

CLOSING THE LIFE EXPECTANCY GAP OF ROMA IN EUROPE

EXECUTIVE SUMMARY

The European Public Health Alliance (EPHA) is currently undertaking an evidence-based literature review on the Roma life expectancy gap, based on the following indicators:

1. Life expectancy gap between Roma and non-Roma
2. Roma children and infant mortality
3. Determinants of life expectancy

The poor state of health in Roma communities is prevalent—and largely ignored—across Europe. Some Roma are completely excluded from health care, while most face hostility and discrimination within healthcare settings. Available literature on Roma and health agrees that:

- Roma people suffer from poorer health and unhealthier living conditions compared to majority populations;
- better data is needed to explain the Roma health gap and design better interventions to reduce this gap;
- the poor health of Roma is closely linked to the social determinants of health¹.

Studies have consistently found that Roma health is worse than the health of the majority populations or other ethnic minority groups. Estimated life expectancy for Roma is consistently lower than corresponding national averages. Infant mortality among Roma is estimated to exceed national averages by several percentage points. Roma are less likely to be covered by health insurance. Roma do not appear to enjoy preventive health care on equal footing with non-Roma and instead are more likely to rely on emergency services. Academics and advocates identify inadequate living conditions, poverty, limited education, and pervasive discrimination against Roma by health care professionals and the public as the key reasons for the poor health of Roma².

Like all Europeans, Roma represent patients, caregivers, and families. Yet on average, Roma will die ten - fifteen years earlier than most Europeans. Roma are less likely to be vaccinated, have fewer opportunities for good nutrition, and experience higher rates of illness. In some countries, six times as many of Roma infants do not make it to childhood. If they do, they will have experienced more infections and diseases than other groups living in similar economic conditions³.

In order to identify the Roma life expectancy gap in the literature, a search was carried out using terms such as life expectancy, mortality, early childhood development, infant mortality and determinants. Both qualitative and quantitative studies were included. English and national language published articles were selected. Reports, surveys, statistics, strategy and discussion papers sources were also consulted. Different databases using a combination of specific terms were also searched.

In total a number of 57 specific information sources were selected and reviewed.

1. Open Society Foundations (2011) Research on Roma health and access to health care: state of the art and future challenges International Journal of Public Health. <http://www.opensocietyfoundations.org/sites/default/files/research-on-roma-health-20111005.pdf>

2. Abdikeyeva A., Covaci A., (2017) The Impact of Legal Advocacy Strategies to Advance Roma Health: The Case of Macedonia. Health and Human Rights Journal, Harvard University <https://www.hhrjournal.org/2017/12/the-impact-of-legal-advocacy-strategies-to-advance-roma-health-the-case-of-macedonia/>

3. Saitovic M.,(2014) To Achieve Roma Equality, Europe Must Address Health Disparities. Open Society Foundations (2014). Available from: <https://www.opensocietyfoundations.org/voices/achieve-roma-equality-europe-must-address-health-disparities>



Three reviews were conducted on the life expectancy and infant mortality gap between Roma and non-Roma; on socio-economic determinants; and on healthcare determinants of Roma health. The report will contain a short description of Roma in Europe, highlighting their bad health conditions in comparison to the non-Roma population. Discrimination and marginalization were identified as some of the main factors contributing to the poor health status of Roma. In the key data inputs identified, the differences in life years between Roma and non-Roma in 16 EU countries and the life expectancy gap between Roma men and Roma women in 4 EU countries were highlighted. Infant mortality and early childhood development data were also identified.

Sources describing possible socio-economic factors associated to the difference in life expectancy between Roma and non-Roma in Europe were selected. Specific data on differences in the quality of health care, and the contribution of environmental conditions, and the socio-economic environment, were identified. Data on vaccination uptake, prevalence of major infectious diseases, health conditions and differences in the quality of healthcare have also been consulted.

Beyond the data, information on life expectancy and mortality for the Roma community within Europe is disjointed and ad hoc. Inter-country differences were found in measurement scales and information contained in national reports and other sources include estimates by (sometimes unnamed) experts, region-specific information, anecdotal reports from various health care providers and estimates from population pyramid statistics. Health data collection in many countries does not include ethnicity, nor do the Roma population always categorize themselves in this way for fear of discrimination. Forming a conclusion or definitive answer on this topic is therefore difficult and involves an element of estimation and contains a wide margin for error. Despite these limitations, the information in the paper provides estimates from other countries where available.

SOME OF THE KEY FINDINGS

- **Overall life expectancy years for the Roma community are estimated to be between 5 and 20 years lower⁴**
- The longevity rate — i.e. the proportion aged 75 and over — was, 25.7 % for the EU-27 Roma population and 51 % for the EU-27 non-Roma population in 2009⁵
- According to Roma Inclusion Index 2015 the infant mortality rate of Roma in **Bulgaria** is twice that of total population and the situation has not changed over the last decade. In **Bosnia and Herzegovina** earlier data show that infant mortality of Roma is 4 (3 for females) times more than others, but recent data is not available to assess any change. In **Spain**, the infant mortality rate for Roma is almost three times greater than for children from other parts of the country.
- **According to EU MIDIS II⁶, 80% of the Roma surveyed and their children live with an income below the respective national at-risk-of-poverty threshold.** In comparison, on average across the EU, 17% of the population were at risk of poverty in 2014. In Spain (98%), Greece (96%) and Croatia (93%), almost the entire Roma population covered by the survey has incomes below the national income poverty threshold.
- **EU MIDIS II shows that half of Roma between 6 and 24 years of age do not attend school.**

4. European Commission (2015) Roma Health Report: Health status of the Roma population. Data collection in the Member States of the European Union <https://publications.europa.eu/en/publication-detail/-/publication/61505667-ec87-4a71-ba4f-845a4a510e11/language-en>

5. Fundación Secretariado Gitano et al (2009) Health and The Roma Community, Analysis of the Situation in Europe: Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia, Spain

6. European Union Agency for Fundamental Rights (2016) Second European Union Minorities and Discrimination Survey (EU-MIDIS II) Roma – Selected Findings. <http://fra.europa.eu/en/publication/2016/eumidis-ii-roma-selected-findings>



- EPHA's scoping survey⁷ shows that 42.75% answered that there is no kindergarten in the community and out of 630 children (0-6 years old), almost two thirds of them go to kindergarten while 40.79% do not attend or are missing from kindergarten.
- **In all Member States compiling statistics on Roma employment, unemployment rates of Roma are higher than non-Roma.** For instance, in Bulgaria 40% of Roma are unemployed compared to 20% of non-Roma⁸. In Ireland up to 84% of Roma are unemployed⁹. In Lithuania, 57% were unemployed¹⁰. In Croatia only 14% of Roma is employed, while 49% of non-Roma is employed¹¹. In Hungary only 20% of Roma are employed, compared to 55% of non-Roma¹².
- While many Roma live in households without tap water inside the dwelling, an even higher percentage live in households without a toilet and shower or bathroom inside their homes. This rate ranges from 17% in Portugal to 44% in Bulgaria and 79% in Romania (FRA 2016).
- A considerable number of Roma report that pollution, grime and other environmental problems – such as smoke, dust and unpleasant smells or polluted water—are a problem, particularly in the Czech Republic and Portugal, where 41% and 36%, respectively indicate this to be an issue¹³, as well as nearly one in every three Roma in Slovakia and Croatia, and for more than every fourth in Hungary, Spain, Bulgaria and Greece¹⁴.
- When discussing women aged over 50, Roma women declare themselves to be in significantly worse health than their non-Roma counterparts. In Poland 75% of Roma women stated that they were in 'bad' or 'very bad' health and in Italy a 58% difference exists between the self-declared health status of Roma and non-Roma women
- With regard to accessing health care, the results of EPHA's 2017 scoping survey show that in Romania 67,9 % had experienced negative attitudes in access to health services, mostly based on Roma ethnicity. According to respondents' answers, 44.91% of women (wives or female relatives) went to hospital or had seen a doctor for a pregnancy check-up or examination. 26.39% of them talked with a doctor during their pregnancy and 40.12% were visited/supervised by a doctor/nurse/pediatrician or other person in the first month after the baby was born¹⁵.
- On the whole, data on immunisation uptake suggests that in general the Roma population is more likely to be below the level required for herd immunity than the non-Roma population¹⁶.

7. European Public Health Alliance (2017) From Rhetoric to Action: Bringing the Voice of Romanian Roma Communities to Europe October 2017. <https://epha.org/wp-content/uploads/2017/10/Romania-Roma-Health-and-ECD-EPHA-Recommendations.pdf>

8. UNDP UNDP-WB-European Commission regional Roma survey 2011

9. Central Statistics Office, Information Section, Profile Central Statistics Office, Information Section (2011) Profile 7: Religion, Ethnicity and Irish Travellers

10. UNDP UNDP-WB-European Commission regional Roma survey 2011

11. Ibid

12. Ibid

13. European Roma Rights Centre (2017) Thirsting for Justice, Europe's Roma denied access to clean water and sanitation: http://www.errc.org/uploads/upload_en/file/thirsting-for-justice-march-2017.pdf?utm_medium=email&utm_campaign=Thirsting+for+Justice%253A+New+Report+Reveals+...&utm_source=YMLP&utm_term

14. European Union Agency for Fundamental Rights (2016) Second European Union Minorities and Discrimination Survey (EU-MIDIS II) Roma – Selected Findings. <http://fra.europa.eu/en/publication/2016/eumidis-ii-roma-selected-findings>

15. European Public Health Alliance (2017) From Rhetoric to Action: Bringing the Voice of Romanian Roma Communities to Europe October 2017. <https://epha.org/wp-content/uploads/2017/10/Romania-Roma-Health-and-ECD-EPHA-Recommendations.pdf>

16. http://ec.europa.eu/justice/discrimination/files/roma_health_en.pdf



CONCLUSIONS

Available data consistently show higher rates of illness and mortality among Roma than in majority populations. Indeed, Roma communities' health is significantly worse than that of the majority population of any country in which they live. Roma populations have on average a life expectancy between 5-20 years shorter and face high infant mortality rates, two or three times higher than of the general population. A wide range of socio-economic and environmental determinants of health, including discrimination, poverty, segregation in education, unemployment, isolation and marginalization, differences in the quality of healthcare, vaccination uptake, negatively affect the Roma population, resulting in poor Roma health. 80% of Roma and their children live with an income below the respective national at risk-of-poverty threshold, half of Roma between 6-24 years of age do not attend school and in all EU Member States that collect statistics on Roma employment, unemployment rates of Roma are higher than non-Roma. A considerable number of Roma feel that pollution, and other environmental problems – such as smoke, dust and unpleasant smells or polluted water, especially in segregated and isolated communities have implications for their health. Unfortunately, Roma are caught in a vicious circle that they did not create and did not want. Good health is a precondition for wellbeing and social inclusion. EU Member States should no longer neglect the health of the Roma population.

The report will be available at the end of October 2018.

european public health alliance

European Public Health Alliance (EPHA) AISBL

Rue de Trèves 49-51, 1040 Brussels (B) • +32 02 230 30 56 • www.epha.org •
epha@epha.org @EPHA_EU • Transparency Register Number: 18941013532-08



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