

# THE SITUATION OF ROMA IN EUROPE

ERGO NETWORK SNAPSHOT OF..

## Health care, Inclusion of people with disabilities, Long-term care



One in four (26%) Roma is not covered by national health insurance and/or private insurance.



28% of Roma feel limited in their activities by their state of health.



22% of Roma have a longstanding illness or health problem.



There is a 10-year difference in life expectancy between Roma (64 years) and non-Roma (74 years), as well as a tenfold higher vulnerability to tuberculosis.



One in 10 Roma and Travellers felt discriminated against when accessing healthcare in six countries, while almost all report worse health and more limitations than the general population.

*The umbrella term "Roma" encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.), as defined by the [European Commission](#).*

A significant health inequality gap exists between Roma and the majority population. This inequality gap persists across every area of physical and mental health and wellbeing, including rates of suicide, life expectancy, and infant mortality.

The significant health inequality gap arises from compounding social determinants, such as poverty, inadequate housing, lack of sanitation, poor nutrition, hard physical labour in unsuitable conditions, high levels of discrimination and racism in accessing healthcare, as well as impaired access to both healthcare and long-term care services, and also medicines.

In some Member States, many Roma living in poverty who are eligible to apply for subsidised medical care are unable to access such supports due to language, literacy, and information and bureaucracy barriers.

The Covid-19 pandemic presents a very worrying vista in regard to health outcomes for Roma children and adults. In April 2020, FRA and the OSCE sounded the alarm about



the significant risk that the virus posed to Roma communities, given their status as highly marginalised and disadvantaged.

Specific health issues noted were: the inability to socially distance and self-quarantine, or to maintain good hand hygiene in a context of overcrowding in accommodation without adequate facilities.

Another OSCE report from July 2020 notes that authorities have largely failed to ensure Roma communities can access information about emergency measures and their necessity, and on how to prevent the spread of the virus.

The report also notes a “surge in inflammatory (anti-Roma) media articles” following the onset of the crisis, blaming Roma for spreading the virus and presenting them as a risk to the majority population: in some States, civil society organisations noted an increase in Roma-targeted hate-crime and hate-speech.

Entire settlements were placed in quarantine and cut off from the world without any accompanying provision of basic supplies. Many Roma also have underlying health issues, which put them in increased jeopardy.

This is a situation they have to face all their life, not just during a pandemic, and the situation is twice as hard for Roma living with a physical or mental disability when trying to access employment, social protection, or supportive services such as long-term care.

The public health infrastructure in many countries does not cover local communities, with the nearest clinic (not to mention hospital) often located far away. Private clinics are often prohibitively expensive for people on low incomes, and various



administrative obstacles (such as lack of an ID card or a legal address) are impediments to obtaining insurance.

Investing in people must mean, first and foremost, guaranteeing good health and wellbeing for all, particularly disadvantaged communities such as the Roma.

Good health is one of the four sectoral priorities of the EU Strategic Framework for Roma Equality, Inclusion and Participation, and it is also supported by the Sustainable Development Goals (3).

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## Recommendations



- Prioritise access to user-friendly health information, care, and testing services, as well as vaccination or immunization programmes against Covid-19 for Roma communities, and particularly those Roma over 45. Without specific outreach, they will miss out.
- Roll out mass vaccination programs, not only for Covid-19 but also for other diseases, as the pandemic measures will likely increase the number of non-vaccinated Roma children.
- Ensure universal health insurance coverage among Roma, at least 95%, and reduce the disproportionate exposure of Roma to public health and environmental harms.
- Significantly reduce, with the aim of eliminating completely, the health inequality gap between the Roma and the majority population, through both mainstream as well as targeted health strategies, using a social determinants of health approach.
- Ensure non-discriminatory, equal access to health and long-term care by condemning all forms of discrimination and exclusion from health care services and by supporting anti-bias training and awareness raising of medical staff of specific Roma health needs.
- Scale up and reinforce the health mediators' scheme, which provides an invaluable link between medical professionals and Roma communities. Roma health mediators must be formally recognised as a profession and paid adequately according to their work and the value they bring.
- Provide compensated medication or other forms of financial support for those on low incomes, however prioritising the provision of universal healthcare, free at the point of use.
- Establish internal control systems to monitor the quality of health services for Roma, including emergency assistance, that would include racism audits of health institutions.
- Improve nutrition and fight unhealthy living conditions, reduce the number of deaths and illnesses from hazardous chemicals and pollution. Support universal access to drinking water as well as sanitation and hygiene for all and end open defecation.

- Reduce Roma maternal and infant mortality, ensure universal access to sexual and reproductive health and rights (prenatal and postnatal care, counselling and family planning), and provide reparations for victims of forced sterilization.
- End abuse, exploitation, trafficking and all forms of violence and torture of women and children.
- Address the prevention and fight against drug addiction, HIV, hepatitis, tuberculosis, cardio-vascular diseases, premature births, with an emphasis on harm reduction.
- Ensure that Roma with disabilities or long-standing illnesses can benefit on equal footing from available support schemes (income, services, adapted housing and workplaces, care etc) and strive to improve the overall quality, accessibility, and affordability of such services for all.
- Support an independent living approach to long-term care, promoting deinstitutionalisation while ensuring that the burden of care does not fall on relatives.



## Sources

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This snapshot is an excerpt from ERGO Network's position paper [How to ensure that the European Pillar of Social Rights delivers on Roma equality, inclusion, and participation?](#), October 2020.