

Notes from Refugee Coordination Forum Health WG/ kick off meeting

Online 2-3.30 pm

Main points

- Next meeting/ 21 April, 2-3.30 pm (online), Bucharest time.
- Partners depicted the barriers, challenges and gaps observed in their daily work with refugees. The barriers included all the pillars of HSS and most frequent service delivery bottlenecks (no clear SOPs, referrals, and pathways), health information (language as a barrier, lack of proactive communication from health authorities, duplication of reporting), access to medicines and medical devices (no focal point for discussing medicines needs and donations), financing (plan is not costed, NGOs are paying for the outpatient services) and health promotion.
- WHO will share the findings with MoH to inform about the identified barriers and develop remedial actions.

Topics

1. Opening remarks and tour de table - Jetri Regmi
2. The purpose of the group & ToRs

Cassandra Butu/ WHO Romania

- There are 6 sectoral plans, health included, which informed a GOVT integrated action plan of response for UKR refugees who are planning to stay in Romania. MoH informed the plan is a living document. Your contributions/ comments were shared with MoH.
- What we ask of you is:
 1. Inform the refugees about their right to healthcare which is the same as for any Romanian citizen.
 2. Urge refugees to register themselves and ask for temporary protection/ asylum, as they choose, because it will help them to access many services, health, and non-health related.
 3. To inform WHO in writing about concrete cases where UKR patients were not able to access the needed services. This communication will be redirected to MoH for their action.

Paul Spiegel/ WHO EURO

- Romanian Government is in charge and involved in this emergency. UN and partners are supporting GOVT response.
- Only two NGOs are participating in the government-run health working group. WHO wants to make sure that all actors working in health are mapped, and needs are identified and communicated to MoH. The MoH may join this health working group in the future.
- Following WHO recent in country mission, we discussed with MoH the followings:
 - WHO to hire UKR health mediators to facilitate the patients' pathways and navigate the patients between different levels of care/ services.
 - Working closely with GPs as health system gate keepers – how to facilitate the enlisting of UKR patients?
- How to work with UKR HCWs due to two main barriers (language and certification as it UKR is not an EU country)? This issue is cross national, not only seen in Romania. This issue also applies to MHPSS; it should be considered what level of professional expertise will be required to deliver counseling for example.

Mike Woodman/ UNHCR

- It is important to move from questions ref service access to developing concrete referrals/ pathways. As important, to consider gender-based violence (GBV) and to ensure good cross sectoral collaboration.

Oliver Smith/ UNHCR

- The purpose of this WG is to feed in the Government established health working group.
- Rapid need assessments tools are available. It is useful to be used by all partners and across countries to have a coherent approach.
- Encourage working group members to look at RRRP, and to expect the Romanian chapter in the coming weeks.

3. Barriers, challenges, and gaps in services identified by NGOs

Cristina Grigore/ Peditel

- The registration process of refugees is going slowly in Cluj, it is done in a mall/ there are administrative barriers
- Language and the need for translation is a big problem. Now refugees cannot manage without the direct help of a Romanian-speaking person.
- There is no legal framework to specify the concrete ways to access public health services. For example, how to have access to outpatient consultation, who provides payment for symptomatic medicines/prescription (e.g. antibiotics). What are the referrals to dental services or other various therapies such as: physiotherapy, speech therapy, psychotherapy.
- An observation in the period 8 March-10 April: Peditel service took over 500 requests and mediated/scheduled including with translator specialist consultation for 12 persons, including hospitalization and surgery, 11 of them from a group of 66 persons, from 2 localities.
- From the experience gained so far, it would be necessary to develop a food guide, involving also Ukrainian doctors of different specialties.

Dorica Dan/ RONARD

- Please add in the plan the rare disease and cancer patients for referrals, pathways development, identification of health needs (database of patients with chronic conditions: diabetes, oncology, dialysis, cardiovascular disease, chronic hepatitis, HIV, tuberculosis, psychiatry, rare diseases, cancer etc.
- The NGO is in contact with UKR NGO dealing with rare disease.

Alina Comanescu/ Community Health Association Romania

- Alina will share via email the details about a concrete case of an UKR oncological patient who could not access the needed oncological treatment.
- Ensuring access to essential medicines – limiting the sale of these medicines outside Romania, communicating to suppliers estimates of needs for a period of 3-6 months.

Edi Petrescu/ UNICEF Romania

- UNICEF is in process of contracting different nonprofit and for-profit partners to compensate for the insufficient medical services provided by the public health sector (PHC and secondary services, not hospital services). If needed, UNICEF could look at financing hospital delivered services as well. One of the contracting private partners is Regina Maria medical network.

- Accessing health services for Romanians is difficult, so much more the case for the refugees
- There is no costing of the plan which is worrisome as the current health budget is not sufficient (see the NHIH budget situation)
- Because of Covid-19, Romania has already a heavy backlog of services
- Health needs assessment is a priority, UNICEF started the work on this item.

Cristiana Mateoiu/ Regina Maria Foundation

- Regina Maria hired a UKR doctor as volunteer (facilitator, not as a medical provider due to lack of medical certification).
- It is important to have a simplified/ fast track national legislation to hire UKR HCWs in Romania. They bring in added value.

Cristina Margarit/ ARPIM

- Simplify the donation procedure for refugees or directly to hospitals in Ukraine. Manufacturing companies wishing to donate medicines do not have a clear procedure to do so, while respecting the traceability, transport safety and procedures for interaction with the authorities. In addition, the price of donated medicines is not the manufacturer's price (ex fabrica), but the retail price, for which VAT cannot be deducted, plus a tax of 5% of the total value of the donation.
- Vaccination of Ukrainian citizens (children, adults) and Romanian citizens should be done only electronically, once in RENV*¹. Only if the family doctor does not yet have access to RENV, reporting should be done through other means to the DSP.
- Vaccination targets for GPs should be tied to vaccine stock availability and distribution difficulty.
- Publish on the INSP/DSP website the situation of vaccine stocks, vaccine needs and have a permanent dialogue with vaccine manufacturers.
- Create a working group/designate focal point at the level of authorities to communicate with medicines suppliers and to grasp the real situation of the need for medicines and the impact of the conflict in Ukraine on the availability of medicines in Romania.

¹ RENV – electronic national vaccination register

- Publish data (quantities, number of patients/county) (in anonymized format) on prescriptions of medicines to refugees from Ukraine (with classification by medicines from national health programmes, medicines included in cost volume contracts, medicines from lists A, B and D^{2**})
- Chronic patients' pathways: they are different depending on the type of chronic pathology (it is not the same for a disease respiratory or cardiac disease and cancer).
- Patient access to care and treatment must be contextualized according to the health infrastructure and the human resources and medical equipment in the county where the patient is located, so that reference centers (public/private) must be clearly identified.

Dana Farcasanu/ CPSS

- Let's separate medical assistance services from urgent medical assistance, because the later is provided for emergency/ acute phase of the response while we are supporting the medium to long term response.
- There are certain priorities we should focus on related to the provision of public health services and other high priority services:
 - vaccination
 - medical services for pregnant women
 - PTSD
- Access to assistive technologies for persons with disabilities is an issue but keep in mind there is a big limitation for Romanian citizens as well.
- We don't have gaps in the legal framework ref service provision (see OUG 15/2022, OUG 20/ 2022). What we miss are the procedures, SOPs to implement the legal provisions.
- There should be performed a universal and comprehensive need assessment in an electronic format *via tablets, phones etc*, canvassing the needs ref health, shelter, food etc
- Each DSP should publish on their website the list of county health providers

Kis Balázs / KIS Balázs Society of Saint Vincent of Saul

- A barrier for GPs in vaccinating UKR children: GPs have a certain day per month to pick up the vaccine from DSP. They should be able to pick up additional vaccines from DSP when needed / a way for DSP to deliver on time the vaccine needed by GP as not to miss out the opportunity to vaccinate

² Medicines' reimbursement lists – NHIH

4. Proposals

Peter Ventevogel/ UNHCR

– There is a separate MHPSS group. MHPSS is a multi-sectoral issue with relevance for health, protection, and education. If possible 'Updates from MHPSS Technical Working Group' could be a fixed agenda point and sharing minutes of MHPSS group.

5. Information / partenrs' mapping

– **Autism Voice Association** – Bucharest NGO - offers services for children with autism. Starting last month, are providing counseling for families in Ukraine who have children with autism. They have a location in Bucharest for accommodation and therapy services.

– **HOSPICE Casa Sperantei** has been providing, since the beginning of March, palliative care services for Ukrainian patients with advanced incurable diseases. Specialized palliative care services have been provided by interdisciplinary teams, within our Hospital from Bucharest, in inpatient and outpatient settings.

– **Romanian National Alliance for Rare Diseases** – RONARD is oriented mainly to integrate information in all the national platforms that are used to support refugees. They adapted the platform RiskAlert - www.riskalert.ro Medical emergency alerts center for patients with rare diseases to also support patients from Ukraine. They performed needs assessment for the Ukrainian patients that remain in Ukraine and support them, mainly in cooperation with Eurordis and Red Cross. Making telemedicine available for UA patients. Communicate permanently with the Ukrainian National Alliance for rare diseases and Moldavian organizations to understand their needs and to find solutions. Introduce data in the EU platforms (Eurordis and European Reference Networks: <https://www.erncare4ua.com/>) and EURORDIS - The Voice of Rare Disease Patients in Europe. They are collecting information from potential hosts to share it with patient organizations and charities helping with Ukrainians coming into Romania and other countries bordering UKR. Integrated with www.dopomoha.ro and www.refugees.ro - Medical assistance / telemedicine – Refugees.