RomInDis

TRANSNATIONAL

REPORT

Mapping of skills gaps, knowledge, and access to tools for supporting Roma PWPD of Health Professionals in cooperating & communicating needs to Roma Health Mediators

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PARTNERS

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Please review the following document and provide your comments and suggestions.

After reviewing the document, please complete this table (All partners have to review the document and fill in this table):

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1. Contents

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2. Introduction

2.1. Project Background and Objectives

The RomInDis project (enhancing support for Roma people with physical disabilities to access health structures and benefits) is designed to urgently address the intersectional and multiple discrimination faced by Roma people with physical disabilities (PWPD) in the European Union, precisely in six (6) member states (ES,DE,GR,MK,RO,SE). These individuals often remain "invisible" due to a lack of disaggregated data and the persistent stigma and taboos surrounding disability within both the Roma community and outside of it, as well as being excluded from the consequent national medical systems due to biases and accessibility matters. Additionally, the shift toward e-government services across the EU frequently excludes Roma PWPD who may lack internet connectivity or digital skills. That is why, we empower Roma health mediators to bridge the gap between Roma patients and health professionals.

The primary objectives of the project are:

- **O1** improve the access of policy makers, health professionals to data about Roma PWDs
- **O2** include actively RHM & HP in co-developing & validating their CB programmes outlines
- **O3** highlight knowledge & skills gaps of RHM & HP in working with each other & support Roma PWPD
- **O4 & O5** improve the knowledge &capacities of RHM & HP on disability, discrimination, and support of Roma PWPD
- **O6** enhance cooperation between RHM and HP in safeguarding the rights & providing support to Roma PWPD
- **O7** create & promote innovative policy recommendations & guidelines for Roma PWPD health care measures
- **O8** actively involve Roma PWPD & capitalize on their experience for improving health inclusion policies & measures
- **O9** raise awareness about social inclusion aspects of Roma PWPD
- **O10** promote the further uptake & exploitation of the new learning opportunities by relevant stakeholders among the Roma communities & HP
- **O11** increase awareness of Roma communities towards breaking down the stigma & taboos on disability

The initiative is implemented over a period of 24 months (September 2025-August 2027) with a total lump-sum of 250,000 € under the Erasmus+ Cooperation Partnerships in KA220-ADU framework. The transnational partnership brings together organisations from Spain, Germany, Greece, North Macedonia, Romania, and Sweden, combining expertise in Roma PWPD inclusion, medical staff

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training, digital innovation, anti-discrimination and anti-disability advocacy, and community empowerment.

2.2. Scope and Purpose of the Transnational Report

The Transnational Report constitutes a foundational deliverable in the frames of WP2, designed to provide a comprehensive overview of the current knowledge, skills, attitudes and practices related to Roma PWPD. Building on national-level research conducted in each partner country, the report consolidates findings into a comparative European-level perspective, identifying common gaps, structural challenges, and promising practices. By analysing the needs of Roma PWPD and Health Professionals, the report ensures that subsequent project outputs are grounded in evidence and results.

The purpose of this transnational report is to:

- Provide an integrated approach to health support for Roma PWPD by mapping existing support services and national policies.
- Identify the specific difficulties and challenges faced by RHMs and HPs in serving this population.
- Act as a strategic planning tool to validate and refine the outlines for the subsequent capacity building (CB) programmes.
- Compile a total of 18 good practices (3 per country) related to professional cooperation and service delivery

The Transnational Report functions as a decision-making tool that strengthens cooperation among partners, enhances methodological coherence, and increases the long-term sustainability and relevance of the project's educational resources at European level.

2.3. Methodological Approach

The Transnational Report is grounded in a mixed-methods research approach implemented at national level under WP2. It's based on the systematic collection and consolidation of data from six National Reports prepared by the project partners: Fundació Privada Pere Closa (Spain-coordinator), Perpato & SYMPLEXIS (Greece), Roma Resource Center Skopje (North Macedonia), Institute for Roma and Minorities Inclusion (Germany), Sastipen - Roma Center for Health Policies (Romania) and, Regional Research Center - RRC (Sweden).

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Desk and field research were conducted between December 2025 and February 2026 in all partner countries, ensuring comparable and structured data collections across contexts.

The national data collection included:

- Desk research: A detailed review of national legal frameworks, health systems, and the "state of the art" regarding Roma PWPD in each participating country.
- Online questionnaires: Conducted with a minimum of 180 participants (90 RHMs and 90 HPs total, 15 per country) to quantify existing knowledge and skills gaps.
- Focus groups/Interviews: Qualitative sessions involving 60 experts (online and/or face-to-face, 30 RHMs and 30 HPs total, 5 per country) to validate training modules and discuss practical challenges.
- Good practices: Collection of 3 successful cooperation practices between Roma health mediators and health staff.

The Transnational Report synthesises the findings from all six countries, identifying common knowledge and skills gaps, structural challenges, and transferable good practices. This approach ensures methodological consistency and strengthens the European added value of the project's results.

2.4. Contribution of the Report to WP3 and WP4 Deliverables

The findings of this report serve as the evidence-based foundation for all subsequent project activities:

- The report provides at least 20 specific guidelines, tips, or tools that will be directly embedded into the finalised outlines of the training programmes for RHMs and HPs.
- Contribution to WP3 (Capacity Building): The identified skills gaps and learning needs inform the development of the modular training content, the implementation of the LMS platform, and the drafting of the Action Protocol for RHMs.
- Contribution to WP4 (Advocacy and Policy): The mapping of national policies and good practices provides the raw material for the "Code of Good Practice" on integrating lived experiences and the "Digital Compendium" of 20 policy recommendations for stakeholders and policy makers

In this sense, National Reports, which constitute integral parts of the Transnational report, function not only as a research output but also as a strategic planning tool guiding the development of educational materials, pilot actions, and capacity-building interventions across the project.

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3. Summary of Desk Research. The Context, Legal Frameworks, and Healthcare Access for Roma People with Physical Disabilities (PWPD) across Participating Countries

Based on the desk research across the 6 participating countries (ES,DE,GR,MK,RO,SE), it is revealed that while the Roma community is recognized as a minority in most states (with the exception of Greece, where Roma people themselves identify as an integral part of Greek society), they face a universal reality of structural marginalisation, social stigma, and antigypsyism. A critical finding is that Roma People with Physical Disabilities (PWPD) remain largely "invisible" in national statistics because many countries have constitutional constraints against collecting ethnicity-based data. Across the EU, approximately 15% of the Roma population lives with some form of impairment, yet they are often excluded from major policy frameworks. Common barriers across all partner countries were documented.

First and foremost, the national healthcare systems are resource-rich but structurally difficult to navigate without specialised knowledge. Therefore, there's a high need to lessen the administrative complexity. Roma inclusion strategies often overlook disability, while disability frameworks rarely account for ethnic-specific barriers. Notably, as the future comes, there's a higher increase of digital services throughout European countries. The rapid shift to e-government for disability benefits and health records frequently excludes Roma who lack internet connectivity, hardware, or digital literacy. Moreover, historical injustices, such as forced sterilisations or discriminatory registration, have created deep-rooted mistrust toward health authorities and clinical staff. This results in lower trust and communication.

The project's brief desk research highlights that although European laws protecting the rights of people with disabilities are frequently in place on paper, their actual application to Roma communities and Roma PWPD is still inconsistent and not efficient. The serious lack of trustworthy data on Roma PWPD is one of the main findings across the six partner countries. The collection of national data is often restricted by national laws safeguarding minority/ethnicity rights and personal integrity, which unintentionally creates a "data vacuum" that slows down the procedure of evidence-based policymaking.

Roma people typically have much shorter life expectancies and higher rates of chronic illness and disability. The "vicious cycle" of poverty, substandard housing, and low levels of education (all of which are even worse for people with physical disabilities) is the foundation of the inequality of the health system. Due to the combination of Roma ethnic identity and disability, many Roma PWPD experience

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double discrimination, whereby they must contend with both systemic racism against their communities and the social and physical barriers that come with a disadaptive healthcare system. There is a notable "implementation gap" in the legal and strategic framework concerning Roma inclusion and further disability rights. On one hand, a strong theoretical basis for inclusion is offered by the European Union's ten-year disability strategy and several national Roma strategic frameworks for 2021-2030.

These frameworks place a strong emphasis on social integration, deinstitutionalisation, and equal access to healthcare. Desk research, however, shows that these policies rarely result in easily accessible local/communal services. Moreover, disability certification administrative processes are often characterized as excessively complicated, bureaucratic, and vague. Without help from the RHMs, navigating these institutional procedures frequently proves impossible for Roma people, who may already struggle with lower literacy levels or a lack of official documentation.

Physical accessibility is still a real and a continuing obstacle to healthcare. Many clinical facilities lack basic amenities like ramps, elevators, wide doorways, or accessible restrooms, especially in older or more remote locations. Additionally, hospitals in the city centers are frequently inaccessible due to the geographic isolation of many Roma settlements. It is worth mentioning that Roma PWPD are further isolated by the lack of easily accessible and reasonably priced public transportation, which causes many of them to put off getting medical care until their conditions worsen. Local NGO projects and mobile health units have been recognized as essential "lifelines" in certain situations, but they are frequently project-based and lack the long-term funding from the state, required to offer long-term solutions.

Regarding digitality, Roma PWPD, who may lack internet access, skills or the required hardware, are being further marginalized. As healthcare systems shift more and more toward online appointment scheduling, digital prescriptions, and telehealth, digital exclusion is being created constantly and is linked to larger administrative issues where these "digital-first" policies disregard the reality of those who live in poverty, rather than just being a technical issue. Desk research reveals that although Roma Health Mediators frequently intervene to close this divide, in order for them to be completely successful, they may need additional training in digital tools and administrative navigation.

Access to healthcare is also influenced by sociocultural elements and the Roma communities lean more and more to an institutional mistrust. Many Roma families are generally unwilling to interact with public healthcare facilities due to previous experiences of discrimination and perceived rejection by health services and professionals working there. Cultural structures, beliefs and patterns of family dynamics affect how disability is viewed in the Roma community and frequently intensify this mistrust.

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There may be a stronger desire for family-based care that discourages seeking "outside" institutional/formal assistance until a crisis arises, or there may be a certain perspective on disability steaming from cultural beliefs. On the other hand, when Roma people do seek medical attention, they might run into medical staff who are not culturally sufficient or trained in disability rights, which could result in misunderstandings, perceived stigma, and can escalate the patient-provider relationship. The most important link in the healthcare field is always the Roma Health Mediators as well as some community advisors.

These experts serve as "bridge builders," assisting Roma PWPD in navigating the healthcare system by translating technical medical and administrative jargon and terms into understandable, everyday language. The desk research does, however, also highlight important structural obstacles that these mediators must overcome. The lack of formal integration of the RHM role into the national healthcare system in many countries and regions results in unclear professional protocols, inconsistent training standards, and unstable working conditions.

Additionally, RHMs have noted certain "skills gaps" in the trainings they've been part of, especially with regard to specific knowledge of the most recent assistive technologies, legal rights, and physical disabilities. Similarly, despite their technical expertise, health professionals frequently lack the specialized training too, needed to meet the needs of Roma PWPD. Desk research reveals that formal medical education and constant professional development and institutionalisation often lack structured training on working with Roma individuals with disabilities. There is an acknowledged need from all parties for more precise guidelines regarding accessible and culturally sensitive communication with Roma patients. Health care providers frequently lack the context needed to deliver well coordinated care due to the absence of a (national) trustworthy database for Roma PWPD.

	In Spain, the Roma population is the largest ethnic minority (approx. 725.000). Notably, life expectancy for Roma is 7 to 8 years lower than the general population. Regions like Catalonia have strong laws (Law 19/2020) on universal accessibility, but these do not always account for the reality of Roma communities living in informal housing or segregated neighborhoods. Antigypsyism remains a major factor limiting their participation in the Spanish health system. Survey data shows that 9% of Roma people have experienced unequal treatment directly in these health services. Also, regarding local mediation services, they have proven successful in sensitive areas like cancer screening, but they require long-term institutional stability to remain effective. Roma cultural perceptions of disability, which can be influenced by

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	spiritual beliefs or fatalism, sometimes affect how families respond to medical interventions. Online-only systems effectively cut off those with limited literacy or digital skills from accessing welfare benefits. Spain's approach is also guided by the "National Roma Strategy for Equality, Equity, and Participation," yet Roma with physical disabilities still encounter persistent barriers in primary care. Roma Health Mediators, although they are integrated into some local health teams, their role is often undervalued by health staff, which set back effective patient advocacy.
	In Greece, Roma people do not identify as a minority but rather just as Greek citizens. However, the 2021 National Census showed massive underreporting of disability: 30% of municipalities claimed there were no Roma with disabilities in their areas. The "Digital Transformation Bible 2020-2025" has created new obstacles: The online-only processes for Disability Cards (e-KEPA) exclude those in settlements with poor internet access. Furthermore, community centers and the Roma branches act as physical service points to help navigate these digital portals. On the other hand, Roma Health Mediators report being treated by Health Professionals as "Roma family members" rather than professional partners, when they see a patient, which delays effective clinical cooperation. Roma Health Mediators face professional burdens, such as not being recognised by both the state and the health services as formal partners, which complicates their ability to advocate and represent other Roma patients.
	In Germany, there is an alignment with the EU Strategy for the Rights of Persons with Disabilities, but its National Roma Strategic Framework relies heavily on mainstream measures that fail to address intersectional needs. There's also a difficulty in officially recording the Roma population in the country. The German Central Council of Sinti and Roma provides advice, but there is not a standardised German mediator system. A significant challenge is under-insurance within the Roma community. Digital portals for disability determination (Bundesportal) can potentially exclude Roma PWPD who lack official IDs or stable insurance. Lastly, focus groups revealed that some administrative staff rely on outdated or medicalised terminology that can unintentionally stigmatize Roma families. Desk research shows that Roma with

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	physical disabilities rely heavily on NGO-led mediation services because the state system often lacks culturally competent pathways.
	In North Macedonia, the 2021 Census estimates the Roma population at approximately 2.5% of the total population (46.000-50.000 people, with estimates at 70.000), yet data specifically on Roma PWPD remains scarce. A legal framework exists, including the Law on Prevention and Protection against Discrimination (2020), which explicitly prohibits multiple and intersectional discrimination. Roma Health Mediators (RHMs) are formally recognised within the health system, but their positions are often few and dependent on funding. Regarding accessibility, major obstacles include a lack of personal documentation, financial constraints for transport/co-payments, and the physical inaccessibility of some clinics. Implementation gaps remain significant, particularly in rural areas where there is a lack of specialised professionals. Lastly, RHMs are vital for documentation and education, but they lack formal integration into national systems. A major obstacle for Roma PWPD is the highly centralised and bureaucratic process for obtaining disability certifications. The research indicates that while the Roma Resource Center provides a vital link to services, there is a lack of formalised communication protocols between these centers and hospitals. This results in fragmented care where the social and medical needs of the patient are rarely addressed in a coordinated manner. A significant social barrier is the persistent stigma directed at the Roma community, which discourages engagement with public health services.
	In Romania, lies one of the largest Roma populations in the EU, though official census data, which consists of 3.4% of the total population (569.477) is believed to be significantly lower than actual estimates (up to 1.2 million) due to fear of identification. The country has a long-running health mediation programme, but mediators often operate under limited conditions with weak coordination with health professionals. Roma people with physical disabilities are disproportionately affected by extreme poverty and inadequate housing, which exacerbates their physical health conditions. Internal community stigma sometimes leads families to hide members with disabilities, delaying medical evaluation. While laws like Law

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	448/2006 protect disability rights, they do not include ethnic-sensitive measures, making Roma PWPD the invisible part of the service system. The desk research points out that while the network of Roma Health Mediators is well-established, they often lack the specialised legal framework required to help Roma people navigate the complex social benefit system. Furthermore, the high cost of non-reimbursable medical aids and the lack of accessible public transportation in rural areas mean that many Roma individuals remain homebound and isolated from rehabilitation services. Physical infrastructure is also a major issue, with many facilities lacking basic ramps, elevators, or accessibility signs.
	In Sweden, Roma rights are protected under a universal welfare framework, including the Health and Medical Services Act (2017:30) and the Discrimination Act (2008:567), which prohibits bias based on both disability and ethnicity. Estimates suggest 50.000-100.000 Roma individuals live in Sweden, but exact data on Roma PWPD is non-existent due to privacy laws. At national level, around 20% of the Swedish population reports some form of disability, and approximately 5-7% report significant physical impairments. Roma PWPD describe the system as strong but difficult to navigate. Barriers include long waiting times, complicated referral pathways, and a lack of standardised Roma Health Mediators, leaving support to be handled inconsistently by civil society. Vulnerable groups underuse digital health resources due to difficulties understanding formal language and a lack of digital skills. Even if the healthcare system is highly advanced, yet Roma with physical disabilities often face barriers rooted in a historical distrust of public institutions. However, the desk research identifies a significant knowledge gap among health professionals regarding the specific cultural history and social conditions of the Roma community. This lack of awareness can lead to miscommunication and a failure to provide the personalised support required for effective physical rehabilitation and long-term disability management. The research suggests that barriers in Sweden are less about a lack of services and more about communication gaps, navigation difficulties, and historical distrust of authorities.

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4. Summary of Knowledge and Skills Gaps in Each Participating Country

4.1. Greece

From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- RHMs face significant challenges in explaining complex bureaucratic procedures and the requirements for the new electronic disability certification. There's difficulty in providing communication and translating these administrative instructions in simple and understandable language on the part of HPs and RHMs too to Roma family members
- Mediators have limited familiarity with specific referral pathways for disabilities. There is a recognised need for training RHMs on specific medical and social disability terminology to ensure accurate communication
- HPs have only partial understanding of the Mediator's supportive role
- Both RHMs and HPs identify a gap in skills needed to navigate the digital transformation of health services (e.g., electronic prescribing)
- HP's inadequate cultural awareness regarding Roma community perceptions of disability
- Gaps in identifying and addressing (unconscious) bias, stereotypes and racism in the health system. Also, RHMs often lack in-depth knowledge of current disability legislation and the specific rights of PWPD
- HPs show a lack in training regarding the specific living conditions of Roma communities and how these impact health follow-ups
- There are no standardised protocols for communication between RHMs and health staff, leading to inconsistent patient support. Both groups lack a comprehensive regional mapping of available disability and health services for effective referral pathways

Barriers faced by RHMs & HPs in Greece:

- RHMs are not treated as professionals by the Greek state, which limits their ability to effectively advocate for patients
- Health facilities located far from Roma settlements are often practically unreachable, even if they are technically accessible
- The shift to online-only platforms (like e-KEPA) creates a barrier for those without internet access or digital skills

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4.2. Germany

From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- RHMs require targeted training in specific disability-related laws and social benefit structures. Moreover, there is a clear need for skills related to assisting Roma PWPD with digital health tools and online administrative platforms
- RHMs report a need for better awareness of their professional roles and how to navigate institutional hierarchies
- HPs often lack an understanding of how some rigid hospital procedures can disproportionately exclude Roma PWPD from German healthcare
- There is a significant gap in HPs' knowledge regarding the "double discrimination" faced at the intersection of ethnicity and disability
- A lack of training in "simple language" communication strategies makes it difficult for HPs to translate medical information to marginalised groups. Both groups lack updated knowledge on available assistive technologies
- HPs often fail to provide feedback to mediators after a referral, indicating a gap in coordinated care skills

Barriers faced by RHMs & HPs in Germany:

- Cooperation is weakened by a persistent lack of feedback provided to mediators after they refer a patient to a specialist
- Limited coordination between various health and social institutions often results in disjointed services for the patient
- A lack of institutional openness to reach people who have historically felt rejected by the healthcare system complicates cooperation
- The "busy" nature of German clinical settings often leaves no room for the detailed communication needed to bridge these cultural gaps

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4.3. North Macedonia

From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- RHMs identify gaps in their knowledge of the specific legal rights and social protections provided to Roma persons with physical disabilities. There is an ongoing need for training to ensure consistent use of medical and person-centered terminology
- RHMs note a lack of skills and tools for maintaining a reliable database of Roma PWPD to provide care and assistance
- Trainings on working with PWPD is largely absent from formal medical education for HPs
- HPs report a lack of authorised modules covering cultural competence and patient-centered communication for the Roma community. Many HPs have limited awareness of the RHM's role, which leads to underutilisation of their mediation skills, if not communicated properly
- Both groups struggle with non-standardised administrative procedures that vary between health institutions in NMK
- A skill gap exists in HPs' ability to overcome the historical stigma and distrust that prevents Roma PWPD from seeking care

Barriers faced by RHMs & HPs in North Macedonia:

- Cooperation is delayed more by the absence of standardised administrative procedures across different health institutions in the country. Communication between institutions is inconsistent, often leading to a total lack of follow-up care for Roma PWPD
- Mediator positions are often based on annual contract renewals and depend on project funding
- The lack of a reliable, localised database of Roma PWPD makes it difficult for RHMs and HPs to provide proactive or coordinated support
- Professional development on working with disabilities is largely absent from formal medical education
- There is a noted tendency for institutions to avoid responsibility for complex cases involving physical disabilities

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4.4. Romania

From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- RHMs lack the specialised legal knowledge to assist Roma PWPD into navigating the complicated Romanian social benefit and welfare system
- Advanced digital skills are needed by RHMs to manage the increasing shift towards online administrative procedures
- RHMs report a gap in their ability to formally identify and report physical accessibility barriers in health facilities
- There is a need for training RHMs on using "case briefs" to effectively summarise patient needs for doctors
- HPs show knowledge gaps regarding specific disability rights laws, such as Law 448/2006
- High patient loads limit HPs' time, highlighting a need for skills in concise yet culturally sensitive communication. HPs lack defined skills or protocols for collaborating with RHMs to ensure long-term continuity of care
- Both groups lack skills in mapping local NGOs and social services to reduce the fragmentation of patient support

Barriers faced by RHMs & HPs in Romania:

- National strategies for Roma inclusion and disability rights are often not integrated, leading to gaps in service provision
- Overcrowded urban hospitals limit the time HPs can spend communicating with patients or their mediators
- Many facilities still lack basic accessibility features like ramps, elevators, and wide doorways
- The high cost of transportation and non-reimbursable medical aids

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4.5. Spain

From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- 40% of RHMs report low knowledge of the specific local and national healthcare resources available for PWPD
- RHMs need better tools and skills to advocate for patients facing digital barriers and online-only booking systems. A gap exists in the formal integration of RHMs into healthcare teams, leading to unclear roles and communication
- HPs often lack knowledge of how diverse cultural and spiritual beliefs within Roma communities influence perceptions of disability
- There is an insufficiency in HPs' knowledge of institutional strategies to prevent and report discriminatory behavior. HPs report a need for specialised training on the needs of Roma patients with physical impairments
- HPs have limited knowledge of the social support networks and NGOs that can assist Roma patients
- Inconsistent protocols between clinical and non-clinical staff create barriers to effective patient follow-up

Barriers faced by RHMs & HPs in Spain:

- Healthcare is often not viewed as a "team effort" that includes non-clinical staff, leaving mediators on the periphery
- A significant percentage of social and health professionals report low awareness of the specific local resources available for PWPD
- The lack of stable working conditions and formal role definitions for RHMs prevents them from being fully integrated into health teams
- The absence of clear institutional strategies to address or report discriminatory behavior remains a barrier

4.6. Sweden

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	From the combined data of the research questionnaires and the focus groups, we can draw the following useful conclusions about the knowledge and skills gaps of RHM and HPs regarding Roma PWPD.

- RHMs lack a deep knowledge of specific healthcare laws and the patient rights of persons with disabilities. RHMs require better tools to identify and address physical, communication, and administrative barriers in clinics/hospitals
- There is a skill gap in assisting Roma PWPD with the highly complex digital applications for disability support (LSS)
- HPs show a significant lack of knowledge regarding the cultural history and social conditions of the Roma communities in Sweden
- HPs lack training on providing personalised physical rehabilitation support to vulnerable groups
- HPs show a gap in skills needed to manage the historical distrust that Roma families feel towards Swedish public health and social services
- Many HPs report only moderate familiarity with the specific physical accessibility adjustments required for Roma patients
- Both groups identify a lack of structured joint training and formal protocols for working together effectively

Barriers faced by RHMs & HPs in Sweden:

- Sweden lacks a formalised national RHM system, meaning that mediation tasks are often performed informally and without institutional support
- Excessive waiting times and complicated referral pathways discourage many from seeking early intervention, especially the Roma people

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5. Suggestions on Learning Objectives and Capacity-Building Priorities for Communication, Cooperation and Assistance among Roma Health Mediators and Health Professionals

5.1. Health Professionals

Learning Objective	Related Gaps Identified Across Countries	Capacity Building Priority	Suggested Educational Approach
Enhancing & cultivating cultural & intersectional awareness	HPs lack a deep understanding of Roma culture, history, living conditions, and spiritual perceptions/patterns of disability	Raising awareness about "double discrimination" (racism + disability) and its impact on access to Roma communities' healthcare	Applied & interactive workshops featuring Roma community voices. Understanding the community from within: visits to Roma settlements/PWPD
Strengthening professional collaboration with RHMs	There is a widespread low awareness of the RHM role and a lack of standardised clinical protocols for cooperation between these 2 parties. RHMs are often treated as mere "relatives" or translators instead of professional partners	Recognising RHMs as formal professional partners and integrating them into clinical teams/creating "Roma-focused" teams in hospitals	Joint training sessions for HPs and RHMs: Understanding each party's problems. Development of shared communication tools
Mastering inclusive & simple, non-	HPs report difficulties conveying the medical information in a	Training in trust-building communication	Communication simulation sessions: With the cooperation

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Learning Objective	Related Gaps Identified Across Countries	Capacity Building Priority	Suggested Educational Approach
stigmatising language communication	simple way. Also, it is hard to overcome the historical distrust felt by Roma families	techniques. Use of simple communication scripts and visual aids to explain diagnoses and treatments	of RHMs, development of multilingual, simplified health guides in every national language + Romani (handbook)
Understanding national disability rights & legislation	Many HPs are unfamiliar with specific national disability laws and the rights of Roma PWPD	Education on the legal national framework for disability benefits and patient rights within marginalised social contexts	Legal experts' seminars: Creation of toolkits for clinical and administrative staff
Strengthening referral & social support knowledge	Gaps exist in HPs' knowledge of local non-clinical resources, NGOs, and specialised social support networks regarding Roma populations	Strengthening the knowledge of referral pathways and local socio-health service mapping	Mapping: Networking events between hospitals/clinics and local social service providers
Developing institutional advocacy and feedback skills	Lack of training in using data from the field to propose organisational changes and improve reception of Roma patients	Ability to collect and analyse reports from patients and RHMs to improve the quality of services	Training in the use of evaluation tools and participation in interdisciplinary working groups to create policies

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5.2. Roma Health Mediators

Learning Objective	Related Gaps Identified Across Countries	Capacity Building Priority	Suggested Educational Approach
Mastering administrative & legal navigation	Mediators face significant difficulties explaining the complicated (online) bureaucratic certification processes and social benefit requirements	Training in national disability legislation, social rights, and step-by-step administrative procedures for benefit eligibility	Practical administrative manuals and the usage of simple driven language on legal guides. Workshops/seminars with social service experts/NGOs
Standardising medical & disability terminology	There is an inconsistent use of medical and person-centered terminology, which can lead to miscommunication during clinical visits	Development of a common glossary/handbook of medical and disability-related terms to ensure an accurate mediation process	Terminology training modules/seminars that can also include role-playing medical scenarios. In the end, creation of the toolkit
Bridging the digital divide	Online-only national portals for health appointments and disability cards exclude those with low digital literacy or lack of hardware	Strengthening digital skills for navigating e-health platforms and assisting Roma clients with online processes/uploads	Applied digital literacy labs and e-government navigation training sessions
Mapping regional & local resources	Mediators often have fragmented knowledge of	Creating and maintaining localised databases of	Mapping: development of digital or physical regional

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Learning Objective	Related Gaps Identified Across Countries	Capacity Building Priority	Suggested Educational Approach
	specialised disability services, NGOs, and referral pathways in their specific regions	accessible health structures, transport services, and NGOs	service directories / Sessions with professionals to present themselves and their work
Promoting physical accessibility advocacy	Mediators often lack the formal skills or authority to identify and report structural barriers (e.g., lack of ramps or even accessible toilets)	Skills in identifying physical barriers in local health facilities and advocating for reasonable changes	On the field (walkthroughs): Site visits for barrier identification. Training in universal accessibility standards and reporting mechanisms to HPs
Case Studies. Enhancing clinical support	RHMs can lack tools to concisely summarise Roma patient needs, leading to rushed or ineffective consultations. Need for better skills to manage disability-related stigma within Roma families and counter institutional prejudices in health facilities	Creating/examining case studies and reporting platforms to provide HPs with clear, relevant context. Also, necessary for Roma families to build community trust and break "taboos" while mediating with professionals	Applied workshops on reporting and patient history summarisation. Use of some standardised templates. Joint training sessions with Health Professionals to align medical and cultural perspectives and practice conflict resolution

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6. List of Good Practices (18 in Total, 3 per Country)

Name of Best Practice:	**REACH – Roma Women's Empowerment and Fighting Discrimination in Access to Health**
Country:	Greece
Short Description: **(300 words max)**	The project "REACH: Roma Women's Empowerment and Fighting Discrimination in Access to Health" aims to combat discrimination against Roma communities by fostering a more inclusive environment within Primary Health Care and by supporting equal access of Roma people to health services. The project delivers practical benefits and measurable impact through the empowerment of Roma women, their families and young people, as well as through targeted capacity building for Primary Health Care professionals and staff of Community Centres in selected municipalities hosting Roma Community Branches. The project focuses on strengthening the skills and competencies of Primary Health Care professionals and Community Centre staff working with Roma communities, promoting mutual learning and understanding regarding the shared benefits of Roma inclusion in health systems, and developing working methods and practices that can be adopted by other Primary Health Care units or municipalities. In parallel, the project contributes to the exchange of best practices related to inclusive and non-discriminatory health service provision.
Trends and Potential Benefits from this Best Practice **(250 words max)**	The REACH project demonstrates how structured capacity building within Primary Health Care can improve the quality and inclusiveness of health services for Roma communities. By strengthening the competencies of health professionals and Community Centre staff, the project contributes to increased awareness of health inequalities and structural barriers that affect Roma access to care. It also supports more coordinated collaboration between health services and community-based structures, leading to clearer referral pathways and improved continuity of care. Importantly, REACH

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	contributes to trust-building between Roma communities and Primary Health Care services, which is a critical factor for sustained engagement with health systems.
How this Best Practice could be used/ transferred (250 words max)	The REACH model can be further adapted to support Roma people with mobility impairments by integrating disability-inclusive elements into its existing capacity-building framework. This includes practical guidance for Primary Health Care professionals on physical accessibility, mobility-related barriers, transportation challenges and simplified administrative procedures that affect access to services. Through closer cooperation with Roma Health Mediators, health professionals can better identify physical, procedural and communication barriers faced by Roma people with mobility impairments and develop realistic, locally applicable solutions within Primary Health Care units and Community Centres. The approach can be transferred to other municipalities by embedding these adaptations into Primary Health Care training programmes and Community Centre practices. At European level, REACH offers a transferable framework that combines Roma inclusion, disability inclusion and health equity, ensuring that Roma people with mobility impairments are addressed as a core target group within inclusive health strategies rather than as an add-on.
Website link:	https://romahealth.eu/
More Info:	

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Name of Best Practice:	**Rom-Boost**
Country:	Greece
Short Description: **(300 words max)**	The Rom-boost project aims at the social and economic empowerment of Roma populations in Greece through intensive education, skills development and community-based mediation. The project responds to the persistent exclusion experienced by many Roma communities, including lack of legal documentation, inadequate living conditions, extreme poverty, food insecurity, limited access to public services, low levels of education, unemployment and under-representation in the public sphere. These conditions often reinforce a cycle of marginalisation, social inequality and disengagement from institutional systems. Rom-boost adopts a bottom-up, participatory approach, using education and training as the main vehicle for change. The project focuses on the intensive and targeted training of existing Roma mediators and community members through a snowball methodology, ensuring that knowledge and skills are transferred beyond the initial group of participants to the wider community. Training activities include a common core curriculum and three thematic axes: Health, Protection and Advocacy of Rights, and Communication and Culture. The training is combined with practical applications that translate theoretical knowledge into action, including participation in Médecins du Monde Greece vaccination campaigns to strengthen access to Primary Health Care, organisation of open community discussions with public figures and local authorities, and preparation for labour market integration. Through these actions, Rom-boost functions both as a learning process and as a communication corridor between Roma communities, service providers and the public sphere.
Trends and Potential Benefits	Rom-boost highlights the effectiveness of education-led and mediation-based approaches in addressing complex forms of social exclusion faced by Roma communities. By prioritising education as a sustainable driver of change, the project strengthens health literacy, awareness of rights and engagement with

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from this Best Practice **(250 words max)**	public services. At service level, targeted strategies contribute to increased uptake of child and infant vaccinations and improved interaction with Primary Health Care systems. The snowball training model maximises multiplier effects, allowing trained participants to act as local reference points and knowledge carriers within their communities. This approach enhances trust, collective ownership and continuity, while reducing dependency on external interventions. The project also generates empirical evidence through direct community engagement, which supports humanitarian advocacy and the defence of fundamental human rights.
How this Best Practice could be used/ transferred **(250 words max)**	The Rom-boost model can be further developed to explicitly include Roma people with mobility impairments (Roma PWPD) by integrating disability-related content into its training axes and practical activities. This could include focused modules on physical accessibility, transportation barriers, assistive devices and disability-related administrative procedures within the Health axis. Roma mediators trained through the snowball approach could support Roma PWPD by identifying physical and procedural barriers to health services and facilitating communication with health professionals and public authorities. The participatory nature of the model allows disability-related needs to be addressed from within the community, ensuring relevance and trust. The approach is highly transferable and can be implemented by NGOs, municipalities and community centres in other regions. At national and European levels, Rom-boost offers a replicable framework that combines Roma inclusion, disability inclusion and health equity, supporting integrated and scalable interventions that move beyond short-term service delivery.
Website link:	https://www.mdmgreece.gr/en/action/rom-boost/
More Info:	

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Name of Best Practice:	**Young Roma Health Mediators**
Country:	Greece
Short Description: **(300 words max)**	The Young Roma Health Mediators programme was implemented in Greece by PRAKSIS with the aim of strengthening access to health services and promoting health literacy within Roma communities through community-based mediation and education. The programme focused on training young Roma adults to act as health mediators, capable of supporting their communities in navigating health services, understanding health-related information and engaging with public institutions. The training combined theoretical and practical components and was structured around key thematic areas including public health, access to healthcare, communication skills, human rights, vaccination, child and maternal health, and interaction with health professionals. Participants also engaged in field visits to health facilities and implemented community health promotion activities, enabling them to translate knowledge into practice. A central element of the programme was its participatory and empowerment-based approach, which positioned Roma youth as active agents of change within their communities rather than passive recipients of services. Through mediation, awareness-raising activities and community outreach, the programme contributed to building trust between Roma communities and health institutions.
Trends and Potential Benefits from this Best Practice **(250 words max)**	The Young Roma Health Mediators programme demonstrates the effectiveness of community-led mediation and education in addressing barriers to healthcare access experienced by Roma communities. By investing in the capacity of Roma youth, the programme strengthens health literacy, improves understanding of healthcare systems and promotes more confident interaction with health professionals and public services. The mediation model contributes to trust-building and reduces cultural and communication gaps between Roma communities and health institutions. Its multiplier effect allows trained mediators to disseminate knowledge and practices more widely within their

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	communities, increasing the reach and sustainability of the intervention. The programme also strengthens informal networks of support and enhances community ownership over health-related issues.
How this Best Practice could be used/ transferred (250 words max)	The Young Roma Health Mediators model can be further developed to explicitly support Roma people with mobility impairments (Roma PWPD) by integrating disability awareness and accessibility-related content into the existing training curriculum. This could include guidance on physical accessibility of health facilities, transportation barriers, assistive devices and disability-related administrative procedures. Trained mediators could play a key role in identifying physical and procedural barriers faced by Roma PWPD and in supporting communication between individuals, families and health professionals. The participatory nature of the programme allows disability-related needs to be articulated from within the community, ensuring relevance and trust. The model is highly transferable and can be adopted by NGOs, municipalities and community centres in other regions. By incorporating disability-inclusive elements, the programme can contribute to integrated approaches that combine Roma inclusion, disability inclusion and equitable access to healthcare, complementing capacity-building initiatives targeting health professionals.
Website link:	https://praksis.gr/en-about/
More Info:	https://praksis.gr/assets/files/Practical-guide.pdf https://praksis.gr/assets/files/Trainers-and-Presenters-Manual-GR.pdf

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Name of Best Practice:	Advisory Centres for People with Disabilities (Ergänzende unabhängige Teilhabeberatung – EUTB)
Country:	Germany
Short Description: (300 words max)	The Ergänzende unabhängige Teilhabeberatung (EUTB) is a nationwide network of independent advisory centres in Germany that support people with disabilities, including People with Physical Disabilities (PWPD), in accessing health services, rehabilitation, and disability-related benefits. The centres operate at local and regional level, but are funded under a national legal framework introduced with the Federal Participation Act (BTHG) in 2018. EUTB centres provide free, low-threshold counselling focused on empowering persons with disabilities to understand and exercise their rights. Services include guidance on access to hospitals and rehabilitation centres, applications for disability status (GdB), assistive devices, social benefits, and coordination with health insurance funds and social welfare offices. Counselling is intentionally non-medical, non-administrative, and independent, which increases trust among users. A key strength of EUTB is its peer counselling approach, where advisors often have lived experience of disability. This helps reduce communication barriers and improves understanding of complex procedures. Many centres also offer support in Easy Language, face-to-face counselling, and assistance for people with limited digital skills. EUTB centres are structurally inclusive and accessible to Roma PWPD, even though they do not explicitly target ethnic minorities. In practice, they can serve as an important entry point for Roma with physical disabilities who face administrative complexity, low health literacy, or digital exclusion.
Trends and Potential Benefits from this Best Practice (250 words max)	The Ergänzende unabhängige Teilhabeberatung (EUTB) reflects a broader trend in Germany and across the EU towards person-centred advisory services that support people with disabilities in navigating complex health and social protection systems. Rather than focusing solely on medical treatment, this model emphasises empowerment, rights-based counselling, and informed decision-making, which aligns with the UN Convention on the Rights of Persons

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	with Disabilities (UNCRPD). A key trend demonstrated by EUTB is the shift toward independent and peer-based counselling, where advisors often have lived experience of disability. This approach reduces power imbalances, increases trust, and improves understanding of administrative and health-related procedures. The model also responds to increasing digitalisation of health and welfare services by offering face-to-face support, easy language counselling, and assistance for individuals with limited digital skills. The potential benefits of EUTB are particularly relevant for People with Physical Disabilities (PWPD), including Roma PWPD. By providing guidance on access to health services, rehabilitation, assistive devices, and disability benefits, EUTB can contribute to earlier intervention, improved continuity of care, and better uptake of entitlements. For Roma PWPD, the centres can help mitigate barriers related to bureaucratic complexity, low health literacy, and lack of system knowledge. Overall, EUTB represents a transferable model that strengthens inclusive access to health and social services while complementing existing public systems.
How this Best Practice could be used/ transferred (250 words max)	This model can be effectively transferred to other national and local contexts as a low-threshold advisory and navigation service for People with Physical Disabilities (PWPD). Its core strength lies in supporting individuals to access existing health, rehabilitation, and disability benefit systems, rather than creating parallel services. This makes the model adaptable to countries with different health and welfare structures. For transferability, key elements include independent counselling, a rights-based approach, and personalised guidance through complex administrative and health pathways. Establishing similar advisory centres can be achieved through cooperation between municipalities, disability organisations, and civil society actors, supported by national or regional funding frameworks. The use of peer counselling or advisors with lived experience of disability is a particularly valuable feature that can be replicated to increase trust and effectiveness. In the context of Roma PWPD, the model could be strengthened during transfer by integrating cultural mediation components, cooperation with Roma NGOs, and outreach activities in Roma communities. This would help address challenges such as low health

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	literacy, mistrust of institutions, and limited awareness of entitlements. The EUTB approach is especially relevant in environments where digitalisation of health and social services risks excluding vulnerable groups, as it provides face-to-face support and easy language counselling.
Website link:	https://www.teilhabeberatung.de
More Info:	NA

Name of Best Practice:	**Sozialpädiatrische Zentren (SPZ) — *Social Pediatric Centres***
Country:	Germany
Short Description: **(300 words max)**	Social Pediatric Centres (SPZ) are specialized outpatient facilities in Germany that provide interdisciplinary care for children and adolescents with disabilities, chronic illnesses, or developmental challenges. Established under the Social Code Book V (SGB V), SPZs are funded through statutory health insurance and operate across the country. Their mission is to ensure early diagnosis, treatment, and rehabilitation for young people with complex needs, while supporting families in navigating health and social systems. SPZs bring together pediatricians, therapists, psychologists, social workers, and rehabilitation specialists under one roof, offering holistic care that goes beyond medical treatment. Services include developmental assessments, therapy planning, coordination with schools and social services, and guidance on assistive technologies. Importantly, SPZs emphasize family-centred care, empowering parents and caregivers to actively participate in decision-making. For Roma PWPD, SPZs can serve as an inclusive entry point into the health system, especially for families facing barriers such as low health literacy, discrimination, or limited knowledge of entitlements. By providing culturally

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	sensitive counselling and interdisciplinary support, SPZs help reduce inequalities in access to healthcare and education.
Trends and Potential Benefits from this Best Practice **(250 words max)**	SPZs reflect a broader European trend toward integrated, interdisciplinary healthcare for persons with disabilities. They embody the shift from fragmented services to coordinated care pathways, ensuring that medical, psychological, and social needs are addressed simultaneously. Key trends include: ● Early intervention: Detecting developmental delays and disabilities at an early stage. ● Holistic support: Combining medical treatment with social counselling and educational guidance. ● Family empowerment: Actively involving parents and caregivers in therapy planning. ● Accessibility: Services are covered by statutory health insurance, reducing financial barriers. Potential benefits for Roma PWPD include: ● Improved continuity of care through coordinated services. ● Reduced stigma by embedding disability care in mainstream pediatric facilities. ● Enhanced access to rehabilitation and assistive technologies. ● Support for families in navigating complex administrative and educational systems.
How this Best Practice could be used/ transferred **(250 words max)**	The SPZ model can be transferred to other national contexts as an interdisciplinary outpatient service for children and youth with disabilities. Its strength lies in combining medical, therapeutic, and social support in one facility, reducing fragmentation and improving outcomes. For transferability, essential elements include: ● Legal and financial frameworks to ensure sustainability (e.g., health insurance coverage). ● Interdisciplinary teams that integrate medical, psychological, and social expertise. ● Family-centred approaches that empower caregivers.

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	• Outreach activities to marginalized communities, including Roma families, to ensure equitable access. In adapting the model for Roma PWPD, cooperation with Roma NGOs and cultural mediators would be crucial. This would help overcome mistrust of institutions, improve communication, and ensure that services are culturally sensitive. The SPZ approach is particularly relevant in contexts where children with disabilities face compounded barriers in education and healthcare, as it provides a structured, supportive pathway from diagnosis to long-term inclusion.
Website link:	https://gesund.bund.de
More Info:	NA

Name of Best Practice:	**Rehabilitation and Participation Services under the German Pension Insurance (Deutsche Rentenversicherung – DRV)**
Country:	Germany
Short Description: **(300 words max)**	The Deutsche Rentenversicherung (DRV) provides comprehensive rehabilitation and participation services for people with disabilities, including Roma People with Physical Disabilities (PWPD). These services are embedded in Germany's social insurance system and are designed to promote health, independence, and labour market participation. DRV rehabilitation programs cover medical rehabilitation (e.g., physiotherapy, occupational therapy, assistive devices), vocational rehabilitation (training, workplace adaptation, job placement), and social participation measures. The DRV operates rehabilitation clinics across Germany and collaborates with hospitals, employment agencies, and social welfare offices to ensure continuity of care. Services are funded through statutory pension insurance contributions, making them accessible to insured persons without additional costs. For Roma

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	PWPD, DRV rehabilitation can serve as a crucial entry point into structured health and employment pathways, especially for those facing barriers such as low health literacy or limited knowledge of entitlements. A key strength of the DRV model is its integration of medical, vocational, and social rehabilitation under one framework, ensuring that persons with disabilities receive holistic support tailored to their individual needs.
Trends and Potential Benefits from this Best Practice **(250 words max)**	DRV rehabilitation reflects a European trend toward integrated rehabilitation and participation services. It embodies the principle of "rehabilitation before pension," aiming to restore capacity and independence before long-term disability benefits are granted. Key trends include: - **Holistic rehabilitation:** Combining medical, vocational, and social measures. - **Labour market inclusion:** Strong focus on vocational rehabilitation and workplace adaptation. - **Accessibility:** Services are covered by statutory insurance, reducing financial barriers. - **Continuity of care:** Coordinated pathways across health, employment, and social systems. Potential benefits for Roma PWPD include: - Access to structured rehabilitation and assistive devices. - Improved labour market participation through vocational training. - Reduced exclusion by embedding disability support in mainstream insurance systems. - Greater trust through statutory entitlements rather than discretionary aid.
How this Best Practice could be used/ transferred **(250 words max)**	How this Best Practice could be used/transferred (250 words max): The DRV rehabilitation model can be transferred to other contexts as an integrated rehabilitation and participation framework. Its strength lies in

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	combining medical, vocational, and social support under one statutory system, ensuring sustainability and equity. For transferability, essential elements include: - A legal framework that prioritises rehabilitation before long-term disability benefits. - Funding through social insurance or national welfare systems. - Collaboration between health providers, employment agencies, and social services. - Outreach to marginalised groups, including Roma PWPD, to ensure equitable access. In adapting the model for Roma PWPD, cooperation with Roma NGOs and cultural mediators would be crucial to overcome mistrust of institutions and improve communication. The DRV approach is particularly relevant in contexts where persons with disabilities face compounded barriers in health and employment, as it provides a structured pathway to independence and inclusion.
Website link:	https://www.deutsche-rentenversicherung.de
More Info:	NA

Name of Best Practice:	**Certified Personal Assistance Service for People with Disabilities – Red Cross of the Republic of North Macedonia**
Country:	North Macedonia
Short Description: **(300 words max)**	The Personal Assistance Service, implemented by the Red Cross of North Macedonia, provides trained personal assistants to support pepole with disabilities in daily activities, access to healthcare, administrative procedures, and social inclusion. For Roma PWPD personal assistants serve as key

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	facilitators in navigating institutional requirements and accessing both social and healthcare services. Roma Health Mediators (RHM) are integrated into the programme to identify beneficiaries within Roma communities, build trust, and support families in accessing health services. Health professionals (HP) collaborate with personal assistants and RHM to provide guidance on health interventions, monitor medical needs, and ensure continuity of care. This coordinated, multi-sectoral approach strengthens access to essential services, reduces social isolation, and promotes independence for Roma PWPD. The programme aligns with national social protection laws and exemplifies a community-based model that bridges healthcare, social services, and local institutions.
Trends and Potential Benefits from this Best Practice **(250 words max)**	Increased autonomy and dignity for Roma PWPD Improved access to healthcare and rehabilitation services Strengthened collaboration between RHM, HP, and social service providers Reduced institutional dependency and social isolation Evidence-based approach for scaling inclusive community services By linking RHM and HP directly, the model enhances outreach, ensures medical guidance is integrated into social support, and facilitates real-time identification of emerging needs. This improves both service quality and beneficiary satisfaction.
How this Best Practice could be used/ transferred **(250 words max)**	Establish formal referral pathways linking RHM, personal assistants, and HP Provide joint training for mediators, personal assistants, and healthcare providers Ensure sustainable funding and institutional support for replication Expand the model to additional municipalities and minority communities Use the programme as a framework for integrated social and health service delivery across vulnerable populations.
Website link:	https://ckrm.org.mk https://ckgs.org.mk/socijalni-i-zdravstveni-servisi/lichna-asistencija-na-lica-so-poprechenost/

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More Info:	Implemented in coordination with Centres for Social Work and local municipalities; aligned with national social protection reforms.

Name of Best Practice:	**Educational Assistants Programme for Inclusive Education – Ministry of Education and Science of the Republic of North Macedonia**
Country:	North Macedonia
Short Description: **(300 words max)**	The Educational Assistants Programme supports inclusive education for children with disabilities in mainstream primary schools, including Roma PWPD. Trained educational assistants work directly with students requiring additional support, facilitating learning, classroom participation, and adaptation of educational materials. Assistants maintain contact with families and, in coordination with Roma Health Mediators (RHM), facilitate referrals to healthcare and social services when additional support is needed. Health professionals (HP) provide guidance on developmental or health-related challenges, ensuring a coordinated multi-sectoral approach. This initiative addresses multiple layers of exclusion — disability, poverty, and ethnic marginalization — and promotes early identification of educational and health needs. It also strengthens institutional accountability and the implementation of national inclusive education reforms.
Trends and Potential Benefits from this Best Practice **(250 words max)**	Increased school attendance and engagement for Roma children with disabilities Early detection of developmental and health-related challenges Improved cooperation between schools, families, RHM, and HP Reduced dropout rates and long-term social exclusion Builds capacity for inclusive education and strengthens institutional responsiveness By linking RHM with educational assistants and HP, the programme ensures holistic support for Roma PWPD, addressing both educational and health needs, and creating a sustainable pathway for inclusion.

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How this Best Practice could be used/ transferred (250 words max)	Develop formal referral pathways connecting educational assistants, RHM, and HP Conduct joint training sessions for assistants, mediators, and health professionals Expand the programme to additional schools and municipalities with high Roma populations Integrate monitoring systems to track student progress and health outcomes Foster cross-sector collaboration to enhance inclusion and accessibility for Roma PWPD.
Website link:	https://mon.gov.mk
More Info:	Implemented under national inclusive education reforms and supported by international partners; aligned with the Law on Primary Education.

Name of Best Practice:	**Employment Program for Persons with Disabilities – Agency for Employment of the Republic of North Macedonia (AVRSM)**
Country:	North Macedonia
Short Description: (300 words max)	The Employment Programme for Persons with Disabilities, implemented by the AVRSM, aims to promote labor market inclusion for people with physical disabilities, including Roma PWPD. The programme provides tailored vocational training, career counseling, job placement support, and subsidies for employers who hire persons with disabilities. For Roma PWPD, the programme helps overcome systemic barriers such as limited education, socio-economic marginalization, and discrimination in recruitment processes. Roma Health Mediators (RHMs) and other community-based organizations facilitate outreach, identify eligible beneficiaries, and support families in navigating application procedures. Health Professionals (HPs) collaborate indirectly by advising on health-related employment considerations and ensuring that workplace accommodations align with medical needs. By linking social support, training, and employment opportunities, the programme fosters independence, social inclusion, and economic empowerment for Roma PWPD.

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	The initiative is aligned with national labor policies, anti-discrimination laws, and broader disability rights frameworks, providing an integrated model for sustainable labor inclusion.
Trends and Potential Benefits from this Best Practice **(250 words max)**	Participation in the programme increases employment opportunities and financial independence for Roma PWPD, reducing social isolation and promoting dignity. By connecting RHMs, HPs, and employers, the programme ensures that workplace accommodations meet individual health and accessibility needs. The programme also strengthens cooperation between local communities, social services, and public institutions, raising awareness about the potential of Roma PWPD in the labor market. Evidence from early implementation indicates higher job retention rates, improved confidence, and enhanced social participation for beneficiaries. Additionally, the initiative serves as a replicable model for integrating vocational support with health and social services for marginalized populations.
How this Best Practice could be used/ transferred **(250 words max)**	Formal referral pathways can be established between RHMs, AVRSM coordinators, and HPs to identify and support Roma PWPD in employment. Joint training sessions for mediators, employers, and social services can improve accessibility and workplace inclusiveness. The programme can be expanded to additional municipalities and minority communities, ensuring sustainable funding and monitoring mechanisms. Lessons learned can inform similar initiatives targeting other vulnerable groups, demonstrating the importance of coordinated multi-sectoral support for labor market inclusion.
Website link:	https://av.gov.mk/vrabotuvanje-na-invalidni-lica.nspx
More Info:	Implemented under national employment and disability inclusion strategies; coordinated with local municipalities and social services.

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Name of Best Practice:	**The Roma Health Mediation Programme (National Level)**
Country:	Romania
Short Description: **(300 words max)**	The Roma Health Mediation Programme in Romania represents one of the longest-standing and most structured examples of community-based health facilitation in Europe. Initiated in the early 2000s and gradually institutionalized within the public health system, the programme was developed in response to persistent health inequalities affecting Roma communities and the need to bridge communication gaps between vulnerable populations and healthcare institutions. Roma Health Mediators (RHMs) are recruited primarily from Roma communities and trained to act as intermediaries between patients and healthcare providers. Their core responsibilities include facilitating access to primary healthcare services, supporting appointment scheduling, assisting with medical documentation, promoting vaccination and preventive care, and conducting health education activities. RHMs also help community members understand patients' rights, health insurance requirements, and available public services. At the national level, the programme has been coordinated through the Ministry of Health in collaboration with local public health authorities and municipalities. Over time, the mediation role has evolved from a project-based initiative to a recognized profession within the public system, although implementation levels vary across counties. A key strength of the programme lies in its trust-building function. Because mediators share linguistic, cultural, and social proximity with beneficiaries, they are able to address mistrust, clarify medical information, and encourage timely healthcare utilization. In practice, effective cooperation between RHMs and family doctors or local health professionals has contributed to improved vaccination coverage, better maternal health monitoring, and increased registration with primary care providers.

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	Although the programme was not originally designed with a specific disability focus, it provides a structured framework that can be expanded to better address the needs of Roma People with Physical Disabilities through strengthened collaboration and targeted training**.**
Trends and Potential Benefits from this Best Practice **(250 words max)**	The Roma Health Mediation Programme demonstrates a gradual shift from project-based intervention to institutionalized public health policy. One of the most significant trends is the consolidation of mediators' roles within local health systems and the increased financial commitment from the Ministry of Health, which currently supports 468 active Roma Health Mediators. The expressed intention to expand the network indicates recognition at national level of the programme's effectiveness in addressing health access inequalities. Another important trend is the growing acknowledgment of the mediator's role not only as a communication facilitator but also as a community-based health promoter and informal case coordinator. In practice, RHMs increasingly contribute to early identification of health risks, improved vaccination uptake, and enhanced linkage to primary care services. This evolution reflects a broader movement toward community-centered and preventive healthcare approaches. The potential benefits of strengthening and expanding this programme are considerable. Improved cooperation between RHMs and Health Professionals can enhance continuity of care, reduce delayed consultations, and promote non-discriminatory reception in healthcare facilities. For Roma People with Physical Disabilities, a strengthened mediation framework could facilitate earlier diagnosis, smoother navigation of disability certification procedures, and better access to rehabilitation services. Moreover, institutionalizing structured collaboration mechanisms between RHMs and healthcare providers may contribute to reducing systemic mistrust and improving mutual accountability. If complemented by targeted disability-focused training and clearer referral protocols, the programme could become a key operational mechanism for promoting equitable healthcare access for Roma PWPD at national level.

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How this Best Practice could be used/ transferred **(250 words max)**	The Roma Health Mediation Programme provides a scalable and transferable model for improving access to healthcare among marginalized populations. Its core strength lies in institutionalized community-based mediation embedded within the public health system, rather than operating solely as an NGO-led initiative. This structure allows for long-term sustainability, clearer accountability mechanisms, and integration into formal referral pathways. To enhance its applicability in addressing the needs of Roma People with Physical Disabilities (PWPD), the programme could be expanded through targeted specialization modules for Roma Health Mediators. Structured training on disability rights, assistive devices, rehabilitation pathways, and disability certification procedures would allow RHMs to provide more comprehensive support. Additionally, standardized case-brief templates and referral protocols could formalize collaboration between mediators and Health Professionals. The model is also transferable to other vulnerable communities facing structural barriers to healthcare access, particularly in rural or underserved areas. Countries with significant Roma populations or marginalized ethnic minorities could adapt the Romanian framework by institutionalizing mediators within primary healthcare systems and ensuring state-funded positions rather than project-based contracts. At national level, transferability can be strengthened through digital tools, such as shared service maps, reporting platforms for accessibility barriers, and joint training modules for RHMs and Health Professionals. By combining community trust-building with structured institutional cooperation, the programme offers a replicable mechanism for reducing health inequalities and promoting equitable access to care for vulnerable populations.
Website link:	https://ms.ro/media/documents/Ghid_MSR_final_BM.docx
More Info:	The Roma Health Mediation Programme demonstrates that institutionalized community mediation can significantly reduce structural health inequalities when supported by sustained public funding and formal integration into the

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	health system. With 468 state-funded mediators and plans for expansion, the programme offers a scalable framework for improving access among vulnerable Roma communities. To maximize impact, policy efforts should focus on strengthening structured cooperation between Roma Health Mediators and Health Professionals, integrating disability-specific competencies, and formalizing referral and case-management protocols. With these enhancements, the programme can become a strategic instrument for addressing intersectional discrimination and improving access for Roma People with Physical Disabilities.

Name of Best Practice:	**The Community Integrated Service Centers developed by SASTIPEN**
Country:	Romania
Short Description: **(300 words max)**	The Community Integrated Service Centers developed by SASTIPEN – the Roma Center for Health Policies – represent a holistic, community-based model designed to address the multidimensional vulnerabilities faced by Roma communities. These centers were established in response to the fragmentation of public services and the structural barriers that prevent Roma individuals from accessing healthcare, social protection, and educational support. Over time, SASTIPEN has developed 38 Community Integrated Service Centers across vulnerable localities in Romania. Importantly, these centers were subsequently taken over by local authorities, ensuring sustainability and institutional continuity beyond the project-based funding phase. This transfer to public administration structures represents a significant achievement in terms of long-term impact and policy mainstreaming. The model integrates health mediation, social assistance, counselling, community outreach, and referral services within a single local framework. Multidisciplinary teams typically include Roma Health Mediators, social workers, community facilitators, and, in some cases, psychologists or legal

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	counsellors. By operating directly within or in close proximity to vulnerable Roma communities, the centers reduce geographical and institutional distance between beneficiaries and service providers. A key feature of the model is coordinated case management. Instead of addressing needs in isolation, professionals collaborate to assess complex situations involving health issues, disability, poverty, lack of documentation, or discrimination. The centers facilitate communication with healthcare institutions, disability assessment commissions, local authorities, and social assistance departments, ensuring structured and continuous support. For Roma People with Physical Disabilities, this integrated approach is particularly relevant. The centers assist with disability certification procedures, access to rehabilitation services, navigation of benefit systems, and accompaniment to medical appointments. By combining community trust-building with institutional coordination, the model strengthens cooperation between Roma Health Mediators and Health Professionals while promoting non-discriminatory access to services. The Community Integrated Service Centers therefore represent a scalable and sustainable best practice, demonstrating how NGO innovation can be successfully institutionalized within local public administration.
Trends and Potential Benefits from this Best Practice **(250 words max)**	The Community Integrated Service Centers developed by SASTIPEN reflect an important trend toward integrated, community-based service delivery in Romania. One of the most significant developments is the transition from project-funded NGO initiatives to locally institutionalized public services. The fact that 38 centers were successfully transferred to local authorities demonstrates both administrative recognition and sustainability potential. This shift signals a growing openness within public administration to adopt multidisciplinary, community-centered models. Another notable trend is the move from fragmented interventions toward coordinated case management. By bringing together health mediation, social assistance, counselling, and referral services within a single structure, the centers respond to the complex and interconnected needs of vulnerable Roma

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	communities. This integrated approach aligns with broader European policy directions promoting holistic and person-centered service provision. The potential benefits of this model are substantial. For Roma People with Physical Disabilities, integrated centers can facilitate earlier identification of disability-related needs, smoother navigation of certification procedures, and improved access to rehabilitation and social benefits. The multidisciplinary setting enhances cooperation between Roma Health Mediators and Health Professionals by creating structured communication channels and shared responsibility in case management. Moreover, institutionalization at local level strengthens sustainability, increases accountability, and reduces dependency on short-term funding cycles. When adequately resourced and supported by continuous training, the model has the potential to reduce systemic exclusion, improve service coordination, and promote equitable access to healthcare and social protection for marginalized populations.
How this Best Practice could be used/ transferred **(250 words max)**	The Community Integrated Service Centers model developed by SASTIPEN offers a highly transferable framework for addressing complex vulnerabilities in marginalized communities. Its core strength lies in integrating health mediation, social assistance, counselling, and referral mechanisms within a single, community-based structure. This coordinated case management approach can be replicated in rural and underserved areas where fragmented service delivery limits effective support. At national level, the ongoing initiative of the Ministry of Labor to establish approximately 2,000 community-based centers in rural localities provides a strategic opportunity to scale this model. By incorporating SASTIPEN's operational methodology—based on multidisciplinary teamwork, structured case assessment, and community outreach—the new centers can adopt standardized procedures that ensure coherent and inclusive service delivery. Transferability also depends on formalizing collaboration protocols between Roma Health Mediators and Health Professionals. Clear referral pathways, shared case documentation tools, and joint training modules can strengthen

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	institutional cooperation and reduce administrative gaps. Integrating disability-focused training components would further enhance the model's relevance for Roma People with Physical Disabilities. Beyond Romania, the model can be adapted in other European contexts with significant Roma populations or marginalized rural communities. Key elements for successful transfer include state recognition, local authority ownership, sustainable funding mechanisms, and continuous capacity-building. When embedded within public administration and supported by community trust, integrated service centers can function as long-term instruments for reducing structural inequalities and promoting equitable access to healthcare and social protection.
Website link:	https://servicii-integrate.ro/
More Info:	The Community Integrated Service Centers model represents a positive practice because it addresses vulnerability in a coordinated, community-based, and sustainable manner. By integrating health mediation, social assistance, and referral services within a single local structure, the model reduces fragmentation and improves access to essential services. Its successful transfer to local authorities and current contribution to the national scale-up of community centers demonstrate both institutional recognition and long-term viability. Through multidisciplinary collaboration and proximity to vulnerable communities, the model strengthens cooperation between Roma Health Mediators and Health Professionals while promoting equitable and inclusive access to healthcare and social protection.

Name of Best Practice:	**Programme "ROMA LEADERSHIP IN HEALTH – A GENERATION OF ROMA PROFESSIONALS IN THE HEALTHCARE FIELD"**
Country:	Romania

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Short Description: **(300 words max)**	The Roma Leadership in Health (RLH) Programme was one of the most significant initiatives developed by Sastipen – Roma Center for Health Policies, aiming to increase Roma representation in the health sector and address structural inequalities in access to healthcare. Implemented between 2008 and 2014, the programme was designed as an integrated intervention that went beyond traditional scholarship schemes by addressing the multiple barriers preventing Roma youth from pursuing medical careers. The initiative was developed in response to research conducted by Sastipen in 2008 on Roma access to healthcare services, which revealed the almost complete absence of Roma professionals in the Romanian medical system. This lack of representation affected trust between Roma patients and healthcare institutions and contributed to communication barriers and the persistence of stereotypes. RLH aimed to address these challenges by investing in the education and leadership development of Roma youth interested in medical professions. The programme was implemented in two phases. The pilot phase (2008–2010), supported by the Open Society Institute – Roma Health Project and the Roma Education Fund, included approximately 145 Roma students enrolled in medical and pharmacy universities in Romania. Participants received financial scholarships, mentorship from medical professionals, opportunities to attend conferences, and training in leadership and advocacy. The second phase (2010–2014) expanded the programme through funding from the European Social Fund, reaching around 500 Roma young people, including 200 students in medical education and 300 high school students preparing for admission to medical studies. The programme also introduced tutoring for entrance exam preparation and a national awareness campaign promoting positive Roma role models in the medical field. Overall, the programme supported over 320 Roma students and more than 250 high school pupils, contributing to the development of a national network of Roma health professionals.

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Trends and Potential Benefits from this Best Practice **(250 words max)**	The Roma Leadership in Health (RLH) programme illustrates an important trend in social inclusion policies: the shift from short-term support measures toward integrated and long-term investments in human capital within marginalized communities. Instead of focusing only on financial assistance, the programme combined scholarships, mentorship, leadership training, academic support, and public awareness initiatives. This comprehensive approach addressed both individual barriers faced by Roma students and structural factors contributing to the underrepresentation of Roma professionals in the health sector. A key trend highlighted by this initiative is the development of educational pipelines for disadvantaged groups. By supporting both university students and high school pupils preparing for medical studies, the programme created a sustainable pathway that increases the likelihood of long-term representation of Roma professionals in healthcare. This approach can be replicated in other professional fields where Roma or other marginalized groups remain underrepresented. Another important trend is the recognition of representation as a factor that improves the quality and accessibility of public services. Increasing the number of Roma doctors, nurses, and healthcare professionals contributes to better communication between medical institutions and Roma patients, strengthens trust in healthcare systems, and promotes culturally sensitive care. The programme also demonstrates the importance of combining educational support with advocacy and public awareness efforts. By promoting positive role models and success stories, RLH helped challenge stereotypes and reshape public narratives about Roma participation in highly qualified professions. Replicating this model can contribute to reducing health inequalities, improving access to healthcare, strengthening social cohesion, and supporting more inclusive professional environments.
How this Best Practice could be used/ transferred	The experience gained through the Roma Leadership in Health (RLH) programme can be effectively transferred by adapting its integrated approach to capacity building, empowerment, and system-level change.

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(250 words max)	One of the key transferable elements is the focus on developing community-based leadership and role models. Like how RLH supported Roma students in becoming future health professionals and advocates, the RomInDis project can empower Roma persons with physical disabilities and community facilitators to become advocates for inclusive healthcare. Through targeted training sessions on patients' rights, health system navigation, and disability rights, participants can gain the skills needed to support others in their communities. Another important element is the mentorship and guidance model used in RLH. Within RomInDis, mentorship could be adapted to connect Roma persons with disabilities and their families with healthcare professionals, social workers, and disability rights experts who can guide them in accessing medical services, rehabilitation programmes, and social benefits. The RLH programme also demonstrated the importance of combining capacity-building with public awareness and advocacy activities. In the RomInDis project, awareness campaigns can help address both anti-Roma discrimination and stigma related to disability, while promoting inclusive healthcare practices among medical professionals and institutions. Finally, the programme's emphasis on building sustainable networks can inspire the creation of partnerships between Roma organizations, disability support groups, healthcare providers, and public institutions. Such collaboration can improve access to healthcare services and ensure that the needs of Roma persons with physical disabilities are better reflected in local and national health policies.
Website link:	https://www.opensocietyfoundations.org/newsroom/roma-activists-challenge-discrimination-health-care-during-european-public-health
More Info:	The Roma Leadership in Health (RLH) programme had a significant impact by increasing the number of Roma professionals in the healthcare sector and promoting greater social inclusion. Through scholarships, mentorship, and academic support, the programme helped Roma students successfully complete medical studies and pursue careers as doctors, nurses, pharmacists,

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	and other healthcare professionals. The emergence of Roma role models in the medical field helped challenge stereotypes and inspired young people from Roma communities to pursue higher education and professional careers. Another important impact was the improvement of trust and communication between Roma patients and healthcare institutions. The presence of Roma health professionals contributed to more culturally sensitive healthcare services and reduced barriers in accessing medical care.

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Name of Best Practice:	**Gypsy Health Project – Prevalence Study of BRCA1 Gene Mutation c.68_69**
Country:	Spain
Short Description: **(300 words max)**	The Gypsy Health Project is a pilot, prospective, analytical health initiative carried out in the urban district of Sant Roc (Badalona, Barcelona) that aims to determine the prevalence of the BRCA1 gene mutation c.68_69, which is associated with a higher risk of hereditary breast and ovarian cancer, in the Roma population. Conducted at a primary care center (CAP Sant Roc) in collaboration with professionals from the Hereditary Cancer Programme of the Institut Català d'Oncologia and community institutions, the project engages participants through community events such as local fairs and markets as well as during routine primary care visits. Community representatives and associations play a key intermediary role in outreach and recruitment, helping to build trust and overcome barriers to participation among Roma people, who historically underuse preventive health programmes. To date, hundreds of people from the Roma community have participated, with a prevalence of approximately 3.8% found among analysed samples, suggesting a potentially elevated risk compared with the general population. The initiative also ensures genetic counseling is offered to participants, with the broader aim of informing better public health strategies and tailored screening pathways for at risk individuals.
Trends and Potential Benefits from this Best Practice **(250 words max)**	This project aligns with broader public health trends focused on community-engaged research and culturally competent healthcare. It addresses disparities in the uptake of preventive services by actively involving community agents and adapting recruitment to Roma cultural contexts. Benefits include improved early detection of genetic risks in a population that may otherwise be underrepresented in genetic screening programmes, increased awareness of hereditary cancer risks, and enhanced trust between Roma communities and healthcare providers. Participatory recruitment strategies at neighborhood events deepen community engagement, leading to higher participation than

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	traditional healthcare pathways alone. The incorporation of genetic counseling alongside testing helps support informed decision making and empowers participants regarding their health. Finally, the data gathered may inform future public health policies on targeted screening and preventive care for ethnically defined risk groups, contributing to more equitable health outcomes.
How this Best Practice could be used/ transferred (250 words max)	This practice could be adopted or adapted by other regions within Spain and in other countries by integrating primary healthcare services with specialist programmes (e.g., cancer genetics) and mobilizing community partners for outreach. Key elements for successful transfer include establishing collaboration agreements between primary care centers, specialized genetics units, and community associations; using culturally appropriate engagement strategies (e.g., recruiting participants at community events); and providing counseling alongside testing to ensure ethical and informed participation. Countries or regions with significant Roma populations, other ethnic minorities, or underserved groups could implement similar prevalence studies to tailor preventive and early detection pathways to local needs. Additionally, training healthcare staff in intercultural competence and creating mechanisms to involve community liaisons are essential to ensure effective replication. This model also demonstrates how surveillance studies can inform policy discussions, resource allocation, and the design of preventive health initiatives in historically marginalized or underrepresented communities.
Website link:	Oñate Ferriz, G., Isach Morató, J., Solanes Cabus, A., Castillo Manzano, C., Navarro García, M., & Teruel García, I. (2024). Proyecto de salud gitana. Estudio de prevalencia de la mutación c.68_69 del gen BRCA1 [Comunicación oral]. XLIV Congreso de la Sociedad Española de Medicina de Familia y Comunitaria. https://doi.org/10.55783/rcmf.18E1050
More Info:	

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Name of Best Practice:	**Equi Sastipen Rroma Network — Promoting Health Equity through Cross Sector Collaboration**
Country:	Spain
Short Description: **(300 words max)**	The Equi Sastipen Rroma Network is a nationwide collaborative network of Roma associations, healthcare professionals, public health authorities, and academic partners focused on promoting equity in health for the Roma community in Spain. Established in 2010 under the coordination of the Ministry of Health and the State Council of the Roma People, the network brings together around 22 associations and federations of Roma organizations along with professionals from universities and public health administrations. Its core activities include joint training for health and social care professionals, exchange of successful practices, development of culturally adapted health promotion methods, and facilitation of community engagement and participation in health planning. This model emphasizes reciprocal learning among Roma community actors and health professionals, co creation of resources (such as manuals and seminars), and inclusive cooperation to reduce health disparities and strengthen trust between Roma people and healthcare services. The network has been recognized by the World Health Organization (WHO) as an inspirational example of resilient community engagement in health promotion.
Trends and Potential Benefits from this Best Practice **(250 words max)**	This practice reflects the broader trend of health equity networks that bridge institutional health systems and marginalized communities through multi stakeholder collaboration. By nurturing sustained relationships between Roma associations, public health authorities, and professional bodies, it addresses systemic barriers such as mistrust in health services, cultural misunderstandings, and institutional discrimination, factors that profoundly affect health outcomes. The benefits include improved cultural competency among health professionals, increased trust and uptake of preventive and chronic care within Roma communities, and tailored public health messaging that resonates with community needs and experiences. For sub groups such as

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	Roma persons with physical disabilities, this model creates entry points for professionals to integrate disability awareness into equity focused health actions, ensuring that intersectional barriers (ethnicity + disability) are better understood and addressed in service design and delivery. Additionally, the network supports capacity building among community actors, contributing to community leadership in health advocacy and participatory governance, which is crucial for sustainable health improvement.
How this Best Practice could be used/ transferred **(250 words max)**	This model can be adapted and transferred to other regions within Spain as well as to European countries with significant Roma populations or other underserved groups. Key elements for transfer include establishing collaboration agreements among health authorities, Roma organizations, disability advocacy groups, and academic institutions; creating regular forums for joint reflection and exchange (workshops, seminars, webinars); developing training modules and health promotion tools that integrate cultural awareness and disability inclusion; and embedding network activities into health planning cycles so that lessons inform policy and practice. By maintaining participatory governance, co-designed training, and shared evaluation frameworks, other countries can replicate the network's approach to strengthen trust, reduce inequities, and promote inclusion in health services. This model is particularly adaptable for integrating disability-focused equity initiatives, ensuring intersectional barriers (ethnicity + disability) are addressed. Implementation in other European contexts would require attention to local healthcare structures, legal frameworks, and cultural practices, but the core principles of reciprocal learning, community engagement, and co-creation of resources remain fully transferable. Ultimately, adopting this approach internationally could enhance cultural competency among professionals, increase community participation in health decision-making, and provide a sustainable model for reducing health disparities among Roma communities across Europe.
Website link:	https://www.sanidad.gob.es/areas/promocionPrevencion/promoSaludEquidad/equidadYDesigualdad/comunidadGitana/equiSastipenRroma.htm?utm_source=chatgpt.com

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More Info:	Manual and promotional materials developed through the Equi Sastipen Rroma programme; recognized by WHO and promoted in national health equity guidance.

Name of Best Practice:	**Participatory Health Workshops with Roma Women (ROM21 Project)**
Country:	Spain
Short Description: **(300 words max)**	Within the ROM21 "Roma Women Leading Communities' Transformation" project, researchers and Roma women's associations co-created Dialogic Scientific Gatherings (DSG) aimed at promoting inclusive health communication tailored to the Roma community. In these workshops, Roma women and health professionals, including nurses, social workers, and health educators, jointly discussed health habits, access to healthcare services, preventive practices, and barriers specific to their community. The participatory format allows women to share lived experiences, express concerns, and suggest culturally relevant solutions, while professionals gain a deep understanding of social determinants and community needs. By fostering dialogue rather than one-way instruction, the workshops ensure that health messages are relevant, understandable, and actionable, bridging gaps in knowledge, trust, and communication between Roma participants and health providers. Additionally, co-created activities empower Roma women as community health advocates, enhance their confidence in navigating healthcare systems, and inform professionals about perceptions, priorities, and structural obstacles. The approach also encourages collaborative problem-solving, ensuring interventions reflect real-life contexts, improving adherence to preventive measures, and strengthening long-term relationships between communities and health services.

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Trends and Potential Benefits from this Best Practice **(250 words max)**	This practice reflects an increasing emphasis on community participation and co creation in public health. Benefits include enhanced health literacy among participants, stronger relationships between health systems and Roma communities, and culturally grounded health communication strategies. By valuing lived experience, professionals gain deep understanding of social determinants that shape health behaviors and can tailor interventions accordingly.
How this Best Practice could be used/ transferred **(250 words max)**	This model can be adapted and transferred to other regions within Spain as well as to European countries with significant Roma populations or other underserved groups. Key elements for transfer include establishing collaboration agreements among health authorities, Roma organizations, disability advocacy groups, and academic institutions; creating regular forums for joint reflection and exchange (workshops, seminars, webinars); developing training modules and health promotion tools that integrate cultural awareness and disability inclusion; and embedding network activities into health planning cycles so that lessons inform policy and practice. By maintaining participatory governance, co-designed training, and shared evaluation frameworks, other countries can replicate the network's approach to strengthen trust, reduce inequities, and promote inclusion in health services. This model is particularly adaptable for integrating disability-focused equity initiatives, ensuring intersectional barriers (ethnicity + disability) are addressed. Implementation in other European contexts would require attention to local healthcare structures, legal frameworks, and cultural practices, but the core principles of reciprocal learning, community engagement, and co-creation of resources remain fully transferable. Ultimately, adopting this approach internationally could enhance cultural competency among professionals, increase community participation in health decision-making, and provide a sustainable model for reducing health disparities among Roma communities across Europe.
Website link:	https://www.frontiersin.org/articles/10.3389/fpubh.2025.1618150/full

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More Info:	ROM21 project research on inclusive health communication

Name of Best Practice:	**Bridge Builders (Brobyggare) – Roma Inclusion Initiative**
Country:	Sweden
Short Description: **(300 words max)**	The Bridge Builders (Brobyggare) initiative was developed within Sweden's national Roma inclusion strategy (2012–2032), coordinated by Länsstyrelsen i Stockholms län in cooperation with municipalities and Roma civil society organizations. The initiative trains Roma individuals to act as structured mediators between Roma communities and public institutions, including schools, social services and healthcare providers. Bridge builders support communication, improve understanding of institutional procedures and help Roma families navigate welfare systems. They also contribute to awareness-raising among public officials regarding Roma history, discrimination and structural exclusion. While not exclusively health-focused, bridge builders frequently assist Roma families in accessing Primary Health Care, child health services, vaccination programmes and social benefits. The model is locally implemented and project-based, often supported through national or EU funding frameworks. It emphasizes empowerment, participation and trust-building rather than parallel service delivery.
Trends and Potential Benefits from this Best Practice **(250 words max)**	The initiative reflects a participatory and rights-based approach to Roma inclusion. Key trends include community mediation, institutional capacity-building, and long-term trust-building. **For Roma PWPD, bridge builders can help clarify disability-related entitlements, identify physical and administrative barriers, and facilitate communication with healthcare providers.** The model strengthens mutual understanding and improves institutional responsiveness while empowering Roma communities internally.

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How this Best Practice could be used/ transferred (250 words max)	The model can be strengthened by integrating disability-inclusive components into training curricula, including mobility barriers, physical accessibility and disability rights. Cooperation with rehabilitation services and disability organizations would enhance its impact for Roma PWPD. The approach is transferable to other EU contexts as a structured mediation framework embedded within municipal governance systems, particularly where mistrust and administrative complexity hinder access to healthcare.
Website link:	https://www.lansstyrelsen.se/stockholm/om-oss/vara-tjanster/publikationer/romsk-inkludering.html
More Info:	

Name of Best Practice:	**Health Communicators (Hälsokommunikatörer) Programme**
Country:	Sweden
Short Description: (300 words max)	The Health Communicators (Hälsokommunikatörer) programme is implemented in several Swedish regions, including through Region Skåne and other regional authorities. The programme trains multilingual health communicators to provide culturally adapted health information to newly arrived migrants and vulnerable groups. Health communicators deliver structured sessions on how the Swedish healthcare system functions, preventive health, maternal and child health, mental health, and patient rights. Information is provided in participants' native languages and adapted to different literacy levels. Although not Roma-specific, the programme's methodology is highly relevant for Roma communities facing language barriers, low health literacy or mistrust of institutions. The programme is implemented through cooperation between regional healthcare authorities and municipalities and is often supported by national public health funding.

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Trends and Potential Benefits from this Best Practice **(250 words max)**	The programme reflects broader European trends toward health literacy, preventive care and culturally sensitive service provision. It supports earlier engagement with healthcare systems and reduces misunderstandings that may lead to delayed treatment. **For Roma PWPD, the model may improve understanding of rehabilitation pathways, disability rights, assistive devices and patient entitlements. It also reduces digital exclusion by offering face-to-face information sessions and guidance.**
How this Best Practice could be used/ transferred **(250 words max)**	The model can be adapted to explicitly target Roma communities by recruiting Roma health communicators and integrating disability-inclusive content (mobility impairments, accessibility, transport barriers). It is highly transferable because it builds on existing Primary Health Care structures rather than creating parallel systems. At EU level, it provides a replicable framework combining mediation, health literacy and inclusive access to healthcare.
Website link:	https://www.skane.se
More Info:	

Name of Best Practice:	**Mobile Health Clinics and Outreach Health Services for Vulnerable EU Citizens**
Country:	Sweden
Short Description: **(300 words max)**	In several Swedish cities, mobile health clinics and outreach health services have been implemented to improve access to healthcare for socially vulnerable EU citizens, including Roma migrants. These initiatives are often organized through cooperation between municipalities, regional healthcare authorities and civil society organizations such as Läkare i Världen. Mobile clinics provide basic healthcare services, health consultations, referrals and health information directly within communities that may face barriers to accessing

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	regular healthcare facilities. Services are typically delivered by multidisciplinary teams including nurses, doctors, social workers and volunteers. The outreach approach aims to reach individuals who may avoid or be unable to access mainstream health services due to administrative barriers, lack of health insurance, language difficulties, discrimination or mistrust of institutions. In addition to medical consultations, the teams provide guidance on navigating the Swedish healthcare system and information on available social support services. The model focuses on lowering access barriers by bringing services directly to vulnerable populations and by building trust through repeated community engagement. Although the services are primarily intended for undocumented migrants and vulnerable EU citizens, they also benefit Roma individuals experiencing social exclusion and limited access to healthcare.
Trends and Potential Benefits from this Best Practice **(250 words max)**	The outreach clinic model reflects broader European trends toward community-based healthcare and inclusive public health strategies. It demonstrates how healthcare systems can adapt to reach populations that face structural barriers to accessing conventional health facilities. For Roma PWPD, outreach services can help identify unmet health needs, provide basic medical support and facilitate referrals to rehabilitation or specialized care. The model also contributes to trust-building between vulnerable communities and healthcare providers, which is an important factor for long-term engagement with health systems.
How this Best Practice could be used/ transferred **(250 words max)**	The outreach healthcare model can be transferred to other contexts as a complementary approach to mainstream healthcare systems. Key elements include mobile service delivery, cooperation between public authorities and civil society organisations, and culturally sensitive communication with vulnerable communities. To strengthen its relevance for Roma PWPD, mobile teams could incorporate disability screening, referrals to rehabilitation services and information on disability rights and assistive technologies. At European level, the approach demonstrates how outreach healthcare can complement institutional services by addressing access barriers among marginalised populations.

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Website link:	https://lakareivarlden.se
More Info:	

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7. Conclusions and Recommendations

The findings of the RomInDis transnational report demonstrate that Roma people with physical disabilities face a “chain” of barriers that are being rooted in administrative complexity, socio-economic vulnerability and institutional fragmentation. While the 6 participating countries of the consortium often have strong legislative foundations on the rights of people with disabilities, a significant implementation gap remains between official policies and the reality of local service provision and referral pathways.

A primary structural finding is the serious lack of analytical national data on Roma people with disabilities. This absence makes it difficult for policymakers to design targeted interventions or assess the true scope of community health needs. Also, this rapid shift towards “digital-first” platforms (such as e-KEPA in Greece or Bundesportal in Germany) acts as an important and solid barrier for those without internet connectivity & hardware, digital literacy, and formal state documentation.

Administrative procedures are often described as overly complex and unclear, discouraging Roma individuals from seeking benefits. Roma Health Mediators are crucial for building this missing trust, yet they often lack formal institutional recognition. Their role is often underestimated by health staff and they operate under unstable, national project-based funding models.

Furthermore, health professionals often lack the cultural competence to address the social conditions and vulnerabilities of the Roma populations. In contrast, RHMs require more structured training in medical terminology and disability legislation to provide effective advocacy.

RHMs should be formally integrated into the 6 national healthcare systems as equal professional partners. This includes securing stable, long-term funding and providing permanent office space and defined mandates within clinical teams. Programmes should prioritise joint capacity-building sessions/workshops for RHMs and HPs. To ensure sustainability, these trainings should be licensed, providing official credit and status within the system. Stakeholders should develop standardised, simple tools, including step-by-step application guides, medical glossaries/handbooks, and referral templates to simplify coordination between intermediaries and hospitals.

Furthermore, to overcome geographical, social and economic barriers, healthcare should shift towards mobile medical units and outreach initiatives directly within Roma settlements. Governments should introduce a systematic, qualitative data collection for Roma populations with physical impairments. Integrating field data collected by RHMs into national monitoring systems is essential

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for evidence-based policy design. Lastly, targeted awareness-raising campaigns are needed to address disability-related taboos in Roma communities and to inform Roma families and community members about the value of early intervention and their legal rights in each of the 6 national frameworks.

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