

2 February 2024 | European Public Health Alliance | Non-governmental organisation (NGO)

**Text:**

The European Public Health Alliance (EPHA) coordinates the Roma Health Network, which brings together organisations and researchers that work with Roma communities on the social determinants of health. Using the hands-on experience and expertise of its members, the Network has reviewed and monitored the EU Roma Strategic Framework with a focus on Roma health. In the Network's view, cooperation with the Roma Coordination Team has improved in 2023, but direct engagement with civil society has decreased with clear effects on the national level, where progress is still stagnating and where the 'paper reality' in the strategies does not translate to progress on the ground.

Though the increasing discussion on the effects of structural racism and antigypsyism is welcome, it has not yet translated to an improvement in Roma health. A cross-sectoral and structured approach to antigypsyism is still generally lacking in the National Roma Strategic Frameworks (NRSF). In relation, the increased focus on the housing situation in Roma communities is welcomed, but focus should not be taken away from health and the other social determinants of health in the NRSFs.

FRA data shows that the average life expectancy is still 10 years lower for Roma compared to non-Roma, while experiences of discrimination in healthcare have increased from 8% to 14% on average. This shows that the 2030 goal of cutting the life expectancy gap is increasingly moving out of reach.

Based on the experience of the Network members overarching issue were identified. EU Member States should; 1. increase their focus on health in the NRSF, not instead of other sectoral focuses, but in addition to them; 2. reduce Roma health inequities by recognising and addressing antigypsyism in a more cross-cutting and cross-sectoral way in the strategies; 3. make it easier to attain medical cards/registration numbers without requiring identification documentation to improve access to essential services; 4. significantly increase engagement with Roma (health) civil society in the development of the NRSF and with the National Roma Contact Points, empowered through more easily accessible funding; 5. foster exchange between Roma and pro-Roma (health) civil society to ensure capacity building conscious to the needs of individual Roma communities.

Accession country members are particularly concerned about the lack of transparency in the development of the NRSF, unclear definition of activities, the lack of clear indicators, use of incorrect terminology and an unclarity about who is responsible for their Roma inclusion strategy in general.

More specifically to health, a lack of capacity has led to a lack of coverage of key topics necessary to ensure Roma health equity. The NRSF should include measures focusing on; mental health and mental health literacy programs; cultural awareness or cultural competence training and awareness-raising activities on Roma culture and history to prevent prejudice in healthcare (as well as employment, housing and education); digital health literacy programs; empowering healthcare activities for Roma women (focusing on early/forced marriage, early pregnancy and reproductive health); health promotion activities; reducing dangerous working conditions.

EPHA and the Roma Health Network would like to once again call attention to the recommendations of its paper titled '[Roma Health and Housing: Filling in the Gaps — A Policy Paper by the Roma Health Network](#),' included in the attachment to this response, whose recommendations remain relevant; 1. commit to using health and housing indicators for monitoring; 2. setting up of health advocacy schemes; 3. taking a psychosocial approach to mental health; 4. expand housing strategies with a health impact assessment; 5. focus more on Roma environmental justice.