

Left Out: Roma and Access to Health Care in Eastern and South Eastern Europe

FACING FACTS For the millions of Roma living in Central and Eastern Europe¹ and South Eastern Europe,² persistent discrimination and marginalization are a daily reality that results in poorer health for individuals and communities. Roma³ make up the largest ethnic minority in these countries with an overall population estimated at 5 to 6 million people.⁴ Available data consistently shows higher rates of illness and mortality among Roma than in majority populations. Access to health care is only one factor shaping overall health, but it is critical to increasing social inclusion of Roma and ensuring equal opportunities for all.

FACT Life expectancy for Roma populations in Eastern Europe is about 10 years less than the overall population.⁵

FACT Infant mortality rates are twice as high among the Roma than the non-Roma in the Czech Republic, Slovakia, and Hungary.⁶

FACT Studies show higher rates of type two diabetes, coronary artery disease, and obesity in Roma adults, and vitamin deficiencies, malnutrition, anemia, dystrophy, and rickets among children.⁷

FACT Fifty-one percent of Roma women aged 16–50 in settlements near Belgrade, Serbia, were found to be undernourished. Almost all women in Roma settlements around Belgrade smoke tobacco, many beginning at age 11 or 12.⁸

FACT It is widely agreed that TB, HIV/AIDS, and viral hepatitis disproportionately affect minority populations in Eastern and Central Europe.^{9, 10} In a Serbian Roma community, the TB prevalence rate was found to be more than 2.5 times the national average.¹¹

Barriers to Equal Access to Health Care

Pervasive poverty: In many countries, Roma poverty rates are more than 10 times that of non-Roma. A 2002 survey found that nearly 80 percent of Roma in Bulgaria and Romania were living on less than \$4.30 per day.¹² Even if covered by insurance, Roma often cannot pay for expenses that fall outside of insurance such as medicines or transport to health facilities.

Lack of Roma health data: Two literature searches of data collected since 2000 on Roma health revealed scant data available, with research overwhelmingly focused on reproductive health and infectious diseases.^{13, 14} To date, no government in the region has instituted census collection with data separated by ethnicity.

Geographic isolation: A survey carried out in Hungary found that only 5–9 percent of the country's population outside of Budapest lives in an area without a local general practitioner compared with 18.6 percent of the country's Roma population.¹⁵ An NGO survey in two Romanian regions showed that 98 percent of poor Romanian respondents were registered with a general practitioner, as opposed to 48 percent of the Roma.¹⁶



Direct discrimination by health care providers:

In a survey in Hungary, 25 percent of Roma faced direct discrimination in hospitals and other health care institutions, and 44.5 percent reported direct discrimination by general practitioners.¹⁷ Direct discrimination can be the outright refusal of care for Roma patients or, more subtly, the provision of inferior care—both perpetuate mistrust and fear of the health establishment.¹⁸ Human rights groups have regularly documented instances of emergency services refusing to respond to calls from Roma neighborhoods.¹⁹

Direct and indirect discrimination by government policies:²⁰ Among the Roma respondents to a UNDP survey in Bulgaria and Romania, 46 percent and 37 percent respectively claimed to be uninsured.²¹ In Macedonia, many Roma are not eligible for public health insurance because they are not listed as employed or officially unemployed, which is a precondition of eligibility.²²

Lack of citizenship and personal documents:

A 2005 UNDP study carried out in Macedonia revealed that 11.1 percent of Roma women and 10.79 percent of Roma men were denied medical service due to lack of proper documents, compared to 4.5 percent of non-Roma women and 4.4 percent of non-Roma men living in close proximity to Roma.²³

Communication barriers between Roma and health care providers. In a survey carried out in Romania, Roma women stated that medical doctors are often insensitive to their particular needs.²⁴ Low levels of health education and literacy among the Roma communities contribute to high-risk behaviors such as drinking, smoking, and a poor diet. Roma women tend to be less educated than Roma men, creating an even greater disadvantage for accessing health information.

Dual discrimination against Roma women:

According to a survey carried out in Romania among Roma women who were 18 to 73 in age, 23 percent had experienced gender discrimination in the health care setting. An overwhelming majority (95 percent) of the Roma women who had experienced gender discrimination also believed that health care professionals discriminate against Roma.²⁵

Ten Steps for Overcoming Barriers to Health Care

Governments should:

1. Appoint Roma to participate in the design, implementation, and evaluation of health programs and policies that affect their lives.
2. Ensure that health and social services policies and legislation address social factors that affect the health of minorities. Interventions that aim to improve housing, for example, are critical to reducing TB infections.
3. Support the collection of ethnically disaggregated data and, based on this data, allocate resources to populations most in need of basic health services. Communities should be involved in the data collection and analysis process.
4. Train health care workers in communicating and working with minority and marginalized populations.
5. Establish an ombudsman office or other monitoring mechanism in health care systems to follow up reports of abuse or discrimination in health care settings.
6. Grant Roma students incentives and assistance to enter into health care professions.

Civil Society, Donors, Researchers, Journalists

7. Roma civil society should become more familiar with national and international instruments designed to protect and promote human rights, including the right to equal access to health.
8. Donors should invest in the institutional and capacity development of Roma leadership to engage effectively on program and policy issues affecting access to health and social services.
9. Academic, government, and other research communities should address the inequities in access to health care for minorities and other marginalized populations in ongoing and future research.
10. Media should investigate and report systemic causes to the inequity in health status between minorities and the majority population in a balanced and fair manner.

Notes

1. Czech Republic, Hungary, Poland, Slovakia, and Slovenia.
2. Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo, Macedonia, Montenegro, Romania, and Serbia.
3. For this fact sheet, the term Roma also includes persons describing themselves as Travellers, Manouches, and Sinti, among others.
4. According to the World Bank, the estimated number of Roma living in Europe is 7 to 9 million, and around 70 percent of this population lives in Central and Eastern Europe and South Eastern Europe. For further details see the World Bank website on Roma.
5. Ringold D, Orenstein MA, and E Wilkens. *Roma in an Expanding Europe: Breaking the Poverty Cycle* (Washington D.C.: World Bank, 2003).
6. United Nations Development Program. *Avoiding the Dependency Trap: The Roma Human Development Report* (2003).
7. Schaaf, M. *Confronting a Hidden Disease: TB in Roma Communities* (Open Society Institute, 2007), p. 13.
8. Surdu, L. and M. Surdu. *Broadening the Agenda: The Status of Romani Women in Romania* (Open Society Institute, 2006), p. 18.
9. European Commission: Employment and Social Affairs. *The Situation of Roma in an Enlarged European Union* (Brussels, 2004).
10. UNDP–Romanian Country Office. *Social Assessment of Roma and HIV/AIDS in Central East Europe* (Bucharest, 2003).
11. Pavlovic S., Kuruc V, and M Ilic. “Active detection of tuberculosis in the gypsy population of Vojvodina (Serbia and Montenegro).” European Respiratory Society 16th Annual Congress, 2006. Poster E247. https://www.ersnetsecure.org/public/prg_congress.abstract?ww_l_presentation=23134.
12. Ringold, *Roma in an Expanding Europe*, p. xv.
13. Hajioff S. and M McKee. “The health of the Roma people: a review of the published literature.” *J Epidemiol Community Health*. 2000; 54(11): 864-869.
14. Zeman CL, Depken DE, and DS Senchina. “Roma health issues: a review of the literature and discussion.” *Ethn Health*. 2003; 8(3): 223-49.
15. European Roma Rights Centre. *Ambulance Not on the Way: the Disgrace of Health Care for Roma in Europe* (Budapest: European Roma Rights Centre, 2006), pp. 33-34.
16. Schaaf, *Confronting a Hidden Disease*, p. 13.
17. Delphio Consulting. *Cigányok Magyarországon – szociális-gazdasági helyzet, egészségi állapot, szociális és egészségügyi szolgáltatásokhoz való hozzáférés*. Budapest 2004, p.6. Available at: <http://www.delphoi.hu/download-pdf/roma-szoc-eu.pdf>.
18. European Roma Rights Centre. *Ambulance Not on the Way*.
19. Delphio Consulting. *Cigányok Magyarországon – szociális-gazdasági helyzet, egészségi állapot, szociális és egészségügyi szolgáltatásokhoz való hozzáférés*. Budapest 2004, p. 47.
20. Surdu, *Broadening the Agenda*, p. 10.
21. United Nations Development Program. *Avoiding the Dependency Trap: The Roma Human Development Report* (2003), p. 4.
22. European Roma Rights Centre. *Ambulance Not on the Way*, p. 28.
23. Pavlovic. “Active detection of tuberculosis in the gypsy population,” p. 28
24. Surdu, *Broadening the Agenda*, pp. 57–58.
25. Ibid.



OSI supports the Decade of Roma Inclusion.