

Health 2020 and Improving Roma Health in Europe

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Health 2020 vision

A WHO European Region in which **all people** are enabled and supported in achieving their full health potential and well-being and in which countries, individually and jointly, work towards reducing inequities in health within the Region and beyond



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Health 2020: taking action

Health 2020 goal

To improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems

Health 2020 strategic objectives

1. Working together: adding value through partnership

2. Setting common priorities

3. Improving governance for health and increasing participation

4. Accelerating the uptake of new knowledge and innovation through leadership

Six areas for policy action

Tackle the health divide

Invest in making people healthier, empower citizens and create resilient communities

Tackle Europe's major disease burdens

Create healthy and supportive environments for health and well-being

Strengthen people-centred health systems, public health capacities and preparedness for emergencies

Promote and adopt health-in-all-policies, whole-of-government and whole-of-society approaches

Policy action 1. Tackle the health divide



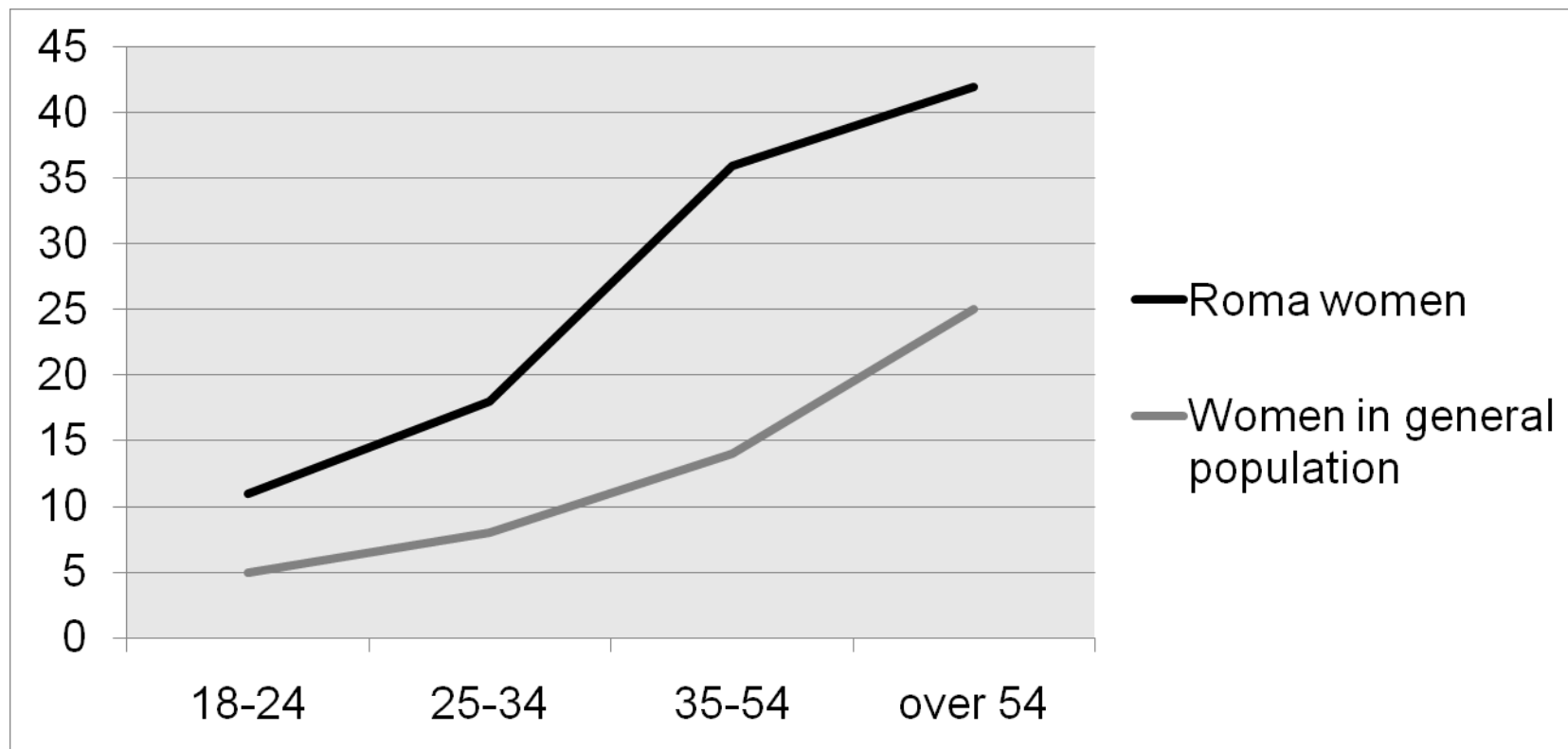
Source: *Towards equity in health: closing the gap in a generation in the Roma community*. Madrid, Spanish Ministry of Health and Social Policy, Fundación Secretariado Gitano, 2009 (<http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/folletoGitanosIngles.pdf>, accessed 1 March 2012).

Policy action 3. Tackle Europe's major disease burdens

- Data suggest that Roma men smoke more than men in the general population (54.9% versus 31.6%), but fewer Roma women smoke than women in the general population (14.7% versus 21.5%).
- The nutritional status of Roma children can be worse than that of children of the general population or non-Roma children.

Sources: *Health and the Roma community: analysis of the situation in Europe* (Madrid, Fundación Secretariado Gitano , 2009 (http://www.gitanos.org/european_programmes/health/) and *At risk: Roma and the Displaced in Southeast Europe* (Bratislava, United Nations Development Programme , 2006 (http://europeandcis.undp.org/uploads/public/File/rbec_web/vgr/vuln_rep_all.pdf)).

Percentage of obesity: women over 18 years of age

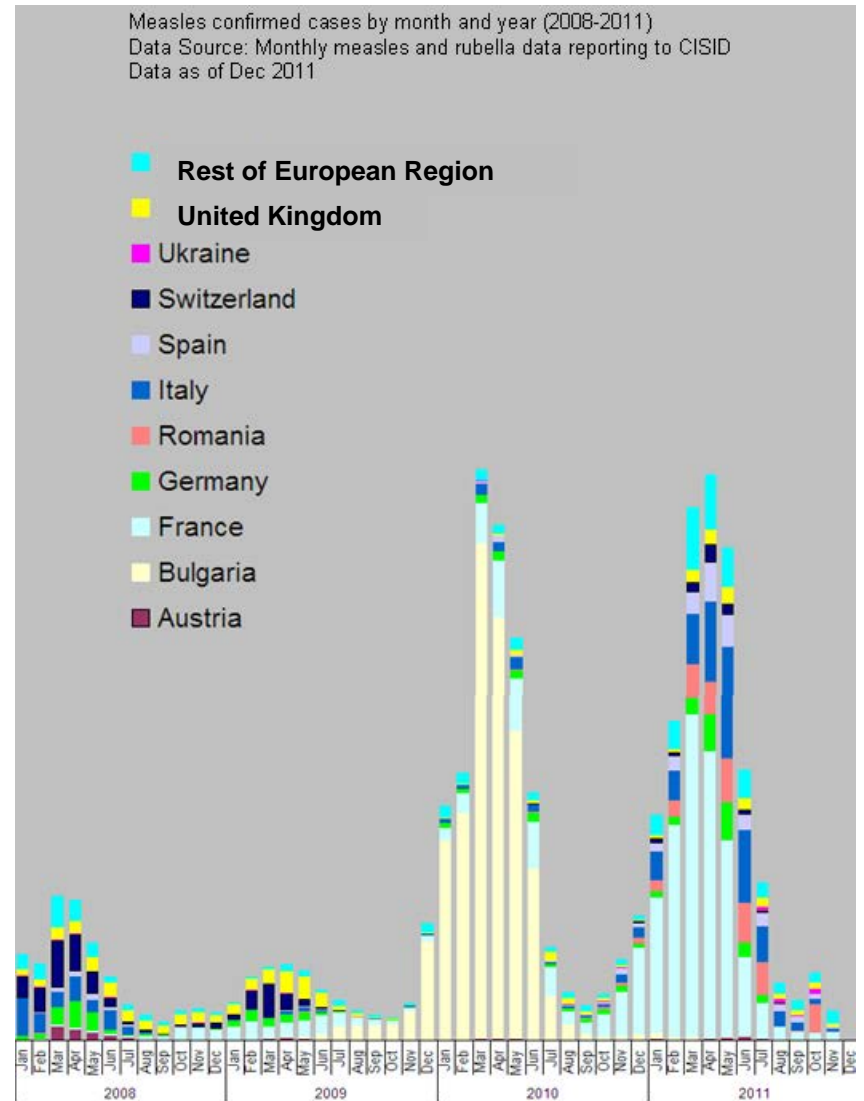


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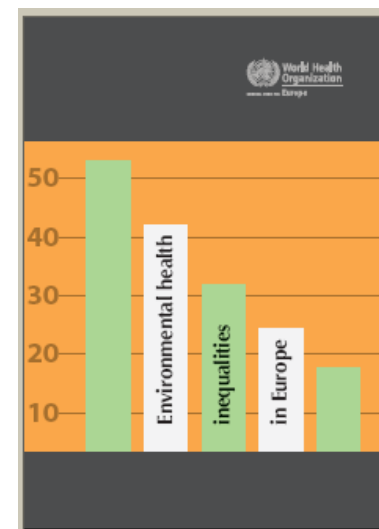
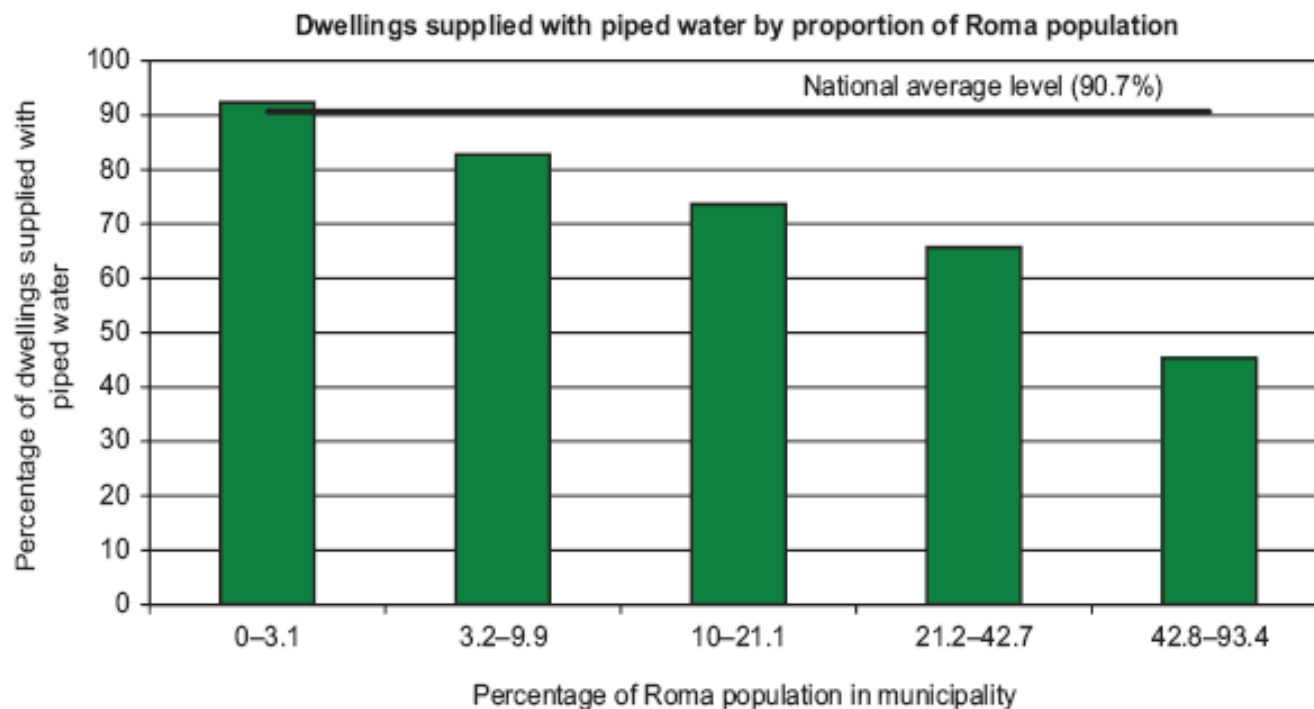
Policy action 3. Tackle Europe's major disease burdens

- Factors contributing to immunity gaps and recent outbreaks include:
 - social exclusion of marginalized groups;
 - low perception of risk;
 - lack of confidence in vaccine safety and quality; and
 - perceived inconvenience of or challenges in accessing services.

Source: Centralized Information System for Infectious Diseases (CISID). Copenhagen, WHO Regional Office for Europe, 2012 (<http://data.euro.who.int/CISID/>).



Policy action 4. Create healthy and supportive environments



Source: *Environmental health inequalities in Europe. Assessment report*. Copenhagen, WHO Regional Office for Europe, 2012 (http://www.euro.who.int/_data/assets/pdf_file/0010/157969/e96194.pdf).

Policy action 5. Strengthen people-centred health systems, public health capacity and preparedness for emergencies

EXAMPLES OF ACTIONS FOR ROMA HEALTH EQUITY

Primary health care as a hub for people-centred health systems

Ensure that equity is a cross-cutting principle for assessing health system performance, and that actions for improving Roma health are integrated across all system functions

Empowering patients

Conduct outreach with Roma communities regarding their rights, entitlements and obligations for accessing health services; increase health literacy and uptake of prevention services

Ensure appropriate continuum of care

Improve effective coverage for marginalized Roma, from early detection all the way through referral, treatment compliance and follow-up services; make available integrated services

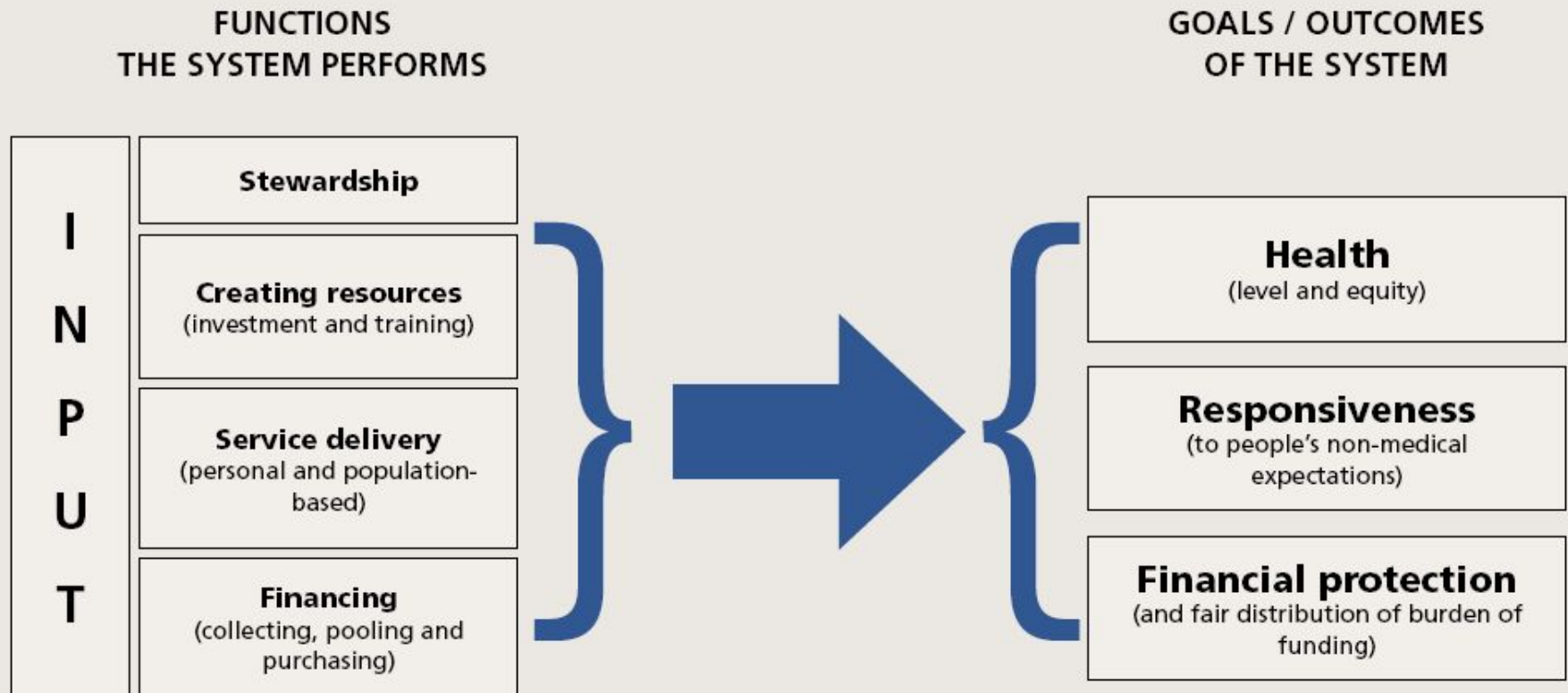
Improve access to affordable medicines

Guarantee financial protection for Roma, working to overcome barriers presented by the cost of seeking care and of purchasing medicines, and working across sectors to get Roma the documentation required for health insurance

Foster continuous quality improvement

Ensure non-discrimination in service provision; build the capacity of health professionals to provide culturally competent services; reorient priority public health programmes to better address equity and determinants

WHO's health system performance framework: functions and goals



Source: *Strengthened health systems save more lives: an insight into WHO's European health systems' strategy*. Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/_data/assets/pdf_file/0011/78914/healthsys_savelives.pdf).

Policy action 6. Promote and adopt health-in-all-policies, whole-of-government and -society approaches



SWIFT (Sustainable Waste Management Initiative for a Healthier Tomorrow) I – Responsible implementers/overall management – WHO

Deputy Prime Minister's poverty-reduction strategy paper

Ministries of health and environment

HEALTH

WHO

Ministry of Health

Belgrade Municipality

Ministry of Labour and Social Affairs

Institute of Health Insurance

Institute of Public Health

Institute of Occupational Health

INCOME GENERATION

United Nations Office for Project Services (UNOPS)

Belgrade Municipality

Ministry of Labour and Social Affairs

Ministry of Economy and Regional Development

Ministry of Environment

Chamber of Commerce

SOCIAL MOBILIZATION

International Organization for Migration (IOM)

Belgrade Municipality

Ministry of Internal Affairs

Ministry of Labour and Social Affairs

Ministry of Minorities

Ministry of Education

COMMUNITIES AND CIVIL SOCIETY

UNOPS – Administrative Agent – administration and finance

First Roma health and nutrition survey in Belgrade settlements

Children aged 6–59 months fully vaccinated against:

- **diphtheria, pertussis and tetanus (DPT) – 16.7%**
- **poliomyelitis (oral polio vaccine – OPV) – 16.0%**
- **measles, mumps and rubella (MMR) – 14.3%**

The strongest determinant for vaccination:
citizenship

New law in Serbia:

“Roma people who have no permanent residence ... are entitled to full health-care-services coverage and without co-payment”



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THANK YOU