

National Roma Strategic Frameworks Recommendations

This document outlines the [Roma Health Network's \(RHN\)](#) assessment of and recommendations for improving the **National Roma Strategic Frameworks (NRSF)** until 2030. The assessment specifically focuses on **health and housing**, covering all available National Frameworks. Particular attention was paid to RHN countries. The document is structured in separate topics of interest.

These recommendations are supported and signed by the following RHN members:

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2. **Klimaka NGO - Roma Day Center, EL**
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The following plans were included for consideration: **BG, CY, CZ, DK, EL, ES, FI, HR, HU, IE, NL, PL, PT, RO, SK, SL, SE**
Additionally, it includes reviews on these two **accession countries: MK, TR**

1. Our ambition

Health issues faced by Roma do not exist in a vacuum but are the result of many sectoral effects of **antigypsyism** and other **social determinants of health**, including social exclusion, job insecurity, and poor **housing** conditions. These have led to significant **health inequalities between** Roma and non-Roma, which were further exacerbated by the [COVID-19 pandemic](#). Therefore, it is crucial that health and housing targets are clearly defined in the NRSF. Some member states report an inability to measure these targets because of a lack of **disaggregated data** on specific ethnic groups.

2. General Recommendation I: Targets and Indicators

The RHN pleads that all member states and accession countries include (but are not limited to) the following clearly defined ambitions in their plans:

These targets are based on the latest available FRA and Commission numbers, and independent research. The goal is defined based on the member state with the highest percentage, which is used as a benchmark, or based on the average of the member states as a benchmark

- NRSF must organise a monitoring tool for **mortality studies** and increase Roma **life expectancy at birth** with at least [5 years by 2030](#) based on **contextualised goals** per life stage (childhood, adolescence, adulthood and old age)
- NRSF must increase **health insurance access** for Roma to at least [85% or on par with the national average](#) by 2030 and monitor this with disaggregated data on Roma
- NRSF must organise a monitoring tool and reporting body to measure **discrimination in healthcare** and ensure that [no more than 3%](#) of Roma have experienced **discrimination in healthcare** in the past 12 months by 2030.
- NRSF must include targeted measures to help Roma reach a personal health assessment [on par with the national average](#), also accounting for [societal, educational and gender perceptions](#) by 2030
- NRSF must reduce the percentage of Roma living in a **household** without access to running water to [no more than 10% or at least on par with the national average](#) by 2030
- NRSF must reduce percentage of Roma living a household without [access to sanitation no more than 5%](#) or at least on par with the national average by 2030
- NRSF must aim for [100% electricity connectivity](#) in housing for Roma and start measuring Roma internet connectivity compared to the national average
- NRSF must reduce percentage of Roma who experienced **discrimination** when looking for **housing** from the current average of 41% to **no more than 15%** by 2030, with a perspective of reducing this to 0% in the following decade
- NRSF must include measures focused on **environmental standards/living conditions** which ensure equal access to community services, transportation, basic stores, parks, recreational spaces, waste management and clean air
- NRSF must address or adopt all points mentioned in the **Council Recommendation of 12 March 2021 (2021/C 93/01)** in regard to **health and housing** (C93/9 and C39/10) in the NRSF health and housing plans
- NRSF must include **Key Performance Indicators (KPIs)**, **targeted** on percentages such as the ones in the **ambitions** section of this document with a clear **timeframe** to have a clear indication on when certain results can be reached

3. General Recommendation II: Societal Cooperation, Capacity Building and Best Practice Exchange

- NRSF must emphasise cooperating with and supporting real participation of **local community representatives** with support from **Civil Society Organisations (CSOs)** and health and housing **mediators** where necessary
- NRSF must focus much more on **dismantling antigypsyism** completely among **health staff**, accounting for the specific needs and identities of individual Roma communities
- NRSF must create a **Health Advocacy Scheme** to bridge the gap between **multi-level stakeholders**. This must emphasise the Roma Community and its leaders, and should bring them in contact with CSO and local and national government
- NRSF must include in this Health Advocacy Scheme monitoring of **Roma participation** with an emphasis on providing **equal access** to Roma, and on including Roma in the policy activities, as well as in the healthcare sector (medicine, nursing etc.)
- NRSF must focus on Universal Health Coverage strategies that integrate the Roma in the National Health System

NRSF must focus on sharing **best practices** not only in the Commission framework, but in a national **best practice sharing platform**.

4. General Recommendation III: Mental Health

- NRSF must routinely **monitor mental health** (like with physical health) and include **mental health promotion** activities.
- NRSF must include mental health **promotion** and **mediation** activities under the health section given the higher prevalence of frequent mental distress among Roma and Travellers

5. General Recommendation IV: Learn from Effects of COVID-19

- NRSF must account for the **disproportional effects** and mental toll of the COVID-19 pandemic. The Commission itself even reported cases of **scapegoating** of Roma in some member states.
- NRSF must include clear measures that specifically target the disproportionate effects of COVID-19 such as lack of access to proper **sanitation**, clean **water**, a lack of digital tools revealing a large **digital gap** as well as lack of **vaccination**. This should not only be limited to the current pandemic, but to **future pandemics** as well.
- NRSF must include measures for increasing Roma community resilience towards any future emergencies that disproportionately affect them, including pandemics

6. General Recommendation V: Monitoring

- NRSF must adopt an **empowerment evaluation framework** with both quantitative and qualitative data, collecting data throughout the NRSF implementation process to capitalise on opportunities and improve planning with all involved parties
- NRSF must **prioritise** gathering **disaggregated data** on Roma in the coming years. This is necessary to be able to create **targeted measures** for **long-term effects**
- NRSF must include a **holistic** approach, meaning data is collected on all sectors (employment, education, housing, health).
- NRSF must use **quality standards** (such as the targets mentioned in section 2. *General Recommendation I*).
- NRSF must include mechanisms for increased transparency of the implementation of measures

7.1 Country-specific recommendation I: Denmark and the Netherlands - (European Public Health Alliance)

- Move away from the system of **integrated policy measures** and create a **targeted inclusion strategy** for Roma
- Start monitoring and collecting **disaggregated data** on Roma to fill the massive data gap
- Look into **access to basic utilities and services** in housing for Roma
- Start **targeted mediation and inclusion** to ensure Roma get a say in the policy process

7.2 Country-specific recommendation II: Greece - (Klimaka Roma Day Center)

- **(Mental) health literacy programs** for health awareness raising in Roma settlement
- **State of health analysis** in Roma settlements to help implement **targeted measures**
- **Combat lack of trust/suspicion** towards healthcare and fight discrimination in healthcare by health professionals (**health mediation**)
- **Reconstruct** health and mental health perceptions, identify **taboo, stigma and shame**
- **Awareness** on **forced marriage, forced sterilisation and reproductive rights**
- Measures against working in **dangerous, unprotected, illegal & unhealthy jobs**
- Follow a **holistic approach** in education, employment, housing and health topics.

7.3 Country-specific recommendation III: Ireland

- Add **Key Performance Indicators** for monitoring
- Focus on **disaggregated data** (ethnic identifier)
- Implement measures to increase the **representation** of Roma and Travellers in the healthcare workforce (**Equal access**)
- Implement the **Public Sector Equality and Human Rights directive** to curb discrimination and promote equality of health outcomes as described in **Section 42** of the Irish Human Rights and Equality act 2014
- Develop a national approach and strategies to create Traveller and Roma cultural competence within the healthcare sector
- Include a **Mental Health Promotion** sub-section under the health section. This should include a set of actions aimed at strengthening the protective factors for good mental health
- Creating a '**Crisis Response Teams for Travellers**' in the event of a **Traveller suicide**

7.4 Country-specific recommendation IV: Slovakia - (PJ Šafárik University)

- Add measures concerning **recognition** and **reparation** of past injustices committed against Roma, specifically on **forced sterilisation** of Roma women
- Include measures focused on **health access** for **women, children** and **vulnerable Roma (disabled, LGBTQ+, domestic violence victims)**
- Include measures to encourage **general practitioners** for both **children** and **adults** to pursue their medical practice in unattractive regions and localities
- Increase knowledge and skills of health professionals on how to provide healthcare for people from ethnic minorities and with low health literacy via **educational opportunities and training** in postgraduate and continual education
- Include measures to encourage **equal access** of Roma to the **healthcare force**, such as in **medicine** or **nursing** (scholarship program, active search for young promising people)
- Clearer **monitoring measures**, including legislation to make **ethnic data collection** possible, including **disaggregated data** and more targeted data collection
- Ensure a **national platform** for **best practice sharing**

7.5 Country-specific recommendation V: Slovenia - (Slovenian Coalition for Public Health, Environment and Tobacco Control)

- Include targeted measures on **primary prevention measures** (alcohol and tobacco consumption, unhealthy diet, lack of exercise)
- Promote research into **disease prevention** and early **disease recognition**
- Establish **Roma health mediators** who also focus on **bridging the cultural gap**, supported by a **Roma contact and information point** and **mobile health units**
- Make a point of including **all Slovenian Roma civil society** as part of “**Roma Association of Slovenia**” (**Zveza Romov Slovenije**), “**Romani Union**” or “**Council of the Roma Community RS**” (**Svet romske skupnosti RS**)
- Ensure **equal access** to Slovenian Roma through **scholarships** for studying and working in the field of public healthcare
- Promote **awareness raising campaigns** on **early marriage**, **motherhood** and **reproductive rights**
- Establishment of **learning groups for Roma parents** with primary school support to help children with their schoolwork and to help motivate them
- Include measures to increase **health insurance coverage** among Roma to resolve disproportionately low coverage among Roma
- Promote **exercise programs** among Roma women within the national public healthcare program

7.6 Country-specific recommendation VI: Spain - (University of Alicante, University of Seville)

- Integrate the National Roma Health Survey in the National Health Survey (with oversampling strategies for the Roma and other minorities)
- Better coordination with the FRA for monitoring and evaluation purposes
- Match ambitions with stated goals and design a solid governance to coordinate the different levels of the administration (national, regional and local) and **multi-level actors** (Roma Health Network, neighbours, informal groups, youth networks, researchers etc.)
- Develop community-led strategies in the areas where Roma and other minorities live, connected with small area indicators systems to measure progress, strengthening cooperation on the community and neighbourhood level
- Build partnerships between different actors, such as the Spanish and Portuguese Roma
- Look into the **memory**, **recognition** and **reparation** of possible injustices committed against Roma in Spain
Combat the environmental conditions of Roma settlements compared to the general population

7.7 Country-specific recommendation VII: North Macedonia - (ESE Association for Emancipation, Solidarity and Equality of Women and NGO Kham - Delchevo)

- Prepare the National action plans in order to operationalize the Strategy immediately, determining relevant actors and a timeframe, with a financial plan, since the last plans were valid until 2020
- Include clear guidelines for activities of the Roma Health Mediators, under which conditions they will be employed and how they are trained and certified
- Involve Roma NGOs and CSOs immediately in the drafting of the **national action plan** to make up for the lack of involvement in the early stages of preparing the strategy. Also increase the transparency of decision making within the strategy to make it more inclusive like the previous Roma inclusion framework
- Tackle issues regarding recovery of Roma people after the COVID-19 pandemic. Moreover, the Strategy should include measures to increase Roma community resilience towards any future emergencies, including pandemics
- Include activities that promote primary prevention measures to promote a healthy lifestyle in the national action plan for health
- National action plan for health to include measures for improvement of the **mental health** of Roma
- Ministry of Health should appoint a person responsible or department responsible for implementation of the Strategy for Roma - National Action Plan for Health
- Mechanisms should be put in place in order to increase transparency in the process of implementation of the National action plans
- There is a lack of Roma community involvement in the process of implementation, monitoring and evaluation of the Strategy

7.8 Country specific recommendation VIII: Turkey - (University of Hacettepe, ECPAT Turkey)

- Monitor unhealthy behaviours by adding clear health indicators (such as percentages and rates) in health program (such as the percentage of tobacco use, drug use, unhealthy diet, lack of exercise)
- Determine the common health problems to develop new intervention programs
- Conduct health literacy campaigns through community-based projects.
- Promote health education campaigns on early marriage and motherhood.
- Support the young generation to attend higher educational institutions.
- Promoting access to justice and legal aid.
- Support participation of social, cultural and sport activities.
- Carry out renovation and improvement work of houses in neighbourhoods where Roma are densely populated to improve conditions.