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**THEMATIC REPORT**  
**ON THE ROLE OF THE NATIONAL HEALTH INSTITUTIONS IN PROMOTING**  
**ROMA HEALTH- WITH A FOCUS ON HEALTH-RELATED RESEARCH,**  
**VACCINATION, PRE-NATAL AND NATAL CARE, ROMA HEALTH MEDIATORS**  
**AND DISABLED ROMA PERSONS**

**based on the CAHROM thematic visit to Helsinki, Finland**  
**13-15 November 2019**

*endorsed by the CAHROM by written procedure on 31 December 2019*

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<sup>1</sup> The term "Roma and Travellers" is used at the Council of Europe to encompass the wide diversity of the groups covered by the work of the Council of Europe in this field: on the one hand a) Roma, Sinti/Manush, Calé, Kaale, Romanichals, Boyash/Rudari; b) Balkan Egyptians and Ashkali; c) Eastern groups (Dom/Garachi, Lom/Bosha and Abdal); and, on the other hand, groups such as Travellers, Yenish, and the populations designated under the administrative term "Gens du voyage", as well as persons who identify themselves as Gypsies. The present is an explanatory footnote, not a definition of Roma and/or Travellers.

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## 1. INTRODUCTION

### Context of the thematic report and visit

The European Union Agency for Fundamental Rights (FRA) EU-MIDIS II report<sup>2</sup> in 2016 already underlined the fact that a significant part of the 10-12 million Roma in Europe still live in extreme marginalisation and in very poor socio-economic conditions facing intolerable discrimination and unequal access to different vital services that many other European Union citizens already take for granted, for example:

Some 80% of Roma surveyed live below their country's at-risk-of-poverty threshold; every third Roma lives in housing without tap water; every third Roma child lives in a household where someone went to bed hungry at least once in the previous month; and 50% of Roma between the ages of six and 24 do not attend school.

Roma still face limited access to quality education, difficulties in integration into the labour market, correspondingly low income levels, and poor health which in turn results in higher mortality rates and lower life expectancy compared with non-Roma. The discrimination, social exclusion and segregation are mutually reinforcing and call for sustainable responses which tackle all aspects of Roma deprivation through a more integrated approach. Low educational attainment and educational segregation, labour market barriers and discrimination, segregation in housing and poor quality of housing, problems of accessing the healthcare and negative health behaviour all need to be addressed simultaneously.

Roma exclusion not only entails significant human suffering but also significant direct costs for public budgets as well as indirect costs through losses in productivity. The full integration of Roma into the general healthcare services has significant economic and health benefits not only for the Roma communities but for all societies and other population groups, which cannot afford to exclude a large part of their potential labour force. The benefits are especially great for those countries which have a shrinking population.

According to the most recent 2019 Communication from the European Commission to the European Parliament and the Council concerning the Report on the implementation of national Roma integration strategies – 2019 COM(2019) 406<sup>3</sup> commission points out that in employment, and to a lesser extent in health, Member States predominantly rely on mainstream measures to promote Roma inclusion. The two most significant types of Roma Health related measures reported by a majority of Member States focus on either removing general barriers to healthcare or promoting health awareness of the Roma. Other relevant, and more targeted measures include vaccination programmes and improving Roma people's access to specialised health services. The report also states that following things are characteristic to the health related Roma integration measures:

Member States most often opt for measures improving the supply side (staff, facilities) of health provision (26% of measures). They also address the demand side by health awareness and information campaigns (21%). Other significant groups of measures include general actions to improve health and sanitation infrastructure at local level, and provision of preventive services (16-17%). Highly important

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<sup>2</sup> FRA (2016) EU MIDIS Roma Survey, available at: <https://fra.europa.eu/en/publication/2016/eumidis-ii-roma-selected-findings>

<sup>3,3</sup> Communication from the European Commission to the European Parliament and the Council concerning the Report on the implementation of national Roma integration strategies – 2019 COM(2019) 406, available at [https://ec.europa.eu/info/publications/report-implementation-national-roma-integration-strategies-2019\\_en](https://ec.europa.eu/info/publications/report-implementation-national-roma-integration-strategies-2019_en)

interventions – providing Roma with health insurance and targeting health care professionals with antidiscrimination campaigns – are much less widespread (6-7%).

The achievements most often mentioned by National Roma Contact Points (NRCPs) were vaccination campaigns, other prevention and detection programmes, improving hygiene, health conditions and access to healthcare, awareness raising, developing health mediation and multi-stakeholder cooperation involving national and local authorities and civil society. However, there was a notable lack of reference in the yearly state reporting what comes to antidiscrimination efforts, improving hygienic living conditions and Roma access to healthy food.<sup>4</sup>

Earlier 2009 communications EU Communication “*Solidarity in Health: Reducing health inequalities in the EU*”<sup>5</sup> and 2011 EU Communication on “*EU Framework for National Roma Integration Strategies up to 2020*”<sup>6</sup> identified determinants of ill-health among vulnerable groups as the following:

- Low educational level and illiteracy
- Higher exposure to risk factors
- Adverse/poor living conditions impacting health
- Poor nutrition
- Low vaccination levels
- Poor health-related behaviours
- Discrimination and stigmatisation by healthcare personnel and other patients
- Barriers to accessing health and other services (including lack of insurance, high costs of care, lack of information about services provided, language and cultural barriers).
- Lack of qualified Roma Health professionals involved in the provision of Health services

Therefore, there is a clear need in the member states for:

- Focusing on women’s and children’s health – strengthening gender equality and children’s rights perspectives to health
- Addressing Roma people’s higher exposure to different health risk factors through Health promotion and prevention services
- Increasing health and health system literacy of the Roma through “targeted information campaigns”
- Links between the Roma health related social services, healthcare services and national and local Roma activists and NGOs

The role of the research on Roma health, poverty and discrimination is crucial in revealing the true reality of the Roma communities and inequalities they face. The European Commission 2014 MATRIX-study pointed out that there are still few comprehensive and transnational studies on the health situation of Roma in Europe<sup>7</sup>. However, they all prove one after another, same as the observations of the 2015 CAHROM Thematic report of the group of experts on Roma health mediators:

“Roma communities’ health status is much worse compared to other minority groups or to the majority population, for example as regards their life expectancy and the infant mortality rate. The reasons for that situation are complex, starting with bad housing conditions, poverty, lack of vaccination, and obstacles in access to public services, including health services, caused – among others - by the lack of

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<sup>5</sup> EU Communication (2009) *Solidarity in Health: Reducing health inequalities in the EU*, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52009DC0567>

<sup>6</sup> EU Communication (2011) *EU Framework for National Roma Integration Strategies up to 2020*

<sup>7</sup> European Commission by MATRIX (2014) *Health status of the Roma population. Data collection in the Member States of the European Union*, available at [http://ec.europa.eu/health/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf)

identity documents, birth certificates, property certificates, health insurance. Initializing sexual relations and giving birth at an early age, combined with a low awareness among the Roma community on health prevention, illiteracy, unhealthy way of life and bad dietary habits, increase the risks. The discriminatory attitude and intercultural misunderstandings between medical staff and representatives or the Roma communities should also be taken into account when considering the poor health situation of Roma.

At the same time, available data point out that Roma is one of the youngest groups in Europe. Inequalities in access to health care services and persistent health problems will be transferred to the next generation, if they are not properly and timely addressed.”

### **CAHROM thematic group on Roma Health**

The Roma health dimension is an integral part of comprehensive national health policies and sustainable implementation of many thematic fields of the national strategies for the inclusion of Roma and Travellers. Therefore, following a 2018 proposal made by the Finnish CAHROM member to host a thematic visit in cooperation with the relevant Finnish stakeholders, the Council of Europe set up in 2019 a thematic group on the Roma health situation and the role of the national health institutions in promoting Roma health- with a focus on health-related research, vaccination, pre-natal and natal care, Roma health mediators and disabled Roma persons. Representatives from Latvia, North Macedonia and Spain joined this thematic group hosted by the Finnish Institute of Health and Wellbeing in Helsinki on 13-15 November 2019.

The setting up of such a thematic group was also a concrete follow-up to the action undertaken by the Council of Europe together with the European Commission under their joint ROMED programme, to *the Council of Europe’s Committee of Ministers Recommendation CM/Rec(2012)9 on mediation as an effective tool for promoting respect for human rights and social inclusion of Roma*<sup>8</sup>, as well as to Council of Europe Roma and Traveller Unit’s several years of experience gained at training Roma community members to become Roma health mediators in many European countries. The last Roma Health Mediators related thematic meeting was hosted by Bulgaria in 2015<sup>9</sup>. Representatives from Belgium, Bosnia Herzegovina, Montenegro, Poland, The Former Yugoslav Republic of Macedonia and Turkey participated the work of this thematic group and partner countries’ expert visit to Sofia Bulgaria on 2-4 November 2015.

This thematic report provides a short summary of the most important Roma health research and interventions related measures that the participating member states have taken and are currently taking in order to improve the situation. These measures have been implemented and funded by either national governments and national, regional and local authorities, specialised research institutions, municipalities, private foundations and charitable organisations, Roma NGOs or local action groups and in some cases through international funding as part of, for example the European Commission and structural funds projects ( such as European Social Funds- projects) and as part of the monitoring, evaluation, humanitarian aid and development work of the World Health Organization and United Nations. Also, the methodology and research ethics of Roma related health research are discussed.

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<sup>8</sup> Recommendation CM/Rec(2012)9 of the Committee of Ministers to member States on mediation as an effective tool for promoting respect for human rights and social inclusion of Roma, available at

<sup>9</sup> CAHROM Thematic report of the group of experts on Roma health mediators (following the CAHROM thematic visit to Sofia, Bulgaria on 2-4 November 2015), available at <https://rm.coe.int/09000016806a9331>

## 2. European reference texts

### 2.1. Standards and reference texts of the Council of Europe

#### **Committee of Ministers of Council of Europe Recommendation CM/Rec(2012)9 on mediation as an effective tool for promoting respect for human rights and social inclusion of Roma**

The Recommendation CM/Rec(2012)9<sup>10</sup> calls Member States to develop and maintain an effective system of quality mediation with Roma communities based on the following principles:

**a. human rights:** the full enjoyment of human rights of members of Roma communities without any form of discrimination is an essential principle underpinning and governing such mediation; this implies that mediation should aim at empowerment of Roma to exercise their rights and increased capacity of public institutions to guarantee these rights in practice, not at rendering or keeping Roma or public institutions dependent on mediation

**b. systematic consultation, participatory planning and evaluation** allowing the members of Roma communities to express their needs and concerns, and to be actively involved in finding the most appropriate solutions to the problems facing their local community in co-operation with representatives of the public institutions

**c. intercultural sensitivity, non-violent communication and conflict mediation,** based on good knowledge of the “cultural codes” of the community and of the relevant institutions

**d. impartiality:** the mediator should work, and be able to work, in a balanced way with both the public institution and members of Roma communities to help overcome cultural and status differences and focus on improving communication and co-operation and on stimulating both parties to take responsibilities and engage with each other; legitimate interests of both parties should be recognised (Art.1).

#### **Committee of Ministers of the Council of Europe Recommendation Rec (2006)10 on better access to health care for Roma and Travellers in Europe<sup>11</sup>**

According to the Paragraphs II-IV -Governments of member states should:

- ensure *“physical access to health care including emergency care, through the provision of adequate roads, communication, ambulances and services for Roma and Traveller communities of the same standard as for the general population”*

- *“make the improvement of conditions of Roma and Travellers’ health a priority area for action and develop the necessary comprehensive health policies and strategies”*

- *“take into account the range of good practices existing in other member states and/or regions (for example Roma and Traveller health units, Roma and Traveller health mediators, training on primary health care, guidebooks)”*

The same Recommendation Rec (2006)10 also underlines Roma people’s rights to:

- *“respect of cultural traditions in the delivery of health care services in so far as they do not endanger the health of the person”*

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<sup>10</sup> Committee of Ministers of Council of Europe Recommendation CM/Rec(2012)9 on mediation as an effective tool for promoting respect for human rights and social inclusion of Roma , available at: <https://www.refworld.org/pdfid/50697da82.pdf>

<sup>11</sup> Committee of Ministers of the Council of Europe Recommendation Rec (2006)10 on better access to health care for Roma and Travellers in Europe, available at [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016805aff57](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805aff57)

- *“participation of the community in the elaboration of health care policies and strategies”* which means governmental obligation to *“promote the involvement and participation of all parties concerned (policy makers, local health authorities, health professionals, researchers, representatives of Roma and Travellers and non-governmental organisations) in the planning, implementation and monitoring of health policies”*

Through its **Recommendation Rec(2001)12 of the Committee of Ministers to member states on the adaptation of health care services to the demand for health care and health care services of people in marginal situations**<sup>12</sup>, CoE has proposed a multi-sectorial approach to preventive action, to create supportive environments for the social re-integration, to avoid stigmatisation and to increase knowledge base.

**Recommendation Rec(2005)4 of the Committee of Ministers to member states on improving the housing conditions of Roma and Travellers in Europe**<sup>13</sup> calls on Member States, within the general housing policy, to include appropriate housing policies that target Roma, and implement the planned programs and activities to allocate sufficient resources. Local authorities in the Member States should be continually encouraged and inspired to fulfil their obligations and responsibilities to the issues affecting the Roma at the local level, particularly in the area of housing. It is recommended that the local development strategies should contain specific and specified measures that are directly aimed at improving the housing conditions of Roma. The political and legal framework that is created by the Member States in the field of housing should provide mechanisms to facilitate the access of Roma to their rights in the area of housing, such as access to water, electricity, and infrastructure necessary for the exercise of their rights to education, health care, social welfare and so on. More specifically, the Member States should create policies that will directly relate to improving of the housing conditions of Roma women, especially single mothers, victims of domestic violence and other socially unprotected categories of Roma women.

**The Strasbourg Declaration on Roma**<sup>14</sup> adopted at the High Level meeting on Roma on 20 October 2010 states that member states of the Council of Europe agree on the non-exhaustive list of priorities towards improvement the situation of the Roma in Europe and the health care is one of them. The members states should then “Ensure equal access of all Roma to the healthcare system, for instance, by using health mediators and providing training for existing facilitators” (par. 35).

More concrete tools referring to improvement of health conditions are clearly pointed out in par. 46, in which Member States: “agree to set up a European Training Programme for Roma Mediators with the aim to streamline, codify and consolidate the existing training programmes for and about Mediators for Roma, through the most effective use of existing Council of Europe resources, standards, methodology, networks and infrastructure, notably the European Youth Centres in Strasbourg and Budapest, in close cooperation with national and local authorities”.

(Other Roma Health relevant standards, conventions and texts of the Council of Europe, European and international level can be found from the Appendix 3.)

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<sup>12</sup> Recommendation Rec(2001)12 of the Committee of Ministers to member states on the adaptation of health care services to the demand for health care and health care services of people in marginal situations, available at: [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016804f8173](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016804f8173)

<sup>13</sup> Recommendation Rec(2005)4 of the Committee of Ministers to member states on improving the housing conditions of Roma and Travellers in Europe and (2004)14, available at <https://rm.coe.int/090000168090a235>

<sup>14</sup> Council of Europe High Level Meeting on Roma Strasbourg, 20 October 2010 CM(2010)133 final, The Strasbourg Declaration on Roma”, available at: [http://unipd-centrodirittumani.it/public/docs/the\\_strasbourg\\_declaration\\_on\\_roma.pdf](http://unipd-centrodirittumani.it/public/docs/the_strasbourg_declaration_on_roma.pdf)

## 2.2. World Health Organization 2012 Criteria for the evaluation of the health component of the National Roma Integration Strategies (HC-NRIS/PM)

The World Health Organization 2012 Criteria for the evaluation of the health component of the National Roma Integration Strategies<sup>16</sup> were developed by the Universities of Alicante (Spain), Debrecen (Hungary), Lancaster (UK) and the London School of Hygiene & Tropical Medicine (UK). The criteria were drawn together from previous work relevant to Roma health. They were then reviewed in a big workshop in breakout groups that comprised of more than 40 representatives from governments, NGOs/civil society, the Roma community, academia, international organisations and UN system agencies. After the workshop, participants' feedback was incorporated and additional input was provided by the above-mentioned universities and select experts from international organisations. The criteria were then finalised by the WHO focal point on Roma health.

The criteria are first and foremost, based in the EU Communications and Council Conclusions on Roma inclusion and the Communication "*Solidarity in Health: Reducing health inequalities in the EU*"<sup>15</sup>. They also draw from recommendations made by Council of Europe and Open Society Foundation's Roma Health Project, as well as reports from UNDP, UNICEF and national entities. They reflect the policy guidance and evidence base represented by sources including: Article 12 on the right to health of the International Covenant on Economic, Social and Cultural Rights; the work of the Commission on Social Determinants of Health; the emerging findings of the Task Group on Disadvantage, Social Exclusion and Vulnerability of the WHO-commissioned *European Review on Social Determinants and the Health Divide*<sup>16</sup>; new *European health policy (Health 2020*<sup>17</sup>); the Tallinn Charter on health systems strengthening; the work of the Spanish EU Presidency on monitoring health inequities; and follow-up to *WHO Regional Committee for Europe resolution EUR/RC52/R7 on Poverty and Health*<sup>18</sup>.

The enclosed criteria for review of the health component of the National Roma Integration Strategies (HC-NRIS/PM) are divided into 5 core areas which are:

1. Coherence with select relevant EU Communications and Council Conclusions
2. Health system strengthening
3. Social determinants of health
4. Goals, outcomes and governance mechanisms
5. Monitoring and evaluation.

In addition to these 5 core areas for criteria, the document introduces altogether 23 criteria elements.

During the third day of the Roma health related thematic meeting the participants tested the feasibility of this set of criteria when developing the lessons learnt, conclusions, recommendations and good practices based on the country profile presentations and discussions concerning the applied research methodology and ethical standards, including issues of data protection. The review criteria proved to be very valuable for developing these aspects of the thematic report.

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<sup>15</sup> European Commission (2009) Communication: Solidarity in Health: Reducing health inequalities in the EU, available at: [https://ec.europa.eu/health/social\\_determinants/policy/commission\\_communication\\_en](https://ec.europa.eu/health/social_determinants/policy/commission_communication_en)

<sup>16</sup> WHO (2013) European Review on Social Determinants and the Health Divide, available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf?ua=1)

<sup>17</sup> WHO (2013) Health 2020- health policy framework for health and well-being among the people of the WHO European Region, available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0011/199532/Health2020-Long.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1)

<sup>18</sup> WHO (2002) Regional Committee for Europe resolution EUR/RC52/R7 on Poverty and Health, available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0012/117111/R07.23598ema.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0012/117111/R07.23598ema.pdf?ua=1)



### **2.3. International Organization for Migration (IOM) The EQUI-HEALTH- project (2013-2016)**

EQUI-HEALTH<sup>19</sup> -project was financed via a direct grant agreement to IOM from the European Commission's Directorate General for Health and Food Safety (DG SANTE), through the Consumers, Health, Agriculture and Food Executive Agency (Chafea). The objective of the project was to improve the access and appropriateness of health care services, health promotion and prevention to meet the needs of migrants, the Roma and other vulnerable ethnic minority groups (including irregular migrants) residing in the EU/EEA.

EQUI-HEALTH included a significant research component on migrant health, occupational health of border officials and public health, including screening practices and migrant health data collection. For the purpose of the research, IOM developed a detailed research methodology to include desk review, key informant interviews, stakeholder consultations, field visits and participant observations in six EU member states (Bulgaria, Croatia, Greece, Malta, Italy and Spain). The project saw the participation and partnership with a wide variety of public health and migration authorities, the academia, international organizations and EU institutions.

The project action was divided into 3 sub-actions:

**Sub-action 1) MIGRANT HEALTH at SOUTHERN EU BORDERS COUNTRIES** (Bulgaria, Croatia, Greece, Italy, Malta, Spain (and Portugal in certain activities)). The aim was to build a comprehensive multi-sectorial approach in upholding migrant and public health: situational assessments, discussions about data collection mechanisms and referral systems as well as trainings to meet the capacity building needs took place to increase the understanding of migrant, occupational and public health, including in open/closed centres and border facilities, and to enhance the capacity of public health authorities, law enforcement services and healthcare providers.

**Sub-action 2) The ROMA HEALTH** targeted EU countries with high percentage of Roma nationals and EU MS with high percentage of Roma migrants, the countries covered were Belgium, Bulgaria, Croatia, Czech Republic, Italy, Romania, Slovak Republic and Spain. This sub-action focused on promoting dialogue among key governmental and nongovernmental stakeholders on Roma health issues. Seven health focused Progress Reports on national strategies allowed EU member states to better monitor, share and strengthen their respective national approaches. A training package for healthcare providers developed competencies in working with ethnic minorities, including the Roma.

**Sub-action 3) Under the MIGRANT HEALTH aggregated** information on national legal and policy frameworks in the form of situational assessment reports on Bulgaria, Croatia, Greece, Italy, Malta, and Spain and progress reports on the implementation of National Roma Integration Strategies in Belgium, Bulgaria, Croatia, Czech Republic, Romania, Slovakia, and Spain. Country reviews for policy makers were linked to the MIPEX Index<sup>20</sup> (Migrant Integration Policy Index) by developing a Health Strand. Thematic study on cost analysis of non-provision of healthcare to migrants and ethnic minorities in support of consensus guidelines on access to healthcare services for those in undocumented situation fostered a harmonized EU approach to access to and provision of healthcare for migrants, Roma and other vulnerable ethnic minority groups.

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<sup>19</sup> International Organization for Migration (IOM) The EQUI-HEALTH- project (2013-2016), available at <http://equi-health.eea.iom.int>

<sup>20</sup> Migrant Policy Integration Index (2015) available at: <http://www.mipex.eu/>

### **3. Roma communities' Health situation, needs and access to Health services, national Roma integration strategies and the role of the national health institutions in promoting Roma Health related research, evaluations and interventions in the participating states**

#### **3.1. Finland**

The most recent official estimate on the number of Roma living in Finland is presented in the Finnish National Roma Policy (2018-2022)<sup>21</sup> and the former programme<sup>22</sup> for the years 2010-2017, estimating that there are around 10,000 Roma living in very small and dispersed communities all around Finland. There are no discrepancies between the official estimate and other estimates. This is because the source for all estimates is as a rule the Advisory Board for Romani Affairs/ Ministry of Social Affairs and Health. There is no official national statistical data on the number of Roma living in Finland. This is because the Personal Data Act (523/1999)<sup>23</sup> prohibits the processing of sensitive data.

In addition to the Finnish Roma, there are about 300-500 Romanian and Bulgarian Roma migrants in Finland. They typically come to Finland for seasonal work and short periods of time (up to three months) and most of them stay in the capital region. Until recent years there were no special measures for promoting the integration of foreign Roma in Finland.<sup>24</sup> 2018-2022 ROMPO2- programme and new ESF- funded programmes have for the first time addressed also the needs of these mobile EU citizen Roma.

The Finnish League for Human Rights addressed in 2012<sup>25</sup> the existing data gaps and other barriers concerning the Roma health and wellbeing situation stating, that:

In general, the Nordic policy of universal welfare has played a major role as a leveller of the socio-economic status of the Finnish Roma. However, the Roma population has still not managed to bridge the social and economic gap that exists between them and the majority population. In addition, the small number of Finnish Roma and their dispersion all over the country contribute to the fact that their conditions and needs are not prominent in any reports concerning the general well-being or living conditions of the population. (...)

Roma have access to public services the same way as the majority population, but, in practice, Roma's equal treatment may be hindered by cultural differences and a lack of knowledge of issues concerning health and welfare.

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<sup>21</sup> Finnish Ministry of Social Affairs and Health (2018) National Roma Policy (2018-2022), available at: [http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/160845/03\\_18\\_Suomen%20romanipoliittinen%20ohjelma\\_2018\\_2022\\_web.pdf?sequence=1&isAllowed=y](http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/160845/03_18_Suomen%20romanipoliittinen%20ohjelma_2018_2022_web.pdf?sequence=1&isAllowed=y)

<sup>22</sup> Finland, Ministry for Social Affairs and Health (2009) The proposal of the working group for a national policy on Roma: Working group report, available at: [www.stm.fi/c/document\\_library/get\\_file?folderId=39503&name=DLFE-11164.pdf](http://www.stm.fi/c/document_library/get_file?folderId=39503&name=DLFE-11164.pdf).

<sup>23</sup> Personal Data Act (523/1999), available at: <https://www.finlex.fi/en/laki/kaannokset/1999/en19990523.pdf>

<sup>24</sup> Finland, Ministry of the Interior (2010) Working group examining the prohibition of begging, final report (Kerjäämisen kieltämistä selvittävä työryhmä, loppuraportti) Sisäasiainministeriön julkaisuja 31/2010, available at: [www.intermin.fi/julkaisu/312010](http://www.intermin.fi/julkaisu/312010)

<sup>25</sup> FRANET/ Finnish league for Human Rights (2012) FRANET National Focal Point: Social Thematic Study The situation of Roma 2012, available at: <https://fra.europa.eu/sites/default/files/situation-of-roma-2012-fi.pdf>

In order to encourage equal treatment of the Roma and remedy existing professional knowledge gaps Finnish government has published the following support materials and guides for the Health and welfare field, education and police professionals:

- Four tailor-made guidebooks for Roma parents<sup>26</sup> (Ministry of Social Affairs and Health) on the early language development and motoric development of children and parents' role in supporting it through physical activities, play and early interaction. The special feature of these books is using illustrations that tell about the everyday life of Roma families and using also Romani language in order to encourage wider language use in the community.
- A handbook on the Roma and health services for health care professionals (The National Agency of Education 2000, the 4th updated edition in 2012).
- A guidebook "Roma and Police Encounters" (Ministry of Interior and the National Agency of Education 2007 "Poliisin ja romanin Romanin kohdatessa- opas")
- A guidebook "Vast vastensa – guide "Hand in hand"<sup>27</sup> for the social and healthcare professionals on the Roma culture in the Northern Finland (Luovi 2017, ESF- project Ovet auki "Open the Doors")
- The Kasvun kumppanit<sup>28</sup> online service of the National Institute for Health and Welfare provides instructions for encountering Roma customers in services for young families.

The Ministry of Social Affairs and Health published in 2013 a nationwide survey on the family and close relationship violence in the Roma community and Roma women's treatment in the violence related support services and shelters<sup>29</sup>. The survey results and the following cooperation resulted in customisation of national telephone support services, developing Roma family related practice in the sheltering system for the victims and rehabilitative work with the perpetrators of close relationship and family violence. One area of study connected to the internal and external violence of the Roma community is the yearly follow-up analysis of the crime situation and victim and perpetrator profiles in Finland<sup>30</sup> which is produced by the Institute of Criminology and Legal Policy (Krimo).

The latest Roma related study in 2019, commissioned by the Finnish Ministry of Economic Affairs and Employment on the employment, entrepreneurship and labour market integration of the Roma<sup>31</sup> shows that employment of the Roma and their position in the labour market have improved. This can be attributed to an improvement in the level of education and to a more positive attitude towards education. There is also some indication that self-employment among the Roma is increasing. Despite these developments, the Roma continue to face prejudices and discrimination. Employment is alongside good housing conditions one of the most important factors influencing Roma health and integration.

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<sup>26</sup>Ministry of Social Affairs and Health, four tailor-made guidebooks for Roma parents Barju kentoha (Grow with Child); Draba kentoha (Read with Child); Brohta daane kentoha. (Brush Teeth with Child); Tsalju ta phersa kentoha. (Exercise and play with Child), available at: [https://romani.fi/julkaisuja\\_ ja\\_ aineistoa](https://romani.fi/julkaisuja_ ja_ aineistoa)

<sup>27</sup> Vast vastensa- Guidebook for the social and healthcare professional on the Roma culture in the Northern Finland, available at <https://peda.net/mikkeli/perusopetus/anttola/oppiaineet/erityisopetus/nepsy-portfolio/vvl/vvp:file/download/69b4d86ab75f11eb0fbc712bfdbe1fdb1657ce76/Vast%20Vastensa%20pdf.pdf>

<sup>28</sup> Kasvun Kumppanit website, available at: <http://www.koordinaatti.fi/fi/puheenvuoro/637/kasvun-kumppanit-verkkopalvelu-tukee-nuorten-kanssa-toimivia.html>

<sup>29</sup> Ministry of Social Affairs and Health: Research on the experiences of Roma Women on Violence in Close and Familyrelationships. Need for support in Roma community and societal service systems. In Finnish: "Lähisuhde- ja perheväkivalta romaninaisten kokemana. Avun tarpeet yhteisössä ja palvelujärjestelmässä" available at: <http://urn.fi/URN:ISBN:978-952-00-3629-4>

<sup>30</sup> Institute of Criminology and Legal Policy (Krimo) (2019) Analysis of the Crime Situation and Victim and Perpetrator Profiles in Finland, available at: [https://helda.helsinki.fi/bitstream/handle/10138/301889/Katsauksia\\_34\\_Lehti\\_2019.pdf?sequence=1&isAllowed=y](https://helda.helsinki.fi/bitstream/handle/10138/301889/Katsauksia_34_Lehti_2019.pdf?sequence=1&isAllowed=y)

<sup>31</sup> Finnish Ministry of Economic Affairs and Employment (2019) Study on the employment, entrepreneurship and labour market integration of the Roma, available at: <http://julkaisut.valtioneuvosto.fi/handle/10024/161893>

## Health challenges faced by Roma in Finland according to the latest research findings

The National Institute for Health and Welfare (THL) conducted the first nationwide Roma Health and Well-being study (Roosa)<sup>32</sup> as a part of the Nevo Tiija (New Era)-project (2017-2018). It was coordinated by the Diaconia University of Applied Sciences and funded by the European Social Fund. The study was based on an earlier small-scale pilot research performed in 2013<sup>33</sup> which described the primary challenges of Roma Wellbeing Study being: how to identify the target population, how to reach and motivate the participants, how to gain trust among the Roma community, and how to ensure cultural appropriateness of the study content and practice.

The Roosa- study produced knowledge for the implementation of the Roma policies and especially for improving wellbeing, inclusion, health and functional ability of the Finnish Roma. The study noted that the lack of permanent housing, weak educational and employment opportunities and structural discrimination have all affected the societal position, life and health of the Finnish Roma. Currently, the Finnish Roma improve their rights, wellbeing and inclusion purposefully through associations and work of the regional and national Advisory Boards on Roma Affairs.

The Roma Wellbeing Study was planned and conducted in tight cooperation with the Finnish Roma who took part in the implementation of the study as participants, employees and experts who planned, analysed, interpreted and modified the contents of the study together with the research group. The data was collected in different areas of Finland. From the total 365 participants 142 were men and 223 were women. The study included a health examination and a structured interview or a questionnaire.

The results showed that the participants had several strengths which promote inclusion in society. In general, the Roma participants were satisfied with their social relationships. Other strengths include community support such as substantial economical and psychological help between the next of kin, as well as supporting each other in practical matters. Another strength was active participation in church and association activities.

The main life challenge for the Roma is the difficulty to earn a livelihood, which may weaken quality of life. Key challenges in health and wellbeing were difficulties in physical functional ability among women as well as the high prevalence of self-reported chronic diseases and their risk factors. Both women and men had several negative health behaviours, such as lack of physical exercise and high prevalence of smoking. Experiences of discrimination were also prevalent. The results of this study can be utilized by professionals in different fields when they encounter Roma persons as their customers. The challenges identified in this study need to be monitored and the Roma must be taken into account in future social and healthcare reforms, so that the equity of the Roma as well as other minorities will be realized. The Roma Wellbeing Study has given a good basis to continue this positive development. THL's expert group on cultural diversity (est. 2015) will continue to work with Roma Health issues through its 2016 MONET Action Plan for Cultural Diversity<sup>34</sup>.

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<sup>32</sup> The National Institute for Health and Welfare (2018) Roma Health and Well-being study (Roosa) research report, available at: <http://www.julkari.fi/handle/10024/137276>

<sup>33</sup> Weiste-Paakkanen, A. & Martelin, T. & Koponen, P. & Koskinen, S. & Linnanmäki, E. (2014) Roma wellbeing pilot survey. National Institute for Health and Welfare (THL). Discussionpaper 16/2014. 24 pages, available at: [http://www.julkari.fi/bitstream/handle/10024/116031/URN\\_ISBN\\_978-952-302-186-0.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/116031/URN_ISBN_978-952-302-186-0.pdf?sequence=1)

<sup>34</sup> MONET Action Plan for Cultural Diversity, website available at: <https://thl.fi/en/web/migration-and-cultural-diversity/contact/monet>

The Centre of Excellence on Social Welfare in the Central Finland (KOSKE) carried out in 2017-2018 (simultaneously with the on-going THL-run Roosa-study) the Ministry of Social Affairs and Health funded research and development project concerning the establishment of a national monitoring and coordination unit for Roma health and welfare and integration policy issues (ROMKE). This survey was made as part of the on-going national reform of social and healthcare services.<sup>35</sup>

### **Municipal responsibilities and Roma community hearings**

Responsibility for implementing majority of the Roma health and social welfare related practical measures and good practices of the National Policy on Roma lies with the municipalities and their basic services. For this reason, the Ministry of Social Affairs and Health and Regional Advisory boards of Roma Affairs have organised over 20 hearings for municipalities between the years 2011-2018 with the aim of establishing how the National Policy on Roma has been implemented at the local level. In these hearing and many of the following hearings the Roma population has repeatedly pinpointed early childhood education and support for parenting and families as key development areas of the Roma policy because many problems related to discrimination and difficulties in making a living experienced by the Roma are reflected on children. Developing family work targeting the Roma thus plays a key part in promoting the inclusion of the Roma.

The (338/2011) decree on child health clinics that was reformed in 2011 has improved the situation of Roma families to some extent and the government has followed the development of the situation closely through taking Roma people's service needs into consideration as part of the national development programme for the Child and Family services provision (LAPE- kärkihanke). A special survey on the situation of Finnish Roma in these services published in 2017<sup>36</sup>. Questions concerning family work directed at the Roma, recruitment of family workers with a Roma background and taking the Roma into account at child health clinics and in child welfare should be put to the municipalities under a dedicated theme related to the Roma. The child welfare handbook recommends that a Roma customer should as a rule be encountered similarly to any other customers. The customer's cultural background should only be taken into account as a secondary factor. When providing services for Roma families, it should be remembered that their problems are, in most cases not due to the Romani culture but to the same socio-economic factors as in the cases of other Finnish people.

### **Housing situation of the Roma in Finland**

According to research on equality of the Roma in housing published by the Ministry of Environment in 2012<sup>37</sup> and in 2018<sup>38</sup> most problems in the area of housing are not related to the actual living conditions of Roma but to the acquiring of housing and keeping the flats in difficult life situations. Due to economic reasons many Roma depend on the municipal and non-profit housing. Especially in large cities the amount of state-subsidised housing is limited. This hinders the possibilities of Roma in

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<sup>35</sup> The Centre of Excellence on Social Welfare in the Central Finland (KOSKE) (2018): Gynther, P. (2018) Romaniasioiden tutkimus- ja kehittämistoiminta sote-uudistuksessa. Research report is available in Finnish at: [http://koskeverkko.fi/wp-content/uploads/2018/08/ROMKE-selvitys\\_Raportteja\\_44.pdf](http://koskeverkko.fi/wp-content/uploads/2018/08/ROMKE-selvitys_Raportteja_44.pdf)

<sup>36</sup> The Centre of Excellence on Social Welfare in the Central Finland -KOSKE (2017): Boelius, T. Situation of Finnish Roma in Child and Family services, available in Finnish at: [http://koskeverkko.fi/wp-content/uploads/2013/11/LAPE\\_Romaniselvitys\\_VALMIS\\_31.1.2017.pdf](http://koskeverkko.fi/wp-content/uploads/2013/11/LAPE_Romaniselvitys_VALMIS_31.1.2017.pdf)

<sup>37</sup> Ministry of Environment (2012) Equality of the Roma in housing, available at: [https://helda.helsinki.fi/bitstream/handle/10138/41411/YMra8\\_2011\\_Romanien\\_asuminen\\_ja\\_yhdenvertaisuus.pdf?sequence=1&isAllowed=](https://helda.helsinki.fi/bitstream/handle/10138/41411/YMra8_2011_Romanien_asuminen_ja_yhdenvertaisuus.pdf?sequence=1&isAllowed=)

<sup>38</sup> Ministry of Environment (2018) Follow-up report on equality of the Roma in housing, available at <https://romani.fi/documents/1261003/6566855/Selvitys+romanien+asumisesta+2018/1065ca68-f955-4a97-9363-3d312cca3cb1/Selvitys+romanien+asumisesta+2018.pdf>

finding residence since these residences are also meant to be used by other citizens with low income. Finding housing from the private housing market is not an option for many Roma due to the high costs of living. Prejudices against Roma add to the problems in acquiring residence. The Finnish Non-Discrimination Act prohibits discrimination on ethnic grounds in selection of tenants. However, many of the complaints submitted by the Roma to the Non-Discrimination Ombudsman are related to ethnic discrimination in the area of housing e.g. in the selection of tenants. The most important challenges from the Roma point of view are the rise of housing costs especially in urban areas and the growing divide between richer and poorer neighbourhoods and families living in cramped flats that are in conflict with the cultural traditions of the Roma. The Ministry of Environment published in 2000 also a guidebook on different features of Roma Culture and how they might show in housing<sup>39</sup>.

Unfortunately, the temporary housing needs of the Romanian and Bulgarian Roma migrants and their families who come to Finland for seasonal work opportunities and shorter periods of time (up to three months) have only partially been met through the existing emergency housing services.

### **Roma and non-Roma NGO's role as significant Roma health and welfare service providers**

In Finland, the role of the Roma NGOs and other NGOs is essential when it comes to working with the promotion of Roma health, active societal participation and supporting Roma community life. Nowadays, these NGOs are not only important partners but also permanent or semi-permanent service providers. The Funding Centre for Social Welfare and Health Organisations (STEA under the Ministry of Social Affairs and Health) manages the funding granted for projects which are non-profit by nature and promote health and wellbeing, from the gaming revenue of Veikkaus Oy. In 2020 STEA will allocate a grand total of 1 458 030€ for the Roma NGOs. The financial support of the Roma NGOs has stayed at this stable level over the past 5 years.

**Hirundo is a drop-in centre primarily for all EU citizens** who earn their living through migration. The migrant population in Helsinki largely constitutes of Roma, who in their home countries face discrimination, inequality and extreme poverty. As a result, begging has become a source of livelihood for them. Hirundo offers basic support for the discriminated, disadvantaged and dislocated migrant and homeless Roma in harsh Finnish conditions, including daily necessities such as showers and laundry services, food and drink, internet access, places to rest and temporary housing. Staff at the centre also provides support and advice, including facilitating access to health and social services. The **Helsinki Deaconess Institute** is a public utility foundation and a multifaceted social enterprise group with several subsidiaries. The group provides wide-ranging social welfare, health care and education services. The proceeds from the group's operations and assets are used to promote health and wellbeing and to build a more just society. The Deaconess Institute has been working with migrant groups since 2008 and has close contacts with other actors involved in the service providing for the undocumented migrants, asylum seekers under threat of deportation, human rights, migration, and Roma issues. Women and children are been provided some special workshops and support on issues relevant to them. The City of Helsinki and the Evangelic Lutheran Church Consortium of Helsinki support the functions of the day centre with significant funding and other forms of help. Lately, the Institute and Hirundo have also participated in developing short-term working pool for the mobile EU-Roma utilizing ESF- funded "Work and Hope- workpool" (in Finnish Työtä ja toivoa- keikkapooli) by Emmaus NGO and developing their bilateral international project work supported by the Finnish Foreign Ministry.

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<sup>39</sup>Ministry of Environment (2000) Guidebook on different features of Roma Culture in housing, available at: [https://helda.helsinki.fi/bitstream/handle/10138/41091/Ymparistöopas\\_77.pdf?sequence=1](https://helda.helsinki.fi/bitstream/handle/10138/41091/Ymparistöopas_77.pdf?sequence=1)

**Romano Missio (est. 1906)** is a national child welfare and social service organisation cooperating with the Evangelical Lutheran Church of Finland, United Christians, municipalities, state and Roma organisations. It produces different Christian, educational and cultural services for the Roma and helps Roma through their counselling fieldwork in housing, employment, educational and social issues. The organisation also supports the Romani children and adolescent's opportunities to vocational education and helps them to succeed in the working life. The NGO spreads information concerning Romani culture and other societal issues in different educational institutes, schools, and among local and state authorities. The organisation also publishes a Romano Boodos newspaper five times a year. The organisation maintains also one children's home called "Päiväkumpu" in the Southern part of Finland. These and other childcare and welfare services are funded by the local municipalities. The organisation's social and Christian services and projects are funded by Lutheran Churches, STEA (the Funding Centre for Social Welfare and Health Organisations), Ministry of Social Affairs and Health and by private donations. Over the recent years the organisation has invested considerably to both Youth work and the development of criminality and desistance related working models among the most marginalized Roma.

The change in family culture that emphasises focus on the nuclear family is a challenge for older Roma people. Many older Roma people are affected by illnesses stemming from poverty, earlier poor living conditions or homelessness and itinerant way of life they experienced in their childhood and youth. While older Roma people have a great need for social welfare and health care services, they do not always know how to use the services or wish to use them. Work with elderly Roma is addressed in the project publication by the **Finnish Roma Association's** (2005-2012) project "*Phurane Kaale*" titled "*De patti phuuridenge – douva hin godjiba*" (**A survey of services for older Roma people**. Honouring old age is wisdom, 2008). This publication is an information package about the Romani history, culture and needs of the elderly Roma. It is a suitable material to be used in multicultural staff trainings in the social and health care sector. This Finnish Roma Association's project has been later continued as the national "Finitiko Phurane Kaale" project in 2013–2015 and as "Bahtalo Phuuriba" ("Happy Old Age") in 2016-2021. It aims to provide and develop culturally sensitive services targeted at older Roma people, most of whom belong to the part of the population with the lowest income and often living in poverty. Association's study found that 40 out of 58 elderly Roma respondents regarded their financial situation as bad. Nearly all of the 58 respondents said their money is spent on food, rent, medication and bills, but that they lack health information and often cut back on medication costs and postpone going to the doctor. Many of them have only the guarantee pension and housing allowance for pensioners. Project itself includes outreach work with and clubs for older people, introducing older people and their families to the services provided by different authorities. Service models complementing the general service provision have been developed together with the participating municipalities. The project will reach over 100 older Roma people in the Helsinki Metropolitan area. The work with older Roma carried out by the Finnish Roma Association is currently on its 14<sup>th</sup> year.

The purpose of **Fintiko Romano Forum** – The National Roma Forum of Finland (FRF, est. 2007) as an umbrella organisation of the Finnish Roma organisations is to promote and monitor the realisation of the Roma people's basic and civil rights according to the Finnish law and other international legislative documents concerning human rights, social, economic and minority rights. FRF works against all kinds of racism, anti-Gypsyism and discrimination. FRF promotes Roma culture and Romani language, Roma people's social integration, participation in public life and decision making.

As a national organisation FRF is central federation of the Roma organisations in Finland and the common voice of its member organisations both at the national and international levels. FRF is also a country member of the European Roma and Traveller Forum (ERTF) and chooses democratically Finland's representative and deputy representative in ERTF.

FRF aims to:

- Improve empowerment, participation and networking abilities of Roma organisations
- Support social integration and social inclusion of the Roma through its project activities (STEAs and ESF- funded projects)
- Participate in the national and international promotion of human rights and equality
- Promote pluralism and intercultural dialogue.

FRF functions as its member organizations' common representative in different municipal and governmental working groups and advisory boards. FRF takes initiatives, gives statements and participates in different hearings on issues related to renewal and ratification of international treaties. During the thematic meeting, FRF presented its latest work in the field of supporting functions of active Roma NGOs and on the other hand marginalised Roma populations in the field of work against substance abuse and mental health related issues and community work in desistance and anti-social behaviour. According to the FRF, the difficult themes of criminality, violence, mental problems, health and empowerment of the local Roma communities were largely overlooked in the field of Roma integration until recently, and therefore there is a need to redefine the focus of the Roma integration measures in Finland.

### 3.2. Spain

Roma are the biggest ethnic minority in Spain and represent 1,8-2,1% of the whole population. The community has been well established in Spain since the 15<sup>th</sup> century and is very heterogenous and diverse consisting of both Spanish and immigrant Roma.

Spain is one of the leading countries when comes to investments in projects developing Roma equity in health and has already in 2006 and 2014 produced a thorough comparative study of national health surveys in the Roma population and the general population.

Work on health equity for the Roma population has been carried out in Spain since 2003. In 2005, the State Council of Roma people was established, and its functions included a working group on health. Furthermore, the working group for Roma health with the autonomous regions started working in 2011 and still continues its work.

Spain's national Roma integration strategy (2012-2020)<sup>40</sup> focuses on promoting social inclusion of the Roma in the areas of education, employment, health and housing. The main four strategic lines are in those four areas, and it also establishes ten complementary courses of action (Social action, Participation, Knowledge improvement, Social awareness, Non-discrimination, Gender focus, Promotion of culture, Roma population from other countries, Micro territorial focus, Political action European level).

In the health area the goals are: to improve the health status of the Roma population and to reduce social inequalities on health in adult and children population, through the following lines of action:

1. Accessibility, use and efficiency of healthcare services will be improved through the following NRIS- measures:
  - Fostering of policies and actions aimed at reducing health inequalities suffered by the Roma and other population groups, with priority for children, adolescents and young people, with the inclusion of the gender aspect.

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<sup>40</sup> National Roma Integration Strategy in Spain (2012-2020)p. 24-25, available at <https://www.mscbs.gob.es/ssi/familiasInfancia/PoblacionGitana/docs/SpanishRomaStrategy.pdf>



- Reorientation of health services towards equality, in terms of areas for promotion and the prevention of diseases and healthcare assistance.
- Inclusion of specific targets to reduce inequality and attention to diversity of normalised services in the National Healthcare System.
- Boosting promotion of lifelong health and, particularly, in Roma children and adolescents, including the establishment of active measures.

2. Administrative cooperation and participation includes:

- Establishment of mechanisms to ensure an impact on the health of Roma by the various public strategies and plans of the Ministry of Health, Social Services and Equality and of autonomous communities.
- Promotion of Roma collaboration and participation and their associative fabric in intervention processes.
- Promotion of cross-section work and activities, fostering coordination with other entities and action plans, in all territorial areas as well as with other institutions.
- Coordinate with paediatric services in order to promote information and training circulation actions for Roma, particularly immigrants.
- Support and impulse of diversity-related training activities, intercultural capabilities and equality of (male and female) professionals that work in the health arena.
- Cultural adaptation of resources when necessary.

In Spain, the main health problems of the Roma population do not derive from the lack of access to health services but from exposure to unhealthy living conditions. The approach to the social determinants of health and discrimination are the two fundamental lines of the Spanish interventions in health, which are reinforced by the downstream approach to lifestyles and health services. Along these lines, mediation is being understood as a short-medium term measure that is complementary to those previously expressed. Mediation is therefore considered to be a resource to be used in certain situations, instead of considering it a solution. Therefore, the focus of all Roma health related interventions should be on structural measures that imply awareness raising, training and capacity building of all health professionals in intercultural competencies.

### Health challenges of the Roma in Spain

In Spain the first *National Roma Community Health Survey*<sup>41</sup> took place in 2006. The survey was designed after the methodological guidelines of the Spanish National Health Survey, which facilitated comparisons with the general population. The goals of the National Roma Community Health Survey were to assess the health status, and to shed light on issues related to lifestyles and access to health services by the Roma community. The survey methodology and analysis took into account the social determinants of health and assessed the magnitude of inequities affecting the Roma population in comparison to the general population.

The 2006 survey made the following key conclusions:

- Inequities between the Spanish Roma and non-Roma existed and were very relevant.
- In Spain, there is a clear social gradient of health with inequalities for the Roma people who had worse health outcomes in most health indicators as compared to other social groups.

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<sup>41</sup> Ministry of Health and Social Policy of Spain (2009) Divulgative summary of the publication "Towards Equity in Health. Comparative Study of National Health Surveys in Roma Population and General Population in Spain, 2006". Madrid.

Available at:

<http://www.mspsi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf>

- Differences in health indicators persisted when disaggregating data by socioeconomic indicators, educational level or housing type.
- The first and the most important of all is that Roma are a community especially vulnerable to the interaction that social determinants have on people's health. The housing conditions, the social precariousness, the type of jobs that some of the Roma population do and the greater difficulties for achieving the right level of education are some of the factors that make Roma communities have more health problems and, thus, restrict many aspects of their everyday lives.
- The health indicators are less favourable to the Roma community than to the mainstream population, in some cases even comparing them to those groups in the most vulnerable social and economic situation.
- With regard to the whole citizenry, the prevalence of chronic illnesses, the risk of accidents and the oral health problems tend to be higher in the Roma population.

The increase in health services generally has promoted access to this assistance of the Roma population to be equivalent to the access of the mainstream population. However, the worse health conditions of the Roma community could involve, in some cases, a higher use of these services than in the general population and higher medicine consumption. On the other hand, when it is about services not covered by the National Health System or services aimed at prevention, the access levels are insufficient and inadequate. Regarding Roma women, results in 2006 showed that Roma women show a worse health state than Roma men and the female population as a whole, and they present, in general, worse results for many of the studied indicators. Roma women have a higher rate of abstention from the consumption of alcoholic drinks and a lower percentage of smokers. Another important aspect is being overweight and obesity, which is greater in the female Roma population when comparing them to Roma men and to women as a whole.

The second *National Roma Community Health Survey*<sup>42</sup>, carried out in 2014, confirmed the persistence of inequities compared with the general population. 65.3% of Roma men and 55.5% of Roma women considered their health status to be good or very good, and the difference with men and women of the general population reached 12 and 15 points respectively. The social gradient persists, presenting Roma men and women with worse results than the less favoured social class. Inequities with regard to general population increased with age, as a result of the disadvantages accumulated over time. In general, Roma men reported suffering more from arthritis, chronic obstructive pulmonary disease, diabetes, depression, mental health problems and migraines compared to other Spanish social groups. Roma women reported higher rates of hypertension, arthritis, asthma, diabetes, cholesterol, depression, mental health problems and menopause-related problems. Inequities with regard to general population increased with age. The second Survey also showed that Roma men and women suffered more accidents than the general population. Roma men reported higher rates of heavy daily smoking (54,1% of the Spanish Roma men smoke). However, Spanish Roma women smoke less than the Spanish non-Roma women.

From the results of the 2<sup>nd</sup> Roma Health Survey (2017) the health working group of the State Council of the Roma People made a series of action proposals<sup>43</sup>:

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<sup>42</sup> Segunda Encuesta Nacional de Salud a Población Gitana, 2014 [Second National Survey of Health of the Roma Population]. Madrid: Ministry of Health, Social Services and Equality of Spain. General Directorate of Public Health, Quality and Innovation, available at:

<https://www.mssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/ENS2014PG.pdf>

<sup>43</sup> More information about these proposals available in

[https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/ResumenDivulgativo\\_2ENSPG2014.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/ResumenDivulgativo_2ENSPG2014.pdf) (in Spanish).

1. Promotion of healthy settings and lifestyles.
2. Non-communicable disease prevention: prioritizing diabetes, chronic obstructive pulmonary disease and preventive practices
3. Reorienting health care and health systems: prioritizing universal access adapted to needs, strengthening community interventions in Primary Care, identification and sharing of good practices and capacitation of health professionals on equity and social determinants of health.
4. Working on Roma population health in all policies.
5. Fighting against discrimination and improving visibility of the Roma community and their needs.

These proposals were taken into account in the health objectives of the 2018-2020 operative plan of the national strategy. This operative plan has 5 strategic objectives:

1. Improve knowledge of the health of the Roma population and identifying priority areas of intervention
2. Visibility of the health needs of the Roma population, raise awareness of politicians, administration and public
3. Reinforce training on the health of the Roma population of social and health professionals
4. Identify and promote interventions of health promotion and prevention on Roma population
5. Improve coordination structures and mechanisms between the agents involved

Each of these objectives has different associated actions, from which 7 have been prioritized to be carried out as a minimum:

1. Identification of Primary Care Centres where there is a higher number of Roma population, in order to identify interventions as training and active engagement
2. Dissemination of results of the 2nd National Health Survey on the Roma Population
3. Cross-cutting incorporation of the health needs of the Roma population in strategies, plans and programmes on health or with health impact
4. Training seminars on health equity of Roma population
5. Advocacy for the integration of an equity and social determinants of health approach in curricula of health professions (medicine, nurses and social workers)
6. Progress in the inclusion of the needs of the Roma population in the local implementation of the National Health Promotion and Prevention
7. Designation of reference persons in the autonomous regions for the health of the Roma population

During the meeting, progress was presented on several of the established objectives. Thus, the recognition of the Equi Sastipen Roma Network as an inspirational example by the WHO<sup>44</sup> was presented. Two videos, developed by the Ministry of Health in collaboration with the State Council for

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<sup>44</sup> Available in:

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/resilience-sc-eng.pdf>

Roma People's health group and the Equi Sastipen Roma Network, where presented: the first one on social determinants of health<sup>45</sup>(2010) and the second one on discrimination<sup>46</sup> (2018).

### 3.3. North Macedonia

According to the most recent population census, dwellings and households, in 2002 Macedonia has a population of 2 022 547, and 53 879 or 2,66% of the total population are members of the Roma ethnic community. However, other studies based on various research techniques indicate that the real figure of the Roma population is much higher and that approximately 135 490 Roma live in the Republic of North Macedonia which means that 6,77% of the total population are of Roma origin. 8 municipalities with the largest number of Roma are: Suto Orizari, Kumanovo, Tetovo, Gostivar, Bitola, Prilep, Kocani and Shtip. 43% of Roma live in Skopje and half of them live in the Municipality Shuto Orizari.

The country is also home to nearly 1,700 refugees, mostly Roma, who fled their homes as a result of the 1999 conflict in Kosovo. Most of these persons live in the municipality of Šuto Orizari in Skopje, Europe's first "Roma municipality" (i.e. led by a Roma mayor) and the only one in the world where the Romani language has been granted an official status. Roma do not concentrate in a particular region of the country but are instead spread all over the territory. According to the 2002 population census, 27 municipalities have a share of Roma exceeding 1%; 10 of them have a share of Roma exceeding 4%.

Most Roma speak Romani as their first language; others speak Albanian, Macedonian or Turkish pending on the surrounding population and regions where they are located. Most of them are Muslim, some practise other religions.

#### Health challenges faced by Roma in North Macedonia

The social and economic status of the Roma is weak. Roma people are still among the poorest citizens and the most marginalised group in the country. According to the latest data<sup>47</sup> only 11,10% Roma are employed. The unemployment rate of the Macedonian Roma is 32,30% and consequently 21,30% of the Roma are social welfare beneficiaries living on minimal income. Therefore, also problems of low level of education and lack of health education, poor nutrition, bad housing conditions with a lack of proper sanitation and living in overcrowded housing are still common problems within Macedonian Roma communities.

According to many reports, one of the main challenges faced by a number of Roma in North Macedonia is the lack of personal documents (identity cards, birth certificates, medical insurance cards and employment cards), which has the effect of restricting the exercise of their rights in many fields of life. It can lead to a vicious circle of exclusion, since persons without birth certificates or proof of nationality cannot obtain identity cards or other documents required for access to basic services

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<sup>45</sup> The Art of Healthy Living. Available in:

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/video.htm>

<sup>46</sup> Sastipen = Salud

[https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/video\\_astipen\\_salud.htm](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/video_astipen_salud.htm)

<sup>47</sup> Association for emancipation, solidarity and equality of women – ESE (2014) Health status, health care and the right to health among Roma people in the Republic of Macedonia" published by Open Society Foundation, available at:

<https://www.esem.org.mk/en/index.php/latest-publications/499-we-are-all-human-health-care-for-all-people-regardless-of-their-ethnicity.html>

and, through a knock-on effect, the children of persons without such documentation often find themselves in the same situation. It could be caused inter alia by indirect discrimination stemming from the criteria for obtaining these documents (such as payment of the fee or the requirement of having completed primary education). More research would need to be conducted to identify the problems experienced by Roma in obtaining such documents so as to remedy the situation.<sup>48</sup> According to the 2015 Roma Inclusion Index the gap in access to health insurance seems insignificant, but Roma still face significantly higher infant mortality and around 10 years lower life expectancy than the total population.<sup>49</sup>

The Preamble of the Constitution explicitly recognizes Roma as an ethnic community. The same applies for the Ohrid Framework Agreement<sup>50</sup> signed in 2001. The National Strategy for Roma Inclusion<sup>51</sup> (NRIS) is a policy document that was first adopted in 2005 and then reviewed in 2014 for a decade. Also, a National Action Plan for Education was developed as part of this strategy.

With a view to addressing the problem of lack of ID documents by a number of Roma, a programme was launched in 2008 with the participation of international organisations, non-governmental organisations and the authorities, aimed at identifying cases of de facto statelessness, lack of official proof of nationality and lack of documentation within the Roma population, which has already allowed over 2,000 people to obtain the documents they were lacking.<sup>52</sup>

As a collateral effect of the possibility now offered to Roma women without health insurance of giving birth in hospital free of charge, there should be an increase in the number of births registered and this should help to settle at least in part the question of insurance of birth certificates.

Specific healthcare related problems that are subject to the action of the NRIS<sup>53</sup> for the years 2014-2020 are:

- 1) Violation of the rights to health care and insurance to Roma patients due to unequal treatment by the health workers in providing services and information
- 2) Limited access of Roma to the right to health insurance, due to frequent amendments to legislation and the introduction of complex administrative procedures
- 3) Limited and untimely flow of information within the Roma community for the manner of exercising the rights of health care and health insurance
- 4) Lack of inclusion of Roma in the services of preventive, primary and secondary health care
- 5) Limited access to gynaecological services and antenatal care for Roma
- 6) Problems in the area of reproductive health and sexually transmitted diseases
- 7) Insufficient coverage of Roma children from 0-18 years with vaccines from the immunization calendar

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<sup>48</sup> ECRI Report on “the former Yugoslav Republic of Macedonia (fourth monitoring cycle), published in 2010, p.31.

<sup>49</sup> Roma Inclusion Index(2015), p. 18, available at: [http://www.romadecade.org/cms/upload/file/9810\\_file1\\_roma-inclusion-index-2015-s.pdf](http://www.romadecade.org/cms/upload/file/9810_file1_roma-inclusion-index-2015-s.pdf)

<sup>50</sup> Organization for Security and Co-operation in Europe (2001) Ohrid Framework Agreement, available at: <https://www.osce.org/skopje/100622>

<sup>51</sup> Ministry of Labor and Social Policy in collaboration with the National Coordinator of the Decade and Strategy of Roma (2014) Strategy for the Roma in Republic of Macedonia 2014 – 2020, available at: <http://www.merc.org.mk/Files/Write/Documents/02310/en/Roma-Strategy-in-Macedonia-2014-2020.pdf>

<sup>52</sup> ECRI Report on “the former Yugoslav Republic of Macedonia (fourth monitoring cycle), published in 2010.

<sup>53</sup> Ministry of Labor and Social Policy in collaboration with the National Coordinator of the Decade and Strategy of Roma (2014) Strategy for the Roma in Republic of Macedonia 2014 – 2020, available at: <http://www.merc.org.mk/Files/Write/Documents/02310/en/Roma-Strategy-in-Macedonia-2014-2020.pdf>

## 8) Lack of Roma medical staff in health facilities.

The Government of North Macedonia has anticipated specific activities and budget funds to promote Roma health as indicated in the National Strategy in 2004, National Action Plans (2005-2015 and 2009-2011) under the Decade of Roma Inclusion (2005-2015) and the new Strategy for Roma in the Republic of North Macedonia (2014-2020).

The Government has been implementing a number of action plans and preventive programmes aiming to reduce inequities in health and expanded to rich Roma and rural communities:

- National Strategy and Action Plan for Safe Motherhood 2010-2015,
- National Strategy for sexual and reproductive health 2010-2020
- National Strategy for Elderly people 2010-2020
- Immunization Action Plan 2012-2015,
- Programme for Active Health Care of Mothers and Children,
- Programme for Systematic Check-Ups for Pupils and Students,
- Programme for Immunization,
- Programme for Public Health,
- Programme for TB prevention,
- Programme for HIV/AIDS prevention, etc.

One excellent example of a successful health intervention is the immunization in Suto Orizari between January and October 2019. In Suto Orizari, there are 5,950 children between the ages of 0-6 and of which 2/3 are Roma and 1970 adolescents, most of whom are Roma. During 10 days of the European week of immunization, altogether 300 of these partially or totally non-vaccinated children were vaccinated raising the level of vaccination shield up to 95% of all the children living in Suto Orizari. Highly efficient and economic interventions like this are possible through a very good communication and collaboration between the Unit for immunisation and the Unit for patronage services within the Health Center in Suto Orizari. This kind of gaps in the immunisation are entirely avoidable through arranging informative and educational workshops or meetings with parents about the importance and benefits of immunisation and routinely paying special attention to the level of immunisation in the basic and natal health services.

From the 2009 central budget onwards, the Government of North Macedonia initiated a trend on allocating the minimum amount of funds for advancing Roma health. In the period 2005-2011, the Government has spent a total of 60.553.00 EUR or 1,2% of all central budget funds intended for health to implement specific measures and activities aimed at promoting Roma health. These funds account for only 1,4% of total funds planned for implementation of specific measures aimed at promoting Roma health. From 2011, the budget of the Ministry of Health includes funds for promoting Roma health which account for only 11% of the programme's total budget.

The Macedonian authorities have also used the Romanian and Bulgarian experience of Roma health mediators (RHM) and now 32 RHM work in North Macedonia. They are trained according to the Ministry of Health curricula, employed on temporary basis by the Ministry of Health and other health agencies with salary approx. 300 EUR per month (200 net). Requirements are: minimum secondary education, although some of them have academic grade. Roma health mediators are working in hospitals and have contacts with medical personal and can share with them information and issues. They are visible in the Roma community and they are directly working on the field with the Roma population. They were included in the ROMED programme to learn to be good mediators between institutions on local level and local community. In many activities in the North Macedonia's Strategy

for Roma and National Action Plans for Roma they are mentioned as persons who are in charge of helping Roma and they are included in many activities.

Altogether there are app. 1600 Roma who are employed in the public and national sectors. Three Roma women are working in high positions in different ministries. Roma Information Centres exist in North Macedonia. Counsellors from these centres and health mediators closely cooperate in helping Roma to achieve their rights. Also, Roma NGOs are very active and contribute to the implementation and monitoring of numerous projects. Roma, especially women, are also active as Roma school assistants and as Roma school and health mediators.

However, monitoring the progress of the Decade of Roma Inclusion in general and especially in the field of health is difficult, primarily due to the lack of official data.

### 3.4. Latvia

According to the Latvian government 2019 data there are 6768 registered Roma in Latvia of whom 4983 live in Latvia. This is only 0,3% of total population. However, officially available statistical data reflect only those Roma who have indicated their Roma ethnicity and the total number of Roma in Latvia might be higher than that in the official statistical data as according to a study only 36,5% recognized themselves as Roma in the passport and almost 50% do not declare their ethnicity.

*Latvia's national Roma integration strategy*<sup>54</sup> is an integrated set of policy measures within Latvia's social inclusion policies (National identity, civil society and integration policy guidelines 2012 – 2018, linked to the Europe 2020 strategy). In addition, the action plan provides for general activities to foster inter-cultural dialogue, such as training professionals on cultural diversity and encouraging civic participation.

In Latvia, The Network of regional experts on Roma integration issues was set in October 2014 by the Ministry of Culture. The aim of its functions is at fostering regular exchange of best practices, experience and sharing information, as well as at developing cooperation between experts of local governments, representatives of Roma communities and NRCP (the Ministry of Culture). One of the objectives of the Network is providing consultations and informative support to the local government in order to use the programmes of National and EU structure funds effectively. There are currently 18 representatives from 18 local government's institutions who are involved in the Network as experts and contact points on Roma integration. There are many activities in the framework of the project "Latvian Roma Platform" fostering municipalities to be more involved in the implementation of the set of policy measures on Roma integration (expert meeting, best practices field visits, trainings, informative seminars, exhibitions etc.).

In Latvia, mechanisms for cross-sectorial coordination on Roma Integration include the following bodies and functions:

- 1) **The Council Supervising the Implementation of Roma Integration Policy Measures**, minimum 2 meetings per year;
- 2) **The Network of regional experts on Roma integration issues**, set up in October 2014 by the Ministry of Culture, aims at fostering regular exchange of best practices, experience and sharing information, as well as at the development cooperation between experts of local governments, representatives of Roma communities and National Roma contact point (the

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<sup>54</sup> Latvia's national Roma integration strategy (2012-2018)– an integrated set of policy measures within Latvia's social inclusion policies available at: [https://ec.europa.eu/info/sites/info/files/latvia\\_national\\_strategy\\_roma\\_inclusion\\_en.pdf](https://ec.europa.eu/info/sites/info/files/latvia_national_strategy_roma_inclusion_en.pdf)

Ministry of Culture) in order to make the implementation and designing of the Roma integration policy more effective.

- 3) **Regular field visits** at the local level and advocacy for Roma NGOs and Roma representatives are provided by the Ministry of Culture (at least 3 times per year);
- 4) **Regular monitoring of the Roma situation in main areas**<sup>55</sup> (education and unemployment level; school attendance) and the annual report conducted by the Ministry of Culture (NRCP), based on statistical data provided by different governmental, local governmental institutions and Roma NGOs and non-Roma NGOs.
- 5) **The implementation of the project “Latvian Roma Platform” by the Ministry of Culture**<sup>56</sup> in order to involve all stakeholders responsible and co-responsible of Roma integration issues (especially, education, employment, healthcare and culture issues) at the local, regional and national level. For example, there are regular regional (municipal) expert meetings and best practices field visits organised in the framework of the project.

More monitoring information on the Roma situation in Latvia can be found from the Latvian Centre for Human Rights 2012 study<sup>57</sup>.

### **Health challenges faced by Roma in Latvia**

According to the Latvian Centre for Human Rights 2012 study, the main health challenges faced by the Latvian Roma are the following:

#### **a) Health status/ limitations in daily activities/ disability**

According to the Ministry of Health (MoH Veselības ministrija) no information and statistics are available on the health condition of Roma<sup>58</sup> and according to the Disease Prevention and Control Centre ((DPCC) Slimību profilakses un kontroles centrs) no data by ethnicity are collected on child vaccination, infant mortality rates, disability, lifespan, incidence with different diseases and other health related issues.

#### **b) Unmet needs in the area of health**

The only available patient data by ethnicity concerns substance abusers, and when presented alone (in the absence of other data) it has the capacity to distort the wider picture of the situation of the Roma population as a whole. In accordance with the Register on Drug and Substance Users (Reģistrs par narkoloģiskajiem pacientiem un personām, kuras lieto atkarību izraisošas vielas) from 2006 to 2011 there were 166 newly registered Roma drug or substance abusers (0.6% of the total number of registered users).

Within the project “Bordernetwork 2010-2012” from June to August 2012 a pilot project on “Raising awareness about HIV/AIDS and STDs and Promoting Testing on HIV and HCV in Jelgava Roma community” was implemented. During the project, through the introduction of a system of

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<sup>55</sup> Latvia’s NRIS monitoring reports are available on the the Ministry of Culture website:

<https://www.km.gov.lv/lv/integracija-un-sabiedriba/romi/dokumenti>

<sup>56</sup> Detailed information on the project activities of the “Latvian Roma Platform” by The Ministry of Culture is available on the Ministry’s website: <https://www.km.gov.lv/en/integration-and-society/roma/projects/latvian-roma-platform> and <https://www.km.gov.lv/lv/integracija-un-sabiedriba/romi/projekti-un-pasakumi/latvijas-romu-platforma>

<sup>57</sup> Latvian Centre for Human Rights 2012 study: FRANET National Focal Point Social Thematic Study The situation of Roma 2012, available at <https://fra.europa.eu/sites/default/files/situation-of-roma-2012-lv.pdf>

<sup>58</sup> Ministry of Health (Veselības ministrija) Letter to the Latvian Centre for Human Rights (6 August 2012)



information and bonuses, 36 Roma representatives received the services of the Centre for Consulting on Abuse (CCA) Atkarību konsultāciju centrs). Of the 36 Roma, 21 were women and 15 men, while 30 persons were adults and 6 minors. During the project the clients could receive free of charge HIV and HCV testing<sup>59</sup>.

According to the report of the fifth wave of Riga Drug User's Cohort Study (RDUCS) the majority of drug users in the study are Russian speaking – either of ethnic Russian origin (67%) or belonging to other nationalities (10%), i.e. Roma, Ukrainians, Belorussians, Poles, etc. – while only about 23 % of Latvians are present in the cohort<sup>60</sup>. During the research, 50 Roma representatives have been surveyed since 2006 (15 in 2010), of those 32 men and 18 women. The average age of the respondent is 30 (12 drug users are younger than 25, 18 – aged 25-29, 10 – aged 30-34, seven – aged 40. 66% and 33 Roma respondents drug users have been in prison<sup>61</sup>.

Although no data on HIV infected persons by ethnicity are compiled in official registers and data bases<sup>62</sup>, the DIA+LOGS NGO working with HIV/AIDS patients, and HIV prevention drop-in centres register clients by determining their ethnicity<sup>63</sup>. These data are not publicly available. According to data from the Latvian Family Planning and Sexual Health Association ((LFPSHA) Latvijas Ģimenes plānošanas un seksuālās veselības asociācija) "Papardes zieds" as of 1 January 2011, there were 355 registered Roma HIV infected, thus, 42 HIV infected persons per 1,000 Roma inhabitants in Latvia. Although the HIV incidence among Roma is very high, Latvia has no special programmes aimed at HIV/AIDS reduction measures in the Roma community<sup>64</sup>.

### c) Medical insurance coverage

There are no data in Latvia on the number of persons who are health insurance holders. On 16 August 2012, a draft framework document on the financing model of the healthcare system was announced by the Ministry of Health at the Meeting of State Secretaries (Valsts sekretāru sanāksme)<sup>65</sup>. According to the document, access to state funded health services will be linked to the payment of income tax. Persons who do not pay income tax and for whom contribution is not made by the state will be able to benefit from the state funded healthcare system by making monthly minimum mandatory health insurance contribution in the amount of 20 LVL (~ 30 EUR). Irrespective of the payment of income tax, all residents will be entitled to emergency medical care, establishing of specific diagnosis or health condition and treatment. Several population groups will be deemed justified tax non-payers (children under 18, pensioners, one of the parents taking care of a child under 3 years of age, disabled persons with I and II degree disability, unemployed persons, but longer than 1.5 years after being granted the status of the unemployed, prisoners, politically repressed (persons sent to Gulag camps) and several other groups. Given the low employment rate among Roma, the planned changes in the financing of the health care system may adversely impact upon Roma access to health care services.

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<sup>59</sup> Information provided by the Latvia's Association for Family Planning and Sexual Health "Papardes zieds" by e-mail (27 June 2012)

<sup>60</sup> Centre for Disease Prevention and Control Letter to the Latvian Centre for Human Rights Nr 02.3-14/819, (26 August 2012 )

<sup>61</sup> Health Economics Centre (Veselības ekonomikas centrs), (2011) Narkotiku lietošanas tendences un paradumi Latvijā, (Drug Use Trends and Habits in Latvia), Riga, p. 5. Available in Latvian: <http://vec.gov.lv/uploads/files/4e0f33326c3b0.pdf>

<sup>62</sup> Centre for Disease Prevention and Control (Slimību profilakses un kontroles centrs) Letter to the Latvian Centre for Human Rights Nr 02.3-14/819, (26 August 2012 )

<sup>63</sup> Information provided by the DIA+LOGS (support centre for those affected by HIV/AIDS) and representative of the Centre for Disease Prevention and Control by phone (30 August 2012)

<sup>64</sup> Information provided by the Latvia's Association for Family Planning and Sexual Health "Papardes zieds" by e-mail (27 June 2012) 22

<sup>65</sup> Latvia Ministry of Health (Veselības ministrija), Draft framework document "On the Financing model of the Health Care System" (Konceptijas projekts "Par veselības aprūpes sistēmas finansēšanas modeli"), available in Latvian at: [www.mk.gov.lv/lv/mk/tap/?pid=40259454](http://www.mk.gov.lv/lv/mk/tap/?pid=40259454)

### c) Circumstances around giving birth

Roma are the only ethnic group in Latvia with a positive birth rate balance (birth rate exceeds the mortality rate). In the period 2006-2011, the natural population growth was 322. However, the birth rate is decreasing among Latvian Roma as well (from 141 in 2006 to 104 in 2011)<sup>66</sup>. No other information and statistics based on ethnicity are available on circumstances around giving birth<sup>67</sup>.

### d) Experiences and perceptions of racial/ ethnic discrimination

There is no information on the evidence of segregation of Roma patients by health care providers. Neither the Health Inspectorate<sup>68</sup> nor the Patients' Ombudsperson<sup>69</sup> have received any complaints on possible discrimination or segregation of Roma in access to and provision of health services. Several NGOs also report of not having received complaints on incidents of discrimination or unequal treatment of Roma in health care<sup>70</sup>.

However, between the years 2006 and 2012 the Ombudsperson's Office received one complaint from a Roma concerning alleged unjustified apprehension and subjection to medical examination. However, the Office did not establish a violation in the case<sup>71</sup>.

According to the opinion of the Ombudsperson about the use of EU financial instruments and state budget allocations for Roma integration, from 2007 to 2012 in Latvia in the realm of health care services, there have been no measures to support the improvement of access to health care services for Roma<sup>72</sup>.

According to the Latvian Ministry of Culture Roma Survey<sup>73</sup> from 2015 the most important health challenges of the Latvian Roma community are:

1. Roma women's health condition including the following issues:
  - family planning issues: widely spread disapproval of contraceptives (46,1%) lack of information concerning their use
  - enhancing the accessibility of pre-natal and post-natal care
2. Fighting against child marriages and early pregnancies of Roma children
3. Fighting against substance abuse related physical and mental health problems and criminality
4. Promoting Roma access to healthy housing.

However, there are some promising practices in the municipalities of Jurmala and Jelgava both of which have been long active with Roma related activities. A good example of the municipalities'

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<sup>66</sup> Latvia, Central Statistical Bureau (Centrālā statistikas pārvalde), Births, Deaths and Natural Increase by Ethnicity, 2010. Available at: <http://data.csb.gov.lv/Dialog/varval.asp?ma=IV0020a&ti=IVG02%2E+BIRTHS%2C+DEATHS+AND+NATURAL+INCREASE+BY+ETHNICITY&path=../DATABASEEN/ledzsoc/Annual%20statistical%20data/04.%20Population/&lang=1>

<sup>67</sup> Ministry of Health (Veselības ministrija) Letter to the Latvian Centre for Human Rights (6 August 2012)

<sup>68</sup> Letter of the Health Inspectorate to the Latvian centre for Human Rights (No 5.3-1/16331/7780, 31 August 2012)

<sup>69</sup> Information provided by the Patients Ombudsman Office by e-mail on 3 August 2012

<sup>70</sup> Information provided by the Roma association 'Nevo Drom' by phone on 13 August 2012, association HIV.LV buy phone on 30 August 2012, association DIA+LOGS by phone on 31 August 2012

<sup>71</sup> Letter of the Ombudsperson's Office to the Latvian centre for Human Rights (No 1-5/2162012, 20 August 2012)

<sup>72</sup> Tiesībsarga vēstule par Eiropas Savienības finanšu instrumentu un valsts budžeta līdzekļu izlietojumu romu integrācijai (30 August 2012). Available in Latvian: [http://www.tiesibsargs.lv/files/romi\\_es\\_lidzekli\\_romu\\_kopienai\\_vestule\\_saeimai\\_mk\\_.pdf](http://www.tiesibsargs.lv/files/romi_es_lidzekli_romu_kopienai_vestule_saeimai_mk_.pdf)

<sup>73</sup> Latvian ministry of Culture (2015), available at [https://www.km.gov.lv/uploads/ckeditor/files/Sabiedribas\\_integracija/Romi/Papildu/romi\\_latvija\\_petijums\\_ENG.pdf](https://www.km.gov.lv/uploads/ckeditor/files/Sabiedribas_integracija/Romi/Papildu/romi_latvija_petijums_ENG.pdf)

engagement into the activities is the co-financing of the position of Roma school mediators working as teachers' assistants.

Jelgava is a multicultural city of 59,000 of inhabitants: 60% Latvian, 25% Russian, 5% Byelorussians, 2.5% Ukrainians and 0.8 % Roma (app. 350 persons). Seven local NGOs meet monthly to discuss recent developments and needs. Several concerts and cultural events have been organised on the yearly basis by different nationalities and ethnicities, including Roma. The Roma-specific events are related to Roma memorial days and holidays such as 8 April or 5 November or to Mothers' day or Christmas.

The municipality conducts a survey on how minorities feel in the city. The experts think it would be interesting to survey the majority population of the city on their perceptions on minorities and compare these results. The level of unemployment of the local Roma is high and there is a need for closer cooperation with local entrepreneurs. Those few Roma who work are employed in cafés, one in the police, at schools, in kindergarten. There is only one Roma NGO. Events concerning the promotion of healthy lifestyles have been organised. One of the most important ones is a summer camp for approximately 20 Roma children with a lot of activities, such as educational activities (Latvian language lessons) and an excursion for Roma children.

There is good cooperation with municipal Board of Education and many Roma children are included in the integration activities through sports. Out of app. 350 of Jelgava Roma, 300 are involved in different activities which involve also very young children. One specific low- threshold service for all families is The Toy Library – a common room for children. The Toy Library has been open since January 2018, engaging 99 children from 69 different families of which 13 are Roma families (19% of the families). A Roma school mediator works with 26 Roma families and 29 Roma pupils. Roma pupils have good results in arts and sport, but do not do so well in science. According to the data, half of the local adult Roma have not completed primary school. The most pressing problems are that 56 children do not attend school and early marriages remain a significant obstacle to women's education and employment outside the homes.

In Jurmala, a day centre for Roma exists. It is situated on the grounds shared by a mental health hospital and a retirement home. The districts of Sloka and Kaugari have the largest Roma population, but – unlike in Jelgava - there is no data on the number of local Roma. Roma from Jurmala travel abroad for seasonal work so the low number of active Roma remaining permanently in the city make it difficult to find active partners for the co-operation and community development. Those who can be considered as "successful" often refuse to participate in projects on a voluntary basis. Out of those 169 Roma who are registered in the centre about one fifth is present on the daily basis (between 30 and 35 Roma). As in many localities, Roma women are much more active. The centre offers creative workshops for children, music, dancing activities, sports, etc. The centre also made an interesting research on what Roma would like to become in future. Roma people's answers included different professions such as singer, beauty salon owner, hairdresser and math teacher. The problem signalled by the Latvian participants is the problem of wide-spread drug addiction in the community. The participants of the thematic visit agreed that the issue of addiction, especially from drugs, should be addressed separately within the thematic visit.

Information on Roma integration policy measures in Latvia 2012 - 2018 prepared by the Ministry of Culture in 2012 recognizes three main challenges for Roma integration in the area of healthcare<sup>74</sup>:

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<sup>74</sup> Ministry of Culture (Kultūras ministrija) (2012), Information on Roma integration policy measures in Latvia Available in English: [www.km.gov.lv/lv/doc/nozaru/integracija/Roma\\_integ\\_policy\\_measures\\_LV\\_20122018.pdf](http://www.km.gov.lv/lv/doc/nozaru/integracija/Roma_integ_policy_measures_LV_20122018.pdf)

- 1) information on health issues of the Roma population living in anti-sanitary conditions or under the poverty line, observing general hygiene and opportunities for rehabilitation and social care
- 2) preparation and training of social workers on specific aspects of Roma culture, and in the area of culturally sensitive services for low-income Roma families
- 3) improvement of monitoring the socio-economic conditions of Roma, including a study on Roma's access to housing.

Latvia has utilized European Structural and Investment Funds, European Union Programme "Rights, Equality and Citizenship 2014-2020" funds and European Union Programme "Europe for Citizens" for promoting Roma Integration.

- "Roma History remembrance project: Living Memory"; devoted to remembrance of Roma victims of Holocaust<sup>75</sup>
- Latvian Roma Platform I: "Dialogue, cooperation and involvement"<sup>76</sup> and II: "Dialogue, participation and mutual learning"<sup>77</sup> were implemented by the Ministry of Culture in 2017/2018, focusing on Roma mediation practice development, Roma youth participation, better dialogue between Roma and employers.
- Active employment measures: Training measures (including occupational trainings; non-formal education measures; competitively promotion measures) are implemented by the Employment State Agency (EU funding).
- "Support for the development of individual competences of students" in the framework of ESF project - support for Roma teacher assistances in Daugavpils.
- "Promotion of Diversity and Combating Discrimination" - the aim of the project is to promote the employment and socioeconomic inclusion of persons subject to risks of social exclusion and discrimination (persons subject to the risk of discrimination to their ethnicity - including Roma people and other ethnic minorities - are included as one of target groups), at the same time fostering the increase of the level of information and understanding in the society as a whole on the issues of prevention of discrimination and of inclusive society.

## IV. General and country specific conclusions, recommendations and good practices

### 4.1 General conclusions, lessons learnt and recommendations

According to the latest 2019 Communication from the Commission to the European Parliament and the Council<sup>78</sup> Roma Health and housing related measures and evaluations are in general scarce in the implementation of the National Roma Integration Strategies. This is clearly limiting opportunities for policy learning and transfer. The most broadly used promising practices among the member states focus on prevention via vaccination campaigns and the training and

<sup>75</sup> Detailed information on the project "Roma History remembrance project: Living Memory"; devoted to remembrance of Roma victims of Holocaust available on NGO's web site <http://www.livingmemory.lv/>

<sup>76</sup> More information about the Latvian Roma Platform I "Dialogue, cooperation and involvement" available on website of the Ministry of Culture <https://www.km.gov.lv/en/integration-and-society/roma/projects/latvian-roma-platform>

<sup>77</sup> More information about the project Latvian Roma Platform II "Dialogue, participation and mutual learning" is available on the website of the Ministry of Culture <https://www.km.gov.lv/lv/integracija-un-sabiedriba/romi/projekti-un-pasakumi/latvijas-romu-platforma-ii>

<sup>78</sup> European Commission COM(2019) 406: Report on the implementation of national Roma integration strategies - 2019 available at [https://ec.europa.eu/info/sites/info/files/swd2019-320-final\\_report\\_on\\_the\\_implementation\\_of\\_national\\_roma\\_integration\\_strategies\\_en.pdf](https://ec.europa.eu/info/sites/info/files/swd2019-320-final_report_on_the_implementation_of_national_roma_integration_strategies_en.pdf)

employment of Roma health mediators. It is important, however, that targeted support services actively aim to improve health awareness, change behaviours and build long-term self-reliance and ability of Roma to engage with mainstream institutions, instead of creating dependence on permanent intermediaries and long-term parallel service structures. For example, Spain underlined several times, the fact that the main health problems of their Roma population do not derive from access to health services but from exposure to sub-standard living conditions. The approach to the social determinants of health and discrimination are the two fundamental lines of Spanish health interventions, which are reinforced by the downstream approach to lifestyles and health services. Along these lines, mediation should be understood as an additional resource and short- or medium-term measure that is complementary to other approaches. Therefore, mediation should be used in certain situations, but not as the only solution, since countries should focus more on different structural measures that imply awareness raising, training and capacity building the intercultural competencies of all health professionals, not only that of the Roma mediators. States should:

- Increase health insurance coverage, fill gaps in primary and specialised care provision, including reproductive and sexual health in disadvantaged areas
- Step up efforts to prevent and fight drug addiction, smoking, HIV, hepatitis, tuberculosis, cardio-vascular diseases and premature birth
- Sensitise health professionals to Roma needs and targeting antidiscrimination measures at them
- Ensure that targeted Roma health mediators help build the long term self-reliance of Roma
- Improve nutrition

European Commission 2019 key priorities to be addressed in future concerning Roma housing as one of the pre-requisites for better health:

- Monitor and fight discrimination in access to housing and provision of sufficient, properly serviced and culturally appropriate halting sites for Travellers
- Legalise housing and prevent forced evictions
- Fight unhealthy living conditions targeting Roma women and families with children by ensuring Roma access to clean water, basic amenities and essential public services for all

This means that the European Commission intends to emphasize the importance of monitoring the implementation of national, regional and local activities related to Roma health related measures. ESIF provide huge potential for investing in Roma health related measures which should be increasingly funded by ESIFs either as separate projects or as part of other labour market and education projects.

National Roma Contact Points and relevant administrative actors such as ministries and local administration should ensure:

- Engaging more actively with key national, regional and local actors that are promoting or have the potential to promote Roma health integration
- Including activities related to Roma health into the Programme documents of Regional OPs
- Operational Programmes using both outcome and process indicators to demonstrate investments in Roma health integration

Concerning health care, the European Commission against Racism and Intolerance (ECRI) General Policy Recommendation no. 13 ECRI(2011)37 on combating anti-Gypsyism and discrimination against Roma<sup>79</sup> recommends that the member states should:

- a) take measures to secure equal access to all quality health care to Roma
- b) recruit health mediators, in particular from the Roma community to provide liaison between health personnel and managers and Roma
- c) take positive measures to ensure that no financial or administrative hindrance impedes the access of Roma to health care and medical treatment
- d) provide training to health workers aimed at combating stereotypes, prejudice and discrimination against Roma
- e) ensure that acts of discrimination against Roma in the health sector are prosecuted and punished
- f) expressly prohibit any practice of forced sterilisation of Roma women
- g) prevent and combat any segregation in hospitals and in particular in maternity wards.

*The Health and the Roma Community, analysis of the situation in Europe*<sup>80</sup> (2009) report identified a series of transversal recommendations, which must be taken into consideration by all institutions and actors when addressing any of the specific areas of intervention in healthcare and are to a large extent consistent with the 10 Common Basic Principles on Roma Inclusion, promoted by the EU's Integrated Platform for Roma Inclusion:

1. Tackling the structural determinants of health: inter-sectorial intervention in education, training, labour market inclusion, housing and health
2. Involvement and participation of the Roma population in all processes of intervention.
3. Normalisation and strengthening of health programmes aimed at the Roma population: 'explicit but not exclusive targeting'.
4. Inclusion of a gender perspective
5. Prioritising preventive healthcare by targeting Roma youth
6. Continuation of data gathering and analysis, in order to deepen our understanding of the specific needs of the Roma population regarding healthcare, and to identify any changes of those variables conditioning the health situation of the Roma.

The same report on the health mediation stresses the importance of understanding that poor housing, inadequate education and difficulties encountered in gaining access to and using health-care services, together with deficient health habits, all contribute to the poor health status of Europe's Roma community the result of which is a high morbidity rate and lower life expectancy vis-à-vis other Europeans.

In light of these results, the following actions should be taken as a matter of priority:

- 1. Strengthen the role of the state and regional health administration in the promotion of Roma health**

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<sup>79</sup> The European Commission against Racism and Intolerance (ECRI) General Policy Recommendation no. 13 CRI(2011)37 on combating anti-Gypsyism and discrimination against Roma <https://rm.coe.int/ecri-general-policy-recommendation-no-13-on-combating-anti-gypsyism-an/16808b5aee>

<sup>80</sup> Fundación Secretariado Gitano (2009) Health and the Roma Community, analysis of the situation in Europe Health and the Roma Community, analysis of the situation in Europe (Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia, Spain) available at [https://www.gitanos.org/upload/78/83/Health\\_and\\_the\\_Roma\\_Community.pdf](https://www.gitanos.org/upload/78/83/Health_and_the_Roma_Community.pdf)

- Harmonize their legal frameworks, monitoring, data collection and evaluation feedback in order to produce more comparable results. The current European Commission Roma integration monitoring tool for reporting and international civil society shadow reporting projects work to this end with the member states, but the enlargement countries are still outside this system.
- Carry out a real impact evaluation by using clear quantitative and qualitative indicators for following the effectiveness of their measures at the grassroot level (such as the infant mortality among the Roma, amount of health care discrimination related complaints and court cases).
- Use more external evaluation instead of internal evaluations and long-term follow-up approaches instead of short-term approaches when evaluating the development, effectiveness and impact of the health component of their National Roma Integration Strategies (NRIS).
- Apply different mathematical models of the welfare economy in order to count the cost of health inequalities and the benefits of investing into preventive care and health interventions such as immunization.
- Use different European Structural Funds funding tools for promoting Roma Health as part of the labour market and vocational education oriented projects and poverty relief schemes, especially in the less developed and poor regions but also inside bigger cities where polarization and structural inequalities exist as well.

## **2. Ensure Roma people's universal access to basic and specialised health-care services:**

- Create sustainable programmes and projects that will facilitate access to and use of health-care services improving both the delivery and usage of health services especially among the poor and highly segregated Roma population and those living in rural areas and segregated neighbourhoods
- Encourage assessments and feedback from the Roma and non-Roma civil society regarding the access and quality of the healthcare and discrimination in healthcare
- Deconstruct myths around Roma health among the healthcare professionals because stereotyped and false images of Roma influence negatively the patient- professional interaction and the general impact of healthcare services.
- Cooperate with the national Ombudsman Office for Equality must also be strengthened so that the Roma cases related to injustice in health services are been addressed and analysed separately. In many countries (such as Finland) it is the housing cases that receive separate attention because they form a bulk of the cases.
- When addressing the discrimination that the Roma face in the health care services both the discrimination received from the health care professionals and other customers must be addressed (health centres, hospitals and other services should be declared and kept as discrimination free zones).
- Work against different kinds of corruption in healthcare further victimizing the Roma such as doctors requiring additional fees to be paid directly to them in order to receive healthcare services that are free of charge.

## **3. Use of preventive services:**

- Promote the use of preventive health-care resources with a special focus on pre-natal and natal care, child vaccination (in the countries where this still is an important issue) and the prevention of gynaecological diseases and STD.
- Investigate causes of death of Roma children and starting adequate interventions based on that information
- Raise the level of Roma children's early education, kindergarden and pre-school attendance.

- Address separately the school nurses and doctors as one group of professionals who should be informed and influenced as one key group what comes to the prevention of too early and unwanted pregnancies, child marriages and human trafficking.
4. **Acquisition of better health habits by the Roma population:**
    - Implement actions targeting the prevention of drug and substance abuse by young people and actions designed to reduce the smoking among men
    - Promote and facilitate physical activity during free time, especially among young people
    - Promote healthy eating habits
    - Develop general health literacy of the Roma (also among the illiterate Roma practices of “narrative medicine” have proven to be effective and in line with the strong oral traditions of the Roma communities)
  5. **Mental health:** Facilitate access to and promote the use of mental health services.
  6. **Dental health:** Facilitate access to and promote the use of dental health services.
  7. **Roma Health Mediation:**
    - Increase the number and engagement of certified intercultural Roma mediators in order to improve the access to distant communities and efficient service delivery
    - Institutionalisation of the Roma Mediator’s profession and professional qualification is very important either as part of the general vocational degree structure as one field of specialisation or as a separate professional degree programme.
    - Working contracts, salaries and working conditions of the Roma health professionals should be developed in order to ensure their full and long-term integration to the health care system and in order to prevent “braindrain” to other fields of medicine or their emigration abroad. Both of these negative, but understandable phenomena pose a significant threat to the continuation of government supported special Roma grants for medical professionals. Some countries already consider a low-cost loan option with special conditions as a better alternative to grants, because if you students could either pay back their lower- interest rate loans through working some time in the public services they would probably stay longer in their own countries. Alternatively, these low-cost loan could be paid back in cash after emigration. From the state investor point of view this would be a more socially and economically sustainable solution. However, this kind of solutions have been criticized for treating individuals unfairly compared to other students.
    - Member states should remember to aim at balance between developing the Roma situation through mainstreamed activities and investments made to Roma targeted separate interventions projects implemented by Roma NGOs. Responsibilities of the general healthcare system, municipalities and state cannot be outsourced.
  8. **Health and care of the Elderly Roma:** Health inequalities of Roma, like any vulnerable group are cumulative and show especially in the old age. Regardless of the positive development of health conditions and general health of the younger generation, the needs of the previous, less unfortunate generations of Roma must be taken into account when planning models complementing the general and often inaccessible service provision for the elderly.
  9. **Eliminate gettos and unhealthy living conditions and providing proper housing or halting sites:** including the provision of emergency housing and health services for the undocumented, migrant and evicted Roma.



## **4.2. Country-specific conclusions, lessons learnt and recommendations**

### **4.2.1. Finland**

- 1) Disseminate the results of the Roosa-study through conferences, seminars and training on good practices and health promotion interventions that foster Roma population's own participation
- 2) Continue developing Roma relevant National Institute for Health and Welfare's new MONET-multicultural health promotion work
- 3) Analyse the implementation of the health strand as a part of the mid-term review of the National Roma Integration Strategy
- 4) Promote Roma health through national, regional and local equality analysis and regional MAARO-planning by utilizing the results of the Roosa- research and MAARO- action planning guide published in 2019
- 5) Analyse the healthcare related complaint cases of the Roma so that this valuable information does not disappear but reaches the service providers
- 6) Develop the knowledge base and capacity of the healthcare professionals what comes to intervening Roma discrimination situations that take place in the healthcare and health care facilities.
- 7) Develop follow-up and cooperation concerning the Roma relevant research findings produced yearly by the Institute of Criminology and Legal Policy (Krimo) as one research institute of the University of Helsinki producing different kinds of analysis of the crime situation and victim and perpetrator profiles in Finland.
- 8) Continue follow-up research and cooperation on promoting Roma equity in housing with the ministry the Ministry of Environment and the Equality Ombudsman's Office.
- 9) Continue providing and developing the services of emergency housing and health services, Hirundo day-centre and alternative income generating labour market activities, such as ESF-projects for Mobile EU-citizen Roma.

### **4.2.2. Spain**

- 1) Cross-cutting incorporation of health needs of Roma population in strategies, plans and programmes on health or with health impact
- 2) Continue disseminating the results of the 2nd National Health Survey on Roma Population and presenting them, as has already been done to the Public Health Committee and other relevant bodies, together with the State Council of Roma People's Health Working Group action proposals.
- 3) Identify vulnerability areas and Primary Care Centres where there is a higher number of Roma population through social mapping in order to identify needs for interventions such as training, active engagement
- 4) Advocate for the sustainability of health programmes for Roma population through introducing grants for associations
- 5) Identify and disseminating through conferences, seminars and trainings on good practices and health promotion interventions that foster Roma population's own participation
- 6) Provide of training seminars on healthy equity of Roma people.
- 7) Integrate an equity and social determinants of health approach into the general curricula of health degrees such as medicine, nurses and social workers.
- 8) Continue the support to the work of the Equi-Sastipen network.
- 9) Continue cooperation between the State Council of Roma People and the health working groups with autonomous regions and designating a reference person in autonomous regions for Health and Roma population.

#### 4.2.3. North Macedonia

- 1) Establish a monitoring system for violations of the rights to health care and health insurance for Roma and their protection by the competent authorities;
- 2) Continue collecting both quantitative and qualitative, ethnically disaggregated health data and follow-up data to identify the main obstacles that Roma face in their access to healthcare to guide policy design;
- 3) Improve awareness about the importance of healthcare and the rights of Roma among civil servants working in the public services, through Roma health mediators, Roma Information Centres (RIC) and other approaches (with particular attention paid to the needs of illiterate Roma) and to sensitise all staff working in the health care facilities on anti-discrimination, social prejudice and equality;
- 4) Continue investigating the causes of death of Roma children and focusing especially on preventive care within the *Program for active health care for mothers and children* in order to improve maternal and newborn health;
- 5) Continue improving Roma women's access to regular gynecological examinations;
- 6) Work in line with increasing the number of Roma students at the medical schools in order to reflect the genuine proportion of Roma population in North Macedonia;
- 7) Increase the number of health mediators and targeting more resources to support their work in municipalities with high density of Roma and/or higher levels of communicable and non-communicable diseases (such as Shuto Orizari, Kumanovo, Tetovo, Gostivar, Bitola, Prilep, Kocani and Shtip) or sub-standard housing conditions;
- 8) Develop provision of free preventive, basic and specialised healthcare services for the Roma without personal documentation who otherwise might only have limited access to it;

In North Macedonia the main structural determinant of Roma Health are closely linked to problems in the field of housing and therefore several key recommendations concern improving the housing conditions;

- 9) Develop new legislation on social housing and secondary legislation concerning subsidizing of rents and other housing costs for socially vulnerable groups;
- 10) Undertake needs assessments and data collection on the housing situation of the Roma population;
- 11) Accelerate the legalisation procedures for illegal buildings occupied by Roma, in line with the Law on the Procedure of Illegally Built Objects;
- 12) Design detailed urban plans and provide funds for the improvement of the utility infrastructure in Roma settlements and municipalities.

#### 4.2.4. Latvia

- 1) Collect gender disaggregated quantitative and qualitative data on health, welfare and housing as a follow-up for the 2015 Roma survey in order to identify the main obstacles that Roma women, men children, Youth and the elderly face in their access to healthcare to guide policy design.
- 2) Utilize the existing daycentres and activism in both Jurmala and Jelgava together with the use of European Structural and Investment Funds, European Union Program "Rights, Equality and Citizenship 2014-2020" funds and European Union Program "Europe for Citizens" for promoting Roma Integration also in the field of healthcare and community level health interventions.
- 3) Based on the earlier good practice of utilizing Roma mediators, develop a health mediation component and better use of the existing service models in order to tackle the issues of family

planning and the accessibility of pre-natal and post-natal care and STDs separately within different age and gender target groups.

- 4) Continue engaging more Roma mediators and training them further training to respond to the health, housing, education, employment, social integration and societal participation related challenges at the regional and municipality level.
- 5) Empower Roma and non-Roma civil society to be more engaged in the Roma Health related community work and in the planning, implementation, monitoring and evaluation of all on-going and future projects.
- 6) Continue utilizing European Structural Funds for financing health and welfare related integration measures, including some especially targeted measures covering substance abuse related rehabilitation services and desistance support for the most marginalized Roma.

## 4.3 Good practices

### 4.3.1. Good research practices

The participating experts discussed in depth, the findings of different Roma Health related research projects and also their research methodology and ethics.

The methodology used during the research planning, ethical review, research project implementation, publication of results and final evaluation of the project should be both qualitative and participatory. Furthermore, the experts proposed the use of methodology utilizing a range of assessment techniques such as:

**Research and evaluation technique 1:** Utilize Roma mediators and Roma research personnel in the field work and reserving adequate amount of time and resources for this work

**Research and evaluation technique 2:** Review and document analysis throughout all phases of the research and evaluation process

**Research and evaluation technique 3:** Direct non-participant observations

**Research and evaluation technique 4:** Joint development process of the survey questionnaire between the Roma and/or non-Roma Health research professionals and key stakeholders

**Research and evaluation technique 5:** Prefer the use of structured face-to-face interview and semi-structured interviews in order to take into account the poor literacy and/or health-literacy of some of the research participants, however, making also the self-administered questionnaire available

**Research and evaluation technique 6:** Carry out participatory workshops with different stakeholders throughout the research project planning, implementation, analysis and evaluation in order to analyse weaknesses, threats, strengths and opportunities of the research project

**Research and evaluation technique 7:** Develop the methodology and use of narrative medicine

**Research and evaluation technique 8:** Evaluate pro-actively and reactively the possible implications of the publications of Roma Health and welfare related research findings that may either strengthen or weaken the existing stereotypes and hate speech against the vulnerable Roma. Consider also the possibility of saving some very difficult (in specific cultural taboos related) and stigmatizing information only for the work among the health care professionals working in the relevant professional fields or for the targeted work among the relevant segments of the Roma population. As a real alternative to splitting the target group of the study according to ethnicity there are also alternative socio-economic factors and ways of grouping people which actually show more of the dynamics of socio-economic cause and reason chains resulting to specific health problems.

**Research and evaluation technique 9:** When possible, use standardised research questions and key indicator sets, data analysis and presentation forms in order to enable comparative research approaches between different population groups and countries and following up the impact of the mainstreamed and targeted health interventions.

## Finland

1) Many cities such as Helsinki and Jyväskylä, but also smaller ones, have hired **permanents advisors/mediators with a Roma background and professional specialisations such as social work, child security and family consultation, mental health and substance abuse problems**. These workers work in services that are intended for all population groups. The advantage of a social service workers with Roma background is an ability to work on prejudices and knowledge of the Roma culture.

**2) Roma mediation** can be studied and certified as a part of professional qualification studies. It is one competence area with a set of specific qualification criteria and well-defined curricula of its own. This means that Finland has institutionalized the qualification for Roma mediation work as part of the general system of vocational qualifications. This means that professionals from different fields can choose it as a part of their professional diploma studies.

3) The City of Jyväskylä also implemented **health project intended for the Roma population (2013–2014)**. The objective of the project was to make it easier for the Roma to use existing physical exercise facilities and services. Such services are often little used by the Roma, who are not aware of the opportunities offered by the services. Due to prejudices and fear of discrimination, the Roma rarely take part in activities organised for the majority population. The City's sports advisers prepare an initial assessment and an individual exercise programme for each person. At the same time, an effort was made to increase awareness of a healthy diet and lifestyle among the Roma. The project runs nine exercise groups for Roma men and women in different age groups. The aim was to mainstream the healthpromoting activities established through this project as a permanent operating model among the Roma in Jyväskylä.

## North Macedonia

**1) Work with patients without ID in Tetovo municipality where Roma health mediators together with Roma information centres and Roma NGOs work with Roma without identification documents (IDs).**

Roma health mediators' assistance during the hospital intervention: In Skopje, in the municipality of Shuto Orizari, Roma health mediators help in many cases with the vaccination of children, gynaecological intervention and other medical interventions in Skopje's hospitals. They always accompany Roma who need help in hospital.

**2) Process of drafting and adopting local Roma integration action plans (LAPs) in the areas of education, employment, health and housing<sup>81</sup>**

Beginning in 2005-2012 as an initiative of Roma non-governmental organisations in a small number of municipalities, the process of drafting and adopting local Roma integration action plans (LAPs) in the areas of education, employment, health and housing has spread to a considerably larger number of municipalities since 2009 through separate initiatives involving the Ministry of Labour and Social Policy and Roma civil society. In 2010, the municipality of Kočani adopted LAPs in the areas of education, employment and housing on its own initiative. In late 2010 and early 2011, an internationally funded project implemented by the regional Roma network Intelekt led to the adoption of LAPs in the same areas in four municipalities in the eastern part of the country.

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<sup>81</sup> Best practices for the Roma Integration in the Western Balkans, available at <http://goodpracticeroma.ppa.coe.int/en/good-practice/development-local-action-plans-roma-0>

Most recently, the EU-funded project “Support to the Implementation of the Roma Strategy” saw the involvement of the Ministry of Labour and Social Policy again from late 2011 through the first half of 2012. In all cases, the process has brought together representatives of Roma civil society with relevant institutions at the local level.

The project has been replicated in other cities such as Berovo, Bitola, Delčevo, Gostivar, Kriva Palanka, Kumanovo, Pehčevo, Prilep, Probištip, Rankovce, Štip, Šuto Orizari, Sveti Nikole, Tetovo, Veles and Vinica.