



Ensuring Minorities Access to Health Care in Bulgaria

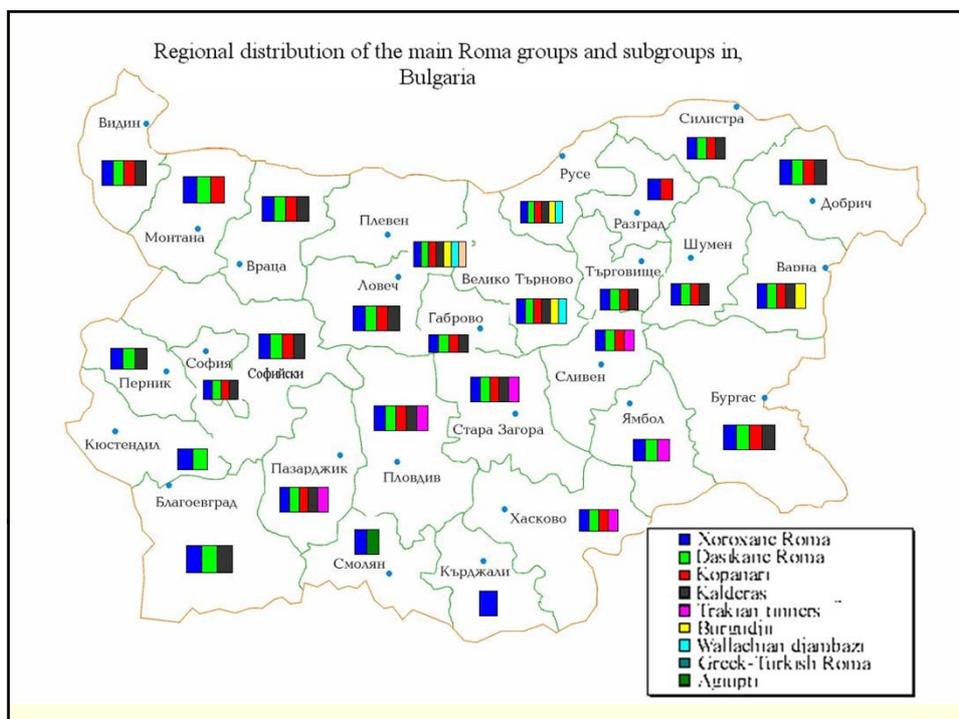
Concept of health mediators – history, job description and mediator's activities

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Bulgaria is a country with multiethnic population in which the following main ethnic groups can be identified: Turks, Roma, Armenians, Jews, Walachians, Russians, Tatars, Karakachans, Armanians, which, taken as a whole, according to different estimations comprise between 10 and 30% of the country's population. These communities have many health and social specifics, and some of them are virtually deprived of health care.

Meanwhile, the Roma community in Bulgaria is also non-homogeneous. It is divided into two main groups: settled Roma (Yerlii) and Walachian Roma who have come to Bulgaria after the abolition of slavery in the Walachian Principality in 1868. These two main groups are further divided into smaller subgroups and meta-groups based on occupation, dialect, religious affiliation, culture, customs, and traditions. There are considerable differences in the health status, health education and health culture of the different groups, which should be considered in planning and organising health-related activities. In some towns or villages four or five different Roma communities live together.

It is generally accepted that Roma as a whole are in a particularly difficult situation compared to all other ethnic minorities – both with regard to social and economic isolation (including lack of public service coverage), as well as with regard to the scope and depth of the social and health problems they have.

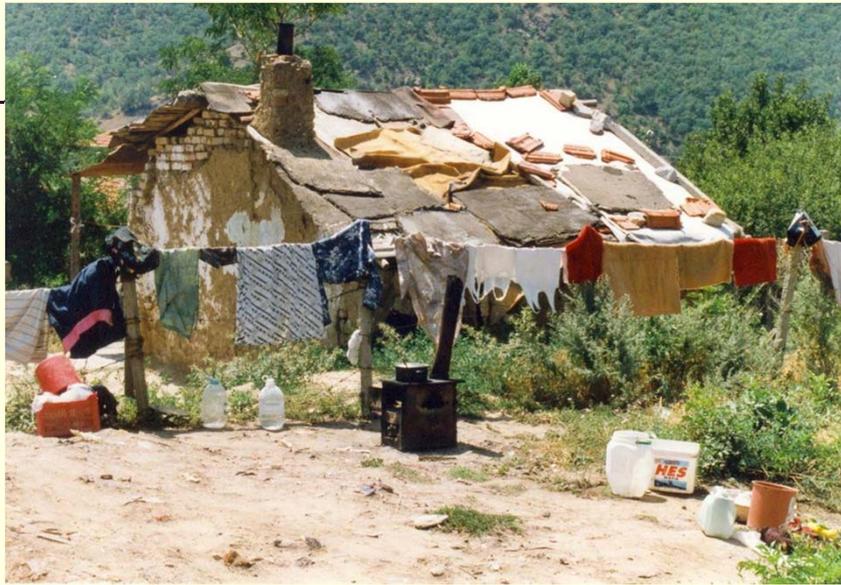


Improving the access to health and social care services is of paramount importance for achieving the objectives stipulated in the Framework Programme for Equal Integration of Roma into Bulgarian society. The success of this undertaking will also contribute to the accomplishment of the measures set out in the Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities and the Action Plan for its implementation.

In the last several years, as economic reform in Bulgaria accelerated and radical changes in the area of social policy, health care, education, etc. occurred, large groups of citizens found themselves in a disadvantaged situation. After a difficult transition to market economy and democratic political regime, Bulgaria now faces serious challenges in addressing poverty and social isolation. Transition had a worse impact on Roma than on other groups for a variety of interconnected reasons: legacy of past policies, low skill levels and educational attainment of Roma, a tendency toward cultural separation, poor policy responses.

The Health Strategy concerning People in Disadvantaged Position, belonging to Ethnic Minorities is an integrated part of the National Health Strategy directed towards securing of a better health to Bulgarian population. It aims at achieving of a higher health level for Bulgarian citizens in disadvantaged position, belonging to ethnic minorities, and terminating of a part of the negative tendencies in the nation's health.









The Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities, which was adopted in September 2005, places a special focus on the need for an integrated approach in elaborating social policies targeted to disadvantaged groups. The Strategy for the first time tries to institutionalise the role of health mediators as coordinating figures between health institutions and members of minority groups and communities, while stressing the need to constantly improve the skills of health care providers for working in a multiethnic environment and with disadvantaged groups. In Bulgaria the health mediation programme was launched in Kyustendil in 2001 by the Minorities Health Problems Foundation.

Overall, despite of the integrative policies and strategies adopted by the Government to overcome poverty and social isolation, Roma population in Bulgaria remains the most disadvantaged and vulnerable group compared to other minorities. This group continues to live in extreme poverty and misery, segregated from the others. Social exclusion and discrimination severely affect the access of Roma to employment opportunities, education, and public services.

Some basic data on Roma population:

- The poverty rate among ethnic Roma in Bulgaria is higher than poverty rate among ethnic Bulgarians or ethnic Turks (Roma: 84.3%; Bulgarians: 31.7%; Turks: 40%).
- Unemployment rate among Roma is significantly higher, by 50% to 80%, depending on the definition of unemployment. (See UNDP, The Roma in Central and Eastern Europe, Avoiding the Dependency Trap. Bratislava 2002, p. 33)
- More than 40% of Roma in Bulgaria have not attended school at all or have not completed primary school; another 40% have only primary school education. (See UNDP, Roma in Bulgaria. Internet: www.roma.undp.sk). The corresponding data for ethnic Bulgarians are 0.5% and 5%; for ethnic Turks 3.5% and 11%.
- Nearly half of the people with Roma background and two thirds of the people with Turkish background live in underdeveloped rural regions with inadequate infrastructure, lack of water and electricity supply, in small settlements and overcrowded housing.

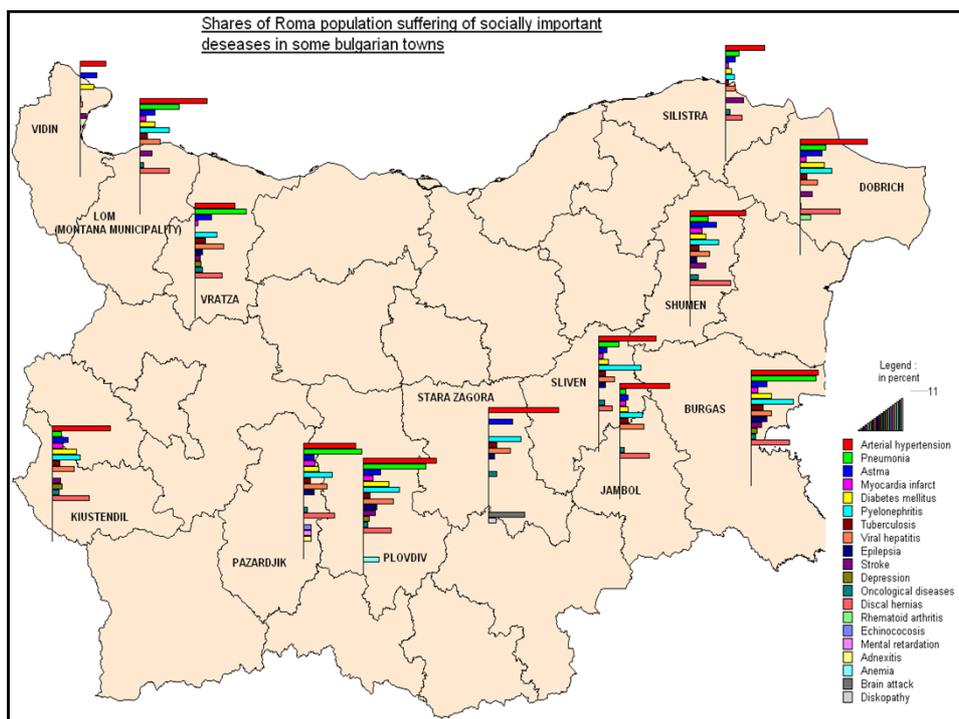
Life expectancy and mortality data for Roma indicate significantly worse health conditions than for the rest of the population:

- On the whole, Roma are estimated to live about 10 years less than the majority population. The highest peak of mortality among them occurs at the age 40-49, with main reasons being cardiac-vascular and cerebral-vascular diseases.
- According to data by the National Statistics Institute for 2003 child mortality is 9.9/1000 among Bulgarians; 17/1000 among the people with Turkish background, and 28/1000 among the people with Roma background
- Insufficient coverage of children with immunisations. According to data from Fact marketing, 2003, 5% of Roma children have not immunised at all, while about 15% have had only some immunisations, required by the National Immunisation Calendar.

Life expectancy and mortality data for Roma indicate significantly worse health conditions than for the rest of the population:

- According to data by Fact Marketing (2004) 68% of Roma households have a member suffering from a chronic disease
- Because of substandard living conditions, Roma communities are particularly susceptible to communicable diseases, including tuberculosis and hepatitis.
- 58% of Roma have no access to dental care; 55% indicate that the difficult access to physicians because of geographical distance is detrimental to their health, with people living in rural areas citing more often this obstacle as a risk factor; 46% of Roma have no health insurance (Fact Marketing (2004))
- The high mobility of some Roma groups also makes their access to health care difficult.

A significant number of Roma have limited or no access to health care. A recent survey shows that health insurance coverage rates among Roma are relatively low, with 46% percent of respondents indicating they did not have health insurance (*source: Fact marketing 2004*). Other negative factors that further complicate the situation of Roma are: lack of health prevention measures, poor hygiene, poor nutrition due to insufficient or low quality food, lack of sexual health education.



The following strategic objectives have been set:

Strategic objective 1: Overcoming and discontinuing the negative tendencies for the health of the people in disadvantaged position, belonging to ethnic minorities, and creation of conditions for its improvement by:

- reducing the children mortality – optimization of the children health care, improvement of the quality of maternity and neonatal care – prevention of immature births; health education for mothers to raise correctly their children, improvement of the quality of children consultancy rooms and pediatric care, larger coverage with children immunizations; modern health education of children and parents;
- reducing the mother mortality - optimization of mother health care, early coverage of pregnant women, observation during pregnancy, timely hospitalization of women in child birth, raising the health culture and knowledge concerning the reproductive health of young people and especially of girls and women; prevention of undesired pregnancy;
- restricting the morbidity of infectious and parasitic diseases – tuberculosis, virus hepatitis, echinococcosis, etc. – screening programs implementation, early diagnostics and timely treatment, supply of pure drinkable water to every house; improvement of the infrastructure and hygiene conditions of life;

Strategic objective 1: Overcoming and discontinuing the negative tendencies for the health of the people in disadvantaged position, belonging to ethnic minorities, and creation of conditions for its improvement by:

- reducing the morbidity, permanent disablement and untimely death of some widely spread and socially significant diseases – hypertonia, cardiac-vascular and cerebral-vascular diseases which will result in raising the average life expectancy of people in disadvantaged position, belonging to ethnic minorities;
- ensuring better health service and better quality of life for patients with chronic diseases and handicapped persons;
- reducing the morbidity due to some rare diseases, causing early reduction of the working capacity and untimely death of people from some minority groups – realization of selective genetic screenings, neonatal screenings and pre-birth diagnostics;
- · improving the sexual and reproductive health – reducing the abortions, prophylaxis of the sexually transmissible infections, adequate family planning;
- · overcoming the practices of violence against women and securing their full equality.

Strategic objective 2: Securing equality of access to health services for people in disadvantaged position, belonging to ethnic minorities by:

- **firmly establishment of the health mediator position** as a coordination figure between the health institutions and the people of minority groups and communities. Development of a network of health mediators;
- **ongoing raising the qualification and motivation of the general practitioners and nurses** working with people in disadvantaged position, belonging to ethnic minorities and their training in the spirit of tolerance. Acquisition of knowledge and skills for working with patients with various culture and lifestyle;
- **improving the technical equipment of medical institutions** for primary outpatient treatment;
- **improving the quality of the specialized health care** for the population in rural and remote regions;
- **improving the access to emergency health care** for Bulgarian citizens, belonging to ethnic minorities in disadvantaged position.

Strategic objective 3: Raising the health knowledge and securing the access to health information by:

- raising the awareness of the people in disadvantaged position, belonging to ethnic minorities concerning the rights and duties of patients, and the types of medical services;
- raising the health knowledge concerning the prevention of the most frequent diseases and the reproductive health;
- utilization of versatile ways to provide health information: broadcasting of video and audio clips on health subjects, radio and TV broadcasting on health, lectures by health specialists and health mediators, arrangement of events with health information during holidays, health education at the schools, as well as utilization of extra-class forms in clubs, sports sections, etc.

Strategic objective 4: Overcoming the cultural barriers in the communication and any forms of discrimination moods by:

- conducting seminars to introduce to the medical personnel the ethno-cultural specifics of minorities;
- inclusion of specialized classes (modules) in the training programs at medical universities and colleges, creation of skills for working with people in disadvantaged position, belonging to ethnic minorities;
- protection of the patients' rights and signaling of disturbances in health services to the Ministry of Health, the Regional Health Insurance offices, the National Health Insurance Office, the Bulgarian Physicians' Union, The Helsinki Committee, the "Human Rights" project, etc.;
- counteraction on the part of the professional organizations of physicians and dentists, and the right-protection organizations against any manifestation of discrimination in the health service to representatives of ethnic communities in disadvantaged position.

Strategic objective 5: Expansion of the coverage of health insured people in disadvantaged position, belonging to ethnic minorities by undertaking of legislative initiatives in respect of the health insurance of socially weak people, inclusive of permanent unemployed ones.

Strategic objective I: To overcome and stop the negative tendencies concerning the people in inequitable position, belonging to ethnic minorities and to create the conditions for its approval.

1. Reduction of children mortality
 - Early registration of pregnant women, surveillance during pregnancy and timely hospitalization of women in child-birth
 - Timely registration of newborn babies and children at the GPs
 - Expanding the coverage of vaccinations under the National immunization calendar for newborn babies and children of up to 7 years old
2. Reduction of mother mortality
 - Reduction of pregnancies in juvenile age and kindred marriages
3. Improvement and optimization of the national prophylaxis programs and prophylaxis activities among people in inequitable position from ethnic minorities
 - Restriction of the morbidity from infectious and parasitic diseases
 - Reduction of morbidity, lasting reduced ability to work and premature death of some widely spread socially important diseases
 - Securing a better health service and a better quality of life for patients with chronic diseases and handicapped people
 - More complete coverage with prophylactic examinations of persons in inequitable position, belonging to ethnic minorities

Strategic objective II : To secure equality in the access to health care for persons in inequitable position, belonging to ethnic minorities

1. Securing of equal access to health cares. Firmly establishment of the post of the health mediator as a coordinating figure between the health institutions and the minority groups and communities
2. Approximation of the consulting rooms for primary and specialized care to the quarters, populated mainly with Bulgarian citizens of Roma and Turkish origin
3. Increasing the number of non-road driving ambulance cars at the centers of emergency medical care

Strategic objective III : To raise the health knowledge and securing the access to health information

1. Introducing the obligations and rights of a patient to the people in inequitable position, belonging to ethnic minorities
2. Education of the population on prevention of the most often diseases
3. Education of the mediators in the field of prevention of the most frequent diseases among people in inequitable position, belonging to ethnic minorities

Strategic objective IV: To overcome the cultural barriers in communication and all forms of discrimination attitudes

Education for efficient communication of medical specialists, rendering services to people in inequitable position, belonging to ethnic minorities, in order to raise the mutual confidence

Strategic objective V: To expand the range of the health-insured people in inequitable position, belonging to ethnic minorities, by undertaking legislative initiatives in respect to health insurance of socially weak people, inclusive of long unemployed ones

Undertaking of legislative initiatives to settle the issue of non-contributed health insurance for poor and socially weak people, inclusive of long unemployed ones.

History, Role of Health Mediators

- The job position of the Health Mediator is the bridge between the Roma communities and the health and social services.
- This measure is innovative for Bulgaria, but it has been successfully introduced and has proven its efficiency in many European countries for the improved access of Roma to health and social services and for overcoming of discriminative attitudes towards them.
- In Spain and France, the health mediator program has twenty years long history.
- In Finland, they are called intercultural mediators,
- in The Netherlands – ethnic health educators,
- in Romania and Moldova – sanitary mediators,
- in Slovakia – health mediators,
- in Serbia – field health workers.

History, Role of Health Mediators

- The experience of the Romanian Roma non-government organization “Romani Christ” and the Romanian Ministry of Health, presented at a working meeting on the Roma health issues that took place in Sinaia, Romania has been used for the development of the health mediators’ model in Bulgaria, as well as the experience of the Dutch Institute of Public Health. The Romanian MH for more than ten years now has been increasingly successfully developing the health mediators program
- In Bulgaria, the health mediator model was launched in 2001 by the team of “Ethnic Minorities Health Problems Foundation”. At that time, the pilot project “Introduction of a system of Roma mediators – an efficient model for the improvement of the access of Roma to health and social services” was implemented in the Iztok Quarter in the town of Kyustendil and the first five health mediators were trained.

History, Role of Health Mediators

- During 2002/2003, “Open Society” Foundation supported the projects of various Roma non-government organizations (Foundation “Nevi Cherhen” – Kyustendil, Foundation “Integro” – Senovo, Foundation “Integro” – Ognianovo, Foundation “Neve Drome” – Shoumen, Foundation “Pirin-2000” – Sandanski, which, jointly with the team of EMHP Foundation trained health mediators and developed the mediator program in Bulgaria. The main objectives of the program are: a) To overcome the cultural barriers in the communications between the Roma communities and the medical staff locally; b) To overcome the existing discrimination attitudes in the field of health services for the Roma locally; c) To optimize the implementation of prevention programs among the Roma population; d) Health education of the Roma and active social work in the community; e) Active social work with vulnerable Roma groups.
- The Bulgarian experience with the health mediators was presented at the 30th Congress on social wellbeing in Rotterdam in 2002.

History, Role of Health Mediators

In December 2003, a Consortium of four organizations: The “Open Society” Institute, “Ethnic Minorities Health Problems Foundation”, the “Bulgarian Association for Family Planning and Sexual Health” and the Balkan Foundation for International Understanding “Diversity”, began the implementation of the project “Ensuring Minorities Access to Health Care” under the “PHARE 2001” Program of the Ministry of Health. Within this project, fifty-one health mediators, thirty general practitioner doctors, and thirty nurses were trained from fifteen towns in Bulgaria with concentration of Roma population. Regretfully, the majority of the health mediators, who have completed their training in 2004, were not appointed at work by the respective institutions, others practice this profession by working on different projects, financed by international donors.

History, Role of Health Mediators

- In 2005, sixteen health mediators were trained under the project “Access to Health Care for Romani Women and Children in Rural Areas”. The trained mediators are from five districts: Blagoevgrad, Montana, Yambol, Rousse and Razgrad. The project has been implemented by a consortium including CARE – The Netherlands, “ECIP” Foundation (successor of “CARE International – Bulgaria”) and “Ethnic Minorities Health Problems Foundation”. The project is financed by the MATRA Program of the Ministry of Foreign Affairs of the Kingdom of The Netherlands. Thanks to this project, for the first time the experience of the health mediators has been transferred in the rural areas of the country as well.
- During 2007, additional 17 health mediators were trained from Varna, Sliven, Sofia and Stara Zagora under a project of Foundation “Initiative for Health” and Foundation “Roma Health”.
- On 08.09.2005, the Government of the Republic of Bulgaria adopted Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities (www.mh.government.bg). The new profession – this of the health mediator – finds significant place in the Strategy, and one of the indicators for its successful implementation is the number of health mediators employed by the government.

History, Role of Health Mediators

- In 2005, an international meeting took place in Bucharest, dedicated to the health mediator programs in the different countries. The Romanian, Bulgarian and Finnish health mediators’ experience was presented. A comparative analysis was made and the future challenges and perspectives of the profession were discussed.
- In 2006/2007, forty-five health mediators have been trained under the program PHARE 2003 of the MH “Educational and medical integration of vulnerable minority groups with special focus on the Roma”. The trained mediators are from five districts: Sofia, Vratsa, Yambol and Pazardjik. The project has been implemented by the Centre for Social Practices. A new training program with a curriculum of 150 academic hours has been developed, of which 130 hours in auditorium and 20 hours of individual work, nine modules in five sessions. Two medical colleges for training of health mediators have been licensed, in the town of Vratsa and in the town of Plovdiv.

History, Role of Health Mediators

- The National Network of Health Mediators was founded in 2007 within the framework of the project “Preparation for introduction into the profession Health Mediator: Health mediators’ capacity building and network building” with the support of the Program MATRA CAP of the Ministry of Foreign Affairs of the Kingdom of The Netherlands. The Network’s members are more than one hundred and twenty persons – health mediators, lecturers-specialists, general practitioner doctors and nurses, health mediator trainers, experts on ethnic and demographic issues, experts and specialists in the field of public health care, stakeholders and citizens, supporting the introduction of the figure of the health mediator as part of the public health care system in this country.
- In 2008, nineteen health mediators were trained in the Medical College in Plovdiv from municipalities where thus far there have not been any trained health mediators, as the mayors of these municipalities have covered the costs for the health mediators training.
- In 2008-2011 105 health mediators were appointed in 57 municipalities through delegated budgets to the municipalities.

Selection of Health Mediators

First stage: Establishing mediator selection committees

Mediator selection committees were created in cooperation with the local authorities and health institutions in each town.

Second stage: Conducting interviews

The competition was conducted in two stages: preliminary selection based on applications and supporting documents, and interviews with applicants. Only those applicants who fit within the criteria announced in the call for applications were invited for an interview.

Applicants were rated according to the competition rules and the rating instrument upon consensus among all committee members.





Job Position

I. General requirements

Education: Secondary school education

Qualification: Completed specialized training course for a health mediator, approved by the Ministry of Health or Diploma (Certificate) from a Medical College

Languages: Knowledge of Romany/Turkish language is commendable

Additional requirements: Knowledge about the health and social legislation, and knowledge about the relevant policies of the Republic of Bulgaria

Job description: Mediates in the process of ensuring access to health services of representatives of vulnerable minority groups

II. Major responsibilities

A) Work with clients: · Acquaintance with and formulation of the problem; · Assessment of the difficulties connected with the access to the respective services and elaboration of a work plan on the case.

B) Facilitation of the process of access to services in the sphere of health care for people needing medical assistance: · Helps (accompanies, informs, clarifies, explains) with the contacts between the GP and/or other medical experts and the patient; · Carries out patronage services to families at risk, pregnant women and young mothers.

C) Assistance in the communications with the Health Insurance Fund: · The health mediator provides information on the necessity and significance of the services, provided by the National Health Insurance Fund and helps with the filling in of the necessary documentation; · Informs and clarifies what are the patient's rights and responsibilities.

D) Assistance with the communications with the Department for Social Assistance, the State Agency for Child Protection and the Commission for Protection against Discrimination: · The Mediator provides information about the functioning of these institutions and facilitates the clients' access to them; · The Mediator approaches the respective institutions about cases of violated rights (children's, social and human rights).

E) Health education and prevention care for the population: · Consults the target group on issues related to family planning and reproductive health; · Explains the benefits of vaccinations and immunizations; · Gives advice about the principles of general hygiene and essential health issues; · Provides information and materials on healthful life; · Works together with the RICPHP and RHC and assists for the implementation of their programs.

Job Position

Additional responsibilities

A) Prepares regular reports with recommendations to the respective institutions (RHC and municipal administration).

B) Participates in the implementation of National Health Programs, in the “Health Strategy for Disadvantaged Persons belonging to Ethnic Minorities” and in the implementation of regional health policies.

C) Keeps unified register of the assumed cases.

Responsibility to ensure health and safety conditions at work

To be instructed about the Law for Health and Safety Conditions at Work as well as about the Regulations for its applications in accordance with the job position.

Job Position

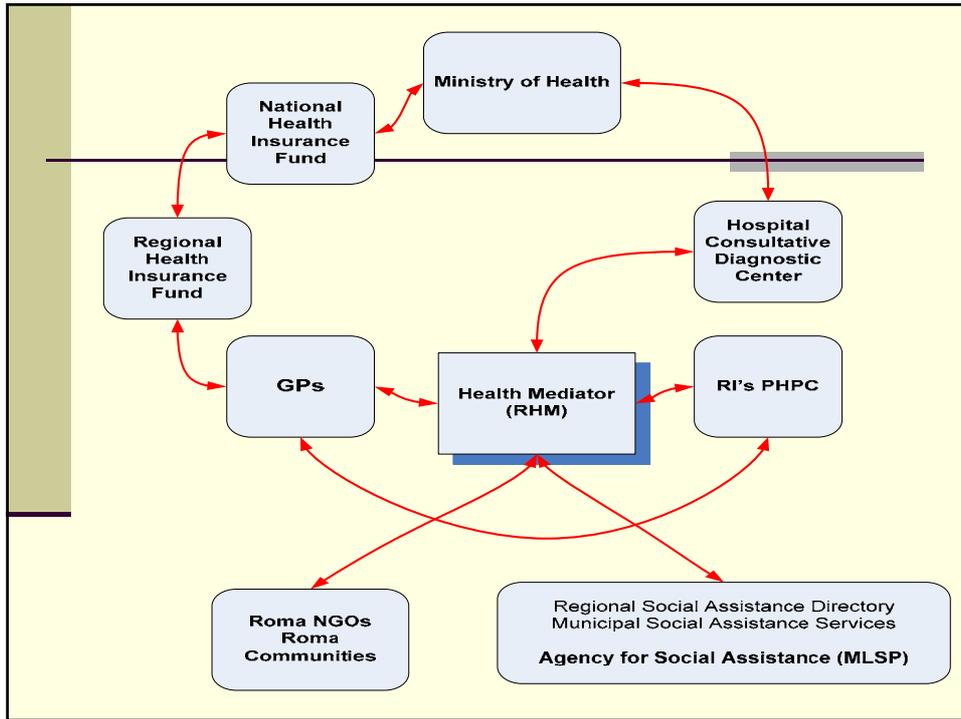
III. Rights and professional development

Rights To receive in a timely manner the necessary instructions from the person s/he reports to about the performance of her/his work. To have a workplace in a premise satisfying sanitary and hygienic requirements, as well as work equipment (computer, telephone, printer and Internet connection), as well as access to the complete information, necessary for the performance of her/his work duties.

Professional development Participation in trainings for qualification improvement.

IV. Job performance evaluation criteria

Criteria · Observance of work discipline. · Performance of the orders and directions issued by the person s/he is reporting to. · Performance of her/his work with good quality, in a timely and professional manner.



Program for improvement of the prevention, diagnostics and treatment of TB in vulnerable groups belonging to ethnic minorities

- In the last year the Program “Improvement of the control of TB in Bulgaria” has started, funded by the Global Fund. In many districts health mediators participate in the following activities:
- 1/ Identification of affected individuals who has stopped earlier the treatment;
- 2/ Visiting the persons in contact with infected that haven't been to medical prophylactic exams. Motivate the contact persons to go to the needed testing and examination;
- 3/ Identification of cases with suspected TB via conducting questionnaires among the community and referrals to the suspected cases to the regional managers;
- 4/ Organizing and participation in screening with Mantoux and expectoration under the supervision of the regional managers in locations with high incidence of tuberculosis;
- 5/ Organizing and participation in health information campaigns on combating Tuberculosis in partnership with Regional Inspectorate for Protection and Control of Public Health (RIPCPH) .

Program for prevention and control of AIDS and sexually transmitted infections (STI)

Roma Health Mediators (RHM) from different locations work on the Program from HIV prevention in the Roma districts funded by the GFATM already more than 3 years. They collect info, conduct questionnaires on knowledge and behavior of the population and facilitate taking the blood samples in the VCT process.

Participation in prophylactic activities for other infections

RHM in Plovdiv took active part in the fight against the epidemic of viral hepatitis in Stolipinovo and the RHM in various locations recently helped enormously the recent prevention activities connected with reducing the morbidity risk for measles



Program for improving the prophylaxis, diagnostics and treatment of socially significant diseases among vulnerable groups belonging to ethnic minorities

- In the last year RHM from 5 regions conducted informational sessions in partnership with RIPCPH, and afterwards were organizing prophylactic exams of socially significant diseases *оначално информираха узвими малцинствени общности от областите чрез провеж (cardiovascular, diabetes, dislipidhaemia)* with mobile cabinets and mobile labs.
- In all regions was identified high percentage of non-treated and not controlled high risk patents - hypertonic, with dislipihaemia and diabetes.



Program for improving the prophylaxis, diagnostics and treatment of oncological diseases among disadvantaged minorities groups

- In the last two years as a pilot project under the PHARE program were conducted screenings on cervical cancer prevention in seven pilot regions in the country. RHM, together with RIPCPH, conducted an active health-informational campaign in order to motivate the population to take part in the program, disseminating informational materials on cervical and breast cancer. Info materials on other oncological diseases were also disseminated.
- Over 10 000 Ob/gyn exams were conducted in the targeted regions. Based on the results from the exams it was found out that for a high percent of women it is the first gynecological exam delivered ever. Average in 50% of the women in all of the regions were diagnosed pathological deviations.



Program for optimizing the pediatric care among disadvantaged minorities groups

- In several pilot regions of the country RHM actively were disseminating informational and promotional materials, connected with nutrition and breastfeeding, and were organizing discussions, trainings, and individual consultations for families, women and young people.
- Immunizations were one of the main accents in the information provided. Only in 2009 with the assistance of RHM 15 252 vaccinations were conducted.
- In 4 pilot regions were held over 10 000 pediatric exams with mobile units, received under the PHARE program. Main diseases identified were the respiratory, followed by orthopedic, endocrine and urinary diseases.



Community-based carrier testing genetic prevention programme for rare diseases

A/ Informing local medical staff.

B/ Training Roma health mediators to participate in the community-based genetic prevention programme

C/ Informing high-risk groups.

D/ Providing information to local Roma NGOs and implementing joint health prevention activities.

E/ Selective screening in high-risk communities

F/ Individual **genetic counselling**

Prevention of drug and substance abuse

RHM in various locations are very active in drug abuse prevention. They are conducting informational sessions on the topic, discussing the consequences of drug abuse, as well as abuse of other substances such as alcohol, energy drinks and smoking.

Other activities performed by the RHM, are:

- a/ accompanying Roma patients to health and social institutions while solving a concrete health and/or social case; In 2009 6102 people were accompanied while solving different cases;
- b/ helping illiterate minorities representatives in filling and submitting different documents while following various administrative procedures; preparation of documents for different levels of disability. In 2009 r. were prepared and submitted the documents of 968 people;
- c/ psychological support of families of people with disabilities and chronic diseases;
- d/ advocacy actions in health and social institutions, protection of the rights of the client, watching out for discriminatory actions, advocacy on regional and national level, if and when necessary, mostly on concrete cases;



Other activities performed by the RHM, are:

- e/ networking with institutions – local authorities, GPs, Regional Health Inspections, hospitals, health insurance fund, NGOs, with main goal providing adequate information on health status of disadvantaged groups with focus Roma, as well as planning and conducting of adequate health interventions. RHM are synchronizing and coordinating the involvement of different institutions in the provision of equal access of Roma community to health services.
- f/ participation in health informational campaigns. Only in 2009 RHM conducted 1118 health informational sessions in Roma districts.





■ www.zdravenmediator.net