PÉCS DECLARATION ON HEALTHY AGEING OF ROMA COMMUNITIES

We, the participants in the European-level Expert Symposium **Healthy Ageing of Roma Communities: Endowers – Realities – Perspectives**, organized by the University of Pécs Medical School, Hungary in cooperation with the WHO Regional Office for Europe and sponsored by the Hungarian State Secretariat for Social Affairs and Social Inclusion, held in Pécs on 27–29 October 2014, hereby endorse the following statement.

The WHO European Region has a rapidly increasing population of older people. The 2014 European Commission *Roma Health Report* reveals that the longevity rate – the proportion of people who can expect to reach the age of 75 and over – for the European Union (EU) non-Roma[1] population is 51%. However, the rate for the Roma population is just half at 26%. Roma experience an estimated 10–15 years lower life expectancy than non-Roma. Issues of ageing do not matter less for Roma communities: age-related, multiple chronic conditions, physical limitations and lowered quality of life in many cases start earlier and can last substantially longer. A life-course approach for healthy ageing is therefore highly relevant for the Roma population. Investments in child and adolescent health, sexual and reproductive health, and preventive care (including vaccinations) are also crucial for maintaining good health as people get older.

Existing data on communicable and noncommunicable diseases also reveal marked inequities between Roma and majority populations, even (in some contexts) when comparisons are made with the poorest quintile of the majority population. Inequities persist in spite of recent efforts such as implementing the intergovernmental initiatives mentioned below.

The harsh socioeconomic and environmental circumstances in which many Roma live too often create a vicious circle of social exclusion and ill health that is evidenced by persistent inequities between Roma and majority populations, including access to health care and preventive health programmes.

Despite the fact that health inequities between Roma and non-Roma are most accentuated in old age, older Roma are not included in research and policy. Increased attention to the particular problems they face, for example, in the provision of appropriate health services and social support is urgently needed.

Guided by the principles, values and strategic objectives of Health 2020, the European policy framework for health and well-being, and in support of the implementation of the National Roma Integration Strategies, the Decade of Roma Inclusion Action Plans and the WHO *Strategy and action plan for healthy ageing in Europe, 2012–2020*, as well as the European Council recommendation on effective Roma integration measures in the Member States, adopted in December 2013 (the EU's first legal instrument addressing the needs of the Roma), the experts attending the Symposium recommended essential actions for the healthy ageing of the Roma communities, in particular to:

[1] The term Roma refers to a number of different groups (Roma, Sinti, Gypsies, Kale, Romanichels, Beash, Ashkalis, Egyptians, Yenish, Travellers, Dom, Lom and others) identified as at risk of discrimination or social exclusion. This is consistent with terminology used by international institutions, including the Council of Europe, the EU, the United Nations and others.

- combat all forms of discrimination in health systems (direct and indirect, individual and institutional);
- develop mainstream policies at the national and local community levels that take into account diversity and counter discrimination and exclusion;
- remove administrative, financial and geographical barriers impeding access to health services;
- empower the Roma community to participate in all policy developments and their implementation;
- improve health literacy and health promotion for Roma communities;
- ensure that the training of workers in health and social services equips them with the knowledge, attitudes and skills necessary for coping with the diversity of service users;
- facilitate the visibility of older Roma in policy-making and research, which is gender-sensitive and multidisciplinary; and
- support nongovernmental organizations and Roma task groups that strive for better living conditions and health for the older Roma population.

In addition, we emphasize that while Roma mediators can play a vital role in reducing inequities, their deployment cannot be regarded as a substitute for improvements in health services themselves.

Moreover, looking beyond the health system, there can be no lasting improvement in Roma health without tackling the social determinants of health through intersectoral interventions using a health-in-all-policies approach.

In all interventions, inclusive approaches can and must be reconciled with the respect for and the fostering of the cultural identity of Roma populations: integration does not mean assimilation.

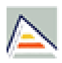
Finally, in keeping with the second of the 10 Common Basic Principles on Roma Inclusion, adopted by the EU in 2009, interventions should target Roma explicitly but not exclusively. Interventions targeting Roma should also benefit other (non-Roma) groups experiencing the same social disadvantage or exclusion.

Supporting organizations and consortia:

Buckinghamshire New University

CHANCE Consortium

Culturally Competent in Medical Education - C2ME Project



Interuniversity Institute of Social Development and Peace – University of Alicante (WHO Collaborating Centre)

Norwegian Centre for Minority Health Research

Nofer Institute of Occupational Medicine

Ormánság Health Centre

University of Debrecen Faculty of Public Health (WHO Collaborating Centre)

Medical University of Greifswald