

THE ROLE OF ROMA AND THE PRO-ROMA PUBLIC HEALTH COMMUNITY IN ADVANCING HEALTH EQUITY WITHIN POST-2020 NATIONAL ROMA FRAMEWORKS



ROMA HEALTH
NETWORK

Position statement by the Roma Health Network on the Council Recommendations on Roma Equality, Inclusion and Participation

The Roma Health Network welcomes the recommendations of the Council of the European Union seeking to advance Roma equality, inclusion and participation by addressing anti-gypsyism and discrimination against Roma in strategic areas of life. [1] The Council recommendations demonstrate a strong commitment to tackle systemic health and social inequalities and this is an essential step for achieving a positive impact on Roma social, economic and political participation. In this context, the involvement of Roma and pro-Roma public health communities in the design of policy measures aiming to combat systemic health inequalities throughout national Roma frameworks, becomes very relevant.

Therefore, the Roma Health Network calls on the national policy makers for sustained commitment to eliminate systemic health disparities by developing coherent health policy measures in line with the needs of Roma children, adults and elderly people, people with disabilities, LGBTQI+, Roma mobile workers; and ensure that organisations, experts, academics and other civil society actors addressing Roma health have equal opportunities to participate in such processes.

1. Advance health equity for Roma by promoting comprehensive policy responses to systemic health and social inequalities

Health disparities remain a severe obstacle for the optimal social and economic participation of Roma, therefore they require significant investment from national and local policy makers. Civil society organisations working on social and environmental determinants of health, national Roma health professionals, advocates, academics and researchers commit to tackle health and social inequalities between Roma and the general population, however they are not adequately involved in the design of health policy measures within post-2020 national Roma frameworks. In many EU Member States and candidate countries [2], national authorities regrettably miss the opportunity to make the best use of civil society knowledge, expertise and capacity in tackling inequalities in health.

Consequently, we call for a transparent and structured policy dialogue, including mutual learning and knowledge exchange, cross-sectoral cooperation and an inclusive consultation process, including a wide range of tools to enable Roma and pro-Roma civil society actors addressing Roma health as well as Roma individuals to raise their voices. The participation of such stakeholders in the design, implementation, monitoring and evaluation of Roma health-related measures must not be transformed into "a superficial, tokenistic exercise," [3] which is a major barrier for leading a transparent and participatory process as well as promoting equity and inclusiveness.

[1] <https://data.consilium.europa.eu/doc/document/ST-6070-2021-INIT/en/pdf>

[2] Roma Integration 2020 | Mainstream policies targeting Roma integration in the Western Balkans (rcc.int)

[3] Working with Roma: Participation and empowerment of local communities, FRA 2019:

https://fra.europa.eu/sites/default/files/fra_uploads/fra-2019-working-with-roma-sum- mary_en.pdf

The Roma Health Network is a free to join non-statutory network hosted by the European Public Health Alliance. It is a public health community striving to eliminate health and social inequalities between Roma and non-Roma by tackling the uneven distribution of environmental and social determinants responsible for physical and mental health and well-being. It comprises of organisations, academics, experts, researchers and activists working with different social and economic groups among Roma. The network commits to improve Roma health by addressing inequalities in access to rights and services through research, advocacy, monitoring and community organising

2. National governments must enhance the added value of Roma and the pro-Roma public health community in the design, implementation, monitoring and evaluation of policy measures addressing health inequalities

European and national organisations, grassroots associations, but also national health mediators networks and Roma health professionals have demonstrated a strong mobilisation in tackling racism resulting in systemic health and social disparities between Roma and the general population. They commit to build knowledge in Roma health; address the lack of disaggregated data, propose good practices and can further support the design of adequate and coherent policy solutions within national Roma frameworks as well as mainstream public health policies.

However, in many cases the development of national Roma frameworks is assigned to non-Roma experts and governmental actors whilst the involvement of civil society and public health communities remain low. Roma participation is limited to focus groups at grassroots level which have a “lower influential capacity” [4]. A similar situation has been observed in the process of monitoring of the previous national Roma strategies: the process was centralized and mostly depending on governmental actors. Roma people as end beneficiaries were involved inappreciably or not involved at all in the process of monitoring and evaluation and this must change in the new programming period.

3. Make the best use of the capacity of Roma and the pro-Roma public health community to provide national Roma frameworks with an evidence-based approach

The lack of disaggregated data remains a persistent challenge for advancing an efficient policy response to health and social inequalities between Roma and non-Roma. The health impact of substandard living conditions, poor access to safe drinking water, higher exposure to environmental burdens in Roma settlements; forced evictions and homelessness [3] must be assessed and analysed in order to develop coherent policy measures to tackle systemic health inequalities. Sustained policy efforts are needed for assessing the state of health of different socio-economic groups among Roma, including their access to healthcare. An assessment of accessibility and availability of prevention services aiming to address child obesity; non-communicable diseases, including cancer; pre and post-natal care and family planning, early childhood development must be conducted in order to align policy measures with the health needs of Roma. The involvement of civil society actors with strong knowledge and expertise in Roma health contributes to increasing the effectiveness of policy actions aiming to close the gap in health and promote Roma socio-economic inclusion.

4. Address the structural barriers resulting in health and social disparities

The Council recommendations recognise structural discrimination and anti-gypsyism as major causes of systemic health and social inequalities, lessening Roma participation in social, economic and political life. National policy and decision makers responsible for the development of national Roma frameworks must take urgent actions to tackle systemic discrimination preventing Roma people from meeting their needs in key areas of life, including health. This long-standing issue requires effective policy and legislative mechanisms and adequate resources to break the vicious cycle of exclusion and marginalisation of Roma. Recent evidence such as civil society reports, studies and academic articles, surveys demonstrating the extent of health and social inequalities between Roma and the general population must be taken into account in the development of policy solutions to tackle health inequalities, whilst eliminating the structural barriers preventing equal access to rights and services.

Eliminating systemic health inequalities is a condition for ensuring optimal participation in social, economic and political life and therefore, promoting equality and inclusion of Roma people across Europe. The Council recommendation provides a solid foundation for addressing anti-gypsyism and structural discrimination responsible for the drastic health disparities between Roma and the general population. National policy and decision makers must seize this opportunity and ensure sufficient public investment to end the process of marginalisation and exclusion of Roma people.

[4] https://publications.iom.int/system/files/pdf/nris_spain.pdf

[5] <https://www.feantsa.org/en/newsletter/2020/12/18/homeless-in-europe-magazine-winter-2020?bcParent=27>

Supporting Organisations



Association for Culture, Education and Communication (ACEC, Slovakia)

Association for Emancipation, Solidarity and Equality of Women (ESE, North Macedonia)

Association for Legal Education and Transparency (L.E.T. STATION Prilep, North Macedonia)

Association National Roma Centrum, North Macedonia

Coalition for the Study of Health, Power and Diversity : represented by Manuel Garcia-Ramirez, Founder, Professor at the University of Seville, Department of Social Psychology, Researcher, Daniela E. Miranda, Doctoral candidate at the Universidad de Seville in the area of “Psychosocial processes, culture, diversity and citizenship”

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European Public Health Alliance

Foundation Open Society Macedonia

Initiative for Development and Inclusion of Communities (IRIZ, North Macedonia)

Institute of Social Development and Peace (Spain)

Kham Delcevo (North Macedonia)

Slovenian Coalition for Public Health, Environment and Tobacco Control, Mihaela Lovše, Chair Person

Supporting Individuals

Francisco José Francés García, Associate Professor, Institute of Social Development and Peace, University of Alicante, Spain

Roland Ferkovics, activist (Hungary)

Daniel La Parra Casado, Associate Professor at University of Alicante; expert at the Spanish State Council of Roma People, Institute of Social Development and Peace

Aleksandar Markovski, Public Health Program Coordinator, Foundation Open Society Macedonia