

“The case of connecting Roma people - living in secluded communities - to basic healthcare”

Towards a European Union for Health?

The need for Health in All Policy (HiaP) to reduce poverty and health inequalities -

EVENT REPORT

EPHA 6th ANNUAL CONFERENCE 2015

SIDE EVENT 3rd September 2015





The objective of the event was to raise awareness among relevant stakeholders on:

- The real living conditions and health status of Roma people living in secluded communities in Central & Eastern Europe
- The critical role of Roma Health Mediators in connecting secluded Roma communities to basic Health care systems,
- The needs and suggestions from Roma-health NGO's, local and national authorities to improve the health situation of Roma people living in secluded communities,
- To present good practices how to use European funds to improve the health status and access to healthcare for Roma at national, regional and local level
- To start to work on solutions that provide easy-to-access support from the European institutions to improve the situation.

Setting the scene – Why do we fail to achieve more visible results?



Isabel de la Mata from the European Commission explained that Roma Health is integral part, and one of the key elements of the European Framework of National Roma Integration Strategies together with housing, employment and education. She highlighted that all Directorates of the Commission – coordinated by the Directorate-General for Justice, Consumers and Gender Equality – work together to promote Roma integration.

“Roma Health in Europe – Growing inequalities?”

She mentioned that the European Commission has issued a report on the health status of the Roma population in Europe.¹ 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.

¹ http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf



SESSION 1 - Roma health challenges at national and local level: Slovak Republic case study

In the first session, the discussion focused on the situation in Slovakia as a case-study to demonstrate the challenges Roma people living in secluded communities face in Europe, when accessing basic healthcare services. It also offered solutions on how local authorities, stakeholders, and the Roma themselves – with the active involvement of Roma health mediators – could work together to contribute to the Roma inclusion.



Lubomíra SLUŠNÁ – FRANZ, President of the Association for Culture, Education and Communication (ACEC) explained that 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-thirds of the Roma population live in Eastern and South Central Slovakia, which from 50% live in settlements lacking sufficient hygienic and infrastructural amenities.² ACEC recently held a conference³ on

Improvement of Health in Disadvantaged Communities in Poprad, Slovakia to introduce the Slovakian results of the Together for Better Health (T4BH) project.

She mentioned that the living conditions and the health status of Roma in Slovakia are worse as compared to that of their neighbours. She pointed out that as a result the country 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. She added that the program is operated by Roma settlements inhabitants themselves. These Roma settlements inhabitants are identified, hired and trained by the central program 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.

² Healthy communities Slovakia. Available at:

http://acec.sk/sites/default/files/download/udalosti/healthy_communitiesplatform_m_kubor_koky.pdf

³ Improvement of Health in Disadvantaged Communities Conference, available at:

<http://acec.sk/en/udalosti/conference-improvement-health-disadvantaged-communities-0>



PRESENTATION - THE WORK WE DO, THE SUPPORT WE NEED The role and challenges of NGOs in the process of improving the health of Roma Communities.



Radovan HORVÁTH, Roma Health Mediator (RHM) explained that his daily job 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.

PRESENTATION - Healthy Communities- The Life of a Health Mediator

“My life has changed because I work. As a father of 2 sick children I need to visit a doctor on a regular basis. The job has allowed me to improve my housing situation and to buy a new car. As part of my job, I invite people for regular check-ups, offer consultation and first aid training among other responsibilities.”



Richard KOKY, Expert Field Coordinator of Healthy Communities Project said that this programme has capitalised on more than ten years of experience gained by the Association for Culture, Education and Communication (ACEC) NGO with the implementation of health activities aimed at segregated Roma settlements. Healthy Communities will encompass the whole territory of Slovakia, but it is primarily focused on East Slovakia. The aim is to ensure coverage sites selectively, that is - where action is most needed.

“During the implementation period of the project it has built up and increased the quality of field and training part of the project.”

He explained that 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 programme.



PRESENTATION - Introduction to the Healthy Communities Project



Marek VIRÁG, Mayor of Markušovce said that 60,33 % of the village population of 4 225 people is Roma. Only one single health mediator works in the village and it receives no other governmental support whatsoever. The Health mediator is for the village the key person to keep all inhabitants together, inspires and motivates the Roma community, serves as a good example, assists, supports, advises and resolves many problems in the health field.

PRESENTATION - Experience, problems and challenges related to excluded Roma communities in municipalities



Branislav ONDRUŠ, State Secretary, Ministry of Labour, Social Affairs and Family of the Slovak Republic explained that the national programme 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 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 program recipients have found employment and for many of them this is the first job opportunity in their lives.



PRESENTATION - National project, healthy communities

SESSION 2 - Use of European Funds - good practices and lessons learned to improve Roma integration in different circumstances – good practices from Macedonia, Romania, and Bulgaria



The Moderator, **Lubomíra SLUŠNÁ – FRANZ**, President of the Association for Culture, Education and Communication (ACEC) introduced the session by highlighting the availability of good practices from other countries than Slovakia and how EU funds can be used better for increasing the access of Roma to public services. Figures show the disadvantaged health situation of Roma in Europe. For example, a continuous improvement is needed in the area of reproductive health in order to help generate a decrease in

infant mortality by monitoring the access to qualitative and guaranteed antenatal, perinatal and postnatal health services for Roma women as well as for socially vulnerable women. As there are structural problems in many countries which prevent access to healthcare, Session 2 focused on effective use of European funds for solving these problems by presenting some examples of good practice from Macedonia, Romania and Bulgaria.

Sebihana Skenderovska, representing the National Roma Centrum from Macedonia said that there is a need in Macedonia for equal access to health care for Roma women and socially vulnerable women of reproductive age. One of the ways of doing this is through monitoring the situation and active advocacy for change.

In this regard National Roma Centrum is implementing the project “From the increased voice to the improved health care access for Roma women”. The Goals of the project are:

1. 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.
2. raised 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 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.

“Roma should participate if they want to have equality access to health”

PRESENTATION - Advancing the access to healthcare for Romani women in Macedonia .

Deyan Kolev, representing Amalipe from Bulgaria said that among the many good practices there are four which may become national policies. These are:

- Health mediators
- Health and social centre financed by the HIV and TBC national programme which will be closed
- Roma health scholarship program is to support Roma students in university
- Community monitoring health services – 8 municipalities



The practice that Deyan presented was “Community monitoring health services” which 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 in people/volunteers from Roma community are trained.

There are two other elements which are important: community mobilisation and activism. The role of the EU funds is to

support these good models but the sustainability should be form state budget, ideally with the active involvement of a variety of stakeholders.



“Health was not a priority for the previous programming period but there is hope for the next programming period and good models for improving the access of Roma to healthcare to be included in the calls”

PRESENTATION - Successful Models for Improving the Access of Roma to Healthcare in Bulgaria - Is the mission possible? “

The health mediators are partners for doctors, school teachers, mayors and heads of settlements. They are supporting the building of their (Roma) civil society to improve their destiny and future. After initiating the concept of health mediators and working more than ten years in the field, ACEC was able to be instrumental to create a joint platform which brings together everybody involved in public health irrespective of political orientation. This platform has become the driving force for the roll out of ***a nationwide Healthy Communities project.***”

Lubomíra Slušná- Franz, ACEC President.

Conclusions – Next Steps



Magdaléna ROTHOVÁ, Director of ACEC presented the Together 4 Better Health declaration to the audience:

“It is unacceptable to tolerate disadvantaged groups being discriminated against also in terms of health care which is essential for integration into society. Poor health status of Roma is directly connected to their high rates of unemployment, inadequate living conditions, lack of access to public services and lower educational attainment and health literacy.

We need to immediately address long-term unresolved issues, such as providing access to drinking water for all segregated community inhabitants, waste management, facilitating access to healthcare,



stabilizing and expanding health education programmes, and most of all - increasing number **of RHM's**- individuals from Roma communities who receive training in basic preventative and curative health care, and act as a link between the communities and the primary health system.

Human resources in the field – the inhabitants of settlements - are the most important element because they can speak on behalf of their communities. We believe that the building and development of human resources and their potential is a key tool for successful implementation of projects and for solving the dire Roma situation in Europe.

Therefore, we might need some help from the Commission to encourage the MSs to consider the RHMs as an option for Roma inclusion not only improving their health but also social integration and to consider embedding RHMs in the national legal frameworks and to speed up sustainable access to available national and European funds. The European Parliament could start the debate on RHMs and connected issues in its responsible committees.

We fully support the campaign Right2Water and we would like to offer them our cooperation. We also offer our knowledge, data and cooperation to the EU institutions and agencies such as The European Union Agency for Fundamental Rights, The European Centre for Disease Prevention and Control (ECDC), Consumers, Health, Agriculture and Food Executive Agency because only working together we can achieve the sustainable improvement of situation of Roma in Europe.”

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

Association for Culture, Education and Communication (ACEC) (Slovakia)

Asociata OvidiuRo (Romania)

National Network of Health Mediators (Bulgaria)

Partners Hungary Foundation (Hungary)