

Roma access to quality, inclusive, and affordable health and long-term care in Romania

Introduction

The Policy Center for Roma and Minorities is a foundation working for the last 12 years in education. The work is focused on working with children from deprived communities (especially in Ferentari, Bucharest) but also working on issues like violence against Roma women or cooperation with public authorities. Contact info: Florin Botonogu – florinbotonogu@gmail.com.

The main method used for this research is desk research. Information will be extracted both from national and European reports referring to Roma health. Some of the data might be older than others, but we have to consider the fact that, due to COVID 19 pandemic, little field research has been done lately in Roma communities. Also, the opinions of the author are also based on discussions with Roma about the health conditions, but discussions were not held especially for this research, but during the last 2-3 years. The information does not apply only to one region of Romania, but to the entire territory.

Data related to the situation of Roma in Romania are extracted from the recently approved National Strategy for Roma Inclusion (2022)¹:

- 80% of Roma live under the poverty line
- 30% of Roma live in households without running water
- 10% of Roma live in households without electricity
- 25% of adults and 30% of children live in a household where at least one family member went to bed hungry at least once in the last month
- In 2018, only 15% of Roma earned more than 2000 RON (500 Euro), compared to 52% of majority population

Besides severe poverty, Roma continues to face discrimination in accessing education, employment, health, and housing services. There is a gap between Roma and the majority population in accessing these services, that is generated by many factors like discrimination, low education, lack of services and related social infrastructure in deprived areas, etc. Hate crimes continue to be a problem. There are fields where life of Roma has improved (like increase in earnings or coverage of services) but this is mainly the result of economic growth in Romania or results of projects implemented by NGOs or public bodies (mostly with EU and EEA funding).

Inclusive health and long-term care play a vital role in the social inclusion of Roma. It is not only that health has a direct impact on everyday activities, but lack of access to services leads in time to a shorter life and brings serious impediments to the capacity of accessing a job or maintaining it.

¹ [SNIR-2022-2027.pdf \(gov.ro\)](#)

Roma access to health and long-term care in Romania

✓ Social determinants of Roma health

The general situation of Roma health is very much affected by the general situation of health system in Romania, in the sense that the shortfalls of the system have a greater impact on Roma. The main problems of the Romanian system, as highlighted by the 2022 European Semester Country Report² are:

"Disparities in access to healthcare are lingering, with 11% of the population uninsured and an uneven distribution of the workforce across the country. Home care coverage is among the lowest in the EU."

Besides the uninsured population and lack of qualified personnel in some areas, a big problem is the lack of healthcare infrastructure, especially in isolated or deprived communities. In the NRRP, 25 new hospitals are envisaged.

Also, "Marginalised communities will be prioritised and many of the newly built or renovated family-doctor practices, integrated community centres and outpatient care units will be located in regions with the greatest needs. Through the plan, Romania will advance on the overdue upgrade of the national health infrastructure to help ensure social cohesion and an increased access to healthcare".³

Primary care and prevention are underdeveloped.

All these shortfalls of the system affect disproportionately the Roma. Lack of health insurance, lack of infrastructure and specialized personnel, lack of primary care and prevention services are most likely to be met at poor population living in deprived communities.

In Romania, community health assistance is ensured mainly by community health assistants and Roma health mediators. In December 2021 there were 1822 community health assistants and 463 health mediators, all working for the vulnerable groups⁴.

The recently adopted National Strategy for Roma Inclusion emphasizes once again the importance of the health mediator in addressing the health needs of Roma communities. The main activities developed in Roma communities are vaccination campaigns and health education campaigns.

30% of Roma women and 28% of Roma men in Romania reported that they felt severe limitations in daily activities due to a long-term illness.⁵

² https://ec.europa.eu/info/sites/default/files/2022-european-semester-country-report-romania_en.pdf

³ Idem

⁴ https://www.ms.ro/2021/12/30/ministerul-sanatatii-a-realizat-conform-graficului-stabilit-primul-jalon-din-cadrul-programului-national-de-redresare-si-rezilienta-componenta-sanatate/?utm_source=rss&utm_medium=rss&utm_campaign=ministerul-sanatatii-a-realizat-conform-graficului-stabilit-primul-jalon-din-cadrul-programului-national-de-redresare-si-rezilienta-componenta-sanatate

⁵ [Al doilea sondaj privind minoritățile și discriminarea în Uniunea Europeană. Romii – rezultate selectate \(europa.eu\)](https://europa.eu/Al_doilea_sondaj_privind_minoritatea_si_discriminarea_in_Uniunea_Europeana_Romii-rezultate_selectate)

There is a discrepancy between the indicators of morbidity and mortality between Roma and non-Roma population.⁶

Only 39% of Roma have a medical check every year, compared to 71% of non-Roma.⁷

The most frequent diseases are dental conditions, cardiovascular diseases, digestive and ophthalmological disorders. There is no difference between Roma and non-Roma relate to this issue.⁸

The number of Roma who did not benefit of hospitalized care has slightly decreased from 21% (2012) to 12% (2021).⁹

There is a 10% difference in using contraceptive measures between Roma and non-Roma women. 16% of Roma women prefer abortion compared to 1% of non-Roma women. 18% of Roma women declare that have never visited the doctor during pregnancy.¹⁰

In 2015 the percentage of unvaccinated children was 3 times higher for Roma than for non-Roma.¹¹

The proportion of people lacking medical insurance is very high in deprived communities – 46% (2017)¹². Only life-threatening emergencies are treated without payment. This, together with the insufficient primary care network, are the main causes for the lack of access to healthcare services.

The life expectancy of Roma, as foreseen by different studies over the last 10 years, is situated between 10-20 years lower than the life expectancy of the majority population.¹³

The state of health of poor Roma is also influenced deeply by several factors determined to the socio-economic conditions: poor housing conditions (for ex. the quality of air for the Roma living in unsuitable environmental conditions, poor quality of drinking water, lack of sufficient sleep due to lack of space), poor quality of food that leads to important deficiency in normal growth of the children, working in very hard conditions, lack of financial resources.

We do not have precise data on the impact of these factors (their collection would not be easy) but people working in the field often report this kind of negative impact on the health of the poor Roma. Some of the social determinants do not need special measurements (like for people living near garbage dumps for years), as the consequences are obvious.

⁶ [SNIR-2022-2027.pdf \(gov.ro\)](#)

⁷ Idem

⁸ Idem

⁹ Idem

¹⁰ Idem

¹¹ Idem

¹² [rcm-civil-society-monitoring-report-2-romania-2018-eprint-fin.pdf \(ceu.edu\)](#)

¹³ Idem

✓ **Health insurance coverage of the Roma**

According to FRA survey¹⁴, 54% of Roma in Romania declared they are covered by a medical insurance. Another study, the Roma Civil Monitoring report for Romania from 2018 (mentioned above) describes a 46% coverage. The most important conclusion is that broadly speaking, half of Roma in Romania do not benefit from health insurance.

There are 3 categories that benefit from insurance¹⁵

- Persons who do not have to pay (like children, students, children coming from child protection system, persons with disabilities, etc)
- Persons who benefit but the payment is from other sources (like persons who are not able to work, soldiers, persons on maternity leave, etc)
- Persons who directly pay insurances (employees)

If a person is not employed, he/she can still benefit of insurance, if they pay directly the necessary yearly contributions.¹⁶

According to existing legislation, health insurance can be obtained only by paying (either as an employee or with a direct payment). This is a deterrent for poor Roma, but most importantly family doctors refuse to take them on as patients. They say they already have too many, which is true, but there is still discrimination. It is not possible to have a family doctor without insurance.

✓ **Access to health / care services in Roma communities**

In Romania, the primary and community healthcare system is not very well developed, especially in rural areas, remote and segregated areas. On the one hand medical personnel is lacking and there are no effective measures to attract them in these areas, on the other hand physical infrastructure is missing.

Some of the past projects developed by different donors (including NRRP) were focused on building this community healthcare or integrated centres. On 27th December 2021 the Manual for Integrated Community Centres has been approved by the government.¹⁷ It provides information related to the definition, how to establish such a centre and how these centres should function.

According to this document, only 57% of the localities are covered by integrated community assistance. The NRRP has as a target the development of 200 integrated community centres by 2025.

¹⁴ [Al doilea sondaj privind minoritățile și discriminarea în Uniunea Europeană. Romii – rezultate selectate \(europa.eu\)](http://europa.eu)

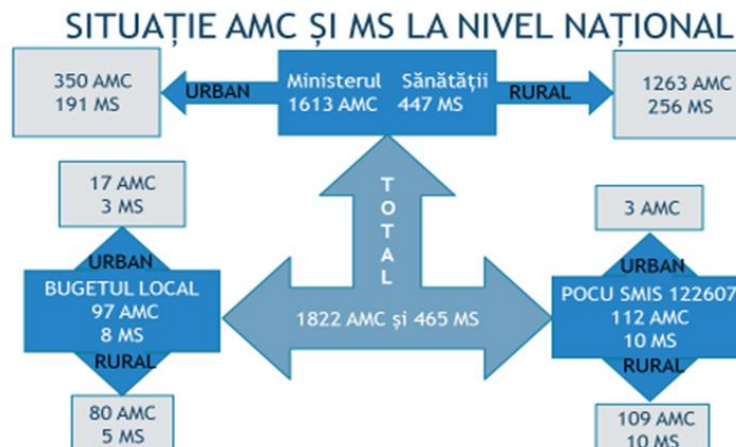
¹⁵ <http://cas.cnas.ro/casailfov/page/obtinerea-calitatii-de-asigurat.html>

¹⁶ <https://cnas.ro/intrebari-frecvente/>

¹⁷ <https://legislatie.just.ro/Public/DetaliiDocumentAfis/250188>

As related to the personnel that can provide healthcare services in deprived communities, at the moment there are 1822 community medical assistants (97 paid by the local budget, 112 by an EU-funded project, and the rest by the state budget) and 463 health mediators (8 paid by the local budget, 10 by an EU funded project and the rest by the state budget).

Health mediators have proved they are very useful at the local level. There is a need for extending the network, ideally by providing constant funding from the national level.



There are not enough centres and qualified personnel to cover the health needs of the population living in deprived areas (especially Roma).

The situation of dental care might be probably the worst because the costs are not affordable for the poor population in general and are not covered by health insurance. This has a negative impact not only on health but also on the chances of Roma of getting a job.

The coverage of the Roma population by family doctors seems pretty good – 81,19%, but the access of services provided by the family doctor remains low. A lot of Roma prefer self-treatment in case of medical conditions that are not very serious.¹⁸

Medicines (especially for chronic diseases) represent a heavy burden on the budget of Roma families. Many patients cover these costs with the help of the family (there are situations where the cost of medicines accounts for 80%-90% or even exceeds the pension level or other earnings of the person). Affordability of long-term care is a general problem in Romania, especially for the poor population.

Other obstacles:

- Many times, Roma living on the outskirts or in segregated communities, especially in rural areas, are discouraged by the distance to the closest medical care facility
- There is not a culture to access medical services during pregnancy, but this is also valid for the poor population and is related also to the costs of these services.

¹⁸ [rcm-civil-society-monitoring-report-2-romania-2018-eprint-fin.pdf \(ceu.edu\)](https://www.ceu.edu/~rcm-civil-society-monitoring-report-2-romania-2018-eprint-fin.pdf)

✓ Roma with disabilities and Roma mental health

Information on Roma with disabilities can barely be found in research, if at all. So all the ideas exposed in these 2 chapters are based on the field research experience of the author.

Clearly there is a good percentage of Roma with disabilities. Their situation depends very much on the living conditions of each family and existing services.

For example, one Roma single mother in Bucharest with a child diagnosed with autism went through all procedures of treatment and help and even managed to enrol the boy in a normal school. But there are also persons with mental issues that have not been even diagnosed, as they live in poor rural Roma communities.

The state does not have any outreach programmes in place to identify people with disabilities, Roma or non-Roma, and there are problems even for those who obtain the certification on their own. Sometimes, child protection services detect that a child has a disability and recommends them to the certifying commissions, but in the case of most local authorities they do not have any qualified staff to provide this service.

The existence of a person with disabilities represent has an economic impact on the family. For ex. in one family the mother with clear mental problems cannot take care of her 5 children, so the father cannot get employed, as he has to take care of her and the children. This kind of family is usually supported by local charities.

The evaluation of the disability degree is many times below the reality. Many Roma received a lower degree of disability, probably due to discrimination. It is also a systemic problem. Before 2017, a number of 26 000 inquiries per year were registered, all referring to the evaluation of disability degree.

Some of the Roma are not tested for their disability degree so they do not receive any benefit. This is due to lack of knowledge, sometimes lack of transportation possibilities or even lack of financial resources.

There is no integration in the labour market of the Roma persons with disabilities.

Conditions like stress, anxiety, and depression are likely to appear more in the case of Roma due to their living conditions, the difficulties of getting a job and living a normal life and due to the negative attitudes they encounter.

There are a plethora of factors in the case of poor Roma (poor or lack of access to proper health services, hard working conditions and poor paid jobs, poverty, etc) that contribute to a poorer mental health. There is also a severe lack of knowledge about mental conditions in Roma communities and about existing services they can access.

✓ Older Roma and their health needs

Same as above, there is little information of the elderly Roma. From the field experience, elder Roma are very much treated with respect and many families take care of all their needs, including health. As many of them have lived in poverty, we can deduce their health situation is not very good. Their access to health services depends very much if they have a pension or not and on the distance to the family doctor or other healthcare services.

Older Roma who receive a state pension are automatically covered by insurance, and hence have increased access to healthcare. But with old age, health risks increase exponentially, and not all conditions or treatments are covered by insurance. Older Roma receive better treatment in a family environment, but this does take a significant toll on family carers.

✓ Roma sexual and reproductive health and rights

There is an increase of women who say they have heard about Smear Pap test to 75% and who did the test (27%).¹⁹ The percentage of Roma women who did not see a doctor during pregnancy decreased from 30% in 2000 to 14% in 2015.²⁰

About early pregnancy among Roma girls, the same study emphasized the following:

"The problem of early pregnancy among young Roma girls persists, as Romania is still on the first place at teenage pregnancy (one in ten mothers is minor), three times higher than the EU average and second in teen birth. Romania also has the highest rates at abortion (9 per cent of the total annual abortions are among women under 19), which is still seen as contraceptive because of the lack of information about reproductive rights and health education. Some of the causes are related to the lack of mandatory sex education in schools and the non-use of contraceptives.

The direct experience of Sastipen with teenage abortion situations shows that most of the time the reasons are related to the incorrect use of contraceptives, unprotected sex or the incorrect use of the calendar method. Although progress has been made within the Roma communities and mobility in Europe has altered mentalities and even changed the pattern of early marriages in some communities, in others it still persists, and low education and the traditional role of girls and mothers in caring for the home still prevails in the community.

At national level there is no data to support the phenomenon of early marriages. Pre-18-years of age (the legal age for marriage in Romania) pregnancies in Roma communities occur frequently within wedlock (most of the times not legally registered) with the consent of the family, although sometimes adolescents are not really mentally prepared: having a child, taking on the role of mother, of a grown-up, is quite sudden. The mother role implicitly accepted along with the marital status results from living in residentially segregated Roma communities, which reproduce the traditional family pattern.

¹⁹ Idem

²⁰ Idem

In communities that are not compact and are under the influence of other cultures, including in terms of marital and sexual behaviour, one can see that acceptance of marriage and the mother role occurs after 18 years of age.”

A renowned Roma sociologist estimated that, out of the total number of minor mothers, only 12% are Roma.²¹

Related to sex education, the general approach in Romania (although contested by some promoters of “traditional values”) is that it should be made in school. Sastipen, the most relevant Roma NGO working on health issues, considers that, for Roma communities, this is still a sensitive issue and education in school should be accompanied by information of the parents and of the community.

✓ Roma and Covid-19

Just like in the case of the majority population, the health impact was significant, going from small impact (fever, etc) to major symptoms (loss of smell and taste) and to death.

What was significant in the case of Roma communities in Romania was the fact that it generated a big loss of revenue among its members. For many Roma off-line work could not be performed, as many of their jobs require physical presence. This came with many challenges.

For working in a place with other people, a vaccination certificate was necessary. At the beginning many Roma were sceptical about the vaccine (following the general trend in Romania, even now only around half of the population is vaccinated). Later, when they realized the virus became more lethal for members of their community, some of them started vaccination.

For those working temporarily or on the grey labour market or without work contracts going to the job became more difficult, as police were randomly stopping Roma on the street and asking questions. Finding jobs (mostly temporary jobs) became also more difficult.

Financial investments in cleaning equipment and masks became necessary, also adding a burden to the budget of the family.

Part of the Roma could not afford to buy a covid test or to take one in a specialised healthcare facility.

Last but not least we should mention here that bad living conditions (lack of water, sewage, small living space, etc) had a major impact on prevention.

²¹ <https://www.europafm.ro/gelu-duminica-despre-prejudecatile-fata-de-romi-din-aproape-18-000-de-mame-minore-doar-12-sunt-de-etnie-roma/>

Vaccination was available for all and Roma had no impediment in accessing it. There was a national vaccination campaign addressed to Roma and the head of the campaign even addressed Roma in Romani language.²² There is also a good example presented by media, with 96% of the Roma vaccinated in a Roma community.²³

Based on research developed in 2021 on Roma and anti-covid vaccination²⁴, the main characteristics are the following:

- Only 6% of Roma said they encountered difficulties in the vaccination process.
- Most of them would be convinced to get vaccinated by a family member (42%) or by the doctor (32%)
- Only 34% of Roma declared they have been fully vaccinated, with 9% less than the rest of the population
- The reasons for refusing the vaccine are the same as for the entire population: lack of trust in the vaccine, fear of adverse reactions, contraindications and the belief they do not need a vaccine
- Most of them declared they have not been influenced by the anti-vaccination opinions of public figures

✓ **Discrimination and antigypsyism**

One of the most prominent problems is the segregation of patients.

*"Roma women, especially those coming from communities, face serious discrimination when addressing paediatricians and gynaecologists. They are placed in special wards for Roma women in both maternity and paediatric units, usually by the head nurses who organize the hospital wards according to their own preferences. They silently bear the degrading treatment they are subjected to because "our lives and our children's lives are in the doctor's hands". Romani CRISS and the ECPI have produced the Human Rights Monitors' Guide to Discrimination in Access to Health Services for Roma, where the issue is mentioned. Also, in another report from 2011, Romani CRISS is presenting situations of placing Roma in separate wards, while a complaint to NCCD was not finalized with a sanction."*²⁵

An important role in addressing local situations of discrimination is played by the health mediators, who facilitate better communication between Roma patients and doctors.

The same report underlines the cases of discrimination that the National Council for Combating Discrimination dealt with:

²² <https://www.europafm.ro/vaccinarea-anti-covid-pentru-romi-incepe-luni-dorin-cioaba-strategia-de-a-plati-oamenii-sa-se-vaccineze-a-fost-neinspirata-audio/>

²³ <https://www.digi24.ro/stiri/actualitate/social/comunitate-de-romi-cu-96-vaccinati-cum-i-au-convins-liderii-sa-se-imunizeze-pe-internet-baga-toate-minunile-nu-i-am-crezut-1730193>

²⁴ <https://www.hotnews.ro/stiri-esential-25220312-sondaj-cum-este-perceputa-campania-vaccinare-randul-romilor-sunt-vaccinati-numar-mai-mic-decat-populatia-general-a-incredere-mai-scazuta-medici.htm>

²⁵ <rcm-civil-society-monitoring-report-2-romania-2018-eprint-fin.pdf> (ceu.edu)

“Upon sending a petition to the National Council for Combating Discrimination requesting some data related to the activity of this institution, namely the number of complaints/petitions filed with the NCCD by the Roma about the violation of their right to public health services in the period 2016-2018, what were the claims and how many were investigated and sanctioned, we received the following answer: six petitions whose object was “the defamatory and discriminatory refusal to consult the children of the petitioners because they are of Roma origin, discriminatory attitude in the granting of medical treatment, the petitioner being refused and sent away because of his/her ethnicity, some Roma people were refused access to public health services, the refusal to admit to hospital a mother with her child because they were of Roma origin and because the child had no birth certificate, and after controversial discussions they were admitted to a ward which did not meet the minimum accommodation requirements, the eviction of the petitioner’s relatives from the hospital after an appendicitis surgery and insulting them on account of their ethnicity, the segregation of Roma children and the conditions provided for them in hospital.

Regarding the sterilization of Roma women, there is no current data for Romania, thus it has been documented in different parts of Europe.”

Conclusions and Recommendations

Health in deprived communities has been in the attention of Romanian authorities lately. This has been facilitated by a stronger focus on primary and community-based care (not only in Romania but also in the EU).

This tendency will benefit Roma communities a lot, by facilitating access to primary care services. Access to health insurance and specialized and long-term care remains the main problem, due to the high poverty level in Roma communities.

The right to adequate health is a basic right and there is no living in dignity without it. A human-rights-based approach should be the base for future policy developments.

The National Strategy for Roma Inclusion emphasizes the development of infrastructure in order to address the health needs of Roma communities.

The main problems presented by the document are:

- Insufficient number of health mediators
- Lack of inclusion of Roma in the national health programs run by the Health Ministry
- Prejudice towards Roma women and girls related to access to services and lack of special services addressed to women and girls with disabilities or other special problems.

When it comes to objectives, the only one related to health is an improvement in the health situation of Roma. Not only is this very general, but the strategy does not present very specific measures to be taken in order to reach this objective.

✓ Recommendations

- Enlargement of the network of health mediators. Their work is absolutely necessary at local level and their results are encouraging.
- More research/data related to the Roma persons with disabilities, especially mental disabilities. Lack of data will only minimise the discussions on this topic, although this is not negligible in Roma communities.
- A more active approach of the pregnancy of Roma women. The monitoring of pregnancy should be promoted by information and awareness raising campaign at national level.
- Vaccination of children and use of contraceptive measures should also constitute the focus of information campaigns.
- Interventions in NRRP should be addressed also to Roma communities.
- Improvement of accessibility of health services, especially in rural or remote areas
- Measure to make medical services affordable for poor Roma (and non-Roma), services that are not covered by insurance
- Introducing antigypsism in basic training of the doctors and health workers.

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- <https://www.hotnews.ro/stiri-esential-25220312-sondaj-cum-este-perceputa-campania-vaccinare-randul-romilor-sunt-vaccinati-numar-mai-mic-decat-populatia-general-a-incredere-mai-scazuta-medici.htm>