

**Recommendation Rec(2006)10
of the Committee of Ministers to member states**

on better access to health care for Roma and Travellers in Europe

*(Adopted by the Committee of Ministers on 12 July 2006
at the 971st meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, in particular, through common action and adoption of common rules in the health field;

Noting that many Roma and Travellers are living in marginal situations in member states and experience widespread discrimination in all areas of life;

Aware that as a result of poor living conditions, *inter alia*, many Roma and Traveller communities have a poorer health status than that experienced by the general population;

Bearing in mind Article 25.1 of the Universal Declaration of Human Rights, Articles 2 and 24 of the United Nations Convention on the Rights of the Child, the Convention on Human Rights and Fundamental Freedoms (ETS No. 5), and its Protocol No. 12 (ETS No. 177), the Framework Convention for the Protection of National Minorities (ETS No. 157), Article 11 of the European Social Charter (ETS No. 35) on the right to health protection and Article 3 of the Convention on Human Rights and Biomedicine (ETS No. 164) on the equitable access to health care;

Bearing in mind Council of Europe Recommendations No. R (2000) 4 on the education of Roma/Gypsy children in Europe, No. R (2000) 5 on the development of structures for citizen and patient participation in the decision-making process affecting health care, Rec(2001)12 on the adaptation of health services to the demand for health care and health care services of people in marginal situations, Rec(2001)17 on improving the economic and employment situation of Roma/Gypsies and Travellers in Europe, Rec(2004)14 on the movement and encampment of Travellers in Europe and Rec(2005)4 on improving the housing conditions of Roma and Travellers in Europe;

Recalling Recommendations 563 (1969), 1203 (1993) and 1557 (2002) of the Parliamentary Assembly of the Council of Europe, in which mention is made of the living conditions of Roma in Europe, and Resolutions 125 (1981), 16 (1995), 249 (1993) and 44 (1997) and Recommendation 11 (1995) of the Congress of Local and Regional Authorities of the Council of Europe on the situation of Roma/Gypsies in Europe;

Bearing in mind General Policy Recommendation No. 3 of the European Commission against Racism and Intolerance on combating racism and discrimination against Roma/Gypsies; and European Union Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin and the Article 152 of the Treaty on European Union and Article 35 of the European Union Charter of Fundamental Rights;

Having in mind the Guiding Principles for improving the situation of the Roma adopted by the European Union (COECEN Group) at the Tampere Summit in December 1999;

Noting the relevance of the World Health Organisation's Health 21 programme for the European region and of its policy documents on patients' rights and citizens' participation;

Referring to the Copenhagen Declaration on Reducing the Social Inequalities in Health of September 2000;

Aware of the OSCE Action Plan for the Improvement of the Situation of the Roma and Sinti;

Confirming its commitment towards achieving the Millennium Development Goals and the targets of the Decade of Roma Inclusion;

Bearing in mind that the constitutional structures, legal traditions, and the domestic repartition of responsibilities differ in Council of Europe member states, which may lead to various ways of implementing the present recommendation;

Recommends the governments of member states to follow the principles and implement the provisions set out in the appendix hereafter.

Appendix to Recommendation Rec(2006)10 on better access to health care for Roma and Travellers in Europe

I. Definition

The term "Roma and Travellers" used in the present text refers to Roma, Sinti, Kalé, Travellers, and related groups in Europe, and aims to cover the wide diversity of groups concerned. In the context of the United Kingdom "Roma and Travellers" also refers to self-proclaimed "Gypsies".

II. General principles

Member states should ensure the development of coherent, integrated and appropriate policies and strategies in the light of the

following principles:

- i. protection of human rights, human dignity and autonomy;
- ii. respect of patients' rights, including protection of confidentiality and privacy;
- iii. respect in the patient/health staff relationship;
- iv. respect of the principle of informed consent;
- v. freedom of choice of the doctor/provider, whenever the health system allows for that;
- vi. participation of the patient in his/her treatment: freedom to choose the treatment which the patient feels most adapted to his/her needs, including the freedom to refuse the treatment offered except in cases of emergency or for persons requiring a special protection;
- vii. equal access to appropriate, quality treatment and care for all groups and categories of the population;
- viii. respect of cultural traditions in the delivery of health care services in so far as they do not endanger the health of the person;
- ix. participation of the community in the elaboration of health care policies and strategies.

III. Legal framework for preventing and combating discrimination in health care

To ensure equal access to health care and treatment for Roma and Travellers on a non-discriminatory and culturally sensitive basis, in so far as the health of the person is not thereby endangered, governments of member states should:

- i. adopt comprehensive anti-discrimination legislation that includes the express prohibition of direct and indirect discrimination in access to health care and related public services;
- ii. allocate adequate authority and resources to guarantee the proper implementation and enforcement of this legislation through appropriate mechanisms, particularly at the local level;
- iii. ensure:
 - that national bodies concerned with combating discrimination give consistent attention to the field of health care for Roma and Travellers in their monitoring and recommendations;
 - that effective remedies for victims of discrimination are made available through implementation and publication of complaint mechanisms and provision of legal assistance to those in economic need.

IV. Framework for health policies

1. Effective access

Governments of member states should ensure:

- i. physical access to health care including emergency care, through the provision of adequate roads, communication, ambulances and services for Roma and Traveller communities of the same standard as for the general population;
- ii. access to health care for mobile populations, with consideration for portability of client-held records under the same conditions as for the general population;
- iii. geographically accessible and affordable health care;
- iv. access to health services for Roma and Travellers lacking documentation to access mainstream services;
- v. access to health care for Roma and Travellers who are refugees or asylum seekers in accordance with binding international conventions.

2. Planning

Roma and Travellers shall 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 type of residence status.

Governments of member states should:

- i. make the improvement of conditions of Roma and Travellers' health a priority area for action and develop the necessary

comprehensive health policies and strategies;

ii. provide mechanisms to ensure the consideration of a broad range of Roma and Traveller health interests and needs in the policy-making process, for example children/adolescents/women/elderly, sedentary/nomadic;

iii. stress the importance of an inter-sectoral approach, taking into consideration the rights to acquire citizenship, identification documentation, social benefits, social insurance, education, employment, decent living conditions, housing, and other factors affecting health status and access to care;

iv. mainstream the policies responding to the health needs of Roma and Travellers into national health strategies and services;

v. consider introducing the collection of census data on a strictly voluntary basis so that individuals from Roma and Traveller communities may be included in the planning of health services to these communities. National and local health bodies should be encouraged to do research and build up a knowledge base of information on the health needs of Roma and Traveller communities and the effectiveness of services to them and how to best meet those needs;

vi. promote the involvement and participation of all parties concerned (policy makers, local health authorities, health professionals, researchers, representatives of Roma and Travellers and non-governmental organisations) in the planning, implementation and monitoring of health policies;

vii. take appropriate measures to make the wider population aware of the need of effective special measures intended to reach equal access to health care for Roma and Travellers;

viii. provide for adequate authority and resources for the co-ordination and supervision of all the measures taken at national and local level;

ix. identify and address research needs;

x. provide where necessary for outreach measures fully integrated into the normal health service;

xi. earmark specific funding for the improvement of the health situation of Roma and Travellers in all countries where Roma and Travellers are reported to face problems in accessing the healthcare system;

xii. ensure that family planning is gender sensitive;

xiii. take into consideration good practices on disseminating information about Romani culture and about prejudices existing among both health care professionals and Roma and Travellers;

xiv. take into account the range of good practices existing in other member states and/or regions (for example Roma and Traveller health units, Roma and Traveller health mediators, training on primary health care, guidebooks).

3. Prevention

a. Health education

Member states should ensure access to health information and education through awareness raising campaigns for Roma and Travellers by health care and social workers, authorities and NGOs. Where desired, information on reproductive and sexual health and gender equality should be given as part of the health education.

Special attention should be paid to the education of the general population and to the elimination of existing anti-Roma and Traveller prejudices, which seriously hinder normal access to health care of Roma and Travellers.

b. Housing and health

Recognising that decent housing and a satisfactory sanitation infrastructure is a sine qua non for improvement of the health status of Roma and Traveller communities, governments of member states should ensure:

i. that Roma and Traveller settlements and encampment sites are located in decent places in a healthy environment, with own toilet and water facilities, electricity, paved roads, rubbish containers, sewage, etc., under the same conditions as the general population of the region concerned;

ii. that members of mobile populations without access to legal caravan sites have access to health care and other public services;

iii. that local health bodies should work with local housing and other agencies to address these wider issues. When doing so they should ensure that Roma and Traveller communities are engaged effectively in these processes.

c. Sexual and reproductive health

Governments of member states should pay particular attention to the health situation of Roma and Traveller women, by ensuring comprehensive sexual and reproductive health (SRH) services and information, particularly family planning. Such services should also be made accessible for Roma and Travellers adolescent and adult men.

d. Children and health

Health policies should give special attention to the health of children through a wide range of preventive measures including vaccination and prenatal and postnatal care. Special attention should be given to underage female children.

4. Participation of Roma and Travellers

i. Wherever appropriate local health services should ensure that they have in place specific services such as gender equality advisors and health mediators to meet the health needs of these communities. Members of Roma and Traveller communities, where applicable, should be involved in developing those services and, where possible, health professionals should be recruited from their communities.

ii. Where applicable training should be undertaken to improve Roma and Travellers' skills in policy making and health public administration.

iii. Adequate resources should be provided for capacity-building training to enable representatives of the Roma and Traveller communities to engage effectively in the consultation process when drawing up strategies and policies affecting their health.

iv. The actual focus of training programmes for Roma and Travellers in the field of health should be expanded from health mediators – whose role is to mediate between Romani patients and health professionals, provide basic health education and assist Roma communities in obtaining necessary insurance and documents – to include more ambitious targets.

v. Roma and Travellers, if they so wish, should be encouraged to take up professions such as those of nurses and doctors at all levels of the health system.

5. Staff training

Governments of member states should support education of health care workers and authorities about diverse Romani and Traveller traditions, cultures, living conditions and mobility patterns and how this may affect Roma and Traveller health needs.