

Roma Health Mediators Programme in Romania

ROMAin workshop

22th of February,
Barcelona – Kingdom of Spain

Presentation outline

- **Health condition of Roma communities, *negative conditions and causes to impact Roma health status*;**
- **Why selecting Roma Health Mediators (RHM) programme in Romania as an example of good practice – *argument*;**
- **Definition of concepts used, sources;**
- **The estimated size of Roma Health Mediators Programme' potential target group: – *the number and importance of Roma community in Romania and Europe*;**
- **The condition of 848 Roma communities in Romania according to “*The Roma Communities Social Map study – Targeting by a Community Poverty Survey*” – a NAR & World Bank Study, July 2005”;**
- **RHM Programme in Romania: *initial legislative framework, partners and principles*;**
- **The components of Roma Health Mediators Programme – *Public Private Partnership (PPP) and Roma involvement*;**
- **The aims (goals) of Roma Health Mediators Programme – *social participation and gender dimension, fighting against discrimination and exclusion, defence and promotion of rights*;**

Presentation outline (continued)

- **The Health Mediator portrait and job description – *the communicative and social role within the community*;**
- **RHM programme: – *Component of health effectively addressed by the mediators and their communicating skills and results***
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- **RHM programme – *average individual results, achievements*;**
- **Number of RHMs – *trained and employed***
- **RHM Programme Public Budget – *Ministry of Health public expenditure***
- **Roma Health Mediator – *job' volunteer and professional character, educational role*;**
- **Roma Health Hediator –*social agent and transformational role for the Roma Communities*;**
- **Instead of conclusions: *RHM Programme - a brief SWOT analysis.***

Health condition of Roma communities, *negative conditions and causes to impact Roma health status*

- The 12 up to 15 million Roma people living in Western and Eastern Europe exhibit some of the region's worst health indicators. Discrepancies in health between Roma and majority communities reflect serious overall inequalities between the Roma and non-Roma populations.
- Among Roma populations, unhealthy living conditions are one of the major causes of poor health, particularly in the many ghettoized settlements. Among other conditions contributing to Roma health problems one can include:
 - sub-standard and crowded housing;
 - little or no access to clean water,
 - infrequent or nonexistent garbage collection,
 - lack of access to roads;
 - and general geographic isolation;
- Other social issues, such as poverty, discrimination, and low position in the social hierarchy, play an equally important role in shaping Roma health

Why selecting Roma Health Mediators (RHM) programme in Romania as an example of good practice – *argument*

- While an increasing number of Eastern European countries plan to initiate or to expand RHM programmes, (i.e. Bulgaria, Finland, Serbia in the Province of Kosovo etc)., Romania **was the first country in which a programme of this nature was launched (2002) and, despite some inevitable shortcomings, it has proved to be a quite a successful model of intervention in the Roma communities.** Therefore, the National Agency for Roma (NAR) chose the Health Mediators Programme implemented in Romania as an example of best practices to be included (among other 10 examples of best practices) in the ROMAin project.

Definition of concepts employed and data sources*

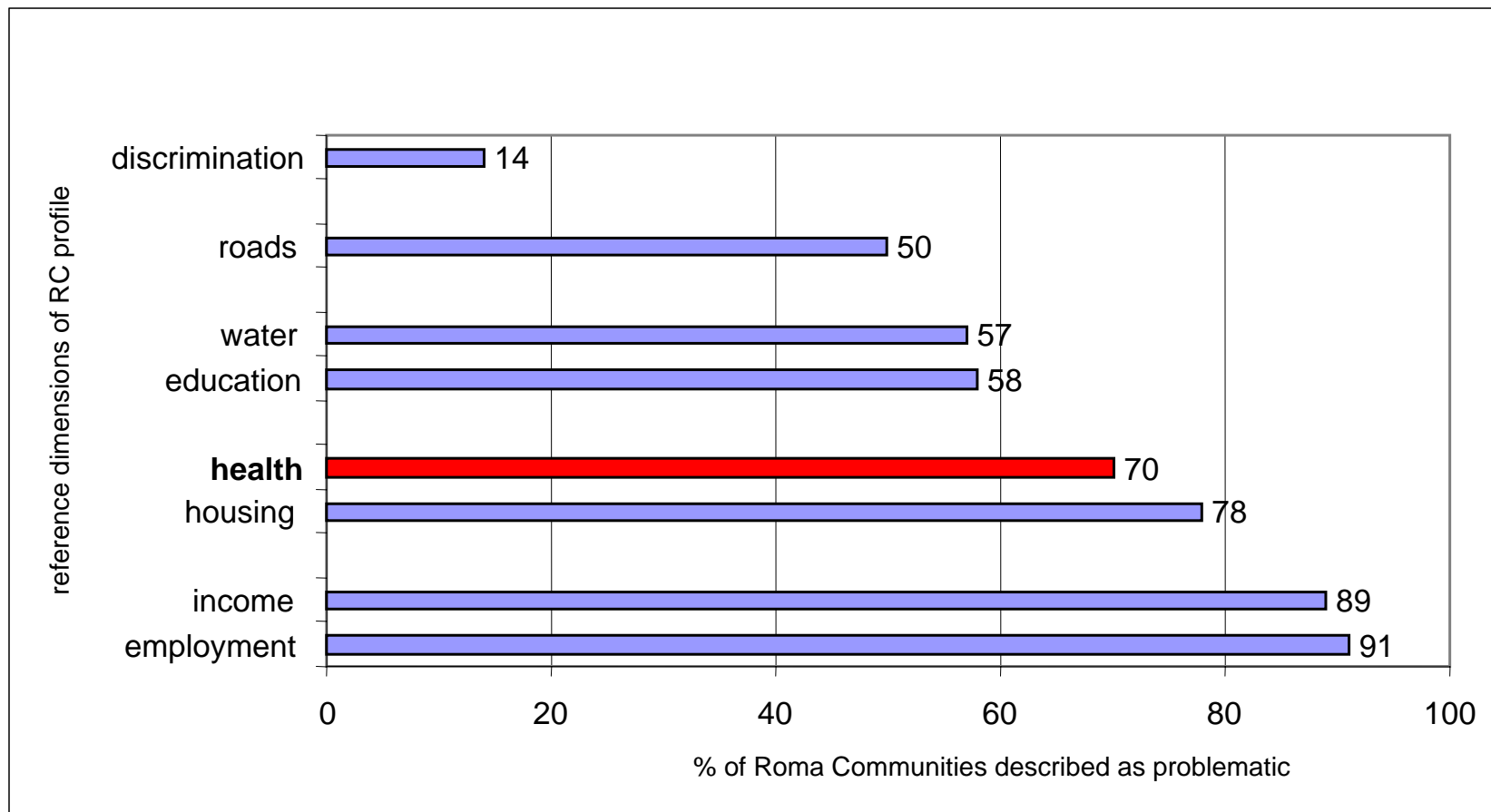
- **Mediation** aims to resolve a conflict between two parties, and can be defined as “*assisted communications for agreement.*”^[1]
- So-called **intercultural mediation** was developed to facilitate the *minority population communication and dialogue with public authorities and systems providing health, social, legal, and education services.* Intercultural mediation with the Roma community was first used in France in 1986, as part of a program to relieve tensions between social workers and the Roma community.^[2]
- **The Romanian Law on Mediator and Mediating activity... Par. 3.** – “*The mediating activity is being carried out equally for all individuals, irrespective of their race, skin colour, national origin, ethnic background, language, religious believe, sex, political orientation, welfare status or social origin*”;
- ***The current presentation contains official information and statistics provided by Ministry of Public Health and National Agency for Roma (the Government of Romania) and reports, presentations and data from Romani Criss, World Bank and Open Society Institute New York.**
 - ^[1] *What is Mediation?* Mediate.com www.mediate.com/pfriendly.cfm?id=227
 - ^[2] Buceanu M. interview, *Roma Health Mediators between Necessity and Innovation.*

The estimated size of Roma Health Mediators programme' potential target group: the number and importance of Roma community in Romania and Europe

- According to the Romanian National Census (2002) only 535,250 persons declared themselves as being Roma ("Roma / Gypsy", according to the census forms) – 2.4 % of the total population (409,700 in 1992);
- A 2005 study of National Agency for Roma & and World Bank showed that only in the Roma compact communities of Romania might live up 1 million persons;
- Minority Rights Group – 1.8 - 2.5 million the Council of Europe GT-ROMS 2003 – 1.2-2.2 million.

=> The Roma in Romania represents the most important national ethnic minority group and form the highest Roma community in Europe

The condition of 848 compact Roma communities in Romania according to “*The Roma Communities Social Map study – Targeting by a Community Poverty Survey*” – a NAR & World Bank Study, July 2005”



RHM Programme in Romania: *initial legislative framework, partners and principles*

- In 2001, Romania adopted the **Strategy of the Government of Romania for Improving the Roma Condition** by Government Directive No. 430 (10 fields of intervention), recently renewed by G.D. 522/2006;
- **Intercultural mediation**, and **health mediation** in particular, was started in Romania by the **Roma NGO, Roma Center for Social Intervention and Studies –Roma CRISS** in partnership concluded in 2001 with the **Ministry of Health and OSCE/ODIHR- Contact Point for Roma and Sinti Issues** (and renewed in 2005);
- In August 2002, the Ministry of Family and Health passed an ordinance [\[1\]](#) making Roma Health Mediator an official profession within the Romanian public health system. According to the ministry's ordinance, all mediators must be trained and certified by Romani CRISS.
- The program was based on the following main principles: **commitment and involvement of the Roma representatives** (in planning, implementation, evaluation, at central and local level too); **formal responsibility of the partners; declared respect for the Roma culture and tradition** and a **clear but flexible legal framework**.

[\[1\]](#) The Order No. 619/14.08.2002 of the Ministry of Health and Family

The components of Roma Health Mediators programme – *Public Private Partnership (PPP) and Roma involvement*

- The programme itself started in October 2002 and has two main components:
 1. **training of the health mediators**, effected through an **institution-NGO partnership** concluded between the **Ministry of Health** and **Romani CRISS** (one of the **keys to the success** of this social intervention is that the first step/basic training was developed by Roma specialists, thus the **Roma implication** occurred from the very beginning of the programme) and
 2. **activity of the health mediator**, according to the well defined job description

The aims (goals) of Roma Health Mediators programme - *social participation and gender dimension, fighting against discrimination and exclusion, defence and promotion of rights*

- All the general aims of the programme:
 - improving the access of Roma to the preventive and health care services;
 - offering job for Roma women in their community and
 - fighting against discrimination emphasize ***the social participation and gender dimension, fighting against discrimination and exclusion, defence and promotion of rights.***
- The specific aims of the programme:
 - to implement the National Health Programs in the Roma communities and
 - to increase the level of knowledge of the members of the Roma communities in the field of health promotion, with special focus on health of child and family, ***put the accent on the education promotion and the community active cooperation and involvement*** in the implementing of the national state policies and programmes in the healthcare field.

The Health Mediator portrait and job description – *the communicative and social role within the community*

- **The health (and social) mediating activity it is carried by Health Mediator, who is a respected member of the Roma community, *being trained to be able to offer health related information (access to health care services and health promotion) to the community, to facilitate the communication between the medical personnel and the Roma community, representing a cross-cultural bridge with role in conflict prevention.***
- **The official Romanian mediator job description is long, but the most important elements include:**
 - fostering mutual trust between local public authorities and Roma communities;
 - facilitating communication between members of the community and medical staff;
 - encouraging pre- and postnatal care;
 - providing family planning information in the community and encouraging paediatric check-ups, immunization, and nutrition;
 - promoting hygiene;
 - facilitating health insurance coverage;
 - mobilizing community members to participate in public health campaigns;
 - participating in the detection of TB and other communicable diseases;
 - explaining medical prescriptions and treatment in cooperation with the prescribing doctor;
 - notifying social workers about potential school dropouts.
- **We can perceive that the presence of all these points in their job description emphasise the fact that the programmes aims, be to transform the Roma health mediators into some *real (social) active agents.***

RHM programme: *Cultural pattern of Roma and inclusion of the gender perspective*

- The ***nominated persons for the health mediator position must be a woman***, graduates of at least primary school, and able to communicate with local authorities as well as their own communities while maintaining the confidentiality of their clients. ***Program planners elected to employ only women because in Romania, Roma women tend to have primary responsibility for family health.*** Prevailing Roma culture would not allow male mediators to discuss taboo sexual topics with women. Furthermore, planners felt that hiring female mediators would empower them as women and undermine prevailing perceptions about appropriate women's roles. ***The affirmative action and the gender dimension*** find here a proper land to be sustained and developed.

*However, current research within reproductive health suggests that reaching men is key, because men's power, attitudes and behaviours can hinder or advance reproductive health. Since the women RHMs in Romania work primarily with women, their capacity to reach men is limited. When asked about having mediators of both sexes, almost all RHM clients and RHMs in Romania (and Bulgaria) responded that this would be a positive development. ("***Mediating Roma Health; Policy and Programs Opportunities***" by Open Society Institute)

RHM programme: - *Component of health effectively addressed by the mediators and their communicating skills and results*

In Romania (and Bulgaria) Roma Health Mediator appear to spend much of their time:

1. Facilitating Patient/Doctor Communication

Facilitating communication between patient and doctor is one of the most important elements of the RHM role. To more clearly identify the content of mediated doctor/patient interactions, RHMs were asked to comment on the frequency with which they encounter certain communication obstacles.

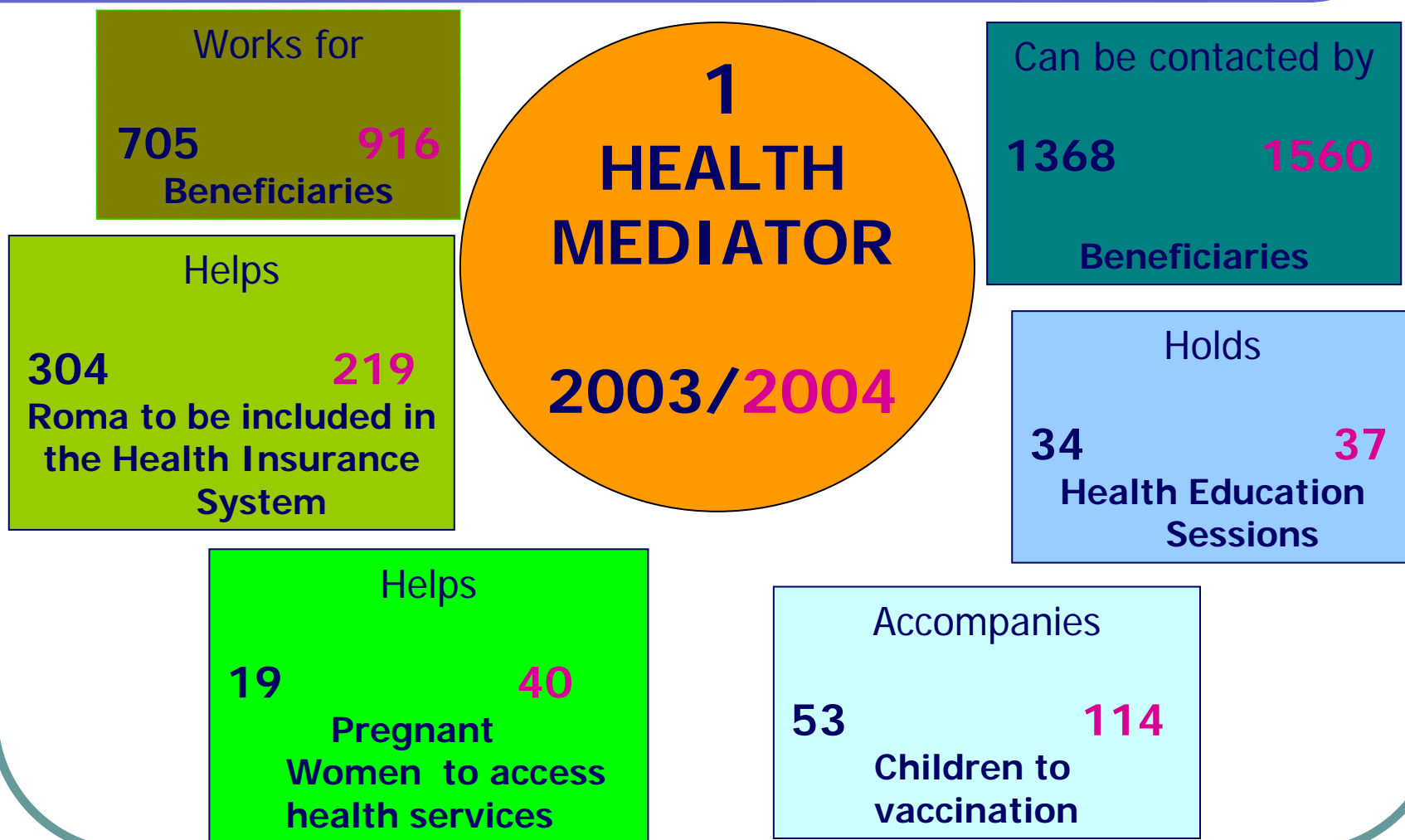
2. Navigating Bureaucratic Procedures

Health Mediators also dedicate a substantial amount of their workday to assisting clients with negotiating the continuum of bureaucratic procedures necessary for an effective interaction with a physician. This may include assisting clients to obtain the documentation necessary for accessing health services and social assistance. ***Data from the Romanian Ministry of Health indicates that as of July 2004, Romanian RHMs had helped to register 108,632 children, assisted 40,015 people in obtaining health insurance, and helped 1,180 people get identity documents.***

3. Communicating with the Roma Community

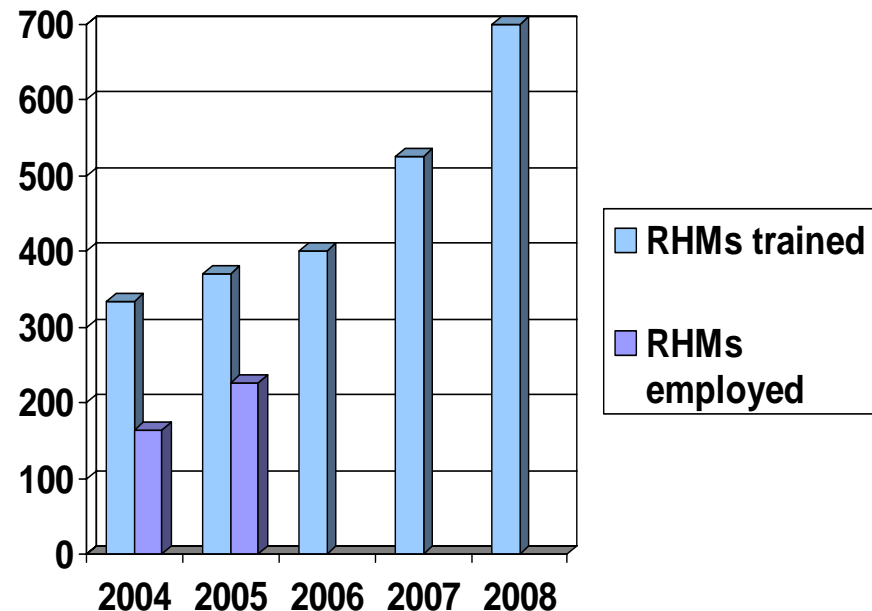
Health mediators perform community outreach on behalf of local GPs or the local public health office. Outreach frequently consists of visiting ill people and convincing them to visit the doctor, encouraging pregnant women to get prenatal care, informing community members about family planning and STI prevention methods, and reminding individuals of the need to vaccinate children. The time and resources available for this important task may be sublimated to other more immediate needs, such as accompanying clients to see a physician. ***Romanian Ministry of Public Health data show that as of July 2004, 3,521 women were registered with GPs as a result of RHM support, 12,836 children were vaccinated following RHM intervention, and RHMs provided 4,259 “health education actions”.***

RHM Programme –average individual results, achievements

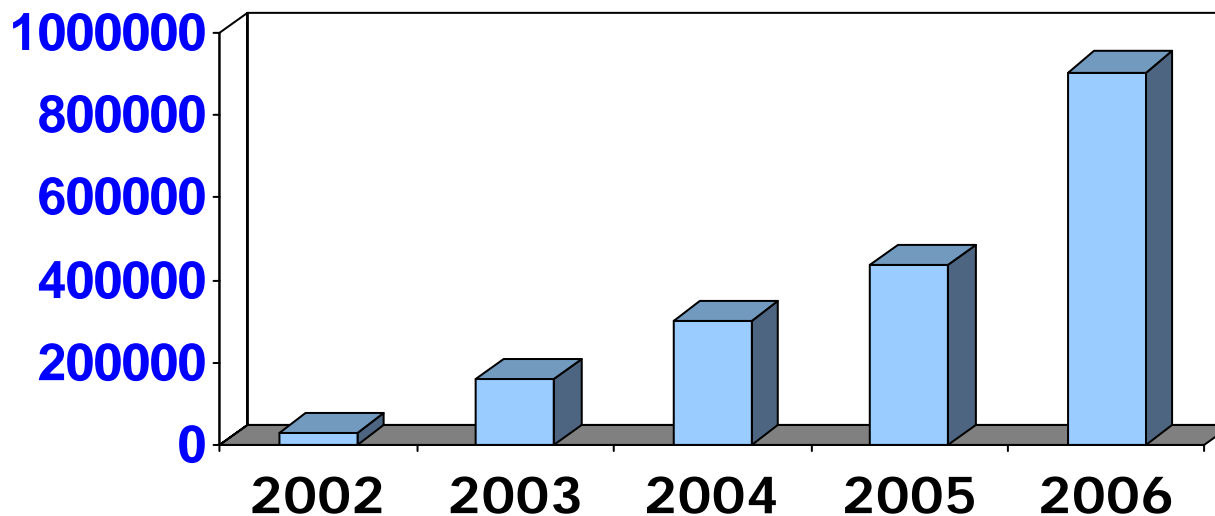


Number of RHMs *trained and employed*

- At the end of 2005 there were employed 227 health mediators in Romania and at the end of 2008 there are estimated to be trained 700 RHMs.



Evolution of Ministry of Health' Annual Budget (Euros) for the Health Mediator Program (2002-2006)



Roma health mediator – *job' volunteer and professional character, educational role*

- Although Roma health mediators **are not entitled and trained to provide any medical services** (as they are not qualified medical providers) they received a legal professional statute by **being included and recognized in the Official Jobs and Occupations Nomenclature of Romania.**
- Although **RHMs are still poorly remunerated** (about 80-100 Euros/month), thus being quasi-volunteers, they are provided with NGOs and public complex' trainings in different fields (i.e.; ***health mediation and prevention, communication, access to prevention and treatment services, the public health insurance system, first aid discrimination*** etc.) from **volunteering to professional activity.**
- The **educational dimension** is another important issue for health is another: being trained in the above mentioned fields the health Mediator becomes a trainer who educate the people in the Roma communities not only on issues related to healthcare but also on varied different other topics.

Roma health mediator – *social agent and transformational role for the Roma Communities*

- Due to the traditional clustered character and structure of the Roma communities (both in Romania and elsewhere), the **health mediator** is also **a social agent** who can make the difference between ***isolation and communication (if not integration) of the final target group: the Roma communities.***
- The Health Mediator can become a ***promoter of a positive image of the Roma community towards the rest of the society majority, being a bridge of communication and an agent for exchanging inter-cultural experiences between them.***

Instead of conclusions: *RHM Programme - a brief SWOT analysis*

● **Strong points:**

- Legislative framework
- A proved good practice
- A multi-impact programme
- Successful PPPs;
- Prejudices and stereotypes decreased...

● **Weak points:**

- Still a limited number of active Roma health mediators;
- Few resources;
- Incorrect perception of the Roma health mediators by the Roma communities members and leaders (i.e. thinking they bring humanitarian aid etc.)
- RHM activity' monitoring & evaluating system not yet implemented
- Limited results in signaling discriminatory practices...

● **Opportunities:**

- The new financial opportunities: within the Decade of Roma inclusion program there are planned to be allotted for 2007: 1,100,000 € (1,050,000 € for the operating of 525 health mediators + 50,000 € for training) and for 2008: 1,450,000 € (1,400,000 € for the operating of 700 health mediators + 50,000 € for training);
- Complementary programmes...

● **Threats:**

- Central and local administrative and health Institutional changing;
- The health mediators' working partners do not know yet the mediators' job description;
- Roma community' dependency risk of RHM' activity...

Thank you 😊 !!!

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