

1. What are the legal provisions and policy frameworks in your country that guarantee the right of older people to enjoy the highest attainable standard of physical and mental health, including access to facilities, goods for promotion, prevention, curative, rehabilitation and palliative care and services?

A) LEGISLATION

The right to health is provided for in a series of international treaties, being considered as a right that is part of the category of social, economic and cultural rights. The right to health is dependent on the other rights of citizens, on their realization, both civil and political rights.

According to art. 12 of the International Covenant on Economic, Social and Cultural Rights, the UN member states recognize the right of any person to enjoy the best physical and mental health that he can achieve.

At the European level, Romania is a party to the European Social Charter. The Charter establishes the obligation for all signatory states to eradicate the causes of poverty and develop the social security system for citizens, enshrining the right of every person to protection against poverty and social exclusion, but also the right to health protection and qualified social services.

At the national level, the main normative act that guarantees respect for human rights is the Romanian Constitution. According to art. 34 of the fundamental law, provides that "the right to health protection is guaranteed".

Thus, the state is obliged to take measures to ensure hygiene and public health. In accordance with the provisions of art. 34, the Romanian state has the obligation to take measures to ensure public health, the organization of medical assistance and the social insurance system, to control the exercise of medical professions, the protection of the physical and mental health of the person, measures that are established by laws.

The 2021-2024 Government Program "Coalition for resilience, development and prosperity" has as its objective: the resilience of the health system through safe access to good quality medical services for every citizen, the existence of a national network of community medical centers, the provision of medical personnel needed in rural areas and disadvantaged areas, better access in rural areas and disadvantaged areas to medicines, including compensated and free ones, network of specialist ambulatory healthcare centers.

Priority will be given to unfettered access to essential medicines, reimbursement/freedom of medicines from national programs and vaccines, re-evaluation of medicine policy and encouragement of domestic production of pharmaceuticals.

- Law no. 95/2006 on health reform, with subsequent amendments and additions, defines the obligations of the Romanian state to guarantee art. 34 of the Romanian Constitution. The aforementioned law presents the way in which the Romanian health system is organized, the social health insurance system, a system based on contributions.
- Law no. 46/2003 on patient rights, in art. 2, provides that "Patients have the right to the highest quality medical care available to society, in accordance with human, financial and material resources. Also, according to art.6, the patient has the right to be informed about his state of health, the proposed medical interventions, the potential risks of each procedure, the existing alternatives to the proposed procedures, including the failure to carry out the treatment and non-compliance with medical recommendations, such as and on diagnostic and prognostic data.

- Law no. 448/2006 on the protection and promotion of persons with disabilities provides that: persons with disabilities, their families or their legal representatives have the right to all information related to medical diagnosis and recovery, to the services and programs available, in all their stages, as well as to rights and obligations in the field.
- Decision no. 867/2015 for the approval of the Nomenclature of social services, as well as the framework regulations for the organization and operation of social services provides: homes for elderly people offer medical care services provided by the geriatrician, internist, family doctor as well as physical recovery therapies, psychic or mental.
- Law no. 17/2000 on the social assistance of the elderly (with subsequent amendments and regulations, provides that the elderly have the right to social assistance, according to the provisions of this law, in relation to the socio-medical situation and the economic resources at their disposal.
- Social assistance is achieved through social services and benefits; according to art.8, the community services provided to elderly people at home are: personal care services, medical services in the form of consultations and dental care, administration of medication or provision of medical devices.
- Government Ordinance no. 137/2000 on the prevention and sanctioning of all forms of discrimination, provides in art. 1, paragraph (1). In Romania, a democratic and social state of law, human dignity, the rights and freedoms of citizens, the free development of the human personality represent supreme values and are guaranteed by law., and paragraph (2), letter e, pct.iv being provided "the right to health, medical care, social security and social services".

ACCESS TO CARE SERVICES

In Romania, elderly people benefit from social protection measures that are supported by the social insurance system through pensions and through social assistance measures for situations in which they are in situations of difficulty or individual vulnerability, such as disability, dependency situations or poverty.

According to the National Health Insurance House, home medical care services are granted on the basis of a recommendation for home medical care, taking into account the insured's state of health and his ECOG performance status. The recommendation for the performance of medical care services at home is made by the specialist doctors in the ambulatory, including the family doctors and by the specialist doctors in the hospitals upon discharge of the insured, in accordance with the established diagnosis and depending on the pathology of the patient and the performance status Its ECOG, specifying this status.

Depending on the ECOG performance status, the patient can be:

- a) unable to carry out household activities, is immobilized in an armchair or bed more than 50% of the day, requires support for basic care (hygiene and/or nutrition and/or mobilization) - ECOG performance status 3;
- b) Completely immobilized in bed, totally dependent on another person for basic care (hygiene, nutrition, mobilization) - ECOG performance status 4.

The duration for which an insured can benefit from medical care services at home is determined by the doctor who made the recommendation, with the obligation to specify the rhythmicity/periodicity of the services, recorded in the "Recommendation for medical care at home" form, but no more than 90 days of care/in the last 11 months in several stages (episodes of care). A care episode is a maximum of 30 days.

Each episode of care is recommended using a new form. If, according to the recommendation for medical care at home, the care is not provided on consecutive days, when calculating the 90 days/in

the last 11 months, only the days on which care was provided are taken into account. Home palliative care services are provided on the basis of a recommendation for home palliative care, to eligible insured persons. The recommendation for the performance of palliative care services at home is made by specialist doctors with oncology and infectious disease specialties, who are in a contractual relationship with health insurance companies, in accordance with the established diagnosis and depending on the patient's pathology and ECOG performance status of him, specifying this status.

The certified palliative care physician of the home palliative care provider draws up the care plan after the first visit, which he communicates to the health insurance company within a maximum of 3 working days. In the event that the care plan changes depending on the patient's needs, the variations of the care plan are sent to the health insurance company together with the monthly reporting. The duration for which an insured can benefit from palliative care services at home is determined by the doctor who made the recommendation, but no more than 90 days of palliative care once in a lifetime. In the event that care is not provided on consecutive days, when calculating the 90 days, only the days on which palliative care was provided are taken into account.

- Order of the Ministry of Health no. 2520/2022 for the approval of the Norms for the operation and authorization of home care services establishes the legal framework for the operation and authorization of home care services.

2. What steps have been taken to ensure that every older person has access to affordable and good quality health services and services in old age without discrimination?

In the Government Program 2021—2024, Coalition for resilience, development and prosperity, - pillar V Health, at the point Prevention and health programs it is provided:

Objective: Elderly care centers and home care.

Purpose: to provide services for the elderly who require both medical and social assistance.

Measures:

- the development and establishment of new medico-social centers for the elderly, encouraging public-private partnership in the field of development and professionalization of medico-social centers intended for the care of the elderly, as well as those suffering from mental illnesses;
- enactment of legislation to encourage home care and development to make it attractive to providers of such services;
- the training of medical assistants for home care, in collaboration with the Order of General Medical Assistants, Medical Assistants and Midwives from Romania (OAMGMAMR).

Specifying the fact that, in order to achieve this objective from the 2021-2024 Government program, it is necessary to collaborate at the national level of several central authorities (Ministry of Health, Ministry of Labor and Social Protection, Ministry of Education, National House of Health Insurance) at the level of the Ministry The health priorities established for the period 2022-2030 are:

- rehabilitating/expanding/building new spaces and equipping health units or their departments that are being reorganized into day hospital structures, specialized clinical outpatient clinics, hospitals/rehabilitation/recovery structures or long-term medical care, with funding from the Health Operational Program , the state budget, local budgets with a value of approx.500,000,000 lei (total)

- the modernization and resizing of psychiatric hospital structures that provide long-term care and their connection with the structures that provide community psychiatric services. - value 500,000,000 lei (total)
- development and diversification of long-term care structures (long-term home care, day care centers and long-term institutional care by assessing the needs of the elderly (assessing their degree of dependency based on a common dependency assessment grid between the medical sector and social), defining individual service plans and defining the need for long-term care services at home (non-institutionalized) and institutionalized.
- the development and implementation of local, county, regional, national long-term care plans for the elderly population and other vulnerable people with priority for the rural elderly population.

3. What data and research is available on older people's right to health and access to health care and services? Please indicate how national or regional data are broken down by sex, age and dimensions of inequality, which indicators are used to monitor the full realization of the right to health of the elderly.

According to the National Institute of Statistics (INS), an institution subordinate to the Government of Romania, with a role in the organization and coordination of official statistics in our country through the statistical services, the process of demographic aging has deepened, compared to January 1, 2020, noting the increase in the share of the population elderly (65 years and over). The demographic aging index increased from 120.8% (on January 1, 2020) to 123.9% elderly people per 100 young people (on January 1, 2021).

According to the data provided by the INS in 2021, there were 3,707,080 people aged 65 and over in Romania, representing 19.3% of the country's resident population (19,186,201).

Among the existing elderly, men totaled 1,496,280 (15.9% of the total number of men resident in Romania of 9,391,685 people), and women 2,210,800 (22.6% of the total number of women resident in Romania of 9,794,516 people).

Territorially, the regions with the most elderly people, compared to the total resident population, are South-West-Oltenia, South-Muntenia and South-East (over 20% of the total), followed by the Center and the West (with 19.0 %), North-East (18.6%) and North-West (18.1%), the "youngest" being the Bucharest-Ilfov region (16.8%).

According to the INS, the segment of the elderly population will register an accelerated growth trend. If in 1990, people aged 60 and over represented 10.3% of the total population, for the year 2080 a percentage of over 21.8% is expected. According to the INSSE report from January 1, 2021, over 3.8 million people over the age of 65 live in Romania.

4. What steps have been taken to provide adequate training for legislators, policy makers, and medical and care staff on the right to health of older people?

Regarding the training of medical personnel, at the level of the Ministry of Health, the Directorate of Personnel and Health Structures, issues a training curriculum in the specialty of geriatrics and gerontology, which aims to provide medical assistance in acute, chronic, preventive, recovery and terminal care of the elderly, as well as the study of the aging process from a somatic, mental, functional and social point of view at the individual level, and of the issues related to this process at the level of society.

The duration of the internship is 5 years.

We mention that the medical personnel in Romania carry out their work in compliance with the legislation in force and the rights of patients.

6. What are the challenges older people face in exercising their right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?

At the national level, a challenge/problem is the access to medical services of citizens, (implicitly the elderly) who live in rural or disadvantaged areas such as mining areas or isolated areas, areas where the communication system is deficient and the infrastructure is poorly developed (egg: the mountain area or the Danube Delta area).

The presence of a family doctor in the community is a necessary condition in order to guarantee the constitutional right to health care.

Access to medical services is hampered both due to the lack of medical staff (mainly specialized medical staff but also family doctors) and the lack of medical offices equipped with medical equipment necessary to carry out basic medical examinations and treatment for patients.

It should be noted that, in these areas, the population is aging, lacking the financial resources that would allow them to move to large university centers or cities in order to access health services.

In the National Health Strategy 2022-2030 „ For health, together,,- Strategic intervention area health care services, General Objective 4 „Improving the availability, fair and timely access to health services and safe medical technologies and cost-effective, among the targets to be achieved by 2030, are the following:

- at least 50% of localities with a high percentage of disadvantaged/vulnerable population have teams of functional integrated medico-social service providers,
- at least 25% of localities have teams of functional integrated medico-social service providers,
- decreasing the number of localities that do not have a family doctor by at least 20% compared to 2022,
- at least 33% of family medicine offices manage a community team that mainly provides preventive services,
- at least 33% of family medicine practices have a nurse employed mainly for the provision of preventive services (children / adults / elderly) in addition to the existing structure in 2022,
- institutionalized palliation services available in each city of residence in Romania, ambulatory/home palliation services available in at least 10% of the localities of each county in Romania,
- essential medicines constantly available and accessible to all patients, under conditions of budgetary sustainability.

Also within OG 4 of the mentioned Strategy - specific objectives 4.1.1 - Sustainable development of integrated health services at the level of local communities and increasing the institutional capacity of relevant local actors for their provision and OS 4.6 - Improvement, professionalization and diversification of health care structures long-term care (long-term home care, day centers and long-term institutional care) represent the priorities established by the Ministry of Health management in order to improve access to healthcare for residents of rural and/or disadvantaged areas.

Through these objectives, it is intended that non-institutionalized long-term care for the elderly population be developed extensively and equitably.

Mobile Care Act - There is no discrimination based on sex, age, disability or other grounds.

7. What steps have been taken to eliminate age discrimination, including laws, policies, practices, social norms and discriminatory stereotypes that perpetuate health inequalities among older people and prevent older people from enjoying their right to health ?

According to the Romanian Constitution, Title II, article 15, para. (1) "Citizens benefit from the rights and freedoms enshrined in the Constitution and other laws and have the obligations stipulated by them, and in art. 34 paragraph (1) "The right to health protection is guaranteed" paragraph (3) The organization of medical assistance and the social insurance system for illness, accidents, maternity and recovery, the control of the exercise of medical professions and paramedical activities, as well as other measures to protect the physical and mental health of the person are established according to the law, in Romania there is no discrimination based on age, Romanian citizens having the same rights regardless of age

National legislation provides the same rights for all citizens, regardless of: gender, age, race, sex or religion, regarding access to medical services and care systems on the national territory.

According to Government Ordinance no. 137/2000 on the prevention and sanctioning of all forms of discrimination, provides in art. 1, paragraph (1), In Romania, a democratic and social state of law, human dignity, the rights and freedoms of citizens, the free development of the human personality represent values supreme and are guaranteed by law.,, and paragraph (2), letter e, pct.iv being provided for, "the right to health, medical care, social security and social services".

8. What steps have been taken to ensure that older people can exercise their legal capacity equally with others, including making informed consent, decisions and choices about their treatment and care?

The Romanian state, through legislative, administrative, budgetary and judicial measures, ensures health services and equal access for all citizens, regardless of age without discrimination.

In the contents of Law no. 46/2003 regarding the patient's rights, are very clearly established: the patient's rights to medical information, the right to be informed about the medical intervention, the patient's right to refuse a medical intervention, the right to the confidentiality of information and the patient's private life, the right the patient for treatment and medical care.

Non-compliance by medical personnel with the confidentiality of patient data and the confidentiality of the medical record as well as the other rights of the patient provided for in this law attracts, as the case may be, disciplinary, contravention or criminal liability, according to the legal provisions. (art. 37).

Failure by insurance distributors to respect the patient's right provided for in the law mentioned above, attracts their civil liability (art. 37).

Moreover, according to art. 38, the health authorities publish, annually, reports on the respect of the patient's rights, in which the situations in different regions of the country are compared, as well as the existing situation with an optimal one. Also, medical service providers are obliged to display their own standards in a visible place in accordance with the rules of law enforcement.

9. What judicial and non-judicial mechanisms are in place for older persons to complain and seek compensation for denial of their right to health?

In Romania, the medical staff, who work in public or private health facilities, do not have the right to refuse medical evaluation of patients except in express cases (patients are particularly violent or cases where the doctor's competence is exceeded), but in no case based on age, gender or religion criteria.

The right to health of all citizens is guaranteed by national legislation. In the situation where this right is not respected, patients can submit complaints requesting the sanctioning of medical staff to the following institutions:

- the management of the health facilities (the management of the health facilities order the establishment of disciplinary/administrative research commissions that analyze the case reported by the patient),
- the managements of the public health directorates in the territorial area (they arrange for checks to be carried out at the level of the health unit),
- Ministry of Health,
- College of Doctors.

All the structures mentioned above, according to the law, have legal levers through which they can order controls on reported cases, establish the causes of the incident, establish guilt, assess the effects on health, as well as sanctions for medical personnel if their guilt is found by denying the right to health or refusal of medical assessment.

In the situation where patients believe that they have been harmed or their lives have been put in danger as a result of a medical act/or by not providing medical services, they can go to the courts where they can request compensation. Compensation can be determined by the courts.

10. What mechanisms are in place to ensure the effective and meaningful participation of older people living in different geographical areas of the country in the planning, design, implementation and evaluation of laws, policies, programs and health services that affect them?

According to Law no. 52/2003 on transparency in public administration, in the framework of the procedures for drafting normative acts, the public administration authority has the obligation to publish an announcement regarding this action on its own website, to display it at its headquarters, in a space accessible to the public, and transmit it to the central or local media, as appropriate.

The public administration authority will transmit the draft normative acts to all persons who submitted a request to receive this information. The announcement regarding the drafting of a draft normative act will be made public, under the law, at least 30 working days before submission for approval. Proposals, suggestions or opinions regarding the draft normative act subject to public debate shall be recorded in a register, stating the date of receipt, the person and contact details from whom the proposal, opinion or recommendation was received.

Interested persons or organizations that submit written proposals, suggestions or opinions regarding the draft normative act subject to public debate shall specify the article or articles of the draft normative act to which they refer, mentioning the date of sending and the contact details of the sender. Interested persons or organizations that submit written proposals, suggestions or opinions regarding the draft normative act subject to public debate shall specify the article or articles of the draft normative act to which they refer, mentioning the date of sending and the contact details of the sender. An example of a body for the respect of the elderly is the National Council of Organizations of Pensioners and of the Elderly with an advisory role in the establishment and application of policies regarding the protection of the rights and freedoms of pensioners and the elderly. In order to achieve the proposed objective, the Council has among its main attributions:

- proposes to the Government programs regarding the continuous improvement of the living conditions of the elderly;

- monitors the application of the legal regulations regarding the elderly and notifies the competent bodies about the deviations found;
- formulates research topics and contracts the development of sociological studies regarding the life of the elderly with institutions and units specialized in the field, carries out own analyzes and elaborates points of view regarding the improvement of the standard of living of the elderly;
- approves draft normative acts that concern the elderly, the opinion being advisory;
- supports the associative organization of elderly people and their active participation in social life;
- participates, as a representative of civil society regarding the elderly, in working groups, councils and committees organized at national, local level and within ministries, agencies and institutions assimilated to them, together with other social and governmental partners, which analyze and propose measures regarding the improvement of the living standards of the elderly;
- informs the President of Romania, the Prime Minister, the leaders of the two Chambers of the Parliament, the central public administration bodies with attributions in the field of social protection, about the emergence of social phenomena that require the elaboration of normative acts, every six months or whenever necessary;
- maintains permanent collaboration relations with mass media representatives, to inform the population about the issue of elderly people.

Also, regarding the right of the elderly to health services, we inform you of the interventions that are provided by the community medical assistance staff:

- community healthcare staff (community nurses, health mediators) provide community healthcare services integrated with family medicine services, specialized medical services, social services, especially for the vulnerable population, the elderly being a vulnerable population category,
- in 2021, according to the data from the activity reporting application amcmsr.gov.ro of the Ministry of Health, community medical assistants offered services to elderly people according to the following table:

AMC (General file)	New beneficiary	Beneficiary with ref/assis. social	Beneficiary monitored
Total	204835	41488	1373891
Elderly (over 65)	23236	2519	151408
Elderly person without family	1228	578	14259
Elderly person with medico-social needs	2985	1718	40910
Elderly with chronic diseases	40934	5048	392374
Elderly with TB	146	82	1559
Elderly with disabilities	5255	3144	65062
Elderly with mental and behavioral disorders	614	377	5814
Elderly user of psychotropic substances	25	12	407

and the services offered by health mediators were:

Activity	Type of person	Total
New case noted	Elderly	1,882
Visit and counseling at home	Elderly	31,365