

EPHA Recommendations for the revised Council Recommendations and Communication on
post-2020 EU Strategic Framework for Roma Inclusion

Title of the initiative: Setting out the EU post-2020 Roma equality and inclusion policy¹

Targeted institutions: European Commission, DG Justice – D1: Non-discrimination and Roma coordination unit

Context and background information

Roma are the largest ethnic minority in Europe, but also a population group disproportionately affected by health inequalities caused by generational poverty and social exclusion. Living for decades in isolated and under-developed areas has resulted in poor health status, shorter life expectancy and higher infant mortality rates. Pushed to the outskirts of cities and villages closer to highways, dumps and polluting factories, Roma are highly exposed to health risks and environmental burdens such as air and water pollution. Harsh living conditions, poor infrastructure, the lack of public services such as garbage collection and water supply drastically increase the risk of communicable diseases worsening Roma health. Unhealthy diets due to poverty raise the likelihood of non-communicable diseases, women and child obesity. Recent data shows that 41% of Roma children are at risk of poverty affecting their eating habits but also their capacity to access high nutritional scoring food.² This decisively affects children's physical development, their health status and defines their vulnerability to chronic diseases in adulthood. The combination of social and environmental determinants worsening individual health status are particularly worrying for Roma - a relatively young population. Consequently, they have 5-20-year shorter life expectancy compared to non-Roma³ demonstrating the level of inequalities between population groups but also underlining the need to adapting the post 2020 European Framework for Roma Inclusion to the demographic specificities of the Roma population.

Findings and recommendations

The European Framework for Roma Inclusion until 2020 has failed to improve Roma health and achieve its ambitious goal to close the health gap.⁴ Roma communities continue to live in social isolation and deep poverty, increasing their vulnerability to severe diseases. Spatial segregation prevents Roma from accessing quality healthcare - an essential factor for reducing differences in levels of health between socio-economic groups. The lack of medical coverage is another notable barrier to improving health and the post-2020 Roma inclusion framework must ensure that **Universal Health Coverage** is available to all disadvantaged groups, including mobile Roma workers. This solution for improving access to healthcare and guaranteeing the right to health for all has already been advanced in recent recommendations submitted to the European Commission.⁵

¹ <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12191-EU-post-2020-Roma-policy>

² https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-combating-child-poverty_en.pdf

³ https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2014_roma_health_report_en.pdf

⁴ <https://epha.org/wp-content/uploads/2019/02/closing-the-life-expectancy-gap-of-roma-in-europe-study.pdf>

⁵ <https://epha.org/wp-content/uploads/2019/11/leaping-forward-nris-2020.pdf>



Universal Health Coverage is a response to poor access to health services while reducing inequalities between and within countries. This is particularly relevant for Romania and Bulgaria, the countries with the highest proportion of Roma within the European Union where the number of Roma without medical coverage has reached around 50%.⁶ Furthermore, Universal Health Coverage can positively impact employment and counter long-term activity limitation experienced by people without medical insurance.⁷ Such a measure can contribute to **reducing health discrepancies** and limit their effects on employment and poverty reduction. In addition to Universal Health Coverage, the post 2020-Roma inclusion framework must encourage Member States to take measures to guarantee the right to quality healthcare for all and protect vulnerable groups, such as Roma, from discrimination.

Availability and affordability of health and preventive services is another area requiring stronger political commitment and social investment targeting different socio-economic groups among the Roma population such as the elderly, children and teenagers, women and girls, or disabled persons. Poverty, ethnic segregation and spatial isolation of Roma communities are among the factors responsible for poor access to healthcare and prevention. The post-2020 policy framework should effectively challenge this situation while also tackling in parallel **substandard living conditions, poor infrastructure, lack of clean water and sanitation** and **harsh working conditions**.

Roma women's health needs special attention in the post-2020 framework and better protection of their sexual and reproductive rights. The policy framework must encourage actions for preventing discrimination against Romani women in maternity wards⁸ and public hospitals to guarantee their rights to quality health and preventive services. Mechanisms for monitoring and reporting cases of discrimination against Romani women in access to health services will contribute to tackle discrimination and reduce the health inequalities they face. Psychological support should be available for Romani women experiencing discrimination, especially those who are victims of coercive sterilization. The framework must encourage Member States to adopt measures promoting **Universal access to pre and post-natal services**, including gynecological, physiological and nutritional follow-up for Romani women from disadvantaged communities.

Improving Roma health should be **a top priority** for the post-2020 policy framework as it is a prerequisite for achieving social, economic and environmental objectives. The constant health risks faced by Roma communities must be addressed through a comprehensive strategy based on synergies between key policy areas to limit the negative effects on health and enhance Roma inclusion over all. Taking into account the health's major role in reaching the objectives of the policy framework for social inclusion, health inequalities faced by Roma should be better analyzed and addressed. The proportion of Roma suffering from **non-communicable and chronic diseases**, including cancer, is unknown making it impossible to properly challenge the health gap. The **premature death** rates among Roma caused by such diseases must be quantified and addressed through access to relevant preventive services. Such measures will also support the achievement of United Nations Sustainable Development Goal for the reduction of premature death. At the same time, the policy framework can contribute to decreasing inequalities between and within

⁶ https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-anti-gypsyism-barrier-roma-inclusion_en.pdf

⁷ https://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf

⁸ <https://www.poradna-prava.sk/en/documents/alternative-report-to-the-un-cesscr/>



countries by enhancing equal access to social rights, including quality health and preventive services. With this in mind, the post-2020 Roma inclusion framework must work towards improving data collection on Roma health by promoting quantitative and qualitative research aiming to address the gap in health. The post-2020 framework should also encourage studies to improve the analysis of the state of health and the level of health inequalities experienced by different socio-economic groups within the Roma population.

Environmental factors responsible for health risks, as well as emerging issues such as the climate emergency require specific attention within the post-2020 framework. The effects of **air pollution** on Roma children and the elderly and the health consequences of ground contamination caused by the **lack of running water and sanitation** should be addressed at European and national levels. Preventive measures must be taken by Member States to reduce the effects of air pollution on Roma health in parallel with other actions aiming to **limit the consequences of climate change**.

Mental health is another area where more efforts are needed. Many socio-economic groups within Roma communities experience greater vulnerability to poor mental health. Physiological support should be available for LGBTQ persons, Romani women and girls, children and teenagers, disabled persons - victims of stigma and discrimination at school, university, work and in public hospitals. Trauma caused by different forms of anti-gypsyism, including hate crimes and hate speech have severe consequences on mental health and people's wellbeing, increasing levels of stress, anxiety and depression, which are additionally aggravated by unemployment and precariousness. For this reason, the post-2020 framework must encourage initiatives for **protecting mental health** together with improving physical health. Roma should be provided with mechanisms for reporting online discriminatory practices in access to healthcare and preventive services, which additionally requires measures to enhance **digital literacy**.

The complexity of the social, economic and environmental factors affecting the health of Roma population requires an inclusive and comprehensive approach which looks beyond the area of health alone. Policy solutions should address all the factors responsible for the poorer health experienced by Roma communities and meet the needs of disadvantaged groups. Improving access to quality healthcare is not sufficient to close the gap in health as far as unemployment, spatial segregation, substandard living conditions, lack of clean water and sanitation, air pollution harm individual health.

The European Public Health Alliance (EPHA) reiterates its recommendations⁹ on the post-2020 framework which remain valid and still await reaction from the European institutions. EPHA also calls for better cooperation between all stakeholders, including Roma communities in the development of social, economic, environmental, agriculture and human rights policies. Such synergies will strongly support the achievement of the objective of combatting social exclusion of Roma across Europe. Therefore, the framework should promote the bridge between Roma-related policy and major European policy initiatives such as Europe's Beating Cancer Plan and European Green Deal to limit the climate consequences on Roma health and contribute to reaching the European objectives designed to achieve "a just transition" for all.

⁹ <https://epha.org/wp-content/uploads/2017/11/Roma-campaign-recommendations.pdf>