

Roma Health in Europe

**Roma Health and Early Childhood
Development**

Position paper | April 2014

european public health alliance







Roma Health in Europe

Table of Contents

EPHA Recommendations on how to promote meaningful Roma integration in Europe.....	3
Social determinants approach.....	5
Health Inequalities in Europe.....	5
Roma as one of the most vulnerable groups in Europe	6
Roma population in Europe.....	6
Discrimination of Roma: the Fundamental Rights aspects	6
Roma Integration as a public health issue	7
Social and Environmental Determinants of Roma Health	7
Employment.....	7
Built environment	8
Access to water.....	8
Housing.....	8
Education.....	10
Poverty.....	10
Roma Health	11
Communicable and non-communicable diseases	11
Infectious diseases.....	12
Life expectancy and infant mortality.....	12
Sexual and Reproductive Health.....	13
Harmful substance abuse (alcohol, tobacco, drugs).....	13
Health Insurance (access to healthcare).....	14
Health indicators in Romania	15
Inequalities within the Roma communities – the gender dimension	16
Education.....	16
Employment.....	16
Health.....	16
The case study of medical caravans.....	16
Roma Health Mediators (RHMs).....	17
International commitments on Roma Health Mediators	17
Roma mediators in Europe.....	18
Roma Health mediators – case study of Romania.....	19
European policy framework on ROMA: joint responsibility of the EU and Member States on Roma integration	20
Commitments of Member States on Roma Integration.....	20
EU competences on Roma integration in the European Union	20
EU Framework for National Roma integration strategies.....	20
Active civil society involvement in the evaluation of the National Roma Integration Strategies (NRIS)	21
Roma in the country specific recommendations (CSRs)	21
Bulgaria.....	21
Hungary.....	22
Romania.....	22
EU legislation on equal treatment of Roma.....	22
Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin	22
The Directive 2000/78/EC on equal treatment in employment and occupation	23
Towards a new Equal Treatment Directive.....	23
Fundamental Rights of Roma – data collection	24
The FRA mandate – Roma integration.....	24
FRA data collection on Roma.....	24
EU Financial support for better Roma integration	25
EU Funds.....	25
ROMACT.....	26



EPHA Recommendations on how to promote meaningful Roma integration in Europe

One of the **most universally disadvantaged** communities living in Europe is the Roma. The great majority of the estimated **10-12 million Roma population** is found at the **very bottom of the socio-economic spectrum**: they suffer worse health than the other populations in the countries due to their higher exposure to the **range of unfavourable factors that influence health**. Due to the multiplicity of their discrimination and social exclusion, the inequalities faced by the Roma population highlights **the cause for combating the social determinants of health across the board**.

- **To devise evidence-based, targeted political action and to improve the quality and quantity of available data on Roma.** Data evidence on health inequalities of Roma is available and shows a public health emergency which requires immediate political actions. However, data is often fragmentary and lacking in good quality information about Roma Health. While the devising of evidence-based, targeted political actions (e.g. medical caravans targeting the poor / Roma) are necessary to improve Roma health, systematic research and data collection are needed to fill the gap in the serious lack of information into their distinctive health needs and patterns of disease.
- **To secure sustainability of employment of Roma Health Mediators (RHM).** RHMs are experts in equal opportunity, who in the course of mediation between Roma communities and various institutions facilitate the availability of public services – most especially in the areas of education, housing, health care, social services and the labour market – for the Roma. While the recognition of RHM as an official professional qualification is a precondition of their work, it is vital to secure the sustainability of RHM roles by providing appropriate working conditions.
- **To ensure the full implementation of the EU legislation on Roma integration at member state level which should result in real improvement of the Roma in the field.** While recognising the special responsibility of Member States, the EU itself bears a considerable part of that joint responsibility. Therefore, both the EU and Member States must ensure:
 - the active involvement of the civil society in the preparation and assessment of national Roma integration strategies (NRIS).
 - that Roma integration remains part of the European Semester and that there will be meaningful follow up actions when Member States receive Roma-related Country Specific Recommendations (CSRs)
 - the respect of EU legislation on the equal treatment of Roma; both the EU and Member states have to take all necessary measures to ensure that Member States comply with the Racial or Ethnic Discrimination Directive (2000/43/EC)¹ and the Equal Treatment Directive in Employment and Occupation 2000/78/EC²

¹ Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin,

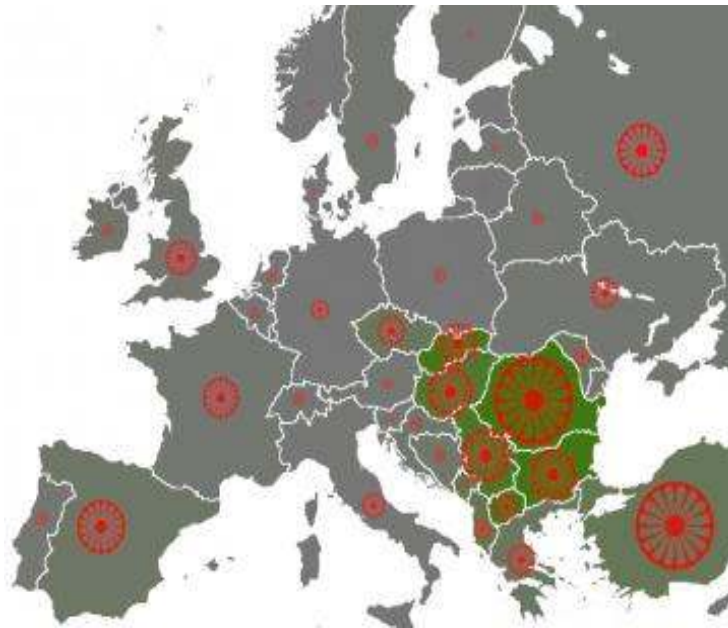
² Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation



- the adoption of the new Equal Treatment ('Article 19) Directive' to provide Roma with higher levels of legal protection against discrimination.
- **To include social rights into the mandate of the Fundamental Rights Agency (FRA)** The FRA's mandate covers Roma integration and discrimination based on ethnic or social origin, but it does not have a mandate to monitor social rights which would be essential for collecting better data in the field of Roma integration.
- **To involve civil society in the funding process and provide financial support for local Roma NGOs.** The involvement of local civil society in the EU funding process intended to improve Roma integration is a prerequisite for the transparency and accountability of the EU funding programmes in order to make sure that financial support actually reaches the Roma in need. It is essential to provide financial support for the operation of local Roma civil societies.

Social determinants approach

Social and environmental determinants of health are the conditions in which people are born into, grow up in and work in. They affect opportunities to be healthy, to develop illnesses or suffer injuries and life expectancy. It is well recognised that **differences in public health outcomes at a population level** are **closely linked** to the social and environmental determinants of health.³



(Roma population in Europe – source© Fundamental Rights Agency (FRA) website)

Health Inequalities in Europe

Across Europe there are dramatic differences between and within countries in terms of health status. Furthermore, the absence of and/or unequal access to systems put in place to deal with illness also result in **increased inequities in health**.⁴

In 2008, the **World Health Organisation (WHO) Commission on Social Determinants of Health (CSDH)** concluded that **social inequalities in health arise because of inequalities in the conditions of daily life** and the fundamental drivers that give rise to them: **inequities in power, money and resources**. They argued that **social and economic inequalities** underpin the determinants of health: the range of interacting factors that shape health and well-being.⁵

In 2013, the report of the **European Commission on Health inequalities in the European Union** provided an outline of new evidence reinforcing the fact that **differences in the social determinants result in health inequalities** and found many examples of associations between **health risk factors**, including tobacco use and obesity, and socio-economic circumstances. This

³ EPHA Briefing Paper on Health Inequalities <https://epha.org/epha-briefing-paper-on-health-inequalities/>

⁴ EPHA Briefing Paper on Health Inequalities <https://epha.org/epha-briefing-paper-on-health-inequalities/>

⁵ http://www.who.int/social_determinants/thecommission/finalreport/en/



reflects the influence that lack of control, stress and reduced capabilities — all strongly associated with social disadvantage — have on both health and health-related behaviours.⁶

Roma as one of the most vulnerable groups in Europe

Health inequalities - the unfair but avoidable differences in health status across different socio-economic groups in society - usually result from:

- the uneven distribution of social and environmental determinants;
- the different levels of access to resources, such as education, employment, housing, health services;
- different participation levels in society and different levels of control over life.⁷

In reality, this affects the **most vulnerable part of the population** (ex. immigrants, homeless, drug and alcohol abusers, children, the elderly, people living with mental health problems, the poor, the disadvantaged, disabled people, etc.) including the Roma population as one of the most vulnerable groups in Europe.

Roma population in Europe

One of the most universally disadvantaged communities living in Europe is the estimated 10-12 million Roma population in Europe. The term “Roma” refers to a number of different groups (such as Roma, Sinti, Kale, Gypsies, Romanichels, Boyash, Ashkali, Yenish, Dom, Lom) and also includes Traveller groups, without denying the specificities and varieties of lifestyles and situations of these groups.

Discrimination of Roma: the Fundamental Rights aspects

Many of Roma in Europe face prejudice, intolerance, discrimination and social exclusion in their daily lives. As the Fundamental Rights Agency points out in its strategic plan 2013-2017⁸, despite efforts at national, European and international level to advance Roma integration, many Roma still face **deep poverty, profound social exclusion, barriers to exercising fundamental rights, and discrimination**.⁹ In a recent FRA survey, about half of the Roma surveyed said that they have experienced discrimination in the past 12 months because of their ethnic background. Around 40% of the Roma surveyed are aware of laws forbidding discrimination against ethnic minority people when applying for a job.¹⁰ All of these tendencies violate the Fundamental Rights of people belonging to the Roma community.

⁶ http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

⁷ EPHA Briefing Paper on Health Inequalities <https://epha.org/epha-briefing-paper-on-health-inequalities/>

⁸ See also 4.2.4 - Fundamental Rights of Roma – data collection – p 20

⁹ Draft FRA Strategic Plan 2013-2017, p 23, http://www.epha.org/IMG/pdf/frastrategicplan_july2013.pdf

¹⁰ The situation of Roma in 11 EU Member States - Survey results at a glance Report



Roma Integration as a public health issue

While fully recognising the importance of Fundamental Rights violations, the public health community puts particular accent on the health Status of Roma, since the **Right to Health is also a Fundamental Right**.¹¹ 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.¹² The aforementioned 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**.¹³ 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. Due to the multiplicity of their discrimination and social exclusion, the inequalities faced by the Roma population highlights the cause for combating the social determinants of health across the board.

It is important to note in advance that it is **difficult to find good quality information on the health status of the Roma**. Several reviews of the published literature on the health of the Roma people have identified the serious lack of research into their distinctive health needs and patterns of disease. Data on health inequalities for Roma and itinerant groups do exist, but are often fragmentary and lacking in information on specific health issues.

Social and Environmental Determinants of Roma Health

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.

Following the outlined approach of social and environmental determinants of health, the overall Health of the Roma population is determined by:

- employment,
- built environment (including housing and the access to water),
- education
- poverty.
- The Health of Roma – being social and environmental determinants of health itself - can be defined by several health indicators:
- communicable and non-communicable diseases,
- Infectious diseases,
- Life expectancy and infant mortality,
- Sexual and Reproductive Health,
- Substance abuse (alcohol, tobacco, drugs),
- Health Insurance (access to healthcare)

Employment

Roma populations experience disproportionately high levels of unemployment and are over-represented in low-skill jobs. Moreover, many Roma families have no fixed/secure income.

¹¹ The Charter of Fundamental Rights of the European Union and the Roma http://www.erionet.eu/doc-paper-charter-of-fundamental-rights-and-the-roma_erio_2013

¹² Health and Economic Development in South Eastern Europe, p 37, http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf

¹³ Draft FRA Strategic Plan 2013-2017, p 23, http://www.epha.org/IMG/pdf/frastrategicplan_july2013.pdf



This also has an impact when it comes to making out-of-pocket payments for health care for example, or for pension claims in later years when it may be necessary to stop working. According to official statistics in Macedonia, the unemployment rate in the second trimester of 2013 was 30.9 % (273, 860) of the total working population (15-64).¹⁴ Inequalities exist between Roma and non-Roma in Macedonia, as regards the ratio of reported unemployed persons: according to available data, **73% of them were Roma and 31% were non-Roma**.¹⁵

On average, fewer than one out of three Roma are reported to be in paid employment. One out of every three Roma respondents said that they are unemployed. Others said that they are homemakers, retired, not able to work or self-employed.¹⁶

Built environment

The daily conditions in which people live have a strong influence on health equity. Access to quality housing, clean water and sanitation are human rights. Many Roma live in conditions that do not support good health, such as informal settlements, and there is a high rate of 'ghettoization', whereby Roma live in distinct neighbourhoods noted for their poor sanitary facilities. **The impact of poor sanitation on levels of communicable diseases amongst these communities, such as tuberculosis or measles should not be underestimated.** Furthermore, **levels of preventable injuries are much higher** amongst deprived communities and this is also true among the Roma. Urban and rural housing renewal schemes should aim to ensure the greater availability of safe and affordable housing, invest in the upgrading of slum and sink estates and focus on the provision of water, sanitation and electricity.

Access to water

Access to safe and clean drinking water and sanitation services cannot depend on how much money you have or in which neighbourhood you happen to live. However, European and international media have widely reported the 2 August 2013 decision of the city mayor of the Hungarian town Ózd to reduce water pressure or stop supplying 88 roadside pumps altogether. The decision affected several hundreds of families and hit especially hard a number of poor neighbourhoods that have a large Roma population. This happened in the middle of a heat wave reaching temperatures of 40°C, forcing hundreds to queue at those pumps that were still delivering a trickle of water. Due to international pressure and the prospect of large demonstrations, the government ordered the city to restore water supplies.¹⁷

Housing

The notion of "adequate housing" is especially relevant for Roma. In its Recommendation Rec (2005)4¹⁸, the Council of Europe gave a definition of "adequate shelter" which is taken from the United Nations Habitat Agenda for "adequate housing", paragraph 60. Although

¹⁴ State statistic office http://www.stat.gov.mk/Publikacii/1.2.13.10_mk.pdf

¹⁵ The Roma Early Childhood Inclusion Overview Report – p 38

Results: unemployment rate <http://www.romachildren.com/wp-content/uploads/2010/12/RECI-Macedonia-English-WEB.pdf>

¹⁶ 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

¹⁷ Right to Water] European Citizens Initiative condemns mayor of Hungarian town of Ózd for cutting people off water, <http://www.epha.org/a/5804>

¹⁸ Recommendation Rec(2005)4 of the Committee of Ministers to member states on improving the housing conditions of Roma and Travellers in Europe, <https://wcd.coe.int/ViewDoc.jsp?id=825545>



“housing” in this Recommendation includes different modes of accommodation, such as houses, caravans, mobile homes or halting sites,

“adequate shelter means more than a roof over one's head. It also means adequate privacy; adequate space; physical accessibility; adequate security; security of tenure; structural stability and durability; adequate lighting, heating and ventilation; adequate basic infrastructure, such as water-supply, sanitation and waste-management facilities; suitable environmental quality and health-related factors; and adequate and accessible location with regard to work and basic facilities: all of which should be available at an affordable cost.”¹⁹

A recent review of the living conditions of Roma populations has recently been completed by the [European Foundation for the Improvement of Living and Working Conditions](#). They focused on three problems that the Roma face in the field of housing and the potential for these to adversely affect health:

- **lack of access to improved forms of sanitation** (such as an indoor toilet, bath or shower);
- **the high rate of overcrowding**, especially after relocations through forced evictions; and
- **the segregation of most Roma** living in cities.

Figure 12: Average number of persons per room (excluding kitchen, corridor, toilet, bathroom and any room rented out) (pooled data) (%)



Notes: Roma households living in mobile or makeshift accommodation were excluded from this calculation. These were the Roma (gens du voyage) surveyed in France all living in caravans on halting sites; about half of the Roma surveyed in Italy and about 10 % of the Roma surveyed in Greece and Portugal.

Source: FRA Roma pilot survey 2011, UNDP/World Bank/EC regional Roma survey 2011

The report noted that **overcrowding appears to be most severe in Slovakia** and is associated with a variety of health problems and the risk of accidents. While they noted that segregation can be a coping strategy that uses communal ties and networks to fill a void in the provision of essential services, **it increases vulnerability to exclusion from healthcare services, employment, education and contact with the rest of society**. The quality of housing in these

¹⁹ Prosperity and Health of the Roma Woman “The road to challenge” p 13, <http://static.nationalromacentrum.org/pdf/publikacija/publicationEN.pdf>



segregated areas also tends to be very poor. Analysis of Roma living in substandard housing showed that they had an **increased risk of poor self-reported health, mental illness, domestic accidents and drug-related problems**. The report concluded more research is needed to uncover the links between housing and health conditions of the Roma.²⁰

FRA data showed that in the Roma households surveyed, on average more than two persons were living in one room. About **45% of them were living in households that lack at least one basic housing amenities**, namely an indoor kitchen, an indoor toilet, an indoor shower or bath and electricity.²¹ **42% of the Roma surveyed live in conditions of severe housing deprivation, e.g. having no piped water and/or sewerage and/or electricity in comparison to 12% of non-Roma living nearby**. Roma households with four or more children face a higher proportion of severe housing deprivation.²²

In Macedonia, the poor economic situation and substandard living conditions significantly impact the health of Roma people. The homes often have inadequate infrastructure in terms of quality of building materials, sanitation, ventilation and very little available space (69% live within 10-50 square metres),²³ in multi-generational families without any privacy.

The survey of National Roma Centrum conducted in 2007 in Macedonia showed that more than 90% live in solid built houses, but **10% live in substandard houses**. More than 60% of Roma reported damp in their homes.²⁴

Education

In many cases, there are extremely high rates of illiteracy among Roma communities as families often cannot afford education costs and need to use their children as a source of income. Furthermore, cultural traditions such as early marriage results in a situation where children/adolescents leave formal education earlier than those in the non-Roma community. According to a survey, on average, only one out of two Roma children attend pre-school or kindergarten. While of compulsory school age, **nine out of 10 Roma children aged 7 to 15 are reported to be in school (with the exception of Bulgaria, Greece and Romania)**. Participation in education drops considerably after compulsory school: **only 15% of young Roma adults surveyed complete upper-secondary general or vocational education.**²⁵

Poverty

An important issue that has a major impact for Roma communities is the lack of documents and papers providing proof of eligibility for state-provided welfare. In a survey of eleven EU Member States conducted in 2011 by the Fundamental Rights Agency (FRA), **87% of Roma households have an income below the national at-risk-of poverty level,**

²⁰ 'Living conditions of the Roma: substandard housing and health', European Foundation for the Improvement of Living and Working Conditions, 2012. <http://www.eurofound.europa.eu/pubdocs/2012/02/en/1/EF1202EN.pdf> (Referred in the 'Health inequalities in the EU' report)

²¹ 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

²² <http://fra.europa.eu/sites/default/files/ep-request-roma-women.pdf> **Employment:** p 13 **Health:** p 15 **Education:** p 4

²³ ²³ Roms on Integration: Analyses and recommendations, European Centre for Minority Issues, 2005, p 109, http://www.ecmi.de/fileadmin/downloads/publications/Monographs/monograph_3_en.pdf

²⁴ Prosperity and health of Romani women "The road to challenge", p 13, <http://static.nationalromacentrum.org/pdf/publikacija/publicationEN.pdf>

²⁵ 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



compared to 46% of non-Roma households and compared to 17% for the EU's population in general. Roma families with four or more children have the highest at-risk of poverty rate across the surveyed EU Member States – often 90% or more of these families have an income below the at-risk-of poverty threshold. The FRA survey shows that on average, about 90% of the Roma surveyed live in households with an equivalent income below national poverty lines. On average, around 40% of Roma live in households where somebody had to go to bed hungry at least once in the last month as they could not afford to buy food.²⁶

Roma Health

Roma communities are found across Europe, and there are particular health concerns relevant for each community.

Communicable and non-communicable diseases

The health of the Roma community at a population level is characterised by high levels of both communicable and non-communicable diseases.²⁷ Studies conducted in Eastern Europe reported a higher prevalence of infant mortality, low birth weight and prematurity in Roma children,²⁸ and a higher prevalence of type II diabetes and cardiovascular diseases among all age groups in comparison to the majority population.²⁹ In the FRA survey, one out of three Roma respondents aged 35 to 54 report health problems limiting their daily activities.³⁰

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



Source: FRA Roma pilot survey 2011

²⁶ 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

²⁷ Health and Economic Development in South Eastern Europe, p 37, http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf

²⁸ http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf

²⁹ Health needs of the Roma population in the Czech and Slovak Republics" Koupilová, Epstein H, Holcák 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>

³⁰ 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



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, especially among women during the reproductive period, as well as in health information access.³¹

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.³²

Infectious 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.³³

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 indicates that Roma have a life expectancy on average 5-6 years lower than that of ethnic Bulgarians.³⁴ Research from across Europe, including the United Kingdom, show that the health outcomes of the Roma people are significantly poorer than those of the other low socio-economic population across a range of indicators.

All these factors contribute to the shorter lifespan of Roma people in comparison with the general population living in the territory of the Republic of Macedonia. For example, the life expectancy of Roma in Macedonia is: 73.5 years for the non-Roma population and 68 years for the Roma population³⁵ with the infant mortality rate among Roma being 13,1/1000 while it is 10,6/1000 in the non-Roma general population.³⁶

³¹ Improving the health and social status of the Roma population in Republic of Macedonia by introducing Roma Health Mediators

³² 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

³³ 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

³⁴ Avoiding the Dependency Trap, p 64, http://hdr.undp.org/sites/default/files/avoiding_the_dependency_trap_en.pdf

³⁵ The Roma Early Childhood Inclusion Overview Report - p 24 <http://www.unicef.org/romania/RECI-Overview.pdf>

³⁶ Roma Early Childhood Inclusion -Macedonian Report p 50 <http://www.romachildren.com/wp-content/uploads/2010/12/RECI-Macedonia-English-WEB.pdf>



Sexual and Reproductive Health

Regarding sexual and reproductive health, a 2010 study led by the National Roma Centrum in Macedonia identified the following socio-economic risk factors for cervical cancer in the Roma population:³⁷ low levels of education and low annual family income;³⁸ three or more vaginal deliveries;^{39, 40} and the short interval between the first menstrual cycle and the first sexual intercourse⁴¹ were associated with a high risk. A history of infertility, even if only slightly⁴², still increased the risk of precursor lesions in this group. To conclude, **the low socio-economic status, history of infertility 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.⁴³

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**.⁴⁴ 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)⁴⁵ 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 Macedonia.⁴⁶

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.⁴⁷ There is a pressing need to raise awareness and provide life skills education in and out of school.

³⁷ <http://www.cancer.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page3>

³⁸ 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

³⁹ In a vaginal birth, the baby will come out through the birth canal.” <http://www.med.nyu.edu/content?ChunkID=14790>

⁴⁰ adjusted OR of 3.0

⁴¹ adjusted OR of 0.81 for each year, p<0.002

⁴² adjusted OR of 1.2

⁴³ 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>

⁴⁴ The Status of Romani Women in Romania, p 55, Open Society Foundation, http://www.opensocietyfoundations.org/sites/default/files/broadening_agenda.pdf

⁴⁵ Médecins du Monde auprès des femmes Rrom – Mars 2008, p 3, <file:///C:/Users/EPHA/Downloads/d57cdf03de18d48990c540ffca78e2f.pdf>

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

⁴⁷ <http://www.ncbi.nlm.nih.gov/pubmed/20531122>



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.⁴⁸

Health Insurance (access to healthcare)

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.⁴⁹

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.**⁵⁰ 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.**⁵¹

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.**⁵²

A further obstacle to obtaining health insurance is the non-regulated citizenship status of many Roma.⁵³ 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.⁵⁴ 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.

⁴⁸ <http://www.mspsi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf>

⁴⁹ Health and Economic Development in South-Eastern Europe, p 112

http://www.euro.who.int/_data/assets/pdf_file/0003/74748/E89184.pdf

⁵⁰ 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>

⁵¹ 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

⁵² 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>

⁵³ 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>

⁵⁴ Empowerment of Roma women within the European framework of national Roma inclusion strategies, p 16.



According to data from Macedonia, the unequal treatment by some of the medical community is another obstacle for the regular and timely medical examinations of Roma people,⁵⁵ 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.⁵⁶

The lack of communication between Roma and health workers in 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.⁵⁷

Health indicators 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 ⁵⁸	Non-Roma ⁵⁹
Life expectancy	61 years	74.5 years
Birth rate	12.6%	9.2%
Mortality Rate	18.3%	11.8%
Infant Mortality Rate	23.1%	11.2%
Maternal Mortality Rate	0.62%	0.027% ⁶⁰

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

⁵⁵ 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>

⁵⁶ **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

⁵⁷ Pavlovski B., Health, health care, and influences on health among Roma in R. Macedonia, ESE 2008, <http://esem.org.mk/pdf/Publikacii/Ostanati/Zdravjeto,%20zdravstvena%20zastita%20i%20vlijanija%20vrz%20zdravjeto%20kaj%20Romite%20vo%20RM.pdf>

⁵⁸ Social Observatory for Roma – Bucharest University

⁵⁹ World Bank, <http://data.worldbank.org/indicator/SP.DYN.LE00.IN/countries/RO?display=graph>

⁶⁰



Inequalities within the Roma communities – the gender dimension

In 2011, a survey was conducted by the Fundamental Rights Agency (FRA) in eleven EU Member States. It showed that there are important differences between the EU Member States surveyed that should be taken into account when developing targeted Roma inclusion policies. For instance, while Roma women generally lag behind men in education, the gap closes when looking at younger age groups.⁶¹

Education

More Roma men (85%) than women (77%) said that they could read or write and more Roma women (19%) than men (14%) said that they had never been to school. On average across all Member States surveyed, fewer Roma women (37%) than men (50%) aged 16–24 years were reported as remaining in education after the age of 16.

Employment

On average across the Member States surveyed, 21% of Roma women are in paid work compared to 35% of Roma men. Roma men are more frequently reported as self-employed (25%) or in ad hoc jobs (28%) than Roma women (13% and 15%, respectively).

Health

In the area of health, 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). 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.

The case study of medical caravans

In the framework of the project “**Together for Rural Health**” (Impreuna pentru Sanatatea Rurala) ‘medical caravans’ are organised 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 Electrocardiography room or a first-grade class set up like a paediatric 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.

⁶¹ <http://fra.europa.eu/sites/default/files/ep-request-roma-women.pdf> Employment : p 13 Health : p 15 Education : p 4



Medical caravan in Rosia, Sibiu (Romania)
source © [OvidiuRo website](#)

The first medical caravan was launched in Araci, in July 2013. This was able to see **800 people of whom 75% were Roma**. The second 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.⁶² Two additional medical caravans are planned for later in 2014.

Roma Health Mediators (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 in 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.⁶³

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

⁶² <http://www.togetherforbetterhealth.eu/countries/romania/medical-caravan-nou-village-sibiu-county>

⁶³ Éva Deák, Intercultural Mediator – the birth of a new profession? The forms and role of the intercultural mediator function in the social integration of the Roma over the past few years



how much the work of intercultural mediators is exploited, and what qualification people who are trained to fulfil these tasks originally had.⁶⁴

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."⁶⁵

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 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.⁶⁶

Roma mediators in Europe

Roma Mediators also played a key role in the programme entitled 'A Good Start' (2010-2012),⁶⁷ carried out by the Roma Education Fund in 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.⁶⁸

In Bulgaria, Romania, Macedonia, Serbia, Slovakia, Hungary and Ukraine,⁶⁹ 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.

⁶⁴ <http://www.coe-romed.org/>

⁶⁵ 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>

⁶⁶ 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>

⁶⁷ A Good Start, http://www.romaeducationfund.hu/sites/default/files/documents/a_good_start_booklet.2001.pdf

⁶⁸ See more at <https://epha.org/health-mediation-programme-in-romania/> and at <http://www.sastipen.ro/proiecte-fse/mediere-sanitara-pms-proiecte>

⁶⁹ Roma Health Mediators - Successes and challenges, p 1, <http://www.ecdc.europa.eu/en/press/events/Documents/Roma-Health-Mediators-report-Alina-Covaci.pdf>



Roma Health mediators – case study of Romania

Romania was among the first countries which adopted a Roma health programme⁷⁰, and the Roma Health Mediator was introduced within the Classification of Occupations in Romania as an official professional qualification.⁷¹

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.

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.⁷²

⁷⁰ Ministry of Health Order no. 619/2002

⁷¹ Roma health mediation in Romania, p 7, WHO, http://www.euro.who.int/_data/assets/pdf_file/0016/235141/e96931.pdf

⁷² http://www.irf.ua/files/ukr/programs/east/domiloiu_romania.pdf



European policy framework on ROMA: joint responsibility of the EU and Member States on Roma integration

Commitments of Member States on Roma Integration

Member States made clear their political commitments on Roma integration. The Council adopted Conclusions on May⁷³ and June 2011⁷⁴ on Roma integration. Most recently, at its 9-10 December 2013 meeting, the Council of the European Union adopted unanimously the Council recommendations on effective Roma integration measures in the Member States.⁷⁵ They focus on the main vulnerability factors of Roma such as poor health, poor housing, poor nutrition, exclusion, discrimination, racism and violence. All of these pledges mark an unprecedented commitment by EU Member States to promoting the inclusion of Roma on their territory.

EU competences on Roma integration in the European Union

While recognising the special responsibility of Member States to Roma integration, the European Union bears significant responsibility itself due to recent developments in Roma-related EU legislation.

EU Framework for National Roma integration strategies

In the **EU Framework for National Roma Integration Strategies**,⁷⁶ all Member States are expected to present to the European Commission a strategy for Roma inclusion or sets of policy measures within their social inclusion policies for improving the situation of Roma people on a yearly basis. For this purpose, they set up national contact points.⁷⁷

The European Commission assesses these strategies and publishes its conclusions. The national strategies are available in the language version provided to the European Commission. Factsheets of the assessment made by the Commission are also available for each country on a yearly basis.⁷⁸

In 2012, the Commission for the first time assessed the national strategies on Roma⁷⁹ presented by the Member States and adopted horizontal conclusions on the progress made and gaps on housing, education, health and employment of Roma. The Commission published in 2013 its progress report about the national Roma strategies.⁸⁰

⁷³ An EU Framework for National Roma Integration Strategies up to 2020 - Council Conclusions, <http://register.consilium.europa.eu/doc/srv?l=EN&t=PDF&gc=true&sc=false&f=ST%2010658%202011%20INIT>

⁷⁴ European Council 23/24 June 2011 Conclusions, http://ec.europa.eu/commission_2010-2014/president/news/speeches-statements/pdf/20110624_1_en.pdf

⁷⁵ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/139979.pdf

⁷⁶ An EU Framework for National Roma Integration Strategies up to 2020, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0173:FIN:EN:PDF>

⁷⁷ An EU Framework for National Roma Integration Strategies up to 2020, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0173:FIN:EN:PDF>

⁷⁸ National strategies, http://ec.europa.eu/justice/discrimination/roma/national-strategies/index_en.htm

⁷⁹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52012DC0226:en:NOT>

⁸⁰ http://ec.europa.eu/justice/newsroom/discrimination/news/130626_en.htm



Active civil society involvement in the evaluation of the National Roma Integration Strategies (NRIS)

In order to collect the overall picture of Roma integration in Member States, the active involvement of civil society in the monitoring process is essential. As a good example, the Decade Secretariat and the Open Society Foundations supported the creation of civil society monitoring reports on the implementation of NRIS and the Decade of Roma Inclusion National Action Plans in eight countries (Albania, Bulgaria, Czech Republic, Hungary, Macedonia, Romania, Slovakia, Spain) in 2012. In addition, the Decade Secretariat made a template public in order to encourage other civil society actors to monitor the implementation of NRIS and Decade Action Plans.

In the reports, civil society coalitions supplement or present alternative information to Decade progress reports, submitted by participating governments in the Decade of Roma inclusion, as well as to any reports submitted by State parties to the European Commission on implementation of their NRIS. These reports are not meant to substitute monitoring and quantitative evaluation by State authorities, but instead to channel local knowledge into national and European policy processes and to allow reflection on the quality and outcomes of government measures. As these are the first reports of this sort, they also evaluate the quality of the NRIS. In some cases, the reports address social impacts of policies as well. The reports provide additional data to that provided through official channels, proxy data where there is no official data or alternative interpretation of published data.⁸¹

Roma in the country specific recommendations (CSRs)

On 29 May 2013, the European Commission published its proposals for the **2013 Country Specific Recommendations (CSRs)**.⁸² This is the third cycle of recommendations given to the Member States since **the Europe 2020 Strategy** was launched in 2010. After a debate on the proposals in the different Council formations, including EPSCO and ECOFIN, the EU Council endorsed the CSRs at the end of June. The Semester is not the only process that gives advice to member states on social spending. The Commission's **Social Investment Package**,⁸³ adopted in February 2013, offers guidance on how to make social welfare and health systems more efficient and effective in the context of tighter budgets. The **staff working document (SWD)**,⁸⁴ which accompanies each country specific recommendation (CSR), provides some countries with further recommendations on how to improve efficiency. Several Member States received Roma-related recommendations: Bulgaria, Hungary, Romania (see examples below), Slovakia and the Czech Republic) which is a new dimension of the EU's influence in respect of Roma policies.

- **Bulgaria**

The 2013 Bulgarian CSR⁸⁵ recommends “improving access to inclusive education for disadvantaged children, in particular Roma and ensuring effective access to

⁸¹ Civil Society Monitoring Reports, www.romadecade.org/civilsocietymonitoring

⁸² Moving Europe beyond the crisis: country-specific recommendations 2013, http://europa.eu/rapid/press-release_IP-13-463_en.htm

⁸³ Social investment: Commission urges Member States to focus on growth and social cohesion, <http://ec.europa.eu/social/main.jsp?langId=en&catId=1044&newsId=1807&furtherNews=yes>

⁸⁴ Commission Staff Working document - Assessment of the 2013 national reform programmes and stability programmes for the EURO AREA, http://ec.europa.eu/europe2020/pdf/nd/swd2013_euroarea_en.pdf

⁸⁵ Recommendation for a Council Recommendation on Bulgaria's 2013 national reform programme and delivering a Council opinion on Bulgaria's convergence programme for 2012-2016 <http://register.consilium.europa.eu/pdf/en/13/st10/st10625-re01.en13.pdf>



healthcare and improvement of the pricing of healthcare services by linking hospitals' financing to outcomes and developing out-patient care.”

- **Hungary**

The 2013 Hungarian CSR⁸⁶ recommends that the government “improves education for vulnerable groups, such as Roma and increases the participation of women in the workforce.” It also calls for measures to “ensure that the objective of the National Social Inclusion Strategy is mainstreamed in all policy fields in order to reduce poverty, particularly among children and Roma.”

- **Romania**

The 2013 CSR for Romania⁸⁷ encourages the government to “pursue health sector reforms to increase efficiency, quality and accessibility, in particular for disadvantaged people and remote and isolated communities”. It also calls for measures “to reduce the excessive use of hospital care (including) by strengthening outpatient care”. It also recommends implementation of a national strategy on early school leaving, focusing on better access to quality early childhood education, including for Roma children. Finally, it suggests speeding up the transition from institutional to alternative care for children deprived of parental care.

EU legislation on equal treatment of Roma

As presented below, the law of the European Union provides the appropriate legal bases for the European Commission, as the Guardian of the Treaties, to ensure the equal treatment of Roma and to take all necessary decisions – including launching infringement procedures if necessary to make sure that Member States comply with the binding law of the EU.

- **Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin**

TFEU Article 19 provides the EU with a legal basis to combat all forms of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. The Council Directive 2000/43/EC of 29 June 2000 implements the principle of equal treatment between persons irrespective of racial or ethnic origin.⁸⁸ The objective of this legislation is to combat discrimination on the grounds of racial or ethnic origin. Therefore, this Directive lays down minimum requirements for implementing the principle of equal treatment between individuals in the EU. By discouraging discrimination, it should help to increase participation in economic and social life and reduce social exclusion. It forbids all direct or indirect discrimination based on race or ethnic origin, as well as harassment and any behaviour which makes one person discriminate against another.

⁸⁶ http://ec.europa.eu/europe2020/europe-2020-in-your-country/magyarorszag/country-specific-recommendations/index_en.htm

⁸⁷ Recommendation for a Council Recommendation on Romania's 2013 national reform programme and delivering a Council opinion on Romania's convergence programme for 2012-2016

<http://register.consilium.europa.eu/pdf/en/13/st10/st10649-re02.en13.pdf>

⁸⁸ Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0043:en:HTML>



The Directive applies to all individuals and to all sectors of activity, regarding:

- o access to employment and unpaid activities, specifically during recruitment;
- o working conditions, including hierarchical promotion, pay and dismissals;
- o access to vocational training;
- o involvement in workers' or employers' organisations, and in any professional organisation;
- o access to social protection and to health care;
- o education;
- o social advantages, access to goods and services, particularly housing.

- **The Directive 2000/78/EC on equal treatment in employment and occupation**

The Directive 2000/43/EC is supplemented by the Directive 2000/78/EC⁸⁹ on equal treatment in employment and occupation. The underlying purpose of the Framework Directive is to prohibit discrimination in the area of employment on the grounds of disability, age, sexual orientation and religion or belief. This Directive is designed to lay down a general minimum framework in this area related to:

- o conditions of access to employed or self-employed activities, including promotion;
- o vocational training;
- o employment and working conditions (including pay and dismissals);
- o membership of and involvement in an organisation of employers or workers or any other organisation whose members carry on a particular profession.⁹⁰

- **Towards a new Equal Treatment Directive⁹¹**

Existing EU legislation provides legal protection against racial or ethnic discrimination (2000/43/EC) and in employment and occupation (2000/78/EC) but not in other specific policy areas. Therefore, the European Commission put forward its proposal for a Council Directive implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation (COM (2008)426 of July 2, 2008).⁹² The new 'Article 19 Directive' would ban discrimination on grounds of religion or belief, disability, age or sexual orientation in all areas of life within EU competence (including education, housing, and access to goods and services), but since then EU Member States have not been willing to come to an agreement. Roma people in Europe desperately need the adoption of that Directive to provide them with higher levels of legal protection by the law of the EU.

⁸⁹ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&numdoc=32000L0078&model=guichett&lg=en

⁹⁰ The Framework Directive for equal treatment in employment and occupation: an analysis from a disability rights perspective, <http://disability-studies.leeds.ac.uk/files/library/richard-whittle-uropcan-Directive.pdf>

⁹¹ The principle of equal treatment between persons, http://europa.eu/legislation_summaries/justice_freedom_security/combating_discrimination/em0008_en.htm

⁹² Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0426:FIN:EN:PDF>



Fundamental Rights of Roma – data collection

The Fundamental Rights Agency (FRA) was set up by the founding Council Regulation (EC) No 168/2007 as an independent EU Agency to monitor the promotion of Fundamental Rights proclaimed in the Charter of the Fundamental Rights of the European Union.⁹³ The FRA, based in Vienna, disseminates objective, reliable and comparable data on the situation of fundamental rights in all EU countries within the scope of EU law. It works closely with other bodies and institutions at national and European level. The Agency aims to give EU institutions and EU countries assistance and expertise relating to fundamental rights when they implement EU law. The FRA provides the EU Institutions and Member States with independent, evidence-based advice on fundamental rights. The Agency plans its research on the basis of annual work programmes and within the thematic areas listed in its Multi-annual Framework.⁹⁴ The main areas that the FRA covers include discrimination on the grounds of Roma origin.

The FRA mandate – Roma integration

The thematic areas of the agency's work are determined through a five-year, Multi-annual Framework (2013-2017). On 11 March 2013, the Justice and Home Affairs Council of the European Union, on a proposal of the European Commission and after consulting with the European Parliament, adopted the agency's current Multi-annual Framework.⁹⁵ The Framework is implemented as a complement to the work of other EU bodies, the Council of Europe and other international organisations involved in the field of human rights. The current Multi-annual Framework 2013-2017⁹⁶ will expire on 31st December 2017 and will be replaced by a new Council Decision. The Agency's mandate covers Roma integration, as well as discrimination based on ethnic or social origin. However, for the time being, the FRA does not have a mandate to monitor social rights which would be essential for providing an efficient support in the field of Roma integration.

FRA data collection on Roma

The FRA plays an important role in Roma data collection. It publishes an annual report on challenges and achievements in the field of fundamental rights, which also covers Roma integration. The annual report provides in-depth evidence and analysis of fundamental rights developments in the European Union, its Member States and Croatia. This annual report focuses on how European values are being tested and what must be done to protect fundamental rights in this period of crisis. It also considers the impact on the rule of law, as well as what some EU Member States are doing to ensure trust in their justice systems. The FRA came to the conclusion Roma continue to face discrimination and social exclusion, with many living in deep poverty and lacking access to healthcare and decent housing.⁹⁷

In January 2014, the FRA published its Technical Report, describing how the FRA Roma Pilot survey was carried out and outlining the practical realities of Roma integration in 11 EU Member States. The survey methodology FRA developed, in consultation with

⁹³ <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32007R0168>

⁹⁴ Council Decision No 252/2013/EU of 11 March 2013 establishing a Multi-annual Framework for 2013-2017 for the European Union Agency for Fundamental Rights http://fra.europa.eu/sites/default/files/council-decision-no-252-2013-eu-establishing-multiannual-framework-2013-2017_en.pdf

⁹⁵ Ibid

⁹⁶ Areas of work, <http://fra.europa.eu/en/about-fra/what-we-do/areas-of-work>

⁹⁷ http://fra.europa.eu/sites/default/files/annual-report-2012_en.pdf



experts and other partners, should serve as an example to EU Member States and other researchers on sampling and interviewing Roma. The methodology can be used to collect better evidence on the situation of Roma and to support EU and Member State policy making.⁹⁸

EU Financial support for better Roma integration

In order to make sure that funds intended to promote Roma integration are effectively implemented and managed, the involvement of local civil societies in the EU funding process is a prerequisite for the transparency and accountability of the EU funding programmes. Moreover, financial support for the operation of local Roma civil societies is also essential, as one of the main key challenges NGOs report is their insufficient administrative capacities, stemming from the heavy workload they have to cope with in implementing measures for effective Roma integration.

EU Funds

In order to support and promote the social inclusion of Roma and to combat poverty and discrimination of Roma, there are several financing instruments related to Roma thematic objectives. Those thematic objectives are:

- Employment and labour mobility
- social inclusion and fight against poverty
- education, skills and lifelong learning
- institutional capacity and efficient public administration

Under the 2014-2020 financial period of the EU, the following financial instruments are relevant for Roma communities:

- European Social Fund (ESF)⁹⁹
- European Regional Development Fund (ERDF)¹⁰⁰
- European Agricultural Fund for Rural Development (EAFRD)¹⁰¹
- European Maritime and Fisheries Fund (EMFF)¹⁰²

It should also be noted that additional private and public funds, both within and outside of the EU, are available to support Roma integration.

⁹⁸ <http://fra.europa.eu/en/publication/2014/roma-pilot-survey-technical-report-methodology-sampling-and-fieldwork>

⁹⁹ <http://ec.europa.eu/esf/home.jsp?langId=en>

¹⁰⁰ http://ec.europa.eu/regional_policy/thefunds/regional/index_en.cfm

¹⁰¹ http://ec.europa.eu/agriculture/cap-funding/index_en.htm

¹⁰² http://ec.europa.eu/fisheries/reform/emff/index_en.htm



ROMACT

The New Council of Europe/European Commission programme (ROMACT) has been launched in five countries (Bulgaria, Hungary, Italy, Slovakia and Romania), with around 40 participating municipalities.

ROMACT mobilises local authorities into sustained political commitment and policy engagement towards Roma, and is especially needed given that local administrations sometimes lack the political conviction and/or capacity to implement Roma integration policies – including accessing available EU funding.¹⁰³

This document arises from the European Public Health Alliance which has received funding from the European Union, in the framework of the Health Programme. Sole responsibility for this position lies with EPHA and the Executive Agency is not responsible for any use that may be made of the information contained therein

¹⁰³ <http://www.roma-alliance.org/en/page/95-romact.html>

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.epha.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