CONSIDERATIONS REGARDING THE RIGHT TO ACCES TO HEALTH SERVICES OF IMMIGRANTS IN ROMANIA

Brîndușa MARIAN[*]

ABSTRACT: *The integration of immigrants in the host-state represents and on-going, long lasting process. Host-states, members of the European Union, in their attempts to support this process, have adopted and are continuously adapting their legislation and search for means to facilitate the integration process of the immigrants in the society. States establish through their legislation the rights immigrants benefit from and one of these rights is of access to health services. In Romania, the legislation in this area, general and nondiscriminatory, provides support for the immigrants. However, the effective exercise of this right highlights real and stringent problems that immigrants have to face when they find themselves in the situation of having to benefit from health services.*

KEYWORDS: *integration, immigrants, health, health services.*
JEL CODE: *K 31, K 37*

Regulation of migration and integration of immigrants both represent debate subjects at the level of the European Union as well as at the level of each member state of the EU. The integration of immigrants represents one of the greatest challenges that Europe has to find efficient solutions for. The existance of succesful immigration policies is imposible if policies that aim at integrating the immigrants lack. Hence, integration represents a central point of a coherent policy that deals with the phenomenon of immigration. Some states deal with a relatively recent migrational phenomenon compared to other state and therefore the approach of each state is different. Regardless of the situation, however, for all state the true challenge is represented by the integration of immigrants. (Popescu, Toth, 2009, pp.5-6)

Integration aims at the relations established between groups as well as between persons related to their intensity and is a process of active participation of immigrants in a new system, often completely different of that of the origin states. (Radu, 2006, pp. 319-341, Cervinschi, p. 46) As a process, integration must be analyzed from the perspective of host states as well as from the perspective of immigrants. The process of integration is a dynamic one, bilateral, of reciprocal interaction that entails efforts both on the part of national, regional and local authorities as well as the host community, and of immigrants. Social integration presumes the active implication of citizens from third states in the

[*] Lecturer phd. University of Medicine, Pharmacy, Sciences and Technology of Tîrgu Mureș, ROMANIA.

economic, social, cultural fields of the society of the host state, while respecting the cultural identity of these. (Strategy on immigration 2015-2018)

Regardless of the level of immigration, it is necessary for host states to revise their existing mechanisms and policies or to elaborate and implement new politicies and mechanisms to integrate immigrants. The coherence of political steps and of drawing-up the regulation framework are determined by how well the migration phenomen and its challenges is known but also by looking for consensus through a constant consultation and negociation of all parties involved, based on common values such as: equality in rights and duties of immigrants and host state natives, participation and involvement of both parties, inter-culturality seen as an interaction between two or more cultures. (Popescu, Toth, 2009 p.5)

From the perspective of immigrants, integration entails compliance with the norms and values of the host state, involvement in everything that the social system of the host state assumes, but without loosing their own identity, culture and values. (Radu, 2006, pp.319-341, Cervinschi, p. 46)

The scholarly literature highlights the fact that migration can influence human development through eight key dimensions: economy, education, health, gender, larger social effects, governance, environmental sustenability and natural dezasters. The level of salarization, the degree of poverty, the relapses, and the economies of the population, the unemployment rate, the job-occupation rate, the income, and the investments can have an impact on states, either of origin or of destination. One of the most important and current aspects is represented by the health-state of immigrants, with a powerful impact upon all state social areas. The health system, taking into consideration the health state of immigrants, increasing the interest on improving the overall health-state, controlling transmitable diseases, all represent important indicators for human development and, vice-versa, can be placed in correlation with the migrational phenomenon. Also, migration contributes to the alteration of health systems starting from the traditional medicine and all the way through alternative medicine, influences food habits and can change nutritional habits. Governance and human righs are influenced by migration. Acces to work, health and education, trust in state institutions, the number of available jobs, in the public sector, the apparition and functioning of NGOs are important aspects that can determine migration or can be influenced by it. (Melde, 2012)

1. LITERATURE REVIEW

The studies made during the last years at the level of the European Union show that, although migrants are considered a threat for the health of the natives from European states, given that there always exists the possibility of transmiting diseases, especially infectious diseases, from one part of the world to another, most immigrants are in fact young and healthy at the moment of their arrival in the host state. Health deficiencies and discrepancies between the health state of natives and that of immigrants are explained by the existence of certain risk factors that immigrants are exposed to. The risk factors are considered to be the dangerous means used to acces the host state, poverty, administrative obstacles etc. (EC, 2018)

Given that the health-state of migrants has a direct impact upon the overall public health, and taking into account the social and economic implications of this at the level of

communities, the acces of immigrants to basic medical assistance services is of public interest. The health state of migrants, their acces to health services has a powerfull impact on the situation of the social insurance system and the social assistance system in the host state and can represent either an advantage or a burden to these. The studies made at the level of the EU have analyzed a series of aspects considered relevant in the process of correlating migration with the integration of immigrants in the host state. Therefore, the following have been analyzed: the international and European legal frame-work in the field of health, the integration and health strategies of member states, the indicators on which health systems are founded upon and the coordination of health policies for migrants.

The *Migrant health across Europe: Little structural policies, many encouraging practices* study, published in 2018 by the European Commision has underlined the problems states are confronted with in the area of immigrants' acces to health services. One of the biggest problems that exists at the level of EU member states is the fact that the health state of immigrants is considered to be a separate policy field and thus migrants are exposed to discriminatory situations compared to the natives of that host state. The instruments and the responsibility for accomplishing the policies in this field still lack. (EC, 2018)

International and European legal framework

At international level, the right to health has been for the very first time mentioned in 1946, in the Constitution of the World Health Organization. In 1948 the Universal Declaration of Human Rights provided health as part of the right to an adequate standard of living. The right to health has been recognized through the 1966 International Covenant on Economic, Social and Cultural Rights as a fundamental right of all human beings, regardless if natives of a particular country of migrants and, therefore, the governments of states have been compelled to create the necessary framework and instruments for complying with this right in the interest of good governance in the field of public health. The 2008 World health meeting adopted the 61.17 rezolution regarding the health of immigrants and in this instrument it is stated that there is a need of approaching this issue based on rights and equity in order to consolidate the health systems.

At European level, The European Social Charter and the Chart of fundamental rights are considered relevant in the field of migrants' health. Also, some directives have been adopted such as the Directive on Gender equality, Directive concerning the status of third-country nationals who are long-term residents, Directive laying down standards for the reception of applicants for international protection (recast). The European Commission supports projects within the health program of the European Union that aim at supllying health services for migrants as well as those that train medical staff.

In 2016, the Commission has adopted an action plan for a better integration of persons from third countries, plan that includes proposals meant to address the issue of the health of migrants. Therefore, at International and European level it has been created the legal framework for insuring equity in the field of health. Still, the equal acces of immigrants to health services is not possible without the active participation of member states. (EC, 2016)

A report made in 2017 for the EU, *Implementation of the right to health care under the UN Convention on the Rights of the Child*, shows that merely 4 states (Cyprus, Croatia, Italy and Spain) have adopted legal regulations that guarantee the right to health for all

children that live on their territories, regardless of their legal status (nationality, social insurances or residence) and 7 states (France, Greece, Malta, Poland, Portugal, Romania, Sweden) have provided in their legislation that all children on their territories have to be insured medical treatment and care and have established certain eligibility criteria or some differentiated special schemes. (UN DESA, 2017; Palm, Hernandez-Quevedo, Klasa, van Ginneken, 2015)

Integration strategies

The health of immigrants represents a separate area in the action plans concerning integration in Austria, Croatia, Denmark, Finland, Germany, Ireland, Italy, Latvia, Portugal, Slovakia and Spain and the Health Ministry has an active role in the elaboration process of the National Action Plans on integration. The documents state objectives such as increasing the percentage of immigrants within the medical professions or improving the intercultural competences of the professionals that work in the health area. For example, the Action Plan regarding the integration of refugees from Croatia for 2017-2019 sets goals that aim to overcome linguistical and cultural obstacles in the area of immigrant acces to medical services. However, in many EU member states, these Action Plans on refugee integration do not contain any specific actions, any concrete means of reaching the set objectives and do not set responsabilities regarding the implementation phase. For these situations, a possible example is that of the National Strategy of Ireland regarding intercultural health, for the 2007-2012 period, as being the one and only national strategy conceived particularly for the issue of health of the immigrants, strategy that, unfortunately, has never been implemented. This problem has been remedied throught the elaboration of another intercultural health strategy that became a part of the Integration Strategy for 2017-2020. (EC, 2018)

An issue in the implementation of Action plans to carry out the measures aimed at improvind health is the lack of clearly set resposabilities at different levels. Italy can be recognized as a good example for clarifying the hierarchy steps and for the division of labor. In its health system there are three levels of health services: central level, regional level and the local level. In 2012, an agreement has been signed between the central, regional authorities and the autonomous provinces that puts regions on an important place. Therefore, there are inter-regional differences regarding the results in the area of migrants' health according to the financial power of regions. In Holland, in 2015, after the decentralization of health services, all local authorities have elaborated plans for ensuring complete medical care, accessible to all the inhabitants of a city. In some cities, things were taken even as further as establishing plans at the level of neighbourhoods. Still, concerning immigrants in particular things are not so well set so far. (EC, 2018)

An important aspect concerning the acces of immigrants to health services is connected to the need of having them informed on the rights they enjoy regarding health, on the health system from the host state and on the suppliers of health services. The study shows that, although there are booklets, foldouts, internet sites about the rights of immigrants to medical assistance and medical services, neither of the member states has clear governmental policies and well defined procedures. In general, the acces of imigrants to information is not satisfying due to a number of factors: the practical information offered concerning this subject of access to health services is minimum; the authorities ignore the linguistical barriers that represent a set-back in the communication process between the medical staff and the immigrants. (EC, 2018)

There are however a series of instruments that states use in order to support immigrants. Examples are the cultural mediator or the "navigator-pacient" that can be including the pacients' lawyer, health educator and interpreter. Although a succesfull practice, Belgium is the only state that guarantees the access to cultural mediators and the "navigator- pacient" to immigrants from the entire health system. Half of the EU member states (Bulgaria, Croatia, Cyprus, Estonia, Greece, Hungary, Ireland, Latvia, Portugal, Poland, Romania, Slovenia, Spain and the UK) do not have the legislation or the policy concerning cultural mediators, nor the "navigator-pacient" and this truly represents an obstacle for the immigrants to exercise their rights. Of those states that do have official standards, the services most accessible for immigrants are those of mental health, elderly care, services for female immigrants. Interpreters are available free of charge in Austria, Belgium, Cyprus, Denmark, Finland, Germany, Ireland, Italy, Luxembourg, Portugal, Spain, Sweden and the UK. Pacients have to fully pay or to pay for a substantial part of the costs generated by health services in Czech Republic, France, Hungary, Malta and the Netherlands. Offering the services of interpreters free of charge has an important role. The study shows that whenever states stoped financing the services of qualified interpreters, especially in the field of mental health, their number decreased dramatically. This not only placed pacients in a disadvantage but also burdened the medical staff, especially the doctors that had to take over the obligation of informing the pacient on its righs, the diagnosis and their treatment in order to obtain the pacients' consent. Situations such as these have been found in Ireland, Estonia and Greece. Over all, the lack of interprets is considered one of biggest issues concerning the supply of medical assistance at reception centers (EC, 2018).

Another problem found in the case of immigrant acces to health services is the special documents list conceive for immigrants, documents that often are available only in the national language or have limited translations. At European level, Denmark seems to have the most accessible system by having created a multi-linguistic portal that is designed for all groups of immigrants. Through this portal, immigrants have access to information via certain short informative clips on the health system, health insurances and interpreters in 8 languages. (EC, 2018)

Health strategies

At the end of 2017, neither of the EU member states had a permanent strategy on health or an Action Plan for health that would be especially dedicated to migrants. Also, many member states, although having a National Strategy on health, do not make any references, in particular, to the health of migrants and their access to medical assistance, assimilating them with vulnerable groups. In the few national strategies that do refer to the needs of immigrants health-wise, there are not targets or reponsabilities established. An example of good practices is considered to be Malta where, although there is no strategy dealing especially with the health of migrants, the used methods and instruments are appreciated. Therefore, a special department has been set up, exclusively for the relation with the immigrants and their access to medical services. This way, immigrants are informed regarding the available medical assistance services and the services of health education. Also, there are different trainings for cultural mediators and other professionals in the field of health. (EC, 2018)

Starting with 2015, the health ministries form Finland, UK and Italy have issued recommendations on good practices in the field of medical assistance for immigrants and

the cooperation with suppliers, organizations and authorities that deal with migrants has been regulated. In 2017, the Ministry of Health in Sweden has entrusted the Swedish Association of Local Authorities and Regions (SALAR) to carry out the national program "Health in Sweden", program through which professionals in the medical field are trained regarding the means of satisfying the needs of asylum solicitants and immigrants that have mental health issues. Also in Greece, the "Philos program" has been conceived in order to address the sanitary and psycho-social needs of refugees that live in open camps. In Cyprus, the legislation in the field of health has granted refugees the same rights to social security as those the citizens enjoy and the strategy concerning the rights of children in the field of health for the 2017-2025 period provides that the access of immigrant children to health services is a field of action. (EC, 2018)

Health systems based on indicators

Upon entering EU member-states, migrants are usually healthier and younger then the average natives from the host state. Nevertheless, their health state continues to deteriorate while they reside in the host country. Studies show that immigrants are more exposed to risk factors such as poverty, stigmatisation, discrimination, social exclusion, exploitation, administrative obstacles, as well as cultural barriers. A combination of these factors has a powerfull impact upon different categories of immigrants that risk becoming a marginalized group with limited acces to social services and health services.

In order to develop some real strategies and elaborate policies in the field of health, information is necessary, as well as data-bases regarding the health state of immigrants and their use of medical services. At the end of 2017, only Austria, Croatia, Germany and Portugal had established indicators for measuring the integration process of immigrants in the field of health and medical assistance. Collecting data on immigrants is quite difficult in most states given that the information concerning the health of immigrants are not currently available and collecting data such as ethnicity or the status of migrant is forbidden by law in many of the EU states. (EC, 2018)

A study from 2015 revealed that including information such as the status of migrant, the origin country, the ethnic affiliation in medical data bases and clinical records is mandatory in 8 member states, optional in 14 member states and forbidden in 6. It is certain though that the data collected from immigrants are few and the data regarding their health state are extracted from small range studies or non-representative samples. In most cases, the respondents are asked to report only their citizenship (situation where the naturalized immigrants become invisible) or the country of birth and rarely are they asked to declare information concerning the status of residence or the years of residence. The instruments that can contribute to the gathering and obtaining of information on the health state of immigrants entail including questions about immigrants at censuses, statistical data and health inquiries in a way that allow the data to be processed and used in order to substantiate coherent health policies. (EC, 2018)

Coordinated health policies

Setting certain international standards, drawing up legal frameworks, making political efforts, using indicators and communication instruments are essential in dealing with issues concerning the health of immigrants, but public policies on labor, social affairs, anti-discrimination can impact the vulnerability and health of immigrants. In the case of those countries where the health of migrants has been defined as a separate field of action in the National Strategies of action, the Ministry of health was consulted in elaborating the

strategy for the integration of migrants. The studies made up until present show a difference between the health state of immigrants and of natives. The disparities have been diminished in those countries that have a strong integration policy. (EC, 2018)

Social rights and health rights are interconnected. In 2006, "Health in all policies" (HiAP) has been established with the purpose of stimulating the process of taking into consideration health in public policies in every sector. The HiAP approach improves the responsibility of decision factors and underlines the consequences public policies have on health systems and on determined factors. The comparative researches within the EU show that the HiAP approach, from the perspective of immigrants' health, is unknown in the majority of states. Only the United Kingdom provides for a mandatory examination of the impact upon immigrants'or minorities' health of the policies from other areas then that of health. An ad-hoc analysis of the impact policies in other sectors upon the health of migrants or the ethnic minorities takes place in Austria, Spain, Finland, Ireland and Italy. (EC, 2018)

Concerning the economic aspects of the health of the migrants, it is necessary to generate and disseminate new proofs regarding the general rentability of supplying accessible, on time and preventive health services, and consolidate the connection between this and an active and economic labor force given that correlated with a healthy economy, with the policies and the financing of migrants' health, these are not truly a burden but an investment. (EU, 2018)

Access to medical services in Romania

As far as the situation of Romania is concerned, the statistical data, the analyses and the literature are poor in information concerning both migration and the phenomenon of integration.

Romania is still considered to be a transition country. The number of immigrants is low compared to other EU member states, the flux of those leaving the country compared to that of immigrants being disproportionate. The immmigration and integration of immigrants does not represent for the Romanian state a priority area. In 2017, in Romania there lived approximately 370.000 immigrants (IMR, 2017) of which 68.553 are nationals of third states to the European Union. (IGI, 2018) Most of these are natives from Turkey, The Republic of Moldova and China and have come to Romania either for study purposes or to work. (IIIR, 2017)

Studies carried out in Romania highlight a series of existing problems on the issue of immigrant integration. These studies revealed, besides the problems concerning access to employment, to education, to housing facilities, to a bank loan, also the problem of access to health services.

The health state of immigrants

As it is well known, the long term effects of migration are positive and negative for both origin state and host state. One of the biggest challenges is the impact of migration fluxes on public health and on the public health system of host-states. (Pavli, Maltezou, 2017) On the topic of the health state of immigrants, the scholarly literature talks about the health state of this category. In general, immigrants are young and their health state is good. However, there are studies that show that immigrants deal with health issues and some are even diagnosed with transmissible or untransmissible chronic diseases but also with mental health problems, resulting from the trauma and stress suffered during the migration. (Hunter, 2016, Giallo, Riggs, Lynch, Vanpraag, Yelland, Szwarc, Duell-

Piening, Tyrell, Cassey, Brown, 2017) The precarious health state of immigrant has negative effects on their professional and family lives and can be a burden for the health system and the social assistance system of the host states. (Oltean, Burean, Coșciug, 2018)

The legal framework

From the perspective of the legal framework, Romania ensures access to medical services to all persons found on its territory, without any discrimination. According to the provisions of Law no. 95/2016 on the reform in the health area, in the health system of Romania the following are insured "all Romanian citizen that live or reside in the country; foreign citizens and persons without any citizenship that have requested and obtained the right to temporarily reside in Romania or residency in Romania; the citizens of EU member states, of SEE states and the Swiss Confederation that do not hold an insurance made on the territory of another member state and that produces effects on the territory of Romania and that have requested and obtained the right to reside in Romania for a period of over 3 months; persons from EU member states, of SEE states and the Swiss Confederation that meet the legal requirements of cross-border workers and that carry out a paid activity or an independent activity in Romania and that reside in another member state that the worker returns to daily or at least once a week. Similarly, the following benefit from insurance without paying the contribution: children and young persons until the age of 26, pregnant women, disabled persons as well as persons found in detention, holding or arrested in detention centers or preventive arrest, foreigners in accommodation centers that are to be returnered or expuled, victims of human traffick that are in the course of needed procedures to establish identity and are accommodated in special centers". Therefore, the legislation does not differentiate between natives and immigrants, it simply provides the categories of insured that benefit from medical insurance. Since there is no discrimination between the natives and the immigrants enjoying the right to stay, there exists the possibility to insure them also from other sources: this is the case of those that benefit from social wellfare or of those unemployed but also of those that are in the caring of an insured person. The persons that are not insured in the social insurance system can conclude a contract with the Insurace Office in order to benefit from medical care. Moreso, immigrants benefit from free emergency medical services.

Market researches have shown that there are no records of problems in insuring free emergency medical care and that this type of medical service is provided without any discrimination, according to the pathology of the pacient and regardless of the ethnic affiliation, registering the pacients according to their ethnicity and nationality being considered discriminatory. (CDCDI, 2014) Although this aspect is correct in our opinion, and is not discriminatory, the studies in Romania in the last years show that the exact number of immigrants that live in Romania and benefit of medical insurance or are registered at a family doctor is not precisely known. Although the number of immigrants is relatively low compared to other host states, the public institutions from Romania cannot identify the number and type of insurances that these benefit from. (IIR, 2017)

The medical cases of those that do not have the possibily to have insurance is a problem. There are, however, non-profit organizations that carry out financial assistance programs for the payment of health insurances, of investigations and of medication for immigrants without any material resources or with limited resources. (Alexe, Păunescu, 2011, p. 40)

Informing the immigrants on their rights and obligation concerning access to medical services

The status of resident on Romanian territory grants rights and obligation for the beneficiary. Lack of proper information regarding these rights makes it more difficult for immigrants to participate to the social, economic and cultural life in the host state. One of the most important barriers in the integration process of immigrants is the cultural and lingvistic barrier that leads to a lack of information and therefore the rights granted are not put into value and the integration programs are not effective. Immigrants face obstacles in accessing their rights because they do not know the Romanian language, because they do not have acces to the information regarding the services they could have acces to, they are in the impossibility of communicating and understanding written texts and they lack informational support. Studies show that information concerning the right to stay, rights regarding health insurances, cultural rights, acces to Romanian language classes are not supplied to foreigners that earn the right to reside in Romania, in a unitary and easely accessible manner and in a language they can understand. (Popescu, Toth, 2009, p.7)

On the issue of access to medical services, immigrants consider that the health insurance represents a right about which they do not have many information and that they are not informed about. Although they have paid for it or they enjoy this right, immigrants find out late about access to health services. Those that did have the information about the health insurance have encountered some difficulties: for example, for immigrants that are students, once they turn the age of 26, the health insurance does no longer operate automatically. These immigrants must redo their papers and then they have to place another set of documents in order to benefit in the future of health insurances. (Popescu, Toth, 2009, p.28) Even if the foreigner knows it has a health insurance it does not know the procedures it has to follow in order to benefit of this right. The route family doctor – specialty consult – hospital is, for most immigrants, completely unfamiliar. (Oltean, Burean, Coşciug, 2018)

However, in Romania, as in other EU member states, there are cultural mediators. They are integrated immigrants that carry out their activity as representatives of communities alongside authorities. Their role is to offer information and interpretation services for new-comers but also to contribute in keeping traditions, cultures and religious practices from the origin communities. (Lukes, Jones, & San Juan, 2009). The civic implication of immigrants and the desire to support their fellows is important in insuring visibility to origin communities. In Romania, migrant associations are relatively few and only some of these few offer services for an ethnic or national group. In return, religious and cultural associations address a larger category of beneficiaries that share the same religious values and come from the same geographic area.

There also exist collaborations between state institutions and migrant organizations that have taken over the role of receiving and supporting new-coming migrants that they guide in their interactions with public institutions and employers. These networks work and a big percentage of migrants are employed by an employer who, in its turn, is a migrant.

2. CONCLUSIONS

Migrational policies must be in close correlation with migrant integration policies in the societies of host states. The right to health and acces to health services has been recognized both at international level and European level. It is extremely important how well can member states correlate their integration strategies with these regulations.

At the level of member states studies show a series of deficiencies regarding acces to health services for migrants. Thus, although migrants are considered young and healthy, their health state becomes precarious either during the immigration route or due to the conditions they live in their host state, being exposed to risk factors such as poverty, discrimination, social exclusion. In the majority of European states, in the Action Plans there are not mentioned any actions or responsabilities specific to immigrants. In many states, immigrants are included in the category of national minorities or in the category of vulnerable groups. Concerning the acces to medical services there are no data bases that they are included in as a special category, aspect that would allow states to create much more coherent health policies, which are focused on the issue of integration of immigrants in the host state. A great deficiency is represented by the lack in correlation between health policies and different policies that cover other areas of society. Eliminating the linguistic and cultural barriers still is a major issue because it affects acces to information and, consequently, the exercise of all rights that immigrant enjoy.

In Romania, due to the low number of immigrants, the health policies and the integration policies are not considered a priority field. The legislation grants immigrants the same right as the natives concerning acces to medical services. However, the lack of accessible information, in languages known by the immigrants prevents these from exercising their rights. The existence of cultural mediator is very welcome for it makes the acces of immigrants to health services much easier.

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