

Remove systemic barriers to tackle the Roma public health emergency

JOINT STATEMENT by 21 European and National Roma, Pro Roma and Public Health organisations



Europe is facing a Roma public health emergency: We, the undersigned **organisations** are extremely concerned about the alarming health situation of **the Roma¹** in Europe and the lack of awareness and actions concerning their situation. It is unacceptable and unfair that, in too many cases, belonging to this ethnic minority results in poor physical and mental health. We are especially worried about the Roma in specific vulnerable situations such as **Roma living with disabilities, young Roma, Roma children², women and their families, Roma elderly** and Roma who are homeless or affected by **chronic or infectious diseases**. In the case of children, a lack of early years health services has a detrimental impact on their overall development in the long run, thus contributing to a widening of the health gap and a need for more expensive interventions later on.³⁴ As well as consideration of the social and environmental factors such as housing, employment and education which determine Roma health, urgent assessment and action is needed to **assess discrimination, anti-gypsyism** and the additional existing barriers preventing **proper access by Roma to Healthcare**.

¹ The term “Roma” is used – similarly to other political documents of the European Parliament and the European Council – as an umbrella which includes groups of people who have more or less similar cultural characteristics, such as Sinti, Travellers, Kalé, Gens du voyage, etc. whether sedentary or not; around 80% of Roma are estimated to be sedentary (SEC(2010)400).

² Mental health disparities between Roma and non-Roma children in Romania and Bulgaria <http://bmcpyschiatry.biomedcentral.com/articles/10.1186/s12888-014-0297-5>

³ Mc Daid, D. (2011). Making the long-term economic case for investing in mental health to contribute to sustainability. European Union. http://ec.europa.eu/health/mental_health/docs/long_term_sustainability_en.pdf

⁴ The case for investing in public health” (2014) World Health Organization, Regional office for Europe. http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf

Urgent policy actions are needed to tackle the Roma public health crisis! On the occasion of the 10th European Platform for Roma Inclusion taking place on 29-30 November in Brussels, and prior to the 2017 mid-term evaluation of the European Framework of National Roma Integration Strategies, we urgently call on all stakeholders, in the spirit of 'Mutual Accountability,' to consider the following Recommendations in the area of Roma Health:

- **Primary and community health care services, including mental health services, must be distributed more equally and cost-efficiently in disadvantaged communities.**
- **The experience underpinning Roma health mediation to improve Roma population health is impressive and convincing. However, a careful assessment of the lessons learnt from its implementation is needed to identify the potential and limits of Roma health mediation, including lack of recognition by health providers and absence of systemic financing.**
- **As well as improving accessibility of public health facilities, complementary and alternative solutions should be further explored (eg. Mobile health units, Community healthcare monitoring including for maternal health care, Medical Caravans for cancer screening, vaccination etc.).**
- **Health determinants of disadvantaged Roma affected by such constraints as access to services, or information and influence (e.g. social norms, discrimination) must be addressed.**
- **Proper monitoring and evaluation mechanisms concerning the health status of the Roma population should be in place. The conclusions which can be drawn from the existing data on Roma health should be identified, as well as which methodologies can be scaled up or sustained in the long term.**
- **The disconnection between European processes and the policies implemented at regional and local level should be addressed. The synergies between, and concrete results of, the European 2020 targets and the Pillar of Social Rights should be carefully assessed with regard to Roma integration.**
- **The lack of accurate information on Roma communities must be addressed to develop and implement effective and appropriate policies and services. Ethnicity should be included as a category in the collection of official data.**

AMALIPE Center for Interethnic Dialogue and Tolerance – Bulgaria ● Association for Culture, Education and Communication (ACEC) – Slovakia ● AwenAmenca - Czech Republic ● European Roma Information Office (ERIO) ● Eurochild ● Eurodiaconia ● European Coalition for Vision (ECV) ● European Federation of National Organisations Working with the Homeless (FEANTSA) ● European Institute for Women's Health (EIWH) ● European Patients Forum (EPF) ● European Public Health Alliance (EPHA) ● European Roma Grassroots Organisations Network (ERGO) ● International Step by Step Association (ISSA) and Romani Early Years Network (REYN) ● Mental Health Europe (MHE) ● National Roma Center (NRC) - Macedonia ● Partners Hungary Foundation ● Platform for Supporting Health of Disadvantaged Groups and Healthy Communities – Slovakia ● Roma Association Unga - Spain ● Roma Cultural Centre "O Del Amenca" (ODA) - Romania ● SASTIPEN - Romania ● World Without Borders Association – Bulgaria

Background note - Roma Health in Europe

According to **the European Commission's report on the health status of the Roma population** in Europe,⁵ disadvantaged Roma in Europe suffer greater exposure to the wider risks of ill health, have poorer access to preventive healthcare services and experience poorer health outcomes than the general population.

On 28th November, **the Fundamental Rights Agency (FRA)** published **the 'Second European Union Minorities and Discrimination Survey'** focused on Roma which concluded that there are still huge inequalities within Europe as regards health insurance coverage. The rate of unmet medical care needs is still very high in some countries. Long term activity limitations because of ill-health is also still a problem.⁶

Barriers Preventing Roma's Access to Healthcare

Discrimination and an unregulated civil status (including a lack of personal documents, such as birth certificates and insurance) make it particularly difficult for Roma to **access health services**. Groups working with Roma communities have identified a **number of barriers to accessing health services** among the Roma, namely a **lack of knowledge about services and disease prevention**, or **their health service rights** and **difficulties of physically accessing services**. A large number of Roma families have **no health insurance** and are **generally unaware of their right to have it**. **The UNDP/WB/EC regional Roma survey** reveals that, the biggest and most alarming problem is **access to essential drugs**. As many as 68% of Romani respondents could not afford to purchase the medicines they needed, compared to 32% of non-Roma.⁷ A further obstacle to obtaining health insurance is **the non-regulated citizenship status**⁸ of many Roma. **Good eye health for Roma** is another key challenge and innovative models of service delivery are needed to improve access and outcomes.

How to ensure inclusive healthcare for Roma?

It is widely recognised that in light of these systemic challenges, solutions are urgently needed to create a truly inclusive healthcare for Roma. There are some solutions but no one-size-fits-all approach has yet been identified. One of the solutions widely applied in Europe with mixed results is Roma health mediation. In **Bulgaria, Romania, Macedonia, Serbia, Slovakia, Hungary** and **Ukraine**⁹ a system of **Roma health mediators** has been introduced, where the mediators have been working in and for the Roma communities, acting as facilitators between Roma people and health professionals. However, **the level of recognition of the training of Roma Health Mediators as an official professional qualification** and the support of national authorities provided, varies in Member States.

Other **complementary and alternative solutions**, such as Mobile health units, Community healthcare monitoring, or Medical Caravans, have been identified for further consideration.

⁵ European Commission (2014). *Roma Health Report – Health Status of the Roma Population*. Available at: http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf

⁶ <http://fra.europa.eu/en/publication/2016/eu-midis-ii-roma-selected-findings>

⁷ The health situation of Roma communities: Analysis of the data from the UNDP/World Bank/EC Regional Roma Survey, p 38, <http://www.undp.org/content/dam/rbec/docs/The-health-situation-of-Roma-communities.pdf>

⁸ Briefing Paper for Expert Consultation on Issues Related to Minorities and the Denial or Deprivation of Citizenship, 6-7

December 2007, Convened by the UN Independent Expert on Minority Issues

<http://www.nationalromacentrum.org/en/publications/research/roma-citizenship-statelessness-and-related-status-issues-in-europe>

⁹ Roma Health Mediators - Successes and challenges, p 1, <http://www.ecdc.europa.eu/en/press/events/Documents/Roma-Health-Mediators-report-Alina-Covaci.pdf>