Together for Better Health – a pan European partnership to improve the health of Roma people living in isolated communities in Europe.

EPHA Roma Health Fellows under the Roma Health Fellowship programme sponsored by the Open Society Foundation

Joint pro-Roma Civil Society Contribution to the public consultation on access to health services in the EU

EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH (EXPH)

November 2015

PART 3 – National context - case studies from local NGOs from Member States

Bulgaria

National Network of Health Mediators

The National Network of Health Mediators (NNHM) was founded in 2007. The Network developed and successfully implements the health mediator's model in Bulgaria. It has reached national coverage and become the biggest public benefit organization in Bulgaria, whose members work daily on the field, helping the most vulnerable groups of the population. The mission of the Network is to improve the access and the quality of health services for the people belonging to vulnerable communities. Members of the Network are more than 170 people – health mediators, medical specialists, sociologists, psychologists, public figures.

According to the last census carried out in 2001 the population of Bulgaria counts about 7 million people, among them – some 325 thousand identified themselves as Roma. However unofficial data suggest that Roma are about twice as much.

Roma population suffer significantly higher poverty and unemployment rates compared to mainstream population. Life expectancy among Roma is about 10 years lower than life expectancy of ethnic Bulgarians[1].

As a result from the poor living conditions, malnutrition and lack of sanitation the prevalence of infectious diseases, including tuberculosis and hepatitis, is also higher. Roma suffer more often from socially significant diseases and disabilities; early marriages and lacking family planning are also widespread.

The health mediator's profession was introduced in Bulgaria in 2001 by the team of "Ethnic Minorities Health Problems Foundation" as a pilot project activity – 5 health mediators started work in the Rome neighbourhood in Kjustendil. Since 2001, many health mediators were trained and hired in different projects. In September 2005, the Bulgarian Government adopted the *Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities*, which envisaged health mediators among the key figures for obtaining the Strategy objectives. In 2007, thanks to the efforts of several ministries as well as non-government organizations, fifty-seven health mediators were appointed at work in thirty municipalities with budget provided by the state. The institutionalization of the new profession became a clearly defined national policy and the health mediator was included in the National Classification of Professions; the job description of the health mediator has been adopted as well. The number of health mediators financed by the state and employed by the municipalities increases each year – in 2015 they were 170 and in the next two years they will increase with 25 each year.

[1] Open Society Institute study "The health of Bulgarian Roma – condition and perspectives", 2007

In Bulgaria, all candidates for a health mediator position must have secondary education grade and are selected though public competition. The candidates are interviewed by a commission guaranteeing the transparency and the quality of the selection. The possibility for both women and men to become health mediators is also an asset, keeping in mind that, depending on the community, in some neighbourhoods men are in better position to pass health messages. They are of different age, originate from the communities in which they work and speak the community language (Romani, Turkish, Wallachian).

The professional training of the health mediators takes place in the Medical University of Sofia with academic lecturers and experts from the National Network of Health Mediators. After successfully taking their final exam, health mediators receive certificates for professional qualification that allow them to be employed by the municipalities.

Health mediators are expected to communicate with all local health and social institutions, to organize health-information meetings in the community, and to help increasing the health culture of local vulnerable groups through explanation and consultation. They also assist and accompany (when needed) people to institutions, help them to fill in documents, interact with GPs to enhance vaccination coverage and implement programs for sexual and reproductive health.

For many years, several health mediators have been working in local hospitals too. They were invited by hospital directors to facilitate the communication between patients and hospital staff, mainly in maternity and paediatric ward. The main problem there was the tension arising between patients and staff because of some cultural differences, together with low level of health awareness and (in some cases) the impossibility of the patients to understand doctor's prescriptions. The practice of employing health mediators in hospitals proved to be very successful also in economic terms and its popularity is increasing.

In 2014 short 5-minute clip showcasing the daily practice of Health mediators in Bulgaria was developed in partnership with the International Organization for Migration within the framework of EQUI HEALTH project: https://youtu.be/PExp0pfH6nE

More information on that project is available at
http://www.togetherforbetterhealth.eu/countries/bulgaria/bulgaria

Community monitoring health services

The "Community monitoring health services" programme is about empowering Roma communities to be better organised and advocate for their rights. This model is "community inquired" which is used in India. The model includes consultation with the communities regarding the health services and training of people/volunteers from the Roma community.

This work, since 2010, is expanding the approach to all six regions of Bulgaria in 2016. This is a timely move to formalize community monitoring as an effective approach for improving access to health care in Roma communities, empowering Roma to advocate for their right to health services, and monitoring policy implementation in this field.

When the Open Society Foundation – Public Health Programme first introduced the community monitoring approach to Amalipe, the organization had been expressing frustration

about the existence of strong policy commitments related to Roma integration that were not being implemented. Amalipe was also concerned about the lack of participation of Roma communities in existing monitoring efforts, such as the shadow reports on the Decade for Roma Inclusion. To address these problems, Amalipe seized on community monitoring as a way to cultivate Roma demand for their rights and hold public systems accountable for service delivery in Roma communities.

After five years of monitoring work, Amalipe is seeing demonstrable results in terms proactive behaviour in Roma communities in relation to their health, and the responsiveness of local and regional authorities to community concerns in the targeted municipalities. For example the illegal payments in general practitioners' offices has been halved (from 32% to 18%), while in hospitals these have almost been eliminated (down from 24% to 2%). The number of medical check-ups for Roma children has almost tripled (from 36.62% to 92.13 %). Local gains achieved through community monitoring do not provide a complete solution to larger systemic problems related to government inaction on Roma inclusion. However, they do provide strong evidence of non-realization of government commitments in Roma communities that can help the national and regional levels to address the issues in a systematic way. This approach has been proven to be effective in improving the health and inclusion of Roma.

The community monitoring approach, whereby citizens document their experiences with health services and address problems collectively, has proved to be a powerful vehicle to engage the Roma in defining the issues and informing decisions about services they need in Bulgaria.[2]

[2] http://www.refworld.org/docid/526fb71d14.html