

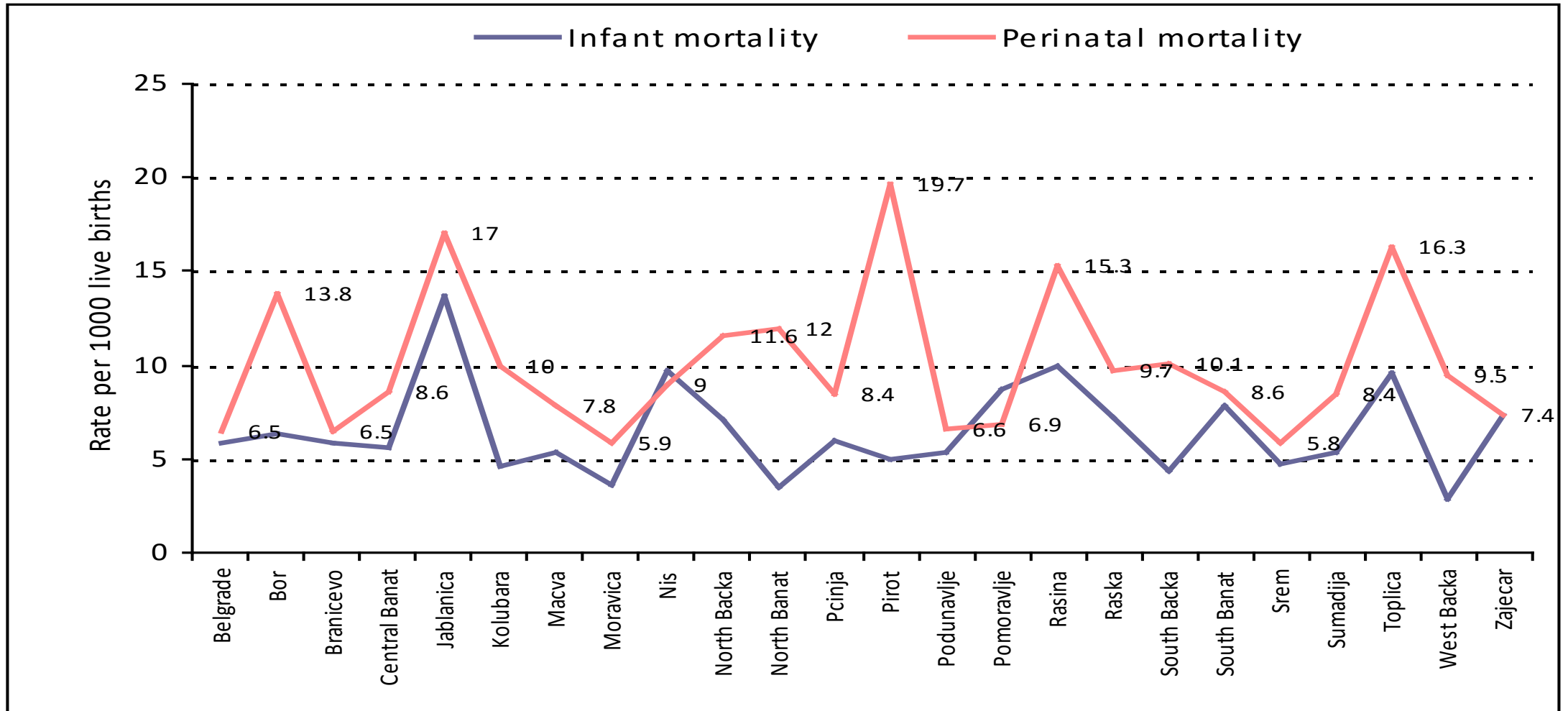
A close-up photograph of a woman with dark hair looking up at a baby. The baby is wearing a green headband with a small silver flower and a green jacket. The woman's face is in profile, looking towards the baby on the right.

# ROMA HEALTH MEDIATOR IN SERBIA - BACKGROUND AND SYSTEMATIZATION OPTIONS

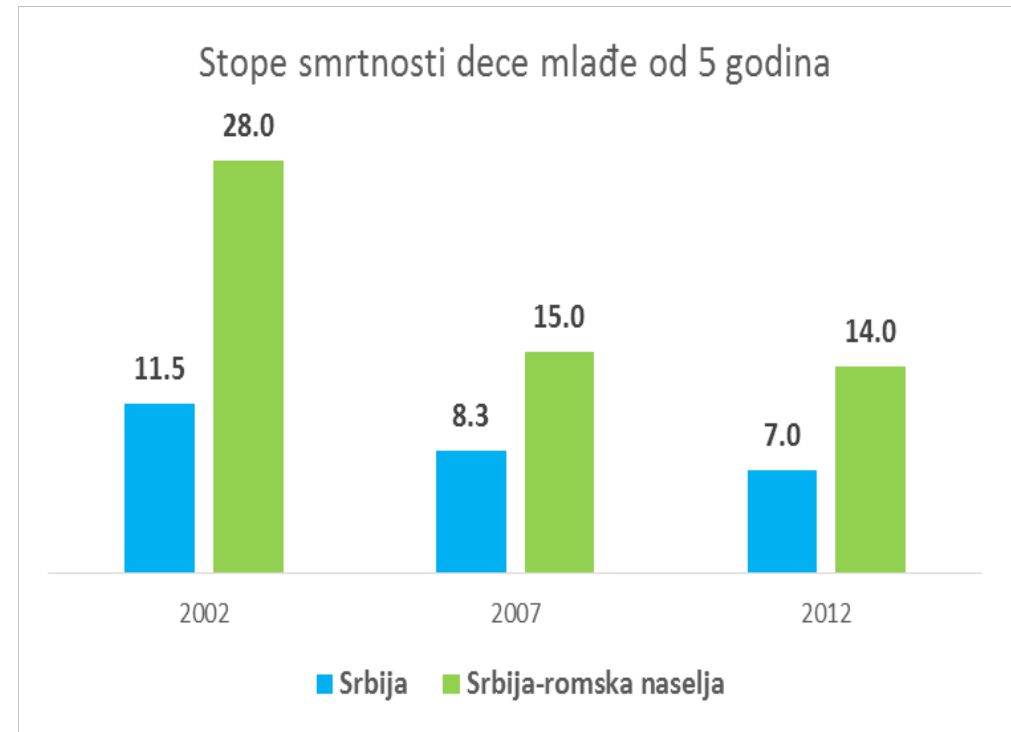
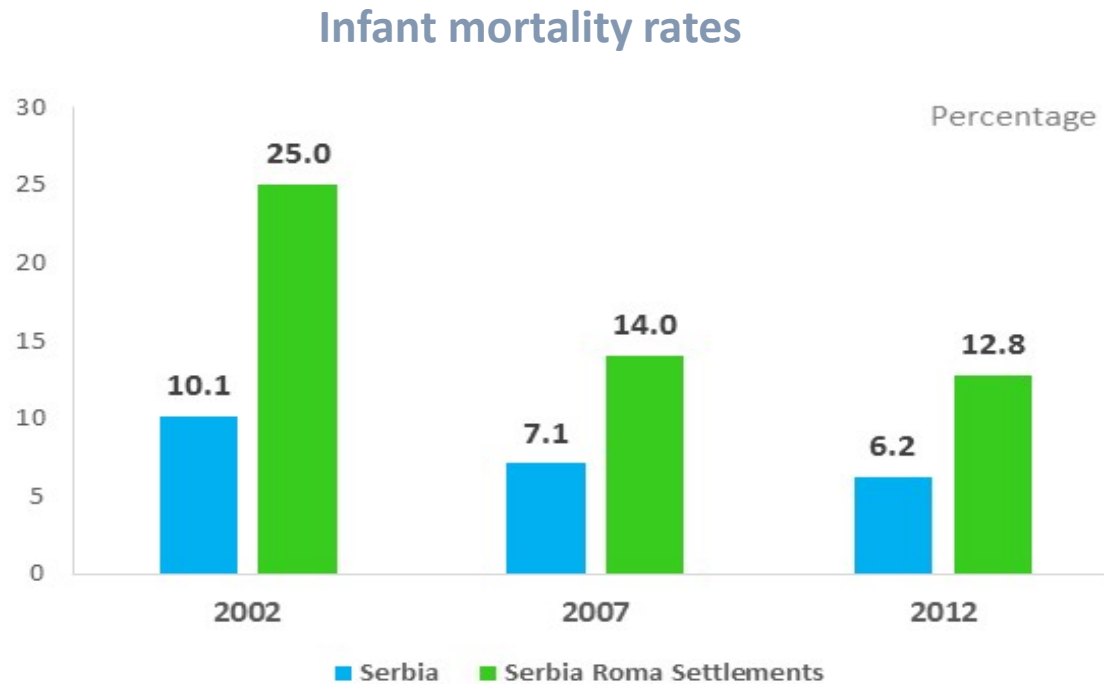
**IVANA MIŠIĆ, UNICEF**

Belgrade, 31 October – 01 November 2018

# Some facts on health of Roma children in Serbia (1) – Mortality rates



# Some facts on health of Roma children in Serbia (1) – Infant mortality rates

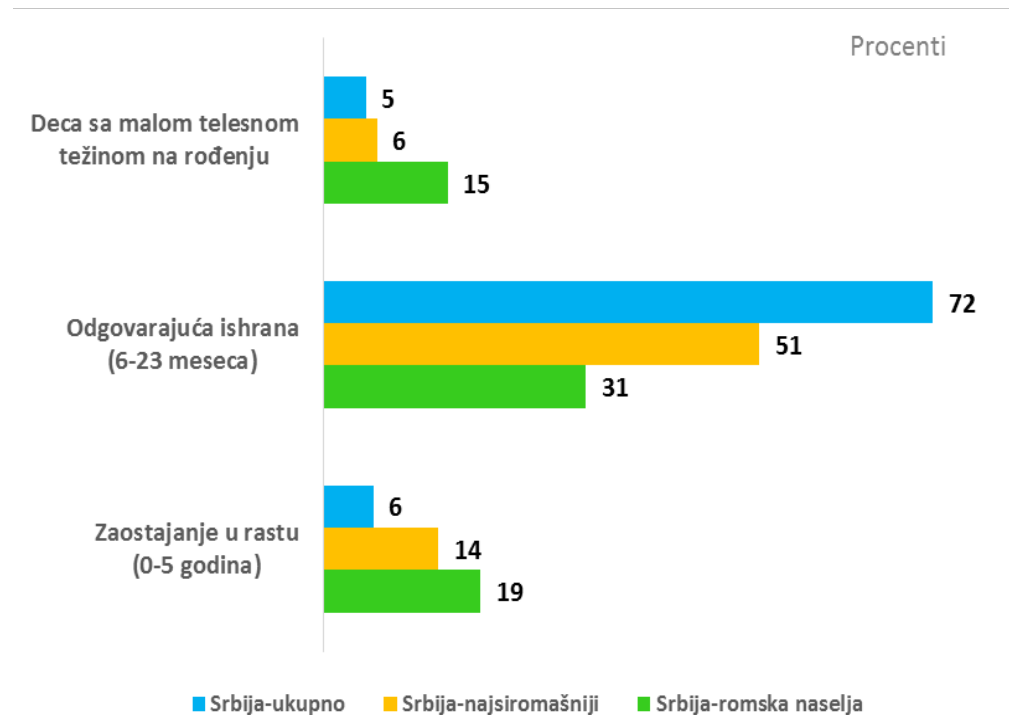
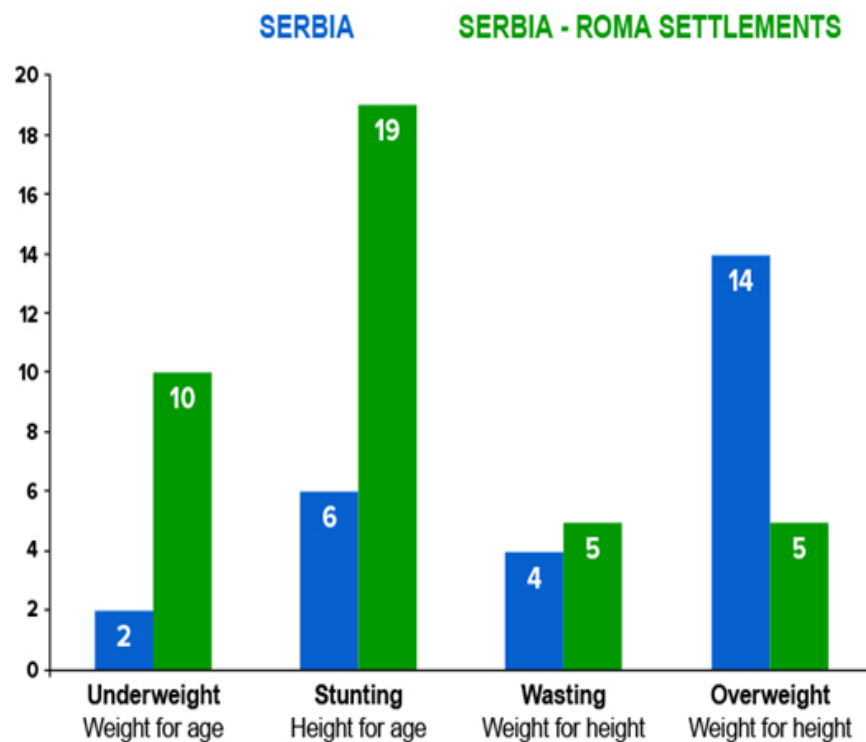


# Some facts on health of Roma children in Serbia (2) - Birthweight

## Low-birthweight

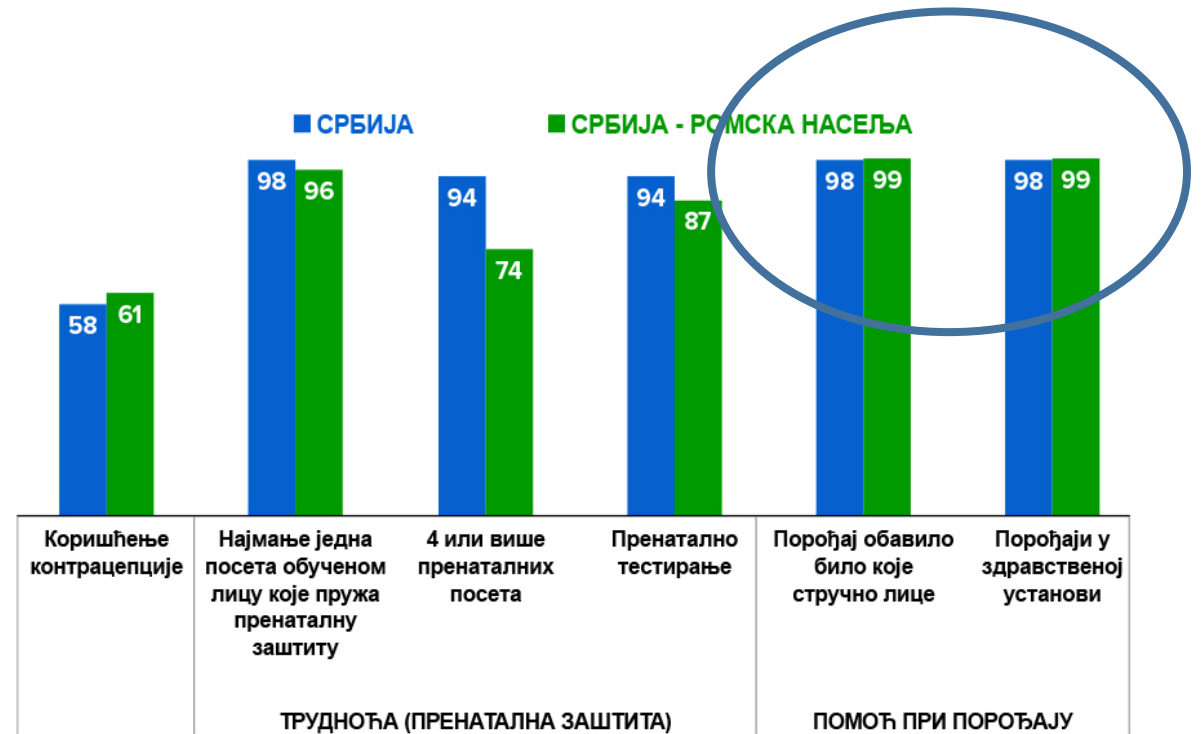
MICS Indicator	Indicator	Description	Serbia	Serbia Roma Settlements
2.20	Low-birthweight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	5.1	14.7

# Some facts on health of Roma children in Serbia (3) – Nutritional status



# Some facts on health of Roma children in Serbia (4) - Immunization

Children %	Serbia	Roma settlements
Effective immunization coverage	70.5	12.7
Full immunization coverage at any time before the survey	80.6	44.1



# “Connecting”

## Enabling Social Inclusion Through outreach services (Norwegian Committee for UNICEF 2015-2017)

- Key achievements:
- Improving quality of work of the RHMs resulting in better health and well-being outcomes of Roma children
  - RHMs have been reached and supported around 150.000 Roma people
  - RHMs have made 168.332 visits to families they had already worked with
- ITC technology equipment provided to RHMs
- RHM database was reactivated and modernized
- The Action Plan for Chapter 23 on Fundamental Rights emphasizing the importance of sustained Roma Health Mediator services

# The work of RHMs



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# The work of RHM's



Roma health mediator Aleksandra Paunovic helped the Krasnici family the most in eight-year-old Gzim's first years of life, who was born with a neurological health condition.

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# Roma Health Mediators – Current Situation

- Current number of RHM 85; Aim: 90 RHM
- 60% completed secondary school, 40% completed elementary school
- Ministry of Health is responsible for RHM (finances salaries, operates within the home visiting nurses in Primary Health Care centers)
- Job description: health education, promotion of education and pre-school education, support in the application process for exercising their social protection rights...)
- Domains of work of RHM (according to consumers): 40% - health care, 13% - personal documents, 47% combination: health and social care, education, personal documents
- Salaries of RHM: under the level of minimal salary in RS (about 155 EUR, part-time contract)
- Data base on RHM is in the Ministry of Health
- Still weak system of monitoring work of RHM
- Role of RHM is strategically recognized

# Principles of sustainable institutionalization of RHM

- Adopting legislative framework
- Finding solution based on the state administration system and the public service system in Serbia
- Clear and systematic financing system of RHM
- Appropriate employment contract
- Establishing system of oversighting and monitoring RHM work
- Providing intersectorial services in coordination with other sectors

# Proposed Models for the Sustainable Institutionalisation of Roma Health Mediators

1. Improved existing model with the employment of Roma mediators in the health care system
2. Roma mediators as an innovative social welfare service of a special importance for the Republic of Serbia
3. Roma mediators as a delegated job of the local self-government unit
4. Roma mediators as a part of social protection system, engaged in the Centres for Social Work

# 1. Improved existing model with the employment RHM in the health care system

- RHM – health associate, with completed secondary school (transitional period is needed)
- Job description:
  - Narrowing – reducing RHM work exclusively to issues related to provision of the health information
  - Extending – additionally, dealing with preschool and school education, ECD matters....
- Salaries of RHM would be financed by RHIF
- Innovation: contracting with RHIF and MoH, MoSP and MoE
- Advantages: continuity of work within the in health care system
- Disadvantages: MoH is abstained, there is need for stronger monitoring system of RHM work, non adequate cooperation among relevant ministries

## 2. Roma mediators as an innovative social welfare service of a special importance for the Republic of Serbia

- An innovative social welfare service which would be financed as the third type of services under the allocated transfers - "innovative services and social welfare services of a special importance for the Republic of Serbia,,
- An innovative social welfare service with elements of social health services and a dominantly integrative approach in providing support to Roma people, primarily those from substandard Roma settlements
- Job description extended with information about early child development, preschool education and reduction of dropouts from the educational system (in cooperation with PA where they exist)
- Service provider – Primary Health Care Center (it is needed to define this service as a service of a special importance to the Republic of Serbia, but also define the criteria that the local self-government unit needs to fulfil in order to access this service and allocated transfers for it)
- Advantages: Maintaining a solid connection between the mediator and the health care system; Retaining the comprehensive and integrative nature of the service.
- Disadvantages: changing sector responsible for RHM, the model requires the modification of the Decree on the allocated transfers, in order that the *Roma mediator* is recognized as an innovative and/or social protection service of a special importance to the Republic of Serbia.

### 3. Roma mediators as a delegated job of the local self-government unit

- This model implies defining the service of health mediators as a delegated job of the local self-government unit, funded at the national level..
- Providing services of RHM is delegated by law
- Job description extended with information about early child development, preschool education and reduction of dropouts from the educational system (in cooperation with PA where they exist)
- Financing through functional transfers from the national level...(as solutions ispossible to envisage that the municipality partially participates in the financing of Roma mediators' costs (10% -20%, which could, for example, depend on the municipality development)
- Advantages: In case of delegating work through the Law on Health Care, a stronger connection with the health care system would be maintained, in addition to the formal transfer of the function to the level of local self-government
- Disadvantages: The model requires modification of at least one law, which is always more challenging and harder

## 4. Roma mediators as a part of social protection system, engaged in the Centres for Social Work

- This model implies a complete transfer of competencies for the issue of health mediators, from the Ministry of Health to the Ministry of Labour, Employment, Veterans and Social Policy, establishing a legal basis for the employment of Roma mediators in the centres for social work due to the legal basis for the national level financing through the social protection system.
- This solution is possible only with significant legal changes, which implies serious organizational adjustments and delicate expert compliance to make the solution sustainable.
- Advantages: Ensuring a systemic and sustainable mechanism of financing and engaging mediators; Centres for Social Work would strengthen their advisory service in dealing with Roma families and generally Roma beneficiaries; Strengthening the social protection system through better field work and informing potential beneficiaries of social protection and support in exercising their rights.
- Disadvantages: The model most likely requires a serious and delicate amendment of the Law on Social Protection, as well as the amendment of bylaws, above all the Rulebook on the job organization, norms and standards of the Centre for Social Work and the Rulebook on social protection professional activities; the connection with the health care system is becoming weak

# Health mediation in EU countries - Examples of good practices - Bulgaria

- Health Mediator Introduced since 2007
- The health – mediation program become a national policy; state began to allocate an annual budget for health mediation
- Health mediator is not an administrator, but a field worker who works actively with the most marginalized and vulnerable community members
- The health – mediation program is an integration policy
- HMs have finished high school and should be certified by Medical University
- Clear Job description
- Established Ethical Code

# Health mediation in EU countries - Examples of good practices - Slovakia

- Since 2014 Slovak Ministry of health and PSHDR (Platform of Support of Disadvantaged Groups) created nationwide model for supporting health improvement among disadvantaged communities
- Slovak RHM's have secondary education
- RHM's are doing field work in health promotion and social work
- There is defined selection procedure for RHM's
- Clear Job description
- Strong reporting and evaluation system of work of RHM's

# Thank you

