European Funds for Roma Health Integration

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THE PLACE OF HEALTH IN THE ROMA INTEGRATION POLICY

Roma are the biggest European minority counting more than 12 million EU citizens. It is well-recognized that there is deep gap in health care between Roma and non-Roma throughout Europe: both in terms of health status and healthcare service delivery. "Life expectancy at birth in the EU is 76 for men and 82 for women. For Roma, it is estimated to be 10 years less"[1] states the EU Framework for NRIS. In addition, the medical workers share deep anti-Roma stereotypes: A national representative survey in Bulgaria shows that 66,9% of medical staff agrees with the statement "You cannot trust on a Gipsy", 75,6% of the medical doctors perceive Roma as susceptible to commit a crime, 74,6% perceive Roma as lazy and irresponsible[2]. This worsens additionally the disadvantaged situation of Roma in healthcare and disturbs the efforts for Roma integration.

From years the EU Member States are failing to advance in integrating their Roma citizens. After the accession of Bulgaria and Romania (and Hungary, Slovakia and Czech Republic before that) the necessity of EU Roma policy gradually came into the

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[1] An EU Framework for National Roma Integration Strategies, p. 7. Available at: http://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52011DC0173

[2] Deyan Kolev (Ed.), Beyond Anti-Roma Stereotypes, p. 84-90, 2013. Available at: http://amalipe.com/files/publications/Stereotipi-eng.pdf

political agenda. On April 5, 2011 the European Commission published its communication "EU Framework for National Roma Integration Strategies". Following its requirements all EU Member States (except Malta) prepared/updated their NRIS until March 2012. In May 2012 EC published its evaluation of the Strategies prepared[3], in June 2013 it announced the evaluation of the structural preconditions and since April 2014 the Commission started its annual evaluation of the implementation of the NRISs by the Member states[4].

Important step towards comprehensive European Roma integration policy was done with the European Council's Recommendations on effective Roma integration measures in the member states from December 9, 2013 which is the first EU legislation regarding Roma[5]. The document gives specific guidance to help Member States strengthen and accelerate their efforts. It recommends that Member States take targeted action to bridge the gaps between the Roma and the rest of the population in several fields, including healthcare. It reinforces the EU Framework for national Roma integration strategies agreed by all Member States in 2011 (IP/11/789) by setting the conditions for an effective inclusion of Roma people in the Member States.

Based on Commission reports on the situation of the Roma over recent years, the Recommendation focuses on the four areas where EU leaders signed up to common goals for Roma integration under the EU Framework for national Roma integration strategies: access

[3] Available at: http://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52012DC0226

[4] Available at: http://ec.europa.eu/justice/discrimination/files/roma_implement_strategies2014_en.pdf

[5] Available at: http://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32013H1224%2801%29

to education, employment, healthcare and housing. To put in place the targeted actions, it asks Member States to allocate not only EU but also national and third sector funds to Roma inclusion – a key factor identified by the Commission in its evaluation of Member States' national strategies last year (IP/12/499).

In addition, it gives guidance to Member States on cross-cutting policies for Roma integration, such as ensuring that the strategies go local, enforcing anti-discrimination rules, following a social investment approach, protecting Roma children and women and addressing poverty.

During the Third Roma Summit held on April 4, 2014 in Brussels the President of the European Commission Mr. Barosso called the EU Framework for NRISs and the reporting mechanism "*political pillar* of the EU Roma policy". He also stressed the other two pillars:

- *Legal pillar*: Council's Recommendations from December 9, 2013 that are the first EU legislation (although soft one) on Roma integration.
- *Financial pillar*: through the usage of EU funds for Roma integration.[6]

Healthcare is included in the EU Roma policy in not sufficient degree. It is present in EU Framework for NRIS as well as in the Council recommendation for effective Roma integration measures in a modest way. For example, the text from the EU Framework is unclear and conditional: "Member States should provide access to quality healthcare especially for children and women as well as preventive care and social services at a similar level and under the same conditions to the Roma as to the rest of the population. **Where possible**, qualified Roma should be invol-

[6] http://europa.eu/rapid/press-release_SPEECH-14-288_en.htm

ved in healthcare programmes targeting their communities." The targets set by the Council Recommendations from December 9, 2013 are also minimal and not concrete: removing any barriers to access to the healthcare system accessible for the general population; improving access to medical check-ups, prenatal and postnatal care and family planning, as well as sexual and reproductive healthcare, generally provided by national healthcare services; improving access to free vaccination programmes targeting children and vaccination programmes targeting, in particular, groups most at risk and/or those living in marginalised and/or remote areas; promoting awareness of health and healthcare issues

Healthcare is almost absent from the financial pillar: European Social Fund Regulations pay small attention to healthcare and even smaller to the health integration. It is necessary healthcare to be included in the EU Roma policy in significantly stronger way.

In 2014 the new planning period of EU funds has started for all EU Member states. After long negotiation process that prolonged more than 2 years, the key EU institutions approved the package for the next planning period. The European Commission proposed draft Regulations on October 6, 2011. The European Council and the European Parliament adopted the cohesion policy package for 2014 – 2020 on December 17, 2013. They were published on the Official Journal of the European Union on December 20, 2013.

The new regulations open the way for new investment of more than 325 billion euros from the beginning of 2014 in all European Union. Cohesion policy is designed to achieve the Europe 2020 strategy objectives of smart, sustainable and inclusive growth. It aims at reducing disparities between the different levels of development of the EU's various regions by promoting economic growth, job creation and competitiveness.

During the negotiation process social inclusion for Roma, combating poverty and discrimination, as well as investments in marginalized communities were among the key topics discussed. The new policy package is significant step ahead in this direction in comparison with the previous one. It sets certain preconditions for using EU funds for implementation of the National Roma Integration Strategies. Below we point some of the main provisions:

Common Provisions: REG. (EU) No 1303/2013 include the common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund. They also set the general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund. Among the other texts they envisage:

- Thematic Objective n. 9: *„Promoting social inclusion, combating poverty and any discrimination"* .
- Ex-ante conditionality 9.2 *„A national Roma inclusion strategic policy framework is in place"*.

And the criteria for fulfilment are indicated as follows:

„A national Roma inclusion strategic policy framework is in place that:

- *sets achievable national goals for Roma integration to bridge the gap with the general population. These targets should address the four EU Roma integration goals relating to access to education, employment, healthcare and housing;*
- *identifies where relevant those disadvantaged micro-regions or segregated neighbourhoods, where communities are most deprived, using already available socio-economic and territorial indicators (i.e. very low educational level, long- term unemployment, etc);*

– *includes strong monitoring methods to evaluate the impact of Roma integration actions and a review mechanism for the adaptation of the strategy;*
– *is designed, implemented and monitored in close cooperation and continuous dialogue with Roma civil society, regional and local authorities;*
– *upon request and where justified, relevant stakeholders will be provided with support for submitting project applications and for implementing and managing the selected projects."*

Failure to achieve ... the Commission is entitled to suspend payments to Member States.

ESF REG. (EU) No 1304/2013 include:

Art. 3.

(...) „the ESF shall support the following investment priorities: (...)

(b) For the thematic objective 'promoting social inclusion, combating poverty and any discrimination':

(ii) The socio-economic integration of marginalised communities such as the Roma;

(iii) Combating all forms of discrimination and promoting equal opportunities;

(iv) Enhancing access to affordable, sustainable and high-quality services, including healthcare and social services..."

Art. 4

„2. At least 20% of the total ESF resources in each Member State shall be allocated to the thematic objective „promoting social inclusion, combating poverty and any discrimination".

Member States are encouraged to report on ESF-funded initiatives in the national social reports annexed to their national reform programmes, in particular as regards marginalised communities, such as the Roma and migrants."

ERDF: REG. (EU) No 1301/2013 envisages:

"Investment priorities: (...)

(9) promoting social inclusion, combating poverty and any discrimination, by:

(a) investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services;

(b) providing support for physical, economic and social regeneration of deprived communities in urban and rural areas.

EAFRD: REG. (EU) No 1305/2013 includes:

„The achievement of the objectives of rural development, which contribute to the Europe 2020 strategy for smart, sustainable and inclusive growth, shall be pursued through the following six Union priorities for rural development, which reflect the relevant Thematic Objectives of the CSF: (...)

(6) promoting social inclusion, poverty reduction and economic development in rural areas, with a focus on the following areas:

(...) Basic services and village renewal in rural areas: (...)

(d) investments in the setting up, improvement or expansion of local basic services for the rural population, including leisure and culture, and the related infrastructure;

(g) investments targeting the relocation of activities and conversion of buildings or other facilities located within or close to rural settlements, with a view to improving the quality of life or increasing the environmental performance of the settlement."

Based on these Regulations, in 2014 and the beginning of 2015 the Member states finalized their operational programs and Rural Areas Development Programs. In addition, most of the

countries with significant Roma population are eligible within two other European financial mechanisms: EEA/Norwegian FM and Swiss Contribution. Roma integration and healthcare are among the priorities of these mechanisms.

All elements explained above could contribute for establishing favorable framework for financing Roma health integration. In order to discuss how it should be done, more than 40 participants: experts in health and NGOs, representatives of European Commission, Council of Europe, Fundamental Rights Agency, national contact points, managing authorities of different operational programs took part in the hearing „European funds for Roma health integration". It was organized by AMALIPE Center for Interethnic Dialogue and Tolerance (Bulgaria), Roma Center for Public Health Policies SASTIPEN (Romania) and European Roma Information Office (Brussels, Belgium) with the support of Roma Health Project, Open Society Foundations, Damian Draghici, MEP and the European Economic and Social Committee. The event took place on March 16, 2015 in European Economic and Social Committee in Brussels.

Health, Education, Housing and Employment are like 4 dots in the human life circle: every dot is connected with the others and wherever the circle turns, their links remain the same – H–E–H–E, stated the Member of European Parliament from Roma origin Damian Draghichi in his opening remarks. In my life education was the strongest priority but it is not possible to educate yourself if you are not healthy, do not have proper place to live and has no income. That is why all these four fields are priorities. Roma integration policy pays insignificant attention to health – both at national and EU level and this weakness should be overcome, said Mr. Draghichi. That is why I will organize Parliamentary hearing on Roma health together with Amalipe, Sastipen and other organizations that work on the field.

The executive director of ERIO Ivan Ivanov also stressed the importance of healthcare and congratulated Amalipe and OSF for bringing this topic on the agenda. He expressed his opinion that discrimination is everyday practice that disturbs healthcare service provision regarding Roma in many EU countries and provided shocking examples from Czech Republic, Romania and Bulgaria.

Maja Saitovic from Open Society Foundations stressed that healthcare is among the major fields of interest for OSF. The Public Health Program has special Roma Health Project that supports pilot initiatives as Roma Health Scholarship Program, community monitoring of healthcare services and others. RHP supports the present hearing and will continue organizing similar events in order to bring more political attention to Roma health topic, said Mrs. Saitovich.

Explaining the context of the event, Deyan Kolev from Amalipe pointed that most of the operational programs in EU are done or almost done. Many of them contain the Roma integration topic and some remarks to healthcare. It is important now to advocate for concrete calls and measures that bring change in Roma health.

Main observation and recommendations regarding the usage of European funds for improving the health status and access to healthcare for Roma in Spain, Romania and Bulgaria were presented during the hearing. We know what should be done for improving the health status of Spanish Roma and significant positive experience is accumulated, stated in his presentation Jose-Manuel Fresno, expert on social inclusion from Spain. The Partnership Agreement provides framework for actions in this direction. Nevertheless, significant challenges appear in the regional Operational programs many of which do not recognize this topic. Mr. Fresno provided a set of concrete recommendations to the

National contact point, the regional OPs and the European Commission. The presentation could be seen here

Loredana Feraru and Mariana Sandu from Sastipen – Romania stressed the disadvantaged health situation of Roma with concrete figures regarding the life expectancy, mortality rate, infant and maternal mortality rates among Roma in Romania. They spoke about the structural problems that prevented the effective use of EU funds for solving these problems during the previous programming period. The presentation finished with proposed directions for future development in the next 5 years. The presentation could be seen here

Deyn Kolev pointed 4 successful models for improving the access of Roma to healthcare in Bulgaria-health mediators, Health and Social Centers in Roma community, Roma Health Scholarship Program and community monitoring. He argued that in the period 2007 – 2013 EU funds missed to support the extension of any of these models. As positive example he showed the EEA/ Norwegian Grants that are supporting at present the extension of Roma Health Scholarship Program although the project for this has just started and its results could not be predict. Kolev presented the new Human Resources Development OP as good framework for supporting Roma integration measures, including healthcare. He proposed concrete calls and operations to be announced in this direction. The presentation could be seen here

Kiril Kiryakov (DG EMPL of European Commission), Rositza Ivanova (secretary of Bulgarian National contact point), Roberto Marinov (representative of Managing authority of HRD OP in Bulgaria and Ciprian Ursu (National Institute for Public Health, Romania) provided first reactions to the observations and suggestions. Mr. Kiryakov explained that European Commission requires civil society participation at every stage of EU funds: from planning to evaluation. Amalipe is the most obvious example in

this direction: it took very active role in the preparation of the two ESF funded operational programs in Bulgaria, participates in the Monitoring Committees and takes real part in the decision-making process, said Mr. Kiryakov. He agreed that healthcare is not included enough in the Roma integration actions and promised to stress the attention of the Managing authorities on this issue in order to have proper calls.

Rositza Ivanova provided concrete figures from Bulgaria that illustrate the disadvantages in healthcare faced by Roma community. She explained that the National Contact Point will develop by the end of 2015 system for monitoring of the National Roma Integration Strategy that will cover healthcare and will include contribution of the civil society (including community monitoring). Roberto Marinov explained that Human Resources Development OP will support activities for improving the health status of Roma within investment priority „Socio-economic integration of marginalized communities such as Roma" and the first call could be expect in 2015.[7]

The present book is continuation of the debates that started during the Hearing „European funds for Roma health integration". It concentrates on 3 of EU countries with bigger Roma population, namely Bulgaria, Romania and Spain. Separate chapter is prepared for every country. Every chapter contains:

- assessment of the usage of EU funds for Roma health in 2007 – 2014 period: framework, calls and projects, results;
- assessment of the framework for the new period 2014 – 2020: how Roma integration topic is included in the new strategic documents, whether and how Roma health integration is included;

[7] More information see at: http://amalipe.com/index.php?nav=news&id=2195&lang=2

– suggestions about the first steps within the period 2014 – 2020: recommendations for concrete calls or measures in every country for the next 2-3 years to be announced and implemented.

The chapters are prepared by Jose-Manuel Fresno (Spain), Mariana Sandu and Loredana Feraru (Romania) and Deyan Kolev (Bulgaria). The book is published with the financial support of Roma Health Project at OSF.

The authors believe that the present book forms a good basis for discussing the overall framework for putting healthcare higher in the agenda of Roma integration policy.

SPAIN

Rationale

The first Roma populations settled in Spain in the 14th century and today make up more than 650.000 people. The Region with the biggest percentage of Roma is Andalusia, followed by Catalonia and Madrid.[1] In recent years, Roma migration from newer EU Member States has been increasing. As regards the health status of Roma in Spain, a comparative study conducted in 2006[2] revealed significant differences between Roma and the general population in Spain, demonstrating health inequalities that were related to several factors (e.g. lack of access to health-care services, ineffective use of such services, poor adaptation of the services to the needs of the Roma or even discrimination). In view of the findings of the study, a variety of recommendations were made and some of them directly resulted into the approval of policies or measures that addressed Roma health integration both through targeted and mainstream approaches.

The Spanish health system is considered to be one of the best of the European Union in terms quality and efficiency; one of its characteristics is that it has been very inclusive, especially with

[1] http://www.gitanos.org/european_programmes/health/spain/index.html

[2] http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf

marginalised communities by facilitating their access to health services and by often providing specific measures. However, since the beginning of the economic crisis, the health system is been forced to cut an important part of its budget and as a consequence, its quality is suffering. One of the major critiques is the introduction of co-payment criteria as well as other administrative barriers resulting in deteriorating quality of services with consequences for all citizens but especially for those with less income.

From a European perspective, Spain has a long history of promoting Roma inclusion and has been able to demonstrate several best practice examples of Roma inclusion programmes – particularly in the fields of housing, education and employment – that have been financed by European Structural Funds. Despite this and given the importance of the four pillars of effective Roma integration measures highlighted by the Council recommendation in December 2013[3], Roma health integration was a sector that has not received European Structural funds in previous financing periods.

Nevertheless, despite the lack of EU-funding, significant progress has been made with regards to improving health equality of Roma in Spain. National policy measures have promoted a mainstream approach while the Spanish National Roma Integration Strategy (NRIS) 2012 – 2020 includes a variety of targeted actions that promote Roma health integration. Although these actions have been demonstrating good results, they have not been expanded to a broad scope but rather remained concentrated in several Regions or municipalities.

In light of these developments, the aim of this paper is to demonstrate the possibilities for improving the positive impact of

[3] http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/139979.pdf

Roma health integration measures through EU-funding, especially through the European Structural and Investment Funds 2014 – 2020 (ESIF). The overall objective of this document is to advocate for a favourable financial framework that facilitates the effective implementation the healthcare chapter of the Spanish National Roma Integration Strategy (NRIS) 2012 – 2020[4] whose priorities are:

Accessibility, use and efficiency of healthcare services

- Fostering policies and actions aimed at reducing health inequalities experienced by the Roma and other population groups, with a priority for children, adolescents and young people, with a particular focus on the gender perspective.
- Reorientation of health services towards equality, in terms of areas for promotion and the prevention of diseases.
- Inclusion of specific targets to reduce inequality and attention to diversity of normalised services in the National Healthcare System.
- Boosting promotion of lifelong health, particularly of Roma children and adolescents.

Administrative cooperation and participation

- Establishment of mechanisms to ensure a positive impact on the health of Roma by the various public strategies and plans of the Ministry of Health, Social Services and Equality as well as the respective Regional departments.
- Promotion of cooperation with and participation of Roma organisations in intervention processes.
- Promotion of cross-section work and activities, fostering coordination with other entities and action plans, in all territorial areas as well as with other institutions.

[4] http://ec.europa.eu/justice/discrimination/files/roma_spain_strategy_en.pdf

- Coordination with paediatric services in order to promote information and training actions for Roma, particularly immigrants.
- Support and impulse of diversity-related training activities, intercultural capabilities and equality of (male and female) health workers.
- Cultural adaptation of resources when necessary.

Furthermore, the Spanish NRIS includes the following targets:

TARGET 1.A. Improve health among the Roma and reduce social inequalities in healthcare: Intervention with the adult population

- Improve the perception of health* of the Roma.
- Reduce traffic accidents of Roma over 16 years old.
- Reduce smoking among male Roma over 16 years old.
- Reduce obesity among Roma women (>16 years).
- Reduce the number of Roma women that have never had a gynaecological consultation.

TARGET 1.B. Improve the health condition of the Roma and reduce social inequalities in healthcare: Intervention among children

- Reduce the number of home accidents (house, stairs, lobby, etc.).
- Reduce childhood obesity (2-17 years).
- Increase dental assistance.

Based on the observations presented in this document, the following concrete findings and recommendations for the future can be made:

- Existing experiences and initiatives to that promote Roma health integration in Spain have demonstrated to have effective results.
- Putting in place initiatives that foster and promote a better coordination of initiatives related to health and Roma between the national, regional and local level improves the quality of the programmes and their effectiveness.
- It is important to foresee specific intervention measures (field actions) combined with support measures (e.g. researchers, guides, networks etc.).
- Framing the actions aimed at promoting health amongst Roma within the general health policies. This entails taking a target and mainstream approach that ensure that the measures undertaken are not disconnected from the general services.
- One of the challenges in the next programming period 2014 – 2020 is to scale up the current experiences and initiatives with the support of ESIF; in this sense, some experiences that have demonstrated important results in previous years could be transformed into policies with the support of the European Funds.
- The Spanish Partnership Agreement provides an adequate framework for promoting Roma health integration.
- The ESF Operational Programmes under Thematic Objective 9 „social inclusion" should developed health activities at two levels (national and regional) by scaling up exiting interventions which are perfectly eligible under the framework of the following investment priorities: „Socio-economic integration of marginalised communities such as the Roma" and „Access to affordable, sustainable and high-quality services, including healthcare and social services of general interest".

Relevant experiences promoting Roma health integration in Spain between 2007 – 2013

During the previous decade, several experiences addressed the inclusion of Roma by focusing on the promotion of Roma health integration in Spain. Although none of the experiences presented in this chapter received EU-funding in the programming period 2007 – 2013, it is worth highlighting that all of these activities would be eligible for ESIF funding[5] in the new programming period (2014 – 2020), which is the reason for presenting them in this paper. Furthermore, the new ESIF are an opportunity for strengthening these policies and experiences in order for them to achieve a major impact by transferring them from isolated experiences to intervention models that could be generalised. The nine experiences presented below can be grouped into two sections: (1) policies, governance and instruments and (2) actions and programmes.

1.1. Policies, governance and instruments

1.1.1. Strategies

In 2010, the Spanish Ministry of Health, Social Services and Equality approved the **National Strategy on Health Equity.** The Strategy makes clear reference to the challenges for Roma health integration in Spain and presents priority actions that should improve health equity. The 9 priority actions lines are grouped into 4 pillars:

[5] Note that activities related to strategies, working groups, studies, guides etc. (see chapter 2.1.) could be funded either under the national OP on technical assistance or through the chapter on technical assistance in the ESF OPs for each Spanish Region. Direct interventions, actions and programmes (see chapter 2.2.) could be funded by the national ESF OP (see chapter 3.2) or the ESF OPs for each Spanish Region.

A. To develop health equity information systems to guide public policies

1. National health equity monitoring network
2. Health impact assessment of public policies
3. Report on health inequities in Spain

B. To promote and develop knowledge and tools for intersectoral work: moving towards the concept of „health and equity in all policies"

4. Creation of intersectoral bodies
5. Inclusion of specific [equity-relevant] objectives in health plans
6. Training on health equity for health sector professionals
7. Awareness-raising actions on the importance of addressing health inequities

C. To develop a comprehensive plan for the health of children and young people that provides equal opportunities for all children and young people regardless of their parents' or caregivers' social conditions

8. Comprehensive support to childhood (equity from the start)

D. To develop a plan for increasing political awareness and the visibility of the National Strategy on Health Equity and the Social Determinants of Health

9. Plan for increasing political awareness and visibility

In December 2013, the above-mentioned National Strategy on Equity was followed by the **Strategy for Promoting Health and Prevention in the National Health System**. This new Strategy also uses a mainstream approach by applying the principle of equity: the implemented actions need to address the social determinants of health, establishing measures according to the needs of different groups as well as targeted measures to reduce health inequalities with the aim of achieving the maximum health poten-

tial of each person. It also includes a strategy axis on health equity, which aims to reduce social inequalities in health caused by geography, ethnic, cultural, gender, social class or other social determinants of health, as well as situations of disability

To ensure the alignment of this Strategy with the policies aimed at improving Roma health integration, the priority interventions of this Strategy were included in the Action Plan of the National Roma Integration Strategy 2014 – 2016 and disseminated among relevant institutions and administrations in charge of health issues at regional level, as well as among the network of Spanish Roma-NGOs working on health inclusion for Roma (i.e. Equi Sastipén, see 2.2.2.).

1.1.2. Working Group with the Regions on Roma Health

Spain has a highly decentralised administrative structure consisting of 19 Autonomous Communities (17 Regions and 2 Cities). The high degree of decentralisation also applies to the Spanish health system whose competencies are held by the Spanish Regions. Therefore, common consensus on health policies are reached by the Interterritorial Council formed by the National and Regional Ministers of Health.

In 2011, the Ministry of Health created a **Working Group on Roma Health with the departments responsible of health within the regional government.** In 2014, the Working Group developed a list of possible measures focusing on Roma health integration, which are foreseen to be implemented in cooperation between the Ministry of Health, Social Services and Equality. The proposed measures were designed to also feed into the Regional Health Action Plans. As a result of the efforts of the Working Group, six Spanish Regions[6] have initiated or intensified mea-

[6] Asturias, Extremadura, La Rioja, Madrid, Navarra , Basque Country

sures to improve health integration of the Roma community in their respective areas of competence; these measures are in line with the Spanish National Roma Integration Strategy.

The creation and functioning of this Working Group is especially important, as it allows for an alignment of national and regional policies and fosters mutual learning on promoting Roma health integration.

1.1.3. Roma health survey

The **Second Roma National Health Survey** was carried out in 2014. A comparison with the results of the First Roma Health Survey in 2006 as well as with the results of the National Health Survey of the general population will be published in mid 2015. It is foreseen that its findings will be disseminated at national and international level in order to highlight the main challenges of Roma health integration and to raise awareness of specific needs for achieving health equity. As part of the preparations for the Second Roma National Health Survey, an interview guide was developed and interviewers received special training to conduct the survey.

The survey forms an important part of monitoring the health situation of Roma in Spain, as it:

- Describes the situation and major problems related to Roma health.
- Monitors the progress made compared to previous years.
- Identifies the gaps between Roma and the general population.
- Provides the base for designing new policies.

1.1.4. Methodological guide

The **Methodological guide to integrate equity into health strategies, programmes and activities** was produced as a result of a training held by the Spanish Ministry of Health, Social

Services and Equality in 2011 (see 2.2.1.). This guide is in line with the aforementioned Strategy. It makes several references to Roma health integration and was published in 2012 in English[7] and Spanish[8].

The publication provides an overview of concepts about health equity, describes the Spanish and international policy framework relevant for implementing measures aimed at promoting health equity and highlights the key steps to integrate equity into health strategies, programmes and actions. Moreover, it includes a detailed bibliography for further reading and introduces the participants of the mentioned training, describing their tasks and responsibilities at the training. It is worth highlighting that the guide was transferred to and piloted in four European countries[9] whose case studies will be peer-reviewed by Spain.

This type of guide is a useful tool that allows the alignment of mainstream health policies with targeted measures aimed at Roma, as it include recommendations and detailed information on the experiences (e.g. what worked well and what did not work etc.).

1.2. Actions and programmes

1.2.1. Training

In 2010 – 2011, the Spanish Ministry of Health, Social Services and Equality carried out a **training process to integrate a focus on social determinants of health and equity into health strategies, programmes and activities** which is of particular rel-

[7] http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPresent_Guia2012/docs/Methodological_Guide_Equity_SPAs.pdf

[8] http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/EquidadSaludyDSS.htm

[9] Bulgaria, Montenegro, Serbia and the Former Yugoslav Republic of Macedonia.

evance for Roma health inclusion. The training process was part of the equity action lines (see 2.1.1.) launched by the Ministry and reflected its interest in promoting and developing tools for moving towards the concept of health in all policies. The trainings drew from the experience of the Chilean Ministry of Health in 2008 – 2009 and were guided by the work of the Commission on Social Determinants of Health; furthermore, they received technical support from the World Health Organization (WHO) and the Pan American Health Organization.

The objective of the training was to develop and strengthen the capacity of the management teams of professionals working at the Ministry of Health, Social Services and Equality (national level), Regional health departments and other key administration levels in areas considered critical for reducing health inequities. The specific objectives of the training focused on strengthening the theoretical understanding and methodological capacity to review public health strategies, programmes and activities, as well as to produce a guide that summarised the main learnings of the training in practical terms. It is worth noting that this experience has been recognised as good practice for achieving health equity by the WHO. Its main lessons learnt have been documented – including several references to Roma health integration – and its high degree of transferability have been highlighted[10].

1.2.2. Networks Equi Sastipén

The network Equi Sastipén promotes health and health inclusion of Roma in Spain. It consists of 16 Roma NGOs which

[10] Merino B, Campos P, Santaolaya M, Gil A, Vega J, Swift T. Integration of social determinants of health and equity into health strategies, programmes and activities: health equity training process in Spain. Social Determinants of Health Discussion Paper Series 9 (Case studies). Geneva, World Health Organization, 2013. Available at: http://apps.who.int/iris/bitstream/10665/85689/1/9789241505567_eng.pdf

actively contribute to the awareness-raising of health professionals, services and institutions at national, regional and local level. In 2014, the network held special trainings for health workers in four Spanish Regions[11] and organised specific University courses, such as „Roma health promotion for community workers" at the University of Navarra[12] and „Health inequalities and the Roma – analysis and proposals from a social-health perspective" at the University of Alicante[13].

Furthermore, in collaboration with the Spanish Ministry of Health, Social Services and Equality as well as the WHO Collaborating Centre on Social Inclusion and Health[14], the network organised several meetings aimed at focused discussions on specific topics (e.g. Roma children and health) and the dissemination of guidance material, needs analysis, models, methodologies and exchange of experiences.

1.2.3. Programme Health promotion of ethnic minorities in Navarra

The experience from Navarra represents good example for Roma health inclusion, as it has been recognised as best practice internationally. The programme **„Health promotion of ethnic minorities in Navarra"** has been implemented by the Navarra Institute for Public Health in collaboration with Roma NGOs[15] from the region since 1986. It aims to reduce existing health inequalities by promoting the active participation of the Roma community as well as healthcare resources. The *objectives* of the

[11] Aragon, Extremadura, Madrid, Murcia

[12] http://www.unavarra.es/fundacionuniversidadsociedad/tablon-de-anuncios?contentId=182649

[13] http://web.ua.es/es/iudesp/documentos/ultima-hora/satispen.pdf

[14] http://www.iudesp.es/iudesp-whocc.html

[15] http://gazkalo.org/sastipensalud/

programme are in line with WHO guidelines, the National Roma Inclusion Strategy 2012 – 2020 as well as the Comprehensive Plan for Roma Inclusion in Navarra 2011 – 2014:

- Improve access to and use of primary health services for Roma.
- Increase the attendance of Women's Centres by Roma Women.
- Improve the paediatric monitoring of Roma minors aged 0-14.
- Improve the prevention of chronic diseases among the Roma population.
- Improve the use of mental health services for Roma population who require them, giving special attention to Roma women.
- Promote healthy lifestyles of the Roma population in Navarra.
- Prevent young Roma population from starting to use drugs.
- Improve the quantitative and qualitative knowledge about the health situation of Roma in Navarra.
- Training and capacity building for health professionals, including capacity to act in intercultural contexts.

The *actions* of the programme include:

- Orientation, monitoring and supervision of health workers.
- Continuous training of community workers who participate in the programme.
- Informing and accompanying individuals and families.
- Group activities related to the prevention and health education.
- Coordination with social-health services, mediation and participation in networks of social-health professionals in areas of intervention.

The *innovative element* of this experience is that the programme is developed in close collaboration between Roma NGOs and the Navarra Institute for Public Health. Thereby, particular focus is given to the empowerment of the Roma population in Navarra, as community workers are Roma who act through Roma NGOs. These NGOs continue to provide them with trainings and capac-

ity building in order to promote health education in their own community.

1.2.4. Project ARTEMISA

The **project ARTEMISA**[16] is a network whose mission is to fight against the exclusion of Roma in the Region of Madrid. Its activities include specific actions which aim to improve the access to and use of health resources by Roma, especially Roma women. These include the promotion of healthy lifestyles, correcting the health deficit of Roma women and making health services more accessible to Roma women. A key element of this initiative is the intercultural mediator: these are mainly Roma women who develop interventions at local health centres and schools which include training sessions, awareness-raising campaigns and accompaniment. Their activities are supported and supervised by the four Roma, women's and socio-cultural NGOs which form the network.

1.2.5. Promotion measures

At national level, the following activities promoting Roma health integration are eligible for and have received subsidies under the framework of the National Roma Integration Strategy 2012 – 2020:

- Health promotion activities for Roma (adults, children, youth and people in situation of dependence) through direct interventions, such as workshops, social-health accompaniment, mediation and advice for health workers, capacity-building of social-health professionals).
- Activities to promote gynaecological visits by Roma women.
- Activities to improve dental health care for Roma children.

[16] http://www.redartemisa.org/nuestros-proyectos/

- Activities strengthening the education on the health of pre-teens as well as workshops on child health for families and teachers.
- Activities strengthening the knowledge about family planning, especially of foreign Roma women, as well as prevention in gynaecological and maternity care.
- Compensatory measures to promote health equity of families with special needs in shanty towns (e.g. direct support, mediation, socio-educative workshops etc.).

At regional level, several Spanish Regions[17] have included grants for the promotion of Roma health integration in their Regional health plans. Moreover, the Region of Madrid has two agreements – notably with Roma NGOs – which focus on Roma and the promotion of their health inclusion (i.e. Roma health promotion & access to services, information service on drug addiction & social and labour integration).

Roma health integration in the new programming period 2014 – 2020

Despite the lack of experiences related to the financing of Roma health integration through EU Structural Funds in Spain, the new financial framework provides favourable requirements for the funding of such interventions through the new European Structural and Investment Funds (ESIF). The below section highlights the key elements for funding Roma health interventions through ESIF funds 2014 – 2020 in Spain.

Firstly, the section on the Partnership Agreement between the Spanish Government and the European Commission outlines

[17] e.g. Aragon, Asturias, Castilla La Mancha, Madrid.

the main investment priorities that support the promotion of Roma health integration through ESIF.

Secondly, the Spanish Operational Programme „Social Inclusion and Social Economy" foresees a series of investments that could directly promote Roma health integration through the European Social Fund (ESF).

Additionally, it may be worth mentioning that, at the time of publication of this document, the Spanish Regional ESF and ERDF Operational Programmes were still under negotiation but may include measures related to Roma health integration. These Operational Programmes will make up approximately 50% of the ESIF budget in Spain. Besides that, the ERDF Operational Programme „Sustainable Growth" foresees specific actions related to „promoting digital public services, digital literacy, e-learning, e-inclusion and e-health" which could also provide possibilities for funding Roma health integration through e-inclusion and e-health.

1.3. Partnership Agreement

The Partnership Agreement[18] between the Spanish Government and the European Commission was approved in October 2014. It includes a series of Thematic Objectives for investment, out of which **Thematic Objective 9** „Promoting social inclusion, combating poverty and any discrimination"[19] is the most relevant for Roma health integration. The below section present the different Investment Priorities under Thematic Objective 9, which make specific reference to potential actions that could finance Roma health integration.

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[18] http://www.dgfc.sgpg.meh.es/sitios/dgfc/es-ES/ipr/fcp1420/p/pa/Paginas/inicio.aspx

[19] http://www.dgfc.sgpg.meh.es/sitios/dgfc/es-ES/ipr/fcp1420/p/pa/Consulta%20Publica/20140422%20Cap%204_9_pobreza.pdf

1.3.1. Investment Priority 9.2.

Investment Priority 9.2 is titled „Socio-economic integration of marginalised communities such as the Roma" and includes the **Specific Objective 9.2.1.,** which aims to „Improve access to healthcare services and social services as well as to services offering training, orientation and advice, with the aim of eliminating segregation and stereotypes".

Eligible actions related to promoting Roma health integration that could be financed under this specific objective include:

- Activities that facilitate the access to general services, especially social services, healthcare services (including activities related to preventative health, education on health lifestyles and patient security).
- Measures that help the dismantling of stereotypes or prejudices that discriminate the Roma.
- Development of integrated plans that combine actions that promote access to social housing with interventions in the areas of education, health and sport facilities.
- Development of measures that guarantee health equity and access to health services that promote equal opportunities.

1.3.2. Investment priority 9.4.

Investment priority 9.4 is titled „Access to affordable, sustainable and high-quality services, including healthcare and social services of general interest" and includes **Specific Objective 9.4.1.,** which aims at „Enhancing access to affordable, sustainable and high-quality services, including healthcare and social services of general interest".

Eligible actions related to promoting Roma health integration that could be financed under this specific objective include:

- Development of collaboration mechanisms between health and social services (through multi-disciplinary teams) in order to address the needs of vulnerable groups, such as homeless persons with any form of mental illness as well as to invest in marginalised settlements.
- Healthcare programmes (preventative and medical care), including the rehabilitation of persons from vulnerable groups, such as persons deprived of their liberty, drug addicts, persons with mental illnesses, with HIV-AIDS and other illnesses, homeless persons, persons from ethnic minorities such as the Roma, LGBT people and others.
- Development of measures that guarantee health equity and access to health services that promote equal opportunities.

1.3.3. Investment Priority 9.7.

Investment Priority 9.7. is titled „Investment in social and health infrastructures that contribute to the national, regional and local development, reduce health inequalities and promote social inclusion through an improved access to social, cultural and recreational services and the transition from institutional services to local services". It includes **Specific Objective 9.7.1.** which aims to „Investment in social and health infrastructures that contribute to the national, regional and local development, reduce health inequalities and the transition from institutional services to local services."

Eligible actions related to promoting Roma health integration that could be financed under this specific objective include:

- Measures that support the transition of care services for vulnerable groups from institutional services to local community-based services.

1.4. ESF Operational Programmes

As mentioned above, different OPs (either national or regionals) in Spain could develop activities that aim to improve Roma health inclusion. At the time of publishing this paper, the ESF OPs for Spain are still under negotiation, which means that there is no information available about potential actions that could be developed in the area of health.

In July 2014, the Spanish Government submitted its ESF Operational Programme (OP) „Social Inclusion and Social Economy" to the European Commission. At the time of publication of this paper, negotiations of the draft OP are still ongoing. However, the following details of the draft document give an overview of the possibilities for financing Roma health integration should the draft document be approved.

It is worth highlighting that this Operational Programme is consistent with what is foreseen in the Partnership Agreement under the Thematic Objective 9 „Promoting social inclusion, combating poverty and any discrimination". Similar to the section on the Partnership Agreement, this chapter presents the different Investment Priorities under Thematic Objective 9/Axis 2, which make specific reference to potential actions that could finance Roma health integration.

1.4.1. Investment Priority 9.2.

Under **Investment Priority 9.2.,** titled „Socio economic integration of marginalised communities such as the Roma", possible actions related to promoting Roma health integration include:

- Integral programmes that include actions which facilitate the access to general services, especially social and health services (especially preventative health, healthy lifestyle education and patient safety), as well as social accompaniment and

actions that improve the situation of the foreign Roma population in Spain.

- Measures aimed at the social and economic revitalisation of deprived rural or urban area through the elaboration of integral plans that combine actions related to the access to social housing with education, health and sports facilities.

1.4.2. Investment Priority 9.4.

Under **Investment Priority 9.4.** titled "Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest", possible actions related to promoting Roma health integration include:

- Measures addressing the promotion of access to health services for vulnerable groups at risk of social exclusion – especially children – taking into account the gender perspective and the needs of some vulnerable groups (e.g. Roma, people with disability, people with addictions, homeless persons, transsexual persons, etc.).

Practical recommendations

Although the situation of most Roma in Spain is considered to be better than in many other European countries in general, and Roma have full access to the Spanish National Health System, there is still a significant gap in health conditions between Roma and the non-Roma Spanish population. The Spanish National Roma Integration Strategy identifies two key priorities in the area of health: 1) *to improve health among the Roma and reduce social inequalities in healthcare: Intervention in the adult population* and 2) *to improve the health condition of the Roma and reduce social inequalities in healthcare: Intervention among children.*

The major problems related to health have been identified in previous studies and are related to three areas:

- Health situation: lower life expectancy, higher rate of certain illnesses (cholesterol, depression, gastric ulcer, headaches and migraines etc.), oral and dental problems.
- Illness aggravated by inadequate lifestyles: high percentage of smokers, high level of alcohol, inappropriate nutrition, little physical activity, overweight and obesity.
- Access to the health system: with regards to access to the health system, no specific problems have been identified; however, some improvements are needed in order to facilitate better and more appropriate use of health services by Roma and to develop preventive services, especially in some areas as for example by promoting healthy lifestyles.

As mentioned earlier, in previous programming periods, EU Structural Funds have not directly contributed to Roma health integration in Spain, though an indirect impact may be assumed. However, several good initiatives have promoted Roma health integration since previous financing periods, and it is worth highlighting that all of them would have great potential to receive EU funding in the new financial programming period (2014 – 2020). The new European Structural and Investment Funds (ESIF) provide an enormous potential for applying these funds for Roma health integration in Spain and hence, increasing their impact.

These opportunities are strengthened by the fact that Spain already has an adequate policy framework that allows for the promotion of Roma health integration – the Strategy for Promoting Health and Prevention in the National Health System and the National Roma Integration Strategy form a solid policy basis. Furthermore, there are already existing experiences that have demonstrated positive results – these experiences can be found at national, regional and local level. Moreover, the Spanish Partnership

Agreement provides several opportunities for investing in Roma health integration, to scale up existing experiences and to replicate existing models that have demonstrated substantive results.

In view of these settings, the **key challenge** for achieving a real impact on Roma health integration through EU-funds in Spain are **the Operational Programmes (OPs)**. It would therefore be of utmost importance that:

- National Roma Contact Points engaged more actively with key actors that are promoting or have the potential to promote Roma health integration:
  - Key actors are e.g. the departments of health at national level and regional level, as well as managing authorities of ESF OPs.
  - They could support the exchange and mutual learning between the different Spanish Regions on how ESIF could promote Roma health inclusion, e.g. through the Working Group with the Regions on Roma Health (see chapter 2.1.2.).
  - They could also explore possibilities of scaling up existing experiences and replicating existing models with the support of the ESF.
- Programme documents of Regional and national OPs included activities related to Roma health integration;
  - In consistency with the partnership agreement and its investment prioritised (9.2 and 9.4) OPs should developed activities related to:
    - § Preventive health and promotion of health lifestyles,
    - § Promotion of health equality,
    - § Specific healthcare programmes focused on illnesses that are aggravated in the Roma community.
  - National Roma Contact Points could revise the ESIF OPs and propose specific activities that promote Roma health inclusion, before the programmes are adopted.

  - The European Commission (i.e. Desk Officers) should verify whether the proposed activities under Thematic Objective 9 of the Spanish OPs (notably Investment Priorities 9.2 and 9.4) tackle health inequalities experienced by Roma – either through mainstream projects or through targeted actions.
- Operational Programmes used outcome and process indicators to demonstrate investments in Roma health integration;
  - OPs that develop activities under Investment Priority 9.2 should provide information on the impact of investment on health equity and Roma health integration (outcome indicators).
  - OP that focus on Investment Priority 9.4 should demonstrate:
    - § how access to services is facilitated to socially excluded people,
    - § measures undertaken to guarantee that Roma enjoy health services equally,
    - § that specific actions are undertaken in order to remove barriers to access services and to guarantee equal opportunities (process indicators).
- The European Commission (EC) monitored the implementation of activities related to Roma health integration funded by ESIF.
  - In the monitoring committees, the EC could request specific information on how regional and national OPs implementing activities under Investment Priorities 9.2 and 9.4 address Roma health inequalities and promote Roma health integration.
  - Annual Reports could report on specific actions and activities that focus on Roma health integration.
  - The Mid-Term Review could focus on Roma health integration as a thematic issue.

BULGARIA

1. Rationale

Roma are one of the two big ethnic minorities in Bulgaria. According to the last Population Census (2011) almost 326 000 people (the exact number is 325343) declared themselves as Roma.[1] According to expert estimations the real number is at least twice higher: between 700 000 and 800 000 people or more than 10% of the entire country's population. These figures are also cited in the EU Framework for National Roma Integration Strategies published by European Commission on April 5, 2011.[2]

The health status of Roma community in Bulgaria is significantly lower than the one of majority Bulgarian population. For example, the national figures from the population census in 2001 and 2011 (cited also in the National Roma Integration Strategy) show that the life expectancy of ethnic Roma is 10 years shorter than the one of ethnic Bulgarians. "In addition, 12.6% of the entire Roma population in the country, including children, has some kind of disabilities or suffer from a chronic disease. What is specific for the Roma people is the very early onset of disability and the widespread chronic diseases on a mass scale as early as

[1] http://www.nsi.bg/census2011/pagebg2.php?p2=175&sp2=190

[2] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52011DC0173&from=en

middle age. One third of the male Roma population and two fifths of the female population in the age bracket 45-60 have already lost partially or in full their work capacity due to poor health status:", states the National Roma Integration Strategy[3]. In addition, the National Roma Integration Strategy shows that „the members of the minority communities suffer from hepatitis, gastrointestinal diseases, other diseases caused by parasites. These problems are identified most frequently within the Roma population. Infectious diseases are also a very acute problem in the Roma neighborhoods in Bulgaria."

Roma people meet serious problems both in access to health care and in the quality of healthcare services. In addition, significant part of Roma population is without health insurances and has access only to emergency care services.

The access to health of Roma people in Bulgaria remains very poor due to high levels of discrimination, number of prejudices that the medical personnel has and the low health education and awareness people have. This is stated in Health Strategy for Persons Belonging to the Ethnic Minorities and in the National Roma Integration Strategy. Another reason for the poor access to health is the infrastructure of the health system, which is not tailored to the needs of the people especially those living in villages. In many cases a doctor visits a village for just a couple of hours a week (usually – 3 days a week per 2 hours) and a hospital might be located tens of kilometers away. About 20 hospitals closed down in the past few years because of the shortage of financing provided by the state budget. That confronts the local people with a new set of challenges in finding medical care. It is expected the number of closed hospitals to increase during the next months.

[3] *National Strategy o the Republic of Bulgaria for Roma Integration*, p. 9.

Discrimination against Roma often exists among medical staff. It deteriorates additionally the quality of healthcare services in Roma community. The illegal payments are wide-spread practice: often the medical staff uses the lack of knowledge about health rights among Roma and other vulnerable groups and require informal payment for services that should be free.

There are some policy articulations for addressing Roma health issues, but as a whole the policy attention to improving the health status of Roma remains low. Although certain improvement in this direction was achieved – such as the approval of Health Strategy for Integration of Persons Belonging to Vulnerable Ethnic Minorities (2005), the approval of Action Plan for the Health Strategy for Integration (2011), the increase of the number of Roma health mediators financed by the state budget, the state support for Roma Health Scholarship Program (through Norwegian Financial Mechanism), etc. healthcare is still weak (although not the weakest) part of the entire policy for Roma integration. Certain good documents exist (the Health Strategy for Integration of Persons Belonging to Vulnerable Ethnic Minorities, the „Healthcare" chapter in the National Roma Integration Strategy and in the Action Plan for the Decade of Roma Inclusion) but their implementation is close to zero yet: there is clear lack of proper financial and administrative back up as well as lack of mechanisms for participation of Roma community and civil society in implementing the documents for Roma integration. As a result the activities directed at improving the health status of Roma are implemented only nominally („on paper", i.e. without searching any real effect on the targeted populations) or not implemented at all.

The overall situation of Public Health sector in Bulgaria is very problematic. The healthcare remained one of the not-reformed public sectors in Bulgaria although the programs of the

last 3 governments contained engagements for reforming it. The program of the present government also pays significant attention to healthcare reform: it proposes numerous actions around 22 goals and 8 priorities[4]. The crisis of public health sector and the healthcare reform creates unfavorable environment for the social inclusion of vulnerable groups and puts additional burden to Roma health integration.

One of the main challenges before public health is that it is underfinanced. The share of private co-financing for health in Bulgaria is the biggest one in EU. Corruption practices and abuses of public health money are permanent part of the public debate in Bulgaria. The policy for Roma health integration is also underfinanced. On July 27, 2011 Action Plan for Implementation of the Health Strategy 2011 – 2014 was approved by the Council of Ministers. It was financially backed up with 5 mln BGN or 2 564 000 euro that is less than 650 000 euro per a year. Even this small amount was only partly provided.

In these circumstances the European funds were expected as important tool for supporting the reform in public health as well as the Roma health integration as integral part of this reform. Three types of European funds are available for Bulgaria: European Union funds (ESF, ERDF and also EAFRD), EEA / Norwegian Financial Mechanism and Swiss Contribution. All of them include possibilities for financing public health as well as Roma integration.

The chapter presents the usage of European funds for facilitating access of Roma to quality health services within the previ-

[4] *Programa na pravitelstvoto za stabilno razvitie na Republika Bulgaria za perioda 2014 – 2018* (Governmental Program for Sustainable Development of the Republic of Bulgaria for the period 2014 – 2018), p. 85-93. Available at: http://government.bg/fce/001/0211/files/Government%20programme%202014-2018_13.02.2015.pdf

ous planning period as well as the framework for the new period and how it included the topic of Roma health. It also proposes concrete operations to be supported through the available European financial mechanisms.

2. Political framework

In September 2005 the Council of Ministers approved the Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities. Action Plan 2005 – 2007 was also approved. In July 2011 new Action Plan for the period of 2011 – 2014.

The Health Strategy contains detailed analyses of the problems met by Roma and the other vulnerable ethnic minorities. It presents also the main initiatives for overcoming the health inequalities implemented at the time of its preparation. The Strategy sets 5 strategic objectives, namely:

1. Overcoming the negative tendencies for the health of disadvantaged persons belonging to ethnic minorities and creating conditions for its improving.
2. Ensuring equality in the access to health care services of disadvantaged persons belonging to ethnic minorities.
3. Improving the health habits and ensuring access to health information.
4. Overcoming the cultural barriers and all forms of discrimination.
5. Increasing the number of health insured persons of the ethnic minorities in disadvantaged position[5].

For every strategic objective (except objective 5) the Strategy sets indicative activities.

[5] *Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities* 2005, p. 9-11.

After long and controversial consultation process Bulgarian Council of Ministers adopted National Strategy of Republic of Bulgaria for Roma Integration (NRIS) and Action Plan (AP) on December 21, 2011. On March 1, 2012 the Parliament approved the NRIS with Decision of the People's Assembly following the request of Roma NGOs. Thus the Strategy became the first legislative act for Roma integration: all previous documents were approved with governmental acts.

The Strategy contains Health care chapter with 5 Strategic tasks:

1. Preventive care for mothers and children.
2. Ensuring equal access to healthcare services for disadvantaged persons belonging to ethnic minorities.
3. Increasing the number of Roma specialists working in the healthcare system. Developing health mediation and various forms of work for and within the community (social health centres, etc.).
4. Raising the health awareness and ensuring access to healthcare information.
5. Increasing the number of health insured persons of the ethnic minorities in disadvantaged position, by launching legislative initiatives relating to health insurance of low income people, including the ones durably unemployed[6].

The Action Plan in its Health care part fully repeats the Action Plan for the Health Strategy approved earlier in 2011. Assessment published by AMALIPE Center for Interethnic Dialogue and Tolerance in February 2012 provides the following evaluation of the Action plan: „The field of healthcare is copy-paste version from the Action plan for implementing the Health Strategy for Integration approved by the Council of Ministers in

[6] *National Strategy of Republic of Bulgaria for Roma Integration* 2012, p. 13.

July 2011. Although Roma and non-Roma organizations raised many reasonable suggestions (during conference in October) and within the Working group nothing was included in the last draft submitted by the Secretariat of the NCCEII to the CoM. Important chances for ameliorating the document were missed and it could be asses rather as step backward."[7]

Overall, political framework for Roma health integration exists. It is better developed in terms of political intentions and objectives than in concrete activities. The financial back up is very modest and formal mechanisms for consultations with civil society and Roma community do not exist that are the main weaknesses for implementing the framework. The usage of European funds would compensate the first of them and contribute for compensating the second one.

3. Practices and models for Roma health integration

Generally, converting a model into policy is long process that passes 3 stages:

- piloting: the main elements of the model are tested in the practice and the results are scrutiny researched in a way that allows changes in the model if needed. The pilot stage is usually implemented in limited number of places in order to let the team concentrate on the activities, results and their research. External evaluation is necessary to analyze the model and its results;
- expansion: in more places in order to cover the variety of environments and how the model works in them;

[7] AMALIPE Center for Interethnic Dialogue and Tolerance, *Towards Following Steps Necessary: Assessment of the National Strategy of the Republic of Bulgaria for Roma Integration.*

– sustainability: at this stage the model is standardized. The necessary financial and institutional framework should be established for ensuring the national-wide and sustainable application of the model.

Usually this process requires multi-sector cooperation: NGOs, local authorities, national authorities and other relevant stakeholders are involved.

For the purpose of this survey I selected good practices in Roma health that have the potential to become models for policies. The criteria used for selecting them were three: good practices that have been implemented at national level (or at least – in more than one region), have passed at least one evaluation and have produced results/impact that could be transferred. Having them into account, four main practices appear, namely:

1. Health mediators: At present Bulgarian authorities recognize Roma health mediators as successful practice for Roma health integration and they show mainly this practice when reporting their activities towards Roma. It started as practice of several NGOs supported by Open Society Institute and promptly proved its efficiency. Its expansion was supported by PHARE as well as by Matra program. Important contribution for its success in Bulgaria was provided by prof. Ivailo Tournev who prepared also standardized training curriculum for health mediators, job description, etc.

At present the sustainability of Roma health mediators is almost fully ensured. The financial back up for this position is provided by the state budget through transfers to municipal authorities. The mediators are employed by the respective municipality. There is job description approved by Ministry of Labour that stresses outreach work at grass-root level: information cam-

paigns, prevention activities, etc. The state financing for Roma health mediators increased during the last 3 years as follow[8]:

Year	N of health mediators	N of municipalities
2012	109	59
2013	130	71
2014	150	79

The main weaknesses of the health mediator model is that it is limited in scope: ensuring the work of Roma health mediator is only one of the elements from the entire bulk of activities for facilitating the access of Roma to healthcare services that is empty without the other elements. This is not a problem of the model itself but of its use: often state and municipal institutions "overcharge" the health mediators with expectations that go far beyond the responsibilities and real possibilities of this position. The same happens also at community level: often community members perceive the mediators as doctors or representatives of the municipality and expect from them services they could not deliver. Another limitation is the accent on compensatory function instead of community development one. Being "a bridge" between Roma and institutions, the mediators compensate the poor work of mainstream health care institutions in Roma community and the lack of proper skills and knowledge of community members for using the mainstream services. Developing the social capital to require and obtain quality services at community level is not part of the Roma health mediator's job description;

[8] Council of Ministers, *Administrativen monitoringov doklad za izpalnenieto prez 2014 na Nacionalnata strategia na Republika Bulgaria za integrirane na romite* (Administrative monitoring report for the implementation in 2014 of the National Strategy of the Republic of Bulgaria for Roma Integration), 2015, p. 18.

2. HIV/AIDS and TB prevention and protection in Roma community. The Programme is financed by the Global Fund and managed at national level by Ministry of Health. The Ministry outsourced the implementation of the program components at district level to NGOs. Whereas the programme for prevention of HIV/AIDS is active in Bulgaria since 2003, the programme for prevention of tuberculosis started in 2007 in response to the rapid growth of the number of Roma people with tuberculosis. Both programmes include a special component (Component 5), directed towards the Roma community.

Initially the model of the Program was piloted in Kyustendil, Sofia and Vidin. Later it was expanded in 10 Bulgarian cities and after 2010 – in almost all regions of the country. The concept of the prevention applied by the Program is based on the best practices to limit the risky behavior combined with certain (although limited) community development methods and activities. It includes:

- field-work at grass-root level for screening and individual consultations;
- forwarding to medical and social institutions;
- training of volunteers, youth and leaders' groups. „The emphasis in the training of leaders' groups is the acquisition of skills to render information and consult coevals in the informal youth circles. The groups include representatives of the community aged 12-25. The teams of the NGO – through the activities in the health and social centers – work to change the established attitudes in the community, for health education, prevention of sexually transmitted deceases, to facilitate the access of the Roma to the health and social services, with a minimum standard of the quality of service provided."[9]

[9] .....

Health and Social Centers are established in 10 cities as institutional frame for implementing the program activities. They are managed by NGOs in cooperation with the respective municipality.

This comprehensive model proved its efficiency providing numerous positive results. Overall, it stops the expansion of HIV and TB in Roma community. At the same time, its main weakness is the dependence from Global Fund financing: although MoH manages the program, it has still not ensured the main tools for Program sustainability. For example, the methodology of Health and Social Centers is not approved by the Agency for Social Protection that would provide possibilities for their financing from the state budget, etc.

3. Roma Health Scholarship Program. The program provides opportunity to young, educated and highly motivated young people from Roma background to develop their knowledge and professional experience in the field of Healthcare. It is supported by Roma Education Fund and Roma Health Project at OSF. In Bulgaria is implemented by consortium composed of Open Society Institute, Center Amalipe and ProMedia.

The program started in 2009 with 23 students in medical colleges and universities. During the second program year they became 57. In academic year 2011 – 2012 eighty Roma students received help for their education in Medicine and other medical subjects, while in 2012/2013 they were 77.Since in 2013/2014 the Program did not enroll new students the grantees were 64.

The Program aims at increasing the number of healthcare professionals and this to overcome certain barriers before the equal access of Roma to healthcare services. It is composed by several components:

- providing scholarships for students in higher medical and professional schools and colleges, as well as for doctors-postgraduates;
- mentoring of grantees in academic and professional issues: professors from the respective universities are assigned to help the students in their academic carrier;
- advocacy training: to strengthen the links of Roma students with the Roma community as well as to strengthen their Roma consciousness and identity;
- media and public awareness component.

The Program has proved its positive outcomes, especially in increasing the number of Roma who study and graduate medical universities. Its main challenge is to find ways for expansion and sustainability after the end of REF/OSF financing.

4. Community monitoring of healthcare services delivered at grass-root level in Roma community. The program is financed by Roma Health Project at OSF – Budapest and implemented in Bulgaria, Macedonia and Romania. In Bulgaria it is applied since 2011 by Amalipe Center for Interethnic Dialogue and Tolerance: initially in 2 municipalities in Veliko Turnovo District, at present – in 7 municipalities in different regions. In 2014 two more organizations joint the program – LARGO Association in the city of Kyustendil and World Without Borders Association in the city of Stara Zagora.

The main purpose of the program is to create comprehensive model for empowering the local Roma communities and improving the health care service delivery at grass-root level. The model is based on the method of „community inquiry" developed by professor Abhijit Das from the Public Health Institute in India. The team of Amalipe applied the method respecting the specifics of the work in Roma community in Bulgaria and combining

community monitoring with two other elements: community activation/mobilization at grass-root level and follow up advocacy.

Furthermore, two-level structures for supporting the community monitoring implementation were established:

- In every pilot community Local club for community development was formed: this was a volunteer club that brought together young people, women, informal leaders to discuss certain community issues and together with the community moderator to implement volunteer activities on community interest.
- Community Development Centers were formed at municipal level: municipal coordinators worked in them in order to coordinate and support the activities of the Local clubs for community development, to moderate the processes within the community and to facilitate the contacts with the healthcare and other institutions.

In addition, the experience from the previous years has shown that combining social audit activities and further advocacy efforts has big impact on the Roma communities. From one side Roma realized their health rights: as the first community inquiry showed many Roma were not aware of them before and often paid extra-taxes, were object of discrimination, the emergency care in the Roma villages often was late, etc. Within the program implementation the local groups of volunteers get the Roma community members aware of their health rights. From the other side, the local communities became more organized and capable to advocate for change. The local groups of activists implemented successfully follow-up advocacy activities – before the regional health care institutions and the service providers – for overcoming the gaps discovered during the inquiry.

The implementation of community monitoring has improved the access to healthcare services and the health culture of the local community in many aspects. For example, in municipality of

Pavlikeni (the first one included in the community monitoring exercise) the illegal payments in GP cabinet dereased from 32% to 18% while in the hospital they decreased from 24% to 2%. Regarding the regular medical check ups for the children we observe an increase from 36,62% to 92,13%. The delay of emergency care decreased from 40% to 17%, etc.[10]

The community monitoring program has proved its positive effect. Its main challenge now is to find bigger expansion and susutainability.

4. European funds in Bulgaria 2007 – 2013 and their role

During the period 2007 – 2013, three types of European funds were available for Bulgaria: European Union funds (through programs co-financed by European Social Fund, European Regional Development Fund and also European Agricultural Fund for Rural Development), EEA / Norwegian Financial Mechanism and Swiss Contribution. All of them included possibilities for financing public health as well as Roma integration.

As pointed above, converting a model into policy has 3 stages: piloting, expansion and sustainability. It requires multi-sector cooperation: NGOs, local authorities, national authorities.

Ideally, the role of European funds should be **mainly on the expansion stage as well as on certain possibilities for piloting**. Providing financial sustainability should be a state budget task and European funds could not replace the state budget. Ideally, European funds are policy **implementing** mean: they facilitate the

[10] More information see at: Lazaroov, Lyubomir. and Deyan Kolev, *Community Monitoring of Health Care Services in Pavlikeni and Veliko Turnovo Municipalities,* 2012. Available at: http://amalipe.com/files/publications/Pavlikeni-VT-engl.pdf

implementation of certain national designed and agreed policies. Ideally again, European funds involve a variety of stakeholders: NGOs, local authorities, national authorities, private sector, etc.

In reality, the usage of European funds in Bulgaria during the period 2007 – 2013 (and especially after 2009 when the economic crisis changed significantly the overall development of Bulgarian economy) followed different principles. ESIF invested huge resources for ensuring sustainability of certain models and replaced the state budget in certain fields. Expansion and even piloting was also supported but with significantly smaller amounts. For example, after 2009 Human Resources Development OP (ESF co-funded operational program) started to finance some of the main programs in the fields of labour market, National Action Plan for Employment (main state funded tool for increasing the employment rate) was significantly cut in 2010 and most of its programs were left underfinanced or not-financed, HRDOP announced a set of programs for „filling the gap". Among them was the program for subsidized employment „Development" that replaced the state budget program „From social benefits to employment" and invested 291 000 000 BGN (around 150 000 000 euro) with this purpose.

The same transition happened in education a year later. HRD OP started to finance the full-day schooling in the so-called „focal-point schools" that had been financed by the state budget before 2011. Around 206 000 000 BGN or more than 105 000 000 euro from ESF were invested with this purpose. Similar developments happened also within the field of social services.

As result, HRDOP contributed for ensuring the sustainability of certain programs replacing the engagement of the state budget. Thus huge share of the program was absorbed that limited the chances for innovation, piloting and expanding certain newly piloted approaches and programs.

This is obvious when compare the share between the two main mechanisms for distributing the grants: „project selection procedure" and „direct award procedure"[11]: in 2007 and 2008 both mechanisms were equally used but after 2009 the direct award procedure strongly dominated. One of the main differences between these two mechanisms is that only „project selection procedure" allows participation of NGOs and diverse set of stakeholders. The „direct award procedure" is for the so-called "direct beneficiaries" which are institutions and the so-called „social partners". NGOs, schools and any other stakeholders are excluded in this way.

We can summarize that during the period 2007 – 2013 the role of ESIF was significantly different compared to what was planned in 2006 – 2007. ESIF supported and even replaced some responsibilities of the state budget funds Tomislav Donchev, at the end of this period between 70% and 80% of the investment capital came from ESIF.

5. European funds 2007 – 2013 and Roma integration

The three types of European funds available for Bulgaria (EU funds, EEA/Norwegian grants and Swiss Cooperation) included Roma integration as priority although it was done in different ways. Below is provided short information for them:

5.1. EU funds

Human Resources Development OP (ESF co-funded program) was the OP that supported Roma integration in the highest

[11] These two mechanisms were set through art. 6 of Decree of Council of Ministers 121/31.05.2007. Available at: http://www.eufunds.bg/en/page/119

degree and most comprehensive way compared to the other programs. Regional Development OP (ERDF co-funded program) also contained possibilities for interventions that support the implementation of Roma integration policy. The Rural Areas Development program completely missed this topic.

Having in mind the long-term tendency of Bulgarian institutions to not dedicate special financial and human resources for implementation of the so-called "Roma strategies" – even during the years of economic growth before 2008 – 2009, the absorbtion of European funds appeared to be the only real opportunity for fostering Roma integration. That was why in May 2006 Center Amalipe and Open Society Institute, Sofia, started an advocacy campaign for including major issues related with Roma integration in the strategic documents regulating the EU Structural funds absorption in Bulgaria. In the following months 46 Roma NGOs and a number of Roma experts joined the campaign. Overcoming serious difficulties the campaign achieved almost all its goals and brought to establishing the majority of the necessary preconditions for directions resources from the Structural funds to Roma integration activities in Bulgaria. The success of the campaign and its importance for the development of the civil society in Bulgaria in general has been acknowledged by the Bulgarian Minister of Finance Plamen Oresharski during the ceremony for signing the National Strategic Reference Framework, as well as in a special letter by Thomas Bender, head of unit „ESF, Monitoring of Corresponding National Policies I, Coordination Bulgaria, Croatia, Hungary, Netherlands, Employment, Social Affairs and Equal Opportunities DG[12].

[12] Kolev, D., T. Krumova, M. Metodieva, G. Bogdanov and B. Zahariev, *Annual Report about the Implementation of the Policies for Roma Integration in Bulgaria in 2006*, p. 121. Available at: http://amalipe.com/files/publications/070208_Doklad-eng.pdf

As a result of the advocacy campaign important strategic documents include the necessary preconditions for binding European funds resources with the process of Roma integration, for devoting significant financial resource and political and administrative engagement for activities directed to Roma integration and for the participation of the Roma community and the civil society in general in managing, implementing, and monitoring activities financed by the European funds. For example:

5.1.1. Human Resource Development Operational Program

This program had been of highest interest for the campaign and its last version – approved by European Commission in September 2007 – contained most of the suggestions made by the Roma organizations. Thus HRDOP became the Program which contained measures and indicators for Roma integration in the most consistent way.

Within the campaign the following results were achieved:

- Roma were defined as specific target group in three priority axes of the Program related to education, employment, healthcare, and social protection.
- Six Areas of intervention contained Roma as specific target group among the main target groups: two in the field of employment, one in education, two in social protection, and one in healthcare.
- The Program contained a specific chapter „Areas of assistance with regard to the Roma community".
- The Program contained qualitative and quantitative indicators for assessing the impact on the Roma community: the table of indicators is part of the chapter „Areas of assistance with regard to the Roma community".

- NGOs were included as beneficiaries in all operations directed to Roma integration
- A number of concrete and accurate texts connected with the socio-economic and educational situation of the Roma community in Bulgaria were included in the Program.
- A representative of the Roma organizations (Deyan Kolev) was elected by organizations that workfor Roma integration and was included in the Monitoring Committee of HRD OP. He took active part in the work of Monitoring Committee and managed to advocate successfully for announcing Roma targeted calls for proposals[13].

As result we can conclude that HRDOP „creates good preconditions for promotion of the Roma integration process and its support by EU funds, without any guarantee that this will happen. The implementation of set of activities for the integration of Roma is on high dependence on the political will of the management of the three intermediary bodies (Employment agency, MEYS and Agency for social assistance) and on the managing authority (MLSP), as well as on the coordination between them, which highly decreases the chances for complete programme of concrete integrational measures, without to exclude it by general."[14]

5.1.2. The National Strategic Reference Framework

The Framework was a broader strategic document compared to the sector Operation programs. It tracked the most serious

[13] Kolev, D., T. Krumova, M. Metodieva, G. Bogdanov and B. Zahariev, *Annual Report about the Implementation of the Policies for Roma Integration in Bulgaria in 2006*, p. 122. Available at: http://amalipe.com/files/publications/070208_Doklad-eng.pdf

[14] Kolev, D., Y. Grigorova and D. Dimitrov, *European Structural Funds and Roma Integration in Bulgaria 2007 – 2009*, p. 18. Available at: http://amalipe.com/files/publications/amalipe_report_1.pdf

problems of the social and economic development of the country and the general trends for their solving for the next seven years. In this respect the inclusion of the most aching issues concerning the Roma community and directions for their solving was a must in order to have them as concrete detailed operations and measures in the specific Operational programs.

The final version of the NSRF satisfactory reflected the major problems before Roma integration in Bulgaria and provided opportunities for targeted actions in the Operational programs. The following results were achieved within the campaign:

- Including a special appendix „Roma minority".
- Including Roma as a specific target group of intervention as well as reflection of the situation and the problems of the Roma community (recognizing also the discrepancy between official census data and real situation).
- Taking into consideration the most aching problems of the Roma community and mainstreaming them in all spheres: education, health, social sphere, housing, IT, and so on.
- Acknowledging all the key documents directed to Roma integration and adopted by the Bulgarian government (the Framework program for equal integration of Roma in Bulgarian society, the National Action Plan for the Decade of Roma Inclusion, the National program for improving the housing conditions of Roma and so on).
- Explicit acknowledgment within the document of the efforts of Roma organizations which have organized and carried out the campaign: „Written comments were received on the NSRF from Roma organizations such as Amalipe, especially contributing to the sources of information used. In addition over 45 Roma organizations have provided formally and informally comments on the different parts of the text of the Human Resources Development Opera-

tional Programme. In conformity with the partnership principle the comments and recommendations have been reviewed and about 90% of them have been accepted and integrated in the programme."[15] (c. 195)

5.1.3. Other programs

Significant part of the Roma suggestions were not included in Regional Development Operational Program, Administrative capacity OP and the Plan for Development of Rural Areas although requirements for measures and indicators directed to Roma were proposed to the strategic documents pointed above. The Regional Development OP incorporated possibility for social housing for marginalized groups (area of intervention 1.2) with modest financing. The other way to contribute for Roma integration was through the mainstream measures for educational, social and health infrastructure.

The Rural Areas Development Program remained fully aside from the Roma integration topic. Although some Roma organizations (such as National Roma Centrum, Integro Association, Diverse and Equal Association) undertook efforts to participate in the elaboration of the Program but they did not influenced the process significantly[16]. The Rural Areas Development Program incorporated nothing that could back up Roma integration targeted measures: although more than 60% of Roma in Bulgaria live in rural areas.[17]

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[15] *National Strategic Reference Framework. Programming Period 2007 – 2013,* p. 197. Available at: http://www.eufunds.bg/en/page/66

[16] Kolev, D., Y. Grigorova and D. Dimitrov, *European Structural Funds and Roma Integration in Bulgaria 2007 – 2009*, p. 37-38. Available at: http://amalipe.com/files/publications/amalipe_report_1.pdf

[17] Kolev, D., Y. Grigorova and D. Dimitrov, *European Structural Funds and Roma Integration in Bulgaria 2007 – 2009*, p. 38-42. Available at: http://amalipe.com/files/publications/amalipe_report_1.pdf

5.1.4. EU funds implementation 2007 – 2013

The implementation of the EU co-funded programs contributed for the Roma integration policy in different degree and ways regarding the programs described above. Human Resources Development OP and partly Regional Development Operational Program appeared to be the highest (although still modest) source for financing the Roma integration policy. This was done mainly through the Roma/minorities targeted calls and in much lesser degree through the mainstream calls. As the Annual Report for Implementation of HRD OP for 2011 outlines „Important clarification is that nearly 70% of Roma included (*in HRD OP implementation)* come from schemes that target Roma community explicitly"[18].

Six Roma targeted calls were implemented within HRD OP; within RDOP one targeted call was financed. The Rural Areas Development Program remained out of the efforts for Roma integration. It did not support the implementation of the NRIS in targeted way. For example, only 2 of the Local Development Strategies approved within Priority Axis 4 of the Program contain measures for Roma integration[19].

The Roma targeted calls and their amounts are listed in the table below:

[18] Годишен доклад за изпълнението на ОПРЧР през 2011 (Annual Report for the implementation of HRD OP in 2011), p. 42.

[19] Center Amalipe, *The implementation of the National Roma Integration Strategy in Bulgaria in 2011 – 2013*: *# The requested action takes too long time,* p. 21. Available at: http://amalipe.com/files/publications/NRIS_2012-2013.pdf

Operation, financial instrument	NRIS priority and Explanation	Period of implementation	Financing BGN
Take the life in your hands[20]	**Employment:** projects directed at the inactive long-term unemployed	2011–2012	6 526 073
Integration of children and students from the ethnic minorities in the school system, HRDOP	**Education;** Projects of schools, municipalities and NGOs to prevent early school leaving. Initially it was approved as scheme for supporting desegregation but owing to technical mistake of Ministry of Education only projects of segregated schools were approved	2011–2012	5 449 578, 20
Re-integration of school dropout; HRDOP	**Education;** Projects of schools, municipalities and NGOs to integrate back at school dropouts	2012–2014	2 955 272

[20] http://ophrd.government.bg/view_doc.php/5091

Educational integration of children and students from the ethnic minorities; HRDOP	**Education;** Projects of schools, municipalities and NGOs to overcome school segregation, introduce intercultural education, etc.	2011–2015	22 207 222,32
New Chance for Success; HRDOP	**Education;** Literacy courses for illiterate people implemented by Ministry of Education	2012–2014	15 000 000
INTEGRA; HRDOP	**Education, Employment, Health care;** Soft measures (improving education, social services and employment) in 4 municipalities where social housing is supported by RD OP	2012–2015	4 814 043,03
Social housing ...; Regional Development OP	**Living conditions;** renovation or building social houses for marginalized groups in 3 municipalities	2012–2015	11 000 000

Developing complex measures for integration ...; HRDOP	Implemented by Ministry of Labor for research of the most marginalized Roma neighborhoods design of complex measures	2012–2013	800 000

As could be seen, the overall amount is relatively small: 68 752 188,55 BGN or 35 257 532,59 euro for 7 plus 2 years. Nevertheless, it is significantly bigger compared with the modest financing provided by the state budget for Roma targeted programs[21].

Since the program period has still not finished (the projects will be implemented until the end of 2015) it is not possible to evaluate the overall contribution to EU funds for Roma integration, moreover this is not the purpose of the present survey. Nevertheless, certain main tendencies that would affect the next planning period could be outlined:

– There is improvement in the general understanding of Managing authorities and Intermediate bodies to announce Roma targeted calls: in principle all Bulgarian institutions started with negative perception about the necessity of having Roma as specific target group in the EU funded programs. In 2006 – 2007 during the preparation of HRD OP the suggestion of Roma NGOs for including Roma as target group initially were denied by Bulgarian institutions and were finally approved because of the support of European Commission. During the Program implementation 4 out of 6 targeted calls

[21] Center Amalipe, *The implementation of the National Roma Integration Strategy in Bulgaria in 2011 – 2013: # The requested action takes too long time,* p. 24. Available at: http://amalipe.com/files/publications/NRIS_2012-2013.pdf

implemented in 2011 – 2013 were proposed by the representative of Roma NGOs in the HRDOP Monitoring Committee Deyan Kolev in 2009 and 2011. Initially there were a lot of objections by the side of HRD OP Intermediate bodies (and even by the side of the Managing authorities) to have minorities/Roma targeted calls. Gradually these objections were partly overcome and in 2012 and 2013 the institutions suggested to increase the budget of 2 calls. In this way the budget of the call „Educational integration of children and students from the ethnic minorities" that was approved at the amount of 6 mln BGN increased to 22 mln BGN.

– Certain mainstream calls for proposals included significant number of Roma as final beneficiaries: for example, Roma children were represented within the scheme „USPEH" for supporting extra-curriculum activities as well as within the scheme „raising the quality of education in the focal-point schools...". In the field of employment (Priority Axis 1) such a scheme was „Development" directed at subsidized employment for low-qualified people.

  Nevertheless, the mainstream calls that included significantly big percentage of Roma remained to be exceptions. As a rule, Roma were deeply underrepresented in the mainstream schemes.

– For first time multilateral and multi-funded operation for Roma integration was prepared and approved: this was the operation for social housing for marginalized communities initiated by the Minister on EU funds Donchev in 2011. The operation combines „hard component"(building social houses) financed by RDOP with „soft component" (improving the access to labor market, general education and VET, social and healthcare services) financed by HRDOP. The measure was designed as

anti-segregation one: it aimed at supporting ethnically mixed social housing.

Four municipalities were selected as concrete beneficiaries after open procedure for pre-selection in 2011: Burgas, Devnia, Vidin and Dupnitza. These municipalities are situated in different parts of Bulgaria and have diverse Roma population that would provide chance to test how the model works in different circumstances. In 2012 the mayor of Burgas Municipality denied participation after reaction from the ultra-nationalists. Since the project of Varna Municipality was in the waiting list, it was invited to sign contract. Reaction of ultra-nationalists made the mayor of Varna also to withdraw the project.

– The cases of Burgas and Varna alarmed that the anti-Roma racism and the lack of supportive public environment could prevent the implementation of even well-designed Roma projects. Bulgarian authorities did not have answer to this challenge.

5.2. EEA Financial Mechanism & Norwegian FM[22]

EEA and Norway Grants are Iceland, Liechtenstein and Norway's contribution to reducing the economic and social disparities in Europe. They cover similar priorities to the ones of ESIF but are different financial mechanism since Iceland, Liechtenstein and Norway are not EU member states. Norway provides 97% of the funding that is why the mechanism is known as „EEA and Norway Grants".

In 2004–09, •1.3 billion were made available to the 12 newest EU member states, Greece, Portugal and Spain, supporting more than 1250 projects, programmes and funds. Bulgaria be-

[22] http://eufunds.bg/en/page/22

came a beneficiary of the EEA and Norway Grants, following its entry into the EU and the European Economic Area (EEA) in 2007. Between 2007 and 2009, •41.5 million were allocated to fund economic and social development projects in the field of environmental protection, energy efficiency, sustainable production, health and childcare, cultural heritage, Schengen acquis, etc. Roma integration was not object of special attention although – as part of the stated priorities – some projects reached Roma beneficiaries.

In the new funding period 2009–14, Bulgaria has been allocated •126.6 million. The official launching of the EEA and Norway Grants 2009 – 2014 took place on September 12, 2012. Following the Memorandum of Understanding signed between donor-states and Bulgaria, the Mechanism has the following Program areas and financial allocations[23]:

Integrated Marine and Inland Water Management	• 8,000,000
Biodiversity and Ecosystem Services	• 8,000,000
Energy Efficiency & Renewable Energy	• 13,260,245
Funds for Non-Governmental Organisations	• 11,790,000
Children and Youth at Risk	• 8,630,113
Public Health Initiatives	• 5,650,000
Conservation and Revitalisation of Cultural and Natural Heritage	• 14,000,000
Scholarships	• 1,500,000
Other allocations	
Technical assistance to the Beneficiary State (Art. 1.9)	• 979,000
Reserve for projects under FMs 2004-09 (Art. 1.10.2)	• 502,642
Fund for bilateral relations at national level (Art. 3.5.1)	• 393,000
Net allocation to Bulgaria	**• 72,705,000**

[23] Memorandum of Understanding on the Implementation of the EEA Financial Mechanism 2009 – 2014, Annex B, p. 10. Available at: http://eeagrants.org/Where-we-work/Bulgaria

Although Roma and Roma integration are not set as specific Program area, they are included as „issue of specific concern": „Specific concern will be ensured in respect of issues related to the Roma population across the programme areas. The target is for 10% of the allocation to go towards improvement of the situation for the Roma population."[24]

Following this article, 6 Priority areas contained the requirement for at least 10% of the budget allocations dedicated to Roma: Health initiatives, Scholarships, Youth and Children at Risk, Cultural Heritage, Domestic Violence, NGO Fund.

In 2013 these priority areas were still in its preparatory stage and did not contribute at the field. Nevertheless, most of the operators undertook consultations with NGOs regarding their concrete priorities that is a positive fact. In October 2013 they presented their plans during a conference organized by the Council of Ministers and Norway Embassy[25]. As result, certain good practices were included: for example, the Health Initiatives component would support the continuation of Roma Health Scholarship Program in Bulgaria, etc. At the end of 2013 and 2014 all of the Priority fields announced its Roma integration calls and measures.

Since the projects supported are still at their beginning, it is not possible to evaluate their effect.

5.3. Swiss Contribution to Bulgaria[26]

The SWISS Contribution program is implemented in 13 countries as expression of „Switzerland's commitment to EU enlarge-

[24] *Memorandum of Understanding on the Implementation of the EEA Financial Mechanism 2009 – 2014, Annex B,* p. 10. Available at: http://eeagrants.org/Where-we-work/Bulgaria

[25] http://www.eeagrants.bg/en/2009-2014/%D0%BD%D0%BE%D0%B2%D0%B8%D0%BD%D0%B8/third-annual-meeting-on-the-implementation-of-the-eea-and-norway-grants.html

[26] http://eufunds.bg/en/page/20

ment" and "an expression of solidarity"[27] As the official page of the Program explains "On 26 November 2006, the Swiss population voted in favour of the Federal Act on Cooperation with the States of Eastern Europe. In doing so, they signalled their approval for financial support aimed at reducing economic and social disparities in the enlarged EU.

In June 2007, Parliament approved a framework credit of CHF 1 billion for the ten states that joined the EU in 2004. In December 2009, it approved a second framework credit of CHF 257 million for Bulgaria and Romania, which joined in 2007. In December 2014, Parliament approved the contribution of CHF 45 million to Croatia, which joined the EU on 1 July 2013."[28]

The budget allocations for Bulgaria is seventy-six millions Swiss franks for e period of 5 years. This amount is set in Art. 3 of the Framework Agreement between the Government of the Republic of Bulgaria and the Swiss Federal Council.[29]

The Swiss Contribution in Bulgaria has 8 Thematic Funds. One of them is the Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups. It was set through Thematic Fund Agreement signed on January 21, 2013.[30] According to its Art. 3 the Swiss contribution for this fund will be 6 920 000 Swiss franks plus 15% national contribution.

In 2012 Project Management Unite for this component was chosen after long procedure of selection. This was DG „Structural funds" within Ministry of Labor and Social Policy. The fact that no institution with focus on Roma in Bulgaria was selected by

[27] https://www.erweiterungsbeitrag.admin.ch/erweiterungsbeitrag/en/home/the-swiss-contribution/kurzportraet-erweiterungsbeitrag.html

[28] https://www.erweiterungsbeitrag.admin.ch/erweiterungsbeitrag/en/home/the-swiss-contribution/kurzportraet-erweiterungsbeitrag.html

[29] Available at: http://eufunds.bg/en/page/20

[30] Available at: http://eufunds.bg/en/page/20

Swiss government to be Managing body for the Roma component is a proxy-indicator that these institutions need serious institutional reform. In 2013 experts in the Management unite were assigned and the concrete measures were designed. The implementation started in 2014 with call directed at municipalities. Its results were announced at the beginning of 2015.

Summarizing, the three types of European funds had different approaches to include and support Roma integration:

1. Targeted approach: Swiss contribution set special Thematic fund with specific budget and program operator. This provides strong possibilities not only to reach Roma as final beneficiaries but also to support the implementation of the political documents for Roma integration.

The main challenge is the lack of institution which contains Roma integration among its main responsibilities and at the same time has enough administrative capacity to manage the fund. This absence is obvious in Bulgarian institutional system;

2. Combining mainstreaming and targeting: the EEA/Norwegian FM required 10% Roma contribution is several program areas. This approach suits well with the general perception that Roma integration is responsibility of several (even – all) institutions. The approach requires certain targeted interventions in the mainstream fields. Moreover, it sets specific financial „quota" for Roma integration activities that is a necessary „push" to the mainstream institutions.

The main challenge is the lack of capacity and political will in most of the institutions to support Roma integration measures. The political requirement for 10% Roma contribution appeared as not sufficient to make the respective institutions support meaningful Roma integration programs. Additional challenge is the lack of coordination among the different program operators. Thus

the Roma related components were implemented without any significant links;

3. Predominantly mainstreaming approach with few targeted elements: most of the EU funded operational programs and the Rural Areas Development Program used "pure" mainstreaming approach. As result they reached only small percentage of Roma and failed in making a difference in the life of Roma as well as in fostering the Roma integration.

HRDOP included certain Roma targeted elements (such as defining Roma as target group, having Roma chapter and indicators, announcing Roma targeted calls) but without fixed budget allocations. It became the program that reached the highest number of Roma and contributed for the Roma integration in the most structured way – compared to the other EU programs. Nevertheless, even HRDOP did not allocate significant funding (all Roma targeted calls within the program composed less than 3% of its budget) and the implementation of the National Roma Integration Strategy remained insignificant.

6. European funds 2007 – 2013 and Roma health integration

This part of the chapter is short since the contribution of European funds 2007 – 2013 was limited besides all of the three types of funds included health as priority. Nevertheless, there were certain differences among the funds and the ways the included Roma health.

6.1. EU funds

All EU funds missed to support Roma health integration. Neither the extension and sustainability of successful models for Roma health integration nor piloting new ones were financed.

Area of intervention 5.3. „Employability through better health" of HRDOP contained possibilities for targeted intervention for improving the health status of Roma, for example:

- „vulnerable ethnic groups – Roma, etc." were included among the target groups[31];
- the key indicative activities include „improving the access to healthcare for remote areas and settlements with population predominantly from the socially excluded groups and communities"[32];
- description of the health disadvantages faced by Roma is included in the Socio-economic analysis of HRDOP[33].

Roma organizations and their representative of the Monitoring Committee Deyan Kolev suggested Roma targeted operation with working title „Improving the access to health care in regions with predominant population of socially excluded groups with focus on Roma": it was also included in Plan with Roma targeted operations[34]. Although the Monitoring Committee approved in principle this operation on December 1, 2010 it was not further developed because of lack of interest of the Inter-mediate Body (Social Protection Agency) and Ministry of Health.

Thus no Roma targeted activities were implemented within HRDOP and the other EU funded programs as well as no support for the implementation of Roma health integration policy was provided. It is indicative that the Healthcare chapter of the

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[31] *Human Resources Development Operational Program 2007 – 2013*, p. 115. Available at: http://eufunds.bg/en/page/11

[32] *Human Resources Development Operational Program 2007 – 2013*, p. 114. Available at: http://eufunds.bg/en/page/11

[33] *Human Resources Development Operational Program 2007 – 2013*, p. 38 - 39. Available at: http://eufunds.bg/en/page/11

[34] Center Amalipe, *Action Plan for Roma Integration through Structural Funds in Bulgaria*, p. 7-8. Available at: http://amalipe.com/files/publications/plan_EN.pdf

Action Plan for the implementation of the National Roma Integration Strategy contains no reference to EU funds while the other chapters rely mainly of EU funding.

6.2. EEA/Norwegian FM

As explained above, it required 10% Roma participation in certain fields/Programs, including Healthcare initiatives. The Program was operated by Ministry of Health. It was launched in October 2013.

As part of the requirement for 10% Roma contribution, the Program supported 2 initiatives:

6.2.1. Roma Scholarship Programme for medical and other health-care professions

It was initially designed for 3 years but later (because of the late start of the Program) was decreased to 2 years: 2014/15 and 2015/16. The support provided to Roma medical students included:

– scholarship;
– mentorship of academic professor;
– participation in advocacy camp.

The amount provided was 798 000 euro to cover the expenses for 120 students for 2 academic years.

Thus, the expansion of Roma Health Scholarship Program will be supported in this way that is very positive decision. It was achieved because of strong advocacy undertaken by Center Amalipe, OSI and other NGOs and support by the Embassy of the Kingdom of Norway. By its design, the Roma Scholarship Programme could be pointed as the best example of supporting Roma health integration with European funds during the period 2007 – 2014.

The implementation of the program is still in progress and no evaluation could be done;

6.2.2. Special measures targeted at Roma minority envisaged under Output „Improved access to and quality of health services including reproductive and preventive child healthcare"

In February 2015 a call for proposals „Improved access to quality sexual and reproductive health services for young people aged 10-19 with accent on vulnerable groups, mainly Roma and people who live in remote areas". The results are still not published and it is not possible to evaluate the effect of this measure.

6.3. Swiss contribution

As described above, it contains targeted Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups. It was set through Thematic Fund Agreement signed on January 21, 2013. Health care was among the key priorities for this fund, together with education. As first priority in the Objective and intervention strategy of the Program is stated „1. Reduced number of drop out of school children and increased number of children that use the healthcare system through an improved integration of Roma and other vulnerable groups in the healthcare and educational system"[35].

From the very beginning the Program Implementation Unite and the Ministry of Labour and Social Policy (as hosting institution) decided to implement the program through 4-5 big projects implemented by municipalities which are district centers[36]. This

[35] Thematic Fund Agreement for the Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups, p.24. Available at: http://eufunds.bg/en/page/20

[36] http://ophrd.government.bg/view_doc.php/6709

decision was not discussed with the civil society and the reasons for it remained unclear. At the same time this decision sharply decreased the chances of Thematic Fund to contribute for significant advance of the educational and health integration because:

- investing only in the district centers does not take into account the variety of places where Roma live: around 30-35% of Roma live in big cities but at the same time 47% of Roma live in villages and at least 15-20% – in towns. The access of Roma to quality healthcare is extremely difficult in the villages and small towns where there are no GP practices and medical doctor usually comes twice a week. District centers are usually much better equipped with health institutions. There are problems with the access of Roma to healthcare there but they are much smaller.

  The district municipalities involved some smaller municipalities in their projects but this happened in very unproportional way.
- investing relatively big amount for small number of municipalities would create a very expensive model that could not be replicated in the other municipalities: this makes the model „one-time show";
- the model preferred to invest mainly in „hard" measures for reconstruction and building some educational institutions. For example, Burgas Municipality will build a kindergarten; Sliven will build complex for social services; Ruse municipality will invest in renovation of kindergartens and schools. Certain „soft" activities are also envisaged (training of health mediators, teachers, etc.) but they form small part of the projects.

It is not clear why the Program put the accent on the „hard" measures if the National Roma Integration Strategy and the integration documents in education and healthcare contain predomi-

nantly „soft" measures. The district municipalities are eligible within Regions in Growth Operational Program and could obtain significantly bigger amounts for hard measures. If the budget of Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups was invested in soft measures envisaged in the chapter „Healthcare" and chapter „Education" of the National Roma Integration Strategy it would reach more municipalities and foster the implementation of Roma integration in a stronger way.

The contracts with the approved municipalities – Burgas, Ruse and Sliven – were signed in June 2015.

7. Possibilities for Roma health integration within the new planning period

Analyzing the possibilities for financial support for Roma health integration measures we have to take into account the different time schedule that have the European funds, EEA/ Norwegian FM and Swiss Contribution. At present ESIF are planned for their new planning period 2014 – 2020: all operational programs and RADP are signed by European Commission. EEA/Norwegian grants and Swiss contribution are still not planned: they have different time-frame.

Among the ESIF co-funded programs Human Resources Development OP (ESF funded program) and the new Science and Education for Smart Growth OP (co-funded by ESF and ERDF include the Roma integration topic in the most structured way. Rural Areas Development Program misses again the Roma topic. Regions in Development OP provides possibilities for social housing and improving the healthcare infrastructure.

Since thematically healthcare falls within the fields of HRDOP, the text below analyses the possibilities for Roma integration and

improving the health status of Roma provided by HRDOP 2014 – 2020.

7.1. Overview

On 28 of November 2014, the European Commission approved the „Human Resources Development" Operational Programme (OPHRD), making it the first approved Operational Programme for Bulgaria for the period 2014 – 2020. It outlines how the European Social Fund can be used to achieve smart, sustainable and inclusive growth in several key areas: labor market (incl. youth employment, education and training, combating unemployment), social inclusion (incl. Roma integration, deinstitutionalization, development of modern social services and social economy) and modernization of public policies. HRDOP is one of the three programs, co-financed by the European Social Fund in Bulgaria for the period 2014 – 2020, together with „Science and education for smart growth" OP and „Good Governance" OP. Given the limited capacity of the state budget, the three programs are likely to be the largest investment framework for innovation in the labor market, social inclusion, education and training, as well as the modernization of public policies in the coming years.

According to the approved financial plan in the 2014 – 2020 period, HRDOP will have a budget of $ 2 billion and 136 million BGN, including national co-financing. This amount includes 258 million BGN of the Initiative for Youth Employment. Nearly 60% of the budget of the Program is provided under Priority 1 for combating unemployment among vulnerable groups in the labor market, with special emphasis on young people, permanently unemployed and older people. Priorities in the program are also the measures to increase the skills of workers, according to business needs. Over 31% of the financing of the HRDOP

2014 – 2020 will be used for the measures under Priority 2, which will contribute to reducing poverty and promoting social inclusion. They are aimed at socio-economic integration of the Roma, migrants and most marginalized groups and communities, active inclusion of people, who are furthest from the labor market, integration of people with disabilities and deinstitutionalization of children and adults. Most of the resources under this axis will be used for social and health services and to promote social entrepreneurship. The Program will also invest in the modernization of public policies in the field of labor market, social services and healthcare, for which measures under Priority Axis 3 are provided.

The fourth axis will support measures for cross-border cooperation.

Preparation of the operational program lasted more than two years: A Thematic Working Group was set for its preparation , which started work in August 2012 and the approved by the European Commission draft was the fourth in a row. The relevant line institutions, social partners (trade unions and employers' associations), and five groups of non-governmental organizations participated in the preparation of the Program. Roma organizations were presented in the Thematic Working Group of Deyan Kolev (Center for Interethnic Dialogue and Tolerance „Amalipe") and Gancho Iliev (NGO „World Without Borders"). „Human Resources Development" Operational Program is, and will continue to be of key importance for the integration of Roma for at least three reasons. First, it covers four of the six priority areas, set by the National Strategy of the Republic of Bulgaria for Roma integration: employment, education, health and antidiscrimination.

Regarding Roma integration, the following strengths of OPHRD coud be outlined:

1. The overall inclusion of Roma integration topic in the Program: through a combination of targeted and mainstreaming approach, defining Roma as a specific target group, inclusion of indicators and specific goals, related to Roma integration in all priority axes and the availability of indicative budget for targeted investment priority 2.1.
2. The inclusion of investment priority "2.1. Socio-economic integration of marginalized communities such as Roma".
3. The approach to support targeted projects for Roma integration: a decentralized approach to support multi-sectoral interventions, implementing municipal plans and regional strategies for Roma integration.
4. The created conditions for active involvement of civil society and the Roma community in the planning and implementation of the OP HRD.

At the same time, certain challenges remain:

1. The capacity for implementation of integration policies at the local level in many municipalities is too low.
2. There is a lack of appropriate institutional and administrative framework at national level to assist municipalities in the preparation and implementation of multi-sectoral integration projects, to plan interventions and procedures, to monitor and evaluate.
3. The planned budget and indicators to investment priority 2.1. are relatively low.
4. There is no appropriate framework for integrated projects that bring together resources from OP HRD, OP „Science and education for smart growth" and OP „Regions in growth"/ the Program for rural areas development.
5. The place of healthcare is modest.

7.2. Roma integration in OPHRD

The very first draft of the OP "Human Resources Development" contained texts related to Roma and Roma integration. This fact was not accidental: in the previous programming period 2007 – 2013, OPHRD was the program, which in the highest degree included the topic of social inclusion of Roma and the Managing Authority has accumulated positive experience in cooperation with Roma NGOs. However, the initial versions of OPHRD contained significant weaknesses. For example, „Roma" indicators and interventions were provided only to the IP 2.1., which would severely restrict the possibility of the other investment priorities to support activities in the Roma community. On the other hand, the text of the IP 2.1. „Socio-economic integration of marginalized communities such as Roma" had important shortcomings: it did not include activities for community development and tackling anti-Roma stereotypes, as well as the requirement to carry out projects to implement municipal plans for Roma integration, in the target groups of IP 2.1. were included a wide range of vulnerable groups and Roma were missed, etc. All this would probably distract the impact of OPHRD and would prevent targeted support for the implementation of policies for Roma integration.

Gradually, those weaknesses were removed and the final version of the operational program included texts that create the necessary prerequisites to support the implementation of the National Strategy of the Republic of Bulgaria for Roma Integration with funds from the European Social Fund. The Roma issue is included in Section 1 „Strategy for the contribution of the operational program to the implementation of the Union strategy for smart, sustainable and inclusive growth and the achievement of economic, social and territorial cohesion", which outlines the main approaches of impact. Concerning the Roma, the section states

that. „In line with the EU Framework for National Roma Integration Strategies up to 2020 (COM (2011) 173 final) and the National Roma Integration Strategy of the Republic of Bulgaria (2012-2020) adopted by the National Assembly as part of the overall strategy for reducing poverty and promoting social inclusion, the HRD OP will focus on improving the Roma's access to employment, training, social and healthcare services. In parallel with the National Strategy approach, the HRD OP proposes a targeted and integrated approach towards vulnerable citizens of Roma origin, which does not exclude providing support to disadvantaged persons from other ethnic groups."[37]

OPHRD strategy is based on three main pillars:

(1) Higher and better employment;

(2) Reducing poverty and promoting social inclusion;

(3) Modernization of public policies.

Roma integration as a specific investment priority is situated in the second pillar, but the need for intervention in the Roma community are indicated in the other two pillars as well.

In accordance with the described strategy, Section 2.A. „Description of priority axis" contains many texts outlining possible interventions in the Roma community. Priority Axis 1 „Improving access to employment and the quality of working places" includes many indicators/result indicators: in essence, the main indicators in the IP 1.1, 1.2 and 1.3 (measuring outcomes of interventions to secure employment for the unemployed and young people) will be measured in the Roma community as well. Thus, it is guaranteed that the implemented interventions will include enough unemployed Roma and Roma youth and will increase the capacity of institutions involved in the labor market to work in the Roma

[37] Human Resources Development OP 2014-2020, p. 10. Available at: ophrd.government.bg/view_file.php/21022

community. This is part of the use of the so called „mainstreaming" approach.

Weakness of the texts of Priority Axis 1 is the lack of indicative activities that would have guaranteed effect in the Roma community, i.e. lack of targeted activities: e.g. use of Roma labor mediators, different types of community centers and others. They are included in the justification of individual investment priorities, but not in the model supported activities. This weakness is not significant, since the indicative list of supported activities is not exhaustive and Monitoring Committee may add to it by the Criteria for selecting the operations.

A significant weakness is the lack of indicators to measure the effect in the Roma community on investment priority „Self-employment, entrepreneurship and business". It is well known that many of the Roma deal with small business (often – in the informal economy), while to some of the specific Roma groups entrepreneurship is part of ethnic psychology. It is an error that this important part of the Roma remains unnoticed by OPHRD.

As expected, Priority Axis 2 „Reducing poverty and promoting social inclusion" includes the issue of Roma integration in the most profound and multifaceted way. This axis includes the targeted investment priority „Socio-economic integration of marginalized communities such as Roma", in which Roma is one of the main target groups, as well as indicators and indicative budget. This IP, which is important merit of the program, is described in detail below.

Outcome indicator measuring achieved through interventions Roma is included in 2.4 IP. „Promoting social entrepreneurship", which is a strong part of this priority, especially when compared to the IP „Self-employment, entrepreneurship and business" under Priority Axis 1.

The Roma issue is included in the smaller priority axis 3 „Modernization of institutions" and 4 „Transnational cooperation". Axis 3 is a prerequisite for increasing the capacity for monitoring and evaluation of the National Strategy for Integration of Roma, which is a requirement of preliminary conventions. A serious weakness of this axis is that it does not invest resources in joint activities of institutions and NGOs. Although this request was repeatedly placed by all groups of NGOs involved in the preparation of the OP HRD, it was diverted from the Managing Authority on the grounds for differentiation with OP „Good Governance". Thus OPHRD will not support targeted joint initiatives of institutions with non-governmental organization, unless the activities supported under Axis 1 and 2. This can be defined as a significant deficiency, since in some areas – e.g. Roma integration and social services – NGOs are key players with an accumulated capacity.

Regulation of the European Social Fund (art. 6, para. 3) provides opportunities for investments in capacity and joint action with NGOs, putting them on equal bases with the social partners: it is a pity that OPHRD do not use this opportunity.

Priority Axis 4 includes the ability to transfer best practices in IP „Socio-economic integration of marginalized communities such as Roma" an indication of result and financial resources. This will provide an opportunity to learn from the experience of other states with large Roma population – e.g. Romania and others.

Table 24 „Applicable preconditions and evaluation of their implementation" also contains an important component associated with the Roma issue: ex-ante conditionality 9.2. „Roma Inclusion" and its definition as „partially implemented", as well as defining the criteria for the implementation of this convention as outstanding. The introduction of ex-ante conditionality is an important innovation for the current programming period, which

will enable the European Commission not to approve or to suspend payments to national management authorities. One of the ex – ante conditionalities set by the Partnership Agreement and by OPHRD is 9.2. „A national strategic policy framework for Roma Inclusion is set". Table 24 defines two performance criteria of EXAC 9.2, the first of which is a compilation of four criteria: „A strategic policy framework for Roma inclusion is set, which:

- sets achievable national goals for Roma integration to bridge the gap with the rest of the population. These goals should address the four goals of the EU for integration of the Roma regarding access to education, employment, healthcare and housing;
- Identifies, where appropriate, disadvantaged micro-regions or segregated neighborhoods, where communities are most deprived, using already available socio-economic and territorial indicators (ie very low educational level, long-term unemployment, etc.);
- includes strong monitoring methods to assess the impact of actions for the integration of Roma and reviewing mechanism to adapt the strategy;
- is designed, implemented and monitored in close cooperation and continuous dialogue with Roma civil society, regional and local authorities'.

Failure of the third sub-criterion related to the existence of an appropriate system for monitoring and evaluation of the integration policy is the cause of this entire criterion to be assessed as unfulfilled and the conditionality – as partly implemented. A curious fact is that in previous drafts of OPHRD Bulgarian government submitted EXAC 9.2. as fully implemented, but at the insistence of the European Commission it is referred to as „partially" completed.

Determination of EXAC 9.2. as partially implemented is definitely closer to reality. This rather negative assessment gave the chance and the incentive to work not only for the introduction of a comprehensive system for monitoring and evaluation, which is imperative and very serious lack. Operation for development and approbation of such a system will be the first procedure, financed by the new OPHRD. The assessment gives indirectly chance to work and to increase the capacity of National Contact Point for the National Roma Integration Strategy (i.e. the Secretariat of the National Council for Cooperation on Ethnic and Integration Issues), as well as for the overall improvement of the institutional framework for implementation of the integration policy. It is therefore important that the system for monitoring and evaluation should not be limited only to the so-called „administrative monitoring", but should also include forms of civil society monitoring and community monitoring, as well as putting interaction between institutions, civil society organizations and local communities in a new way.

7.3. OPHRD and Roma integration: strengths

The text of the OP "Human Resources Development" creates an appropriate basis for supporting policies for Roma integration – at national and local level – with funds from the European Social Fund. Among the strengths of the program can be distinguished:

1. The overall inclusion of Roma integration issue in OPHRD: the proposed combination of targeted and mainstreaming approach (i.e. determining the specific investment priority to support integration initiatives and the inclusion of integration activities in other investment priorities), the definition of Roma as a specific target group, the inclusion of indicators and specific goals to be achieved related to Roma integration in

all priority axes and availability of indicative budget for targeted investment priority 2.1. create preconditions for supporting policies for Roma integration. Without exaggeration, one can say that the approved version of OPHRD has no need for considerable improvements in the overall inclusion of the subject of Roma integration. The program creates the necessary preconditions, without guaranteeing that they will be used: the latter will depend on the activity of the Monitoring Committee and stakeholders involved in it.

Regarding the inclusion of Roma topic, OPHRD 2014–20 has continued improving and developing the program from the previous programming period. Then it was the only operational program, including explicitly Roma as a target group and supporting targeted procedures for the implementation of policies for Roma integration. The comparison between the way the issue of Roma integration is included in the new operational program clearly indicates the inclusion of a number of „lessons learned";

2. The inclusion of investment priority „2.1. Socio-economic integration of marginalized communities such as Roma" is important achievement of the program. It should be clarified that the regulation of the ESF for the current programming period offers a list of investment priorities of which national governments should choose which ones to include in their operational programs. I.e. the notion „marginalized communities such as Roma" was preset by the European Commission: Roma are the only ethnic group mentioned in the regulation, which in itself is a clear indication of the importance of Roma integration. The inclusion of IP „Socio-economic integration of marginalized communities such as Roma" is important dignity of Bulgarian OPHRD.

The text of the priority is better scheduled and creates preconditions for the implementation of initiatives that will lead to

real progress in the integration process at local level. As a specific purpose was defined „Increasing the number of persons from vulnerable ethnic communities involved in employment, education, training, health and social services with a focus on Roma, migrants, participants from other countries." The target groups of priority are defined in line with the goal: the Roma community; people from other countries; people at risk and/or the victims of discrimination; people living in areas with low population, rural and isolated areas, parts of towns, where there is a concentration of problems, creating a risk of poverty, social exclusion and marginalization (high unemployment, low income, limited access to public services, spatial segregation, spatial isolation, etc.)[38].

The investment priority describes well the main problems and challenges facing Roma integration. It defines the types of activities that will be supported. They are grouped into four areas: improving access to employment, improving access to education, improving access to social and health services, community development and overcoming negative stereotypes[39]. In each direction are set examples of activities that are in line with best practices and models verified in previous years. Particularly highly can be appreciated the inclusion of direction „Development of local communities and overcoming negative stereotypes" and planned activities in it which would create the necessary supportive environment for the implementation of integration activities. The negative experience of Burgas and Varna, where unprepared community environment and the reaction of the ultra-nationalists impede the implementation of integrated interventions in the previous programming period clearly indicates that implementation of the

[38] *Human Resources Development OP 2014-2020*, p. 126. Available at: ophrd.government.bg/view_file.php/21022

[39] *Human Resources Development OP 2014-2020*, p. 125. Available at: ophrd.government.bg/view_file.php/21022

activities of field 4 is a condition for the success of all other activities.

IP 2.1. sets also indicators, grouped in Table 4 and Table 5. They are clearly measurable, although relatively modest, as indicated below[40].

3. The approach to support targeted projects for Roma integration can be defined as correct: OPHRD will use a decentralized approach to support multi-sectoral interventions, implementing municipal plans and regional strategies for Roma integration. Opportunities for implementation of a community development approach and standardization of certain interventions are also set.

IP 2.1. clearly indicates that the program will support integrated projects which bring together activities from different areas: employment, education, health and social services, development of local communities. Imperative will be the activities on the direction „Improving access to social and health services". It is also stated that this type of integrated projects should „lead to achievement of the objectives laid down in the key strategic documents: the National Strategy for Roma Integration of the Republic of Bulgaria 2012 – 2020, including the regional strategies and Municipal Roma Integration Plans"[41].

I.e. by IP 2.1. can be financed the so-called „soft measures" of municipal plans for Roma integration, which are defined as the main instrument for implementing the National Strategy for Roma integration. This possibility and decentralized approach (set from the National Strategy, but unsecured financially) certainly have to be welcomed. The lack of a national institution with management

[40] *Human Resources Development OP 2014-2020*, p. 123-124 and 128. Available at: ophrd.government.bg/view_file.php/21022

[41] *Human Resources Development OP 2014-2020*, p. 127. Available at: ophrd.government.bg/view_file.php/21022

powers in the field of Roma integration and lack of capacity to work in the Roma community among the central institutions can be – if only partially – compensated by active municipal policies. In the first quarter of 2013, 220 municipalities have adopted their Municipal plans for Roma integration 2013–14, and in 2014 began the development of similar plans for 2015–20 period. We expect the municipalities to receive EU funding (or funding from the state budget) for the implementation of these plans. Opportunity provided by the IP 2.1. is currently the only chance municipal plans to be implemented. Open questions remaining unanswered are related to the opportunities for multiple projects – funded by OP HRD, OP „Science and education for smart growth" and OP „Regions in growth". The need for such projects is unmistakable: Municipal plans for Roma integration include both „soft" and „hard" measures, „soft" measures can hardly be conceived without education, etc. At the same time, there is currently no answer how it will secure multi-Fund projects, which is one of the most important challenges described below.

4. There are prerequisites for active involvement of civil society and the Roma community: this is particularly important against the background of the very limited capacity of local and national institutions for activities in the Roma community. The inclusion of NGOs and local communities is necessary to increase the capacity and efficiency of integration initiatives. OPHRD creates the necessary preconditions for this: in planning (NGOs actively participated in the drafting of the program, as indicated above), in implementation (NGOs are possible beneficiaries on IP 2.1., as well as on other investment priorities; IP 2.1. includes also the partnership principle as a horizontal principle) in monitoring and evaluation.

7.4. OPHRD and Roma integration: challenges and weaknesses

Although described strengths, OP „Human Resources Development" contains certain weaknesses and will face important challenges in the implementation. Among them we can emphasize:

1. The capacity for implementation of integration policies at the local level in many municipalities is too low: some municipalities, especially the smaller municipalities in rural areas do not have sufficient human and financial resources nor the experience to implement large-scale multi-sectoral interventions in Roma community. In other municipalities, this is not a political priority. There is a real threat, given the selected decentralized approach, for these municipalities to not take real actions for Roma integration or activities undertaken to lead to no real results.

This problem is systemic and is linked to inequality in the capacity of municipalities. During the previous programming period it has led to very serious imbalances in the absorption of European funds between different municipalities and even different regions, such as the lack of mechanisms to support smaller municipalities led to a further increase of disparities. It is very likely to happen again in terms of the implementation of the IP 2.1. of this OPHRD. Measures are needed for that risk to be minimized.

2. Lack of appropriate institutional and administrative framework at the national level: to assist the municipalities in the preparation and implementation of multi-sectoral integration projects, to plan interventions and procedures, to monitor and evaluate. This problem is systemic and serious. Decentralized implementation of any policy requires a strong institution at national level to assist, coordinate and control par-

ticipants from the local and regional levels. In essence, there is no such an institution in Bulgaria. Formally, these characteristics correspond to the National Council for Cooperation on Ethnic and Integration Issues, but it is a fact that it has no real power. The need of reform in the structure was declared for years, non-governmental organizations offer various options to strengthen its power, but at present it is not a fact. In 2012 was created an Interagency Working Group for Resources Provision of Roma integration with EU funds, which had the chance to fill the descriptions deficit at least in terms of the use of European funds for the implementation of integration policies. It was chaired by the Minister for management of EU funds and it includes the respective deputy ministers responsible for the Managing Authorities of the key European programs, as well as representatives of Roma NGOs. Unfortunately, in 2013 it was stated more on administrative than on political level and it essentially stopped functioning.

OPHRD (as well as the Partnership Agreement) partially take into account the lack of appropriate institutional and administrative framework at the national level while acknowledging the preliminary convention 9.2. „A national strategic policy framework for Roma inclusion is set" as partially implemented and requires approbation of the national system for monitoring and evaluation. In any event, this is insufficient and will require compensatory mechanisms to replace this lack.

3. The planned budget and indicators to investment priority 2.1. are relatively low, although the IP 2.1. was included among the five investment priorities of the so called „thematic concentration", the indicative budget set for it was about 130 million BGN, about 6% of the program budget. This is not enough taking into account the fact that 220 municipalities prepared their Municipal plans for Roma integration and

OPHRD is currently the only option for their funding. Of course, municipalities and other beneficiaries will be eligible on the other investment priorities as well, but it will mean submission and management of several projects that will be a big bureaucratic obstacle.

The indicators to that IP, even after they increase in September 2014 remain relatively low and unambitious: e.g. 17,740 Roma who after leaving the operation began to look for work or have a job or are involved with education/training or have received training or are involved in social and health services. Thus only 5% of people who define themselves as Roma will be reached, which is unlikely to lead to a serious boost in the process of Roma integration.

These weaknesses can be compensated by the fact that at the insistence of the European Commission and Roma organizations in the final version of OPHRD were included indicators related to Roma and in parts of the other investment priorities. I.e. activities for Roma integration shall be supported in the procedures financed by them. Moreover, the budget IP 2.1. (and any other IP) is indicative and in the presence of great interest and quality projects it can be increased. But this remains dependent on the extent to which above mentioned shortcomings will be overcome; 4. Bureaucratic obstacles facing integrated projects: multi-sectoral interventions for the implementation of municipal plans for Roma integration require integrated projects with at least OP „Science and education for smart growth" (to cover the entire spectrum of „soft measures"), and – at least in some municipalities – with OP „Regions in growth"/Program for rural areas development (to include priority „Housing"). Unfortunately, there is currently no adequate legal basis for integrated projects. This strongly reduces the potential effectiveness of projects to be financed within the priority 2.1. of OPHRD. Indeed, the Council

of Ministers Decree 107/10.05.2014, provides the opportunity for integrated projects, which are funded by more than one program. Unfortunately, the decree creates many bureaucratic difficulties requiring beneficiaries to sign a contract and, respectively, to report to two or more Managing Authorities. In practice this will mean to manage and report various projects, which will discourage many potential beneficiaries.

Furthermore, OPHRD do not clear the boundary between direction „Improving access to education" of the IP 2.1. of OPHRD and OP „Science and education for smart growth": although this question covers three pages of OPHRD. Surely this will lead to serious problems in the Managing Authority, the Certifying Authority and especially to potential beneficiaries who would want to include activities to improve access to education in their projects. Unfortunately, the possibility of integrated projects between the two programs remains also uncertain as well as in which cases the project could be funded by both programs. The text of the OP HRD in this regard is unclear and requires serious interpretation: „one and the same beneficiary (e.g. municipality) and its partners (e.g. NGOs) that have an idea for activities in diverse areas (labor market, education, social inclusion, etc.), do not have to apply to two contracting authority with two separate projects to ensure sustainable integration of children and families from marginalized communities in an area, district or village. Through mechanisms for coordinated implementation of operations and where applicable – through „integrated operations" OP Science and Education for Smart Growth will complement initiatives in OPHRD, providing support to improve access to education for the target groups". The beneficiaries submitting project that want to finance the implementation of „soft" measures of municipal plans to integrate Roma will face the question: whether this can be done only through a project to OPHRD, through a mechanism

for coordinated implementation of operations (such currently missing) or via a mechanism for integrated operations (which is also missing). There is a real danger for beneficiaries to be discouraged and to not apply. It is also a real danger if MAs OPHRD and OPSESG do not create extremely clear mechanisms for coordinated implementation of operations and integrated interventions, many costs to beneficiaries to become unverified.

4. Healthcare is included in relatively modest way: improving the access of Roma to quality healthcare services is part of IP "Socio-economic integration of marginalized communities such as Roma" and its sub-priority 3 „Improving access to quality social and healthcare services". This sub-priority will be obligatory for every project financed within IP 2.1 that establishes preconditions for interventions for improving the health status of Roma at local level.

At the same time Roma health integration requires certain initiatives at national level. It seems that HRDOP would not support them. The program contains IP 2.3 „Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest" but it is directed at completely different target groups and contains no Roma-related indicator.

Obviously the national level initiatives should have nother financing: from the state budget or from the other types of European funds.

8. Suggestions and Recommendations: Framework for European funds support for the Roma Integration and Roma health

The present part of the chapter proposes draft Framework for European funds support for the National Roma Integration Strat-

egy implementation after 2014. It is based on the following principles:

- Cohesion and complementarity among the three main types of European support (ESIF, EEA/Norwegian FM, Swiss contribution): they should be designed and implemented in coordinated mode. This does not mean that the donors will lost their independence in planning and the ways of implementing. It means better coordination among them for complementarity in order to achieve higher efficiency, effectiveness and impact as well as to meet better the needs of Roma integration.
- Cohesion within every of these three financial mechanisms: since every mechanism supports several programs, they should follow one the same approach and aim at coordinated targets regardins Roma. This problem was extremely obvious among ESIF during the period 2007 – 2013 when certain operational pograms used only mainstreaming approach, anothers – mainstreaming with targeted elements, the others – did not include Roma topic in their portfolio.
- Complementarity with the state budget financing: both EU Framework for NRIS and the Council's recommendations from December 9, 2013 require European funds to complement or to be complemented with national funds. The engagement of the state budget is important part of the overall framework for financing the policy for Roma integration and of improving the health status of Roma in particular.

8.1. Challenges

The European funds support for Roma integration and Roma health integration should take into account the following problems at challenges faced at national level in Bulgaria:

1. *The lack of capacity of most of the possible beneficiaries to implement large-scale multi-sectoral interventions in Roma community:* the problem is extremely sharp in the rural areas and in the cases of smaller municipalities, NGOs, schools.

In different EU countries there are numerous examples of targeted investments in the less developed regions where they do not compete with other municipalities and the Managing Authorities are working to improve their capacity to implement the necessary interventions. An example is the Hungarian program for the least developed micro-regions in the 2007 – 2013 period. Advantages of such an approach for equalizing territorial disparities are many. It was recommended by the EU framework for national strategies for Roma integration, which require Member States to „identify, where necessary, those micro-disadvantaged regions or segregated neighborhoods, where communities are the poorest, as using already available socio-economic and territorial indicators". Such a requirement was set in EXAC 9.2. „Roma Inclusion".

This option was not used in planning OPHRD 2014–20, in implementing the Roma component of Swiss cooperation which targets the district centers, etc.;

2. *Lack of proper institutional and administrative framework for coordinating the interventions regarding Roma financed by different financial mechanisms:* These machanisms have different Managing authorities and Monitoring Committees. In 2012 – 2013 Intermenisterial Task Force for Resource Provision of Roma Integration with EU Funds was created under the portfolio of the Minister of EU funds Tomislav Donchev. At present it does not function. The National Contact Point for the NRIS is not managing authority and it is set at very low level of the administrative hierarchy to be in the position to coordinate the other institutions.

3. *Lack of an adequate legal framework for integrated / multi-funded projects*: during the previous period there was no legal/normative framework for multifunded projects even within the instruments financed by EU. The Decree of Council of Ministers 107/10.05.2014 envisaged possiblities for integrated projects financed by different EU funded programs but it is set in a way that oes not decrease the administrative burden. At the same time there are no possibilities for co-financed interventions among the three types of European funds: ESIF, EEA/Norwegian Grants and Swiss Pogram.
4. *Low capacity of Ministy of Health for putting the issue of Roma health higher in the agenda of Roma integration:* the administrative capacity of MoH for implementing national interventions with European funds in general was relatively low during the previous period. For example, the operations implemented by MoH within HRDOP had huge delays and problems. Health Initiatives Program within EEA/Norwegian FM was prepared and signed at vry late stage, etc. The Ministry did not use the possibilities provided by European funds managed by it for expanding the Roma health integration good practices: except the case of Roma Health Scholarship Program.

In addition to these specific problems, we have to account also:

5. *Overall negative public environment for Roma integration:* The economic crisis strengthens additionally the anti-Roma stereotypes and discrimination. As the cases of Burgas and Varna show, the nnegative public environment could block even well-designed Roma interventions if they have not been properly and timely communicated with the majority.
6. *Lack of appropriate institutional and administrative framework for the Roma integration policy at national level*: The reform of

the administrative and institutional framework for the implementation of the National Strategy for Roma Integration is an important task that currently lacks political will, but that cannot be delayed too long. Recognized fact is that the National Council for Cooperation on Ethnic and Integration Issues is a structure which is no longer performing the functions with which it has been created, and that it needs change. This reform is beyond the powers of European funds, it is a national task.

8.2. Possible solutions

To cope with the challenges described above, the following measures are necessary:

1.1. Mandatory use of the partnership principle: funds in IP 2.1. of HRD OP must be spent by procedures for competitive selection of projects that require mandatory partnership between the municipality and non-governmental organization that works with the local community. If the procedure is used for direct financing, direct beneficiaries must be certain municipalities with their NGO partners.

Partnerships can compensate the lack of sufficient capacity of potential beneficiaries. Especially important is the partnership to be real, i.e. each partner has a clearly defined role. For example, every project should contain a component related to the activation of the local Roma community and this component should be delegated to organizations working on the field.

The same is valid for the other European financial mechanisms as well without matter what level of interventions they support: local or national.

1.2. Support for the implementation of standardized integration interventions: in 2012–13 Interdepartmental group for Resources provision of Roma integration with EU funds began

the process of defining „standardized integration interventions." The idea for them was that they are standardized models that have methodology, describing the basic elements of intervention and financial standard. Standardizing them aims to ensure correct and complete application: with all the essential elements/activities for the intervention. Interdepartmental group identified two interventions – community center and prevention dropout from school. Unfortunately, this process was not extended because the group's activities was practically terminated.

Definition of certain integration interventions (i.e. development of methodology and financial standard) and providing them with funds from European funds (through an appropriate mechanism, allowing beneficiaries to obtain resources for their implementation without unnecessary beaurocratic obstacles) will give a chance to these interventions to occur even in communities with low administrative capacity for the implementation of large-scale integration projects.

1.3. Providing opportunities for over-municipal projects involving more than one municipality: a well-known fact is that some of the municipalities in Bulgaria are too small in territory and population to be able to implement wider policies by themselves. They need over-municipal projects, a requirement which is enshrined in the Program for Rural Area Development, for example, in the development and implementation of strategies for local development within the LEADER approach.

With regard to Roma integration these findings are even with greater force. In addition, many municipalities do not have the necessary experience in the implementation of integration initiatives and the desirability of promoting their interaction with municipalities that have accumulated successful experience. It is therefore necessary the European funds to promote the implementa-

tion and over-municipal projects for Roma integration. They can be on a regional basis or on the basis of partnership between certain municipalities having similar problems. Main beneficiary could be a non-governmental organization or one of the municipalities. Particularly important will be this type of projects to be not a juxtaposition of activities in each municipality, but also to have joint activities and exchange of best practices.

2.1. Creating a sub-committees „Roma Integration" in the Monitoring Committees of the key financial mechanisms that support Roma integration activities. They would be responsible for making the selection criteria for operations related to Roma integration.

2.2. It is necessary Inter-Ministerial Group for Resources Provision of Roma integration with EU funds to be restored at political level: chaired by the Deputy Prime Minister of the absorption of EU funds, with the participation of the respective deputy ministers responsible for OPHRD, OPSESG, OPRG and RDP as well as representatives of Roma organizations. A Sub-committee to the Monitoring Committee of the Partnership Agreement is an appropriate form. Among its key powers should be included the development of selection criteria for integrated operations, combining the resources of two or more programs.

Thos Group or Sub-Committee should also include representatives of EEA/Norwegian Grants and Swiss Thematic Fund on Roma in order to facilitate the cohesion and complementarity among the three main types of European support;

3.1. Change in Decree 107/05.10.2014, minimum a change is needed in the art. 30 concerning integrated proposals.

3.2. Establishing mechanisms for coordinated implementation of operations and integrated projects for implementation of projects for Roma integration, supported by OPHRD, OPSESG, RDOP/RADP.
3.3. Establishing mechanism for complementarity of interventions financed by EU co-funded programs, EEA/Norwegian Grants and Swiss Thematic Fund on Roma.

4.1. HRD OP to start announcing calls within Investment priority „Socio-economic integration of marginalized communities such as Roma" since 2015. The extension of good models for improving the access of Roma to healthcare to be included in the call/s.
4.2. HRD OP to announce special call or component for supporting Healthcare & Social Centers as well as other types of community centers. Community monitoring of service delivery to be included in the call.
4.3. Science and Education for Smart Growth OP to finance operation for increasing the number of Roma with university degree, including in the Medical Universities;
4.4. EEA/Norwegian FM to involve Roma organizations in planning its next period as well as in the Monitoring Committee: the positive experience of HRDOP in both directions should be used.
4.5. The requirement for 10% Roma participation to be continued or special Roma integration component to be introduced: the decision witch approach to use for the next period should be taken after consultations with the civil society.
4.6. Roma health to be included in the next period of EEA/ Norwegian FM. The program could finance the further expansion of RHSP as well as the training of health mediators.

4.7. Swiss Contribution to involve Roma organizations in planning its next period as well as in the Monitoring Committee.
4.8. The Roma integration component in Swiss Contribution to be remained and extended. Roma health to be included in the component.
4.9. Both Swiss Contribution and EEA/Norwegian FM to finance national level initiatives for improving the health status of Roma in order to complement the local level interventions financed byHRD OP. Such initiatives could be the expeansion of RHSP, continuing and creating pre-conditions for sustainability of the TB and HIV Prevention Program in Roma community, etc.

ROMANIA

1. Theoretical aspects on the necessity to develop programs and public policies which would contribute to improving the health status of the Roma population

Romania, as a former communist country, experiences acutely the major social problems due to the lack of building a state model for welfare, based on the real needs of the society. The resources for implementing social policies have been substantially reduced, based on diminishing the general income of the population, while the state has decreased its role, which was already limited, as a „provider" of welfare for the citizens. The quality of life for Romanian citizens has decreased considerably, and a big part of them reaching the state of living in poverty, moreover under the minimum subsistence level. The low standard of living affects in a negative manner the subjective feelings of people towards their own lives as a whole, and also towards the different aspects of it.

Within the Romanian capitalist society, developing public policy documents, which would answer the needs of the vulnerable population, has become a practice, which is frequently used by the decision makers at governmental level. Whenever there is a social issue, the only way of solving this undesired situation, is to form a working group, composed by representatives of the governmental area and representatives of civil society, having the main task

to realize a public policy document. Considering the aspect of realizing public policies for the vulnerable population, the Romanian Government is appreciated by the European institutions, however, regarding the actual implementation, monitoring, and evaluation processes, Romania is frequently criticized by the EU structures and organizations for the poor results and lack of sustainable vision.

The dimension of the Roma population in Romania is a continuous preoccupation issue for the various experts in the areas of public policies, anthropology, sociology and demography. The Roma are the most vulnerable social groups, they are present in disproportionate numbers in all the disadvantaged social categories: amongst the ones which lack the financial resources, the long-term unemployed, the unqualified workers, the ones who lack education or have minimum education, the ones with large families, people who do not have identification documents, people who do not have a stable residence. At the national level, demographists agree that Roma life expectancy is much lower than the one of the majority population, while the damage of the socio-economic status of the population during the last years has led to decreasing the standard of living, and also to increasing the number of people who are exposed to the risk of social exclusion.

The policies for promoting social inclusion of Roma people has been a constant direction of action of the Romanian Government, and based on the pressuring made by the European Union (EU), has aimed to improve the situation of Roma and to continue the policies for reducing the gaps between the Roma population and the society as a whole, by assuming a public policy document in the area of Roma social inclusion, respectively Strategy of the Government of Romania for improving the situation of Roma, the first governmental initiative which aims to approach

comprehensively the problems which the Roma minority is confronting with.

Should we analyze the progress reports within the process of implementing public policies documents addressed to the Roma population in Romania, we notice that the public institution, from the perspective of public speech, have made important steps in the process of promoting equal opportunities and multiculturalism, yet when it comes to putting them into practice, the situation is worrisome, according to the reports and studies identified by the civil society.

Public policies documents regarding Roma population in Romania emphasize that along with employment, housing, and education, health is one of the priority areas. The decision makers, who are responsible for developing plans of measures in health, have planned actions meant to contribute to improving the health status of the Roma population, based on the principle of equal opportunities and nondiscrimination.

From a theoretical point of view, by analyzing the plans of measures included by the public policies in health, we notice that Roma should be a category of advantaged population from this point of view, while they should not face serious health problems and the access to healthcare should be much easier than for the rest of the population. However, within a system where the social institutions counter the formal institutions, where the majority population manifests discriminatory attitudes towards the Roma, the measures, which would be favorable to Roma, will never be applied. As a follow, after 14 years of implementing the measures in health, the experts in this area establish that the Roma patients face difficulties, which are bigger and bigger when they address the public health services.

The indicators for evaluating the health status of the population shows the fact that Roma health status has worsened during

the 14 years of implementing the measures from the national action plan. In support of this statement, it is relevant to analyze the population's health indicators (ECHI indicators). According to a study of the World Bank, the general life expectancy among the Roma is 13 years below that of the non-Roma (61.5 years for the Roma, and 74.5 for the non-Roma). While in the case of men's life expectancy, the 10-year difference has persisted (61 years for Roma men, and 71 years for non-Roma men), a worrying situation is characteristic for women: in their case, the difference in life expectancy is 16 years (78 years for non-Roma women, and 62 years for Roma women). Some other values that indicate the significant difference between Roma and non-Roma as concerns the state of health are: 6.3‰ higher general mortality rates for the Roma as compared to the majority population (18.3‰ for Roma and 12‰ for non-Roma); child mortality rates are double for the Roma population (23.1‰ for the Roma as compared to 11.6‰ for non-Roma); mother mortality rate is 11‰ higher for the Roma (38‰ for the Roma population as compared to 27‰ for the majority population); and the rate of child birth is about 3‰ higher in the Roma communities as compared to the mainstream population (12.6‰ for the Roma population and 9.9‰ for the non-Roma population). The above-cited values of health indicators demonstrate the need to take coherent measures, based on the principle of integrated approach, which should lead to the reduction of discrepancies between the Roma and the non-Roma and to the improvement of the Roma population's state of health.

The only measure implemented by the Ministry of Health in the area of Roma health is the health mediation program. When analyzing the job description of the health mediator and the measures found in the plan of measures included in the national strategy for Roma, the chapter dedicated to health, we can establish that these have been transformed into activities delegated to

the health mediators. Concretely, through the health mediation program, the responsible authorities have found an answer to the measures noted in the action plan, without having to invest other financial resources for the purpose of carrying out specific actions.

From a theoretical point of view, the measures for social protection, applied equally without discrimination, must provide proportional answers regarding the difficulties, which the Roma are obliged to face. Within a system free from discrimination, Roma should benefit from the governmental programs equally to the rest of the population which confronts with a similar type of social exclusion, without being needed special approaches recommended by the European authorities that would be later approached by the national authorities in a superficial manner.

When analyzing the scientific explanations and correlating the presented aspects with the studies and researches which examine the Roma minority, we notice that the issues which a significant percentage of the Roma community members are being confronted with, are framed within the patterns of the definitions presented by the specialists regarding the social problem. Poverty and exclusion, as social problems, affect a large number of Roma ethnics, thus the Romanian state has developed public policies in order to solve or improve these issues, a process which was made in awareness or „forced" by the recommendations from European institutions.

Returning to the situation of Roma as a social problem, which needs an intervention on the state's behalf, the directive principles of the public policies addressed to the process of social inclusion for Roma, lead to the idea that the Romanian Government and the EU institutions are very preoccupied with solving the Roma issue. A national strategy addressed to this minority which is exposed to the risk of social exclusion, other national

documents which include in their target group along with other disadvantaged population categories the Roma communities members, international documents which were assumed by the Romanian state, are only a few examples which strengthen the idea that Romania is continuously preoccupied with solving the problems of this minority.

The Roma issue has been a priority theme in the country reports outlined by the European institutions on the progressed registered by Romania in the EU accession process. Inthese conditions, it is easy to understand the fact that the Romanian state should have taken action towards this problem and register progress, thus EU would root for the Romanian state's in becoming a European state with the capacity of managing the problems which affect also other members.

Within the larger context of the CE Communication, the new policy, Strategy of the Government of Romania for inclusion of Romanian citizens from the Roma minority for the period 2012 – 2020, is replacing the policy documents for Roma adopted in 2001. Romania has been one of the first states, which have signed the documents of the Decade of Roma Inclusion and has also had the first presidency however, despite the commitments; the Romanian government never adopted an Action Plan. Elaborating the strategy was realized through a superficial process. Very few of the suggestions and comments provided by a large group of NGOs have been actually taken into consideration and can be found in the final version of the strategy adopted by the Government. The Strategy was elaborated under the pressure of deadlines imposed by the CE, thus there has not been granted enough attention for complying with the minimal standards for elaborating policies, and also without having an effective evaluation of the previous exercises and no relevant definition of the current situation or any goals/targets.

Although the area of realizing public policies has registered important progresses in the last couple of years, both from legislative and institutional points of view, the reality proves that the vicious circle of poverty continues to maintain Roma in a state of social exclusion, with consequences of the most serious kind – difficult access to health services and education, reduced degree of participation to the labor market, housing in improper conditions, decrease of community solidarity. These small realizations have been inconsistent due to the ineffective coordination between the institutional structures at European, national, regional, and local level, while the institutional functioning has been problematic (due to the lack of infrastructure, human resources, the frequent changes of the status of institutions, the increased frequency of governmental discontinuity, and lack of funds), all of these having a negative effect on the efficient implementation of all the elaborated strategies.

Even though in some of the communities there have been previously carried out series of projects which aimed to improve the life conditions, the gap towards the majority population are immense. For the inhabitants of these communities, it is important to ensure the minimum resources for their basic needs, while it is quite difficult to involve them in projects or activities, which do not address their immediate needs.

The health status of the Roma population is a permanent source of preoccupation amongst the medical staff, yet minimal efforts are being made in order to improve it. The emphasis is especially being put onto the positive demographic growth of Roma, being formulated more as a worrying matter in relation to the decreasing birth rate of the majority population, rather than being focused on the real issues of the population's public health. The model of the health mediator is being mentioned as a positive practice regarding the mediation of the relation between the

Roma patient and the health system, yet starting 2013, in the context of decentralization, without any legislation which would allow to continue the activity without the support of the Ministry of Health, it is being subjected to termination. Proving the quality of being health insured is a major obstacle, from a formal point of view, when we are talking about the access of Roma to public health services, while the access to prophylactic measures is close to being inexistent in Roma communities.

Within the process of elaborating public policies two dimensions must be taken into account, respectively the analytical dimension, the State's capacity to analyze the possibility of solving a problem, as well as the political dimension, which supposes a political assumption of the process for solving the issue. The process of putting into practice the public policy contains 5 very important stages, respectively: establishing the agenda, formulating the policies, taking the decisions, implementation and evaluation – the latter being a very important stage which can lead to revising the concept of the problem and the proposed solutions.

Currently, Romania has the legal framework for applying public policies however, at the same time, it needs to develop skills for the people who are involved in the process of developing public policies, for understanding the context, management of relations with the dialogue partners, well developed presentation skills, a better understanding of the informational technology, and the way it can be used, economical, statistics studies, and disciplines which are relevant to the approached issue, while also having the will to experiment, thus ensuring the risk management, and the will to continue to gather new knowledge in the area of elaborating and implementing public policies.

Regarding the state's role, by providing certain services for the citizens, which the market cannot provide, the state is contributing to develop certain goals, which could not be reached through

other means. Romania as a former communist country is feeling greatly the major social issues resulted from the lack of building a state model of welfare, based on the real needs of the society. Considering the situation which the Romanian population is confronting with, as well as the measures implemented by the Romanian state, on the public agenda appears a new dilemma, namely: *how much can it be discussed on the welfare state, when poverty is growing, and the granted benefits are modest?*

Related with Roma issue in the context of the welfare state, but also from the perspective of globalization, the measures which Romania must take in the following period should combine the priorities related to the domestic issue on the major social problems which were previously ignored, with the priorities related to its gradual integration in the European and world space, marked by other rules.

Considering the importance of this program implemented for the benefit of Roma communities, there must be mentioned that during 12 years (the Roma health mediation program is functioning in Romania at national level since 2002, according to *Order 619/2002* issued by the Ministry of Health), the Ministry of Health has allotted financial resources for implementing this community program without developing a clear methodology for the implementation, monitoring, and evaluation of the program, which would also ensure its sustainability. For this reason, the reports and studies which have analyzed the health mediation program, are sanctioning this practice made by the Ministry of Health, continuing to propose that the program would be launched once more based on a legislation and implementation methodology in agreement with the current legislative challenges and the new context of decentralizing health services.

Until 2008, the database of Roma associations captured a total of active 788 registered health mediators, yet after 2008, along with the transition of the health mediation program into the local authorities' coordination, their numbers gradually decreased, thus, in 2012 there were around 230 active health mediators. The main reason which lead to the decrease of active health mediators is the fact that the local authority were not prepared, nor trained, to take over a program of the Ministry of Health, without any clear methodology for implementation. The transfer was made according to the emergency ordinance *no. 162/2008* regarding the transfer of the set of attributes and competences exerted by the Ministry of Public Health to the authorities of local public administration within the transfer of attributes and competences of the community medical assistance. According to the ordinance *no. 162/2008*, it is being specified that „the health mediator, along with the community medical nurse, carried out its activity within the public social work services organized by the authorities of local public administration or, where applicable, within the specialized body of the mayor, having the quality of personnel employed with an individual labor contract, benefitting from the rights and exerting the obligations which follow from having this quality, documents which are signed with the local public authority belonging to the jurisdiction where they carry out their activity". Regarding the ensuring of financial resources for the community medical care, within the specified ordinance there is being provisioned that for exerting the attributes and competences of community medical care by the local authority, there will be realized transfers from the state budget to the local budgets, through the budget of the Ministry of Public Health. After the decentralization, the number of health mediators decreased, thus in 2014, according to the registers of the County Public Health Departments and the National Agency for Roma, were active approximately 270 me-

diators; although the Ministry of Health had the resources budgeted for 320 health mediators.

Regarding the improvement of the access of Roma to health services, by including the members of the Roma minority in the system of health insurances, there is a continuous registered problems regarding the process of obtaining the quality of being medically insured, mostly due to socio-economic status of the beneficiary. This situation influences Roma to resort to emergency medical services, only when the conditions, which they suffer from, are worsening, thus damaging severely their health status. In such situations, the treatment costs are even higher and, in most cases, the Roma patients cannot afford them.

Regarding the access of Roma to health services, there is a constant need for investing in the continuous training of non-Roma sanitary staff on the issue of non-discrimination and cultural differences. The Roma activists in nongovernmental organizations, which are active in the area of Roma social inclusion, show that the lack of this investment is reflected in the quality of the medical act provided by the medical staff to the Roma beneficiaries.

In the process of approaching the problems which the Roma population is confronting with, the biggest European minority, with a diversity of subgroups with a series of different elements, analysis is required based on the specifics of each subgroup. The diversity of subgroups induces the need to treat differently the issues of the Roma population. In the context of globalization, the members states and the European institutions are making considerable efforts in the process of Roma social inclusion yet, as it is the case of Romania, the policy makers for Roma at European level did not take into account these differences between the Roma subgroups, nor the specifics of the countries which they come from, which lead to obtaining insufficient results in report

to the programmatic documents. There must be made a fundamental distinction between Roma subgroups, a distinction that takes manifestation forms, in the language, customs, occupation, or the lifestyle in general.

The policies for Roma social inclusion were initiated based more on the pressures made by the European Institution, and as a follow of the efforts realized by the organizations representative for Roma and the civil society, and less on the need internalized by the public authorities or the political decision-makers at national level. The EU institutions have to continue the pressure on the Romanian authorities in order convince them that poverty is one of the main factors which affect the health status of the individual, regardless of ethnicity. For both the Roma and non-Roma, poverty is a source of social marginalization, thus depriving the individual of his fundamental rights to satisfy the primary needs – alimentation and hygiene, medical care, including the access to essential medicine.

Twelve years after assuming responsibility for the access of Roma to healthcare services, the authorities in charge of public healthcare have not recorded notable results in this priority public policy domain. Even though excluded from the process of negotiations in the area of healthcare, with limited funding, the civil society has made outstanding efforts to implement actions that contribute to the improvement of the Roma populations' state of health. The political decision-makers agree that the programs for the Roma must be implemented in an integrated approach. The new vision of the National agency for the Roma is based on the principle of transparency at the local level, in Roma communities, at the policy-making, program and project design level, as well as on the principle of integrated programs for developing a flexible framework which allows dialogue open to all the stakeholders involved in the field, including civil society.

The predominant approach to the Roma problem was sectorial, with limited targets, and the interventions were not correlated, but rather focused on certain domains (disparate access to healthcare, education, anti-discrimination, etc.).The Strategy mentions the principle of integrated approach of the priority domains, but upon a careful analysis it indicates a rather punctuated approach, by specific domains of action. Also, the content of the Strategy does not reveal any coordination structure, which should function on the principle of integrated work and ensure that all the measures have been taken in the process of improving access to healthcare for the Roman in Romania.

Based on the recommendation of Roma experts and anthropological studies which describes the harsh reality on the ground, the European institutions have the duty to intervene in the development and implementation of the public policies addressed to Roma population. The EU institutions have an important role in the process of developing programs and public policies, which would contribute to improving the health status of the Roma population. The values of the CIHI health indicators demonstrate the need to take coherent measures, based on the principle of integrated approach, which should lead to the reduction of discrepancies between the Roma and the non-Roma and to the improvement of the Roma population state of health.

One suggested solution for those problems is the Cohesion Policy and Structural Funds. Here the health is explicitly included in priorities relating to 'Employment' and 'Social Inclusion and Combating Poverty'. Romania and EU institutions must identify how they will invest Structural Funds in ways that are in line with the thematic objectives that have been established for 2014 – 2020, to help achieve the EU 2020 objectives for Smart, Sustainable and Inclusive Growth. While health is not explicitly mentioned in the headlines of these thematic priorities, there are

nevertheless opportunities in all of the thematic areas to promote health and reduce health inequalities.

2. Funding for Roma health integration in Romania

2.1. National funding for Roma Health integration in Romania

Regarding Roma Health area, the Romanian Government does not have a clear financial commitment for the sustainable implementation of its strategy. The national authorities have not developed and approved a special budget for the measures mentioned in the national strategy for Roma. According with the Civil Society Monitoring Report (2013), the estimated cost of the implementation foreseen for 2012 – 1015 is approximately 55.3 million Euro (the cost is calculated for all the measures within NRIS). This cost should be incurred form state budget allocations, refundable and non-refundable external funds, the budgets of territorial-administrative units, the budget for unemployment insurance and from other sources, under the law, included in the budgets of the authorizing officers in charge of Strategy implementation. In fact, this statement means that we have an estimated budget but without a real financing source. The Romanian authorities have no intention to undertake a budget for this special strategy due to the fact that they have no coordinating mechanism responsible for assuming the implementation process.

The adoption of the NRIS led to different measures included in the policy not having clear sources of funding, the Government using the expected EU assessment of the NRIS in order to postpone any targeted financial involvement. The same situation was repeated for the 2014 State Budget, where there were no clear

allocations for funding the NRIS. The Ministry of Health has not published any report on the measures implemented in 2013 or 2014. The internal reports provided to the National Agency for Roma for 2013 include minimal information and limited references to budgetary expenditures involved. This makes it impossible to undergo a reasonable estimate on funds spent. Without measurable targets for core measures included in the NRIS, budget estimates would have been impossible. This makes it impossible to measure the effectiveness, efficiency and impact of the NRIS in any relevant way.

Most of the measures within health area have no budget allocation. The Ministry of Health has mentioned that this measures do not need to have a special allocation since they are included in the mainstream programs, where Roma are one of the target groups/beneficiary, or having structural funds as potential source of funding – again with no estimates, which is explainable as long as specific target indicators lack as well. In the same time this statement is not realistic because the ESF programs are not dedicated for health domain; the health activities are not eligible in FSE programs.

The only estimate we can make is related with the implementation of health mediators program, but this is not relevant for our situation due to the fact that the Ministry of Health has no special budget for this program. The medium cost per year for the health mediators program is estimated at 2.1 million Ron (460.000 Euro) and the Ministry of Health covers this amount; having in mind the ECHI indicators, this amount is very small compared with the needs from grassroots level.

Starting with 2012, NAR has launched a call for grants for projects in the domains covered by the NRIS, targeted at civil society organizations and public administration bodies and encouraging public-private partnerships. The total budget available

was 850,000 RON (approx. 189,000 Euro) with a maximum allocation of 45,000 RON (approx. 10,000 Euro) from the budget (10% applicants' own contributions). The project proposals were expected to have health component, but there is no public information available on this issue and we cannot estimate how much money were allocated on health component.

In 2013, NAR received a financial allocation of 1,900,000 RON (433,770 Euro) for a call for grants launched in April 2013 for Roma and non-Roma NGOs for projects aimed at Romani communities, with a maximum allocation of approximate 11,400 Euro) from the budget (10% applicants' own contributions). A list of 50 projects is available at the NAR web site, but is no public information available on this issue and we cannot estimate how much money were allocated on health component. According with the information provided by the NAR, in 2013 were implemented 33 projects in health area (screening projects).

At the national level, Romania is confronted with a lack of financial resources necessary to be allocated for programs/projects in health area. The authorities have no plan to allocate financial resources to meet the needs of improving the health situation of the Roma community members. The program initiated by NAR to allocate minimum amount to fund health projects are irrelevant to the needs of the Roma communities. This is a lack of communication and coordination between national institutions responsible for Roma situation and national institutions with competencies in health issues.

Certainly, the authorities have to communicate and to develop common programs and fund scheme with focus on Roma health. Roma health issues should become a priority of the Ministry of Health, and in this respect, the NAR must advocate for a public health program implemented in the benefit of Roma popu-

lation, financed by the Romanian Government and managed by Ministry of Health.

1. EU funds for Roma health integration in 2007 – 2014

The Structural Funds are the EU's financial instrument to implement the EU Cohesion Policy, which aims to reduce the significant economic, social and territorial inequalities that exist between European regions. For Romania, they are one of the most important mechanisms to implement the NSRI's objectives. During the 2007 – 2013 Structural Funds programming period, health was identified as a priority intervention area within the ERDF and ESF framework. Health activities were classified as a sub-section within the theme on Social inclusion, Jobs, Education and Training.

There are many opportunities available in Cohesion Policy and Structural Funds to improve health and reduce health inequalities. The objectives of Cohesion Policy are in fact strongly related to those of improving health and well-being and ensuring that opportunities for health are more equally distributed in Romania and across EU.

However, while there are many opportunities to apply Structural Funds to improve health equity in the EU, Romania has been a lack of engagement by the public health sector to use this potential. Because of that, the programs implemented in Romania through ESF program have not had a significant impact in improving the health of the Roma population due to the fact that, according with the ESF guide, medical and social activities was not considered being eligible. It was a very big challenge for the beneficiaries of FSE projects to use this fund and to implement some activities related with health issues.

The NGOs from Romania have made efforts to find solutions in order to use ESF financial support to address the health issues

in Roma communities. For example, Sastipen has developed 15 community centers that delivered integrated services for disadvantaged population. Along with employment, training and social counseling, Sastipen has implemented health education activities. The activities implemented by the medical personnel are to promote a healthy lifestyle were implemented in order to improve the health of vulnerable groups in the community by offering information, counseling and health education. It will have to increase employment opportunities for people looking for a job by improving their health and reduce risk factors associated with chronic diseases. Another example relevant for health area was implemented by ActiveWatch which has used ESF financial resources to support Roma students to become doctors. Related with employment opportunities in health area, Sastipen in partnership with National Institute for Public Health has implemented an important program addressed to the health mediators. With ESF financial support, Sastipen has improved the training program for health mediators and has developed a unit for technical assistance of the health mediators' activities. Other concrete activities implemented in the benefit of Roma health using ESF financial support are not registered.

Besides the challenge of identifying solutions to implement health activities, organizations have had another even bigger challenge due to the implementation of the ESF system, respectively the bureaucracy and reimbursement. Strengthening the capacity of Roma organizations has not been targeted specifically by any ESF funds. In fact, organizations that previously contracted projects under ESF have continued to struggle with the difficulties generated by the lack of funds to ensure smooth cash flow and co-financing, given the administrative blockages in the implementation mechanism of ESF funding. Different administrative decisions have been promoted to ease the process to the benefit of

ESF beneficiaries, but there is still a significant number of NGOs affected by the debts registered towards the state budget (social contributions and taxes), reimbursement of VAT, etc. In this case, ESF programs are not a friendly solution for the NGOs.

Due to the fact that Romania is part of EU family, the European institutions have to put pressure on Romanian authorities to avoid the lack of engagement by the public health sector to use the potential of ESF in order to contribute to improving the health status of the Roma population.

2.2. Other funds for Roma health integration

In the last few years, Open Society Institute -Roma Health Project has been one of the main donors involved in the process of improving of Roma health citation. Starting with 2007, Open Society Institute – Roma Health Project has been involved as a partner in different projects addressed to the Roma population; Roma leadership in health, Tuberculosis (TB) in Roma communities, combating discrimination against people of Roma ethnicity in accessing the public healthcare system, harm reduction in Roma communities, monitoring and evaluation process, are just few examples of projects supported by PHP. Open Society Institute has supported civil society in the process of keeping the quality of the „watch dog" and to improving the skills to advocate for improving the health of Roma.

The Swiss Contribution and respectively the EEA/Norway support for Romania (2009 – 2014 Financial Mechanism) represent two other significant source of money that could be beneficial to Roma Health inclusion processes. Both programs have started implementation in 2012 – 2013 in particular core areas with relevance for Roma inclusion.

In the case of Swiss Contribution, the thematic fund „Inclusion of Roma and other Vulnerable Groups" (overall allocation

of Swiss grant is 14 milion CHF) is to promote social inclusion and participation in socio-economic life of vulnerable minorities namely of the Roma community. According with the Framework Agreement, priority shall be given to the improvement of living conditions, particularly in the education and health field and in empowerment and awareness building measures. 3-4 projects are to be implemented by Romanian-Swiss consortiums (NGOs) under the „Improvement of living conditions" and other 15-20 local and regional projects should contribute to strengthening cultural identity, mutual understanding and integration of Roma and other vulnerable minorities. Capacity building is not highlighted in particular, but is expected that projects should contribute to it as well.

In case of 2009 – 2014 EEA/Norway support, 12 out of 23 programs areas are considered relevant for Roma inclusion. An indicative target of at least 10% of the budget, allocated for these areas shall target Roma inclusion, which means at least 13,444,222 Euro. The 10% financial allocation for Roma inclusion has a general character. Nevertheless, in case of the Civil Society area, any project may allocate up to 20% of the total eligible costs for activities meant to contribute to the capacity building of the applicant and/or its NGO partners.

Today, Romania is facing a crisis in terms of funding sources for programs focused on Roma social inclusion, especially in health area. The financing programs on the market financiers are very difficult to access, especially for local NGOs, which are confronting with lack co-financing. In terms of financing, Roma communities have needs related with medical services due to the lack of access to the public health system. At the local level, the donors have to take into account the necessity of developing medical community services addressed to the disadvantaged population based on the fact that the local authorities are not prepared manage the decentralization process of health services. The Swiss

Contribution and respectively the EEA/Norway support for Romania are not focused especially on health problems. The cooperation between the representatives of Swiss Contribution and EEA/Norway Grants and Romanian experts within ministries didn't take into account the voice of civil society and they followed the social inclusion trend without a clear imagine about Roma issues. If these programs will record failures, the main culprits will be Roma beneficiaries due to the fact that they didn't know how to appreciate these offers. The national authorities are not able to handle to the disadvantaged populations' health issues. In this respect, the EU institutions and private donors have to find a common way to develop a European health program in the benefit of Roma population, which will combine the advocacy activities with medical services delivery.

2.3. EU funds for Roma health in 2014 – 2020

According with the Ministry of European Funds (national coordinator for the elaboration of programmatic documents 2014 – 2020), in February 2014, the European Commission had adopted the Human Capital Operational Program. This program, (with a total allocation of approximately 5 billion of which 4.3 billion euro EU contribution) sets priorities for action in employment, social inclusion and education. The major objective pursued is the development of human resources through increased access to a system of quality education and training, stimulating employment, especially for young people, reducing poverty and social exclusion by improving access to health and social services.

Roma specific needs are reflected consistently and „Roma people who are found in a social need, Roma people with very low income or no income" are enlisted amongst the main categories of vulnerable groups to be addressed by proposed priorities. Roma inclusion is particularly addressed within Thematic Objec-

tives 8, 9 and 10. Nevertheless, no targeted allocations for Roma are envisaged, the funding priorities focus on vulnerable groups (with Roma included) and specifically on two main approaches regarding deprived communities, but with no clear mechanism of implementation and no discussions yet on particular financial allocations.

It is mentioned that the approach in supporting the people at risk of poverty and material deprivation (Roma included) will be in line with the National Strategy on social inclusion and poverty reduction 2014 – 2020 and will be based on prevention and actions to address the causes for poverty and social exclusion. An integrated approach in employment, social assistance, health, social infrastructure and housing will guide the strategic framework. It is of crucial importance the timing for the elaboration of this strategy correlated with the preparation of the operational programs. The process of elaboration of the operational programs is not too transparent, no drafts have been released yet and there is no structured involvement of civic and social actors in this process yet.

Roma NGOs and Roma inclusion experts have been involved in the thematic consultative committees and respective working groups organized for the elaboration of the Partnership Agreement (PA). Nevertheless, the activity of these committees/working groups has been more visible during the elaboration of the socio-economic analysis (as first stage in the elaboration of the programmatic document) and much less afterwards. Roma inclusion experts have been involved either as contractual experts in the World Bank assistance in the above-referred contracts or as participants in the discussions organized on preliminary findings of the studies.

According to the Human Capital Operational Program, priority no. 4 „Social inclusion and combating poverty" (with an allo-

cation of approximately 940 million EU Euro) aims integrated measures to support disadvantaged communities, particularly those with minority Roma population, to reduce the risk of social exclusion. Given the multidimensional nature of poverty, integrated measures will address several areas of intervention, such as education, access to health and social services, employment, etc. Also, will be supported and certain vulnerable groups (homeless, domestic violence victims, victims of people trafficking, people who suffer from forms of addiction, inmates or in the period of probation, former prisoners, the elderly and persons with disabilities in situations of dependence or at risk of social exclusion) through customized measures that need to respond appropriately to their needs in order to overcome the state of vulnerability. Complementary, under this axis also includes measures to increase access to the vulnerable groups to social and health services quality.

3. Future Steps

The policies for promoting social inclusion of Roma people have been a constant direction of action of the Romanian Government and EU institution, but in reality they are missing. The Romanian Government is preoccupied to prove that is able to handle the Roma situation, but the reports shows us that is a false statement. The EU institutions tried to approach the Roma situation from the perspective of social inclusion but in fact the real problems are related with the diversity of Roma communities.

The national authorities are not able to handle to the disadvantaged populations' health issues and in this respect, the EU institutions and private donors have to find a common way to develop a European health program in the benefit of Roma popu-

lation, which will combine the advocacy activities with medical services delivery.

Regarding the Roma issue in the context of globalization, the measures which Romania must take in the following period should combine the priorities related to the domestic issue on the major social problems which were previously ignored, with the priorities related to its gradual integration in the European and world space, marked by other rules.

Public health decision makers from Romania should recognize the potential of ESF to help re-orientate health and social systems that contribute to health equity. The public health authorities from Romania have to follow the lessons learned at the EU level and must to be aware about the Structural Funds as a potential co-funding mechanism for initiatives that can promote public health objectives and improve health equity. The public health sector should raise its profile vis-à-vis ESF projects and other sectors, and make the necessary contacts and links in order to ensure the integrated approach.

ESF structure can be one of solution to improving the health of the Roma population. Based on the European model of using ESF programs, the European institutions have to put pressure on Romanian authorities to avoid the lack of engagement by the public health sector to use the potential of ESF in order to contribute to improving the health status of the Roma population.

While Structural Funds offer opportunities to advance and finance public health objectives, the public health sector from Romania faces the challenge of getting involved in an area in which they have little experience. The EU institutions have to put pressure on Romanian health authorities to invest in fostering health experts who understand Cohesion Policy and the Structural Funds, as well as the social determinants of health and health equity, and who can convey this to others.

To maximize opportunities to use Structural Funds to improve health and reduce health inequalities among Roma population, public health professionals at national and regional level must lay the groundwork. The public health sector should advocate for systematic approaches to take health inequalities into account. The national health authorities should identify what areas and target groups in the country have the worst health status and monitor Structural Fund spending to ensure that it is reaching those in need. It should also develop initiatives that can improve the health of those in need, like the Roma. The public health sector should pursue opportunities available within the Structural Funds to build capacities

Being aware about the Roma situation, the Roma civil society has attended counseling sessions organized by the Romanian authorities for reviewing of the national strategy for social inclusion of Roma population. Also, the Roma civil society tried to be a trustful partner for the Ministry of European Funds for designing of the first draft of the Consultation Partnership Agreement Romanian programming for 2014 – 2020. Unfortunately, the Romanian authorities have decided not to consider the recommendations related with Roma population provided by the Roma experts. In this respect, the Roma civil society from Romania has decided to develop its own concept in the benefit of Roma population based on the reality from disadvantaged communities.

In this respect, in the health area, in the next 5 years, Sastipen has the following priorities:

1. Development of the human capital that comes from Roma communities; Training programs for medical personnel.
2. Combating prejudice, discrimination and all forms of exclusion of Roma in health area.
3. Reducing the inequalities in terms of access of Roma to public health services.

4. Advocacy for improving public health policies addressed to Roma population.
5. Data collection and monitoring health ECHI indicators regarding the Roma population.
6. Medical Service delivery through community centers developed at the local level.
7. Reducing the risks associated with the diseases according with the dominant patterns of morbidity and mortality through the implementation of programs/preventive actions.

In the context in which the Ministry of Health is debating a new reform in health, Sastipen will advocate for developing a plan of measures, which would contribute on long term to improving the health status of the population, based on the equal opportunities principle.

Considering the context that the Ministry of Health is permanently preoccupied with realizing a new reform in health, based on the principle of decentralization, there must be evaluated the capacity of the local authorities to manage the public health programs, and according to this evaluation to be initiated a program for training the clerks, thus we would be ensuring the fact that the population's health is a priority area and that the citizens will have access to primary medical care and emergency medical services, regardless of the socio-economic status and the ethnic belonging.

Another controversial subject amongst the members of the Roma civil society is the need to collect data regarding the diseases, which the Roma population is confronting with. Sastipen consider that in order to analyze coherently the need to develop interventions specific to the Roma population.One of the solutions would be to develop an observer of the health status, which would collect periodically data according to the ECHI indicators.

By treating superficially the “wounds” caused to Roma by a history marked with many unfortunate moments will surely have repercussions on the European society- in general. We must think in perspective, and in the future, thus there would be long-term welfare, affecting as many citizens as possible, regardless of their ethnic belonging. The Romanian authorities, as a service provider, must provide to its citizens the security that they live in a law of rule state, based on the principle of equal opportunities.