Roma Health Mediators:
Advancing the health and rights of Roma communities

The 12 to 15 millions of Roma living in Western and Eastern Europe exhibit some of the region's worst health indicators[1]. Discrepancies in health between Roma and majority communities reflect serious overall inequalities between the Roma and non-Roma population. One of the most efficient strategies used to date to address Romani health issues has been the creation, over a decade ago, of Roma Health Mediator (RHM) programs, carried out under the impulsion of Roma Civil Society Organizations.

Members of the Romani community themselves, Roma Health Mediators work as a bridge between the community, physicians and the local health authorities to improve access to health care for Roma. Though job descriptions vary from country to country, Roma Health Mediators` responsibilities usually include:

(1) Facilitating interaction between the Roma population, health institutions and medical doctors, and mediating between Romani patients and physicians during medical consultations.
(2) Assisting Roma in obtaining identity documents (including birth certificates) and health insurance, registering with a general practitioner (GP) or accessing social services by helping them navigate administrative labyrinths.
(3) Supporting medical personnel in health education and in optimizing the implementation of prevention programs amongst Roma (immunization; identification of infectious diseases; ante and post natal care etc).

Open Society Foundations support to Roma Health Mediation schemes.

Since 2002, the Open Society Foundations' Roma Health Project (RHP) has been supporting mediation programs based on the criteria of effective health mediation and has been documenting their effects on improving access to health for Roma communities. In particular, RHP and the organizations it partners with contribute to national level priority setting and policy making regarding the implementation of mediation schemes, as well as collaborating with Ministries of Health, relevant governmental institutions, National Soros Foundations, NGO partners and key Roma groups interested in strengthening health mediation programs in Romania, Bulgaria, Macedonia, Serbia, Slovakia and Ukraine.

Government and EU commitments to Roma Health Mediator models

Since it was first introduced and piloted in Romania in 1997 by the organization Romani CRISS, Roma health mediation has become a key element of the many National Action Plans (NAPs) that Central and Eastern European governments have developed as part of European integration processes or as part as the Decade of Roma Inclusion.

- The Romanian Ministry of Health adopted the Roma Health Mediator model in 2001, and in the same year, introduced Health Mediator as part of the National Classification of Professions.

[1] Marta Schaaf, Roma Health. In: *Poverty and social exclusion in the WHO European Region: health systems respond.* Copenhagen, WHO Regional Office for Europe, 2010.

- A pilot project was launched in Bulgaria in 2001, and the model was subsequently adopted by the government in its *"Health Strategy for Disadvantaged People Belonging to Ethnic Minorities"* (2005) and by the Ministry of Labor and Social Policy, which, during the same year, institutionalized Health Mediator as part of the National Classification of Professions.
- Slovakia made Roma Health Mediation an integral part of its Decade State program *"Support for the Health of Roma in Disadvantaged Communities*" (2007-2015).
- Health mediation is part of the National Action Plan for Health adopted by the Government of Macedonia within the context of the Decade of Roma Inclusion.
- The Roma Health Mediator project is part of the Action Plan to improve Roma Health adopted by the Republic of Serbia in 2009.
- Under the impulsion of Civil Society Organizations, Ukraine started a pilot Health Mediator Project in 5 oblasts in 2010.

In addition to its prominence in National strategies and NAPs, Romani health mediation is often noted as a best practice or example intervention by international agencies assessing Romani health, including the Council of Europe (CoE), the European Monitoring Center on Racism and Xenophobia, the European Commission, and the Organization for Security and Cooperation in Europe (OSCE). As recently as February 2010, the Council of Europe, in a report by the Committee on Legal Affairs and Human Rights called for *"enhancement of Roma access to health services, inter alia by building upon existing good practices such as campaigns to ensure immunization for Roma children, training of Roma health mediators and the setting up of mobile health clinics"*.

Measuring success: how health mediators are changing access to health care for Roma, one person at a time

Over the years, mediators have been credited for effectively mitigating some of the challenges faced by Roma when seeking health care. In a context where health data disaggregated by ethnicity are by and large inexistent, it is difficult to measure the impact of mediator activities in improving health outcomes for Roma. However, a number of indicators point to clear advances in increasing the use of services and coverage of prevention activities, which can be attributed to mediation schemes.

- Reduction of the number of people without adequate documentation to access health services:
  Two years after the adoption of the RHM program by the Romanian Government, data from the Ministry of Health indicated that RHMs had helped register 108,632 children, assisted 40,015 people in obtaining health insurance, and helped 1,180 people in getting identity documents. Similar trends have been observed in Bulgaria. In Ukraine, where a pilot project was launched in April 2010, the organization Chiricli reports that RHM were able, over the course of 6 months, to assist 936 Roma in obtaining registration documents.

- Improved access to health care services:
  RHM are credited for a direct improvement in access to primary and specialized care in Bulgaria and an increase in the number of Roma patients regularly visiting doctors in

Romania[2]. In Slovakia, the number of preventive examinations carried for Roma increased by +20% between 2008 and 2009 in districts with health mediators[3]. From April to October 2010, Chiricli reported that the 14 RHMs active in 5 pilot districts of Ukraine facilitated 3338 visits and hospitalization for Roma to whom doctors had previously denied services.

- Increased outreach and coverage for preventive activities:
  Slovakia, Bulgaria and Romania all reported that RHMs play an essential role in immunization and re-immunization of children. In 2009, a measles epidemic in Bulgaria killed 24 people, 90% of which were Roma. RHM conducted immunization in Roma settlements and received acknowledgments from all health & social institutions for their contributions[4].

- Empowerment of Romani Women through employment:
  The RHM has created a new position on the labor market and contributed to improve the position of women at local level by offering new opportunities for training, qualification and employment. By 2008, 600 health mediators had been trained and hired in Romania (currently the number is less because of the decentralization process); by 2010, 105 mediators were working in Bulgaria; 30 in Slovakia (only present in 12 of the 79 districts in Slovakia); 83 Roma Health Mediators in Serbia; and 15 in Ukraine.

- A way to reduce discrimination?
  In Romania and Bulgaria, the fact that Roma Health Mediators, doctors, health specialists, local authorities worked together was credited for an increased comprehension between Roma and majority population and for the correlated decrease in racist attitudes towards Roma seeking to access care. At higher levels, however, the structural inequities hindering improvement in Romani health are not sufficiently targeted by RHM activities to bring about systemic change.

A successful model under threat?

Governments of implementing countries often tout the mediator program as one of the few tangible actions they have taken in the field of Romani health – yet many problems remain which threaten to undermine the RHM model:

- The rapid reforms of health systems at central and local administrative levels make it hard to secure continued commitment to the health mediator model, putting the continuation of successful programs at the whim of rapidly rotating politicians.
- The lack of sustainable state funding in RHP focus countries (which are also part of the Decade of Roma Inclusion) keeps RHM in a permanent state of insecurity. Mediators do not know whether they will be able to continue their activities in the following period, where budgets will be released or withheld all together.
- The decentralization process is affecting the mediation program in Bulgaria (2007) and Romania (2009). As local administration budgets are limited, payments for health mediators` compensations from local administration have been put on the line. In some places, they have

[2] Simona Barbu, Romani Criss *The health mediator: a Roma worker for the health of Roma people*, at EUPHA Conference, November 2010
[3] *Public Health annual report 2008-2009*, Government of Slovakia
[4] *History and Status of the health mediators in Bulgaria,* Cveta Petkova, Network of Health Mediators in Bulgaria

been discontinued altogether, forcing health mediators to resign. In others, RHM`s responsibilities have been modified by local health authorities to suit their needs rather than those of the community. In Romania, the disengagement of the MoH in monitoring the decentralization process is threatening the most successful model to date to improve Roma access to health care. Over 90 problematic cases have already been reported, ranging from local authorities' discrimination against mediators to abusive dismissals or absence of respect of job description etc.

- One of the biggest issues in Macedonia, Slovakia, Ukraine and Serbia is the need to institutionalize RHM as a profession so that RHM are not be subjected to endless administrative hurdles and monthly contract renewal, as is for instance the case in Serbia. In these countries, the mediators remain too few, and their means of work too limited to maximize the impact they could have if they were granted better work conditions.
- Though RHM are poorly remunerated, at times working as quasi-volunteers, they are asked to take on multiple and complex tasks in different fields (i.e. mediation; prevention; health education etc). Unable to cover their living expenses with their RHM compensation, many choose to leave this demanding and low-paying job in search for a better option to sustain themselves and their families.
- Some health providers develop a habit of systematically sending Roma back to RHMs (who are not qualified GPs), without adequately examining or treating them, thereby risking to further accentuate segregation in health care.
- Some of the RHM programs have not been effectively leveraged to bring about systemic change, and program activities are not sufficiently oriented toward remedying the structural inequities that shape Romani health in the first place. Moreover, some of the mediation programs examined are undertaken in isolation and are not accompanied by necessary legislative changes nor are they adequately integrated into the overall public health system.

What needs to happen?

- The EU and its member states should consider introducing mechanisms to ensure that all Roma have full access to state-sponsored health insurance as well as supplementary insurance to cover fees for medical services and medication as necessary.
- European institutions should facilitate exchanges of information on national and local programs to improve the health status of Roma communities, in particular Roma Health Mediation programs, which have demonstrated their efficiency. The EU should provide financial support to such initiatives.
- With a series of successful pilot projects having demonstrated positive outcomes, it is time for decade countries to scale up the mediators` system to meet the need of Roma communities. The EC and Decade countries should explore options to use EC structural funds to support the development of such models, while exploring ways for state funds to take over and ensure the sustainability of the mediation schemes.
- Countries should strive to formalize RHM positions within health institutions by providing adequate funding and other forms of necessary support (including certification, training etc) to ensure their impact is maximized. The EU should explore mechanisms to support countries in the ongoing development of Romani health mediators at the local level.
- Countries should ensure that the mediation programs are not undertaken in isolation, are accompanied by necessary legislative changes and are adequately integrated into the overall public health system.