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## **EUROPEAN SOCIAL CHARTER**

8<sup>th</sup> National Report on the implementation of  
the European Social Charter

submitted by

**THE GOVERNMENT OF THE REPUBLIC  
OF NORTH MACEDONIA**

Articles 3, 11, 12 and 13

for the period 01/01/2016 – 31/12/2019

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REPUBLIC OF NORTH MACEDONIA  
MINISTRY OF LABOUR AND SOCIAL POLICY

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EIGHTH REPORT  
ON THE IMPLEMENTATION OF  
THE REVISED EUROPEAN SOCIAL CHARTER

submitted by the

REPUBLIC OF NORTH MACEDONIA

(for Articles 3, 11, 12 and 13)

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Skopje, April 2021



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## PREFACE

The Republic of North Macedonia ratified the Revised European Social Charter on 06.01.2012.

In accordance with Article C and Article 21 of Part IV of the Charter, the Republic of North Macedonia hereby submits its Eighth Report on the Implementation of the Ratified Provisions of the Revised European Social Charter (1996).

The Report is prepared in accordance with the reporting system, adopted by the *Committee of Ministers* of the Council of Europe, applicable from 31 October 2007.

At the request of the European Committee of Social Rights (ECSR), it is reduced in scope compared to the previous reports and contains answers to specific and targeted questions on each of the ratified provisions of the Charter.

This Report contains relevant information and data on the implementation of the undertaken obligations of the Republic of North Macedonia regarding the articles of the thematic group.

*“Health, social security and social protection”* and:

- Article 3 (paragraphs 2 and 4);
- Article 11 (paragraphs 1, 2 and 3);
- Article 12 (paragraphs 1, 2, 3 and 4);
- Article 13 (paragraphs 1, 2, 3 and 4);

The reference period of this Report is from 1.1.2016 to 31.12.2019.

The Eight Report on the implementation of the Revised European Social Charter was reviewed and adopted at the 72<sup>nd</sup> Session of the Government of the Republic of North Macedonia, held on May 25, 2021.

In accordance with Article 23 of Part IV of the Revised European Social Charter, copies of the prepared Report have been submitted to the **representative national organizations of employers and trade unions**, which are also members of the Economic and Social Council (ESC) :

- *the Federation of Trade Unions of Macedonia (SSM);*
- *the Organization of Employers of Macedonia (ORM).*

### ARTICLE 3 - The right to safe and healthy working conditions

#### **Information on activities associated with safety and health at work, and primarily related to the COVID-19 pandemic (2020)**

In the Republic of North Macedonia, as it is the case with most of the other countries in Europe and beyond, the emergence of the global health crisis caused by the COVID-19 pandemic and its spread in our country, from the very beginning – in the first quarter of this year, led to a wide mobilization of all relevant factors in the country that acted jointly and in coordination throughout the year and implemented numerous policies, activities and measures aimed at the protection of the population and more efficient overcoming of the risks and consequences caused by the spread of the new coronavirus SARS-CoV-2. A number of activities and measures were realized and adopted in this period in the area of public health, prevention and protection of the health of the population in the Republic of North Macedonia, as well as in the area of mitigating or overcoming the economic and social consequences caused by or directly related to the pandemic, and of course special attention and efforts of a number of important entities were focused precisely on prevention and health protection, the safety of workplaces, as well as the tackling of the new risks to all workers and in all sectors and activities posed by the spread of the virus and the COVID-19 pandemic.

In the area of safety and health at work, a number of different specific measures, recommendations and guidelines related to tackling the risks of the spread and infections with the new coronavirus among workers have been prepared and published in recent months. Measures, guidelines and recommendations have been developed regarding the protection and safety of workplaces, some of them general – intended for employers and workers in the country – in general, but also a number of specific ones – intended and aimed at specific sectors, specific activities and specific circumstances. Most recommendations, restrictions and regulations have been discussed and formulated in consultation with the social partners and other relevant non-governmental entities in the country.

Some of these recommendations have been issued and published by government institutions (including the Commission for Infectious Diseases, the Ministry of Health, the Institute of Public Health, the Institute for Occupational Health, the Ministry of Labour and Social Policy, etc.), and a large number of them have been updated, prepared, published by non-governmental entities in the field of occupational safety and health (OSH), that is, by social partners and associations of occupational safety and health professionals. Many of these recommendations, guidelines, instructions, information materials, etc. are based on internationally available and published materials and information related to protection and safety in the context of the COVID-19 pandemic (prepared and published by the World Health Organization, the International Labour Organization, the European Union and relevant European institutions, organizations, etc.).

The social and other media are intensively used throughout this period to promote all these measures, recommendations, guidelines, but also to encourage and promote the use of accurate, relevant and verified information and news about the situation.

With the onset of the spread of the coronavirus and the declaration of a state of emergency throughout the country in mid-March 2020, a set of measures, recommendations and restrictions were proposed and adopted in order to reduce the risks to workers from exposure to the virus, such as the recommendations for work from home – where the work process allows it, recommendations for rotating workers in the workplace, work in multiple shifts, in order to reduce the number of workers present at the same time in the workplace, recommendations for maintaining a physical distance between the workers, provision and distribution of personal protective equipment by the employers, provision of disinfectants, regular disinfection of the working areas and premises, method of signing and handling work-related documents, restrictions and recommendations were introduced regarding the organization of meetings, collegiums, staff trainings, recommendations for the use of personal protective equipment by the security personnel, the drivers, etc...

A government website (portal) specifically dedicated to COVID-19 has been launched, in Macedonian, Albanian and English (<https://koronavirus.gov.mk>), which since the beginning of the pandemic has been providing all the relevant information and data on this topic.

Some of the recommendations and restrictions for the workplaces and the workers that were adopted and published by government institutions include:

- Recommendations for the workers in production facilities (<https://koronavirus.gov.mk/vesti/214845>);
- Recommendations for workers in food production companies and slaughterhouses (<https://koronavirus.gov.mk/vesti/214848>);
- Recommendations for workers in transport companies (<https://koronavirus.gov.mk/vesti/214850>);
- Specific rules regarding movement restrictions for agricultural workers (<https://koronavirus.gov.mk/vesti/214831>).

In addition, the **Council for Safety and Health at Work** has been active from the very beginning of the health crisis, as the most important national expert and consultative body in the field of safety and health at work, which in March 2020 adopted and published a set of recommendations for companies and employers related to the realization of the legal obligations in the area of safety and health at work (primarily the Law on Safety and Health at Work) during the current state of pandemic and the declared state of emergency in the country ([http://mtsp.gov.mk/content/pdf/bzr/3.4\\_bzr%20preporaki.pdf](http://mtsp.gov.mk/content/pdf/bzr/3.4_bzr%20preporaki.pdf)).

The recommendations refer to the extremely important role of employers in the prevention and avoidance of risks, who in coordination with the licensed occupational safety professionals, the occupational health institutions and the occupational safety and health representatives in companies should prepare an internal plan with occupational safety and health measures in conditions of risk of exposure, spread and infection from the existing coronavirus. It is necessary to identify critical workplaces

and work processes (in relation to virus exposure) and to organize and implement adequate safeguards. The recommendations also refer to the organization of safety and health at work trainings for workers in accordance with the general recommendations, as well as to the extension of the validity of the issued documents/reports related to safety and health at work and the like.

As a result of the newly emerged situation with the pandemic of the new coronavirus and the declaration of a state of emergency in the country, at the initiative of the Institute for Occupational Health, as a competent institution that coordinates the work of the Occupational Health Network composed of private and public occupational health institutions, the Ministry of Health, at the beginning of March 2020 made a decision, that is, a resolution by which the conducting of medical examinations was postponed (prescribed by the Law on Safety and Health at Work). The main reason for the adoption of this Resolution during the first wave of the spread of the virus infection and the COVID-19 disease that affected the country was to reduce the possibility of exposure to the risk of infection and to contribute to the protection of the health, both of the workers undergoing a medical examination, and of the employees (the medical staff) in the occupational health institutions. The postponement of the legally prescribed medical examinations lasted until the beginning of July 2020.

At the beginning of May this year (2020), the **Rulebook on the List of Occupational Diseases** was amended, whereby infectious diseases caused by the COVID-19 coronavirus in the prevention, health protection, home visits and other similar activities for which the risk of infection has been proven were included. The part of the Rulebook that describes the “Conditions and criteria for recognition of occupational diseases” prescribes the conditions related to this disease, whereby it is necessary for the worker to have worked in positions and workplaces where he/she may have had contact and exposure to the cause of the disease. The workers that are covered include doctors and other medical staff, veterinary staff and other support staff employed in hospitals, clinics, dispensaries and other health organizations related to the care of people or to the dissection of corpses or work with infectious materials, work of the staff of scientific and medical laboratories when dealing with infectious materials and the staff working on the eradication and scientific research of infectious diseases.

With regard to the previous protocols brought and adopted by the government institutions, which refer to the measures, rules and restrictions that need to be implemented in order to prevent, protect and tackle the risk of infection and spread of the coronavirus SARS-CoV-2, in the course of the year (status: December 2020), a total of 72 different protocols were developed, which are available and published on the web portal of the Government of the Republic of North Macedonia (<https://vlada.mk/protokoli-koronavirus>). Many of these protocols relate primarily to the prevention of infection and public health protection, that is, protection of the citizens of the Republic of North Macedonia in different situations, when using certain services, behavior and activities of the citizens during certain procedures, exercise of the rights, visit of certain facilities, institutions, etc. Of course, certain protocols were prepared that refer to the workers in the country (general and specific).

For example, Protocol No. 1: “Protocol on preventive measures for all workplaces” establishes and prescribes the universal (general) measures for preventing the transmission of COVID-19 that are valid and apply to all workplaces and to all persons at the workplaces, that is, to employers, managers, workers, contractors, clients and visitors. This Protocol contains specific measures and restrictions that are organized in several sections, such as “Hand hygiene”, “Respiratory hygiene”, “Physical distancing”, “Reduction and organization of work-related trips”, “Regular cleaning and disinfection of the work environment”, “Risk communication, training and education” (through promotional materials and activities to raise awareness of COVID-19 among workers and promote safe individual practices in the workplace), as well as a special section on “Management of people infected with COVID-19 or their contacts”.

In addition to this Protocol, other protocols relating to workers and workplaces have been prepared and adopted, such as:

- Protocol No. 2 – on organization of working meetings, trainings, courses and seminars;
- Protocol No. 3 – on holding meetings of governing bodies and conferences;
- Protocol No. 5 – on activities in institutions for care and education of children;
- Protocol No. 6 – on the work of the day care centres for children/persons with disabilities;
- Protocol No. 18 – on the action of the primary schools in the Republic of North Macedonia for realization of the educational process with physical presence of the students;
- Protocol No. 19 – on the action of the secondary schools in the Republic of North Macedonia for realization of the educational process with physical presence of the students;
- Protocol No. 22 – on the action of the secondary schools in which vocational education and training is realized in the Republic of North Macedonia for conducting the practical classes with physical presence of the students;
- Protocol No. 23 – on preventive measures in the realization of learning based on work, vocational practice, practical training and exercises for students at the employer;
- Protocol No. 24 – on preventive measures in the realization of learning based on work, vocational practice, practical training and exercises for students at the employer in the mechanical engineering sector;
- Protocol No. 25 – on preventive measures in the realization of learning based on work, vocational practice, practical training and exercises for students at the employer in the agriculture, fisheries and veterinary sector;
- Protocol No. 26 – on preventive measures in the realization of learning based on work, vocational practice, practical training and exercises for students at the employer in the chemistry and technology sector;
- Protocol No. 27 – on preventive measures in the realization of learning based on work, vocational practice, practical training and exercises for students at the employer in the personal services sector;
- Protocol No. 53 – on management of the Skopje International Airport;
- Protocol No. 55 – on passenger transport;

- Protocol No. 60 – on the work of the driver training schools.

The role and engagement of the employees in the **State Labour Inspectorate (SLI)** was especially important during this period. This body, in coordination with all other relevant stakeholders in society that were and are actively involved in the fight against the coronavirus and the spread of the COVID-19 infection, actively participates in the implementation of the conclusions, recommendations, regulations, protocols and decisions of the Government of the Republic of North Macedonia by conducting inspection supervisions throughout the country.

All SLI facilities are made available and all inspectors who are at the disposal of the Inspectorate (for labour relations and for safety and health at work) performed field activities and were also available at all times in order to identify any non-compliance with the recommendations and conclusions and act immediately or as soon as possible.

In this regard, in this period, the priority in the work of the Inspectorate was placed on the supervision over the implementation of the recommendations and decisions for protection against the coronavirus.

For additional prevention and protection of the inspectors in the performance of their duties, adequate protocols were developed and complied with, according to which the state labour inspectors conducted the inspection supervisions in pairs (one for labour relations and one for safety and health at work) without having the possibility of grouping and by using protective masks, gloves and disinfectants, fully respecting the recommendations adopted by the Commission for Infectious Diseases of the Ministry of Health.

When conducting the inspection supervisions, the state labour inspectors gave priority to conducting inspection supervisions in major legal entities working in the field of the following activities:

- processing industry;
- wholesale and retail trade;
- transport and storage;
- food service activities;
- service activities.

As a result of these activities, primarily aimed at protection and tackling of the risks of the coronavirus, the SLI in the period from March 2020 significantly increased the number of inspection supervisions, compared to the same period in 2019.

Throughout this past period, the State Labour Inspectorate, in coordination with other inspection services and the Inspection Council, has actively been working and participating in activities for raising the awareness of the workers and the employers about the dangers and risks of the coronavirus, by organizing regular press conferences

and publishing announcements, through meetings (in compliance with the protocols) or online communications with representatives of the employers, trade unions and the non-governmental sector, by participating in debates and other informative programs on national televisions. Furthermore, SLI made public the telephone numbers of labour inspectors throughout the country so that they could be available to provide information and consultations at any time, and also introduced an additional e-mail address and telephone lines for reporting irregularities.

Additionally, in October 2020, the Law on Amending the Law on Protection of the Population against Infectious Diseases (published in the “Official Gazette of the Republic of North Macedonia” number 257/2020) was adopted, which gave additional competencies to the state labour inspectors to perform inspection supervisions of the application of the measures for protection of the population against infectious diseases, which refer to labour relations and safety and health at work, especially in the production facilities and the trade in non-food products. The Law also defines sanctions for the workers, legal entities and responsible persons in the legal entities for non-compliance with the measures for protection of the population against infectious diseases applied by the labour inspectors.

What we consider extremely important and should be especially emphasized in relation to the joint fight and prevention activities, regarding the information and protection of the workers in the country, related to the COVID-19 pandemic, is certainly the extensive engagement in this overall period of the year, of the **representatives of the civil society**, that is, the associations of professionals in the field of occupational safety and occupational health and of course the social partners (trade unions and employers’ organizations). Several active associations in the field of safety and health at work, in some cases independently, and in many cases jointly and in close cooperation with some of the relevant and representative organizations of employers and/or trade unions or also with state institutions/organizations, from the very beginning of the crisis, worked intensively, primarily on increasing the presentation, information, sharing of knowledge and raising of the awareness among the workers and the employers about the coronavirus crisis and the dangers of the spreading of the virus. In that direction, numerous useful and informative materials, guidelines, guides, action trends, instructions, brochures, posters, video materials and the like, were prepared and constantly published and shared with everyone who can benefit from them. The presence and the use of the electronic and social media for promoting these materials, messages and information was also significant. Some of them are general, but most of these published materials relate to specific activities or occupations, which are in different ways affected by the risks associated with this pandemic to a greater extent.

In continuation, we would like to list and enumerate only some of the informative materials and publications prepared by the associations of occupational safety and health professionals and the social partners. They are all published in electronic form on the social networks and web portals and are completely free for download and use by everyone affected and to whom they refer.

Some of the more significant such materials are:

- Coronavirus COVID-19 Facts, Symptoms Prevention ([link](#))
- Handbook on COVID-19 Prevention and Treatment ([link](#))
- Cleaning and Disinfection during COVID-19 ([link](#))
- Recommendations for proper hand washing ([link](#))
- Recommendations for proper application of disinfectants ([link](#))
- **An employer's guide on managing your workplace during COVID-19** ([link](#))
- Recommendations for safety and health at work in the workplace – general part ([link](#))
- (video) Support for workers and employers during a pandemic ([link](#))
- COVID-19 – personal protective equipment (putting on and taking off) – recommendations for health workers ([link](#))
- Personal protective equipment for health workers ([link](#))
- Recommendations for health workers ([link](#))
- Recommendations for dealing with stress during an epidemic ([link](#))
- Recommendations for prevention for workers in retail facilities – grocery stores/supermarkets ([link](#))
- Recommendations for prevention for workers working in administration/office work ([link](#))
- Recommendations for workers in warehouses for receipt and issuance of goods ([link](#))
- Recommendations for prevention for workers in the transport sector ([link](#))
- Recommendations for workers in production plants ([link](#))
- Recommendations for workers in stores, grocery stores ([link](#))
- Guide for safety and health at work in construction for coronavirus prevention – COVID-19 ([link](#))
- Recommendations for construction sites – investors/employers ([link](#))
- Recommendations for construction sites – construction site workers ([link](#))
- (video) How protected are textile workers during COVID-19? ([link](#))
- Occupational risk assessment during exposure to the SARS-CoV-2 virus ([link](#))
- Campaign of the Trade Union for Construction, Industry and Design for protection against the coronavirus in construction (field visits of construction sites and companies in the field of construction and the construction materials industry in order to raise the awareness of the workers in this sector, distribution of leaflets and other promotional material, protective masks, disinfectants, etc.) ([link](#))
- Manual for Business Enterprises: BACK TO WORK DURING AND AFTER COVID-19 ([link](#))
- The Institute for Occupational Health of the Republic of North Macedonia, in cooperation with the Organization of Employers of the Republic of North Macedonia organized a series of four educational online seminars for company representatives, **on the topic “COVID-19 and the Safety and Health at Work Perspective”**. The topics that were covered at the seminars were: Occupational health and safety during the COVID-19 pandemic; COVID-19-What do we need to know about the disease?; Mental health of workers during the COVID-19 pandemic; Recommendations for employers and workers for protection against COVID-19.

All these and numerous other activities have significantly contributed to the joint efforts of all relevant entities in the country to provide the necessary and important information and to raise the awareness and knowledge about the existing risks and the undertaking of the necessary preventive and protective measures as much as possible.

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### Article 3§2

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organizations to issue safety and health regulations

During the reporting period, that is, from the beginning of 2016 until the end of 2019, no significant laws and/or bylaws were prepared in the field of safety and health at work. In the course of this period, within the process of revising or improving the content of some of the existing bylaws in the field of safety and health at work, two rulebooks were being prepared in order to improve their content and application.

In that direction, with the participation and consultations with the relevant entities in the area, amendments to the **Rulebook on the minimum requirements for safety and health at work of pregnant workers, workers who have recently given birth or are breastfeeding** were prepared. The amendments were published in the "Official Gazette of the Republic of North Macedonia" number 197/2017 dated 29 December 2017. These amendments have provided the harmonization with the Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/34/EC of the European Parliament and of the Council in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures (CELEX No. 32014L0027).

In addition, a rulebook was prepared in 2019 to replace the existing relevant bylaw. Namely, in cooperation with the civil society, that is, the associations of occupational safety experts, a completely new **Rulebook on Safety and Health at Work Signs** was prepared, which prescribes in detail the minimum requirements for placement and use of safety and health at work signs. The Rulebook was published in the "Official Gazette of the Republic of North Macedonia" number 107/2019 dated 28 May 2019. With the adoption of this Rulebook, the content of the regulation relating to the use of safety and health at work signs in the workplace was significantly improved, and at the same time further harmonization with the legislation of the European Union in this part was performed, through adequate transposition of the relevant EU Directives (harmonization with Directive 92/58/EEC, Directive 2007/30/EC and Directive 2014/27/EU). During the preparation of the Rulebook, additional consultations were held with the participation of the members of the National Council for Safety and Health at Work who provided their comments, remarks and suggestions.

It is mentioned in the previous part of this Report that during 2020, under the influence of the global health crisis caused by the COVID-19, amendments were made regarding the bylaw that regulates and determines the **List of occupational diseases**. During this intervention, the List also included infectious diseases (for health workers) caused by the SARS-CoV-2 virus in the prevention, health care, home visits and other similar activities for which the risk of infection has been proven.

\* \* \*

After reviewing the previous Report submitted by the Republic of North Macedonia to the Council of Europe, that is, to the European Committee of Social Rights (ECSR), regarding **Article 3, paragraph 2** of the Revised European Social Charter, the Committee in its **Conclusions 2017** states that it was not able to reach a conclusion, that is, **it postponed reaching a conclusion**, pending certain additional information.

In this Report, in addition to providing relevant information relating to the reporting period, we will endeavor to provide answers to the additional requests and questions raised by the European Committee of Social Rights in the Conclusions 2017 (regarding Article 3, paragraph 2 of the Charter).<sup>1</sup>

Furthermore, as stated in the previous Report submitted to the European Committee of Social Rights regarding these provisions of the Charter (IV Report – 2017), although the Republic of North Macedonia has a long tradition and experience in the existence and implementation of primary and secondary legislation in the field of safety and health at work, it can be noted that following the application of the country for accession to the European Union in 2004, the process of harmonization of the national legislation with the European *acquis* in all areas, including in the field of safety and health at work, was initiated. As we have already reported, a new **Law on Safety and Health at Work** was prepared and adopted in 2007, in which the EU OSH Framework Directive 89/391/EEC was completely transposed. After that, a number of specific bylaws, that is, rulebooks were adopted in which the individual EU Directives in the field of safety and health at work were transposed, and which refer to certain aspects related to safety and health at the workplaces and in the working environment, at certain workplaces and occupations/industries, to the exposure and risk of specific dangers and harms, etc. More detailed information on all adopted rulebooks and the harmonization with the relevant EU Directives were submitted within the previous (fourth) Report on the implementation of the Revised European Social Charter submitted by the Republic of North Macedonia in 2017. In addition to the above, more (about twenty) additional rulebooks have been prepared, which are not related to the transposition of EU Directives, but regulate other aspects, other issues and areas related to the Law on Safety and Health at Work and its implementation. Such are, for example, the rulebooks that refer to various aspects related to taking the professional exam for occupational safety; or the procedure and requirements for granting licenses to legal entities to perform professional works related to occupational safety; the rulebooks related to the professional development and education of experts; or the bylaws on the method of preparing a risk assessment and a safety statement; the method of keeping registers; tariff lists; the rulebooks related to inspection supervisions and sanctions; bylaws regarding the types and methods of conducting medical examinations of the workers, etc.

As a result, we believe that the Republic of North Macedonia is at a relatively advanced stage in the process of harmonizing the national legislation and transposing the relevant directives of the European Community, but also of other international standards in the field of safety and health at work. The current legislation provides a satisfactory legal and institutional framework for the implementation and promotion of the safety and

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<sup>1</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 6-8

health at work in the country, however there is a need for further efforts and improvements, primarily in terms of quality implementation and enforcement of the existing legal framework, but also in terms of the need for knowledge strengthening and raising of the awareness among all relevant stakeholders in the field, especially among the employers and workers.

\* \* \*

It is important to note that in 2019 the Ministry of Labour and Social Policy initiated a broad participatory process of analysis and consultation with all relevant stakeholders to **improve the legal framework for safety and health at work**. This process will result in a **new Law on Safety and Health at Work**, the main purpose of which will be to improve the practical implementation and to address and overcome the identified existing weaknesses, problems, shortcomings and bottlenecks that negatively affected the implementation, and that were identified in the past practical experience in the implementation of this Law of more than ten years.

First, in order to support the implementation of this activity, which was foreseen in the Strategy for Safety and Health at Work and the Action Plan 2020, at the initiative of the Ministry of Labour and Social Policy and the National Council for Safety and Health at Work, expert assistance was requested and approved from the International Labour Organization (ILO) for the preparation of an analysis and assessment of the compliance of the Macedonian legal framework for safety and health at work, that is, the Law on Safety and Health at Work with the international standards (primarily with the relevant ILO Convention No. 187), as well as an expert assessment of the legal regulation in this area, the position and role of the institutions and other relevant entities in the area. The activities in this part, supported by domestic and international (ILO) experts in the field resulted in the preparation of a report and an analysis that were initially presented at the end of 2018 and the beginning of 2019.

Furthermore, the process continued with the organization of discussions, exchanges of opinions and analyses of the experiences of various entities in the field of safety and health at work, from the current, more than ten year-implementation of the Law on Safety and Health at Work (additionally adopted in 2007.)

In that direction, several consultative working meetings were held in the course of 2019, in order to ensure broad participation and transparency of the process. At the end of March 2019, three separate meetings were held with representatives of various relevant entities and stakeholders, organized by the Ministry of Labour and Social Policy. The meetings were held with representatives of employers and economic chambers, representatives of the workers, that is, trade unions and the last meeting was held with professionals and experts (in the field of occupational safety, occupational health, as well as the academic public, that is, representatives of all universities conducting teaching activities in the field of safety and health at work). Concrete views, ideas and proposals for the need to improve and promote the Law on Safety and Health at Work were discussed at these meetings, based primarily on years of experience in law enforcement and the identified problems and weaknesses that complicate the implementation, as well as the identified opportunities for improvement. After these debates, all parties

additionally submitted their opinions and concrete proposals to the Ministry, as the coordinator of the overall process.

At another joint working meeting, in October 2019, all proposals and recommendations previously received from all parties were again presented in detail and discussed. In parallel with these meetings organized by the MoLSP, a number of other relevant stakeholders (trade unions, employers' organizations, associations of professionals, etc.) also organized their own internal debates, consultations, workshops on issues related to the revision of the legal framework for safety and health at work.

All of these reports, analyses and recommendations, as well as the results of the discussions and consultations are the basis for designing the changes to legislation, which will aim to further promote the legal framework and improve the implementation.

Thus, at the end of 2020, an initial draft of the new Law on Safety and Health at Work was already prepared, which seeks to introduce certain changes and innovations in the ways and specifics of the legal regulation of safety and health at work. This draft text will continue to be the subject to further consultations and harmonization, in order to find a legal solution that will be acceptable and significantly improved and enhanced compared to the existing one.

We believe that in this way, through such an established, perhaps longer and more difficult, but more broadly inclusive and participatory process, a better legal solution can be reached that will contribute to the efforts to provide healthier and safer workplaces in the country.

According to the plans, the new Law on Safety and Health at Work is expected to be prepared and adopted by the end of 2021.

\* \* \*

In this part of the Report, we would like to present information on activities carried out within this reporting period, which we consider to be particularly important and aimed at encouraging the further development in the field of safety and health at work in our country.

Namely, as we stated in the previous Report, in order to ensure continuity in the creation and implementation of a strategic framework in the field of safety and health at work, after the expiration of the validity period of the Strategy for Safety and Health at Work (2011-2015), the preparation of a new strategy for the next period was initiated.

Prepared within the framework of a consultative process with the participation and contribution of several stakeholders in the field, in August 2017 the Government of the Republic of North Macedonia reviewed and adopted the **Strategy for Safety and Health at Work 2020**, together with the **Action Plan (AP)** for its implementation, for the period 2017-2020. This new strategy is based and built on previous strategic documents in the field, that is, the National Strategy for Safety and Health at Work 2011-2015, the Strategy for Health, Healthy Living and Working Environment and Occupational Safety of the

Republic of North Macedonia 2006-2010, which ensures continuity in the strategic approach regarding the development of a national safety and health at work system, as well as its adaptation to the current socio-economic trends in the country and the harmonization with the European standards and norms. At the same time, care was taken during the preparation of the Strategy for Safety and Health at Work and the Action Plan 2020 to ensure that they are linked and aligned with the United Nations Agenda 2030 and the Sustainable Development Goals (SDGs).

The Strategy for Safety and Health at Work 2020 has a new concept and it consists of three parts:

- Strategic framework,
- Strategic basis for support and
- Action Plan with defined priorities, goals and specific actions, deadlines, responsible institutions and monitoring indicators.

The Strategy and Action Plan were prepared in coordination with the Council for Safety and Health at Work and with consultations and participation of several relevant entities, that is, stakeholders (representatives of the competent state institutions, scientific, educational, health institutions, employers' organizations, workers' organizations, relevant organizations of experts in the field, etc.). The purpose of these strategic documents is to ensure the continuous development of the national safety and health at work system and include all relevant factors in the country, which will contribute to reducing occupational injuries and occupational diseases and will have a positive impact on the economic growth and development and job creation.

In that direction, the Strategy for Safety and Health at Work 2020 sets out **ten basic national priorities**, that is, determined goals, around which the specific activities contained in the Action Plan for implementation of the Strategy for Safety and Health at Work 2020 are grouped and defined.

The national priorities/goals set out in the Strategy are as follows:

1. **Open and efficient legal framework** – Strengthening the national safety and health at work policy;
2. **Administrative capacities and human resources** – Promotion and development of the administrative capacities and human resources in the field of safety and health at work;
3. **Education in the safety and health at work systems** – Development of training and education programs in the field of safety and health at work;
4. **Council for Safety and Health at Work** – Strengthening the role of the Council for Safety and Health at Work;
5. **Health protection of workers** – Development of the occupational health system, departments and services within the national health system;
6. **Research and development** – Determining research and development priorities – new and increased risks;
7. **Culture of prevention and promotion of workers' health** – Prevention and promotion of workers' health;

8. **Prevention of occupational diseases, work-related diseases and occupational injuries** – Monitoring and detection of occupational diseases and prevention and reduction of the number of occupational injuries;
9. **Indicators and information systems in safety and health at work** – Promotion and strengthening of the information systems in the field of safety and health at work;
10. **International cooperation in the field of safety and health at work.**

In the following years, all stakeholders and relevant entities, within their capacities and capabilities, worked on the implementation of the planned measures and activities set out in the Action Plan for the implementation of the Strategy for Safety and Health at Work.

In the first half of 2020, at the initiative of the National Council for Safety and Health at Work, in coordination with the Ministry of Labour and Social Policy, a comprehensive and detailed **Report (Information) on the Implemented Activities, in accordance with the priorities of the Strategy for Safety and Health at Work and the AP for 2020 was prepared**. This Report of about 60 pages presents information and description of the activities and measures that have been implemented in the past period (primarily during 2017, 2018 and 2019), and that are aimed at the implementation of the Strategy for Safety and Health at Work and the Action Plan 2020 and the realization of the established goals and priorities in the area. The members of the Council for Safety and Health at Work and the institutions, organizations and associations that they represent gave their contribution to the preparation of this Report by providing relevant data and information on the implemented activities and achieved results.

The Report was reviewed and adopted by the Council for Safety and Health at Work in August 2020.

Both the Strategy for Safety and Health at Work and Action Plan, as well as the prepared Report (Information) on the Implemented Activities, in accordance with the priorities of the Strategy for Safety and Health at Work and the AP 2020 are available, inter alia, on the website of the Ministry of Labour and Social Policy in the part (section) dedicated to the field of safety and health at work:

- Strategy - <https://www.mtsp.gov.mk/content/pdf/bzr/New%20node/2.pdf>
- Action Plan - <https://www.mtsp.gov.mk/content/pdf/bzr/New%20node/3.pdf>
- Report (Information) on the Implemented Activities, in accordance with the priorities of Strategy for Safety and Health at Work and the AP 2020 - [https://www.mtsp.gov.mk/content/Informacija%20AP%20BZR%20\(7.2020\).pdf](https://www.mtsp.gov.mk/content/Informacija%20AP%20BZR%20(7.2020).pdf)

During 2021, in the same way as before, in coordination with the National Council for Safety and Health at Work and with a broad consultative process in which all relevant stakeholders (that also participate in the work of the Council) will take part, a new strategic and operational document will also be prepared, which will identify and set the priorities and directions of further development in the field of safety and health at work for the next several-year period.

\* \* \*

The above-mentioned Report (Information) on the Implemented Activities in accordance with the priorities of the Strategy for Safety and Health at Work and Action Plan 2020 lists a number of activities implemented in the past few years by various entities (institutions, social partners, associations of professionals, etc.), most often with mutual cooperation and joint participation. Most of the activities are aimed at strengthening the capacities and improving the knowledge, information and awareness about various issues related to safety and health at work. The Report contains information on a number of activities related to issues in which the European Committee of Social Rights has shown additional interest in its previous Conclusions 2017<sup>2</sup>. In the interest of the volume of this Report, we will not provide more details about all realized activities and achieved results, however we would like to present only some of the activities that were worked on in the past period, regarding which of course, if there is interest on the part of the Committee, more information can be provided additionally.

Some of those realized activities (primarily in the period 2017 – 2019) refer to:

- Research and analysis of the incidence of occupational allergic diseases among exposed groups of workers from certain activities;
- Analysis related to the incidence of allergic reactions to insects and reptiles among workers working outdoors;
- Monitoring of the incidence of work-related musculoskeletal disorders (MSD);
- Activities related to the effects of alcohol, narcotics and medical therapy on the safety of the workers;
- Activities related to violence at work, as a special form of psychosocial harm to health workers;
- Research on the work- and mobbing-related stress among different groups of workers;
- The effects of UV radiation on the health of exposed workers;
- The effects of cold waves on the health of exposed workers;
- Investigation of the effects of asbestos in the working and living environment;
- Action for monitoring the health condition and working ability of firefighters;
- Activities in the area of prevention and promotion of health and safety of workers in small and medium enterprises;
- Implementation of activities (information campaigns) for smoking cessation in the workplace;
- Activities for popularization, education and training on safety and health at work in primary and secondary schools, and others.

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With regard to the question of the European Committee of Social Rights that refers to the ratification of the specifically stated conventions of the International Labour Organization (ILO)<sup>3</sup> we would like to inform that the Republic of North Macedonia has not yet ratified the mentioned conventions, and: Safety and Health in Agriculture

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<sup>2</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 6-8

<sup>3</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 7

Convention No. 184 (2001), Safety and Health in Construction Convention No. 167 (1988) and Safety and Health in Mines Convention No. 176 (1995). In the upcoming period, an analysis and assessment of the need and readiness of the domestic regulation and practice, as well as of the possibilities and the necessary preparations for ratification of the mentioned international instruments will be made.

In any case, in this part, the Republic of North Macedonia has already adopted some adequate regulations that regulate in more detail and more precisely certain areas, despite the existence of the basic (framework) Law on Safety and Health at Work – that refers and applies to “all public and private sector activities” and “all persons involved in the work process”.

Such are for example:

- **the Rulebook on the minimum requirements for safety and health at work at temporary and mobile construction sites** (“Official Gazette of the Republic of North Macedonia” No. 105/2008), transposing the relevant EU Directive 92/57/EEC on the implementation of minimum safety and health requirements at temporary or mobile construction sites;
- **the Rulebook on the minimum requirements for safety and health at work of workers in the mineral-extracting industry through drilling** (“Official Gazette of the Republic of North Macedonia” No. 163/2011), transposing the EU Directive 92/91/EEC concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling;
- **the Rulebook on the minimum requirements for safety and health at work of workers in surface and underground mineral-extracting mining** (“Official Gazette of the Republic of North Macedonia” No. 64/2012), transposing the EU Directive 92/104/EEC on the minimum requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries, and others.

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In its Conclusions 2017, the Committee raises additional questions concerning **asbestos**<sup>4</sup>, to which we provide the following answer:

According to the List of Prohibited and Restricted Chemicals from 2011, the production, sale and use of all types of asbestos, including chrysotile, is prohibited in the Republic of North Macedonia, and the import of asbestos in the Republic of North Macedonia was prohibited in 2013 by the Decision on distribution of goods in forms of import and export.

The protection of workers from the harmful effects of asbestos is provided by the **Rulebook on the minimum requirements for safety and health at work of workers from the risks related to exposure to asbestos at work** (“Official Gazette of the

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<sup>4</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 7/8

Republic of North Macedonia” No. 50/2009). During the preparation, this Rulebook transposed relevant EU Directives related to protection from asbestos at the workplace, and Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work, as well as the Directives amending this Directive (91/382/EEC and 2003/18/EC).

In terms of job positions at which workers are exposed to asbestos, there is a difference between the workers with current and those with previous exposure to asbestos. Workers with current exposure to asbestos are:

- construction and other workers working on maintenance and demolition of private and public buildings built with asbestos-containing materials (and such are almost all buildings built in the second half of the last century);
- workers working with storage of asbestos waste;
- workers working on maintenance of household appliances containing parts of asbestos material;
- workers working on maintenance of motor vehicles containing parts of asbestos material.

**The maximum permissible concentration of asbestos in the air in the working environment is 0.1 asbestos fiber per cm<sup>3</sup> of air as an 8-hour time-weighted average** (Article 10 of the Rulebook on the minimum requirements for safety and health at work of workers from the risks related to exposure to asbestos at work “Official Gazette of the Republic of North Macedonia” No. 50/2009).

The supervision over the implementation of the obligations arising from the legislation regarding the asbestos exposure is performed by the respective state inspectorates, such as: the State Labour Inspectorate, the State Sanitary Inspectorate, etc.

The ongoing medical supervision of workers exposed to asbestos has been in place since the 1950s. Current legal acts in this area are: the aforementioned Rulebook on the minimum requirements for safety and health at work of workers from the risks related to exposure to asbestos at work from 2009, as well as the **Regulation on the type, manner, scope and price list of medical examinations of workers** from 2013 (“Official Gazette of the Republic of North Macedonia” No. 60/2013).

The diseases caused by asbestos (asbestosis, pleural diseases, lung cancer and mesothelioma) are included in the **List of occupational diseases** (the last amendment to this List was made in 2020 “Official Gazette of the Republic of North Macedonia” No. 118/2020).

Asbestos waste management is regulated by the **Rulebook on the manner of handling asbestos waste and products containing asbestos** (“Official Gazette of the Republic of North Macedonia” No. 89/2006).

During 2014 and 2015, according to the Outline for the Development of National Programmes for Elimination of Asbestos-Related Diseases of the World Health Organization (WHO) and the International Labour Organization (ILO), the **National Asbestos Profile for the Republic of North Macedonia** and the **National Programme for Elimination of Asbestos-Related Diseases** were developed. These two key documents were prepared by an expert team of the Institute of Occupational Health of

the Republic of North Macedonia, within the National Annual Public Health Programme. The Ministry of Health, the Institute of Occupational Health, the Ministry of Labour and Social Policy, the Ministry of Environment and Physical Planning, the National Council for Safety and Health at Work, the State Labour Inspectorate, the Institute of Public Health of the Republic of North Macedonia, occupational safety associations, local self-government bodies, employers' and workers' organizations, non-governmental organizations and the media were involved in the preparation.

The National Asbestos Profile contains several elements, in accordance with the Outline of the WHO and the ILO, and at the same time indicates what is present and what is missing in the country in relation to the asbestos problem. The document highlights, inter alia, the need for mapping or marking contaminated buildings and materials, related in particular to the system for inspection and monitoring of the asbestos exposure in the working environment and the exposure to asbestos in the living environment. Based on the National Asbestos Profile, the National Programme for Elimination of Asbestos-Related Diseases was prepared. The National Programme is a country-level strategic document that defines the dimensions of the asbestos problem and the strategy for elimination of asbestos-related diseases. This document defines the long-term goals, the institutional framework for action, the mechanisms of action and evaluation of the achieved results, the role of individual ministries, as well as the leadership and teamwork in solving this problem.

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In addition to asbestos-related situations, in its previous Conclusions, the Committee showed additional interest in the prevention and protection against workplace risks arising from the exposure to **benzene**<sup>5</sup>. In that part, we inform about the following:

Pursuant to Article 47 of the Law on Safety and Health at Work, a **Rulebook on the minimum requirements for safety and health at work of workers from the risks related to exposure to chemical substances** was prepared and adopted ("Official Gazette of the Republic of North Macedonia" No. 46/2010). This Rulebook prescribes the minimum requirements for ensuring the health of the workers from the risks related to the impact of various chemical substances that are present in the working environment or that are the result of any activity that includes chemical substances. During the preparation of the Rulebook, the relevant Directives of the European Union related to the protection of the safety and health of workers from exposure to chemical agents were transposed, and: Directive 98/24/EC on the protection of the health and safety of workers from the risks related to chemical agents at work, as well as the Directives for its implementation establishing lists of indicative exposure limit values (91/322/EEC, 2000/39/EC, 2006/15/EC).

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<sup>5</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 8

Appendix No. 1 to this Rulebook contains the List of mandatory occupational exposure limit values. Here, **benzene** is listed under ordinal number 35 with CAS No. 71-43-2 and EC No. 200-753-7. Benzene is listed in this Appendix as a carcinogen of group 1, according to the EU classification of carcinogenic and mutagenic substances. **The occupational exposure limit values for benzene are set at 3.25 mg/m<sup>3</sup>, that is, 1 ml/m<sup>3</sup> (ppm).** The limit value means average concentration of hazardous chemical substances in the workplace air in a breathing zone, which usually does not cause harm to the health of the worker, if the worker works full time and is exposed 8 hours a day, 40 hours a week, under normal conditions and microclimate (natural light, 20°C and 101.3 kPa). The concentration is expressed in units of volume in mg/m<sup>3</sup> or in ml/ m<sup>3</sup> (PPM).

The short-term value (STV), which is also listed in the table in Appendix 1 to this Rulebook, refers to the concentration of dangerous chemical substances in the workplace air inside a breathing zone, to which the worker may be exposed for a shorter period of time without a health hazard. The exposure to short-term values may last for a maximum of 15 minutes and must not be repeated more than four times during a work shift, with at least 60 minutes elapsed between two exposures to this concentration. The short-term value is expressed in mg/m<sup>3</sup> or in ml/m<sup>3</sup> (ppm), and is given as multiple allowed limit value exceedances. For benzene, it is prescribed at 4 mg/m<sup>3</sup>.

The note states that for benzene there is: a property of easier transport of the substance in the body through the skin (K); there is a relationship between the concentration of the carcinogenic substance in the workplace air and the amount of the carcinogenic substance and/or its metabolites in the body (EKA); biological limit value – a threshold of a biological limit value, which means a warning about a dangerous chemical substance and its metabolites in tissues, body fluids or exhalation of air, regardless of whether the dangerous chemical substance has been introduced into the body by inhalation, ingestion or through the skin (BAT) and a limit value, set at the level of the European Union (EU).

In order to prevent the exposure of workers to health risks arising from certain chemical substances and/or certain activities, the production, processing and use of chemical substances and activities that include chemical substances listed in a special Appendix No. 3, which is an integral part of this Rulebook, and which includes benzene, is prohibited.

In addition, in accordance with Article 47 of the Law on Safety and Health at Work, which provides a basis for the adoption of bylaws related to safety and health at work, a special **Rulebook on the minimum requirements for safety and health at work of workers from the risks related to exposure to carcinogens, mutagens or substances toxic to the reproductive system** (published in the “Official Gazette of the Republic of North Macedonia” No. 110/2010) was adopted. This Rulebook is in compliance with the Directive of the European Union 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work. Appendix No. 2 to the Rulebook lists the limit values for occupational exposure to specific substances. The occupational exposure limit values for benzene are set at 3.25 mg/m<sup>3</sup>, that is, 1 ml/m<sup>3</sup> (ppm).

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Although we have already previously provided certain information on this issue within this Report, having in mind that in its Conclusions the Committee requests to be provided with specific information on the manner in which the consultations with the social partners are realized<sup>6</sup>, **that is, with the employers' organizations and the trade unions** during the preparation of safety and health at work regulations, we additionally present the following information:

In the Republic of North Macedonia, effective communication and consultation between the stakeholders has been established and present for a long time now when it comes to preparing certain laws and bylaws, amendments, supplements, and the like, but also in the processes of preparation of strategic documents, reports and other type of documents, in the realization of certain educational and/or promotional activities in the field of safety and health at work. These consultations and cooperation do not take place only between state institutions and social partners, but regularly and without exception they involve all other relevant entities and stakeholders that can contribute to the creation and implementation of better and more efficient safety and health at work policies. **These consultations always include representatives of employers' organizations, workers' organizations (trade unions), but also economic chambers that have their own sections/groups dealing with safety and health at work issues, then representatives of the civil society, that is, professional associations of safety at work experts and the association of occupational health experts and representatives of the academic community (faculty professors) and other experts.**

The main forum, that is, mechanism through which this cooperation and joint action in the field of safety and health at work is realized is through the functioning of the **National Council for Safety and Health at Work**. At the sessions of the Council that are held regularly, at least 3-4 times a year, a number of relevant issues and topics in the field of safety and health at work are discussed, decisions, resolutions, recommendations, announcements are made, important documents in the field are reviewed and adopted, and in many cases the Council for Safety and Health at Work is the main initiator and coordinator of certain activities and processes that are implemented with the joint participation of all its members, and thus of the institutions, bodies, organizations, associations that they represent in the Council.

As we have previously informed, in accordance with Article 43 of the Law on Safety and Health at Work, in November 2009, by decision of the Government of the Republic of North Macedonia, the **Council for Safety and Health at Work** was established as an expert advisory body. The Council is comprised of 15 members, of which four members **from the representative employers' organizations, four members** from the representative trade unions, three members are appointed by the Government of the RNM, one member is a representative of the faculty that conducts educational activities in the field of safety at work, one member – representative of the faculty that conducts educational activity in the field of occupational health, one member – representative of

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<sup>6</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 8

the association of safety at work experts and one member – representative of the association of occupational health experts (doctors).

In accordance with the Law, the Council reviews and issues opinions and recommendations on the Programme for Safety and Health at Work and the strategic documents in the field, the situation in the field of safety and health at work, the policies for prevention and reduction of occupational injuries, occupational diseases and other work-related diseases and injuries, expertly participates and issues opinions and recommendations in the drafting of laws and other safety and health at work regulations and documents of international organizations in this area.

**The employers' and workers' organizations have an extremely important role in the safety and health at work system.** Representatives of the employers and workers are also members of the Council for Safety and Health at Work. Issues in the field of safety and health at work are often also the subject of discussions and review of the tripartite Economic and Social Council, which includes representatives of the Government, the employers and the trade unions. One of the key mechanisms of the cooperation in the safety and health at work system is the social dialogue, whose basic principle is the basis for the functioning of the Council for Safety and Health at Work, where the current problems and needs in the field of safety and health at work are continuously reviewed, analyzed and possible solutions are proposed, and of course **employers' and workers' organizations** are consulted (through their representatives in the Council) in the preparation of the legislation aimed at safety and health at work in the country.

In 2016, the National Council for Safety and Health at Work prepared the Information on the Evaluation of the Implementation of the Action Plan for Safety at Work for Implementation of the Strategy for Safety at Work 2011-2015 and adopted a general conclusion that a number of the foreseen and planned activities have been successfully conducted, with concrete results. The achieved results confirmed the value of the inter-sectoral work and the partnership of key partners in improving the knowledge and awareness about the occupational safety (OSH) in the community, the building of human resources in the area, as well as the development of a safety and health at work legislation, harmonized with EU regulations.

The Action Plan for Safety and Health at Work of the RNM for 2015 emphasized the preparation of the new Strategy for Safety and Health at Work with an Action Plan for the period until 2020 as one of the most important current priorities. The Strategy for Safety and Health at Work 2020, which was prepared again in coordination with the Council for Safety and Health at Work, defines the basic strategic directions for the development of the safety and health at work in the Republic of North Macedonia. The Strategy is based on the fact that the maintenance and promotion of the health of the workers is one of the basic human rights and is a prerequisite for successful work and optimal productivity in the enterprises. The basic tenets of this strategy include building and maintenance of a national preventive safety culture and introduction of safety and health at work management systems. A national preventive safety culture is where the right to a safe and healthy working environment is respected at all levels, where governments, employers and workers actively participate in ensuring a safe and healthy

working environment through a system of specific rights, responsibilities and obligations and where the principle of prevention is given the highest priority.

This Strategy provides a further plan of action in the field of safety and health at work, through inter-sectoral activities led primarily by the Ministry of Labour and Social Policy, in cooperation with the State Labour Inspectorate, with the support of the Ministry of Health and through a social dialogue and development of partnerships with representatives of the workers, the employers and their organizations, as well as the expert and professional community. The Strategy points out and defines the national policies and plans for implementation of the strategic goals of the EU, WHO and ILO in the field and creates adequate mechanisms and legal frameworks for their implementation, monitoring and evaluation.

The goal of the Strategy and the Action Plan for its implementation is, inter alia, to provide a broad platform for inter-sectoral and collaborative approach in the implementation of the planned activities in the field of safety and health at work and to establish a strategic framework for action of all partners, at all levels of intervention in all sectors of society, with an adequately sustainable financial framework of activities, in order to improve the safety and health at work of every worker at every workplace in the country.

We likewise informed above about the Information, that is, the Report on the Implemented Activities, in accordance with the priorities of the Strategy for Safety and Health at Work and the AP 2020, which was prepared in the first half of 2020 and reviewed and adopted by the Council for Safety and Health at Work. The preparation of this Report was also a joint multi-sectoral process in which all entities participating in the work of the Council, through their representatives, provided their information and contribution. This Report, through its content, reflects precisely the mutual cooperation and action in the implementation of a number of activities envisaged in the Action Plan. In almost all activities implemented in the past few years, it can be noted that they are always implemented with the participation of representatives of many different entities in the field of safety and health at work, always emphasizing the need for harmonization, coordination, consultations and common approach in the efforts to improve the safety and health at work.

An excellent example of this cooperation and consultations is the process that took place in 2019 and 2020, and which refers to the joint efforts to improve the legal framework in the area, through the drafting of a new Law on Safety and Health at Work. More information about this process and the organized joint consultative meetings, workshops, working meetings, etc. are presented above in this Report.

**Article 3§4**

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organizations to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions

No additional information has been requested for this paragraph of Article 3 of the Revised European Social Charter by the European Committee of Social Rights in this reporting cycle.

## ARTICLE 11 - The right to protection of health

### Article 11§1

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia to remove as far as possible the causes of ill-health

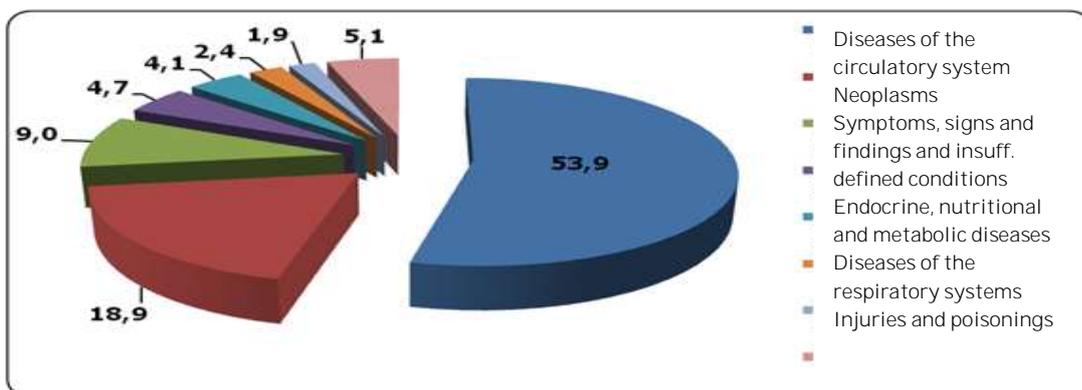
According to the data from the State Statistical Office, the life expectancy in the period 2016-2018 was 74.00 years for men, 79.94 for women and an average of 75.96 years of life<sup>7</sup>, while in the period 2017-2019 the life expectancy was 74.39 for men, 78.28 for women and an average of 76.34 years of life<sup>8</sup>, which shows the maintenance of the situation without drastic changes compared to previous years, and the difference between the sexes remains the same, with women having a longer life expectancy than men, by about 3.9 years.

In terms of age structure, there is a noticeable trend of aging of the population. In the period from 2008 to 2019, the share of the young population (0-14 years of age) in the total population has decreased from 18.1% to 16.3%, and the share of the old population (65 years of age and older) has increased from 11.5% to 14.3%.

### Mortality

In the Republic of North Macedonia in 2018, 10,632 people died from diseases of the circulatory system with a mortality rate of 512.1 per 100,000 population, of which 5,170 were men, and 5,462 were women. The diseases of the circulatory system participate with 53.9% in the total mortality and are in the first place in the structure of causes of death.

Diagram 1. Structure according to causes of death in the RNM in 2018

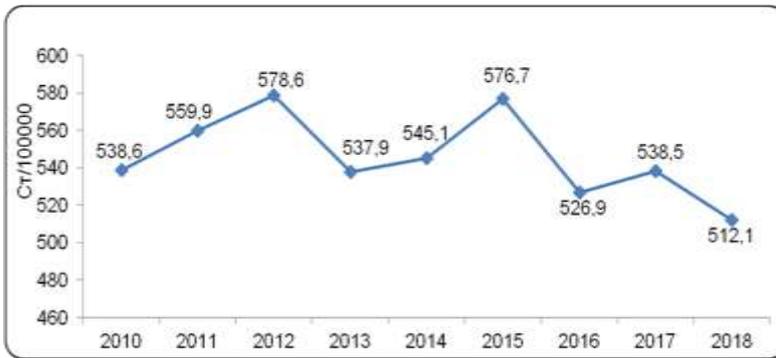


Source: State Statistical Office, 2018

<sup>7</sup> Statistical Yearbook of the Republic of North Macedonia, 2019  
<https://www.stat.gov.mk/Publikacii/SG2019/03-Naselenie-Population.xls>

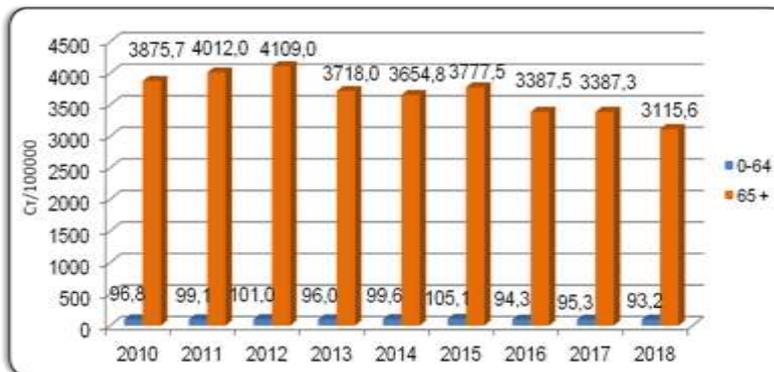
<sup>8</sup> Statistical Yearbook of the Republic of North Macedonia, 2020  
<http://www.stat.gov.mk/Publikacii/SG2020/SG2020-Excel/03-Naselenie-Population.xlsx>

Diagram 2: Mortality from circulatory diseases in the RNM, 2010-2018



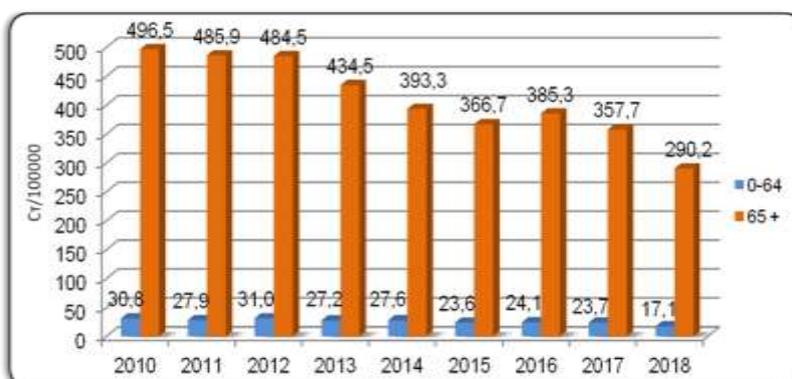
The mortality rate from circulatory diseases in the total population in the period 2010-2018 oscillates. In 2010, the mortality rate is 538.6 per 100.000, and in 2018 it is 512.1 per 100.000 population.

Diagram 3: Mortality from circulatory diseases in the RNM by age, 2010-2018



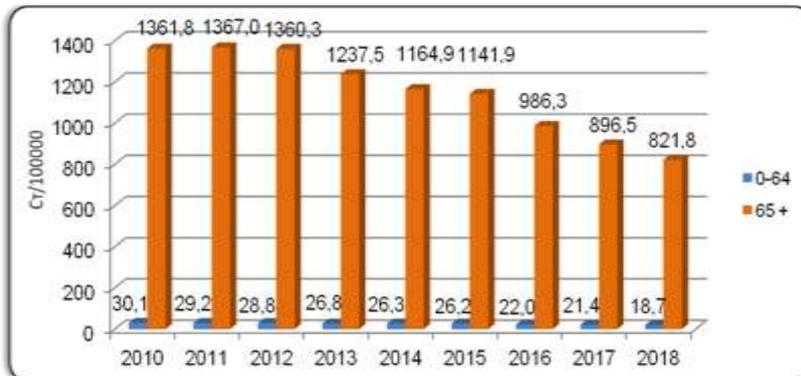
The specific age-related rate of circulatory diseases among the population over 65 years of age is significantly higher compared to the specific mortality rate among the population aged 0-64.

Diagram 4: Mortality from ischemic heart diseases in the RNM by age, 2010-2018



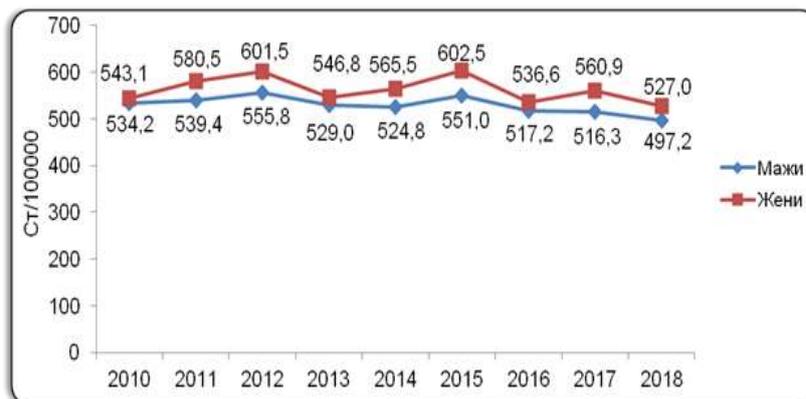
The mortality from ischemic heart diseases is significantly higher among the population over 65 years of age, compared to the mortality among the population under the age of 64.

Diagram 5: Mortality from cerebrovascular diseases in the RNM by age, 2010-2018



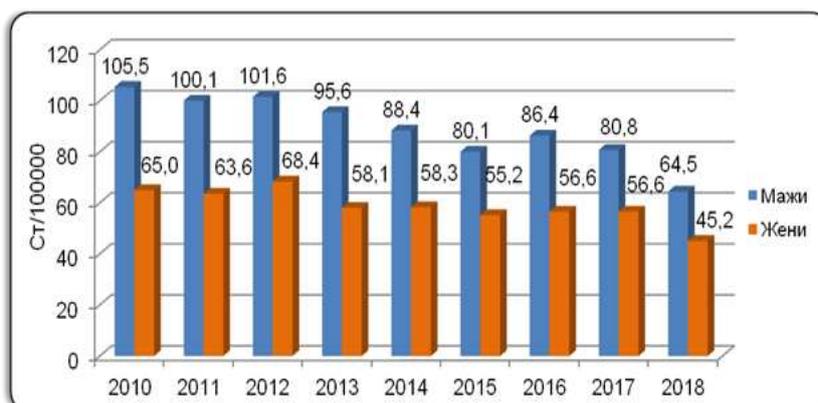
The mortality rate from cerebrovascular diseases over the age of 65 in 2018 is 821.8 per 100.000 population, and under the age of 64, it is 18.7 per 100.000 population, which shows that the mortality is significantly higher at the age of over 65.

Diagram 6: Mortality from circulatory diseases in the RNM by sex, 2010-2018



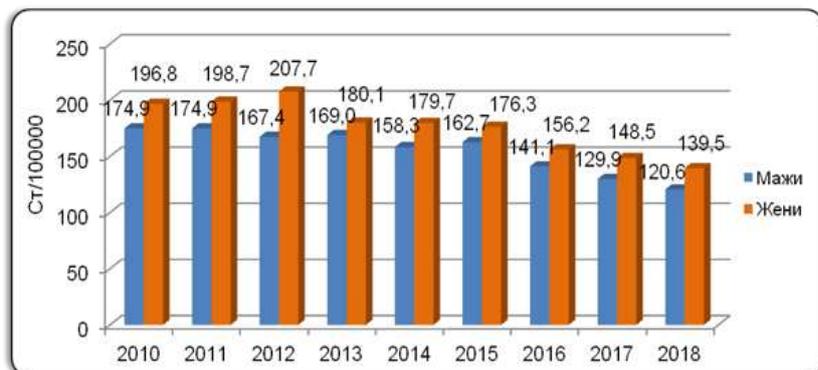
By sex, in the period 2010-2018, the mortality from circulatory diseases is higher among women than among men.

Diagram 7: Mortality from ischemic heart diseases in the RNM by sex, 2010-2018



The mortality rate from ischemic heart diseases in the period 2010-2018 is higher among the male population (Diagram 7), while the mortality rate from cerebrovascular diseases is higher among the female population.

Diagram 8: Mortality from cerebrovascular diseases in the RNM by sex, 2010-2018



### Mortality from malignant neoplasms

Malignant neoplasms are among the most common causes of death in the world. In the Republic of North Macedonia, after diseases of the circulatory system, malignant neoplasms are the second most common cause of death. In the period 2010-2018, the mortality rate ranged from 180.3 per 100.000 population in 2010 to 179.8 per 100.000 in 2018.

Diagram 9: Mortality rate from malignant neoplasms in the RNM, 2010 - 2018

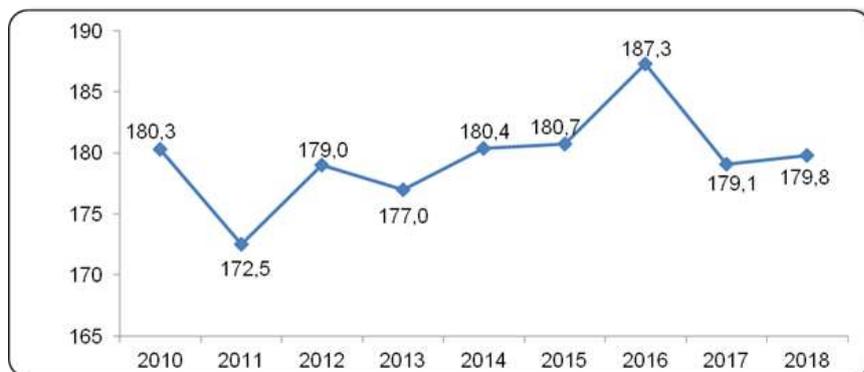


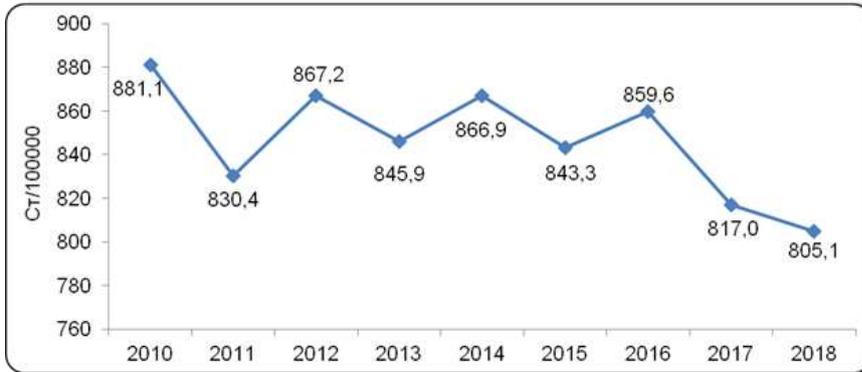
Diagram 10: Mortality rate from malignant neoplasms by sex in the RNM, 2010 - 2018



The mortality rate among men is higher than among women.

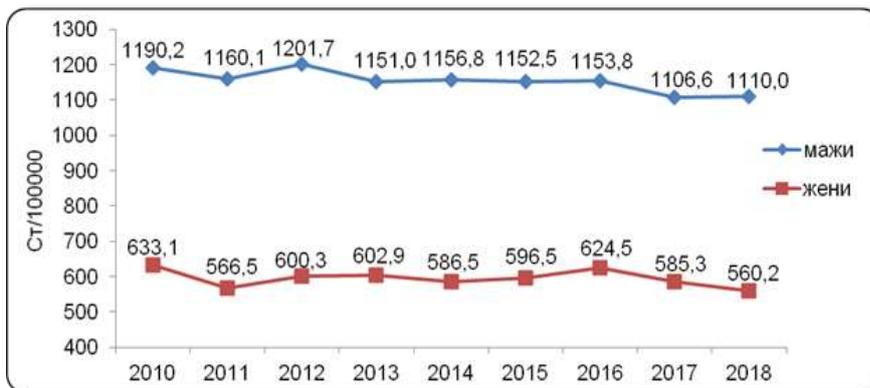
## Mortality from malignant neoplasms over the age of 65

Diagram 11: Mortality rate from malignant neoplasms in the RNM over the age of 65, 2010 - 2018



In the period 2010-2018, the mortality rate from malignant neoplasms over the age of 65 shows a downward trend and ranges from 881.1 in 2010 to 805.1 in 2018 per 100.000 population.

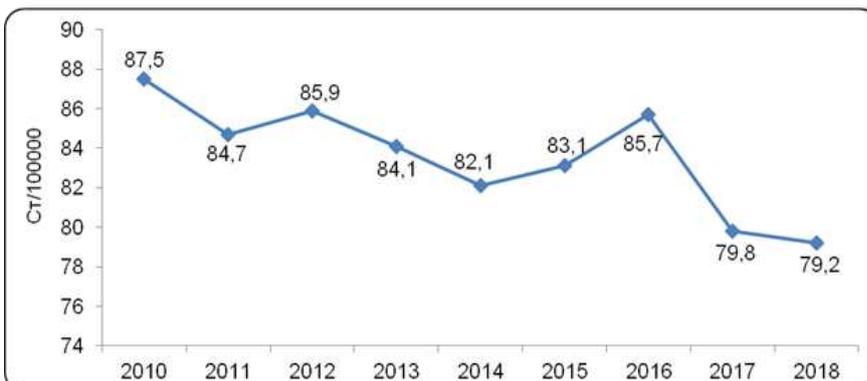
Diagram 12: Mortality rate from malignant neoplasms in the RNM over the age of 65 by sex, 2010 - 2018.



The mortality rate from malignant neoplasms in the age group over 65 years of age is higher among the male population.

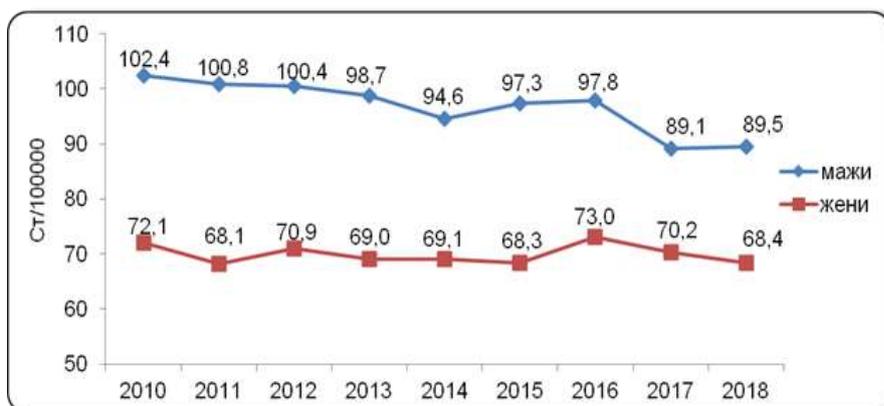
## Mortality from malignant neoplasms at the age of 0 - 64

Diagram 13: Mortality rate from malignant neoplasms in the RNM at the age of 0 - 64, 2010 - 2018



The mortality rate from malignant neoplasms in the age group 0-64 years of age is significantly lower than the mortality rate over the age of 65.

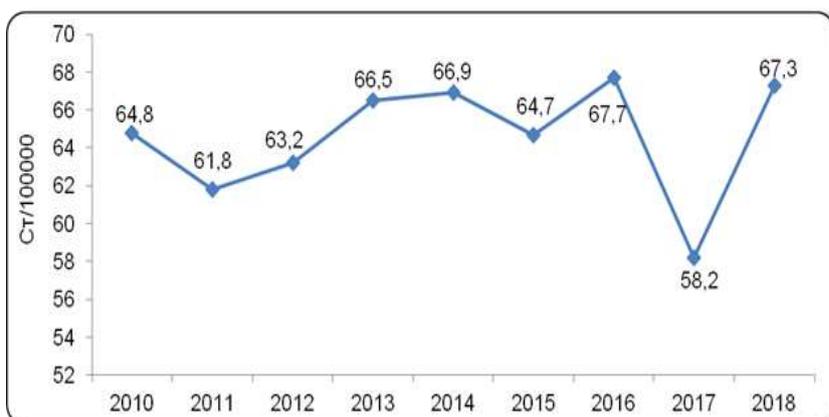
Diagram 14: Mortality rate from malignant neoplasms in the RNM at the age of 0 - 64 by sex, 2010 - 2018



In the age group 0-64 years of age, mortality is higher among men than among women.

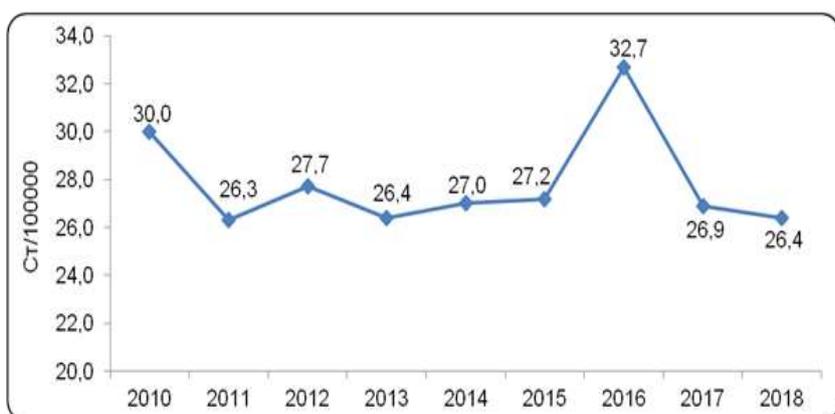
### Most common primary sites of malignant neoplasms

Diagram 15: Mortality rate from a malignant neoplasm of the bronchus and lung in the RNM among men, 2010 - 2018



The most common cause of death from malignant neoplasms among men, in the period 2010-2018 is a malignant neoplasm of the bronchus and lung with a mortality rate ranging from 64.8 in 2010 to 66.9 in 2014 and 67.3 per 100.000 men in 2018.

Diagram 16: Mortality rate from a malignant neoplasm of the breast in the RNM among women, 2010 - 2018



The most common cause of death from malignant neoplasms among women in the period 2010-2018 is a malignant neoplasm of the breast. The mortality rate ranges from 30.0 in 2010 to 26.4 in 2018 per 100.000 women.

## Mortality from injuries, poisonings and certain other consequences caused by external factors in the RNM

In the period 2010-2018, the mortality rate from injuries, poisonings and certain other consequences caused by external factors ranges from 28.6 in 2010 to 23.0 in 2018 per 100.000 population and has a declining trend.

Diagram 17: Mortality rate from injuries and poisonings in the RNM, 2010 - 2018

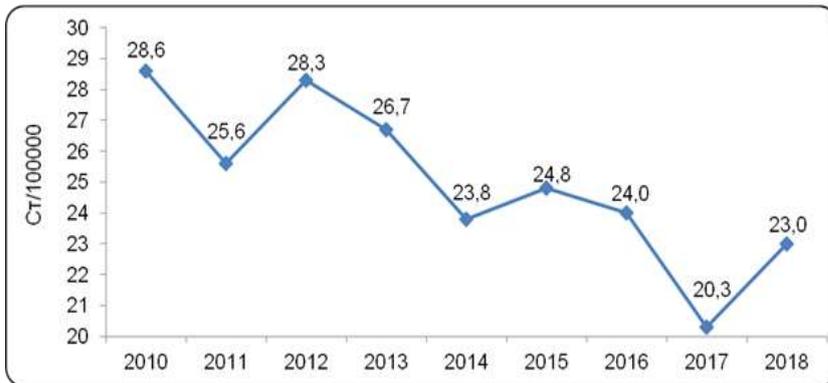
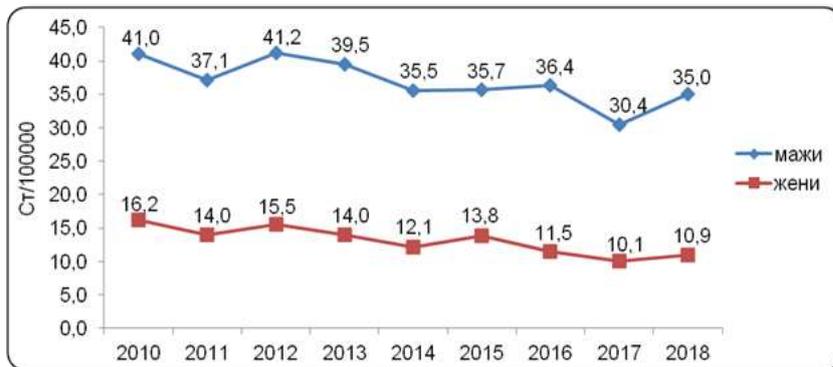
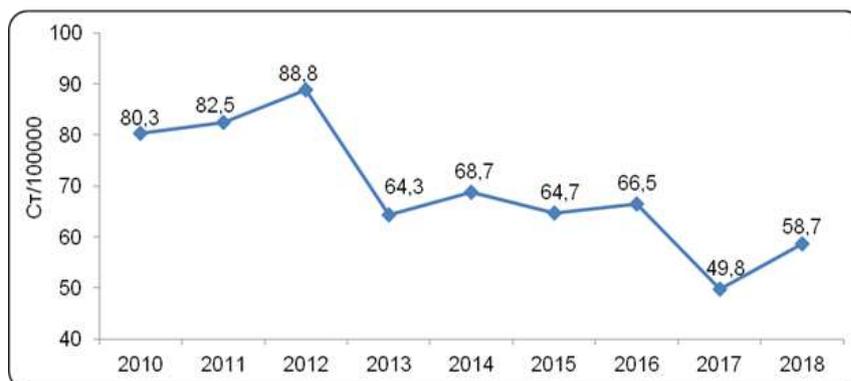


Diagram 18: Mortality rate from injuries and poisonings by sex in the RNM, 2010– 2018



By sex, the mortality rate from injuries and poisonings in the period 2010-2018 is higher among the male population than among the female population.

Diagram 19: Mortality rate from injuries and poisonings in the RNM over the age of 65, 2010 – 2018



Over the age of 65, the mortality rate from injuries, poisonings and certain other consequences caused by external factors shows a decline and ranges from 80.3 in 2010 to 58.7 per 100.000 population in 2018.

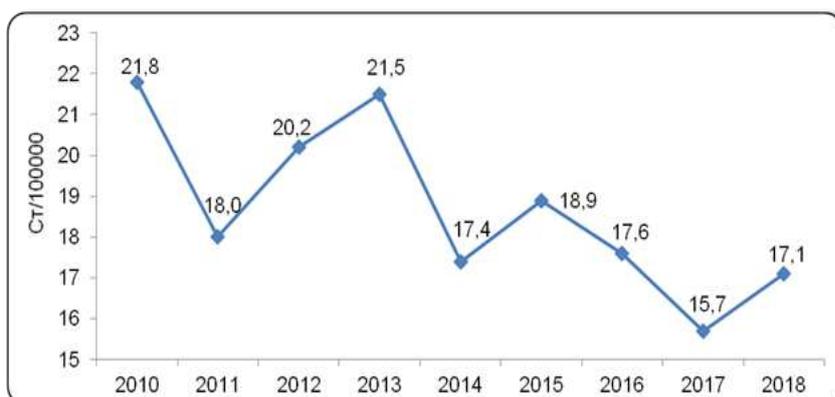
Diagram 20: Mortality rate from injuries and poisonings in the RNM over the age of 65 by sex, 2010 - 2018



The mortality rate from injuries and poisonings among men over the age of 65 is twice higher than the mortality rate from injuries and poisonings among the female population.

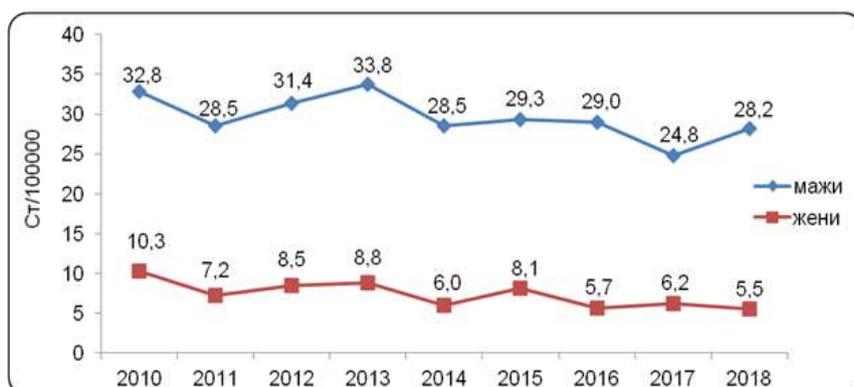
### Mortality from injuries, poisonings and certain other consequences caused by external factors at the age of 0 - 64

Diagram 21: Mortality rate from injuries and poisonings in the Republic of North Macedonia at the age of 0 - 64, 2010 - 2018



The mortality rate from injuries and poisonings among the population at the age of 0-64 is lower than the mortality rate among the population over the age of 65. It ranges from 21.8 in 2010 to 17.1 in 2018 per 100.000 population and shows a downward trend in the period 2010-2018.

Diagram 22: Mortality rate from injuries and poisonings in the RNM at the age of 0 - 64 by sex, 2010 - 2018



The mortality rate from injuries, poisonings and other consequences caused by external factors among the male population at the age of 0-64 is higher than the mortality rate among the female population.

In terms of blood-borne diseases, from 1987 to 2018 a total of 404 cases of HIV were registered, with an increase in the number of new cases in the last 5 years, therefore the number in 2018 was 45 new cases and a prevalence of 2.2 per 100.000 population.

Cumulatively, 86% of the registered cases are male, and 14% are female. The high proportional participation of men in the number of newly registered cases is a trend in the past 15 years, and in the last two years all newly detected cases are among the male population.

The median age of the registered cases at the time of the diagnosis was 32 years of age (average 33.6 years, range 0-80 years of age). The age distribution indicates that the most affected are sexually active persons aged 20-39, which account for almost three quarters of the diagnosed cases (74%, n=300). Young people aged 15-19 account for less than 2%.

Cumulatively, according to the mode of transmission, most of the cases (53%) are registered among men who have had sex with a man, the heterosexual mode of transmission is registered in 38% of the cases, the injecting drug users account for 2.5% (n=10), 6 cases were registered in persons with hemophilia (the last one 15 years ago) and 6 cases were related to mother-to-child transmission.

In 2019, the hepatitis C virus was registered with 50 cases (I=2.4/100.000), which is an increase of 42.9% compared to the registered 35 patients (I=1.7/100.000) in the previous year. From the total number of patients in 2019, 30% are reported by the Center for Public Health Shtip.

The registered incidence of type C hepatitis in 2019 is lower by 29.4% than the average for the previous ten-year period, when the incidence per 100.000 population ranges from 1.4 in 2017 to 8.1 in 2012 or an average of 3.4/100.000 (Table 24).

Table 1. Type C hepatitis, number and I/100.000, RNM, period 2009-2018 and 2019

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of patients/deaths	83	72	76	166	70/1	63	60	45/1	29	35	50
I/100.000	4.1	3.5	3.7	8.1	3.4	3.0	2.9	2.2	1.4	1.7	2.4

\* \* \*

Regarding the health and well-being of mothers, newborns and children, they have long been a priority and a major part of several strategic initiatives undertaken by the Government of the Republic of North Macedonia. In the past period, a continuous progress has been registered in the promotion of the health of mothers and children, measured through the basic indicators related to safe motherhood, with occasional variations of the trend.

Table 2. Basic indicators related to safe motherhood (2016-2018)

Indicator	2016	2017	2018
Number of live births	23.002	21.754	21.333
Maternal mortality	-	-	-
Perinatal mortality	16.0	14.8	10.4
Early neonatal mortality	7.5	6.1	3.4
Infant mortality	11.9	9.2	5.7
Mortality of children under the age of 5	13.1	10.4	6.8
% of live births with TT below 2500 grams	8.2	8.5	8.0

Source: Maternal and Infant Health in the Republic of North Macedonia, 2019, PHI Institute for Mother and Child Health Care

In 2016, a mid-term review of the Strategy for Sexual and Reproductive Health 2010-2020 was prepared for its harmonization with the Sustainable Development Goals and other regional and global initiatives, as well as for the preparation of an Action Plan for the implementation of the strategy for the period 2017-2018. At the same time, the Preparedness and Response Plan of the Health Care System when Coping with Emergencies Crises and Disasters included a chapter on sexual and reproductive health in crisis situations with an Action Plan and Standard Operating Procedures.

In order to promote the health of pregnant women and infants, the implementation of the measure for free examinations of pregnant women and free childbirth of pregnant women, regardless of the health insurance status, was initiated. In rural areas where there is a shortage of family gynecologists, visits are made by gynecologists with mobile gynecological clinics.

In accordance with the programme for specialization/additional education in family medicine, in the course of 2016 the Center for Family Medicine held about 20 family planning workshops for family medicine specialists.

In 2017, the Ministry of Health in cooperation with the UNFPA Office, launched a training for trainers on the WHO methodology – Beyond the Numbers (BTN), intended for gynecologists from maternity hospitals, aimed at training them to conduct an expert audit of maternal morbidity, the ultimate goal of which is systematic improvement of the quality of the health care during pregnancy, childbirth and in the postnatal period. A number of clinical guidelines have been developed in this area, including the Clinical Guidelines for Early Detection of Risk Pregnancy, the Guidelines for Treatment of Postpartum Hemorrhage and the Guidelines for Safe Abortion.

According to the Action Plan for implementation of the Strategy for the period 2017-2018, in 2018 an assessment was made of the conditions in the maternity hospitals and the levels of health services therein were defined. Also, a training for effective care of newborns was conducted of eight teams consisting of a gynecologist, neonatologist and an obstetrician.

In 2018, the Action Plan for Sexual and Reproductive Health 2018-2020 was prepared and adopted.

As part of the ongoing efforts to reduce mortality and morbidity among pregnant women and infants, new medical methods have been introduced in the treatment of patients, and a training of health workers aimed at promoting the health of mothers and newborns was also conducted.

In 2019, a new Law on Termination of Pregnancy was adopted, which abolished the existing procedures and barriers in the procedure for obtaining approval for termination of pregnancy, in order not to restrict the access to and the implementation of the procedure for safe termination of pregnancy. Within the Peri Mak project implemented in cooperation with Project Hope, new medical equipment was provided for the Special Hospital for Gynecology and Obstetrics Chair, which contributed to the promotion of the health care of newborns, and at the same time of the quality of the health services for the mothers. In parallel with these activities, a one-year online training has been initiated for doctors from all over North Macedonia for CTG-screening at the Royal College of Obstetricians and Gynecologists of the United Kingdom.

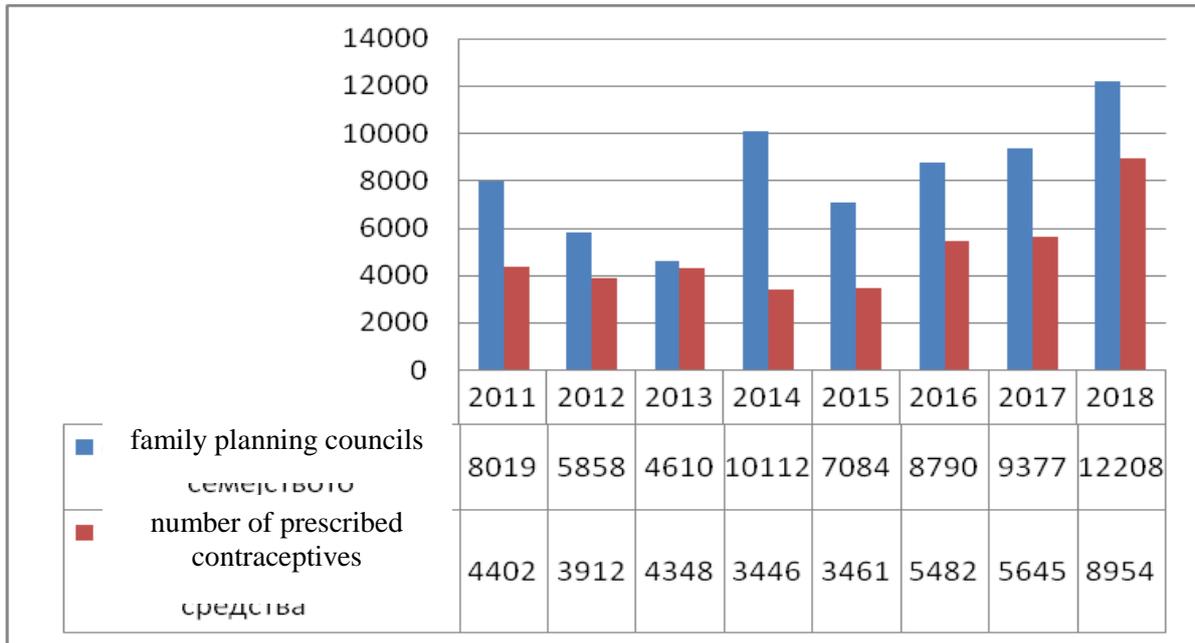
Regarding the use of contraception, it is low at the level of the country; only 14% of married or in-union women use modern methods of contraception (of which 1.1% use oral contraception, and 1.4% use an intrauterine device), while 10.3% of women in the Republic of North Macedonia have unsatisfied contraceptive needs (MICS, 2018-2019).<sup>9</sup>

With regard to family planning services, an increased number of family planning councils in the primary health care was registered in 2018. A total of 12.208 family planning councils were registered, or 23.2% more compared to 2017 when 9.377 counseling sessions were registered, that is, 38% compared to 2016. The number of registered contraceptives has also increased.

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<sup>9</sup> [Multi Indicator Cluster Survey \(MICS\), UNICEF, 2018-2019.](#)

Table 3. Access to family planning services – number of visits and number of prescribed contraceptives (2011-2018)



When it comes to the number of births among adolescents aged 15-19, we notice a decrease. The juvenile pregnancy rate in 2016 was 19.5 per 1.000, while in 2018 it was 18.4.

In 2019, with the technical support of the WHO, a Perinatal Care Master Plan was prepared. This plan provides a consolidated set of analyses of the current organization of the perinatal care system across the full range of the provision of services and prospective recommendations for improving the maternal and neonatal health outcomes by establishing risk-appropriate care, rationalizing and optimizing the provided maternal and child care services with a strict system for quality assurance and adequate support from the health information system. The Master Plan aims to improve maternal and neonatal health outcomes by developing a comprehensive model for providing perinatal care services with strong control of the quality and the health information system. It focuses on the key strategic areas that must be addressed in order to achieve the set goals, that is:

- Provision of services (includes service organization by levels of care) and
- Quality of the care of the health information systems.

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## Article 11§2

With a view to ensuring the effective exercise of the right to protection, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health

The Action Plan for Sexual and Reproductive Health of the Republic of North Macedonia 2018 - 2020 envisages activities related to sexual and reproductive health of adolescents and young people. In order to improve the access to information and education for adolescents and young people regarding sexual and reproductive health (SRH), inter alia, a health education plan for SRH for parents and school staff is being prepared, training of teachers and expert services in schools on SRH topics, including family planning, sexually transmitted infections (STIs), HIV, gender-based violence, diversity. With the support of the Ministry of Education and Science, the Bureau for Development of Education and NGOs, teaching materials are being prepared for introducing a pilot programme for comprehensive sexuality education (CSE) in schools, and a strategic plan for piloting the CSE in four primary schools has also been prepared.

Within the National Public Health Programme, the Centers for Public Health continuously hold lectures for target groups (children, youth) for prevention of chronic non-communicable diseases, proper nutrition and the need for physical activity, addictions, etc. as well as forums on the same topics. Also, counseling centers for sexual and reproductive health, counseling centers for HIV/AIDS prevention and counseling centers for smoking cessation have been established and are functioning.

The international community and the non-governmental sector support the work of the counseling centers for SRH and youth in two municipalities, which operate according to the model "Friends of Youth Services". The counseling centers provide advice for young people, distribute condoms and promotional materials, and hold educational lectures.

Activities for key populations have been conducted within the framework of the Annual Programme on HIV/AIDS, such as men who have sex with men (MSM), sex workers (SWs) or injecting drug users (IDUs), thus providing them with services for diagnosis and treatment of sexually transmitted infections, as well as with advice.

Starting from 2017, trainings for primary health workers for prevention and management of gender-based violence are conducted every year, and 58 workshops in 2017, 320 in 2018, 126 in 2019 and 59 in 2020.

At the same time, a new curriculum for gender-based violence against persons with disabilities was prepared as a continuation of the previous activities.

Education for control and prevention of injuries and violence is continuously conducted at the undergraduate, postgraduate and doctoral studies in public health at the Faculty of Medicine at UKIM Skopje.

### Article 11§3

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia to prevent as far as possible epidemic, endemic and other diseases, as well as accidents

The Committee took note of the measures undertaken during the reference period in the field of epidemiological monitoring. The report indicates that the immunization is mandatory and free for all children aged 0 - 18. Mandatory vaccinations are also implemented for persons exposed to communicable diseases – after epidemiological indications, as well as active immunization after epidemiological and clinical indications, also for travelers in international traffic. Mandatory vaccination is provided against tuberculosis, type B hepatitis, type B haemophilus influenza, polio, diphtheria, tetanus, pertussis (whooping cough), smallpox, rubella, measles and diseases caused by Human Papilloma Viruses (HPV). In accordance with the Strategy for Immunization, polyvalent vaccines were introduced into the Immunization Calendar. A vaccine was provided against Streptococcus pneumonia, for children with clinical indications and following a recommendation from a pediatrician<sup>10</sup>.

\* \* \*

Regarding the health services in the investigative institutions, with the amendments to the Law on Execution of Sanctions in 2013, the health care in the Penitentiary Institutions (PIs) and the Correctional Institutions (CIs) was taken over by the public health institutions that provide primary health care in the area of the institution, by simultaneously taking over the space, equipment and means of work from the health units in the prisons. The procedure for taking over the medical staff, premises and equipment from the health units in the prisons has been completed and the statutes of all health centers that carried out the takeover have been changed – an activity has been added: **health care in prisons**.

Each health center, according to the needs (the number of convicts and detainees) and in agreement with the administration of the PI organizes the health care in prisons.

At the moment, there are currently 2.100 persons in the 14 institutions where a prison sentence is served.

More than half of the persons deprived of their liberty are accommodated in the two institutions in Skopje. There are two doctors (one general practitioner and one specialist – contract psychiatrist) working every day in the PI Idrizovo, one dentist and two nurses.

There are two doctors of medicine, one dentist, one dental technician and two nurses working in the PI Shuto Orizari – prison Skopje. A procedure is being implemented for the employment of three doctors of medicine and three nurses.

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<sup>10</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 16-17

In some of the other prison institutions, there is permanent health personnel (Tetovo, Struga, Bitola, Shtip), while in the others (Kriva Palanka, Veles, Gevgelija, Ohrid) due to the small number of accommodated persons, if necessary, a medical team comes on a call for intervention.

A medical examination is performed of each convict upon entry in the prison institution, and an entry health card is filled out, however there is no unified standard entry screening for all persons. Thus, for example, regular systematic examinations of prisoners are performed in the Health Center Veles, and if necessary, emergency medical interventions are conducted as well; in the Health Center Strumica, all newly arrived convicts, in addition to the examination upon entry (body weight, height, blood pressure, history of chronic diseases, injuries, food allergies, drugs, addictions, mental condition, etc.), are also screened for TB; in the Health Center Gevgelija, in addition to the mandatory medical examination upon entry, other preventive health measures are likewise undertaken: testing of convicts for diseases (hepatitis, AIDS), as well as for drug addiction, and a radiographic pulmonary imaging for TB detection is performed once a year.

All detainees have access to specialist care as needed. On call – if necessary, a team from the Emergency Medical Service from the health center that covers the region comes and with an escort transports them to the required specialist.

With regard to mental health care, mental health services are provided at every request of the prison facility. A psychiatrist is permanently hired only in Skopje, while in the other cities (due to the smaller number of accommodated persons), a specialist is hired as needed. If hospital treatment is required, it is provided in the Psychiatric Hospitals or in the Detention Ward in the Clinical Center “Majka Tereza”. Also, if necessary, outpatient treatment is provided in all psychiatric wards in the country.

Additionally, for all persons who are treated in prison conditions for addiction diseases, substitution therapy is provided through the Annual Programme for Treatment of Addiction Diseases of the Ministry of Health.

Procedures are underway in several health centers for employment of medical personnel (doctors, nurses, dentists and other health personnel) that will provide the health care in the PIs.

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As for the health care of people with mental health problems, it is provided at all three levels – in primary, secondary and tertiary health care. Mental health care in primary health care is the responsibility of selected doctors. At the secondary level of health care, there are three specialized health institutions (PHI Psychiatric Hospital Skopje, PHI Psychiatric Hospital Demir Hisar and PHI Psychiatric Hospital “Negorci” Gevgelija) which provides regionalization and availability of the health services. There are also psychiatric or neuropsychiatric wards within the general and clinical hospitals. At the tertiary level, the psychiatric activity is conducted at the PHI University Clinic of Psychiatry Skopje, which in addition to the health activity, likewise performs educational, scientific and research activity, that is, it is a base for the Department of Psychiatry within the Faculty of Medicine Skopje at UKIM Skopje.

Mental health care is still predominated by institutional treatment. To a large extent, care is provided in the three special psychiatric hospitals with a total capacity of over 1.200 beds, in which patients are accommodated according to the regional principle and in the UC of Psychiatry in Skopje with a capacity of 55 beds. There are also possibilities for hospitalization in the neuropsychiatric wards of the hospitals.

As part of the process of decentralization of mental health care (2000-2007), seven Community Mental Health Centers (CMHCs) were opened, but this process stagnated. In 2018, a new Strategy on Mental Health was adopted with an Action Plan that envisages continuation of the process of establishing new CMHCs for children and adolescents in several regional centers in the Republic of North Macedonia.

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Regarding the cases related to drugs and transmission of communicable diseases among persons using or injecting psychoactive substances, we inform that with the implementation of the National Drug Strategy of the Republic of North Macedonia<sup>11</sup> for the period 2014 – 2020, as well as the Action Plan, appropriate treatment is provided regarding the abuse of drugs, as well as addiction prevention measures, measures undertaken for treatment, rehabilitation and resocialization of drug addicts. The Strategy is built on two pillars: reducing drug demand and reducing drug supply. These are supplemented by three common cross-cutting themes that represent the horizontal nature of the drug problem:

- coordination (between the Inter-Ministerial State Committee for Combating Illicit Production, Trade and Drug Abuse)
- international cooperation (project with the EMCDDA<sup>12</sup>, funded by the Instrument for Pre-Accession Assistance of the European Union)
- information, research, monitoring and evaluation.

Also, the Law on Control of Narcotic Drugs and Psychotropic Substances<sup>13</sup> regulates the measures for prevention of the use and abuse of narcotic drugs, psychotropic substances, for treatment, rehabilitation and social reintegration of persons addicted to narcotic drugs and psychotropic substances. The Law aims to prevent and suppress the abuse of narcotic drugs and psychotropic substances, protect the life and health of people and control the narcotic drugs and psychotropic substances. The preparation of the National Drug Strategy for the period 2021-2025 with an Action Plan is under way.

The percentage of hepatitis C infections in the community and in prisons is highest in people who use psychoactive substances, especially in those who inject psychoactive substances. The prevalence of hepatitis C infections varies depending on how many people being treated are tested, as well as whether the data were obtained anamnestically (from a drug user) or confirmed by screening or other tests. Thus, in an addiction center where all patients are tested, such as in the Center in Gevgelija, the

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<sup>11</sup> <https://malmed.gov.mk/wp-content/uploads/Nacionalna-strategija-za-drogi-2014-2020.pdf>

<sup>12</sup> European Monitoring Centre for Drugs and Drug Addiction

<sup>13</sup> Law on Control of Narcotic Drugs and Psychotropic Substances (“Official Gazette of the Republic of North Macedonia” No. 103/08,124/10,164/13,149/15, 37/16)

percentage of people who have tested positive with type C hepatitis screening tests is 73.8% in 2016, 69.3% in 2017, 73% in 2018 and 78.3% in 2019. In the other centers, the data vary from 7-68 % (an average of 30.7%) without major variations in the years 2016-2019.

There is information from fewer programmes for type B hepatitis, and the percentage of people infected with type B hepatitis is much lower, from 0.5 to 7.8%.

**There are people with TB only in the center in “Kisela Voda”** (3 people, 5 people, 3 people, 1 person consecutively in the period from 2016 to 2019), or an average of 0.18%.

There is one HIV positive person in the community treatment programmes in 2016, 2017, 2018 and 2019, only in one center in the country (Tetovo), that is, an average of 0.06%.

Tests for type B and type C hepatitis are generally not done in prisons, as for the prisons that are outside of Skopje it was reported through the Department for Enforcement of Sanctions that only 7.3% of the drug users were positive to type B and/or type C hepatitis in 2019. There are no data on type B and type C hepatitis from the Idrizovo prison, but one HIV positive person is confirmed in 2019 (0.29%), one TB positive person in 2017 (0.3%) and 2018 (0.26%) and 2 TB positive people in 2019 (0.58%). Screening tests for type B and type C hepatitis are not done in the prison Skopje, but they report that from the data obtained from drug users who are in custody/prison they have information that the percentage of people with type C hepatitis is high (75%, 78%, 82%, 94% consecutively in the period from 2016 to 2019), but these data have not been confirmed by laboratory analyses. There was one HIV positive person in this prison in 2018 and 2019.

Regarding the availability of drugs for treatment of opioid addiction, the treatment of drug addicts is available throughout the country through 14 centers for prevention and treatment of abuse of drugs and other psychoactive substances and the Clinic of Toxicology and Emergency Medicine (that offers buprenorphine treatment only), as well as for all incarcerated and detained persons. The Healthcare Programme for People with Addictions in the Republic of North Macedonia provides funds for the procurement of methadone and buprenorphine, as well as for treatment in a day hospital/hospital and treatment of addicts-court cases. Before starting the treatment, opioid users fill out a written information consent form for participation in an opioid agonist treatment. Although the number is still small, the treatment includes more and more persons who have broken the law and who have been imposed an alternative measure – treatment instead of punishment, as well as persons who have been imposed a court protection measure for forced detention and treatment in a health institution or treatment in liberty.

Regarding drug-related mortality, the data are as follows:

- in 2016 – 17 deaths (2 in prison)
- in 2017 – 15 deaths (2 in prison)
- in 2018 – 26 deaths (1 in prison)
- in 2019 – 21 deaths (3 in prison)

\* \* \*

In order to prevent exposure to air and water pollution, funds are annually provided through the National Public Health Programme for the implementation of measures for

assessment of the health and environmental risk related to the quality of the drinking water, surface water, air quality, chemical contaminants in food, environmental noise, assessment of the health and environmental risk of ionizing radiation (external gamma radiation, radiation of air, water, soil, ionizing radiation of food), risks of the presence of residues of pesticides, heavy metals.

Within this programme, in order to assess the health and environmental risk of the hygienic air quality in the Centers for Public Health, through a stationary and mobile monitoring system of the Ministry of Environment and Physical Planning (MoEPP) and the Institute of Public Health, the total air sediment is monitored at 81 measuring points, the presence of Pb, Cd, Zn, Ni and Fe in the air sediment in Veles, Pb, Cd and Zn in the air sediment in Kumanovo; floating particles (smoke) and SO<sub>2</sub>-sulfur dioxide are monitored in Skopje and Veles, and the presence of CO is monitored in Skopje.

#### Alarm protocol

Exceeding the alert threshold is when there is air pollution with PM<sub>10</sub> concentration (200 µg/m<sup>3</sup>), that is, over 200 micrograms per cubic meter for a period of two consecutive days. The threshold is considered exceeded when it is exceeded at 2 out of 5 stations for air quality monitoring in the city of Skopje, that is, at 50% of the number of stations installed in the settlement, if more than one monitoring station is installed in the settlement and a stable weather forecast has been obtained from the NHS.

In such situations, the Air Quality Monitoring Unit of the MoEPP conducts the following procedure:

- Continuous daily control of the daily mean PM<sub>10</sub> concentrations by the State Automatic Monitoring System for Ambient Air Quality (SAMSAAQ)
- Monitoring of the weather forecast for the next period as a confirmation of the continuation of the negative conditions regarding air pollution by the National Hydrometeorological Service,
- In the case of exceeding the alert threshold, the MoEPP notifies the following institutions: the Government of the Republic of North Macedonia, the Ministry of Labour and Social Policy, the Ministry of Health, the Institute of Public Health, the Department of Environment, the State Inspectorate of Environment, the Center for Crisis Management, the City of Skopje and the Local Self-Government Units where there is an episode of exceeding the information threshold
- Publication of an announcement on the website of the MoEPP and on the air quality portal in cooperation with the Office of Public Communication

If the alarm threshold is exceeded, the Spokesperson of the Government of the Republic of North Macedonia does the following:

- Prepares a press release and submits it to all media,
- Publishes the press release on the website of the Government of the Republic of North Macedonia,
- Calls a press conference at which the Spokesperson of the Government of the Republic of North Macedonia announces the recommendations and measures for protection of the health of the citizens
- Once the situation has ended, the MoEPP prepares an announcement on the

ending of the situation and submits it to the competent institutions and the Department of Public Communication.

In such a situation, the Institute of Public Health is obliged to inform the public health centers and health institutions, while the Local Self-Government Units (LSGUs) and the City of Skopje have the following responsibilities:

1. The Mayor of the City of Skopje together with the municipalities in Skopje and the LSGUs call a press conference in order to inform the media about the measures from the adopted short-term action plans,
2. They forward the information to the citizens, through the website of the LSGU, that is, the City of Skopje, by posting an alarm on the homepage with a recommendation to look at the tips for reducing the negative effects caused by PM10;
3. They inform the affected local entities, especially kindergartens, primary schools, citizens' associations, etc. with a recommendation to avoid outdoor activities.

In such cases of air pollution above the allowed level, emergency measures are activated by the Ministry of Health and the Ministry of Environment, which provide for: exemption from work of pregnant women, people over 60 years of age and chronically ill people with asthma and heart attack and stroke survivors. The measures include a ban on holding sports and other outdoor events, as well as adjustment of the working hours of workers who work outdoors in the period from 11 AM to 5 PM.

Intensified inspection controls are also conducted by the State Inspectorate of Environment of the facilities subject to an A integrated permit, as well as intensified controls by the municipal inspections of the facilities with a B integrated permit, with a recommendation for reducing the production capacity by 50 percent (excluding installations that produce heat or electricity), control measurements of the emissions of pollutants in the ambient air are conducted with an accredited laboratory in order to determine whether the measures prescribed in the Permit regarding the emissions in the air are applied.

The emergency measures also cover the construction companies that should regularly wash the construction vehicles when exiting the construction site, and the construction vehicles and machines should be transported at 7:30 AM.

When the alert threshold is exceeded, the Ministry of Labour and Social Policy in cooperation with the Red Cross, the Health Center and the Local Self-Government Units provide shelters for the homeless and support to the elderly lonely people through organized visits.

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With the onset of the pandemic, a number of institutions have become involved in tackling the challenges posed by the COVID-19 crisis. With the adoption of quick and efficient decisions on the basis of the recommendations of the Ministry of Health and the Commission for Infectious Diseases, the Government of the Republic of North Macedonia managed to ensure the functionality of the health system during the COVID-19 pandemic.

The introduction of preparatory measures against the epidemic began in January 2020, and starting from January 27, the thermal cameras installed at the Skopje Airport began tracking passengers coming from Istanbul and Dubai, serving as links to China, which was the epicenter of the epidemic at that time. The first case in the country was diagnosed on 26 February 2020, and as of 30 August 2020, a total of 14.341 cases of COVID-19 were reported, of which 19.3% were hospitalized in the course of the disease, and the rest were treated at home, asymptomatic or with a milder clinical picture.

The Ministry of Foreign Affairs established a registration system for Macedonian citizens blocked abroad and organized their return to North Macedonia with humanitarian flights and ground convoys. Upon arrival, they were placed in a 2-week quarantine in accommodation facilities paid for by the Government and guarded and secured by members of the Ministry of Interior.

The efforts of the Ministry of Health to slow the spread of the virus include: active monitoring, testing and treatment strategy in accordance with WHO guidelines, as well as mobilization of medical teams from other health facilities, accompanied by primary care physicians. Furthermore, many efforts were made to increase the capacity for COVID-19 intensive care and to ensure full coordination in case management at all levels of the health system, management of the growing number of cases (in-house quarantine, triage procedures, designation of COVID-19 hospitals), as well as protection of the health workforce from COVID-19. In addition, the Ministry of Health took care to provide access to basic health care, especially for pregnant women and children, people with cancer and the like. Additionally, activities were implemented to mobilize funds to cover the increased costs of the health facilities as a result of COVID-19 through donations, rebalance and reallocation of budget funds. This Ministry also conducted an energetic communication campaign in the social media, on TV and other communication channels. All information was/is available on several specially designed websites, as well as on all media.

The response to the virus was the same as in most countries, namely people infected with COVID-19 must be isolated and, depending on the clinical picture, they are referred to a hospital or to home treatment, and those who have come in contact with infected persons are placed in self-isolation for a period of 14 days. With a change in the treatment algorithm, patients with a positive finding who are asymptomatic are considered cured if they do not develop symptoms after 10 days.

The General Hospital “8<sup>th</sup> of September” Skopje was included as a COVID-19 hospital in mid-April 2020. One ward at the Clinic for Gynecology and Obstetrics (CGO) in Skopje is isolated for treatment of infected and suspected cases of COVID-19, according to strictly established protocols. The General Hospital “8<sup>th</sup> of September” has designated a special operating room and rooms for patients who have tested positive to COVID-19 and who need other surgical interventions. The Institute for Respiratory Diseases in Children “Kozle” was also included as a “COVID-19” center. By decision of the Minister of Health, three clinical hospitals (Tetovo, Shtip, Bitola) were established as regional centers for patients with milder symptoms. From June 2020, the private hospitals, within the framework of the intensive care and therapy, can provide health services for patients

who have tested positive to COVID-19 admitted to the institution.

The number of hospital beds for patients tested positive to COVID-19 increased from 304 to 651, but in case of need, a total of 1.600 hospital beds can be made available (in the General Hospital “8<sup>th</sup> of September” Skopje and in the three Clinical Hospitals) and additional 60 in the Institute for Tuberculosis. New assembly containers for a modular hospital – COVID-19 Medical Emergency Center with 70 beds were erected and connected to the University Clinic for Infectious Diseases and Febrile Conditions in Skopje in order to upgrade the capacity of the clinic.

The number of respirators was increased from 120 to 285, of which 20 are mobile respirators, which increased the capacity of the Intensive Care Units as well. At the beginning, laboratory testing was performed only in the Institute of Public Health, and later the capacities of other public health, but also of private health institutions, as well as of scientific institutions began to be used. As of 30 August 2020, the total number of tests performed was 148.269, of which 14.341 were positive, and the tests were performed in 13 laboratories.

The work of health workers was organized according to a rotation system, that is, in two-week shifts. The Ministry of Health decided to mobilize all medical staff in the country wherever necessary, which enabled the engagement of medical teams from other hospitals (specialists in internal medicine, pulmonologists, nurses, etc.) to assist in COVID-19 hospitals. In order to protect the staff, personal protective equipment and disinfectants are continuously provided.

All these activities were carried out jointly, with a gradually intensified restriction of the movement and physical distancing. The Government (at the recommendation of the Ministry of Health and the Commission for Infectious Diseases) implemented measures to prevent further spread of the virus, such as closing all educational institutions (from kindergartens to universities), banning travel to the most affected countries, banning all public events and closing cafes, restaurants, shops, malls, sports facilities and sports events for the public and the like. Only grocery stores, pharmacies and shops that provide sufficient physical distance or delivery remained open.

Due to the closure of all educational institutions, the lectures and exams continued to be conducted through electronic means, and the Government made a decision that one of the parents of a child of up to 10 years of age should have the right to stay at home on paid leave. People with certain chronic illnesses were also exempted from going to work and allowed to work from home, also on full paid leave.

On March 18, due to the pandemic, the President of the country declared a state of emergency throughout the entire territory, and on several occasions, complete restrictions on the movement were introduced during certain periods of time. The state of emergency was lifted on 22 June 2020.

In May 2020, the Government adopted a plan to reduce the restrictive measures for preventing the spread of the coronavirus, which envisages three phases of reducing the restrictive measures. The first phase is related to the functioning of the economic activities during the declared state of emergency with a gradual reduction of the curfew. The second, “transitional phase” is the establishment of work activities in accordance

with the recommended measures and strict health protocols prepared by the Commission for Infectious Diseases for each individual work activity. The third phase will be a full return to the regular work process by respecting the basic anti-epidemic measures for maintaining personal hygiene and physical distance. In accordance with the plan, the Government gradually allowed the operation of the shops, the closed shopping malls, restaurants, sports clubs and others. Along with the Plan, appropriate health protocols were also prepared for individual work activities that have been made public.

All citizens are obliged to wear a personal protective face mask when leaving their home, that is, when moving in public places and areas outdoors, as well as indoors, in markets, on public transport and when entering closed spaces where many people gather (state institutions, markets, shops, banks, post office, waiting rooms, health facilities, etc.), as well as to maintain a physical distance of 2 meters.

## ARTICLE 12 – The right to social security

### Article 12§1

With a view to ensuring the effective exercise of the right to social security, the Parties undertake to establish or maintain a system of social security

### Risks covered, financing of benefits and categories of persons covered by social insurance

Regarding the previous conclusions<sup>14</sup> (from 2017) of the Committee on the scope of the existing social insurance schemes, below we provide the latest data on the total population, the active population, the number of persons covered in the health care system, including in case of sickness; work accidents and occupational diseases; old age, disability and death, as well as unemployment.

Table 4. Estimates of the population number on 31.12,

	2016	2017	2018	2019
Total population	2.073.702	2.075.301	2.077.132	2.076.255
Men	1.038.613	1.039.283	1.040.200	1.039.716
Women	1.035.089	1.036.018	1.036.932	1.036.539

Source: State Statistical Office

The population in the Republic of North Macedonia is aging: the share of the population over the age of 65 is increasing – from 11.2 % in 2006 to 13.3 % in 2016. The dependency rate is increasing (from 47 in 2006 to 42 per 100 inhabitants in 2016), while the dependency rate for older age in the same period increased from 14.5% to 18.7%.

According to the data from the Labour Force Survey of the State Statistical Office, the population in the Republic of North Macedonia is as follows:

- In 2017, 954.212 people, of which 740.648 were employed, and 213.564 were unemployed persons.
- In 2018, 957.623 people, of which 759.054 were employed, and 198.569 were unemployed persons.
- In 2019, 964.014 people, of which 797.651 were employed, and 166.363 were unemployed persons.

According to the data from the Health Insurance Fund of the Republic of North Macedonia (HIFRNM), the total number of insured persons as of the end of:

- 2016 is 1.870.761, which in relation to the total number of inhabitants is a coverage of the population of 90.3% of which 1.150.561 are insured persons and 720.200 are family members.
- 2017 is 1.872.466, which in relation to the total number of inhabitants is a coverage of the population of 90.3% of which 1.165.004 are insured persons and 707.462 are family members.

<sup>14</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 18-20

- 2018 is 1.844.093, which in relation to the total number of inhabitants is a coverage of the population of 89% of which 1.165.309 are insured persons and 678.784 are family members.
- 2019 is 1.869.509, which in relation to the total number of inhabitants is a coverage of the population of 90% of which 1.180.784 are insured persons and 688.725 are family members.

The Law on Health Insurance (“Official Gazette of the Republic of North Macedonia” No. 25/2000, 34/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 112/14, 113/14, 188/14, 20/15, 61/15, 98/15, 129/15, 150/15, 154/15, 192/15, 217/15, 27/16, 37/16, 120/16, 142/16, 171/17, 275/2019) defines the persons who can exercise the rights to health insurance. The Law defines 15 categories of insured persons, which can be grouped as in the table below:

Insured persons/beneficiaries	2016	2017	2018	2019
Active workers	563.053	572.291	569.618	569.616
Active farmers	21.317	21.028	19.796	18.944
Pensioners	300.128	304.657	312.105	324.911
Unemployed persons	7.037	6.649	4.282	4.009
Persons insured through a programme of the Ministry of Health	244.867	246.611	247.179	250.106
Other	14.159	13.768	12.329	13.198
<b>Beneficiaries:</b>	<b>1.150.561</b>	<b>1.165.004</b>	<b>1.165.309</b>	<b>1.180.784</b>
Family members	720.200	707.462	678.784	688.725
<b>Total insured persons:</b>	<b>1.870.761</b>	<b>1.872.466</b>	<b>1.844.093</b>	<b>1.869.509</b>

Source: Health Insurance Fund of the Republic of North Macedonia, annual reports<sup>15</sup>

Under the compulsory health insurance, the insured persons are entitled to cash benefits, namely salary compensation during temporary incapacity for work due to illness and injury (sickness), salary compensation during absence from work due to pregnancy, childbirth and motherhood (maternity leave) and reimbursement of travel expenses when using health services.

The conditions for exercising these health insurance rights are as follows:

- The health insurance should have lasted at least 6 months continuously before the occurrence of the event;
- The health insurance contribution should have been paid regularly or with a delay of up to 60 days;

<sup>15</sup> HIFRNM, annual reports, <http://www.fzo.org.mk/default.asp?ItemID=E47E1E538B68294BB0A1077B2DAFA4D9>, accessed on 15.12.2020

- The assessment for temporary incapacity should have been issued by a family doctor, that is, a medical commission.

The sickness benefit for the first 30 days is paid by the employer, and over 30 days is borne by the HIFRNM. As an exception, the benefit from the first day is borne by the HIFRNM in case of care of a sick child up to three years of age, in case of blood, tissue or organ donation and in case of pregnancy, childbirth and motherhood.

In 2019, a total of 28.274 sick leave rights were granted, which, according to the legal provisions, are borne by the HIFRNM. Observed by categories, the largest increase is in occupational diseases and injuries at work of about 26%, in family member care there is an increase of about 25%, while in sick leaves (due to sickness) there is an increase of 16% compared to the previous year.

Table 5. Number of sick leave and maternity leave benefits

Type of sickness	2016	2017	2018	2019
Injury at work and occupational diseases	621	834	784	986
Diseases	11.839	14.508	15.525	18.082
Family member care	5.409	6.629	7.337	9.206
<b>Total sick leaves</b>	<b>17.869</b>	<b>21.971</b>	<b>23.646</b>	<b>28.274</b>
<hr/>				
Number of maternity leave benefits	2016	2017	2018	2019
Pregnancy and childbirth	9.528	9.323	9.628	9.913
Employed nursing mothers	386	470	278	296
<b>Total maternity leaves</b>	<b>9.914</b>	<b>9.793</b>	<b>9.906</b>	<b>10.209</b>

Source: Health Insurance Fund of the Republic of North Macedonia

Total sick leave and maternity leave benefits for the previous four years:

Type of benefit	2016	2017	2018	2019
Maternity leave	9.914	9.793	9.906	10.209
All others	17.869	21.971	23.646	28.274
<b>Total</b>	<b>27.783</b>	<b>31.764</b>	<b>33.552</b>	<b>38.483</b>

Source: Health Insurance Fund of the Republic of North Macedonia

In case of prolonged duration of the temporary incapacity for work of up to 12 months, the first instance medical commission of the HIFRNM refers the insured person to the Disability Commission (IPM) at the Pension and Disability Insurance Fund (PDIF) for assessment of the work capacity. The table shows the number of insured persons who have been referred by the medical commissions of the HIFRNM for assessment of the work capacity, as well as the number of insured persons who have exercised their right to a disability pension.

Table 6. Number of insured persons referred for assessment of their work capacity

Year	2016	2017	2018	2019
Total insured persons for assessment of their work capacity by the commissions of the IPK	1.087	1.081	566	640
Number of insured persons who have exercised their right to a disability pension	185	234	No data from PDI	No data from PDI
% of persons who have exercised their right to a disability pension	17%	22%	No data from PDI	No data from PDI

Source: Health Insurance Fund of the Republic of North Macedonia

Articles 11, 13 and 14 of the Law on Pension and Disability Insurance (“Official Gazette of the Republic of North Macedonia” No. 98/12, 166/12, 15/13, 170/13, 43/14, 44/14, 97/14, 113/14, 160/14, 188/14, 20/15, 61/15, 97/15, 129/15, 147/15, 154/15, 173/15, 217/15, 27/16, 120/16, 132/16, 35/18, 220/18 and 245/18 and “Official Gazette of the Republic of North Macedonia” No. 180/19, 275/19 and 31/20) provide for the categories of insured persons covered by the compulsory pension and disability insurance.

Articles 15 and 16 of the Law cover persons who are insured under compulsory pension and disability insurance only on the basis of disability or bodily injury caused by an injury at work or an occupational disease.

Regarding the total number of persons covered by pension and disability insurance, according to the data from the Report on the Work of the Pension and Disability Insurance Fund of North Macedonia for 2019, as of 31.12.2019, it is 581.405 insured persons, which is 28% of the total population in the Republic of North Macedonia (population according to the data from the State Statistical Office from the estimates of the population on 31.12), that is, 60.31% of the active population (according to the data from the State Statistical Office, in 2019, the active population in the Republic of North Macedonia is 964.014 persons).

Table 7. Ratio of insured persons-pension beneficiaries for the period 2016-2019

Year	Number of employees	Number of pension beneficiaries (excluding military and agricultural beneficiaries)	Number of pension beneficiaries per 1.000 employees	Number of employees per 1 pension beneficiary
2016	570.168	305.766	536	1.9
2017	575.574	310.744	540	1.9
2018	578.023	315.780	546	1.8
2019	581.405	322.704	555	1.8

Source: Annual Report on the Work of the Pension and Disability Insurance Fund of the Republic of North Macedonia for 2019

Table 8. Number of pension beneficiaries for the period 2016-2019

Year	Old-age pensions	Disability pensions	Family pensions	Total
2016	190.633	38.343	76.790	305.766
2017	197.383	36.970	76.391	310.744
2018	204.455	35.645	75.680	315.780
2019	212.941	34.217	75.546	322.704

Source: Annual Report on the Work of the Pension and Disability Insurance Fund of the Republic of North Macedonia for 2019

Regarding the right to cash benefits in case of unemployment, we report that in 2019 the average number of beneficiaries of cash benefits was 13.324 unemployed persons, which is 13.1% of the average number of registered unemployed persons in 2019, that is, approximately 1.4% of the total active population in 2019.

In the period from 2016 to 2019, the share of the average number of beneficiaries of cash benefits in the average number of registered unemployed persons ranged from 7.1% to 15.7%. The share of those who used cash benefits for one month in the total number of beneficiaries of cash benefits ranged from 0.3% (2018) to 1.3% (2019).

Table 11. Unemployed persons registered in the ESARNM and unemployed persons-beneficiaries of the right to cash benefits by months in 2018

Month	Beneficiaries of cash benefits	Beneficiaries of cash benefits for a period of one month	% of share in the total number of beneficiaries of cash benefits	Unemployed persons	% of share of beneficiaries of cash benefits in the number of unemployed persons
January	10.201	228	2.2	103.285	9.9
February	10.143	89	0.9	102.834	9.9
March	10.549	47	0.4	102.538	10.3
April	12.232	52	0.4	101.762	12.0
May	11.769	34	0.3	98.916	11.9
June	11.914	41	0.3	96.482	12.3
July	11.738	37	0.3	95.421	12.3
August	12.442	193	1.6	93.522	13.3
September	12.082	62	0.5	92.191	13.1
October	12.273	172	1.4	91.485	13.4
November	14.008	118	0.8	91.723	15.3
December	14.860	42	0.3	94.721	15.7

Source: Employment Service Agency of the Republic of North Macedonia

Table 12. Unemployed persons registered in the ESARNM and unemployed persons-beneficiaries of the right to cash benefits by months in 2019

Month	<b>Beneficiaries of cash benefits</b>	Beneficiaries of cash benefits for a period of one month	% of share in the total number of beneficiaries of cash benefits	<b>Unemployed persons</b>	% of share of beneficiaries of cash benefits in the number of unemployed persons
January	15.509	184	1.2	105.658	14.7
February	15.256	45	0.3	105.444	14.5
March	15.059	43	0.3	106.242	14.2
April	14.674	36	0.2	103.083	14.2
May	14.476	46	0.3	100.060	14.5
June	14.228	38	0.3	101.658	14.0
July	14.059	67	0.5	102.326	13.7
August	13.712	30	0.2	101.187	13.6
September	13.658	67	0.5	101.036	13.5
October	13.658	127	0.9	101.813	13.4
November	13.267	62	0.5	101.819	13.0
December	13.324	178	1.3	101.748	13.1

Source: Employment Service Agency of the Republic of North Macedonia

Table 13. Unemployed persons registered in the ESARNM and unemployed persons-beneficiaries of the right to cash benefits by months in 2016-2019

Year	<b>Beneficiaries of cash benefits</b>	Beneficiaries of cash benefits for a period of one month	% of share in the total number of beneficiaries of cash benefits	<b>Unemployed persons</b>	% of share of beneficiaries of cash benefits in the number of unemployed persons
2016	7.397	48	0.6	104.523	7.1
2017	8.378	47	0.6	102.394	8.2
2018	14.860	42	0.3	94.721	15.7
2019	13.324	178	1.3	101.748	13.1
2020	13.362	55	0.4	156.432	8.5

Source: Employment Service Agency of the Republic of North Macedonia

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Regarding the Conclusions 2017<sup>16</sup> and the questions asked by the European Committee about the adequacy (duration and amount) of the payment of the unemployment benefits, we inform that during 2021 an analysis will be conducted of the Law on Employment and Insurance in case of Unemployment (“Official Gazette of the Republic of Macedonia” No. 37/97, 25/2000, 101/2000, 50/2001, 25/2003, 37/2004, 4/2005, 50/2006, 29/2007, 102/2008, 161/2008, 50/10, 88/10, 51/11, 11/12, 80/12, 114/12, 39/14, 44/14, 113/14, 56/15, 129/15, 147/15, 154/15, 27/16, 119/16, 21/18, 113/18 and 124/19), and at the same time a working group of several stakeholders will be formed, which will work on a new text of the said Law. The amount of the unemployment benefit, which, among other issues, is regulated by this Law, will also be reviewed, as well as its compliance with the ratified international documents.

The right to payment of unemployment benefits is closely related to the status of an unemployed person. For that purpose, the unemployed person must be registered as an unemployed person in the Employment Service Agency of the Republic of North Macedonia (ESARNM) and maintain, that is, not lose that status.

Thus, in accordance with Article 53 of the same Law, an unemployed person is a person registered in the ESARNM who is actively looking for a job, is able to work and is ready to accept any appropriate or suitable employment offered by the Agency.

An unemployed person is also a foreigner who holds a personal work permit for a foreigner up to the expiration of the period of its validity and a foreigner who on the basis of a concluded international agreement or according to the principle of reciprocity meets the conditions for receiving unemployment benefits as long as he/she is a beneficiary of such benefit.

An unemployed person is also a person who is attending training with an employer, an education course or other training and during that time exercises the right to a cash benefit for preparation for employment.

An unemployed person, in the sense of this Law, is not considered a person who:

- is employed,
- is self-employed,
- is the owner, founder or manager of a company and other legal entity or a member of a management body, that is, an authorized person in a company and other legal entity, except in associations and foundations,
- performs agricultural, livestock or other activity,
- performs a craft, that is, a professional activity,
- is a pension beneficiary,
- has the status of a high school student, full-time student, intern and a person who participates in adult education, and is younger than 26,

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<sup>16</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 18-20

- twice in two years has refused training, retraining or additional training to which the Agency has referred him/her,
- twice in two years has refused to appear or be employed with the employer to whom the Agency has referred him/her and
- is engaged in work or performs an activity, contrary to the law.

As an exception to paragraph 4 indent 3 of this Article, an unemployed person, in the sense of this Law, is considered a person who is the owner, founder or manager of a company and other legal entity or a member of a management body, that is, an authorized person in a company and other legal entity, except in associations and foundations, and who is a beneficiary of guaranteed minimum assistance, in accordance with the regulations in the field of social protection.

The unemployed person is obliged to meet the conditions stated in this Article for the time period during which he/she is registered in the records of unemployed persons.

Pursuant to Article 57 of the Law, the employment that meets the following conditions is considered appropriate:

- employment for an indefinite or definite period of time, full-time employment or employment shorter than full-time, in accordance with the Law on Labour Relations or the Regulations for Vocational Rehabilitation and Employment of Persons with Disabilities,
- employment at a workplace that is not more than 50 km away from the address of residence of the person, that is, up to 30 km for an unemployed person living alone with a child under the age of 15, within a joint household and
- employment that is in accordance with the type and level of completed education of the person, the acquired skills listed in the completed form submitted to the Agency for registration in the records of unemployed persons, if the person is looking for a job for the first time or is looking for a job after a break in employment of at least two years.

With the consent of the unemployed person, he/she can immediately be offered a job that is for a lower level of education and/or qualifications than the level of completed education of the person and the skills acquired.

Furthermore, the amendments to the Law on Employment and Insurance in case of Unemployment (“Official Gazette of the Republic of North Macedonia” No. 124/19) determine the content of the new Article 59-c according to which the person is deleted from the records of unemployed persons if he/she:

1. is no longer unemployed, according to the provisions of this Law
2. deregisters from the records of unemployed persons by himself/herself,
3. does not report within the legally prescribed deadline or does not appear at the invitation of the Agency for unjustified reasons,
4. does not inform the Agency about the acquisition and loss of the rights on the basis of insurance in case of unemployment,
5. twice in two years refuses to attend training, retraining, additional training or subsidized employment,

6. does not fulfill the obligations arising from the contract for participation in an active employment policy programme,
7. twice in two years refuses appropriate or suitable employment or refuses to attend or does not appear for a job interview to which he/she has been referred by the Agency,
8. does not provide accurate data on the needs for keeping records of unemployed person or on the status of a participant in an active employment policy programme,
9. is found to have a reason why he/she cannot be employed temporarily,
10. is in custody for more than six months or if he/she begins to serve a prison sentence of six months or more,
11. is found to be working contrary to the law by an inspection body,
12. is not actively looking for a job,
13. refuses to sign an individual employment plan in accordance with this Law,
14. does not comply with the obligations undertaken in the individual employment plan,
15. meets the conditions for retirement,
16. is a foreigner and his/her personal work permit has expired,
17. refuses to be hired to perform public works twice in two years,
18. leaves to perform a voluntary military service,
19. is self-employed,
20. is the owner, founder or manager of a company and other legal entity or a member of a management body, that is, an authorized person in a company and other legal entity, except in associations and foundations,
21. performs agricultural, livestock or other activity,
22. performs a craft, that is, a professional activity,
23. is a pension beneficiary,
24. has the status of a high school student, full-time student, intern and a person who participates in adult education, and is younger than 26 and
25. is engaged in work or performs an activity, contrary to the law.

Participation in active employment policy programmes is not a reason for deletion from the records of unemployed persons, except in cases when the person participates in an active employment policy programme that leads to the conclusion of an employment contract, whereby the deletion occurs after the conclusion of the employment contract.

The inspection body is obliged to inform the Center for Social Work and the Agency about the unemployed person found to be working contrary to the law.

The person who has been deleted from the records of unemployed persons due to the grounds referred to in paragraph 1 indents 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14 and 17 of Article 59-c, may re-register in the records after one year from the date of the deletion from the records.

With regard to the question about what remedies are available to the unemployed person to contest the decision of the first instance body to suspend the right to payment of unemployed benefits, we report that the dissatisfied party can file a complaint within 15 days to the Ministry of Labour and Social Policy, which decides in the second instance.

If the party, that is, the unemployed person is not satisfied with the second instance decision, he/she can file a lawsuit to the Administrative Court within 30 days from the date of receipt of the second instance decision. The next instance is the Higher Administrative Court and the last instance, for an extraordinary legal remedy following court rulings, is the Supreme Court of the Republic of North Macedonia.

In accordance with the request of the Committee, below we provide updated information on the minimum wage and the minimum levels of income-replacement benefits due to sickness, work accidents and occupational diseases, unemployment, old age and disability.

Table 14. Statutory minimum wage

Time frame	Gross minimum wage	Net minimum wage	Note
January 2016-August 2017	13.540	9.000	Manufacture of textiles, clothing and leather
January 2016-August 2017	14.739	10,080	All sectors, except manufacture of textiles, clothing and leather
September 2017- June 2018	17.130	12.000	All sectors
July 2018-March 2019	17.370	12.165	All sectors
April-November 2019	17.943	12.507	All sectors
December 2019	20.997	14.500	All sectors
January - March 2020	21.107	14.500	All sectors
April –June 2020	21.107	14.500	All sectors
July 2020-March 2021	21.776	14.934	All sectors

Analysis: The minimum net wage in December 2019 was MKD 14.500 and has increased by MKD 3.700 nominally compared to August 2017 when it amounted to MKD 10.800. The increase (nominally) is 34%. The minimum gross wage is MKD 20.997 and has increased by MKD 6.258 compared to August 2017 when it amounted to MKD 14.739. The increase is 42%. Namely, with the amendments to the Law on Minimum Wage, the minimum wage in the Republic of North Macedonia, starting with the payment of wages for the month of September 2017, as of June 2018, for all sectors in the economy was determined at a gross amount of MKD 17.130 or MKD 12.000 net. It is important to note that these amendments equalized the minimum wage in all sectors.

Table 15. National average wage

Year	2006	2017	2018	2019
Average gross wage paid per employee	32.822	33.688	35.625	37.446
Average net wage paid per employee	22.342	22.928	24.276	25.213

Source: State Statistical Office

### Health insurance benefits

The amount of the salary benefits during temporary incapacity for work due to sickness or injury is 70% of the salary or 85% for persons suffering from malignant diseases. Exceptions where the amount of the benefit is 100% of the salary are cases of injury at work, occupational disease, period of blood, tissue or organ donation, as well as during leave due to pregnancy, childbirth and motherhood.

The maximum amount that the insured person can receive as a salary benefit is 4 average salaries.

### Minimum amounts of pension and disability insurance benefits

According to Article 35 of the Law on Pension and Disability Insurance, the lowest amount of the old-age pension realized from the compulsory pension and disability insurance on the basis of generational solidarity and the pension obtained from the mandatory fully-funded pension insurance cannot be less than the determined average salary of all employees in the Republic of North Macedonia in 2002, for:

- the beneficiaries who have earned the pension with a pensionable service of over 35 years (men), i.e. over 30 years (women), in the amount of 41%,
- the beneficiaries who have earned the pension with a pensionable service of over 25 years (men), i.e. over 20 years (women), in the amount of 38% and
- the beneficiaries who have earned the pension with a pensionable service of up to 25 years (men), i.e. up to 20 years (women), in the amount of 35%.

The insured person who will earn part of the pension according to an international ratified agreement acquires the right to the lowest amount of old-age pension if the amount of the pension determined according to the Law on Pension and Disability Insurance and the foreign pension calculated according to the current exchange rate is less than the amount from which the lowest pension amount referred to in Article 35 of the Law is determined.

According to the data from the Report on the Work of the Pension and Disability Insurance Fund of North Macedonia for 2019, Table 16 provides data on the number of beneficiaries and the lowest pension amount.

Table 16. Number and amount of the pension of the beneficiaries of the lowest pension amount

	Number of beneficiaries	Pension amount (MKD)
<b>First group</b>		
Pensions earned until 31.12.1996	2.317	11.702
Pensions earned from 1997-2001	511	10.096
Pensions earned after 2001	5.671	10.637
<b>Total first group (over 35 years of service for men and over 30 years of service for women)</b>	<b>8.499</b>	
<b>Second group</b>		
Pensions earned until 31.12.1996	3.266	11.456
Pensions earned from 1997-2001	1.145	9.535
Pensions earned after 2001	13.381	10.046
<b>Total second group (over 25 years of service for men and over 20 years of service for women)</b>	<b>17.792</b>	
<b>Third group</b>		
Pensions earned until 31.12.1996	8.755	11.141
Pensions earned from 1997-2001	4.119	8.971,0
Pensions earned after 2001	36.909	9.457,
<b>Total third group (up to 25 years of service for men and up to 30 years of service for women)</b>	<b>49.783</b>	
<b>Total:</b>	<b>76.074</b>	

Source: Annual Report on the Work of the Pension and Disability Insurance Fund of the Republic of North Macedonia for 2019

The lowest pension amount is determined independently of the amount of the pension determined on the basis of the length of the pensionable service and the earned salaries. This means that the insured person is guaranteed an amount of pension determined on the basis of the length of the pensionable service and the earned salaries. The right to the lowest pension amount is based on the principle of social justice and its amount depends on the length of the work contribution expressed through the length of the pensionable service and if it is lower, the beneficiary is paid an amount up to the lowest pension.

### Unemployment benefits

The amount of the monthly cash benefit during unemployment is determined on the basis of the calculated and paid wages by the employer, in accordance with the law, a collective agreement and an employment agreement and is 50% of the average monthly net wage of the worker in the last 24 months for a person entitled to a cash benefit for up to 12 months, and for a person entitled to a cash benefit for more than 12 months, the cash benefit for the first 12 months is 50% of the average monthly net wage of the worker

in the last 24 months, and for the remaining time it is 40% of the average monthly net wage.

The benefit cannot be more than 80% of the average monthly net wage per worker in the Republic, published for the last month.

\* \* \*

**Article 12§2**

With a view to ensuring the effective exercise of the right to social security, the Parties undertake to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security.

No additional information has been requested for this paragraph of Article 12 of the Revised European Social Charter by the European Committee of Social Rights in this reporting cycle.

### Article 12§3

With a view to ensuring the effective exercise of the right to social security, the Parties undertake to endeavour to raise progressively the system of social security to a higher level.

With regard to the request of the Committee for providing information on the coverage (scope) of the social security and the modalities regarding how it is provided for persons who are employed or whose work is managed through digital platforms (for example, delivery services by bicycle) we report the following:

According to Article 11 of the Law on Pension and Disability Insurance<sup>17</sup>, insured persons with compulsory pension and disability insurance are:

- 1) workers who are employed and persons equated with them, in accordance with special laws;
- 2) military and civilian personnel in accordance with the law;
- 3) elected or appointed holders of public or other function, if they receive a salary for performing the function, that is, receive a salary compensation for performing that function;
- 4) citizens of the Republic of North Macedonia who are employed on the territory of the Republic of North Macedonia by foreign and international bodies, organizations and institutions, in foreign diplomatic and consular missions or are in personal service of foreign nationals, unless otherwise determined by a ratified international agreement;
- 5) citizens of the Republic of North Macedonia employed abroad, if during that time they are not subject to compulsory insurance under a foreign insurance holder;
- 6) citizens of the Republic of North Macedonia employed by a foreign employer in a country in which they are subject to compulsory insurance, but in which the rights arising from the pension and disability insurance, which as rights are determined by this Law, cannot be exercised or cannot be used outside that country;
- 7) self-employed persons – natural persons who perform independent economic activity or professional or other intellectual service from which they earn income, in accordance with the law;
- 8) natural persons who perform an activity, but do not have a tax base;
- 9) individual farmers – taxpayers of income tax from agricultural activity whose only occupation until the age of 64 is agriculture (hereinafter referred to as: individual farmers);
- 10) unemployed persons who receive cash benefits up to the expiration of 15 years of pensionable service;
- 11) disabled workers while waiting for referral and during professional rehabilitation and appropriate employment;

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<sup>17</sup> [https://www.mtsp.gov.mk/content/pravilniciPenzii/10.11\\_zpio.pdf](https://www.mtsp.gov.mk/content/pravilniciPenzii/10.11_zpio.pdf)

- 12) independent artists who have acquired such status in accordance with the Law on Culture;
- 13) professional athletes who have concluded an employment contract with a professional sports club;
- 14) an executive member of a board of directors, member of a management board of a company, that is, a manager of a company, if he/she is not insured on any other grounds and
- 15) a natural person registered as a performer of an independent retail activity at stalls and markets, registered in the register of the Economic Chamber of North Macedonia if he/she is not insured on any other grounds.

According to Articles 13 and 14 of the Law, the compulsory insurance also applies to workers who are employed and persons equated with them who are sent to work abroad, during their work abroad, if they are not subject to compulsory insurance according to the regulations of the country to which they are sent or unless otherwise determined by a ratified international agreement; the citizens of the Republic of North Macedonia who have been employed by an employer operating abroad; the compulsory insurance also applies to foreign nationals and stateless persons who on the territory of the Republic of North Macedonia are: 1) employed by an employer; 2) self-employed persons; 3) in the service of foreign natural persons and legal entities, unless otherwise determined by a ratified international agreement and 4) in the service of international organizations and institutions, foreign diplomatic and consular missions, if such insurance is not provided by a ratified international agreement.

The compulsory pension and disability insurance only on the basis of a disability and bodily injury caused by a work injury or occupational disease, according to Articles 15 and 16 of the Law, covers: 1) students when doing practical work during the process of schooling or studying; 2) a person doing an internship according to the law 3) persons who are serving a prison sentence, who are in a juvenile prison and serving an educational measure in a correctional facility during the regular work they perform in the course of the serving of the sentence, that is, the measure; 4) health workers with completed higher education who acquire the work experience for taking a professional exam and 5) unemployed persons during vocational training and professional rehabilitation. This likewise applies to the citizens of the Republic of North Macedonia who in accordance with the applicable regulations are sent to study abroad and to foreign nationals who are studying in the Republic of North Macedonia if the country of which they are citizens treats the citizens of the Republic of North Macedonia in the same way, unless otherwise determined by a ratified international agreement.

According to Article 4 of the Law on Health Insurance, insured persons are the beneficiaries and the members of their family. Furthermore, according to Article 5, the compulsory health insurance applies to the following: 1) a worker employed by a legal entity, a self-employed person, an institution, other legal entity performing an activity of public service, a state body and a body of the local self-government units and the City of Skopje; 1-a) an executive member of a board of directors in a company, a member of a management board in a company, that is, a manager in a company, if he/she is not insured on any other grounds; 1-c) a person who is employed short-term in accordance with the Law on the Agencies for Temporary Employment; 2) a citizen of the Republic of

North Macedonia who is employed on the territory of the Republic of North Macedonia by foreign and international bodies, organizations and institutions, in foreign diplomatic and consular missions, who is in the personal service of foreign diplomatic and consular missions or is in the service of foreign nationals, unless otherwise determined by a ratified international agreement; 3) a self-employed person; 4) an individual farmer; 4-a) a natural person registered as a performer of an independent retail activity at stalls and markets, registered in the register of the Economic Chamber of Macedonia if he/she is not insured on any other grounds; 5) a religious official; 6) a temporarily unemployed person while receiving unemployment cash benefits; 7) a citizen of the Republic of North Macedonia employed abroad, if at that time he/she is not subject to compulsory insurance under a foreign insurance holder according to the law of the country in which he/she is employed or according to an international agreement, and who has had a place of residence on the territory of the Republic of North Macedonia immediately before the employment abroad – for family members living in the Republic of North Macedonia; 8) a beneficiary of a pension and salary compensation according to the pension and disability insurance regulations; 9) a citizen of the Republic of North Macedonia receiving a pension or disability pension from a foreign insurance holder from a country with which the Republic of North Macedonia has not concluded/undertaken a Social Insurance Agreement or with which the Republic of North Macedonia has concluded/undertaken such an Agreement, but it does not regulate the possibility for exercising the right to health insurance, while residing on the territory of the Republic; 10) a beneficiary of guaranteed minimum assistance, who is a person incapable of work; a beneficiary of a disability allowance; a beneficiary of an allowance for assistance and care from another person; a person with the status of a recognized refugee and a person under subsidiary protection; beneficiaries of out-of-home care; a person-victim of domestic violence for whom a measure of protection is undertaken in accordance with the regulations in the field of prevention and protection from domestic violence; a person-victim of human trafficking; a beneficiary of the right to social security for the elderly and a child with developmental disabilities and with special needs for which the right to a special allowance is exercised in accordance with the Law on Child Protection, if they cannot be insured on other grounds; 11) a foreigner who on the territory of the Republic of North Macedonia is employed by or is in the service of foreign natural persons and legal entities, international organizations and institutions or foreign diplomatic and consular missions, unless otherwise determined by an international agreement; 12) a foreigner who is studying or attending a professional training in the Republic, unless otherwise determined by an international agreement, 13) a person serving a prison sentence, a person who is in custody (if not insured on other grounds) and a minor serving an educational measure of being sent to a correctional facility, ie institution and 14) a **participant in the National Liberation War and a participant in the People's Liberation Movement in the Aegean part of Macedonia, a war invalid and members of the families of the fallen fighters and dead participants in the National Liberation War, as well as civilian invalids from World War II, persons persecuted and imprisoned for the ideas of independence of Macedonia and its statehood, whose status is determined by special regulations and members of the family and parents of the citizens of the Republic of North Macedonia killed in the wars during the disintegration of the SFRY** 15) a citizen of

the Republic of North Macedonia who is not subject to compulsory insurance under one of the items from 1 to 14 of this Article.

The citizens who are not covered by the compulsory health insurance according to paragraph 1 of this Article can use the compulsory health insurance for the purpose of exercising the right to health services referred to in Article 9 of this Law.

On the basis of the compulsory health insurance of the insured person, compulsory health insurance is also provided to his/her family members (spouse and children born in wedlock or out of wedlock, stepchildren, adopted children and dependent children), if they are not insured under Article 5 of the Law, except for persons with a status of recognized refugees or a person under subsidiary protection.

According to Article 62 of the Law on Employment and Insurance in case of Unemployment, the workers who are employed are subject to compulsory insurance in case of unemployment. In case of unemployment, the spouses of the citizens of the Republic of North Macedonia working in another country, and who were employed before leaving abroad, can also be insured.

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With regard to the impact of the COVID-19 crisis on the social security coverage, we report on the following measures undertaken to mitigate the possible negative impact:

1. In the period from April 1 to June 15, with the declaration of a state of emergency due to the coronavirus COVID-19, regulations with the force of law in the field of pension and disability insurance were adopted (published in the “Official Gazette of the Republic of North Macedonia” No. 94/2020), and:

- a Regulation with the force of law on application of the provisions of the Law on Pension and Disability Insurance during a state of emergency,
- a Regulation with the force of law on application of the provisions of the Law on Mandatory Fully Funded Pension Insurance during a state of emergency,
- a Regulation with the force of law on application of the provisions of the Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance during a state of emergency and
- a Regulation with the force of law on application of the provisions of the Law on Employment of Disabled Persons during a state of emergency.

These regulations extended the deadlines for administrative action of the institutions of the system during the duration of the state of emergency, that is, they cease to be valid during the duration of the state of emergency and continue to be valid after the expiration of the duration of the state of emergency: the deadlines determined for undertaking certain actions for exercising the rights arising from the pension and disability insurance in accordance with the Law on Pension and Disability Insurance; the deadlines determined for undertaking certain actions by the Agency for Supervision of Fully Funded Pension Insurance in accordance with the Law on Mandatory Fully Funded Pension Insurance; the deadlines for action of the Pension and Disability Insurance Fund of North Macedonia and the authorized official of the Pension and Disability Insurance Fund of North Macedonia in the procedure for exercising the right to a second pillar old

age pension in accordance with the Law on Payment of Pensions and Pension Benefits from Fully Funded Pension Insurance; and the deadlines for undertaking certain actions in order to exercise certain rights in accordance with the Law on Employment of Disability Persons.

2. Also, due to the coronavirus pandemic, a mutual agreement has been reached with some countries with which the Republic of North Macedonia has concluded and applied a bilateral agreement on social security, that the Certificates of Life, which are required for continuance of the payment of pensions, can be submitted after the end of the pandemic, that is, the deadline for submitting the certificates has been extended for the duration of the pandemic.

3. Given the situation with the coronavirus and the measures introduced to limit the exposure of the citizens in order to prevent the entry and spread of the coronavirus and due to the possibility with the payment of the pensions to increase the exposure of the pensioners as the most vulnerable age group, the payment of pensions is made in four groups, according to the amount of the pension, from pensions in the lowest amount to pensions with the highest amount. In order to reduce the crowds in the branch offices of banks, the banks should ensure the availability of pension funds through ATMs, and provide payment of pensions through subsidiaries and branch offices of the banks to clients who do not use cards.

4. The Government adopted a Regulation with the force of law on the application of the Law on Employment and Insurance in case of Unemployment during a state of emergency (“Official Gazette of the Republic of North Macedonia” No. 89/20), which referred to the extension of the deadlines for registration of unemployed persons.

5. Due to the current situation with COVID-19 and the consequences caused by it, a Regulation with the force of law was adopted to supplement the Regulation with the force of law on the application of the Law on Employment and Insurance in case of Unemployment (“Official Gazette of the Republic of North Macedonia”, No. 136/20) that determines the criteria under which an unemployed person can exercise the right to a cash benefit (regulated by the Law on Employment), exclusively for the needs of the situation with COVID-19. Namely, the Regulation determines different criteria for exercising the right to a cash benefit (different from the criteria regulated by the Law). Moreover, as stated in the Regulation itself, the exercise of the right to a cash benefit according to these criteria (determined by the regulation) is of limited validity during the state of emergency.

Namely, in accordance with the Regulation it is determined that: “The unemployed person whose employment was terminated in the period from 11 March 2020 until 30 April 2020, regardless of the time spent in employment, can exercise the right to a cash benefit in the amount of 50% of the monthly net wage of the employee paid for the last month, but not more than 80% of the average monthly net wage per employee in the Republic of North Macedonia, published for the last month, in case the employment was terminated by submission of a written statement by the employee, by agreement or the with a notice from the employer, for a period of two months, calculated from the termination of the employment.”

Criteria have been established with the above mentioned that include unemployed persons whose employment was terminated in the period from 11 March 2020 to 30 April 2020, who do not meet the requirements for a cash benefit (due to “grounds of employment”, “minimum duration of employment”), that is, persons who are not covered by the regular cash benefit in accordance with the Law on Employment and Insurance in case of Unemployment.

In the period from 11 March to 31 August 2020, 10.043 requests for exercising the right to a cash benefit in accordance with the Law on Employment and Insurance in case of Unemployment were submitted to the Employment Service Agency of the Republic of North Macedonia. As of 31 August 2020, payments were made to 7.487 beneficiaries of cash benefits in accordance with the Law on Employment and Insurance in case of Unemployment. According to the sex structure, of 7.487 beneficiaries of cash benefits, 4.336 are women and 3.151 are men.

In the period from 11 March to 31 August 2020, 3.788 requests for exercising the right to a cash benefit in accordance with the Regulation with the force of law on supplementing the Regulation with the force of law on application of the Law on Employment and Insurance in case of Unemployment during a state of emergency (Official Gazette of the RNM No. 136/20) were submitted to the ESARNM.

As of 31.08.2020, payments were made to 3.107 beneficiaries of cash benefits in accordance with the adopted Regulation with the force of law in a state of emergency. According to the sex structure, of 3.107 beneficiaries of cash benefits according to the Regulation with the force of law, 1.719 are women and 1.388 are men.

6. The Regulations with the force of law on application of the Law on Health Insurance during a state of emergency (“Official Gazette of the Republic of North Macedonia” No. 92/20, 140/20 and 156/20) that provide for the insured persons who have been denied the rights arising from the compulsory health insurance due to irregularly paid contributions or due to a delay in the payment of the contribution of more than 60 days, that is, who have a debt for unpaid contribution, as well as the citizens of the Republic of North Macedonia who are not subject to compulsory health insurance on any grounds and the citizens of neighboring countries with which the Republic of North Macedonia has not concluded or undertaken a Social Insurance Agreement, and who are located on the territory of the Republic of North Macedonia, to be able to use health services related to the diagnosis and treatment of the coronavirus COVID-19 in the health care institutions at the expense of the funds of the Health Insurance Fund of the Republic of North Macedonia. The insured persons and all persons listed above are exempt from participating with personal funds in the use of health services in health care institutions related to the diagnosis and treatment of the coronavirus COVID-19.

#### Article 12§4

With a view to ensuring the effective exercise of the right to social security, the Parties undertake to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

- a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties:
- b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

With regard to the question of the Committee in its Conclusions 2017<sup>18</sup> about the activities undertaken for concluding social security agreements, as well as for promotion of the already concluded agreements, we inform that the Ministry of Labour and Social Policy has launched initiatives through the Ministry of Foreign Affairs for concluding social security agreements with the following countries: Malta, Latvia, Estonia, Lithuania, Republic of Greece, Republic of France, Kingdom of Spain, Republic of Portugal, New Zealand, United Kingdom Great Britain and Northern Ireland, Kingdom of Norway, Republic of Finland and Kingdom of Sweden. The procedure for concluding social security agreements would be conducted with the countries that will accept the initiative launched by the Republic of North Macedonia. Until then, the social security conventions that the Republic of North Macedonia has taken over from the former Socialist Federal Republic of Yugoslavia with the Republic of France, United Kingdom Great Britain and Northern Ireland, Republic of Italy, Kingdom of Norway and Kingdom of Sweden continue to apply.

The Ministry of Labour and Social Policy, having in mind the recommendations of the Committee, will make an appropriate analysis in the next period of which specific categories of foreigners with regulated residence on the territory of the Republic of North Macedonia, under which conditions and criteria, could have access to certain social protection rights in accordance with the Law on Social Protection.

\* \* \*

Regarding the right to social protection and the right to equal access, the Ombudsman informs about the exercise of the right to protection of the category of asylum seekers, acting upon complaints submitted by non-governmental organizations on their behalf, in which they complained that they have been denied access to the labour market, that is, that they have been denied the exercising of the right to work outside of the Reception Center or the place of accommodation determined by the Ministry of Labour and Social Policy, as a competent body. Namely, the Ombudsman concluded that the current legal solution contained in Article 61, paragraph 1, indent 10 of the Law on

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<sup>18</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 23-25

International and Temporary Protection (Official Gazette of the RNM No. 64/18) directly violates the right to access to the labour market, that is, the right to employment, as one of their basic rights.

In order to overcome the problem with the right to employment and asylum seekers to be able to use this right, the Ombudsman, in accordance with Article 30 paragraph 1 of the Law on the Ombudsman on 17 December 2020 submitted a legislative initiative to the Ministry of Interior of the Republic of North Macedonia, as an authorized proposer, and proposed for amendments to be prepared to the Law on International and Temporary Protection, namely amendments to Article 61, paragraph 1, indent 10 in order to harmonize it with Article 15 of the Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013.

The initiative was not accepted by the Ministry of Interior, explaining that there is compliance between Article 61/1/10 of the Law on International and Temporary Protection and the Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013.

\* \* \*

Pursuant to the Law on Child Protection, the right to child allowance is exercised depending on the financial situation of the household and is provided to a child up to 18 years of age.

A foreign national who has a place of residence and a regulated permanent residence in the Republic of North Macedonia can exercise the right to a child allowance for a child if he/she meets the following conditions:

- The child is a citizen of the Republic of North Macedonia, with a permanent place of residence in the Republic of North Macedonia;
- The household should not possess property and have property rights from which it can be supported;
- The total average monthly income realized in the last three months prior to the submission of the request and during the exercise of the right on all grounds of all household member should be up to the threshold for access to the right to child allowance, in accordance with the Law on Child Protection and
- The parent should not use this right in another country.

Additionally, in order for a foreign national to be able to exercise the right to child allowance in the Republic of North Macedonia, it is necessary for it to be provided by a ratified international agreement between the Republic of North Macedonia and the country of which the person is a citizen.

According to the data available to the Ministry of Labour and Social Policy, in the Republic of North Macedonia, as of August 2020, 25 foreign nationals are child allowance beneficiaries.

Regarding the right to one-time financial assistance for a newborn, we inform that the Law on Child Protection does not provide for the exercise of this right by foreign nationals.

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As for the bilateral agreements until the end of 2021, we expect that some of the countries stated in the Conclusions of 2017 – Andorra, Armenia, Azerbaijan, Cyprus, Estonia, Finland, Georgia, Greece, Iceland, Ireland, Latvia, Lithuania, Malta, Republic of Moldova, Portugal, Spain and Ukraine<sup>19</sup>, to which we have submitted an initiative to start negotiations for concluding social security agreements, will respond positively to the initiative, and thus we would start negotiation procedures with some of the stated countries. The conclusion of a bilateral agreement requires mutual interest, as bilateral agreements typically involve equal obligations and the involvement of both parties.

\* \* \*

Regarding the right to retention and maintenance of the acquired benefits, we inform that the application of the agreements regulates the relations in the field of social security between the Republic of North Macedonia and the other contracting country and the exercise of the insurance rights for the citizens of both contracting countries. The agreements belong to the category of so-called “open agreements”, that is, modern European agreements since they refer to persons, and not to citizens of both contracting parties. It is important that the provisions of the agreements are in line with Regulation (EC) No 883 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems. These agreements are valid only for persons, that is, for citizens of countries with which the Republic of North Macedonia has concluded a social security agreement.

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<sup>19</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 24

## ARTICLE 13 - The right to social and medical assistance

### Article 13§1

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition

The design of the reform of the social protection system started in 2018. In this regard, the measures for promotion of the social policy, redefining the institutional framework of the social protection system, redesigning the rights to financial assistance arising from social protection, as well as strengthening the existing and introducing new social services, were implemented by a Working Group in the Ministry of Labour and Social Policy, which with expert support prepared a proposal for reform of the social protection system. This document is based on a comparative analysis of the social protection systems in different countries, an analysis of the existing social protection system in the Republic of North Macedonia and the identified strengths and weaknesses of the system, as well as a financial analysis and cost estimation for introduction of the reform. On the basis of a consultative process and a comprehensive discussion, the members of the Working Group determined final guidelines for the reform of the social protection system.

The primary goals of the reform of the rights to financial assistance arising from social protection are:

- Increase of the effectiveness of the financial assistance arising from social protection on reducing income poverty in the RNM,
- Reduction of child poverty,
- Destigmatization of the beneficiaries of financial assistance.

The Assembly of the Republic of North Macedonia adopted the Law on Social Protection (“Official Gazette of the Republic of North Macedonia” No. 104/19 dated 23 May 2019), the Law on Amending the Law on Child Protection (“Official Gazette of the Republic of North Macedonia” No. 104/19 dated 23 May 2019) and the Law on Social Security of Elderly (“Official Gazette of the Republic of North Macedonia” No. 104/19 dated 23 May 2019). The laws provide for a radical reform of the support system for the most vulnerable categories of citizens, including children and the elderly.

The system of cash benefits arising from social protection was redesigned by integrating the categorical benefits in generic cash benefits, in accordance with the basis of use, and the combination of the rights to financial assistance was enabled. More specifically, a guaranteed minimum assistance (GMA), as well as an amount of MKD 1.000 per month was introduced for the financially insecure households in the course of the six winter months to cover the heating costs.

At the same time, a focus was placed on the actions of the professionals in order to strengthen the activation of the beneficiaries of guaranteed minimum assistance on the labour market. The beneficiaries of guaranteed minimum assistance exercised for the first time the right to child allowance and education allowance (for primary and secondary education), thus implementing a family package, that is, providing funds for reducing the poverty of financially insecure households.

The new Law on Social Security of Elderly aims to increase the effectiveness of cash benefits in reducing poverty among the elderly over the age of 65, who cannot provide a means of subsistence on other grounds. From the beginning of the reform until December 2019, 4.704 people over the age of 65 acquired the right to use the social allowance of MKD 6.000 per month.

The comparative data between the largest paid cash benefit under the new law – GMA from May 2019 and the rights that are most closely sublimated with the GMA under the old law from April 2019, show the promotion of the adequacy and the targeting of households with cash benefits arising from social protection. The average paid guaranteed financial assistance per household (MKD 6.891) under the new law is twice as much as the social financial assistance (SFA) (MKD 3.170) under the old law, which shows an increase of 117%. In December 2019, 26.076 households used guaranteed minimum assistance.

Table 17. Average paid amounts of SFA and permanent financial assistance (PFA) for the period January-April 2019 and of GMA for the period May-December 2019 in MKD and in EUR

	2016		2017		2018		2019	
	MKD	EUR	MKD	EUR	MKD	EUR	MKD	EUR
SFA	3.136	51	3.106	50	3.114	51	3.170	52
PFA	5.232	85	5.268	86	5.403	88	5.445	89
GMA							6.891	112

Source: MoLSP Finance Department, January 2020

The data from the comparison of the base of the same rights (SFA, PFA, GMA) for the period 2016-2019 with 50% of the average monthly median equivalent income per person is stated in Table 18:

Table 18. Bases of social financial assistance, permanent financial assistance in the period from 2015 to 2019 (April) and the guaranteed minimum assistance in the period May-December 2019 and comparison with 50% of the average monthly median equivalent income (MEI) per adult in MKD and EUR

	2015		2016		2017		2018		2019	
	MKD	EUR								
100% SFA	2.690	44	2.831	46	2.831	46	2.871	47	2.914	47
50% SFA	1.345	22	1.415	23	1.415	23	1.436	23	1.457	24
PFA	4.045	66	4.247	69	4.247	69	4.247	69	4.247	69
GMA	-	-	-	-	-	-	-	-	4.000	65
50% MEI	5.442	88	5.733	93	6.259	102	6.736	110	6.989	114
Ratios										
100% SFA / 50% MEI	49%	49%	49%	49%	45%	45%	43%	43%	42%	42%
50% SFA / 50% MEI	25%	25%	25%	25%	23%	23%	21%	21%	21%	21%
PFA / 50%MEI	74%	74%	74%	74%	68%	68%	63%	63%	61%	61%
GMA/ 50% MEI	-	-	-	-	-	-	-	-	57%	57%

\*) MEI – median equivalent income (monthly) per adult

In the analyses of the results of the comparison, it should be taken into account that most of the households - beneficiaries of SFA (approximately 80%) were users of SFA for more than 3 years and thus for them the base was 50% of the SFA. This means that the ratio with 50% MEI for the period is in the interval (21%, 25%). The comparison of the base of GMA with 50% MEI is 57% for the period May-December 2019.

Table 19 makes a comparison of the social financial assistance, the permanent financial assistance in the period from 2015 to 2019 (April) and the guaranteed minimum assistance (May-December 2019) with 50% of the average monthly median equivalent income for several types of households, designed to highlight the OECD scale.

	SFA and PFA				GMA
	2016	2017	2018	2019 (January-April)	2019 (May-December)
One-member household	49%	45%	43%	42%	57%
Family and household with two members					
- one adult and a child under the age of 14	52%	48%	45%	44%	48%
- two adults	45%	41%	39%	38%	57%
Family and household with three members					
- one adult and two children under the age of 14	54%	49%	46%	45%	43%
- three adults	43%	39%	37%	36%	57%
Family and household with four members					
- one adult and three children under the age of 14	55%	50%	47%	46%	39%
- two adults and two children under the age of 14	50%	45%	43%	42%	46%
Family and household with five and more members					
- one adult and four children under the age of 14	47%	51%	48%	47%	36%
- two adults and three children under the age of 14	43%	47%	44%	43%	43%

The scale of calculation for determining the amount of payment for SFA I GMA is different. In SFA, every second to fifth member has a coefficient of 0.37, while the scales in GMA and OECD are not balanced, hence the ratio of households with children is under 40%. However, the calculations do not take into account other benefits paid to a household that uses guaranteed minimum assistance. Thus, every household that uses guaranteed minimum assistance is entitled to a monthly cash allowance to cover part of the costs for energy consumption in the household in the amount of MKD 1.000 per month, during the winter months or MKD 500 per month reduced to an annual level. Furthermore, if there is a school-age child in the family, the amount of the child allowance for one child is MKD 1.000 per month, and for two or more children in the family, it is MKD 1.600 per month for all children. If there is a child in the family who is not of school age in accordance with the law, the amount of the child allowance for one child is MKD 1.200 per month, and for two and more children it is MKD 1.900 per month for all children. If there are two or more children in the family, who are not all of school age, the amount of the child allowance for all children is MKD 1.600 per month. At the same time, the family is entitled to an education allowance of MKD 700 per month if the child is attending primary education, that is, MKD 1.000 per month if the child is attending secondary education. If the beneficiary of guaranteed minimum assistance has

a disability or another member of the household is unable to work due to disability, the base is increased by an additional coefficient depending on the number of members with disabilities. More detailed information about the average monthly sum of the allowance is given in the text below in response to the request of the Committee in the Conclusions 2017. Below we have given an example of a calculation for determining the amount of payment for SFA and GMA, including other benefits paid to a household using guaranteed minimum assistance:

A single mother, financially insecure, unemployed, with 3 children aged 4, 10 and 13. She enters the social assistance system for the first time on 1 January 2019. According to the then law, she receives social financial assistance in the amount of MKD 6.149 (100 euros) and a monthly compensation for energy consumption in the amount of MKD 1.000. According to the Law on Child Protection, she is not entitled to a child allowance for the children. That is MKD 7.149 (116 euros), which is 54% of 50% MEI for a family of four (MKD 13.279, that is, 216 euros).

If the beneficiary was using social financial assistance for more than 3 years before 1 January 2019, then the amount of the SFA is 50%, that is, MKD 3.075 (50 euros), and with the allowances for energy consumption, the total amount for the household would be MKD 4.075 or 31% of 50% MEI (MKD 13.279, that is, 216 euros for a family of four).

The same beneficiary of SFA according to the new Law on Social Protection and the amendments to the Law on Child Protection will receive: GMA – MKD 7.200 (117 euros), cash allowance for energy consumption – MKD 500 (8 euros), for child allowance MKD 1.600 (26 euros), for education allowance MKD 1.400 (23 euros), which is a total of MKD 10.700 (174 euros) per month, that is, 81% of 50% MEI.

The parallel reform in the field of child protection has enabled easier access to child allowance, so that the right can be exercised by low-income families with children and who do not need to have an employed member, a requirement that was crucial in exercising the right to child allowance. Namely, the amendments to the Law on Child Protection (“Official Gazette of the Republic of North Macedonia” No. 104/19 dated 23 May 2019) reform the system of cash benefits for children and in order to eradicate child poverty and guarantee equal opportunities for all children, access to the right to child allowance was provided for the first time for households/families receiving guaranteed minimum assistance, but also for those who earn income higher than the minimum wage. For the children of these households, who attend primary or secondary school, an education allowance is introduced that will help the parents in paying the school expenses and will prevent early school leaving.

The data on the payments and the number of beneficiaries of the right to child allowance according to the amendments to the Law on Child Protection from May 2019 and the right to child allowance according to the old law, show a significant increase. The total payment, but also the total number of beneficiaries under the new law in May 2019 is several times higher compared to the old law. In December 2019, 15.248 families with children used a child allowance, compared to 2.956 families in April 2019 (an increase of 415%), and the number of children in those families is 33.037 in December 2019, compared to 6.924 children in April 2019 (an increase of 377%).

As part of the reform, the Law on Social Protection (“Official Gazette of the Republic of North Macedonia” No. 104/19, 146/19 and 275/19) provided for the professionals in the centers for social work together with the experts from the Employment Service Agency to work with all members of the household who are capable of work on acquiring and improving their work skills and occupations in accordance with their capabilities and the needs in the labour market, in order to include them in active measures and employment programs, and enable the work and employment of the most easily employed member of the household, as the best way out of poverty.

Preparations are underway for the introduction of services and measures for activation of the beneficiaries of guaranteed minimum assistance in order to enable their work and employment. A bylaw was adopted (Rulebook on the manner of cooperation for inclusion of the beneficiary of GMA in the active employment measures, as well as the form and content of the form of the individual plan (“Official Gazette of the RNM” No. 109/19)) which created a legal basis for cooperation between the employment and social protection services in order to support and activate the beneficiaries of guaranteed minimum assistance who are capable of work. More specifically, the Centers for Social Work (CSW) and the employment centers will cooperate in the preparation and implementation of an individual plan for the activation of a beneficiary of guaranteed assistance, in order to provide his/her participation in the active employment measures and overcome the financial insecurity of the household. Adaptations of the information systems are in progress in order to enable electronic communication between the two services. In September 2019, the implementation of the project “Labour Market Activation of Vulnerable Groups”, co-funded by the EU (IPA II) began. In order to enable successful activation of the beneficiaries of guaranteed minimum assistance, a new service Counseling and Motivation (SIM) is introduced, which is complementary to the employment programs and services and provides counseling (psycho-social support) and motivation (mentoring support), but also monitoring of the beneficiary of guaranteed minimum assistance through the activation process.

Also, the administrative procedure for acquiring rights to financial assistance has been simplified. Namely, when submitting a request for exercising the right to cash benefits arising from social protection, the beneficiaries submit personal documents for inspection, and all relevant data on the income and property of the adult members of the household are collected from the relevant institutions (the Public Revenue Office, the Service Employment Agency of the Republic of North Macedonia, the Pension and Disability Insurance Fund of North Macedonia, the Ministry of Interior, the Ministry of Agriculture, the Agency for Real Estate Cadastre).

In order to provide access to information on the conditions and the procedure for exercising cash rights in the social protection system, the national e-services portal contains information on the rights to guaranteed minimum assistance, one-time financial assistance, allowance for assistance and care from another person, disability benefit, salary compensation for part-time work, permanent compensation and the right to social security for the elderly.

In addition, in order to ensure better accessibility to the social protection services, the reform of the social protection system also covered substantial improvements in the

area of social services, their type, scope, method of provision, inclusion of other providers, etc. In order to overcome the established situation that the social protection services are not in accordance with the individual needs of the end beneficiaries, the new law provides for the promotion and development of social services that will be provided in the home of the beneficiary, in the community and outside the family, as well as innovative and intervention social services.

With regard to the provision of social services, it is possible to involve the local self-government, as well as citizens' associations, natural persons and the private sector in the provision and delivery of the services in the community. In this regard, a system of licensing of social service providers and a new method of professional work through "case management" is introduced, whereby professionals in the centers for social work will work with the beneficiaries according to a plan in order to overcome the social risk and include them in society.

\* \* \*

### Types of benefits and eligibility criteria

In its previous conclusion<sup>20</sup>, the Committee asked for clarification regarding the length of the period during which social assistance benefits may be withdrawn in response to the refusal to fulfil the work obligation (active employment measures, seasonal works, public works). At the request of the Committee to clarify whether the social assistance can be withdrawn for 6 months or 12 months and whether the withdrawal of the benefit can deprive the person of basic means of subsistence, we report on the following:

According to the legislation, the right to guaranteed minimum assistance is withdrawn if:

- the holder provides untrue or incomplete data on the financial, family and property status of the household when submitting the request;
- the holder does not report a change in the numerical status of the household, the financial and property status of himself/herself and of all members in the household, during the exercise of the right;
- the beneficiary does not report to the competent employment center within 30 days and does not regularly fulfil the obligations for registration in accordance with the regulations for employment and insurance in case of unemployment;
- the beneficiary twice consecutively refuses to fulfil the obligations from the individual employment plan for inclusion in the program for active employment measures or refuses employment mediation in accordance with the Law on Employment and Insurance in case of Unemployment;
- his/her employment was terminated by agreement, upon his/her request or by dismissal from the employer due to breach of the contractual obligations or other employment obligations;

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<sup>20</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 26

- the household is not exposed to social risk, ascertained on the basis of direct inspection and the professional documentation by the authorized employee from the center for social work or
- the authorized employee is not allowed to inspect the home in order to check the financial and numerical status of the household, ascertained on the basis of professional documentation.

The household in these cases is excluded from exercising the right to guaranteed minimum assistance for the next 12 months.

In order to protect the members of the household who are incapable of work, single women during pregnancy, a month before delivery and single parents until the primary education of the children is started, but no later than seven years of age of the children, Article 40 of the Law provides that for a household whose right to guaranteed minimum assistance is suspended for any of the above reasons, the right will continue to be exercised only by members of the household who according to the law are incapable of work or single women during pregnancy one month before delivery and single parents until the beginning of primary education of the children, but no later than seven years of age of the children, if they are not the reason why the right was suspended.

Examining the situation regarding the minimum level of the pension benefit according to Article 13, the Committee noted that the permanent financial assistance is paid to persons who are incapable of work, including the elderly. With the adoption and the entry into force of the Law on Social Protection (Official Gazette of the RNM No. 104/2019, 146/2019 and 275/2019), the right to permanent financial assistance and the right to social financial assistance are integrated into one right to guaranteed minimum assistance. The persons who are incapable of work enjoy the right to guaranteed minimum assistance, including persons with intellectual disability, physical disability, mental illness or permanent changes in the health status, on the basis of a finding, assessment and opinion on being incapable of work, issued by an appropriate commission.

The elderly over 65 years of age, who are financially insecure, receive cash benefits in the social protection system in accordance with the Law on Social Security of Elderly (“Official Gazette of the RNM” No. 104/19). This category of persons exercises the right to social security if the person is a citizen of the Republic of North Macedonia with a permanent place of residence in the Republic of North Macedonia in the last 15 years before the submission of the application; if the person does not own property and property rights from which he/she can be sustained; the person does not use a pension from the Republic of North Macedonia or a type of payment based on age, disability or experience from another country and did not realize an income on any grounds in the last three months before the submission of the application. The monthly compensation for this right is in the amount of MKD 6.000, which is in line with the increase in the living costs for the previous year.

\* \* \*

With regard to **Article 13, paragraph 1** of the Revised European Social Charter, the Committee in its **Conclusions 2017**<sup>21</sup> asks the next report to provide an estimate of an average monthly amount of all additional benefits that would be paid to a single person, recipient of social assistance. In this report, we provide information in accordance with the new Law on Social Protection on the additional requests and questions of the European Committee of Social Rights.

The Law on Social Protection determines the following as cash rights:

1. guaranteed minimum assistance,
2. disability allowance,
3. allowance for assistance and care from another person,
4. salary compensation for part-time work,
5. housing allowance,
6. permanent allowance and
7. one-time financial assistance.

A household that is financially insecure and does not own property and property rights from which it can be sustained is entitled to the right to guaranteed minimum assistance.

The amount of the right to guaranteed minimum assistance is calculated as a base for one household member, increased by a coefficient of the equivalent scale for the other household members, and for a maximum of a total of five household members. The base is MKD 4.000 per month, and for each subsequent adult member of the household the base is increased according to an equivalent scale and:

- the second member by a coefficient of 0.5
- the third member by a coefficient of 0.4
- the fourth member by a coefficient of 0.4 and
- the fifth member by a coefficient of 0.2.

For a child member of the household, the base is increased by a coefficient of 0.1.

The equivalent scale increases by a coefficient of 0.5 for a single woman during pregnancy, a month before delivery and a single parent until the primary education of the child is started, but no later than seven years of age of the child, and until the third child.

The equivalent scale increases for a person who is incapable of work due to intellectual disability, physical disability, mental illness or permanent changes in the health status, but up to three members in the household, and for the first member by a coefficient of 0.5, for the second member by a coefficient of 0.2, for the third member by a coefficient of 0.2.

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<sup>21</sup> European Committee of Social Rights, **Conclusions 2017**, Republic of North Macedonia, Articles 3, 11, 12 and 13 of the Charter (Council of Europe, January 2018), p. 27

The disability allowance is provided for encouraging social inclusion and equal opportunities for a person who has a severe or profound intellectual disability; a most severe physical disability; a completely blind person (in the amount of MKD 7.204) and a completely deaf person (in the amount of MKD 4.117). The allowance can be obtained by a person from 26 to 65 years of age, and used regardless of the age of the beneficiary.

The right to an allowance for assistance and care from another person is exercised by a person over the age of 26 with moderate, severe or profound intellectual disability, a person with more severe and most severe physical disability, a completely blind person, and a person with permanent changes in the health status, who needs the assistance and care from another person because he/she cannot satisfy his/her basic living needs, if this right cannot be exercised on the basis of other regulations. The amount of the monthly allowance for assistance and care from another person to a larger extent is MKD 4.475, while to a smaller extent it is MKD 3.959.

The right to a salary compensation for part-time work due to care of a child with a disability and most severe forms of chronic illnesses, determined by the Law on Labour Relations, is exercised by the parent in the social welfare center, regardless of the age of the child. The amount of the salary compensation is 50% of the average net wage of the parent for the previous year, but up to 50% of the average net wage in the Republic of North Macedonia for the previous year, published by the State Statistical Office.

The right to a housing allowance is provided to financially and housing-insecure persons, that is, a beneficiary of guaranteed minimum assistance and a person who by the age of 18 had the status of a child without parents and without parental care that is, after the termination of the guardianship, and up to 26 years of age. The funds for exercising the right to a housing allowance by the beneficiaries of guaranteed minimum assistance are provided from the budget of the municipality, of the City of Skopje and of the municipalities in the City of Skopje, and for persons who by the age of 18 had the status of a child without parents and without parental care, they are provided from the Budget of the Republic of North Macedonia.

The right to a permanent allowance can be exercised by a caregiver who has taken care of a person in his/her own family for at least fifteen years, over the age of 62 for a woman, that is, over the age of 64 for a man, who is unemployed and does not use the right to a pension on any grounds, in the amount of MKD 8.000 per month. Also, the right to a permanent allowance is exercised by a parent who has a child with a disability, who has taken care of the child up to the age of 26, without using the out-of-home social protection, who is unemployed and does not use the right to a pension, over the age of 62 for a woman, that is, over the age of 64 for a man. The amount of the permanent allowance is MKD 8.000 per month.

The one-time financial assistance or in-kind assistance is granted to a person or a family that has been in a state of social risk, as well as to a person and a family due to a natural disaster or an epidemic and a longer treatment in a health institution of a family member, in the amount of up to MKD 30.000, depending on the social risk.

A person who until the age of 18 had the status of a child without parents and without parental care, after the termination of the guardianship, and up to 26 years of age, is entitled to an intervention one-time financial assistance in the amount of MKD 180.000 for inclusion in the social environment, after leaving the institution or the foster family. The Center for Social Work, together with the person, prepares a plan for integration of the person in the social environment, which refers to the provision of housing, employment, regular education and other needs, on the basis of which the funds are paid, and the plan is prepared three months before leaving the institution for out-of-home care, the housing unit for supported living or the foster family.

The amount of the cash rights arising from social protection is harmonized with the increase of the living costs for the previous year, published by the State Statistical Office in January for the current year.

As stated earlier in the report, when it comes to persons who cannot obtain insurance on other grounds, the social protection system provides health care for:

- a beneficiary of guaranteed minimum assistance for a person who is incapable of work;
- a beneficiary of a disability allowance;
- a beneficiary of an allowance for assistance and care from another person;
- a person with the status of a recognized refugee and a person under subsidiary protection;
- beneficiaries of out-of-home care;
- a person-victim of domestic violence for whom a measure of protection is undertaken in accordance with the regulations in the field of prevention and protection from domestic violence and
- a person-victim of human trafficking.

Through the reformed system of social protection and child protection, a person, that is, a household that does not have its own means and resources for subsistence, in addition to the guaranteed minimum assistance, depending on the status and the needs of the person/member of the household, can also exercise:

- Social protection rights (allowance for assistance and care from another person; disability allowance; housing allowance; one-time financial assistance; allowance for the expenses for an accommodated person and allowance for care of person in a foster family)
- Child protection rights (one-time financial assistance for a newborn; child allowance; education allowance for a child in primary or secondary school).

\* \* \*

In accordance with the request of the European Committee of Social Rights to provide information on the impact of the crisis caused by COVID-19 on the social security and on diverse activities to overcome possible negative effects, we further provide information on the measures taken in 2020 for providing social and medical assistance in the pandemic period.

In continuance, we provide information on the measures undertaken for providing social and medical assistance to persons without income during a pandemic.

Following the declaration of a state of emergency due to the pandemic caused by COVID-19, the Government of the Republic of North Macedonia adopted a Regulation with the force of law on amending the Regulation with the force of law on the application of the Law on Social Protection **during a state of emergency** (“Official Gazette of the Republic of North Macedonia” No. 198/20), which provided access to the right to guaranteed minimum assistance for persons whose employment was terminated during the pandemic, in order to be exercised under facilitated conditions, calculated from April to December 2020.

Namely, the financial insecurity of the household is determined by calculating the amount of all incomes of all members of the household on all grounds in the month before the submission of the application for exercising the right to GMA and in the month before the current month of exercising the right, in the period from April to December 2020. In addition, the right to GMA can be exercised by a household in which a member of the household is deleted from the records of unemployed persons due to irregular registration and whose employment was terminated by agreement, at his/her request or by dismissal by the employer due to a breach of the contractual or other employment obligations. The right to GMA does not cease if the beneficiary does not register in the competent employment center and does not regularly fulfil the obligations for registration in accordance with the regulations on employment and insurance in case of unemployment. The cash benefit for covering part of the costs for energy consumption was provided continuously on a monthly basis in the course of 2020. Given that the situation with the COVID-19 pandemic continued in 2021, the Law on **Amending the Law on Social Protection** (“Official Gazette of the Republic of North Macedonia” No. 302/20) was adopted, which guarantees easier access to the right to guaranteed minimum assistance in a state of emergency (determined existence of a crisis situation, declared epidemic, that is, pandemic, fires, floods or other major natural disasters).

As a result of the facilitated access to the right to GMA, at the end of 2020 the number of beneficiary households increased by 15% to 33.175 households, compared to the number of beneficiaries before the introduction of the benefits.

The Regulations with the force of law on application of the Law on Health Insurance **during a state of emergency** (“Official Gazette of the Republic of North Macedonia” No. 92/20, 140/20 and 156/20) that provides for the insured persons who have been denied the rights arising from the compulsory health insurance due to irregularly paid contributions or due to a delay in the payment of the contribution of more than 60 days, that is, who have a debt for unpaid contribution, as well as the citizens of the Republic of North Macedonia who are not subject to compulsory health insurance on any grounds

and the citizens of neighboring countries with which the Republic of North Macedonia has not concluded or undertaken a Social Insurance Agreement, and who are located on the territory of the Republic of North Macedonia, to be able to use health services related to the diagnosis and treatment of the coronavirus COVID-19 in the health care institutions at the expense of the funds of the Health Insurance Fund of the Republic of North Macedonia. The insured persons and all persons listed above are exempt from participating with personal funds in the use of health services in health care institutions related to the diagnosis and treatment of the coronavirus COVID-19.

According to the Law on Health Insurance, the status of an insured person is also held by a person who is a beneficiary of guaranteed minimum assistance, which person is incapable of work; a beneficiary of a disability allowance; a beneficiary of an allowance for assistance and care from another person; a person with the status of a recognized refugee and a person under subsidiary protection; beneficiaries of out-of-home care; a person-victim of domestic violence for whom a measure of protection is undertaken in accordance with the regulations in the field of prevention and protection from domestic violence; a person-victim of human trafficking; a beneficiary of the right to social security for the elderly and a child with developmental disabilities and with special needs for whom the right to a special allowance is exercised in accordance with the Law on Child Protection, if they cannot be insured on other grounds. All of them have access to the health services determined in the packages of health services by levels of health care.

Migrants transiting through the Republic of North Macedonia to Western European countries are provided with the necessary medical assistance in the clinics in the transit camps in Gevgelija and Tabanovce, where teams of health professionals are present. The clinic provides basic health services/first aid, selective supervision of migrants (pregnancy, young children under the age of 6, persons with pronounced clinical manifestations of infectious diseases), as well as transport to a medical institution according to a priority at the secondary level of health care, that is, to the General Hospital in Gevgelija, or the General Hospital Kumanovo, and if necessary, at the tertiary level (University Clinics). Migrants are also provided with vaccinations against measles, mumps and polio. Separate rooms are provided in the transit camps for isolation of persons infected with COVID-19 who do not need hospitalization.

#### **Article 13§2**

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political and social rights

No additional information has been requested for this paragraph of Article 13 of the Revised European Social Charter by the European Committee of Social Rights in this reporting cycle.

### **Article 13§3**

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want

### **Prevention, overcoming or mitigation of the situation of lack of adequate means of subsistence**

The Law on Social Protection provides for measures of social prevention for protection against social risks, prevention of the occurrence of social problems and mitigation of the consequences of the social problems of the citizens, which include early detection of citizens at social risk, with social difficulties or problems and provision of access to professional help and support, preventive insights of socially vulnerable people, perception of the social situation and prevention of the occurrence of social problems and other preventive activities for protection against social risks and prevention of the occurrence of social problems.

This Law provides for the following **social services**:

1. information and referral services,
2. professional help and support services,
3. counseling services,
4. home services,
5. community services and
6. out-of-home care services.

**The information and referral services include informing citizens about the social protection rights and the available social services, initial assessment and referral to other institutions, in order for unimpeded access to the rights and services to be provided.**

Those services that refer to professional help and support of an individual and a family, include help and support for overcoming individual and family problems through assessment, planning, protection and evaluation interventions, as well as monitoring of the situation after the completion of the interventions, in order to strengthen the beneficiaries, promote their smooth development, ensure and maintain their well-being and independence, as well as their long-term qualification for independent overcoming of the social problems.

**The counseling services include counseling work, in order to prevent, mitigate and overcome the consequences of the occurred social problems of an individual and a family.**

The information and referral services, the professional help and support services and the counseling services are provided in the centers for social work, but also by citizens' associations in accordance with the issued license for performing social protection works. The services that are provided in the centers for social work are free of charge for the beneficiaries.

There are 30 centers for social work functioning in the social protection system, which cover and are responsible for all municipalities in the Republic of North Macedonia. In order to provide citizens easier access to information and exercise of the social protection rights, 50 regional offices were opened in the municipalities, whereby part of the rural areas have also been covered.

The Law on Social Protection (“Official Gazette of the Republic of North Macedonia” No. 104/19, 146/19 and 275/19) also changed the way of work with the beneficiaries in the centers for social work, through the introduction of the “case-management” model, with which the beneficiary and his/her family are in the center of attention and the individual needs are a basis for providing the rights and services provided for in the new Law on Social Protection. In order to enable smooth implementation of the laws, bylaws, forms and other documents were prepared that define the implementation of the new “case-management” method. Case-management trainings were conducted for both the professionals from the centers for social work and the professionals working on the active employment measures from the employment centers.

New categories of professionals were introduced in the centers for social work. A “Case Manager” is a professional in charge of a specific case who in cooperation with the beneficiary determines his/her potentials and needs and uses professional and other resources from the center for social work and other institutions and organizations in the area of the local self-government unit, which are necessary for meeting the needs and overcoming the problems, that is, providing the appropriate services to the beneficiary; a “Supervisor” is a professional with an acquired specialized supervision license who coordinates, directs, encourages and evaluates the work of the Case Manager by providing professional support and learning for development of the competencies for work with the beneficiaries and “Case Admitter” is a professional in a center for social work in charge of initial admission, assessment and referral of the beneficiary in order for him/her to exercise the rights to financial assistance and/or services.

Furthermore, the Law on Social Protection provides for the professionals in the centers for social work together with the professionals from the Employment Service Agency to work with all members of the household who are capable of work on acquiring and improving their work skills and occupations in accordance with their capabilities and the needs in the labour market, in order to include them in active measures and employment programs, and enable the work and employment of the most easily employed member of the household, as the best way out of poverty.

In accordance with the new Law on Social Protection, a favorable legal framework was created for the development of the home, community and out-of-home care social services. By the end of 2019, bylaws were adopted on the standards and norms for the delivery of social services, such as personal assistance, help and care in the home and the living with support service. A methodology for setting the prices of the services was adopted, which is used for determining and publishing the monthly price per beneficiary, which will be covered by the Ministry of Labour and Social Policy for each type of social service. The home, community and out-of-home care services are not charged by the beneficiary who is referred by a decision of the center for social work to use the appropriate service.

Regarding the staffing, 76.5% (1.170 out of a total of 1.531 employees) of the employees in the public institutions in the field of social protection have job positions from the so-called group “public service providers” (social workers, psychologists, pedagogues, lawyers, economists, sociologists, etc.) for performance of works related to the activity of social protection. For the purpose of effective implementation of the reform in the field of social protection from 2019, additional 249 professionals have been employed in the social protection institutions.

In order to improve the quality of the services in the social protection institutions, the new Law on Social Protection, develops levels of job positions within the category “professional workers” (Case Admitter, professional worker, independent professional worker/case manager and supervision in the center for social work) in order to enable the career development of the professional workers, which is related to the increase of salary for each higher level. A new salary system in social protection was introduced, whereby the salary of the employed service providers has been increased by an average of 27% from June 2019. In 2019, the harmonization of the salaries of the administrative employees in the public institutions for social protection started to be applied (employees in the financial, legal service, human resources and other administrative workers).

**Article 13§4**

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on December 11 1953.

No additional information has been requested for this paragraph of Article 13 of the Revised European Social Charter by the European Committee of Social Rights in this reporting cycle.