Conflicts of interest: Both authors were members of the International Scientific Committee of the conference and were asked to present their conclusions and reflections in the closing session. O.R. is also member of the Steering Committee of the EUPHA Section on Migrant and Ethnic Minority Health.

References

1 Albertinelli A, Knauth B, Kraszewska K, Thorogood D. *Migrants in Europe—A Statistical Portrait of the First and Second Generation*, 2011 edn. Luxembourg: Eurostat Statistical Books, 2011.

2 Arnold M, Razum O, Coebergh JW. Cancer risk diversity in non-western migrants to Europe: An overview of the literature. *Eur J Cancer* 2010;46:2647–59.

3 Legido-Quigley H, Otero L, la PD, et al. Will austerity cuts dismantle the Spanish healthcare system? *BMJ* 2013;346:f2363.

4 Kühlbrandt C, Footman K, Rechel B, McKee M. An examination of Roma health insurance status in Central and Eastern Europe. *Eur J Public Health* 2014. February 5 [Epub ahead of print].

5 IEA, ISEE, EUPHA. Joint statement of the public health associations of Europe (IEA, ISEE, EUPHA) on the health research programme 2014-2015 (Horizon2020) proposed by the European Commission. 2014.

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Roma health is global ill health

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The accompanying paper by Kühlbrandt *et al.*[1] begins to fill the void of quantitative data on access to health insurance coverage by Roma in Central Eastern European (CEE) countries. Survey data from 12 CEE countries clearly show that Roma, Europe's largest ethnic minority, comprising up to 12% of the population of some of these countries, are significantly less likely to have health insurance than non-Roma in all countries except Slovakia and Serbia. The share of Roma without coverage reaches almost 30% in Bosnia–Herzegovina, over 40% in Bulgaria and Romania and 59.7% and 67.7% in Moldova and Albania, respectively. Throughout the region, Roma face poverty, poor access to education, high levels of unemployment and social exclusion. All of these might be expected to impact adversely on their health. Yet, despite these disadvantages, the size of the problem is difficult to assess because of restrictions on collecting data on health and health-care utilization by ethnic status. Consequently, it is necessary to rely on one-off surveys, which consistently show how the health of Roma is much worse than that of the general population, while they face important barriers in accessing health services.[2] Of those who are able to access health services, more than a third report experience of discrimination.[3]

The Roma Health Project of the Open Society Foundations has supported Roma health programmes since 2001. In the framework of these programmes, Roma Health Mediators (RHMs) assist with acquiring personal documentation and registration for health insurance, facilitate access to health, social and educational services, provide legal referrals for Roma clients who have experienced discrimination or other human rights violations in health-care settings and conduct health education sessions in the community. They provide support for local health authorities in areas such as increasing uptake of vaccination. These programmes operate in Romania, Serbia, Slovakia, Bulgaria, the former Yugoslav Republic of Macedonia and Ukraine. Yet, despite clear successes (such as increased vaccination rates, acquisition of identity documents and health insurance cards, improved interactions between Roma patients and doctors, etc.), a recent report[4] identifies major barriers to scale up and sustainability, including low salaries, poor opportunities for professional development, insecure financing and isolation from the rest of the health system. As the report notes, '. . . the number of mediator jobs is tiny in comparison to the health needs of Roma communities'.

For 2 years, a Swiss–Hungarian cooperation programme has operated in the two most disadvantaged regions of Hungary.[5] Four general practitioner (GP) clusters were created, involving 24 collaborating practices covering ~45 000 people, 30% of whom are Roma. The clusters offer traditional acute, emergency and chronic care and also public health services. They have employed new health professionals (public health professionals, community nurses, physiotherapists, dieticians and health psychologists) to develop new activities, as well as health mediators recruited from the Roma population. These mediators, working closely with other team members, facilitate recruitment of Roma clients and encourage uptake of culturally appropriate preventive services, such as health promotion activities at different settings, health status assessment, lifestyle counselling, screening programmes and maternal and child health services, while working closely with social workers. Some Roma health mediators have enrolled themselves in vocational training and become nurse assistants or social care assistants. These qualifications provide an opportunity for career development, enabling more Roma to gain employment in mainstream health roles.

Neither the health nor the health-care utilization of Roma has attracted sufficient attention from researchers or policymakers despite their importance in a Europe without borders. Roma health needs, their access to care and the effectiveness of measures to improve their lives cannot be assessed without ethnically disaggregated data. Governments should worry about the severe inequities that remain hidden and not about the misinterpreted 'personal rights' when they refuse to collect health data on Roma, who still have far to go to achieve the fundamental human right to health.

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References

1 Kühlbrandt C, Footman K, Rechel B, McKee M. An examination of Roma health insurance status in Central Eastern Europe. *Eur J Public Health* 2014. Feb 5. [Epub ahead of print] PMID: 24500807.

2 Colombini M, Rechel B, Mayhew SH. Access of Roma to sexual and reproductive health services: qualitative findings from Albania, Bulgaria and Macedonia. *Glob Public Health* 2012;7:522–34.

3 Kósa Z, Széles G, Kardos L, et al. A comparative health survey of the inhabitants of Roma settlements in Hungary. *Am J Public Health* 2007;97:853–9.

4 Open Society Foundations. Roma Health Mediators. Successes and Challenges Report. 2011. http://www.opensocietyfoundations.org/reports/roma-health-mediators-successes-and-challenges (10 August 2014, date last accessed).

5 Ádány R, Kósa K, Sándor J, et al. General practitioners' cluster: a model to reorient primary health care to public health services. *Eur J Public Health* 2013;23:529–30.

Downloaded from https://academic.oup.com/eurpub/article/24/5/702/477736 by guest on 21 April 2025