



# Joint Pro-Roma Civil Society Contribution to the Public Consultation on Access to Health Services in the European Union

Expert Panel on Effective Ways of Investing in Health  
(EXPH) - November 2015



**Together4BetterHealth**

Established in 2011, [Together for Better Health \(T4BH\)](#) is a consortium of four non-government organisations, including GlaxoSmithKline (GSK), working to improve access to healthcare for socially excluded Roma communities in Bulgaria, Hungary, Romania, and Slovakia. The three-year programmes aim to address some of the gaps in these basic services.

T4BH NGOs – which contributed to this document - are as follows:

- [Association for Culture, Education and Communication \(ACEC\)](#) (Slovakia);
- [Asociata OvidiuRo](#) (Romania);
- [National Network of Health Mediators](#) (Bulgaria);
- [Partners Hungary Foundation](#) (Hungary).



With the support of the Public Health Programme of the Open Society Foundations, EPHA runs a [Roma Health fellowship programme \(2015-2016\)](#) to train and mentor Roma health EU advocates. The overarching goal of the programme is to empower Roma Health Advocates to develop the necessary tools to engage with European policy makers.

The tailored assistance includes mentoring and training components on the key EU health processes. The fellowship also facilitates establishing partnerships and potential collaborations with relevant EU actors Roma fellows – who are contributed to this document - are as follows:

- [Diana Pirjol](#), EPHA Roma Health Fellow (2015-2016);
- [Florin Nasture](#), EPHA Roma Health Fellow (2015-2016);
- [Marius Radulescu](#), former EPHA Roma Health Fellow (2012-2014)
- [Sebihana Skenderovska](#), former EPHA Roma Health Fellow (2012-2014)
- [Maja Saitovic](#), former EPHA Roma Health Fellow (2012-2014)

# Table of Contents

Joint Pro-Roma Civil Society Recommendations to the Preliminary Opinion.....	4
Part 1 Roma Health in Europe.....	7
Disease Burden on Roma Society.....	8
Non-Communicable Diseases.....	8
Communicable Diseases.....	9
Life Expectancy and Infant Mortality.....	9
Sexual and Reproductive Health.....	10
Harmful Substance Abuse (alcohol, tobacco, drugs).....	11
Access to Healthcare.....	11
Part 2 Roma Health Indicators HMs).....	14
International Commitments on Roma Health Mediators.....	14
Roma Mediators in Europe.....	15
Part 3 National Context -Case Studies from Local NGOs in Member States.....	16
Slovakia – Healthy Communities Programme.....	16
Hungary – Partners Hungary Foundation.....	18
Romania – Roma Health in Romania.....	22
Bulgaria – National Network of Health Mediators.....	27
FYOR Macedonia – From the increased voice to the improved healthcare access.....	30
for Roma Women	

# Joint pro-Roma Civil Society Recommendations to the Preliminary Opinion

These recommendations take into consideration the outcomes of the ‘**Better inclusion of the Roma Community through Civil Society initiatives**’ **EESC project** conducted in 2014<sup>1</sup> with regard to access to healthcare.

- Ensure that **all children**, in all situations (and despite their situations) have access to national vaccination programmes, paediatric care and regular health developmental check-ups;
- **Monitor the eye health** of the Roma population and consider cost-efficient corrective measures to improve the lives of those Roma who have no way of getting eye examinations or of buying adequate glasses or contact lenses as well as ensuring **dental care to Roma** at least at a basic level must be considered as being of paramount importance;
- **It is important to recognise that good health for the Roma community is more than just access to healthcare as presented in part 1 below. Social inequalities in health** arise because of inequalities in the conditions of daily life and the fundamental drivers that give rise to them: **inequalities in power, money and resources**. Differences in the social determinants result in health inequalities<sup>2</sup>. All public policy measures must try to reduce these inequalities;
- **Legislation should be explicit** about the right for all people, regardless of residence, migration or citizenship status, to access health care services on equal terms, including those with financial subsidies. This **should include a ban on the sharing of personal information between health care institutions and migration authorities, and of enforcement actions near health care institutions** where vulnerable service-users have settled on a temporary or permanent basis to access medical care;
- Monitor full and equal access to healthcare, identifying cases of **institutional discrimination** and publish negative (and positive) differences in treatment/outcomes and pathways to treatment. **Independent health monitoring (via specialized bodies and authority) should be undertaken which feed into a central EU wide Roma and vulnerable community health archive/resource. Research capacity (undertaken in partnership between academic institutions, health care providers and civil society)** should be built which utilized expertise at Member State and EU level to explore similarities and differences between vulnerable communities’ pathways to health, outcomes and best practice in service delivery;

---

<sup>1</sup> <http://www.eesc.europa.eu/?i=portal.en.roma>

<sup>2</sup> [http://ec.europa.eu/health/social\\_determinants/docs/healthinequalitiesineu\\_2013\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf)

- The experience gathered from the operation of **Roma health mediators** is convincing, as [presented below in Part 2](#) below. See good examples presented by local pro Roma NGOs in [Slovakia \(ACEC\)](#); [Hungary \(Partners Hungary Foundation\)](#); [Romania \(SASTIPEN, OvidiuRo\)](#); , [Bulgaria \(NNHM, AMALIPE\)](#); and [FYOR Macedonia \(National Roma Centrum\)](#) below. We should use the administration of aid schemes to strengthen these programmes, to ensure that they are accepted as valid and valuable in minimizing health inequalities, and to guarantee their viability and to extend such programmes in the EU;
- **The community monitoring health services** 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. See the [good practice in Bulgaria below](#);
- **Medical caravans** (where medical doctors and students offer free, on-the-spot consultations for poor communities, undocumented migrants, Third Country Nationals (TCNs) with limited access to health care and other vulnerable populations including Roma and minority groups) could be encouraged to provide services to poorly served populations, including Roma people. [See the presented good practice in Romania below](#). Access to such services will enable Roma and others who are found to have **the most serious untreated health problems** to continue with their medical investigations and have an additional positive impact on broader public health. It is proposed that **medical and nursing training facilities offer rotations/enhanced and incentivized training opportunities for staff to work in such specialist outreach services** to improve familiarity with the needs of Roma which will minimize discrimination and improve service delivery for those at the ‘margins’ of society.
- Use and disseminate the **mobile health units** such as have been set up in a number of countries, as well as expanding the range of services provided such as access to dental care. Evidence from the UK has found that appropriate early-stage interventions which take account of cultural specific pathways and high level knowledge of **Romani and other vulnerable groups’ culture specific needs can generate significant cost savings** for national health services in addition to the very real impact on minimizing suffering and increasing wellbeing for vulnerable groups.<sup>3</sup>
- Providing the **necessary additional funding** to meet the requirements **for medical examinations and supplies** observed in the course of diagnostic procedures, guaranteeing that **travel expenses** are made available for vulnerable groups such as Roma for whom financial costs may prove a barrier to service access
- It is strongly recommended that member state **health practitioner training programmes (nurses, doctors, associated medical training including community health practitioners)** should undertake programmes of training which include **information on Roma communities** and other ‘vulnerable migrants’ such as refugees,

---

<sup>3</sup> Gypsy, Traveller and Roma Health and Social Work Engagement” 4th December 2014 report  
[http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging\\_the\\_Gap\\_Health\\_and\\_Social\\_Care\\_Report.pdf](http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging_the_Gap_Health_and_Social_Care_Report.pdf)

undocumented migrants, including cultural training, legal responsibilities to minority groups, barriers to engagement and awareness of best practice.<sup>4</sup>

- Disseminating and applying the **Roma Health Integration Policy Index (Rhipex)**<sup>5</sup>
- There is a **critical EU wide need to garnish more extensive, accessible and higher quality data** in order to improve **access to health data and to healthcare**, and in order to plan targeted, evidence-based programmes which enable effective evaluation of pathways to care, outcomes, inequalities and best practice in treatment access. Access to such data will support research and more accurate data collection to enable longitudinal monitoring.<sup>6</sup>

---

<sup>4</sup> See some examples in the Pécs declaration on healthy ageing or Roma  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/262457/Pecs-declaration-final-EDITED\\_CLEARED\\_061114\\_KZ-1.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/262457/Pecs-declaration-final-EDITED_CLEARED_061114_KZ-1.pdf?ua=1)

<sup>5</sup> the WHO guidance on assessing Roma health policies

[http://ec.europa.eu/health/social\\_determinants/docs/who\\_report\\_roma\\_integration\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/who_report_roma_integration_en.pdf)

<sup>6</sup> See further recommendations Greenfields et al (2015)

## Part 1 – Roma health in Europe

**Roma integration is a European-wide issue which affects the whole continent.** While Central-Eastern European countries (e.g. Romania, Czech Republic, Bulgaria, Hungary, and Slovakia in the EU and e.g. FYOR Macedonia, Serbia outside of the EU) and Spain have significant aboriginal Roma population, it is worth noting that pre-existing health concerns have huge implications in post-migration circumstances too in Western Europe. The pattern of exclusion/increased morbidity/mortality is replicated throughout all member states, including indigenous Romani/Traveller populations in a range of countries in Western Europe, even where there is a university health system such as in the United Kingdom.

It is generally accepted that the **Roma suffer worse health than other populations** in the countries where they live due to their higher exposure to a range of unfavourable social and environmental determinants that influence health.<sup>7</sup> A recent Fundamental Rights Agency (FRA) report points out that **Roma discrimination often means** limited access to quality education, jobs and services, low income levels, sub-standard housing conditions, **poor health and lower life expectancy**.<sup>8</sup> The vast majority of the Roma population is found at the very bottom of the socio-economic spectrum: poverty, inadequate living in Romani mahalas (segregated areas) and lower social integration **result in poor health outcomes. Roma women** aged 50 or above reported their health status as 'bad' or 'very bad' almost twice as often as non-Roma women (55% and 29% respectively).<sup>9</sup> Poor living conditions, difficult physical work and an inadequate environment, combined with poor nutrition, insufficient education and insufficient awareness of their rights constitute barriers for Roma integration, thus contributing to the poor health status of Roma people.

**The European Commission has recently issued a report on the health status of the Roma population in Europe.**<sup>10</sup> The report concludes that Roma in Europe suffer a greater exposure to wider risks of ill health, have poorer access to preventive healthcare services and suffer poorer health outcomes than the general population. The report also highlights that as a result of cutbacks linked to the economic crisis, **Roma health status** and **access to health services** is deteriorating further in several areas. This latest report reinforces the worries of the public health community about the Roma health situation, and that urgent policy actions are needed to tackle the Roma public health emergency.

---

<sup>7</sup> Health and Economic Development in South Eastern Europe, p 37, [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/74748/E89184.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf)

<sup>8</sup> Draft FRA Strategic Plan 2013-2017, p 23, [http://www.epha.org/IMG/pdf/frastrategicplan\\_july2013.pdf](http://www.epha.org/IMG/pdf/frastrategicplan_july2013.pdf)

<sup>9</sup> <http://fra.europa.eu/sites/default/files/ep-request-roma-women.pdf> Health : p 15

<sup>10</sup> European Commission (2014). Roma Health Report – Health Status of the Roma Population. Available at: [http://ec.europa.eu/health/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf)

## Disease burden on Roma Society

The health of the Roma community at a population level is characterised by high levels of both communicable and non-communicable diseases.<sup>11</sup>

### Non-communicable diseases (NCDs)

Figure 10: Respondents aged 35 to 54 with health problems that limit their daily activities (%)



Source: FRA Roma pilot survey 2011

Studies conducted in Eastern Europe reported a higher prevalence of infant mortality, low birth weight and prematurity in Roma children,<sup>12</sup> and a higher prevalence of type II diabetes and cardiovascular diseases among all age groups in comparison to the majority population.<sup>13</sup> In the FRA survey, one out of three Roma respondents aged 35 to 54 report health problems limiting their daily activities.<sup>14</sup> Similar figures are found in the United Kingdom where there is technical universal coverage.<sup>15 16</sup>

There are reported differences in FYOR Macedonia in the age at which chronic non-communicable diseases first emerge, in immunisation coverage and regular health exams,

<sup>11</sup> Health and Economic Development in South Eastern Europe, p 37, [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/74748/E89184.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf)

<sup>12</sup> Health and Economic Development in South Eastern Europe, p 37, [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/74748/E89184.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf)

<sup>13</sup> Health needs of the Roma population in the Czech and Slovak Republics” Koupilová, Epstein H, Holcik J, Hajioff S, McKee M, Soc Sci Med. 2001 Nov;53(9):1191-204 and example in Slovakia <http://www.ncbi.nlm.nih.gov/pubmed/14581146>

<sup>14</sup> The situation of Roma in 11 EU Member States - Survey results at a glance Report [http://fra.europa.eu/sites/default/files/fra\\_uploads/2099-FRA-2012-Roma-at-a-glance\\_EN.pdf](http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf)

<sup>15</sup> Gypsy, Traveller and Roma Health and Social Work Engagement” 4th December 2014 report [http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging\\_the\\_Gap\\_Health\\_and\\_Social\\_Care\\_Report.pdf](http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging_the_Gap_Health_and_Social_Care_Report.pdf)

<sup>16</sup> Government data from the 2011 Census <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-the-characteristics-of-gypsy-or-irish-travellers-in-england-and-wales-/index.html>



especially among women during the reproductive period, as well as in health information access.<sup>17</sup>

According to a study conducted by the European Centre for Minority Issues (ECMI), 5% respondents reported that **all family members** have a **daily need to take medicine** and 59,2% said that **some family members** have a need for daily medications, implying that a large number of people from the responding Roma families **have chronic illnesses**.<sup>18</sup>

## Communicable diseases

Another worrying tendency is that **tuberculosis and hepatitis** rates are **disproportionately high among the Roma** which is likely to result from the **inadequate housing and sanitation** facilities in the neighbourhoods and settlements and **lack of information** about health. **Immunisation coverage** among Roma communities has also been found to be low. According to the data presented by the St. Sofia Pulmonary Hospital in 2010, **30% of the patients treated there are from Roma origin**. A study on common health problems among the Roma in the town of Kyustendil, Senovo and Tulovo showed **the high percentage of tuberculosis in the Roma population where approximately 25% of the cases involved children**. According to data from the specialised Hospital for Active Treatment of Pulmonary Diseases in Sliven, **60% of the tuberculosis patients are Roma**.<sup>19</sup>

## Life expectancy and infant mortality

In many countries, **the Roma have a life expectancy that is significantly lower than that of other ethnic groups living in the same territory**. For example, UNDP/ILO data indicate that **Roma have a life expectancy on average 5-6 years lower** than that of **ethnic Bulgarians**.<sup>20</sup> Research the United Kingdom suggested that life expectancy of >60 years of age was found in only 2.3% of Gypsy/Traveller people as opposed to average life expectancy of 78 years in the surrounding population.<sup>21</sup>

All these factors contribute to the **shorter lifespan** of Roma people in comparison with the general population living in the territory of the FYOR Macedonia. For example, **the life expectancy** of Roma is: 73.5 years for the non-Roma population and 68 years for the Roma

---

<sup>17</sup> Improving the health and social status of the Roma population in Republic of Macedonia by introducing Roma Health Mediators

<sup>18</sup> Roms on Integration : Analyses and recommendations, European Centre for Minority Issues, 2005, p 112, [http://www.ecmi.de/fileadmin/downloads/publications/Monographs/monograph\\_3\\_en.pdf](http://www.ecmi.de/fileadmin/downloads/publications/Monographs/monograph_3_en.pdf)

<sup>19</sup> Decade of Roma Inclusion 2010 Progress Report – Bulgaria, p 6, [http://www.romadecade.org/cms/upload/file/9301\\_file3\\_bulgaria-decade-progress-report-2010.pdf](http://www.romadecade.org/cms/upload/file/9301_file3_bulgaria-decade-progress-report-2010.pdf)

<sup>20</sup> Avoiding the Dependency Trap, p 64, [http://hdr.undp.org/sites/default/files/avoiding\\_the\\_dependency\\_trap\\_en.pdf](http://hdr.undp.org/sites/default/files/avoiding_the_dependency_trap_en.pdf)

<sup>21</sup> Baker M, Leeds REC, 2005 <http://www.leedsgate.co.uk/wp-content/uploads/2011/08/BaselineCensus.pdf>

population<sup>22</sup> with the infant mortality rate among Roma being 13,1/1000 while it is 10,6/1000 in the non-Roma general population.<sup>23</sup>

## Sexual and reproductive health

Regarding sexual and reproductive health, a 2010 study led by the National Roma Centrum in FYOR Macedonia identified the following socio-economic risk factors for cervical cancer<sup>24</sup> in the Roma population: low levels of education and low annual family income.<sup>25</sup> Three or more vaginal deliveries<sup>26 27</sup> and the short interval between the first menstrual cycle and the first sexual intercourse<sup>28</sup> were associated with a high risk. To conclude, the low socio-economic status, and the number of vaginal deliveries were associated with and increased risk, while no such association was found for abortions and caesarean deliveries. Further measures should be taken to include the Roma population as a target group for any future organised screening and medical education programmes.<sup>29</sup>

The high rate of unwanted pregnancies among Roma women is reflected in the high rates of abortion. According to the 2006 study “The Status of Romani Women in Romania”, abortion is the main contraceptive method for 78% of Romani women.<sup>30</sup> So long as Roma communities do not have access to adequate health services and medication, Roma women are placed at great risk, with many suffering unintended health consequences. Furthermore, given the extremely young average age of first pregnancy among Roma women (17 years on average in France in 2007, for example<sup>31</sup>) strategic investment in pre-natal and early infant health is crucial.

The lack of appropriate communication between the health workforce and the Roma population has been identified as a problem which concerns access to antenatal and postnatal health care services in FYOR Macedonia.<sup>32</sup> There are also concerns as regards the link between forced eviction and disrupting ante and postnatal care. In research into

<sup>22</sup> The Roma Early Childhood Inclusion Overview Report - p 24 <http://www.unicef.org/romania/RECI-Overview.pdf>

<sup>23</sup> Roma Early Childhood Inclusion -Macedonian Report p 50 <http://www.romachildren.com/wp-content/uploads/2010/12/RECI-Macedonia-English-WEB.pdf>

<sup>24</sup> <http://www.cancer.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page3>

<sup>25</sup> adjusted OR of 2.2 and 3.1 regarding the level of income and 3.0 and 2.2 regarding the level of education for LSIL and HSIL respectively; p<0.05

<sup>26</sup> In a vaginal birth, the baby will come out through the birth canal.”

<http://www.med.nyu.edu/content?ChunkIID=14790>

<sup>27</sup> adjusted OR of 3.0

<sup>28</sup> adjuster OR of 0.81 for each year, p<0.002

<sup>29</sup> Social, economic and reproductive risk factors for the development of cervical intraepithelial neoplasia in the Roma population in Macedonia, <http://www.romahealthnet.org/en/health-epidemiology?pid=59&sid=118:Social-Economic-and-Reproductive-Risk-Factors-for-the-Development-of-Cervical-Intraepithelial-Neoplasia-in-the-Roma-Population-in-Macedonia>

<sup>30</sup> The Status of Romani Women in Romania, p 55, Open Society Foundation, [http://www.opensocietyfoundations.org/sites/default/files/broadening\\_agenda.pdf](http://www.opensocietyfoundations.org/sites/default/files/broadening_agenda.pdf)

<sup>31</sup> Médecins du Monde auprès des femmes Rrom – Mars 2008, p 3, <file:///C:/Users/EPHA/Downloads/d57cdf03de18d48990c540f1fca78e2f.pdf>

<sup>32</sup> Report from focus groups and interviews for services for the reproductive period, <file:///C:/Users/EPHA/Downloads/IZVESTAJ-AN-site.pdf>

maternal mortality in the UK, Gypsy/Travellers women died as a result of disrupted care associated with eviction/forced movement.<sup>33</sup>

## Harmful substance abuse (alcohol, tobacco, drugs)

Poverty and discrimination among the Roma community put them in precarious situations and drive them into substance abuse which impacts greatly on their health outcomes. Results indicated a significant association between Roma ethnicity and higher lifetime prevalence of tobacco use, alcohol intoxication and illicit drugs use. Roma girls as compared with non-Roma girls evidenced a disproportionately higher prevalence for smoking as compared with the difference between Roma and non-Roma boys. The inequalities of the health status in harmful substance use behaviours of the Roma versus non-Roma population emerge at an early age: Roma are more likely to be involved in harmful substance abuse than non-Roma.<sup>34</sup> There is a pressing need to raise awareness and provide life-skills education in and out of school.

The taboo on speaking about harmful substance use in Roma communities meant that access to services – even where universal services exist – acted as a major barrier to providing appropriate support around illegal substances although association with a Pentecostal church appeared to offer some protection interestingly as a result of change of life-style and habits re alcohol, substances and tobacco.<sup>35</sup>

A recent survey in Spain demonstrated that because of cultural and other reasons, Roma women constitute a lower percentage of smokers. Nevertheless, the consumption of tobacco in Roma men is high compared to the rest of the population and the rate of abstention from alcohol consumption is also lower. They start to smoke and drink alcohol earlier and the number of cigarettes they smoke is higher.<sup>36</sup>

## Access to healthcare

Exclusion from the healthcare system constitutes a fundamental violation of human rights and seriously undermines people's quality of life and life prospects. Withdrawal of a fundamental right is unacceptable. In addition, having a part of the population excluded from health services undermines public health objectives and professional ethics. We therefore need to guarantee access to healthcare for all people, regardless of their residence, migration

---

<sup>33</sup> Gypsy, Traveller and Roma Health and Social Work Engagement” 4th December 2014 report  
[http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging the Gap Health and Social Care Report.pdf](http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging%20the%20Gap%20Health%20and%20Social%20Care%20Report.pdf)

<sup>34</sup> <http://www.ncbi.nlm.nih.gov/pubmed/20531122>

<sup>35</sup> <http://www.better-health.org.uk/resources/research/good-job-traveller-exploring-gypsy-and-travellers-perceptions-health-and-social-c>

<sup>36</sup> <http://www.mspsi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf>

or citizenship status; This is an especially relevant circumstance for older Roma population: exclusion of older people is relevant in terms of shorter life expectancy.<sup>37</sup>

Discrimination and an unregulated civil status (including a lack of personal documents, such as birth certificates and insurance) make it particularly difficult for Roma to access health services. Groups working with Roma Communities have identified a number of barriers to accessing health services among the Roma, namely a lack of knowledge on disease prevention, a lack of knowledge about their health service rights and difficulties of physically accessing services. Many Roma are thought not to be registered with a general practitioner, which may be because of their lack of documents, but also reluctance on the part of health service providers to accept Roma patients. Furthermore, access to health services may be influenced to a certain extent by their beliefs and cultural norms as it has been shown that Roma communities tend to access services for severe problems only, as hospitalisation is sometimes perceived as a sign of death.<sup>38</sup>

A large number of Roma families have no health insurance and are generally unaware of their right to have it. According to the UNDP/WB/EC survey which was conducted in May-July 2011, data from throughout the region proved a very high disparity between Roma and their non-Roma neighbour samples, with 74% of the Roma in the report having medical insurance compared to 90% of the non-Roma living in their proximity<sup>39</sup>. In light of collected FRA data, on average, about 20 % of Roma respondents are not covered by medical insurance or do not know if they are covered,<sup>40</sup> which indicates a link to barrier to services even when universal care such as the National Health Service (NHS) in the UK exists.<sup>41</sup>

The UNDP/WB/EC regional Roma survey reveals that, the biggest and most alarming discrepancy is in access to essential drugs. As many as 68% of Romani respondents could not afford to purchase medicines they needed, compared to 32% of non-Roma.<sup>42</sup> Emergent evidence coming forward suggests that migrant Roma in the UK are increasingly coming into contact with social workers as children are brought to the UK with their families and when health care (free at the point of delivery) is sought that pre-existing conditions are leading to social workers assuming that a child has been neglected and social workers are not aware of the pre-migration circumstances of Roma families and lack of insurance or access to health services in their home country.

---

<sup>37</sup> Pécs declaration on healthy ageing or Roma [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/262457/Pecs-declaration-final-EDITED\\_CLEARED\\_061114\\_KZ-1.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/262457/Pecs-declaration-final-EDITED_CLEARED_061114_KZ-1.pdf?ua=1)

<sup>38</sup> Health and Economic Development in South-Eastern Europe, p 112, [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/74748/E89184.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/74748/E89184.pdf)

<sup>39</sup> The health situation of Roma communities: Analysis of the data from the UNDP/World Bank/EC Regional Roma Survey, p 35, <http://www.undp.org/content/dam/rbec/docs/The-health-situation-of-Roma-communities.pdf>

<sup>40</sup> The situation of Roma in 11 EU Member States - Survey results at a glance Report [http://fra.europa.eu/sites/default/files/fra\\_uploads/2099-FRA-2012-Roma-at-a-glance\\_EN.pdf](http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf)

<sup>41</sup> Gypsy, Traveller and Roma Health and Social Work Engagement" 4th December 2014 report [http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging\\_the\\_Gap\\_Health\\_and\\_Social\\_Care\\_Report.pdf](http://bucks.ac.uk/content/documents/Research/INSTAL/Bridging_the_Gap_Health_and_Social_Care_Report.pdf)

<sup>42</sup> The health situation of Roma communities: Analysis of the data from the UNDP/World Bank/EC Regional Roma Survey, p 38, <http://www.undp.org/content/dam/rbec/docs/The-health-situation-of-Roma-communities.pdf>

A further obstacle to obtaining health insurance is **the non-regulated citizenship status**<sup>43</sup> of many Roma. According to the study, empowerment of Roma women within the European framework of national Roma inclusion strategies, a considerable part of the Romani population in the European Member States do not have any authorised legal status.<sup>44</sup> As a high number of Roma are **unemployed** or work on an informal basis they are not entitled to health insurance on the basis of employment. Furthermore, stigma and language barriers also deter Roma communities from accessing health services.

According to data from FYOR Macedonia, the **unequal treatment by some of the medical community** is another obstacle for the regular and timely medical examinations of Roma people,<sup>45</sup> which has been **underpinned by legal cases** such as the case of the **inadequate treatment of a Romani woman from the town of Delchevo** by an orthopaedic doctor in the General Hospital of Kocani.<sup>46</sup>

**The lack of communication between Roma and health workers in FYOR Macedonia** has been identified as a factor which explains why many Roma often receive inadequate healthcare. This could mean they miss out on explanations about their health conditions and for people with chronic conditions, regular health check-ups.<sup>47</sup>

When asked about their **medical insurance coverage**, on average, **18%** of **Roma women** respondents said that they are not covered in comparison to **8%** of non-Roma women living nearby.<sup>48</sup>

In the case of **undocumented refugees and vulnerable third country nationals (TCNs) without access to health care**, we need to recognise and safeguard fundamental rights, professional ethics and public health aspects of service delivery including the impact on wider population health. In particular, there is a necessity to ensure the provision of basic services; public health screening for infectious diseases; and ante-natal/maternal and child care.

---

<sup>43</sup> Briefing Paper for Expert Consultation on Issues Related to Minorities and the Denial or Deprivation of Citizenship, 6-7 December 2007, Convened by the UN Independent Expert on Minority Issues <http://www.nationalromacentrum.org/en/publications/research/roma-citizenship-statelessness-and-related-status-issues-in-europe>

<sup>44</sup> **Empowerment of Roma women within the European framework of national Roma inclusion strategies**, p 16.

<sup>45</sup> Roma Organization for Multicultural Affirmation S.O.S. (ROMA S.O.S.) Prilep, Needs Assessment, Mapping the possibilities and needs for opening a Health Advising Centre in the municipality of Bitola, p 9, July 2011, available at: <http://www.romasoprilep.org/images/Docs/EN/procenka%20na%20potrebi.en.pdf>

<sup>46</sup> Several sources:

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTROMA/0,,contentMDK:20749979-menuPK:616000-pagePK:64168445-piPK:64168309-theSitePK:615987,00.html> -Decade of the Roma- ROMA GROUPS - Focus Groups Discussion –p 3 et 15, ROMS ON INTEGRATION II - ANALYSES AND RECOMMENDATIONS - p 61 and the following ones [http://www.ecmi.de/fileadmin/downloads/publications/Monographs/monograph\\_4\\_en.pdf](http://www.ecmi.de/fileadmin/downloads/publications/Monographs/monograph_4_en.pdf)

<sup>47</sup> Pavlovski B., Health, health care, and influences on health among Roma in R. Macedonia, ESE 2008, <http://esem.org.mk/pdf/Publikaciji/Ostanati/Zdravjeto,%20zdravstvena%20zastita%20i%20vljanija%20vrz%20zdravjeto%20kaj%20Romite%20ovo%20RM.pdf>

<sup>48</sup> <http://fra.europa.eu/sites/default/files/ep-request-roma-women.pdf> Health : p 15

## Part 2 – Roma Health Indicators (RHMs)

In the past decade a significant amount of knowledge has been gathered on **the operation of Roma intermediaries - the intercultural mediators** - working in various fields (especially in the **key-fields of Roma integration: education, health care, employment, housing**). New information about the intercourse **between social groups and different cultures** and the way that conflict can be best managed with the groups has also proved helpful.

**Roma Health mediators** are **experts of equal opportunity**, who in the course of mediation between Roma communities and various institutions facilitate the availability of public services to the Roma – in particular **education, housing, health care, social service and employment**, by creating **interaction** between and providing **information** for the parties and **by treating conflicts effectively** on the basis of involving active participation of affected parties. Practice indicates that intercultural mediators have a prominent role in aiding **more effective communication** and in **facilitating availability and accessibility of public services for minority groups**.<sup>49</sup>

### International commitments on Roma health mediators

According to the **ROMED** – the joint Council of Europe - EU programme for Roma mediators, there are **several differences among particular countries** concerning the needs and circumstances of the Roma communities, the terminology in use and also how much the work of intercultural mediators is exploited, and what qualification people who are trained to fulfil these tasks originally had.<sup>50</sup>

**The Council of Europe High Level Meeting on Roma** of 20 October 2010 adopted the '**The Strasbourg Declaration on Roma**' that "agrees to set up a **European Training Programme for Roma Mediators** with the aim to streamline, codify and consolidate the existing training programmes for and about **mediators for Roma**, through the most effective use of existing Council of Europe resources, standards, methodology, networks and infrastructure, notably **the European Youth Centres** in Strasbourg and Budapest, in close co-operation with national and local authorities".<sup>51</sup>

**The European Commission** assessed the national Roma strategies and published its conclusions in which it underlined that several Member States have already put in place or are considering programmes **involving qualified Roma as mediators** for improving access to

---

<sup>49</sup> Éva Deák, Director of the Partners Hungary Foundation: Intercultural Mediator – the birth of a new profession? The forms and role of the intercultural mediator function in the social integration of Romas over the past few years, <http://www.epha.org/a/5882>

<sup>50</sup> <http://www.coe-romed.org/>

<sup>51</sup> Council of Europe High Level Meeting on Roma Strasbourg, 20 October 2010 'The Strasbourg Declaration on Roma', <https://wcd.coe.int/ViewDoc.jsp?id=1691607>

healthcare. Such measures **need to be supplemented by other actions** to have a significant impact on the **health gap between Roma and the rest of the population**.<sup>52</sup>

## Roma mediators in Europe

Roma Mediators also played a key role in the programme entitled **'A Good Start' (2010-2012<sup>53</sup>)**, carried out by the Roma Education Fund in **FYOR Macedonia, Hungary, Slovakia and Romania** with the support of the Regional Directorate of the European Commission.

The Roma Centre for Health Politics – SASTIPEN, in partnership with the National Institute of Public Health – Romania has been implemented between 2007 – 2013 the project **"Health Mediation Programme: Opportunity for increasing the employment rate amongst romani women"** with financial support of **European Social Fund** by Sectorial Operational Programme for Developing Human Resources 2007 – 2013 in order to **raise the employment rate among Roma women and facilitating their access to the labour market, so as to avoid social exclusion and to create a society based on the principle of equal opportunities**.<sup>54</sup>

In **Bulgaria, Romania, FYOR Macedonia, Serbia, Slovakia, Hungary and Ukraine<sup>55</sup>** a system of **Roma health mediators** has been introduced, where the mediators have been working in and for the Roma communities, acting as facilitators between Roma people and health professionals. However, **the level of recognition of the training of Roma Health Mediators as an official professional qualification** and support of national authorities varies in Member States.

---

<sup>52</sup> National Roma Integration Strategies: a first step in the implementation of the EU Framework, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0226:FIN:EN:PDF>

<sup>53</sup> A Good Start,

[http://www.romaeducationfund.hu/sites/default/files/documents/a\\_good\\_start\\_booklet.2001.pdf](http://www.romaeducationfund.hu/sites/default/files/documents/a_good_start_booklet.2001.pdf)

<sup>54</sup> See more at <http://www.epha.org/spip.php?article5550> and at <http://www.sastipen.ro/proiecte-fse/mediere-sanitara-pms-proiecte>

<sup>55</sup> Roma Health Mediators - Successes and challenges, p 1,

<http://www.ecdc.europa.eu/en/press/events/Documents/Roma-Health-Mediators-report-Alina-Covaci.pdf>

## Part 3 – National Context – Case Studies from local NGOs in Member States

### Slovakia

#### Healthy Communities Programme

Slovakia, along with Romania, Bulgaria and Hungary, with as much as 8 per cent of the population has one of the largest relative Roma populations, out of the total population of 5 400 000. Two-third of the Roma population live in Eastern and South Central Slovakia, which from 50% live in settlements lacking sufficient hygienic and infrastructural amenities.<sup>56</sup>

The living conditions and the health status of Roma in Slovakia are worse as compared to that of their neighbours. As a result, the Association for Culture, Education and Communication (ACEC) has launched the Healthy Communities project, implemented in 11 settlements in 2003 and 254 in 2015. As part of the project the implementation team collaborates with NGOs in Romania, Bulgaria and Hungary. The programme is operated by Roma settlements inhabitants themselves. These Roma settlements inhabitants are identified, hired and trained by the central programme management as health mediators (HM). HMs provides health services and collects data on the health status of the targeted population among other tasks. She also emphasized that employment is thereby increased, education in general has raised and health status of the community has improved.

The daily job of a Roma Health Mediator includes inviting people for mandatory vaccination and for preventive medical examinations. The examinations he makes include giving advice on medication, measuring blood pressure and providing first aid training for the communities. Roma Health Mediators know the communities, understand the cultural differences and provide a variety of services ranging from regularly visiting families and children to health education at schools and nurseries to collection of data. 99% of the work is done in the field; since we have engaged with the HM 180 localities have seen declines in the rate of scabies, fleas and rodents. The collaboration with a number of organizations and the training of HM (59% feels the need for further education) is key in ensuring the success of the program. The national program Healthy Communities' addresses the issue of trust and creates linkages between health care and social services through the Health Mediators. The project receives funding through the European Structural Funds which has been secured for the next 7 years.

Benefits of the programme include improvement of Public Health of the Roma population, especially communicable diseases via immunization of children and adults, improvement of hygienic inform of access to water, food, housing, and waste management. Roma communities can have access to targeted health and social services. As a final outcome, via

---

<sup>56</sup> Healthy communities Slovakia. Available at:  
[http://acec.sk/sites/default/files/download/udalosti/healthy\\_communitiesplatform\\_m\\_kubor\\_koky.pdf](http://acec.sk/sites/default/files/download/udalosti/healthy_communitiesplatform_m_kubor_koky.pdf)





this programme Roma will be able to achieve complete and sustainable improvement of living and health standards. The implementation is done in collaboration with the Ministry of Health, Ministry of Labour, Ministry of Interior, WHO representatives and the University of Prešov. As of now, 300 programme recipients have found employment and for many of them this is the first job opportunity in their lives.

More information on this project is available at  
<http://www.togetherforbetterhealth.eu/countries/slovakia/slovakia>

# Hungary

## Partners Hungary Foundation

In the T4BH programme, Partners Hungary works on two different levels.

First, Partners Hungary aims to reach the decision makers, the responsible stakeholders of the Roma issues in order to disseminate the importance and the possibility of the use of intercultural mediation. Its goal is to establish the profession of Roma intercultural mediators and strengthen their position. We are working to find the place and the function of Roma mediators among the health and/or social professions.

Additionally, Partners Hungary is working on the local level to support better access to health services for the Roma, the development of their health awareness through the training and employment of Roma mediators. Partners Hungary has trained two locals per year since 2012 in various Hungarian townships, who now work as Roma (intercultural) mediators. Their primary task is to support locals to access health services. In this program, Partners Hungary has trained 12 Roma mediators so far.

The trained Roma mediators are employed for one year. Their salary is financed by the project budget or by the national public employment programme.

The Roma mediator's main task is to map the local stakeholders, to motivate the members of the community to act together, to help to improve the health situation in the township. Partners Hungary uses participatory methods in the Roma mediation training, including the cooperative planning method which based on community roundtables.

Community roundtable planning help in the execution of a micro-project in each township. Their objective is to offer answers to the most pressing health issues. These answers must be solved by the community members who benefit from this solution by putting some efforts into the activity. Efforts can mean using their own workforce, tools, or a minor financial contribution.

The programme started in mid-2012.

With the help of local community roundtables and the efforts of the local Roma mediators, 9 micro-(local)projects were carried out. As a result, many important steps were taken in the field of healthcare. It is also a considerable success that municipalities, Roma communities and health care institutions now cooperate and communicate better with each other and it has many positive effects on the communities.

### Actual results include:

- In Kántorjános (in 2013) and in Porcsalma (in 2015) health days were organized with several hundred participants, where locals had the chance to undergo health checks that are not available for them outside the program, due to distance and financial reasons.

- **Medical devices** were bought (eg .: blood pressure meter) that are now the property of the community. Locals get the chance to get **regular checkups** with the help of the Roma Mediator and the professional supervision of the local healthcare actors.
- A **salt cabin** was built in the kindergarden of Nagydobos (where the Roma children's rate is more than 70%) and it is open for the member of the whole community, too.
- In 2013, **cockroaches were eliminated** in a local Roma colony in Ózd.
- In 2014 and 2015, **more than 60 houses were painted** in the Roma community of Nyírbátor and Győrtelek, with the active participation of the locals.
- In Nagyecséd and in Porcsalma, the **local community built ca. 100 open-air wooden restrooms** which was documented in a short film.

The [youtube published film](#) shows how community roundtables work and how the members of the settlement can act together in issues of their own interest.

In the next phase of T4BH program, Partners Hungary is planning to **strengthen the systemizing of Roma Mediation** as a profession through the following ways:

1. Raising awareness among key stakeholders and the wider public through dissemination of the results (strengthening of the communication about intercultural mediation).
2. Using the national public employment programme for employing the Roma Mediator on the local level as an intermediate step towards real employment on the initial labor market
3. Registering the training programme in the adult education system (accreditation) and writing a handbook on intercultural mediation (how to implement intercultural mediation on the local level).
4. Collecting case studies (1st year) and action research (2nd and 3rd year).

More information on this project is available at <http://www.togetherforbetterhealth.eu/countries/hungary/hungary>

## Integrated local community programmes to reduce child poverty

The proportion of Roma inhabitants is over-represented in South Heves Subregion in Hungary. A high proportion of these people in their working age are unemployed and their families struggle to make their living. In accordance with this handicap, Roma residents pursue an unhealthy lifestyle, and their living is based on family allowance and odd jobs.

Roma people commonly seek medical help in association with the stress of unemployment, and due to their bad feeding habits, obesity and diabetes are common conditions in this population. Smoking is overrepresented both in men and women, and Roma men tend to overuse alcohol. Roma women tend to have babies in younger age than their non-Roma counterparts. Compared to the overall number of childbirths, abortion is more common in the Roma population.

In this sub-region, Roma people still commonly live in crowded, unhygienic housing conditions with no modern conveniences. This situation increases the prevalence of certain communicable diseases in this population.

Commonly, this population is characterised by poor financial circumstances and the lack of sufficient knowledge of hygiene, which further deteriorates their quality of life. Statistical evidence demonstrates a high rate of premature births, stillbirths, premature pregnancy, and cases with increased complexity of care.

One approach of supporting Roma residents living in this sub-region is to empower them to participate in reducing health related problems and to improve their own health culture, in order to address cultural differences.

Therefore, in this programme, training and employing Roma health mediators was planned with the long-term prospect that participants would become health mediators of their own communities

## Training:

This project was implemented between 2010.11.01. and 2015.03.31 by [the South Heves Subregion Society in Hungary](#). A total of twelve, 20- to 30-year-old Roma women with elementary school qualification only, were recruited from deprived village communities of Heves, Átány, Erdótelek, Tarnabod, Tarnaszadány, Erk, Tarnaörs, Pély, Tarnaszentmiklós, Kömlő, Tizsanána, and Kisköre. Finally, 11 women applied.

Participants were trained in a 50 hour programme including both lessons of frontal education and practical exercises, one day a week, five hours a day.

At the end of the training, participants underwent both written and oral assessments and were granted certificates.

## Implementation

Over the course of the 10 training days, participants gained insight into the basics of hygiene, first aid, infancy and childhood care, and were provided with information regarding food preparation, toiletry, and maintaining a healthy home environment. Training materials were also delivered in book format. All participants passed their final assessment and were granted certification.

It was planned that these health mediators would provide information and advice to the needy, and would participate in improving the living conditions of their Roma environment, under the supervision of the social and health services of the local municipalities, including health visitor services. It was an important goal to have the participants employed by their local governments in order to help them become useful members of the local Roma



communities. Trainers committed themselves to maintain professional support for the health mediators, including offering regular case discussion meetings.

However, **employing the trained health mediators finally raised difficulties**: although there was a demand from most local governments for these professionals, they were unable to raise adequate financial support for this task.

The success was that – although more than a year after the end of our training course – some of these Roma health mediators gained employment in another project (in a collaborative general practice community).

## Romania

### Roma Health in Romania

Romania has the largest population ratio of Roma in Central and Eastern Europe with available data showing that there is a disparity in the major health indicators between Roma and non-Roma populations (see Table 1):

INDICATORS REGISTERED IN 2011	ROMA <sup>57</sup>	NON-ROMA <sup>58</sup>
LIFE EXPECTANCY	61 years	74,5 years
BIRTH RATE	<b>12,6‰</b>	<b>9,2 ‰</b>
MORTALITY RATE	<b>18,3‰</b>	<b>11,8‰</b>
INFANT MORTALITY RATE	<b>23,1‰</b>	<b>11,2‰</b>
MATERNAL MORTALITY RATE	0,62 %	0,027% <sup>59</sup>

Table 1 – Disparities between health indicators of the Roma and non-Roma population in Romania

### Medical Caravans



In the framework of the project **“Together for Rural Health”** medical caravans’ are organized in Romania targeting very poor communities with bad health infrastructure: medical doctors and students offer free consultations for poor communities, including Roma, on the spot: a rural school can become a medical clinic and a second grade class can be transformed into an

Medical caravan in Rosia, Sibiu

<sup>57</sup> Social Observatory for Roma – Bucharest University

<sup>58</sup> World Bank, <http://data.worldbank.org/indicator/SP.DYN.LE00.IN/countries/RO?display=graph>

<sup>59</sup> Data from 2010

Electrocardiography room or a first grade class set up like a pediatric practice. Medical caravans could encourage and support **the poor, including Roma people, found to have the most serious health problems to continue the medical investigations.**

**The first two medical caravans** were launched in Tarlungeni and Araci, in July 2013. 800 people of whom 75% were Roma were consulted. **The third medical caravan** was launched in Rosia, Sibiu (Romania). During the visit, the school in Nou village became, for two days, a medical clinic with **27 students** and **12 specialised doctors** offering free consultations for 240 patients (150 adults and 90 children). Many of the patients admitted that they had not been seen by a doctor for quite some time and were very glad for the opportunity. **They received medicine, medical letters for continued investigations, electrocardiograms (EKGs) and Electrocardiography tests.** A group of young women from the village participated in the HPV prevention course and children took part in the Little Doctor workshop, where they learned about personal hygiene and healthy nutrition.

**The most common health problems for the children seen by the doctors were hypothyroidism, pneumonia, cardiac conditions, dermatological infections, hearing and sight problems.** Another common problem affecting children's health was their improper diet resulting in some children having rickets and others being obese. Many of them also had **dental cavities.**<sup>60</sup>

A two-day mobile hospital was set up by OvidiuRo in Budila in July 2014 for the **4th medical caravan.** In Budila, a poor village, people rarely make it to the doctor unless their condition is already life-threatening. Budila has become the community with most individual case follow-ups due to the commitment of the local coordinator, social worker Simona Cristea.

Of the 119 children and 79 adults who were examined, 30% were referred for further **specialized medical tests.** As usual in these communities, many of children's health problems are caused by malnutrition, lack of clean water and the resulting poor hygiene. Sweets and French fries are quickly added to babies' diets.

14 resident doctors and 20 medical students from the Carol Davila University of Bucharest, gave free consultations to the villagers in Cojasca in March 2015 in paediatrics, cardiology, internal medicine, ophthalmology, dermatology, orthopaedics and laboratory medicine. During **the 5th medical caravan,** 150 adults and 150 children were examined. There are many cases of HIV, tuberculosis and hepatitis in Cojasca, as well as hygiene problems which translate into skin diseases like scabbies and lice.

The most common health problems were skin infections (scabies) and hearing and vision problems. Also, some of the kids are HIV infected from birth (Cojasca is the locality with most cases of HIV in Romania) but, according to their GP, they are under treatment and further observation and no one in their community has died of HIV in the last few years.

Other problems noted by the doctors were a lack of age-appropriate psychomotor development and ability to express one's needs. The whole community suffers from the

---

<sup>60</sup> <http://www.togetherforbetterhealth.eu/countries/romania/medical-caravan-nou-village-sibiu-county>

general lack of education – hygiene education, health education, nutrition education, even basic education, like reading and writing.

The 6th medical caravan was launched in June 2015 in Tirnava, Sibiu county.

"I discovered far too many cases of scabies because of the poor hygiene. Many people didn't want to admit that they have scabies and I don't know how many of them will follow the treatment."

Andi Cristian Rizoiu, dermatologist.

The most common health problems identified among the 130 children were skin infections scabbies, breathing problems, parasites, rickets, heart murmurs and chickenpox. Many children in our program have vitamin D deficiencies.

The whole community suffers from the general lack of education – regarding hygiene, health, nutrition and general issues. Many poor mothers do not know how to properly wash their babies and, in some cases, they only use water, without any kind of soap, which results in the spread of the skin diseases and infections.

impoverished children and adults from Horezu Poenari village received free medical tests during the 7th medical caravan in October this year. For two days, the school in Horezu Poenari was transformed into a clinic for the Medical Caravan. 40 volunteer specialists and students consulted and recommended treatments for the poor children and adults from Horezu Poenari, Valea Stanciului, Dolj County. The most common problems were tuberculosis (a family with 9 children was sent to the hospital for the right treatment), viral infections and scabies.

The next medical caravan is scheduled for 21 and 22 November.

## Training of Roma Health mediators in Romania

Romania was among the first countries which adopted a Roma health programme,<sup>61</sup> and the Roma Health Mediator was introduced within the Classification of Occupations in Romania, as an official professional qualification<sup>62</sup>.

A simple formula for training had been agreed for 2002-2007. According to the database of the Ministry of Health, 2000 Roma Health Mediators have been trained in that period. In 2007, occupational standards for Health Mediators were introduced, which included the need for four days of training, organised by Public Health Directorates and delivered by trainers from Romani CRISS. Follow up training courses on health issues were further organised by the Public Health Directorates. Romanian civil society groups were involved in that process, with their main role being to train and achieve employment for the Health Mediators.

---

<sup>61</sup> Ministry of Health Order no. 619/2002

<sup>62</sup> Roma health mediation in Romania, p 7, WHO, [http://www.euro.who.int/data/assets/pdf\\_file/0016/235141/e96931.pdf](http://www.euro.who.int/data/assets/pdf_file/0016/235141/e96931.pdf)



According to the cost-efficiency calculations of local civil society groups in Romania, the monthly payment for Health Mediators was 700 RON / 160.66 EUR, the target group for each Health Mediator was composed of 500 persons and the cost for each beneficiary was about 1,4 RON/ 0.32 EUR. This cost should be compared to the costs of the treatment of a Tuberculosis (TB) patient which costs 450 RON /103.28 EUR.

However, the training of Health Mediators was challenged by the [Strategy for Decentralising Public Health Services](#). This meant in practice that the community medical assistance programme, which included Roma Health Mediators, was transferred to local authorities under the responsibility of municipalities. As a result, several local authorities refused to employ Roma Health Mediators due to the lack of appropriate financial support and in some cases, due to the lack of understanding as to their important role. As a consequence, a large proportion of Roma Health Mediators lost their jobs, which resulted in both higher levels of unemployment and further worsened [access to public health services for Roma communities](#).<sup>63</sup>

## Every child to pre-school programme

In Romania, [‘Together for Better Health’](#) adds a health component to [OvidiuRo’s \(OvR\) Fiecare Copil in Gradinita \(Every child to pre-school\)](#) early educational programme, by providing funds to cover some of the most pressing health needs of impoverished preschool children.

The Every Child to Pre-school (FCG) programme was launched in partnership with the Ministry of Education in 2010. Since then over 11,000 children in 43 rural and semi-rural communities have benefited from early education and better nutrition through FCG. Currently 2.500 children in 43 communities from 11 counties are included in the Every Child to Preschool programme.

[Every Child to Pre-school has doubled the preschool daily attendance rates of severely impoverished children from 43% to 82% through the food coupons](#). Parents receive €12 in food coupons at the end of the month if they take their child to preschool every day. In Romania, the monthly child allowance (which is unconditional) is €10, so this is a significant increase for families surviving on their children’s allowance. Food coupons, conditional on children’s attendance in preschool, have proven to be a highly effective and efficient tool to stimulate destitute, functionally illiterate parents (with an average of four years of schooling) to bring their young children to gradinita every day.

It targets the poorest children – those living in overcrowded, inadequate housing in isolated areas with sorely limited access to potable water and standard health care. In winter, the unemployment rate is close to 100% due to the low education level of the adults combined with a low demand for unskilled labour.

---

<sup>63</sup> [http://www.irf.ua/files/ukr/programs/east/domiloiu\\_romania.pdf](http://www.irf.ua/files/ukr/programs/east/domiloiu_romania.pdf)



The goal of the project is to turn this program into a public policy, supported by authorities and available for all 120,000 poor children in Romania.

## How FCG works:

A local team (composed of the school director, pre-school teachers, a social worker, and a school mediator) implements FCG under the auspices of the Mayor and Local Council. To participate in FCG, the local administration is required to convene a “Local Action Group” to approve the programme and customize the implementation plan according to the local situation. The Local Council must allocate at least €35 per year per child for clothes and shoes for the children in the programme. In addition to providing food coupons for children’s regular attendance, OvR allocates €15 per child per year so teachers can purchase school materials of their own choosing. OvR also provides training and on-site consultation to the Local Action Group and implementation team and organizes teacher training workshops in modern teaching methods.

More information on this project is available at  
<http://www.togetherforbetterhealth.eu/countries/romania/romania>

# 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<sup>64</sup>.

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.

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,

---

<sup>64</sup> Open Society Institute study "The health of Bulgarian Roma – condition and perspectives", 2007

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/PExpOpfH6nE>

More information on this 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.<sup>65</sup>

---

<sup>65</sup> <http://www.refworld.org/docid/526fb71d14.html>

## FYOR Macedonia

### From the increased voice to the improved healthcare access for Roma women

In order to address the need in FYOR Macedonia for equal access to health care for Roma women and socially vulnerable women of reproductive age, the **National Roma Centrum** is implementing the project “From the increased voice to the improved health care access for Roma women” to monitor the situation and active advocacy for change.

The goals of the project are:

- **to ensure efficient and available antenatal, perinatal and postnatal health services for Roma women** and socially vulnerable women through monitoring of newly introduced state sponsored antenatal check-ups and advocacy for improved sexual and reproductive health for Romani women.
- **to raise awareness on free antenatal health care services and patients' rights** through information and advocacy campaign on national level using samples from three municipalities (Kumanovo, Shtip and Kochani).

Although there are some existing policies which are meant to ensure basic health access to General Practitioners, Gynaecologists and dentists including access antenatal, perinatal and postnatal health services for Roma women, still there are some barriers in FYOR Macedonia such lack of gynaecologists, specialists, hospitals that are accessible to rural areas. **Macedonian women receive more often complete check-up during pregnancy comparing to the Romani women.** Actually none of the Romani women received complete antenatal check-ups comparing to 16,67% Macedonian. For example, 56,67% Macedonian women comparing to 31,15% Roma had blood and urine analyses as well as screening test for cervical cancer (PAP smear) and ultrasound scopica (4D EXO). In this context the duty of health Mediators working with Roma communities is to inform them which are their rights.

More information on this project is available at [http://www.epha.org/IMG/pdf/Skenderovska-Brussel\\_presentation\\_2015.pdf](http://www.epha.org/IMG/pdf/Skenderovska-Brussel_presentation_2015.pdf)