Access to Health Services Among Vulnerable Roma Communities

Evidence from a Regional Survey

International Conference: “Towards Better Health of Roma”
Skopje, 24th-25th Jan 2012
Rabia Ali, Claudia Rokx, and Ethan Yeh
The World Bank
Contents

• Health status of the Roma
  Demographics, health outcomes, disease burden
• Public health provision
  Vaccination, infrastructure, water and sanitation
• Health care services
  Some measures to describe demand and supply
• Financial protection
  Health expenditures and insurance
• Looking ahead
  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.
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.

![Graph showing vaccination coverage by country and type.](image-url)
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

[Bar chart showing the percentage of Roma and non-Roma adults tested in various countries for dental check-ups, X-rays or other scans, cholesterol, and heart checks.]
Use of Services (2)

Examinations by health professional

- **BP**
- **Cholesterol**
- **Blood sugar**
- **Cervical smear**
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

The graph shows the fraction of adults who have no insurance and those who live with a household member who has no insurance, categorized by country and ethnicity. The countries included are Slovakia, Czech Republic, Macedonia, Hungary, Bulgaria, and Romania. The bars indicate that there is a higher fraction of Roma individuals who have no insurance compared to Non-Roma individuals in all countries. The bars also show that a higher fraction of Roma individuals live with a household member who has no insurance.
**Household Expenditures on Health**

<table>
<thead>
<tr>
<th>Country</th>
<th>Health Expenditure (monthly)</th>
<th>Expenditure as fraction of income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Roma</td>
<td>Non-Roma</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>12.2</td>
<td>16</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>13.3</td>
<td>18.1</td>
</tr>
<tr>
<td>Slovakia</td>
<td>20.6</td>
<td>22.3</td>
</tr>
<tr>
<td>Hungary</td>
<td>20.5</td>
<td>27</td>
</tr>
<tr>
<td>Macedonia</td>
<td>15.4</td>
<td>14.9</td>
</tr>
<tr>
<td>Romania</td>
<td>14.2</td>
<td>25.4</td>
</tr>
</tbody>
</table>

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