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To: Committee on the Elimination of Discrimination against Women

Human Rights Treaties Division (HRTD)  
Office of the United Nations High Commissioner for Human Rights (OHCHR)  
Palais Wilson - 52, rue des Pâquis  
CH-1201 Geneva (Switzerland)

**Information on Macedonia with Regard to Adoption of List of Issues by the  
Pre-Sessional Working Group of the Committee on the Elimination of  
Discrimination against Women, 12-16 March 2018**

**January 2018**



## SUBMITTING ORGANISATIONS

HERA – The Health Education and Research Association was established in January 2000. The Association works to promote the inclusion of sexual and reproductive health and rights in national legislation and strategies. HERA annually provides health, social, and legal services to 2,600 women, mostly Roma women, who are the most at-risk community in the country. HERA is a full member of the International Planned Parenthood Federation (IPPF).

Reactor – Research in Action is an independent think-tank based in Skopje, Macedonia. Reactor is committed to facilitating Macedonia’s EU integration process by providing timely and relevant research, proposing evidence-based policy alternatives, and actively working with citizens, civil society organizations, and the policy community. Gender equality is one of the three areas where its research is focused, with specific attention on women’s participation, inclusion, and economic integration, as well as ending violence against women.

The Coalition “MARGINI” was formally established in 2010 as an alliance of five different organisations (HOPS, HERA, IZBOR, STAR-STAR, and EGAL). MARGINI promotes the protection and respect of the fundamental human rights of marginalized communities such as sex workers, drug users, people living with HIV, and the LGBTI community. The main areas of its work are increasing the access to quality health, social, and legal services; advocating for laws, policies, and practices that prevent discrimination and other human rights violations of marginalized communities, and the legal empowerment and increased participation of marginalized communities in the struggle for the realization of their rights and freedoms.

## INTRODUCTION

We respectfully present this joint submission to the Committee on the Elimination of Discrimination against Women (CEDAW Committee) in the context of its preparations for the examination of Macedonia’s sixth periodic report on compliance with the Convention on the Elimination of All Forms of Discrimination against Women (“Convention”). The submission highlights issues pertaining to the implementation of Article 12 of the Convention.

In particular, we provide information on the following sexual and reproductive health issues:

- I. Barriers in access to legal abortion care;
- II. Barriers in access to modern contraceptive methods; and
- III. Lack of mandatory comprehensive sexuality education in primary and secondary schools.

At the end of the submission a number of recommended questions are outlined.

## I. Barriers in Access to Legal Abortion Care

1. Macedonian law permits abortion on request during the first 10 weeks of pregnancy. After this time, abortion is legal when a woman's health or life is at risk, on certain socio-economic grounds, when pregnancy is a result of a criminal act, and in cases of serious fetal impairment.<sup>1</sup>

2. In 2013 and 2014 a series of new legal requirements were introduced which must be complied with before women can access abortion on request.<sup>2</sup> These requirements include a three-day mandatory waiting period, as well as mandatory biased counseling and a mandatory ultrasound prior to abortion. The 2013 law also introduced a provision requiring women to file a written request for a termination of pregnancy to a respective health institution. New legislative provisions have also increased the fines imposed on medical professionals and service providers who violate the law and introduced criminal sanctions for medical professionals.

3. In 2013, a **3-day mandatory waiting period** between the time when an abortion is requested and performed was introduced into the law. This requirement does not apply to minors, women with restricted legal capacity, or when there is a medical justification for abortion.<sup>3</sup> Previously women seeking abortion on request did not have to observe a mandatory waiting period and, as such, by imposing new preconditions and restrictions on women's access to reproductive health services, the new law represents a retrogressive measure which contravenes the principle of non-retrogression. Mandatory waiting periods regularly delay women's access to legal abortion services, contribute to women having abortions later in pregnancy<sup>4</sup>, and often increase the financial burden on women accessing abortion services.<sup>5</sup> Furthermore, the World Health Organization (WHO) has specified that mandatory waiting periods "demean women as competent decision-makers."<sup>6</sup>

5. The **new mandatory counseling requirements** introduced in Macedonia in 2013 and 2014 require women to undergo an ultrasound prior to obtaining an abortion and to be shown the ultrasound image of the fetus. These requirements also specify that women must be told about "all anatomical and physiological features of the fetus at the given gestational age" and about the effects an abortion will have on the fetus.<sup>7</sup> The law also requires health care institutions to ensure women seeking abortion services are provided with information and counseling on the "possible harm" abortion can cause to a woman's health, including her psychological health, and on the "possible advantages" of continuing a pregnancy.<sup>8</sup> In addition, relevant legislation also stipulates that health care providers should allow a woman to listen to the fetal heartbeat.<sup>9</sup>

6. The WHO has stressed that women making decisions about pregnancy need to be treated with respect and understanding and be provided with information in an understandable manner, so that they can make such decisions without inducement, coercion, or discrimination.<sup>10</sup> As such, the WHO has noted that counseling about abortion should be voluntary and non-directive,<sup>11</sup> and that "healthcare providers should be trained to support women's informed and voluntary decision-making."<sup>12</sup> It has made clear that "censoring, withholding, or intentionally misrepresenting information about abortion services can result in a lack of access to services or delays, which increase health risks for women"<sup>13</sup> and "States should refrain from... intentionally misrepresenting health-related information."<sup>14</sup> Further, "information must be complete, accurate, and easy to understand, and be



given in a way that facilitates a woman being able to freely give her fully informed consent [and] respects her dignity.”<sup>15</sup>

5. The CEDAW Committee has urged state parties to eliminate medically unnecessary mandatory waiting periods and mandatory and biased counselling required to access abortion care.<sup>16</sup> With respect to Macedonia, the Committee on Economic, Social, and Cultural Rights and the Human Rights Committee have recently urged the Government to review the restrictive provisions of the abortion law and to eliminate procedural barriers to abortion.<sup>17</sup> The Human Rights Committee has also called on the Government to stop pursuing campaigns that stigmatize those who undergo abortions.<sup>18</sup>

6. In 2017, HERA and the Center for Reproductive Rights documented the human rights impact of the retrogressive Macedonian legislation on women’s access to abortion services.<sup>19</sup> Interviews were conducted with a number of stakeholders, including women who had had an abortion after the introduction of the new legal requirements, abortion service providers, and civil society representatives. The interviews showed that (i) abortion stigma and harmful gender stereotypes persist in Macedonia and can undermine women’s access to safe abortion care; (ii) the imposition of a mandatory waiting period delays women’s access to services and undermines women’s decision-making; (iii) mandatory biased counseling undermines women’s decision-making and can lead to the dissemination of inaccurate and misleading information about abortion; (iv) women lack access to evidence-based practical and legal information on abortion; (v) increased fines and sanctions on medical practitioners and service providers can have a chilling effect on medical practice and undermine women’s access to safe abortion care; and (vi) affordability shortcomings and lack of access to medical abortion can undermine women’s access to safe abortion care. A fact sheet outlining the key findings and recommendations is attached to this submission.

7. In September 2017, HERA and Gender Equality Platform organized an expert panel to discuss the restrictive provisions of the abortion law. Representatives of the Macedonian Government and Parliament, as well as representatives of gynecological associations and civil society participated in the meeting. The participants agreed that the current abortion law should be amended in order to remove restrictive provisions. Shortly after the meeting the Ministry of Health established a working group assigned to review the law and prepare necessary amendments that would make the law in line with public health and human rights standards on abortion care.

## **II. Barriers in Access to Modern Contraceptive Methods**

8. The existing legislative and regulatory framework permits the provision of family planning services by general practitioners, family medicine practitioners and gynaecologists, including the prescription and distribution of most contraceptive methods (with the exception of intrauterine device insertion and male and female surgical sterilization).<sup>20</sup>

9. Although the latest Multiple Indicator Cluster Survey (2011) conducted by UNICEF shows some recent improvements in the use of modern contraceptives in Macedonia, the usage rate among women of reproductive age continues to be very low; at just 12.8% in 2011.<sup>21</sup>

10. Many women in Macedonia face financial barriers in access to modern contraception. Contraceptive methods are not covered by the state Health Insurance Fund. The 2013 Report of Reproductive Health Commodity Market Segmentation Research showed that the lack of health



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insurance coverage for modern contraceptives particularly impacts people living in poverty who cannot afford to buy contraception.<sup>22</sup> According to the Law on Health Insurance, there is no legal basis for covering the cost of contraceptives since they are used for pregnancy prevention and under the law the Health Insurance Fund can only cover expenses related to injuries and illnesses.<sup>23</sup> Over the last few years the Ministry of Health has procured only condoms for HIV and STI prevention through the national health preventive programmes; targeting the most at-risk groups. However, the procurement and distribution of condoms have not been planned for the prevention of unintended pregnancies. In addition, an action plan for the period of 2018-2020, which has been prepared to implement the National Strategy for Sexual and Reproductive Health 2010-2020, includes a task to cover contraceptives under the public health insurance scheme for the most poor and vulnerable groups of women and young people.<sup>24</sup> The action plan has not yet been adopted by the Ministry of Health.

12. Many women also lack access to evidence-based information on modern contraceptives. Due to poor communication by medical providers and inadequate sexuality education in schools, women are often misinformed about the impact and side effects of hormonal contraceptives on their health. Most family medicine specialists do not give advice on family planning, and the most frequent reason given by general practitioners for not engaging in family planning is the high number of patients and increased administrative work.<sup>25</sup>

13. In its previous Concluding Observations, the CEDAW Committee recommended that Macedonia “take all measures necessary to improve women’s access to quality health care and health-related services, within the framework of the Committee’s general recommendation No. 24 (1999) on women and health, and raise awareness, through public education campaigns, education on sexual and reproductive health in schools, and enhanced counselling services, about the importance of using contraceptives for family planning, and increase efforts to provide adequate family planning services and affordable contraceptives.”<sup>26</sup>

14. In 2016, in its Concluding observations for Macedonia, The Committee on Economic, Social and Cultural rights recommended the state to “...ensure that modern contraception methods are affordable to all, including by adding contraceptives to the list of medicines covered by the Health Insurance Fund.”<sup>27</sup>

14. At the Sixth Periodic Report for CEDAW, The State party stated that: “Counseling offices on sexual and reproductive health continuously work in the centers for public health.”<sup>28</sup> Despite that, the reality is different. The counseling offices that the State party mentioned in its report, are not functional within the centers for public health.

### **III. Lack of Mandatory Comprehensive Sexuality Education**

14. Comprehensive sexuality education is not integrated into the curricula of elementary and secondary schools. Young people learn about some health aspects related to sexual and reproductive health during Biology classes. The topics mostly include information on human reproduction, puberty, the physiology of the reproductive organs, and protection against HIV/AIDS. Evidence-based information on modern contraceptive methods and abortion is rarely included in these classes.

15. Sexual and reproductive health issues are to some extent also covered during a subject called “Life Skills”. This subject is voluntary, and it covers issues such as physiological changes of the



reproductive organs, contraceptives, STIs, HIV/AIDS, abortion, personal intimate hygiene, sexual difference and orientation, sexual harassment, human trafficking, gender sensitivity, and personal relationships. However, some of the information provided during these classes is outdated, and information about the concepts of gender and gender equality, sexual pleasure, homophobia, and discrimination based on sexual orientation is insufficient.

16. According to a research conducted in 2014, 81% out of 330 students stated that they received information related to sexual and reproductive health during Biology classes, while only 39.14% of the information was received during Life Skills classes. This is primarily due to the fact that Life Skills is not a mandatory subject and a teacher can choose what topics will be taught during this subject. Moreover, there is no system in place for the evaluation of this subject like there is for the other school subjects.

17. The National Strategy for Education for the period of 2016–2020 recognizes that Life Skills has not been regularly taught in schools.<sup>29</sup> Based on our monitoring and the studies conducted in the last couple of years, topics related to sexual and reproductive health have rarely been part of the school lessons, including Life Skills classes. Due to the lack of implementation in schools, it is questionable if Life Skills is a suitable model for introducing comprehensive sexuality education in schools. The National Comprehensive Strategy for Education for the period of 2016-2020 highlights that in most schools the Life Skills classes are not appropriately implemented and as a result the Strategy suggests that steps are taken to ensure a proper implementation. However, there are no specific measures or mechanisms outlining how this should be done in practice.

18. At the same time, many teachers do not feel comfortable teaching young people about sexual and reproductive health and rights topics, or they do not feel equipped to do so and need additional trainings and teaching materials. The lessons they teach mostly focus on puberty and physiology of the reproductive organs, reproduction, HIV/AIDS, and children's rights, and significantly less on contraception and family planning, gender, sexual harassment, heterosexual, homosexual, and bisexual relationships, and pleasure, which are among the core components of comprehensive sexuality education model.

19. According to HERA's research conducted in 2014 on the level of information among students of secondary schools about sexual and reproductive health and rights, 54% of 330 students stated that they received information about these topics mainly from the internet.<sup>30</sup> The research also showed that only 13% of secondary school students were informed about condoms and only 2% about oral contraceptives.<sup>31</sup>

20. In 2016, in its Concluding observations on the combined second to fourth periodic reports of the Former Yugoslav Republic of Macedonia, The Committee on Economic, Social and Cultural Rights recommended the state to ...”make information on sexual and reproductive health available to the general public; improve school education on sexual and reproductive health that is up to date, age appropriate and based on a human rights perspective.”<sup>32</sup>

#### **IV. Recommended Questions To Be Addressed to the Government of the Republic of Macedonia**

In light of this information, we hope that the CEDAW Committee will consider addressing the following questions to the Government of the Republic of Macedonia:

1. Bearing in mind that the Ministry of Health has recently established a working group for the revision of the 2013 Law on Termination of Pregnancy, how and when does the Government expect to adopt amendments into the Law in order to remove the restrictive provisions from the Law?
2. What measures has the State party adopted in order to improve the quality of abortion care, including by introducing medical abortion?
3. What measures has the State party adopted in order to improve access to modern contraceptive methods, including by ensuring universal coverage by the state health insurance of all costs related to modern contraceptive methods for the prevention of unwanted pregnancies?
4. What steps has the State party taken in order to introduce mandatory comprehensive sexuality education in primary and secondary schools?

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