



World Health
Organization

REGIONAL OFFICE FOR
Europe

Improving the health of Roma in the WHO European region

A new initiative of the WHO Regional Office for Europe





Ensuring the rights and social inclusion of Roma is a moral obligation

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Approximately 12–15 million Roma live in the WHO European Region, including an estimated 10 million in the European Union (EU) alone. Roma are estimated to account for 10% of the population in Bulgaria and 9% in Slovakia. Romania's 1 850 000 million Roma make up the largest Roma community in the Region and account for more than 8% of the total population in the country (European Commission (EC), 2011). As Roma tend to have higher birth rates than majority populations, this minority group will account for greater percentages of the total national populations in the years to come.

Roma are disproportionately poor in many countries, and evidence suggests that Roma are concentrated among the most poor. Exclusion linked to discrimination based on Roma ethnicity may be an independent risk factor for poverty (United Nations Development Programme (UNDP), 2003; Milcher, 2006). A recent survey by the European Union Agency for Fundamental Rights (FRA), UNDP and the World Bank of the situation of Roma in 11 EU Member States revealed unacceptable inequities experienced by Roma (FRA and UNDP, 2012). They are victims of racism, intolerance, discrimination and social exclusion. According to the findings, one of three Roma is unemployed, only 15% of young

Roma adults complete upper-secondary education, and about 45% live in households that lack at least one of the following basic housing amenities: indoor kitchen, indoor toilet, indoor shower or bath and electricity. About 90% of the Roma surveyed live in households with incomes below national poverty lines. On average, 20% of Roma respondents are not covered by medical insurance.

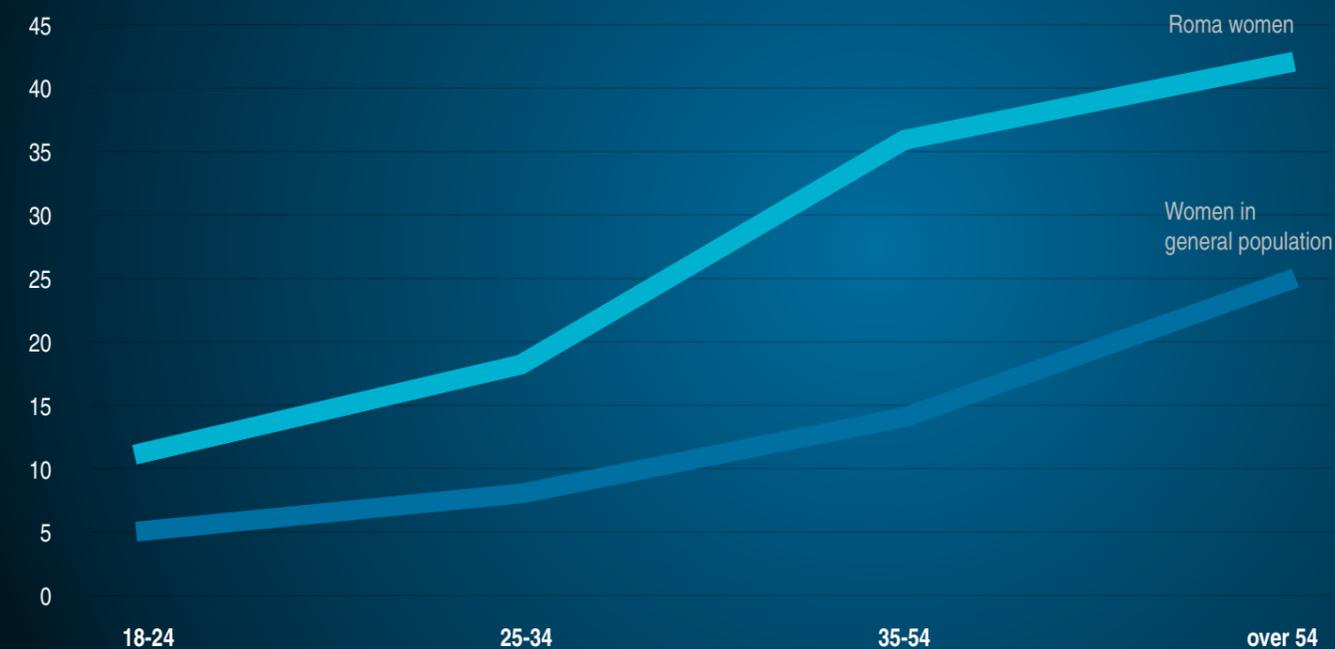
Alarming and unacceptable health inequities

The conditions in which most Roma live have serious consequences for their health. There are indications that life expectancy among Roma communities is 10–15 years shorter than among non-Roma (EC, 2011).

Higher rates of illness among Roma populations than among majority populations have been reported, including higher rates of type 2 diabetes, coronary artery disease and obesity among adults and nutritional deficiencies and malnutrition among children. More than half of the Roma women in settlements in Serbia are undernourished.

Data regarding low birth weight, breastfeeding prevalence, maternal smoking, and nutrition status

Percentage of women in Spain who are obese, by age group



Source: Spanish Ministry of Health and Social Policy, Fundación Secretariado Gitano, 2009 (<http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf>, accessed 1 July 2012).

reveal substantial inequities between the Roma and the majority population, including (in some contexts) when Roma are compared to the poorest quintile of the general population.

- A UNDP survey of vulnerability in eastern Europe found that 50% of Roma children face nutrition risks more than twice monthly, in contrast to 6% of majority children (UNDP, 2006).
- UNICEF reports that low birth weight rates are six times the national average among the Roma in Serbia, as opposed to three times the national average among the poorest quintile (UNICEF, 2007).
- A national health survey in Spain revealed that only 10% of Roma women older than 55 think their health is good, compared to 59% of women in the same age group from the richest quintile of the general population. The corresponding figure for Roma men is 33%, compared to 73% of men in the most privileged quintile of the general population (Spanish Ministry of Health and Social Policy, Fundación Secretariado Gitano, 2009).

Persisting inability of health systems to ensure equity

There is evidence of significant inequities also regarding access to health care between Roma and majority populations (Open Society Institute, 2007). Antenatal care coverage and vaccination rates, for example, are significantly lower among Roma than majority populations. A multiple indicator cluster survey by the State Statistical Office of the former Yugoslav Republic of Macedonia and UNICEF revealed that only 78% of Roma women who had given birth in the two years preceding the survey received skilled antenatal care, as opposed to 94% of those in the poorest quintile (Statistical Office, 2007).

The persisting inability of health systems to provide equity across all functions continues to undermine efforts to improve the health of populations experiencing poverty and social exclusion. In many countries, Roma and other ethnic minority populations still face barriers with regards to the accessibility, availability, acceptability and effective coverage of health services. In addition, weak public health governance of the determinants of health and lack of basic adequate social protection hinder efforts to improve the health of these populations.



The largest ethnic minority of Europe is in a dire state

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Health inequities experienced by Roma are socially determined, being driven by multifaceted social exclusion processes and inequities within the health sector and in other sectors that influence health. Responding to them requires an approach that:

- is grounded in human rights and gender approaches;
- addresses inequities across all health system functions (financing, service delivery, resource generation and stewardship);
- engages other sectors in meeting health equity objectives through public health governance that entails action on the social determinants of health;
- enables mainstreaming of Roma health and health equity across health policies and programmes.

Response of the WHO Regional Office for Europe

Ensuring the promotion and protection of the right to health through strengthened political, legal, social and health systems and supporting the needs and claims of marginalized and vulnerable groups is an ethical imperative for the Regional Office and its Member States. Increased investment in sustained, institutionalized measures is needed so that

health and social services adequately respond to population needs.

Ensuring the rights and social inclusion of Roma is a priority in Europe at the highest political level, as demonstrated by the international initiative Decade of Roma Inclusion and EU communications on Roma. The WHO Regional Office joined the Decade of Roma Inclusion in 2011 and collaborates with the European Commission, United Nations agencies and many other partners to jointly work for the improvement of Roma health.

Through the new Vulnerability and Health Programme, the Regional Office contributes to increasing awareness, political commitment and action relating to conditions that make people vulnerable to ill-health. The Programme addresses in particular the needs and expectations of the Roma, migrants and other ethnic minorities, guided by the values and principles of the European policy framework for health and well-being (Health 2020).

The Regional Office aims to promote better Roma health in the European Region through the following ongoing and planned activities:

Support to Member States

Through biennial collaborative agreements, country work plans and other bilateral or multilateral arrangements, WHO provides support to ministries of health for the implementation of policies and programmes (such as the Decade for Roma Inclusion health action plans and social inclusion policies) that benefit the health of Roma. In the period 2012–2013, WHO will undertake country-specific activities on Roma health in eight countries, namely Bulgaria, Hungary, Moldova, Montenegro, Romania, Serbia, Spain and the former Yugoslav Republic of Macedonia.

Support to the European Commission

Criteria to review the health component of EU national Roma integration strategies were provided by WHO to the European Commission. These criteria were developed through an extensive consultative process coordinated by WHO and with contributions from governments, nongovernmental organizations/civil society, the Roma community, academia, international organizations and United Nations system agencies. The criteria for review encompass five core areas:

- coherence with select relevant EU

- communications and Council conclusions;
- health system strengthening;
- social determinants of health,
- goals, outcomes and governance mechanisms;
- monitoring and evaluation.

Coordination of the interagency initiative “Scaling up action towards Millennium Development Goals (MDGs) 4 and 5 in the context of the Decade of Roma Inclusion and in support of National Roma Integration Strategies”

Aim

This interagency initiative:

- promotes the right to health of the Roma population, particularly Roma children and women (as addressed by MDGs 4 and 5), paying due attention to gender inequities;
- contributes to implementation of health action plans developed as part of the Decade of Roma Inclusion;
- supports implementation of the health components of national Roma integration strategies in the European Union; and
- delivers on the commitment to promote



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health equity and focus attention on the most disadvantaged population groups as incorporated in the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the United Nations General Assembly (September 2010).

Geographical focus

This initiative focuses on the twelve countries currently taking part in the Decade of Roma Inclusion, namely Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Hungary, Montenegro, Romania, Serbia, Slovakia, Spain and the former Yugoslav Republic of Macedonia. Some additional countries may also be invited to partake in select activities.

Beneficiaries

- **Roma.** The initiative applies the principle of explicit but not exclusive targeting, which implies focusing on socially disadvantaged Roma as a target group but not to the exclusion of other populations or groups experiencing poverty and social exclusion.
- **Member State authorities.** The initiative will support the capacity of policy-makers, health

professionals and administrators in countries taking part in the Decade of Roma Inclusion to carry out the Decade health action plans and national Roma integration strategy commitments on health.

- **Civil society.** The initiative will engage Roma and other civil society partners as active partners.
- **Multilateral organizations.** The initiative will maximize and build the capacity of partnering agencies to address Roma health through coordinated action.

Time frame

- Stage 1: January 2012 through December 2013.
- Stage 2: January 2014 through December 2015.

At the end of 2013, progress and lessons learnt will be reviewed and the latter will be incorporated in plans for Stage 2. Planning is currently in place through the end of Stage 1.

Core partners

- WHO, United Nations Population Fund (UNFPA), Office of the High Commissioner for Human Rights (OHCHR), UNDP, UNICEF, International

Organization for Migration (IOM)

- Involvement of other partners in specific outputs (including the International Labour Organization, United National Economic Commission for Europe, University of Alicante, WHO Collaborating Centre on Vulnerability and Health at the University of Debrecen, Open Society Foundations, Decade Secretariat, International Planned Parenthood Federation (IPPF)).

Strategic value-added of initiative

- Facilitation of joint planning among involved agencies of activities on Roma health, optimizing synergies and avoiding duplication
- Resource-sharing (in terms of financing and staff time), making limited resources go further
- Creation of a platform for a common position among involved agencies on Roma health issues
- Identification of funding gaps and opportunities for joint fundraising

Outputs, by agency

- **WHO** – Resource package and multi-country capacity-building events on reorienting MDG 4 and 5 strategies, programmes and activities

towards achievement of greater Roma health equity; newsletter on Roma health (see further information below)

- **UNDP** – Quantitative data analysis and publications on health (with a focus on MDGs 4 and 5), drawing from the 2011 “Marginalized Roma regional survey”
- **IOM** – Support for implementation of the health components of national Roma integration strategies and Decade action plans
- **UNFPA** – Resource package to support work on sexual and reproductive health and rights of Roma adolescents
- **UNICEF** – Local-level action to improve the health of Roma women and children through strengthening community nursing and equity-focused planning and monitoring
- **OHCHR** – Roma right to health civil society group
- **All agencies** – Awareness-raising and advocacy events supporting implementation of the health components of national Roma integration strategies and Decade of Roma Inclusion action plans



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SWIFT cooperative workers together with United Nations Secretary-General Ban Ki-moon and Madam Ban during their visit to SWIFT 1 Centre in Belgrade, Serbia (July 2012)

Good practice on multi-sectoral intervention

SWIFT (Sustainable Work Initiative for a Healthier Tomorrow) – case study from Serbia

SWIFT is a multisectoral initiative developed by WHO to convert informal waste “scavenging” into an effective and credible means of income generation. Through the establishment of recycling centres and cooperatives, this initiative ensures cooperative members, their families and communities access to citizenship rights in health, education and social services. Through their employment with the cooperative, the SWIFT workers are eligible for registration with the health and education authorities. The main target group of the initiative is the Roma population, including internally displaced persons (IDPs), residing in the Republic of Serbia.

The pilot SWIFT I Initiative was funded by the Government of Norway and implemented by WHO, the United Nations Office for Project Services (UNOPS) and the International Organization for Migration (IOM). These agencies work in close collaboration with the Roma community and with local and national authorities. Activities are aligned with the Government of Serbia’s European Union accession priorities and various other

governmental and national priorities and strategies.

Income-generation activities at a recycling centre and cooperative legally established in the Municipality of Zvezdara in Belgrade, Serbia, commenced in February 2011. Today the cooperative has 170 members, a membership waiting list of close to 100 persons and a growing client base. Cooperative members and their families receive support and assistance as needed in accessing citizenship rights.

SWIFT is now being extended with the establishment of six new centres. The second and third stages of the project (SWIFT II and III) are being funded by the European Union and the Swedish International Development Cooperation Agency (Sida), supported by WHO and implemented by WHO, UNOPS and IOM. Plans are also underway to establish SWIFT in Skopje, the former Yugoslav Republic of Macedonia.



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Resource package and multi-country capacity-building events to promote the reorientation of strategies, plans and actions on MDGs 4 and 5 towards achievement of greater health equity, with an explicit but not exclusive focus on the Roma population

In collaboration with the Interuniversity Institute of Social Development and Peace at the University of Alicante, Spain, the Regional Office is developing a resource package for health professionals who are in decision-making roles with respect to the design, implementation, monitoring and evaluation of MDG 4 and 5 (child and maternal health) strategies, programmes and activities. Four countries (Bulgaria, Montenegro, Serbia and the former Yugoslav Republic of Macedonia) have included piloting the resource package in their biennial collaborative agreements with the Regional Office for 2012–

2013. The piloting process includes identification of a strategy, programme or activity to be reviewed, creation of a seven-member learning node in each country, a train-the-trainer session, a preparatory meeting in-country and a four-day training (in multi-country format).

Representatives from select other countries will be invited as observers to the multi-country training events. The process will conclude with the pilot countries presenting their proposals for reorientation of the respective strategy, programme or action at a multi-country event at the end of 2013, which will serve to advance planning for the next biennium. The final version of the resource package will be available in 2014.

Roma health electronic newsletter

The Roma health newsletter, which shares information on events and activities, policy developments and resources/tools amongst

stakeholders, is published by the WHO Regional Office for Europe in cooperation with the European Commission (DG-SANCO) and the Interuniversity Institute of Social Development and Peace at the University of Alicante, Spain. It is produced as an output of the interagency coordination initiative “Scaling up action towards MDGs 4 and 5 in the context of the Decade of Roma Inclusion and in support of national Roma integration strategies”. The newsletter is issued every quarter and archived on the WHO Regional Office for Europe web site. Its editorial content is managed by WHO (and the University of Alicante) with inputs from the United Nations and other partners including Roma civil society groups, Open Society Foundation, the EC, the Decade of Roma Inclusion Secretariat, World Bank, IPPF and the Council of Europe. The first issue of the newsletter was published in May 2012 and sent to over 600 addresses.

Research on Roma health

WHO recently designated the Department of Preventive Medicine in the Faculty of Public Health, at the University of Debrecen, Hungary, as a WHO Collaborating Centre on Vulnerability and Health. WHO’s work with the Collaborating Centre includes:

- developing equitable and comparable research on Roma health;
- collecting evidence and disseminating information related to vulnerable groups; and
- developing materials and organizing events for policy-makers to build capacity in inclusive research methods and increase knowledge of existing research on Roma health, including the impact of housing policies.

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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