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Potential Criteria for the Review of the HEALTH
COMPONENT
of the National Roma Integration Strategies

Produced through a consultative process coordinated by: the European Office for Investment for Health and Development, WHO Regional Office for Europe, WHO Regional Office for Europe, Castello 3252/3253, I-30122 Venice, Italy - Email: info@ihd.euro.who.int
and
the Vulnerability and Health Programme, WHO Regional Office for Europe, Scherfigsvej 8, Copenhagen 2100, Denmark - Email: romahealth@euro.who.int

See acknowledgements for contributors

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About this document

The present working document aims to provide support to and additional background for the European Commission in its process of reviewing the health components of the National Roma Integration Strategies during the first quarter of 2012. It is for a targeted audience (specifically, DG SANCO technical staff working on Roma health).

This document contains an expanded and adapted version of the “criteria for the evaluation of the health component of the National Roma Integration Strategies” that were presented at the “Roma health resource workshop” in Istanbul on 26-27 October 2011. The workshop, which was co-organized by UNFPA and WHO, provided input and facilitated country-to-country exchange for developing or revising the health component of National Roma Integration Strategies or related sets of policy measures. The aforementioned criteria were presented in plenary and subsequently reviewed in breakout groups that comprised more than 40 representatives from governments, NGOs/civil society, the Roma community, academia, international organizations and UN system agencies. A full workshop Report of Proceedings is available upon request.

With technical oversight, coordination, and structural orientations provided by the WHO Regional Office for Europe, the criteria for reviewing the health components of the Strategies were developed by the University of Alicante (Spain), University of Debrecen (Hungary), University of Lancaster (UK) and the London School of Hygiene & Tropical Medicine (UK). After the workshop, participants’ feedback was incorporated and additional input was provided by the above-mentioned universities and select experts from international organizations. The criteria were then finalized by the WHO focal point on Roma health. A list of contributors is featured in Annex 1.

The criteria draw from previous work relevant to Roma health. First and foremost, they are based in the EU Communications and Council Conclusions on Roma inclusion and the Communication “Solidarity in Health: Reducing health inequalities in the EU”. 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; the draft new European health policy (Health 2020); 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.

This document begins with an overview of the criteria for review of the health components of the National Roma Integration Strategies, introducing 5 core areas for criteria and 23 criteria elements. This is followed by a series of tables, one for each core area, containing potential issues to be considered in each of the criteria elements. It is hoped that these tables will provide background to DG-SANCO’s creation of an assessment grid for the review of the health components of the Strategies. These criteria are neither exhaustive (as additional issues can be added) nor too synthetic (so as not to withhold details that could be potentially useful to DG-SANCO for creating a more succinct assessment grid). At the end of document (see Annex 2) is a bibliography on Roma health, responding to interest expressed by DG-SANCO for such a list.

Overview of criteria

The enclosed criteria for review of the health component of the National Roma Integration Strategies are divided into 5 core areas:

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.

Table I provides an overview of the criteria elements by core area. For the sake of brevity, the phrase “Health Components of the National Roma Integration Strategies or related sets of Policy Measures” has henceforth been abbreviated to the acronym “HC-NRIS/PM”.

Table I. Overview of proposed criteria to review the HC-NRIS/PM

Core area	Criteria elements	Content guide
1. Coherence with select relevant EU Communications and Council Conclusions	• 1.A. Coherence with EU Communication on EU Framework for National Roma Integration Strategies up to 2020 (2011)	Table II: 1.A.i. through 1.A.ii.
	• 1.B. EU Communication “Solidarity in health: Reducing health inequalities in the EU” (2009)	Table II: 1.B.i. through 1.B.iii.
	• 1.C. Council Conclusions on an EU Framework for National Roma Integration Strategies up to 2020 (2011)	Table II: 1.C.i. through 1.C.ii.
	• 1.D. Council Conclusions on the Inclusion of Roma and the Common Basic Principles on Roma inclusion annexed thereto (2009)	Table II: 1.D.i. through 1.D.x.
2. Health system strengthening	• 2.A. Financial protection for health	Table III: 2.A.i. through 2.A.iv.
	• 2.B. Health system resource generation	Table III: 2.B.i. through 2.B.iv.
	• 2.C. Health system service delivery	Table III: 2.C.i. through 2.C.iv.
	• 2.D. Health system stewardship	Table III: 2.D.i.
3. Social determinants of health	• 3.A. National and subnational governance for acting on social determinants of Roma health	Table IV: 3.A.i. and 3.A.ii.
	• 3.B. Health in the housing and essential services component of the Strategy	Table IV: 3.B.i. through 3.B.iii.
	• 3.C. Health in the education component of the Strategy	Table IV: 3.C.i.
	• 3.D. Health in the employment component of the Strategy	Table IV: 3.D.i.
	• 3.E. Roma health related to migration policy	Table IV: 3.E.i.
4. Goals, outcomes and governance mechanisms	• 4.A. National strategic leadership and coordination	Table V: 4.A.i. through 4.A.iv.
	• 4.B. Situational analysis	Table V: 4.B.i.
	• 4.C. Intended beneficiaries	Table V: 4.C.i.
	• 4.D. Partners for implementation	Table V: 4.D.i. through 4.D.ii.
	• 4.E. Goals and outcomes	Table V: 4.E.i. through 4.E.v.
5. Monitoring and evaluation	• 5.A. Mechanisms for monitoring and evaluation	Table VI: 5.A.i. and 5.A.ii.
	• 5.B. Mechanisms to support learning	Table VI: 5.B.i. and 5.B.ii.
	• 5.C. Indicators to measure	Table VI: 5.C.i. through 5.C.iv.
	• 5.D. Sources of data	Table VI: 5.D.i. and 5.D.ii.
	• 5.E. Use of ethnicity-based and area-based (regional) data	Table VI: 5.E.i. and 5.E.ii.

Criteria Area 1 - Coherence with select relevant EU Communications and Council Conclusions

EU Communications and Council Conclusions provide important orientations for the HC-NRIS/PM, as these have been reviewed and/or endorsed by EU Member States. They are particularly useful during the EC's review of the Strategies in that they serve as "reference points" for discussions with Member States regarding the contents and comprehensiveness of HC-NRIS/PM. Table II extracts from select relevant EU Communications and Council Conclusions potential issues to be reviewed. Between these, there were many repeating issues of great salience. For example, protecting fundamental human rights, addressing the multiple discriminations faced by Roma women/girls, and promoting the active involvement of Roma civil society were stressed various times. To limit repetition in Table II, issues including these are only cited once, albeit there may still be some unavoidable repetition of sub-components within potential questions/issues for review.

Table II. Criteria Area 1 - Coherence with select relevant EU Communications and Council Conclusions

Criteria elements	Potential questions/issues for review
1.A. Coherence with EU Communication on EU Framework for National Roma Integration Strategies up to 2020 (2011)	<ul style="list-style-type: none"> • 1.A.i. Does the HC-NRIS/PM make explicit reference to the Framework integration goal of "reducing the gap in health status between Roma and the rest of the population"? • 1.A.ii. Does the HC-NRIS/PM address the following health issues referred to explicitly or implicitly in the Framework: <ul style="list-style-type: none"> ○ Adverse/poor living conditions impacting health; ○ Access barriers to quality healthcare; ○ Health promotion and prevention services to address higher exposure to risk factors; ○ A focus on women's and children's health; ○ Increased health (and health system) literacy through "targeted information campaigns"; ○ Links with related social services [which is important for integrated care]; ○ Discrimination by healthcare personnel; ○ Low vaccination levels; ○ Qualified Roma involved in delivering healthcare programmes for their communities; • 1.A.iii. Does the HC-NRIS/PM make reference to any of the following EU instruments, facilities or platforms identified in the Framework¹: <ul style="list-style-type: none"> ○ Structural Funds (in general) ○ European Agricultural Fund for Rural Development ○ European Regional Development Fund ○ European Social Fund ○ European Progress Microfinance Facility ○ Multi-annual Financial Framework ○ European Platform Against Poverty and Social Exclusion
1.B. EU Communication "Solidarity in health: Reducing health inequalities in the EU" (2009)	<ul style="list-style-type: none"> • 1.B.i. Does the HC-NRIS/PM refer to acting on determinants of ill-health among vulnerable groups identified in the "Solidarity in Health" communication, such as: <ul style="list-style-type: none"> ○ Poor housing; ○ Poor nutrition; ○ Poor health-related behaviours; ○ Discrimination and stigmatization; ○ Barriers to accessing health and other services (including lack of insurance, high costs of care, lack of information about services provided, and language and cultural barriers). • 1.B.ii. Does the HC-NRIS/PM indicate synergies with wider policies/efforts to address health inequities across the social gradient, in keeping with the reference in the "Solidarity in Health" communication to "include actions to address the gradient in health across the whole of society as well as action which are specifically targeted to vulnerable groups"?

¹ Although not cited in the original Communication on the Framework, the following were cited as additional sources for funding in the recent publication "Working Together for Roma Inclusion: The EU Framework explained" (European Commission, 2011): the Fundamental Rights and Citizenship programme, PROGRESS, Daphne III, the Life-long learning Programme, the Youth in Action Programme, the Culture Programme and the Health programme.

	<ul style="list-style-type: none"> • 1.B.iii. Does the HC-NRIS/PM indicate use of the EU European Programme for Research for activities related to research and exchange of best practices/know-how on Roma health?
<p>1.C. Council Conclusions on an EU Framework for National Roma Integration Strategies up to 2020 (2011)</p>	<ul style="list-style-type: none"> • 1.C.i. Does the HC-NRIS/PM make reference to the protection of fundamental rights (for instance, as called for by the Charter of Fundamental Rights of the European Union²), notably through combating discrimination and segregation, including in the health system? • 1.C.ii. Is any reference made to the Racial Equality Directive (2000/43/EC)?
<p>1.D. The Council Conclusions on the Inclusion of Roma and the Common Basic Principles on Roma inclusion annexed thereto (2009)</p>	<ul style="list-style-type: none"> • Does the HC-NRIS/PM put into practice the Common Basic Principles for Roma Inclusion? For instance: <ul style="list-style-type: none"> ○ 1.D.i. <i>Principle 1 - Constructive, pragmatic and non-discriminatory policies:</i> e.g., Does the HC-NRIS/PM identify legislation and operational systems to prevent, document, and correct discrimination in the health sector? ○ 1.D.ii. <i>Principle 2 - Explicit but not exclusive targeting:</i> e.g., Do the measures proposed in the HC-NRIS/PM target the Roma population but not exclude other populations experiencing similar adverse socioeconomic conditions and discrimination? ○ 1.D.iii. <i>Principle 3 - Inter-cultural approach:</i> e.g., Does the HC-NRIS/PM include measures for increasing cultural competence of healthcare workers and the provision of culturally sensitive health services? ○ 1.D.iv. <i>Principle 4 - Aiming for the mainstream:</i> e.g., Does the HC-NRIS/PM include actions to reorient/adapt existing mainstream health system structures, strategies, policies and programmes to better address health equity and social determinants of health considerations, taking care to not create parallel systems? ○ 1.D.v. <i>Principle 5 - Awareness of the gender dimension:</i> e.g., Does the HC-NRIS/PM emphasize the importance of addressing gender inequities and mention the use of gender mainstreaming tools and sex-disaggregated data? ○ 1.D.vi. <i>Principle 6 - Transfer of evidence-based policies:</i> e.g., Is evaluation of interventions cited in the HC-NRIS/PM? Is any reference made to use of European platforms/mechanisms for exchange of promising practices on Roma health? ○ 1.D.vii. <i>Principle 7 - Use of Community instruments:</i> e.g., Does the HC-NRIS/PM state the use of EU Funding mechanisms to support interventions? Is mention made to mechanisms to build national, regional and local capacity (including of NGOs) for accessing and managing funds? ○ 1.D.viii. <i>Principle 8 - Involvement of regional and local authorities:</i> e.g., Does the HC-NRIS/PM specify ways to support resource allocation, implementation, and monitoring at subnational and local levels? ○ 1.D.ix. <i>Principle 9 - Involvement of civil society:</i> e.g., Does the HC-NRIS/PM cite civil society representation in Strategy and Plan steering committees and other governance structures? ○ 1.D.x. <i>Principle 10 - Active participation of the Roma:</i> e.g., Does the HC-NRIS/PM include measures to ensure the involvement of Roma in designing, implementing, monitoring, evaluating and revising activities, also at the regional and local levels? Is there a specific goal on participation and methods for identifying who participates? Is a budget line allocated for participation?

² The EU Charter of Fundamental Rights specifies the right to: “social and housing assistance to ensure a decent existence for all those who lack sufficient resources, access to preventive health care and the right to benefit from medical treatment, and to working conditions which respect health”.

Criteria Area 2 - Health system strengthening

The National Roma Integration Strategies have the potential to contribute to wider efforts to make health systems more equity-oriented. The definition of health system applied in this document is that used in the Tallinn Charter: *a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.* There is potential for the HC-NRIS/PM to influence change with regards to the four health system functions: financing, resource generation, service delivery, and stewardship.

Actions for sustained health equity must span all health system functions, as evidence suggests that action through one function alone will not lead to the desired results. Likewise, actions should go beyond an ad hoc project approach. They should comprise integrated and lasting measures, serving as means to make health systems more able to respond to the needs and rights of Europe's diverse populations. Table III elaborates on select potential questions/issues for review with regards to how the HC-NRIS/PM covers each of the health system functions. Of course, depending on the situation analysis/needs assessment that informed the Strategy design, some of these may be more relevant than others in a given national context.

Table III. Criteria Area 2 - Health system strengthening

Criteria elements	Potential questions/issues for review
2.A. Financial protection for health	<ul style="list-style-type: none"> • 2.A.i. Does the HC-NRIS/PM address systemic issues linked to insufficient financial protection? Does it include measures to overcome financial access barriers such as high³ levels of out-of-pocket payments for health services and risk of catastrophic expenditure? Does it aim to improve health insurance coverage amongst the Roma (this includes by addressing lack of documentation issues)? • 2.A.ii. Does the HC-NRIS/PM specify how financial barriers to medicines will be addressed? • 2.A.iii. Are financial access barriers impacting effective coverage, such as the associated costs of travel/accommodation, addressed by the HC-NRIS/PM? • 2.A.iv. Are issues related to financial protection of mobile and migrant Roma addressed?
2.B. Health system resource generation (<i>focus on human resources</i>)	<ul style="list-style-type: none"> • 2.B.i. Does the HC-NRIS/PM include measures for formalizing and making sustainable the role of Roma health mediators or other community workers operating in disadvantaged Roma communities, including at subnational levels in the context of decentralization? • 2.B.ii. Does the HC-NRIS/PM include a focus on increasing the number of qualified Roma medical professionals? • 2.B.iii. Does it address training health professionals—through pre-service and/or continuing education—on cultural competence, non-discrimination and socially determined health inequities? • 2.B.iv. Does it feature measures for ensuring the presence of an adequate number of skilled health personnel (and equipped facilities) in disadvantaged communities?
2.C. Health system service delivery	<ul style="list-style-type: none"> • 2.C.i. Does the HC-NRIS/PM include measures to reorient the delivery of priority public health services to overcome access barriers experienced by disadvantaged communities where Roma and other populations may live, as well as improve the awareness and knowledge of these communities about available services? • 2.C.ii. Does it specify actions to overcome barriers to service delivery linked to insufficient documentation, mobility and migration? • 2.C.iii. Does the HC-NRIS/PM include measures to address discrimination and cultural competence in service delivery? • 2.C.iv. Does the HC-NRIS/PM feature integrated social and health service provision, for particular groups where impediments to social services can undermine the reach/effectiveness of health services?

³ [in terms of percentage of income]

<p>2.D. Health system stewardship</p>	<ul style="list-style-type: none"> • 2.D.i. Does the HC-NRIS/PM include measures to make the health system more accountable, for instance with regards to Roma patients' rights, involvement, and knowledge of entitlements? • <i>Other aspects of stewardship are covered by different Criteria Areas. For example:</i> <ul style="list-style-type: none"> ○ <i>Does the HC-NRIS/PM strengthen governance for action on the determinants of health (see Criteria Area 3)?</i> ○ <i>Does the HC-NRIS/PM feature a strong focus on building capacity and allocating resources at local and regional levels for work on Roma health (see Criteria Area 4)?</i> ○ <i>Does the HC-NRIS/PM include measures that strengthen the health information system to improve equity surveillance (see Criteria Area 5)?</i>
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Criteria Area 3 - Social determinants of health

It is well recognized that health is largely influenced by factors that are not within the sphere of the health sector. The *social determinants of health* are the conditions in which people are born, grow, live, work and age, and are largely responsible for health inequities. The EU Framework, through its 4-pillared multisectoral design, has potential for an integrated approach to address underlying determinants of health. First and foremost, it does this through increasing equity in opportunities for Roma in all four key areas: education, employment, healthcare, and housing and essential services. By increasing equity across these sectors, the Strategies impact living conditions and the structural drivers of health inequities experienced by many Roma.

Secondly and related to the first point, the multisectoral Framework lends itself for application of the Health-in-All-Policies⁴ (HiAP) approach. All EU policies are required by the EU treaty to follow the HiAP approach. Table IV highlights select issues to review with regards to the HC-NRIS/PM's actions for HiAP. It should be noted that, while being referenced in the health-specific component of the Strategy, criteria elements 3.B.-D. should also be featured in the other sectoral components of the Strategy.

Table IV. Criteria Area 3 – Social determinants of health

Criteria elements	Potential questions/issues for review
<p>3.A. National and subnational governance for acting on social determinants of Roma health</p>	<ul style="list-style-type: none"> • 3.A.i. Does the HC-NRIS/PM specify structures/mechanisms/platforms for intersectoral and multi-stakeholder action for Roma health, at both national and local levels? • 3.A.ii. Does it include specific actions for strengthening the information base available to the health sector for engaging with other sectors on Roma health, for instance through the use of equity-oriented health impact assessments, quantitative data that can be disaggregated (see Criteria Area 5), and qualitative data that provide insight to the role of other sectors in influencing Roma health? • <i>Other aspects of governance on social determinants of Roma health are covered by different Criteria Areas. For example:</i> <ul style="list-style-type: none"> ○ <i>Does the HC-NRIS/PM (and the Strategy in its entirety) include a cross-cutting focus on improving gender equity and applying human rights standards (see Criteria Area 1)?</i>
<p>3.B. Health in the housing and essential services component of the Strategy</p>	<ul style="list-style-type: none"> • 3.B.i. Does the HC-NRIS/PM cross-reference measures to ensure healthy housing, such as addressing environmental risk factors such as chemical exposure, indoor air pollution, inadequate heating and mould? • 3.B.ii. Does the HC-NRIS/PM cross-reference actions to ensure access to safe drinking water and improved sanitation in disadvantaged communities where Roma and other populations may live? • 3.B.iii. Does it cross-reference measures to ensure essential transportation services, such as basic public transportation and ambulance services needed for accessing healthcare?

⁴ Using the definition applied in the 2006 Finnish Presidency of the European Union, Health in All Policies (HiAP) is an encompassing approach that goes beyond the boundaries of the health sector. The core of HiAP is to examine determinants of health, which can be influenced to improve health but are mainly controlled by policies of sectors other than health. The focus of this approach extends beyond individual factors and lifestyles.

<p>3.C. Health in the education component of the Strategy⁵</p>	<ul style="list-style-type: none"> • 3.C.i. Does the HC-NRIS/PM cross-reference comprehensive early child development⁶ (ECD) programmes benefiting Roma, as evidence suggests that ECD interventions are among the most effective in breaking the transgenerational transmission of health inequities? • <i>Other issues related to health in the education component of the Strategy are covered in Criteria Area 2 under “Health system resource generation”, as the education sector plays a key role in producing the necessary health workforce.</i>
<p>3.D. Health in the employment component of the Strategy</p>	<ul style="list-style-type: none"> • 3.D.i. Does the HC-NRIS/PM cross-reference measures to improve occupational health for Roma workers (in formal and, if possible, informal sectors)? • 3.D.ii. Does the HC-NRIS/PM feature cooperation (if applicable in the national context) between the health and employment sectors for issues related to documentation required for social protection (including health insurance)?
<p>3.E. Roma health related to migration policy</p>	<ul style="list-style-type: none"> • 3.E.i. Does the HC-NRIS/PM make reference to cooperation with relevant authorities and stakeholders for ensuring the right to health of mobile and migrant Roma?

Criteria Area 4 - Goals, outcomes and governance mechanisms

The criteria in Table V support the assessment of HC-NRIS/PM goals, outcomes, and governance mechanisms. They also aim to facilitate longer-term monitoring and evaluation (see Criteria Area 5).

Table V. Criteria Area 4 – Goals, outcomes and governance mechanisms

Criteria elements	Potential questions/issues for review
<p>4.A. National strategic leadership and coordination</p>	<ul style="list-style-type: none"> • 4.A.i. Are there provisions in the HC-NRIS/PM for translating actions into implementation at the regional and local level? • 4.A.ii. Is there a budget with sources of funding specified for the envisaged actions in the HC-NRIS/PM? Has it been specified how the budget will be overseen and managed? • 4.A.iii. Does it specify how it will make use of EU financial instruments (see those listed in Criteria Area 1)? • 4.A.iv. Does the HC-NRIS/PM feature national and regional (participatory) mechanisms to oversee, develop, implement, monitor and evaluate actions? Are details elaborated on their functionality (frequency of meetings, coordination responsibilities, etc)?
<p>4.B. Situational analysis</p>	<ul style="list-style-type: none"> • 4.B.i. Are the goals for the HC-NRIS/PM informed by a comprehensive, detailed and up-to-date situational analysis of the situation of Roma in the respective country, the key stakeholders involved, and of policies, programmes, projects implemented so far and their impact on the situation of Roma?
<p>4.C. Intended beneficiaries</p>	<ul style="list-style-type: none"> • 4.C.i. Does the health component of the HC-NRIS/PM detail the intended beneficiaries of actions?
<p>4.D. Partners for implementation</p>	<ul style="list-style-type: none"> • 4.D.i. Are the key partners/organizations specified in the HC-NRIS/PM (e.g. health and social workers, government offices, Roma communities, academia, civil society, media)? • 4.D.ii. Does the HC-NRIS/PM indicate that authorities will entrust the management and implementation of some parts of the programmes to intermediary bodies (such as international organizations, regional development bodies or NGOs), as suggested by the EU Framework?

⁵ A cross-review of the education components of the National Strategies for Roma Inclusion may lead to the identification of additional issues to be included. For instance, modules on health system literacy could be integrated into continuing education programmes for Roma (an activity that could potentially support the aims of the European Platform against Poverty).

⁶ Drawing from the work of the Commission on Social Determinants of Health, ECD programmes entail close cooperation between health, education and other social services. The health care system and health providers have pivotal roles, as they are often the points of early contact with a child and can serve as gateways to other early childhood services. Comprehensive ECD programmes can comprise, but not be limited to: breastfeeding and nutrition support; support to and care of mothers before, during and after pregnancy; parenting and caregiver support; childcare; early education starting around age 3; and services for children with special needs.

<p>4.E. Goals and outcomes</p>	<ul style="list-style-type: none"> • 4.E.i. Are goals, outputs and outcomes of the HC-NRIS/PM clearly and unambiguously specified? • 4.E.ii. Are the goals realistic and achievable within the specified timeframes and with the allocated resources? • 4.E.iii. Are the outcomes of the HC-NRIS/PM clearly linked with the situation analysis and identified critical issues? Are they measurable? • 4.E.iv. Is there a clear timeframe for the short, medium and long term planning? • 4.E.v. Is there a clear distinction between input, process, output and outcomes?
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Criteria Area 5 – Monitoring and evaluation

The EU Framework for National Roma Integration Strategies calls for a *robust monitoring mechanism with clear benchmarks, which will ensure that tangible results are measured, that money directed to Roma integration has reached its final beneficiaries, that there is progress towards the achievement of the EU Roma integration goals and that national Roma integration strategies have been implemented.* The Framework indicates that the Commission will report annually to the European Parliament and to the Council on progress for the integration of the Roma population in Member States and on the achievement of the goals.

Table VI includes criteria to assess the systems required to underpin monitoring and evaluation activities (e.g. human and financial resources) and systems to support learning from monitoring and evaluation. It also sets out tentative criteria to inform the development of data collection plans.

Table VI. Criteria Area 5 – Monitoring and evaluation

Criteria elements	Potential questions/issues for review
<p>5.A. Mechanisms for monitoring and evaluation</p>	<ul style="list-style-type: none"> • 5.A.i. Does the HC-NRIS/PM specify a budget line for monitoring and for evaluation (or are there specific funds for the health component in the wider Strategy budget for monitoring and evaluation)? • 5.A.ii. Are organizations cited who are responsible for commissioning, conducting, and reporting on monitoring and evaluation information?
<p>5.B. Mechanisms to support learning</p>	<ul style="list-style-type: none"> • 5.B.i. Does the HC-NRIS/PM indicate a mechanism/plan to support dissemination of findings to relevant stakeholder groups (Roma communities, professionals, government officials) in the health sector and beyond? • 5.B.ii. Does it specify a mechanism to discuss/review implications of information obtained through monitoring and evaluation?
<p>5.C. Indicators to measure</p>	<ul style="list-style-type: none"> • 5.C.i. Does the HC-NRIS/PM include timelines for expected change in the short, medium and long term? • 5.C.ii. Does the monitoring and evaluation plan specify key input, process, activity/output, reach and outcome indicators to measure progress made by the HC-NRIS/PM? • 5.C.iii. Does the HC-NRIS/PM clearly indicate what data is available/will need to be collected to measure progress? • 5.C.iv. For the Strategies through 2020, is there a long-term vision applied for improving data sources (through incrementally building national information systems capable of routinely monitoring health inequities)?
<p>5.D. Sources of data</p>	<ul style="list-style-type: none"> • 5.D.i. Does the HC-NRIS/PM identify existing data available to inform the situational analysis as well as monitoring and evaluation plans? • 5.D.ii. Does the monitoring and evaluation plan encompass a range of data sources? For instance: <ul style="list-style-type: none"> ○ monitoring data and data from administrative registers; ○ survey data (both regular surveys conducted by National Statistical Institutes and surveys conducted by NGOs/partners); ○ data from community-based monitoring; ○ qualitative research (particularly Roma perspectives).

<p>5.E. Use of ethnicity-based and area-based (regional) data</p>	<ul style="list-style-type: none">• 5.E.i. Does the HC-NRIS/PM specify the collection and reporting of disaggregated data at a local, national and regional level? <i>For instance:</i><ul style="list-style-type: none">○ Are data on ethnicity collected in the census?○ Is it possible to link data collected in the census with data collected in registries, such as for certain diseases or vital registration?○ Are data on ethnicity collected in routine statistics or surveys of healthcare/education/social security?○ What is the smallest area for which healthcare/education/social security data are available?• 5.E.ii. Does the HC-NRIS/PM indicate that data on mobility and migration status of Roma is or will be collected?
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Annex 1. Contributors to this document

Technical oversight, production coordination, and structural orientations were provided by Theadora Koller, Technical Officer, WHO European Office for Investment for Health and Development (who, as of May 2012, is Technical Officer, Health Systems, WHO India Country Office).

The following persons contributed to the delineation of the criteria areas:

Emma Halliday, Senior Research Associate, and Jennie Popay, Professor of Sociology and Public Health, and Division of Health Research, Faculty of Health and Medicine, University of Lancaster, United Kingdom
Bernd Rechel, Researcher, European Observatory on Health Systems and Policies, London School of Hygiene & Tropical Medicine, United Kingdom
Daniel La Parra, Francisco Francés, and José Tomás García, Interuniversity Institute for Social Development and Peace, University of Alicante, Spain
Karolina Kósa, Associate Professor, and Róza Ádány, Dean of the Faculty of Public Health, University of Debrecen, Hungary

Comments on the draft criteria were provided by participants of the “Roma health resource workshop”, held 26-27 October 2011 in Istanbul and co-organized by UNFPA and WHO. The full list of participants can be found in the meeting report (available upon request).

The following persons provided comments on the draft criteria following the workshop:

Rita Columbia, Programme Advisor on Sexual and Reproductive Health and Rights, UNFPA Eastern Europe and Central Asia Regional Office, Turkey (workshop co-organizer)
Eva Foldes, Alina Covaci, and Erin Howe, Open Society Foundations
Roumyana Petrova-Benedict, Senior Regional Migration Health Advisor for Europe and Central Asia, International Organization for Migration

It should be noted that the criteria also draw from the work on monitoring done by UNDP (Andrey Ivanov and Jaroslav Kling of the Bratislava Regional Centre, UNDP Europe and the CIS), and inputs from Marta Schaaf (consultant on human rights and health equity).

Contacts for more information:

European Office for Investment for Health and Development, WHO Regional Office for Europe, WHO Regional Office for Europe, Castello 3252/3253, I-30122 Venice, Italy
Email: info@ihd.euro.who.int

Vulnerability and Health Programme, WHO Regional Office for Europe, Scherfigsvej 8, Copenhagen 2100, Denmark
Email: romahealth@euro.who.int

Annex 2. Selected publications on Roma health since 2005

The following list was compiled by Bernd Rechel, Researcher, European Observatory on Health Systems and Policies, London School of Hygiene & Tropical Medicine, United Kingdom, at the request of WHO for the purpose of this document. Additions were made by the contributors in Annex 1.

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