to expect the private sector to do so. Specific measures should include the allocation of funds to develop programmes and various types of assistance that encourage the creation of enterprises, recruitment of Roma in enterprises or administrative departments or the devising of specific training programmes. Measures to facilitate access to loans by Roma are needed, for example by making provision for direct financial assistance and/or providing partial government guarantees for loans contracted between Roma enterprises and banking institutions. Consideration might also be given to financial incentives for entrepreneurs who employ Roma. The Spanish programme ACCEDER, which promotes employment of Roma, including self-employment, thanks to its model of co-operation between the public and private sectors, could provide a blueprint for other countries. Where such targeted programmes exist, the Commissioner calls on member states to maintain political and financial support for them, as well as to ensure that Roma are not disproportionately affected by the current economic situation.

6.4. The right to the highest attainable standard of physical and mental health

Throughout Europe, the average life expectancy of Roma and Travellers is shorter than that of non-Roma and non-Travellers. Roma and Traveller infant mortality rates are also higher.[255] Factors precluding Roma and Travellers' access to health care include a lack of funds to pay for insurance or treatment, a lack of identification documents and a lack of means of transportation from remote areas to health care facilities. Health care providers also reportedly discriminate against Roma, including in the provision of emergency services, and some hospitals regularly segregate Roma patients away from non-Roma patients, especially in maternity wards. Very few Roma or Traveller persons work in health care provision in Europe. As noted above, segments of the Roma community live in slum housing manifestly threatening to their health.

255. Ringold D., Orenstein M.A. and Wilkens E., *Roma in an expanding Europe: breaking the poverty cycle*, World Bank, Washington DC, 2003.

The life-threatening living conditions of approximately 600 Roma, including families and children, for more than ten years, since the late 1990s, in a lead-contaminated area in northern Kosovo (Česmin Lug and Osterode, and Žitkovac, Mitrovica) has been probably the most extreme case in Europe of state failure to safeguard Romas' right to health.[256]As mentioned above,[257] since 1999 camp residents have been subjected to extremely high levels of lead contamination with serious health consequences for children and pregnant women in particular. Poor hygienic conditions and nutrition compound the effects of the contamination. Scores of residents of these camps have reportedly died. In 2004 the World Health Organisation (WHO) tested the Roma children's blood for lead, and the readings for 90% of the children were higher than the medical equipment was capable of measuring. The WHO and the International Red Cross recommended that the camps be immediately evacuated. In 2006 the Žitkovac camp was closed but the residents were relocated into the lead-contaminated Osterode camp. Only in 2010 was the Česmin Lug camp closed and the residents were relocated to their former settlement in the Roma Mahalla. Children resettled to Roma Mahalla have shown reduced lead levels. However, the consequences for their health need to be addressed on a long-term basis. It is reported that the health care services required to this end might not be easily accessible from their present location, and that socioeconomic insecurity there is unacceptably high. As of October 2011, 19 families still remain in the Osterode camp. While these families are waiting for housing solutions to be found for them in northern Kosovo, they continue to be exposed to high levels of lead contamination.

Denial of and discrimination by emergency medical services

Cases where emergency services have failed to respond in an efficient manner to calls for assistance coming from Roma have been reported throughout Europe. For instance, in October 2006, a four-month-old

256. See Commissioner's Report on Kosovo, 2 July 2009, and press release on his visit to Kosovo, 15 February 2010. The situation of the Roma families in Mitrovica is described in more detail in "Access to adequate housing".
257. "Access to adequate housing – Substandard housing conditions" on p. 144 above.

Roma infant died after emergency medical services failed to arrive despite repeated telephone calls by the parents from a Roma neighbourhood in Sofia, Bulgaria. As of early 2007, the Sofia Regional Prosecutor had started an investigation.[258] Also in 2007 in Bulgaria, a Roma woman living in a quarter of Sofia known for its large Roma population was found to have suffered a stroke in her yard; despite numerous calls to emergency services, it took more than two hours for the ambulance to arrive. While she did not die until after arriving at the hospital, doctors reportedly told her relatives that she would have survived if the ambulance had not taken so long. Her relatives have accused the ambulance dispatcher of discrimination and asked officials to review the incident.[259] Emergency medical assistance is also reportedly slow to arrive in Roma neighbourhoods in Hungary or is sometimes even denied to Roma.[260] In Moldova, international and regional monitoring bodies, as well as civil society, have indicated a number of concerns, including reports of denial or delay of emergency health care services in excluded Roma settlements. In September 2010, Slovak emergency medical responders reportedly placed the body of a Roma man who had died in their ambulance on the street in front of his home, greatly offending his family. Spokespeople for the ambulance company defended the crew as having correctly followed instructions from the regional operations centre and said police had supervised the body until it was retrieved by undertakers.[261] Roma in Kırklareli, Turkey, have alleged that both ambulance and fire services refuse to attend incidents in their neighbourhood. Their only means of transport to hospital is by horse. Wrongful deaths due to refusal of treatment have also been reported. In 2006, a Roma man died at the state hospital in Çerkezköy, Turkey, of a gunshot wound to the leg when a surgeon refused to treat him; witnesses said the doctor made

258. Romani Baht Foundation, "Romani baby dies in Bulgaria when ambulance does not show up", posted by ERRC, 19 June 2007.
259. Sofia Echo, "Romani woman dies in Bulgarian capital after waiting two hours for ambulance", posted by ERRC, 20 November 2007.
260. ECRI Fourth report on Hungary, p. 38.
261. Romea, "Roma man dies in ambulance in Slovakia, crew dumps his body in front of his home", 13 September 2010.

racist remarks about the patient, who was transferred to another hospital and died of blood loss during the journey. When the patient's wife filed suit, the witnesses withdrew their statements regarding the doctor's remarks.[262]

Discrimination by health care providers, including segregated wards

Racial discrimination against Roma and Travellers in access to health care is widely reported throughout Europe and ranges from segregation in health care facilities to the provision of low-quality services. Roma women are particularly affected by this phenomenon.

Discrimination against Roma in health care provision is a serious problem in Bulgaria, where pregnant Roma women are segregated from others in hospital wards which are less sanitary and less frequently visited by staff.[263] In Hungary, Roma women are reportedly segregated from others in maternity wards. In one instance, janitorial services were denied to the Roma-only ward, and staff required the patients to clean the ward themselves. Roma patients there have also reported that "doctors refuse to touch them or make only [a] cursory examination, leading in some cases to misdiagnosis or prescription of inadequate medicines".[264] In 2008, 17% of Travellers in Ireland reported they had experienced discrimination when trying to register with a doctor.[265] In "the former Yugoslav Republic of Macedonia", Roma experience widespread discrimination in access to health care, as noted by the United Nations Committee on Economic, Social and Cultural Rights in 2006. ECRI's 2010 report on this country noted that the issue of Roma access to health care is "far from settled" and poses particular problems; NGOs report that Roma continue to be victims of prejudice and neglect by health care professionals and social workers. The separation of Roma women in maternity wards has also been reported in Turkey. Roma interviewed in İzmir and Manisa reported

262. Edirne Roma Association, ERRC, Helsinki Citizens Association, *We are here!*, p. 104.
263. ECRI Fourth report on Bulgaria,f p. 26.
264. ECRI Fourth report on Hungary, p. 38.
265. Minority Rights Group International, Ireland Overview, updated June 2008.

that the medical staff in public hospitals have subjected Roma patients to differential treatment based on their perceived physical differences.[266] Roma interviewed in Bartın report that hospital staff do not give Roma patients the same service as non-Roma patients and that non-Roma patients refuse to sit next to them in the waiting rooms. In Şavşat, Roma reported that if hospital staff were able to identify patients as Roma they would be made to wait longer than necessary, even in emergencies. Doctors are sometimes reluctant to register Roma and Travellers in the United Kingdom or are unsure how to best approach them; some government initiatives to address this are, however, reportedly in place.

Exclusion from health insurance and denial of medical services as a result of a lack of personal documents or related status issues

In many countries, Roma have been excluded from health care schemes as they cannot afford to pay health insurance contributions or are not formally employed or registered in employment agencies. Lack of identification documents is also a problem hindering Roma access to health care.

For example, in Bosnia and Herzegovina, the lack of personal identification prevents Roma from registering in an employment office, which is, in turn, a prerequisite for unemployed persons to have health insurance.[267] Around 46% of Roma in Bulgaria, and in some areas up to 90%, have no health insurance.[268] While medical facilities do exist near almost every Roma settlement in Georgia, Roma often purportedly cannot afford to pay for care.[269] A lack of identity documents also hampers Roma access to health care in Georgia.[270] In Moldova,

266. Edirne Roma Association, ERRC, Helsinki Citizens Association, *We are here!*, p. 104.
267. ECRI Second report on Bosnia and Herzegovina, adopted on 7 December 2010, published on 8 February 2011, p. 34.
268. ECRI Fourth report on Bulgaria, p. 25.
269. Szakonyi D., "No way out: an assessment of the Romani community in Georgia", ECMI Working Paper No. 39, Flensburg, February 2008, p. 5.
270. ECRI Third report on Georgia, adopted 28 April 2010, published 15 June 2010, p. 23.

the compulsory health insurance system covered about 78.6% of the population in 2009, but only 23% of Roma households had a medical insurance policy.[271] In the Netherlands, NGOs undertaking mediation work between health care institutes and Roma patients report that lack of personal identification results in difficulties in practice for some Roma in accessing care.[272] In Ukraine, Roma access to medical services is a major concern as many lack the financial means to pay for medical treatment. [273]

The lingering effects of the citizenship law of 1993 mean many Roma in the Czech Republic who were formerly citizens of Czechoslovakia are unable to access public health care because they were never granted Czech citizenship. Roma living in the Czech Republic who had no choice but to claim Slovak citizenship after 1993, expectant mothers in particular, may have to travel to Slovakia for health care should they want to access a national health plan and not be treated as foreigners in the health care system.[274]

In France, migrant Roma from other EU countries experience difficulties in securing the same access to health insurance as other EU citizens in practice. The French NGO Collectif RomEurope reported that until Romania and Bulgaria joined the European Union, the universal health coverage scheme (*Couverture Médicale Universelle*) was available to all after three months of residence in the EU. Since 2007, an extra condition of proof of sufficient resources has been required of individuals by social services, thereby negatively affecting migrant Roma from Romania and Bulgaria.[275] Migrant Roma can then only benefit from the basic insurance scheme (*Aide Médicale d'Etat* or AME). However, since March 2011, the AME costs 30 euros, which

271. UNDP, "Roma in the Republic of Moldova", p. 14.
272. Advisory Committee on the Framework Convention for the Protection of National Minorities, Opinion on the Netherlands, adopted on 25 June 2009, p. 15.
273. ECRI, Third report on Ukraine, p. 22.
274. ECRI Fourth report on the Czech Republic, p. 13.
275. Collectif RomEurope, "Rapport d'étude, Mettre en œuvre des actions de médiation sanitaire auprès du public rom d'Europe de l'Est présent en France – Etat des lieux des expériences resources et préfiguration de projets pilotes", Mars 2009, p. 19.

represent an additional obstacle to enrolment in the health insurance scheme. As a result, 77% of Roma interviewed by Médecins du Monde were not covered by the AME in 2011.[276]

Exclusion from health care as a result of physical distance from health care facilities

In a number of cases, the fact that Roma live in remote or isolated areas and lack means of transportation is an additional obstacle to their access to health care provision. In Albania, many Roma live in areas with very limited health care services.[277] Approximately 55% of Roma in Bulgaria have difficulty accessing health care due to lack of transportation and residential isolation.[278] Access to hospital treatment is difficult for Roma in Hungary and those living in isolated rural areas have great difficulties accessing even general practitioners. ECRI reported that in Hungary the "isolation of Roma in rural areas in particular means that access to general practitioners is often more difficult". In Poland, factors contributing to the disadvantaged position of Roma in health care include lack of access to facilities due to residence in remote areas. These difficulties are being addressed by free medical consultations and "health visitors" offering targeted assistance and advice to Roma women and families in particular.

Health outcomes

As a result of a range of factors (including those noted above) as well as poor housing conditions, Roma and Travellers suffer serious impacts on their health. This is especially an issue for Roma and Traveller women and children. Roma life expectancy is reported to be about 10 years shorter than that of non-Roma and non-Travellers on average in Georgia, Hungary, Moldova, Spain and the United Kingdom, to take just a few examples. In Bulgaria, authorities acknowledge

276. Médecins du Monde, "Parias, les Rroms en France", press release, July 2011.
277. ECRI Fourth report on Albania, adopted 15 December 2009, published 2 March 2010, p. 8.
278. ECRI Fourth report on Bulgaria, p. 25.

that Roma suffer disproportionately from lung disease "as a result of their customary employment"; 68% of Roma households include a chronically ill member.[279] There is also a high death rate among Roma infants and children in Georgia.[280] In Moldova, health indicators such as infant morbidity and mortality are much worse for Roma than for non-Roma, with infant mortality and miscarriages among Roma almost twice that of non-Roma. Roma also suffer more from chronic disease than non-Roma.[281]

In 2009 the Advisory Committee on the FCNM reported that Roma organisations, including Roma women organisations, describe the health situation of Roma in Serbia, in particular children, the elderly, and women, as "alarming". In Spain, according to a study published in 2004 by the Ministry of Health, Social Policy and Equality, infant mortality among Roma is 1.4 times higher than the national average due to deficient child vaccinations and inadequate child medical follow-up.[282] Respiratory illnesses are endemic amongst Roma in Turkey, particularly amongst Roma women, where the incidence is apparently some three or four times the national average.[283] In Ukraine, an increase in various cardiovascular and infectious diseases among the Roma population has been noted. Malnutrition is also a problem there.

Roma and health care systems: overcoming mistrust

In many places in Europe, a gulf of suspicion and mistrust separates Roma and health care providers. The health care systems of many countries in Europe are full of fearful rumours about large groups of Roma causing disruptions during the illness or death of a family member. Among Roma, in many places there is a strong suspicion that callous and uncaring health care providers do their best to treat Roma only minimally.

279. Ibid.
280. Szakonyi D., "No way out: an assessment of the Romani community in Georgia", op. cit., p. 5.
281. Cace S. et al., "Roma in the Republic of Moldova", UNDP, Chișinău, 2007, p. 13.
282. Ministario de Sanidad y Consumo, *Health and the Roma Community*, 2004.
283. Edirne Roma Association, ERRC, Helsinki Citizens Association, *We are here!*, p. 60.

Beginning with Romania, a number of countries have in recent years developed initiatives such as the introduction of Roma health mediators, aiming at overcoming barriers of access rooted in suspicion, fear, mistrust or discrimination. Although such programmes are not a panacea for all issues complicating the relationship between Roma and health care systems, in a number of localities they have succeeded in strengthening links between otherwise excluded Roma and health care systems, as well as promoting awareness of the importance of health prevention measures. In October 2010, the Council of Europe created a new European training programme for more than a thousand Roma mediators, operating in sectors including health care, as a follow-up to the Strasbourg Declaration on Roma.

The right to the enjoyment of the highest attainable standard of physical and mental health is recognised as a human right by the International Covenant on Economic, Social and Cultural Rights. The right to protection of health is guaranteed by Article 11 of the European Social Charter. The European Committee of Social Rights has emphasised that rights relating to health and contained both in Article 11 of the European Social Charter and Articles 2 and 3 ECHR are inextricably linked, since "human dignity is the fundamental value and indeed the core of positive European human rights law – whether under the European Social Charter or under the European Convention on Human Rights – and health care is a prerequisite for the preservation of human dignity".[284]

In a 2008 decision, the European Committee of Social Rights found Bulgaria in violation of the European Social Charter for failing to meet its obligations to ensure adequate access to the health care system for members of the Roma minority. At issue were legal restrictions on access to health insurance and medical assistance disproportionately affecting vulnerable segments of the Roma community in Bulgaria – in particular the very high numbers of Roma who were not covered by state-provided health insurance as a result of being neither formally

284. ECSR, "Digest of the Case Law of the European Committee of Social Rights", 2008, p. 81.

employed nor included in official registries of the unemployed; physical distance from hospitals and other medical facilities; and discrimination against Roma by health care providers. The Committee concluded by 13 votes to 1 that the situation in Bulgaria constituted a violation of Article 11.1, 11.2 and 11.3 (the right to protection of health) in conjunction with Article E (the ban on discrimination) and Article 13.1 (right to social and medical assistance) of the Revised Social Charter.[285] The European Court of Human Rights has also held that measures involving health care implicate a number of European Convention rights, including Article 2 (the right to life) and Article 8 (the right to private and family life).

In a 2006 Recommendation on better access to health care for Roma and Travellers in Europe, the Council of Europe Committee of Ministers provided a complete set of standards in the field. In particular, the Committee of Ministers called on member states to "adopt comprehensive anti-discrimination legislation that includes the express prohibition of direct and indirect discrimination in access to health care and related public services" and provide effective remedies for victims of discrimination. Effective access to health care should be provided, which means a "geographically accessible and affordable health care". In principle, "Roma and Travellers should receive in every country the same medical care as the general population, or, if they are not nationals of the member state concerned, as any other persons with the same residence status". Efforts should be made by member states in the field of preventive care and awareness-raising campaigns targeting Roma and Travellers, particularly related to sexual and reproductive health of Roma women.

The active involvement of Roma and Travellers in the elaboration of health care policies and the training of health care workers in diversity are essential. Issues of access to health care by Roma and Travellers must be considered in the context of enjoyment of other human rights. In its above-mentioned Recommendation, the Committee of Ministers

285. European Committee of Social Rights, Decision on the Merits, *European Roma Rights Centre v. Bulgaria*, Complaint No. 46/2007, 3 December 2008.

recalled that "decent housing and a satisfactory sanitation infrastructure is a sine qua non for improvement of the health status of Roma."

6.5. The right to social security

There has been only limited study of equality and discrimination issues concerning Roma and Travellers' access to social security measures. A 2007 report by the European Roma Rights Centre and Numena on access by Roma to social assistance measures in Czech Republic, France and Portugal concluded that Roma and Travellers experience problems in achieving equal access to effective social services in those countries. Factors negatively impacting the ability of Roma and Travellers to access social services included: discrimination against Roma and Travellers by social services workers, including arbitrary decisions to deny access completely or to reduce the amount of assistance granted and the discriminatory application of social assistance programmes (such as means-tested social assistance); the implementation of laws and/or policies that have the effect of rendering Roma and Travellers ineligible for regular social services; territorial segregation of Roma and Travellers, making social services difficult to access; communication barriers between social service workers and Roma or Traveller individuals; and a lack of information about such services in Roma and Traveller communities.

The European Committee of Social Rights has found states party to the European Social Charter in violation of various Charter provisions for acts or policies resulting in the exclusion of Roma from social security entitlements. For example, in *European Roma Rights Centre v. Bulgaria*, it found that Bulgaria had violated Article 13, paragraph 1 (on adequate assistance for every person in need) of the Revised Charter after undertaking amendments to the Social Assistance Act, which lowered the maximum time periods for which most unemployed persons of working age could obtain monthly social assistance benefits to initially 18, then 12, and now 6 months. Those who lose their entitlement to monthly social assistance can have this entitlement restored, but this is only possible when 12 months have passed since the expiration of