



**ЦЕНТРОТ ЗА РЕГИОНАЛНИ ИСТРАЖУВАЊА И СОРАБОТКА**  
Центар за регионални истражувања и соработка

 OPEN SOCIETY INSTITUTE  
Public Health Program

# КОНФЕРЕНЦИЈА

## Јавно здравје во Македонија и Ромите

### Како досега и понатаму?

*22 јануари 2009, почеток 10.00 часот, хотел Холидеј Ин, сала Милениум 1*

**Health aspects of groups of special interest  
(CSWs, IDUs, MSM, etc.)**

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## BIM's activities regarding promotion of the rights of Roma in Macedonia, including health related rights

- Conducting so-called Open Method of Coordination (OPC) through:
  - Identifying of vulnerable groups, including Roma in the process of preparation of so-called Joint Inclusion Memorandum (JIM)
  - Establishing theme work group with NGO representatives coming from each identified vulnerable group, including Roma
  - Conducting series of consultative meetings and conferences at national as well as local/regional level in order to determine priority needs and problems of target groups, including Roma
  - Preparation and publishing of theme reports for each vulnerable group, including Roma, as part of final report *The Road to EU: Civil Society Contribution in Creation of Social Inclusion Policy in RM'*
  - **Revision of National Action Plans within the frameworks of Roma Inclusion Decade (2005-2015).**

# Identified priority problems in healthcare area in the process of OMC

## Priority problem 1

Low level of healthcare education and healthcare awareness as well as presence of traditional practices that have negative influence over the health of Roma

## Recommendations

- Conducting of planned activities and health measures within the frameworks of the National Roma Strategy and National Action Plans in the Roma Decade of Social Inclusion;
- Roma Health Mediators Program;
- Programs for informing and raising of health awareness with the Roma population;
- Substantive research for the influence of culture and tradition over health behavior of Roma.

## Identified priority problems in healthcare area in the process of OMC

### Priority problem 2

Differences in access to healthcare institutions and occurrence of infectious diseases amongst the Roma population

### Recommendations

- Program for Roma Health Mediators;
- Conducting analysis for access to healthcare services for Roma population;
- Enabling measures for access for Roma to healthcare protection;
- Collecting accurate and timely information for immunization condition with Roma population;
- Programs and campaigns for vaccination;
- Programs for reproductive health.

## Identified priority problems in healthcare area in the process of OMC

### Priority problem 3

Health insurance registration

### Recommendations

- Introduction of healthcare statistic system for identifying the needs of Roma;
- Mechanism for protection of uninsured persons;
- Special programs for healthcare protection for Roma without permanent address and employment.

# Identified problems in health area with revised National Action Plan (NAP)

**Problem no 1:** Shorter life-span with Roma compared to the general population

**Reasons:**

- Bad socio-economic condition with Roma population,
- Persons without identification documents, births at home
- Large number of persons without healthcare insurance,
- Lack of vaccination of Roma children,
- Increased mortality of newborns with Roma community
- Increased level of infectious diseases,
- Lack of information and education related to health
- Underdeveloped awareness for the need of regular preventive medical control,
- Increased percentage of chronic illnesses.

# Identified problems in health with revised National Action Plan (NAP)

**Problem no. 2:** Difficult access of Roma to healthcare system

## **Reasons:**

- Bad socio-economic condition in Roma community,
- Existence of double discrimination in the healthcare protection system,
- Discrimination (implicit and explicit) regarding the ethnic background,
- Lack of decentralization process of healthcare protection ,
- Inadequate and insufficient healthcare institutions in the Roma community,
- Lack of healthcare insurance,
- Lack of general physician,
- Inadequate legal regulative for specific needs of healthcare protection for Roma (in debt to the Fund, persons without documents, persons not registered in the healthcare insurance system),
- Insufficient number of Information Centers in Roma communities,
- Insufficient information to the Roma regarding their rights of healthcare protection
- Lack of allocation of budget for development programs related to health of Roma
- Lack of centers for treatment of addiction illnesses.

# Identified problems in health with revised National Action Plan (NAP)

## **Problem no 3:** Health of Roma Women

### **Reasons:**

- Bad socio-economic situation,
- Sexual and reproductive health,
- Menopause and osteoporosis,
- Marriages of minors
- Family violence,
- Access to services for women and reproductive health,
- **Sexual workers**



## **General goal determined by NAP regarding health (2008 – 2012)**

To improve health condition of Roma until year 2011 by improving access to healthcare services and allocation of finances for NAP in the priority area health of Roma

# Specific goals determined by NAP regarding health (2008 – 2012)

- Identified health needs of Roma population,
- Advancement of hygiene-epidemiological conditions of Roma population through sanitary-epidemiological monitoring and disinsection and deratisation measures in Roma communities.
- Health education of students in 30 schools that have large number of Roma students
- Health education of young Roma outside of the education system in 30 communities inhabited mainly by Roma
- Increased level of healthcare insurance for Roma for 30% (Roma that do not have financial means to cover administrative costs and information regarding healthcare insurance),
- Increased level of primary medical services for Roma population for 20% in comparison to 2007.
- **Increased access to healthcare services for members of vulnerable groups within the frameworks of the Roma population (women, children, children living on the streets, homeless persons, young persons, special needs persons, HIV positive persons, persons living in extreme poverty, elderly persons, drug users, sex workers, LGBT, and MSM).**

# Special Interest Groups

- Injecting Drug Users (IDUs)
- Sex Workers (SWs)
- Men having sex with men (MSM)
- Lesbians, Gays, Bisexuals, Transsexuals (LGBT)
- Others (prisoners, patients with sexually transmitted infections – STIs, youth, etc)

# Why these groups?

Behavioral research conducted in the Roma population from the MoH and RIHP in 2007 in correlation with two other previous studies (behavioral and serological) conducted in 2005 and 2006 with representative sample, referred to the following conclusions:

- The majority of Roma population in Macedonia are facing high degree of poverty and unemployment;
- They are especially vulnerable in terms of healthcare and social problems,
- There are notions that giving sex services, MSM and injecting drugs have increased with the Roma population compared to other ethnic groups,
- In correlation to their specific cultural habits and behavior they increase their vulnerability regarding HIV infection and other STDs
- They are generally not well informed for many aspects of HIV/AIDS and other STDs

## Distribution of results from the study regarding sexual behavior

	Study 2005	Study 2006	Study 2007
Had paid sex partner	8%	23%	17%
Offered sex for money	2,5%	20%	18%

## Distribution of results from the study regarding usage of condoms in sex services

	Study 2005	Study 2006	Study 2007
Used condoms in last sex intercourse with paid partner	63%	64%	24%
Used condoms in last sex intercourse with client	/	68%	24%

## Distribution of results from the study regarding exceptionally risky sex behavior

	Study 2005	Study 2006	Study 2007
Had sexual intercourse with another man	13%	17%	17%
Injected drugs	3,4%	4%	5%

## Assessment for future preventive actions and programs

- Around 4 800 women Roma and 1 200 Roma men are victims of sex under coercion
- Around 4 500 Roma women practice sex intercourse with another man
- Around 2 500 Roma are injecting drug users.



## Injecting Drug Users

Increased number of persons from Roma population using drugs:

According to RIHP\*:

- Around 2500 Roma inject drugs
- Out of 471 person, 5,4% have injected drugs in the last month
- HOPS in Skopje has contacted 228 Roma that inject drugs.

\* bio-behavioral study among youth and high-risks population for HIV infections in the Republic of Macedonia, 2007, RIHP, MoH.

## Trends with Roma population that uses drugs

- ☞ Extremely low and extremely high age of initial drug use (9 to 45)
- ☞ Minimal knowledge about:
  - Drugs and consequences of their work,
  - STDs and blood-transmitted diseases,
  - Tuberculosis and healthy lifestyle in general.
- ☞ Existence of street myths (HIV cannot be transmitted if the needle is heated before use)
- ☞ Large households 8-15 persons in 1-2 rooms – small children are witnesses of the act of injecting drugs
- ☞ Large number (in Skopje over 70%) do not have healthcare insurance or documents for personal identification (social exclusion, inability to get treatment, etc).

# Current condition

- ☞ Violations of rights of Roma IDUs – double discrimination
- ☞ One program specially designed for Roma population for reducing damage from drug usage – HOPS, Skopje
- ☞ Lack of choice for treatment of addictions

## Treatment as main problem...

The program for treatment of new users with substitutes in Skopje has been closed for the past 7 years

† ☾ 28 deaths of users in 2006 and 2007 that wanted treatment and were referred to the hospital, however they were not accepted because the program was closed. 8 of them were Roma

## **...Inefficiencies of the Ministries**

- For the past four years there have been unused finances by the HIV/AIDS Global Fund for opening the planned 3 treatment centers in Skopje

## ...And the stigma

- The local population in Shuto Orizari is against opening of treatment center in their municipality

# Recommendations

- ➔ Urgent opening of addiction treatment centers
- ➔ Urgent opening of programs for reducing damages from drug usage as well as programs for resocialisation designed especially for Roma users
- ➔ Creating programs for reducing stigma and discrimination towards persons using drugs, including Roma

## Sex Workers

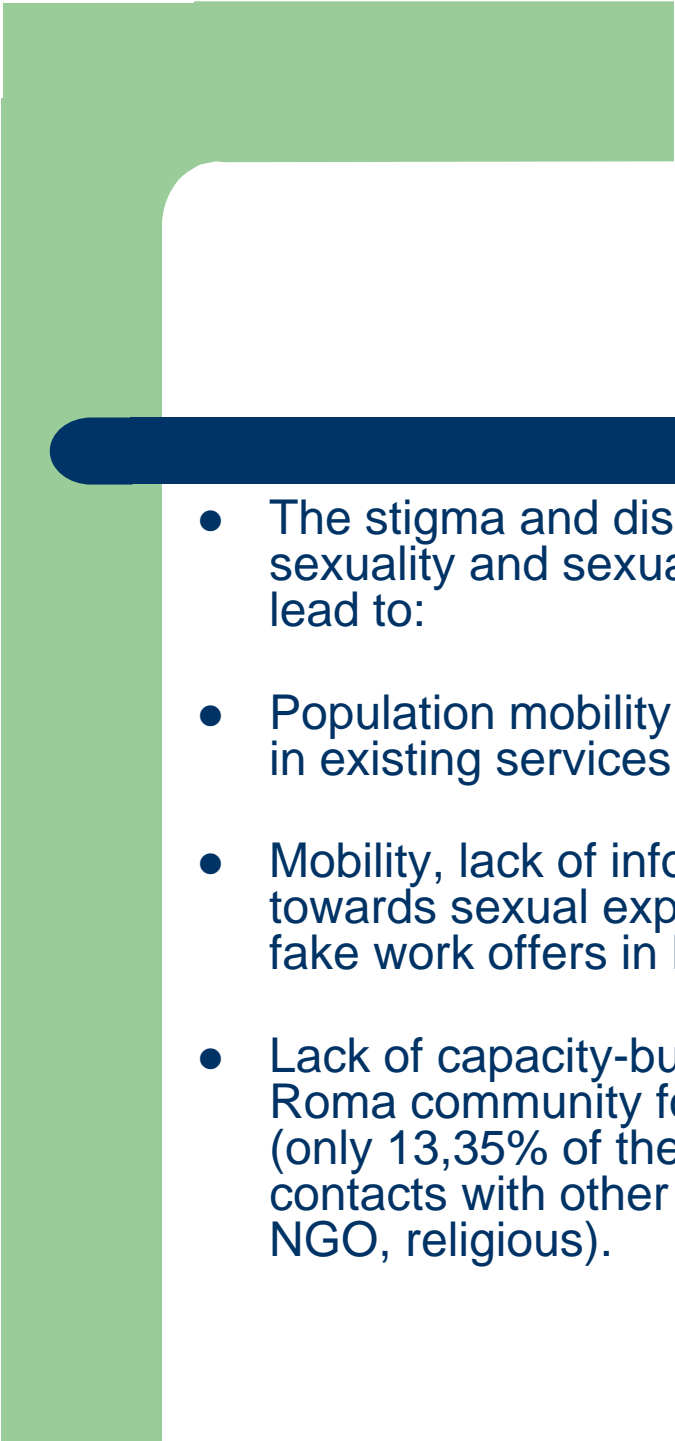

- The only program for support of sex workers specially designed for Roma population is conducted by HOPS, Skopje, starting from 2005.
- Out of total 259 established contacts 136 (52,5%) are with Roma ethnic background



## Problems observed with sex workers in Roma communities

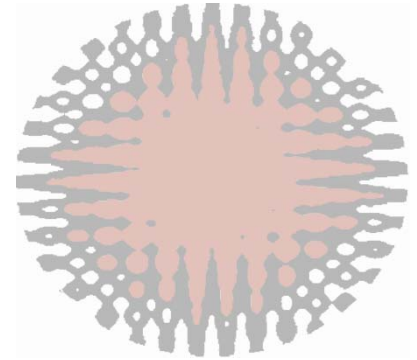
- Low age of sexual intercourse (starting from 12-13 years)
- Minimal knowledge of sexual and reproductive health, STDs and safe behavior (usage of condoms, contraception, planned pregnancy) which results in high degree of unwanted pregnancies,
- Large percentage (around 70% from the persons contacted) do not have healthcare insurance or personal identification documents (around 50% of the contacted) which leads to social exclusion, inability to access healthcare or other institutions (only 11,8% of the contacted have had gynecological exams regularly or occasionally and only 6,6% have been tested for HIV – according to first contact with HOPS).

\* Mapping and study based on research in the community of high risks adolescents, HIV/AIDS/STDs, 2007, UNICEF

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- The stigma and discrimination coming out of taboos connected to sexuality and sexual relations and especially in the Roma community lead to:
  - Population mobility which leads to inability of continuous involvement in existing services and continued education and support
  - Mobility, lack of information, financial pressure leads to vulnerability towards sexual exploitation and human trafficking (forged marriages, fake work offers in Macedonia and abroad)
  - Lack of capacity-building of organizations and institutions acting in Roma community for recognizing and reaching vulnerable categories (only 13,35% of the persons contacted by HOPS have established contacts with other organization within the community (social, health, NGO, religious).

# Recommendations

- ➔ Capacity building of organizations and institutions acting in Roma communities for access and work with vulnerable categories of Roma (RIC, NGO's, healthcare institutions...)
- ➔ Developing specially designed all-inclusive programs/services for Roma sex workers
- ➔ Creation of programs to reduce stigma and discrimination towards sex workers, including Roma



**Thank you for your attention**

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