



# **REPORT ON THE CONDITION OF HOUSING AND HEALTH IN ROMA COMMUNITY IN MACEDONIA**

Title: Report on the condition of housing and health in Roma Community in Republic of Macedonia

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## REPORT ON THE CONDITION OF HOUSING AND HEALTH IN ROMA COMMUNITY IN REPUBLIC OF MACEDONIA

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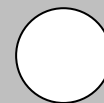
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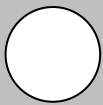
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## Executive Summary

This report which overviews the conditions of housing and health of Roma in Macedonia is part of the Project Citizens-Consultative-Centers, aimed at improvement of the situation in the Roma communities from several aspects of living, especially in the direction of diminishing and elimination of the discrimination stemming from prejudices and negative stereotyping; encouragement and strengthening of the cooperation with local and national administration, creation of conditions for improved education and organized pro-active approach of the Roma people in their community, in order to establish itself as partner with equal voice to that of the other ethnic communities.

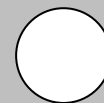
In the preparation of this report, standard research methods were used: literature review in the mentioned field, interviews with stakeholders and experts in the respective areas, subject to review in this report, as well as representation of positive examples from other countries with similar environments and national contexts.

Housing represents a basic human need and one of the basic human rights; the right to appropriate housing is no exception for the Roma population - but it is an inevitable fact that the overall status and treatment that this community had and still has within a particular national context, has also reflected on the implementation of the right of decent home for these citizens.

Roma families very often live in very poorly built sub-standard homes, in which they don't have appropriate water supply or sewerage connection; the houses of Roma are small, planned for execution and providing for the basic living needs, with living space of less than 5 square meters per family member in more than 50% of this population group. As much as 77% of the families have their sanitary facility (or outdoor toilet) in the yard, and 58% use water from a tap installed outside of the house; further, almost 10% of the Roma population has no access to water for drinking and other daily hygiene needs, and it is estimated that about 50% of these families don't have appropriate solution for sewerage and discharge of communal waters from their homes.

Health a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. Thanks to this definition, the health is considered as one of the key factors that influence the economic status and performance of the society, as a crucial ingredient in the productivity of the population.

Although officially not completely confirmed, it is an unbeatable fact that the health status of the Roma population is by far worse in comparison with the general population; besides the unfavourable situation in which the health system in Macedonia is, the health status of the Roma is also influenced by the inappropriate living conditions, very poor hygiene in the Roma settlements, and lack of access to health services as a result of lack of health insurance. The national statistics shows higher incidence of communicable diseases in Roma, as well as almost endemic occurrence of certain diseases, such as tuberculosis; all other health indicators have poorer values than the general public, without much possibility for drastic change in the near future.



## 1. Introduction

### 1.1. Context / background of the research

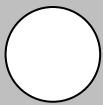
This report which overviews the conditions of housing and health of Roma in Macedonia is part of the Project Citizens-Consultative-Centers, aimed at improvement of the situation in the Roma communities from several aspects of living, especially in the direction of diminishing and elimination of the discrimination stemming from prejudices and negative stereotyping; encouragement and strengthening of the cooperation with local and national administration; creation of conditions for improved education and organized pro-active approach of the Roma people in their community, in order to establish itself as partner with equal voice to that of the other ethnic communities, as well as creation of objective conditions and possibilities for identifying violations of the human rights and freedoms, and putting them on the agenda - looking deeper into the possibilities and challenges arising from the Decade for Roma Inclusion, and their intensive articulation in front of the national and foreign institutions in order to jointly approach the process of solving the issues in the field of education and employment, i.e. housing and health to which this report pays attention.

The Project “Citizens-Consultative-Centers” of the Humanitarian and Charity Association of the Roma “Mesecina” from Gostivar is implemented in cooperation with the Association for protection of rights of the Roma from Stip, financially supported by the Institute for Sustainable Communities (ISC) through funding schemes from the United States Agency for International Development (USAID).

*Muhamed Toči - coordinator*

Coordinator

Citizen Advisory Centers Program



### 1.2. Aims of the research

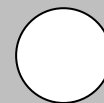
The aim of the research is preparation of an advocacy tool for improvement of housing and health through the prism of the rights and needs of the Roma community in the Republic of Macedonia.

### 1.3. Research methodology

In the preparation of this report, standard research methods were used: literature review in the mentioned field, interviews with stakeholders and experts in the respective areas, subject to review in this report, as well as representation of positive examples from other countries with similar environments and national contexts.

### 1.4. Limitations and challenges of the research

During the existing literature review process, the research team came across number of examples and practices with positive approach to the problem of inadequate housing and poor health status of the Roma; although not less important, the small and sporadic initiatives are left out of this report with apology to their initiators and implementers, for a simple reason of limitations in the size of one such report, that should serve as advocacy tool to more intensively address the afore mentioned issues.



## 2. Housing

### 2.1. Housing as a basic human right and need

According to an extensive list of international acts and conventions, housing represents a basic living need and one of the guaranteed human rights.<sup>1</sup> The Universal declaration of human rights states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.<sup>2</sup>

As stated in this declaration and many other documents, the health and wellbeing are inseparable from the other human rights and basic needs, such as the housing, for example. The appropriate living conditions and more specifically living settlement are one of the key preconditions for achievement and maintenance of good health (physical and mental) condition of people.

The right to proper housing is not an exception for the Roma population - but inevitable is the fact that the overall status and treatment that this ethnic group had in the past and has at present, reflected also on the possibility to exercise their right to decent home.

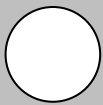
Alongside education, employment, and health care, housing and settlement issues are some of the most pressing concerns identified in the 2003 OSCE Action Plan on Improving the Situation of Roma and Sinti Within the OSCE Area. These areas are all inter-related, as substandard living conditions impact on health, while having a legal residence with secure living conditions is a prerequisite to the recognition and fulfillment of other rights. Without an address, it is often impossible to register for public services or engage in lawful income-generating activities.<sup>3</sup> Problems that can result from insecure residence and life in illegal settlements include: forced evictions and lack of secure land tenure as a result of non-ownership of the land; inadequate alternative housing, impossibility for civil registration as a consequence of not having permanent residence and the inability of Roma and Sinti children to attend school, and in that way to improve their chances for better future. According to the Report, housing and settlement issues would be crucial in breaking the vicious cycle of exclusion.

Bearing in mind the aim to contribute towards improvement of the condition of housing of the Roma community in the Republic of Macedonia, this report looks at the legislative solutions but also flaws, positive examples but lessons learnt as well, of the housing of Roma in EU and in the countries of the Decade for Roma Inclusion 2005-2015, among which is Macedonia itself.

<sup>1</sup> Review of international documents related to the right to housing is given in the UN Document: Fact Sheet No.21, The Human Right to Adequate Housing, UN, accessible at: <http://www.unhchr.ch/html/menu6/2/fs21.htm#annexi>

<sup>2</sup> Article 25(1), Universal Declaration of Human Rights, UN 1948, available at: <http://www.un.org/Overview/rights.html>

<sup>3</sup> 2003 OSCE Action Plan on Improving the Situation of Roma and Sinti Within the OSCE Area, available at: [http://www.osce.org/publications/odihr/2006/12/22727\\_787\\_en.pdf](http://www.osce.org/publications/odihr/2006/12/22727_787_en.pdf)



## 2.2. Roma Housing in the social, cultural context and tradition

### 2.2.1. Cultural understanding of space and home organization: general vs. Roma population

Very often in Roma communities 3-4 generations live in the same house. Despite this usually being perceived by the general population and other ethnic groups as extreme poverty, and even primitive way of life, Roma families would emphasize more the conditions of life and unregulated tenure of their homes as a bigger problem over the way in which the space is divided and organized among the family members. This view does not imply that Roma want to live in small homes with many members, but shows the inertia in the changing of the stereotypes, and continuation of the tradition among many researchers and analysts for preterm judgment of not always well informed attitudes, i.e. etiquetting and establishing unfounded theories about Roma communities.

### 2.2.2. Home, housing and homelessness

It is a common perception among the general public that the children, women and families that are begging are homeless. Their situation is far more complex than this superficial view of things. Namely, large number of these women and children has a place, which for them represents a home, despite the fact that much bigger portion of their time is spent in improvised temporary settings (especially in the summer period), but which are not their homes. However, even though these people have some housing, place and space for living, it is hard to say that they have safe, stable and decent housing which would be in the center of their interaction with the labor market and public services - especially education and healthcare services.

One of the dilemmas of today among Roma activists in Europe is whether nomadic lifestyle that is typical for Roma population is their cultural characteristic or a result of political prosecution, social exclusion and centuries long discrimination. This question is not simple or easy to answer, and it has been debated in the academic community for long time - from the thesis that there are no sedentary Roma<sup>4</sup> to the position that "nomadism and sedentarism are alternative strategies for negotiating the social and economic interest".<sup>5</sup> Thus it remains to be further explored and researched, discussed and elaborated by the romologists, historians and anthropologists.

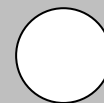
For Macedonia, it is important to emphasize that the Roma living in this country are of sedentary type and there are no traveler groups among this population, even though official statistical data on movement dynamics for 2006 show that the percentage of migration among Roma is highest in comparison with other ethnic groups in the country, i.e.: 0.1% Turks; 0.2% Macedonians; 15.3% Albanians; 23.3% Roma.<sup>6</sup>

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<sup>4</sup> Liégeois, Jean-Pierre. 1985. *Tsiganes et Voyageurs*. Strasbourg: Conseil de l'Europe.

<sup>5</sup> Silverman, Carol. 1988. Negotiating "Gypsiness": Strategy in Context. *Journal of American Folklore* 101, no. 401: 261-75.

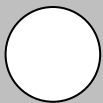
<sup>6</sup> UN world populations prospect 2006 revision



### 2.3. Roma community and housing in the EU

The Roma population and the issue of its integration in the frame of the national and common European policies in different areas including housing is on the EU agenda since long time, but in the 1990s it gains a momentum of much more serious approach marked with the establishment of the Expert Committee on Roma and Travellers, and more importantly through opening a number of independent programs with own budgets, for analyzing the situation, preparation of informative reports and direct intervention on issues related to the Roma minority in at that time EU member states. This inclination and interest became stronger and more apparent with the biggest enlargement of EU in 2005, when the percentage of Roma population in the European Union increased to 2% of the total population; together with this, increased the challenges for solving the housing issue, as a result of the problems inherited from the socialist era in the countries of the Eastern block, in each of which this population represents a significant percentage of the total population. The Roma population, currently being represented in the EU with up to 12-15 million persons, deserves greater attention in terms of increased access and participation in the housing policies; further more because of the historically long poverty, caused by different types of discrimination, low level of education and poor health status, also has its roots in the inappropriate housing conditions, which closes the vicious circle of additional segregation and special exclusion and marginalization.

The European Union, through recommendations to its member states and their national legislations, makes efforts in solving the housing problem of the Roma community, and especially the traveler groups. However, a very important fact should never be neglected; within the Roma population there are different traditions and customs, depending on the origin and the original place of immigration, as a result of what an unfair generalization of the recommendations and suggested solutions is made, leaving behind the needs and expectations of these groups.



**“The battle of Meadowlands” - incident of forced eviction of Roma traveller group in United Kingdom**

The following incident illustrates the crisis of evictions in the United Kingdom.

Looking around in 2001 for a new place to live, a community of Travellers purchased a field on the edge of the village of Little Waltham, in the Essex region of the United Kingdom. The community installed services, concrete foundations, and drives for their caravans, but failed to obtain the legally required planning permit. Their four applications had been rejected.

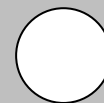
After three years, and an extended court battle, the Chelmsford Borough Council (the local authorities) hired a private company, Constant and Co., that specializes in Traveller evictions to force the 28 families then living on the Meadowlands site to leave. Their legal justification: to protect a former greenbelt area from development. On the morning of January 26th, 2004, 100 police officers and Constant & Co. contractors, some in riot gear, came to enforce the court order obtained by the Council to force the travellers to leave. They used a bulldozer to break into the camp, and started to plow the development under. The Travellers attempted to resist, throwing stones and arguing with the police. Several arrests were made, and three caravans were burnt. Inevitably, the police succeeded. Ton weight concrete blocks, backed by a mud bank and a court order were put in place to insure that the Travellers could not return, even to collect their belongings.

With no place to go, the evicted Travellers were forced to move in with family, or to look for another illegal site on which to live. In addition, all of the effort, time and money they had put into the Meadowlands site was lost, along with all of their personal belongings.

*(source: Forced Out: The Problem of Roma Evictions in Europe, Dzeno Association, 2006)*

This is an approach that represents more of a rule than an exception, when it comes to the interests and needs of the Roma population. For example, the Project of the UN “Return to the Roma Mahala” in Kosovo has completely left out the end users and their ideas about reintegration and reconstruction of the old Roma mahala in Southern Mitrovica. Namely, the planned project activities included construction of flats for the families that were living in camps and which prior to that had owned houses in the Factory area. When the Camp leaders were invited to sign the agreement together with the municipality authorities and international community, they have determinately refused to move in flat apartments instead of row houses. The reasons pointed out by them were not of traditionalistic nature only - such as their culture of living in houses not buildings; some of them had very realistic and surviving economic reasons for rejection of the newly offered housing: the families would not be able to make it economically given the fact that most of them earn by collecting and selling recyclable materials which is hard to imagine storing in a several story building - thus the house with a yard is part of their earning assets.

In Europe, still by far the largest number of Roma population lives in the countries of Central and Eastern Europe; thus, the countries of the Decade for Roma Inclusion 2005-2015 are given much bigger attention in this report.



## 2.4. Roma housing in the countries of the Decade

At the meeting organized by the European Commission, World Bank and the Open Society Foundation in Budapest in 2003 under the title “Roma in the Enlarged Europe: the challenges for the future”, it was agreed that an international multidisciplinary program should be initiated for Roma population and Roma communities inclusion into the mainstream of the societies - this so called Decade of Roma Inclusion that actually started in 2005 was joined by nine countries: Bulgaria, Croatia, Czech, Hungary, Macedonia, Romania, Slovakia, Serbia and Montenegro, as countries in which lives almost half of the whole Roma population in the Europe.

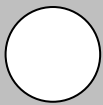
One of the four priority themes of the Decade is the housing. According to the action plans, which every country prepared and enacted in this priority area, the national governments have obliged and committed to undertake measures for improvement of the living standard of the Roma; measures include many aspects from legalization of illegal settlements, inclusion of the Roma in the social housing programs (so called social apartments), down to allocation of state-owned land for new constructions that would have a legal status. All of the above mentioned measures, almost without exception, are part of the national action plans prepared and enacted by the national governments of the Decade countries.

**Fact:** In Croatia, almost 50% of the Roma families live in less than 35 square meters, and 11% of these live in less than 10 square meters; almost 60% of the Roma do not have access to potable water or sanitary facility in the house, while only 4% of the general population is faced with this problem.

In one report recently published by the Council of Europe<sup>7</sup>, the following categorization of the Roma population dwellings has been made, based on the research done in several major cities in Central and Eastern Europe:

- ❖ Rundown peripheral housing areas
- ❖ Collective ghetto-type housing
- ❖ Miscellaneous types of dwellings in town and city centers.

<sup>7</sup> Housing of Roma in Central and Eastern Europe: Facts and Proposals, by Samuel Delépine, May 2006.  
[http://www.coe.int/t/dg3/romatravellers/documentation/housing/HousingofRomaMay2006\\_en.asp](http://www.coe.int/t/dg3/romatravellers/documentation/housing/HousingofRomaMay2006_en.asp)



Besides these categories of underprivileged situations, the report is also mentioning the counterbalance by groups of Roma with adequate housing conditions identical to those enjoyed by the majority populations. The families in question are usually cut off from the traditional isolated nuclear groups. They are scattered across the towns and cities in “non-Roma” areas. The Roma groups living in such areas have undergone social promotion to secure a similar lifestyle to that of the surrounding populations. The main problem they face is treading the line between integration and assimilation.<sup>8</sup>

The opening up of central and east European countries to the rules of the market economy, enabled many people after many years to restore their mobility they had before the set up of the Berlin wall. Many Roma people were attracted by the new opportunities in the towns and cities; the suburban shantytowns which had grown up between the two world wars that the socialist system tried to eliminate - have begun to revive and thrive again.

**Fact: In Montenegro, 48% of the roma population lives in improvised settings; as much as 61% of the Roma in this country live in less than 30 square meters.**

As a result, almost all cities and towns of any size in Romania, Bulgaria, former Yugoslavia, Hungary, the Czech Republic and Slovakia (which are also countries of the Decade) now have at least one peripheral shantytown predominantly settled with Roma population; their advantage of coming closer to the opportunities of the urban settlements is little compared to the disadvantages of this type of isolation and ghettoization - inappropriate living conditions devoid of water supply and sanitation, lack of access to education and healthcare and other social services, which together with the resulting lack of access to employment in the city, again close the vicious circle of poverty, exclusion and marginalization.

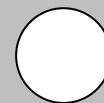
These inaccessible and little-known Roma shantytown “neighborhoods” are gradually increasing in size. Few of them are ever involved in any rehabilitation or rehousing projects. Most of the relevant measures consist in “concealing” such areas, while basic inexpensive sanitation work never even reaches the drawing board.<sup>9</sup>

The Roma in Europe is faced with the problem of widespread ignorance of the lifestyle and living conditions in their neighborhoods. The general public holds onto a stereotype and exhibits acceptance of a situation where Roma live in isolation, fear and frustration, and are fond of accusing them of self-isolation and marginalization from general societal trends. It is a fact that many Roma groups in Europe today have this kind of attitude and fear, inherited from the past and thriving by day. According to the Council of Europe report, if Roma are ever to properly integrate, we should work on dismantling this fear, through changing attitudes and combating the systematic rejection of this minority; at the same time, the author suggests that some Roma individuals must also change their outlook and attitude, if they wish to be perceived as a legitimate partner and voice in the society.

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<sup>8</sup> ibid

<sup>9</sup> ibid



Besides this first type of ignorance, which without any exception affects all European Roma, there is another kind that concerns urban life and housing, in other words the lack of knowledge of the areas in which Roma people live. Namely, very often the general public, but especially the municipal authorities, are not well informed of the internal divisions in what they call the “Roma mahala” or “Roma quart”; these information are also not taken into account when any urban development initiative is undertaken. According to the author of the CoE report<sup>10</sup>, there are major differences between what is called old Roma mahala and the newly formed Roma neighborhoods; in the first ones, the residents have much higher attachment to the land, home and the settlement itself, whereas the latter type residents show much bigger mobility. Taking into account these facts and behavior joined with the analysis of the wishes and needs of the local community, can sometimes have a key role in improvement of the living conditions in Roma communities, knocking down the stereotype that the Roma are happy and satisfied in their neighborhood as it is.

Thus, the apparent first step into solving the poverty and inappropriate housing for the Roma communities around the countries of the Decade and elsewhere in Europe, but also dismantling the overall segregation and isolation is - showing real interest in the Roma population and their living conditions, by the local authorities per se; interest that will not be only instigated by the directions of the national government and other European countries, but will be motivated by the admission and acceptance of the Roma community as integral part of the town or city, municipality or the wider community.

Fact: In Slovakia, according to the Decade Watch report 2006-2007, about 4.000 new dwellings are needed for solving the problem with improper housing of the Roma population in this country.

#### 2.4.1. Decade in action: review of activities 2006 - 2007

Last year, the Decade published its Decade Watch Report, upon an initiative of a group of Roma activists and researchers to assess the progress within the activities related to the Decade for Inclusion of Roma 2005-2015. This report accesses the contributions of governments, and not the effectiveness of the Roma related policies. DecadeWatch developed a mechanism for ranking of the achievements using a scale of 0 to 4; 0 illustrates lack of activities by the Government, 1 marks the government contributions characterized with sporadic measures, undertaken initial steps but without visible regular and systematic approach; 2 represents government actions with regular activities but lacking systematic and programmatic approach; 3 is given to the government programs with advanced outlook, but still not identified as integrated policy regarding certain issue or priority area; and finally, 4 is assigned to governments that have integrated policy approach, standard setting on government activities and visible ownership.

<sup>10</sup> *ibid*

The ranking within the DecadeWatch Report is aimed at assisting not only the monitoring of the progress, but also to identify the areas in which governments have to put more efforts and to learn from and use the experiences of other countries of the Decade that have shown better results. For example, Hungary has made the best progress in terms of institutional arrangements and policy setting, Romania is the leading country in the area of health with its health mediators, and Macedonia has shown a good example in the employment area with the establishment of employment databases. Slovakia, for example, has been honored for the initiation of large number of programs in solving Roma priority issues, but criticized for the tolerant attitude towards the open segregation of the Roma living in this country.

In the priority area housing, DecadeWatch Report is assessing the progress through: availability of housing data (6.1), existence of measures for overcoming the non-registration, i.e. legalization of the illegal houses and settlements (6.2), existing access to communal services (6.3), and the possibility for access to quality social housing (6.4).

Table 1. Assessment of the Decade in the priority area: housing

Rank	Country	Result	6.1	6.2	6.3	6.4
1	Hungary	1.75	1	3	2	1
2	Croatia	1.50	2	2	1	1
3	Bulgaria	1.25	2	1	1	1
3	Slovakia	1.25	2	0	3	0
5	Czech	1.00	1	1	1	1
6	Romania	0.75	2	0	1	0
7	Macedonia	0.50	0	1	1	0
7	Montenegro	0.50	1	0	0	1
7	Serbia	0.50	2	0	0	0

(Source: Decade Watch Report 2005-2006)

As shown in the Table 1 and from the overview of activities for 2006 and 2007, in Macedonia there is evident lack of data on Roma housing, there are only sporadic measures for overcoming the problem with illegal settlements and access to communal services, and there are no data whatsoever on how many families had access to quality social housing.

Countries participating in the Decade pursue widely different approaches to improving the housing situation for Roma. Slovakia, for example, has introduced a housing program that risks retaining and deepening segregation, for example by constructing “houses to a lower standard” in segregated settlements. In contrast, Hungary has been trying to approach the housing challenge in a wider context by linking housing and infrastructure improvements to employment programs for Roma. Croatia has developed systematic physical mapping of Roma settlements and has begun legalization. With the exception of Hungary, countries rely on sporadic and/or externally co-financed measures. Illegal housing and unresolved ownership patterns, as well as the lack of residential registration and citizenship documents remain towering obstacles to improving the housing situation for Roma in most countries. In Serbia, for example, select individual municipalities have taken issues into their own hands, while central authorities have yet to find a solution for Roma without citizenship and residency papers.<sup>11</sup>

The DecadeWatch Report is pointing out Hungary, Bulgaria and Croatia as good practice examples.

### Hungary and the Decade

#### Case 1. Legalization of illegal settlements

In their ambitious substantive scope and integrated approach for solving the inappropriate housing issue of the Roma minority, the Hungarian government in practice hasn't left much space for taking action into many Roma settlements; thus, out of 40 settlements originally approached by the government, only 22 ended up being solicited to apply for an average of approximately EUR 600,000 each. From those 22, only 9 had been accepted by the end of 2006, and another 10 or 11 are expected to join them in 2007. Despite Hungary being at the top of the list in the area of institutional arrangements and policies, the preliminary evaluation of the first phase of the program suggests that governance of the program needs to be improved. Changes needed include the following: integration must indeed be prioritized over conflict avoidance; instead of taking a wholesale approach, those designing and implementing individual projects should work on a case-by-case basis; Roma beneficiaries must be included in project design; and monitoring and evaluation must be conducted regularly and from close-up.

*(извор: Ministry of Social Affairs and Labor, Interim Evaluation Report)*

#### Case 2. Social housing

As one of the most serious and widespread problem of Roma housing in all the countries of the Decade, in Hungary as well the DecadeWatch refers to this problem; although in Hungary legalization of illegal settlements is centralized authority, the building of social housing is a responsibility of local governments-municipalities, which imposes better efficiency in the implementation. However, the experience so far indicates that more regulation is needed in this area, as the allocation of social housing is often subject to allegations of corruption, and municipalities often choose to build very low-quality houses or apartments, which hardly meet the standards of adequate housing.

*(Decade Watch Report 2005-2006, Hungary Country Report)*

<sup>11</sup> Decade Watch 2005-2006. <http://www.romadecade.org/index.php?content=6> (пристапено во јануари 2008)

### **Bulgaria and the Decade**

#### **Case 1. Successful program for Roma integration - over 1,000 families became landowners**

"For Roma, agriculture and integration" is the program financed by the Netherlands Organization for International Development and Cooperation (NOVIB). Namely, the 5-year program that took place in South Bulgaria was aimed at assisting the Roma, which do not own any land, to become landowners and to start a sustainable business in agriculture sector that will enable them to have a regular income. During the implementation of the program, nearly 1,000 Roma families in 16 villages have been involved, dealing with different types of agricultural activities.

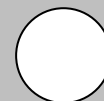
After certain changes in the Bulgarian legislation, the Program was started with assistance of the C.E.G.A. Foundation, with 600 Roma families which for the land that they were provided by the Ministry of agriculture and local committee on land allocation, In 1996, part of the poor Roma got as much as 1,600 decars of land for long-term use in the town of Brezovo, the villages Borets, Calakovi and Begovo as well as in the surroundings of town of Plovdiv. The problem of lack of knowledge and experience of Roma in the agriculture was solved through engagement of experts working round the clock on the field with the families in all stages of the process, from ploughing to harvesting. In 1997, through the project of the Dutch ministry for foreign affairs the families were provided with seeding material and agricultural mechanization. The families were given 3 to 12 decars of land, and mostly got involved in cultivating vegetables and livestock fed.

*(source: Gragjanski svet online edition 2007)*

#### **Case 2. Preventive measure - from traffic accidents or from ethnic mixing?**

The municipal authorities of the Bulgarian capital Sofia have recently announced their plans for building a concrete wall between the Roma settlement Faculteta and the nearby railroad; official explanation is that this measure is aimed at "protection of the residents from the noise and traffic accidents, throwing garbage and avoiding unpermitted crossing of the railroad". The article of the Bulgarian daily newspaper "Klasa" states that this initiative caused major disagreement among the local population, immediately leading to creating a parallel with the discrimination case in the Czech town of Usti nad Labem in 1999, which is a proof more that there is existing extremism and xenophobic mood in the post-communist countries. Ivan, one of the residents in the Faculteta settlement who lives there with his family, when interviewed for the Radio Free Europe said that with this classical example of discrimination he does not know how his child would explain to his friends why his family, together with their neighbors is separated in this way from the others.

*(sources: Bulgarian daily "Klasa", edition of November 22, 2007; Radio Free Europe, November 20, 2007)*



## Croatia and the Decade

### Case 1. Legalization of illegal settlements

According to the set objectives and indicators, Croatia has made a good progress in relation to the improvement of the Roma housing; of total number of 14 settlements that had an obligation to prepare plans for improvement of Roma housing, as much as 12 have prepared and enacted plans, in which besides the political will, there is an obvious and realistic commitment, expressed through the detailed financial plans and projected sources of funding. Strategically, Croatia makes efforts to target the specific settlements; before joining the Decade, only 2 settlements have fulfilled the conditions for legalization, while by the end of 2007 as much as 11 settlements have reached this point and became part of the official corresponding urban development plans. According to the National Office for Minorities, 9 out of 13 settlements in the region of Medjimurje are legalized and no more have the status of illegal settlements.

### Case 2. Social housing for Roma - reality or just a dream on paper?

Social housing as one of the forms of social assistance of the state towards the poor population, although available to all citizens according to the law, for Roma in practice it represents a hardly realizable dream. The system for awarding social housing in Croatia is extremely complicated and non-transparent, and official criteria directly discriminate against Roma. Applicants for social housing are awarded points for years in permanent employment, and they are required to prove continuous residence. Neither criteria is typically available to unemployed Roma, who often live in unregistered housing in illegal settlements. The authors of this report know of only one instance in which the government developed social housing for Roma: The Donja Dubrava settlement, which, after being struck by a flood, was relocated in integrated housing bought with local and central financing in neighboring villages.

*(uzbop: Decade Watch Report 2006-2007, Croatia Country Report)*

Taking into account the inertia and lack of interest of the governments prior to the commencement of the Decade for Inclusion of Roma 2005-2015, what has been done over the past two years since its start is not to be underestimated; there are positive examples, but we should be aware that behind each positive case there is at least one more of which we cannot feel or be proud.

The Decade Action Plan for housing has been criticized for its unclear measures, non-existence of financial mechanisms, slow implementation of planned activities and unclear delegation of responsibilities for implementation of each activity.<sup>12</sup>

This year, all of the Decade action plans will see a revision for diminishing the flaws and anomalies in the direction of speeding up the implementation of the Decade for Inclusion of Roma 2005-2015.

<sup>12</sup> Ministry of Labour and Social Policy, Sector for Technical Support

## 2.5. Roma community and the housing in Macedonia

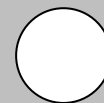
According to the official statistics and data from the National Census 2002<sup>13</sup>, the majority of Roma population in Macedonia (about 45%) lives in only 10 municipalities: Bitola, Vinica, Gostivar, Debar, Kumanovo, Kicevo, Kocani, Prilep, Tetovo and Stip. With respect to the regional distribution of population, it is important to underline that same percentage of the Roma population lives in the country's capital - the city of Skopje (43.06%), and half of them in the municipality of Shuto Orizari. The other 12% of Roma population lives in the remaining municipalities in the country.



The Roma families very often live in badly built sub-standard houses, without in-house water supply and sanitation. Some data<sup>14</sup> for 7 Roma communities in the capital city of Skopje (excluding Shuto Orizari) showed that 7.25% of the families live in improvised houses built from non-construction materials (cardboard, nylon, tin, plastic, etc.), 29.5% in dilapidated and montage houses, and only 63% in solid-construction houses. Roma houses are small, planned to serve the elementary needs, with housing space less than 5 m2 per member for more than 50% of the families. About 40% of the families live in shared houses. Only 16% of the houses have toilet and bathroom in the house; 77% of the families use a toilet in the yard and 58% use tap in the yard. Yet, it is worth noticing that more than 10% of the families don't have access to any kind of water supply. The sewerage conditions in communities where the Roma population live are extremely bad, with an estimate of 50% of families having no access to proper solution for the discharge of the sewage and communal water.

<sup>13</sup> State Statistical Office of Macedonia, Statistical Yearbook and Census data 2002.

<sup>14</sup> RIHP Report 2005



### Excerpt from RIC - Tetovo Report - Housing case of Emini family

"Seven-member family Emini for long years lived in a rented place on Van Vardarska Street, where the house owner let Sokol Emini and his family live without paying rent. Sokol Emini is unemployed and social benefit recipient, most of the living existence earned from selling of collected old iron products. His family has 5 children, living in very hard conditions. Near to the house where Emini family lived, the Tetovo University was built, causing massive sell-out and demolition of the houses adjacent to the University by the new owners. The house in which Sokol Emini's family was living was also sold and subjected to soon pull down. Now, Sokol Emini and his children have no place to live or call home.

The family was temporarily homed with one family. But, the house is very small and has not enough space and sufficient conditions for proper life. As a result, the youngest daughter caught inflammation of the lungs.

The representatives of RIC Tetovo have talked to the local representative office of the Ministry of Labour and Social Policy, and from the meeting concluded that there are no social apartments in Tetovo; the family had the only option to move to the camps in Katlanovo village, in which case, they have to manage all other living costs, including food, clothing and other day-to-day expenses.

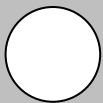
Yet, the camps at the moment didn't have any accommodation left to offer to Emini family. Understanding this, the representatives of RIC Tetovo concluded that there was no way to help this seven-member family. After a while, RIC representatives have tried to accommodate the family in one Roma house. But, the house was very old and had no sanitary facilities of any kind. Thus, the Emini family case remains an open issue."

*(source: Report of Regional Information Centre - Tetovo)*

But, even though the problem with the inappropriate housing conditions and the need for improvement of the living standard of this minority is mainly in the hands of the national and local governments, extensive support is also expected from the general public. In the survey undertaken by the World Bank in 2005, in which 8 countries were surveyed, the results show that the perception of the non-Roma population in regard to the Roma stereotype remains unchanged; although largest number of the [Macedonian] citizens perceive Roma, on an individual level, as good, peaceful, hospitable, happy, music talented and communicative people, still they stress the negative epithets: uncivilized, without proper upbringing, dirty, irresponsible and inclined to small thefts, most of the citizens showed sympathies toward the Roma.<sup>15</sup> Most of the interviewed declared sympathy towards Roma, but that would be of benefit for diminishing the discrimination if we work more on changing the negative stereotype about the Roma population.

In this context, much is also expected from the international community, especially the European institutions, in the direction of achievement of some of their well-known and supported goals - poverty reduction, diminishing and elimination of discrimination and improvement of the overall status of the marginalized groups in the society.

<sup>15</sup> World Bank 2005, Public Opinion Research Sheds Light on Roma Attitudes, <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTROMA/0,,contentMDK:20749979~pagePK:64168445~piPK:64168309~theSitePK:615987.00.html>



### Housing as a factor in the development of the communities

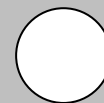
Housing is not only about the immediate living conditions, as it seems at the first glance - it is also about the infrastructure in the community/settlement which is a necessary precondition for its economic development. It is more than certain that none of the Roma settlements in Macedonia has the minimum necessary infrastructure that would aide the development of new or flourishing of the existing business networks. This has already been proven as obstacle in the example of the municipality of Shuto Orizari which has a relatively large economic potential through the nation-famous bazaar of mixed goods (mainly textile). Very often, groups of shoppers from all over the country visit to make their purchases, enabling large number of Roma families to sustain their business and survive. The lack of appropriate infrastructure (designated parking space, public toilets, etc.) at a certain point lead to decrease in the number of visitors, especially in the months when the weather conditions made the conditions even worse. This was a good sign for the local businessmen to recognize the need for new investment that will facilitate the goods exchange process and will promote the sales. However, the individual businessmen and shopkeepers cannot provide the funding needed from their free investment capital available. It is necessary that the municipality authorities make their own strategy for local development, and to approach its implementation together with the business owners and other stakeholders, in order to improve the conditions for sustainable development of this community.

#### Roma in Resen and their unresolved housing problem

"This ethnically mixed municipality has nearly 10,000 inhabitants. Roma families had the problem with their housing; over 20 years back Roma were living in wooden montage houses (so called barracks), which prior to that were used by the construction company. Unfortunately, the decentralization process brought a new owner of the land who requested removal of the barracks and the families from the location. For this case, CCC - Prilep submitted a request to the construction company "Pelagonija" - Bitola, to move the Roma families in the new ones constructed by this company. The Company responded that they are in a middle of economic crisis and cannot afford to spare the space, but in turn they proposed to sell the barracks to the Roma families for full value or on credit. CCC - Prilep worked long time on this case by providing services in preparation of claims and making contacts with other companies that had their share in the barracks. CCC representatives have also met with the mayor of this municipality where the answer obtained was that the land was state-owned, and that only the barracks are in possession of the companies, as temporary settlements. At the end, the whole process was led to a dead end, since the Roma families didn't have the money to buy-out the barracks in either of the offered ways. They moved to live with their friends and relatives.

Municipality of Resen still hasn't found a solution for the housing problem of these families. The Director of the Centre for social welfare in Resen told is that over 450 families lived in those barracks (of which only some were Roma), and that all were social benefit users; they don't have normal life, live in very bad conditions and under very low living standards. He illustrated the case with the example that the Roma from that settlement were forced to illegally cut trees from the local woods for their own purposes, and were tolerated as the forest police knew that the timber was not for sale."

*(source: Report of the Citizens Consultative Centre - Prilep)*



### 2.5.1. Decade in action: Overview of activities 2005-2006

Macedonia as a country participating in the Decade for Inclusion of Roma 2005-2015 has undertaken responsibilities for improvement of the housing condition for the Roma minority. Two years after its start, there are certain results shown, but not big enough, without continuity and systematic approach, and lack of media coverage on what has been done so far. For now, ad hoc is the closest description of the engagement and commitment of the Macedonian government - many reasons exist, some of which are given below. According to the Operation Plan for Housing for 2006-2008, as much as 633.8 million Macedonian Denars (MKD) or approximately 10.5 million Euros have been projected<sup>16</sup>; these financial resources were used for undertaking some of the planned activities, but the data about the level of implementation and the achievement of the set indicators are still not announced by the Ministry or the Government and are not publically available. Part of the activities planned for the second half of the Decade demand certain changes in the legislation or providing some waivers for this population, such as giving land for construction - changes are to be made, as the current legislation does not allow direct contracting and awarding for the land given in construction purposes. These adjustments to the legislation or current housing policy should be done now if the smooth implementation of the activities is to be ensured for the later years of the Decade.

**Fact:** In the Macedonian municipality of Suto Orizari, almost 40% of the Roma families live in less than 10 square meters.

With regard to the urbanization of the Roma settlements as part of the planned measures in the Decade Action Plans, the Ministry of transportation and communications in 2006 has made an allocation of 1,000,000 MKD for preparation of Detailed Urban Development Plan for part of the settlement of Shuto Orizari. In 2007, 1,800,000 MKD were allocated for urbanization of the settlements with predominantly Roma residents in the municipalities of Bitola and Prilep. Related to the improvement of the infrastructure of the Roma settlements, in the Budget of the Republic of Macedonia for the years 2006 and 2007, resources were allocated for construction of water supply and sewerage facilities: in 2006 for Shuto Orizari the allocated 2,000,000 MKD were assigned for construction of the water supply network for one part of the municipality. This activity, however, was not implemented due to failure of the municipality authorities to submit proper documentation for purposeful utilization of the funding to the Ministry of transportation and communications (part of the financial mechanisms, in which every budget user has to justify the purpose of the use of the allocated funding, by supporting documents proving the actual use of the money). In 2006, the project "Sewerage system for the municipality of Shuto Orizari" was implemented with a total funding of 715,000 Euros, through partial grant funding from the Government of Austria, Ministry of transportation and communications (150,000 Euro) and city of Skopje (90,000 Euro for reconstruction of streets). The project was completed and made operable the same year. The 2007 state budget allocated 2,800,000 MKD for construction of hydropump for water supply of the upper parts of the Shuto Orizari settlement in Skopje.

<sup>16</sup> Ministry of Labour and Social Policy, Operation Plan for housing  
<http://mtsp.gov.mk/?ItemID=BD66FCC3A7FBCB47AB9150CBFECD2C96> (accessed in January 2008)



The Draft Budget of the Republic of Macedonia for 2008, the Ministry of transportation and communications had planned an allocation of 10,000,000 MKD for intensifying the activities of the National Decade Action Plan for Housing. De facto, approved funding for this purpose in the State budget 2008 under the Ministry's budget line for implementation of the National Decade Action Plan are 4,500,000 MKD.<sup>17</sup>

In the DecadeWatch Report ranking, Macedonia is ranked seventh with the overall score of 1.78, which shows that some measures and activities for solving this burning issue have been undertaken, but their implementation is not systematic, has no regular flow and continuity, as a result of what they do not represent a part of a comprehensive program approach. Macedonia [and Serbia] lag slightly behind mainly because of their reliance on donor-financed measures as opposed to the governments' own leadership in implementing the Decade.<sup>18</sup>

## 2.6. Positive examples and initiatives for solving the housing problems

### 2.6.1. Development of communities: Hungarian experience, PHARE Programme 1998-2002

A total of 30 long-term unemployed Roma persons were engaged for one year to work on public facilities, cleaning of villages, reconstruction and improvement of the dwellings in one Roma settlement. Majority of these people were at the same time inhabitants of that settlement, as a result of what, other Roma families of the same community were motivated to reconstruct their houses on their own. Those who were involved in these activities have assessed this initiative as very positive, especially for its component of offering possibility for earning and at the same time improvement of the conditions in the settlement and of the individual homes of the residents.

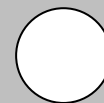
This kind of public works is a very often-employed tool in the Hungarian society, used for temporary employment of long-term unemployed but still productive persons. The limitations to this project scheme is that it does not offer its participants to benefit from this work experience in terms of getting a permanent job with regular income. Another relevant comment given by one city mayor is that about 80% of the houses in the settlements that have been subject to this program, have returned to the initial condition, due to lack of motivation and resources by their owners to continue with the maintenance.

Public work programmes are usually offering employment for several months and pay the minimum wage, but the largest number of them do not offer acquisition of sufficient skills or experience that will enable the participants on a long run to find regular job on the labour market.

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<sup>17</sup> The data received from the Sector for Technical Support, Ministry of Labour and Social Policy (January 2008)

<sup>18</sup> Decade Watch Report 2006-2007, Macedonia Country Report



### 2.6.2. Romanian Social Development Fund (RSDF)

Under the first Romanian Social Development Fund (RSDF), approved by the World Bank in 2000, 5 percent of the total number of beneficiaries were Roma. Sub-projects included small-scale rural infrastructure (water supply projects, road rehabilitation, etc.), community-based social services (day care centers, information and counseling centers, family planning, etc.) and income generating activities (small brick manufacturing, handicrafts). The second RSDF, approved in 2002, targets Roma more intensively through the participation of Roma speaking facilitators and project supervisors, and translation of project materials into Roma language.<sup>19</sup>

### 2.6.3. Pilot Roma Housing Fund in Macedonia

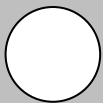
Bearing the responsibility and authority for coordination of the activities within the Decade for Inclusion of Roma 2005-2015, the Ministry of Labour and Social Policy is making substantial efforts for its implementation, but with its limited financial and human resources, it sees and seeks great support and partner relationship with the non-governmental sector, welcoming and cooperating on every offered initiative that is in line with its objectives and goals.

One such initiative is of the Habitat for Humanity - Macedonia an affiliation of the global network Habitat for Humanity International, which in partnership with the Microfinance Initiative Horizonti has established pilot fund aimed towards improvement of poverty housing for one community in Macedonia. The partnership includes creation of a joint fund and a new credit line for reconstruction/ renovation/repair of dwellings in the municipality of Shuto Orizari, outskirts of Skopje dominantly populated by Roma. The new fund was established in 2007 with equal participation by both partners, HFH Macedonia and Horizonti, and started its loan operations with US\$ 80.000, with a possibility of further extension. In the first year, the Fund will provide loans to 50 families; the credit line offers loans in a range between 500 and 1.700 Euros and a repayment period of 30 months. The pilot phase of the Fund will be three years, with a possibility to continue the operations after the evaluation of the activities has proven that there is a need for this financial product and that its appropriately addresses the problem of the poor and inadequate housing in Roma communities. The very positive aspect of this initiative is that it offers financial support to the target group in need of housing improvement that cannot have an access to other funds and cannot provide loan guarantees (mortgages, etc).<sup>20</sup>

This positive example for renovation and reconstruction of the legally constructed homes is recognized and accepted by the Ministry of Labour and Social Policy; the Ministry sees this kind of initiatives very useful and helpful for the purpose of targeted and effective addressing of the housing problem in Roma settlements, and honours them as great support and assistance in the work of the Ministry for dealing with the problems inherited from the past, and further aggravated by the economic and political transformation that has affected all citizens, but most of all the poorest and marginalized groups in the country.

<sup>19</sup> World Bank involvement in Roma issues, June 2006, available at:  
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTROMA/0,,contentMDK:20333806-menuPK:615999-pagePK:64168445-piPK:64168309-theSitePK:615987,00.html>

<sup>20</sup> Roma Housing Program, Habitat for Humanity - Macedonia, [www.habitat.org.mk](http://www.habitat.org.mk) (accessed in January 2008)

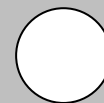


## 2.7. Conclusion and recommendations

Possibilities for improvement of the living conditions of the Roma population do exist; however, the key factor in identifying and implementing them is - the will and motivation of the responsible authorities, but also of the civil society and the international community.

What should be stressed at this moment, and which represents a sort of consensual recommendation among the major donors and key actors in the international scene is:

- ❖ Legalization of the existing homes build without construction permit and/or other documentation (illegal settlements); this also involves change of the existing legislation, but not at the expense of construction and technical standards for legalization, but rather in the direction of changing the existing urban development plans which are currently not taking into consideration the Roma settlements, either in terms of their overall existence or in the way and structured as to be most suitable to the needs of their inhabitants.
- ❖ Change of existing legislation; the legislation that has recently been drafted by Macedonian authorities for legalization of illegal dwellings, will be valid for all illegal dwellings that fulfill the construction and technical standards for legalization - as the current legislation does not allow direct contracting for the construction land, this measure can be exactly addressing the issue in a positive discrimination manner, not only towards the Roma population but also to the rest of the poor people in the country. These adjustments need to have immediate action, in order to enable smoother implementation and achievement of National Strategy activities and goals in the later years of the Decade.
- ❖ Improvement of the legally constructed housing (built with construction permit and other documents); again, in the direction of improvement of the living conditions in line with the existing construction legislation and standards. The positive example of the non-governmental organization Habitat for Humanity - Macedonia, described earlier in this report is one of the initiatives that would contribute towards substantial improvement of the Roma housing, through mobilizing resources from the civil sector and international donors.
- ❖ Construction of new homes, and in some cases - whole settlements in order to fulfill the needs occurring from the natural population growth; these newly constructed homes/settlements should comply with the identified needs of the Roma population, at the same time with the number of benefits and advantages that are to be provided through positive discrimination policies (such as getting construction land, offer of expert services during the construction and construction of infrastructure for connecting these homes and settlements to the urban communal services.



### 3. Health

#### 3.1. Health as basic human right and need

According to the universally accepted definition of the World Health Organization (WHO), health represents a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.<sup>21</sup> It is because of this definition that the World Bank in its 1993 World Development Report (WDR) has put the health as one of the important factors that affect the economic situation in one society, being a key player in the work capability and productivity of its population.

Improved health contributes to economic growth in four ways: it reduces production losses caused by worker illness; it permits the use of natural resources that had been totally or nearly inaccessible because of disease; it increases the enrollment of children in school and makes them better able to learn; and it frees for alternative uses resources that would otherwise have to be spent on treating illness.<sup>22</sup> According to the World Bank Report, the economic gains are relatively greater for poor people, who are typically most handicapped by ill health and who stand to gain the most - through the development and utilization of underutilized natural resources.

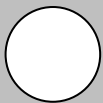
Access to health care services is only one of many dimensions of health status of the population;<sup>23</sup> its improvement is a key step towards narrowing gaps in health care between advantaged and disadvantaged groups. Access to health care is a right and a prerequisite for good health without which full participation in social, economic and political life cannot be enjoyed: it is inseparable from access to public services such as education, housing, and social protection, and a precondition to accessing and maintaining employment.<sup>24</sup>

<sup>21</sup> Medical dictionary, <http://www.medterms.com/script/main/art.asp?articlekey=3663>

<sup>22</sup> World Bank, World Development Report 1993: Investing in Health, Oxford University Press 1993

<sup>23</sup> The Committee on Economic, Social and Cultural Rights recognizes four elements of the right to health: availability, accessibility, acceptability and quality. See CESCR General Comment 14, supra, note 3, para. 12.

<sup>24</sup> Council of Europe. *Breaking the Barriers: Romani women and access to health care*. 2003



### 3.2. Roma health and the social, cultural context and tradition

#### 3.2.1. Social context of the health status of the Roma

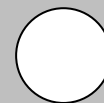
The relatively widespread in the different national contexts is the idea that the poor health status of the Roma population is based on the lack of health education, and the inadequate and their poor health behavior. But in order to be able to get to the roots of the reasons and causes of the poor health condition and health inequalities of this ethnic minority compared to the general population, one first needs to get acquainted with the inequalities related to the existing political and economic structures and systems in the society, which are inevitably contributing to the unequal distribution of resources. The refusal to stand in the way of the status quo situation is additionally aggravating the already existing ignorance on the side of the politicians, policy and decision makers, as well as the general public, about the wider social mosaic of factors that influence the health of all, including Roma. This is almost basic characteristic of the official response to the issue of health of minorities in the developed world.<sup>25</sup>

Additionally, the problem is being deepened with certain challenges specific for the national contexts in Central and Eastern Europe, such as: (1) Weak civil society advocacy skills in Central and Eastern Europe - Civil society skills in promoting health are limited, a fact reflected by the relatively small number of NGOs, Roma or non-Roma, working specifically on health and their limited experience in effecting change in health. Health rights and conceptual frameworks which understand health as a social product - as something more than just sickness and medicine - are not widely shared. In addition, there are few alliances among Roma NGOs, or between Roma groups and non-Roma groups concerned with social justice, which might facilitate an alternative vision of health; (2) Citizenship issues and fear of repression - the citizenship of many Roma remains unresolved in many countries. This has left many people in Roma communities without some of the basic tools of citizenship and political participation, including voting and standing for political office. The lack of documents also raises specific concerns about the ability of Roma to access health services directly or to secure the insurance or social security documents they need to utilize services. Yet, efforts to secure documents receive a mixed response from Roma communities, including the fear that registering with authorities creates the opportunity for government repression; and (3) Inadequate public response to minority health issues - this is considered one of the leading causes for the poor health status of Roma, and much of it is attributed to the absence of both political will and popular support for needed policy, infrastructure and programmatic change, or enactment of policies which discretely or directly discriminate the Roma population, such as policies covering the health insurance for only 3 children in the family, etc. But, this also signals how little contact there is between government and Roma communities and illustrates the lack of Roma participation in government and in healthcare delivery systems.<sup>26</sup>

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<sup>25</sup> Karen Plafker, *Social roots of Roma health conditions*, OSI EUMAP project, 2004, достапен на: <http://www.eumap.org/journal/features/2002/sep02/romhealth> (пристапено во јануари 2008)

<sup>26</sup> *ibid*



### 3.2.2. The culture and the tradition as factor in the Roma health status

In addition to the socio-economic variables, in many of the communities there are different cultural factors, habits and customs that have its impact on the health of the individuals or the community. The disease is not seen in the same way across different communities or historically across different times in the same society. Health and disease are social constructs that are defined in each culture. Every culture creates its own therapeutical alternatives and instructions for healing. Thus, it is important that the disease is seen as a phenomena with both biological and cultural components. If we consider the culture in the process of health/disease in the ethnic minorities, then we can actually see: how patients are receiving health information, how they use their rights and benefits offered by the healthcare system and how they express their symptoms, expectations and concern with regard to the disease.<sup>27</sup>

### 3.2.3. Health risks among the Roma

The culture of Roma is sometimes contributing towards increasing the risk of certain diseases. For example, the belief in purification and the related rituals have contributed a lot towards the refusal of the child or adult immunization. The social isolation goes to the extremes (such as not wanting to register the newborn child) that certain significant mortality trends remain hidden. Isolation also results in lower compliance with the preventive health checks (for example, gynecological examinations which are especially hard to promote among the Roma women).<sup>28</sup>

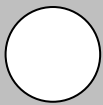
It is important to stress that in Macedonia, so far there was no research undertaken that comprehensively explores this issue, in terms of whether the Roma communities have kept certain habits or rituals in their culture that exposes Roma people to increased health risk as a result of non-compliance with medical intervention instructions or in other way affecting the timelines of the medical intervention. On contrary, we are witnesses of many publications with anecdotal approach and level of information, which anticipate that the mentality, culture and tradition of the Roma in Macedonia are not allowing the increased health care and concern, prevention or improvement of the overall health condition within their communities.

## 3.3. Health status and indicators of Roma in the EU

Although the official statistics of the EU is not providing health data by ethnic groups in each member-state or at the EU level, there is extensive list of publications (documents, reports, etc.) of various research funded and produced by the Council of Europe and European Commission, in which the health status of the Roma population is being targeted - both in the countries of the Eu member states, as well as in those with candidate status.

<sup>27</sup> Reduction of health inequalities in Roma communities, European Commission Public Health Program

<sup>28</sup> The Patrín Web Journal. 2004



The concept of Roma mediators has emerged in 1986-1987 in southeast of France in Marseille, as a result of evaluating the existing tensions between social workers and Roma population based on the discussions of the structural resistance of Roma groups; the solution found was the use of Roma mediators to assist the institutions in their social activities. This mediator was an affective, symbolic and symbiotic liaison. In their work, based on the individual, the mediators assisted different social categories: isolated young mothers, disabled persons, elder people, etc.<sup>29</sup>

At the other geographical extreme of the EU, in Finland, Roma are employed as social workers, and the Roma mediators are paid by the municipal authorities. Officials from 3 finish districts are in charge with recruiting and training Roma mediators to deal with problems that may occur in certain field like: education, language, and legislation.<sup>30</sup>

**Fact: Life expectancy at birth for the Roma population living in Eastern Europe is about 10 years shorter than that of the general population.**

Despite documented cases of discrimination, relatively little attention has been paid to Romani women or health compared to other issues affecting Romani communities. Several factors contribute to this reality: family and home responsibilities combined with adherence to rigid gender roles in some Romani communities prevent many women from addressing these issues in the public sphere and over a sustained period. Romani women are often overlooked in Roma integration and empowerment efforts. As a result, the experience of the Romani women which sometimes represent the link between the community and the healthcare system, remain unheard and unlearned lessons, that can contribute towards overcoming some apparently minor, but for the Roma population sometimes life-saving mistakes. Nonetheless, many Romani women and organizations at all levels have made significant contributions to addressing their health and the health of their communities.

Romani women tend to be the primary caregivers in their families and communities. They are also often intermediaries between their families and public services. At the same time, Romani women may neglect their own health while being excluded from education, housing, and other public goods. These factors inhibit Romani women's own personal development as well as that of their communities.

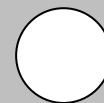
Thus the conclusion impedes that ensuring access to health care for Romani women is a key element in ensuring their broader social and economic engagement and social inclusion. For both moral and practical reasons it is in the interests not only of Roma women themselves, but their families, communities and the wider society that their good health is assured. Commitment to providing the conditions for a healthy, educated, and integrated Romani population on the part of the authorities and wider society will reap benefits for the whole population.<sup>31</sup> Some European examples are very persuasive that the real engagement of the authorities regarding this issue provides benefit for everyone in the society.

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<sup>29</sup> Mariana Buceanu, Roma Sanitary mediators between necessity and innovation: "Romania, Moldavia, Spain, Ireland, France, Council of Europe, 2004

<sup>30</sup> ibid

<sup>31</sup> Council of Europe, Breaking the Barriers: Romani women and access to health care, 2003



### 3.4. Roma health in the countries of the Decade for Roma Inclusion

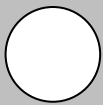
Progress on providing access to quality healthcare for Roma is less advanced than on education; this is as a result of most of the countries relying on sporadic and externally co-financed measures. Worth mentioning exception to this is the case of Romania with its systematic scaling up of the Roma health mediators program, whose number and activities constantly increase throughout the whole country. Some countries have free access to a minimum healthcare package, including for the uninsured. In the case of *Slovakia*, there is the legal possibility for promoting Roma access to health insurance, but there is anecdotal evidence that in practice access barriers remain. This is particularly true in cases when Roma do not have all the necessary citizenship and residency papers, which is observed most notably in former Yugoslav countries and among the displaced and refugee Roma population. Community outreach is often not yet pursued as a formal program. The Global Fund to Fight Aids, Tuberculosis and Malaria is becoming an important tool for Roma health: Often vaccination and prevention campaigns have been conducted as a result of Global Fund programs with a Roma component.<sup>32</sup>

**Fact:** The Infant Mortality Rate (IMR) is twice higher in the Roma than in the non-Roma population in Czech, Slovakia and Hungary.

One of the most often quoted examples for systematic addressing of the problem of lack of access to health services for the Roma population is that of Romania, which has made a great progress; the Ministry of Health of Romania is the only authority in the nine countries of the Decade which has a budget line specifically dedicated for the Roma - this is certainly not done in the direction of discrimination of this minority, but rather an approach in which the use of the funding is guaranteed for particular purpose (ear marked funding). Romanians are also leaders in this priority area with their programme for education, training and employment of health mediators, more in details explained under the section of positive examples and initiatives. Almost all countries of the Decade have received the recommendation to consider and adapt this concept into their national contexts.

**Fact:** There is a consensual agreement that the prevalence of tuberculosis, HIV/AIDS and viral hepatitis is unproportionally higher in the minority groups of the countries of Eastern and Central Europe. In Serbia, the tuberculosis prevalence in the Roma population is 2.5 times higher than the national average.

<sup>32</sup> Decade Watch Report 2005-2006. Overview



The Czech Republic is also following the example of Romania in the direction of improvement of the health status of Roma, putting its efforts into the establishment of a system of the Roma health mediators

The governments of Serbia and Slovakia are also taking a proactive approach in solving the health situation of the Roma in their countries; Serbian authorities openly and intensively cooperate with the non-governmental sector in the area of reproductive health of Romani women, health education and preventive health care, while the authorities in Slovakia initiated numerous programs for addressing the issue of dumping sites located near the Roma settlements, that otherwise pose a serious environmental and health concern. In the scope of PHARE program, the government introduced a small number of health mediators and mobile health units, but this project is envisaged to continue and expand its activities, under the authority of the regional public health institutions in the country.

In the health priority area, Bulgarian approach is characterised with sopradic measures for addressing the issue, although some of the newly enacted policy documents give hope for change of the situation. Within its participation in the PHARE programme, the country has developed 15 pilot programs for education of healthcare practitioners that will work with Roma communities, as well as introduced the health mediators, based on the Romanian experience, although they still don't have formal status in the Bulgarian health system. Out of the total number of 87 health mediators that were trained so far, it is expected that about 60 of them will be permanently employed by the Bulgarian local authorities, with financial support from the Ministry of Finance. There are also other programs for addressing the health and health-related issues of the minorities and marginalized groups, but they still do not represent part of one integrated approach.

To date, Croatia's efforts also do not have a significant outlook of systematic approach in addressing the health issues, especially for the Roma population that lives in the isolated settlements. Sporadic measures are more a rule than an exception, and the country does not have any policies for integration of the health uninsured persons in the health insurance system. Majority of activities are still on the level of research, giving an impression that Croatia is at the stage of preparing for the commencement of the Decade.

Similar to Croatia, Hungary and Montenegro do not have any concrete measures for solving the concerns and issues related to the health uninsured persons, and especially for addressing the lack of documents and the civil status of persons without adequate personal documents. In both countries, there is still no initiative or consideration for introduction of the Roma health mediators, either in non-formal way or as formal structure within the health care system.

### 3.5. Health of Roma in Macedonia

As in most of the countries in the region, for Macedonia also it represents a major challenge to provide official data on demographic, socio-economic, vital and health indicators and parameters for the Roma population, mainly due to the fact that the vast majority of the data is not recorded by ethnicity; thus, large number of the information and data used in this report are a result of review of the existing literature and reports of projects in the field of health, in which the target group was the Roma community, family, women, etc. or it was derived from the official data of the municipalities in which Roma represent the dominant population.

Although officially still not completely confirmed due to already mentioned reasons, it is an unbeatable fact that the health status of the Roma population is by far worse in comparison with the general population; the root causes of this are the different lifestyle and tradition, level of education and types of employment, and these instigate a quite different pattern of diseases, as well as historically known shorter life expectancy - for about 10 years compared to the general population<sup>33</sup>, leading to great differences in the age structure between the Roma and the general population in the country - about 30% of the Roma are in the age group of 0-14 years, whereas only about 21% of the total population belongs to this age group. Also, only about 4.4% of the Roma are in the age group of over 65 years, and in the total population this percentage is 10.57%; the mortality rate is 7,4/1000, Infant Mortality Rate (IMR) - 13.9 compared to the national average of 7,2/1000, and the life expectancy index (number of livebirths per 100 deaths) is 320.9.<sup>34</sup>

According to the DecadeWatch Report, besides the unfavorable situation in which the healthcare system is in Macedonia, the health status of Roma is influenced by the inappropriate living conditions and extremely poor hygiene maintenance in the Roma settlements. The National statistics records higher incidence of infectious diseases among Roma, as well as almost endemic occurrence of certain diseases, such as tuberculosis; all other health indicators are with worse values and no possibility for fast improvement in sight.<sup>35</sup>

#### Excerpt from RIC - Tetovo Report: Immunization Week in Tetovo area

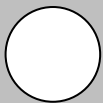
In the International Immunization week, from April 19-22, 2007, the Team of the Regional Information Centre from Tetovo in cooperation with the Medical Centre - Tetovo has undertaken an activity of identification on non-immunized and their immunization/vaccination of a total number of 62 Roma children, that have missed their opportunity for regular vaccination and acquiring this type of immunity, due to lack of appropriate contact with the healthcare system, i.e. lack of health insurance (which is not precondition for obtaining preventive health services, but as a result of the low health education among population, every visit to the healthcare institution is normally connected to such requirement).



<sup>33</sup> Ringold D, Orenstein MA, and E Wilkens. *Roma in an Expanding Europe: Breaking the Poverty Cycle*, Washington D.C.: World Bank, 2003.

<sup>34</sup> Annual report on the health status in the Republic of Macedonia 2005, Republic Institute for Health Protection (Годишен извештај на здравствената состојба во РМ за 2005 година, Републички завод за здравствена заштита на Македонија, 2005)

<sup>35</sup> Roma Decade Watch Report, 2005-2006



In Macedonia, there are no special governmental programs targeting the health status of the Roma, although the National Strategy of the Republic of Macedonia for prevention of HIV/AIDS 2003-2006, Roma population was considered as one of the specific groups of interest<sup>36</sup>; due to a number of reasons, among which some behavioural studies undertaken by the Ministry of Health, as well as upon lobbying and request of the Roma population through the Roma activists and other stakeholders, the Roma population is no longer considered as separate group of interest, as not all representatives of this minority group has the characteristics of the population group with risk health behaviour. This change incorporated in the new National strategy for prevention of HIV/AIDS for 2007-2010 is a positive step forward in the diminishing of the existing discriminatory perception and stereotyping of the citizens of Roma ethnicity; yet, as a result of this change, some funding that were in a way earmarked and strictly designated for the Roma population become less accessible due to their designation for the wider public. The positive examples often noted and referred to are those of the programs for mass vaccination and immunization of the Roma population, that have shown high compliance and rate of success. Still, there is no government program directed at the improvement of the health of the Roma women; several initiatives that exist in the non-governmental sector have not yet succeeded to capture the attention of the national policy and its creators.

In Macedonia, also there are no health mediators. This relatively successful model accepted in other countries such as Romania, where this professional profile has been accepted and incorporated into the national educational system and professional nomenclature, up to date, has not been considered or presented to the wider public. However, the existence of the social workers acts as a replacement of the health mediators to a certain extent, assisting in solving issues related to health insurance and other social services; although their small number working within the centres for social works and their overwhelming daily work including administrative paperwork, does not allow them to involve much on a personal level with each of the persons visiting these institutions. Additional problem is the lack of formal education or any form of training that these social workers have on health education or how to work with Roma ethnicity, as it is the low presence of these workers in the Roma communities; they also have no formal obligation or task to work exclusively with Roma population, which would also involve a certain degree of understanding of their culture and tradition.

Still, by far the most important problem with regard to the health system that Roma population faces is the health insurance, which in turn is closely related to having citizenship and permanent living address. Another related issue is the existing health insurance system, in which the whole family is registered/insured through one family member - this problem is often pointed by the non-governmental organizations working in the field of women rights and empowerment, as in most cases the insurance is given through the husband in the family, and many cases were recorded of abuse of this for having control over the wife and other members of the family. The strong recommendation and commitment from the civil society sector is for the health insurance to be awarded on a personal basis, but this represents an issue tackling the overall social system in the country, and it should be addressed by encouragement and motivation of wider and multisectoral cooperation.

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<sup>36</sup> National HIV/AIDS Strategy of the Republic of Macedonia 2003-2006 (Национална стратегија за ХИВ/СИДА за Република Македонија 2003-2006 година)

In the priority area of health, the DecadeWatch report is citisizing the Macedonian position in the direction of unfairly putting the causes of the problem on the shoulders of the Roma community instead of trying to find the solution in the governmental institutions and will; the Macedonian example is used to illustrate the lack of practical and applicable solutions, and instead recommending solutions that are unreal and unaccomplishable on a short term, on one side, and setting discrete objectives with overlapping activities - such as introduction of 10 mobile units and 20 new healthcare settings.<sup>37</sup>

Fact: In Macedonia, about 30% of the Roma population belongs to the age group of 0-14 years, which is much higher than the national average of 21%; only 4.4% of the Roma in this country are age 65 years and above, which is low compared to the average for all ethnic groups - 10,57%.

Some data published in recent studies done over the past ten years show that 56% of the families have 1-2 children, 41% have 3-5 children and only about 3% have more than 5 children. The same source states that the number of mothers is bigger than the number of fathers, illustrating that men show higher level of mobility when it comes to the issue of the family.<sup>38</sup> Most often, the mother is the supporting pillar of the family, providing most of the care for the children. On the other side, the fact that 24% of the mothers are younger than 24 years, and that 13.54% of the fathers belong to the age group of 12-19 years, speaks about the different tradition of establishment and maintenance of the family, thus implying that a different approach is needed when addressing the health problems of the Roma population compared to the general population; but this is a subject for further investigation and identification of certain problems and needs of the Roma, aimed at improvement of the health policies directed towards Roma health and their health status within the country.<sup>39</sup>

On the other side, there is a noticeable discriminatory attitude from the healthcare system, which is not directly intended for the Roma community, but rather represents financially motivated discrimination (the one that can afford to pay, has access to any healthcare service, both in private clinics and public healthcare settings alike).<sup>40</sup> However, there are testimonies of Roma men and women claiming that medical professionals treat Roma patients less favorably than non-Roma as a result of discrimination.<sup>41</sup> In addition, a number of Roma women in Macedonia are not eligible at all for state-provided medical insurance, because (i) they lack Macedonian citizenship, (ii) because they do not qualify for state medical insurance because they are listed neither as employed nor as officially unemployed, a pre-condition for inclusion in the state-provided medical insurance protection system; (iii) because they have not managed to keep their medical insurance booklets updated through regular procurement of relevant stamps; or (iv) for other arbitrary reasons.<sup>42</sup>

<sup>37</sup> Decade Watch Report 2005-2006 (<http://www.romadecade.org/index.php?content=6>, пристапено во јануари 2008)

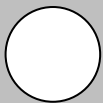
<sup>38</sup> UNICEF Report for Macedonia, 1995

<sup>39</sup> How Can Global Fund Improve Roma Health, OSI report, 2006

<sup>40</sup> Milevska-Kostova N. Patients Rights in Southeast Europe, IPF PDC 2006, [http://pdc.ceu.hu/archive/00003122/01/kostova\\_f3.pdf](http://pdc.ceu.hu/archive/00003122/01/kostova_f3.pdf)

<sup>41</sup> ERRC Country Report "A Pleasant Fiction: The Human Rights Situation of Roma in Macedonia", 1998

<sup>42</sup> CEDAW Shadow Report for Roma Women. 2006



**Citizen Consultative Centre - Prilep: Assistance to single mother**

"The poor social-economic situation we can say that brings the Roma as well to the edge of financial existence, so they face really big problems. Our staff worked on a case of a single mother with three children - the mother has no place to live, but residing in Stip. She does not have any health insurance card, and her children are not registered in the official birth records as they are born extramaritally. One of the children who is only 19 months old has bronchopneumonia, cerebral palsy and partial blindness. In order to help, our staff used its connections and cooperation with the Centre for social works in Prilep, to provide a medical check of the child at the State hospital in Prilep without any fees. Cases like this one are part of the everyday life of the Roma population - this is just one example. ANER "Roma tear" - Prilep does all it can to provide resources for assisting such persons in need, which do not have even basic registry and personal documents. "

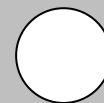
*(source: CCC Report, CCC - Prilep)*

**3.5.1. The Decade in action: review of activities 2005-2006**

In order to improve the level of information among the Roma citizens with respect to exercising their health insurance rights, the Ministry of Health, in eight informative centres throughout the country, which are mostly located in predominantly Roma populated areas, through their delegated representatives of the regional offices of the Health Insurance Fund (HIF), are helping by offering legal assistance for implementation of their health insurance rights. The research team did not come across any data showing how many cases were solved with this practice.

The employees of the healthcare settings existing in major towns and cities with larger Roma communities, have attended a number of educational meetings with the representatives of the Ministry of Health and Health Insurance Fund, in order to provide them with certain level of education for engagement in the implementation of the Action Program for health in the Decade for Roma Inclusion.

During 2006 and 2007, in the cities with higher percentage of Roma citizens (Skopje, Kumanovo, Bitola, Prilep, Tetovo, Gostivar, Stip, Delcevo and Strumica), the healthcare centres and institutes for health protection have performed the following activities: annual and periodical systematic health check-ups in the schools attended mostly by Roma children, for the purpose of determination of their health condition and detection of communicable and other diseases; continuous examination of the drinking water from the city water supply system and local community taps in the areas inhabited by Roma; regular measurement of the air pollution; epidemiological surveillance of the homes where a communicable disease was reported, such as jaundice, and disinfection of their homes; depestilation of the sewerage systems; increasing the coverage of vaccination and revaccination in the healthcare settings of the Roma, by means of patronage (home visit) service, NGOs, distribution of informative leaflets and informing the citizens through the media. With this activity, all children were surveyed, regardless of possession of health cards, health insurance or possession of personal identification documents. Again, the research team did not come across quantified data about the number of end users of these activities.



For implementation of these activities, funding was secured from the State budget, through the preventive programs for 2006 and 2007.

Through the Global Fund to fight AIDS, Tuberculosis and Malaria program in the area of HIV/AIDS transmission prevention, within the Roma community several activities were undertaken: peer education covering about 20,000 Roma; early detection of sexually transmitted infections (STI) in women of reproductive age (15-64 years). During this activity, over 1,000 Roma women were tested, which resulted in a very low number of cases of STI detected among Roma population.

Another activity implemented with assistance of the Roma NGOs is the distribution of over 100,000 condoms and informative leaflets about the protection from HIV/AIDS and STI. For implementation of these activities in 2006 and 2007, a total amount of 130,000 USD was spent.

With regard to the active case finding and control of tuberculosis, fluorography screening was performed on the whole territory of Macedonia, for which 51,040 USD were spent over the period 2006-2007. The Roma population represents one half of the planned population for screening, thus half of the mentioned budget was spent on this Roma health issue.

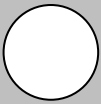
In 2007, the Ministry of Health organized free medical examinations for the population. In Skopje, besides the health check point in the centre of the city, another one was established in the settlement of Topaana, where medical examination was performed on 106 adults and 79 children of Roma ethnicity, whereas in the settlement of Suto Orizari a total number of 84 persons requested a free medical preventive check-up.

In cooperation with the gynecology doctors of the primary healthcare, the activities have started for examination and record keeping of examined persons and tests performed for early detection of sexually transmitted infections in Roma women of reproductive age. The reported number of examinations was 3,419 in 6 cities: 1978 in Skopje, 512 in Stip, 648 in Kumanovo, 224 in Prilep, and 57 in Sveti Nikole. These activities are undertaken in cooperation with the institutes for health protection and the Republic Institute for Health Protection, which will collect and analyse all samples taken for STI testing. Although the official data shows low percentage of STI in Roma women, the real picture of the health condition of women in this ethnic minority is fragmented between the discriminatory attitude of the healthcare system and the low level of health education about the need for taking preventive and diagnostic examinations.

For 2008, the Ministry of Health has planned a sum of 7,000,000 MKD for these activities, that should be strictly directed for implementation of the Action Plan for Roma health under the Decade. The actually approved funding for this purpose for 2008 is 1,000,000 MKD.

For the same purpose, the funding from the preventive programs prepared and adopted by the Government will be used. Through these programs, all preventive activities will be implemented, including the compulsory health care for the uninsured persons, which has a large number of Roma among them.<sup>43</sup>

<sup>43</sup> Интервју со Министерство за труд и социјална политика, Сектор за техничка поддршка и имплементација на Декадата за вклучување на Ромите и Државната Стратегија за Роми на Република Македонија



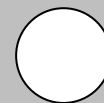
In the priority area of health, DecadeWatch assesses progress by looking at the availability of data on Roma health (5.1), the existence of measures to provide access to healthcare for Roma (5.2, e.g., mechanisms of health protection for the un-insured), of special health programs for Roma (5.3, e.g., information outreach and health awareness programs or vaccination programs), and of Roma health mediators (5.4).

Table 2. Assessment of the Decade in the priority area: health

Rank	Country	Result	5.1	5.2	5.3	5.4
1.	Romania	2.75	3	1	3	4
2	Bulgaria	1.50	2	2	1	1
3	Serbia	1.25	2	1	2	0
4	Slovakia	1.00	0	2	1	1
4	Hungary	1.00	1	1	2	0
4	Montenegro	1.00	1	1	2	0
7	Czech	0.75	1	0	1	1
8	Croatia	0.50	1	0	1	0
8	Macedonia	0.50	0	1	1	0

(Source: Decade Watch Report 2005-2006)

The table above shows that in Macedonia there are no measures for providing access to healthcare, there are only sporadic measures and mechanisms for health care of uninsured persons and programs for information and awareness raising, and at to that end, there are no health mediators.



### 3.6. Positive examples and initiatives for solving the problems in the area of health

#### 3.6.1. Health mediators

One of the most visible elements of the government strategies for addressing the health issue of Roma is introduction of the programs for Roma Health Mediators (RHM). RHM programs are meant to respond to these conditions by selecting individuals from Romani communities to work as mediators who: (1) facilitate communication between Romani patients and physicians during medical consultations, (2) communicate with Romani communities on behalf of the public health system, (3) provide basic health education, and, (4) assist Roma in obtaining the health insurance or identity documents necessary to visit the doctor.<sup>44</sup>

The leading country in the introduction of this concept is Romania; the initiator was the non-governmental organization CRISS<sup>45</sup> as pilot version, which was later recognized by the Ministry of Health as official program; the Ministry later undertook the responsibility for organizing and operationalization of the work of the mediators in 2003. The role of the health mediators gradually became an integral part of the health system in Romania, due to what their number increases and will increase in the coming years.

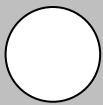
#### 3.6.2. Budget line for the health programs for Roma

This initiative also comes from Romania, in which lives by far the largest Roma community in the world.<sup>46</sup> Namely, of all the countries that joined the Decade for Roma Inclusion, and in all of which Roma minority exists, only Romania is the case where the Ministry of Health plans and provides budgetary funding earmarked for activities targeting Roma population; most of these financial resources are used for preventive programs and health education, especially for Roma women and protection of Roma children. Of course, this has no intention of increasing the discrimination, and has no any negative connotation, but it is rather a mechanism for providing funding for addressing health issues which are not common among the Roma and general population, in order to improve the health status of the Roma and to contribute towards leveling of the structure of disease among these groups (for example with respect to some communicable diseases that have higher incidence in the Roma population - tuberculosis, etc.).

<sup>44</sup> Mediating Romani health: policy and program opportunities, OSI December 2005, [http://www.soros.org/initiatives/health/focus/roma/articles\\_publications/publications/romanihealth\\_20051201](http://www.soros.org/initiatives/health/focus/roma/articles_publications/publications/romanihealth_20051201) (пристапено во јануари 2008)

<sup>45</sup> CRISS - Roma Center for Social Intervention and Studies

<sup>46</sup> официјална веб страница на Декадата за вклучување на Ромите 2005-2015 година: [www.romadecade.org](http://www.romadecade.org) (пристапено во јануари 2008)



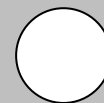
### 3.7. Conclusion and Recommendations

The initiation and implemenatation of the Decade for Roma Inclusion does not in any way mean that after its completion the problems of the Roma population will be solved; the choice of the length of the Decade both realistically and sumbolically represents the duration of existence of some problems, but also how much time is actually needed to solve certain forgotten and neglected situations.

Such is the situation with the health, and specifically health status of the Roma, where changes in the health policies and institutional arrangements can be felt in the change of the health indicators for a minimum of period of one decade; the lack of health habits and proper attitude towards health institutions are factors that almost unnoticeably affect the health status, but these cannot be changed by changing the legislation or the mechanisms for its implementation.

Still, even though the battle should be fought in the direction of changing some of the old and introducing some new health habits, we should not forget that this minority has its won culture and ages-long tradition.

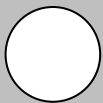
- ❖ Since there is no solid evidence as to whether and how the culture and tradition influence the health behaviour and indirectly the health status of the Roma, it is necessary to perform a substantive research that would agive answer to these questions.
- ❖ In that direction, it is necessary to introduce a health statistics system, in which the ethnicity of the patients and health insurees will be recorded and used - not for the purposes of any kind of discrimination - but rather in the direction of identifying of the needs of every target group within each ethnic community, which represetnt an important, but also a very sensitive issue of the medical ethics.
- ❖ Additionally, it is important to have accurate and timely collection of the data on immunization of the Roma population.
- ❖ The real picture of the situation with access to health services by the Roma population can be obtained by undertaking a survey on the patient satisfaction, with particular focus on this ethnic minority.
- ❖ In its real and sincere battle for improvement of the status f the Roma health, but also in the other three priority areas chosen by the Decade, the Government of Macedonia should establish a coordinative or consultative institution for implementation of the Strategy for Roma and for coordination of the activities in multisectoral apporach within the Decade for Roma Inclusion 2005-2015. In this way, similarly to the coordination of the EU integration processes, the duplication of certain activities at the expense of other that will remain unattended will be avoided.
- ❖ The coordinative-consultative institution should have representatives of all relevant ministries and other state institutions, including the representatives of the local self-government units where Roma have large population, as well as experts in the fields of interest of the Decade, which will invest their expertise and experience in finding appropriate solutions. This institution through reguar reports will advise the Government on the steps that need to be taken for fulfillment of the responsibilities and promises made for the Decade, and more importantly - for fulfilling the responsibilities towards the Roma that live in Macedonia.



- ❖ Taking into consideration the indicators of success and ranking of Macedonia in terms of the implementation of the Decade goals, it is necessary that the state institutions work on increasing their capacity for coordinated approach to the Decade activities; in the direction of capacity building is the recommendation for strengthening the human resources capacity, both in qualitative and quantitative terms, for utilization of the IPA funds, as well as for the design of development projects and their implementation.
- ❖ With the opening up of the European preaccession funding schemes, Macedonia should work on increasing the participation in utilisation of these funds especially for solving problems that are crucial for the EU integration processes. The participation in the common European funding and programs will be more useful if it is in collaboration with the countries that already have experience in financing Roma programs (such as Hungary, Czech Republic, Slovakia, etc.).
- ❖ For the purposes of better promotion and dissemination of the results of activities under the Decade for Roma Inclusion, and enabling better ownership on the part of the general population, as well as increasing the awareness for the importance of the Decade, it is necessary to establish a web portal on the web site of the Ministr of labour and social welfare as coordinator of the Decade activities; this portal would be used for dynamic communication with the stakeholders, but with the donors alike, non-governmental organizations and citizens. This type of communication with the general public and specific audiences is recommended for the coordination institution as well, if such institution is established.

But, Macedonia can also benefit from the lessons learnt and recommendations from the projects and programs directed at the Roma population, and financed by the PHARE instrument in five countries of Central and Eastern Europe (Czech Republic, Slovakia, Romania, Bulgaria and Hungary); of course, after they are adjusted to the particular national context and needs:

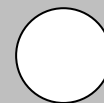
- ❖ The duration of the programs should be sufficient to set up the foundation for long-term changes;
- ❖ The larger programs designed at the government level, have tendency to minimize the possibility for participation of the local communities, and instead replacing this participation with the representation of Roma at high level consultative and expert committees;
- ❖ The governments should put efforts for maximum utilization of the European funds for supporting projects that target Roma in the National development plans, which in turn should be in coordination with the national policies related to Roma;



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- ❖ The governments should enable sufficient level of information and resources for support of the Roma civil society sector, and to ensure their full participation in the development, implementation and monitoring of the initiatives directed towards the Roma communities;
- ❖ The governments should increase the standards through which they evaluate the project proposals targeting the Roma population, and to ensure that they are practical, objectively measurable and that demonstrate comprehensive and meaningful involvement of the Roma communities and their representatives;
- ❖ The governments should ensure that the local governments, agencies and communities have the necessary capacities for effective use of the EU funding for improvement of the conditions and possibilities for the Roma.



## 4. Annexes

### 4.1. List of persons and institutions contributing in the preparation of this Report

#### 4.1.1. Research Team

*Enisa Eminovska*, student of Business Administration, activist in the movement of human rights of the Roma since 1999. Previous experience includes consultancy work on various projects and programs for domestic and foreign organizations and foundations, with special focus on the problem of Roma women in Macedonia and Central and Eastern Europe.

*Neda Milevska-Kostova* is Master of Public Policy and Management, with multiple consultancy experience on infrastructure projects and public health policy projects and programs, as well as the health sector reform as part of the public administration reform; she has extended experience in consultancy missions. Currently she is Program Director of the Centre for Regional Policy Research and Cooperation “Studiorum”.

#### 4.1.2. Interviewed and consulted individuals and institutions

In the research process for the preparation of this Report, a number of consultative and informative interviews have been made; special thanks we wish to express to the following ones:

1. Ms. Maberka Kamberi, Head of Sector for Technical Support in the Ministry of Labour and Social Policy of the Republic of Macedonia.
2. Mr. Ibrahim Ibrahim, junior assistant, Sector for Technical Support in the Ministry of Labour and Social Policy of the Republic of Macedonia
3. Mr. Eben Friedman, independent consultant
4. Ms. Gabriela Hrabanova, Roma student organization Athinganoi, Czech
5. Ms. Lidija Gabchova, activist from Slovakia
6. Ms. Sybil Lee, Activist from England
7. Habitat for Humanity - Macedonia
8. Regional Information Center - Tetovo
9. Citizens Consultative Center in Skopje, Kumanovo, Stip, Gostivar, Prilep and Delcevo

