

From Rhetoric to Action: Bringing the voice of Hungarian Roma communities to Europe

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evaluation of the EU Framework for National
Roma Integration Strategies up to 2020

**Roma Health and Early Childhood
Development (ECD)**

european public health alliance





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Introduction

These preliminary recommendations focus on the health and early childhood development of Roma in Hungary, formulated to the European Commission Public Consultation on the Evaluation of the EU Framework for National Roma Integration Strategies up to 2020.¹ They are based on an explanatory analysis ('Rhetoric') which was carried out to map the policy instruments and the commitments that they contain in Hungary, and a scoping survey ('Action') designed to facilitate evaluation how the rhetorical elements were actually implemented in practice, based on a structured interview process with 10 Hungarian local and regional Roma and pro-Roma NGOs and Roma professionals working in the structures of local and regional public authorities.

Roma Health: Explanatory analysis of policy commitments

Health in the Hungarian National Roma Integration Strategy

The focus on access is mirrored in Hungary's efforts towards improving Roma health, which mostly involve increasing the number of health visitors, paediatricians and targeted screening/prevention programmes. The Hungarian strategy (**Hungarian NRIS, 2011**)² mentions care for mothers, pregnant women and young children, including these groups among the key goals. The Hungarian strategy notes the importance of healthcare during pregnancy but focuses more closely on sexual and reproductive education, using 'number of high-risk pregnancies' as its key indicator.

NRIS PROVISIONS RELATING TO ANTE- AND POST-NATAL CARE	
HU	'Women's and pregnancy health discussed but now explicit goals (p27; 48) Indicators used: 'number of high-risk births' and 'access to paediatrician / health visitor' (p132)
NRIS PROVISIONS RELATING TO VACCINATION	
HU	No mention

Concerning the Commission's assessment, education and awareness campaigns have been rolled out in Hungary. The Hungarian assessment notes a focus on Early Childhood Development (ECD) and the implementation of early childhood screening programmes. However, the evaluation finds that efforts are hampered by a lack of evidence. Without effective monitoring capacities, the Hungarian NRIS are at risk of failing to achieve their goals because of lack of information about the impacts 'on the ground'. The Commission assessment notes that evidence of the impact of these policies on Roma communities is lacking. The Commission assessments also note a need to integrate the NRIS initiatives into broader policy frameworks.

¹ https://ec.europa.eu/info/consultations/public-consultation-evaluation-eu-framework-national-roma-integration-strategies-2020_en

² **Hungarian NRIS (2011)** National social inclusion strategy – extreme poverty, child poverty, the Roma, available at http://ec.europa.eu/justice/discrimination/files/roma_hungary_strategy_en.pdf [accessed October 2017]



Preliminary conclusions of the scoping survey in Health

Results of the implementation of the Hungarian NRIS in the area of health

All respondents declared that the National Roma Integration Strategy has not been successfully implemented due to the following reasons:

- While there has been some progress made in the field of Health, there is still significant difference between the health services provided in remote places (where two-thirds of the Hungarian Roma live) and urban areas;
- Many children are not vaccinated;
- The number of Roma without medical insurance is higher compared to the rest of the population;
- Access to health-care is hindered by poor public transport, low-income and lack of information;
- The health-care system's underlying problem is the custom of illegal gratuities (payment for state-funded services which is not official but expected). The poor cannot afford to pay for health care services. It means that they are at the bottom of waiting lists, and are 'not preferred' in the system;
- Lack of appropriate prevention services is a very significant problem;
- The health system itself is catastrophic, availability and efficiency are based highly on social and economic status;
- People living in deep poverty can only access very basic health services;
- The most disadvantaged areas are without doctors or paediatricians;
- Roma communities face discrimination in access to health and health care services;
- Life expectancy of Hungarian Roma is 10 years lower than for non-Roma.

On a positive note, EU programmes (for example, Sure Start, Early Childhood Development, Housing programmes) were mentioned which also include health service related elements – these can benefit local Roma communities.

However, many difficulties have been identified which may prevent Roma from enjoying a good health status:

- Most Roma do not have access to information on how to have a healthy lifestyle and when they approach the health system the reaction of care-givers is negative;
- Lack of motivations from the non-Roma population, and also a lack of Roma-sensitive doctors;
- Mistrust and discrimination which Roma experience whenever they visit a doctor
- Poverty;
- Lack of common knowledge about healthy behaviour lifestyles;
- Significant EU funding is available for the improvement of the health status of Roma. However, these funds are used inefficiently because of bad programming decisions, lack of local implementation teams and, in particular, corrupt decision making and allocation of funds.
- Inadequate nutrition;
- Visiting the doctor when their illness is already well-advanced;
- Consumption of alcohol, tobacco, etc.



Recommendations to improve the implementation of the health dimension of the strategy at local and regional level

- Stricter monitoring and control by the Hungarian Government and EU of the use of funds;
- Stricter and more regular monitoring of the authorities responsible for the implementation of the health programmes, to ensure that the projects/programmes (implemented according to the Action Plans) are in fact implemented, and if it is not happening so, the financial support should be given for different bodies, who are more reliable (the state itself is not always the most reliable body for redistributing and implementing, especially in the field of health care.);
- Local health care units (nurses, care-givers);
- More empathy from the health-care system. (It has to be noted that there are many engaged doctors who do not discriminate towards the Roma. The problem is more complex than saying that 'the system is unfair'. Having just a few prejudiced doctors in powerful positions is enough to consider the system to be 'unfair');
- Greater investment of resources in the strategy by the Hungarian Government. There is a very professional private health service system, and an extremely poor public one. Most Roma are only able to access the public health system.
- Preventive actions focusing on the importance of medical screening for different conditions;
- Greater monitoring and control, and more specific targets.

Early childhood development: Explanatory analysis of policy commitments

Early childhood development in the Hungarian National Roma Integration Strategy

The strategies developed in Hungary address ECD under the heading of 'Education'. The dominant theme is increase of access to, and enrolment, in kindergarten or pre-school. The strategy for Hungary discusses the importance of pre-school education at length and commits to developing the infrastructure required to make kindergarten mandatory from the age of 3 years, although the indicators identified for measuring progress in the shorter term are rather narrow, focusing upon non-attendance caused by shortage of capacity, and attainment of Roma children in national competency



assessments (Hungarian NRIS, 2011: 79; 130-131). The Hungarian NRIS addresses ECD holistically (referring to 'child wellbeing'), but its commitments focus predominantly upon the provision of kindergarten services and the Commission's assessment notes that this needs to be accompanied by qualified staff, necessary infrastructure and sustainable funding – reflected in repeated Country Specific Recommendations (CSRs) on this issue.

Under the education heading, the introduction of mandatory pre-school attendance is in place or underway in Hungary; 'sure start centres' and 'summer kindergartens' have been established; cash incentives for parents have been put in place to encourage Roma uptake of pre-school education. However, the assessments also highlight some core challenges to the NRIS implementation. Segregation remains a problem in Hungary. More fundamentally, whilst the initiatives being taken so far are laudable, the Commission assessments call in all countries for a scaling up of funding, capacity and ambition, particularly as concerns the provision of ECEC. Most of the measures taken at national level have been small or pilot projects – what is now needed is an extension of these programmes and their integration into wider policy frameworks.

Preliminary conclusions of the scoping survey on Early Childhood Development (ECD)

All respondents declared that the National Roma Integration Strategy has not been successfully implemented at local and regional level, because of the following reasons:

- Random engagement and insufficient capacity of the local care-givers;
- Inappropriate and insufficient organizational systems to implement the strategy, particularly in under-developed villages and communities and poor care by healthcare professionals for many Roma babies and children, who do not fulfil their responsibilities;
- Roma children not enrolled in kindergarten;
- No political commitment to implement the strategy at local and regional level;
- Insufficient financial resources to implement the strategy.

More positively, it has been reported that Roma children have had the opportunity to attend kindergarten for free, receive free meals and benefit from other support and parental advice thanks to the Sure Start Programme. However, there are some particular difficulties preventing healthy development of Roma babies and children, as follows:

- Lack of financial resources for medical tests and to buy medicines;
- Lack of resources and/or lack of intentions to implement complex and intensive social care measures;
- Lack of registration of births of Roma children;
- Lack of healthy nutrition;
- Lack of vaccination programmes;
- Lack of opportunities for development;
- Spatial segregation of communities;
- Discrimination.



Recommendations to improve the implementation of the early childhood development dimension of the strategy at local and regional level

- More integrated and free nursery schools in Roma communities with highly motivated and educated kindergarten teachers are needed;
- Employment of teachers with specialist knowledge (early development teacher, physiotherapist, special education teacher, etc.) who are only available through these kind of programmes;
- Roma babies and children should receive much more protection, attention and support on a family level and not only institutionally, outside the family;
- Involve and work with parents on strategies to improve their children's health;
- Provision of free health care for Roma children;
- Improvement of the activities for the implementation of the National Strategy at local and national level;
- Tackling antigypsyism and discrimination.

About EPHA

EPHA is a change agent – Europe’s leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, SDG Watch Europe, and the Semester Alliance.

EPHA’s Transparency register number is 18941013532-08.

Further reading

Joint Statement – November 2016 – Remove systemic barriers to tackle the Roma public health emergency >> [read more](#)

EPHA Briefing – November 2016 – The European Semester and Roma Health >> [read more](#)

EPHA Roma Health and Early Childhood Development Fellowship 2017 – 2019 >> [read more](#)



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