

EU FUNDS FOR ROMA HEALTH INTEGRATION

ROMA CENTER FOR HEALTH POLICES SASTIPEN – ROMANIA

LOREDANA FERARU

MARIANA SANDU

THE ROMA HEALTH STATUS IN ROMANIA

THE MAIN ISSUE OF THE HEALTH POLICIES FOR ROMA IS THE LACK OF DATA.

The ECHI indicators for evaluating the health status of Roma population shows that Roma health status has worsened during the 14 years of implementing measures comprised in the national action plan.

INDICATORS REGISTERED IN 2013	ROMA*	MAJORITY **
LIFE EXPECTANCY	61 years	73 years
BIRTH RATE	12,6‰	9,9 ‰
MORTALITY RATE	18,3‰	12,8‰
INFANT MORTALITY RATE	23,1‰	13,6‰
MATERNAL MORTALITY RATE	0,62 %	0,04%

- **Men's life expectancy** - a 10-year difference has persisted (61 years for Roma men, and 71 years for non-Roma men),
- **Women's life expectancy** - a 16 year disparity (62 years for Roma women and for 78 years non-Roma women).

Question

How can we design National/European strategies regarding Roma health situation without accurate data?

- ❖ The above-cited chart demonstrates the need to take coherent measures at the national and European level , based on **accurate data collected** within Roma communities . This will lead to the reduction of discrepancies between the Roma and the non-Roma and to the improvement of Roma's health.

FUNDS FOR ROMA HEALTH IMPROVEMENT

2007-2014 (I)

NATIONAL FUNDING FOR ROMA HEALTH IMPROVEMENT IN ROMANIA

The Romanian Government does not have a clear financial commitment for the sustainable implementation of its strategy .

- **National Roma Inclusion Strategy (NRIS)**- this strategy comprised of measures that were not accompanied by financial budgeting
- **Roma Health Mediators Program**- Financed by MOH in 2008 - As of recently the annual budget has declined significantly.
- **National Agency for Roma**- In 2012, NAR 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. A total of 33 projects in the health area (screening projects- maximum 15.000 Euros), however, no public information available on this issue. Thus we cannot estimate how much money was allocated on the health component.

Question

Does the funds at national level meet the needs of Roma health improvement?

- ❖ At the national level, Romania is confronted with a lack of financial resources necessary for programs/projects in the benefit of Roma health. 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 a minimum amount to fund health projects is 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 the health issues.
- ❖ Possible solutions: funds for increasing the competences of the local and central authorities in the health area. Funds for better coherence and communication at two levels: authorities-authorities and authorities-civil society

FUNDS FOR ROMA HEALTH IMPROVEMENT

2007-2014 (II)

OTHER FUNDS FOR ROMA HEALTH IMPROVEMENT IN ROMANIA

- **Open Society Institute** -Roma Health Project has been one of the main donors involved in the process of improving Roma health situation. Starting with 2007, OSI-RHP has been involved as a partner in different projects addressed to the Roma health improvement.
- **The Swiss Contribution and the EEA/Norway-** support for Romania are not focused specifically on Roma health problems.
- The Swiss Contribution, the thematic fund "Inclusion of Roma and other Vulnerable Groups is to promote social inclusion and participation in the socio-economic life of vulnerable minorities, namely Roma communities.
- In the case of 2009-2014 EEA/Norway support, 12 out of 23 programs areas are considered relevant for Roma inclusion.

Question

How can the EU and other donors work together towards a common goal for Roma Health improvement?

- ❖ The national authorities are not able to handle the health issues of its disadvantaged populations. In this respect, the EU institutions and private donors have to find a common way to develop a EUROPEAN HEALTH PROGRAM for the benefit of Roma population, which will combine the advocacy activities with medical services delivery. The suggested EU Roma Health Program could take into account best practices from various State Members in relation to health.

EU FUNDS FOR ROMA HEALTH IN 2014-2020

- Main priorities of Human Capital Operational Program, **are employment, social inclusion and education.**
- The major objective pursued is the development of human resources by improving access to health and social services.
- Roma inclusion is particularly addressed within Thematic Objectives 8, 9 and 10.
- According to the Human Capital Operational Program, **priority no. 4 "Social inclusion and combating poverty"** (with an allocation of approximately 940 million EU Euro) aims at integrated measures to support disadvantaged communities, particularly the Roma population. The purpose is to reduce the risk of social exclusion.
- ESF structure can be one solution to improve the health of the Roma population.

Question

What will it take for ESF to be successful for Roma health improvement knowing what we know now?

- ❖ The national health authorities should identify which areas and target groups in the country have the worst health status and they should monitor the Structural Fund spending to ensure that it is reaching those in need. They 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 with the aim to build capacities and competences. National health authorities should strengthen their cooperation with the local authorities as well as with the civil society.

FUNDS FOR ROMA HEALTH IMPROVEMENT

2007-2014 (III)

STRUCTURAL FUNDS (ESF) FOR ROMA HEALTH IMPROVEMENT

- Between 2007 -2013 the Structural Funds, identified health as a priority intervention area within the ESF framework. Health activities were classified as a sub-section within the theme on Social inclusion, Jobs, Education and Training.
- 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 to the ESF guide, medical and social activities were not considered eligible.
- Romania has had a lack of engagement with the public health sector to use ESF.
- 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. (Sastipen has implemented two projects with ESF support: on health mediation and on delivery integrated community services through Community Ressource Centers. One of the integrated community services dealing specifically with the health area had very few eligible costs)

Question

How can we avoid the lack of engagement of the national public health sector to use the potential ESF ?

- ❖ The EU institutions have to put pressure on the Romanian authorities to avoid the lack of engagement in the public health sector. The pressure should be on using the ESF for improving the health status of the Roma population. The EU institutions have to put pressure on the Romanian health authorities to invest in fostering health experts who understand Cohesion Policy and Structural Funds, as well as the social determinants of health and health equity, and who can later on convey this to others. As an added value, European funds could be used to improve medical-social infrastructure (CPR kits, building health centers in rural areas, incentives for medical staff to work in remote areas, especially in rural areas, tutoring programs for pupils interested in embracing a medical profession).

FUTURE STEPS FOR ROMA HEALTH IMPROVEMENT

Based on the previous experience with EU funds regarding Roma health, can we have a different perspective?

- Romania must combine the priorities related to domestic issues on the major social problems which were previously ignored, with the priorities related to its gradual integration in the European space.
- Public health decision makers from Romania should recognize the potential of ESF to help re-orientate the health and social systems towards equity.
- The public health authorities from Romania have to follow the lessons learned at the EU level .
- European institutions have to put pressure on Romanian authorities to avoid the lack of engagement by the public health sector on the use of ESF with the aim to improve the health status of the Roma population.
- The EU institutions have to put pressure on the Romanian health authorities to invest in fostering health experts who understand Cohesion Policy and Structural Funds, as well as the social determinants of health and health equity, and who can convey this to others.
- The EU institutions and private donors have to find a common way to develop a European health program for the benefit of Roma population.
- The Ministry of European Funds and EU institutions must include a consultation mechanism that engages Roma Civil Society, health authorities and other stakeholders to build an integrated health strategy for the benefit of Roma population at the national level and European level.

SASTIPEN'S FUTURE STEPS FOR ROMA HEALTH IMPROVEMENT

IN THE NEXT 5 YEARS, SASTIPEN HAS THE FOLLOWING PRIORITIES:

1. Developing the competences for human capital that comes from Roma communities especially in socio-medical area
 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 health services
 4. Improving public health policies addressed to Roma population through advocacy and watch dog activities
 5. Developing a system of data collection regarding Roma health status in order to have real and comparable health data
 6. Developing qualitative models of primary care medical and social services 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.
-
- Sastipen will advocate for developing a plan of measures, which would contribute on the long-term to the improvement of the health status of the population, based on the equal opportunities principle.
 - Sastipen will consider developing an observer role of the health status. In this role, it would collect periodic data according to the ECHI indicators.

We must think in perspective, for the welfare of all citizens at risk, regardless of their ethnicity!



THANK YOU FOR YOUR ATTENTION

LOREDANA FERARU

MARIANA SANDU

office@sastipen.ro