

Notes from Refugee Coordination Forum Health WG/ 2nd meeting

Online 10-11.30 AM

Agenda

1. Ukrainian refugees health needs and experiences in Romania (Ukrainian refugees) – 30 minutes
2. Brief presentation of Govern offered primary healthcare services (Dr Gindrovel Dumitra, vice-president National Society for Family Medicine) and q&a – 20 minutes
3. Overview of CSO activities recorded in Kobo (<https://enketo.unhcr.org/x/gWRT0qS>) and q&a – 20 minutes
4. AOB – 10 minutes

Main points

1. Expand washing facilities as they are insufficient at border crossing points. WASH is on next meeting agenda. Email Cassandra to suggest further topics.
2. WHO will conduct a study to understand health seeking behavior. Demand for health services may be high, but there is insufficient public information on how to access services.
3. Orient public communication where UKR are seeking information (social media) & increase information volume and distribution channels (leaflets, establishing a hotline).
4. Mitigate the language barrier – set up a central channel to make medical appointment or have volunteers to help in clinics/ hospitals.
5. Respond to refugees' demand around immunization of children and pregnant women; access to medication for people with chronic conditions, including HIV, insulin dependent patients; mental health issues.
6. Make available in UKR language the list of county healthcare providers; develop a map with health facilities to improve access to care for UKR persons.
7. Provide a list with free of charge medication and prescriber level in UKR language.
8. Mapping of healthcare providers, in UKR language is possible. IT company needs NHIH raw data in a specific format.
9. Follow up on rare disease medication shipment to UKR (email needed for Cassandra to routed it to WHO department supporting UKR).
10. Sign up to Ioana Novac at novaci@who.int for Mental Health sub-working group.

Topics

- There are insufficient washing facilities at border crossing points. WASH will be a point on the next meeting agenda. WASH risk may be increased in coming days, given deteriorating state of UKR population. We need to inform them about water related disease/ water and health.
- Per MoH data on health service utilization, the number of refugees seeking healthcare is still low. A WHO qualitative study is underway to understand from refugees what are the barriers and gaps ref accessing healthcare in Romania. It is important we have refugees in our working group and that they are actively engaged in our discussion and future policies. We will refine this mechanism by directly contacting the community.
- We need to reorient the public health communication as most UKR refugees are not seeking information on websites, but they use social media groups to disseminate information (Facebook, WhatsApp, Telegram, Signal).
- The experiences with Romanian health system are mixed. In one case, seeking dental care was a positive experience. But for others there were many barriers in successful service provision:
 - Lack of information about where they can receive services - distribution of health-related information by leaflets, establishing a hotline could help in closing the info gap.
 - Understanding the language – how to make doctor appointments without speaking ROM/ EN languages? Many medical staff don't speak anything but Romanian. It would help to have a central channel to make medical appointment or have volunteers to help in clinics/ hospitals.
 - Demand from refugees is focused on:
 - a. Immunization – there are children and pregnant women seeking refuge and they need vaccination. Main questions are where to go & is it free?
 - b. Access to medication for people with chronic conditions - continuity of care
 - i. Diabetic patients need insulin – they do not know where to get their treatment; the same goes for people with Down syndrome.
 - c. Access to ARV drugs for people with HIV. Please note people are not aware to what clinics they can go, and they are sensitive to disclose HIV status information.
 - d. Mental health issues are common among refugees
 - e. Information to be relayed to MoH
- Ministry of Health should inform the public on the below questions. Geeks for Democracy has a call center for UKR refugees, and these data would help respond to their needs:
 - What are the medical services offered by Romania?
 - What ERs have translators?

- What is the map of hospitals in Romania, what program do they have and what is their specialties?
- How many translators are employed and if they consider hiring them and when will they do it?
- What is the single number for medical services?

Dr Gindrovel Dumitra presented the pathway to access primary healthcare services and to access other specialized service:

- Per Government Emergency Ordinance No 20/ 2022, all Ukrainian citizens who are in the 90 days visa free, registered as asylum seekers in Romania or applied for protection, have a full access to medical services, the same as Romanian citizens (meaning they have a complete medical insurance)..
- While access is free from a legal point of view, the access to medical services can be difficult. The 1st important step is to register in the National Health Insurance electronic system and acquire a temporary identification number which can be used with any medical service provider.
 - The registration in the insurance system is done by any medical provider which has a contract with health insurance house, based on the identity documents. Upon filling in the web-based form, the app generates a temporary identification number and a QR code for easy use by the patient in the healthcare system. The QR can be printed and hand it out to the patient.
 - UKR refugees can be registered at any medical provider (family doctors, hospitals, clinics, ambulatories) if health providers have a contract with the National Health Insurance House. All family doctors in Romania have a contract with the national health insurance house and can provide free of charge services included in insurance package.
 - To find a service provider, one must go to the national health insurance website www.cnas.ro and find the list of county health insurance houses. From the county, find a folder called healthcare provider, which will contain a table with the name, address, and phones of physicians. This is only available in Romanian, which is a second barrier. It is important this information is available in UKR and it is easy to spot on NHIH website (currently it is hard to find).
 - Refugees must have medical documents available for family doctors. If lacking medical documents (e.g. immunization), they should receive full vaccination based on national and international rules of good practice.
 - If family doctors are unsure/ unaware how to proceed with catch up vaccination scheme, they can write to the vaccinology group (specialists) and will get the needed advice and information - vaccinologie@snmf.ro

- Upon first visit, one needs to apply for getting the vaccines from county public health authority. Often it takes up to a month to receive vaccines once a need is registered.
- Language barrier – indeed not all family doctors speak ENG/UKR, and there is no systematic support in translation. We recommended family doctors to use google translate. It works well from ENG/ROM, but we are unsure of quality of UKR translation.
- Pregnant women will be registered and will receive antenatal care (they can have blood tests etc. free of charge). They also will be put in contact with gynaecologist for birth. If in labour, call 112, the single emergency number, and they will be sent to nearest maternity hospital. For premature labour or pregnancy threats and complication, call 112.
- For certain illnesses, one can receive medication prescribed at family doctors. To get treatment of other conditions one needs to see a specialised doctor. For example, asthma patients need to be referred to pneumologist to get prescription.
- Some medicines are partially compensated, some are fully compensated (meaning free of charge) which is the case for diabetes, HIV, TB. There is a list of these that can be made available, which should be translated to Ukrainian.
 - Insulin must be prescribed by diabetologist – patients will be registered in national system and given insulin free of charge. Must see GP first. Oral medication can be prescribed by GP, but not insulin.
 - HIV medication is released by infectious disease hospitals, where there is a record of all patients treated for HIV.
 - Mental health – GP can only prescribe medicines which require out of pocket payment (not free of charge). For more complex conditions, a referral is needed to a psychiatrist. Medicines for these conditions are free of charge.
- Mapping of healthcare providers is possible. Data is available on National Health Insurance House website. See attached description on how to access it.
 - There is an online application showing locations of family doctors. Not all data are collected, but most data are available for Bucharest. Can filter by family doctor etc. <https://civicnet.github.io/cancer-atlas/#/>
 - Could develop application tuned to refugees as well.
 - Once data have been aggregated on the platform, this can be taken by other companies, NGOs etc.
- Supporting access to medications for patients with rare disease conditions in UKR
 - How can we help patients that are stuck in Ukraine and need medication for rare diseases? EURORDIS is looking for help. Email to Cassandra ref specific needs and proposal as we have a WHO team working for UKR support.

- MHPSS subgroup
 - There is a subgroup for MHPSS. This is a platform for discussion. If others want to participate, they can sign up – write a short email to Ioana Novac, WHO consultant at novaci@who.int
 - It would be helpful to have as many as possible join this group to make it more comprehensive.

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Participants

1. Cassandra Butu, officer in charge, WHO Romania
2. Gindrovel Dumitra, family doctor, deputy president of Romanian National Society for Family Medicine (SNMF), general secretary of Romanian College of Physicians
3. Henry Laurenson-Schafer, WHO EURO
4. James Fielding, WHO EURO
5. Andreea Popescu, NPO, WHO Romania
6. Lucinda Hiam, WHO EURO
7. Ioana Pop, consultant, WHO Romania
8. Ioana Novac, consultant, WHO Romania
9. Sorana Mocanu, MHPSS consultant, WHO Romania
10. Oana Motea, UNICEF Romania
11. Orna Kordel, ECDC
12. Shawn Ellen Wesner, Temporary Refugee Coordinator Assignment to Romania, Bureau of Refugees, Population, and Migration/ANE, U.S. Department of State
13. Anca Moldovan, Dana Timotin, Alina Myinia, WHO CO interpreters

Refugees

14. Marina Kornilova, medical doctor, infectious disease specialist / HIV, Bucharest based

15. Olesia Myinia, teacher, Bucharest based

NGOs

16. Eliza Stăruială, Carusel

17. Marian Ursan, Carusel

18. Dorica Dan, Rare Disease, Prader Willi Association Romania

19. Ionuț Popa, Asociația Civic Suport

20. Andrada Cilibiu, FILIA Centre

21. Aneta Trgacevska, IFRC ROE

22. Fabiana Faria, Oxfam

23. Laurence Hamai, Oxfam

24. Marina Maslovskya, Médecins Sans Frontières

25. Cristina Grigore, PEDITEL

26. Cristina Margarit, ARPIM/ Romanian Association of International Drug Manufactures

27. Andreea Constantin, Asociația MAME

28. Kis Balázs, Society of Saint Vincent of Saul

29. Marian Raduna, Geeks for democracy

30. Cristina Adam, Save the Children

31. Teo, Plan International