

Roma Health Network Response to the Commission Communication on the assessment report of the Member States' national Roma strategic frameworks

On the 9th of January 2023, the European Commission published its [Communication on the assessment report of the Member States' national Roma strategic frameworks](#). In this communication, the Commission assesses the commitments made by Member States (MS) that were expected to provide a **National Roma Strategic Framework (NRSF)**¹ in the context of the **EU Roma strategic framework for equality, inclusion and participation**.

This Communication follows on the following key policy documents:

- **7 October 2020:** [Commission Communication on A Union of Equality: EU Roma strategic framework for equality, inclusion and participation](#)
- **12 March 2021:** [Council Recommendation on Roma equality, inclusion and participation](#)

Member States are encouraged to take the recommendations of the assessment on board and amend their strategies by June 2023. The assessment is accompanied by an **annex providing an overview of the strategies submitted**, as well as **two working documents with country fiches** with more specific feedback. One working document targets European Member States, while the other focuses on EU candidate and potential candidate countries.

The [Roma Health Network](#) welcomes the assessment, and particularly the feedback regarding the sectoral objective to *'improve Roma health and increase effective equal access to quality healthcare and social services'*. The Network acknowledges that Roma health is a difficult topic to get a grasp on. With this response, we want to address the shortcomings of health strategies that are not covered or only partially covered. This response is meant as an **addition to the assessment** as shared by the European Commission. The points raised are based on the knowledge and expertise of the Roma Health Network members, targeting mainly the countries in which they are active.

The 2020 Commission communication set the sectoral objective for health to **cut the life expectancy gap by at least half by 2030**. When this objective was set, the European Union Agency for Fundamental Rights (FRA) showed that the life expectancy gap of Roma compared to non-Roma was **9.8 years for women** and **10.2 years for men**². This objective then effectively means that by 2030 Roma on average should **live 5 years longer**. FRA numbers from 2022 show that, though the gap for **men has lowered to 9.1 years**, for **women it has increased to 11 years**³. This shows that additional action is crucial if this objective is to be reached.

¹ Malta is exempted from providing a NRSF.

² European Union Agency for Fundamental Rights. 2020. *Roma and Travellers in Six Countries*. Luxembourg: Publication Office of the European Union. [67](#)

³ European Union Agency for Fundamental Rights. 2022. *Roma in 10 European Countries: Main Results*. Luxembourg: Publications Office of the European Union. [47](#)

In its assessment, the Commission outlines how health is covered in the national strategies. The Roma Health Network is glad to see that some of the issues raised by our members are also covered in the Commission's assessment. In particular, we welcome the mention of the following issues:

- ❖ Not all MS focus on **health of vulnerable Roma** (reproductive health, elderly care, focus on LGBTIQ+ Roma, and human trafficking)
- ❖ Few MS include measures to **increase Roma life expectancy**
- ❖ Only around half of MS focus on **counteracting COVID-19 effects**
- ❖ **Health action plans** are often **not articulated** very well in countries with **larger Roma populations**
- ❖ **Enlargement countries** currently do not sufficiently address **health mediation**

As mentioned in the assessment report, some MS do plan to start studies on the Roma health situation, and many MS plan to train healthcare workers, field workers and health mediators. Though these measures are highly encouraged, they overall still fall short if the sectoral objective on health is to be reached. Based on our [own recommendations from October 2022](#), we highly encourage MS to focus on the following crucial points if they want to work towards Roma health equity:

1. To commit to Roma health through development and usage of **health indicators**, paired with a **health action plan, timeframe** and **monitoring framework**
 - Examples include the indicators from the FRA's [portfolio of indicators](#) or the data collection efforts of the [Bulgarian Statistical Institute](#)⁴, Slovakian [EU-MILC survey](#) and the [national health surveys](#) in Spain
2. To set up a **health advocacy scheme** to ensure structural support and financing for **health mediation, capacity building** and **Roma participation**
3. To include an explicit focus on the importance of **Roma mental health** in the health action plan
 - a. This is especially crucial given the Commission's **comprehensive approach to mental health** planned for June 2023
 - b. An excellent example of inclusion of mental health exists in the [National Traveller Health Action Plan 2022-2027](#) of Ireland's **Health Service Executive**, though it is important to mention that such a plan must [explicitly target Roma](#)

In addition to these general points, the Roma Health Network would like to point out some more **country-specific** considerations to complement the Commission's assessment:

 **Czechia**

- **Training of healthcare workers** should explicitly include **cultural competencies**, while the lack of culturally applicable **health promotion interventions** and **educational materials** should be actively counteracted
- **Digital health literacy measures** for the Roma community should be included
- A larger focus is required on **research** on and **prevention of diseases** prevalent in Roma communities
- Stronger safeguarding of **(pro) Roma civil society engagement** and **best practice sharing** should be in place, potentially through the new Commissioner for Romani Minority Affairs

⁴ Novel Approaches to Generating Data on hard-to-reach populations at risk of violation of their rights.



Greece

- **Discrimination** and **desegregation** should be explicitly targeted in training healthcare professionals, while also supporting **Roma participation** in the healthcare workforce
 - Health awareness and health perceptions such as **taboo, stigma** or **shame** should be kept into account
- Healthcare activities for Roma women should also focus on **early marriage, forced marriage, adolescent pregnancies and births, sterilisation** based on **misinformation** and/or **inaccurate information about the individual at risk**, and **reproductive rights**
- Improvement of **working environment**, in particular dangerous, unprotected, illegal and unhealthy jobs should be anchored into Roma health plans
- Healthcare activities should explicitly focus on **mental health conditions or hardships**



Hungary

- Hungary's strategy should include a **health inequality component** and should use available **Roma health data** and **research observations** on the health gap more effectively through a **routine health monitoring practice**
 - The proposed data gap is not mainly because of a lack of data, but also because of an **improper use of data**, which can be resolved
- This approach to health inequality data should be summarised in a **national health data report** to support in structural **evaluation** and **monitoring** of achievements
- To counteract **segregation**, the Hungarian strategy should **encourage Roma participation** in healthcare issues, as such involvement currently does not take place enough
- The current pilot-style **health mediator network** should be increased in **capacity and scope**, encouraging **Roma participation** for a greater effect
- Hungary's strategy states a lack of health data, but extensive tracking of **health inequality data** in **segregated settlements** is already taking place, which should be anchored in the Roma health action plan



Ireland

- Once Ireland's National Traveller and Roma Inclusion Strategy is available, it should include clear **health indicators**, as well as a clear **budget**, and should be designed in collaboration with **key organisations working on Roma issues**, to ensure planned measures are effective
- The health action plan must also address **health access barriers** and **discrimination** among healthcare professionals, as per **Section 42** of the **Irish Human Rights and Equality act 2014**
- Additional **points to consider**⁵ include training on **antigypsyism** training for healthcare workers, **ethnic health data** collection, **interpretation services** in healthcare, removing **qualifying criteria** for a **medical card**, and the influence of **accommodation on Roma health**



Slovakia

- Measures to **incentivise health professionals** (especially paediatricians and general practitioners) to work in **underserved areas** should include actions to decrease healthcare workers' **administrative load**, and to provide **financial support** for doctor's clinics
- The Slovak strategy should more explicitly address **reproductive health** of Roma women, particularly when it comes to access to **contraception**

⁵ These points are based on findings of Cairde Ireland in its report on the National Roma Infoline 2021

- To encourage capacity building in Roma health, a national **best practice sharing platform** is required



Slovenia

- Measures to **encourage the Roma population to enter the healthcare workforce** through scholarships are necessary
- Health activities targeting women should explicitly include **awareness trainings on early marriage, motherhood and reproductive rights**
- Inclusion of **Roma and pro-Roma civil society** should be expanded and **best practice sharing** should be promoted through inclusion in the “**Roma Association of Slovenia**” (Zveza Romov Slovenije), “**Romani Union**” or “**Council of the Roma Community RS**” (Svet romske skupnosti RS)
- **Primary prevention measures** targeting the Roma population should be more clearly defined, especially regarding alcohol and tobacco consumption, unhealthy diet and lack of exercise.
- Within the proposed health mediation measures, Roma **health mediators** who also focus on bridging the **cultural gap** should be established and supported by a Roma contact and information point and mobile health unit



Spain

- Explicit mention of the method of **indicator development** and life expectancy estimation is required (e.g. life expectancy gap, housing, nutrition, cancer, and reproductive, child and mental health)
- Integration of the **National Roma Health Survey** into the **National Health Survey** should be advanced, so it is clear what the health needs of Roma are
- The strategy should clearly outline measures regarding **health mediation, health promotion** (primary prevention awareness) and **best practice sharing** to the **local level** with **Roma participation** as a red thread running through
 - Current delegation to the regions causes unclarity on what measures will take place, meaning **inter-regional health governance mechanisms** are necessary to ensure the needs of the Roma population are addressed in the National Health System
- To remove **barriers** to its universal healthcare system, Spain needs to actively address **structural determinants** that limit Roma in their healthcare access (discrimination, employment, education, housing), including through health mediation programs



North Macedonia (accession country)

- There is an urgent need for clear **guidelines** for North Macedonia’s **Roma health mediators**, both to counteract the current decrease in mediators, and to clearly define **selection criteria** and **task descriptions**
 - Among other issues, these mediators should facilitate **gynaecological and paediatric healthcare** access, facilitate **communication**, raise **patient right awareness** and address the **lack of health insurance coverage**
- **Primary prevention awareness measures** (diet, lifestyle, smoking, alcohol use) are currently not addressed and should be explicitly mentioned in the health action plan
- **Secondary prevention measures** should be encouraged, in particular for Roma women (cervical and breast cancer screening) and Roma in general regarding early detection of non-communicable diseases

- **Digital health equity** should be addressed as health digitalisation could widen the access gap
- **Roma participation** in healthcare is not encouraged enough in the current plan, a **community involvement strategy** could help resolve this
- Implementation of activities for the Roma health action plan will be strengthened if there is an **appointed coordinator** from the **Ministry of Health**

Roma Health Network Signatories

- [KLIMAKA NGO Greece](#)
- [Cairde \(Ireland\)](#)
- [Slovenian Coalition for Public Health, Environment and Tobacco Control](#)
- [Center of Community Research and Action at the Universidad de Sevilla \(Spain\)](#)
- [Department of Public Health and Epidemiology, University of Debrecen \(Hungary\)](#)
- [Association for Emancipation, Solidarity and Equality of Women \(ESE\) \(North Macedonia\)](#)
- [NGO Kham Delčevo \(North Macedonia\)](#)
- [Platforma na podporu zdravia znevýhodnených skupín \(PPZZS, Slovakia\)](#)
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