Summary of the Report on the evaluation of the access to essential health services for refugees in the Republic of Moldova

Introduction and Background

Between June and October 2023, the People's Advocate Office carried out a research on the accessibility of the health services for the beneficiaries of temporary and international protection and asylum seekers, which fits into one of the priorities laid down in its 2023-2030 Strategic Development Program. The purpose of the research was to assess the status of the health services in the Republic of Moldova and formulate recommendations for improving access, quality and financing of health services for refugees. The research involved engaging with various entities, including ministries, law-enforcement agencies, international and non-governmental organizations, as well as refugees. This is the first comprehensive research conducted by the Ombudsman institution at national and regional level that looks deeper into the health services provided to refugees and the extent to which the right to health and to non-discrimination, in particular for the most vulnerable persons, is respected.

The research was conducted in the context of the military invasion of Ukraine by the Russian Federation in 2022, which called for urgent solutions at regional level to address the needs of millions of Ukrainian refugees. The Temporary Protection Directive provided the legal framework for managing this crisis, with a focus on ensuring access to health services for refugees. While Ukraine is facing a number of health-related challenges, such as non-communicable diseases, HIV, tuberculosis and COVID-19, the Republic of Moldova has had to cope with a massive influx of refugees, which has put additional pressure on the country's health system.

The research focused on the accessibility, availability, acceptability and quality of health services for refugees. Data were collected through field studies, including monitoring visits, desk reviews and online questionnaires, in full compliance with the standards of ethical research. This involved collaboration with various partners, including public institutions, international agencies and non-governmental organizations to support the efforts of the Moldovan authorities to manage this humanitarian crisis.

This study identified language and bureaucratic barriers, lack of information, and other challenges refugees face when accessing health services in the Republic of Moldova, which are often similar to those faced by the local population, and provides recommendations for improving health services for refugees.

One of the major limitations of the research into the accessibility and availability of the health services was the limited access to the refugees that are not accommodated in placement centers. The research also does not cover the eastern region of the Republic of Moldova (the Transnistrian region).

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International regulations on refugees' right to health

The 1951 Refugee Convention recognizes refugees' right to health as a fundamental right. Refugees are entitled to the same treatment in terms of health care as the nationals of the host country, with priority given to those with specific needs. However, refugees often face barriers to accessing health services, including lack of information, financial challenges and communication difficulties.

According to the World Health Organization (WHO) the right to health exists for all people, including refugees, and refugees should have access to the highest available standard of health care without experiencing financial hardship. The health systems should include the needs of refugees and migrants in their policies and plans and integrate their health into the existing services to make sure that refugees have access to essential health services, such as primary health care and treatment of diseases, in line with the international commitments and the sustainable development agenda.

In addition, the UN Refugee Agency, UNHCR, provides a list of essential medicines for refugee contexts, meant to ensure adequate treatment for refugees.

The response of the Moldovan health system to the health needs of refugees, including from vulnerable groups

Initially the coordination of the response to the refugee crisis was organized by the areas of responsibility of the units of the Single Crisis Management Center (SCMC). The health care related tasks were assigned to the group made of the Ministry of Health (MH), National Public Health Agency (NPHA) and Agency for Medicines and Medical Devices. As the Ministry of Health does not have a separate unit to monitor the access to and quality of health care for refugees and faces a 32% staff shortage and a 15% annual turnover, those tasks have been assigned to different departments and services, depending on their areas of intervention.

It was decided that medical care would be provided in cases meeting the criteria for COVID-19 and surgical emergencies. According to the Ministry of Health's vision, mobile medical teams were to provide 24/7 medical assistance at border checkpoints with Ukraine and joint crossing points with the districts on the eastern bank of the Nistru River, including triage, first aid, emergency medical assistance and primary psychological care. Medical teams were also deployed in the temporary placement facilities with more than 100 refugees. When necessary, the intervention of a nearby Primary Health Care or 112 was requested. The Ministry of Health was also in charge of supplying medicines and medical materials and supplies for the operation of the medical units in the temporary facilities. Public health institutions and primary health care providers were responsible for providing medical services according to the established standards. Any shortfall in financial resources was to be covered from the state budget following a request from the Ministry of Health.

Health care for refugees was grouped into essential health care packages according to the Health Contingency Plan. These packages include immunization services, sexual and reproductive health, provision of medication, psychological counselling, management of medical emergencies and many others. As for the Moldovan nationals, the entry point for accessing such services is the primary health care, which further refers patients to specialist health care.

Despite this, there are differences related to the access to health services for different categories of refugees, including HIV testing and obtaining health insurance. Temporary protection granted to people forced to flee Ukraine has also had an impact on access to primary health care. While beneficiaries of temporary protection are entitled to free health care, those without this status can only access emergency care.

There are also concerns about the financial and linguistic barriers, which make health services less accessible, as well as about their physical and geographical accessibility. All these issues undermine the efforts to ensure equitable access to health care for refugees from Ukraine.

The right to health and prevention of ill-treatment

According to the rules of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), migrants detained at entry points must be provided adequate sleeping facilities, access to luggage, adequate sanitary facilities, daily walks in the open air, access to food and, if necessary, medical care. It is also prohibited to send a person to a country where there are substantial grounds to believe that there is a real risk of torture or ill-treatment.

Despite this, the monitoring visits undertaken by the People's Advocate Office revealed that the records of persons detained at border checkpoints and border police units, regardless of duration, are incomplete, which raises concerns about compliance with the safeguards against torture and other forms of ill-treatment of persons in custody. The General Border Police Inspectorate should also find solutions to protect the fundamental rights of those persons, including the right to food, hygiene, health care, outdoor time, access to luggage and other specific needs of the persons from vulnerable groups at risk, such as children and persons with disabilities.

The persons placed in public custody are housed in the Temporary Placement Center for Foreigners (TPCF) managed by the Migration and Asylum Bureau of the Ministry of Internal Affairs. This is a temporary detention facility for the foreign nationals declared undesirable or in respect of whom a return or expulsion order has been issued. According to the Law 200/2010, this also applies to the refugees from Ukraine. TPCF has the status of a detention facility subject to the international conventions against torture.

However, the 2020 and 2022 reports of the Council for the Prevention of Torture (CfPT) highlighted a number of issues related to the access to and quality of health care for this group of foreign nationals. Confidentiality of medical data, medication storage rules,

documentation of treatment and dispensing of medicines are deficient. Bodily injuries are not properly recorded, while personal hygiene services are insufficient. HIV testing is not always provided and the facilities are not adapted for people with special needs.

According to the international standards, states have an obligation not only to refrain from ill-treatment, but also to take preventive measures to ensure physical and mental integrity and the well-being of persons deprived of their liberty.

National legislation and financing essential health services for refugees

The Moldovan Parliament declared state of emergency on February 24, 2022, granting the Commission for Emergency Situations of the Republic of Moldova (CES) powers to manage the situation.

To ensure that health care is provided to refugees from Ukraine, on February 25, 2022 CES issued two decisions:

a) one on free medical care for COVID-19 cases because of the pandemic.

b) one on free medical care for emergencies requiring surgery.

The Ministry of Health issued several orders to organize health care for refugees, including infection control and immunization measures.

Funding for health care for refugees came from various sources, including the budget of the Ministry of Health, the budgets of the local governments and external sources, such as donations from international organizations. These resources were used to cover the costs of medical services. The health costs covered by non-governmental organizations and refugees themselves are not included in planning.

After the entry into force of temporary protection on March 1, 2023, access to health services for some refugees has been significantly reduced as available resources have decreased significantly compared to the period prior to this status.

These measures have been taken to provide adequate health care to the refugees from Ukraine to the Republic of Moldova.

Health care accessibility and availability for refugees

This section addresses the importance of the access to health services and programs for refugees with a focus on vulnerable groups. The health services and goods must be physically accessible for all categories of population, including the persons with disabilities, in rural areas.

The availability of health care varies according to the legal status. While emergency medical and surgical services are available for all refugees, there are restrictions related to specialist and high performance health care.

Additionally, this chapter highlights some issues related to the access of the persons with physical, mental and sensory disabilities, including lack of adequate facilities, transportation, and assistive equipment, as well as difficulties with obtaining medical documents to confirm the health status.

Another issue addressed here is the access to the prevention and treatment of communicable diseases, with a particular focus on HIV and tuberculosis, stressing the importance of coordinated efforts of healthcare institutions and non-governmental organizations to ensure access to treatment and prevention.

Access to health care in Moldova for vulnerable groups, including refugees, LGBT+ people and persons with non-communicable diseases

Access to specialist health care, such as mental health and gynecological services, is limited and requires that individuals request it. The health care institutions do not have a proactive approach in delivery of health care services.

Refugees find it difficult to obtain medication, investigations and interventions for chronic diseases. Access to mental and dental health care is limited.

LGBT+ people face stigma in the community and in medical institutions, which stops them from seeking medical services. Lack of medication and high prices cause interruptions in the hormone therapy. There is only one non-governmental organization providing support services for this group.

Access to treatment in inpatient facilities and to laboratory and instrumental investigations is difficult and depends on the availability of care beds and the temporary protection status. Refugees have to pay for medical services.

Immunization is suspended when refugees leave their country, exposing them to an increased risk of vaccine-preventable diseases. There are difficulties with ensuring access to vaccines, including vaccination against COVID-19.

Non-communicable diseases, such as heart disease, cancer and diabetes, are a major problem. Displacement can disrupt refugees' treatment for these diseases. Access to care for non-communicable diseases requires integration into primary health care and training of medical staff.

Access to information

Access to information is about the availability of information about health and health services, including the right to seek, receive and share health – related information.

To make information available for displaced persons, a couple of resources have been designed and put in place in Moldova, such as dopomoga.gov.md and helplines.

Sources of information about health services include social media, TV, printed outreach materials, refugees and NGO representatives. However, access to information is difficult for the persons with disabilities and elderly people, with the only reliable source of information being other refugees. Even when information is available, some people find it difficult to make appointments and communicate without additional help.

Affordability

Affordability refers to people's ability to pay for health care.

Refugees have to incur the direct costs of medication, medical equipment and, in some cases, hospital care and specialist consultations.

The indirect costs include transportation and time lost from work to access medical services.

Many consider that refugees incur additional costs for medical services and affordability of such services is a matter of concern.

This sub-chapter describes the difficulties faced by refugees when accessing information related to health and to the costs associated with health services, and the need to make this information more accessible and reader-friendly. It also highlights the need to address the significant differences in the costs and accessibility of health services for refugees.

Availability

This section looks into the availability of human and financial resources in the health system required to meet the health care needs of refugees in the Republic of Moldova.

Some government employees (13.4%) think that the human resources in the health system are insufficient to respond to refugees' needs.

In particular, there is a shortage of specialist medical personnel in less populated regions (rayons), coupled with lack of high performance medical equipment.

Because of the shortage of human resources and equipment, refugees have to be referred to bigger towns. Thus, geographically the access to specialized health care is limited for refugees in specific regions, an issue also faced by locals.

Around 23% of the public employees consider that the financial resources available in the health system are not sufficient to respond to refugees' health care needs.

The financial aspect particularly affects the refugees living in camps, isolated areas or villages, because they may face financial challenges caused by distance and additional costs to get to the health centers, in particular those with disabilities, because of lack of transportation and infrastructure adapted to their needs.

Acceptability (non-discrimination)

This section explores the acceptability of health care for refugees in the Republic of Moldova. Health services for refugees should meet the medical ethical standards and be culturally adequate for all people, including those from the marginalized groups. They must take into account the cultural characteristics of individuals, minorities and communities, including gender and lifestyle. They must ensure privacy and improved health and be available to all without discrimination on any prohibited ground.

Most of the government employees believe that, similarly to Moldovan nationals, refugees' right to health is protected in the Republic of Moldova.

On the other hand, about half of the non-governmental actors claim that this right is not fully or only partially protected, suggesting that proper operational procedures need to be put in place to improve access to health care.

Some mention language barriers and, sometimes, ethnic barriers (in particular for Roma refugees), which may reduce access to health care.

There is a significant difference of opinion over the quality of health care for refugees.

While government employees find these services largely satisfactory, refugees and non-governmental actors express concern about their quality.

Opinions are also divided on the continuity of treatment. A large part of refugees and non-governmental actors believe that continuity of treatment is not fully ensured.

Some respondents mentioned deficiencies in communication between medical staff and patients, including language barriers and lack of interpreters.

Stigma in accessing health care was also mentioned, in particular on grounds of age, mental health and ethnic origin (in particular for Roma people).

There were also reports of undesirable behaviors, such as unfriendly attitude or refusal to provide necessary treatment, on the part of healthcare providers.

Finally, there is a perception that allocations for health services for refugees are disproportionate or should be made in a different manner.

Stories of and difficulties faced by refugees when accessing health services

A person with severe hepatic cirrhosis was discharged from hospital and asked to pay for medical services. A non-governmental organization raised funds to bring the person back to hospital, but the patient died a week later.

After a refugee woman from Ukraine was admitted to intensive care unit, her family received bills for hospital stay costs. Only due to the intervention of the People's Advocate Office was the person exempted from these payments.

Another story involves an elderly couple that applied for temporary protection, but had to incur the hospitalization costs before the paperwork was done. They covered these expenses from their pensions.

There are reports of cases when general practitioners refused to register patients, provide primary medical care, surgery, or acute dental care free of charge, making them pay for such services.

A refugee with cancer had to return to Ukraine for treatment because his attempts to have a necessary surgery performed in Moldova failed. This person needs specialized treatment now, which is not available.

Difficulties were reported in relation to the access to specialist doctors, in particular for the children requiring school medical assessment. Some medical services are not available free of charge.

These cases illustrate the challenges related to the access and costs of healthcare services for refugees in the Republic of Moldova, which can put their health and lives at risk.

General findings

The Ministry of Health responded quickly to the refugee crisis, issuing orders and decisions to regulate access to health care. The decisions are published online to be publicly available.

Health care for refugees is integrated into the national health system. However, access to health care is affected by long distances, lack of transportation and qualified medical staff.

Financing comes from various sources, including donations for specific groups of persons. However, the requirement to obtain temporary protection status has limited the access to and absorption of available funds.

There are significant differences related to the access to health care for different categories of refugees, including to health insurance and free medical services and medication.

Access to health care is unequal, with greater limitations in remote rural areas.

Some categories of refugees, such as those with disabilities, mental health issues, women, children and teenagers, have specific health care needs and access to these services can be difficult.

Many refugees experience stigma and discrimination in accessing health care, materializing in unfriendly attitude, denial of rights, inappropriate language and refusal to provide treatment.

The quality of health services for refugees is monitored by various institutions and organizations, but there are concerns about the limited capacity to monitor and evaluate interventions.

Recommendations for improving access to health care and ensuring the right to health for refugees

Recommendations for the Parliament and the Government of the Republic of Moldova

Revise/adapt the health care access mechanism for refugees, focusing on the mostly demanded services and taking into account the linguistic barriers, waiting times and the high cost of services;

Extend eligibility for individual health insurance for temporary protection beneficiaries and displaced persons from Ukraine temporarily employed in the Republic of Moldova;

Eliminate HIV testing for international protection beneficiaries;

Clarify what health care services are available for refugees and asylum seekers;

Develop a distinct package of health and social services for the vulnerable groups of refugees;

Cover the costs of medical services received during the application process for temporary protection and for those who intend to stay in Moldova for a short period;

Ensure physical accessibility for people with disabilities;

Fight stereotypes and discriminatory language.

Recommendations for the Ministry of Health

Disseminate information about access to health care in ways adapted to people with specific health needs;

Provide mental health services in ways that are acceptable to refugees;

Develop health care protocols and procedures tailored to refugees' needs;

Make sure the health care mechanism is in place in the temporary placement facilities;

Revise the existing mechanisms and financing to make sure refugees have access to quality health care, in particular to specialist and high-performance health services;

Assess the access to preventive screening for refugees;

Develop referral systems and connections between health, mental health and social services;

Monitor the health care provided to refugees ensuring transparency of information;

Develop procedures for free medical examination of refugee children, regardless of their legal status.

Recommendations for the Ministry of Labor and Social Protection

Approve the package of healthcare and social services for refugees with disabilities;

Develop mechanisms to enable refugees with disabilities to access rehabilitation services;

Put in place a mechanism for identification of different types of disability and referral to appropriate medical and social services;

Develop procedures to improve the access of the persons with disabilities to health care;

Improve services for children with disabilities and streamline the disability certification process;

Provide additional support to respond to the increased vulnerability of certain refugee groups;

Systematically inform refugees about the freely available healthcare and social services.

Recommendations for the Ministry of Internal Affairs

Document cases of discrimination when accessing and providing health care for refugees and punish offenders;

Improve the temporary protection mechanisms and remove barriers to receiving health care;

Revise the regulations on the Temporary Placement Center for Foreigners and the health care mechanism.