

From Rhetoric to Action: Bringing the voice of Slovak 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 Slovakia, 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 Slovakia, 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 Slovak 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 Slovak National Roma Integration Strategy

The Slovakian National Roma Integration Strategies (Slovak NRIS) takes the most holistic approach to health, including measures to improve sanitation, pollution and water quality, as well as access, vaccination, health education and reproductive health. The Slovak strategy mention care for mothers, pregnant women and young children, including these among the key goals. It lists healthcare for mothers and children among their key tasks, focusing upon access to ante- and post-natal care, as well as sexual and reproductive healthcare and guidance (**Slovak NRIS, 2012: 36**). The Slovak strategy also mentions immunisation or vaccination for young Roma children and/or commit to establishing programmes to increase participation in vaccination programmes.

| NRIS PROVISION RELATING TO ANTE- AND POST-NATAL CARE | |
|--|--|
| SK | 'Action 6: Increase awareness of education on parenthood, reproduction health, motherhood and childcare...based on free will and principles of informed decision-making and consent.' (p36) |
| NRIS PROVISION RELATING TO VACCINATION | |
| SK | 'Goal 5: Reduce occurrence of infectious diseases using health education, and increasing the number of individuals who undergo preventive vaccination with the goal of bridging the gap between the members of marginalized Roma communities and the majority population' (36) |

As regards the Commission assessment of the Slovak NRIS implementation under the health heading, health mediators are a dominant theme, having already been introduced in Slovakia. The Commission assessments also note a need to integrate the NRIS initiatives into broader policy frameworks. In the case of Slovakia, the training of health professionals is recommended. The Commission's assessment finds that

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

² **Slovakian NRIS (2012)** Strategy of the Slovak Republic for the integration of Roma up to 2020, available online at http://ec.europa.eu/justice/discrimination/files/roma_slovakia_strategy_en.pdf [accessed October 2017].



implementation is hampered, however, by lack of clear targets, monitoring and financial resources.

Preliminary conclusions of the scoping survey in Health

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

30% of respondents declared that the Slovak NRIS has been successfully implemented at local and regional level as a national level health mediation project has been designed covering over 350 localities. There is also a pilot project for involving Roma Health Mediators (RHMs) in hospitals under preparation and the scope of the RHM project will also be extended to the Bratislava region.

The following positive changes have been observed at community level:

- 100% vaccination coverage;
- Increased pregnancy awareness;
- Regular medical check-up of children;
- Information campaigns on the importance of immunisation;
- Information campaigns on nutrition and healthy life style;
- Campaign - free blood tests.

However, 70 % of the respondents declared that the National Roma Integration Strategy has not been successfully implemented due to the following reasons:

- Small budget allocated on Roma health improvement;
- Institutional discrimination;
- Local and regional level public authorities do not care about Roma and their health;
- Insufficient number of vaccines for children;
- Lack of medical units and pharmacies in Roma communities.

In addition, many difficulties have been identified which may prevent ensuring a good health status for the Roma:

- Poor living conditions;
- Limited information on health lifestyle;
- Discrimination and lack of understanding from the majority population;
- Negative attitudes towards Roma from the doctors when they ask for medical advice or different medical information;
- Many Roma are not registered with family doctors;
- Many Roma are not insured;
- Many Roma are unemployed and do not have financial resources to visit a doctor.



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

- A medical unit or at least a pharmacy in the community;
- More involvement of doctors in the life of the community;
- Local political will to implement the strategy;
- Addressing racism in health;
- Allocation of funds for information campaigns on importance of vaccination;
- Allocation of funds for free preventive check-ups for poor Roma;
- Involvement of Roma from local and regional level in the development, implementation and monitoring phase of the strategy.

Early childhood development: Explanatory analysis of policy commitments

Early childhood development in the Slovak National Roma Integration Strategy

Slovakia has received repeated Country Specific Recommendations (CSRs) urging better inclusion of Roma children in mainstream pre-school and its NRIS sets a goal of increasing pre-primary attendance to 50% by 2020, mostly by increasing access to kindergartens. Following the structure laid out in the EU Framework, the strategies developed in Slovakia address ECD under the heading 'education'. The dominant theme is increasing access to and enrolment at kindergarten or pre-school. In Slovakia, the NRIS commit to establishing programmes to increase access to kindergartens by addressing shortages in capacity, building facilities close to Roma communities, increasing teaching staff and offering meals to disadvantaged children attending kindergarten (**Slovak NRIS, 2012: 28**).

Under the education heading, a number of positive initiatives are highlighted. Efforts to integrate Romani language education are recorded in Slovakia; cash incentives for teachers have been put in place to encourage Roma uptake of pre-school education. However, the assessments also highlight some core challenges in implementing the Slovak NRIS. Segregation remains a problem in Slovakia; this manifests in the disproportionate enrolment of Roma children into schools for children with learning disabilities and mental health problems. 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 Early Childhood education and care (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. The Commission assessment calls for reinforcement of these actions, whilst noting that disproportionate enrolment of Roma children in 'special-needs education' remains a problem.



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:

- Most of the children are not attending kindergarten;
- there is not enough education in the community done so far due to lack of time and resources;
- Pregnant mothers do not receive advice on pregnancy;
- New born babies are visited only time to time, there are no regular medical visits by medical assistants;
- The Slovak strategy does not address early childhood development, it addresses mainly education and children specified in the health pillar.

Positive changes have been reported as more young mothers are able to take better care of their children in collaboration with health care providers, due to having good role models or help from RHMs. However, there are some difficulties preventing the good development of Roma babies and children

- Lack of role models in the Roma communities;
- Bad nutrition;
- Unhealthy environment, parents smoking (including mothers smoking during pregnancy);
- Lack of hygiene;
- Poverty;
- Children are begging for money to support themselves;
- Unhealthy outdoor environment (children play amongst garbage).

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

- Greater Roma participation in all phases of the strategy;
- increase the budget for the strategy implementation;
- The ECD component must be mainstreamed in the strategy;
- Develop the strategy based on the realities from communities;
- Map the needs of Roma babies and children;
- Influence local authorities to include Roma measures in the Local Development Plans and Local Budget in order to improve their situation, inclusive the situation of Roma babies and children;
- Campaign on the importance of early education among Roma parents;
- Campaign to raise awareness about vaccination and its positive effects.

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](#)



european **public health** alliance
www.eph.org

Rue de Trèves 49-51
1040 Brussels
BELGIUM

TEL: +32 (0) 2 230 30 56

FAX: +32 (0) 2 233 38 80

MAIL: epha@epha.org