

Romania

Baylor Black Sea Foundation*

NGO – direct service provider
Constanta, Romania
www.baylor.ro

SURVEY HIGHLIGHTS

The Government of Romania did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore the Baylor Black Sea Foundation could not comment on government information for this report.

The organisation provided the following general statement regarding key hepatitis policy issues in Romania:

Baylor Black Sea Foundation's programmes are focused on providing:

- Screening for hepatitis B and hepatitis C (voluntary counselling and testing programme for hepatitis B and hepatitis C)
- Comprehensive psychosocial and medical care for those diagnosed through the counselling and testing programme or already diagnosed and requesting psychosocial assistance

Considering that Baylor's programme is developed only in one region of Romania, Dobrogea, this short assessment is limited to the difficulties experienced while rolling out our programmes locally and it might not contain information relevant from a national point of view.

Presently in Romania there is no comprehensive approach to tackling hepatitis B and hepatitis C. Existing efforts, especially financial efforts, go towards treatment and only treatment.

In the absence of a national strategic plan and a national programme for viral hepatitis, there are many aspects that are not funded, not monitored, and of course not implemented:

- There are no long-term national prevention campaigns or programmes.
- Screening activities are not standardised, funded or included in special recommendations. The referral of patients depends heavily on the specialist/ family practitioner and is, on a smaller scale, also influenced by the resources available in the community. The Baylor Romania Voluntary, Free, Counseling and Testing Programme, which also includes rapid testing for hepatitis B and hepatitis C, is the only one in the country. Between 2010 and 2013, among the 32,000 people tested, only 2.1% were referred by a family practitioner and 1.3% by other specialists.
- Access to treatment has improved in the past few years. There is a clear referral system that patients need to follow in order to acquire access to treatment. Funding is not very transparent, nor is decision-making in regard to the choice of drug regimen, especially in hepatitis C cases.

- The results obtained at the national level for all patients treated for hepatitis B and hepatitis C are not known. In a context where clear goals and objectives are lacking, the reporting/monitoring system is not well established. Only in 2014 did the Ministry of Health elaborate a reporting system for cases treated for hepatitis C, but the proposal after being criticised is still under discussion.
- The psychosocial aspects of living with hepatitis B and hepatitis C are completely ignored. The initiatives that we are aware of were short-term, scattered, underfunded and lacking in continuity. The programmes developed by Baylor Romania target the psychosocial needs of patients living with hepatitis C at various points: after diagnosis, while preparing to access treatment, during treatment, etc.
- There are no real data about the situation of hepatitis B and hepatitis C in Romania. The only study that has some information about the prevalence of Hepatitis B, C, D and E in Romania is from 2008 and is geographically limited (<http://www.balkanhep.eu/Romania.htm>).

* World Hepatitis Alliance member.