

Position Paper

International Conference of “TOWARDS BETTER HEALTH OF ROMA”

24 – 25 January, 2012

Skopje, Republic of Macedonia

1. Rationale

This paper is prepared with aim to contribute to the above mentioned conference on Roma health issues. The position paper brings the experiences excerpted from the implementation of EU funded projects assisted from the *Making the Most of EU Funds for Roma*¹ (MtM) project generation facility (PGF) and current global policy frame at UN and EU level.

Recommended priority issues:

- *Providing access to quality healthcare, with particular attention to women and children;*
- *Providing access to Roma to preventive care and social services;*
- *Involving qualified Roma in healthcare programs (at least mediators);*
- *Strategic planning and using of national and EU funds;*

2. Background

About Making the Most of EU Funds for Roma

Making the Most of EU Funds for Roma (MtM) is OSF network program, working to connect Roma inclusion objectives with EU development trends while working within the conceptual and geographic frame of the Decade of Roma Inclusion. MtM is an instrument to tailor Government political commitments to the needs of Roma communities and foster an inclusive process of delivering local development. MtM tools for assisting local and national actors are:

- Project Generating Facility (PGF) is aimed at building capacity of stakeholders at the local level to articulate Roma concerns as a part of the local development agenda and access to EU funding in order to address these concerns.
- Trough project development assistance, training, and advocacy, PGF seeks solutions to problems such as weak funding procedure.

¹ <http://mtm.osi.hu>

- Through the Non-Eligible Costs/Supplementary funds interventions, OSF provides supplementary funding to cover costs which are central to achieving the goals of a project but are not covered from EU funds.
- The good practice and the problems identified in this process, feed into national advocacy action to promote favorable conditions for sustainable Roma inclusion action.

European and strategic frame

Governments of countries with large Roma populations voluntarily join the Decade as part of their commitment to improve the status of their Roma citizens. At present, 12 countries have joined the Decade. International agencies and NGOs, including the United Nations Development Program (UNDP), UNICEF, the World Health Organization (WHO), the Council of Europe, the World Bank, Open Society Foundations, the European Bank of Reconstruction and Development, and others also participate. All Decade member states and international organizations, including Roma civil society are actively involved in the current coordination and policy-learning process of the Decade.²

The EU Framework for National Roma Integration Strategies up to 2020 document is the strategic frame of the European Commission.³ Based on this declaration member countries of European Union prepared own national Roma strategies, which include health issue, as one of the priorities of Decade of Roma Inclusion.⁴ At the moment, these strategies are the most relevant national health policies related to Roma inclusion.

*The United Nations Millennium Development Goals*⁵ (MDGs) are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicators.

The MDGs are inter-dependent; all the MDG influence health, and health influences all the MDGs. For example, better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health.

² Open Society Foundations: Roma health mediators (report)

³ http://www.eu2011.hu/files/bveu/documents/An_EU_Framework_for_National_Roma_Integration_Strategies_up_to_2020.pdf

⁴ <http://romadecade.org/>

⁵ <http://www.un.org/millenniumgoals/>

MtM experience in field shows that the needs and problems of Roma health issues have less priority in the policy and local developments, and also there are very few health targeted available funds, especially for Roma or, disadvantaged people. Also Roma NGOs and experts in health are not identified and involved, so this does not help the planning, realization and evaluation of health programs.

3. Roma health conditions⁶

Roma have poorer health status and worse health service access. Although few countries have national level Roma health data, peer-reviewed articles report that Roma are disproportionately unvaccinated; have poorer than average nutrition; and experience higher rates of low-weight births, perinatal mortality, and tuberculosis. Lack of access to health care exacerbates poor health status. Roma may not have adequate access to care because they lack identity cards or other documents required to obtain health insurance, do not have sufficient funds to pay for transport to health facilities or other healthcare related costs, or, because they have experienced or heard about discrimination in health care settings. In fact, 20% of Roma responding to a European Union Fundamental Rights Agency survey reported that they had experienced discrimination in health services in the past year.

Roma are disproportionately poor, and they are the most poorest among the poor groups. For example, when multiple levels of poverty were established among groups surveyed in Bulgaria, Hungary and Romania, Roma were overrepresented in the poorest groups. However, poverty alone does not account entirely for the worse health indicators among excluded Roma. The fact of being Roma makes one at greater risk for ill health and access to health service.

The few studies that have been conducted among the Roma confirm this finding. One study found that, among children between 0 and 2 years, the incidence of influenza, ear infections, intestinal infections, and viral diseases was significantly higher among the Roma than among the ethnic majority population of a comparable socioeconomic status. In brief, poor Roma children experienced worse health than non-Roma poor groups. Similarly, another study concluded that, considering average income, educational attainment, unemployment, and percentage of the population living in excluded Roma settlements, the percentage of the population living in excluded Roma settlements was the most important factor in shaping regional mortality rates of children under the age of one. This means that regional variation in child death rates was best explained by the percentage of the population living in Roma settlements, rather than other measures of socio-economic status.

Finally, a recent data analysis in Serbia found that Roma children were significantly more likely to experience an acute respiratory infection than either the general population or the poorest quintile of the general population, not including the Roma. Again, this means that Roma in particular—not just the poor—are at risk.

⁶ Open Society Foundations: Roma health mediators (report)

A survey conducted by the Slovak government on excluded Roma communities illustrates the deprivation that can characterize ghettoized settlements. The government surveyed all excluded Roma communities (not all Roma live in such communities, just the most disadvantaged).

Eighty one percent lack sewage systems, 37% lack water supply, and almost 1/3 of the houses are illegal, meaning that the households concerned were ineligible for state assistance to improve their habitation. Also, many of these settlements are on unpaved roads and are not served by public transport, making access to medical and social services difficult.

The relevance of Roma ethnicity in shaping health status illustrates the need for health programs focused specifically on Roma. While it is very important to ensure that health services are affordable for the poor, this is not enough to close the health gap between the Roma and the overall population. Targeted programs, such as Roma Health Mediation, are required.

4. Reflections and suggestions

Related to health issue

- *In the health sector access to emergency care is vital, but also to regular health care, including preventive care and vaccinations. Refusals by doctors or hospitals to treat Roma patients need to be effectively prevented through anti-discrimination legislation and measures taken to address discriminatory attitudes amongst health care and social service employees. Effective access for Roma to legal aid is another key measure which member states should adopt in this context.*
- *Doctor and nurse rectification in the most disadvantaged micro-regions is a mayor and also mainstream issue, which can be finance using EU funds.*
- *Improve and using the model of Roma Health Mediators.*⁷

MtM experiences in using national and EU funds for Roma health developments

During the period of 2009-2011 the MtM PGF partners have been successfully assisting local stakeholders in applying EU Structural Funds thus been awarded EUR 19.918.297; 304 projects have been applied to EU Structural Funds out of which 144 projects awarded funds. These are concrete results from the projects implemented and financed from EU funds:

⁷ http://www.soros.org/initiatives/health/focus/roma/articles_publications/publications/roma-health-mediators-20111026/roma-health-mediators-20111022.pdf

- 4 local social inclusion strategies were developed (Bulgaria);
- 8 early childhood development strategies were developed (Bulgaria);
- 30 comprehensive Roma inclusion strategies were developed, of which 24 approved by national authorities (Slovakia);
- 8 regional strategies were developed and submitted for approval to Regional authorities (Czech Republic);
- 8 local social inclusion strategies were developed/amended and adopted by local authorities (Romania).
- 13 health projects were generated and financially supported from EU funds with amount EUR 312.211 in Decade countries.

These are most important MtM suggestions based on experience working with policy and local stakeholders, which should be used as common standards for planning health policy and activities:

- In spite of some positive results and potentially significant impacts on health, it is difficult to obtain precise information on the concrete impact of projects under implementation due to data related to health programs. In many cases we identify delays in the implementation or evaluation of projects, which implies that their impact cannot be assessed yet in a reliable way.
- The analysis of MtM target countries illustrated the scarce knowledge that many local and regional administrations have regarding Roma needs, which hinders adequate project design.
- Scarce information is likely to result in a dispersion of activities (and funding) and ineffective project implementation. Such bottlenecks constitute one of the fundamental issues affecting negatively the use of Structural Funds and Regional Development Funds for Roma inclusion, which clearly constitutes one of the areas for improvement in the future.
- In some countries this situation may be compounded by the fact that Roma are not recognized as a specific group but rather are included in the `vulnerable or excluded groups` category.
- Furthermore, in some cases local and regional authorities may encounter certain constraints when trying to have access to Structural Funds and Regional Development Funds related to complex administrative procedures, co-finance requirements, etc. In some other cases it may be due to lack of political interest from local and regional authorities.
- Political will cannot be translated into effective policies without the existence of broader national mechanism/regulation that would imply obligations to implementing agencies to demonstrate the real impact of Structural Funds and

Regional Development Funds within localities. This is not possible if no reliable data is available on the investments made and the impact on beneficiaries.

Roma units and coordination mechanisms are participating in the management of the Structural Funds; European Regional Development Funds varies between countries. The main roles observed include:

- Participation in occasional consultations;
- participation in the monitoring and evaluation committees of the relevant operational programs
- In most cases, a certain degree of dialogue and contact between Managing Authorities, relevant line ministries and consultative bodies occur at various levels.
- Whenever a relation exists within ESF implementation mechanisms (e.g. intermediary bodies, co-founders), the relationship is likely to be more structured; whereas in other cases more administrative dispersion is manifest
- Many projects are implemented in parallel without the existence of a coherent planning process and coordination between Roma, policies and Structural Funds programs.
- In the majority of cases, there nevertheless appears to be limited vertical cooperation on Roma issues between the central government (including ESF Managing Authorities) and regional and local authorities responsible for the implementation of actions for Roma inclusion.
- It can be emphasized that existing inter-ministerial coordination structures, which often include Roma representatives, provide an opportunity for Roma to be involved in high-level policymaking. However, the participation of Roma in the planning, implementation, monitoring and evaluation processes has been stimulated yet remains insufficient.
- Social inclusion planning with Roma in policy at local level: Health strategy, development programs and laws should eliminate poverty on local basis, considering the individual's and family's social status, so that every individual is its beneficiary (irrespective of ethnical belonging).
- Building coherence and coordination among Roma integration strategic goals and mainstream health policies
- Ensuring institutional policy and comprehensive services through organizational capacity and financing resource development
- Changing the allocation of resources in direct Roma integration development programs

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