RIVER-EU Reflections

Working Within Roma Communities in Slovakia

Funded by the European Union

Executive Summary

Reading time: ca. 3 mins

About this Resource

This SEKI learning resource was developed as part of the RIVER-EU project (EU Horizon 2020, 2021–2026). It is intended for junior-to-mid-level healthcare professionals — including doctors, nurses, immunisation program officials, and public health workers — and is available on the SEKI.EU learning platform.

It draws on a recorded expert interview conducted as part of the RIVER-EU project's knowledge-sharing initiative, and the insights presented here are designed to remain relevant well beyond the project's lifetime.

Why This Matters

Marginalised Roma communities in Slovakia have historically experienced barriers to preventive healthcare, including limited access to health information, logistical obstacles, and longstanding mistrust of institutions. The Slovak RIVER-EU team explored how community-centred approaches could improve access to HPV vaccination and reduce health inequalities.

The Challenge

Key barriers included:

- Limited awareness of HPV and HPV vaccination
- Historical exclusion from preventive healthcare initiatives
- Trust deficits resulting from experiences of discrimination
- Logistical barriers to healthcare access
- Concerns about stigma associated with targeted outreach

What RIVER-EU Did

The intervention combined academic expertise with community-based implementation through the Roma Health Mediator programme.

Key Activities

- Training Roma health mediators as trusted community connectors
- Delivering educational sessions within communities
- Providing accessible and culturally sensitive information
- Aligning messages between community workers and healthcare providers
- Creating opportunities for informed, non-coercive dialogue

What Worked

The intervention achieved remarkable outcomes:

- Strong community engagement and curiosity
- Increased trust in healthcare providers and vaccination programmes
- HPV vaccination rates that exceeded those of the general Slovak population in the pilot communities
- Strong collaboration between researchers, health mediators, and local stakeholders

Key Lessons

1. Listening is more effective than pressure.
2. Communities respond positively when given accessible information and genuine choice.
3. Trusted community intermediaries can transform outreach efforts.
4. Consistent messaging across community and clinical settings is essential.
5. Community-centred approaches can reduce longstanding health inequalities.

Transferability Considerations

The Roma Health Mediator model offers lessons for many underserved populations. Its core principles—community ownership, trusted intermediaries, informed choice, and institutional support—can be adapted to a wide range of healthcare settings across Europe and beyond.

Quick Takeaways

- Work with communities, not for them.
- Invest in trusted local voices.
- Build partnerships between researchers and practitioners.
- Prioritise informed choice.
- Ensure consistency of messaging.
- Plan for sustainability from the beginning.

Conclusion

The Slovak experience demonstrates that equitable vaccination outcomes are achievable when healthcare systems actively engage communities as partners rather than passive recipients of information.

Acknowledgements and Disclaimers

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