

SHORT THESIS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PH.D.)

**Effectiveness of Policies to Improve the Health and
Social Situation of Roma Populations in the European
Region**

Gabriella Fésüs

Supervisor: Prof. Róza Ádány, DSc



UNIVERSITY OF DEBRECEN
DOCTORAL SCHOOL OF HEALTH SCIENCES

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Supervisor: Prof. Róza Ádány, DSc

Head of the Examination Committee: Margit Balázs, DSc

Members of the Examination Committee:

Mihály Fónai, CSc

Imre Boncz, PhD

The Examination takes place at the library of the Faculty of Public Health,
28 March 2012.

Head of the Defense Committee: Margit Balázs, DSc

Reviewers:

Bayard Roberts, PhD

Balázs Ádám, PhD

Members of the Defense Committee:

Bayard Roberts, PhD

Balázs Ádám, PhD

Imre Boncz, PhD

Mihály Fónai, CSc

The Ph.D. Defense takes place at

The Lecture Hall of 1st Department of Medicine, Institute for Internal
Medicine, 28 March 2012.

1. Introduction

The Roma population, the largest ethnic minority group in the European Union (EU), concentrated primarily in countries in Central and South Eastern Europe, is estimated at about 10 million and their number is increasing due to high birth rates. Many Roma remain economically vulnerable and socially excluded, manifested by their low levels of educational attainment and labour market participation and the widespread discrimination that they face. Available research suggests remarkable differences in life expectancy and health outcomes between the Roma and majority populations, particularly regarding the prevalence of communicable and non-communicable diseases.

Over the past decades, a series of national and international policy initiatives have been designed to improve the situation of the Roma. The EU required, in the context of the 2004 and 2007 enlargements, the acceding states of Central and Eastern Europe, and more recently those in South Eastern Europe, to address Roma rights explicitly as a condition of EU membership. A number of measures to address the social and economic problems Roma people face have received support from several international agencies.

Despite various policy initiatives, there has been limited progress in improving the situation of the Roma over the past decades in most countries in Central and South Eastern Europe. There is also concern that the current economic crisis may disproportionately affect vulnerable communities, including the Roma.

Although the social and economic situation of the Roma population has been the subject of numerous studies over the past decades, little knowledge has been derived from these studies. Little systematic research has been done and even less knowledge has been derived regarding the extent to which the various policies and programs seeking to reinforce Roma integration in Central and South Eastern Europe have delivered expected social and economic outcomes. To help fill this knowledge gap the thesis focuses on the factors that may inhibit the effectiveness of policy initiatives.

2. Aims and Methods

The aim of the thesis is to a) better understand the underlying causes of the health and social inequalities between the Roma and majority populations in Central and Eastern Europe; b) identify the factors that may limit the effectiveness of existing policy initiatives aiming to improve their conditions and c) propose solutions to improve the situation of the Roma in an effective manner. The thesis takes an interdisciplinary perspective by embedding health in the context of a range of policies (education, employment, territorial development, housing, economic development) which are of direct relevance to improving health outcomes for Roma people. While doing so, this thesis examines the following hypotheses:

- (i) Policies aiming at the social and economic integration of Roma people in Central and Eastern Europe have had limited effectiveness over the past decades, leading the Roma population to continue to face deep-seated and multiple social and economic disadvantages.
- (ii) A range of factors inhibits the effectiveness of Roma integration policies; some relate to broader framework conditions, including the availability of data, the nature of public policies, prejudices and discrimination, while others to specific local contexts and realities in which Roma people live.
- (iii) Enhancing the effectiveness of policies require a number of intertwined policy steps, including strengthening the evidence base, incorporating Roma inclusion into mainstream policies, ensuring adequate budgeting and combating prejudice and discrimination.
- (iv) Although the primary responsibility for Roma inclusion policies remains with national and regional governments, transnational policy frameworks can act as catalysts for change, and lessons can be drawn from examination of policies for the integration of vulnerable populations in other regions of the world.

The research process ranged from the problem definition to the interpretation of findings and the formulation of policy recommendations. The problem definition was based on a

review of published literature in relation to a) the main determinants of inequalities in health status between Roma and non-Roma people and b) the policies that seek to improve the health, social and economic situation of Roma in Central and Eastern European countries. The databases searched were Medline, Web of Science, Elsevier and Google Scholar. The search was iterative and the strategy was adapted to each database. On the basis of the problem definition, the four hypotheses presented in the introduction have been formulated.

Exploratory research techniques were used seeking to understand the factors that enhance or inhibit the effectiveness of policy initiatives designed to improve the adverse conditions of the Roma. These comprised of a) review of policy documents from national and international organisations and non-governmental bodies and b) semi-structured interviews with policy makers at national and international levels and with representatives of civil society. The interviewees were selected on the basis of their expertise and with a view to addressing the multidimensional aspects of Roma inclusion. The findings of the exploratory research complemented the problem definition, in particular on the underresearched aspects related to the effectiveness of policy initiatives, and contributed to the formulation of policy recommendations.

3. Review of the Literature

Demographic Patterns

Although estimates vary depending on the manner in which data are collected, the Roma population in the EU is estimated at 10 million. This population displays demographic patterns distinct from those of majority populations, with almost half of Roma under the age of 20 due to their high birth rate and low life expectancy. While fertility rates for majority populations are projected to remain below natural replacement (2.1 children per woman) in many parts of the EU, the Roma have an above-replacement rate, although projections indicate that it has started to slightly decrease in recent years.

The vast majority of Roma in Europe are sedentary, although increasing numbers have started to migrate to other EU Member States as well as outside Europe in search of

better living conditions. The reception of Roma in the Member States varies significantly; some receive support in accessing the labour market and public services, while others continue to face discrimination and exclusion. In some Member States, such as Italy and France, they have recently been subject to expulsion. The Roma have suffered from discrimination and social exclusion for many decades. Many face discrimination on account of several personal variables, such as ethnicity, gender, age and disability.

Health Status

The review of available research suggests that the Roma experience poorer health and substantially lower life expectancy, as well as suffer from a much higher prevalence of both communicable and non-communicable diseases, than do majority populations in Central and South Eastern Europe. Research in Hungary comparing the health of those living in Roma settlements with that of the general population concluded that the self-reported health status of the former was much worse than that of the general population. Similarly, self-reported surveys of the health of Roma in Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia and Spain indicated the high prevalence of chronic diseases, such as migraines and headaches, hypertension, arthritis and rheumatism, among Roma adults and of asthma, chronic bronchitis and allergies among minors. Women, children, youth and persons living with disabilities are particularly marginalised within Roma communities. Girls are especially disadvantaged, a fact manifested by the high rates of teenage pregnancy among the poorest communities with the lowest educational attainment. Low birth weight, premature birth and low use of contraceptive methods are common among the Roma.

The poor health of the Roma can be attributed to a range of intertwined variables. In many countries the Roma are concentrated in socially and economically deprived regions, often living in segregated and overcrowded settlements characterised by adverse environmental conditions. Poor social and economic conditions, such as low education and employment and sub-standard housing particularly affect the health of Roma people.

Research on the poor birth outcomes among the Roma in the Czech Republic concluded that socio-economic factors were the primary factors responsible for these outcomes. This conclusion was supported by research in Slovakia comparing Roma and non-Roma adolescents, which has shown the role of socio-economic factors in differences in health outcomes. Education and wealth were found by research as the main determinants of inequalities in health status in Bulgaria, Hungary and Romania; in which however that the role of ethnicity showed variations across countries. Research in Hungary has found that cultural factors as well as socio-economic conditions are primary factors in health-related behaviours. The Roma have been found to have high rates of smoking and drug and alcohol consumption starting at a very early age.

Health disparities between the Roma and majority populations may also be explained by lack of access to or low utilization of health services by the Roma. In some countries, many Roma are unable to join health insurance schemes, typically because they lack the necessary identification documents. In countries where informal, out-of-pocket payments are common, Roma often face higher costs when accessing health care, making health care unaffordable for low-income Roma households. The Roma also have difficulties in accessing transportation to health facilities from the remote areas where the majority live. Moreover, they face cultural barriers, such as traditional Roma beliefs and perceptions about health and disease, as well as continuing belief in the efficacy of alternative treatment methods. Communication problems between the Roma and health professionals are also common, primarily stemming from mutual prejudice and differences in evaluating the quality of health care provided. Reports of discrimination against Roma in accessing health care are widespread. The consequence of these challenges is that the Roma continue to face difficulties in accessing health care, especially specialist care, preventive services and public health programs.

Educational Attainment and Labour Market Conditions

Although there has been progress in addressing the historically very low rate of primary education completion among the Roma, their educational attainment remains poor. Many Roma children enter primary school without having received early childhood education,

and then go on to study at institutionally segregated schools, such as ‘special schools’ for children with developmental disabilities or segregated ‘Romani ghetto schools’ that provide low-quality education. The drop-out rate of Roma from secondary education is high, leading very few Roma to complete secondary education, and even fewer to complete tertiary education. Various explanations have been proposed for the high drop-out rates, among them the expense associated with education, which deprives households of income in the form of child labour.

Low levels of education, coupled with widespread discrimination in employment, exclude large numbers of Roma from the mainstream labour market. Although short- and long-term unemployment levels among the Roma are significantly higher than majority populations, many Roma are involved in the informal labour market. Despite this fact, a large proportion of Roma remains economically inactive and dependent on state transfers. This high rate of dependency on social assistance benefits is the result of a combination of factors, including inadequate attainment of skills and qualifications as well as the poor socio-economic context in which many Roma live.

Geographical and Contextual Factors

Geographical and contextual factors also play a key role in the poor socio-economic outcomes of the Roma. The Roma population tends to be concentrated in socially and economically undeveloped regions. Research from Slovakia has found that the highest concentration of Roma live in Eastern Slovakia, the least developed region of the country, where they suffer from high unemployment. Similarly, research in Hungary has found that the highest proportion of Roma live in the lagging eastern and southern regions, with the greatest proportion concentrated in micro-regions suffering multiple economic and social disadvantages.

The Roma often live in segregated and overcrowded settlements in rural areas, in deprived residential areas in outskirts of urban sectors near industrial and waste sites, or, more recently, in camp sites in Western Europe. Roma settlements are often characterized by adverse environmental conditions and lack of access to basic infrastructure, such as

sewerage, electricity, education, health and social services. Transportation facilities from Roma settlements to sites where public services are located are often inadequate.

Economic Dimension of Roma Integration

Integration of the Roma minority is not simply a matter of social justice and equity. It is also a matter of economic efficiency. The Roma possess untapped potential in terms of human capital and labour. As education and health are integral to human capital, improving Roma outcomes can foster economic prosperity. Reducing inequalities in their health outcomes can relieve a significant economic burden manifested in absenteeism and loss of labour productivity, while enhancing their labour market participation is essential to increasing tax revenues and contributions to social security systems. The World Bank has shown that closing the productivity gap for Roma in Serbia, the Czech Republic, Bulgaria and Romania would increase combined economic output by €9.9 billion annually for the four countries and yield €3.5 billion in fiscal benefits. In Bulgaria estimates suggested that the integration of Roma over the next 10 years would yield benefits reaching approximately 22 billion leva (about 11 billion €) on average, and the benefits of integration would largely outweigh the costs. Research in Hungary of potential gains in budgetary revenues from investment in bringing Roma education outcomes on par with majority populations suggest significant long-term benefits to the national budget stemming from increased tax revenues and decreased state transfers.

Policies for Roma Social and Economic Integration

Several international organisations have sought to promote Roma inclusion over the past two decades, including the EU, the World Bank, the UNDP, the Council of Europe, and the Organisation for Security and Cooperation in Europe, the World Health Organization, as well as NGOs such as the Open Society Institute. At the national level, various governments have adopted strategies for improving the situation of the Roma.

The launch of the *Decade of Roma Inclusion* in 2005 represented the high-level political commitment of Central and South Eastern Europe governments and international organisations to Roma integration. It has since provided a regional framework for Roma inclusion policies until 2015. Action plans prioritised education, employment, health and

housing and the cross-cutting themes of poverty, discrimination and gender mainstreaming. Evaluation of the early years of the Decade, however, suggests varying progress in the implementation of policies across countries and sectors. Education appears to be the primary focus of governmental policies, followed by housing, employment and health. The process also has demonstrable weaknesses in particular in terms of monitoring and evaluation.

In the *European Union*, the social and economic situation of Roma has become a growing concern throughout the years. Roma are European citizens entitled to the same rights as majority populations, including the freedom of movement, which has led increasing numbers to move to other Member States. The social and economic situation of the Roma and the extent of discrimination that they face are similar across countries.

The requirements that the EU imposed on several of the acceding states of Central and Eastern Europe to address Roma rights as a condition of EU membership before 2004 continue to be discussed with candidate countries of South Eastern Europe. Apart from various forms of anti-discrimination legislation, the EU also provides a range of financial instruments to support Roma inclusion and a platform for coordination of policies.

In recent years, the European Council, the highest political body of the EU, demonstrated strong political commitment to address Roma inclusion by inviting Member States to use all means to improve their integration. The European Parliament has also adopted a number of resolutions calling for strengthening Roma inclusion which has also been advocated by other EU institutions as well. Based on its periodic assessment of the progress made in terms of Roma integration, the European Commission has periodically called for enhancing the effectiveness of initiatives and proposed an EU framework for Roma inclusion. Exacerbated by debates over Roma expulsions in some Member States, the European Council has recently called on Member States to develop ‘national Roma inclusion strategies or integrated sets of policy measures within their broader social inclusion policies for improving the situation of the Roma by end 2011’

A number of EU policies promote Roma inclusion, including equal opportunity, employment, social policy, regional policy, public health, education and enlargement

policies. It should be noted however that the legislative role of the EU however is largely confined to establishing the guiding principles for these policies, while their actual implementation remains the prime responsibility of national governments. For these reasons, attention has focused on less formal initiatives such as the establishment of an ‘Integrated European platform’ which provides a framework for inter-governmental consultation and consultation with civil society. The Platform adopted a set of principles to guide Roma policies, which envision integrating Roma inclusion into mainstream policies with *explicit but not exclusive targeting* of their needs. In other words, policy initiatives targeting the Roma should not exclude other populations who share similar social and economic disadvantages.

There has been ongoing debate regarding the direction that EU Roma policy should take. Some commentators have argued that existing mechanisms at the EU level offer sufficient opportunities to address the needs of the Roma. Others, in particular those representing civil society, the European Parliament and some international organisations, have suggested developing a European framework strategy for Roma inclusion.

Some actors have advocated greater use of the Open Method of Coordination (OMC), which monitors EU and national progress towards commonly agreed objectives. Within the OMC, consideration of the situation of ethnic minorities, including the Roma, is encompassed within the framework of low-skilled, unemployed or other disadvantaged groups. Some commentators have proposed that Roma inclusion be explicitly specified as an area of OMC operations. Doing so would require the cooperation of Member States in drawing up National Action Plans specifically for Roma inclusion with quantified targets and producing periodical reports on progress towards the attainment of these plans. Although doing so would offer the advantage of building on existing national strategies, it would go against the views expressed at the Integrated European Platform by treating Roma lack of inclusion as distinct from other forms of socio-economic disadvantage. It would also require making complex arrangements to avoid creating parallel structures to existing OMC mechanisms in the fields of education, employment, social inclusion and social protection.

Various financial instruments are available at the European level which can complement national resources used to support Roma inclusion. Candidate countries receive pre-accession assistance while Central and Eastern European Member States benefit from high allocations from the Structural Funds offering non-repayable grants and financing instruments including micro-credit. Support for Roma inclusion from the Structural Funds showed an increasing trend throughout the years. Some Member States have earmarked specific amounts for Roma inclusion, while others explicitly mention Roma inclusion under several priorities. Findings from the European Commission indicate that the effectiveness of the use of EU funds in support of Roma integration could be significantly enhanced. Mainstream Community programs, such as Progress, also benefit the Roma through supporting anti-discrimination and networking, while the Public Health Program finances research into and identification of effective policy practices to address health inequalities.

National Policies for Roma Inclusion

A number of national policies in Central and Eastern Europe benefit the Roma. Anti-discrimination legislation has been adopted by EU Member States, most of which have also adopted governmental programs to increase access to public services and improve the living conditions for minority groups, including the Roma. The adoption of national policies supporting the Roma has been largely triggered by intergovernmental processes, such as the Decade of Roma Inclusion and the EU OMC in the fields of employment, education, social protection and social inclusion.

Assessments of National Action Plans submitted by Member States within the framework of the OMC on social protection and social inclusion suggested that in most countries a comprehensive policy framework for Roma inclusion is still lacking due to non-availability of data and an insufficient knowledge base. Actions in support of Roma inclusion often do not form an integral part of mainstream employment, education, health and housing policies.

All Central and South Eastern European countries have adopted *National Health Action Plans* in the context of the Decade of Roma inclusion. However, the limited assessment data that are available suggest bottlenecks in their implementation. In most cases, the programs are mainstreamed within national policy frameworks with limited evidence of their effectiveness in terms of outreach to disadvantaged Roma. Most health measures cited relate to vaccination and reproductive health while other health concerns are neglected. Measures to improve health insurance coverage are scarce.

The sustainability of existing initiatives and implementation of planned actions also constitute a challenge. Many initiatives rely on external funding, facing the risk that once funding is terminated, they will be discontinued. Measurability of progress due to weaknesses in data collection and monitoring is a key limiting factor. Several countries have established networks whereby members of the Roma community act as mediators between Roma patients and health professionals to facilitate for instance to obtain identification documents and health insurance and provide basic health education. However, the status of health mediators in some cases has not been regulated in an appropriate manner, nor their systematic employment been considered. Although a number of public health interventions have been implemented by NGOs. Many initiatives are, however short-lived, and sometimes one-off pilot initiatives.

Measures to improve the living conditions of Roma have also remained limited in terms of scope and impact. Many initiatives lack measurable indicators and timelines due to lack of comprehensive data on housing needs. Insufficient funding, slow progress of the implementation of municipality development plans also constitute limiting factors.

4. Results

Key Factors Limiting Policy Effectiveness

Several intertwined factors are seen to be responsible for inhibiting the effectiveness of Roma integration policies. Some relate to broader social, economic and institutional contexts, while others are associated with the immediate micro-level environment in

which Roma communities live. Key limiting factors relate to data collection mechanisms, the evidence base of effective policies, the embeddedness of initiatives into mainstream policies, prejudice and discrimination against the Roma, the magnitude and use of funding, and the monitoring and evaluation mechanisms used. At the micro-level, additional factors come into play, such as outreach of policies to specific local contexts and sensitivity towards the cultural values and behaviours of the Roma.

Evidence Base of Effective Policy Approaches

The absence of a sound evidence base underpinning Roma integration policies, which can be attributed to the inadequacy of data-collection mechanisms and weaknesses in monitoring and evaluation, has been increasingly recognised.

Data Collection Mechanisms

The major challenges in simply obtaining basic data on the Roma in many countries reflects the use of varying definitions and classification systems for race/ethnicity, as well as ethical and legal constraints. The paucity of basic data disaggregated by ethnicity and by age and gender represents a major obstacle for a thorough assessment of policies for Roma inclusion. The lack of data collected at the sub-national level and of longitudinal data allowing for analysis of variations in the situation of the Roma across time and space also constitute a barrier to designing effective policies. Although most countries have acknowledged the paucity of baseline data from the outset of the Decade of Roma Inclusion process, efforts to address it have been minimal. Among the reasons for such limited progress in data collection are lack of legislation, which impedes data collection or the overinterpretation of existing legislation, as well as underutilization of existing data sources and weaknesses in monitoring and evaluation.

Monitoring and Evaluation Mechanisms

Analysis suggests that institutional arrangements for monitoring and evaluation are underdeveloped in many countries, and that the use of qualitative methods, such as surveys, remain underexploited. The limited engagement of stakeholders in the assessment of policy initiatives, including that of the Roma themselves also constitutes a

challenge. Since limited number of evaluations has been conducted on the effects of policies and programs implemented in support of Roma integration, evidence from programs demonstrated to be effective remains scarce.

Nature of Public Policies

The lack of comprehensive integrated policies addressing the needs of the Roma constitutes a major barrier to their effective integration. In many countries, integration policies remain the prime concern and responsibility of public authorities in charge of social affairs, although action to address the multiple disadvantages of Roma requires action across a range of policy fields. This challenge is augmented by the paucity of reliable disaggregated baseline data on the Roma, which hinders effective policy planning and implementation, as well as the fact that goals are often defined in rather broad terms without measurable indicators or systematic data collection. The lack of binding mechanisms and accountability constitute a barrier for effective implementation of commitments and recommendations.

Embeddedness of Initiatives in Mainstream Policies

Another limiting factor is the disconnection which often exists between initiatives aiming at Roma inclusion and mainstream policy processes. Many initiatives are short-lived, based on external funding sources and project funding cycles without being embedded in mainstream education, employment, health, social, economic development, housing and regional policies. However, tackling the multiple disadvantages of the Roma requires action within a range of policy fields.

Prejudice and Discrimination against Roma

The effectiveness of policy initiatives is largely hindered by widespread prejudice and discrimination against Roma by the mainstream society. The Roma continue to face persistent discrimination across many spheres of life, including education, employment, health care and housing. Some groups within Roma communities face discrimination on multiple grounds, such as ethnicity, gender, age and disability.

Magnitude and Nature of Public Funding

The magnitude of public funding and the way in which financial resources are used are key determinants of effectiveness. Assessments of policies on Roma integration in Central and South Eastern Europe often indicate insufficient budgets and lack of incentives to foster Roma self-reliance. Social assistance mechanisms have a key role in empowering communities to help themselves and develop self-reliance. However, they could also foster dependency rather than incentivise recipients to change their situation.

Use of External Funding

Limited evaluation has been conducted on the outputs and results of projects financed by EU structural funds which benefit Roma inclusion. Available data, however, suggest that the effective use of EU funding for Roma integration is hindered by a range of factors, including weaknesses in programming, insufficient coordination between the national and regional level, weak administrative capacity and monitoring arrangements and inadequate involvement of civil society and Roma communities themselves. Local administrations and organisations addressing Roma inclusion often lack adequate expertise and capacity to prepare quality applications and effectively implement them on the ground. Lack of regional and local ownership of projects, together with insufficient involvement of the Roma in the planning and implementation of programs, is also a critical factor, as is insufficient awareness among stakeholders regarding funding opportunities.

Coordinating among the different EU funds to implement cross-sectoral interventions, as well as fluctuations in the staff of institutions managing the funds, are additional challenges. In some countries, national and regional authorities face difficulty in ensuring the necessary co-financing to EU funds exacerbated by the crisis. Small NGOs face particular difficulties in accessing EU Funds due to capacity constraints regarding human resources and administration, leading some to seek alternative international funding sources which can be deployed more flexibly. Certain types of projects which could benefit Roma communities also show low levels of financial absorption.

Self-Organisation and Participation in Political Decision-Making

Growing civic activism among the Roma over the past decades has helped raise public awareness of their plight. However, many Roma lack personal documentation, such as birth certificates, identity cards and residence permits, as well as sufficient information with regard to their rights as citizens, which hinders their capacity to self-organise. Roma NGOs' activities have often been based on short-term project funding cycles. Additional challenges have been limited opportunity for coalition-building with mainstream and other Roma parties and divisions and frictions within Roma political organizations.

Regional and Local Context

As the Roma live in very diverse geographical and socio-economic regional contexts, their local realities and circumstances differ vastly. The regional and local levels have played an increasingly important role in the provision of public services with the increasing decentralisation on both a European and global scale. Assessment of national policies for Roma integration suggests that many policy initiatives have not adequately reached sub-national levels. Reports from civil society have revealed cases of local resentment of and opposition to governmental policies.

Family and Community Environment

A further limiting factor in effectiveness is the implementation of policies and programs that do not sufficiently take account of Roma cultural values and behaviours. Interactions between children and their families and with the broader community play a particular role in human development. The immediate environments in which individuals live influence their approach to school attendance or uptake of health care services. Women play a particularly important role in Roma family structures as caretakers. Policies that do not adequately consider these Roma cultural characteristics risk not delivering expected outcomes.

Evaluation and Impact Assessment Methods and Results

Although little ex-ante or ex-post evaluation of policies has been conducted, there are several recent examples of the use of impact assessments to understand the outcomes of

policies for Roma inclusion, for example in the Czech Republic. An impact assessment in Hungary on the health effects of eviction in comparison with that of a replacement housing project for the Roma found that the ‘overall health benefit of a housing project clearly outweighed that of eviction’. There is evidence that integration of Roma children in mainstream schools and the elimination of institutionally segregated schools is cost effective. An evaluation in Hungary on an integrated elementary education program in which Roma and non-Roma students participated found that all students attained better educational performance, as well as that it is possible to promote the skill development of Roma and non-Roma students while reducing social distance between them.

Outcomes of Implemented Policies and Projects

Despite the challenges that they have faced, some promising initiatives to Roma integration have enjoyed success. Several countries have established networks of social workers and health mediators, including those of Roma origin, to build links between the Roma community and educational and health service providers, while others have tested mobile health screening services in remote areas. Yet others have focused growing attention on pre-school education, implementing projects aiming at developing Roma children's hygiene and general skills to prepare them for school entry, as well as focusing on Roma parents and the broader living environment. School mediators in other countries seek to increase the number of children enrolled into mainstream education and enhance school graduation rates by such means as employing school assistants of Roma origin and subsidizing nutrition, transportation and teaching materials for Roma children.

There are also examples of good practices in using EU Funds for Roma integration. The ACCEDER program in Spain has delivered demonstrated impacts in terms of improving Roma access to the labour market through providing individualised employment paths and tailor-made vocational training in thirteen Spanish regions. Recent concerns from civil society however point to the temporary nature of some of the employment provided in sectors such as construction, which however are not sustainable on the long run. Several countries have made transfers of EU funding to local governments conditional on incorporation of anti-segregation plans prepared by municipalities. The financing of

housing in favour of marginalised communities in rural areas was also linked to the fulfilment of conditions defined at European level such as the existence of desegregated measures. Initial experience, however, suggests that the effective implementation of these provisions remains a particular challenge for national and regional authorities

Although many housing initiatives have been successful, several desegregation efforts have led to even stronger residential segregation and ghettoisation, especially where centralised planning is combined with low Roma involvement. Evaluations of measures establishing socio-medical centres to increase the access of Roma to public services in Greece have found that although the centres provided targeted services to the Roma, insufficient connection with hospital networks at the regional and local level, as well as the lack of an appropriate mechanism for recording health conditions hindered their effectiveness.

Experiences of other regions in policy implementation

Designing effective policies for integrating vulnerable populations into the mainstream society and economy remains a key challenge for policy-makers worldwide. Experiences and outcomes of integration policies implemented in other parts of the world may provide lessons for policies aiming at Roma integration in Europe.

Research into *indigenous health programs* in Canada, New Zealand, Australia and the United States concluded that improving community involvement in primary health care necessitates the incorporation of cultural values and behaviours of indigenous people into research methodologies and policy design. As indigenous beliefs hold that health largely depends on family involvement and community support, factoring in family values in the design of health prevention programs is particularly important. Designing specific programs for indigenous youth is also considered to be essential.

In Canada, the Indian Health Service Transfer Policy has enabled First Nation and Inuit communities to design health programs and services and allocate funding according to the priorities of their own communities since its implementation in 1988. The available evidence suggests that First Nation and Inuit ownership of community-based health

programs and services has led to improved health outcomes, as well as that early engagement of communities in program design and implementation are essential prerequisites in understanding and effectively addressing these groups' specific needs.

The benefits of providing cultural diversity training for health professionals in health care delivery to meet the needs of particular ethnic minorities have been widely acknowledged. In response, Australia has added cultural awareness to the training of health professionals who work in aboriginal health care. New Zealand has remarkably improved the living standards of its Maori population using a multisectoral approach. Renewed interest in Maori culture by both the Maori and the majority population, active political representation and policies for increasing access to services have been important contributing factors in improving the Maori economic and social situation. New Zealand has also enhanced the employment of health providers of Maori origin who incorporate cultural values into service provision.

Ensuring effective mechanisms for allocating social assistance benefits, such as the provision of income support to needy people, is a world-wide challenge. Growing evidence from Latin-American and African countries indicates the effectiveness of *conditional cash transfers* in improving educational enrolment and the uptake of preventive health care. Mexico and Brazil have experienced remarkably positive results in raising the school attendance of children from poor and socially excluded families through such means. Work from the World Bank assessing the impact of conditional cash transfers on poverty, education and health outcomes in a range of countries concluded that such transfers 'have been successful in reducing poverty and encouraging parents to invest in the education of their children', but recognised that 'even the best designed programs cannot fulfil the needs of a comprehensive social protection system'. In recent years, conditional cash transfer schemes have been introduced in highly developed contexts as well, including London, New York and Sydney. These schemes are considered to have the potential to link education, health and social sectors and enhance coordination among actors acting at the national, regional and local levels.

Recognition of the long-term benefits of investment in *early childhood development* and in pre-school education has led to the introduction of a number of programs worldwide over the last decades. In the United States, the Head Start program has provided comprehensive education, health, nutrition and parent education services to low-income children and their families since 1965, as well as specific programs for several Native American tribes via Tribal Health Start. The results of evaluation of the overall program, however, suggest mixed results. Although it has yielded benefits in cognitive, health and parenting domains at early ages, these benefits have not persisted into primary school in all cases. While Black children experienced favourable impacts in terms of social and emotional development, if children in need beyond pre-school education are not provided with continued support, they risk falling behind in terms of educational performance. Individualizing services based on the cultural and linguistic backgrounds of children has also been found essential.

In 1999, the United Kingdom introduced Sure Start, a research-based early childhood program to provide quality education to children in deprived neighbourhoods. The program has undergone a significant evolution throughout the years into a large-scale comprehensive community initiative providing a range of services in children's centres, including education, health, nutrition and social services. Research indicates that integrated service delivery and close collaboration among families, communities and schools have been key factors in its success, while the results of evaluation suggest that health services have been central to the success of early intervention, and should therefore continue to be a key element of children's services.

Similar programs largely inspired by the UK and US models have been implemented in Australia, while Sure Start Children Centres, co-financed by EU Funds and based on the UK model, was implemented in Hungary. New Zealand has significantly increased the number of Maori students attending some form of early childhood education prior to entering primary school, as well as the age at which students leave school.

There remains considerable scope for learning from the integration policies implemented elsewhere while there is a need to remain cognizant that evaluation of all policies and

programs should consider the specific contexts involved. Review of the experiences of other regions has elucidated that the early engagement of communities, incorporation of cultural values and behaviours in policy design and implementation, integrated service delivery, collaborative partnerships, appropriate institutions and adequate incentives are key factors in delivering positive outcomes.

5. Discussion

Addressing the multiple challenges facing Roma communities requires completing a range of intertwined policy steps. These are increasing political commitment; strengthening the evidence base; and providing for comprehensive intersectoral policy perspectives, adequate budgeting, effective use of funding, measures to combat prejudices and discrimination against Roma and effective collaborative partnerships.

Sustained Political Commitment

The primacy of political will is unquestionable. A paradigm shift is needed to effectively address the multiple socio-economic problems of Roma minorities through a range of policy fields to achieve the ultimate aim of effectively integrating the Roma into broader social and economic trajectories through mainstream public policies. Achieving this shift requires strong political commitment to sustained policy initiatives based on long-term vision, the ability to make difficult policy choices and the avoidance of fragmentation of policy initiatives around a few initiatives.

Comprehensive Intersectoral Policy Perspectives

An effective policy for the social and economic integration of Roma must take an *intersectoral perspective* encompassing varied sectors, including education, health, labour, housing and regional development; ensure close linkages among the different policy areas; and focus on effectively empowering Roma communities through providing resources and opportunities to ensure their exit from poverty and exclusion.

Policy initiatives should be particularly sensitive to the specific needs of vulnerable groups within Roma communities, such as women, children, youth and people with

disabilities. Roma inclusion policies should be integrated into a number of mainstream policies and make use of targeted action that does not exclude other groups that face similar socio-economic disadvantages. Addressing the specific needs of the Roma requires integrating ethnic components into all phases of the policy cycle, including impact assessments, policy design, implementation, monitoring and evaluation. Specific mechanisms must be established to provide for continuous monitoring of educational outcomes and health conditions and the development of individualised services to provide for employment of Roma.

Access to Education

Educational policies should aim at eliminating institutionally segregated schools and increasing the participation of all Roma pupils in mainstream primary education while providing appropriate incentive mechanisms to encourage their continued participation into secondary and higher education. Intervention should start at early stages aiming to increase the number of Roma children enrolled in pre-school education. At the same time, investment should also be made in developing life-long learning opportunities to ensure the skill development of Roma adults. Measures to reduce educational segregation and enhance completion rates of Roma students for secondary and higher education should be incorporated in the context of broader educational reform, much needed in several countries.

Many proposals have been formulated to increase Roma educational achievement including extending compulsory school attendance until the age of 18; implementing school integration legislation that requires public authorities to eliminate the educational segregation of the Roma and other disadvantaged groups; implementing repeated diagnostic testing of children in special schools to enable their reintegration into mainstream primary schools; enhancing the enrolment of primary school graduates in mainstream secondary education through providing specific measures ensuring their adaptation; achieving an appropriate racial/ethnic balance in the composition of classes; increasing the training and employment of qualified Roma teachers; developing culturally sensitive, individualised services for Roma parents and children; providing awareness-

raising activities for Roma and non-Roma parents; and ensuring transportation from Roma settlements to schools.

Access to Employment

Economic and labour market policies have a key role in strengthening Roma inclusion. Several countries provide subsidized public work programs for Roma, as does Hungary, and/or organise job fairs, as do Romania and Bulgaria. However, many of the employment opportunities offered to Roma are temporary, low-skill positions in sectors vulnerable to changing economic conditions, calling for the identification of long-term sustainable solutions to ensure long-term employment. Such solutions may encompass providing personalized counselling, job-placement services, mentoring and vocational training to disadvantaged Roma, in particular youth. Employment solutions may also encompass better engagement of the private sector. Some business-led initiatives and public-private partnerships have proved to be particularly successful in integrating Roma and implementation of corporate social responsibility programs could also increase Roma employment in the private sector. There is also scope for further positive discrimination measures, for instance increasing the number of Roma in the public administration at national and local levels.

There has been increasing focus on promotion of Roma self-employment via the provision of innovative financing methods, such as micro-credit schemes. However, existing initiatives in Central and South Eastern Europe are small-scale pilot projects that have had mixed results. The available evidence suggests that micro-lending for Roma works best with existing business entities and when accompanied by training and development of marketing and business skills. Ensuring that Roma have access to business support services, such as practical advice and training, is also essential. While Roma entrepreneurs are likely to employ other Roma and provide them with good working conditions, crossing the ethnic divide in the business world is also necessary.

Access to Health Care

Policies seeking to improve health outcomes for the Roma should be based on a long-term vision and aligned with a range of other sectoral policies. They should aim at

increasing the involvement of Roma in health promotion and disease prevention programs and inducing positive behavioural change. Public health programs should specifically target women, children and youth. Building on the positive experiences of health and social mediators between the Roma and health services providers should be encouraged. However, for these initiatives to be sustainable on the long run, they must be embedded in the mainstream health system with an appropriate legislative and regulatory basis. Existing initiatives to design comprehensive development programmes, encompassing measures to improve transport infrastructure and the quality of public services, may also offer scope to improve geographical access to health services in deprived micro-regions where there is a high concentration of the Roma minority. Specialised training for health service providers could be provided on inter-cultural sensitivity and communication with ethnic minorities to encourage better understanding of Roma. The provision of scholarships and other means of support for Roma to become health care professionals is much needed but will take time to show results.

Given the low health insurance coverage of Roma documented in the literature in some places, national policies promoting Roma inclusion should give priority to ensuring health insurance coverage for Roma. It has been suggested that there may be scope for complementary health insurance schemes to support better Roma access to essential health services. Training of health professionals must seek to address the high informal payments by Roma patients, although this is also a priority for health care reform in much of Central Europe. Health care reforms can largely benefit the Roma provided they aim at enhancing access to health care through needs based resource-allocation and encompass incentives for health professionals to achieve progress towards demonstrable health outcomes of vulnerable groups including the Roma.

Improving data collection mechanisms, including a mechanism for the systematic collection of health indicators for Roma, would allow for regular monitoring of the health status of Roma. Impact assessments of public policies should consider the consequences for the health of all marginalised communities, including Roma.

Spatially Sensitive Policies

Given the concentration of Roma in socially and economically lagging areas, integration policies should take into account specific geographical circumstances, as one-size-fits-all approaches will not deliver expected outcomes. Many public policies, however, fail to include a spatial dimension, which would allow for designing interventions tailored to specific needs and mobilizing a wide range of regional and local stakeholders. Regional development policies can help to ensure that interventions are tailored to sub-regional and local contexts while mobilising relevant local actors. Designing specific comprehensive development programs for socially and economically deprived areas where the concentration of the Roma population is high is essential. Initiatives aiming at improved housing conditions for Roma need to be based on comprehensive assessment of housing needs and take account of the ability of the Roma to sustain investment in them.

Strengthening the Evidence Base

The need for strengthening the evidence base regarding Roma integration policies is widely acknowledged. Developing a sound evidence-based approach to Roma inclusion requires removing obstacles to the collection of reliable data and improving analytical and evaluation capacity. Transfer of evidence-based policies on integration of vulnerable groups among Member States is also essential.

Improving *data collection mechanisms* would allow for designing policies that rely on sound evidence. Some commentators argue that there is a need to collect data disaggregated by ethnicity to develop effective policies for Roma inclusion. Among them, several suggest that the collection of such data could be accompanied by appropriate legal safeguards. Yet others suggest that ethnic data components be incorporated into statistical surveys or that small-scale surveys could be conducted. Broad measures of ethnicity, such as ethno-cultural background, could also be considered or indirect measures such as geographical location. The involvement of Roma in the collection and evaluation of data collected by surveys of disadvantaged territories is essential. There are a range of practices in data collection including the United Kingdom's collection of disaggregated ethnic data to evaluate equality policies and

Macedonia's collection of ethnic data pertaining to employment through local offices of central governmental agencies. Serbia includes an ethnic component in its international surveys, such as the Program for International Student Assessment, to monitor the situation of Roma using widely recognised indicators.

In the context of the Decade of Roma Inclusion, some countries have conducted qualitative research with focus groups, while others have linked Decade targets with other governmental strategies. A unified methodology has also been proposed to track results across countries and time, together with an indicator system to monitor progress in the four focus areas. However, limited progress has been achieved in implementing the proposed methodology. Commentators have also suggested a number of measures which could improve the chances of Roma self-identifying in population censuses, such as involving Roma in census activities; providing multiple identity categories; or establishing collection points in Roma areas.

Developing adequate data collection systems and statistically sound indicators is a precondition for *effective evaluation and monitoring*. Developing indicators of multidimensional deprivation for groups at risk of poverty, such as the Roma, improving methods of evaluation and conducting both ex-ante and ex-post evaluation of policy initiatives are particularly essential. There is scope to enhance the measurement of ethnicity in the evaluation of existing and planned initiatives. Several Decade countries have recently proposed improving monitoring and evaluation frameworks, identifying measurable indicators and making impact assessment and cost-effectiveness analysis compulsory. Implementing these proposals would however necessitate effective political engagement. The United Kingdom conducts equality impact assessments of the effects of policies and services on people with respect to disability, gender and racial equality. Such assessments seek to ensure that policies take due account of the needs of different groups of society, are exempt from discrimination and promote equality of opportunity. Consideration of ethnicity has been incorporated into the principles and guidelines governing social impact assessments in the United States as well.

Experimentation is also called for in developing new and innovative approaches to Roma integration within a wide range of policy fields, including health and education, as well as to encourage social entrepreneurship, build social capital, apply collaborative approaches in public and non-profit organisations, form public-private partnerships that foster the integration of minority groups and increase the participation of the private sector.

Although a number of programs and projects have proved successful in supporting the social and economic integration of Roma communities. Much more evaluation and monitoring is however needed to understand the means of *scaling up those initiatives* found to be effective.

Adequate Budgeting and effective use of financial resources

Improving the effectiveness of public expenditure is of vital importance, particularly in times of increasing fiscal constraints, and effective integration policies necessitate adequate financial resources.

Review of Social Assistance Benefits

Welfare policies should incorporate incentives for Roma communities to foster self-reliance rather than dependency and avoid paternalism. Based on the evidence of their effectiveness, the use of conditional cash transfers has also been proposed as potential tools to foster Roma integration. Several countries have attempted to link the receipt of social assistance benefits to the fulfilment of certain conditions; which however has produced mixed results. Slovakia has made certain social assistance benefits conditional upon ‘activation’, which, however, has not improved the employment situation of Roma in Slovakia. Reductions of benefits have actually worsened the living conditions for many Roma households. In other countries, attempts to introduce conditionalities in social policy have been met with resistance from Roma representatives and civil society. In Bulgaria, benefits have been linked to compulsory employment and training in an attempt to reduce the length of time that recipients receive welfare benefits.

Social policy instruments should be designed in a manner that provides adequate financial incentives and opportunities to empower Roma communities to take part in mainstream policies. The receipt of social assistance benefits could be linked more extensively to behavioural change, such as educational attainment and uptake of preventive health care. The reasons for low uptake of certain social policy instruments, such as motivational scholarships for students in Slovakia, should also be identified. Financial incentives could also be used to attract educational and health professionals to socially and economically deprived areas, while implementation of proposals to link teachers' salary to educational performance could improve learning outcomes in these areas.

Effective Use of External Funding

The effectiveness of funding for Roma inclusion needs to be increased. Programming of EU funds, which offer increased opportunities for Member States and regions to finance actions benefiting the Roma, should be embedded in mainstream policies and ensure the sustainability of initiatives after funding has been terminated. Within the programming framework of the EU Structural Funds, it is essential to provide scope for delivering integrated approaches through investment in infrastructure, aiming at improving access to quality public services and developing skills and employability. The implementation of community-based approaches should be facilitated for specific areas through simplifying access to the different funds and ensuring greater harmonisation among the rules and procedures governing them. The urban dimension of structural funding investment should also be reinforced to address multiple forms of deprivation in cities with direct involvement at the local level.

Strengthening the capacity and expertise of organisations addressing Roma inclusion to prepare quality applications and effectively implement them on the ground is critical. Doing so calls for enhanced focus on project generation activities, capacity building, guidance and training, for which technical assistance schemes could be applied. There is also scope for enhancing conditionalities at regional and local level linked to EU funding. Funding disbursement could be made conditional upon the embeddedness of projects within mainstream policies which incorporate Roma inclusion, including consideration of

action plans and timelines, and linked to integrated policy approaches and desegregation measures, as is currently the practice for housing interventions.

Combating Prejudice and Discrimination against Roma

Overcoming prejudice and discrimination against the Roma in mainstream society is the prerequisite of successful integration policies. Policies aiming at the inclusion of Roma should respect and realise the core values of the EU, which include human rights, dignity and non-discrimination. Effective implementation and enforcement of EU anti-discrimination and equal opportunities legislation is essential. Much work remains to be done at the national and regional levels to ensure adequate protection of Roma against violations of their rights, including denial of access to public services and forced eviction, as well as to raise awareness among Roma of the legal protection and complaint mechanisms available to them. Providing anti-discrimination training to public officials and private actors and effective sanction mechanisms for abuses is also necessary.

Local initiatives based on collaborative partnership approaches involving NGOs and educational, cultural and religious institutions have proved particularly effective in mobilising public opinion against racism. Diversity training and cultural-awareness raising for non-Roma populations that sheds light on the extent of discrimination faced by the Roma can bring important benefits. The media has a vital role to play in shaping perceptions both within the Roma community and mainstream society.

Positive action that provides Roma with additional opportunities across a range of policy fields, from education to the labour market, can take various forms, such as granting places for disadvantaged groups at universities or monitoring health care effectiveness by ethnicity.

Roma Involvement

The effectiveness of Roma integration policies is strongly influenced by the extent of Roma involvement in their implementation. It is particularly essential that policies reflect understanding of Roma needs, concerns and aspirations. In many Roma policy initiatives, the Roma play a very limited role in policy design and implementation despite the fact that their participation is essential at all levels, including the European, national, regional

and local levels. The involvement of prominent figures from the Roma community, such as community leaders and role models, can bring important benefits in terms of shaping community perceptions and expectations. Key challenges remain the effective engagement of civil society, including both Roma and non-Roma organisations, and ensuring adequate cooperation and collaboration among NGOs. More effective participation and representation by the Roma in political decision-making processes, both at the national and local levels, would enable them to better articulate their specific needs. Doing so also requires increasing the capacity of Roma civil society to self-organise and overcoming existing limiting factors, such as lack of information among Roma with regard to their rights as citizens, social marginalisation, inadequate skills and divisions within Roma society. Training in advocacy and political leadership, particularly of the emerging young educated Roma generation who could play a particularly important role in policy-making and advocacy, as well as effective engagement of Roma women, is also necessary.

Effective Collaborative Partnerships at All Levels

Ensuring the success of policies requires forming effective partnerships at the European, national, regional and local levels. The implementation of many policies key to Roma integration fall under the provenance of sub-national authorities, such as education, health care and housing policies. Regional and local actors have a key role in implementing governmental policies and programs. At the same time, bottom-up approaches involving civil society actors, non-governmental organisations, social and economic partners and universities, can bring important benefits.

Comprehensive, long-term approaches to Roma inclusion are needed at EU level aiming at improving their social and economic conditions and combating prejudice and discrimination. Effective enforcement of the application of the Common Basic Principles in designing and implementing policies for Roma inclusion should be pursued, as should an enhanced focus on improving the situation of Roma within the framework of existing coordination mechanisms in the fields of education, employment, and social protection and inclusion. Roma inclusion policy should be effectively mainstreamed into all relevant

European policies and accompanied by adequate and regular monitoring and evaluation mechanisms. There is also a need to strengthen alignment between EU policy initiatives and the Decade of Roma Inclusion.

6. Conclusions

The successful integration of the Roma minority is a precondition for sustainable growth and social progress in many countries in Central and South Eastern Europe. Despite the launch of various policy initiatives, overall progress in addressing the plight of the Roma over the past decades has been limited. Developing a sound evidence-based approach to Roma inclusion policies requires removing obstacles to the collection of reliable data and improving analytical frameworks and evaluation mechanisms. There is scope for integrating an ethnic dimension in policy design, implementation and evaluation. Much work is needed to better identify opportunities to scale up those existing initiatives that have proved effective.

Integration strategies should not be designed and implemented in isolation but aim at inserting the Roma into mainstream education and health systems. Health policies seeking to reduce health inequalities between the Roma and majority populations should be aligned with education, economic, labour market, housing, environmental and territorial policies and form an integral part of long-term policy frameworks.

Adequate budgeting and effective use of funding is also essential. Social assistance mechanisms could be used to provide adequate incentives and opportunities for Roma communities to help themselves.

Although the prime responsibility for Roma inclusion remains with national governments, transnational policy frameworks can act as catalysts for strengthening political commitment, exerting peer pressure and fostering knowledge transfer.

SUMMARY

The Roma constitute the largest ethnic minority of the European Union and remains overrepresented in the economically and socially vulnerable sections of the society in a number of Central and South Eastern European countries. Available research suggests remarkable differences in health outcomes between the Roma and majority populations. The Roma Over the past decades, a series of policy initiatives have been designed to improve their health and social, which however have had limited success.

The thesis seeks to better understand the underlying causes of inequalities between the Roma and majority populations and identify the factors that limit the effectiveness of existing policy initiatives and propose solutions to overcome them. The thesis takes an interdisciplinary perspective by embedding health in the context of a range of policies which are of direct relevance to improve the health of Roma people. The thesis is based on a systematic review of the literature and exploratory research involving review of policy documents and semi-structured interviews with policy-makers and civil society.

Evidence-based policies, strong political commitment, inter-sectoral policy coordination, measures to overcome prejudices against Roma, adequate and effective use of budgets, increased alignment of the private sector and the involvement of Roma in policy design and implementation can be identified as key preconditions for success. Developing a sound evidence-based approach to Roma inclusion requires removing obstacles to the collection of reliable data, improving analytical and evaluation mechanisms and examining possibilities to scale up initiatives which have proved to be successful.

Health policies seeking to reduce health inequalities between the Roma and majority populations should be aligned with education, economic development, labour market, housing, environmental and territorial development policies. Integration strategies should not be designed in isolation but incorporated in the context of general public policies aiming to insert the Roma into broader economic and social development processes.

Key words

Health policy, public policies, social services ethnic minorities and effectiveness

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Publications in peer-reviewed journals

Fésüs, G., Östlin P., McKee, M., Ádány, R.: Policies to improve the health and well-being of Roma people: The European experience.

Health Policy, Epub ahead of print, 2012.

IF: 1.383 (2010)

Kósa, Z., Széles, G., Kardos, L., Kósa, K., Németh, R., Országh, S., **Fésüs, G.,** McKee, M., Ádány, R., Vokó, Z.: A comparative health survey of the inhabitants of Roma settlements in Hungary.

American Journal of Public Health, 97(5), 853-859. 2007.

IF: 3.612

Other publications

Fésüs G., McKee M., Ádány R.: Roma integrációs politikák az Európai Unióban
Népegészségügy 88(4), 311-319, 2010.

Kósa, Z., Széles, G., Kardos, L., Kósa, K., Németh, R., Országh, S., **Fésüs, G.,** McKee, M., Ádány, R., Vokó, Z.: A telepszerű körülmények között élők összehasonlító egészségfelmérése.

Népegészségügy 86(1), 5-14, 2008.

Fésüs G., Rillaers A., Poelman H., Gakova Z.: Demographic challenges for European regions in 2020.

European Commission, Directorate General for Regional Policy, 2008.

Fésüs G., Roller E.: Paradigm shift in European Cohesion Policy.

Ministry of Regional Development, Warsaw, 2011.

Presentations at conferences

Fésüs G., The effectiveness of health policies and programs in support of Roma communities. Does location matter? *Regional Studies Association. Winter Conference, Global Recession: Regional impacts on housing, jobs, health and well-being.* 27 November 2009, London, United Kingdom.

Berkowitz P., **Fésüs G.,** Demographic challenges for regions. *Fourth World Ageing and Generations Congress*, 28 August 2008, St. Gallen, Switzerland.

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Health Policy. Epub ahead of print (2012), p. 8p, p. 8p.
DOI: <http://dx.doi.org/10.1016/j.healthpol.2011.12.003>
IF:1.383 (2010)
2. Kósa, Z., Széles, G., Kardos, L., Kósa, K., Németh, R., Országh, S., **Fésüs, G.**, McKee, M., Ádány, R., Vokó, Z.: A Comparative Health Survey of the Inhabitants of Roma Settlements in Hungary.
Am. J. Public Health. 97 (5), 853-859, 2007.
DOI: <http://dx.doi.org/10.2105/AJPH.2005.072173>
IF:3.612

List of other publications

3. **Fésüs G.**, McKee M., Ádány R.: Roma integrációs politikák az Európai Unióban.
Népegészségügy 88 (4), 311-319, 2010.
4. Kósa Z., Széles G., Kardos L., Kósa K., Németh R., Országh S., **Fésüs G.**, McKee M., Ádány R., Vokó Z.: A telepszerű körülmények között élők összehasonlító egészségfelmérése.
Népegészségügy 86 (1), 5-14, 2008.

