

The European Union is facing an enlargement process in terms of scope and diversity without precedents. With the incorporation of the acceding countries, the Roma community will become the largest minority in Europe with an estimated population of 8 million, the most of which live with health standards far below the European average. While the mainstreaming populations within acceding countries will benefit from improving of public health services in their respective countries, minority populations more vulnerable, risk being left behind in this process if concrete measures are not foreseen.

Roma people is a tremendously heterogeneous ethnic minority comprised of very different social and personal groups and realities who share a common situation which is the social exclusion and the high level of social rejection on the side of mainstreaming society and who *"...rightly want to be protected against illness and disease (...) need access to reliable and high-quality health advice and assistance"* (Communication from the Commission of 16th May 2000).

Taking into account the concept of discrimination contained in the Council Directive 2000/43, art. 2. (a) and (b), conclusions can be withdrawn that most of the Roma population throughout Europe suffer from discriminatory treatments from the mainstreaming society, thus included key actors involved in the provision of healthcare. On the other hand, the Joint Report on Social Inclusion (December 2001), that was very critical of the fact that only Member States identified ethnics minorities such as Roma and Traveller as specifically more vulnerable groups, also considered key factors of exclusion the "poor health", "drug abuse and alcoholism" and "immigration, ethnic background and risk of racial discrimination".

Studies show that the health status of Roma population is far below the mainstream society within Europe, and the general situation can be summarized in:

- **Low life expectancy rate** for Europe's Roma population, which is approximately 10 years lower than the overall average.
- **High morbidity rate** due to the incidence of certain types of environment-related illnesses, typically several times higher for Roma than for the general population.
- **Lack of proper access of Roma population to mainstream health services**, which are not adapted to specific minority groups.
- **Special vulnerability to drug and alcohol dependency, lack of sexual education, HIV/AIDs** as a consequence of a particular difficult context of isolation, marginalisation and discrimination.
- **Lack of proper use of health services** due to particular cultural habits, the lack of understanding of the Roma culture, and the existence of discriminatory behaviours within health professionals.
- **High incidence of socio-economic and environmental problems related to the living conditions**, especially in cases of highly deteriorated habitats without minimum living standards or access to community resources thus putting their health at serious risk.
- **Lack of proper empowerment and orientation from the community leaders, social mediators, and Romani women**, as well as a lack of prevention work being done to raise collective awareness of the importance of proper health education aimed at the very young.

Inadequate attention and resources have been devoted to the pressing health concerns of Roma communities. The resulting dearth of information about specific patterns of health-related problems among Roma in turn contributes to scant allocation of vital public resources to address these problems. There are a certain number of studies on the health conditions in which Roma population lives in Europe though most of them are descriptive. There is a huge absence of quantitative and qualitative data in regards to the living standards of the largest minority group in Europe. However through empirical /experimental sources and concrete studies it is known that those standards are far below the European average.

The health of the Roma population presents a major challenge to the health administration, especially where there may be discrimination, social exclusion or even racism. There is a need to explore mechanisms in order to understand their health needs and ways of addressing them. In this sense, it is important to involve the public health sector in order to raise awareness of the health inequalities suffered by Roma. In many cases for example, the Roma are excluded from public health care because they lack birth certificates, identification cards, or other official proofs of registered residence. Frequently, Roma do not comply with this civil legislation and therefore, even being European citizens, in the eyes of the Social Security and health services they are not eligible for state health care. The dimensions of the problem must be analysed and understood by public administrations in order to enable them to take the more adequate measures to reduce the existing gap between health services and the Roma population.

Despite of the many common traditions, the Roma communities today are made up of diverse branches, with many different cultures, dialects and languages between them. As mentioned before, the problems mostly faced by Roma populations throughout Europe are racism, discrimination, low levels of education, high unemployment, health standards below those of mainstream populations and very poor housing conditions. Any effort done to understand and improve the socio-economic conditions that may lead to behaviours undermining the health status, the relation between environmental habitat conditions and appearance of diseases, Romani culture and barriers towards the mainstream society and/or public health services, must be shared through the exchange of experiences and moreover, exchange of good practices susceptible of being implemented in another partner country.

The Roma community believe that health is a condition provided by the health system, and that the own community has nothing to do through their own habits and attitudes, they believe that they have very little influence in health promotion and prevention. Health promotion and illness prevention are very rare measures within the Roma community, for health is understood as absence of illness, absence of pain or medicaments. In this way health is not a worry until there is a pain or an illness. There is very little information awareness among Roma Community on how health system works and they make very little use of the services it provides. In addition these health services are not adapted to the Roma reality so there is no meeting point between health services and the Roma community. Considering the high level of isolation and marginalisation of many Roma communities, targeted health education programs could play a particularly important role in improving their health conditions. The mediator and the health agents have a fundamental role in improving this situation and can health promoter and at the same time inform and facilitate access to the health services.

The training however must be extended to the health services personnel who will have to deal directly with the members of the Roma community. The aspects of the Roma culture and living conditions reinforce stereotypes and limit the communications between Roma and non-Roma, contributing to a vicious circle of isolation and marginalisation. Because of language barriers and low educational levels Roma have difficulties in manoeuvring through local government offices to access health assistance. The attitude of the mainstream population towards the Roma citizens is still negative these days. Health services personnel must be trained and informed in order to reduce ignorance on Roma culture and traditions and thus mistrust towards this minority, and more important personnel working at different levels of the public health services must be trained in skills and adequate strategies when dealing with Roma population.

It has been identified a certain frustration on behalf of main actors (health services personnel, administrations, civil society, mediators, Roma population, etc) when trying to find interlocutors to whom address doubts, experiences, demand for counselling, information gathering, etc. when dealing with the Roma community. The different stakeholders own valuable knowledge and experience that should be profit and gathered in order to enlighten others in need of such advice and information.

For all the above, it is necessary to:

1. Promote access of the Roma community to the mainstream public health services taking into account how cultural and traditional differences between a minority group and a mainstreaming one can affect the level of health and therefore the living standards and behaviour in society.

2. Shorten the distance between Roma community and public health services by addressing the main causes of the problematic in each country:

- by acquiring an in-depth knowledge about the causes, circumstances that maintain the situation of unequal access of Roma population to health public services as well as possible solutions;
- by involving public administration into the comprehension of the problematic and transferring skills on how to improve the system in order to integrate this minority;
- by identifying good practices susceptible of being transferred to other countries;
- by training service health professionals and mediators;
- and by promoting synergies between the public and the social society spheres and reinforcement of transnational cooperation.

Madrid, 18 October 2004.

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