

Answers of the Republic of Serbia to the Questionnaire of the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health

1. According to the Census of Population carried out in 2011, Roma men and women make 2.1 % of the Serbian population (of whom 49 % females), and are one of the most vulnerable population groups. There is no systemic discrimination against Roma based on race. However, due to their isolated lifestyle in poverty, they are exposed to behaviour based on stereotypes, which in everyday life causes numerous cases of unequal treatment without justified reason, hate speech and degrading treatment.

With the aim of improving health of Roma men and women, the Republic of Serbia recognized that it must work on the improvement of socioeconomic determinants of health; thus, measures and activities with the aim of achieving this goal were defined in the Strategy for Social Inclusion of Roma Men and Women in the Republic of Serbia until 2030.

The COVID-19 pandemic affected all citizens, especially the ones at risk of social exclusion, without sustainable income and access to basic living conditions (clean water, electricity, sewage, etc.). The system responded quickly, and after the disease outbreak and introducing the state of emergency in Serbia (March - May 2020), social benefits to the beneficiaries to whom their rights expired during the first wave of crisis, were extended (including the ones within child care). Certain local self-government units delivered aid packages, and with the help of UNICEF, humanitarian aid was provided to a certain number of Romani settlements. Several local self-government units, approved during the state of emergency deferred payment of utility bills and gave up on the initiation of mandatory collection during the state of emergency, while the Public Enterprise “Electric Power Industry of Serbia” (“Elektroprivreda Srbije“) announced that it would not calculate interest to those who are late with payment of electricity bills. Free vaccines were provided, and female Roma health mediators organised vaccination in Romani settlements with the aim of preventing the spread of virus and protection of health of inhabitants in Romani settlements. The Ministry of Health in cooperation with UNICEF and Citizens Association of Roma Female Health Mediators have implemented the Project “*Health for All – Improvement and Support to Work of Female Roma Health Mediators with Sensitive and Vulnerable Groups in Romani Settlements in the Emergency Situation - COVID-19 Pandemic*”. The Project aims to provide assistance to families during the epidemic, including work with women giving birth and newborn babies suspected COVID-19, and work with pregnant women and toddlers through distance work. In cooperation with the Red Cross, the female Roma Health Mediators distributed game packages for the children and printed material presenting the manner of disease prevention and action during the COVID-19 pandemic.

2. The most vulnerable groups are Roma women and children living in informal substandard settlements. The level of health culture of this population is extremely low as well as the awareness of the necessity of regular and preventive health examinations, vaccination and healthy lifestyle. The mortality rate in Roma population is higher than in other national minorities and majority population in the Republic of Serbia. Mortality of infants and children of the Roma nationality up to five years of age is approximately twice as high as the average in the Republic of Serbia. Full immunization coverage of children in Romani settlements (24–35 months) is 70 % in 2020, while in the general population it is more than 80 %. According to MIKS results - 6 surveys in 2019, approximately 4 % of young women aged 15–19 are married or living in consensual union, and this percentage is growing to 13 % when it comes to women

in the poorest households. The fertility of Roma women is 3.1 % although it is followed with a high birth rate in adolescence being 157 (in general population for girls aged 15–19 this rate is 22). The abortion experience in the reproductive period from 15–49 years of age had 30.6 % of women of Roma nationality.

Assessments of health condition of Roma men and women in the Republic of Serbia are insufficient and are not performed according to systematised and plan-based data collection. Research confirms the casual link between the quality of life and health of Roma men and women, since they live, compared to other inhabitants of the Republic of Serbia, in significantly worse housing conditions. The health of Roma men and women is improving more and more, which could be concluded even according to irregular and scarce data, since they are collected in the health care system without the possibility of breakdown by ethnicity. It could be concluded that this is the result of work of female Roma Health Mediators, whose working status has not yet been regulated in an adequate manner.

3. Health care is provided in an equal manner and under the same conditions for all citizens of the Republic of Serbia, without discrimination.

One of the pre-conditions for exercising the right to health care is the possession of personal documents, i.e. registration in the Register of Births. Since Roma people living in informal settlements are the category of population at highest risk as regards apatridy (stateless persons), a special task force to record and solve cases of apatridy, through the cooperation of the sector of internal affairs, local self-government, health care and human rights departments, and in cooperation with the Ombudsman and the UN Commissariat for Refugees, was established. Special focus is on Roma women in order to register every newborn baby immediately after birth in the Register of Births.

The difference in the scope of rights when it comes to irregular migrants was overcome through the measures implemented by the Ministry of Health within projects, thus *de facto* providing to irregular migrants equal scope of health care services as to other migrant categories and domestic population. To all persons accommodated in the asylum seeker centres and irregular migrant reception centres health care is provided, including mandatory examination when entering the centre. To all persons, in accordance with indications, access to health care at the primary, secondary and tertiary level is provided. Special attention is provided to mothers and babies, children as well as reproductive health. Regular immunization of all children was established.

Depending on the number of persons accommodated in the centre and distance of the primary health care facility, health care is provided in the very centre or the nearest health care facility.

Psychological support is provided by the Ministry of Health through the project financed from the pre-accession assistance. The Working Group for the protection and improvement of mental health of refugees, asylum seekers and migrants was established for the improvement of mental health, met as needed and worked intensively for resolving acute and complicated psychosis of persons accommodated in centres. Through the work of this group, provision of further coordination and support to institutions in charge of migrant reception is expected.

The protection of mental health and psychological support by psychologist is provided in all centres in accordance with the Guidance for Protection and Improvement of the Mental Health of Refugees, Asylum Seekers and Migrants in the Republic of Serbia, developed in cooperation with the World Health Organisation.

Due to declared COVID-19 pandemic, the Government of the Republic of Serbia adopted a series of measures and acts in order to primarily prevent spreading of the disease among the population, including irregular migrants, asylum seekers and persons to whom the right to asylum has been recognized.

The National Institute of Public Health included migrants in the protocols and procedures for

early detection and prevention of disease spreading. Access to health care and during the pandemic was provided to all persons accommodated in asylum and reception centres. In all centres medical teams, comprising of minimum a doctor and a medical technician, and most frequently a psychologist, were engaged. The National Committee on Infectious Diseases prepared a Protocol for action in case of suspicion of virus SARS-CoV-2 in asylum centres and reception centres. All persons with indications were tested for virus and, if necessary, referred to further treatment in institutions intended for patients sick with COVID-19.

After the beginning of vaccination, migrants and asylum seekers were classified in priority groups for vaccination. All vaccines were available to migrants and other population regardless of the status.

4. In the Republic of Serbia there is no impact of colonialism nor racism, neither in the legal or social practice. In the context of protection of mental and physical health, Constitutional guarantees of the right to dignity and free development of personality, right to life, forbidding cloning and death penalty as well as inviolability of psychical and physical integrity, which also includes prohibition of involuntary human medical and other experimentation, should be singled out. The Constitution also guarantees the freedom of birth-decision. Children enjoy human rights adequate to their age and mental maturity. Every child has the right to personal name, registration in the Register of Births, the right to know his/her origins and to preserve his/her identity. Children are protected from psychological, physical and economical and any other exploitation or abuse.

5. In the Republic of Serbia, legislative, strategic and institutional frameworks for the protection of human and minority rights and fight against discrimination and hate speech were established. Provisions of international and regional human rights treaties, including the Convention on the Elimination of all Forms of Racial Discrimination have been consistently incorporated in the legal system of the Republic of Serbia, with the aim of establishing a complete and coherent system, including mechanisms for the civil legal, criminal legal and misdemeanour legal protection.

The social and political system of the Republic of Serbia is regulated on the principle of complete protection of national minorities. The Constitution of the Republic of Serbia specifies that persons belonging to national minorities may elect their national councils in order to exercise the right to self-governance in the field of education, culture, information and official use of their language and script. In accordance with the Law on National Councils of National Minorities, elections for national councils of national minorities are performed in two ways: through direct elections or through electoral assemblies. Direct elections for national councils are held according to the same model as the elections for national MPs in the National Assembly of the Republic of Serbia. In the Register of National Councils, 23 national councils of national minorities are registered, including the National Council of the Roma National Minority. Pursuant to Article 134 of the Law on National Minorities, Executive Board of the Union of Jewish Communities of Serbia shall function as a national council and the President of Jewish Communities of Serbia shall be a member of the Council of National Minorities of the Republic of Serbia. Funding of the work of national councils is provided from the Budget of the Republic of Serbia, Budget of the Autonomous Province and budgets of the local self-government units. Projects of importance for national minorities in the fields of culture, education, informing and official use of language and script of national minorities shall be funded from the budget for financing the work of national minorities, at proposal of the council of a national minority.

The Republic of Serbia has implemented since 2009 public policy documents in the field of social inclusion of Roma men and women; in all these documents, one of the special goals is the improved health of Roma men and women, with equal access to health care services and the possibility of full exercise of the right to health without discrimination. The applicable

strategic document in the field of inclusion of Roma men and women specifies measures and activities in the period 2022–2030.

One of the basic principles in social welfare is the respect for integrity and dignity of beneficiaries, as well as prohibition of discrimination. Nationality in the Republic of Serbia is not grounds for exercising rights in the field of social welfare. A beneficiary, in accordance with law, is entitled to social welfare based on social justice, responsibility and solidarity, which are provided to the beneficiary with respect for his/her physical and psychical integrity, safety and observing his/her moral, cultural and religious beliefs, in accordance with the guaranteed human rights and freedoms. Discrimination of beneficiaries of social welfare on the basis of race, gender, age, nationality, social origin, sexual orientation, religion, political, trade union or other determination, financial situation, culture, language, disability, nature of social exclusion or other personal characteristic, is prohibited.

Social welfare services shall be provided in accordance with the best interests of beneficiaries, observing his/her life cycle, gender, ethnic and cultural origin, language, religion, lifestyle habits, development needs and need for additional support in everyday life. Social welfare is implemented so as to provide timely spotting of needs of beneficiaries and providing services for the prevention of the onset and development of conditions, which threaten the safety and to satisfy life needs, and interfere with inclusion in society.

The Law on Social Welfare particularly regulates health care protection in homes for the accommodation of beneficiaries, while the inspection supervises the performance of health care activities in the mentioned homes for accommodation.

When it comes to social welfare benefits to persons with health difficulties, the Law on Social Welfare specifies the right to allowance for assistance and care from another person and the right to increased allowance for assistance and care from another person. According to statutory regulations related to health care insurance and health care protection, Roma nationals who due to their way of life have no permanent and/or temporary residence in the Republic of Serbia are also considered to be insured persons. According to the Law on Social Welfare, beneficiaries who are not satisfied with the services provided, procedure or behaviour of the service provider, can file a complaint to the relevant authority (Article 39).

6. There is a considerable difference in housing conditions between the Roma and general population. Romani settlements are spatial city and out-of-town (rural and suburban) areas predominantly inhabited with Roma national minority, frequently perceived as places of spatial and social segregation of Roma men and women. Research showed that almost all inhabitants of Romani settlements use basic, improved sources of drinking water (98 %), while 86 % use basic sanitation services¹. Seventy-eight percent of the population of Romani settlements use drinking water from public water supply systems brought to apartments or houses. However, a great number of Romani households in substandard Romani settlements have no access to electricity (32 % of substandard Romani settlements is not connected to the electrical network, while 38 % are not connected to the water supply system). The Social Inclusion and Poverty Reduction Unit, in cooperation with the UN Human Rights Team, in the period March–September 2020, performed “Mapping of substandard Romani settlements according to risks and access to rights during the COVID-19 pandemic”. Mapping included total number of 702 substandard Romani settlements found in the territory of 94 local self-government units, with 167,975 inhabitants. The collected data include access to clean water and sewage system, health risks in the given epidemiologic context, performing activities with increased health risks, as well as access to electricity and sustainable sources of income. Data were obtained from the established institutional mechanisms for the inclusion of Roma men and women at the local self-government unit level, and representatives of the civil society organisations.

¹ Report: Situation of sensitive groups in the process of accession of the Republic of Serbia to the European Union – Overview of the status: Situation of Roma men and women, Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, 2021

7. Women within the Roma population are considered to be especially sensitive precisely because of the need to improve their reproductive health, particularly bearing in mind early marriage, pregnancy of minors and high fertility in this population. One of the specific measures created within the Roma social inclusion are “*Female Health Mediators*”, i.e. Roma women trained for field work in informal Romani settlements, who are the link between the citizens and health care centres at the local self-government level. The number of these female Roma health mediators is increasing year after year (total number of 85), and work is underway to find the most adequate solution for their formal and legal incorporation in the health care system. The work results of female Roma health mediators was assessed by the European Commission as the most successful measure of public policies in the field of inclusion of Roma men and women. Thanks to the engagement of female Roma health mediators, access to health care services for Roma women is facilitated, and the trend of carrying out systematic and gynaecological examinations continues. Health controls of pregnant women and women giving birth increased as well as the number of vaccinated women and children. In the last ten years the mortality rate in Roma children has been reduced by 50%. With the aim of reducing significant regional differences in the infant mortality rate, development of new standards for organising the care of newborn babies at the regional level is underway.

The Republic of Serbia is the first European country to include in the vaccination plan irregular migrants and asylum seekers in asylum and reception centres. It was also the result of intensive cooperation between the Ministry of Health, Institute of Public Health “*Dr. Milan Jovanović Batut*“, Commissariat for Refugees and Migration, World Health Organisation and the UN High Commissioner for Refugees.

Furthermore, relevant instructions for migrants and asylum seekers were prescribed, as well as directions intended for the employees aligned with the national algorithm for disease prevention and control, on which informative sessions were organised to enable timely information to all. Beside the Commissariat, informative sessions were organised by the World Health Organisation as well.

Daily bulletin was introduced, written and printed every day and translated into four languages (English, French, Arabic and Farsi), with the aim of providing daily information on the COVID-19 impact, both in the country and worldwide.

In asylum and reception centres, education programmes on sexual and reproductive health have been continuously organised, meant primarily for migrant women/girls accommodated in centres. Workshops which are held are in the sector of legal, educational as well as psychological and gynaecological consultations. Workshops and consultations are organised in cooperation with the Serbian Association for Sexual and Reproductive Health and Rights (SRH Serbia). Furthermore, in cooperation with the World Health Organisation, a series of workshops on health care and access to health care protection were held.

8. To all persons within the territory of the Republic of Serbia, equality in the access to and quality of health care services, in accordance with the law, shall be enabled. Thus, the Law on Health Care guarantees social care for the health of the population, under the same conditions in the territory of the Republic of Serbia, *inter alia* by exercising health care to persons of Roma nationality who, due to their traditional lifestyle do not have permanent and/or temporary residence in the Republic of Serbia.

The Law on Health Care enables to persons of Roma nationality who, due to their traditional lifestyle do not have permanent and/or temporary residence in the Republic of Serbia, mandatory health care, even if they do not meet the requirements for eligibility for insurance on other grounds (personal capacity – employment, pension beneficiary or member of the family of insured person).

The Law on Patients' Rights guarantees that in exercising the right to health care patients have the right to equal access to health care services, without discrimination as regards the financial situation, place of residence, type of disease, time of access to health care service or any other diversity which could cause discrimination.

The Law on Public Health governs the achievement of public health interest through activities directed at preservation of physical and mental health of the population, conservation of the environment and work environment, particularly as regards the health of vulnerable social groups. Institutions of public health cooperate with other actors in the public health system in the adoption and implementation of programmes promoting public health and health education activities.

Furthermore, all pregnant women and women giving birth in the period of twelve months after child birth are entitled to complete health care, including the right to medicines and transportation costs, regardless if their health insurance documents are certified. The Republic of Serbia invests in the infrastructure of health care institutions for the improvement of the quality of services to all citizens and to increase the availability of health care.

In the field of health care, it is a positive fact that majority of Roma men and women have health insurance, although the percentage of Roma (aged 16 and more), who mentioned that they had not access to health care services when they needed them, is still much higher than with non-Roma neighbours, and amounts to little more than a quarter). However, there has been some improvement compared to 2011.

Health care of migrants and refugees is provided in every centre by the local health care centres in the very centres, 4 to 12 hours a day depending on the needs, while the local emergency health service covers the rest of the day. According to the doctor's instructions, persons are referred to secondary and tertiary health care like all other citizens of the Republic of Serbia. The Republic of Serbia is one of the first countries in the world which included migrant population in the regular immunization programme. During the measles epidemic there were no cases of migrant illness, and during 2020 there were almost no migrants infected with COVID-19.

Protection of mental health and psychological support have been provided by psychologists present in all centres in accordance with the Guidance for Protection and Improvement of the Mental Health of Refugees, Asylum Seekers and Migrants in the Republic of Serbia, developed in cooperation with the World Health Organisation. As an additional form of support, recreational activities and various workshops intended for the empowerment of beneficiaries and their integration were implemented in a coordinative manner. Standards for service providers in the field of psychosocial support and informal education adopted to the beneficiary category as well as standards for the organisation of educational activities in centres have been developed. In cooperation with UNICEF, an Overview of measures for the preservation of well-being of beneficiaries, with the focus on prevention of exploitation and abuse, was developed.

9. The modern Serbian statehood developed on the basis of anti-colonialism and anti-imperialism. The Constitution of the Republic of Serbia already in its Preamble defines that the highest by hierarchy source of rights originates from: "the state tradition of the Serbian people and equality of all citizens and ethnic communities". Among the Constitutional principles are the equality of all citizens who live in Serbia and Serbian people, rule of law as well as prohibition of activity of all political and other organisations which propagate violation of human and minority rights. Provisions of Article 21 of the Constitution explicitly prohibit any form of discrimination, including racial discrimination.