



**OPEN SOCIETY  
FOUNDATIONS**



DECADE OF  
ROMA  
INCLUSION  
2005-2015

## **ROMA HEALTH PROJECT**

# **ROMA HEALTH MEDIATORS *SUCSESSES AND CHALLENGES***

***Skopje, January 24, 2012***

# ROMA HEALTH MEDIATORS OVERVIEW

- ❖ The Roma Health Mediator works as a bridge between the community, physicians and the local health authorities to improve access to health care for Roma
- ❖ The positive aspects of the program are that it is a grass roots initiative initiated by a Roma NGO and taken up by the public authorities. It has created a new profession – particularly for Roma women – within the labor market and has the dual function of improving individual health status and enhancing integration of the Roma.

## **ROMA HEALTH MEDIATORS *SUCCESSSES AND CHALLENGES***

❖ RHP conducted a review of RHM programs in 6 countries:

Bulgaria

Romania

Macedonia

Slovakia

Serbia

Ukraine

❖ The program review consisted of a:

- policy and program analysis,
- in-depth interviews with key stakeholders, RHMs and
- focus groups with Roma Health Mediators.



## ROMA HEALTH MEDIATORS



- **RHMs provide basic health education in the community;**
- **facilltate Roma access to documentation, health insurance and health care and social services;**
- **Assist Ministries of Health in optimizing the implementation of specific projects /prevention programs amongst Roma**
- **Provide linguistic translation during or after the medical consultation**

## ROMA HEALTH MEDIATORS IMPACT ON SERVICE UTILIZATION



- RHM's meaningfully improve appropriate utilization of health care in areas where RHM's are present.
- RHM's help clients to access other services through 3 routes:
  - 1) through increasing access to documentation,
  - 2) through referral to other public services,
  - 3) through informal mechanisms, such as ensuring that Roma benefit from humanitarian aid distributions.



## **ROMA HEALTH MEDIATORS SOCIAL CHANGES**



**RHMs can effect social change in the excluded communities in which they work. Having trained, employed Roma in settlements with persistent unemployment can improve morale and trust in the government.**



## **ROMA HEALTH MEDIATORS AND HEALTH CARE WORKERS**

Where health provider buy-in is strongest, RHMs improve the quality of doctor patient interactions. Health care workers who interact with RHMs may change their knowledge and opinions about the Roma community.



## ROMA HEALTH MEDIATORS FINDINGS



**In many countries, RHM coverage  
is insufficient to meet the vast  
need for services.**



## NUMBER OF RHMS IN EACH COUNTRY

Country	Roma population*	Number of RHMs	Ratio
Bulgaria	750,000	105 (budget for 130 for 2012)	1.35 RHMs per 10,000 Roma (1.73 per 10,000 in 2012)
Macedonia	197,750	16 (planned for 2011) 2 currently working	currently 0.1 RHM per 10,000 Roma (0.81 per 10,000 planned for 2011 and 1.62 per 10,000 planned for 2012)
Romania	1,850,000	380	2.05 RHMs per 10,000 Roma
Serbia	600,000	75	1.25 RHMs per 10,000 Roma
Slovakia	500,000	30	0.60 RHM per 10,000 Roma
Ukraine	260,000	14	0.54 RHM per 10,000 Roma

## **ROMA HEALTH MEDIATORS CHALLENGES**



**RHM program effectiveness is  
compromised by lack of  
adequate supervision and  
programmatic/logistical  
support.**

## ROMA HEALTH MEDIATORS CHALLENGES



**Many RHM programs are plagued by financial insecurity, meaning that programs and salaries are suspended as often as yearly. Long-standing RHM programs are better able to effect change, such as improved governmental and provider knowledge about Roma health, and improved health knowledge among the Roma.**



## ROMA HEALTH MEDIATORS CHALLENGES



RHM salaries are so low as to  
communicate lack of respect for  
the position.

## ROMA HEALTH MEDIATORS CHALLENGES



**Governments often fail to involve  
RHMs in Roma health strategy  
development and implementation**



## ROMA HEALTH MEDIATORS CHALLENGES



RHMs are unable to address many of the most important social determinants of health, such as complicated regulations for obtaining citizenship and health insurance, income poverty, and pervasive discrimination.



## **RHM LESSONS**



- RHM program should be part of a comprehensive strategy with both targeted and population level programs to foster social and health inclusion.
- RHM expertise should be leveraged to enhance governmental action on health disparities.
- Short-term interventions are much less cost-effective than sustained programs, and they risk further eroding Roma trust in the government's commitment to facilitate Roma inclusion.



## RHM AND VACCINATION

RHMs can (and do) help with vaccination, but there are not nearly enough mediators for this task, and, governments should still implement programs to promote access to primary health care and make sure that vaccination services are accessible.



## RECOMMENDATION

---

*The governments should not see the RHM program as a Roma program for Roma, but a significant part of their strategies on health, as a part of their larger plans to contribute to increasing the quality of health for all citizens.*





**THANK YOU FOR YOUR  
ATTENTION!**

**Alina Covaci**

**RHP Program Officer**

**E-mail: [acovaci@osieurope.org](mailto:acovaci@osieurope.org)**

**[http://www.soros.org/initiatives/  
health/focus/roma](http://www.soros.org/initiatives/health/focus/roma)**