



***Roma Health Mediators
(RHM)
in Romania***

RHM brief history

- The Roma Center for Social Intervention and Studies (Romani CRISS) pilot project started since 1997.
- The need of such a project emerged from growing evidence of disparities in accessing health care for Roma people
- The idea was well perceived and welcomed in the society and in 2001 the need to recognize and institutionalize the occupation of a health mediator was acknowledged in the law no.430/2001. This law adopted the Strategy for the Improvement of the situation of Roma in Romania.
- The occupation of a health mediator is listed in the list of Romanian Professional Occupation Classifications (code no.513 902).
- Requirements for employment and training, duties and responsibilities of RHM are listed in the **Decree no.619/2002** of the MoPH and Family.
- As of 2006, the program was transferred to the National Program no.2, Prevention and Control of Non-communicable Diseases. With this transfer, responsibility of monitoring was shifted to the National School of Public Health and Health Management.

Who are RHM's?


- Roma women with completed mandatory education, selected after recommendation of community leaders;
- they are recognized and respected by the community, have to have good communication skills and know the Roma language, traditions and mentality.





Training of RHMs

- developed and administered initially by Romani CRISS and consisted of a 3-day program:
 - communication,
 - basic techniques of working with the group,
 - conflict resolution,
 - patients' rights,
 - hygiene (personal, house, nutrition),
 - general information about diseases, health insurance system and health benefits.



Romanian Family Health Initiative USAID (2004)

- Training of trainers for 13 RHMs
- Training of 177 RHMs in 20 counties – coverage of over 200 Roma communities from rural and urban areas, 6800 training sessions.
- Workshop on diversity and intercultural communication: 11 General Practitioners/Family doctors from 6 counties.

UNICEF, UNFPA, WHO support

- Training for RHMs and Community Nurses (CNs) (*project initiated by MoH in 2001*)
- **Community nurses (CN)** – professional nurses that define health and social problems in poor communities (mainly in rural areas and small towns) who report social cases to the city hall and health cases to a physician or social inspector at the LHA.
- 500 CNs in 24 counties.
- The two programs were complementing one another.



The role of the RHM

- facilitate communication between members of Roma community and health personnel (GPs, CNs, nurses)
- facilitate access of Roma people to health care services,
- educate members of Roma communities on health related issues (hygiene, reproductive health, nutrition, primary care etc.).



RHMs activities

In and for the community:

- register all pregnant women and explain the importance of consultations for gynaecology and obstetrics to them,
- register infants and children,
- educate the community members on reproductive health issues
- assist medical personnel in vaccination campaigns
- explain benefits of health insurance system and assist in obtaining health insurance membership and other missing identity documents (e.g. ID cards, documents for welfare benefits),
- accompany persons from the Roma community to a General Practitioner, etc.





RHM reports

Each RHM reports once a month to a supervisor at Local Health Authority on

- number of members of Roma community, children and pregnant women in Roma community;
- description of work relations with authorities and general practitioner;
- number of people identified without identity papers and number of solved cases;
- number of persons not registered with a general practitioner;
- number of identified cases of tuberculosis, HIV/AIDS, sexually transmitted diseases;
- number of identified drug addicts;
- number of abandoned children;
- performed health education activities;
- description of vaccination campaigns;
- number of women informed on reproductive health issues and domestic violence;
- information on identified cases of discrimination of the community members.

Strengths

- RHMs fulfil a very important role.
- They are respected by community, their advice and assistance is well perceived and welcomed.
- They helped many people to get identity documents, health insurance, and to enrol with a family doctor.
- They provide for health education, encourage and help people to make use of health services.



Weaknesses

- RHMs are employed by the LHA through hospitals, on annual contracts, which can be renewed only 3 times. They do not enjoy the stability of a permanent contract
- The initial training of RHMs is not self-sufficient
- The supervision by the LHAs in many cases is not sufficient
- The contacts between RHM and the LHA are sometimes limited to administrative matters
- A particular point of concern is the reporting by the RHM



Threats

- Amongst the main barriers regarding access to health services is the *lack of knowledge on preventing diseases* and the *lack of information on rights and ways of accessing health services*.
- Thus, only 25% of the Roma consider themselves as being informed on the factors which influence health status, which shows the acute need of information felt at the level of community








Selecting Roma Health Mediators (RHMs) program in Romania as an example of good practice – *argument*

While an increasing number of Eastern European countries plan to initiate or to expand RHM programs, (i.e. Bulgaria, Finland, Serbia in the Province of Kosovo etc)., Romania **was the 1st country in which such a program was launched (2001) and, despite some inevitable shortcomings, it has proved to be quite a successful model of intervention in the Roma communities.**

Therefore, the National Agency for Roma (NAR) chose the Roma Health Mediators Program implemented in Romania as an example of **best practices to be included** (*among other 10 examples of best practices*). * in the ROMAin project.



RHM program: *Component of health effectively addressed by the mediators and their communicating skills and results*

- **In Romania, Roma Health Mediators spend much of their time:**
- **1. Facilitating Patient/Doctor Communication**
- Facilitating communication between patient and doctor is one of the most important elements of the RHM role. In order to clearly identify the content of mediated doctor/patient interactions, RHMs were asked to comment on the frequency with which they encounter certain communication obstacles.
- **2. Navigating Bureaucratic Procedures**
- Roma Health Mediators also dedicate a substantial amount of their working day to assisting patients with negotiating the continuum of bureaucratic procedures necessary for an effective interaction with the physicians. This may include assisting patients to obtain the documentation necessary for accessing health services and social assistance. ***Data: up to July 2004, Romanian RHMs had helped to register 108,632 children, assisted 40,015 people in obtaining health insurance, and helped 1,180 people get identity documents (MoH).***
- **3. Communicating with the Roma Community**
- Roma Health Mediators perform community outreach on behalf of local GPs or the Local Public health office. Outreach frequently consists of visiting ill people and convincing them to visit the doctor, encouraging pregnant women to get prenatal care, informing community members about family planning and STDs prevention methods and reminding people of the need to vaccinate children. The time and resources available for this important task may be sublimated to other more immediate needs, such as accompanying patients to see a physician. ***Romanian Ministry of Public Health data show that as of July 2004, 3,521 women were registered with GPs as a result of RHM support, 12,836 children were vaccinated following RHM intervention, and RHMs provided 4,259 “health education activities”.***



Roma health mediator – *social agent and transformational role for the Roma Communities*

- Due to the traditional clustered character and structure of the Roma communities (in Romania and elsewhere), the Roma **health mediator acts also as a social agent** who can make the difference between *isolation and communication (if not integration) of the Roma communities.*
- The Health Mediator can become a *promoter of a positive image of the Roma community towards the rest of the society , being a bridge of communication and an agent for exchanging intercultural experiences between them.*

Romania's Government Inclusion Strategy of Romanian citizens of Roma minority for the period 2012-2020 (I)

- The RHM program represents a positive practice of Romania.
- In order to increase the access of the Roma to the public health services the Government of Romania has assured the financial support (salaries) since 2002.
- Due to the good collaboration between the MoH and the LPA of RO during the year 2011, about 450 RHMs are actively involved in supporting the Roma to the public health services access.
- At the local level, new initiatives and projects are ongoing for the better access to the medical services.
 - ***Redefining the health mediation program in the context of decentralizing public health services starting from the 1st of July 2009 by the Government Emergency Ordinance no. 162/2008, the RHMs, CNs and GPs have been assigned to the Local Public Administration, but the MoH is the institution which pays their salaries.***

Romania's Government Inclusion Strategy of Romanian citizens of Roma minority for the period 2012-2020 (II)

- The RHM activity has registering big progresses in the medical and social assistance of the Roma minorities in order to improve their health.
- In this last decade the RHMs have actively sustained the Roma minority members in the difficult process of obtaining their IDs cards, medical insurances, subscribing to a GP's list, as well as raising awareness on mothers regarding the various health topics.
- The Strasbourg declaration Oct. 2010 has agreed on the involvement of CoE and EC on the European Program on new RHMs in order to consolidate the actual training programs and a better cooperation with the LPA and national administrations.
- One main plan's action is promoting partnerships with the civil society.





Romania's Government Inclusion Strategy of Romanian citizens of Roma minority for the period 2012-2020 (III)

- **The politics in the public health field- main actions:**
- Vaccinations campaigns for the non-vaccinated Roma children
- Health evaluation campaigns for the Roma population
- TB health education campaigns for Roma population
- HIV/AIDS & STD health education campaigns for Roma population
- Primary healthcare main principles education campaigns for Roma population
- Health education primary hygienic campaigns for Roma population
- Healthy foods education campaigns for Roma population
- General vaccination campaigns by the national plan for the Roma population



Thank you very
much for your
attention !!! 😊

*Dr. Alexandra
Constantinescu*

*Counsellor for European
Affairs, MoH RO*

E-mail: sandra@ms.ro