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.
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;
• facilitate 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

- RHMs meaningfully improve appropriate utilization of health care in areas where RHMs are present.
- RHMs 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.
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.
In many countries, RHM coverage is insufficient to meet the vast need for services.
<table>
<thead>
<tr>
<th>Country</th>
<th>Roma population*</th>
<th>Number of RHMs</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>750,000</td>
<td>105 (budget for 130 for 2012)</td>
<td>1.35 RHMs per 10,000 Roma (1.73 per 10,000 in 2012)</td>
</tr>
<tr>
<td>Macedonia</td>
<td>197,750</td>
<td>16 (planned for 2011) 2 currently working</td>
<td>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)</td>
</tr>
<tr>
<td>Romania</td>
<td>1,850,000</td>
<td>380</td>
<td>2.05 RHMs per 10,000 Roma</td>
</tr>
<tr>
<td>Serbia</td>
<td>600,000</td>
<td>75</td>
<td>1.25 RHMs per 10,000 Roma</td>
</tr>
<tr>
<td>Slovakia</td>
<td>500,000</td>
<td>30</td>
<td>0.60 RHM per 10,000 Roma</td>
</tr>
<tr>
<td>Ukraine</td>
<td>260,000</td>
<td>14</td>
<td>0.54 RHM per 10,000 Roma</td>
</tr>
</tbody>
</table>
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.
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.
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
http://www.soros.org/initiatives/
  health/focus/roma