

ROMANIA

ACCESS TO HEALTHCARE FOR REFUGEES FROM UKRAINE

2023 ANNUAL REPORT

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants. This publication was made possible through the support provided by U.S Department of State Bureau of Population, Refugees, and Migration (PRM) and the German Federal Foreign Office.

Publisher

International Organization for Migration

Regional Office for South-Eastern Europe, Eastern Europe and Central Asia

Dampfschiffstrasse 4/10-11, 1030 Vienna, Austria

+43 1 581 22 22

Website: <https://rovienna.iom.int/>

Contact: ROViennaDataResearch-Newsletter@iom.int

International Organization for Migration

Country Office Romania

Viitorului nr. 11, 020603

Bucharest, Romania

+40 21 210 3050

Website: <https://romania.iom.int>

Contact: iombucharest@iom.int

This report was issued without formal editing by IOM.

Cover photo: IOM staff (medic and translator) in Bucharest help Ukrainian national navigate her consultation to better understand her health needs, © IOM 2023

Citation: International Organization for Migration (IOM), March 2024. "DTM Romania: Healthcare satisfaction of Ukrainian refugees – Annual report 2023" IOM, Romania.

For more information on terms and conditions of DTM reports and information products, please refer to: <https://dtm.iom.int/terms-and-conditions>

Release date: April 2024

© IOM 2024

Some rights reserved. This work is made available under the [Creative Commons Attribution-NonCommercial-NoDerivs 3.0 IGO License](https://creativecommons.org/licenses/by-nc-nd/3.0/igo/) (CC BY-NC-ND 3.0 IGO).*

For further specifications please see the [Copyright and Terms of Use](#).

This publication should not be used, published or redistributed for purposes primarily intended for or directed towards commercial advantage or monetary compensation, with the exception of educational purposes, e.g. to be included in textbooks.

Permissions: Requests for commercial use or further rights and licensing should be submitted to publications@iom.int. * <https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode>

TABLE OF CONTENTS

KEY FINDINGS IN 2023	4
SOCIO-DEMOGRAPHIC PROFILE	5
INTERACTION WITH THE HEALTHCARE SYSTEM	6
METHODOLOGY	9

KEY FINDINGS IN 2023

DEMOGRAPHICS

5119 Ukrainian respondents



CONDITIONS

Chronic diseases (60%)

Visual impairment (18%)

Mobility impairment (8%)

Pregnant or lactating women (8%)

MEDICAL NEEDS



Medicines (32%)



Healthcare services (67%)

NEEDS BY GENDER



31% medicines

69% healthcare services



35% medicines

65% healthcare services

NEEDS OF ELDERLY



40% medicines



30% healthcare services

NEEDS OF CHILDREN



46% medicines



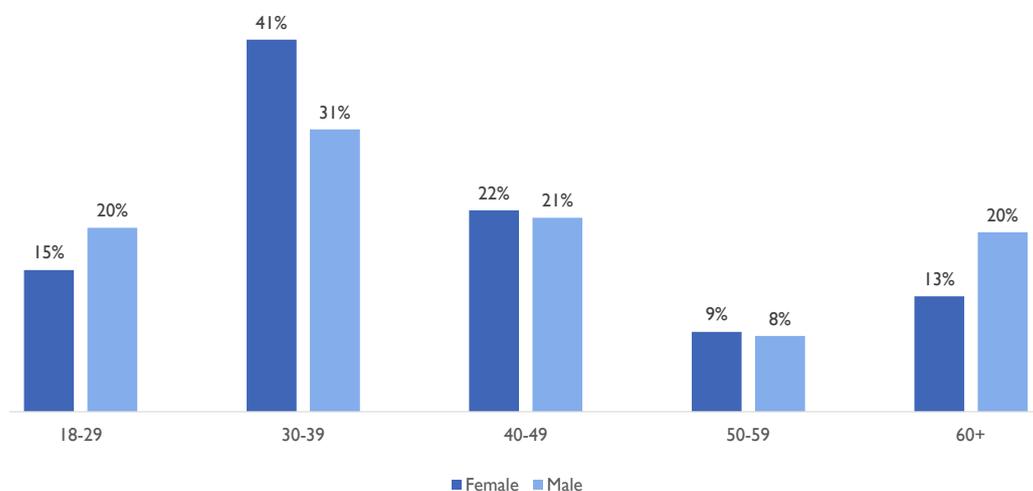
56% healthcare services

SOCIO-DEMOGRAPHIC PROFILE

A total of 5,136 surveys were conducted in Romania over the year of 2023, out of which 17 were TCN's and 5,119 UA nationals. This report focuses on healthcare aspects faced by Ukrainian nationals in Romania, such as access to healthcare services, access to medicines, registration to a general practitioner or difficulties in accessing such services. When analysing the data, a special focus was placed on gender differences and age differences. The age differences were accounted for by comparing the groups

that have in their composition elders or children. The demographic distribution of the respondents indicated that 80 per cent of them were women, and 20 per cent were men. When analysing age groups, a large portion of Ukrainian nationals surveyed were aged between 30-39 years old (39%), followed by those aged 40-49 years old (22%). The other aged groups were 18-29 years old (16%), those aged over 60 years old (14%), with the smallest share being aged between 50-59 years old (9%).

Figure 1: Respondents age groups by gender

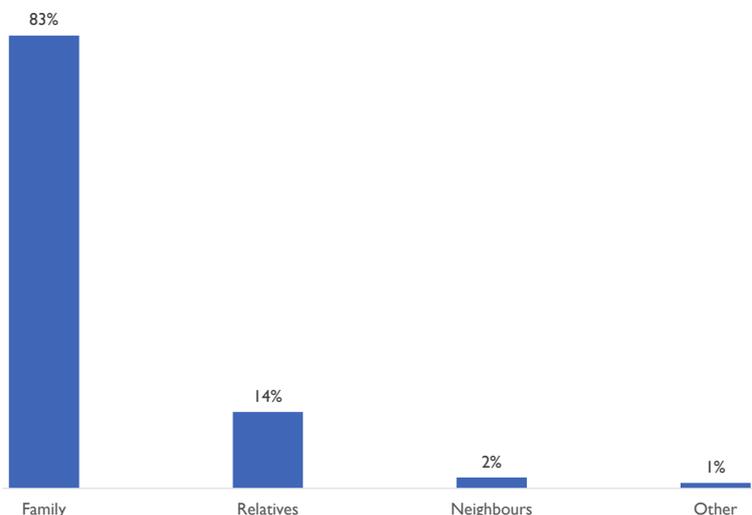


Most respondents were accompanied when travelling (84%), while 16 per cent travelled alone.

Out of those accompanied, most were with family members (83%), followed by other relatives (14%), neighbours (2%) or other people such as church goers or colleagues (1%).

Among those that travelled in a group, 61 per cent had children with them, and 24 per cent were accompanied by elders (persons over 60 years old). It is important to mention, that throughout 2023, a total of 1,235 elders have either answered the survey or have accompanied the respondents.

Figure 2: Group composition upon arrival in Romania

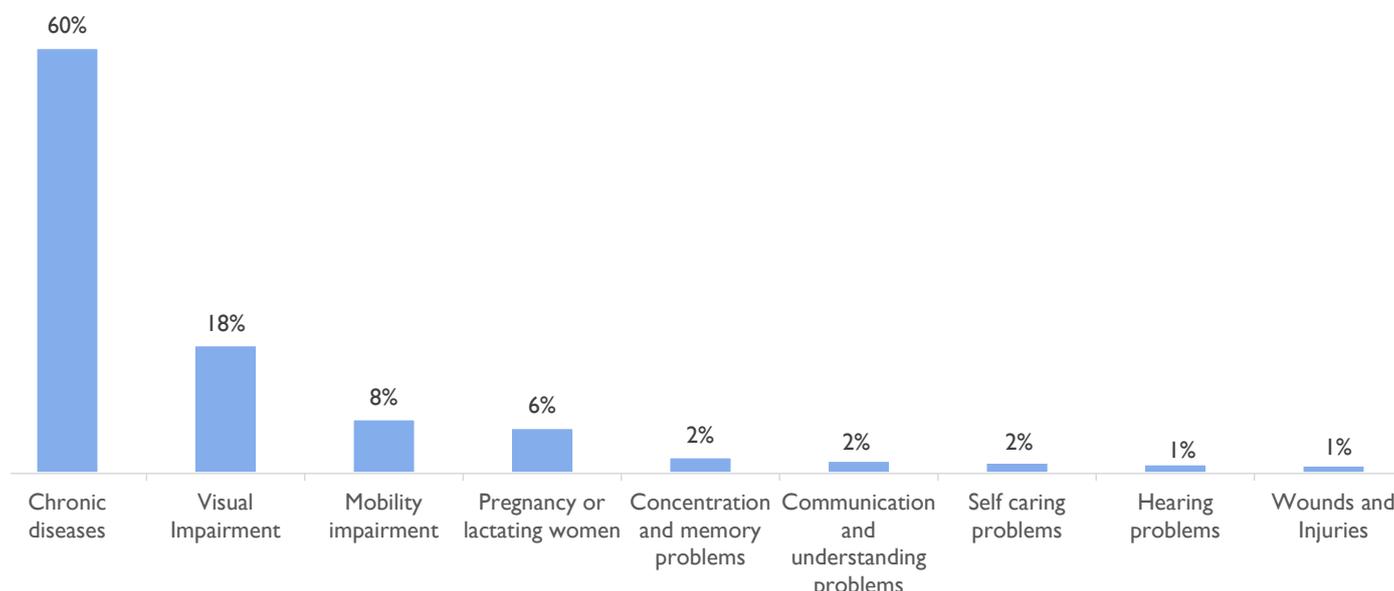


INTERACTION WITH THE HEALTHCARE SYSTEM

When assessing the health status of the of the Ukrainian nationals that have entered the country, the data shows that 28 per cent of the respondents stated having someone in the group with a serious health condition or specific medical needs. This translates to a total of 1,805 people of Ukrainian nationality (respondents or people accompanying them) that have a serious medical condition or need special healthcare services. Among health issues, medical conditions or other specific medical needs

reported were chronic diseases (60%), visual impairment (18%), difficulty walking or climbing steps (8%), pregnancy and lactating women (6%). Other medical situations (8%) included concentration and memory problems (2%), communication and understanding problems (2%) self-caring difficulties (2%), hearing difficulties (1%) or wounds and injuries (1%). These respondents and their carers were more likely to interact with the medical system in Romania compared to the other Ukrainian nationals.

Figure 3: Main health issues



According to the European Commission website dedicated to Migration and Home Affairs,¹ among the benefits received upon obtaining the EU temporary protection status is access to medical care, which includes medical insurance.² Over 82 per cent of the UA nationals that

have answered the question regarding their registration to the EU temporary protection program (N=3,989) have EU temporary protection status, meaning that they are granted medical insurance and access to medical services similar to the local population.

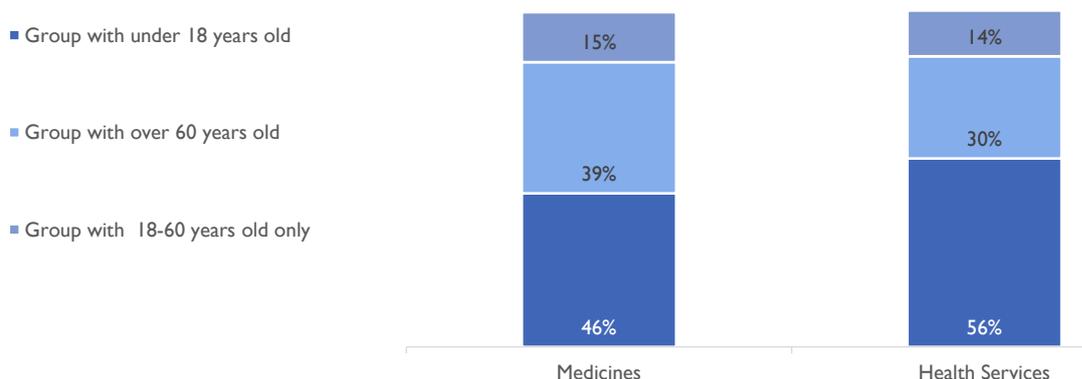
Needs

Sixty-eight per cent of the surveyed Ukrainian population has reported one or more medical needs. The main medical needs reported are split between the need for medicines (32%) and the need for health services (68%). A further analysis shows that respondents accompanied by children or elders, or who are themselves elders report more medical needs compared to respondents who came accompanied by people from other age groups (18 – 60 years old).

The groups with children in their composition have the highest share of medical needs reported (53% of the total), with the need for healthcare services being the need most mentioned (56%) by respondents accompanied by children. In comparison, in the case of the groups with elders in their composition, the need for medicines shows to be more stringent (39%). Nonetheless, both age groups show higher medical needs in total (85% need medicines and 86% need health services).

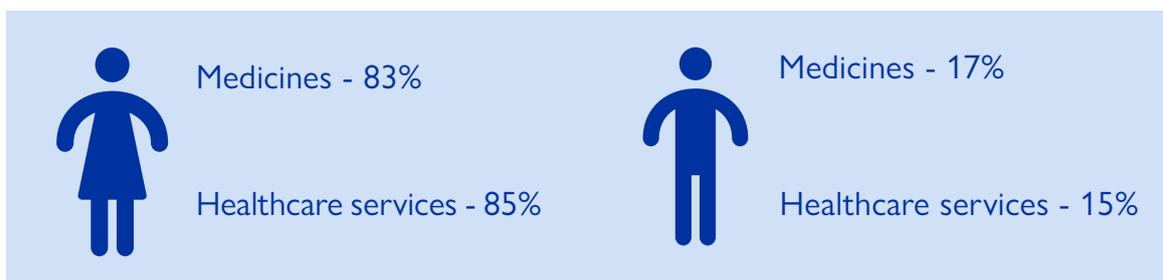
1 https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/temporary-protection_en
2 https://health.ec.europa.eu/system/files/2022-08/soc-det_tpd-rr-report_en.pdf

Figure 4: Main medical needs, by group composition



Another important distinction of groups of people in need of medical services is based on gender. As such, the data shows that women have cited more needs compared to men. One of the main reasons as to why women tend to

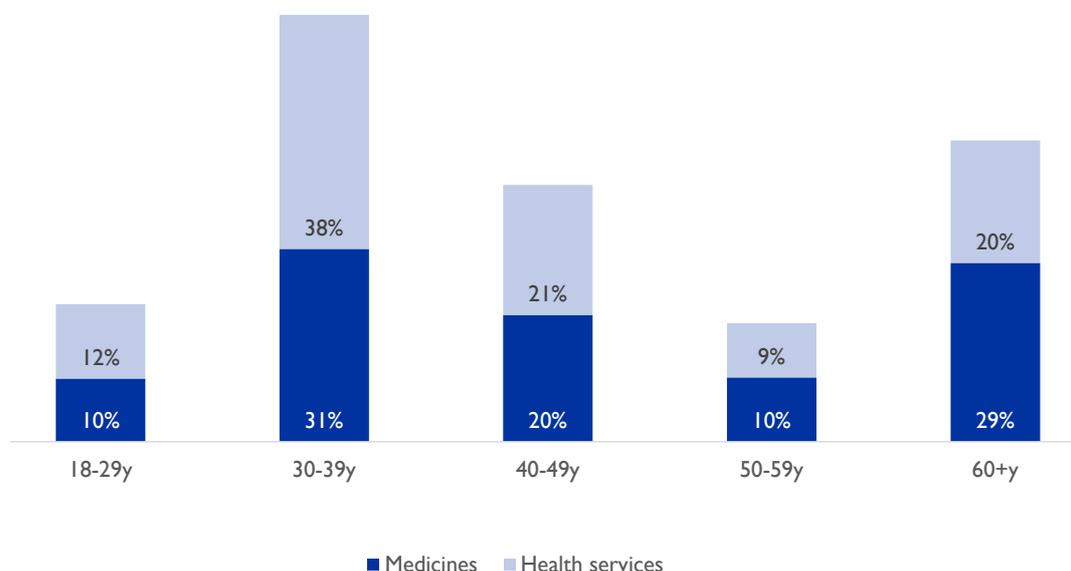
have more medical needs compared to men is because they are the main household carers and they take into consideration, when answering, both their needs and the needs of their family/ group members.



A segregation of the medical needs by age, shows that the groups most in needs of medical services are those aged between 30-39 years old, followed by those aged over 60 years old. Another need reported, in a much smaller share is the need for psychological counselling, which

was reported by 6% of the surveyed population. Among them, more women (87%) report the need for psychological counselling. An age group segregation shows that those aged between 30-39 years old report the highest need for psychological counselling (44%).

Figure 5: Main medical needs, by age groups



Obstacles in accessing medical services

Forty-two per cent of the respondents have answered the question regarding obstacles faced when accessing medical services. Among them, 78 per cent reported no need, also stating that it was easy to access medical services, whether accessing medicines or health services. The remaining 22 per cent reported obstacles such as the high cost, as well as the language barrier (21%), the lack of services needed (10%) or the long waiting time (8%). Less cited obstacles were the lack of information (5%) or the lack of general practitioners (3%). Another five per cent reported other obstacles such as discrimination, transportation, or the lack of medicines.

Respondents who paid for medical services

As mentioned, the EU temporary protection status provides access to medical care, which includes medical insurance. However, not all medication is covered by the insurance, and accessing some health services based on the insurance can take a long time, forcing both the locals and the UA citizens to pay for health services. As such the data shows that 43 per cent of the respondents who have answered the question regarding the need to pay for medical services (N=1,045) have paid both for medicine and health services, followed by 30 per cent who have paid only for medicine and 2 per cent who have paid only for services. Twenty-two per cent did not pay for anything and 3 per cent did not mention anything.

Concluding remarks

Most surveyed Ukrainian citizens did not report obstacles in accessing medical services in Romania. For those who cited obstacles, the most frequently mentioned were the cost of the services and the language barrier. Also, due to the high number of respondents having travelled in a group in the country of destination with elders

Figure 6: Main obstacles in accessing medical services (multiple answers possible)

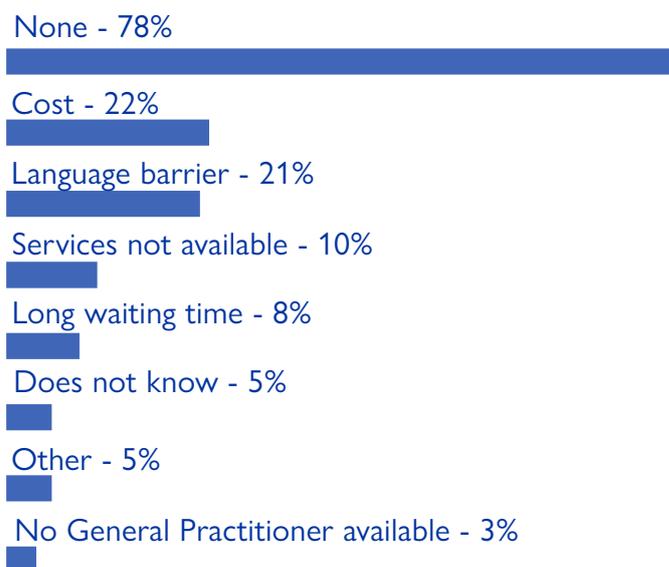
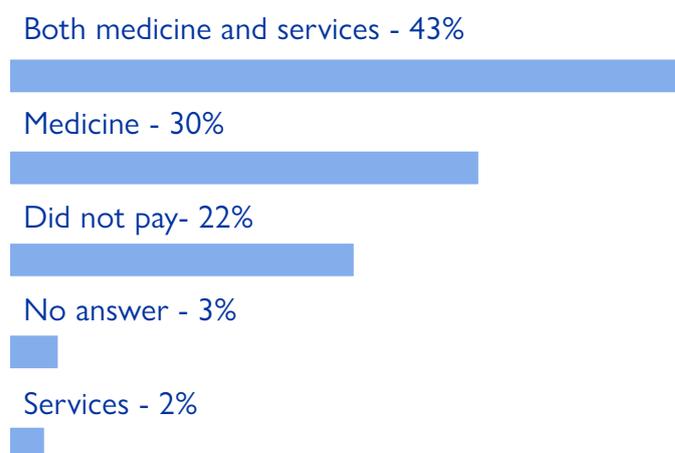


Figure 7: Share of respondents paying for medical services



or children, the need for health services and medicine is higher. This translates in the need to facilitate the access to medical services by offering cost free or reduced medicine, translators, and information regarding the health benefits as well as how and where to access them.

METHODOLOGY

Since 24 February 2022, Ukrainian and Third Country Nationals (TCNs) have been fleeing to neighbouring countries due to the war in Ukraine. More than 25 million crossings were registered from Ukraine to other countries (Statista), while over 3 million and a half have been reported at the borders of neighbouring countries since February 2022. Almost six million refugees from Ukraine were recorded across Europe as of October 2023 (UNHCR).

Since mid-April 2022, IOM has deployed its Displacement Tracking Matrix (DTM) tools to conduct surveys with UA nationals residing in the neighbouring countries. The surveys aim to understand the main profiles, displacement patterns, intentions and needs of those living in displacement.

This report is based on surveys carried out in Romania in 2023, representing a cumulation of all the data collected during the year.

About the Survey

Aim

IOM designed the survey to capture the main displacement patterns of refugees living in the countries of displacement following the initial outbreak of war. The survey collects information on the demographic profiles, intentions, and current needs of Ukrainian nationals.

Target population

The analysis focuses on the access to healthcare services and the need for mental health and psychosocial support among Ukrainian refugees in Romania.



Location

Surveys were conducted in various locations, including Suceava, Constanta, Bucharest, Iasi and Galati counties. Enumerators surveyed respondents at transit points (such as train and bus stations), the Info and Community Centre (run by IOM and UNHCR), collective accommodations, private accommodations, public spaces, schools and an aid distribution events.

Execution

In Romania, IOM DTM enumerators conducted surveys in Ukrainian, Russian, Romanian, and English. Trained enumerators carried out face-to-face surveys and registered survey data on a mobile application. All surveys were anonymous. Enumerators provided a brief introduction and obtained full consent. The survey only included adults (18+ years-old).

LIMITATIONS

The sampling framework could not be based on verified figures of citizens from Ukraine residing in Romania.

The survey was carried out in diverse settings in order to maximize the number of respondents and obtain diverse profiles of respondents. Enumerators hand-selected respondents in collective accommodation centres, schools, Info or Community Centers. The survey data and analysis are therefore not representative of populations residing in Romania.

Other limitations in the data collection process include time constraints, as well as the limited number of enumerators deployed at certain sites, with the number of enumerators fluctuating throughout the year.

Whilst the overall sample cannot be deemed as representative, the consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value.

DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns – origin country and region – for refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects of permanence abroad or return; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of migrants and refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>

