

## **1. INTRODUCTION**

1.1. Association ESE is a civil society organization that works on improving exercise of social and economic rights by vulnerable groups of citizens, by means of their empowerment, mobilization and engagement in creation, implementation and evaluation of public policies and services in the Republic of Macedonia. ESE's driving force is its commitment to resolution of problems. By promoting and improving the human rights, we improve social and economic justice, having in mind that human rights are an invaluable collection of standards that should be enjoyed by all. We are particularly devoted to work in the field of promotion and improvement of health rights and women rights. Therefore, we are focused on two goals, those being: to address urgent needs of citizens, in particular the needs of vulnerable groups of citizens, and to influence creation of sustainable and long-term changes. We do much more than documenting, reporting and publicly condemning injustices in the society. We provide legal and paralegal assistance, allowing citizens to exercise their rights and change their living conditions. Moreover, we advocate for changes of legislation and policies that affect exercise of health rights and women rights. We advocate at national and at international level.

1.2. ESE's three strategic priorities reflects our beliefs that social and economic rights should be placed on highest priority of the country and that their implementation should be based on the citizens interest and needs, following the principle of allocation of maximum available resources, progressive realization and non-discrimination. Consequently we strive : 1) To engage citizens in the processes on planning, implementation and evaluation of legal regulations, budgets and services in the field of social and economic rights; 2) To ensure equal access to justice in the field of social and economic rights; and 3) To promote fiscal transparency of institutions in the field of social and economic rights. More precisely under the strategic priority we work on: strengthening and promoting engagement of citizens in the processes on planning, implementation and evaluation of legal regulations, budgets and services, as part of the social accountability and legal empowerment approach; capacity building for public institutions to involve citizens and CSOs in development, implementation and monitoring of legal regulations, budgets and services; improving the health status and access to health services for women, mothers and children; improving the health status and access to health services for Roma people etc.

## **2. NORMATIVE AND INSTITUTIONAL FRAMEWORK**

2.1. Republic of Macedonia has signed and ratified many international and regional documents<sup>i</sup>. Yet State has still not ratified the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights and not signed and ratified the Convention on the Protection of the Rights of all Migrant Workers and Members of their Families. The necessity of signing and ratifying these international documents was noted in the 1<sup>st</sup> and the 2<sup>nd</sup> cycle of the Universal Periodic Review of Macedonia.

### **3. CONSTITUTIONAL AND LEGAL FRAMEWORK**

3.1. Certain legal provisions that had negative impact on the enjoyment of right to health were abolished. For example, provisions for payment of mandatory health and social insurance contributions for persons that have income from honoraria prescribed in the Law for social insurance. On other hand, adopted Law on Pregnancy Termination in 2015 which hinder the access of women to abortion services is still in effect.

3.2. The Law on Medicines and Medical devices was amended in 2018 in order to ensure improved quality of medicines which are procured through the parallel import process.

3.3. In 2017 Ministry of health initiated an inclusive process for amending and addenda on the Law on Health Care which is a core law in the health protection and establishes the basis of the health care system. All relevant stakeholders, including civil society participate in this process which is ongoing.

### **4. HEALTH RIGHTS FROM THE PERSPECTIVE OF DIFFERENT VULNERABLE GROUPS**

#### **HEALTH OF ROMA PEOPLE**

4.1. Roma still face unfavorable socio-economic and living conditions, barriers in access to health services which contribute towards less favorable health status and shorter life expectancy, compared to the majority of the population, as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.1.)<sup>ii</sup>. 48% of Roma die before age of 65 years, compared to 23,6% of the general population<sup>iii</sup>. According to ESE, 22% of Roma perceive their health status as poor, and 43% suffer from mild to moderate depression<sup>iv</sup>. Health statistics in Macedonia still is not disaggregated by ethnicity and the relevant institutions do not dispose the data regarding the health of Roma. The Government according to the recommendation (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.90, Ireland) adopted new Strategy for Roma inclusion 2014–2020 and new National action plan for Roma health 2015–2020, but prior to this process didn't follow the recommendations and didn't perform analysis of the results of the policy of inclusion of Roma and assessment of the remaining challenges (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.28, Belgium). The country still didn't carry out a country wide Roma needs assessment and health status study (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.90, Ireland). The State didn't reserve required budget for implementation of the National action plan for Roma health as recommended (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.28, Belgium).

4.2. Roma mothers and children are still insufficiently provided with preventive health services, including antenatal care, health promotion, health education and visits by the community (patronage) nurse services, as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.2.)<sup>v</sup>. Infant mortality rate among Roma in 2016 is 1,5 times higher than among Macedonians<sup>vi</sup>. Roma women are not visited by patronage nurse during pregnancy, and after the delivery most of them are visited only once<sup>vii</sup>, although it is prescribed that nurses should perform two visits during pregnancy and five visits in the first year of

life of the child. In 2016 Ministry of health removed all the targeted activities aimed for improvement of health for mothers and children from its preventive Programs, but in 2017 the Ministry adopted measures for coverage of Roma mothers and children with preventive health care with allocated budget for their implementation for the Program for 2018 which is in line with recommendation (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.28, Belgium).

4.3. Access to gynecological services on the territory of Macedonia, and in particular the situation of Roma women, is still inadequate, as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.3.)<sup>viii</sup>. Gynecological clinics on primary level in small urban areas do not exist, and especially in Roma settlements. 56% of the Roma women have never visited or it has been more than three years since the last preventative gynecological examination and 14% of Roma women didn't perform medical check-up in the first trimester during their last pregnancy<sup>ix</sup>. In 2017 gynecological clinic on primary level was opened in the largest Roma municipality in Macedonia, Shuto Orizari, but there are still barriers for access since the doctor is foreigner and does not speak Macedonian or Romani language. In 2017 the Government for the first time adopted specific measures for increased coverage of Roma women with cervical cancer screening in the Program for 2018 which is in line with the recommendation (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.32, Canada).

4.4. Roma still face discrimination in health care settings, as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.4.)<sup>x</sup>. According to ESE 31% of Roma patients faced some form of discrimination in health care settings<sup>xi</sup>. The state didn't undertake any public awareness raising campaigns to ensure non-discrimination among Roma as recommended (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.26, Indonesia).

## **WOMEN'S HEALTH**

4.5. Women are still insufficiently provided with health services regarding reproductive health, including primary level gynecological health care, as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.20.)<sup>xii</sup>. There is lack of gynecologists providing services on primary level (women should chose their gynecologist on primary level in order to access gynecological health care). Currently there are 130 gynecologist on primary level, or one gynecologist per 6.678 women age 14+ years. From 80 municipalities in Macedonia in 34 there is no single gynecologist and in 30 there is insufficient number<sup>xiii</sup>. The prescribed standard in Macedonian legislation is one gynecologist per 3000 women, thus there is lack of 148 gynecologists on primary level. Another noted issue from ESEs work are illegal charges by the primary level gynecologists for the services which according to the legislation are free of charge. As a result, in 2017 only 55% of women age 14+ have registered with gynecologist of primary level, meaning that almost half of the women do not have access to gynecological health care on all levels. In this regard since 2015 the Government adopted a Program with budget allocation in order to provide financial subsidies for doctors conducting specialization (residency) for gynecology, by covering 80% of the costs for specialization. This is in line with the recommendations (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.21, Viet Nam and Congo). The doctors beneficiaries of this measure are obliged to work in primary health care in municipalities with lack of gynecologists. Yet with this measure relatively small number of doctors is supported and it will need several years for them to finish the specialization. Government each year adopts Program for cervical cancer screening, yet it allocates budget to cover only around 20%

of the target population of women (age 24 – 60) and the actual coverage for four year period (2012–2016) is only 18% of the women.<sup>xiv</sup>

4.6. Barriers exist in the health care for mothers and children, which can be noted by the increase of infant mortality rate from 7,6 per 1000 live births in 2011 to 11,9 in 2016. In 2017, 8,5% of the women didn't receive any medical care during pregnancy<sup>xv</sup>, and only 44% of women received first medical control in the first trimester of pregnancy in 2015.<sup>xvi</sup> Factors contributing are the above stated issue of lack of gynecologists, but also non existing activities for health promotion and health education regarding reproductive health by the State. Another noted issue is lack of medical staff and equipment in the maternity wards in Macedonia, which results in situation where 40% of the deliveries in the country in 2017 were conducted in two hospitals in the capital of Skopje (University clinic for gynecology and Special hospital for gynecology)<sup>xvii</sup>. In 2018 the State invited Joint MOH/WHO/UNICEF/UNFPA assessment mission on reversing neonatal mortality trends and improving pregnancy outcome and child health. This mission performed rapid assessment and provided recommendations to the State.

4.7. There is no single modern contraceptive mean (hormonal contraceptives, barrier means) which is covered by the Health Insurance Fund and the women must pay full price, thus the situation remains as noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.22.)<sup>xviii</sup>. This is not in line with the recommendations (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.21, Viet Nam, Congo and Namibia). This situation results for continuation of insufficient use of contraception by the women.

4.8. Comprehensive system for health education is still missing, including reproductive health for young people and other vulnerable groups of the population as it was noted in our joint submission to the 2<sup>nd</sup> cycle (paragraph 4.23.)<sup>xix</sup>. This is not in line with recommendations, (A/HRC/26/10, 2<sup>nd</sup> cycle, paragraph 101.21, Viet Nam, Congo and Namibia).

## **5. RECOMMENDATIONS**

### **Health of the Roma people**

5.1. Introduce system for health statistics disaggregated by ethnicity.

5.2. Conduct nationwide research in order to determine the root causes related to the poorer health outcomes of Roma in comparison to the majority of population.

5.3. Introduce mechanisms and procedure for regular monitoring and evaluation regarding the entire Strategy for Roma inclusion and specifically for the National Action Plan for Roma health.

5.4. Ensure Roma community participation in the processes of preparation, implementation and evaluation of policies aimed for improvement of the health of Roma.

5.5. Adopt and implement measures for increased coverage of Roma people with proper budget allocation within all of the preventive and curative Programs under the Ministry of health.

5.6. Adopt mechanisms for strengthening the primary health care delivery in Roma communities, with main emphasis on Roma women, mothers and children.

5.7. Adopt and implement activities for increased coverage of Roma women with reproductive health services, including health promotion and health education.

5.8. Introduce an efficient system for protection of the rights of Roma people, i.e. system for prevention and elimination of discrimination in health care.

## **WOMEN'S HEALTH**

5.9. Adopt and implement short term and long term measures with proper budget allocation to enable access of all women in Macedonia to the gynaecological health care, especially on primary level, as well as improve the health care in maternity wards on the entire territory of the country.

5.10. Increase budget allocation for all preventive programs under the Ministry of health concerning health of women in order to ensure maximum coverage of the women with these programs.

5.11. Enforce the recommendations from the Joint MOH/WHO/ UNICEF /UNFPA assessment mission on reversing neonatal mortality trends and improving pregnancy outcome and child health.

5.12. Take measures for improving the availability of contraception, such as placing the oral hormonal contraceptive preparations on the positive list of medicines of the Health Insurance Fund of Macedonia and reducing the prices for the barrier contraception means and condoms.

5.13. Introduce of system for comprehensive health education for young people, including the sexual and reproductive health, and special targeted measures for education of vulnerable groups

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<sup>i</sup> International Covenant on Civic and Political Rights and its Optional Protocol; International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol; Convention against Torture and its Optional Protocol; Convention on the Rights of the Child; Convention on the Elimination of All Types of Racial Discrimination; and Convention on the Rights of the People with Disabilities

<sup>ii</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

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<sup>iii</sup> Source: Data analysis conducted by ESE from the publicly available data from the State Statistical office

<sup>iv</sup> Community based survey conducted by ESE and partner Roma organizations among Roma in municipalities of Shuto Orizari, Delchevo, Pehchevo and Vinica. Conducted in 2017.

<sup>v</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

<sup>vi</sup> Source: Data analysis conducted by ESE on the data received from the State Statistical office.

<sup>vii</sup> Community based survey conducted by ESE and partner Roma organizations among Roma in municipalities of Shuto Orizari, Delchevo, Pehchevo and Vinica. Conducted in 2017.

<sup>viii</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

<sup>ix</sup> Community based survey conducted by ESE and partner Roma organizations among Roma in municipalities of Shuto Orizari, Delchevo, Pehchevo and Vinica. Conducted in 2017.

<sup>x</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

<sup>xi</sup> Community based survey conducted by ESE and partner Roma organizations among Roma in municipalities of Shuto Orizari, Delchevo, Pehchevo and Vinica. Conducted in 2017.

<sup>xii</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

<sup>xiii</sup> Data analysis conducted by ESE based on the publicly available data from the Health Insurance Fund of Macedonia.

<sup>xiv</sup> Report prepared by ESE from the process of monitoring and analysis of the programmatic and budget implementation of the Program for cervical cancer screening. 2018

<sup>xv</sup> State Centar for reproductive health of Republic of Macedonia. Perinatalogical results in Macedonia for 2017.

<sup>xvi</sup> Analysis conducted by ESE on the publicly available data.

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<sup>xvii</sup> Analysis conducted by ESE through the working group of experts on maternal and child health and on publicly available data. 2018

<sup>xviii</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada

<sup>xix</sup> Submission to the UN Universal periodic review 18<sup>th</sup> Session of the UPR Working Group submitted 24 June 2013. Joint Submission from Association for Emancipation, Solidarity and Equality of Women-ESE with Citizen Association KHAM, Coalition sexual and health rights of marginalized communities, Health Education and Research Association - H.E.R.A., HOPS- Healthy Options Project Skopje, LGBTI Centre for support – Helsinki Committee for Human Rights, Macedonia, National Roma Centrum, Republic centre for support of persons with intellectual disability – Poraka, Roma Resource Centre, Roma Organization for multicultural affirmation - ROMA SOS Prilep, Open Gate – La Strada