ORGANIZATIONAL AND MEDICAL IMPLICATIONS REGARDING THE UNPRIVILEGED GROUPS OF ROMANIA
Part II

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Abstract: *Poverty is currently approached in Romania as a community problem within the European context of eradication, imposed by the contemporary society. The unprivileged categories represent a medico – social problem. In Romania, social assistance has been and continues to be insufficiently developed, failing to cover all social problems.*

Keywords: *unprivileged population, medical and organizational implications*

Rezumat: *În prezent, în România, sărăcia este abordată ca o problemă comunitară şi se încadrează în contextul european de eradicare impus de societatea contemporană. Categoriile defavorizate constituie o problemă medico-socială. Asistenţa socială în România este încă insuficient dezvoltată, nereuşind să acopere toate problemele sociale.*

Cuvinte cheie: *populaţie defavorizată, implicaţii organizatorice şi medicale*

Education is an important element to prevent poverty risk and social exclusion.

On 25th November 1864, prince Alexandru Ioan Cuza promulgated the Law of public instruction, by which he put the bases of a uniform educational system, with 4-year public education system free of charge and compulsory for the children between 7 and 12 years old. Later on, in the second half of the 19th century, the school network and school assets increased, but they solved only a part of the lack of access to education for certain social categories. The governments of the 19th century enacted the compulsory school education up to a limit age, which was progressively increased.

The first Law of Education was voted in Romania only in 1995 (Law 84/1995), more than five years after the Revolution.

Nevertheless, after the Revolution, compulsory school education lowered to 10 and 8 grades. The 4% of the gross national product allotted to education and provided by the law, was never reached until 2000. In 1996, it was 40-50% smaller than in Poland, Czech Republic or Hungary (as percentage from the gross national product of each country).

"Public social expenditures for health and education, after the extremely low level in 1989, have increased, but not much, still remaining at an unsatisfactory level. The level of these expenditures is the lowest in comparison with the other European countries in transition, being closer to that of Russia, Moldavia, Bulgaria".(15)

After 2001, the government went to a rapid growth of the financial support, mainly for health and education.

In 2001, the public expenditures for education represented only 3.3% of the gross national product, the lowest in comparison with that of other European countries, where they were between 5 and 6%. Also, in 2001, in the 25 EU Member States, the budget part allotted for education was of 9.5%, but in Romania it was of 8.6%. "Compared with the gross national product per capita, the annual investment in one school or university student enrolled in the Romanian public education system represented 19.5%. From this point of view, Romania is the last but one".(3)

"Also in 2001, the Strategy of pre-university education development in 2001-2004 – updated in 2002 – prospective planning up to 2010 was launched, including ten priority programmes, among which the "Assurance of equity in education" programme.(22).

The Ministry of Education and Research has in view a number of measures, among which "the guarantee of equality of chances regarding the access to pre-university education, ensuring an optimum standard, at the level of the fundamental rights, elimination of any discrimination forms, of exclusion of racial, social, xenophobic, religious, linguistic nature (…), consolidation of the social facilities system for students; socio-educational policies and programmes suitable to vulnerable groups; development of certain programmes, aiming at fighting and preventing school abandon".(22)

In the field of education, the Programme for Fighting School Abandon was also initiated by the Ministry of Education, Research and Youth, Ministry of Health, Ministry of Labour, Social Solidarity and Family, Tutelary Authority, National Authority for Children's Protection, finalized and launched in 2002, based on the Government Programme for 2001-2004. This programme provides, *inter alia*: "the access to education for the unprivileged groups, focusing on Roma people" (Phare programme), introduction of the "Croissant and milk"

Programme in schools starting with 2002-2003 and in kindergartens starting with 2004, with visible impact for school participation stimulation, development of new actions of illiteracy elimination, where each school inspector has tasks in developing a monitoring system for illiteracy, developing adequate measures to fight illiteracy (Order no. 3510/2000 of the Minister of Education), preventing school abandon and ensuring the continuation of education for children and school-age youth in pre-university education system (Order no. 3907/2000 of the Minister of Education).

The managing director, Thoraya Ahmed Obaid, of the United Nations Population Fund stated: "The youth should be granted access to education and medical services appropriate to their age, adults should be granted a more efficient labour market, while the old people should be granted the social, medical and financial support which they need".

In Romania, UNICEF supports and monitors the progress recorded at national level, regarding education in the unprivileged regions and performs education programmes with the objective to ensure children's equal and equitable access to school, mainly for those belonging to the unprivileged communities.

In early '90s, the Faculty of Sociology and Social Assistance of the University of Bucharest offered ten places every year for Roma young people to study social assistance. Starting with 2001, similar places have also been provided at the Community Social Assistants College and in the last years at law faculties. Also, starting with 2001, each high school has been offering separate places for Roma students, in the order of the average marks obtained on their final examination.

Formal education is sometimes the only way by which the Roma people can escape the vicious circle of social exclusion: poverty, lack of interest for school, illiteracy, lack of a profession and salary. The lack of school participation is the main factor generating social exclusion for those who do not attend school. For these poor groups, a motivator had to be introduced: conditioning allowances on school attendance. This quickly led to a decrease of school abandon and also an increase of school participation chances in socially disadvantaged environments, at the same time increasing the opportunities of future integration on the labour market and reducing poverty.

In October 2007, the Romanian Ministry of Education initiated a programme called "Money for High School" by which students received 180 lei per month for a period of 10 months. The essential condition they were supposed to meet was that the monthly gross income per family member should have been of 150 lei in the last 3 months before applying for such allowance. Most applications were received in counties like: Vaslui – 6,537, Botoşani – 5,922, Olt – 5,661, Maramureş – 4,151 and Buzău – 3,757. In the school year 2006-2007, all the 104,474 students who applied for, received this financial support.

A special problem was the limitation of the access to school participation for HIV infected and disabled children. The campaign regarding HIV transmission ways led to a progressive inclusion of such children in the education system.

The Anti-Poverty Strategy and the Promotion of Social Inclusion developed by CASPIS in 2002 outlined that there were three big sources of access limitation to the medical services:

1. high costs of medicines, an important source of the deficit of the medical care for the poor, in general;
2. ambiguities in applying the laws regarding the medical assistance and the deficit of publicity regarding the ways of access to medical assistance lead to the fact that people belonging to unprivileged categories cannot practically benefit from the necessary medical assistance services;
3. ambiguities in the organization of the medical assistance system, plus the limited resources, brought about inequalities in covering with medical services certain geographical areas (far away localities) or social areas (poverty concentrations).

The Law of Health Insurance was voted in 1997 and put in force in 1998.

From the point of resource allocation, the Romanian health system is a hybrid between the public system and the insurance system. Insurance contributions are collected in the social insurance fund. Until 2003, the Government, by the Ministry of Finances, continued to intervene in allocating funds, establishing an upper limit of expenses, inferior to the collected revenues. Thus, the financial control of the Health Insurance House was reduced, generating temporary crises, like that of compensated medicines, which is still felt nowadays.

Government expenses for health are still reduced, decreasing from 2.9% of the gross national product in 1990, to 2.6% in 1997. Health services have reduced their coverage and face extremely serious problems.

Many people are not covered by health insurance. Among those who are not children, employed, pensioners, beneficiaries of social support or unemployment support, or disabled persons, many do not pay for their health insurance. So, the access to health services has decreased, due to the fact that the new law stipulated that the cost of many services, such as dentistry, is partially or totally on the account of the insured patients, resulting that the very poor people, even if insured, would not have access to such services. For the uninsured people, the access to emergency medical services is provided, but no facility for compensated medicines is provided.

Romania, along with Bulgaria and Hungary, registered the worst situation regarding the access of the poor population to hospital services. In Romania, only 19.4% of the poor have direct access to hospital.

The issuance of the Health Reform was discussed at national level, on December 5th, 2001. This includes a number of strategies and action programmes for reforming the health system. One of the most

important strategies is that regarding the improvement of health financial system.

For the period 2002-2004 and until 2015, a number of programmes were settled, with priority objectives for health: the Community Programme for Public Health, the Programme for the Prevention and Control of Transmissible Diseases, the Programme for Children's and Family's Health, the Programme for Special Protection of the Disabled Persons, reducing to half child mortality rate for the 0-4-year old children between 2002 and 2015, reducing by 40% the infant mortality rate in 2002-2015, elimination of measles until 2007, reducing to half the mother mortality rate between 2001 and 2009, the increase in proportion of the births assisted by trained personnel, stopping the increase of tuberculosis cases in 2005 and starting its regression.

The Romanian Government and the UN Population Fund cooperate on the basis of an Action Plan of the Programme for Romania, signed in 2005 and developed over 5 years. In these five years, The United Nations Population Fund will assist the Government in the policies meant for the population and for the development of the improvement of the access to services and information regarding the reproduction and sexual health.

Health promotion should be considered as an investment in health and as a development of education for a healthy life, especially in the socially and economically unprivileged areas. This can be done by creating healthy lifestyles, both physically and mentally.

The Millenary Development Objectives (MDO) is the main component of the Millenary Declaration, issued by UNO in September 2000 and adopted by 191 countries, including Romania. Some of these objectives are: the reduction of severe poverty, the increase of graduation rate in compulsory schools, the reduction of infant mortality rate, the improvement of mother health, fighting HIV and tuberculosis, the assurance of a durable environment, the promotion of equality between sexes and women affirmation, the development of communication and information society.

Some of the development targets that allow progress monitoring in the accomplishment of the objectives are the following:

- reduction to half of severe poverty rate between 2002 and 2009;
- reduction to half of consumption deficit of the population and reduction of social polarization until 2009, compared to 2002;
- increase of the employment rate for youth between 15 and 24 years old;
- significant reduction of the incidence of children's age short stature;
- making sure that until 2012, the children in rural areas will finish the complete educational cycle, in proportion of at least 95%;
- increase of literacy rate for the Roma population;
- increase of employment rate for women;
- reduction to half of the mortality rate in the 1-4 year-old children, between 2002 and 2015; reduction by 40% of the infant mortality between 2002 and 2015;
- elimination of measles until 2007;
- reduction to half of the mother mortality rate, between 2001 and 2009;
- maintenance of HIV incidence in 2007 at the level of 2002;
- stopping the increase, in 2005, and starting the regression of tuberculosis incidence;
- ensuring the access to essential medicines at affordable costs;
- doubling the percentage of people with access to drinking water source until 2015 etc.

These targets will make the decision makers concentrate on some precise development directions, with a view to render the economic policies more efficient.

Each country, including Romania, having adopted certain targets correlated with the Millenary Development Objectives, specific to the national context, a mechanism of progress at national, regional and global scale could be constituted.

Both, in education and in social and medical fields, sustained efforts are needed for a positive change.

The success of every change depends on the preciseness of the proposed goal, on realistic objectives, motivation for change, correct use of resources, competent assessment. In this regard, professionals in social protection, education and health should have a clear vision of the system, to play the role of some active agents of change, to be able to coordinate the strategies and activities designed for the unprivileged categories. They should have the professional competence and the desire to improve their abilities to work with unprivileged people.

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