1. HEALTH RIGHTS INCLUDING SOCIAL DETERMINANTS OF HEALTH FROM PERSPECTIVE OF DIFFERENT VULNERABLE GROUPS (A/HRC/41/11/Add.1 - Para. 3)

HEALTH OF ROMA PEOPLE

1.1. There is no significant improvement regarding Roma health compared to the majority of the population, as noted in our submission to the 3rd Cycle par 4.1. (A/HRC/41/11/Add.1 - Para. 3.) According to ESE, 55% of Roma people face hardship in accessing primary health care services, thus 48,1% of Roma are not visiting primary health care institutions even when they have a need[i], which is not in line with the recommendation (Rec. 104.120 Islamic Republic of Iran). According to ESE, poor living conditions of Roma aggravate their health status since 48% of Roma living in households with indoor pollution are also affected by chronic disease[ii].

1.2. Roma mothers and children are still insufficiently provided with primary and preventive health services, as noted in our joint submission to the 3rd[d] cycle (paragraph 4.2.). Infant mortality rate among Roma in 2022 was 3,7 per 1000 live births, compared to 1,9 among Macedonian ethnic affiliation[iii]. According to ESE, multiple factors influence this situation: 8,3% of pregnant Roma women did not received antenatal health care; 41% of pregnant Roma women had less than eight antenatal health care (guidelines prescribe mandatory eight to ten visits). This is not in line with the recommendation (Rec.104.122 Spain).

1.3. Roma women during pregnancy and after the delivery are still insufficiently provided with health services by Home visiting (patronage) nurses, as noted in our joint submission to the 3rd cycle (paragraph 4.2.). According to ESE, only 28,3% of Roma women were visited during pregnancy and 31% were visited after the delivery[iv], which is not in line with recommendation (Rec. 104.122 Spain)

2.4 Roma women still face barriers in access to gynecological health care on primary level, as noted in our submission to the 3rd cycle (paragraph 4.3.). According to ESE, 42% or Roma women are not registered with gynecologist, 35,2% of Roma women did not visit gynecologist when they had a need. 42% of Roma women never performed preventive gynecological examination and only 12% of were covered with the Program for cervical cancer screening (period 2018 – 2022). Main barriers for access are lack of gynecologists in the vicinity of Roma neighborhoods, high charges imposed by gynecologists, and low level of satisfaction from the received services. This situation is not in line with the recommendation (Rec. 104.119 Iceland).

2.5 According to ESE there is a lack of pediatricians in the primary health care, thus only 28% of Roma children are enrolled with pediatrician in the primary health care, and the rest are treated by general practitioners or specialists for family medicine[v], which is not in line with the recommendation (Rec. 104.122 Spain)

2.6 The State adopted the Strategy for Roma inclusion 2022 – 2030[vi], in which health is one of the strategic goals. Until present the National action plan for Roma health has not been adopted, thus the Strategy is not operational.

HEALTH OF WOMEN

2.7. Women are still insufficiently provided with primary level gynecological health care, as noted in our joint submission to the 3rd cycle (paragraph 4.5). The number of gynecologists in primary health care increased from 130 in 2018 to 156 in 2022[vii], yet there are 5.166 women age 15+ per 1 gynecologist, while the standard is 3.000 women per 1 gynecologist, which is not in line with the recommendation (Rec. 104.119 Iceland).

2.8. Gaps are identified in the antenatal health care for women, namely in 2022 from total of 11.744 registered first antenatal medical check-ups only 5.431 (46%) were in the first trimester of the pregnancy, although the first antenatal visit should be conducted in the first trimester of the pregnancy. This situation represents risk for the health of the mother and child and is not in line with the recommendation (Rec. 104.122 Spain).

2.9. There is only one modern contraceptive mean (oral hormonal pill) which is reimbursed by the Health Insurance Fund, which is not in line with the recommendation (Rec. 104.119 Iceland). In the Program for health care of mothers and children[viii] the Ministry of health supplies modern contraceptive means for women from socially marginalized groups and women with several abortions, but availability is limited only on the University clinic in Skopje.

2.10. Ministry of health in 2018 from the Program for mothers and children removed the budget item for reimbursement of costs for antenatal health care and delivery for women without health insurance[ix]. This represents serious risk for the health of the mothers and children, especially taking in consideration that antenatal check-ups must be conducted in a specific period of the pregnancy and cannot be delayed. This is not in line with the recommendation (Rec. 104.119 Iceland).

2.11. There is insufficient coverage of women with Program for cervical cancer screening. On national level in 2021 only 22% of women[x] from the target age group were covered with the screening. There is lack of funding for this Program, accompanied with lack of coordination among different actors in its implementation. Additionally the newly introduced web based platform for enrolment for the screening represents significant barrier for women with low digital literacy and women from vulnerable groups.

HEALTH OF RURAL POPULATION

2.12. According to ESE, people from rural areas face barriers in access to primary health care services, 38,4% are facing hardships in access to primary health care services[xi], which is not in line with recommendations (Rc. 104.121 Serbia and 104.120 Islamic Republic of Iran). Main barriers which rural people are facing are distance from the primary health care facilities, additional costs for travel, lost working days, longer time needed to get the service. According to ESE, this results with the fact that 44,2% of the rural people do not visit their family doctor even when they are in need, even 19% of the children were not taken to their family doctor when they were ill.

2.13. According to ESE, rural women face great barriers in access to reproductive health services, since the gynecologists are present only in the major cities. 32% of rural women do not visit gynecologist when they have a need, 25% never visited gynecologist for preventive medical examination and 25% last time visited gynecologist for more than 3 years, which is not in line with recommendation (Rec. 104.119

Iceland)

2.14. According to ESE, Rural women face barriers in access to antenatal care, thus 8,3% of pregnant rural women did not receive any kind of antenatal care, which is not in line with recommendation (Rec. 104.122 Spain)

2.15. Rural women are not adequately covered with services from home visiting (patronage) nurses, 35% of women were visited during pregnancy and 60% visited after the delivery, which is not in line with recommendation (Rec. 104.122 Spain)

RECOMMENDATIONS

HEALTH RIGHTS

Adopt the National Action Plan for Roma health with proper budget allocation.

Prepare and adopt plan for universal health coverage with primary health care, especially for Roma and rural population with proper budget allocation.

Prepare and adopt plan for increasing the number of gynecologists and pediatricians on primary health care level with even geographical distribution with proper budget allocation.

Enhance health education and health promotion, including sexual and reproductive health, healthy pregnancy, child health especially in rural and Roma communities.

Increase budget for Program for cervical cancer screening and enhance the mechanisms for its implementation and monitoring with participation of the citizens.

Introduce the budget line for covering of costs for antenatal care and delivery for women not covered with health insurance.

Strengthen the home visiting (patronage) nurse service through increased number of nurses and adequate equipment, especially for provision of services in Roma and rural communities, with proper budget allocation.

Increase the number of modern contraceptive means which are reimbursed by the Health Insurance Fund.

2. VAW AND DOMESTIC VIOLENCE (A/HRC/41/11/Add.1 - Para. 3.)

FINANCING AND SYSTEM OF DATA COLLECTION

2.1. The State's approach on this field is characterized by adoption of legislative framework regarding violence against women (VAW) and domestic violence, without allocation of budget and human resources for its implementation. The same approach was applied for implementation of the previous recommendations from HRC's report from the 41st session. Only recommendations that were fully (*Rec. 104.68 Montenegro and 104.72 Sweden*) or partially implemented (*Rec. 104.64 Paraguay and 104.65 Turkey*) are referring to harmonization of legislative framework, mainly with COE's Istanbul Convention, and all the other recommendations requiring substantial efforts and enforced implementation of the legislation were not implemented. The explicit obligations for allocation of annual budget funds for implementation of the National Action Plan (NAP) 2018-2023 for implementation of COE's Istanbul Convention and the Law on Prevention and Protection against VAW and Domestic Violence (Official Gazette of RNM, No. 24 from 29.01.2021), are not enforced by the Ministry of Labor and Social Policy, Ministry of Interior, Ministry of Justice, Ministry of health and Units of Local Self-Government.

2.2. There is a lack of unified data collection system among relevant ministries and periodic data are publically announced only by the Ministry of Interior[xii]. The system for monitoring and evaluation of the implementation of adopted policies is also lacking.

PREVENTION

2.3. Although it is incriminated since 2004, women survivors are still not informed how to recognize different forms of domestic violence and use legal mechanisms for protection. 37% of the women in the country believe that a "good wife obeys her husband even if she disagrees" and almost half of the women (48%) considers "domestic violence as private matter that should be handled within the family"[xiii]. According to ESE, the preventive efforts undertaken by the State and the impact produced are insignificant, because of the lack of budget funding and limited scope of interventions. The preventive activities are mainly implemented by CSOs and international organizations, and despite the declarative support provided, there is almost no independent planning and implementation of preventive efforts by relevant ministries. The awareness rising campaigns are mainly implemented in urban areas trough use of traditional and social media, and rarely alternative channels of communication are applied for increasing the scope of the prevention. Vulnerable groups of women, such as rural women, ethnic minorities and women with disabilities are especially disadvantaged.

2.4. There is a lack of continuous systemic education of practitioners from institutions and judiciary, which further results in inadequate proceedings when dealing with domestic violence cases. The practitioners are not sensitized about the nature of domestic violence and the specific needs of women survivors, but also not completely informed about their legal obligations how to proceed in these cases.

PROTECTION

Measures of protection

2.5. According to ESE, women who reported domestic violence to Center for Social Welfare (CSW) are facing regression and harmful proceeding, because their cases are mistreated as "disturbed family relations", and they are referred to visit counseling together with the abusers in order to improve their parenthood capacities and keep the family together. Not only women are not provided with the legally guaranteed protection, but they are further traumatized by being "blamed" for their situation. The negative consequences are even more alarming recognizing that CSW has important role in resolution of other related problems, such as divorce, custody and child alimony.

Civil justice system – temporary measures of protection (TMP)

2.6. The TMP is the specialized preventive mechanism for urgent protection of women survivors, with short deadlines for implementation. CSW are the main institution authorized to submit proposals for imposition of TMP, and to monitor the execution of the imposed TMP. According to ESE, there is discrepancy in the number of women that need urgent protection trough TMP and number of women for whom the CSW have requested imposition of TMP. The slow proceedings of CSW are affecting the urgency of the procedure and the effectiveness of protection. ESE's research conducted with women survivors showed that more than more than half of the women (55%) were completely dissatisfied from the assistance and support provided by CSW, and the main reasons for this were the slow proceedings of CSW, which contradicts the urgency of this procedure, and as a result women continue to suffer violence and face threats to their lives and health.[xiv]

2.7. The Law on Free Legal Aid guarantees the right to secondary legal aid, including attorney representation, in the civil court procedure for imposition of TMP to victims of domestic violence (Article 20). According to ESE, women who suffered domestic violence are not using this right due to the following: 73% of women were are not informed about the right to free legal aid; women are facing difficulties to obtain written confirmation from CSW about their status as domestic violence victims, which is the precondition for using this right; due to misunderstanding among the practitioners in the local departments of the Ministry of justice, women are referred to initiate the procedure trough the CSW instead.

2.8. According to ESE, 82% of women are feeling that they cannot lead this civil court procedure on their own due to the fear of facing the abuser and lack of information about the documents required for the procedure.

2.9. ***Criminal justice system***

The following factors need to be considered for improving the effectiveness of the criminal justice system of protection: Non recognition of acts of psychological and sexual violence during the investigation. The data from MOI and Basic criminal courts is showing that there are almost no criminal procedures initiated for sexual violence, neither for criminal acts related to psychological violence, such as "coercion" (Art. 139 par.2) and "deprivation of liberty" (Art. 140 par.2); Women survivors are withdrawing from criminal prosecution of "bodily injury" (Art.130 par.2) which is the most prevalent criminal act related to domestic violence and the only one prosecuted upon victim's consent; There is a delay of the criminal procedure in the court, and one of the main reasons is the absence of the abusers; There is lenient penal policy toward domestic violence perpetrators and aggravating circumstances are not taken into account by the criminal law judges. According to ESE's court monitoring report, only in 15% of the cases perpetrators were sentenced to prison[xv].

RESOLUTION OF RELATED PROBLEMS OF WOMEN SURVIVORS

Despite the protection against domestic violence, another issue of concern is the women's financial situation and resolution of civil legal problems related to domestic violence.

2.10. According to ESE's analyzes women are facing unfavorable financial situation due to different types of costs incurred as a result of domestic violence: lost job/reduced income; health costs; relocation costs; debts and other costs, thus facing inability to compensate their living costs.

2.11. Women are facing lack of finances to conduct the procedures and low level of information about the court costs and legally guaranteed rights, such as the right to be exempted from paying court costs and right to free legal aid in the. 60% of women cannot afford attorney representation, and the others can afford to pay an amount which is significantly lower than the actual attorney costs[xvi].

2.12. The analysis conducted with women survivors of domestic violence involved in child alimony procedure is showing that 10 out of 17 women involved in child alimony procedure do not have enough income to cover their total monthly living expenses. The child alimony is not adjudicated in accordance with the children's needs, and the awarded child alimony is not paid in practice. [xvii]

Recommendations

The relevant ministries should improve the implementation of the laws and policies regarding VAW and domestic violence, by planning and allocating annual budget funds.

The State should establish system for monitoring and evaluation of the implementation of the national legal framework and make evaluation reports publically available.

The State should implement comprehensive national awareness raising campaign in order to improve understanding about the nature of domestic violence and legal mechanisms for protection, targeting separately through alternative channels of communications vulnerable groups of women.

Ministry of Justice, Ministry of Interior, Ministry of Labor and Social Policy, Ministry of health should plan and implement continues systemic education of practitioners in order to increase their sensitiveness about the specific needs of women survivors and improve different aspects from their proceedings in domestic violence cases.

Ministry of Labor and Social Policy should conduct supervision to CSW's work and undertake concrete measures for overcoming the identified negative proceeding in domestic violence cases. Effective system for monitoring the execution of the TMP should be established, including allocation of human and financial resources for its implementation.

Ministry of justice should promote right to free legal aid among women who suffered domestic violence, and encourage them to use secondary legal aid in the civil court procedures for imposition of TMP and resolution of related legal problems.

The State should establish separate fund for compensation of living costs of women survivors and their children. The State should explore the legal opportunities for provision of long term housing to women survivors of domestic violence and their children.

Separate funds for payment of child alimony in cases where the perpetrators are not paying the awarded child alimony should be established.

The Basic civil courts should improve its practice regarding the adjudication of child alimony and proper assessment of the children's needs in this regard.

[i] Pavlovski B., Frischikj J. When the life on the margins determines health – Access to primary health care for Roma population in North Macedonia. Association ESE. 2022 (page 18) - https://esem.mk/pdf/Publikacii/2022/1/Finalna%20analiza_Romi_PZZ.pdf

[ii] Petkanovska I, Petkanovska E., Antikj D, Pavlovski B. LIFE ON THE PERIPHERY - Study on exposure to and impact of environmental risks on the health and living conditions of Roma – residents of poor, informal settlements in municipalities Shuto Orizari, Kumanovo, Prilep, Vinica, Delchevo and Pehchevo. Association ESE. 2022. (page 35) - https://esem.mk/pdf/Publikacii/2022/1/Life%20on%20the%20periphery.pdf

[iii] Mladenovikj B., Grujovska B. Information for the health of mothers and children in Republic of North Macedonia in 2022. Primary health care center – Skopje. Department for health of mother and children. 2023.

[iv] Pavlovski B., Frischikj J. When the life on the margins determines health – Access to primary health care for Roma population in North Macedonia. Association ESE. 2022 (pages 70 and 76) - https://esem.mk/pdf/Publikacii/2022/1/Finalna%20analiza_Romi_PZZ.pdf

[v] Pavlovski B., Frischikj J. When the life on the margins determines health – Access to primary health care for Roma population in North Macedonia. Association ESE. 2022 (page 17) - https://esem.mk/pdf/Publikacii/2022/1/Finalna%20analiza_Romi_PZZ.pdf

[vi] Strategy for Roma inclusion 2022 – 2030 - https://www.mtsp.gov.mk/content/pdf/2022/Strategija%20za%20inkluzija%20na%20Romite%202022-2030%2003-02-2022%20finalna%20verzija.pdf

[vii] Mladenovikj B., Grujovska B. Information for the health of mothers and children in Republic of North Macedonia in 2022. Primary health care center – Skopje. Department for health of mother and children. 2023.

[viii] Program for active health care of mothers and children in North Macedonia for 2023 - https://zdravstvo.gov.mk/wp-content/uploads/2023/02/PROGRAMA-ZA-AKTIVNA-ZDRAVSTVENA-ZASHTITA-NA-MAJKITE-I-DETSATA-VO-REPUBLIKA-SEVERNA-MAKEDONIJA-ZA-2023-GODINA.pdf

[ix] Ministry of health – Programs - https://zdravstvo.gov.mk/programi/

[x] Institute for Public Health of North Macedonia. Report from the realized activities for cervical cancer screening among the women age 24-35 in North Macedonia in 2021. 2022.

[xi] Pavlovski B, Frishchikj J. When the place of living determines health – Access to primary health care for rural population in Republic of North Macedonia. Association ESE. 2022 (page 15)- https://esem.mk/pdf/Publikacii/2022/1/Analiza%20ruralno%20naselenie.pdf

[xii] Association ESE, LA STRADA, Coalition Margins, Shadow Report to COE's Convention for preventing and combating VAW and domestic violence, available at http://esem.org.mk/pdf/Publikacii/2022/1/CSO%20shadow%20REPORT%20ON%20NMACEDONIA.pdf

[xiii] 7 OSCE-Led Survey on Violence against Women: North Macedonia, 2019, available at https://www.osce.org/secretariat/419264

[xiv]

[xv] Association ESE, Reports from court monitoring of civil and criminal cases of domestic violence (page 26) https://esem.mk/pdf/Publikacii/2020/%D0%98%D0%B7%D0%B2%D0%B5%D1%88%D1%82%D0%B0%D1%98%20%D0%BE%D0%B4%20%D1%81%D1%83%D0%B4%D1%81%D0%BA%D0%BE%20%D0%BD%D0%B0%D0%B1%D1%99%D1%83%D0%B4%D1%83%D0%B2%D0%B0%D1%9A%D0%B5%20%D0%BD%D0%B0%20%D0%BA%D1%80%D0%B8%D0%B2%D0%B8%D1%87%D0%BD%D0%BE%20%D0%B8%20%D0%B3%D1%80%D0%B0%D1%93%D0%B0%D0%BD%D1%81%D0%BA%D0%B8%20%D0%BF%D1%80%D0%B5%D0%B4%D0%BC%D0%B5%D1%82%D0%B8%20%D0%B7%D0%B0%20%D1%81%D0%B5%D0%BC%D0%B5%D1%98%D0%BD%D0%BE%20%D0%BD%D0%B0%D1%81%D0%B8%D0%BB%D1%81%D1%82%D0%B2%D0%BE.pdf

[xvi] Association ESE, the impact of court costs (page 43), https://esem.mk/pdf/Publikacii/2022/1/The%20Impact%20od%20Court%20fees%20and%20costs.pdf

[xvii] Association ESE, Does child support satisfies children's needs, (page 5), https://esem.mk/pdf/Publikacii/2021/1/Child%20Support%2011.2021.pdf