

REPUBLIC OF MACEDONIA

Submission to the UN Universal Periodic Review

18th Session of the UPR Working Group

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**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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1. INTRODUCTION

1.1. The **Association for Emancipation, Solidarity and Equality of Women-ESE** develops and assists the women's and civic leadership for promotion and implementation of human rights and social justice in our society since 1995. By promoting and advancing the human rights, we improve the social and economic justice. We are especially dedicated to the work in the area of promotion and improvement of the health and women's human rights.

1.2. In cooperation with 10 other civic organizations, and supported by the Foundations Open Society from New York and Macedonia, we prepared **this submission** as part of the second reporting cycle of RM to the Universal Periodic Review, **whereby we indicate the problems and recommendations for improvement of the health of Roma people, people living with HIV/AIDS, LGBT population, drug users, sexual workers, women, people with intellectual disability and victims of human trafficking.**

2. NORMATIVE AND INSTITUTIONAL FRAMEWORK

2.1. Republic of Macedonia has signed and ratified many international and regional documents¹. Republic of Macedonia has still not signed and ratified the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights and 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 on human rights was noted in the previous cycle of the Universal Periodic Review of Republic of Macedonia.

3. CONSTITUTIONAL AND LEGAL FRAMEWORK

3.1. The health system, health care and rights and obligations of health workers, institutions and patients in RM are regulated by a range of laws. The right to health and health care is guaranteed by the Constitution whereby „every citizen is guaranteed the right to health care“ and „the citizen has the right and obligation to maintain and improve his/her own health and the health of the others“. In accordance with the Constitution, several laws were adopted in the period 1991 onward, such as: Law on Health Care², Law on Protection of Patients' Rights³, Law on Health Insurance⁴, Law on Public Health⁵, Law on Mental Health⁶ and other laws in the sphere of health.

3.2. There is a continues trend of producing laws, policies and plans which do not result in making progress regarding the enjoyment and exercising of the human rights in the country. Health rights are not exception to this. The enjoyment and exercising of the health rights are largely affected by the frequent health care reforms. A new Law on Health Care was adopted in the course of 2012 which terminated the 20 years long validity of the old law. The professional and general public characterized the adoption process of the new law as non-transparent, non-inclusive and mostly as an expressly adopted law. Namely, the Law on Health Care was adopted in a shortened legal procedure, although it had been drafted a year and a half before its submission to the Parliament. During the adoption and reviewing of the draft law only one public hearing was held, whereby the representatives from the chambers, professional associations, associations for patients' rights, civil organizations, and academia requested that the draft law is withdrawn from the parliamentary procedure and all stakeholders should be given opportunity to participate in the process of drafting. The same happened with regard to the new Proposal for a Law on Pregnancy Termination, which the Government of RM proposed to be adopted in a shortened procedure on 28.05.2013, thus it limited the possibility for any wider considerations of the proposed law and debates concerning the law among the health workers, civic organizations and citizens.

3.3. The level of awareness among health care providers about their obligations regarding the patients' human rights and their own human rights in the delivery of health care remains

on very unsatisfactory level. Neither patients are aware of their human rights in health care settings. One important step forward was the adoption of the Law on Patient's Rights in 2008. However, the data obtained by ESE⁷ show that the introduced mechanisms on local and national level with primary aim to serve as points where patients should report the violation of the rights regulated under this law, have not yet been established⁸. The Ombudsman, as one of the mechanisms to ensure the protection of health rights, is not sufficiently utilized. Namely, in the last four years, the submitted complaints for violation of health rights account for 1,9 %-3,8 % from the total number of complaints. The Commission for Prevention and Protection from Discrimination does not keep separate records about submitted complaints in this area; therefore one cannot evaluate its functionality. With regard to the offences against people's health (non-provided medical aid and negligent treatment of patients), there have been only four procedures initiated⁹ for the second offence in the period 2009-2012.

4. HEALTH RIGHTS FROM THE PERSPECTIVE OF DIFFERENT VULNERABLE GROUPS (HEALTH OF ROMA PEOPLE)

4.1. The unfavorable socio-economic and living conditions, accompanied with barriers in the access to health services contribute towards the less favorable health status and shorter life expectancy of the Roma compared to the majority population. According to ESE¹⁰, 45% of Roma men and 64% of Roma women suffer from chronic diseases. Furthermore, 73% of the people with chronic diseases cannot afford the necessary medication. Health statistics in Macedonia is not disaggregated by ethnicity, and the competent institutions do not dispose of the relevant data about the health status of Roma. The lack of such data is one of the main problems related to the identification of long-termed and sustainable solutions for promotion of the health and the access to health services of the Roma. In addition, the poor health status of Roma results from non-implementation of the policies for promotion of the health of Roma, such as the 2005-2015 Strategy for Roma in RMacedonia and the National Action Plan for Health. The reviewed plan for health for the period 2012-2015 does not exist. Also, only four of the total of 84 municipalities has adopted the local action plans for health of the Roma¹¹.

4.2. Roma mothers and children are insufficiently provided with preventive health care, including immunization, health education and visits by the community nursing service. Namely, Roma children are twice as much exposed to the risk of wasting and stunting compared to the children of Macedonian and Albanian ethnicity¹². The monitoring and survey conducted in 15 Roma settlements¹³, showed that there is insufficient coverage of Roma children with vaccination (under the national average of 95 %), and with other preventive health services. Namely, the coverage of Roma children aged 0 – 6 for different vaccines in different municipalities accounts for 20%- 90%. This situation results from the lack of foreseen specific activities aimed for the Roma under the preventive health care program, whereas the foreseen activities are not adequately implemented¹⁴.

4.3. Access to gynecological services on the territory of Macedonia, and in particular the situation of Roma women, is inadequate. Gynecological clinics in small urban areas do not exist¹⁵, especially in the Roma communities. According to ESE¹⁶, there is inadequate coverage of Roma women with antenatal health care, i.e. 21% have not had a single medical check-up during the pregnancy. Data provided by H.E.R.A. and Roma S.O.S. show that more than 50% of Roma women encounter barriers regarding the utilization of this type of services, such as additional illegal charging for the services that are covered by the health insurance and poor quality health services¹⁷. The rate of use of contraception among Roma women is especially low, which results from their ignorance about contraception, and also due to their high prices. According to ESE, during the last year 26% of Roma women did not use any type of contraception, as opposed to 10% of Macedonian women. The abortion rate

is especially high among Roma women, i.e. 34% of them had at least one abortion in their life, compared to 13% of Macedonian women¹⁸.

4.4. According to the data provided by the competent institutions for anti-discrimination, Roma are discriminated against in the exercising of their health rights¹⁹. According to the information of the civic organizations, Roma are faced with procedures for illegal operation of the medical institutions, i.e. they are charged higher participation fee than the fee specified by law, without being issued a fiscal bill or their personal identification documents are retained if the participation fee for health services is not covered²⁰. It has been observed that there are cases when family gynecologists refuse to register pregnant Roma women as patients, as they believe that they cannot charge them for the health services²¹. One factor that contributes to the inappropriate treatment of Roma is the lack of Roma medical staff. Although official data about the employed Roma in the medical institutions do not exist, yet the data indicate to low employment rate of the Roma²².

4.5. Inability to acquire the right to health insurance is a still prevalent among the Roma. This situation results from frequent legislative changes, complex administrative procedures and inadequate conditions which are prescribed to acquire the right. The situation of unemployed Roma with monthly income over 131 Euros is particularly unfavorable, as they are obligated to pay the health insurance²³. Scarce and untimely information regarding the access to and manner of exercising the health rights, as well as the inexistence of personal identification documents²⁴ represent serious obstacles in the realization of the right to health insurance and health care.

(HEALTH OF THE PEOPLE LIVING WITH HIV/AIDS)

4.6. The most significant strategic document referring to the people living with HIV/AIDS is the National Strategy on HIV/AIDS, which is adopted every five years. The current strategy adopted in 2013 refers to the period from 2012 – 2016. The Program for Protection of the Population from HIV/AIDS is of the same significance as it provides the definition and budgeting of the activities in this area. Since 2011, preventive activities from the program have been drastically reduced, and the biggest part of the program budget is allocated for procurement of antiretroviral therapy. In the recent years, the program is also subjected to financial cuts that exceed 30%. This results in inadequate fulfillment of the real need of the people living with HIV.

4.7. People living with HIV/AIDS are faced with the lack of antiretroviral medication. Namely, the system for supplying these medications is unsustainable and leads to delays in the procurement and exhausted reserves and further creates the risk of having the therapy terminated. Terminated therapy directly endangers the health and life of people living with HIV. Since 2005, the procurement of antiretroviral therapy was made through the Global Fund to Fight AIDS, Tuberculosis and Malaria until 2011 when the obligation was undertaken by the state. However, regardless of the undertaken obligation, the procurement of these medicines in 2011 and 2012 continued to be done through UNICEF. This ensures the procurement of part of the most necessary medicines under exceptionally low prices. The procurements under this mechanism are contrary to the Law on Public Procurements²⁵. Moreover, the experiences show that all medication that is recommended for therapy by WHO and the European AIDS Clinical Society for certain number of patients cannot be provided through UNICEF. In particular, this refers to the so-called third line of therapy. The medication which is procured in this way is not registered in Macedonia, which means that procurements continuously rely on the so-called intervention import. The most recent example is the lack of the medicine with generic name Nevirapine, that is used by 13 patients. The medicine was not available for use in the period from 13. 12.2012 until 4.02.2013²⁶.

4.8. The lack of willingness by the state to introduce functional procurement mechanisms practically results in having no consideration about the need to register bigger number of

medicines for treatment of these people, including the placement of these medicines on the positive list of the Health Insurance Fund of Macedonia- HIF. Thus, in RMacedonia there are only six antiretroviral preparations which are registered²⁷, in comparison with the countries from the region which have registered a bigger number of medicines. Among the registered medicines, only three²⁸ (zidovudine, didanosine and indinavir) are currently covered by the HIF. According to the WHO, one of them (indinavir) should be eliminated from use. According to evidence-based medicine and WHO²⁹, these three medicines cannot be used to make a combination for antiretroviral treatment. Contrary to our country, most of the countries in the region include the antiretroviral therapy in the List of medicines which are covered by the HIF, and each of them includes at least 15 medicines³⁰. Furthermore, there are no available pediatric formulations of therapy for children living with HIV in our country³¹. At the end of 2012, there was an urgent need for treatment of HIV-infection in a 6 years old child.

4.9. People living with HIV do not have access to free vaccines against Hepatitis B, influenza and Haemophilus Influenza Type B. The 2013 Program for mandatory immunization of the population³² foresees the mandatory immunization for the stated diseases in people with established immunodeficiency, including the people living with HIV. The Clinic for infectious and febrile conditions, as the only reference institution for treatment of HIV, has not received vaccines from the Ministry of Health, although patients with HIV have submitted official requests³³ in March 2012 and 2013.

(HEALTH OF THE LGBT POPULATION)

4.10. There is a highly expressed homophobia and transphobia, which is in particular evident through the numerous statements and hate speech for the LGBT population by high-ranked representatives of state institutions, the church and certain media³⁴. The ignorant and non-judgemental policy of the state towards the presented statements in public, and the activities towards the LGBT population are of great concern. Thus, this situation results in inadequate treatment of these people by the health workers, as well as in distrust of these people in the health system. There are no specific health policies and programs that regulate the status, issues and problems encountered by these people. With regard to discrimination, it is worth mentioning that the Law on Prevention and Protection from Discrimination does not include the sexual orientation and gender identity as expressed grounds of discrimination.

4.11. Health workers, who are familiar with the identity of these people, treat them with scorn and fear, which further influences the availability and quality of health services for these people. The inadequate treatment can be confirmed through cases of enforced treatment of homosexuality by prescribing hormonal therapy and anti-depressants. In order to avoid such treatment, LGBT people hide their identity and avoid requesting health services. When they do request health services that is done with delay or in cases of emergency. Some of them receive the necessary health and social protection through the civic sector.

4.12. Such treatment is largely due to the contents in certain textbooks³⁵ used at the Faculty of medicine (medical pedagogy, psychiatry and developmental psychology), which include interpretations, considerations and classification of the sexual orientation and gender identity which are contrary to the International classification of diseases (according to which sexual orientation is not classified as a disease). There are no training programs for the health workers that ensure the provision of health care that takes into consideration the needs and the dignity of the LGBT population.

4.13. There is no protocol for health care and treatment of transgender people³⁶. Transgender people do not have access to sex reassignment surgery in and outside of Macedonia. Namely, the Health Insurance Fund on two occasions rejected the requests for

treatment abroad for the aforementioned surgery. Therefore, these people were forced to personally pay the services.

4.14. There is no adequate legislative framework that regulates the status of the intersex people and there are no protocols for their treatment. Yet, the data³⁷ from the Health Insurance Fund show that in the period from 2009 to 2012, there were eight (8) registered hospital treatments of intersex people (diagnosis per MKB from Q 56.X).

(HEALTH OF DRUG USERS)

4.15. Treatment for drug addiction is provided by public health institutions and several private psychiatric practices. Every year, funds are allocated under the Program for health care of people with addictions, which are spent for implementation of the addiction treatment programs. Treatment for drug addiction is carried out in 10 towns in R.Macedonia³⁸. The National Strategy for Drugs, on the other hand, specifies the priorities in the actions in order to tackle this problem, i.e. foresees measures for treatment, rehabilitation and harm reduction on national level³⁹. One of the specific goals of the strategy is the coordination on local level, and accordingly the local coordination body for the City of Skopje was established and the Local strategy for drugs was adopted⁴⁰.

4.16. Drug users, especially in Skopje are faced with limited access to the programs for addiction treatment. In 2012, total of 424 people were included in methadone therapy treatment. Although there are no official data about the number of users that inject drugs, according to the assessment of the Public Health Institute there are around 3.200-4.000 people in Skopje who inject drugs⁴¹. From these data, one can conclude that more than 3.000 drug users are not receiving the treatment. Since 2005, funds are provided through the Global Fund to Fight AIDS, Tuberculosis and Malaria for opening centers for treatment in the City of Skopje, however, no major progress has been achieved so far. For instance, the initiative for launching a treatment program in the municipality of Suto Orizari, regardless of the provided premises and funding, did not start operating because of the pressure of the local population. Thus, many Roma people cannot receive treatment due to financial and geographic inaccessibility of the program in Skopje. Therefore, these people are enforced to travel 80 km a day to receive therapy⁴².

4.17. Another special problem is the inexistence of treatment for addiction of the people below the age of 16. The data provided by HOPS⁴³ show the increase in the number of children who use drugs, as well as decline in the age when they start using drugs. According to the valid regulations, treatment for addiction is available to people above the age of 18, whereas people aged 16-18 can only receive the treatment under certain conditions, among which is the consent given by parents. In this context, there is no possibility for treatment based on evidence-based medicine for people under the age of 16.

(HEALTH OF SEXUAL WORKERS)

4.18. Sexual workers are visible only in the strategic documents related to the health, i.e. as group at risk of HIV.⁴⁴ Although it recognizes the need for special treatment of sexual workers, yet, in practice very few interventions have been made to enable the smooth exercising of their health rights. The state has not yet provided programs and services that respond to the needs of the sexual workers. In the provision of health services they are often discriminated, and depending on their gender, gender identity, health status, ethnic or social background they suffer from triple discrimination. According to the data from HOPS⁴⁵, there are documented cases of serious violations of their health rights, such as: inability to select a pediatrician for their children; they are enforced to wait last in the line to receive a gynecological service; and there are cases of coerced HIV and Hepatitis C testing before childbirth.

4.19. The most obvious example about the treatment of sexual workers in our country is the case of inflicted violation to these people during the police action “**Street prostitution**”⁴⁶. Namely, in November 2008, 23 sexual workers were apprehended and held in the police station during the whole night. The next morning, without their consent they were tested for HIV, Hepatitis and other STD and then were released. Seven sexual workers with positive Hepatitis C results were convicted to probation for “engagement in sexual activity that causes the transmission of an infectious disease⁴⁷”, without having proved the disease or having established the damaged party in the procedure⁴⁸.

(WOMEN’S HEALTH)

4.20. Women are insufficiently provided with health services regarding their reproductive health, including the primary gynecological health care, and there is dissatisfaction regarding the health services provided during the childbirth. Namely, according to ESE⁴⁹ only 60% of women have chosen their family gynecologist, whereby the coverage with family gynecologist is lower among women from rural areas (49%) as opposed to women from urban areas (63%). Important factor related to the availability of gynecological health services is the distance of the medical facilities to the women’s place of residence⁵⁰. With regard to the antenatal health care, according to ESE⁵¹ 17% of the women had less than four medical check-ups during the first pregnancy, whereas 2% did not go for any medical check-up. The biggest problem regarding the regular medical check-ups is the distance of the medical facilities and the lack of sufficient funds. Less than 25% of the women visited counseling offices and education during the first pregnancy⁵². Dissatisfaction from health services during the childbirth was expressed by around 40% of the women⁵³.

4.21. Barriers exist with regard to the availability of the health services in the sphere of mental health. According to ESE⁵⁴, only 32% of the women stated that the medical facilities are at distance below 3 kilometers from their home, whereas 35% of the women do not know where these facilities are located. Discrimination and prejudices that the community has towards the people using these services are the basic barriers regarding the use of these services.

4.22. The use of contraception by the women in the reproductive period is insufficient, and abortion is still used as method for family planning, in particular by married women. According to ESE⁵⁵, 6% of women in reproductive period in the last year used oral hormonal contraception; 2% used barrier contraception methods; 14% used the traditional methods of contraception (interrupted intercourse and calendar-based method), and most of them used a condom (22%). This situation results from insufficient information that women have about separate contraception means, the fear from harmful effects on the health and the opposing by the partner. In addition, not a single oral hormonal contraceptive preparation is included on the positive list of medicines of the Health Insurance Fund, i.e. women should pay the full price for the preparations. With regard to abortion, according to ESE⁵⁶ 15% of the women in the reproductive period have had at least one abortion in their life, or in average every woman has had two abortions in her life. The majority of the women were married in the period when they had the abortion (58%). The most frequently stated reason for abortion is the unfavorable socio-economic conditions. Concerning the health services related to abortion, only 37% of the women stated that they received counseling about the use of contraception when abortion was performed. One can notice a lack of family planning between the spouses, i.e. 21% of the women who had given birth stated that their first child was not planned to be born in the respective time period.

4.23. Comprehensive system for health education is missing, including the reproductive health of young people and vulnerable groups of the population.

(HEALTH OF THE PEOPLE WITH INTELLECTUAL DISABILITY)

4.24. The 2010-2018 National Strategy for Equal Right of the People with Disability, specifies nine measures⁵⁷ for promotion of the health of the people with disabilities. In 2004, National coordination body was established, and there is a task force on health that functions in the framework of that body.

4.25. Certain age group of people with intellectual disability is faced with limited access to free health care, treatment and medication. Namely, the Law on Health Insurance stipulates the exemption from participation in the use of health care services only for children, i.e. for people with intellectual disability up to the age of 26, but not afterwards. Furthermore, the Law on Health Care do not stipulate attendant of the person with intellectual disability during the use of hospital health care above the age of 3. This limits and/or prevents the communication between the patient with intellectual disability and the medical staff, which is a requirement for effective health care.

4.26. Specialized health services, programs and facilities for children and people with intellectual disabilities are provided only on national level⁵⁸.

4.27. People with intellectual disability and their parents are often faced with inadequate attitude by the medical staff, especially in the specialist consultative health care and hospital facilities. 57% of the interviewed people with intellectual disability and their parents are dissatisfied from the health services⁵⁹.

4.28. The system for assessing the specific needs of the people with physical and intellectual disability is obsolete and insufficiently developed. The assessment (categorization) is carried out by several regional committees and furthermore, the findings and the opinion from the assessment do not include the list of needs and recommendations for further treatment of these people.

4.29. The people with intellectual disability are faced with different problems regarding the supply of the necessary medication: most often the medicines are very expensive, the medicines are not on the positive list of medicines or can not be regularly found.

(HEALTH OF THE VICTIMS OF HUMAN TRAFFICKING)

4.30. The priorities of the actions set in the area of prevention and suppression of human trafficking have been foreseen in the National strategy and the Action plan for fight against human trafficking and illegal migration⁶⁰, whereby one of the key priorities is as follows: provision of free-of-charge health care and free legal assistance to the victims of human trafficking according to standards specified in the SOP⁶¹. In the National commission for fight against human trafficking and illegal migration, which was established by the Government, there is a representative from the Ministry of health, who should be making efforts for the implementation of the afore-mentioned priority. Individuals, who are victims of human trafficking, are placed at the Center for victims of human trafficking on basis of their previous identification⁶². This shelter initially started to work in 2005 as part of Open Gate – Otvorena Porta⁶³.

4.31. The state does not provide financial and institutional support for ensuring the health care for the victims of human trafficking. According to the data from Open Gate⁶⁴ in the period from 2005-2013, there were 118 identified individuals as victims of human trafficking, whereby 88 individuals used the services in the state shelter for victims of human trafficking. In most of the cases, the victims were placed in the shelter on long-termed basis and needed the following health services: medical and gynecological examinations, laboratory tests, testing for HIV/AIDS and Hepatitis A, B and C, TBC, dental examination etc. The medical examinations were conducted both in public and private medical facilities, depending whether the victims had health insurance. It is worth noting that the Ministry of Labor and Social Policy provides only 17% of the funds for the operation of the shelter, and therefore given the lack of funding, the health care of the victims of human trafficking is provided only

by Open Gate. The care for the mental health (psycho-social assistance and counseling) of the victims of trafficking is also provided with funding from the organization.

4.32. Some of the individuals who are victims of human trafficking, although they possess health insurance coverage⁶⁵, still they face problems in the exercising of their rights to health because they are placed in the shelter in Skopje, and their family doctors are most often from other towns or others do not have their family doctors. Therefore, they are having problems with the supply of medicines and the use of higher levels of health care.

5. RECOMMENDATIONS

5.1. For the purpose of overcoming the respective situation and improving the health, the state should consider the possibility of undertaking the below stated recommendations.

5.2. Health of the Roma people

- ❖ Introduce system for health statistics disaggregated by ethnicity
- ❖ Introduce mechanisms and procedure for regular monitoring and reporting about the measures specified in the National Action Plan for health and preventive health programs
- ❖ Foresee and implement measures for increased coverage of Roma children with vaccination as well as other preventive health services for mothers and children and adequate budget allocation for the respective implementation
- ❖ Open gynecological clinics in Roma settings and creating possibilities for free gynecological examinations for all women by specifying the list of clearly defined gynecological services that family gynecologist offers free of charge, as well as precisely specified price for all other services and participation fee paid by the insureds in the total cost of the health service; and introduction of contraception in the list of medication which is on the burden of the Health Insurance Fund of Macedonia
- ❖ Introduce an efficient system for protection of the rights of Roma people, i.e. system for prevention and elimination of discrimination in health care, as well as foreseeing special measures and activities for providing scholarships and financial assistance to Roma students in the secondary medical schools and faculties of medicine, dental medicine and pharmacy.
- ❖ Increase the coverage of Roma with health insurance through timely and continuous promotion of legislative changes, procedures and obligations for the citizens, which is adjusted to their social and educational status

5.3. Health of the people living with HIV/AIDS

- ❖ Introduce functional mechanism for procurement of antiviral therapy in accordance with the domestic legislation
- ❖ Register of more medicines for these people, and those medicines should be put on the burden of the Health Insurance Fund in accordance with the WHO recommendations and the existing practice in the neighboring countries
- ❖ Supply of the necessary vaccines for immunization of people living with HIV in accordance with the Program for mandatory immunization of the population

5.4. Health of the LGBT population

- ❖ Undertake urgent measures towards promotion of tolerance for diversities, including tolerance for the people with different sexual orientation and gender identity, thus publicly condemn homophobic and transphobic speech and violence towards LGBT population
- ❖ Foresee sexual orientation and gender identity as expressed grounds of discrimination in the Law on Prevention and Protection from Discrimination
- ❖ Undertake measures to train the medical staff and medical associates regarding the discrimination and health needs of the LGBT population
- ❖ Conduct review of the teaching contents and textbooks at the Faculty of medicine and those should be withdrawn if they are not in accordance with the existing classification of diseases
- ❖ Draft a protocol for health care and treatment of transgender people and protocol for intersexual people
- ❖ Provide specialization for the medical staff in the relevant areas of specialization in order to ensure quality health services to the transgender people according to professionally established standards

5.5. Health of drug users

- ❖ Ensure easy and safe access to treatment for the drug users in all municipalities on the territory of the City of Skopje
- ❖ Adopt protocol for treatment of children addicted to drugs regardless of their age and launching evidence-based treatment programs for children and trained medical staff, including programs for rehabilitation and resocialization of children

5.6. Health of sexual workers

- ❖ Introduce programs for social and health services that respond to the specific needs of sexual workers
- ❖ Undertake measures for elimination of stigma towards sexual workers which is present among health workers

5.7. Women's health

- ❖ Introduce measures to enable universal coverage of women with gynecological services in the primary health care and antenatal health care on the whole territory of the country, as well as taking measures to improve the health services in the maternity wards
- ❖ Take measures to improve the availability of health services regarding the mental health
- ❖ 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
- ❖ 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

5.8. Health of the people with intellectual disability

- ❖ Foresee legal solutions to provide free of charge health care, treatment and medication for all people with intellectual disability without age limitations, and based on their inability for independent life and work
- ❖ Open: centers (developmental counseling offices) to monitor the children born at risk factor; specialized health facilities, programs and services for prevention, early detection, diagnostics, early treatment and rehabilitation of children and people with intellectual disability; and services for counseling support for the people with intellectual disability and their families
- ❖ Take concrete measures for giving information, education and reducing the prejudices among the medical staff
- ❖ Introduce of legal solutions that enable the family doctor to recommend the patient with intellectual disability an attendant during the hospitalization in the hospital, without any age limitations
- ❖ Open of more assessment centers (commissions) on local level as part of the medical centres, and the assessment findings should include the list of needs and recommendations for further treatment of this population
- ❖ Conduct a review of the positive list of medicines in order to ensure the availability of medication that is indispensable for children/people with intellectual disability, including the alleviation/acceleration of the refunding procedure

5.9. Health of the victims of human trafficking

- ❖ Provide the necessary health care for the victims of human trafficking at all levels of health care

Endnotes:

¹ 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

² Official Gazette of Republic of Macedonia, No. 43/2012, 145/2012

³ Official Gazette of Republic of Macedonia, No.82/2008, 12/2009 and 53/2011

⁴ Official Gazette of Republic of Macedonia, No. 25/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/2010, 156/2010, 53/2011, 26/2012, 16/2013

⁵ Official Gazette of Republic of Macedonia, No. 22/2010, 136/2011

⁶ Official Gazette of Republic of Macedonia, No. 71/2006

⁷ ESE, Report on the implementation of the Law on Protection of Patients' Rights with focus on the mechanisms for protection of patients' rights, 2013

⁸ Namely, advisors for protection of the patients' rights have been appointed in five (5) from total of 56 hospital facilities; there is no appointed/authorized person for protection of the patients' rights at the Ministry of health; 25% of the municipalities have established committees for promotion of patients' rights and only some of the established committees have started working; The State Commission for promotion of the patients' rights is still not established. The Health Insurance Fund has allocated offices for professional assistance to the insured patients in most of its regional units, however, it is worth noting that the existing legal solutions do not provide clear picture about the competencies and the manner of functioning of this mechanism.

⁹ From four initiated criminal procedures regarding the offence "negligent treatment of patients", one was stopped due to obsolescence, for the second there is a reached decision to reject the indictment and the third is terminated because the public prosecutor gave up the criminal prosecution. None of the procedures was completed with conviction with regard to the offences against the health of the people

¹⁰ ESE, Pavlovski B, Health, health care and influences over the health of the Roma in RMacedonia, 2008 available at http://esem.org.mk/pdf/Publikacii/Ostanati/Zdravjeto_zdravstvena_zastita_i_vlijanija_vrz_zdravjeto_kaj_Romite_vo_RM.pdf

¹¹ Ministry of Labor and Social Policy, Request for information of public character for the needs of this submission by ESE No. 3.5-14/13-2 dated 30.04.2013

¹² State Statistical Bureau, Monitoring the situation of women and children: Multi-indicator cluster survey 2005-2006, Skopje, September 2007

¹³ Association ESE, ROMA S.O.S , KHAM, LIL and CDRIM, survey as part of the monitoring in the community, 2012

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- ⁴¹ Kuzmanovska and Mikik, Biobehavioural study among the people that inject drugs and estimate of the number of people that inject drugs in Macedonia, 2010
- ⁴² <http://coalition.org.mk/2012/06/judgement-overdose-part-1/>
<http://coalition.org.mk/2012/06/judgement-overdose-part-2/>
- ⁴³ HOPS – Healthy Options Skopje, Promoting the right to access to social and health services for Roma that inject drugs, 2011 Skopje and Improving the quality of programs for treatment of drug addictions in Skopje, 2012 Skopje. The Association HOPS, in 2011 documented a case of a 12-years old child without parental care under the custody of the Centre for Social Work, that because of such

situation was inadequately treated in the health facilities for long period of time, without adequate evidence-based treatment and possibility for rehabilitation and resocialization

⁴⁴ 2006-2012 National strategy for drugs, 2007-2011 National strategy for HIV, and National strategy for sexual and reproductive health

⁴⁵ HOPS – Healthy Options Skopje. So far, there are 534 sexual workers identified, and in 2012 for 215 of them HOPS provided 231 free gynecological services and 4463 services for exercising of their rights

⁴⁶ <http://coalition.org.mk/2012/06/you-must-know-about-me/>
<http://coalition.org.mk/2012/06/waiting-for-the-inevitable-the-right-to-privacy-and-the-media-part-i/>
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⁴⁷ Excerpt from the rationale of the judgment -Verdict IX k.no. 20/09 from 04.12.2009 of the First Instance Court Skopje 1, Skopje

⁴⁸ According to the Criminal Code, in order to ensure the existence of this crime, it is indispensable to prove that the disease should be transferred to another person, i.e. there must be a damaged party

⁴⁹ ESE, Borjan Pavlovski, Assessment of the situation regarding the sexual and reproductive health and rights of the population in RM, 2012 available at <http://esem.org.mk/pdf/Publikacii/Проценка на состојбата по однос на сексуалното и репродуктивното здравје и права на населението во РМ.pdf>

⁵⁰ <http://esem.org.mk/pdf/Publikacii/Проценка на состојбата по однос на сексуалното и репродуктивното здравје и права на населението во РМ.pdf>

⁵¹ According to the WHO recommendations for four medical check-ups during pregnancy

⁵² ESE, Borjan Pavlovski, Assessment of the situation regarding the sexual and reproductive health and rights of the population in RM, 2012 available at <http://esem.org.mk/pdf/Publikacii/Проценка на состојбата по однос на сексуалното и репродуктивното здравје и права на населението во РМ.pdf>

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⁵⁴ ESE, Shadow report on CEDAW, 2013 available at <http://esem.org.mk/pdf/Publikacii/Republic of Macedonia - Shadow Report on CEDAW.pdf>

⁵⁵ ESE, Borjan Pavlovski, Assessment of the situation regarding the sexual and reproductive health and rights of the population in RM, 2012 available at <http://esem.org.mk/pdf/Publikacii/Проценка на состојбата по однос на сексуалното и репродуктивното здравје и права на населението во РМ.pdf>

⁵⁶ <http://esem.org.mk/pdf/Publikacii/Проценка на состојбата по однос на сексуалното и репродуктивното здравје и права на населението во РМ.pdf>

⁵⁷ The measures include: adoption of regulation for provision of effective health care for people with disabilities; provision of adequate access to general health services; mandatory assessment of the assessment system which will function and will be based on the abilities of the people with disabilities; exercising the right to use of specific aids; provision of necessary medication; development of programs for early detection, diagnostics and early intervention, foundation of developmental centers; education for health workers and raising their awareness about disabilities; exercising and promoting the right to health care, in particular in children with disabilities; programs for adequate and quality health services which refer to sexual and reproductive health

⁵⁸ Early detection, assessment and treatment for the children with mental disability is done in the developmental counseling offices in Skopje and Bitola and the Institute for mental health of children and youth „Mladost“ in Skopje. The Institute for medical rehabilitation in Skopje provides physical rehabilitation for the people with mental disability. The Institute for rehabilitation of the hearing, speech and voice (Skopje and Bitola) conducts rehabilitation programs also for children with mental disability at preschool and school age

⁵⁹ Report from the survey carried out by RCPLIP- PORAKA, available at www.poraka.org.mk.

⁶⁰ Ministry of Labor and Social Policy, National strategy and action plan for fight against human trafficking and illegal migration 2013-2016

⁶¹ Standard Operational Procedures for treatment of victims of human trafficking- adopted by the Government of RM on 29.01.2008 and reviewed 28.12.2010

http://www.nacionalnakomisija.gov.mk/sites/default/files/prikachyvanja/ii-standardni_operativni_proceduri_-_revidirani_-_eng.pdf

⁶² State Shelter is under the competence of the Ministry of labor and social policy since 2011

⁶³ Victims of human trafficking (nationals and foreigners who have interim residence permit) are provided with health care, psychosocial assistance, legal assistance and counseling, as well assistance to complete the education, acquiring qualifications and additional qualifications

⁶⁴ <http://www.lastrada.org.mk/userfiles//Analiza%20Otvorena%20Porta%20%28finalna%2025%2009%202012%2013%281%29.pdf>

⁶⁵ Law on Health Insurance, Official Gazette No.25/2000, Article 5, paragraph 10 „ People placed in an institution for social protection (for institutional and non-institutional care) „ have mandatory health insurance