

CRC ADDITIONAL INFORMATION

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Republic of North Macedonia

Prepared and submitted by

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1. Comments on the written Replies of North Macedonia to the list of issues in relation to its combined third to six periodic report (CRC/C/MKD/RQ/3-6)

In this section, we emphasize important issues for which the State needs to provide additional answers and explanations.

Comments on Reply to paragraph 2 (a) of the list of issues (CRC/C/MKD/RQ/3-6)

- The Government should provide an answer on whether they adopted a budget and implemented measures to support online schooling during the Covid-19 pandemic for children from disadvantaged families, including families living in poverty, families beneficiaries of State social assistance, Roma children, and other disadvantaged groups. This is a crucial issue since online schooling imposed by the Pandemic with Covid-19 created an additional barriers to access to education for children from families who do not have access to digital devices and the internet and with parents/guardians with low digital literacy.

- The Government should provide an answer whether they have allocated separate budget funds and undertaken measures for supporting women who suffered domestic violence and their children during the pandemic. The COVID-19 crisis implied increased risk and escalation of domestic violence, as well as an unfavorable economic situation for women survivors, who were/, are not able to compensate for the living costs for themselves and their children, such as rent, food, children's education, etc. Despite the fact that the available social financial support by the State was not sufficient for compensation for these costs, the Government has not established a separate budget fund for financial support for women and their children during the pandemic.

- The Government should provide an answer on measures that will be undertaken to address the continuous negative trend of nonallocation of human and financial resources for the implementation of the national legislative and policy framework for dealing with domestic violence for almost 20 years. Unfortunately, there is disunity between the process of adoption of national laws and policies and their implementation in practice. This trend has continued with the adoption of the National Action Plan for implementation of COE's Istanbul Convention 2018-2023, and the new Law on for Prevention and Protection against VAW and Domestic Violence adopted in 2021¹, when no budget funds were planned for their implementation. As a result, despite the improved policy framework, in practice, there is a lack of implementation, which contributes to non-effective protection and unfavorable situation for women who suffered domestic violence and their children.

- MLSP should publish a report about the implemented campaign, and provide information about the budget funds spent, activities implemented, and impact achieved, including the number of citizens reached and especially the number of women from rural areas and other vulnerable groups of women survivors of domestic violence who are facing limited access to traditional and social media. MLSP should elaborate on which activities were undertaken for improving the institutional response after the victims are reporting the violence, taking into account the inadequate and harmful proceedings of the Centers for Social Welfare (CSW) in domestic violence cases. Namely, domestic violence cases are treated as "disturbed" family relations and women survivors are referred to visit counseling together with the perpetrators and children in order to keep the family together. In 2022

¹ Official Gazette of Republic of North Macedonia No. 08-524/1 from 29.01.2021

CSO's service providers have to sent written information for addressing this problem to MLSP twice, yet there is no response provided by MLSP yet, nor measures taken for improving the proceeding of CSW in domestic violence cases.

Comments on Reply to paragraph 2 (c) of the list of issues (CRC/C/MKD/RQ/3-6)

- The Government should provide an answer when the National action plans for Roma health and education will be adopted and for the budget amount which will be allocated for their implementation. In 2022 Government adopted the Strategy for Roma inclusion for the period 2022 - 2030². To present National action plans are not adopted, thus the Strategy is not operationalized. The last National action plans for Roma health and education ended in 2020³ and currently, there are no valid National action plans which envisage measures for the improvement of Roma children's education and health.

- The Government should provide an answer to whether any measures were undertaken to increase the number of gynecologists at the primary level since they are the basis for conducting prenatal health care services.

- The Government should provide an answer to whether any measures were undertaken to increase the number of pediatricians at the primary health care level.

- The Government should provide an answer to whether any measures were undertaken to increase the number of patronages (visiting) nurses at the primary health care level, in the regions in which there is a noted lack of nurses.

Comments on Reply to paragraph 8 (c) of the list of issues (CRC/C/MKD/RQ/3-6)

- Government should provide answers whether they plan to prepare and implement public campaigns and educational activities to promote vaccination among children, including a plan to combat misinformation and disinformation related to the vaccination of children. Health education and promotion is an important issue in raising immunization coverage rates which according to the State are below the recommended coverage rate of 95%.

2. Information on new developments

This section is divided into two parts: 2.1. noted conditions regarding the issues reported from the period of submission of the CRC Joint Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E) 2.2. Issues that have emerged since the submission of the CRC Joint Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E) until August 2022

2.1. Noted conditions regarding the issues reported in the CRC Joint Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E)

²<https://www.mtsp.gov.mk/content/pdf/2022/Strategija%20za%20inkluzija%20na%20Romite%202022-2030%2003-02-2022%20finalna%20verzija.pdf>

³<https://www.mtsp.gov.mk/dokumenti-642e295b-69e3-4291-acb1-2ce6beb8cdd8.nspix>

Regarding the identified issues in the Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E), from the time of submission until August 2022 the situation is the following:

- There is no publicly available data for the infant mortality rate in 2021 in August 2022, and the last available data is from 2020⁴. Improvement is noted regarding the infant mortality rate which has decreased from 11,9 per 1000 live births in 2016 to 5,7 per 1000 live births in 2020. Yet infant mortality in North Macedonia has had high oscillations in the past 15 years and close monitoring of the situation is needed.
- The number of gynecologists on the primary level is still not sufficient to cover all the women as it is prescribed by the Government (1 gynecologist per 3000 women above the age of 14⁵), although the number of gynecologists which has contracts with Health insurance funds in 2022 is 164⁶, which has increased from 136 in 2017⁷.
- The number of pediatricians in primary health care (working in institutions that have a contract with Health insurance funds) decreased to 98 pediatricians in August 2022⁸, compared to 113 pediatricians in 2020⁹.
- The Government removed all activities and budget for health education of mothers and children in the Program for active health care of mothers and children in North Macedonia in 2022¹⁰. As a comparison in the Program for active health care of mothers and children in 2018¹¹ Government planned and allocated a budget for 20 educational workshops on the topics of child health, immunization, healthy pregnancy and motherhood, and breastfeeding which were aimed at Roma and rural communities, as well as preparation and printing of educational material on the topics of child health and immunization.

2.2. Issues that have emerged since the submission of the CRC Joint Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E) until August 2022

In this section, we are presenting issues that have emerged since the submission of the CRC Joint Alternative Report in 2020 (INT_CRC_NGO_MKD_43796_E) until August 2022. Issues presented either happened as new developments in this period or were preexisting but identified through our work in this period.

⁴ Source: State statistical office - <https://www.stat.gov.mk/KlucniIndikator.aspx> (accessed on August 12th, 2022)

⁵ Bylaw regarding the network of health care facilities adopted by the Government of Republic North Macedonia. Official Gazette no. 81/2012.

⁶ Source: Health insurance fund of North Macedonia - <http://arhiva.fzo.org.mk/?section=lekaripzz&tipDog=3> (accessed on August 12th, 2022)

⁷ Reported in INT_CRC_NGO_MKD_43796_E

⁸ Source: Health insurance fund of North Macedonia - <http://arhiva.fzo.org.mk/?section=lekaripzz&tipDog=1> (accessed on August 12th, 2022)

⁹ Reported in INT_CRC_NGO_MKD_43796_E

¹⁰ Program for 2022 is available on - <http://zdravstvo.gov.mk/wp-content/uploads/2022/02/PROGRAMA-ZA-AKTIVNA-ZDRAVSTVENA-ZASHTITA-NA-MAJKITE-I-DETSATA-VO-REPUBLIKA-SEVERNA-MAKEDONIJA-ZA-2022-GODINA.pdf>

¹¹ Program for active health care of mothers and children in 2018 - <http://zdravstvo.gov.mk/wp-content/uploads/2018/02/Programa-majki-deca-2018.pdf>

- ✓ **Identified issue** - In February 2022 the Government deleted the budget item for covering costs for health care services for prenatal care and health care services for delivery for women which are not covered with health insurance from the Program for active health care for mothers and children for 2022¹²

Description of the issue

The government of the Republic of North Macedonia in its Program for active health care of mothers and children each year until 2021 adopted a budget to cover full costs for health care services during pregnancy and for health care services for delivery in maternity wards in public health institutions for women which are not covered with health insurance. This Program is adopted by the Government and prepared and implemented by the Ministry of health. From February 2022 there are no State funds to cover these costs for the women who are not covered with health insurance. Thus women not covered with health insurance should cover these costs out of pocket. The amount which was reduced from the Program for this purpose is 120.000 MK Denars or approximately 2.000 Euros, compared with the budget of the Program in 2021.

Association ESE addressed the Ministry of health with a demand for this budget item be reintroduced into the Program. The Ministry of Health representative replied that this budget item is removed since according to the Law for health insurance all citizens in North Macedonia are entitled to the right to health insurance.

Yet in reality, not all citizens are covered with health insurance. According to the Annual report for 2020 of the Health insurance fund of North Macedonia¹³ in the year 2020, 90% of the population in North Macedonia was covered with health insurance.

Another issue is that there are cases when women for different reasons are not covered with health insurance for a certain period of time. Following are three case studies from women who were not covered by health insurance for a certain period of time¹⁴. All of the interviewed women were in the reproductive period.

“Roma Woman S.S. 22 years old from Delchevo, North Macedonia was not covered with health insurance for a period of four months. She was employed during that period but she did not have health insurance because the owner of the company where she worked did not pay the contributions for her health insurance to the Health insurance Fund of North Macedonia, and after a short period the company went into bankruptcy. After the company went into bankruptcy she needed to complete an administrative procedure in order to be entitled to the right to health insurance as an unemployed

¹² Program for 2022 is available on - <http://zdravstvo.gov.mk/wp-content/uploads/2022/02/PROGRAMA-ZA-AKTIVNA-ZDRAVSTVENA-ZASHTITA-NA-MAJKITE-I-DETSATA-VO-REPUBLIKA-SEVERNA-MAKEDONIJA-ZA-2022-GODINA.pdf>

¹³ <https://fzo.org.mk/WBStorage/Files/Godisen%20izvestaj%202020.pdf> (page 1, Accessed on August 10th, 2022)

¹⁴ Source: community research conducted by Association for emancipation, solidarity and equality of women – ESE and Roma NGO KHAM from Delchevo, North Macedonia in 2022. - **(Please note: This is a draft version and is not aimed for public sharing)**

<https://drive.google.com/file/d/1nEUfJM6HAJuxu5t2q35wPdnHDN0BEfG8/view?usp=sharing>

person. The administrative procedure period took almost one month and during this period she was also not covered with health insurance. At the moment of the interview, the woman already had obtained the right to health insurance as an unemployed person.”

“Roma woman F.A. 40 years old from Delchevo, North Macedonia was not covered with health insurance for a period of six months. She was employed but at one point both she and her husband were left without a job. Because her annual income in the previous calendar year was above 254.000 MK Denars (approximately 4.100 Euros)¹⁵ when she was unemployed in order to obtain the right to health insurance she had to pay a monthly amount of 1.500 MK Denars (approximately 25 Euros) to the Health Insurance Fund. Since in that period both spouses did not have a job this was a very high amount for them to pay each month. Thus they waited to find another job, and after six months of unemployment they found a new job, and then she was covered with health insurance as an employed person.”

“Roma woman A.A. 37 years old for eight months is not covered with health insurance. The reasons are the same as for the woman F.A. previously described. Woman A.A. after eight months can not find a job and at the moment of the interview, she is not covered with health insurance. She said: “Who will hire me now since I have a chronic health condition”. She stated that she must wait until March 2023 (the interview was conducted in April 2022) in order to be entitled to free of charge health insurance as an unemployed person.”

Another Roma CSO (Romano Chachipe from ShutoOrizari, Skopje) had a client¹⁶, a pregnant woman not covered with health insurance. Her date for delivery was approaching and when she went to the hospital for admission, the hospital administration demanded from her to pay 100 Euros in advance in order to be admitted to the hospital for delivery.

From the reports and case studies, it is clear that not all people at all times are covered with health insurance. Health care during pregnancy must be conducted according to strict protocols and certain examinations must be conducted during the exact period during pregnancy. Being without health insurance for four, six, or eight months is too long for a pregnant woman. Delivery needs proper quality health care without any delay.

Thus the removal of the funds for covering health services for pregnant women poses a great risk for the health of the women and children, as well as for the proper development of the child. Especially having into consideration those women which are not covered with health insurance come from disadvantaged and marginalized communities.

- ✓ **Identified issue:** In cases when parents/guardians are not covered with health insurance, children are also not covered with insurance, since children obtain the right to health insurance on basis of family members i.e. through their parents/guardians

As described in point 3.1. in this document, in cases similar to the elaborated case study of Roma woman F.A., where both parents became unemployed at the same time and cannot afford to pay for

¹⁵ According to the Law on Contributions for Mandatory Social Insurance (Official Gazette no. 142/2008) for an unemployed person to be entitled to a free of charge health insurance his/hers annual income in the previous calendar year must be below the annual income from the minimal wage which is guaranteed by Law. Exception is if the person in the last two months had monthly income which is lower than the minimal wage.

¹⁶ Woman client was identified through the paralegal work of Roma NGO Romano Chachipe.

health insurance, that means that also their children will not be covered by health insurance. Thus parents/guardians must pay privately (out of pocket) for all health care services for their children, regardless of whether the services are obtained in public or private health institutions. This represents a great obstacle to access to health care for children from poor and vulnerable families, as described in the case studies under point 3.1. in this document. This situation might result in a negative impact on the health and well-being of children. Exemption from this is vaccination and preventive medical check-ups, which are free of charge for all children regardless of their insurance status. It should be noted that this is a situation that is persisting for many years.

- ✓ **Identified issue: Children from families who are living in poverty and are beneficiaries of State social assistance must pay co-payment for dental health care services and purchase of prescribed medicines, although they are not paying co-payment for other health care services.**

Description of the issue

The Government through a Program¹⁷ covers the costs for co-payments for health care services conducted at doctor's specialists and for in-hospital treatment for citizens beneficiaries of social assistance and for their children. Yet with this Program, the Government does not cover co-payment for dental health care services and co-payment for purchasing the prescribed medicines. Children are only entitled to free-of-charge preventive dental examinations and filling of dental fissures of the first permanent teeth¹⁸. But for any other dental procedure, they must pay a copayment, and for many dental services for children, amounts are rather high. Having in consideration the level of poverty in which these people are living and their vulnerability, these costs represent a great burden on their family budget and are a great obstacle to access to dental health services and access to medicines. These issues might result in a negative impact on the health and well-being of children from the poorest and marginalized families.

3. Recommendations

- Government shall make publicly available the data regarding infant mortality rate in 2021, disaggregated by main characteristics of the mothers and pregnancy and birth-related conditions, including but not limited to the following: 1) Data for mothers: age, ethnicity, statistical region, socio-economic status, health conditions. 2) Data related to pregnancy and birth: gestational age of the newborn, weight of the newborn, number of health care services received during pregnancy, and other relevant data.

- Government shall adopt budget items and allocate funds in order to cover all costs for prenatal health care and for health care during the delivery for all women who are not covered with health insurance. All women without health insurance must be entitled to this right, regardless of the

¹⁷ Program for providing funds for in-hospital treatment without paying co-payment for pensioners and for providing funds for health care services at doctor specialists and in-hospital treatment for the beneficiaries of the Social assistance and for the members of their families in Republic North Macedonia in 2022 (Official Gazette no. 33/2022)

¹⁸ Program for preventive medical examinations of pupils and students in Republic of North Macedonia in 2022 (Official Gazette no. 33/2022)

reasons for not being covered with health insurance. Government shall eliminate all bureaucratic procedures which may prolong or represent an obstacle for women to fulfill this right.

- Government shall amend the Law on health insurance and shall allocate budget funds in order to ensure that all children are covered with health insurance, regardless of the health insurance status of their parents/guardians.

- Government shall adopt measures and shall allocate budget funds to cover co-payment costs for all dental health services and costs for co-payment for prescribed medicines in primary health care for children from families which are beneficiaries of State social assistance.

- Government and relevant ministries shall adopt budget items and allocate funds and human resources in order to implement the Law on Prevention and Protection against VAW and Domestic Violence. A separate State fund should also be established for the provision of financial support for the compensation of living costs for women who suffered domestic violence and their children;

- MLSP should publish monitoring and evaluation reports from the implemented preventive campaigns, and overall measures undertaken for the implementation of the national legislative and policy framework for dealing with VAW and domestic violence. MLSP should provide information on whether measures were undertaken for addressing the harmful proceeding of CSW in domestic violence cases.