



Roma Health Mediators in Macedonia: a successful model under threat?

ESPN Flash Report 2017/37

MAJA GEROVSKA MITEV AND DRAGAN GJORGJEV – EUROPEAN SOCIAL POLICY NETWORK

JUNE 2017

Since its introduction, the Roma Health Mediation programme has helped reduce obstacles to health insurance and healthcare among Roma. While widely assessed as positive, the continuation of this programme is under threat. Due to the nature of their employment contract, mediators face the same destiny as their clients – they are not able to access social insurance rights.

LEGAL NOTICE

This document has been prepared for the European Commission. However, it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Description

The Roma ethnic community in the Former Yugoslav Republic (FYR) of Macedonia is confronted with a number of challenges related to health insurance and healthcare. In a recent UNICEF survey (2016) on barriers to health insurance access for Roma households, “9% of surveyed household representatives said that they did not have any form of health insurance”. Research by the Association for Emancipation, Solidarity and Equality of Women (ESE, 2014) showed that the most common reason for lacking health insurance is lack of ID documents (45.8%), followed by lack of knowledge on how to exercise this right (14.6%).

In order to reduce the institutional barriers to accessing healthcare and to raise awareness about health rights among Roma, a programme called Roma Health Mediators (RHMs) was introduced in 2012. With financial support from the Ministry of Health, the Foundation Open Society Macedonia and the civil society organisation Health, Education and Research Association (HERA), sixteen trained and accredited RHMs were taken on in eight municipalities with the highest Roma population density. As in other countries of the region (Bulgaria, Romania, Slovakia), RHMs are required to: assist individual clients in obtaining personal documentation and health insurance; assist (and encourage) clients to visit the doctor; refer clients to relevant health, social, and educational services;

conduct health education sessions in the community; provide targeted health assistance etc. (Covaci 2012).

According to the Roma Decade Monitoring Report, “(the) project is an example of good practice in the making, as available information suggests that Romani health mediators are increasingly recognised as a resource by state institutions on the one hand and by local Romani communities on the other” (InSoC et al. 2013: 11). Also, it was pointed out that the strength of the RHMs can be seen in: a) the increased number of certified RHMs (increase by 50-55 in the last 5-6 years); b) the increased number of Roma who now have access to the health system; and the increased number of families using RHMs services (Regional Cooperation Council, the European Union, the Open Society Foundations, 2016). In addition, the 2015 Annual Report of HERA shows that RHMs have assisted a significant share of the Roma population in the respective local municipalities, e.g. 15% of Roma households in the municipality with the largest Roma community in the country (HERA, 2016).

However, since the start of the programme, the number of RHMs taken on has decreased. One main reason for this is the nature of their employment contract. RHMs do not have “full employment” contracts, but rather “service contracts”, which do not

include social insurance contributions. Hence, they have no employment rights under employment law (sick leave, maternity leave), and no protection in case of accidents at work. This has contributed to the termination of contracts of some RHMs, and, for financial and administrative reasons, these have not been replaced. In addition, in 2016, the funds for RHMs were cut substantially, which also affected employment of trained and certified mediators, and consequently, the services they could provide (UNICEF, 2017). This situation is not exclusive to FYR of Macedonia, as RHMs in other countries in the region also face countless administrative hurdles and monthly contract renewal (OSI, 2014).

This poses a serious challenge for the sustainability of this successful project, and solutions should be sought for systematic involvement of RHMs in the national health administrative scheme.

Outlook & commentary

It is quite difficult to make a success of policies targeted at Roma, due to the multiple challenges this ethnic community faces, such as unfavourable socio-economic living conditions, high

unemployment, low educational levels and lack of information. Supporting and strengthening the RHMs' position should therefore be high on the national agenda. Some of the reasons for the stalemate in relation to the RHMs' employment position in FYR of Macedonia may be attributed to the political crisis in the country during the period 2015-2017. Apart from the continuation of previous public commitments, no new initiatives, reforms or financial allocations were implemented during this period.

Hence the newly elected government (June 2017) should seek to sustain this programme and integrate it into the health system administration. It should provide RHMs with full employment contracts, which would offer them full access to social insurance rights.

Alternatively, the government could engage with this issue more widely and extend access to the social protection system to all employment contracts. While this would require a more systematic and gradual approach, it would benefit a much larger group of people on the labour market with non-standard employment contracts and no or poor access to social insurance rights.

Further reading

Covaci, A. (2012), Roma Health Mediators - Successes and challenges, New York: Open Society Foundation.

ESE (2014), We are all human: healthcare for all people regardless of their ethnicity – health status, healthcare and the right to health among Roma in the Republic of Macedonia, Skopje: Open Society Foundations.

HERA (2016), Roma Health Mediator, Bulletin No.5, Skopje: HERA.

InSoC et al. (2013), Civil Society Monitoring Report on the Implementation of the National Roma Integration Strategy and Decade Action Plan in 2012 in Macedonia, Budapest: Decade of Roma Inclusion Secretariat Foundation Macedonia.

OSI (2014), Roma Health Mediators: Advancing the health and rights of Roma communities,

http://www.eesc.europa.eu/resources/docs/violetanaydenova_opensocty institute_romahealthmediators_20140512-eesc-hearing.pdf

Regional Cooperation Council, the European Union, the Open Society Foundations (2016), Roma Integration 2020: Report from 2016 public dialogue forum on Roma integration, Skopje: Regional Cooperation Council, the European Union, the Open Society Foundations.

UNICEF (2016), Assessment of barriers to health insurance access for Roma families, Skopje: UNICEF.

UNICEF (2017), Terms of reference - Evaluation of UNICEF Roma Health Mediators programme in the former Yugoslav Republic of Macedonia 2013 – 2015,

https://www.unicef.org/tfyr macedonia/ToR_RHM_Evaluation_for_w eb_23May.pdf

Authors

[Maja Gerovska Mitev](#) (Faculty of Philosophy, Skopje) and [Dragan Gjorgjev](#) (Institute of Public Health and Public Health Department at the Medical Faculty, Skopje)