

EU Cohesion Policy – How to improve financial support for Roma Health and Early Childhood Development

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european public health alliance





Recommendations – Financial Support for Roma Health and Early Childhood Development

To National Governments

- Specify what level of funding is needed to carry out the measures for Roma Health and Early Childhood Education and Care, proposed in their National Roma Integration Strategy (NRIS).
- Indicate in the NRIS the funding available for such measures from the national budget and, through the European Regional Development Fund and European Social Fund, from the EU budget post 2020.
- Ensure that long term commitments to implement measures for Roma Health and Early Childhood Education and Care in favour of Roma integration are not jeopardised by short-term changes in political priorities;
- Ensure that civil society organisations including Roma and pro-Roma representatives from all levels are systematically consulted and included when Roma integration measures are being planned and implemented;
- Make use of the ‘good practices’ criteria for Roma integration when making calls for proposals and selecting projects. Where appropriate, calls shall be organised to select long-term projects in favour of marginalised Roma communities. Wherever possible, the allocation of European Structural and Investments Funds should be made subject to the sustainability of projects, without continued EU funding, after their completion. These aspects shall also be considered when the post 2020 operational programmes are developed.
- High-quality, comprehensive data on access to Health and ECEC services that is disaggregated by gender and ethnicity should be collected and used to inform activities at all stages of project design and implementation.
- Make use of quantified indicators, concrete targets should be set to close the gaps between EU benchmarks and national figures for early years services addressing Roma children.
- Consider acting together, in view of preparations for the next programme period, to seek to ensure legal certainty on the use of ESF to fund Health and ECEC measures.

To the European Commission

- Among others ex-ante conditionalities for providing accessible, high quality Health and ECEC services for those who are most in need (in many cases for Roma children) should be applied. Dedicated efforts should be made to enhance the targeting of funds towards high quality Health and ECEC services for disadvantaged Roma.



- The post 2020 EU Framework for NRISs should include indicators and target values, especially in the area of Roma Health and Early Childhood Development which deal with anti-discrimination or, more specifically, antigypsyism.
- During post 2020 programme period, these indicators shall also be taken into account in the design of measures promoting the inclusion of marginalised Roma communities within the ESIF framework, in line with the requirements of the racial equality directive 2000/43/EC ¹.
- Make sure, when revising relevant operational programmes that measures carried out under the ESIF are of an inclusive nature and contain provisions aimed at fighting health inequalities and segregation.
- To ensure, in the next programme period or when revising the operational programmes, that Roma integration Health and ECEC objectives included in the NRISs are reflected in the ESIF framework at all operational levels, whenever applicable. In this context, it should ensure that data are collected reliably in order to allow progress to be monitored and evaluated between individual projects and at all levels of administration.
- Consider proposing changes to the ESIF legislation to ensure that, from the programme period beginning in 2020, the distribution of funds among the different Member States takes into account specific social inclusion indicators: in particular, the proportion of marginalised groups such as the Roma within the population. It shall ensure that any additional ESF funds made available to Member States as a result of this change are earmarked for the specific purpose of supporting marginalised communities.
- Encourage Member States, in accordance with national legal frameworks and EU legislation, including existing possible derogations, to collect in a comprehensive manner statistical qualitative data on access of Roma to different services such as Roma Health and early childhood development
- Simplify access to EU funding opportunities under the mentioned funding schemes for small municipalities.
- Allocate financing under Cohesion and Regional Development funds to support territorial strategies for access to quality, healthy, sustainable diets for all, with special attention to those living in poverty.
- To ensure that EU funds are used for developing/maintaining inclusive delivery of public services, including health services, and no public programs supporting segregation and in/direct discrimination are accepted.

¹ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32000L0043>



Introduction

Today, the Roma population is the largest ethnic minority in Europe. Estimates of the size of the community vary widely between 10 and 12 million people. Of these, around 6.2 million reside in the EU, most of them in central and eastern Member States.

The EU Cohesion Policy's contribution to Roma inclusion

In 2011 the European Commission adopted the EU Framework for National Roma Integration Strategies which focuses on four key areas: education, employment, healthcare and housing. The lead service for the EU framework for National Roma Integration Strategies in the European Commission is the Directorate-General for Justice and Consumers (DG JUST).

The policy contributes to the implementation of the EU Framework for Roma Integration and the National Roma Integration Strategies. More precisely, ESIF are relevant and contribute to the identified Roma integration goals of education, employment, housing and health. In order to achieve these goals, the integrated use of European social, regional and rural development funds is crucial. A wide range of measures closely related to Roma integration can be financed under the European Structural and Investment Funds programmes, such as infrastructural developments in social care, healthcare, education, employment, housing, human capital investments, capacity building of local authorities, and others.

Examples of relevant actions include:

Provision of guidelines to the EU Member States on policy planning for inclusive growth investments in favour of marginalised communities such as the Roma²;
Co-financing a range of social inclusion projects which can benefit Roma through mainstream programmes under the European Regional Development Fund (ERDF) and the European Social Fund (ESF);
Bilateral discussions between the European Commission and European Union Member States to identify how EU funding can be used most effectively to promote Roma inclusion.

Cohesion Policy and Roma integration

The greater part of EU financial support for social inclusion (where measures in favour of Roma integration were co-financed) is provided mainly through the European Social Fund (ESF)³, and also the European Regional Development Fund (ERDF)⁴, in the context of the EU's cohesion policy. Other funds are also available under specific programmes subject to direct management by the Commission.

² http://ec.europa.eu/regional_policy/sources/docoffic/official/reports/strat_rep_2017/strat_rep_2017_en.pdf

³ <http://ec.europa.eu/esf/home.jsp>

⁴ http://ec.europa.eu/regional_policy/en/funding/erdf/



The ESF and ERDF are implemented through national and regional multiannual operational programmes (OPs) prepared by the Member States and approved by the Commission. Within each OP, total available funds are broken down among the different priority axes of the OP. In the 2014 -2020 programme period, the ERDF and ESF were part of the European Structural and Investment Funds (ESIF)⁵; their overall budget was around 197 billion euros (ERDF) and 86 billion euros (ESF) for the entire period.

The proportion of these amounts channelled specifically to Roma integration initiatives is not recorded. But we can infer from Member States’ planning documents that around 1.5 billion euros has been earmarked for the socioeconomic integration of marginalised communities such as Roma during the 2014 - 2020 programme period. In the 2014-2020 programme period, the design and criteria of funding priorities have been improved. Roma integration has been explicitly referred to in the ESIF legislation. Indeed, an investment priority makes reference to it, and Member States with CSRs⁶ related to Roma integration are obliged to devote funds to promoting it. Finally, the new results-oriented approach of the ESIF legislation introduces a monitoring framework that should eventually improve the quality of data which can be collected.

Despite the progress which has been made, certain obstacles and dilemmas remain. In relation to the 2014-2020 period, a number of improvements are noted: for example, Roma integration is explicitly referred to in the European structural and investment funds (ESIF) regulation and specific funding priority has been introduced. Moreover, Member States with country-specific recommendations (CSRs) related to Roma integration are obliged to devote funds to promoting it. We consider, however, that additional efforts are required at both Commission and Member State level to make sure that these changes will result in projects better contributing to Roma integration on the ground.

For example, we acknowledge that the national strategies do not indicate what level of funding is needed to carry out the proposed measures for Roma inclusion⁷. They also do not state the amount of money available for such measures, from the national budget and, through the ERDF and ESF, from the EU budget. Anti-discrimination and antigypsyism have not been provided enough attention. The lack of any such targets leaves scope for institutional discrimination to develop or continue unchecked; this can significantly undermine the effectiveness of Roma integration projects, including those co-financed from the EU budget. The need for active participation by civil society organisations, in particular representatives of the Roma community itself, was not always taken into account in the selected Member States when NRISs were being drafted. Failing to include civil society organisations and the Roma community at every stage of the process risks undermining the effectiveness of policies and

⁵ http://ec.europa.eu/regional_policy/en/funding/

⁶ https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/eu-country-specific-recommendations_en

⁷ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aem0049>



projects and while the role of NRCPs it is important it has sometimes been undermined by a mismatch of resources and responsibilities.

Conclusions

Under the current 2014-20 programming period, although health and early childhood development does not represent a stand-alone objective, health investments are relevant to a series of priority areas such as innovation, support for SMEs, combatting poverty and promoting social inclusion, skills, workforce and institutional capacity, under the Europe 2020 strategy. In this respect, the current programming period for structural funds offers a more integrated approach and a wider scope of financial instruments for health and ECD, including the possibility to combine different funds under a common objective. As demonstrated by a recent study of ESIF in health⁸, this implies that the scope of investments has generally broadened to include a stronger focus on areas such as de-institutionalisation, community-based care, promotion of active and healthy ageing and e-health, while scaling back on infrastructure funding.

Research also shows that investing in the early years⁹ and particularly investing in a multi sectoral approach enabling existing service providers to work in partnership and cover health, nutrition, education, child protection and social protection is a smart investment. It increases health, productivity and social cohesion along the life course and has intergenerational benefits. Research also shows that high quality early childhood education and care (ECEC) is particularly beneficial for children from disadvantaged socio-economic backgrounds, a problem all too common for many Roma children. A number of recent EU policy documents recognize the importance of high-quality ECEC, like the Quality Framework for Early Childhood Education and Care¹⁰ by the European Commission. Still, to what extent this understanding will be reflected in the new Multiannual Financial Framework for the European Union that delivers the post-2020 priorities is a question.

Many questions arise not only around the future of ECEC and health-related investments, but also on the future of cohesion policy in general. Let's not forget that one of the Scenarios for the future of Europe would scale back EU action on public health and regional policy. However, the substantial regional disparities within the EU have considerable consequences for Roma population health and Roma children development outcomes. Sustained investment is required for the many good initiatives that have already started and further steps to adjust funding to new challenges will be essential. Many key players in European governments still consider health to be exclusively under the remit of health departments, while a cross-government approach is a prerequisite to act on key social and economic determinants of health and implement a truly integrated approach to health investment in the future.

⁸ http://ec.europa.eu/health/newsletter/164/focus_newsletter_en.htm

⁹ <http://equitablegrowth.org/report/the-benefits-and-costs-of-investing-in-early-childhood-education/>

¹⁰ http://ec.europa.eu/education/policy/school/early-childhood_en

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

EPHA's Response to EU Evaluation of the National Roma Integration Strategies– October 2017 – >> [read more](#)

Why it's time to start planning for the next EU Framework for Roma – November 2017 - >> [read more](#)



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