Point 2	<p style="text-align: center;">Introduction of Behavioural insight presentation</p> <p>OUTLINE OF PROJECT:</p> <ul style="list-style-type: none"> - 2nd round of testing. (1st round in May-Sept) – Overall aim is to find refugee perspective. - Testing online survey based – helps with limitation factors of access to refugees in different circumstances. Recruitment through social media/online (through a link). - 25 respondents and a follow up in June. Differences and changes noted since first round of testing. - Issues including language barrier and referrals (e.g. Specialist care/prescriptions). Challenges faced partly due to differences in system setup. - Testing showed an improvement in refugee perspective on quality of info for health care. 	

DATA:

- Demographics changing + many are recent changes: Problems from Winter, electricity, concerns for family members.
- Many are opting to stay with family members, impacting needs for services.

- Last year vs now:
 - healthy individuals have 'okay' access to HC. Only difficulty in start of process.
 - People are finding information mostly: Informal information channels, social media channels, word of mouth.
 - Dental care and access is still an issue - especially the need to pay for this.
 - Seeing family Dr's an issue (Access to vaccines an issue.)

- Poland, Slovakia and Slovenia are being monitored – Poland have similar issues to Romania.
- Slovenia/Slovakia: Refugees are given access to emergency care only – They have issues with preventative healthcare.

- Language barrier is still a problem for access in Romania
- Chronic diseases, pregnancy, elderly and social-media illiterate face difficulties to access care - due to language barriers, travel and accessibility.
- Mothers struggling to find childcare.
- Access to services are an issue due to availability of family Dr's.
- There are challenges in obtaining a disability certificate among refugees.

CHANGING DEMOGRAPHICS:

- Growing number of grandparents looking after grandchildren - issue with them accessing HC through social media for regulatory healthcare (e.g. check-ups, vaccines).
- Outreach to this demographic through paper-based and non- digital media would help.
- Pregnant women: increases in anxiety (especially when expecting 1st child) – Primary concerns: complications, anti-natal, benefits they have/don't have, availability to access.
- Positive feedback regarding provision of healthcare from providers (Dr's/nurses etc). Friendly experiences and needs are being met. Overall gratitude.

- New factor to note: Increases in anxiety surrounding provision of healthcare over the long term.

ACCESS TO MH SERVICES:

- More public understanding to MHPSS services and a general happiness in availability to access to this.
- Most refugees are saying they do not need mental health support (Other than those coming from areas with intense fighting in UKR).
- Potential signs of change in the need for MHPSS - younger individuals starting to seek more psychological help.
- Older age group less so.
- Group MHPSS is less popular as there is less want to share with a group of people.

OVERALL:

- Reports of less confusion to the system.
- Increases confidence in ability to navigate the HC system.
- Action that could be taken: Info on websites may need updating, or just reviewing information to improve.
- ROMEXPO is appreciated and being used.
- Anxiety on how long these services will last for refugees;
- A call for more transparency in open communication towards refugees in the future regarding changes.
- A call for translation services, including websites - less about increasing and more about specific targeting.
- A call for further concentration to pregnant individuals and vulnerable individuals.
- Ensuring Romanians still have good access to HC.

Agenda Point 3

QUESTIONS:

Q; Dr Gatscher: Demographic is changing in Poland, e.g. increased number of male refugees. Has this been seen in Romania?

A; Martha Scherzer (WHO): Not 100%. as for sample during testing, there were mostly women.

Q; Silvia Gatscher (WHO): In Poland social media is helpful, but there is a struggle with the elderly – another suggestion for reaching this age group?

A; Martha Scherzer (WHO): Some mentioned fliers at the hospital but maybe worth taking ‘step back’ due to access to hospital itself. Places that are standardized attendance are good (e.g. refugee registration centers, Grocery stores, childcare buildings); Look more at day to day life and ways to target through this medium.

Q; Nicola Morgan (WHO): Are there issues with pregnant women specifically in rural areas? Any particular antenatal/postnatal or specific issues like breast feeding or blood testing?

A; Martha Scherzer (WHO): Only 1 individual who was pregnant during the testing. (1st cohort did have ‘a few’ pregnant women). No notability of specifics for breast feeding or blood tests in the survey. General questions were asked and this information is worth empathizing with as the expectations and anxieties exist.

Q; Note same issues with problem of accessing family doctors; reports of the coping strategies?

A; Martha Scherzer (WHO): Research was in May last year with lots of confusion. Differences in health systems was very foreign (family Dr’s, specialty Dr’s) but over time this became clear. The next issue was finding a family Dr and managing to register (how/payments/when etc) but this is resolving. Major language barriers still exist and being overcome through family support (e.g. family member speaks English). Overall, support could be built with further language support.

Q; Halina Bratu (Centrul de Integrare pentru Migranti Brasov) : *Noted she is looking for family Dr’s and interpreting*. Regarding daily challenges; picking up prescriptions is an issue because there is a lack of completion for a number 4 prescription and institutions are lacking prescriptions that are #4. Do you know of this? Initially Dr’s were doing this correctly, but ‘right now’ this is ongoing. There are also issues with print of prescription and collection of prescription.

A; Martha Scherzer (WHO): Not heard of this. Prescriptions have been trouble before. people are managing to collect medications in some way, mostly from Ukraine.

	<p>A; Silvia Gatscher (WHO): WHO office can potentially facilitate looking into this.</p> <p>A; Martha Scherzer (WHO): Noted efforts really do matter allot with dealing in situations like this from NGO's landlords to provide help to refugees.</p>
<p>Agenda Point 4</p>	<p>Dr. Hicham (French Red Cross): Asking about end of 15-20 prog – *...connection issue...*</p> <p>A: ministry of internal affairs dealing; emergency ordinance for lump sum is now approved but are waiting on allocation of this sum and the process of how it will be distributed. Noted UNHCR are the best to follow up with.</p> <ul style="list-style-type: none"> - WHO will Speak with UNHCR tomorrow about this during meeting. - Will move meeting back to 3rd Wednesday of the month. - Potential organize a more in depth meeting: in person meeting May/June...??? - WHO are facilitators of the meeting but notes NGO input is valuable (such as prescription issue) and urges this to continue. - WHO will create a platform for the minutes, and informational material to distribute.
<p>Useful links</p>	<p>https://legislatie.just.ro/Public/DetaliuDocument/267398 Link to government 50/20 update.</p>