



To: Committee on the Elimination of Discrimination against Women (CEDAW)  
Office of the United Nations High Commissioner for Human Rights (OHCHR)  
71<sup>th</sup> Session, Sixth Cycle, October 2018

**Information on the Former Yugoslav Republic of Macedonia  
to the Committee on the Elimination of Discrimination against Women  
with regard to the adoption of the Concluding Observations  
71<sup>th</sup> Session**

**October, 2018**



## I. SUBMITTING ORGANISATIONS

This information was prepared by Roma Women's Initiative from Šuto Orizari in collaboration with the organisations listed below. The non-formal group of Roma activists was established in 2014. We are Roma women who are trained as paralegals and community monitors and involved in community-led activities for legal empowerment of the Roma community and for social accountability of the government in delivering services for sexual and reproductive health to Roma women in Šuto Orizari:

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HERA – Health Education and Research Association is a non-for-profit organisation with a mission to lead a citizen action and encourage social change to ensure sexual rights for all and to enable improved sexual and reproductive health education and services, especially for the marginalised communities. HERA is committed to facilitating national policy and legislation changes for SRHR and gender equality through advocacy, evidence-based research and activism; empowering women and young people to claim their social and sexual rights by providing comprehensive sexuality education, legal empowerment and social accountability activities, and enabling access to equal and high-quality services for HIV, SRH and gender-based violence. HERA provides health, social and legal services to 2,600 women annually; most of them are Roma, who are the most-at-risk community in the country. HERA is a full member of the International Planned Parenthood Federation (IPPF).

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SUMNAL – Association for the Development of the Roma Community in the Former Yugoslav Republic of Macedonia is a non-governmental organisation established in June 2004, responding to the needs of the public schools and the predominantly Roma community of Topaana, related to extremely poor school performance, high dropout rates, illiteracy and low awareness of the importance of education. To combat these problems, *Sumnal* organises and performs various



educational, social and culture-building activities in close relation with the proposed and taught material in regular schools and the curricula prepared by the Ministry of Education. Their vision is that Roma people are integrated in the society and give bigger contribution to the development of the Former Yugoslav Republic of Macedonia. Their mission is to empower the Roma community in the Former Yugoslav Republic of Macedonia through improvement and development of education, culture, creative development of children and youth, social inclusion, economic development, health, and environment and nature protection.

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CDRIM – Centre for Democratic Development and Initiatives was established in December 2003. The main goal of CDRIM is raising awareness among the Roma community and strengthening the Roma community through educational workshops, sharing educational material, public debates and using media. CDRIM also endeavours to provide better access to health and social rights services to the Roma community.

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AMBRELA, a non-governmental organisation established in 2007, contributes to social integration and empowerment of the Roma population in the Former Yugoslav Republic of Macedonia. It achieves its mission through programmes in education, health, human rights, minority issues, discrimination issues, and gender equality. *Ambrela* conducts field research and assesses the needs within the community in order to create relevant and effective projects. It operates with a multi-ethnic team of professionals who support social participation of marginalised groups, which consist predominantly of women and school-aged children.

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C.S.I. *Nadež* is a non-governmental organisation whose forming was initiated by the employees that were engaged in the “Roma Reintegration Programme” project, implemented by *Caritas verband fuer das Bistum e.V. Essen* from Germany. Since 1998, C.S.I. *Nadež* has been actively involved in the field of democratic development and strengthening of human rights, especially the rights of marginalised groups in our society, through: educational support for children and youth; integrational support for women by giving them access to education and various activities to help them improve their skills and expertise.

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## II. INTRODUCTION

We have jointly prepared this brief to supplement the information available to the Committee on the Elimination of Discrimination against Women, in the adoption of the Concluding Observations for the Former Yugoslav Republic of Macedonia on its implementation of the Convention on Elimination of All Forms of Discrimination against Women, with the aim of highlighting issues with regard to the application of Article 12 of the Convention, focusing on Roma women in the municipality of Šuto Orizari – the largest Roma municipality in the country.

In particular, we provide information on four barriers to accessing health services for sexual and reproductive health among the Roma women, including Roma women living in Šuto Orizari:

1. illegal charging for health services from pregnant women in the primary healthcare gynaecologists' practices;
2. lack of effective implementation of the preventive Healthcare Programme for Mothers and Children;
3. unavailability of gynaecological healthcare services at the primary level for all women due to geographical barriers;
4. low coverage by patronage nursing services for Roma women during their antenatal and postnatal period; and
5. failure to integrate the Roma Health Mediators into the public healthcare system.

At the end of the submission a number of recommendations are outlined.

## III. BACKGROUND

1. The total population of the Former Yugoslav Republic of Macedonia is 2,071,210, out of which 2.7% or 53,879 are Roma. In the Municipality of Šuto Orizari, which falls within the boundaries of the capital Skopje, around 17,357 inhabitants or 76.6% are Roma. Out of the total of 8,701 women living in Šuto Orizari, around 6,719 are Roma women.<sup>1</sup>

2. The overall poverty rate in the Former Yugoslav Republic of Macedonia is approximately 30%. The Roma are particularly affected by poverty and social exclusion because of a range of factors, such as lack of education and unemployment; consequently, the poverty rate among Roma is almost three times higher than the national average and it amounts to approximately 88%.<sup>2</sup> About one-third of the poorest households in the Roma settlements have no access to improved water sources and/or sanitation, as compared to the rest of the population, where over 90% have access to these two commodities.<sup>3</sup>

3. As a consequence of the unfavourable social and economic living conditions, hindered access to quality healthcare services and health services in general, as well as obstructed access to justice, in particular in terms of the enforcement of the right to healthcare, Roma women in the Former Yugoslav Republic of Macedonia are faced with unfavourable health status and shorter life expectancy, particularly in contrast to the attainment of such rights by the majority population.<sup>4</sup> The infant mortality rate in the country is 9.2 deaths per 1,000 live births or 2.6 higher in comparison with infant mortality rate in EU countries, and the rate among Roma mothers is even higher (10.2 per 1,000 live births).<sup>5</sup> The use of modern contraception in the Former Yugoslav Republic of Macedonia is very low (contraception in women between 15 to 49 years of age is still low, at just 12.8%) and among Roma is even lower (7%).<sup>6</sup>

4. In the period from 2005 to 2007, the Former Yugoslav Republic of Macedonia underwent healthcare system reforms for the transition of public primary healthcare providers into private ones, including primary healthcare gynaecology. Private primary healthcare providers are funded through a

capitation system from Health Insurance Fund. According to the national laws and regulations, health insurance holders are afforded free-of-charge medical examinations by their selected primary healthcare physicians, including primary gynaecologists, as part of their basic service package, i.e. health insurance holders are exempted from paying any cost-sharing fees when using this type of healthcare services.

5. Each year, the Government of the Former Yugoslav Republic of Macedonia develops an annual Healthcare Programme for Mothers and Children. One of the main objectives of this program is to improve the quality and equality of access to healthcare services for mothers and children, focusing on women from vulnerable populations, including Roma. The programme is implemented by the Ministry of Health and comprises special measures for healthcare service provision to mothers in their antenatal and postnatal periods, including free laboratory tests for women during pregnancy period and home visits from outreach patronage nurses during the antenatal and postnatal period.

6. Access to primary gynaecological services for Roma women is inadequate. UNICEF data indicate that 27% of Roma women had not seen a gynaecologist in the previous 5 years (mostly, yet not exclusively, over 40 years of age), and 18% say they have never been to a gynaecologist (29% of women aged 15-24 reported this).<sup>7</sup> No primary healthcare gynaecology exists in rural and smaller urban communities, particularly where Roma live.<sup>8</sup> Field data collected by civil society organisations show that 50% of Roma women must overcome certain barriers in order to receive gynaecological services, such as illegal charges for services covered by the national health insurance schemes and receiving poor quality healthcare services.<sup>9</sup>

## IV. ISSUES OF CONCERN

### **Illegal charging for health services from pregnant women in the primary healthcare gynaecologists' practices**

1. The current laws and regulations enable every pregnant woman to receive services from her selected primary healthcare gynaecologist entirely free of charge. Field and research data show that there is a widespread practice by the primary healthcare gynaecologists in the country to charge fees illegally. Since the beginning of 2012, HERA and the Roma Women's Initiative from Šuto Orizari recorded 1,277 cases of Roma women from Šuto Orizari being charged illegal fees for reproductive health services at primary level.

2. Since 2012, Roma women from Šuto Orizari have been conducting Community Score Cards and raising red flags concerning the illegal payments as key barriers in accessing antenatal care services at primary level. The annual Community Score Cards among Roma women living in Šuto Orizari conducted by the community activists over the past six years have shown that more than 60% of Roma women were illegally charged when visiting primary healthcare gynaecologists (67% in 2012<sup>10</sup>, 82% in 2017<sup>11</sup>).

*"During my check-up with the gynaecologist they charged me 600 MKD (10 EUR) for a PAP smear. At the time I didn't have the right amount, so the doctor took my Health Insurance Card as a guarantee that I would pay the money back. I am aware that I shouldn't be charged at all. No one in my family is employed, and I cannot afford to pay for my check-ups" – a Roma woman from Šuto Orizari interviewed on 15.12.2017.*

3. The State's response to the enforcement of the primary healthcare providers' rights and obligations arising from private healthcare service provision, as stipulated in the Contract with the Health Insurance Fund, indicates that the State Sanitary and Health Inspectorate shall have the competence to carry out inspections in order to ensure the full enforcement of patients' rights. However, field and research data over the past five years have clearly shown that restrictive measures

imposed by the Health Insurance Fund on private primary healthcare providers have not yielded any results with respect to elimination of illegal payments made to the primary healthcare gynaecologists.

4. The primary healthcare funding system and methodology in the area of gynaecology, in the past 10 years, have not been adjusted to the healthcare and social context and there have been no indicators of its effectiveness over said period. It is a model of financing that, within the given circumstances, encourages neither quantity nor quality of services, and is unacceptable by service providers (primary gynaecologists). It is therefore identified as one of the direct reasons for growing barriers for women in accessing reproductive health services.<sup>12</sup>

5. Furthermore, in Paragraph 48 of its previous Concluding Observations in relation to the combined second to fourth periodic reports (2016) of the Former Yugoslav Republic of Macedonia, the Committee on Economic, Cultural and Social Rights recommended that the government “[...] *Intensify its efforts to ensure that primary healthcare services are available and accessible to all regardless of geographical location, including by allocating adequate funding to the health services, securing a sufficient number of qualified medical professionals and expanding the coverage and the benefits under the Health Insurance Fund. It urges the State party to put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health service providers with the licensing agreements under which they operate*”.<sup>13</sup> The large number of documented cases of illegal charging for services and the inaction on the part of state bodies to address them in a systemic way after 2016 illustrate the failure on the part of the government to protect women, especially Roma, and other vulnerable communities from interference with their right to reproductive health.

### **Lack of effective implementation of the preventive Healthcare Programme for Mothers and Children**

6. Paragraph 90 of the State’s replies to the List of Issues (2018) reads as follows: “*The Ministry of Health has introduced several measures to increase access to healthcare for pregnant women [...], including free pregnancy-related examinations during pregnancy, free childbirth for uninsured pregnant women, Roma women [...]. These measures facilitate the access of the vulnerable group of women to these services*”.<sup>14</sup>

7. Even so, field data show that measures aimed at pregnant women that were adopted by the Ministry of Health in its previous years’ annual preventive programmes have not been implemented effectively. The 2017 national Healthcare Programme for Mothers and Children envisaged that all pregnant women without health insurance or personal identification documents should receive reproductive healthcare services at no cost.<sup>15</sup> However, community monitoring research in 2017 showed that only 20% of the Roma women from Šuto Orizari benefited from this measure.<sup>16</sup>

8. Measures planned with the annual preventive programmes are not effective, primarily because they are not planned according to the needs of the population and they lack mechanisms to be implemented in practice. Moreover, no data collection system is put in place regarding the results of the measures and the rate of their use, nor are the field findings of the CSOs and community activists taken into consideration by the State party in the process of developing the preventive programmes.

9. During its 2014 UPR, the Former Yugoslav Republic of Macedonia accepted the recommendation of Spain, to “*Encourage the active participation of the Roma population in the decision-making regarding measures that affect them*”. The State party in its Report to the Human Rights Council stated that the recommendation No. 131.33 (Spain) is accepted and it is being implemented, even though there is no mechanism in order to secure active participation of Roma in the creation or development of programmes.<sup>17</sup> Furthermore, the state accepted the recommendation of Ireland, to “*Carry out a country-wide Roma needs assessment and health status study in consultation with Roma, Roma organisations, and health professionals, as the first step in defining a new national*



*plan of action for ensuring that Roma have access to the highest attainable standard of health*". The State, in its Report to the Human Rights Council, stated that the recommendation No. 101.90 (Ireland) is accepted and it is being implemented, even though there is no country-wide assessment plan that could guarantee that Roma have access to the highest attainable standard of health.<sup>18</sup>

### **Unavailability of gynaecological healthcare services at the primary level for all women due to geographical barriers**

10. The current situation with specialised gynaecologists in the Former Yugoslav Republic of Macedonia, in terms of their number and the total potential (in the primary, secondary and tertiary healthcare), who have been involved or could potentially become involved in reproductive healthcare service provision is satisfactory. Their number corresponds to the situations in developed countries, as for the period 2006-2013, the Former Yugoslav Republic of Macedonia had more gynaecologists per capita than the European average (which, in 2013, stood at 15.5 per 100,000 people). Unlike gynaecologists, the total potential of obstetricians and nurses in the country is almost twice lower than the European average.<sup>19</sup>

11. On the other hand, the number of primary gynaecologists per 1,000 live births reveals a huge disbalance in the potential of reproductive healthcare provision between different regions in the country (with 1:4.8 ratio between the best and worst supplied regions with this service). On average, the country has 3,610 women in reproductive period, or 3,568 enlisted health insurance holders per single primary gynaecologist, with huge discrepancies between different regions, the ratio being 1:3 between the best and the worst supplied regions. The highest number of enlisted insurance holders per primary gynaecologist is 8,679. Moreover, in four cities in the country (Makedonski Brod, Demir Hisar, Kruševo, and Probištip) there is not a single primary gynaecologist.<sup>20</sup>

12. In addition to this, a great threat in the country is posed by the fact that the average age of the healthcare staff, especially of the gynaecology specialists, as well as of obstetricians, is increasing rapidly, which is deemed to present a high risk for this segment of the healthcare provision in the near future. Namely, around 1/3 of all gynaecologists are above 60 years of age, and around 1/2 are between 50 and 60 years of age, meaning that over the next 15 years, on average, 7-8 gynaecologists will retire annually, if 65 is taken as the age of retirement.<sup>21</sup>

13. In 2017, HERA initiated the establishment of a National Consultative Expert Group comprising all key stakeholders in order to develop modalities for ensuring availability and accessibility to reproductive health services at the primary level of healthcare in the long and short term.

The National Group Expert Group consisted of representatives of all relevant stakeholders: Ministry of Health, Health Insurance Fund, Institute of Public Health, Association of Family Doctors, Association of Private Gynaecologists, Association of Obstetricians and Medical Nurses, a representative of the gynaecologists at the tertiary level of healthcare, and representatives of the civil sector and the Roma community. During 2017 and 2018, this group was actively involved, in coordination with health experts, in the development of situational analyses with a special focus on human resources to ensure the delivery of reproductive healthcare services on a national level. This analysis was followed by developing different modalities for optimizing the use of resources and providing better access to reproductive health services at the primary level in the country, both in the short term as well as in the long term. The situational analyses and the modalities were presented to the Minister for Health and to the directors of the Health Insurance Fund in June 2018, as an evidence-based data, in order to contribute to the development of health policies on national level.

14. Despite the obligation on State parties to take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on the basis of equality of men and women, access to healthcare services, including those related to family planning, with the 2007-2009 health reforms for the transition of public primary healthcare providers into private ones, the largest Roma municipality in the country, Šuto Orizari, was left without a single primary

healthcare gynaecologist for almost 10 years. In September 2017, 10 years later, the State finally took measures to provide gynaecological healthcare services in the largest Roma municipality in the country, Šuto Orizari. When the practice was opened, the media revealed information which showed that, although the gynaecologist had many years of professional experience in one of the neighbouring countries, she does not speak the Macedonian language, or the Roma language, which is a serious barrier for Roma women to establish direct communication with their gynaecologist.<sup>22</sup>

15. In paragraph 34 of its previous Concluding Observations on the Former Yugoslav Republic of Macedonia, the Committee on Elimination of Discrimination against Women recommended that the State party “[...] Take all measures necessary to improve women’s access to quality healthcare and health-related services”. In paragraph 38, the Committee called upon the State party to “Implement and expeditiously allocate adequate financial resources to national action plans and strategies aimed at eliminating all forms of discrimination against Roma women”.<sup>23</sup>

### **Low coverage by patronage nursing services for Roma women during their antenatal and postnatal period**

16. According to the Institute for Health Protection of Mothers and Children, the number of registered visits by patronage nurses to pregnant women in the country has been continuously decreasing over the last decade.<sup>24</sup> Considering that patronage services are part of those primary healthcare services specifically intended to provide increased access for rural women and vulnerable groups, a decrease in the number of visits indicates that access to reproductive healthcare services is compromised.

17. There is very low coverage with patronage nursing services of women in the antenatal and postnatal periods at national level.

Patronage service is a complementary part of the healthcare system that should provide access to health services to the outermost regions and the most vulnerable groups. Patronage nurses have been mandated to visit pregnant women (an average of two visits per pregnant woman, or more in high-risk cases, i.e. for girls younger than 18, women older than 35, or women who belong to vulnerable social groups, including Roma women and pregnant women in remote rural areas), as well as to visit all mothers and newborns (for an average of two visits, and in cases of home birth mothers and nursing mothers from socially vulnerable groups and Roma families, more than two visits).

18. Community Score Cards confirmed the poor implementation of these measures among Roma women in Šuto Orizari, with the patronage nursing service only covering a small number of women, mainly during their antenatal periods. In 2012 only 13% of pregnant women from this municipality were visited during their antenatal period<sup>25</sup>, in 2013 only 7%<sup>26</sup>, in 2014 only 14%, 5.9% in 2015<sup>27</sup>, 11% in 2017<sup>28</sup>. According to the official data from state healthcare institutions, the coverage of pregnant women by the patronage nursing programme is 40% on the national level for 2017.<sup>29</sup> Although this percentage shows insufficient coverage, it is still far higher in comparison to the coverage among the Roma women living in Šuto Orizari.

19. The data collected in the field show a higher level of coverage with patronage nursing visits during the postnatal period, however, not all women were visited by patronage nurses. Namely, in 2012, 75% of the Roma women from Šuto Orizari received a visit from a patronage nurse during their postnatal period, 83% in 2013<sup>30</sup>, 77% in 2014, 86% in 2015 and 65% in 2017.<sup>31</sup> National coverage with patronage nursing services during postnatal period in 2017 was 82.8% or 22% higher compared to the coverage of Roma women in Šuto Orizari for the same year.<sup>32</sup>

20. The research findings from the Community Score Cards indicate that the biggest issues contributing to the poor coverage by the patronage nursing services is the shortage of patronage nurses employed in the healthcare centres as well as the lack of technical resources for patronage nurses (e.g. the lack of field vehicles). The 2017 National Report on the Status of Mothers and Children in the Former Yugoslav Republic of Macedonia showed that the number of employed



patronage nurses has been continuously decreasing over the past 10 years (from 307 in 2007 to 291 in 2017). Moreover, the same report on patronage nursing found that patronage nurses in the country were also being assigned to other tasks, which reduced their effectiveness in providing health services during antenatal and postnatal period.<sup>33</sup>

21. In its Concluding Observations on the Former Yugoslav Republic of Macedonia (2013), the Committee on Elimination of Discrimination against Women recommended that the State party “[...] *Take all measures necessary to improve women’s access to quality healthcare and health-related services.*”<sup>34</sup>

22. The Committee also called upon the State party to “*Implement and expeditiously allocate adequate financial resources to national action plans and strategies aimed at eliminating all forms of discrimination against Roma women.*”<sup>35</sup>

23. Furthermore, in its Concluding Observations in relation to the combined second to fourth periodic reports (2016) of the Former Yugoslav Republic of Macedonia, the Committee on Economic, Cultural, and Social Rights recommended that the government: “[...] *Intensify its efforts to ensure that primary healthcare services are available and accessible to all regardless of geographical location, including by allocating adequate funding to the health services, securing a sufficient number of qualified medical professionals and expanding the coverage and the benefits under the Health Insurance Fund.*”<sup>36</sup>

24. According to the 2014 National Report submitted to the Human Rights Council by the Former Yugoslav Republic of Macedonia as part of the UPR, one of the priorities at national level for human rights promotion is the advancement of the rights of women and girls. However, progress has not been made in the field of advancement of reproductive rights of women and girls, especially of marginalised groups, such as Roma women.<sup>37</sup>

### **Failure to integrate Roma Health Mediators into the public healthcare system**

25. The Roma Health Mediators (RHM) Programme has been implemented in cooperation with the Ministry of Health since 2011. The goal of the RHM Programme is to improve the health status of Roma people and their access to healthcare services, acting as a link in the chain for improving communication between the Roma population and the healthcare system. RHM Programme was established to play an important role in referring individuals to the appropriate place in the system, in the case of unregistered individuals, individuals in need of being introduced to the healthcare system, children with lack of mandatory immunisation, and to facilitate the process of integration of Roma health needs into the entire healthcare system.

26. In its 2017 report to CEDAW the State affirmed that “*In the context of the implementation of the Decade of Roma Inclusion 2005-2015 and the Strategy for Roma in the Former Yugoslav Republic of Macedonia, Ministry of Health and CSOs started the implementation of the project ‘Roma Health Mediators’ in 2010. This project is still implemented and aims to overcome the obstacles in communication between the Roma population and healthcare workers, to identify the persons and families who have no access to healthcare by making field visits to inform them of the accessibility to healthcare, healthcare insurance, and free healthcare services provided in the preventive and curative programs of MH, and to improve the health status of the Roma population.*”<sup>38</sup>

27. Despite the State’s response, Roma Health Mediators are still functioning on a project level. They are not employed by the State nor introduced to the National Classification of Occupations, which would enable their systematisation and confirm their eligibility for the same entitlements as other Government employees receive.

28. According to the UNICEF Evaluation Report of the Roma Health Mediators Programme “*The Government commitment and contribution to the stability and success of the programme is crucial. Identifying optimal model for Roma Health Mediators institutionalisation and systematisation remains a priority for sustainability of the overall program. This should be done by introducing the*



*profile of health mediator into the National Classification of Occupations enabling their systematisation and entitlements as for any other Government employee.”<sup>39</sup> Furthermore, it recommended the optimal model for the RHM to be determined and institutionalised. After more than five years as a project activity, some serious decisions as to the future of the RHM Programme are necessary. It is highly recommended for the RHM Programme to continue, not as a project activity, but as an institutional programme within the Ministry of Health.*

## Recommendations

In light of this information, we respectfully recommend that the Former Yugoslav Republic of Macedonia:

- Take systemic measures to eliminate widespread illegal charges for health services provided by the primary healthcare gynaecologists by defining a funding model for primary healthcare gynaecology that will encourage quantity and quality of services and by defining clear indicators of effectiveness that will be acceptable by service providers and in favour of Roma women and other socially excluded women.
- Take further steps in developing evidence informed policies to ensure availability and accessibility of reproductive health services at the primary healthcare level in short and long term, with focus on utilization of the limited human resources to their full scope, taking into consideration the evidence-based modalities developed by the National Consultative Expert Group.
- Increase the coverage of pregnant women with patronage nursing services at national level through increased number of employed patronage nurses, continuous training and sufficient technical equipment for field visits, particularly in rural areas and areas with predominantly Roma population.
- Establish an effective mechanism for ensuring the participation of civil society organisations and affected communities in the development of the national preventive programmes in the field of health protection of mothers and children.
- Take measures to ensure sustainability of Roma Health Mediators Programme through integration of Roma Health Mediators in the public healthcare system, including their employment.

## ENDNOTES

<sup>1</sup> Census of Population, Households and Dwellings in the Republic of Macedonia, 2002. Available at: <http://www.stat.gov.mk/publikacii/knigaX.pdf>

<sup>2</sup> Republic of Macedonia, 2012 Progress Report on the Decade of Roma Inclusion 2005-2015. Available at: <http://www.eurasia.undp.org/content/dam/rbec/docs/DORI%20REPORT.pdf>

<sup>3</sup> Ministry of Education and Science, Ministry of Labour and Social Policy and Ministry of Health, Multiple Indicator Cluster Survey, Republic of Macedonia, 2011. Available at: <https://mics-surveys-prod.s3.amazonaws.com/MICS4/Europe%20and%20Central%20Asia/Macedonia%2C%20The%20Former%20Yugoslav%20>

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<sup>4</sup> Ministry of Labour and Social Policy, Strategy for the Roma in the Republic of Macedonia 2014-2020. Available at: <http://www.mtsp.gov.mk/content/pdf/strategii/Strategija%20za%20Romite%20vo%20RM%202014-2020.pdf>

<sup>5</sup> Institute for Health Protection of Mothers and Children, Health of Mothers and Children in the Republic of Macedonia, 2017.

<sup>6</sup> Ministry of Education and Science, Ministry of Labour and Social Policy and Ministry of Health, Multiple Indicator Cluster Survey, Republic of Macedonia, 2011. Available at: [http://www.childinfo.org/files/MICS4\\_Macedonia\\_FinalReport\\_Eng.pdf](http://www.childinfo.org/files/MICS4_Macedonia_FinalReport_Eng.pdf)

<sup>7</sup> UNICEF, Assessment of Barriers to Health Insurance Access for Roma Families in the Republic of Macedonia, 2016.

<sup>8</sup> Ministry of Labour and Social Policy, Institute for Human Rights "Ludwig Boltzmann", Secretariat for European Affairs, On the Way to EU: Contribution from the Civic Society for the Creation of Social Inclusion Policy in the RoM, 2008.

<sup>9</sup> ROMA S.O.S "Get to know your family gynaecologist", September, 2012; HERA, Second Community Score Card for healthcare during antenatal period among Roma living in Šuto Orizari and HERA, Survey to assess the access to social and health services of social families from Roma nationality, 2010.

<sup>10</sup> HERA, Community Score Card for healthcare during antenatal period among Roma living in Šuto Orizari, 2013. Available at: <http://hera.org.mk/?p=2369>

<sup>11</sup> HERA, Sixth Community Score Card for access to services for parenthood planning, health services during antenatal and postnatal period among Roma women in Šuto Orizari, 201. Available at: <https://hera.org.mk/karta-so-ocena-od-zaednicata-6/>

<sup>12</sup> HERA, Health Protection for Reproductive Health in Macedonia – situational analysis with focus on human resources, September 2018.

<sup>13</sup> Committee on Economic, Social and Cultural Rights, Concluding observations on the combined second to fourth periodic reports of the former Yugoslav Republic of Macedonia, 15 July 2016. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en)

<sup>14</sup> Committee on the Elimination of Discrimination against Women, Replies of the former Yugoslav Republic of Macedonia, 18 June 2020. Available at: [https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2fQ%2f6%2fAdd.1&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2fQ%2f6%2fAdd.1&Lang=en)

<sup>15</sup> 2017 Healthcare Programme for Mothers and Children, January 2018. Available at: [http://healthrights.mk/pdf/Zdravstveni%20Rabotnici/Preventivni%20i%20kurativni%20programi%20na%20MZ/2017/18.%20PROGRAMA\\_ZA\\_AKTIVNA\\_ZZ\\_NA\\_MAJKI\\_I\\_DECA\\_ZA\\_2017.pdf](http://healthrights.mk/pdf/Zdravstveni%20Rabotnici/Preventivni%20i%20kurativni%20programi%20na%20MZ/2017/18.%20PROGRAMA_ZA_AKTIVNA_ZZ_NA_MAJKI_I_DECA_ZA_2017.pdf)

<sup>16</sup> HERA, Sixth Community Score Card for access to services for parenthood planning, health services during antenatal and postnatal period among Roma women in Šuto Orizari, 2017. Available at: <https://hera.org.mk/karta-so-ocena-od-zaednicata-6/>

<sup>17</sup> Universal Periodical Review, 2RP: Responses to Recommendations & Voluntary Pledges, Macedonia, session 18, 2014. Available at: <https://www.upr-info.org/en/review/Macedonia-%28Former-Yugoslav-Republic-of%29/Session-18---January-2014/Responses-to-Recommendations#top>

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<sup>19</sup> HERA, Health Protection for Reproductive Health in Macedonia – situational analysis with focus on human resources, September 2018.

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<sup>21</sup> Ibid.

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<sup>26</sup> HERA, Second Community Score Card for healthcare during antenatal period among Roma living in Šuto Orizari, 2014. Available at:

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<sup>27</sup> HERA, Third Community Score Card for healthcare during antenatal period among Roma living in Šuto Orizari, 2015. Available at:

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<sup>36</sup> Ibid.

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