



## Reduction of Health Inequalities in the Roma Community



---

### Title

Reduction of Health Inequalities in the Roma Community

### Abstract

The European Network Sastipen aims at the reduction of the health inequalities suffered by the Roma population in Europe, whose estimated population is of 8 million. Studies show that health status of Roma is far below the mainstream society in Europe: The life expectancy rate for Europe's Roma population is approximately 10 years lower than the overall average. The incidence of environment-related illnesses is higher for Roma than for the general population. Lack of vaccination and nutrition deficiencies are detected in the case of children. There is a higher incidence of accidents and involuntary injury such as: burns, falls, traffic accidents, bone fractures, intoxication, etc. It has been detected a special vulnerability of Roma to drug and alcohol dependency, and their generalised lack of sexual education puts them vulnerable to HIV/AIDs. Roma population of the countries involved in the project are or will be soon European citizens, however their life standards and particularly health status of Roma are poor making this minority seriously vulnerable to diseases which have been mostly overcome by mainstream society. The eradication of health inequalities suffered by Roma in Europe should be raised at the political agenda to guarantee European's citizens human rights. The project aims at gathering information on health status of Roma, their comparison with mainstream society to produce recommendations and intervention strategies addressed to decision makers; identifying main causes of the lack of proper access of Roma population to mainstream services, and the lack of proper use of these services due to particular cultural habits in order to address them through training and mobilisation of main stakeholders; analysing the influence of socio-economic and environmental causes in detriment of health standards and the role of community leaders, social mediators and Romani women in the promotion of healthcare in order to empower them with skills and know-how.

### General objectives

1. Gather the health information available in Roma community in order to develop actions and recommendations to improve health policies and intervention strategies by disseminating results to health stakeholders and policy-makers.
2. Mobilize public administrations through awareness raising and train them to tackle health inequalities within the Roma community.
3. Identify the good practices and create a forum for their transfer among public and private European entities for the improvement of healthcare to Europe's Roma population.
4. Train and transfer skills to Roma health agents/ mediators in order to help Roma population to have access and use mainstream health services. To train



## Reduction of Health Inequalities in the Roma Community



---

and transfer skills to health services professionals as regards to intervention strategies with the Roma community.

5. Promote synergies between public/ private sphere (health centres, hospitals, social organizations, networks, competent public administrations, Roma representatives, etc).

### **Specific objectives**

1. Initiate a co-ordinated information gathering process and disseminate results through internet, Annual Reports and other documents on health inequalities suffered by Roma Community and health standards. To exchange information at national and international level through key actions.
2. Analyze and withdraw conclusions on the health status and inequalities faced by the Roma community between main stakeholders (public administrations/ healthcare professionals/ health agents/ Healthcare Networks, etc). Elaborate materials for targeted groups containing intervention strategies in the main health areas.
3. Exchange at national and European level best practices and identify health indicators applicable in Sastipen Network partners. Establish strategies in healthcare assistance.
4. Organize courses address to targeted group for the transferring of skills.
5. Create of spaces to exchange know-how, experiences, etc, through seminars, working groups and consultation service.



**Output indicators**

<b>Output indicators title (e.g. Distribution of leaflets:)</b>	<b>Target value to achieve (e.g. 200 copies:)</b>	<b>Achieved by 01.01.2006 (first year)</b>
Gathering of studies on Roma living conditions and health status	50 publications gathered by each partner	Partners have gathered different publications (available in the web site), reaching at total of 357 which corresponds to 65% of the target originally established for two years. Lack of data regarding Roma and health is a fact and some partners have already expressed. For some of the partners it has been difficult to reach the target of 50 publications each. Besides, one of the partners withdrew from the project as informed in the intermediate report. The list of publications can be consulted in the project's web page.
Publication of Sastipen Annual Report	2000 copies	Sastipen Report has been produced at the end of 2006, focusing on the project and the international seminar presentations. <i>Please refer to Annex I of this report.</i>
Distribution of Sastipen Annual Report	Partners, National and European Health Networks, European ProRoma Networks, EU Institutions, etc..	Distribution is being made by partners at national and international level. Even though the project is over, we continue and will continue with the distribution of the manual as we have enough copies to keep on with the process as this is an important document to disseminate the project's results and implementation.



**Reduction of  
Health Inequalities  
in the Roma Community**



<p>Elaboration of conclusion on diagnostic of health standards and inequalities, obstacles in access to healthcare, health indicators, conclusions on best practices</p>	<p>Two documents – 500 copies each.</p>	<p>One document – <i>Health and Roma Community</i> - has been produced by FSG, in collaboration with the Ministry of Health and Consumer Affairs) cofunder of this project. 1000 copies in Spanish and 1000 copies in English have been produced and are being distributed. This document has been distributed to all partners and has been used as a key and reference document to be used in the national working groups. The document was already annexed to the intermediate report.</p> <p>According to the intermediate report, another document was to be produced with overall conclusions in 2006. Within the project two important publications have been produced: the Sastipen annual report and the handbook on how to deal with Roma Community on healthcare assistance (annex I and II respectively). These contain all the information regarding the situation of Roma community and health at European level and specifically, in each of the countries in which the project has been implemented, therefore a second document, as it was originally planned, has been judged as unnecessary.</p>
<p>Distribution of documents with conclusions to participants and other key actors.</p>	<p>Partners, National and European Health Networks, European ProRoma Networks, EU Institutions, etc.</p>	<p>All partners have produced at national level different documents according to the activities they have carried on, such as conclusions of working groups, materials for trainings, etc...</p> <p>Please refer to each of the countries individual reports and annexes. Those corresponding to 2005 were already enclosed in the intermediate report.</p>



**Reduction of  
Health Inequalities  
in the Roma Community**



<p>Drafting, publication and distribution of Manual <i>How to deal with Roma Community on Healthcare Assistance</i> in all partner languages.</p>	<p>1000 copies/country (total of 9000)</p>	<p>A draft of the manual was produced in 2005 by FSG in Spanish, translated into English and distributed to all partners, in order to have it as document of reference to be adapted to their reality and context. Copy of it was attached to the intermediate report.</p> <p>Final publication of the manual in partners' languages has been produced in 2006. It is important to mention that, as agreed, in the second steering committee, the final manual would not be just a literal translation of the one produced in Spain, as it does not reflect, in many cases, the reality of each of the partners' countries. We have follow, as much as possible, the same index, but the content is adapted to the context and situation of the Roma community in each of the countries.</p> <p><i>Please refer to annex II of this report for a sample of each of the manuals produced.</i></p>
<p>Drafting, publication and distribution of awareness raising leaflet.</p>	<p>3.000 copies / country (total of 33.000).</p>	<p>In 2006, for the international seminar, a leaflet has been produced in Spanish and English and distributed. We attach copy of it. 1.000 copies have been printed. <i>Please refer to annex III.</i></p> <p>This was translated by each of the partners and produced in electronic version (pdf) in order to be distributed by email within their countries.</p>
<p>Creation of website containing the actions of the platform and studies references.</p>	<p>1 linked with other related sites.</p>	<p>Website has been designed and approved by all partners. It is being fed with information from partners according to the activities carried out.</p> <p>Available at: <a href="http://www.gitanos.org/publichealth">www.gitanos.org/publichealth</a></p>



## Reduction of Health Inequalities in the Roma Community



### METHODS

#### Description of the methods and the risks

FSG, as leader organization, has appointed a project coordinator who is in permanent contact with all partners. The project coordinator, together with one staff member of each of the partners, are integrated in the Steering Committee, as originally explained in the project submission. The methodology followed is based on active participation, integration of know-how, information and good practices exchange, definition of partners' responsibilities, ...

The main risk we faced as it appears in the original project was the withdrawal of one of the partners, and this has unfortunately occurred. One of the partners in Bulgaria, RCZ Sliven expressed its difficulty to act as associated partner by the end of 2005 and the need of withdrawing from the project. This has not affected the implementation of the project as there were two other partners in this country, and in fact, one of them is in the same city Sliven. The problem of RCZ Sliven implication in the project as associate partners was just a problem of not being able to have an account in euro and to receive the corresponding funding, which does not mean they have not collaborated with the other Bulgarian partners at national level.

#### Activities indicators

<b>Indicator title (e.g. Coordination meetings:)</b>	<b>Target value to achieve (e.g. Number of meetings:)</b>	<b>Achieved 2005-2006</b>
Organization of 2 national working groups in each partner country (total of 18)	Attendance of 15 participants/country/working group (total of 135)	<p>National working groups have been organized in 2005 and 2006 accordingly. In some countries, the working groups have met more than twice. Please refer to each partner reports and annexes for more information.</p> <p>The number of participants in each country has varied depending on the possibilities and circumstances as it appears in each of the partners working group's information. However, it can be said that the average number of participants has been 15.</p> <p>The profiles of people taking part in the working groups have been diverse, as it was the objective. All countries have succeeded on having professionals from different sectors - NGOs, health professionals, administrations, mediators, etc.</p>



**Reduction of  
Health Inequalities  
in the Roma Community**



<p>Organisation of 2 transnational working groups. Appraisal of conclusions withdrawn at national level.</p>	<p>Attendance of 20 participants / working group.</p>	<p>Two transnational working groups has taken place as originally planned:</p> <p>The 1<sup>st</sup> one took place in Sofia (Bulgaria), from 21 to 23 October, with the participation of all partners except of one – RCZ Sliven (a total of 23 participants).</p> <p>The 2<sup>nd</sup> one took place in Bucharest (Romania) from 31<sup>st</sup> of March to 2<sup>nd</sup> April, with the participation of all partners (a total of 22 participants).</p> <p><i>Please refer to annex IV of this report.</i></p>
<p>Organization of 1 national seminar in each partner country level (total of 9)</p>	<p>Attendance of 45 participants/country (total of 405)</p>	<p>A national seminar has been organized in 2006 in each of the countries participating in the project. The number of participants has varied depending on each of them. Please refer to each countries report for details. ,</p>
<p>Organization of 1 transnational seminar <i>Approaching Health Status of Roma Community to European Average.</i></p>	<p>Attendance of 50 participants.</p>	<p>The international seminal has taken place in Madrid (Spain) on 26 and 27 October 2006, counting with the participation of approximately 120 professionals, under the title <i>Equality, Health and Roma Community</i> .</p> <p><i>Please refer to Annex V for more information.</i></p>



**Reduction of  
Health Inequalities  
in the Roma Community**



<p>Creation of a technical assistance service.</p>	<p>Responding to all doubts and consultations.</p>	<p>The service has been activated in all partner countries, at different speed, depending on each partner's possibilities.</p> <p>A document was produced by FSG to be used by members, as much as possible, to register technical assistances. However this has been somehow complicated as it is difficult to register data daily and many of the inquiries are part of the daily work and therefore attended and resolved immediately. Assistance has been given at different level – to individuals, to other NGOs or Associations, to local and regional administrations, to universities, etc...</p> <p>Please refer to each partner's report for more information.</p>
<p>Organization in 8 partner countries of 1 course addressed to public services personnel</p>	<p>Attendance of 20 participants/country (total of 160)</p>	<p>The trainings have taken place in all countries, as reflected in the original project. The dates and order of the trainings have been changed in some countries according to context, situation and convenience, which by no means has affected the implementation of the original project. The average of 20 participants has been reached.</p> <p>Please refer to the reports from partners - for more information on each of the trainings organized at national level.</p>
<p>Organization in each partner country of 1 course (total of 9) addressed to Roma mediators</p>	<p>Attendance of 20 participants/country (total of 180)</p>	





**Reduction of  
Health Inequalities  
in the Roma Community**



Transnational Coordination Meetings	4	<p>2 Steering Committees have taken place in 2005 as originally planned.</p> <p>1st STC in Madrid (Spain) in February 2005.</p> <p>2<sup>nd</sup> STC in Sofia (Bulgaria) in October 2005.</p> <p>3<sup>rd</sup> STC in Bucharest (Romania) in March 2006.</p> <p>4<sup>th</sup> STC in Bratislava (Slovakia) in December 2006.</p> <p><i>Please refer to Annex VI for more information</i></p>
National coordination meetings.	4	Different meetings of coordination have taken place at national level by each of the partners.

**3. Workpackages**

***Work package n° 1 – Coordination of the Project: Creation of the platform in charge of promotion strategies and actions addressed at improving Roma community health standards to the mainstream society average. Follow up of the national actions***

Lead Partner: FSGG

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania

Starting date: 01/01/2005

Ending date: 01/01/2007

Description of work:

The coordination of the project has been concentrated at two levels: FSG has assumed the responsibility for coordinating all actions at all levels and ensure the achievement of results. As coordinator of the project FSG foresees obstacles and provides alternative solutions to implement activities in all countries and assures the results expected by promoting synergies between partners and related stakeholders. FSG has been in charge of the follow up actions at a national and trans-national level, assuring efficient economic follow up, preparing trans-national gatherings and co-ordinating workshops in order to assure the achievement of the objectives defined by the Steering Committee. As coordinating body, FSG has tried as much as possible to promote the participation of all partners involved, by asking their comments, views, experiences and in general, encouraging partners to share their know-how and



## Reduction of Health Inequalities in the Roma Community



experience. At a national level the same tasks are assumed by the national coordinator appointed by each partner.

Results achieved:

This workpackage is linked to the overall project and therefore to all the objectives and results expected. Through the activities corresponding to this workpackage, effective coordination of all activities is being implemented, monitoring the success of the project.

From end of February to mid of June 2006 a change in the coordination of the project has taken place as the coordinator left on maternity leave for 16 weeks. In this period of time FSG hired a new person Jose Maria Sanchez to replace Elena Buceta. Besides, Maris Carrasco, from FSG, supported Jose Maria in the organization of the III Steering Committee and the II Transnational Working Group which took place at the end of March in Bucharest. This fact has not at all affected the coordination of the project although it has slowed down things a little bit as it is not easy to jump temporarily into the coordination of such a project .

A regular contact y email with partners has been established. At some points it has been a bit difficult to get the feedback and active participation of partners in the contents and structure of international events. All the work has relied on the coordinating body – FSG. Although it is fair to mention that partners from those countries in which international events have been organized have cooperated in the logistics very efficiently and actively, which has helped significantly.

Deliverables

Specific deliveries of the coordination are preparatory documents, agendas, minutes of coordination meetings and summary of conclusions achieved. Other bureaucratic documentation such as letters, invitations to international seminar, Sastipen Annual Report and any other document related to the overall project are being produced in the coordination tasks. *Please refer to annexes for samples of this documentation.*

### **Work package n° 2 – Dissemination of results**

Lead Partner: FSGG

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania

Starting date: 01/09/2005

Ending date: 01/01/2007

Description of work:

In each partner country, a national coordinator has been appointed, who is in charge of planning and retaining the key information to provide the deliveries established, according to the agreements reached at the steering committees that have taken place. Certain deliveries have been made at a national level, more specifically those related to



## Reduction of Health Inequalities in the Roma Community



national activities results or dissemination of the overall project objectives at national level. Deliveries to be done at transnational level are coordinated by the main partner so as to prepare the documents with an integrated approach containing the overall scope of action of the project as well as the dissemination of results at certain moments.

### Results achieved:

The dissemination of results is an instrumental workpackage by definition related to all the objectives of the project as well as results. Different material has been produced as originally planned which helps all partners to meet the objectives set within the project.: for the information gathering, awareness raising of public administrations and diagnosis of situation, identification of good practices and intervention strategies, transferring skills and empowering key actors and promotion of synergies between public and private spheres.

### Deliverables:

General information about the project and the Sastipen network was prepared by FSG, to be distributed to all members and to be used by all of them when disseminating information about the project at national level. This way, common information to all partners has been used at national level. Two of the partners have produced informative leaflets (Greece and Rumania) with this information. Samples of these, were attached in the interim report.

The interim and final reports of the project have been produced according to the contract's guidelines and conditions. The website has been produced and approved by all partners following the scheme proposed by FSG, which is available at [www.gitanos.org/publichealth](http://www.gitanos.org/publichealth). Dissemination of reports containing the conclusions on health standards and recommendation on health indicators and best practices have been produced mostly at national level as a result of the work being done by national working groups. As stated and included in the interim report, a Spanish version produced by FSG has been used as reference document, titled *Health and Roma Community*, which was annexed in the interim report.

The first draft of the Manual on how to deal with Roma Community in health services, titled *Handbook for Action in the Area of Health Services with the Roma Community* in Spanish was produced and translated into English in order to be distributed among all partners. The index was approved to be followed by all partners and the handbook was been used as a guideline to develop in each of the countries the manual, adapted to each country context and situation. Please refer to annex II for a sample of each of the manuals developed.

Besides, the Sastipen Annual Report, produced at the end of the project – please refer to annex I of this report – has been produced. It contains the information regarding the international seminar, with the presentations of each of the countries participating in the project and the main conclusions and results.



**Reduction of  
Health Inequalities  
in the Roma Community**



---

***Work package n° 3 – Development of an information gathering system (quantitative and qualitative) on health status of Europe's Roma Community complementary to the existing one***

Lead Partner: FSGG

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania

Starting date: 01/02/2005

Ending date: 01/01/2007

Description of work:

Based on the experience and expertise of the partner associations, the national coordinators have been in charge of researching studies, documents articles and all kind of published information on the health situation of the Roma community. Each partner had the goal of achieving the recollection of 50 publications related to this field and organize the information gathered. The references of each publication are uploaded in the website in order to make it available for all interested stakeholders.

Results achieved:

As originally planned and agreed by all partners, each national coordinator has been in charge of identifying researching studies, documents, articles and all kind of publications which deal with the Roma community and health. The goal set on 50 publications reached by each partner has not been achieved due to the lack of data. This is one of the problems we face and one of the facts which justifies the implementation of project such this.

Most of the data was collected at the beginning of the project, during the first year of implementation. Even though the recollections of data was meant to be a continuous process taking place during the whole project's implementation, during the second year few publication data have been added.

Deliverables:

During the first year of implementation of the project a total of 271 publications were gathered by partners, being 86 the number of publications data sent in the second year. This makes a total of 357 The number of publications sent by each partners has varied depending on their possibilities and findings. The information has been loaded in the web and has been updated accordingly. It has been distributed according to the language of the publication.

***Work package n° 4 – Analysis of health inequalities suffered by Roma populations and withdrawal of conclusions: diagnosis, health indicators, best practices***

Lead Partner: FSGG



## Reduction of Health Inequalities in the Roma Community



---

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania

Starting date: 01/03/2005

Ending date: 01/01/2007

### Description of work:

The establishment of a diagnostic on health standards of Roma Community contributes to achieve a better awareness raising within the public administration and the decision makers, providing them with intervention strategies to understand and eradicate health inequalities.

The analysis and drafting of conclusions on health status of Roma Community, identification of best practices and health indicators has been carried out at two levels connected between them. The first level is the national one, where working groups of experts from different fields (health, Roma, public administrations) have gathered to analyse and establish conclusions. These conclusions have been then raised up at a trans-national level within the Sastipen Network. At this level a comparison between the conclusions the situation of Roma population's health status in countries involved have been carried out in the workshops planned in the trans-national working groups. This has enabled achieving integrated recommendations to eradicate the health inequalities suffered by the Roma population in a significant number of EU member States. The same logic has applied for the dissemination of results through the national and trans-national seminars.

### Results achieved:

Working groups have been organized in all partner's countries in order to provide the adequate exchange context between public and private spheres, gathering together experts from health fields, Roma issues, and public administrations, among others. This has contributed to the identification of good practices and health indicators, which are a good tool for health professionals and health agents in their understanding of the day to day work with the Roma Community. The number of participants of each of the working groups has varied depending on the country and the content of the work. Please refer to annexes for further information on the work carried out by each of the national working groups.

In all countries the national working groups have met at least twice. The coordinating organization, FSG, translated into English and distributed among partners a document of reference to be used as a guide for the work to be done in working groups, in the first year of the project. The reference document – Health and Roma Community was attached in the interim report. For the second year, working groups have mostly based their work on the development of the handbook, preparing and reviewing the content of it.

### Deliverables:

Report containing conclusions on health standards of Roma Community within the partner countries and health inequalities and main obstacles in their access to



## Reduction of Health Inequalities in the Roma Community



healthcare assistance has been produced and disseminated at national level according to the work done by each of the national working groups. .

The transnational working groups have taken place as scheduled; first one in Sofia (Bulgaria) in October 2005. The main objective was to exchange information on national working groups methodology and results.

The second transnational working group happened in Bucharest (Romania), from 31<sup>st</sup> of March to 2<sup>nd</sup> of April 2006, with the objective of the development of the handbook in each of the countries participating in the project.

Please refer to annex IV for more information on transnational working groups.

### ***Work package n° 5 – Training and empowerment of key stakeholders in healthcare assistance to the Roma Community***

Lead Partner: National partner

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania

Starting date: 01/01/2005

Ending date: 01/01/2007

Description of work:

Under the supervision and coordination of the associated partner, at least two courses have been organised for the two target groups. A selection procedure between candidates to such courses has taken place. The experience of the associated partners in this field has enabled them to design an appropriate selection procedure. Before the organisation of the courses addressed at the health services professionals, the Manual "How to deal with the Roma Community on Healthcare assistance" was meant to be drafted and published in all partner countries languages in order to distribute them for the course, with the collaboration of all partners and coordinated by the coordinator of the project.

Results achieved:

In most of the countries, one of the training was organized in 2005, either the one addressed at personnel working in public health services or the one addressed at mediators and social workers. It all depended on the possibilities of each of the partners and the context and situation in each of the countries. The decisions were taken by partners, who judged what it was more convenient for the implementation of the project in their countries. Information on these courses were facilitated by partners and enclosed in the interim report.

During 2006 the remaining trainings were organized. In some countries more than two trainings have been organized due to diverse reasons: some thought it would be more convenient to organized them in different regions of the country, others thought it would be more efficient to have the different contents distributed in different blocks of content



## Reduction of Health Inequalities in the Roma Community



and have them during the two years of the project, .... Overall, the implementation of the project has not been affected at all. It has been adapted to each country situations, needs and context and it has turned out to be more efficient at national level. Please refer to annexes for more information.

The trainings have been one of the activities with more success as in many countries partners have counted with the support of the administration or the university. Some of the trainings have become part of the official trainings and therefore recognized by the national administration as it is the case of Bulgaria, some other trainings have become part of the curricula of some of the university degrees of health careers as it is the case of Slovakia. Overall, all partners have expressed their success with the trainings and the need of continuation.

Regarding the publication of the Manual How to deal with the Roma Community on Healthcare Assistance, which according to the original project was to be published before the training courses, project's partners, including FSG as coordinating organization, agreed during the first steering committee to postpone the publication of the Manual in the partners' countries as there was some work to be done before publishing a practical and useful manual. Most of this work has been developed by national working groups in 2006 (following the sample carried out in Spain in the previous year and 2005).

As mentioned before, a draft of the manual was developed by FSG in Spanish in 2005 and translated into English to be distributed among members and be used as a reference for the work done at national level by partners in 2006. The same structure has been used by all partners as agreed in the second steering committee, but the content of the handbook has been adapted to each of the countries participating in the project.

### Deliverables

A draft in Spanish of the *Handbook for Action in the Area of Health Services with the Roma Community*, was developed by FSG as a result of working group meetings and work. It was translated into English, since one of the commitments of FSG with partners was to take to the 2<sup>nd</sup> Steering Committee a draft of it in order to use it as reference document for the design of the manual adapted to each country context and situation. Copy of this draft was attached in the interim report.

One manual per country has been produced and printed. A sample of each of them is attached to this final report in annex II.

***Work package n° 6 – Technical assistance provided to public and private entities working in health field with the Roma Community, on methodology, intervention tools, good practices, etc...***

Lead Partner: National partner/FSGG

Partners involved: Portugal, Italy, Greece, Spain, Hungary, Slovakia, Czech Republic, Bulgaria, Rumania



## Reduction of Health Inequalities in the Roma Community



Starting date: 01/01/2005

Ending date: 01/01/2007

### Description of work:

Hosted in the association partner organization, the national coordinator (together with the Technical Secretariat of the project) define a strategy in order to make available his/her expertise with the support of the organization and make available the organisation's aim, the Sastipen Network support as well as the contact details in order to facilitate counselling to key actors.

### Results achieved:

The technical assistance provided to public and private entities working in the field of health with Roma community is linked to the general objective which describes the need of exchanging of synergies between public and private spheres. Through the creation of a technical assistance service the project has sought the interaction between health centres, hospitals, social organizations, networks and competent public administrations that are in need of counselling and advice in their respective field of actions when related to Roma health status.

The counseling service meant to act as provider of information connecting the entity requesting to other institutions or organizations capable of contributing to the specific problem . Due to the expertise accumulated in the associated partners, the technical service meant to provide the requesting entity with methodology, intervention tools and good practices in order to help solve the problem.

The service has been activated in all partner countries, at different speed and different ways, depending on each partner's possibilities. To implement a common way of recording these assistances has not been possible due to each partner's possibilities. What we have achieved is to become a reference for individuals, NGOs, administrations, and other entities in regard to Roma community and health. We believe this service will continue developing and growing in the future.

### Deliverables

A document was produced by FSG to be used by members, as much as possible, to register technical assistances. However this has been somehow complicated as it is difficult to register data daily and many of the inquiries are part of the daily work and therefore attended and resolved immediately. Assistance has been given at different level – to individuals, to other NGOs or Associations, to local and regional administrations, to universities, etc...Please refer to each partner's report for more information on the service activated in each of them.

### Overall Conclusions

The SASTIPEN Network offers a meeting point to think about and exchange a platform to promote actions aimed at the improvement of the quality of life and the health of the Roma community.





## Reduction of Health Inequalities in the Roma Community



---

During 2005 – 2006 partners have joined to carry out and implement the project titled Reduction of Health Inequalities in the Roma community. Studies show that health status of Roma are far below the mainstream society in Europe:

- The life expectancy rate for Europe's Roma population is approximately 10 years lower than the overall average.
- The incidence of environment-related illnesses is higher for Roma than for the general population.
- Lack of vaccination and nutrition deficiencies are detected in the case of children.
- There is a higher incidence of accidents and involuntary injury such as: burns, falls, traffic accidents, bone fractures, intoxication, etc.
- It has been detected a special vulnerability of Roma to drug and alcohol dependency, and their generalised lack of sexual education puts them vulnerable to HIV/AIDs.
- 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 behaviors 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.

Roma population of the countries involved in the project are European citizens, however their life standards and particularly health status of Roma are poor making this minority seriously vulnerable to diseases which have been mostly overcome by mainstream society. The eradication of health inequalities suffered by Roma in Europe should be raised at the political agenda to guarantee European's citizens human rights.

The project Reduction of Health Inequalities in the Roma Community:

- has gathered information on health status of Roma,
- has produced recommendations and intervention strategies addresses to decision makers,



## Reduction of Health Inequalities in the Roma Community



- has identified some of the causes of the lack of proper access of Roma population to mainstream services,
- has identified some of the causes of the lack of proper use of the Roma population of these services,
- has trained, empowered and transferred skills to important stakeholders in regard to Roma and health: health professionals and health mediators,
- has produced a training material for healthcare professionals to facilitate their daily practice with Roma patients,
- has stressed the role of mediators, roma women and community leaders in the promotion of health care among Roma.

The project has been coordinated by the Fundaci3n Secretariado Gitano (FSG) from Spain assuming the main partnership of the project. The ten countries involved in the project have been: Greece, Portugal, UK, Italy, Spain, Bulgaria, Hungary, Slovakia, Czech Republic and Rumania. The project has been funded by DG Sanco (European Commission) and has counted with an important cofunding and support coming from the Spanish Ministry of Health and Consumer Affairs.

In each country, the partners involved have different background and scope of actions, but all of them have expertise on Roma issues and long working experience in their integration and promotion of culture. As well in most countries, the associated partners have wide experience with the public administration and more particularly with health assistance services, having reached a high level of commitment with the project. The project has turned out to be a very good opportunity for most of the partners to consolidate a good collaboration with some of the administrations specifically involved in Roma issues or more generally in health, within their countries.

As mentioned before, the FSG has had a reinforced co-ordination with the Spanish Ministry of Health who has not only funded the actions addressed to the improvement of the health status of Roma Community in Spain but has also participated intensively in the diagnostic of the situation interacting with experts and key actors. This experience has come out to be a profit by the Sastipen Network as a pilot experience extensible to other countries where the cooperation between public administration and civil society is less evolved.

The following could be highlighted as the conclusions and recommendations from the project, reflected in the presentations made at the international seminar Equality, Health and the Roma Community (Madrid, :26 – 27 October 2006).

1. The work done gives evidence from all participated countries that the living conditions, social status and resulting health status of the Roma communities are dramatically lower than those in the mainstream population. One of the main reasons of this situation is long term social exclusion. This situation is relatively similar to the ones suffered by other vulnerable groups such as



## Reduction of Health Inequalities in the Roma Community



immigrants as it has been remarked by some partners. In this sense, the most disadvantaged socio-economic groups exhibit characteristics making them susceptible to poor health. Other variables such as gender, age, ethnic background, social class or geographical area are also risk factors when it comes to health.

The broad concept of health affecting different aspects of human life is gradually becoming more and more accepted: physical, psychological and socio-cultural aspects and not only absence of disease. When approaching health, it is therefore clear that we cannot do it separately from other areas, just from a biological approach. We need to work on health from a comprehensive approach and activities or programs should be part of general programs focusing on other aspects that are determinant to health such as housing, employment, education, etc. This is the only way we will be able to work effectively on the improvement of access to health system in particular, and the improvement of health situation in general.

2. Lack of data is another common problem when we refer to Roma community all over Europe and therefore this has to be approached. It is important to carry out researches which gives us data in regard to Roma community and health and confirms if the programs and projects that are being organized are adapted to the current situation and reality. Most of the entities and experts are working with hypothesis and these should be confirmed. Heterogeneity of Roma community, not between countries but also within the same country should be had in mind. Generalization of data should be avoided.
3. It is very important to implement programs on health that are part of larger programs, that have a continuity and are evaluated with instruments that can be used to demonstrate the feasibility of these types of programmes and to make headway in improving their effectiveness. This observation does not refer exclusively to programmes implemented by government administrations but also to those launched by the associative world.

We already have good examples of long-standing programmes that are being carried out and serve as vehicles to raise awareness among professionals and other administrations. These programmes produce a group of trained and aware professionals thus providing an important opportunity for the furthering of specific actions in the area of health. We believe the administrations should have this in mind when allocating funds to the implementation of programs and we ask the European Commission and national administrations to help the continuation of projects such this.

4. The figure of the professional mediator or Roma mediator is not very widespread and the health system is quite unaware that it even exists. Their role as the link between the Roma community and mainstream health-care resources is also an element that should be optimised. The presence of Roma mediators or Roma professionals working in other fields at least somewhat related with health (medicine, social work, nursing, etc.) are an opportunity for



## Reduction of Health Inequalities in the Roma Community



an ongoing cumulative process contributing to a decrease in inequality in the area of health.

However there are some aspects that have to be taken in mind:

- Professional mediation is a resource bridging the gap between the Roma community and the majority society in order to promote constructive change in relations between the two. It is, therefore, a process and not a “fire extinguishing” tool to be used only when conflicts arise.
- Training of mediators is anything but standardised. Some receive ample training before going out into the field while others may have only attended brief capacity-building courses. The topics covered at the different training initiatives also lack standardisation. Moreover, many mediators are also subject to precarious working conditions (part-time, seasonal, etc.) which has a negative influence on the quality of their efforts. These aspects should be improved for the benefit of all.

5. In regard to the health care system the following has to be stressed:

- flexibility of the system and ability to adapt to the “difference” is essential. Measures to achieve this should be taken. The essential challenge lies in including the consideration of difference in the organisation and operation of the health-care system, as well as in the laws and development or enforcement of regulations concerning health-care activities.
- Mutual prejudice, between professionals and Roma community exists in many cases, which generally leads to a relationship based on defensiveness and mistrust. Actions in both directions should be taken, in order to overcome and prevent stereotypes and prejudices.
- A lack of awareness on the part of health-care professionals is observed regarding the characteristics and culture of this minority and in many cases diversity characterizing the Roma community is overlooked. Regular training of professionals is a good practice to improve this situation. The trainings should include topics such as: Roma culture; how Roma community understand health; internal diversity of Roma community; etc.
- The lack of a “culture of health” in the Roma community is also visible, so it is important to work continually with this community on different aspects such as: health promotion/ prevention and to give them information on the functioning of health system.

6. Roma community has been victim of historic discrimination provided for under legal regulations for centuries. Unfortunately, in some countries more than other, Roma population is still victim of violence of its human rights. Some measures have to be taken into force, such as the new European Directive 2000/43/EC, which sets up a new legislative framework among member countries with respect to the enforcement of the principle of equal treatment



## Reduction of Health Inequalities in the Roma Community



among persons regardless of ethnic or racial origin should be a good starting point to fight against discrimination of Roma. This Directive, which presents an opportunity for the establishment of intervention strategies, the purpose of which is to diminish health inequalities affecting the Roma population. The transposition of this directive has special significance and scope for Roma.

Policies and actions have to be taken to fight against these discrimination actions. Equal treatment is an attempt to advance towards a more just society by means of greater legal guarantees and non-discrimination against minority ethnic groups.

Overall we can consider the project has obtained good results in regard to the implementation of the activities originally planned in the submitted project. Working groups have come out to be a very good way of working to obtain practical results, being a chance to have people from many different profiles and sectors focused on one common goal.

Training and empowerment of health professionals and mediators has been a success. Some countries have found difficulties in having health care professionals participating actively in the trainings and some times they have seen it as an extra work or have shown no interest. However partners have done a good effort to show them how important knowledge about Roma community and its conception of health may be for their daily work and results in this sense have been somehow obtained. A key factor has been the collaboration with other entities .- not only the administrations but also hospitals, health care centres, etc.

The production of the manual *How to deal with Roma community in healthcare assistance* in each of the countries has also been an objective we have achieved, which was originally a big challenge. A big challenge because we did not want just to produce a manual and have it literally translated in all languages and distribute it, as we believe transferring experiences from one country to another is a good practice but with adaptations and changes to each country context and situation. It is clear and understood that the use of the handbook will not be homogenous in all countries, but we can assure the final product is adapted to each country and we have a manual that reflects the situation of Roma and healthcare services in each of the participating countries.

We believe the next step would be to carry out a research which gives us a clearer and objective picture of the situation of Roma in regard to health. Most of the experts working on this are working on hypothesis and these should be confirmed in order to design more adjusted programs for Roma and improve their health standards.

To conclude and focusing on the financial aspect of the project, we have had to ask for an amendment in the budget due to the following aspects, as informed to the project officer:



## Reduction of Health Inequalities in the Roma Community



- the withdrawal of one of the partners. As informed in the intermediate report, one of the original project partners from Bulgaria – Regional Health Centre Sliven – had to withdraw from the project as they had difficulties in receiving the funds and therefore they believed it would be better not to officially participate. This has not affected at all the implementation of the project as there were two other partners in that country and therefore all activities have been carried out. In fact another of the partners was from the same area of Bulgaria, Sliven. Besides, despite of the withdrawal, Regional Health Centre Sliven has collaborated in the project.
- The Office of the Government for Human Rights of Czech Republic asked for a modification in the budget allocated to them, as it was too high.
- The rest of the partners asked to have a reduction of the budget line *travel and subsistence* as it has been, in most of the cases, too high and have some money allocated to the budget line *subcontracting* to have funds for the elaboration of the Handbook. Besides, as the printing costs of the manual / handbook are high, some more fund was necessary to be allocated there.

Therefore, partners have decreased the budget line travel and subsistence, in favour of subcontracting. As the printing costs were allocated to FSG, as coordinating body, FSG budget was increased.

The amendment was approved accordingly and following all procedures stated in the contract.

Madrid, 28 February 2007.

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.