

# Access to Health Services Among Vulnerable Roma Communities

## Evidence from a Regional Survey

International Conference: “Towards Better Health of Roma”

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The World Bank

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Why mediation? Strengths and challenges, and other programs

# Roma Regional Survey 2011

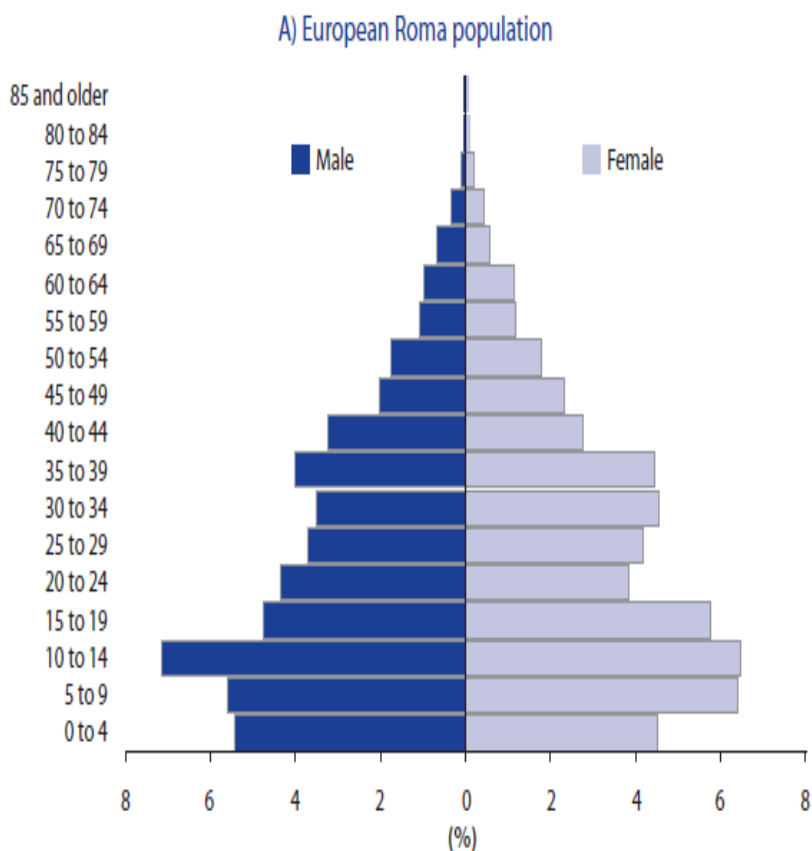
- Roma from Roma settlements – compared to non-Roma living nearby (not representative of country populations)
- Samples drawn from all communities with above average number of Roma (2004 mapping)
- Questionnaires to head of households and individuals on socioeconomic status, health, etc.

# 1. Health Status of the Roma

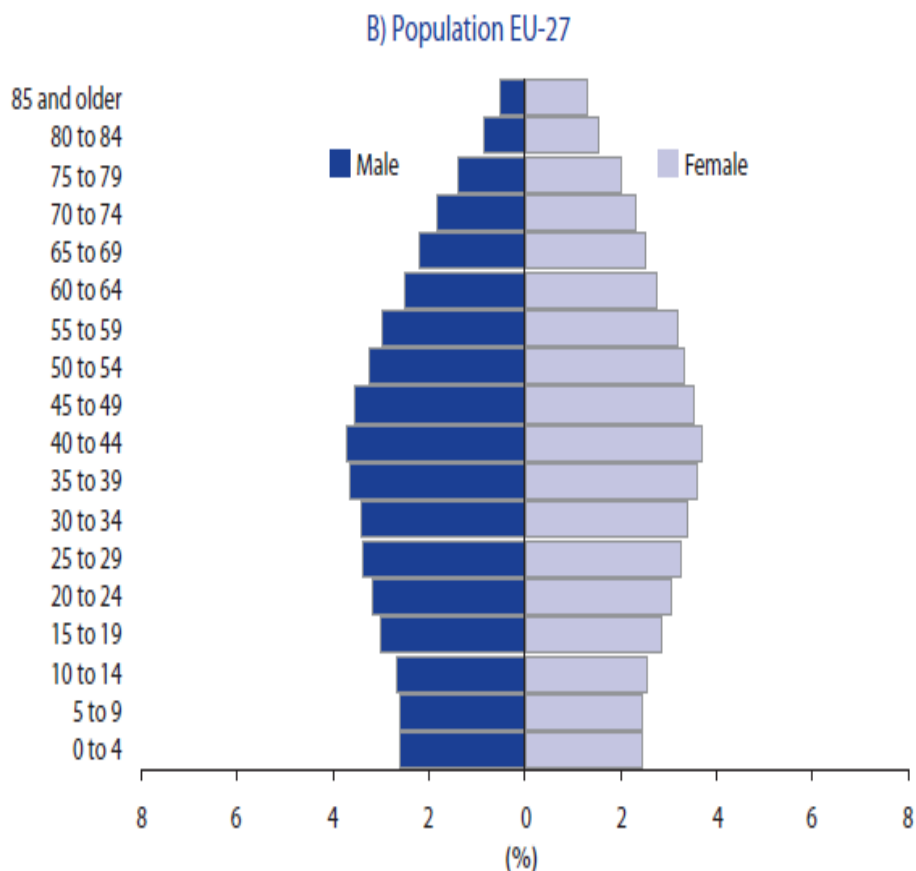
Demographics, health outcomes, and burden of disease

# Age Structure of the Roma Population

**The Roma population is young and growing rapidly**



Source: EDIS S.A. based on the European Survey on Health and the Roma Community, 2009.



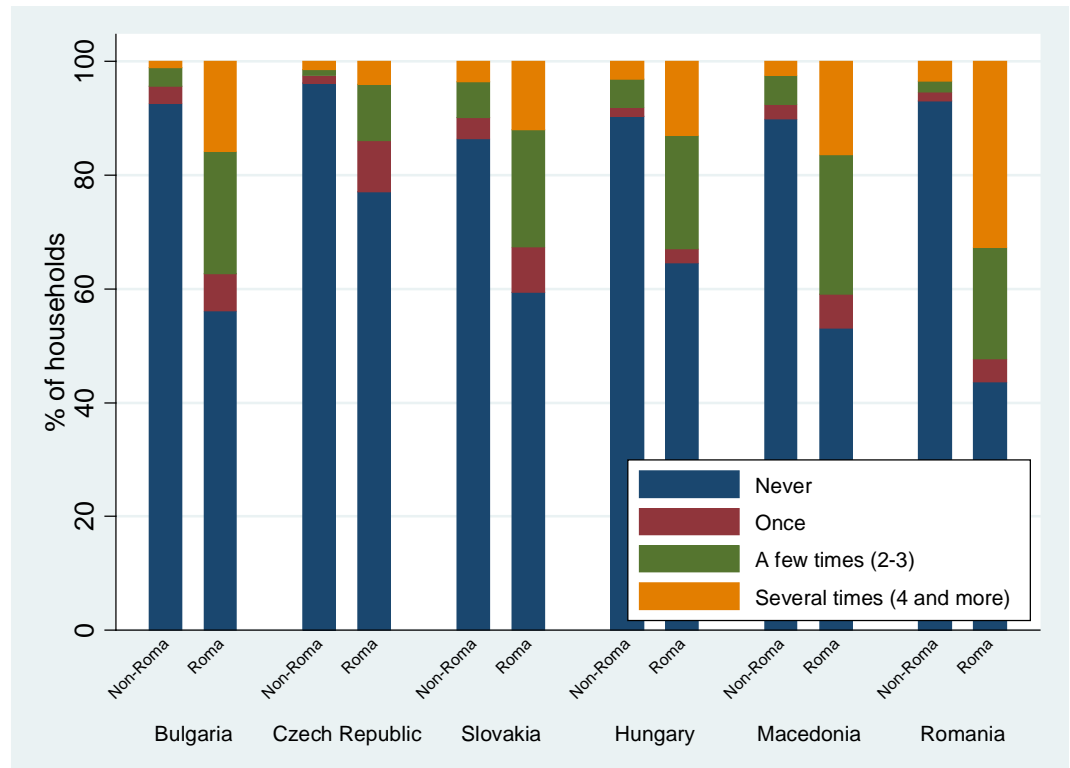
Source: EDIS S.A. based on Eurostat data of 1 January 2008.

# Health Outcomes

- Roma life expectancy is 10-15 years less than the general population
- Roma-IMR (35/1,000) twice as high as non-Roma IMR (16/1,000)
- Roma-LBW incidence 5 times higher and 20% of children are stunted
- No data on MMR, but high level of high risk teenage pregnancy

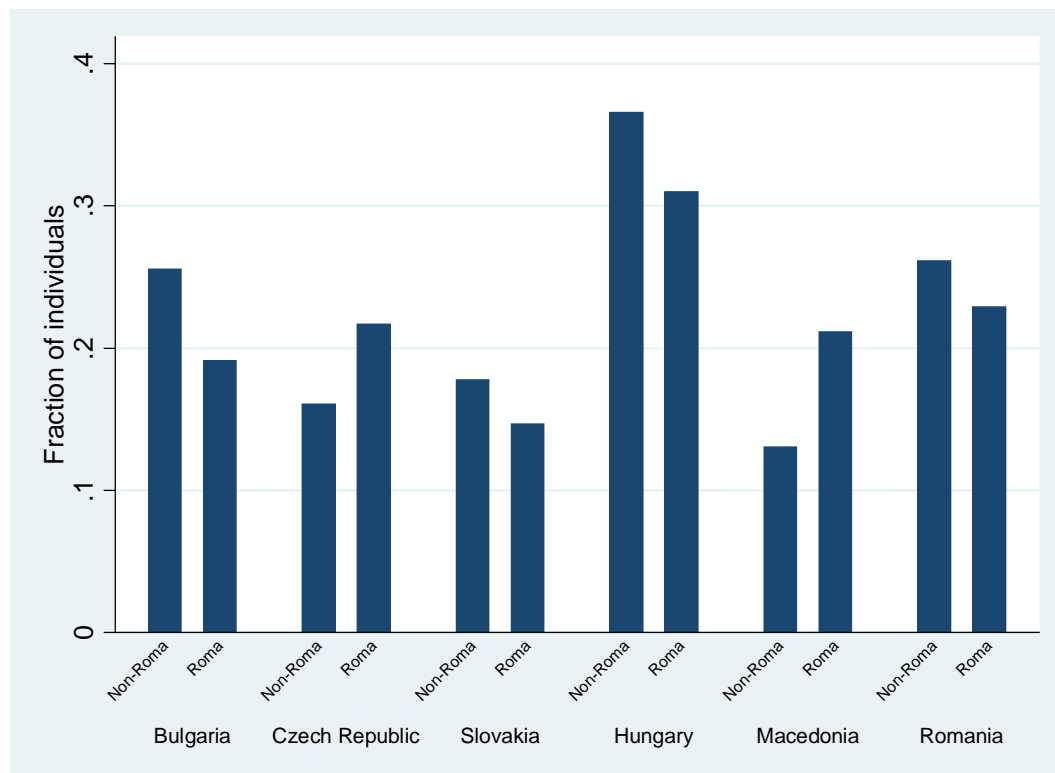
# Prevalence of Hunger

- Low socioeconomic status and poor health go hand in hand with a high prevalence of hunger
- Significant differences between Roma and their non-Roma neighbors



# Chronic Disease (1)

- Prevalence of long-standing disease is significant
- Important to contrast this against infectious disease prevalence – no comparable data available

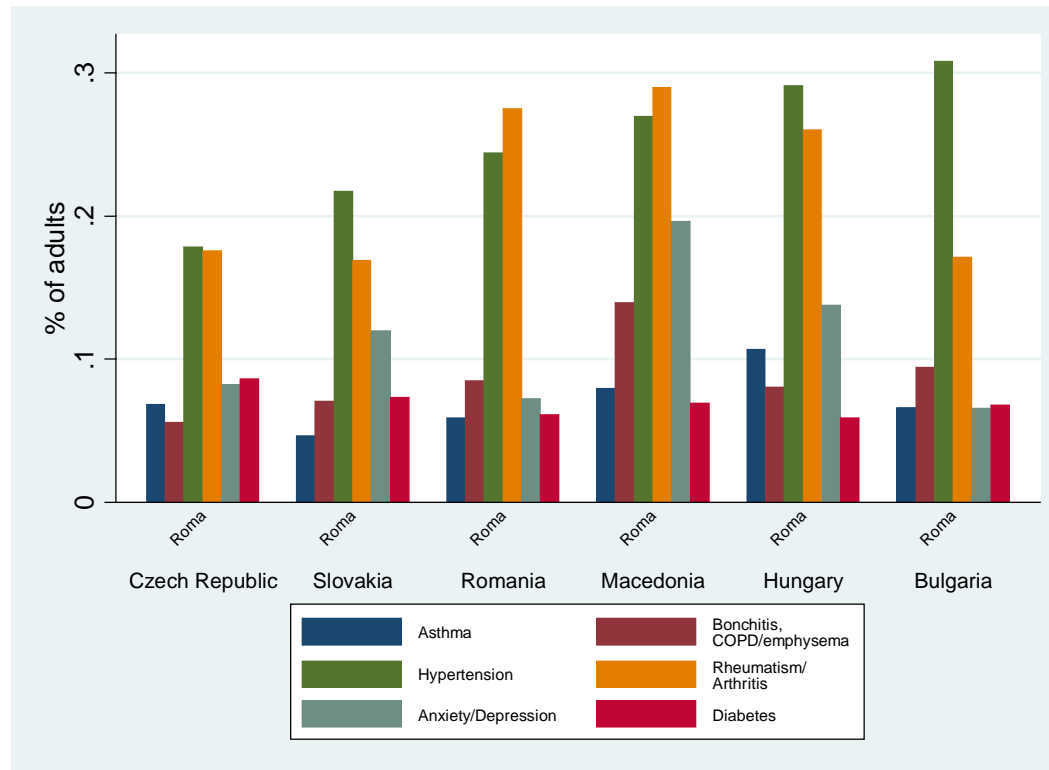


Note: Roma and non-Roma estimates here should not be compared with each other since they need to be age-adjusted



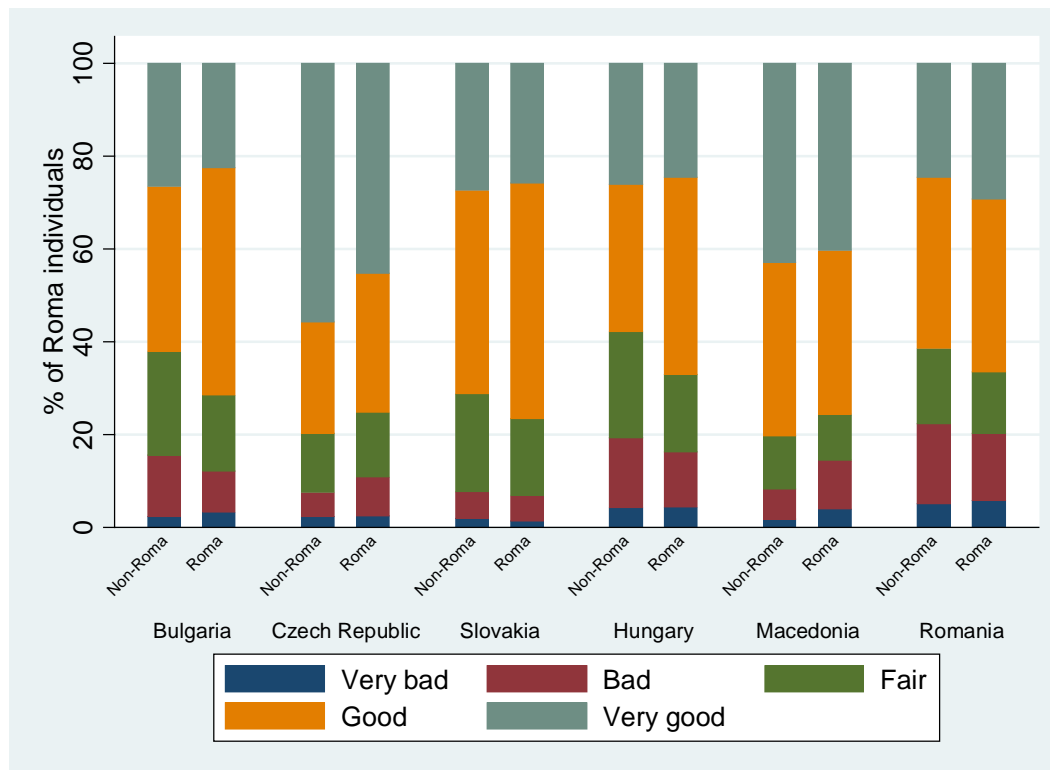
# Chronic Disease (2)

Hypertension and rheumatism/arthritis are the most commonly reported chronic ailments among the Roma



# General Health Status

In spite of poor health outcomes, most Roma assess their health as good or very good

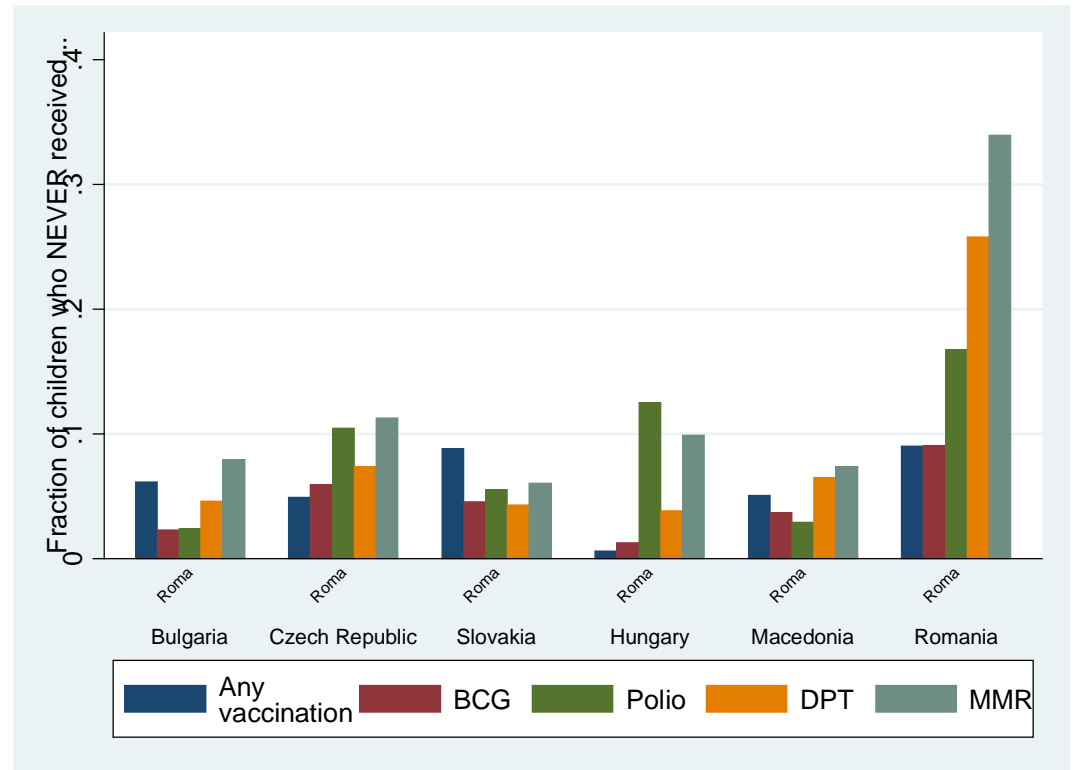


## 2. Public Health

Vaccination coverage, infrastructure, clean water and sanitation

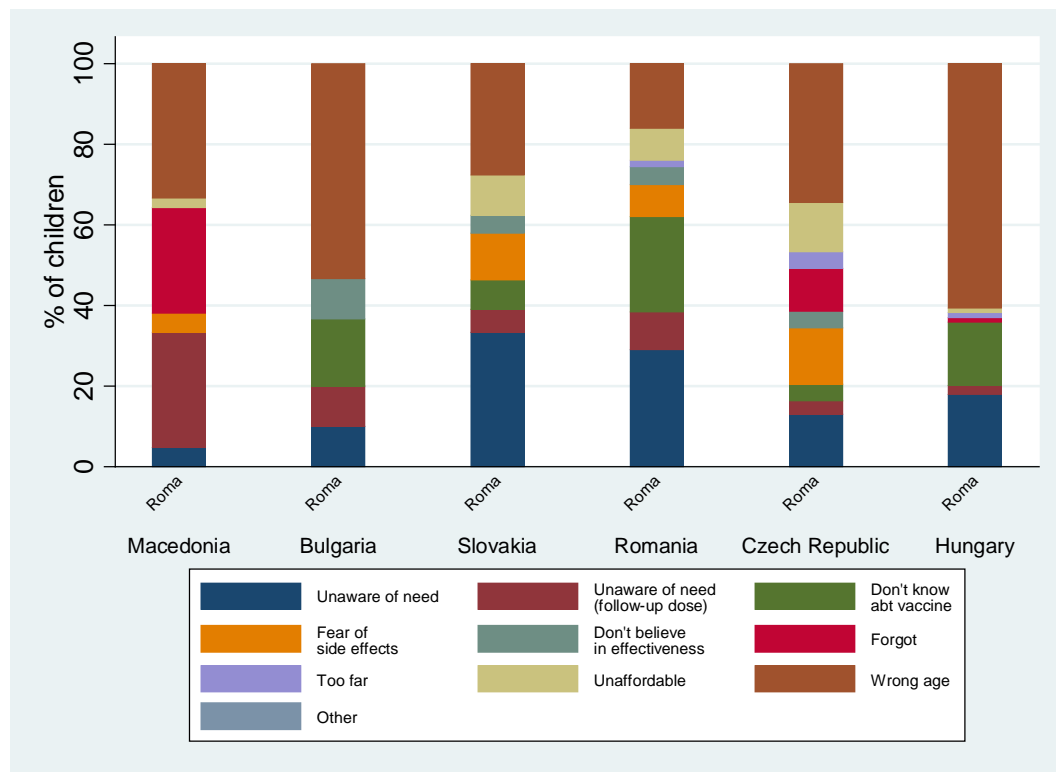
# Vaccination Coverage (1)

- A significant fraction of Roma children has never received ANY vaccination
- MMR coverage appears to be the poorest, and coverage levels of other vaccinations vary by country

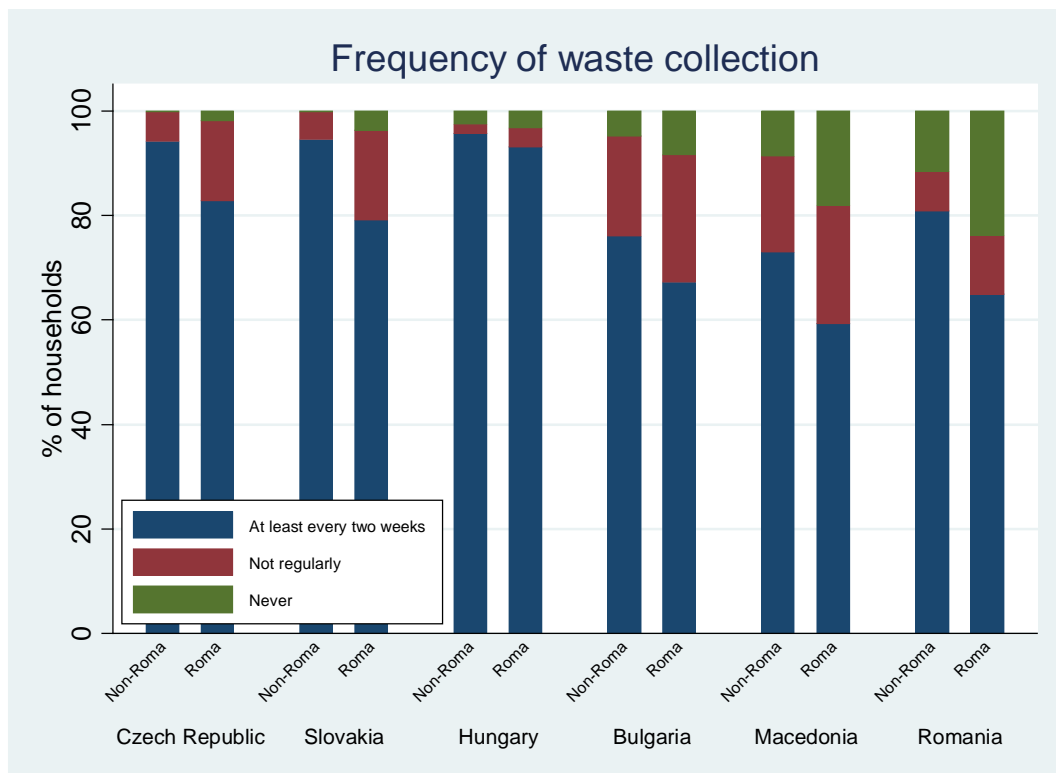


# Vaccination Coverage (2)

- Dominant reasons for not having received a particular vaccination
  - Age of child
  - Lack of knowledge
- Reasons look very different from those stated by non-Roma



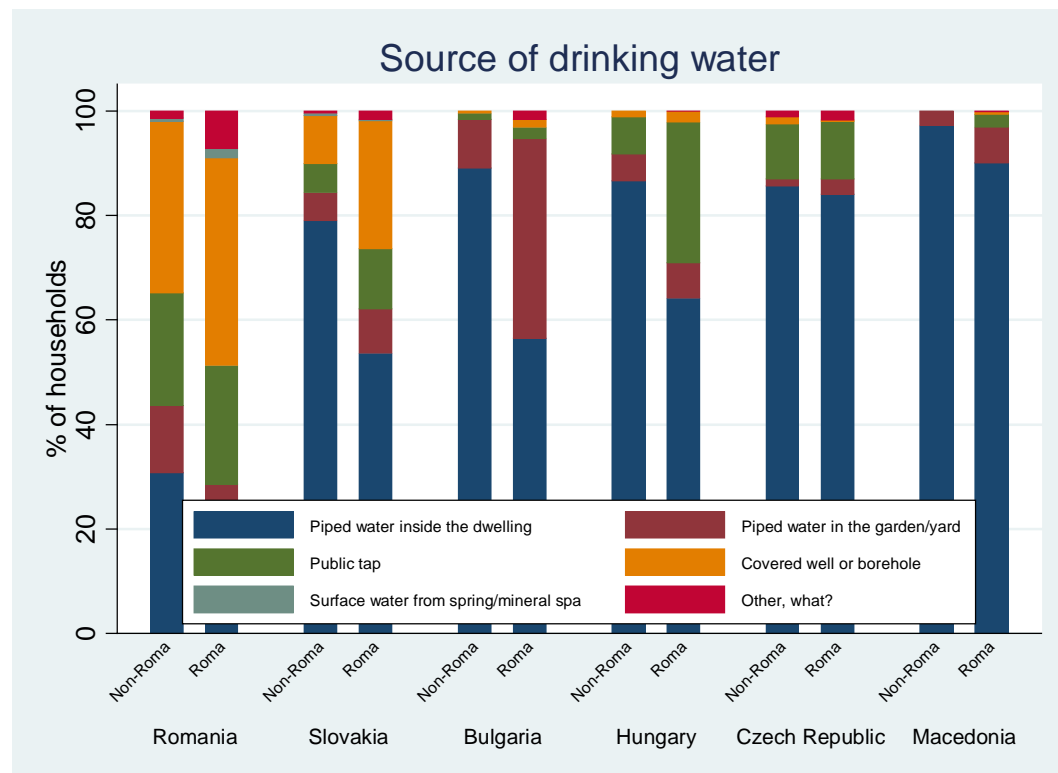
# Waste Collection



- The vast majority of Roma communities have regular waste collection in their neighborhood, but there is room for improvement
- Explanation of Roma/non-Roma differences?

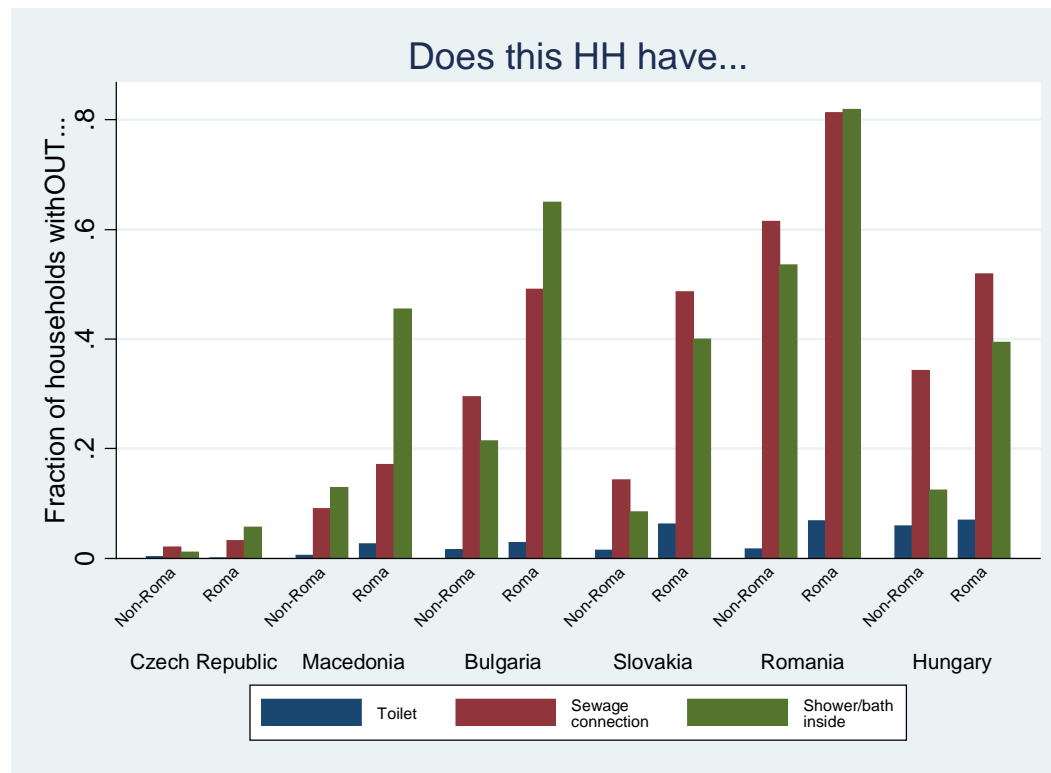
# Access to Clean Water

- Many Roma households do not have access to piped water inside their residence
- The situation for non-Roma households is on average better
- Evidence of deterioration of water quality with increasing distance from point of access



# Sanitation Within the Household

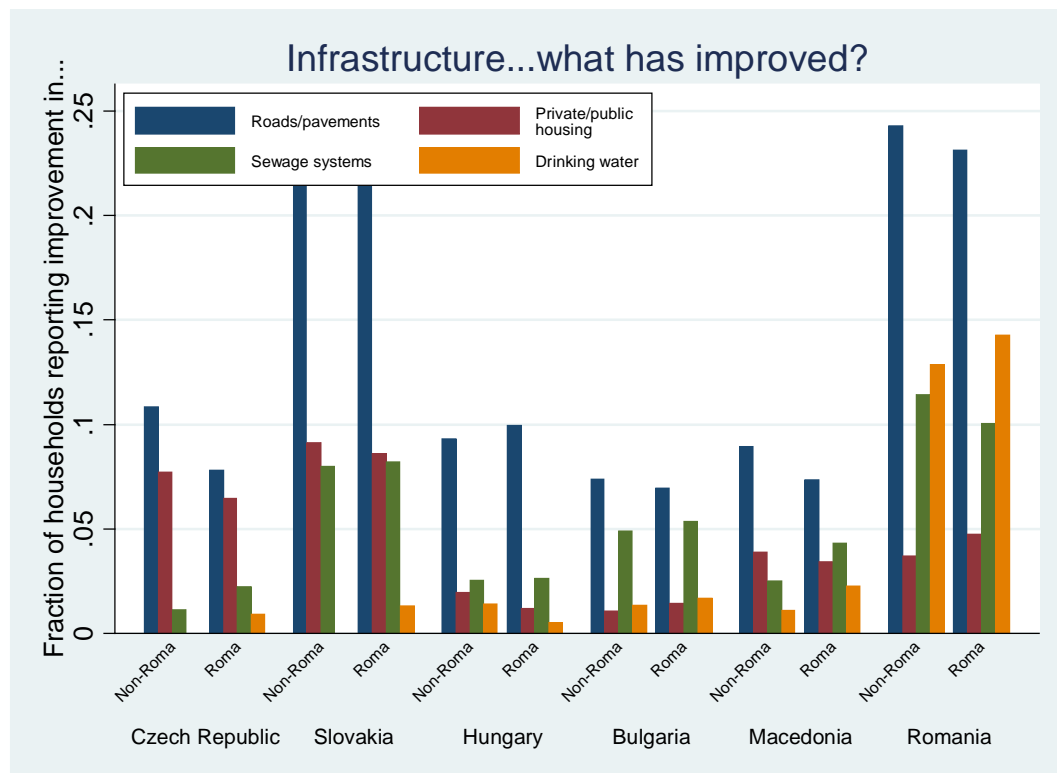
- Most Roma households do not have access to waste collection and must exit the dwelling to take a bath or shower
- Non-Roma neighbors fare better on average





# Recent Improvements in Infrastructure?

In stark contrast to building of roads and pavements, direly needed improvements in infrastructure necessary for public health have not occurred

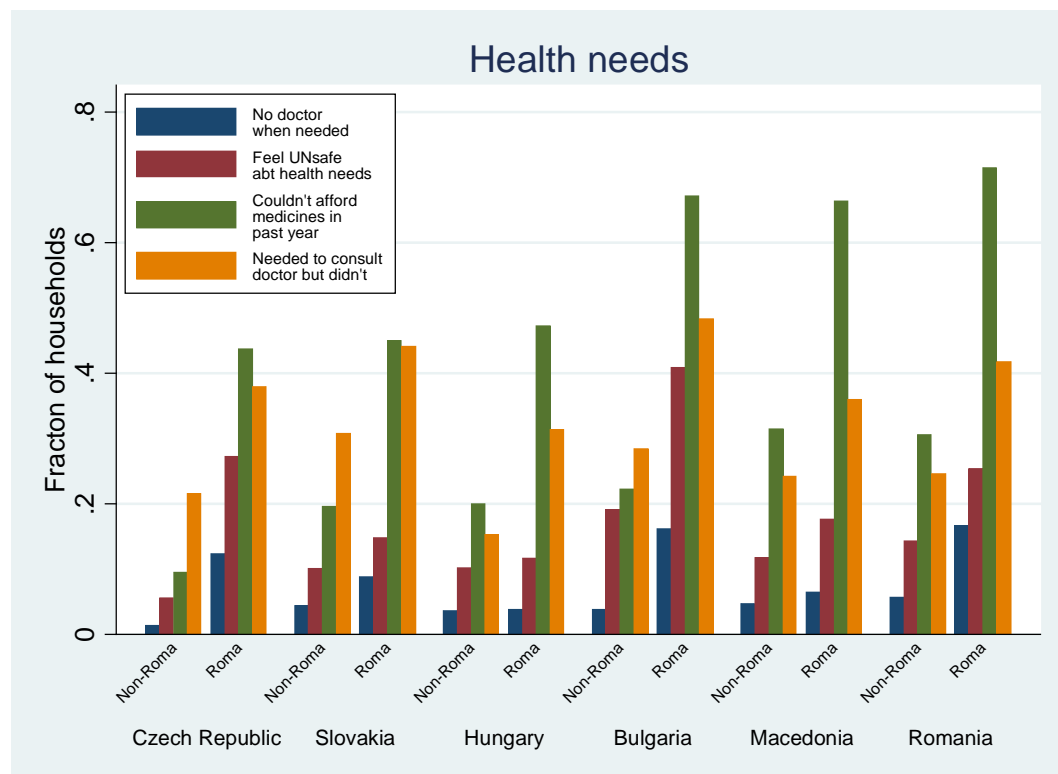


# 3. Health Care Services: Demand & Supply

Utilization of in/outpatient services, examinations and diagnostic tests, and availability of services

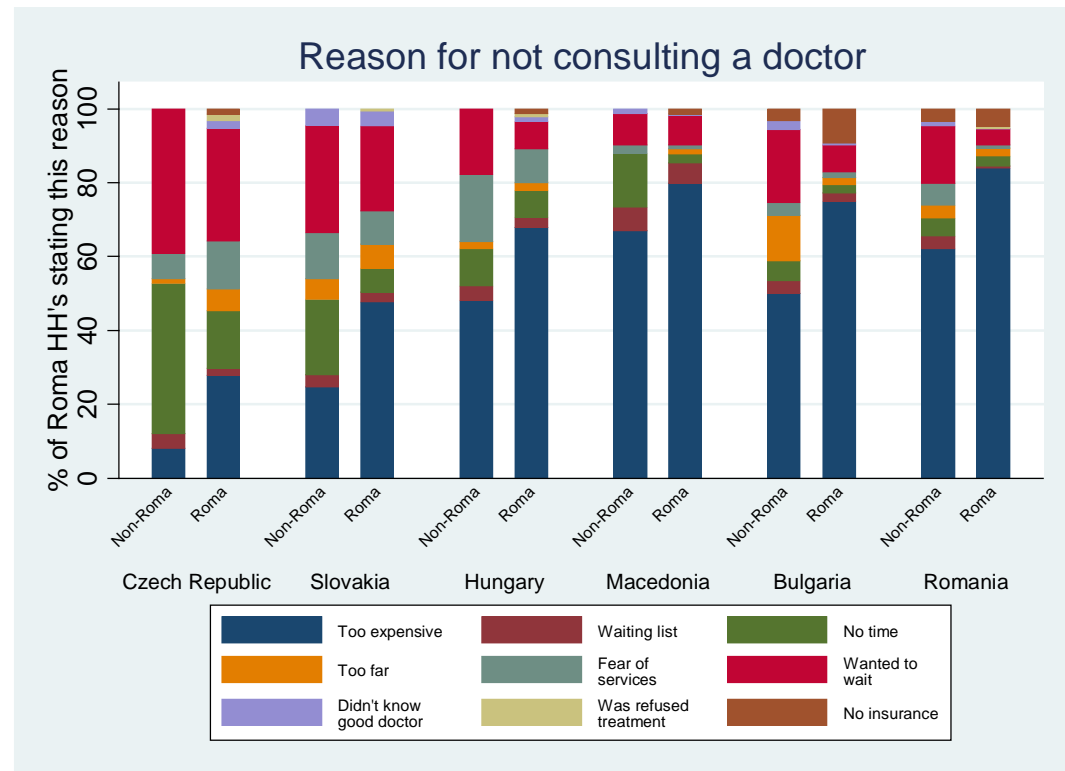
# Health Needs (1)

- Roma households feel much less secure on average about protection of their health than their non-Roma neighbors
- In every country, most Roma households are unable to afford medicines, and about 40% do not consult a doctor when they need to



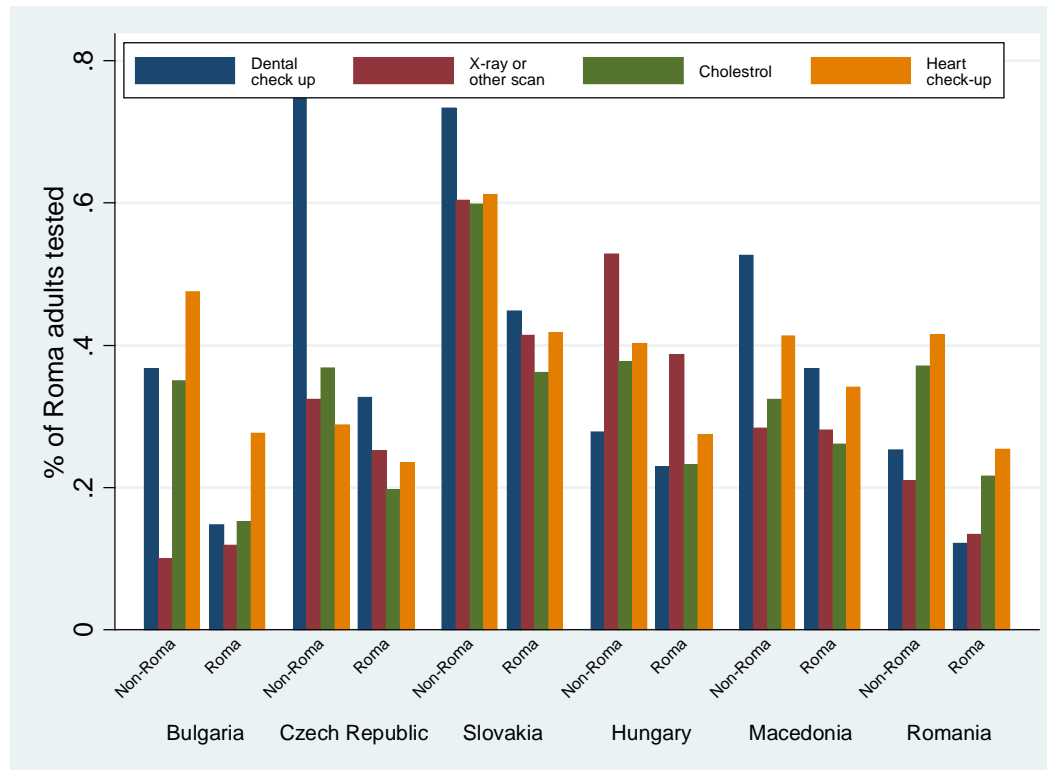
# Health Needs (2)

- Among the Roma, the high (financial) cost of consultations was the dominant deterrent to seeking care from a doctor, followed by a desire “to wait” it out (the two reasons may be related)
- Indirect costs appear to be more significant deterrents for the non-Roma



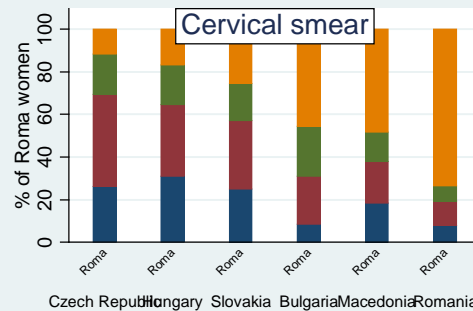
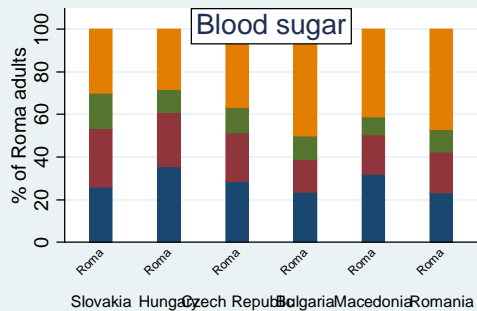
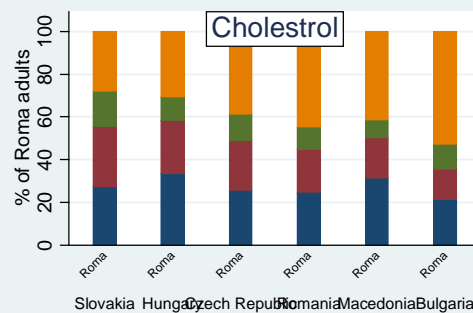
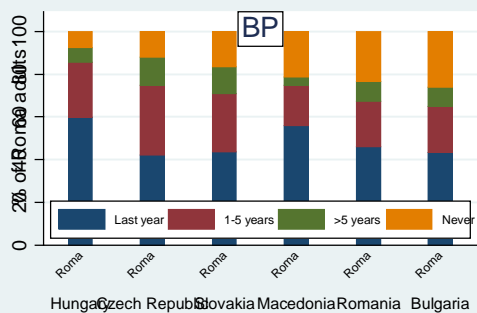
# Use of Services (1)

Most Roma do not undergo routine, essential medical exams



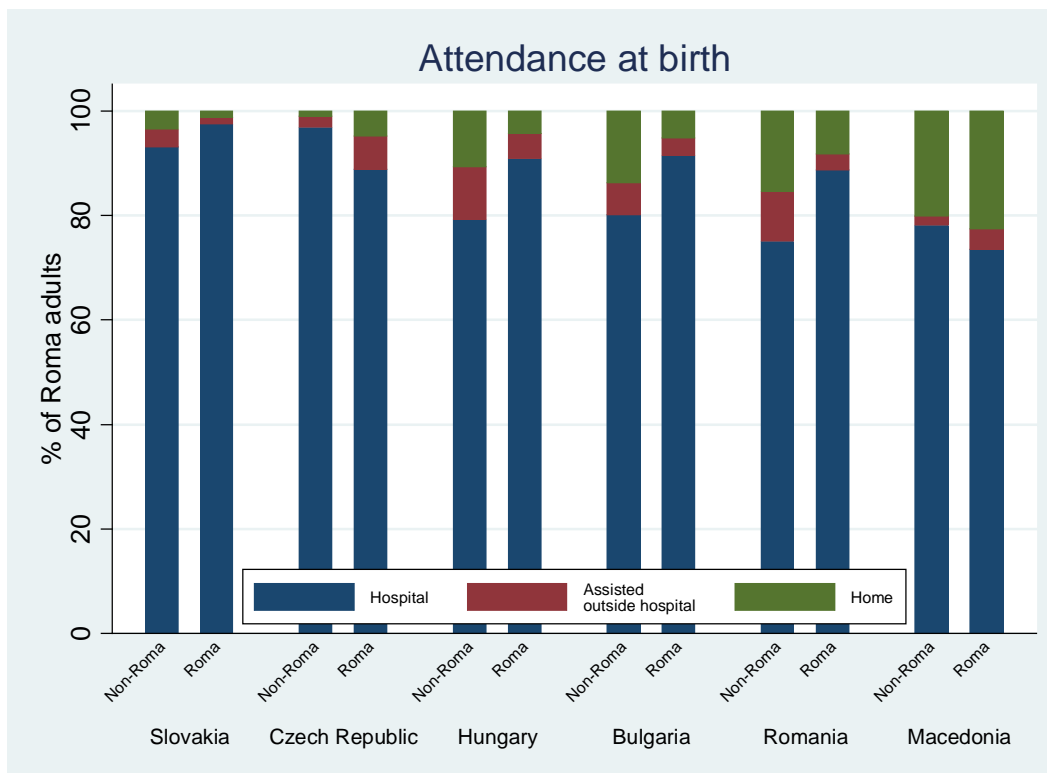
# Use of Services (2)

## Examinations by health professional



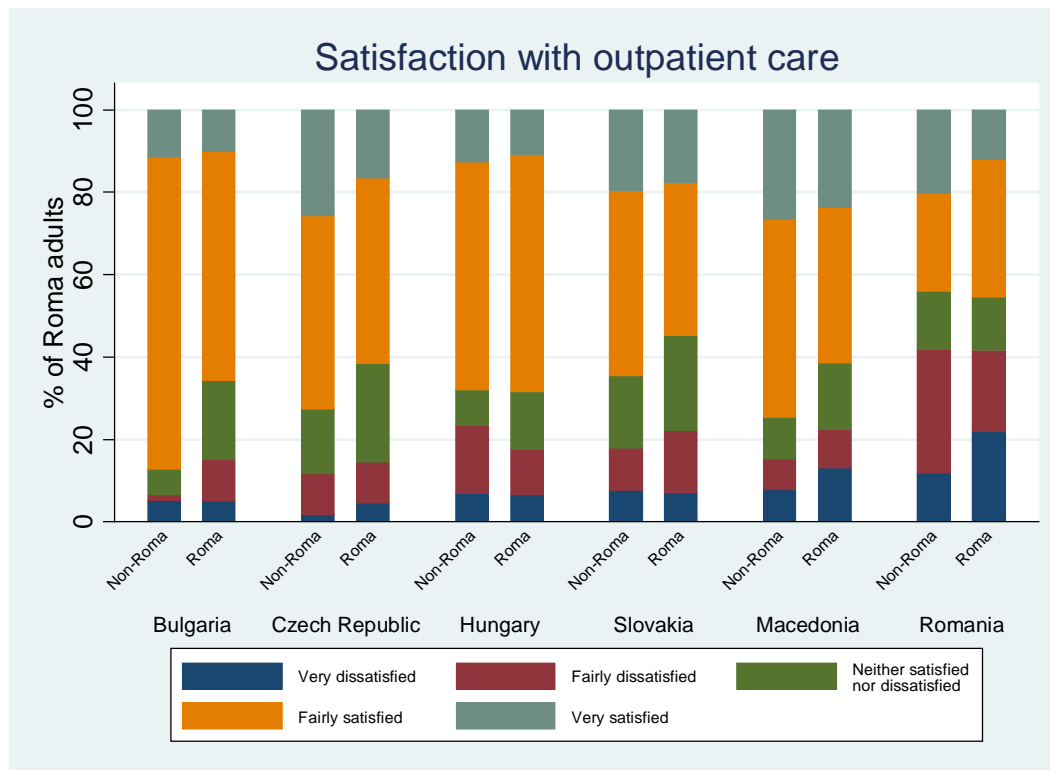
# Use of Services (3)

While most Roma women deliver in hospitals, a significant minority in some countries does not



# Satisfaction with Services Accessed

Many Roma are dissatisfied with the health services they do access

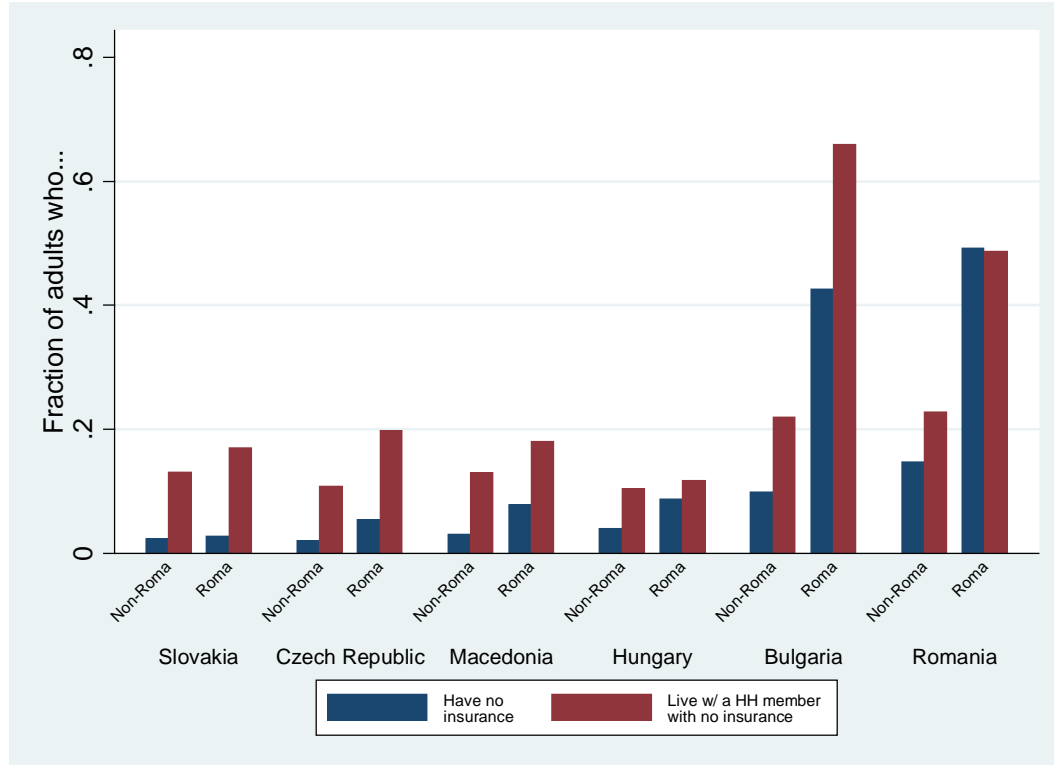




# 4. Financial Protection

Affordability of services and insurance

# Insurance Coverage



# Household Expenditures on Health

<b>Country</b>	<b>Health Expenditure (monthly)</b>		<b>Expenditure as fraction of income</b>	
	Roma	Non-Roma	Roma	Non-Roma
<b>Bulgaria</b>	12.2	16	0.103	0.075
<b>Czech Republic</b>	13.3	18.1	0.017	0.02
<b>Slovakia</b>	20.6	22.3	0.043	0.033
<b>Hungary</b>	20.5	27	0.082	0.067
<b>Macedonia</b>	15.4	14.9	0.153	0.107
<b>Romania</b>	14.2	25.4	0.107	0.111

Note: All expenditures expressed in Euros.

# 5. Looking Ahead...

Mediation and other programs

# Fixing the Problem

- **Racial inequity in health**
  - Roma suffer more ill-health than non-Roma
  - This could be explained by failures of the health system, behavior, poverty and living conditions
  - Stigma and discrimination exacerbate the situation
  - Lack of access to needed services due to combination of information and financial constraints
- **Possible solutions**
  - Improve coverage of existing social assistance packages to improve the socioeconomic status of the Roma
  - Overcome information constraints through mediation programs
  - Identify successful pilot interventions which can be scaled up
  - Growing political willingness (National Roma strategies) will help
- **Data collection efforts are inadequate**
  - Health indicators: infectious disease prevalence
  - Evaluation of programs and interventions to improve targeting and monitoring results

# Roma Health Mediators (RHM)

- Frequently used in the region
- Shown to be modestly successful
  - Increased vaccination rates
  - Increased knowledge about health services, rights and HI among Roma
  - Improved attitude of providers towards Roma
  - But also, RHM are role models for other Roma, career development to nurse and social worker, important community resources – beyond health
  - Potentially a big source of women's employment
  - *High rate of return ?*

# Challenges to RHM Programs

- Low salaries and uncertainty about contract term
- The RHM program mitigates the effect of existing barriers but does not remove them
- Are services spread too thinly?
- Structural challenges:
  - HR numbers, job and salary security
  - Supervision - quality
  - Professional development opportunities
  - Coordination within the health system
  - Heavy reliance of physicians rely on RHM

# Policy Questions - Implementation Challenges

- What are the priorities for Roma themselves?
- How to increase utilization of preventive and promotive health services by Roma?
- How to integrate Roma effectively into the Health System for longer term and more comprehensive actions? (financing, structure, behavior and expectations mis-match)
- What is the future for the RHM programs, what is the cost benefit analysis? sustained financing and what is the room for improvements?
- Quality of health services, what more can be done on the provider side?
- Better data gathering and analysis and accountability for action
- Gender: how to ensure women's voices are heard and their issues better addressed