Health in the 2014 National Roma Integration Strategies

EPHA analysis – September 2014

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1 Introduction

On 5 April 2011, the European Commission adopted an **EU Framework for National Roma Integration Strategies** up to 2020, calling on Member States to prepare or revise National Roma Integration Strategies to more effectively address the challenges of **Roma inclusion** and tangibly improve the situation by the end of the current decade. This EU framework addresses the **specific needs of Roma regarding equal access to**:

- **employment**
- **education**
- **housing**
- **healthcare**

Member States were requested to prepare or revise **their national Roma integration strategies** and present them to the **Commission** by the end of December 2011. The Commission reports annually to the **European Parliament** and to the **Council** on progress regarding the integration of Roma populations within Member States and on the achievement of the goals of the European Framework on Roma strategies.

The first assessment of the National Roma Integration Strategies was published in May 2012. The document entitled **"National Roma Integration Strategies: a first step in the implementation of the EU Framework"** revealed that although progress has been achieved, Member States, especially those with a sizeable Roma population, need in particular to:

- Continue regular bilateral dialogue with the Commission and relevant stakeholders
- Involve regional and local authorities
- Work closely with civil society
- Allocate proportionate financial resources
- Monitor transformation and enable policy adjustment
- Fight discrimination convincingly

In June 2013, the Commission released its **second assessment**, entitled **"Steps Forward in Implementing National Roma Integration Strategies"**. This document provides two main findings: some Member States significantly rethought or developed their strategies in concrete terms, in particular by seeking to organise horizontal and vertical dialogue as well as coordination for the implementation of their strategies; however, some of the necessary preconditions for successful implementation **are still not in place** and progress is therefore **very slow on the ground**.

At the beginning of **April 2014,** the Commission presented its **third assessment**. This report looked in particular at what measures have been implemented, whether guidance provided in previous Commission progress reports has been followed, and whether there has been a real impact on the ground. It is composed of two documents:

Photo's source: © Catalin Georgescu in the Romanian village Hetea/Hete]

- **The Report on the implementation of the EU Framework for National Roma Integration Strategies**; this general report describes the broad on-going developments in EU Member states and lays down examples of good practices.

- **The Commission Staff Working Document (SWD)** provides an in-depth analysis and describes the key steps achieved since 2011 and further action that should be developed. For each country, the situation is summarised in a table which addresses each of the five sections:

- **education**
- **employment**
- **health**
- **housing**
- **anti-discrimination**

2 EPHA analysis of the National Roma Integration Strategies in the 28 EU Members States

Access to healthcare is just one element of the social determinants of health in the Roma framework. The recent 2014 Commission assessment pointed out that in the field of healthcare **adequate access to healthcare, social services and preventive measures are still not available for all Roma**, especially for **Roma children and women**. Little or no health coverage means Roma are going without **vaccinations** making them susceptible to **infectious diseases. Promotion of healthy lifestyles** to Roma also needs more attention from Member States. The issue of **Roma Health Mediators** has been mentioned in relation to several Member States: **Belgium, Bulgaria, Finland, Romania, Slovakia, Spain, Sweden** and the **United Kingdom**. The Commission recognises that the **training of health professionals** and the **systematic involvement of Roma health mediators** could be a way to address the access to healthcare issue.

EPHA has compiled information on the health component of the national Roma integration strategies of each of the 28 EU Member States.

2.1 Austria

In the report itself, Austria is only mentioned once, and it is in the area of employment.

The SWD is also not very explicit on Austria's progress in implementing its Roma integration strategy. Support to Roma is provided under mainstream policy measures. The Commission asks Austria to **monitor the impact of these mainstream health related measures on Roma**.

2.2 Belgium

In the report, the Commission highlights a Belgian project which **involves mediators (neighbourhood stewards, project leaders, and consultants)** who work to gain the **support of both Roma and non Roma for housing interventions**. Within it, there is nothing related to health.

In the SWD, the Commission commends the **mobilisation of mediators in healthcare services**, in over 50 Belgian hospitals. Specific action in the city of Sint-Niklaas (in the North of the country) where healthcare is made more accessible to Roma people, is particularly well welcomed. However, the Commission mentions that **access to preventive healthcare** needs to be improved and encourages mediators to overcome barriers and promote the optimal use of healthcare services.

2.3 Bulgaria

The report highlights that Bulgaria is one of the Member States where ensuring **basic health coverage** is still a challenge (along with Romania and Greece). However, the Commission identifies several improvements since 2011. A great step is **the increasing number of Roma health mediators.** Along with mobile medical units, they undertake various activities in areas where the majority lacks health insurance, such as X-ray, immunisation of children, medical and gynaecological examinations, screenings and prevention of HIV and TB. The Commission also welcomes health education and awareness-raising actions (mainly campaigns and training). The availability of monitoring tools, such as quantified outcomes and concrete indicators detailed by region and programme/project is seen as a promising practice. The Commission's assessment reveals that priority should be given to ensuring health insurance coverage for all.

2.4 Croatia

In the introduction of the general report, the following statement is issued: "As Croatia only joined the European Union in July 2013, the Commission is assessing its national Roma integration strategy, using the same criteria as for the other Member States in 2012.[1]"

In the SWD, measures that aim to **improve the health of the Roma, especially women and children** are considered as key elements. However, the Commission assesses that **access to healthcare must be improved.** The Commission is also pleased that the Croatian Roma integration strategy encompasses **Roma health care assistants**. Nevertheless, more developed specific measures within an integrated approach are needed with expected outcomes and mechanisms to monitor progress. In addition, more should be done regarding **the training of healthcare professionals**.

2.5 Cyprus

In the general report, there is no reference to Cyprus.

In the SWD, the Commission recommends that **the impact of health policy measures** should be measured in order to ensure that the needs of the Roma are met. One main step since 2011 in the field of health is the **free healthcare offered to all Turkish Cypriots**, including Roma, without considering in which part of the island they live (the government-controlled part or the part occupied by Turkey).

2.6 Czech Republic

In the report, the **training of health professionals** in Czech Republic is highlighted as being a good example. "Communication courses focusing on the specific socio-cultural environment of a patient are compulsory in the medicine, dentistry and pharmacy curricula. Other medical staff are also trained through Interpersonal Skills of Professional and Education programmes."[2]

This initiative is further highlighted in the SWD as one of the key steps achieved since 2011. Moreover, activities undertaken by the Drom organisation, which provides **social assistance to help users in excluded areas** overcome barriers and systemic disadvantages when using health services, is highlighted in the SWD. In 2012, eight health and social assistants provided 6,137 interventions to 420 people, 70% of whom were women. As part of the assessment, the Commission calls **for the more routine access of Roma to healthcare**. Also, measures towards healthcare professionals should be reinforced to **avoid discriminatory practices**, as these kinds of practices have been reported to health insurance companies.

2.7 Denmark

In the Report on the implementation of the EU framework for National Roma Integration Strategies, Denmark is only mentioned once, and it is related to a **good practice in the field of education**.

In the SWD, the Commission emphasises that **access to and use of healthcare among ethnic minorities have been improved. Training of health professionals** has also made progress since 2011. The next step is now to **monitor the impact of health policy measures on Roma**.

2.8 Estonia

Estonia is not mentioned in the general report at all.

[1] Report on the implementation of the EU framework for National Roma Integration Strategies, http://ec.europa.eu/justice/discrimination/files/roma_implement_strategies2014_en.pdf

[2] COM(2014) 209 final, p 11, Examples in the area of health, http://ec.europa.eu/justice/discrimination/files/com_209_2014_en.pdf

In the SWD, the Commission stresses that support to Roma is provided under mainstream health policy measures. As part of the assessment, the Commission asks Estonia to **reinforce access to healthcare**. Above all, **monitoring the impact of health policy measures on Roma** is recommended.

2.9 Finland

The general report puts the spotlights on a Finnish initiative in the field of health. When talking about the need to be able to monitor the health of the Roma population, the Commission states that "a **good example is the health and welfare survey** that Finland is about to develop"[3].

This initiative is further explained in the SWD as one of the key steps achieved since 2011. The Commission is glad that "**research on the health situation of Roma**, related in particular to **preventive healthcare for children, youth and Roma women**, has been conducted by the National Institute for Health and Welfare"[4]. This survey also included aspects related to their **housing situation**. As part of the assessment, Finland is looking to draw lessons from the research project itself, as well as assessing the impact of mainstream measures.

2.10 France

In the report, France is mentioned as a good example, as a result of the government responding to **growing health inequalities** in the wake of the economic crisis and reducing financial barriers to **access healthcare for the most vulnerable** from January 2013.

The government's actions to improve **access for disadvantaged groups to healthcare and health insurance** from 2011 are also explained in the SWD. These measures include the **reduction in the registration tax** for State Medical Aid (AME), the **increase in universal health coverage level (CMU)** and the **Ministerial circular of 26 August 2012 on "forward planning and support for operations to evict illegal camps"**. Among other measures, this circular requires that prefects prepare **a diagnosis of the situation** and **research support solutions with regard to the health,** housing and employment of the inhabitants and the schooling of their children, as soon as a camp has been set up. The text also established that the **continuity principle** has to be carried out after dismantling an illegal settlement in the areas of schooling, health and housing. The Commission calls for the full implementation of the Ministerial circular at local level. In addition, the impact of these measures needs to be monitored. Further compilation of data and evidence should be developed to "support an adequate strategy for Travellers and to measure the impact of activities undertaken on Roma and Travellers"[5].

2.11 Germany

In the Report on the implementation of the EU framework for National Roma Integration Strategies, Germany is only mentioned once, and it is related to good practices in the cities of **Kiel** and **Berlin** as regards **housing**.

The SWD highlights that Roma can benefit from mainstream policy measures. There is a need to assess the situation and the **impact** of these measures **on the Roma through evidence gathering**.

2.12 Greece

The report stresses that Greece is among Member States where ensuring basic health coverage is still a challenge. The Commission refers to the **2013 Fundamental Rights Agency Roma (FRA) analysis of the**

[3] COM(2014) 209 final, p 10, Health, http://ec.europa.eu/justice/discrimination/files/com_209_2014_en.pdf
[4] SWD(2014) 121 final, Finland, Health, http://ec.europa.eu/justice/discrimination/files/swd_121_2014_en.pdf
[5] SWD(2014) 121 final, France, Health, http://ec.europa.eu/justice/discrimination/files/swd_121_2014_en.pdf

FRA Roma Survey by Gender and mentions that **38 % of Roma women** said that they had **no medical insurance** compared with **7 % of non-Roma women in Greece**.

In the SWD, the Commission reported that Greece put the **focus on preventive healthcare**, mainly on **vaccination**. As part of the assessment, the Commission calls for the **strengthened training of healthcare professionals**, and the establishment of more **systematic measures** to improve **access of Roma to healthcare**.

2.13 Hungary

Hungary is mentioned several times in the report. In the field of health, the Commission highlights a positive step, which is the development of training for those working in basic healthcare services.

This initiative is further referred to in the SWD as one of the key steps achieved since 2011. Since the adoption of National Roma Integration Strategies, a lot of progress has been made by Hungary. The country has **developed healthcare measures aimed at reducing inequalities**, including **preventive health care**. Special focus has been put on **early childhood development (screening tests), youth and Roma women**. In addition, paediatricians and general practitioners have been encouraged to **work in most disadvantaged regions. Awareness-raising campaigns among Roma** have been organised. The Commission recommends that Hungary assesses the situation and the impact of these measures on the Roma through **evidence gathering**.

2.14 Ireland

In the full report, one reference to Ireland has been made. However this is not about health, but rather on the establishment of bodies for the promotion of **equal treatment.**

In the SWD, the Commission stresses that Ireland has undertaken two main reforms in the last years:

- **"Future Health - A Strategic Framework for Reform of the Health Service 2012 – 2015",** which sets out the main future healthcare reforms
- **"Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 – 2025"**, which aims to **improve the health and wellbeing** of the Irish over the coming generation.

Besides these mainstream measures, the Commission highlights that **local initiatives** aimed at supporting **access of Travellers and Roma to healthcare** have been developed. Specific health services and initiatives include **GP Roma Mobile Clinics**, **vaccination campaigns** and the development of **training on healthcare**. The Commission calls for the impact assessment of all these measures (mainstream measures and local initiatives). In addition, a comprehensive approach should be developed with a view to **better coordinating health policy measures with other policies, in particular housing**. Also, working hand in hand with civil society organisations is essential when it comes to **raising awareness on health issues** among Travellers and Roma.

2.15 Italy

There is no mention of Italy in the general report.

The SWD explains that additional financial allocations have been attributed in 2012 and 2013 to the National Institute for Health, Migration and Poverty which aims to **promote the health care of disadvantaged population groups (Roma people included)** and fight diseases due to poverty. The Commission makes a special reference to the **"troVARSI" vaccination project**. Launched in 2013, it aims at promoting vaccinations as a priority method for preventing **infectious diseases in Roma people**. Recognising that the Italian health system provides **universal access to healthcare (including Roma people)**, the Commission asks the government to think about developing **targeted measures**, as well as measuring the impact of mainstream health policies on Roma.

Photo's source: © Catalin Georgescu in the Romanian village Hetea/Hete]

2.16 Latvia

In the full report, one reference to Latvia has been made. However this is not about health, but rather on the establishment of bodies for the **promotion of equal treatment.**

The observation of the progress that has been done in Latvia since 2011 is very broad. Indeed, according to the SWD, "support provided to Roma is part of national health policy[6]". In the light of this, the Commission asks for a **more systematic and integrated approach** to improve access of Roma to healthcare, including **health insurance coverage**. In addition, more should be done regarding the **training of healthcare professionals**.

2.17 Lithuania

In the full report, one reference to Lithuania has been made. However this is not about health, but rather on the establishment of bodies for the **promotion of equal treatment.**

The Commission observes that health policy measures include dispositions related to Roma. Actions such as **combatting HIV** and **other illnesses among Roma** have been taken and awareness-raising lectures have been given. The Commission encourages Lithuania to **further develop awareness-raising activities on preventive healthcare.** Avenues for further reflection include **the training of healthcare professionals on the health needs of vulnerable groups**, such as Roma. In addition the Commission asks for the impact assessment of mainstream health policies on Roma.

[6] SWD(2014) 121 final, Latvia, Health, http://ec.europa.eu/justice/discrimination/files/swd_121_2014_en.pdf

2.18 Luxembourg

There is no mention of Luxembourg in the general report.

The SWD states that **Roma can benefit from mainstream health policy measures**. In particular, measures to prevent **early pregnancy** and **promoting sexual health** are in place, as well as facilitating access to **dental services**. The Commission advises the measurement of the **impacts of mainstream health policy measures on Roma**, and to put carry out awareness-raising initiatives aimed both at **Roma and health professionals.**

2.19 Malta

Malta did not develop a National Roma Integration Strategy as it declared there is no significant Roma population on its territory, though will address Roma integration should this case arise.

2.20 Netherlands

Both the report itself and the SWD do not provide much information on the progress that has been done since 2011 as part of the Dutch Roma Integration Strategy. There is no mention of The Netherlands in the general report.

The SWD states that Roma can benefit **from mainstream health policy measures**. The Commission encourages the government to develop **awareness-raising campaigns on preventive healthcare** targeting Roma families.

2.21 Poland

In the report, Poland is cited once as regards the establishment of measures that increase the number of students who complete secondary and higher education and encourage vocational education and training of adult Roma.

Since 2011, **preventive health measures** focussing on Roma women and children have been developed. Other improvements include **vaccination, co-financing medicines**, and support to **community nurses**. In order to enhance access of Roma to healthcare, the Commission recommends **a more systematic and integrated approach**.

2.22 Portugal

In the general report, there is no reference to Portugal.

In the SWD, the Commission highlights that the National Health Service provides **care to Roma through mobile units**. However, **Roma healthcare should be further improved** and monitoring the health outcomes should be taken into consideration.

2.23 Romania

In the general report, the Commission stresses that **"ensuring basic health coverage is still a challenge"** in Romania[7]. However, Romania is mentioned as a good example in **involving Roma health mediators** to address access to healthcare services for the Roma population. Roma health mediators also run **awareness-raising** and **behaviour changing campaigns** targeting the Roma people's health.

The Roma Health mediators programme is further referred to in the SWD as one of the key steps achieved since 2011. In addition, the Commission welcomes the implementation of 35 projects funded from the state budget (following an initiative taken by the National Agency for Roma). No more details are known about

[7] COM(2014) 209 final, Health, p 10, http://ec.europa.eu/justice/discrimination/files/com_209_2014_en.pdf

these projects. Nevertheless, despite these encouraging results, the Commission highlights a number of measures that should be considered with a view to improving Roma healthcare:

- Improving the **access of Roma to health insurance coverage**
- Improving the **effective access of Roma to medical services**
- **Preventative health awareness-raising campaigns** run by Roma Health mediators and targeting the Roma
- **Training of health professionals**

2.24 Slovakia

In the general report, several references are made to Slovakia but none are related to health.

In the SWD, the Commission regrets that **preventive outreach measures** targeting **marginalised Roma** are solely implemented **by the programme of health mediators**. In the light of this observation, the Commission calls for a "more systematic, integrated approach which would include **clear measurable targets**, a **timeframe** for implementation, an appropriate **financial allocation** and **effective monitoring**"[8]. Also, the government is encouraged to develop **measures towards healthcare professionals**.

2.25 Slovenia

In the general report, there is no reference to Slovenia.

Since the adoption of the framework, a number of workshops and projects to **promote preventive healthcare** with special attention to women and children have been organised. Future action should result in the **vaccination of all Roma children.**

2.26 Spain

In the general report, Spain is referred to as a good example in involving Roma health mediators in the improvement of the Roma population's health. More particularly, the document emphasises that the "**Health Promotion among Navarre Ethnic Minorities Programme"** has been chosen as a good practice example **by WHO**[9]. This programme was set up in 1987 and aims to reduce health inequities by improving the health of the Roma community. It relies on people from within the **Roma community who are trained as mediators** and then act as peer educators and as a liaison between the community and the central health, social and education services.

The SWD provides a list of measures that have been implemented since 2011 and that intend **to improve the Roma health situation**. These positive steps are:

- Development and implementation of **mainstream measures with a possible impact on the Roma** such as the National Strategy for Health Equality and health measures in the Strategic Plan on Children and Young People 2013-2016. Roma targeted measures are also included in the **National Action Plan for Social Inclusion 2013-2016** aimed at facilitating access to health services for vulnerable groups.
- Creation of the **Inter-university Institute** supporting the capacity of national authorities in regards to heath equality among the Roma
- **Monitoring and support of the Roma health network** gathering 16 NGOs on Roma
- **Upcoming national health survey on the Roma**

[8] SWD(2014) 121 final, Slovakia, Health, http://ec.europa.eu/justice/discrimination/files/swd_121_2014_en.pdf

[9] Spain: Health Promotion among Navarre Ethnic Minorities Programme, http://www.navarra.es/NR/rdonlyres/D4DFA3BA-F54F-40DE-8C5F-9F24A003868E/233965/2_Spain_06Feb09casopublicado2010.pdf

- Continued activities from the Spanish Network of Healthy Cities (RECS) targeting disadvantaged groups.

As part of the assessment section, the Commission calls on Spain to develop **more targeted programmes**, including **preventive healthcare**.

2.27 Sweden

In the general report, Sweden is mentioned for its actions in the fields of **education and anti-discrimination**.

The SWD highlights that **Roma mediators are part of healthcare services**. Several programmes which help **Roma women and girls** in the field of **reproductive health** are in place. Overall, the Commission welcomes the important progress achieved in **Roma health and women's rights**. However, there is a need for more **awareness-raising campaigns on healthcare issues** that target **Roma mothers, girls and youths**.

2.28 United Kingdom

In the general report, the United Kingdom is not mentioned at all.

As part of the key steps achieved since 2011, **Roma health project and health mediators**, and **regional minority ethnic health and social wellbeing steering groups** have been developed. In addition, measures targeting Travellers have been implemented in Northern Ireland. They include a strategy for improving **Traveller health and wellbeing**, dedicated health support staff and other projects such as a "**Traveller health improvement programme"** and a Traveller health DVD. In Wales, standards of health and homelessness have been revised. Plans to publish **guidance for healthcare providers** are currently under review. A set of measures has also been implemented in Yorkshire. They include access for **newly arrived Roma communities to the national health services,** with the help of **Roma women health mediators.** In light of these measures, the Commission encourages the United Kingdom to develop further initiatives targeting the needs of newly arrived Roma communities. In addition, **monitoring the impact of mainstream measures** and activities undertaken in regards to the Roma should be considered.

3 Conclusion

The “Report on the implementation of the EU Framework for National Roma Integration Strategies” concludes that **in the field of health, healthcare** and **basic social security coverage is not yet extended to all.** There are **promising initiatives** that have been developed since the launch of the framework, but they need to be **mainstreamed** and **applied in a systematic way** but more **preventive measures** should also be considered where appropriate in order to improve Roma health. In addition, particular attention should be made to improve the living conditions of **Roma children**.

Photo’s source: © Catalin Georgescu in the Romanian village Hetea/Hete]

As far as the report itself is concerned, it is regrettable that there is a lack of precision in certain points of the text. The report mentions Denmark and the Netherlands as good examples. Nevertheless, concrete examples described in the general report are constructive, as they provide other Member States with good practice examples to develop new measures. However, sharing good practice is only effective if other stakeholders are willing to listen and consider it. Therefore, **demonstrating political will and determination to improve the Roma situation in Europe is essential**. **Besides the field of health**, it is worth highlighting that the report mentions a number of times that **discriminatory practices happen in the property market.** This must be additionally addressed as the **physical environment in which people live also impacts on their health.**

4 Annex - European framework of National Roma Integration Strategies - timeline

The following list refers to the **documents** that are related to the EU Framework for National Roma Integration Strategies **up to 2020** and the follow-up:

- 5 April 2011: **Communication** from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: **An EU Framework for National Roma Integration Strategies up to 2020**, COM(2011) 173[10]

- 19 May 2011: Employment, Social Policy, Health and Consumer Affairs (EPSCO) **Council Conclusions** on an **EU Framework for National Roma Integration Strategies** up to 2020, 106665/11[11]

- 23 and 24 June 2011: **European Council conclusions,** EUCO 23/11 on the **EU framework for national Roma integration strategies up to 2020**[12]

- 21 may 2012: **Communication** from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: **National Roma Integration Strategies: a first step in the implementation of the EU Framework**, COM(2012) 226 final[13]

Commission Staff Working Document - Accompanying the document - **Communication** from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: **National Roma Integration Strategies: a first step in the implementation of the EU Framework**, COM(2012) 226 final[14]

- 26 June 2013: **Communication** from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: **Steps forward in implementing national Roma integration strategies**, COM(2013) 454 final[15]

- 26 June 2013: Proposal for a **Council Recommendation** on effective **Roma integration measures in the Member States**, COM(2013) 460 final[16]

- 9 July 2013: **Country-Specific Recommendations formally adopted by the European Council**[17]

- 9 December 2013: **Council Recommendation on effective Roma integration measures in the Member States** (2013/C 378/01)[18]

[10] http://ec.europa.eu/justice/policies/discrimination/docs/com_2011_173_en.pdf
[11] http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/122100.pdf
[12] http://ec.europa.eu/commission_2010-2014/president/news/speeches-statements/pdf/20110624_1_en.pdf
[13] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52012DC0226&from=en
[14] http://ec.europa.eu/justice/discrimination/files/swd2012_133_en.pdf
[15] http://ec.europa.eu/justice/discrimination/files/com_2013_454_en.pdf
[16] http://ec.europa.eu/justice/discrimination/files/com_2013_460_en.pdf
[17] http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/ecofin/137875.pdf
[18] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013H1224(01)&from=en)

- 2 April 2014: **Report on the implementation of the EU framework for National Roma integration strategies** (COM (2014) 209 final)[19]

- 2 April 2014: **Commission Staff Working Document** (SWD(2014) 121 final)[20]

The full list of EU Roma related documents can be found on the European Commission website (section "The European Union and Roma").

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[19] http://ec.europa.eu/justice/discrimination/files/com_209_2014_en.pdf
[20] http://ec.europa.eu/justice/discrimination/files/swd_121_2014_en.pdf