



DECADE OF
ROMA
INCLUSION
2005-2015

Government of Romania 2005-2006

DECADE OF ROMA INCLUSION PROGRAM 2005-2015

in partnership with

Roma Health Conference

Past and future projects and policies: how to impact Roma health
most effectively?

December 12-13, 2005, Bucharest, Hotel Marriott

The National Technical Secretariat
Minutes and Summary

“If the opportunities would be equal, the mainstream policy would be desirable. As these opportunities are not equal, some measures must be taken, I would not call them positive discrimination policies but affirmative action policies; before taking equal measures, equal chances, we need affirmative actions”

Bernard Rorke - participant

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- I. The framework of the conference

Romania, accordingly with the agenda engaged to fulfil during its Roma Decade Presidency mandate period, envisaged the organization of a thematic reunion in the Health field of action entitled: "Past and future projects and policies: how to impact Roma health most effectively?". The conference held its sessions on 12th and 13th of December, 2005, at the Marriot Hotel in Bucharest.

The objectives of the conference

To share with government representatives and other stakeholders the conclusions and recommendations of the OSI study on Roma Health Mediator programs in Bulgaria, Finland and Romania

To discuss opportunities and challenges raised by Roma Health Mediator programs

To assess the effectiveness of current policy frameworks regarding broader issues related to Roma health

To discuss and agree upon next concrete steps on the implementation of the Decade National Action Plans on health

The opening ceremony was conducted by Ms. Mariea Ionescu, the coordinator official of The Decade of Roma Inclusion together with important representatives of the Romanian Government: Mr. Marko Attila, Secretary of State, Mr. Cristian Vladescu – the president of the National House for Health Insurance and Mr. Iulius Rostas.

The goals of the conference were approached by different means: speeches, presentations (based on on-going documents), electronic presentations (in PowerPoint) and workshops.

- III. The message of the conference

The conference main message was that the member-states governments must urgently adopt national plans of action seeking to improve Roma health condition.

Another important message issued by the conference participants was a challenging one:

Institutional capacity and mechanism building for monitoring and evaluating the active health mediators within the Roma Communities.

Starting from the mainstreaming and targeting concepts, it was underlined the need for a legislative framework change and improvement in a manner that would allow the facing problems Roma people to obtain the medical insurance.

This conference was the first one approaching the Roma health field which gathered together representatives of the governments capable to analyze issues regarding the Roma health condition, having as a starting point the institutional background and experiences and so on. Within the conference it was presented the OSI study concerning the Roma health mediators in three countries: Romania, Bulgaria and Finland.

The Conference offered the required framework for a first debate about the direct participation of the Roma women at the community live in a governmental framework, allowing a better visibility over the gender dimension from the perspective of Roma community's social needs.

IV. The general guidelines of the debates

The participants experience in the field of Roma health condition;

Measures to be taken for Roma health condition improvement: legislative, institutional and monitoring measures;

The gender dimension in cross-cutting with other adjacent fields related to the Roma condition

The Roma women participation at the international initiatives targeting Roma issues.

The governments representatives participation at the Conference put into light its message: we need a participatory approach from the Roma in order to design the national actions plans in the field of Health. It was stressed the necessity for actions series in order to define some institutional responsibility criteria and the conditions for promoting the Roma health mediators best-practice experience in other countries.

In their speeches, the speakers mentioned the need for some institutionalized mechanism for inter-institutional co-operation in order to increase the Roma access to health public services.

V. The messages of the officials

Miss Mariea Ionescu, as a coordinating official of The Decade for Roma Inclusion, conducted the official opening ceremony, presenting the National

Agency for Roma and its policies targeting the Romanian Roma, the Roma Decade Framework and reviewed the Romania's priorities during its presidency period mandate (The Roma and the Media, Mainstreaming and Targeting, Best-Practices Dissemination).

Regarding the cooperation among institutions, the coordinator of the Decade for Roma Inclusion nominated the fact that NAR co-operated with the Romanian Health Ministry within the Phare Programme 2002: Support for improving the Roma Condition.

The National Plans for Action in the field of Health are on a developing phase and they were not ratified yet by the Government. In the context of institutionalizing the health mediators' activity <<we must find an institutional solution in order to monitor de facto the Roma health mediators' activity and to improve their coordination>>. Ms. Mariea Ionescu saluted the participation at the Conference of Mr. Cristian Vladescu, the chairman of the National House of Health Insurance and transmitted the full NAR availability and opening to cooperate and to complete the current legislative framework, in order to obtain real equal opportunities for Roma origin citizens at their quest for public health services.

Mr. Cristian Vladescu estimated that, from the National House of Health Insurance point of view, there is no discrimination regarding the access to public health services for all the people living in Romania, all the citizens have equal access if they fulfil some criteria. Nevertheless, it is a fact that Roma people living in Romania are facing the heaviest difficulties in fulfilling these criteria.

Most of Roma people do not have access to the medical services due to the lack of identity documents. Unconditioned and direct urgent medical assistance is provided only in emergency cases and for an illness which put the person's life at risk. This proves the urgent need for fulfilment of the legislative framework in order for Roma to access the health services. Unless this access will become a reality, a vicious circle will occur: the untreated illnesses and diseases will become emergency cases. It is very important to stress the fact that the health state is not a synonym for the absence of the visible illness state; unfortunately, the public medical system is perceived as a solution, not for the health state, but for the illness state. Moreover, the solution meant to solve the Roma medical problems does not occur only from the medical system itself but it is externally linked with: education, socio-economic conditions etc.

In fact, the socio-economic environment, the behaviour, the genetics, have an 80% contribution to an individual health state condition. The remaining 20% may be influenced by the medical system. Putting it differently, if the action is taken only to alleviate one of these components, the overall impact on the Roma health condition would be a weak one.

Not only the economic factor but the educational factor has an important key-role while taking into consideration the fact that the alleviation of the economic factor would take a longer time, the lifestyle could be improved sooner. Thus, we must target the alleviation of the health condition by offering various solutions in different areas e.g. the lifestyle.

From a distinctive point of view, concerning the relation with the health insurance system, it is very important to include the Roma people in one of the category they can be included (e.g. unemployed persons etc.).

With this regard, a key-role is embedded by the social assistances public servants, the health mediators, etc. . <<The institution is open to collaborate with NAR, in order to improve the legislative framework, where possible>>. We have a legislative package of laws <<The law of medical insurance>>, accessible on the Ministry of Health website, and if concrete proposals linked with the conference theme occurs, they can be sent; if, as a consequence of the Conference, will appear a certain legislative proposal, there is the concrete possibility to be embedded within this legislative package.

As representative of Mr. Marko Bella, both the deputy prime minister and the president of the Democratic Hungarians Union of Romania, Mr. Marko Attila, the secretary of state with the Department for Inter-Ethnic Relationships, thanked for the invitation and stated that, by the intermediate of invitation to attend at this Conference, their activity in the field of protecting the minorities' rights was recognized. The Government of Romania is attentively seeking to eradicate the differences between Roma and Romanians people; another important element is the people mentality changing and during the last years they have been made important steps in this direction. It is important to realize the fact that <<within a united Europe, the term of minority will disappear, we'll be all minorities>>. Concerning the programmes for Roma, we do consider that any strategy for Roma should be designed in partnership with them. The Roma Decade Inclusion programme represents a complex approach of the Roma issues. The Decade is a political will engaged by the Governments and Romania is placed, for a moment, in a leading position. Is a very interesting reality that form the collaboration of Government with the NGOs emerged ad institutionalized the health mediators programme in Romania and the NGOs are actively involved in the process of the selecting these health mediators. The health mediators' pattern can be multiplied, nevertheless we need for a clear monitoring of the health mediators activity at the local level. Thus, we can contribute to enforce the cultural identity and to increase the self-esteem. We re-affirm our support for The Decade for Roma Inclusion.

DI. Szekely Ervin, Secretary of State, Ministry of Health, mentioned in his speech that the medical system reform appeals the maternal and post-birth assistance, the emergency services and services in the rural areas especially those meant to prevent the infectious diseases, an increased attention being paid to the immunisation campaign (vaccination campaigns and the medical care for mother and child).

The Roma health state improvement can be achieved only by a tight collaboration with Roma people. The Ministry of Health showed that the number of health mediators for Roma is still 40% shorter than the real needs in the territory.

The coordinator of the Roma Decade within the OSI, Mr. Iulius Rostas estimates the Roma problems as an urgent priority. The Decade idea is that of moving the attention paid to the small programmes and projects to the public policies. The Decade, launched in February 2005, should suppose

beyond the workshops and seminars, concrete measures and actions. The medium life expectancy period at Roma is at a very low level of 58 years approx. The health mediators pattern with no doubt a best practice regarding the Roma health improvement. OSI concluded a study in Romania, Bulgaria and Finland and this organisation hopes that, following the debates, clear measures will be raised.

Marta Schaaf, Consultant with the OSI, presented the study *Mediating Roma Health-the programme and policy opportunities*. In the introduction she affirmed that many countries are planning to introduce the Roma Health mediators within the National Plans of Action of the Decade. Within this context, OSI initiated a study which is meant to analyse this programme. Within this study were involved both health mediators and NGOs. The purpose of the study was that of identifying the potential and the limitations of the health mediators' programme. In her reviewing of the programme background, structure and efficiency, Ms. Schaff underlined the way in which this programme is placed within the governmental strategies on the whole. The methodology used in the study elaboration consisted in: consulting materials from the specialised literature, interviews with the relevant actors, qualitative researches over the programmes in Romania, Bulgaria and Finland.

From the analysis of the programmes in these 3 countries occurred the fact that in Romania activate an important number of Roma health mediators as against the situation in Bulgaria and Finland.

The Roma health mediators can less efficiently tackle the following issues: discrimination, poverty rate (one cannot help the poor people which are not targeted by the government policies), the multi-marginalized groups policies and legislation in the health field, the lack of the political will and engagement both at the local and at the national level, the insufficient number of health mediators having a reduced number of resources at their disposal.

VI. The recommendations and the conclusions of the OSI Study

For those actors who implement the Roma Health mediators programmes to evaluate the on-going programmes;
to provide training and support targeting the double-marginalized groups;
to provide additional professional support to the Roma Health mediating programmes;
to increase the number of the Roma mediators;
to increase the medical personnel involvement;
to enforce the programme supervision mechanism.

For those actors who elaborate the public policies at the national scale

to include, in the National Actions Plans on Health, more measures which take into account the social determinants that influence the Roma health condition

to create special and distinct programmes, which address problems as the lack of identity papers;
to create multiple bounds between the Roma community and the services providers;
to integrate the Roma health needs in the global reforms in the Health and social services field of action.

To the Donors:

to sustain the Actions Plans implementation and monitoring;
to increase the Civil Society and Roma capacity regarding the social services promoting;
to facilitate the inter-change and the circulation of the information within the municipalities;
to facilitate the inter-change and the circulation of the information regarding the Roma health mediating programmes.

VII. The MG-S-Rom recommendations

Dezideriu Gergely, the vice president of the MG-S-Rom, a dedicated Group within the Council of Europe regarding the Roma issues presented a draft of recommendations regarding a better access at the health services from the part of Roma people living in Europe

In 1995 it was established the G-S-Rom, the first body of the Council of Europe that monitors the Roma and nomad people situation in Europe. It is composed from the member-states of the Council of Europe; it has leading body (the chairman is from U.K. and two vice-presidents from Romania and Republic of Slovakia). It has elaborated a few recommendations that were adopted by the Council of Ministries, mainly focused on education, employment and housing. In order to ensure equal access to the health services and medical care for Roma and nomad people and taking into consideration the non-discrimination issues and the cultural specificity of the member-states, the governments should take the following measures:
To adopt comprehensive anti-discrimination laws which explicitly include the prohibition of any form of discrimination regarding the access to health services;
To allot resources in order to ensure the real implementation of the above-mentioned legislation, especially at the local level;
To secure the fact that the national institutions that are entitled to act in the field of combating discrimination pay enough attention, in their recommendations and monitoring activities, to the Roma health field.

The governments must ensure:
the physical access to the health and emergency medical services by providing special infrastructure (roads, communications channels, ambulance vehicles) at the same standards both for Roma and for the majority of population

the access to the health services for the mobile populations, temporary access to the health services until the procurement of identity papers.

Last, but not least, the governments must provide:

the education for health, the housing and the health state (the Roma areas should be placed in the arrears with decent living conditions, securing the access to different facilities as: water supply, toilets, electricity, garbage evacuation areas, asphalted roads, sexual and reproduction health (a special care being granted to the Roma women status);
vaccination, pre and post birth medical care and for the new born children;
Roma and nomad people participation in process;
Trainings for medical personnel.

VIII. Presenting relevant experiences regarding health mediating in Romania and Bulgaria

The Romanian Roma NGO Romani CRISS presented its contribution at the process of institutionalizing the Roma Health mediator occupation. CRISS mentioned its partnership with the Ministry of Health in the implementing process. In the Partnership concluded in 2001, and renewed in 2005, between the Romani CRISS, OSCE/ODHIR and the ministry of Health, Romanic CRISS is in charge with training, monitoring and evaluating the Roma health mediators activity.

Within this framework, Ms. Mihai underlined the fact that some local leaders are not satisfied with the fact that these health mediators refuse to involve themselves in the political activities and that the general county public health directions do not monitor the field activities of the Roma health mediators. In some cases the travelling costs of the mediators are not fully reimbursed. After three years, Romani CRISS estimated that a qualitative evaluation of the Roma health mediators would be a top priority. Thus, a joint committee formed by specialists from France and Romania designed an evaluating report. At the present, the evaluating team is finishing the final report.

Regarding the Roma health mediators programme in Bulgaria, this was conducted by four organizations: OSI Sofia, Bulgaria Family Planning and Sexual Health Association, Ethnic Minorities Health Problems Foundation, Diversity Balkan Foundation for Intercultural Education. These organisations put the basis of three training centres, in different geographical areas: Assenovgrad, Stara Zagora, and Shoumen. One of the main goals of the consortium was the selection of the health mediators. The consortium targeted 15 cities and held meetings with working groups at the local level. The criteria upon which the Roma health mediators were selected were the communicational abilities and the knowledge level of the Roma community. The requirements for the future health mediator were: to be Roma origin, to fulfil at least primary education and to have at least 2 years working experience within the community. The result: in those 15 cities were employed 50 Roma health mediators.

In its presentation, the Romanian Ministry of Health underlined the fact that the Roma access to the public health services is still a lacking one both regarding the prevention and the recording with a family medic list – due to the lack of ID documents, cultural barriers and to the lack of information. In 1997, the Roma NGO Romani CRISS started the Roma health mediators programme and in 2001 the Ministry of Health institutionalized this programme: in Romania the Roma health mediators are women/mothers, respected members of the community. The health mediating system supposes jobs for Roma women and the chance to fight against discrimination and to achieve deep changes.

The challenges signaled by the Romanian Ministry of Health

The completion of the external evaluation process, a process started in 2004;
Identifying the place of the Roma Health mediators within the Health System in Romania;

The improvement of the professional training of the health mediators

The improvement of the program and monitoring management

The improvement of the issues relating to the network

The candidates' trial for the training was accomplished both by the local Roma NGOs and the Roma communities' local leaders while the training of the mediators was conducted by the Roma NGO Romani CRISS than by the Public Health County Direction. In 2002 there were 112 health mediators in 32 counties and in 2005 there were 222 health mediators in 40 counties. The Health Ministry budget substantially raised from 2002 to 2006, the mediators system continuously extended and if in 2003 the health mediators were working for a number of 700 beneficiaries in 2004 this number raised at 916. This is a proof that the example was a successful one.

Within the workshops there were debated the problems the Roma woman is facing with. During the last decades substantial efforts have been made to improve the woman status in general, being important to notice that Roma women have a series of special problems: their vulnerability, the sexual abuses, the domestic violence – all these are and must be regarded as violations of human rights in general, the right to health must be considered together with its correlative – the right to freedom, despite the significant effort of the governments, very few Roma women have substantial rights.

The Roma women are facing discrimination in many forms: they are discriminated because they are women, because they are Roma, because they are very young or very old, because they are living in the rural areas, because they have special needs. Within this context one can perceive the Roma woman health condition as across-cutting issue with other human rights. There is indeed a large spectrum of problems the Roma women are facing, the main discrimination source is a double one: the fact that they are women and they are Roma. The problems issuing from that are: they are discriminated regarding the access to the public health system, they are not treated well, and the ambulance-cars drivers refuse to go in the Roma arrears. The Roma women problems are not sufficiently present on the public

institutions agenda. In the Decade context, it is recommended the multiplying of the institution-civil society type partnerships number - e .g. NAR-Roma civil-society.

It was enlighten the fact that a main issue which is stressed is the fact that the birth rate at Roma people is twice larger than the one of the rest of the population but is avoided to be mentioned the fact that the mortality rate is much higher than the one present in the case of the majority population. The organization Doctors of the World Romania put into light the fact that in Romania does not exists a coherent system of institutional monitoring and evaluating of health mediators. The health mediators need institutional technical assistance in order to combat discrimination in the field of Health.

IX. The workshops groups recommendations

Advocacy, assistance services, improvement of the heath field legislation by concluding institutional partnerships;
TV campaigns in order to raise the public awareness of the importance for the obtaining the medical insured status;
Approaching the Roma women medical problems by taking into account the cross-cutting themes of gender, health and human rights;
Stimulating the Roma women participation in implementing the public health policies;
Raising number of Roma health mediators;
Including in the curricula training for health mediators of information about institutional measures of combating discrimination;
Institutional evaluating of the health mediators programme;
Building of institutional evaluating instruments for health mediators;
Multiplying health mediators practice in the member-states of the Decade in the Roma Decade Inclusion.
Raising the programme number in order to inform and to aware Roma women about nutrition and prevention of domestic violence;
Medical personnel training on the cultural sensitivity of Roma;
Approaching Roma women health programmes being made taking into consideration the cross-cutting themes of gender, health and human rights;
Applying active policies meant to solve the ID documents in order to access the right to health;
Public awareness campaign should move the access from the Roma image, considered as the only beneficiaries of the social programmes, on the positive effects that these programmes have at the entire society level.
Changing the Roma image – from that of victims to that of active participation and real involvement

X. Challenging themes for further analysis and clarifications

Public debates regarding the building of institutional evaluating instrument fro the health mediators;
Establishing the mechanism of monitoring the activity of the health mediators?

Which are the institutions and the NGOs which should cooperate in order to improve the Roma health conditions?

Who check the fact that the Roma who have obtained the medical ensured status are really provided with qualitative medical services?

Which is the period in which the health mediator is activating thus, on the long term, to be avoided the dependency on the health mediator?

Who is ensuring the continuous training and formation of the health mediator?

Appendix:

1. Agenda of the meeting
2. List of participants
- 3 . Materials from meeting