



ROMA HEALTH  
NETWORK

## ROMA HEALTH AND HOUSING: FILLING IN THE GAPS

A Policy Paper by the Roma Health Network



## About this Paper

*This policy paper serves as a document outlining some of the gaps existing in the current National Roma Strategic Frameworks (NRSF) as part of the EU Roma Framework for equality, inclusion and participation until 2030. It is meant for policymakers from the European level, the European Union (EU) member states and accession countries and local governments. With this document, these policymakers and government officials have a point of reference for improving Roma health and housing action plans, based on the research and experience of Roma and pro-Roma civil society.*

*All NRSFs within Europe were considered for this paper, except for that of Ireland which to our knowledge was not available at the time of finalising this paper. In addition, Austria, Belgium, Cyprus, Germany, Denmark, Estonia, Lithuania, Latvia, Luxembourg and the Netherlands rely on integrated policy measures, meaning they are featured less prominently in the analysis. Lastly, EU accession countries also provided their strategies, but only those with Roma Health Network (RHN) members in them (Turkey and North Macedonia) were analysed.*

*Read the abridged version here:*

<https://epha.org/wp-content/uploads/2022/10/roma-housing-and-health--rhn2022summary.pdf>

# EXECUTIVE SUMMARY

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As part of the EU Roma Framework for equality, inclusion and participation, the European Commission provides member states with recommendations on their National Roma Strategic Frameworks (NRSF). This paper highlights the current blind spots in the health and housing aspects of these strategies. The recommendations are based on research done and feedback given by the Roma Health Network (RHN). The main gaps reported are the lack of use of indicators, clear objectives, timeframes and monitoring (1), lack of a community-based and civil society advocacy approach and insufficient health and housing mediation (2), insufficient attention to the psychosocial model of mental health (3), an incomplete approach to Roma housing (4), insufficient attention to environmental health (5) and not accounting for the effects and inclusive recovery from the COVID-19 pandemic (6).

Based on its own experiences and research, the Roma Health Network provides six overall recommendations to the member states and to the Commission's Directorate-General for Justice and Consumers (DG JUST). If the current gaps are addressed through implementation of these recommendations, the RHN believes the approach to Roma inclusion can be significantly improved.

# RECOMMENDATIONS

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Based on its findings, the Roma Health Network recommends that all (NRSF) should:

01

Commit to **health and housing indicators** based on recommendation [2021/C 93/01](#), the European Union Agency for Fundamental Rights' (FRA's) **indicator portfolio** and the Sustainable Development Goals ([SDGs](#)) used by **Eurostat**

- through clear and ambitious **action plans** with a **timeframe** and structured **monitoring efforts**
- including **disaggregated data collection** so that national health and housing inequalities as they relate to Roma can be identified and acted on

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02

Set up a **health advocacy scheme** from a **community-based approach**, encouraging Roma to **participate** in society and to **advocate** for their own rights, together with Roma civil society

- encourage **health mediation** at the national level
- focus on **structural funding** both in **capacity building** and **mediation**
- bridge the gap between Roma and health professionals in a **non-paternalistic** way

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03

Include a **psychosocial approach to mental health**

- take a **human rights-based approach** to health, not only to reduce mental distress, but also to improve overall (mental) health among Roma
- include these approaches through existing **health action plans** and measured with **indicators**

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04

## Expand **housing strategies** significantly to prevent **housing inequalities**

- monitor housing through a **health impact assessment** to provide a base of evidence for the health effects of housing projects
- include the limiting effect of **antigypsyism** on Roma housing measures explicitly in **anti-discrimination efforts**

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05

## Start incorporating Roma **environmental justice**.

- address issues such as **toxic environments**, housing inequalities, **access to basic services**, **urban environment** and **transport**, and **work-related** and **injury-related inequalities**

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06

## Take lessons from the effects of **COVID-19** and how they laid bare **inequalities** between Roma and non-Roma

- apply these lessons in the NRSFs to ensure an **inclusive recovery** from the pandemic
- ensure that health and housing **systems** are **equipped** to support Roma in future (health) crises

# 1. Roma Inclusion in Europe

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The Roma people are considered to be Europe's largest ethnic minority. According to estimates by the European Commission and the FRA there are between ten and twelve million Roma in Europe. Six million of them live in the European Union.<sup>1</sup> Given the Roma's deep marginalisation and severe experiences of poverty and discrimination across Europe, the European Commission initiated a **Framework for national Roma integration strategies** (henceforth referred to as the Framework) until 2020<sup>2</sup> which has now been continued into the **EU Roma strategic framework for equality, inclusion and participation until 2030**. This work is complementary to a renewed commitment to combatting discrimination and racism set out in the **EU Action Plan Against Racism**.

Across Europe, persistent inequalities exist between Roma and non-Roma. Health is no exception as, when taking life expectancy from birth as a benchmark, the FRA reports that Roma generally have a lower life expectancy than non-Roma in Europe.<sup>3</sup> This is one indicator of the health status of Roma, but there is a similar discrepancy in other indicators as well, such as health insurance coverage, health perception, long-standing health problems and discrimination in healthcare access.<sup>4</sup> That is not to say that Roma health inequalities exist in a vacuum; a holistic approach towards Roma inclusion

is necessary to bring the Roma standard of living to the European average. Furthermore, like any other ethnic group, Roma should have every opportunity to participate in society and to make decisions for themselves while maintaining their culture.<sup>5</sup>

Under the post 2020 Roma Framework, the European Commission asked European member states (excepting Malta as it has no Roma population) to submit their **national Roma strategic frameworks (NRSF)** by **September 2021**, but by April 2022 there were still a number of them missing. Though it is encouraging to see member states commit to strategies and action plans to work towards Roma inclusion, there are still many important aspects missing in the **Health and Housing areas**. That being said, it is encouraging that the majority of member states have taken their NRSFs seriously and submitted strategies. Some of them are already quite comprehensive (highlighting in particular Greece, Spain, Italy, Croatia, Hungary, Czechia and Bulgaria), which is to be commended. Yet, all of these plans still show shortcomings that need to be addressed in some way. That said, this paper does not mean to undermine positive examples in existing strategies, but simply serves to point out particular factors of Roma health that deserve more attention in the general EU Roma Framework.

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<sup>1</sup> European Union Agency for Fundamental Rights. Roma. <https://fra.europa.eu/en/theme/roma>.

<sup>2</sup> European Commission. 2011. **An EU Framework for National Roma Integration Strategies up to 2020**. Brussels: European Commission.

<sup>3</sup> European Union Agency for Fundamental Rights. 2020. **Roma and Travellers in Six Countries**. Luxembourg: Publications Office of the European Union. 21

<sup>4</sup> ERGO Network. 2021. **ERGO Network snapshot of Health care, inclusion of people with disabilities, Long-term care**. Brussels: ERGO Network.

<sup>5</sup> United Nations Human Rights Office of the High Commissioner. 2010. **Minority Rights: International Standards and Guidance for Implementation**. New York and Geneva: United Nations. 10

## 2. National Roma Strategic Frameworks

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As mentioned, with the renewal of the Framework until 2030, the EU and its member states renew their pledge to improve social inclusion of Roma, while also implementing changes based on lessons learned in the previous Framework. This was once again underlined in March 2021 through a Council Recommendation on **Roma equality, inclusion and participation (2021/C 93/01)**. As said, Malta is exempted from implementing a strategy. In addition, Sweden already had a strategy in place that runs until 2030. The DG JUST plans to release its own recommendations to the member states in the autumn of 2022. Roma and pro-Roma civil society is involved in consultations with the Commission as well. The goal is for these efforts to result in comprehensive and effective national strategies to combat antigypsyism and its effects in Europe through the three pillars **equality, inclusion and participation**.

When considering the 2021 Council Recommendation, it is worth outlining some of the important focuses that the NRSFs should pay attention to. It is crucial that the national strategies and action plans take a **holistic approach** to the sectoral effects of antigypsyism. Deep-rooted discrimination of Roma can have profound effects on the form of inequalities faced by Roma in (public) institutions. To address **health** inequalities among Roma, the focus is placed on the sectors of health and housing. When looking at these

in tandem, the World Health Organization (WHO) highlights **poor living conditions** as one of the essential determinants leading to health inequality. Poor living conditions, including poor air quality, may lead to both physical and mental health issues,<sup>6</sup> in addition to other causes, such as working conditions,<sup>7</sup> poor diet,<sup>8</sup> and poverty.<sup>9</sup> These facts do not only inform the focus on health and housing, but also the more specific topics covered in this paper.

### Feedback from the Roma Health Network

In March 2022, the **Roma Health Network (RHN)** – which is managed by EPHA – published **recommendations for improving the NRSFs** focusing on the health and housing sectors. These recommendations pointed out that some aspects related to those sectors were lacking in many of these national strategies. In the field of health, the RHN noted some key shortcomings. Most importantly, member states need to redouble their efforts to include **local Roma community representatives, civil society and mediators** in decision-making regarding their Roma integration strategies. Furthermore, to ensure Roma participation, the RHN also recommends an expanded **health advocacy scheme** in combination with existing **health mediation** efforts. These should also include (inter)cultural training to close the gap between healthcare workers and their

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<sup>6</sup> World Health Organization Regional Office for Europe. 2019. *Healthy, prosperous lives for all: the European Health Equity Status Report*. Copenhagen: World Health Organization Regional Office for Europe. 69

<sup>7</sup> Ibidem. XXXIII

<sup>8</sup> Ibidem. 42

<sup>9</sup> Ibidem. 65

Roma patients, as well as **equal access** for Roma to become part of the healthcare force. When it comes to **monitoring**, a large lack of **disaggregated data collection** can be identified. Furthermore, there is rarely a use of well-defined **key performance indicators (KPIs)**, with a **timeframe** for long-term change that would help with expressing a clear ambition for improvement.

Given the experience of the COVID-19 pandemic, and most recently with the war in Ukraine, the importance of **mental health** has steadily grown. RHN members point out, however, that many of the national strategies lack dedicated measures to improve mental health, which is as equally important as physical health. For example, Irish research shows that Travellers suffer disproportionately high mental stress when compared to non-Travellers and that they have a negative view on mental health. This kind of phenomenon is reported to take place in many marginalised ethnic minorities and indigenous communities across the world.<sup>10</sup>

In the area of accommodation, Roma face issues such as segregation and poor structural quality (among other things) on a large scale.<sup>11</sup> In the area of housing as an important social determinant of health, perhaps one of the most often overlooked issues is the factor of **environmental discrimination** that Roma suffer from. This relates also partly to the fact that the segregated set up of many Roma settlements or communities can mean that there is little access to medical services, while a lack of legal residence can lead to a

lack of documentation.<sup>12</sup> These factors are also rarely covered in national strategies, despite being mentioned in the 2021 Council Recommendation. The COVID-19 pandemic has also once again underlined the importance of Roma access to **basic utilities**, such as running water and sanitation, to comply with government safety measures. Partly related and also important is Roma access to **digital utilities** for online learning. Again, these topics receive marginal attention in the national strategies. Naturally, lack of access to decent housing is the base cause of many of these issues. Yet, surprisingly, **social housing** efforts and targeted Roma **housing assistance** do not receive enough attention. In addition, as pointed out by the European Federation of National Organisations Working with the Homeless (FEANTSA), **homelessness** and **poor housing** generally are insufficiently addressed, despite being mentioned in the 2021 Council Recommendation.<sup>13</sup> The importance of these last two issues is known at the European level, underlined by a European Parliament resolution on *the situation of Roma people living in settlements in the EU* in June 2022.<sup>14</sup> Also relevant to health is the situation regarding segregation of Roma communities, paired with a lack of access to services. Though these topics are slowly receiving more attention in the strategies, much still needs to be done.

As briefly mentioned before, the **COVID-19 pandemic** has laid bare inequalities between Roma and non-Roma in Europe. The effects of these inequalities should be subject to targeted policy measures, but the effects

<sup>10</sup> Jacopo Villani and Margaret M. Barry. 2021. *A qualitative study of the perceptions of mental health among the Traveller community in Ireland*. Health Promotion International 36.5 1450-1462. 1452-1454

<sup>11</sup> ERGO Network. 2021. *ERGO Network snapshot of Housing and Assistance for the Homeless*. Brussels: ERGO Network.

<sup>12</sup> I. Svobodova, D. Filakovska Bobakova, L. Bosakova and Z. Dankulincova Veselska. 2021. *How to improve access to health care for Roma living in social exclusion: a concept mapping study*. International journal for equity in health, 20(1) 1-14. 2

<sup>13</sup> European Federation of National Organisations Working with the Homeless. 2022. *FEANTSA Statement: Addressing homelessness and poor housing among Roma communities in the post-2020 national strategies for Roma equality, inclusion, and participation*. Brussels: FEANTSA. 1

<sup>14</sup> Renew Europe. 2022. *End the Deplorable Situation of Roma People Living in Settlements in Europe!* 21 June. <https://www.reneweuropegroup.eu/news/2022-06-21/end-the-deplorable-situation-of-roma-people-living-in-settlements-in-europe>.

of the pandemic on Roma are scarcely mentioned in the NRSFs. The RHN points out that this is a glaring shortcoming; not only should the **disproportionate effects** of the pandemic be combatted, but these effects should serve as a **lesson for future** pandemics or **health crises**. Furthermore, though the 2021 Council Recommendation briefly mentions the effects of COVID-19, it does not include taking this as a lesson for future health crises. The COVID-19 pandemic showed that health inequalities are amplified during such crises, mainly due to a combination of a higher rate of chronic diseases and reduced access to healthcare.<sup>15</sup> Unfortunately, the NRSFs for the most part do not address the pandemic, nor do they take measures to prevent increasing inequalities as a result of (health) crises. This means that

these issues may not be only limited to the current pandemic. The many different NRSFs have their own points of focus, which makes sense given the heterogeneous nature of the many different Roma communities.

The EU Roma Framework does have the ambition to work towards **policy mainstreaming**. For that purpose, it is important to point out the gaps that currently exist within the national strategies. In the following section, the points mentioned here are explained in more detail, culminating in clear and concise policy recommendations. These should be generally applicable, though it is important to keep in mind specific country needs given the diversity of Roma communities.

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<sup>15</sup> ERGO Network. 2020. *The Impact of COVID-19 on Roma Communities in the European Union and the Western Balkans: Survey December 2020*. Brussels: ERGO Network. 7

### 3. Policy Recommendations

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#### 3.1 Key Performance Indicators and Progress Monitoring

In order to inform policy, health progress needs to be measured. Eurostat measures health progress in the EU according to SDG 3 ‘Good Health and Well-being’, using indicators related to health status, health determinants, cause of death and healthcare access, among other things.<sup>16</sup> Unfortunately, this data is not catered to specific ethnic groups and so cannot be used to measure the health status of Roma specifically. Monitoring of the NRSFs, through establishing sound **key performance indicators (KPIs)** is crucial for their success. The use of KPIs (or other such progress or impact indicators) for Roma inclusion is not a new concept and indeed, they have been worked on by the FRA since the Commission stated the importance of indicators in its 2011 Communication on an EU Framework for National Roma Integration Strategies up to 2020 ([COM\(2011\) 173/4](#)). Though they were not called KPIs back then, they are nonetheless crucial for proper monitoring and evaluation, which in turn fosters long-term change. Unfortunately, KPIs are not widely used in the NRSFs.

In order to facilitate their usage, the FRA is developing a **portfolio of indicators** for Roma inclusion policy. This includes a number of **health outcome indicators**. Ideally, the use

of this portfolio of indicators would lead to harmonised data collection between statistical offices and health ministries, which currently is not the norm. As pointed out by EPHA in a 2020 reflection paper, the only way forward is data collection on the health status of Roma.<sup>17</sup> It is therefore not only crucial that the NRSFs include clear **ambitions**, based on a clear **timeframe** and **key performance indicators**, but also that member states invest in **disaggregated data collection** on the health status of Roma. Many EU countries have a barrier in the sense that data based on ethnic identifiers is not collected (the Netherlands, Denmark and Germany in particular). More generally, small area data, ad hoc surveys, oversampling in national surveys and voluntary-based registers are rarely explored.

All this together is problematic because it leads to a large data deficit. To repeat the title of an Open Society Foundations report on Roma inclusion from 2010, “No Data – No Progress”.<sup>18</sup> Currently, progress is largely measured through indirect data<sup>19</sup> or data provided by agencies or institutions such as the FRA and Eurostat. Policy for the most part is informed by very local Roma community surveys or research, so there is an overall lack of nationally comparative data.<sup>20</sup> In some countries, national level data collection is slowly getting expanded, such as with an

<sup>16</sup> Eurostat. 2022. *Sustainable development in the European Union: Monitoring report on progress towards the SDGs in an EU context - 2022 edition*. Luxembourg: Publications Office of the European Union. 68

<sup>17</sup> European Public Health Alliance. 2020. *Health Inequalities: A Persistent Obstacle for Roma Inclusion*. Brussels: EPHA.

<sup>18</sup> Open Society Foundations. 2010. *No Data—No Progress: Country Findings. Data Collection in Countries Participating in the Decade of Roma Inclusion 2005–2015*. New York: Open Society Foundations.

<sup>19</sup> European Public Health Alliance. 2020. *Health Inequalities: A Persistent Obstacle for Roma Inclusion*. Brussels: EPHA. 6

<sup>20</sup> Daniel La Parra-Casado, Erling F. Solheim, and Jesús F. Estévez. 2021. *Health inequalities between Roma and non-Roma populations in Europe: A study of 118,834 individuals combining the UNDP Roma and the EU-SILC surveys*. Scandinavian Journal of Public Health (2021) 1-8. 2

EEA and Norway Grants funded project in cooperation with the FRA and the National Statistical Institute of Bulgaria.<sup>21</sup> Similarly, Spain has set up national health surveys in the context of Roma inclusion, and plans to continue this practice.<sup>22</sup> Slovakia approached this through its so-called EU SILC MRK survey which covers health and housing as well,<sup>23</sup> and previously through a comprehensive spending review on groups at risk of poverty or social exclusion.<sup>24</sup> Another good example comes from the Italian NRSF, which mentions the setting up of a system to identify indicators for Roma health and housing (among other sectors) together with Roma themselves. However, these are still underutilised approaches to data collection that are yet to become the norm. At any rate, the successful implementation of the Framework demands more complete data which also takes into account the intersectional effects of health inequalities.<sup>25</sup> Roma participation (expanded upon later) is also crucial for progress and should be monitored accordingly, focusing on the inclusivity, intensity, and influence of Roma participation in health.<sup>26</sup>

## In conclusion...

The RHN calls for each member state to closely review the health and housing indicators set out by recommendation [2021/C 93/01](#), and to also draw inspiration from the FRA's indicator portfolio and the SDGs used by Eurostat to measure health and housing progress.

Furthermore, Roma participation in health should be structurally monitored based on its degree of inclusivity, intensity and influence. Indicators should not only be mentioned in the strategy but should also result in clear and ambitious action plans with a timeframe. Determined efforts should be made to collect data on Roma health inequalities at the national level. This is the only way to make and monitor progress while remaining accountable to the pledges made in the EU Roma Strategic Framework.

<sup>21</sup> National Statistical Institute of Bulgaria. 2021. *Key social inclusion and fundamental rights indicators in Bulgaria*. Sofia: National Statistical Institute of Bulgaria.

<sup>22</sup> Ministerio de Sanidad. n.d. *Equidad en Salud y Comunidad Gitana*. Accessed August 22, 2022. <https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/EquidadComunGitana.htm>.

<sup>23</sup> Jana Kadlecikova. 2022. *Situation in Roma communities – when will we move on?* Minority Policy 2022/01.

<sup>24</sup> T. Hellebrand, M. Bednárik, L. Salomonsová, and F. Markovič. 2020. *Groups at Risk of Poverty or Social Exclusion: Final Report*. Bratislava: Ministry of Finance of the Slovak Republic.

<sup>25</sup> Daniel La Parra-Casado, Erling F. Solheim, and Jesús F. Estévez. 2018. *Health inequalities between Roma and non-Roma populations in Europe*. 6-7

<sup>26</sup> Francisco Francés, Francisco and Daniel La Parra-Casado. 2019. *Participation as a driver of health equity*. Copenhagen: WHO Regional Office for Europe. 1

### 3.2.1 Capacity Building

When it comes to Roma inclusion, one of the most important things is capacity building. In Roma health equity this is no different. The Center of Community Research and Action at the Universidad de Sevilla (CESPYD), which is a member of the RHN, highlights that Roma health can be approached from the perspective of **Roma health justice**. This approach allows for exploring the negative effects of antigypsyism in social structures, as well as underlining that antigypsyism may prevent Roma in their socio-political participation. In order to achieve Roma health justice, it is crucial to invest in Roma capacity building, participation and health assets.<sup>27</sup> This comes with the caveat that it also requires combatting prejudice against Roma through addressing antigypsyism.

The concept of capacity building is not unknown to the Commission, as it recommends member states include Roma civil society in *all stages of policy making*.<sup>28</sup> The Commission accounts for capacity building itself through a continuation of the [Roma Civil Monitor](#) and the European Roma Platform.<sup>29</sup> Though Roma and pro-Roma civil society are included in consultations at the European level, the national and local level should also be highlighted. The Roma

Health Network points out that civil society consultation in the member states has declined since the last EU Roma Framework. Not only should Roma and pro-Roma civil society involvement in the policy design, implementation and monitoring process be restored, but such cooperation should also be supported and intensified. For that reason, the Roma Health Network calls for the implementation of a **health advocacy scheme** in each member state. Within this scheme, much like with general civil society consultation, the emphasis must be at the local level as much as possible.

To encourage Roma participation, the **community-based approach** to Roma health equity is crucial. Small community-based approaches, for example, have shown to be effective in Polígono Sur in Sevilla in Spain, as they give Roma a **voice**, inspire **trust**, and allow them to **advocate** for their own needs.<sup>30</sup> Yet, this is one local example and so a grasp on differences between Roma communities should not be ignored. Similar practices could be paired with structural financial support of Roma or pro-Roma civil society organisations (CSOs) or non-governmental organisations (NGOs) and local communities to ensure Roma participate in solutions themselves.

<sup>27</sup> D. E. Miranda, M. Garcia-Ramirez, F.E. Balcazar, and Y. Suarez-Balcazar. 2019. *A Community-based Participatory Action Research for Roma Health Justice in a Deprived District in Spain*. International journal of Environmental Research and Public Health, 16 3722. 3

<sup>28</sup> European Commission. 2020. *EU Roma Strategic Framework for equality, inclusion and participation for 2020-2030*. COM(2020) 620 final, Luxembourg: The Publications Office of the European Union. 8

<sup>29</sup> Ibidem. 14

<sup>30</sup> D. E. Miranda, M. Garcia-Ramirez, F.E. Balcazar, and Y. Suarez-Balcazar. 2019. *A Community-based Participatory Action Research for Roma Health Justice in a Deprived District in Spain*. International journal of Environmental Research and Public Health, 16 3722. 16

### 3.2.2 Health Mediation

Aside from capacity building, another key factor is **health mediation**, which is required when a proper universal healthcare system is not in place. The absence of universal healthcare can cause access barriers such as out-of-pocket expenses, language barriers, inaccessibility, or a general lack of rights.<sup>31</sup> Regardless of such barriers existing or not, several members of the Roma Health Network call for a robust system of health mediators to support Roma in using their right to access to health. Health mediation programmes have already been in place for some time in a few Central and Eastern European countries, and valuable lessons can be taken from these programmes.

As with health equity in general, it is crucial to look at the social determinants of health for health mediation. The WHO back in 2010 defined three different types of determinants, namely **socio-political**, **structural** and **intermediary**.<sup>32</sup> The latter (intermediary), which is also called the **social determinants of health** is particularly significant. Belák et al. analysed a health mediation programme in Slovakia, which points to important conclusions that are worth repeating. Significantly, the greatest success was reached when mediators focused on **facilitating** healthcare access, instead of trying to challenge participants' (Roma) hesitancy to access healthcare. In fact, they showed that actively educating Roma on

healthcare can be condescending, and thus have an adverse effect. The key to success seems to be **inspiration** and **trust**.<sup>33</sup> In addition, when conducting health mediation, WHO research conducted in Romania shows that training Roma themselves as mediators can also be a successful approach.<sup>34</sup> The focus should be on empowerment in a non-paternalistic way, meaning both healthcare professionals and Roma should be targeted.

In addition, Belák et al. highlighted that health mediators may often diverge from their original agenda, and that these changes should be adapted into the strategy implementation. This requires strong cooperation between mediators, public health experts and institutions.<sup>35</sup> This coincides with what the RHN members report, namely that health mediation should be included in the health advocacy scheme. That scheme should foster a close cooperation between civil society and grassroots organisations with a strong feedback loop. At the same time, **self-determination** and **participation** of the Roma community should be encouraged. With educational programmes, mediation runs the risk of coming across as too **paternalistic**,<sup>36</sup> which may be counterproductive. Roma participation should be the main goal and should be supported as much as possible. Some RHN members also make mention of (inter)cultural training. This is mainly to bridge the gap between Roma and health professionals and to encourage non-discrimination. At the same time, cultural

<sup>31</sup> La Parra-Casado, Daniel, Mosquera, A., Vives-Cases, Carmen and San Sebastian, Miguel. 2018. *Socioeconomic Inequalities in the Use of Healthcare Services: Comparison between the Roma and General Populations in Spain*. International Journal of Environmental Research and Public Health 15(1) 121. 8

<sup>32</sup> O. Solar. and A. Irwin. 2010. *A Conceptual Framework for Action on the Social Determinants of Health*. Social Determinants of Health Discussion Paper 2, Geneva: World Health Organization. 20

<sup>33</sup> A. Belak, Z.D. Veselska, A.M. Geckova, J.P.V. Dijk., and S.A. Reijneveld. 2017. *How well do health-mediation programs address the determinants of the poor health status of Roma? A longitudinal case study*. International Journal of Environmental Research and Public Health 14(12) 1569. 8

<sup>34</sup> WHO Regional Office for Europe. 2013. *Roma health mediation in Romania: Roma Health - Case Study Series No. 1*. Copenhagen: WHO Regional Office for Europe.

<sup>35</sup> Ibidem. 14

<sup>36</sup> Ibidem. 12

training should not **reinforce stereotypes**,<sup>37</sup> which is a real risk as well, showing the sensitive nature of such trainings.

It is therefore prudent to focus on access barriers before addressing the cultural dimension. Even though Roma participation is important, it is equally important for health professionals to be proactive.<sup>38</sup> Speaking the cultural (or indeed the actual) language is still important, so proper **interpretation** of this is the logical next step to ensure Roma can access the services they need without barriers. In the same vein, a Roma health advocacy scheme requires an **intersectional approach** to account for the **social determinants of health** (such as age, gender, and so on). The health of elderly Roma and Roma with disabilities are generally underrepresented in the strategies, for example. In addition, an RHN member reports that gender sensitivity in particular is an often-overlooked dimension in the NRSFs.

Such issues require an holistic approach, meaning that sectors such as education or employment should also be addressed. Doing so may also lead to **spill over effects**.<sup>39</sup> A degree of **social accountability** should be felt in which multiple stakeholders from the local, up to the national and European level take action, but emphasising the participation

of Roma themselves.<sup>40</sup> Especially this national action is important, as it is at this level that support can be organised for the local level. RHN members point out that, currently, structural financing and formal recognition of mediators are often lacking, even though they are crucial for long-term change.

## In conclusion...

The RHN calls for a health advocacy scheme from a community-based approach, empowering Roma to participate and advocate for their needs themselves. Access to health without barriers should be the main goal. Mediation should be encouraged from the national level, supported by the EU Roma Framework. The focus should be on a holistic approach, keeping in mind intersectionality and focusing on the social determinants of health. Long-term structural funding, both in capacity building and health mediation is key. This would be a great way to bridge the gap between Roma and health professionals, without taking a paternalistic approach to health inclusion policy.

<sup>37</sup> A. McFadden, L. Siebelt, A. Gavine, K. Atkin, K. Bell, N. Innes, H. Jones, C. Jackson, H. Haggi, and S. MacGillivray. 2018. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. *The European Journal of Public Health* 28:1 74-81.

<sup>38</sup> M. Escobar-Ballesta, M. García-Ramírez, C. De Freitas. 2018. *Taking stock of Roma health policies in Spain: Lessons for health governance*. *Health Policy* 122(4) 444-451. 448

<sup>39</sup> Ibidem. 449

<sup>40</sup> Ibidem.

### 3.3 Mental Health

The WHO acknowledges the importance of mental health and mental health action in its [European Framework for Action on Mental Health 2021–2025](#). At the European level there are calls from the European Parliament for a [Mental Health Action Plan 2021-2027](#), while mental health also plays a large role in its non-communicable diseases (NCD) initiatives. In this way, they also address the health determinants and prevention of mental ill-health. This shows that mental health has increasingly gained importance at the European level. However, mental health among Roma receives relatively little attention in inclusion policy and strategies. This is perhaps because mental ill-health among Roma is quite a latent issue, related very closely to social determinants of health. In fact, the **social determinants of mental health** relate more closely to what can be called the **psychosocial pathway**.<sup>41</sup> Mental Health Europe explained to the RHN that this is part of a shift from a biomedical for trying to explain the cause behind mental distress to a psychosocial one. Essentially, it is more a socio-economic issue than a medical issue, which means the response to mental health coincides largely with the broader approach to Roma health equity.

What can be said, is that Roma are overall at a higher risk of mental health issues than non-Roma precisely because they suffer from more

barriers in access to employment, education, housing, social support and because of discrimination.<sup>42</sup> The subject of Traveller mental health has already received some attention in Ireland. This is no surprise, given that Travellers in Ireland are six times more likely to die by suicide than non-Travellers, while suicide accounts for 11% of Traveller deaths.<sup>43</sup> Given that Roma mental health is closely linked to the social determinants of health, the subject of mental health is also related to mediation programmes. For this reason, the Roma Health Network finds it important to pay particular attention to mental health and **mental health promotion**. Research in Romania and Bulgaria has shown that Roma children often have a higher rate (two to six times more likely than non-Roma) of internalising disorders (e.g. anxiety or depression), which shows that mental health should be addressed at an early age.<sup>44</sup>

In addition to Roma suffering from more mental stress because of the effects of antigypsyism, another issue is the stigma that surrounds mental health and mental ill-health,<sup>45</sup> which needs to be dealt with. Mental health promotion should focus not only on the structural determinants of health, such as housing, education, employment and income, but also on this stigma, which is a barrier to help seeking and accessing services.<sup>46</sup> COVID-19 has had negative effects as well. Evidence from Greece, for example, shows that mental health helplines were in high demand in general.<sup>47</sup> Roma had more difficulty

<sup>41</sup> F. Handerer, P. Kinderman, M. Shafti, and Tai, S. 2022. *A Scoping Review and Narrative Synthesis Comparing the Constructs of Social Determinants of Health and Social Determinants of Mental Health: Matryoshka or Two Independent Constructs?* Frontiers in psychiatry, 13. 11

<sup>42</sup> B. L. Cook, A. Progovac, and N. Tran. 2019. *Improving the mental health of Roma through research and policies that cross multiple social sectors*. International Journal of Public Health 64.7 979-980. 979

<sup>43</sup> Jacopo Villani and Margaret M. Barry. 2021. *A qualitative study of the perceptions of mental health among the Traveller community in Ireland*. Health Promotion International 36.5 1450-1462. 1451

<sup>44</sup> E.J. Lee, K. Keyes, A. Bitfoli., Z. Mihova, O. Pez, E. Yoon, and V.K. Masfety. 2014. *Mental health disparities between Roma and non-Roma children in Romania and Bulgaria*. BMC Psychiatry 14(1) 1-7. 6

<sup>45</sup> Jacopo Villani and Margaret M. Barry. *A qualitative study of the perceptions of mental health among the Traveller community in Ireland*. 1456

<sup>46</sup> Jacopo Villani and Margaret M. Barry. 1458

<sup>47</sup> L.E. Peppou, M. Economou, T. Skali, and C. Papageorgiou. 2021. *From economic crisis to the COVID-19 pandemic crisis: evidence from a mental health helpline in Greece*. European archives of psychiatry and clinical neuroscience, 271(2) 407-409.

accessing helplines, which is likely why the National Roma Infoline<sup>48</sup> run by Cairde (RHN member) in Ireland was very popular. Cairde mentions that, even though mental health issues were one of their points of focus, they were often overshadowed by more urgent needs such as healthcare and housing. This does show that, despite its importance, mental health can be eclipsed by other health issues.

Essentially, mental health promotion is about improving the social determinants of health, which can also be achieved through the respect of human rights. For example, a **human rights-based approach to mental health** exists in an Open Society Foundations project set up by the Center of Community Research and Action at the University of Sevilla (CESPYD). In their approach, they gathered knowledge through a consortium of organisations from several countries, consisting of researchers, professionals and grassroots leaders. Their findings were then systematised by putting them in the academic context. This resulted in a human rights-based approach to mental health, which shows how **mental distress** is both a cause and effect of social disadvantage.<sup>49</sup>

CESPYD has put their **mental health model** in practice through two RHN members in North Macedonia. The implementation was carried out mainly by the Association for Emancipation, Solidarity and Equality (ESE) at the national level and NGO Kham in Delčevo at the grassroots level. The approach was three-pronged, firstly focusing on developing knowledge on the **determinants of mental health**, secondly **capacity building** within organisations and communities and thirdly promoting a **multilevel advocacy process**. Accordingly, the mental health model was designed around these objectives, and the

modules and activities structured in such a way as to reach these goals. Results on the ground showed that this human rights-based approach was quite successful.

NGO Kham, for example, reported a **60% increase** in Roma children attending **preschool education**, a **20% increase in social support beneficiaries** and more **confidence** in health institutions. It also resulted in stronger **community cohesion**, particularly between young and elderly Roma. Their work led to a policy recommendation paper which was sent to the Ministry of Labour and Social Politics of North Macedonia. These results show the strong synergy between social determinants of health and human rights on one side, and mental health on the other. As there has been relatively little attention to mental health, let alone the psychosocial approach to mental health in North Macedonia, these findings are particularly significant.

## In conclusion...

The Roma Health Network recommends member states explore a psychosocial approach to mental health for themselves. It is important to pay sufficient attention to Roma mental health, while at the same time recognising that mental health is closely related to the socio-economic determinants of health. A human rights-based approach to health is then crucial, not only to reduce mental distress, but to offer Roma the tools they need to improve their overall (mental) health. Putting this in concrete terms, the recommendation is to include action on mental health in the action plans for health, using indicators to reach the overall health goals.

<sup>48</sup> M. Prontera, D. Nae, and E. Murphy. 2021. *The National Roma Infoline: Response to COVID-19*. Dublin: Cairde. 35

<sup>49</sup> M. García-Ramírez, B. Soto-Ponce and D.E. Miranda. 2021. *Exploring Non-medical Approaches to Mental Health for Romani Communities in Europe*. Sevilla: Center of Community Research and Action at the University of Sevilla. 6

### 3.4.1 Roma Housing

Roma health cannot be considered without keeping other sectors in mind. One of the closest related sectors to health is housing. Much like health, housing is addressed to differing degrees across the NRSFs. For the most part, this is done through **social housing** and **housing schemes**. Issues like **homelessness, halting sites** (for example for Travellers), **forced evictions** and **poor living conditions** receive markedly less attention, however. This shows that even though Roma housing is on the radar, member states do not yet do enough to sufficiently address the other related issues. Numbers of those affected by these issues are difficult to come by, given the ratios of mobile and non-mobile Roma per EU country. FRA surveys show that 30% of Roma households have no access to tap water,<sup>50</sup> 38% live in houses with no access to sanitation<sup>51</sup> and some 80% live in overcrowded housing.<sup>52</sup> More recent FRA numbers also show that Roma and Travellers still face discrimination in accessing housing (19% on average in the 5 countries surveyed)<sup>53</sup> and that a vast majority of Roma and Travellers report there not being enough halting sites (more than 90% in BE, NL and IE).<sup>54</sup> In addition, the Commission reported in 2019 that 43% of Roma were discriminated against when trying to rent or buy a house.<sup>55</sup>

The **European Federation of National Organisations working with the Homeless (FEANTSA)** has covered these topics extensively over the past few years. They report that neither **homelessness** nor **halting sites** are sufficiently addressed in the NRSFs overall.<sup>56</sup> The continued omission in the strategies of actions targeting homelessness among Roma is an especially glaring shortcoming, as Roma continue to face segregation, mass evictions and property rights issues.<sup>57</sup> When it comes to national action plans, the degree to which housing is addressed differs depending on the strategy. The French strategy has quite an extensive plan for social housing, which also accounts for mobile EU Roma. However, there are no clear indicators for progress, mediation is not explicitly mentioned and living conditions do not receive as much attention as necessary. Likewise, the Hungarian strategy is quite extensive but lacks clear indicators. The previous Irish Roma and Traveller inclusion strategy did not include housing measures<sup>58</sup>, and Cairde reports that 34% of calls received on the National Roma Infoline were in relation to Roma living in emergency accommodation, 12% in relation to Roma living in overcrowded private rented accommodation, and 10% concerning Roma sleeping rough.<sup>59</sup> Ireland has an accommodation strategy planned for Travellers, but measures are unclear so far. While Slovakia and Spain seem to have the most comprehensive plans, even so they lack

<sup>50</sup> European Union Agency for Fundamental Rights. 2020. *Persistent Roma inequality increases COVID-19 risk, human rights heads say*. 7 April. <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>.

<sup>51</sup> European Union Agency for Fundamental Rights. 2016. *Second European Union Minorities and Discrimination Survey: Roma – Selected findings*. Luxembourg: Publications Office of the European Union. 34

<sup>52</sup> European Union Agency for Fundamental Rights. 2020. *Persistent Roma inequality increases COVID-19 risk, human rights heads say*. 7 April. <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>.

<sup>53</sup> European Union Agency for Fundamental Rights. 2020. *Roma and Travellers in Six Countries*. Luxembourg: Publications Office of the European Union. 81

<sup>54</sup> Ibidem. 84

<sup>55</sup> European Commission. 2019. *2019 Report on National Roma Integration Strategies: Key Conclusions*. Factsheet, Brussels: European Commission. 6

<sup>56</sup> European Federation of National Organisations Working with the Homeless. 2022. *Addressing homelessness and poor housing among Roma communities in the post-2020 national strategies for Roma equality, inclusion, and participation*. Brussels: FEANTSA.

<sup>57</sup> Amana Ferro and Isabela Michalache. 2020. *Roma Strategy vs Reality: An Overview of Roma Homelessness and Housing Exclusion in Europe*. Brussels: FEANTSA.

<sup>58</sup> Ibidem. 6

<sup>59</sup> M Prontera, D. Nae, and E. Murphy. 2022. *The National Roma Infoline: Annual Report 2021*. Dublin: Cairde. 9

detail when it comes to certain aspects such as mediation in the case of Slovakia and environmental health in both cases, the latter being a trend with all strategies.

It shows that housing, like health, is quite a complex issue. It encompasses the issues mentioned before, such as **discrimination in accessing housing, segregation, social housing programmes, living conditions, utilities, environmental conditions, housing support, halting sites** and **mediation**, among other things. The problem is that most plans fall short in one or more of these areas. As a result, the housing strategy is incomplete because it fails to take a comprehensive approach. An added difficulty with Roma housing is that there is often a lack of political will to address the issue. This may be due to the fact that necessary investments are high, and the measures are perceived as unpopular or as a ‘favour’ to Roma who are considered as being less-deserving.<sup>60</sup> Due to antigypsyism, communities may be unwilling to house Roma in their neighbourhoods. The FRA, for example, reported that in the EU member states in 2019, 46% would feel uncomfortable having Roma as neighbours.<sup>61</sup> A concrete example of this exists in Bulgaria, where the government diverted EU money meant for social housing to build highways, following protests against Roma moving into a non-Roma neighbourhood.<sup>62</sup>

Furthermore, a proper housing strategy requires long-term involvement, not short-term projects. In addition, it is important to note that Roma housing (like Roma health) does not exist in a vacuum and requires a comprehensive and holistic approach, such as the human rights-based approach to mental health described

previously. In this way, Roma housing can be related not just to Roma health, but also to employment and education. A key point to make is that **monitoring** is also crucial. When housing is looked at from the health perspective, a **health impact assessment** at the start and end of a project which can be useful, as highlighted in Hungarian research.<sup>63</sup> Housing projects are not specifically focused on health improvements, but they have the potential of improving mental health as well as physical health. Of course, this can only be confirmed with a proper evidence base, which requires extensive monitoring.<sup>64</sup>

## In conclusion...

It is crucial that more attention is paid to housing strategies in the NRSFs. Current approaches are insufficient to address housing problems. This also has an effect on Roma health, which is why a comprehensive approach is necessary. Each member state must add in its plans approaches to provide access to utilities, combat spatial segregation, prevent eviction and homelessness, improve living conditions, provide housing assistance or mediation, create targeted housing schemes, strengthen housing authorities and organise enough halting sites of good quality. This must be extensively monitored through health impact assessments both at the start and end of project terms to provide a base of evidence for the health effects of housing projects. Lastly, the limiting effect of antigypsyism on Roma housing measures should be explicitly addressed through anti-discrimination efforts.

<sup>60</sup> Alliance Against Antigypsyism. 2016. *Antigypsyism – a reference paper*. Online Platform Against Antigypsyism. 6

<sup>61</sup> European Union Agency for Fundamental Rights. 2021. *Fundamental Rights Report - 2021*. Luxembourg: Publications Office of the European Union. 99

<sup>62</sup> Open Society Foundations. 2021. *Demolition of Roma Homes in Bulgaria: The Urgent Need for Housing and Anti-Roma Prejudice Strategies*. New York: Open Society Foundations. 15

<sup>63</sup> Á. Molnár, R. Ádámy, B. Ádám., G. Gulis, and K. Kósa. 2010. *Health impact assessment and evaluation of a Roma housing project in Hungary*. *Health and Place*, 16(6) 1240-1247. 1246

<sup>64</sup> Ibidem. 1245

### 3.4.2 Environmental Health

A glaring shortcoming noticed across the NRSFs is the lack of plans to improve **living conditions**. With living conditions, we refer mainly to access to utilities (power, electricity, internet) or services, as well as to **environmental conditions**. These are important factors to pay specific attention to, particularly because environmental inequalities are practically not addressed in the NRSFs. This is despite the fact that Roma can be especially vulnerable to environmental inequalities as shown by research in Slovakia and Hungary.<sup>65</sup> This research shows that living conditions in dwellings and communities should be kept in mind together with **environmental justice**, given that Roma are often more exposed to the effects of health and environmental hazards and that, if poorly designed, environmental policies can have disproportionate effects on marginalised Roma communities.<sup>66</sup> Most research regarding environmental justice has been done in Central and Eastern Europe, which provides a good guide for the issues that need to be focussed on. For example, the case of Roma suffering from spatial segregation, which may result in different rules, standards and policies. This has led to Roma being more exposed to pollution, as quoted in Hungarian research.<sup>67</sup> Spatial segregation can often be identified as a result of historical practices of

purposefully concentrating Roma in specific areas, which took place in Czechia,<sup>68</sup> among other places. Perhaps some of the most glaring examples of such spatial segregation are the cases of Roma communities situated near landfills, such as the urban ghetto at Luník IX<sup>69</sup> in Slovakia (of a total of a reported 21 Roma communities situated too closely to landfills)<sup>70</sup> and Pata Rát in Romania, where Roma were forcibly evicted and left to live on the landfill for generations, suffering from health disparities as a result.<sup>71</sup>

Researchers from the **University of Alicante**, also part of the Roma Health Network, have looked into the subject of Roma **environmental justice** extensively. They quote the WHO, pointing out that a lower socioeconomic position may lead to more exposure to poor material conditions, regarding both the location and the accommodation itself.<sup>72</sup> An [EPHA position paper](#) similarly points out that vulnerable groups may suffer more from **pollution** and **energy poverty** (i.e. inability to adequately heat their homes). In addition, energy poverty may lead to even more air pollution because of a use of more polluting or inefficient forms of energy.<sup>73</sup> Even though spatial segregation and environmental injustice also lead to marginalisation, here the health effects are highlighted. In particular, they highlight inequalities in **housing, access to basic services, urban environment and**

<sup>65</sup> K. Harper, T. Steger, and R. Filčák. 2009. *Environmental justice and Roma communities in Central and Eastern Europe*. Environmental Policy and Governance, 19(4) 251-268. 265

<sup>66</sup> Ibidem.

<sup>67</sup> G. Málovics, R. Crețan, B. Méréine-Berki, and J. Toth. 2019. *Socio-environmental justice, participatory development, and empowerment of segregated urban Roma: Lessons from Szeged, Hungary*. Cities, 91137-145. 138

<sup>68</sup> R. Matoušek, and L. Sýkora. 2016. *Environmental justice and residential segregation in Czechia: the case of Roma resettlement in the town of Vsetín*. AUC GEOGRAPHICA, 46(2) 81-94. 92

<sup>69</sup> J. Kronenberg, A. Haase, E. Łaszkiewicz, A. Antal, A. Baravikova, M. Biernacka, D. Dushkova, R. Filčák, D. Haase, M. Ignatieve, Y. Khmara, M.N. Niță and D.A. Onose. 2020. *Environmental justice in the context of urban green space availability, accessibility, and attractiveness in postsocialist cities*. Cities, 106 102862. 5

<sup>70</sup> T. Hellebrand, M. Bednárik, L. Salomonsová, and F. Markovič. 2020. *Groups at Risk of Poverty or Social Exclusion: Final Report*. Bratislava: Ministry of Finance of the Slovak Republic. 250

<sup>71</sup> Jennifer L. Hall and Catherine Zeman. 2018. *Community-based Participatory Research with the Roma of Pata Rát, Romania: Exploring Toxic Environmental Health Conditions*. Journal of Ethnographic and Qualitative Research 13.2 92–106. 101

<sup>72</sup> O. Solar, and A. Irwin. 2010. *A Conceptual Framework for Action on the Social Determinants of Health*. Social Determinants of Health Discussion Paper 2, Geneva: World Health Organization. 37

<sup>73</sup> European Public Health Alliance. 2022. *The Impact of Residential Heating and Cooking on Air Quality in Europe: The Health Argument for Clean Heating and Cooking*. Brussels: European Public Health Alliance. 19

**transport** and **work-related** and **injury-related inequalities** (the last two relating to **work environment**). This shows the extent of environmental (in)justice, but also underlines how important it is to account for these inequalities in inclusion policies. When researchers were looking at the NRSFs for the 2011-2022 period, they noted that Central and Eastern European countries included environmental determinants of health more than Western and Southern European countries (with Italy and Spain as notable exceptions).

In the new strategies analysed so far, environmental determinants are not addressed sufficiently or consistently across the board, with marginal improvements since the previous decade. This once again underlines the limited nature of many of the strategies. To reiterate, this paper calls for an holistic approach to Roma inclusion in order to address health inequalities. This means that environmental justice should also be addressed, especially given that it is often overlooked. The researchers from the University of Alicante point out that this should be done by including clear **goals** for environmental justice, **measures or action plans** to reach environmental justice, and

**participation** of **Roma** themselves in the process.<sup>74</sup> The need for this is very pressing, as a report on environmental racism by the European Environmental Bureau shows many examples of Roma being pushed to wastelands.<sup>75</sup>

### In conclusion...

Roma environmental justice requires much more attention if the NRSFs are to be successful. This includes not only addressing Roma living in toxic environments because they were pushed to the margins. A holistic approach also means that issues such as inequalities in housing, access to basic services, urban environment and transport and work-related and injury-related inequalities must be tackled to comprehensively address Roma health. This should be integrated in existing strategies along with clear goals and action plans. As with any initiatives for Roma inclusion, Roma themselves should be part of the solution through participation in decision-making, particularly on the issue of environmental justice.

<sup>74</sup> EA. Chuquitarco-Morales, D. La Parra-Casado and MJ. Sanchís-Ramón. 2022. *Environmental sensitivity of the strategic documents to include the Roma population in the 27 Member States of the European Union*. Unpublished Report.

<sup>75</sup> P. Heidegger and K. Wiese. 2020. *Pushed to the Wastelands: Environmental racism against Roma communities in Central and Eastern Europe*. Brussels: European Environmental Bureau.

## 4. CONCLUSION

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With the EU Roma Framework for equality, inclusion and participation until 2030 now starting in earnest, we are reminded about the commitment of the EU and its member states to Roma inclusion. But at the same time, while the groundwork has been laid, there are still gaps to fill. This counts especially for health and housing. The Roma Health Network's members based their analysis on their own local or national experience or research, with the goal of complementing the European Commission's autumn recommendations. In doing so, they provide an expert opinion and perspective that is necessary to make sure this decade of Roma inclusion is a success. Based on what they observed, the current Framework and its related strategies still fall short in a number of areas. Consequently, it requests member states to include these points in their strategies, while requesting the Commission to support in those endeavours.

01

**Firstly, use of indicators, monitoring and data collection is currently insufficient and must be expanded.**

02

**Secondly, there is a clear need for a health advocacy scheme with a community-based approach, health mediation and structural support.**

03

**Thirdly, mental health and the psychosocial approach are currently underdeveloped and need to be integrated in health action plans.**

04

**Fourthly, housing strategies need to be developed to focus on housing inequalities and need to be included in a health impact assessment, while antigypsyism efforts should also account for Roma discrimination in housing.**

05

**Fifthly, Roma environmental justice requires more attention, addressing the health impact of toxic environments, access to basic services, urban environment and work environment.**

06

**Sixthly and lastly, the effects COVID-19 need to be taken into account to ensure an inclusive recovery for Roma, while also bolstering resilience for future health crises to ensure Roma are not left behind.**

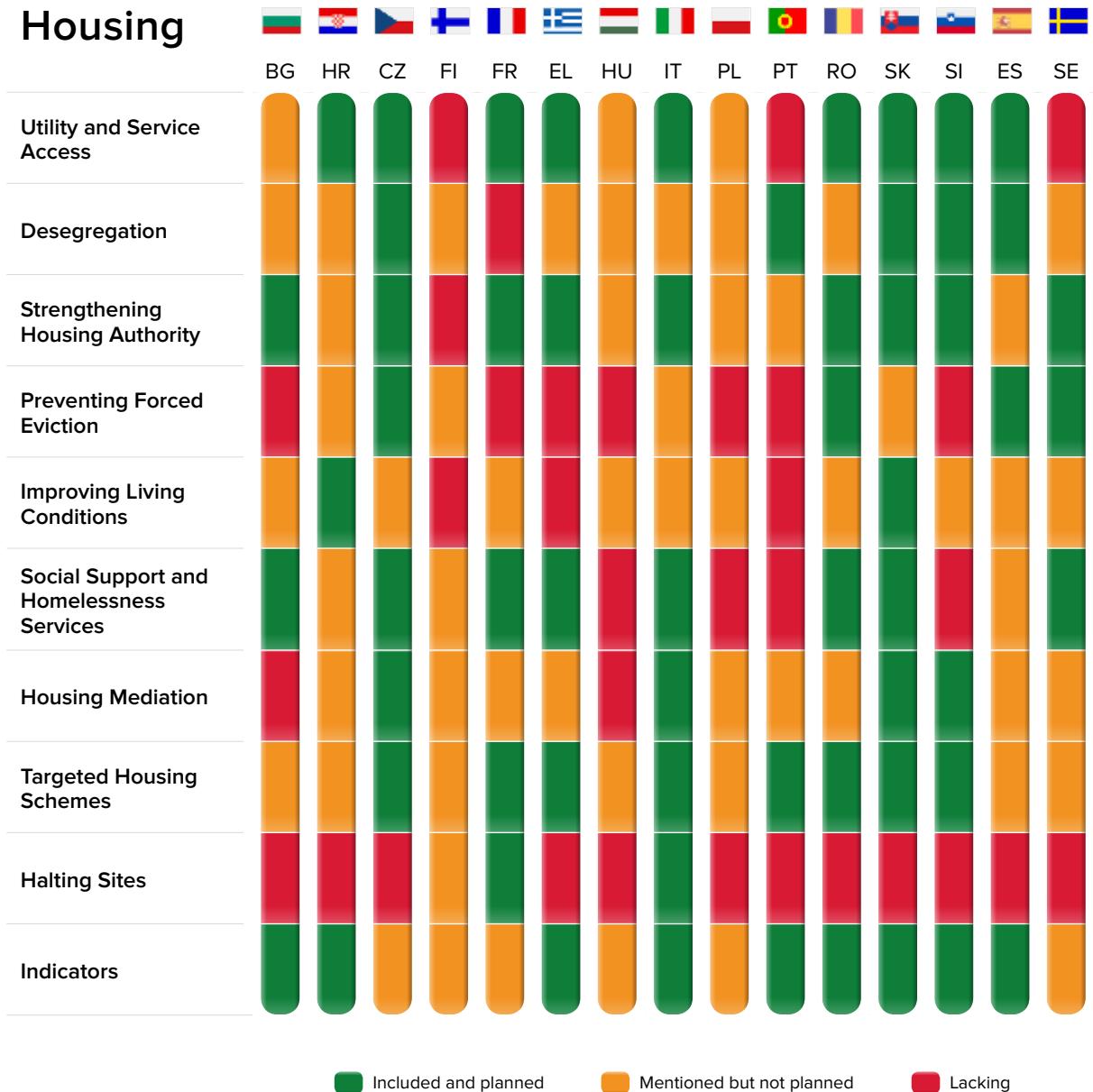
Including action on these six points in health and housing is necessary for progress in these sectors. At the same time, no sector of Roma inclusion stands on its own; they are all interconnected. This is crucial to point out, but an in-depth analysis of each of these sectors is still necessary for success. With this paper and its recommendations, the Roma Health Network hopes to support the Commission and the member states in their efforts to curb Roma health inequalities. This is one of the pivotal steps towards not only Roma health equity, but to ensuring that Roma can advocate for and make use of their rights and can participate in European society without any access barriers.

## 5. ANALYSIS OF NATIONAL ROMA STRATEGIC FRAMEWORKS

The criteria for this analysis are based on the points mentioned in Council Recommendation [2021/C 93/01](#).



## Housing



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## Disclaimer

*This paper makes use of the term Roma to refer to a number of groups as defined by the Council of Europe. This includes, but is not limited to the Roma, Sinti, Kale and other related groups, as well as Travellers and the eastern groups Dom and Lom, covering related groups and not excluding those referring to themselves as Gypsies.<sup>76</sup> Though the term Roma is used, Romani ethnicity should not be homogenised or essentialised.<sup>77</sup> Consequently, Roma are not perceived as a target group, but are rather approached from the political, historical and social background to the determinants of their health.<sup>78</sup>*

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<sup>76</sup> Council of Europe. 2012. *Council of Europe Descriptive Glossary of terms relating to Roma issues*. <https://rm.coe.int/1680088eab>.

<sup>77</sup> Anna Mirga-Kruszelnicka. 2018. *Challenging Anti-gypsyism in Academia: The Role of Romani Scholars*. Critical Romani Studies 1:18-28. 13-14

<sup>78</sup> L. Orton, O. Fuseini, A. Kóczé, M. Rövid, and S. Salway. 2021. *Researching the health and social inequalities experienced by European Roma populations: Complicity, oppression and resistance*. Sociology of Health and Illness 1:17. 2-3

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