

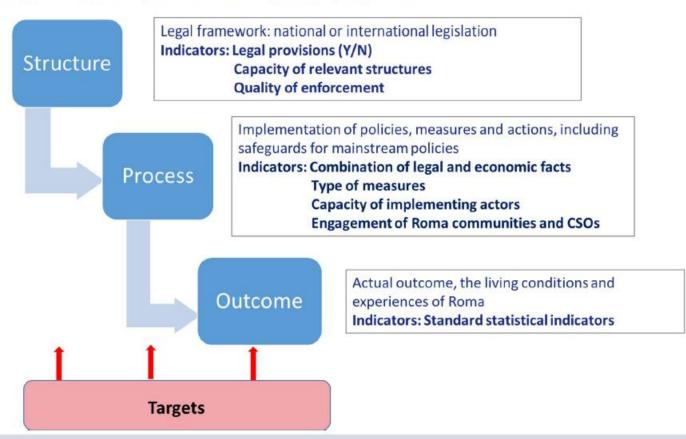
# EU Roma Strategic Framework – monitoring and evaluation framework – focus on health

Joint Equinet-EPHA-OHCHR Roundtable - Monitoring Effective Access to Quality Healthcare Jaroslav Kling, Equality, Roma and Social Rights Unit, FRA

September 2024

## **EU Roma Strategic Framework – monitoring and evaluation framework**

Figure 2: Structure-process-outcome indicators framework



\*OHCHR framework for strengthening national capacity in human rights implementation

### EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS

Inputs-Outputs-Outcomes monitoring framework vis-à-vis S-P-O framework\*

- The two frameworks are complementary:
  - 'Process' encompasses 'inputs' and 'outputs'
  - The distinction between 'outputs' and 'outcomes' is often blurred

#### **Standard indicators**

- Measure achieved status (outcomes) in specific thematic areas versus the resources invested (inputs) and the immediate results (outputs)
- Are vertical (sector-specific)
- Loosely linked to obligations (static)
- Apply stricter definition of "indicator" (combination of two data sets putting information in context)

## Equality/fundamental rights indicators

- Measure achieved status (outcomes) in the context of the structures and the process
- Look at the status from the perspective of fundamental (or universal human) rights
- Horizontal (go across sectors and thematic areas)
- Refer to standards and obligations of rights holders vs. duty bearers
- Apply looser definition of "indicator" (any evidence that "indicates")

## **Key characteristics – outcome indicators**

- <u>Objective:</u> to monitor progress against the objectives and targets of the <u>EU Roma strategic</u> <u>framework</u> through outcome indicators (17 headline and 26 secondary indicators)
- <u>Development:</u> through cooperation with the NRCPs within the <u>Roma Working Party meetings</u> facilitated by FRA in 2020-2021 and through consultations with the CSOs and the EC services
- <u>Selection criteria</u> for an indicator:
  - should capture the essence of the problem
  - have a clear and accepted normative interpretation
  - Should be robust and statistically validated
  - Should be measurable in a comparable way

- Responsive to policy intervention, but not manipulation
- Timely and susceptible to revision
- Not put too much burden
- Limited number, maximum of 5 per thematic area
- <u>Selection based on data availability, sample size, relevance, validity and reliability, comparability with the general population, comparability between Member States</u>
- Starting with the indicators in the "Roma integration indicators scoreboard (2011-2016)"
- At the beginning 54 proposed outcome indicators in 7 areas ...



## **Key characteristics – outcome indicators**

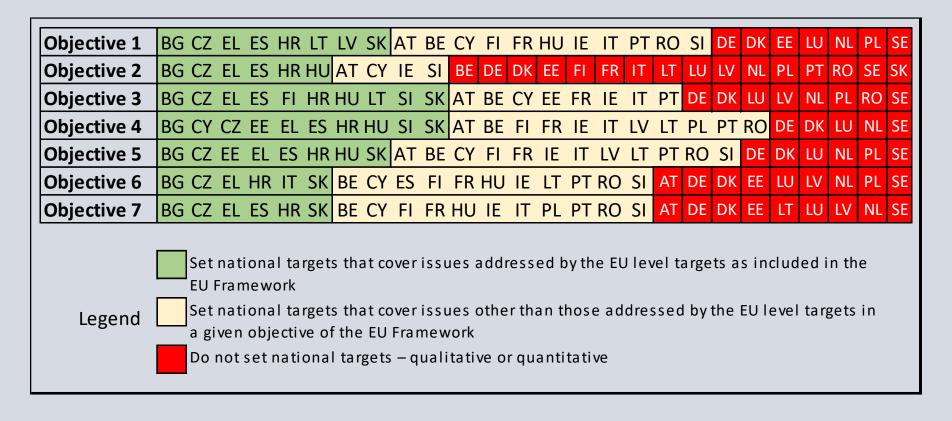
Horizontal / sectoral objectives	Headline indicators	Secondary indicators
1. Fight and prevent antigypsyism and discrimination	2 (0)	2 (0)
2. Reduce poverty and social exclusion	4 (4)	5 (2)
3. Promote participation by empowerment, building cooperation and trust	1 (0)	5 (2)
4. Increase effective equal access to quality inclusive mainstream education	3 (2)	5 (2)
5. Increase effective equal access to paid quality and sustainable <b>employment</b>	3 (3)	2 (0)
6. Improve Roma <b>health</b> and increase effective equal access to quality healthcare and social services	1 (1)	3 (2)
7. Increase effective equal access to adequate desegregated <b>housing</b> and essential services	3 (3)	4 (2)

<sup>() –</sup> number of indicators that have corresponding indicator for general population

- National v. EU level objectives and indicators (EC Communication 2023)
- Source of data: National data collections; FRA Roma surveys (2016 9MS, 2019 5MS, 2021 10MS (87% of EU Roma), 2024 12MS (94% of EU Roma), 2028)



## Use of EU level targets/indicators in National Roma Strategic Frameworks



- EU level targets are reflected in all seven objectives in MSs with large Roma population (BG, CZ, EL, ES, HR), SK does not cover Obj. 2, HU covers Obj. 2, 4 and 5.
- These countries use the headline and secondary indicators set in the Portfolio of indicators.



## **EU Roma Strategic Framework – monitoring and evaluation framework**

## **Key characteristics – process indicators**

- Three dimensions
  - Institutional set-up
  - Particular measures and actions
  - Quality of decision making
- Alignment with other policy files, e.g. in education completion rate of upper secondary education vs early school leavers
- Clear outcome targets in a new framework put higher demand on effective monitoring
- Bi-annual reporting on implementation of national Roma frameworks: online reporting tool covering the 2021' Council Recommendations on Roma equality, inclusion and participation; in 2023 online questionnaire; since 2025 online reporting tool



Health specific Objective (6)



### Portfolio of indicators – headline

### • Life expectancy:

- Direct calculation from the life tables mostly not disaggregated by ethnicity
  - Modelling possible and gives an idea of the magnitude of difference
- Indirect estimation using the sample survey data (Orphanhood method):
  - Questions in sample surveys:
    - age of respondent, sex of respondents,
    - mother/father alive, age of mother/father,
    - number of births (women), number of children still alive
  - Estimates calculated for:
    - BE, FR, IE, NL and SE (RTS2019)
    - CZ, EL, ES, HR, HU, IT, PT, RO (RS2021); SK (SILC\_MRC 2020)
- For details see: FRA (2023). Roma survey 2021 Technical report (Annex 4) and FRA (2021). Roma and Travellers in six countries Technical report (Annex 3)
- Also discussed: Unmet medical needs; Early pregnancies



### Portfolio of indicators – secondary

- Share of people aged 16+ who assess their health in general as 'very good' or 'good' (Eurostat [hlth\_silc\_01])
- •Share of people aged 16+ with medical insurance coverage (OECD [ECHI 76])
- •Share of people aged 16+ who have felt discriminated against due to their being Roma in the past 12 months when accessing the health services

## Equaly important is to look at the causal relation between health and other indicators:

- Health status impacted by
  - Poverty and social exclusion (Objective 2) through affordability of health services
  - Employment (Objective 5) through missing health insurance
  - Environment/housing conditions (Objective 7) through higher exposure to health risks
- Health status impacting Education (Objective 4) through absenteesm



Health specific data on Roma (FRA's Roma surveys)



## **EU Roma Strategic Framework - outcome indicators: where to find?**

FRA (2020), <u>Roma and Travellers in six countries: Roma and Travellers Survey</u>, Luxembourg, Publications Office.

+ online data visualisation



FRA (2022), <u>Roma in 10 European countries – Main</u> <u>results: Roma survey 2021</u>, Luxembourg, Publication Office.

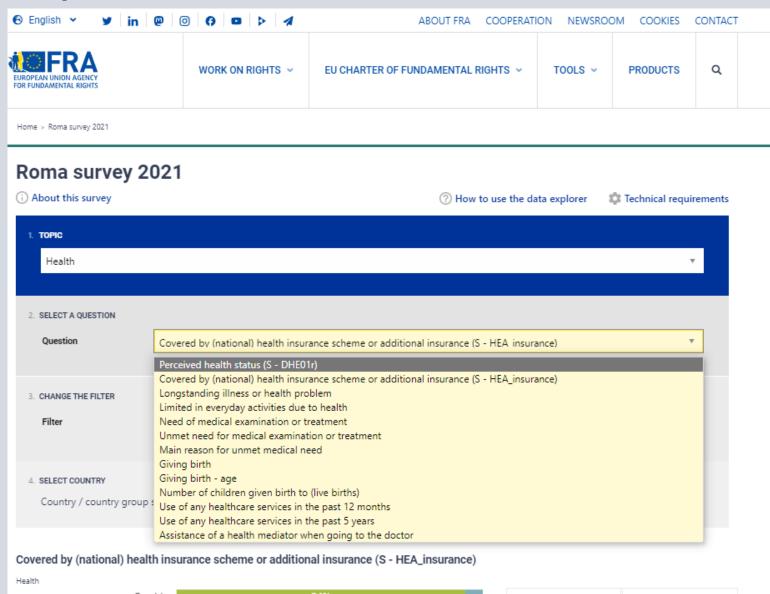
+ online data visualisation

- Including the breakdowns allowing for intersectionality analysis (Roma inclusion 2016-2021: headline and secondary indicators for Country X *upcoming*):
  - age, sex, activity limitations,
  - ethnic composition of neighbourhood, degree of urbanisation, at-risk-of-poverty status



### Roma survey 2021 - health inequalities

- All results published in <u>online</u> <u>visualisation tool</u>
- 13 health variables
- All other variables broken down by activity limitations
- Similar set of indicators also in Roma survey 2024 (to be published in 2025)

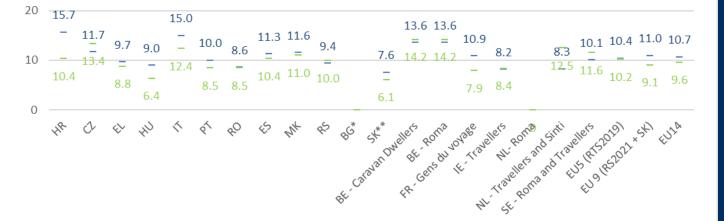




## Roma continue to have a much lower life expectancy than the general population

Difference in life expectancy at birth (general population vs. Roma)





## The EU Roma framework calls on Member States:

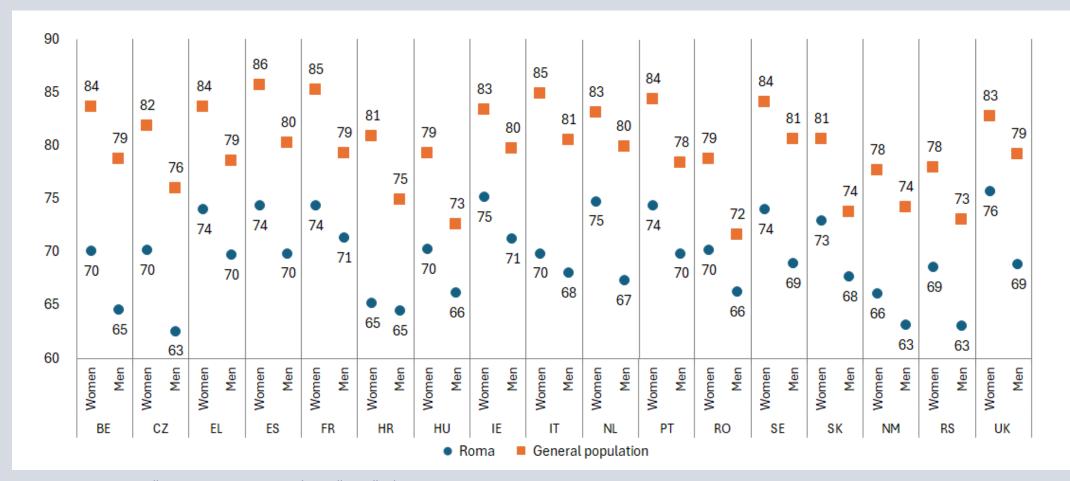
 to cut the life expectancy gap by at least half and to ensure that by 2030 Roma women and men live 5 years longer.

• RS2021: Roma women live on average 11 years less than women generally. Roma men live on overage 9 years less than men generally. RTS2019: Roma/Traveller women and Roma/Traveller men live on average 10 years less than women and men generally.

Source: FRA, RS2021, RTS2019; SK: EU SILC\_MRK 2020



## Health Life expectancy at birth (years)



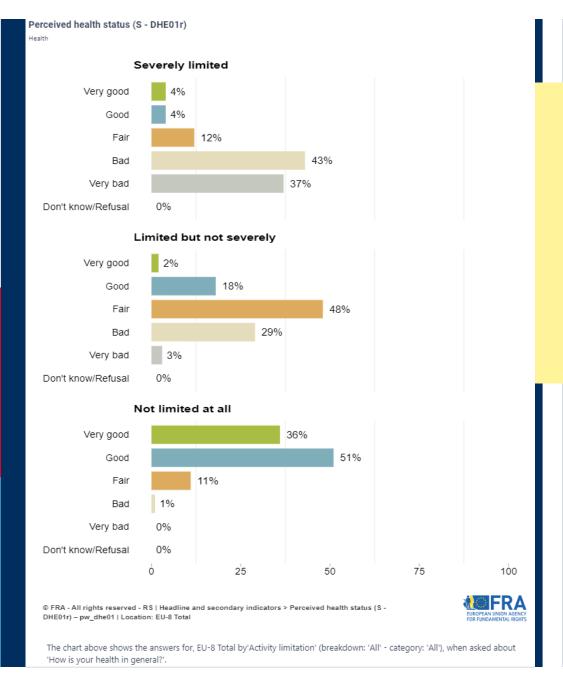
Note: FR, IE, NL – Travellers; BE, SE, UK – Roma and Travellers; all other - Roma



# 69 % of Roma in EU10 assessed their health in general as very good or good (69 % in RTS countries) – no change compared to 2016

Country	Total	Women	Men
	%	%	%
CZ	71	64	77
EL	66	62	70
ES	74	72	77
HR	66	65	68
HU	74	72	75
IT	58	59	58
PT	68	67	70
RO	62	59	69
BG*	74	n.a.	n.a.
SK**	70	67	74
BE-Roma	69	58	79
BE-Caravan dwellers	55	44	65
FR-Travellers	76	74	79
IE-Travellers	68	71	64
NL-Roma	n.a.	n.a	n.a.
NL-Travellers and Sinti	66	65	68
SE-Roma and Travellers	60	54	65
EU5 (RTS2019)	69	66	72
EU 8 (RS2021)	67	64	72
EU10	69	64	72
EU15	69	64	72

Source: FRA, RS2021, RTS2019; BG: BNSI/FRA 2020; SK: EU SILC\_MRK 2020

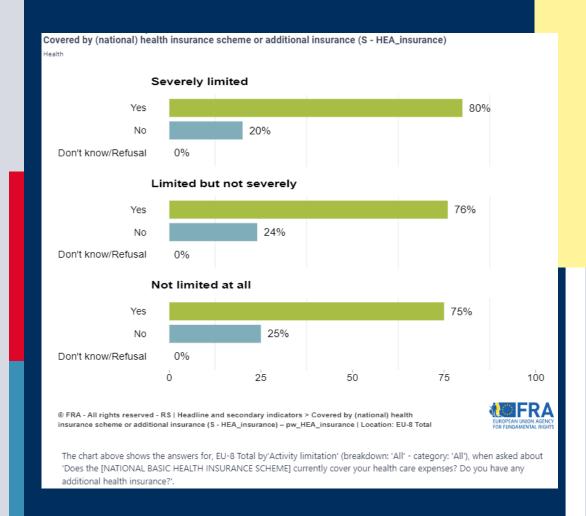




72 % of Roma in EU10 report are covered with medical insurance - no change compared to 2016. 87 % in the RTS2019 countries.

Country	Total	Women	Men
	%	%	%
CZ	94	92	96
EL	74	71	79
ES	93	91	96
HR	89	94	84
HU	93	93	93
IT	58	60	57
PT	94	96	91
RO	58	58	58
BG*	47	n.a.	n.a.
SK**	96	97	96
BE-Roma	72	71	73
BE-Caravan dwellers	78	86	72
FR-Travellers	92	93	91
IE-Travellers	88	90	87
NL-Roma	n.a.	n.a.	n.a.
NL-Travellers and Sinti	93	96	91
SE-Roma and Travellers	85	83	88
EU5 (RTS2019)	87	87	86
EU 8 (RS2021)	75	73	78
EU10	72	76	81
EU15	73	77	81

Source: FRA, RS2021, RTS2019; BG: BNSI/FRA 2020; SK: EU SILC\_MRK 2020

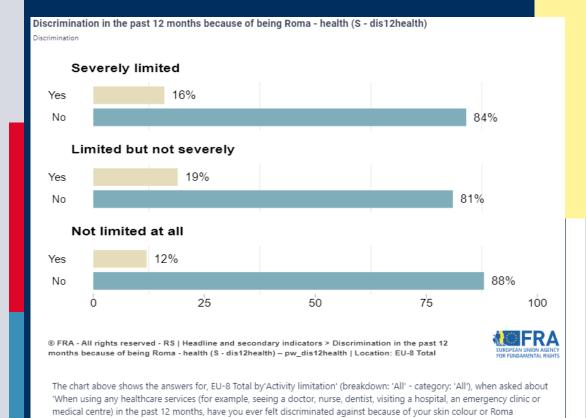




14 % of Roma in EU10 have felt discriminated against because of being Roma when accessing health services in the past 12 months - 8 % in 2016. 9 % in the RTS2019 countries.

Country	Total	Women	Men
	%	%	%
CZ	22	27	15
EL	22	20	27
ES	13	15	12
HR	7	7	8
HU	10	10	11
IT	1	3	0
PT	32	32	32
RO	16	17	15
BG*	11	n.a.	n.a.
SK**	13	13	13
BE-Roma	5	4	7
BE-Caravan dwellers	6	6	6
FR-Travellers	5	5	5
IE-Travellers	11	10	13
NL-Roma	31	22	41
NL-Travellers and Sinti	2	2	2
SE-Roma and Travellers	14	15	13
EU5 (RTS2019)	9	9	10
EU 8 (RS2021)	15	16	13
EU10	14	15	13
EU15	13	15	13

Source: FRA, RS2021, RTS2019; BG: BNSI/FRA 2020; SK: EU SILC\_MRK 2020



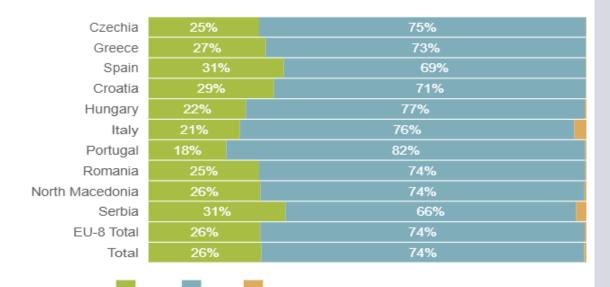
background or religion/religious beliefs?'.



### 1/4 of Roma report longstanding illness or health problem

#### Longstanding illness or health problem

lealth

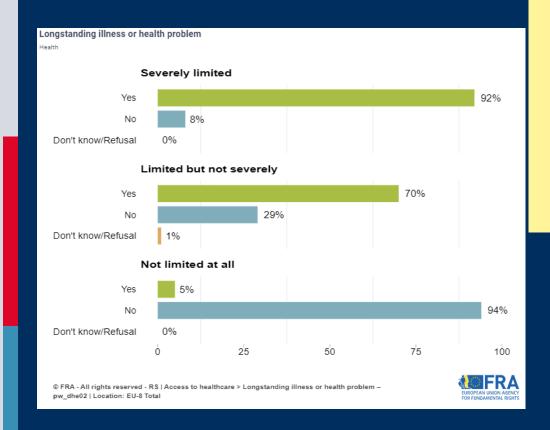


Don't know/Refusal

 $\circledcirc$  FRA - All rights reserved - RS | Access to healthcare > Longstanding illness or health problem – pw\_dhe02 |



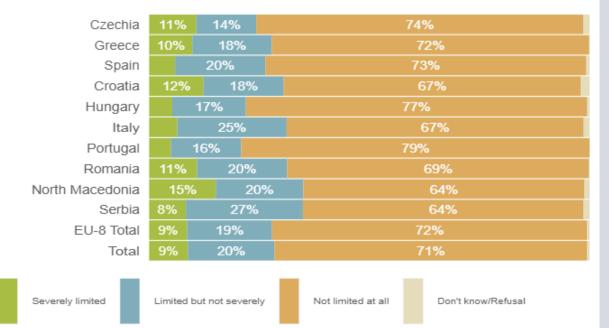
The chart above shows, by country, the percentage of people (breakdown: 'All' - category: 'All') when asked 'Do you have any longstanding illness or health problem?'.





# Health almost 1/3 of Roma report limitations due to health problem

Limited in everyday activities due to health



© FRA - All rights reserved - RS | Access to healthcare > Limited in everyday activities due to health – pw\_dhe03 |



The chart above shows, by country, the percentage of people (breakdown: 'All' - category: 'All') when asked 'For at least the past six months, to what extent have you been limited because of a health problem in activities people usually do?'.

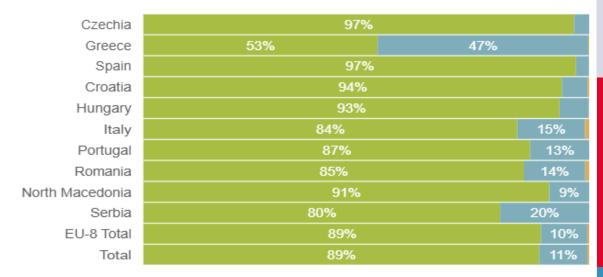
Variable used as a break-down variable for all indicators published from Roma Survey 2021



# 10% of Roma report experiencing at least one occasion when they did not have a medical examination or treatment when they needed it in the past 12 months

#### Unmet need for medical examination or treatment

Health



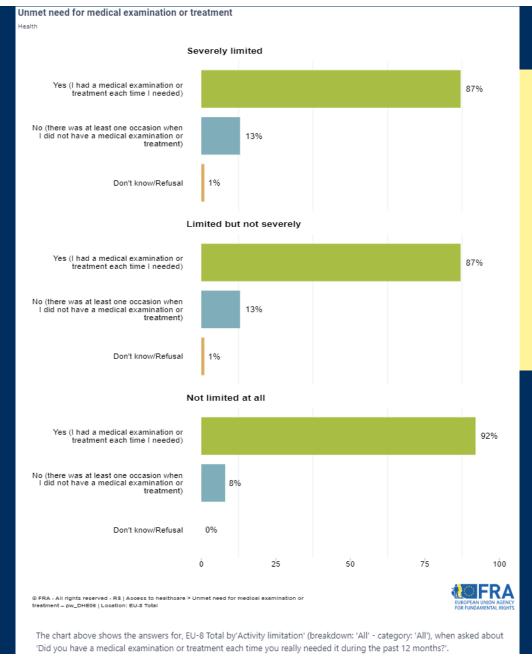
Yes (I had a medical examination or treatment each time I needed) No (there was at least one occasion when I did not have a medical examination or treatment)

Don't know/Refusal

© FRA - All rights reserved - R\$ | Access to healthcare > Unmet need for medical examination or treatment – pw\_DHE06 |



The chart above shows, by country, the percentage of people (breakdown: 'All' - category: 'All') when asked 'Did you have a medical examination or treatment each time you really needed it during the past 12 months?'.

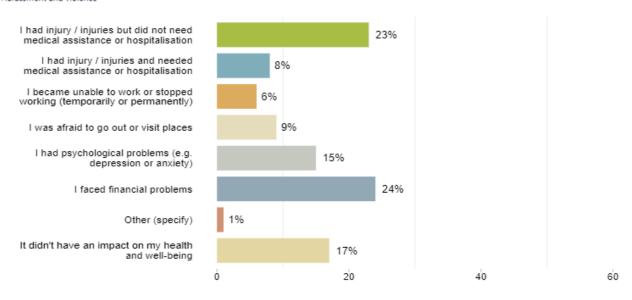




### Impact of physical attack because being Roma

Impact of the most recent incident of physical attack because of being Roma

Harassment and violence



© FRA - All rights reserved - R8 | Violence - other > Impact of the most recent incident of physical attack because of being Roma – pw\_VV\_impact | Location: EU-8 Total



background1?

Harassment and violence

Severely limited

Not limited at all

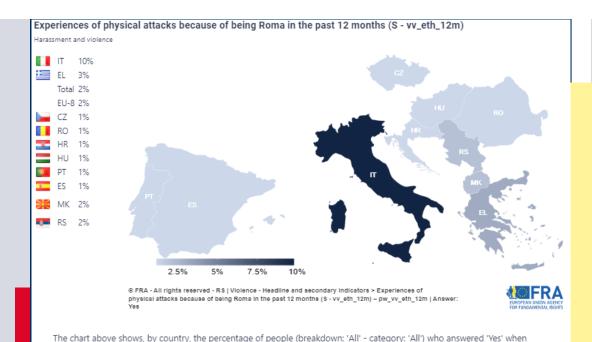
Location: EU-8 Tota

Limited but not severely

The chart above shows the answers for, EU-8 Total by (breakdown: 'All' - category: 'All'), when asked about 'How did this LAST incident [of physical attack because of being Roma in the past 5 years] affect your health and well-being?'.

#### Notes:

- . Out of all respondents aged 16+ who were physically attacked because of being Roma in the past 5 years.
- . This was a multiple response question. Percentages do not add up to 100 %.
- Responses "No" include also a small number of respondents, who answered "Don't know", "Don't understand the question" or "Refused to answer the question".



asked 'And how many times has this [physical attack] happened in the PAST 12 MONTHS because of your [Roma

Experiences of physical attacks because of being Roma in the past 12 months (S - vv\_eth\_12m)

© FRA - All rights reserved - RS | Violence - Headline and secondary indicators > Experiences of

physical attacks because of being Roma in the past 12 months (S - vv\_eth\_12m) - pw\_vv\_eth\_12m |

The chart above shows the answers for, EU-8 Total by Activity limitation' (breakdown: 'All' - category: 'All'), when asked about 'And how many times has this [physical attack] happened in the PAST 12 MONTHS because of your [Roma background]?'.



## Thank you!

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