

Mapping mental health care for children, adolescents and young people in North Macedonia:

Focus on the health sector



Abstract

Mental health is among the key health system priorities for the Government of the Republic of North Macedonia and the focus of a specific national strategy (2018–2025) aiming to modernize and expand services across the country, including for children and adolescents. Among this population group, different societal issues – including economic deprivation, stigma around mental health conditions, and fallout from the COVID-19 pandemic – have combined to increase the prevalence of mental health conditions and behavioural disorders. In conjunction with this, systemic health system constraints – such as insufficient health human resources, lack of funding, limited scope of practice in primary health care, and infrastructure shortcomings – hinder access to care. As the country moves toward universal health coverage, mental health for children and adolescents warrants specific, strategic policies that engage different sectors and partners, integrate service planning into ongoing processes (for example, through primary health care reform and the establishment of community mental health centres), and build workforce and infrastructure capacities to meet population needs. This report maps the current mental health services and support in North Macedonia, detailing the human and physical resources available in primary, secondary and tertiary care settings across the country, along with the main priorities for the future development of this field.

Keywords

CHILDREN

ADOLESCENTS

YOUNG PERSONS

MENTAL HEALTH

NORTH MACEDONIA

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Abbreviations

ADICD	Association of Doctors for an Interdisciplinary approach in Children with Disability
BECAN	Balkan Epidemiological Study on Child Abuse and Neglect
CMHC	community mental health centres
COVID-19	coronavirus disease
E-HIS	electronic health information system
EU	European Union
GP	general practitioner
GPI	Global Parenting Initiative
HBSC	Health Behaviour in School-aged Children
HERA	Health Education and Research Association
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HOPS	Healthy Options Project Skopje
ICF	International Classification of Functioning, Disability and Health
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex, queer +
mhGAP	WHO Mental Health Gap Action Programme
MKD	Macedonian denar (currency)
NGO	nongovernmental organization
PHC	primary health care
PLH	Parenting for Lifelong Health
SWOT	strengths, weaknesses, opportunities, threats
UHC	universal health coverage
UNICEF	United Nations Children's Fund

Executive summary

About a fifth of the total population in North Macedonia are children and adolescents, while all people under the age of 30 years make up nearly 35% of the country's inhabitants. Mental health care services are provided at primary, secondary and tertiary levels of health care, and specialist psychiatric hospitals are situated in different regions in the country. However, there is just one inpatient specialist centre that treats children and adolescents under the age of 18 years: the University Clinic of Psychiatry in Skopje. There are also two centres for child and adolescent mental health in Skopje and Bitola that provide outpatient services. No private hospital offers inpatient psychiatric services for people of any age. Numerous private health care facilities provide outpatient services, but these are overwhelmingly for adults, with several nongovernmental organizations offering psychosocial services.

Due to limited data, it is difficult to report reliable figures on prevalence rates of priority mental health conditions in children and adolescents. Yet, a growing number of research initiatives focus on this vulnerable population. Overall, the mental health care system is developing at a slow pace, but it is moving towards deinstitutionalization, strengthened interinstitutional cooperation, and improvements in the quality of services. The low quantity and quality of mental health services for children and adolescents remain a serious challenge in North Macedonia. There are few specialists in child and adolescent psychiatry, insufficient mental health personnel and limited access to rehabilitation services. This report offers several suggested action points designed to address the weaknesses and build on the strengths of the current system for mental health services in children, adolescents and young people in the country.

1. Country overview

Key points

- North Macedonia is an upper middle-income country, moving toward universal health coverage (UHC) but still facing important challenges in health financing and especially in human resources.
- Available data suggest a heavy burden of common mental health issues in children and adolescents, particularly depression and anxiety; these are driven by deep pockets of poverty, unemployment, and social exclusion throughout the country, and exacerbated by exposure to domestic violence and the social stigma associated with mental health problems.
- The health system is based on a family medicine model, with primary health care (PHC) serving as the first point of patient contact with the health system. However, the limited scope of PHC practice – combined with the small number of specialists in mental health for children and young people – mean that there is high unmet need for mental health services.

1.1 Key population characteristics

The Republic of North Macedonia is a landlocked, mountainous country in southeast Europe, bordered by Greece to the south, Serbia and Kosovo¹ to the north, Albania to the west and Bulgaria to the east (see Fig. 1.1). The country is organized into 80 municipalities, 10 of which are within the bounds of the City of Skopje, the country's capital and a distinct unit of local self-governance. There are officially 34 cities in the country, along with 1749 villages and 1783 smaller settlements.

Fig. 1.1. Map of North Macedonia



Source: WHO GIS Center for Health

Some key statistics on the population of North Macedonia are shown in Table 1.1.

Table 1.1. Key population characteristics, 2021

Total population	1 836 713
Female (%)	50.4
Male (%)	49.6
Aged under 30 years (%)	34.7
Aged under 18 years (%)	20.3
Living in rural areas (%)	41.2
Literacy (overall) (%)	95.8
Finished secondary school (%)	44.1
Homes with clean water (%)	77.0
Homes with electricity (%)	95.5

Source: Population census, 2021 (State Statistical Office, 2022).

Ethnic groups: Macedonians (58.4%); Albanians (24.3%), Turks (3.9%), Roma (2.5%), Vlachs (0.5%), Serbs (1.3%), Bosniaks (0.9%), other (includes data taken from administrative sources: 8.2%)

Languages spoken: Macedonian (61.4%), Albanian (24.3%), Turkish (3.4%), Roma (1.7%), Vlach (0.2%), Serbian (0.6%), Bosnian (0.9%), other (7.5%)

Major religions: Christianity (59.9%), Islam (32.2%), other (8.0%)

¹All references to Kosovo in this document should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

Children and adolescents (< 18 years) comprise just over 20% of the total population, including 5.3% preschool-aged children (0–4 years old), 6.0% school-aged children (5–9 years old), and 9.1% adolescents (10–17 years old). The most recent population census recorded a total of 598 632 households, with an average size of 3.1 members.

1.2 Health indicators

Some key health indicators in North Macedonia are presented in Table 1.2.

Table 1.2. Key health indicators in North Macedonia, 2023 or latest available year

Indicator	
Life expectancy	Overall 74.6 years
	Female 76.8 years
	Male 72.4 years
Infant mortality rate	5 per 1 000 live births
Maternal mortality rate	7 per 100 000 live births
Total fertility rate	1.6
Average age at pregnancy	27.5 years
No. of adolescent births	15.1 per 1 000 live births
% population estimated to be HIV positive	0.03

Source: UNICEF Data (2023); WHO mortality database (2021b); Population census, 2021 (State Statistical Office, 2022).

Top 10 causes of death

1. Stroke
2. Ischaemic heart disease
3. Lung cancer
4. Diabetes
5. Hypertensive heart disease
6. Colorectal cancer
7. Chronic obstructive pulmonary disease
8. Cardiomyopathy
9. Stomach cancer
10. Alzheimer disease

The most important chronic conditions and risk factors in North Macedonia are smoking, diabetes, high blood pressure, poor diet and alcohol consumption, while respiratory problems due to air pollution, along with obesity among adults and youth are other major public health concerns. In 2022 the top three generic drugs prescribed were metformin (for diabetes), enalapril (mainly for hypertension) and diazepam (an anxiolytic – to reduce anxiety). The health system of North Macedonia provides a comprehensive basic benefits package, including primary care services that are free at the point of service, and about 90% of the population are covered by health insurance. However, out-of-pocket costs still represent 40.4% of total health expenditure, mainly due to co-payments for outpatient specialist visits and medications. These costs impose a heavy financial burden on people with low socioeconomic status who already report high rates of unmet health needs. Moreover, the limited scope of practice in PHC leads to high referral rates to secondary and tertiary health care, and there is a chronic shortage of medical doctors and nurses.

1.3 Prevalence of priority mental health conditions

Information on the prevalence of priority mental health conditions can be useful for identifying the populations that may need additional support and resources to control these conditions. Although there is a dearth of reliable data for these indicators in North Macedonia, one recent study of adolescents and their caregivers suggests high levels of anxiety, depression, and self-harm behaviours, with important inequalities in mental health problems, quality of life, and health and well-being, when analysed according to sociodemographic determinants like gender, place of residence, education level, work status, and family functioning (University of Psychiatry, 2023b). The experiences and needs of adolescents and caregivers during the coronavirus disease (COVID-19) pandemic also influenced prevalence rates. Studies estimated that 30% of adolescents presented moderate to severe symptoms of depression, with significantly higher rates in girls, while depression affected 10.4% of caregivers, of whom 22.4% faced problems in everyday functioning (Bajraktarov et al., 2023; University of Psychiatry, 2023). Self-harm thoughts were reported in 25.5% of adolescents and in 22.0% of families and caregivers. Anxiety was also highly prevalent, with moderate to severe symptoms in 42.1% of adolescents and higher rates among girls.

According to unpublished data from the national electronic health information system (E-HIS) in North Macedonia, known as Moj Termin (My Appointment), the top three most prevalent mental health conditions in the country are major depressive disorder, anxiety disorders, and schizophrenia. Schizophrenia appears to have an overall prevalence of 445.4 per 100 000 people, with a higher prevalence in males (511.2 per 100 000) than females (373.7), and a higher prevalence in adults (558.5) than in children or young people. Major depressive disorder has an overall prevalence of 2027.8 per 100 000. Prevalence in females (2816.8 per 100 000) is over twice that in males (1242.8).

1.4 Sociocultural factors for mental health

Poverty, unemployment and social exclusion are considered major determinants of mental health conditions. Children from families with low socioeconomic status are at higher risk of poor social and psychological early development, lower educational attainment, poor quality of life, and lower health literacy. Low socioeconomic status, including during the perinatal period, has also been associated with worse mental health outcomes in both children and parents, such as more severe symptoms of depression and anxiety (Bajraktarov, Arsova, Milutinovic et al., 2023). People with mental illness generally have a low employment rate and face obstacles in accessing public services. In addition, the topic of mental illness is rarely covered in the media. Compared to their peers in other European countries, a larger proportion of adolescents rate their quality of life as poor (Kjostarova-Unkovska & Georgievska-Nanevska, 2017; Eurostat, 2022). The negative social and economic effects of the COVID-19 pandemic have exacerbated these problems, highlighting the importance of social inequalities in the well-being and mental health of children and adolescents (Petreski, Petreski, Tomovska-Misoska et al., 2020; State Statistical Office & UNICEF, 2020).

Many people in North Macedonia live in an environment characterized by discrimination, prejudice, and limited access to information and services. Some marginalized communities, especially Roma people and those belonging to sexual and gender minorities, have also suffered disruptions in access to health care due to discrimination, and they present indicators of poorer mental health (Stojanovski, King, Bondikjova et al., 2022).

Sex is another determinant of these inequalities (Bjegovic-Mikanovic, Wenzel & Laaser, 2022). Although research shows that adolescent girls have higher levels of health literacy compared to boys (Paakkari, Torppa, Mazur et al., 2020), women and girls report significantly higher rates of depression and anxiety, and they also attempt suicide at younger ages. Research in North Macedonia shows that children aged under 10 years have comparable and slightly higher rates of some mental health problems relative to those in high-income countries (Kunovski, 2023).

Family-related risk factors – like dysfunctional parenting, marital conflict, and abuse – appear to be closely associated with these poor mental health outcomes. Research points to a high prevalence of violent disciplinary practices towards children and adolescents in the country, including exposure to and experiences with emotional and physical abuse (Nikolaidis, Petroulaki, Zarokosta et al., 2018). Some reports indicate that more than half of children have experienced emotional and physical violence (WHO Regional Office for Europe, 2022). Women are believed to be especially vulnerable when it comes to domestic violence (Tozija, 2020). Families who care for a person with a mental health condition may also face stigma, financial burden due to health care costs, and limited access to family support services.

1.5 Health system overview

The health system in North Macedonia is underpinned by two laws: the Law on Health Protection and the Law on Health Insurance (see subsection 1.5.1 Legal framework). The legal framework includes additional annexes and legal acts that regulate specific issues and related activities. The three main actors in the development and implementation of health policy are the Ministry of Health, the Ministry of Finance, and the Health Insurance Fund. The Ministry of Health has the primary responsibility for developing, planning and managing the health system (Winkelmann, Tille, Litvinova et al., 2022). Health care for children and adolescents is organized at all three levels.

1.5.1 Legal framework

The **Law on Health Protection**² establishes the basis for the delivery of health services under a social health insurance model, with mandatory contributions based on payroll income. The law also includes provisions for people who are not insured, with contributions provided through the Annual Programme for Compulsory Health Insurance of Citizens of the Republic of North Macedonia. Altogether, the Ministry of Health pays the contribution for about 250 000 people, which enables them to use health services without interruption.

Under this framework, various programmes and benefits packages exist to fully cover specific health care services and different groups, regardless of their inclusion in the national health insurance scheme. This coverage includes:

- specialist and hospital care for retired people; welfare beneficiaries and members of their households; recipients of old-age, disability and family pensions under Macedonian denar (MKD) 14 000;
- reproductive, maternal and neonatal care (including medical abortion, contraception, perinatal care, and neonatal screening for thyroid and metabolic diseases, cystic fibrosis, and a pilot programme for phenylketonuria); and
- people covered by public health programmes, including those requiring insulin, dialysis, organ transplantation, and immunization, along with drugs for rare diseases, tuberculosis, HIV/AIDS, and substitution therapy for addiction.

The **Law on Health Insurance**³ regulates the system of compulsory health insurance for citizens of North Macedonia and establishes the **Health Insurance Fund** as the purchaser of publicly funded health care (Winkelmann, Tille, Litvinova et al., 2022). The law stipulates that insured people are responsible for co-payments on the total costs of health services and medicines up to 20% of the total costs or MKD 6000 (approximately €100) and no more than MKD 600 (approximately €10) for prescription medicines. The co-payment requirement for insured individuals is waived for certain groups or after a certain threshold of health spending has been reached, except for certain medicines prescribed in PHC and for treatment abroad.

The thresholds are as follows.

- For co-payments exceeding 70% of the national average monthly net salary during the previous calendar year for specialist and hospital care are waived; this threshold is reduced to 40% of the national average monthly salary for households earning anything less than the national average, and 20% for households earning no more than 60% of the national average.
- For children aged 1–5 years, co-payments exceeding 20% of the national average monthly salary over the previous year are waived.
- For children and adolescents aged 5–18 years and adults aged over 65 years, co-payments exceeding 40% of the national average monthly salary over the previous year are waived.

Moreover, no co-payment is required for:

- PHC visits;
- emergency medical assistance on call;
- children with special needs (according to social protection regulations);
- beneficiaries of permanent financial assistance, people in social protection institutions and in another family (according to social protection regulations), except for medicines from the list of medicines issued by prescription in PHC settings and for treatment abroad;
- mentally ill people in psychiatric hospitals and people with intellectual disabilities without parental care;
- insured people who voluntarily donate blood, according to the programme on voluntary blood donation (adopted in accordance with the Law on Health Protection); and
- insured people who voluntarily donate tissue or organs.

² Official Gazette of the Republic of North Macedonia, No. 236/2022.

³ Official Gazette of the Republic of North Macedonia, No. 25/2000, 34/2000, and 96/2000.

In addition, the law establishes a category of insured individuals who are temporarily unemployed; receiving permanent financial assistance; with recognized refugee status; under subsidiary protection; placed in a foster family; placed in an institution for social protection (for institutional and non-institutional protection); and receiving monetary compensation for assistance and care from another person. The category also includes people aged up to 26 years who had the status of a child without parents and without parental care until the age of 18 years and who receive social cash benefits; victims of domestic violence, for whom a measure of protection is taken in accordance with the Law on Family;⁴ people covered by organized independent living with support (if they cannot be insured on other grounds); incarcerated people (if they are not insured on another basis); and minors in a detention centre, correctional home, or other institution.

The Law on Health Protection and the Law on Health Insurance define two measures to ensure access to PHC for people living in remote and rural areas. The first measure defines 100 rural locations, and regulations on the method of payment for PHC services provide an incentive for general practitioners (GPs) to provide health services for these groups.⁵ The second measure focuses on rural doctors working within public health institution health centres and ensures basic PHC services are provided to the population in rural settlements in the area covered by the health centre, and who do not have the opportunity to choose their own GPs.

1.5.2 Health care delivery model

The health care delivery and referral system in North Macedonia is regulated by the Ministry of Health and aims to ensure efficient and effective coordination and linkage between various services. It is based on the family medicine model whereby patients freely choose their designated GP who serves as their first point of contact with the health system and refers them to specialist or hospital care or for diagnostic tests when needed. Patients' first point of contact with the health care system is thus through PHC, which is responsible for people's overall health through the identification of risk factors, prevention and early detection of diseases, provision of acute treatment, and systematic and proactive monitoring of disability and chronic diseases. Insured people are likewise free to choose their gynaecologist and dentist.

However, there is limited scope of practice in PHC. GPs are legally prevented from prescribing many essential treatments, which leads to high referral rates to secondary and tertiary health care (Winkelmann, Tille, Litvinova et al., 2022). Their role is further undermined by the small number of specialists in health centres, including a lack of psychologists working with children and adolescents. The reduced number of GPs means that the ratio of patients to GPs is high, limiting their capacity to be proactive in terms of health promotion, preventive diagnosis, and treatment. Furthermore, GPs must refer chronic long-term patients to secondary care on an annual basis to approve a continuation of their treatment regimen, which is a drain on the system and hampers efficiency.

1.5.3 Human resources for health

There is a serious shortage of health professionals in North Macedonia. This problem affects primary, secondary and tertiary care, including in the area of mental health (see Chapter 3 for more information on specialist mental health support).

In PHC, 1490 GPs had contracts with the Health Insurance Fund in 2023 (see Table 1.3); most practices function as individual private entities, consisting of a team of doctors and nurses (Winkelmann, Tille, Litvinova et al., 2022). A total of 47 rural communities currently do not have a GP, and this number is increasing, reflecting a lack of incentives for young doctors to open a rural clinic. The average age of GPs is also increasing, due in part to poor retention of young doctors who often start out working as GPs until they get a job in public health care facilities or move to work abroad. A stop-gap measure to address this shortage is extending the retirement age of GPs, who can continue working in family practice after they reach the age of 67 years. However, this measure does not systematically solve the problem of attracting and retaining young family physicians. Some specialists in family medicine transfer to public health care institutions and health centres due to safer working conditions.

Currently, there is little interest in the family medicine specialization. Since 2010, in accordance with the Government's strategy to introduce specialist family physicians as leading members of PHC teams by 2020, a continuing education programme has been developed, lasting 3–12 months, depending on the work experience of the selected doctors. Since 2010, 27 family physicians have completed the three-year specialization, and 430 GPs have completed further education in family medicine. All specialists take an exam, regardless of whether they completed a three-year specialization or further education.

⁴ Official Gazette of the Republic of North Macedonia, No. 153/2014.

⁵ Official Gazette of the Republic of North Macedonia, No. 188/2000.

Table 1.3. General health human resources available in the public, private, and nongovernmental sectors, 2023

Profession	Public sector	Private
GPs	n/a	1 490
Midwives	1 050	-
Nurses	440 per 100 000	-
Pharmacists	n/a	1 296
Paediatricians	48	101

Notes. NGO: nongovernmental organization. n/a: data not available.

GPs, Midwives, Pharmacists and Paediatricians refers to the total numbers.

Sources: unpublished data from the Ministry of Health, the national E-HIS (Moj Termin), and the Health Insurance Fund.

1.5.4 Health information systems

The national E-HIS in North Macedonia, known under the umbrella term as Moj Termin (My Appointment), is designed to support the collection, analysis and dissemination of health-related data and information. The system is structured in a way that enables health care providers and public health officials to make informed decisions about health care policies and practices.

Moj Termin comprises three key components (Winkelmann, Tille, Litvinova et al., 2022).

- The E-HIS is the primary data collection system that captures health-related data from health care providers and institutions. The E-HIS is used to collect data on patient demographics, health status, health care utilization, and health outcomes.
- The Electronic health record – a digital record of individuals’ medical histories, which is stored in a centralized database as part of Moj Termin. The system enables health care providers to access patient information from anywhere in the country.
- The E-HIS also enables health care providers to access patient health information from other providers and institutions, which can improve the quality of care and reduce health care costs by facilitating health information exchange.

1.6 Administrative structures for mental health support

In addition to the mental health services offered across the health care system, activities in other sectors regarding the mental health of children, adolescents and young people are regulated by legislation on social protection, child protection, family, child justice, protection and prevention of violence against women and domestic violence, and education. The Strategic Plan of the Ministry of Labour and Social Policy 2023–2025 unifies policies for employment, social protection, rights, child protection and family protection, proposing and implementing measures, activities, laws and strategies that regulate these policies. The Law on Social Protection⁶ includes social services to prevent and reduce the impact of social problems on individuals and their families throughout the life-course. The main actors in social protection and education are the Ministry of Labour and Social Policy and the Ministry of Education and Science. Thirty centres for social work operate under the Ministry of Labour and Social Policy, covering 80 municipalities.

⁶ Official Gazette of the Republic of North Macedonia, No. 104/2019.

1.7 Social benefits

According to the Law on Mental Health,⁷ a person seeking mental health treatment or rehabilitation is entitled to receive the same standard of care provided to people with other types of illness (see subsection 2.1.2 Legislative framework). Families may receive social benefits, such as financial reimbursement for caregiving costs, with the need for assistance decided by a professional commission. A lower level of dependence is defined as a temporary or permanent disability that does not allow a person to perform all basic activities of daily living without help and care from another person. People with higher levels of dependence – severe or pronounced mental disabilities, severe physical disabilities, blindness, and temporary or permanent disabilities that impede the performance of the basic activities of daily living – are eligible for a higher level of benefits. The exact amount is adjusted for the cost of living in the previous year, as published by the State Statistical Office. People with intellectual disabilities, mental illness, or permanent disabilities are entitled to continuing financial assistance.

Partial paid family leave is granted to one parent of a disabled child for shortened working hours in cases in which the child is not placed in a social or medical institution. Foster care and institutional care are available for children without parental care, children with social problems, victims of domestic abuse, juvenile perpetrators, and children with mental disabilities. Financial assistance and a special child allowance are also available for single parents of children with developmental impairments (up to 26 years of age). A family caregiver who has been providing care to a relative for at least 5 years after reaching the age of 62 years has the right to financial assistance for caregivers, under certain conditions.

⁷ Official Gazette of the Republic of North Macedonia, No. 150/2015.

2. Mental health policy and national strategies

Key points

- Since the first National Mental Health Strategy was launched in 2005, North Macedonia has increasingly made inroads into strengthening policies for mental health promotion, protection and care, and this area is prioritized in the current national strategies in fields relating to health, education, social protection, youth, and parenting.
- The updated National Mental Health Strategy 2018–2025 envisages a gradual transition away from institutionalization and pharmacotherapy, and towards community-based care, with a stronger role for primary care and the establishment of community mental health centres (CMHCs), fully integrated within the wider health system (Ministry of Health, 2018).
- In children and adolescents, there is increased emphasis on promotion and prevention, as well as protection of vulnerable populations.
- The Ministry of Health is exploring a number of policy directions for mental health in children and young people, including the development of a specific national mental health strategy for this age group; however, explicit commitments and funding for these programmes have not yet been secured.

2.1 Key policies, plans and legislation

2.1.1 National policies and strategies

Several national policies in North Macedonia touch on mental health for children and young people, including specific mental health plans, general strategies for population health as a whole, and other policies originating in non-health sectors (e.g. education).

Regarding strategies that focus exclusively on mental health, the Ministry of Health and the Government of the Republic of North Macedonia laid the foundation for a new system for mental health care in 2005 through the first National Mental Health Strategy, which was then updated in 2018 to cover the period up to 2025 (Ministry of Health, 2018). Both strategies consider mental health in childhood and adolescence as integral to the development of young people's personalities and functional capacities, and they set out key areas for further work.

More generally, the Health Strategy of the Republic of North Macedonia 2021–2030 (Ministry of Health, 2021) sets out the country's overarching approach to improving population health. The plan also covers mental health and outlines further steps to maintain progress in reconfiguring services and deepening efforts for more locally based and community-focused care. It also recognizes the need to develop more specialist services, including in forensic psychiatry, addiction services, and child and adolescent psychiatry.

For its part, the Education Strategy 2018–2025 and its accompanying action plan emphasize the need to promote inclusion, with a specific focus on students with special needs, including those with mental, physical and developmental disabilities (Ministry of Education and Science, 2018). The National Strategy (2020–2025) and Action Plan (2020–2022) for the Prevention and Protection of Children from Violence envisages activities to promote and strengthen the role of psychologists in schools in promoting mental health in children and young people (Ministry of Labour and Social Policy, 2019), while the National Youth Strategy 2023–2027 (United Nations Country Team North Macedonia, 2022b) also details activities for strengthening mental health in young people, updating the previous National Youth Strategy 2016–2025 (Agency for Youth and Sport, 2016). Lastly, the recently developed, but not yet adopted National Parenting Strategy 2022–2030 emphasizes the importance of developing and providing access to parenting programmes for improving child and family well-being.

2.1.2 Legislative framework

North Macedonia has a patchwork of legislation in the field of mental health, with relevant provisions in the Government's Constitution and in legislation covering health care, social protection, and criminal and civil law. The only law explicitly dedicated to mental health is the Law on Mental Health, developed and enacted in 2006–2007 and amended in 2015.⁸ According to Article 16 of this act, a person with a mental health condition can be admitted to any hospital institution against their will in case of a court decision or where any delay in care, treatment, rehabilitation or admission could lead to death or irreparable damage to their health, serious self-injury, injury to others, or serious material damage. Article 22 protects people against involuntary admission without approval by a judge, who should decide within 48 hours of the application. The Criminal code⁹ includes a measure for mandatory psychiatric treatment, and admission to a health institution can be imposed on the perpetrator of a crime who is deemed unfit to stand trial. The Law on Mental Health also stipulates that minors should be housed separately from adults.

2.2 Mental health budget and political commitment

Mental health financing in North Macedonia primarily comes from the government budget, with contributions from both the Ministry of Health and the Health Insurance Fund. These institutions work together to allocate funds for mental health services and programmes. In recent years, efforts have been made to improve mental health care and to increase funding for mental health services – as well as health care in general – in North Macedonia. Table 2.1 shows a modest growth in mental health spending, in absolute terms, from 2017 to 2019 – until the disruption caused by the COVID-19 pandemic in 2020. However, the Government has recognized the importance of mental health and is committed to taking further steps to address unmet need in this area.

⁸ Official Gazette of the Republic of North Macedonia, No. 71/2007 and 150/2015.

⁹ Official Gazette of the Republic of North Macedonia, No. 196/2015.

Table 2.1. Mental health budget in North Macedonia, 2017–2020

year	2017	2018	2019	2020
<i>Total mental health budget</i>				
Expenditure (MKD million)	2 257.78	2 223.19	2 603.88	2 447.11
Total health spending (%)	5.67	5.21	5.32	4.73
<i>Budget for mental health in children, adolescents, and young people</i>				
Expenditure (MKD million)	184.93	154.02	196.01	137.13
Total health spending (%)	0.46	0.36	0.40	0.26
Total health spending (MKD million)	39 800.43	42 672.85	48 948.73	51 749.56

Sources: WHO mental health atlas (WHO, 2021a); unpublished data from the Ministry of Health, the national E-HIS (Moj Termin), and the Health Insurance Fund.

The action plan accompanying the National Mental Health Strategy envisages several activities to improve existing services, including training and continuous medical education, early diagnosis and treatment of people with mental health conditions, redefining the service packages for psychiatric services in secondary and tertiary health care, redefining roles within PHC for diagnosis and treatment of mental health conditions, and strengthening secondary and tertiary health care, along with their mutual functioning and pathways. The decentralization process, which started in the year 2000, is also set to continue through the establishment of CMHCs across the country (with catchment areas of 80 000 to 100 000 inhabitants), which will facilitate cooperation between health services, social services, and local self-government. The Strategy acknowledges that mental health care is still dominated by institutional treatment approaches and sets the objective of transitioning away from psychiatric hospital care toward community-based mental health services (Ministry of Health, 2018).

Special emphasis is placed on the prevention of mental health conditions and the promotion of mental health. Objective 3 of the Strategy includes establishing a range of promotion and prevention programmes, specifying the following actions:

- monitoring risk factors for certain mental illnesses during routine health visits among women;
- developing educational and preventive programmes specific to the peri- and postnatal period;
- developing promotion and prevention programmes aimed at women, especially young mothers;
- creating evidence-based programmes for mental health promotion, resilience, and improvement among children and adolescents;
- screening of mental health conditions and assessment of mental health status in preschools, schools and colleges; and
- creating and implementing programmes to raise population awareness about mental health issues and their importance.

The Strategy states that programmes for vulnerable and marginalized groups (for example, children and young people with autism spectrum disorder) are especially needed, while also stipulating the importance of monitoring and evaluation of implementation and outcomes. Alcohol and other types of substance misuse are not specific targets of the Strategy, although objective 4 – on strengthening the scientific research activity and the information system – includes a recommendation for collecting and analysing data on various indicators, including alcoholism. Suicide prevention is considered of particular importance, as well as screening and identification of risk groups with suicidal behaviours. Along these lines, the Strategy recommends redefining and reorganizing the centres for treating depression in conjunction with the University Clinic of Psychiatry and CMHCs (Ministry of Health, 2018). As such, suicide prevention activities should originate not only from the Ministry of Health, but also simultaneously from other sectors. The following specific recommendations are outlined.

- Public health programmes should focus their attention on the most at-risk groups (in terms of suicidal behaviours).
- Awareness campaigns should be implemented to inform the public about depression and the key signs of suicidality.
- Education for personnel should be prioritized in educational institutions, the police force, firefighting units, ambulance teams, and the media.
- Facilities should be set up for the prevention of suicide and crisis situations.
- 10 September is World Suicide Prevention Day and awareness-raising activities should be organized to commemorate the occasion.

The National Mental Health Strategy places significant emphasis on the importance of responding to the specific needs and risk factors of vulnerable groups and developing measures that target children and adolescents. In addition, it recommends the adoption of an action plan (as part of the Strategy) to improve mental health care among the elderly in open psychogeriatric centres that offer preventive and treatment services (Ministry of Health, 2018). Specific activities for mental health among the LGBTIQ+ community and other marginalized and at-risk groups include creating appropriate programmes for the protection of mental health, ensuring they are included in the corresponding national documents for the respective marginalized groups, and fostering cooperation with all relevant institutions.

For more severe mental health conditions, actions will include programmes for re-socialization and reintegration into society of individuals, coordinated systemic cooperation between the health system and social services, promotion of individual treatment plans at all levels of health care, treatment programmes for psychosocial rehabilitation at home, and the establishment of community mental health teams within the new CMHCs (which will focus on working with patients with more severe mental health conditions). All programmes will be accompanied by a standardized system for monitoring and evaluating the quality of services and the effects of reforms.

In terms of further developing specific services for children and adolescents, the Ministry of Health has recognized the following programmes and activities as desirable aspirations.

- A national plan for mental health and psychosocial well-being in children and adolescents should be developed and adopted to determine the specific actions needed to improve the mental health care of these population groups, with special emphasis on vulnerable and marginalized people.
- Mental health promotion and prevention programmes are needed, to raise awareness, reduce stigma, and promote mental well-being among the general population.
- CMHCs are to be opened for children and adolescents in several regions of North Macedonia. Multidisciplinary teams will comprise a paediatric psychiatrist, a psychologist, a special education teacher, a nurse and a social worker. These professionals should work in close cooperation with social services, schools and preschools, and with other psychiatric services at a higher level – especially with the Department of Child and Adolescent Psychiatry of the public health institution University Clinic of Psychiatry.
- Mental health should be integrated into PHC, as a way to improve accessibility and availability of mental health care.
- At the secondary care level, day centres and day hospitals should be opened for early diagnosis and early intervention in paediatric mental health conditions.
- At the tertiary level, within the University Clinic of Psychiatry, activities should be implemented aiming for early interventions in adolescent mental health, including prevention of suicide, depression and anxiety.
- Broad cooperation between institutions and with other specialties is needed, such as neurology, paediatrics, special education, and psychology. Children's mental health should be considered in paediatric service provision, cooperation with other groups (groups of patients, parents, etc.), and in terms of representation, support, adoption of health care policies, and fiscal and legal proposals at both local and national levels.
- Mental health workforce development is essential, ensuring staffing and continuous professional training in mental health for children and adolescents at all levels of health care.

- Treatments with new generation pharmacotherapeutic agents with proven therapeutic efficacy, cost-effectiveness, and safety for treating children should be enabled, by including them on a positive list of drugs supported by the Health Insurance Fund.

2.3 Mental health treatment guidelines

The Ministry of Health has published a total of 42 guidelines on practising evidence-based psychiatry, yet the content of the documents is not regularly updated. Some of these guidelines refer to practising evidence-based psychiatry specifically in children and adolescents. These include (chronologically): Autism (2010), Adjustment disorders (2012), Adolescent depression (2012), Marginalization of adolescents (2012), Recognizing and diagnosing depression (2012), Risk of suicide during adolescence (2012), Adolescence and long-term illness (2013), Impact of psychiatric illness in the child's parents (2013), Psychiatric evaluation and referral of adolescents to treatment (2013), Treatment of psychological problems in intellectually disabled persons in primary health care (2013), Adolescent psychosis (2015), Adolescent substance abuse (2015), A patient at risk for suicide (2015), Behavioural disorders in children and adolescents (2015), Bullying at school (2015), Dual diagnosis - mental disorder and substance abuse (2015), Obsessive-compulsive disorder in children (2015), Psychopharmacotherapy in children and adolescents (2015) and Suicidal behaviour in childhood (2015).

Contrary to the trend in many European countries, mental health treatment guidelines for addressing mental illnesses in North Macedonia are still almost entirely based on pharmacotherapy. Some drugs are available on the positive list of medicines covered by the Health Insurance Fund.¹⁰

¹⁰ Official Gazette of the Republic of North Macedonia, No. 17/2015.

3. Specialist mental health support

Key points

- There are currently only three public health centres that offer specialist paediatric mental health care: two outpatient secondary care centres in Bitola and Skopje, and one tertiary centre in Skopje that offers inpatient care as well as services for children with neurodevelopmental disorders.
- The dearth of specialist health professionals in paediatric mental health, the scarcity of health centres that cater to younger populations, and the co-payment required to access secondary care all mean that mental health support for children and adolescents is not easily accessible to the population in North Macedonia.
- Regarding medication, there is an established and consistent supply chain for psychotropic drugs; however, many essential medicines have not yet been added to the positive list of drugs covered by the Health Insurance Fund, and there are few professionals qualified to prescribe them, which hampers access.

3.1 Structure of mental health and neurological facilities

North Macedonia currently has three specialist psychiatric hospitals, in Skopje, Demir Hisar, and Negorci. However, none accommodate children and adolescents under the age of 18 years. In fact, the University Clinic of Psychiatry in Skopje – a tertiary care institution – has the only inpatient department for children and adolescents that exists in the country. It has a capacity of 12 beds for children and adolescents, and it also offers outpatient services, plus two subspecialist services: (1) neurodevelopmental disorders for children aged up to 8 years, and (2) psychophysiological assessment and psychomotor re-education and relaxation.

Fourteen general hospitals have psychiatry departments, which together have a total capacity of 2036 beds for inpatient psychiatric care. There is also a separate University Clinic of Neurology and a University Clinic for Paediatric Diseases, at which there is a Department for Child Neurology. No private hospital offers inpatient psychiatric services, though outpatient psychiatric services are provided by several private health care facilities. According to data from Moj Termin, there are a total of 56 private health care facilities for adult psychiatric patients in the network of health institutions and 38 public health care facilities.

In addition to the Department of Child and Adolescent Psychiatry at the University Clinic of Psychiatry, two other institutions also offer child and adolescent psychiatric services (Fig. 3.1).

- 1. The Centre for Child and Adolescent Mental Health – Mladost (Skopje Health Centre)** serves children and adolescents aged 2–18 years and offers outpatient services, as part of the remit of the Skopje Health Centre. Previously, a community health centre was operating within Mladost but, due to limited resources, some services were reduced or redirected to ambulatory care.
- 2. The Department for Child and Adolescent Mental Health (Bitola Clinical Hospital)** has functioned since 1992 as part of the clinical hospital, with counselling work being conducted since 1982 under a different structure within the hospital. The centre currently focuses on promotion of mental health and the prevention of mental health problems in children and adolescents; conducts assessments and treatment for a variety of mental health problems in children and adolescents; performs consulting and educational work; and participates in research.

Fig. 3.1. Specialist mental health facilities for children and adolescents in North Macedonia, 2023



Source: WHO GIS Center for Health

3.2 Available specialist human resources for mental health conditions, and neurological and substance misuse disorders

Table 3.1 details the number of specialist personnel for mental health conditions and neurological and substance misuse disorders in the public and private sectors in North Macedonia.

Within the facilities for children and adolescents, the teams may consist of a psychiatrist, paediatrician, nurse, psychologist, social worker, special educator, and/or speech therapist (Table 3.2). The Mladost centre is the only institution for child and adolescent mental health with a paediatrician and speech therapist, while the University Clinic of Psychiatry and the department at Bitola Clinical Hospital have (sub)specialists in child and adolescent psychiatry and clinical psychology. This shows that access to (sub)specialists in child and adolescent psychiatry and clinical psychology is still limited in all facilities, even those specifically working in child and adolescent mental health.

Table 3.1. Specialist human resources for people with mental, neurological and substance misuse disorders, 2023

Profession	Public sector	Private
Neurologist	99	-
Psychiatrist	158	20
Psychiatric nurse	376	-
Psychologist	96	-
Mental health social workers	13	-
Occupational therapists	2	-
Counsellors	-	-
Support workers	3	-
Child and adolescent psychiatrist	5	-
Child and adolescent psychologists	7	-
Child and adolescent special educators	5	-

Sources: WHO mental health atlas 2020 (WHO, 2021a); unpublished data from the Ministry of Health, and the national E-HIS (Moj Termin).

Table 3.2. Personnel available at facilities for child and adolescent mental health, 2023

Department of Child and Adolescent Psychiatry, Skopje	Mladost Centre for Child and Adolescent Mental Health, Skopje	Department for Child and Adolescent Mental Health, Bitola
1 psychiatrist	3 psychiatrist	1 child and adolescent psychiatrist
2 child and adolescent psychiatrist	1 paediatrician	3 nurse
4 nurse	4 nurse	1 clinical psychologist
2 clinical psychologist	4 psychologist	1 social worker
1 social worker	4 social worker	2 special educator
1 special educator	5 special educator	1 speech therapist
	4 speech therapist	
	3 pedagogist	

Source: unpublished data from the Ministry of Health.

In terms of training, the University Clinic of Psychiatry organizes various educational programmes for medical doctors and nurses, as well as conducting specialist training for general psychiatrists, child and adolescent psychiatrists, and clinical psychologists within the Faculty of Medicine at Ss. Cyril and Methodius University in Skopje. Other personnel, including general psychologists, social workers, special educators, and speech therapists get their degrees from the Faculty of Philosophy at Ss. Cyril and Methodius University, or other public and private universities that offer curricula in Macedonian, Albanian or English.

3.3 Mental health service coverage

Mental health care services are provided at primary, secondary and tertiary levels. In PHC, these services are free at the point of service and come under the responsibility of the GP or family physician, although the service portfolio at this level is highly limited. At the secondary level, access to care in the specialist institutions requires co-payment.

Overall, the mental health care system is developing at a slow pace, but it is moving towards deinstitutionalization, strengthened interinstitutional cooperation, and improvements in the quality of services. The National Health Strategy of the Republic of North Macedonia 2021–2030 (Ministry of Health, 2021) emphasizes the importance of strengthening prevention and health literacy, with the support of information systems and a special focus on caregivers and children. However, the low quantity and quality of mental health services for children and adolescents remain serious challenges. There are few specialists in child and adolescent psychiatry, insufficient mental health personnel, and limited access to rehabilitation services.

3.4 Specialist mental health treatment

3.4.1 Medication

There are gaps as well as strengths in the availability, supply and sustainability of, as well as access to, medication for mental health conditions in North Macedonia. For adults, there is generally good availability and supply of drug treatments, although supply issues have recently posed some problems. On the other hand, cost can be a barrier to access, particularly for those who are uninsured or underinsured. Some recent innovations, such as the use of telemedicine and e-prescribing may help to improve access to medication for those who live in remote areas or have limited mobility.

For children and adolescents, the availability and supply of medication for mental health can be more limited due to a shortage of specific drugs on the market (e.g. drugs for treatment of attention deficit and hyperactivity disorder). Continuity of care can also be challenging, as children and adolescents may require different medications as they grow and develop. There is a need for more specialist training for mental health professionals who work with children and adolescents, particularly those who can prescribe medication.

The availability of a diverse range of medications within each drug class suggests a reasonably comprehensive selection available to treat mental health conditions in North Macedonia (Table 3.3). Furthermore, the provision of these medications is conducted through an established and consistent supply chain, ensuring uninterrupted access for patients in need.

However, certain challenges remain in the medication landscape.

- **Medication accessibility** is a challenge. Although medications on the positive list (those covered by the Health Insurance Fund) are generally available, many essential medications are not, due to the outdated nature of the list. This lag hampers patients' access to necessary treatments, posing a significant barrier to care.
- **There is a lack of personnel qualified to prescribe.** PHC practitioners primarily prescribe medications based on recommendations from specialists, and independent prescribing is infrequent. There is a notable shortage of qualified health care professionals, particularly psychiatrists working with children and adolescents, who are equipped to effectively prescribe and monitor medication use. This limitation diminishes the availability of specialist expertise and care in the field.

To address these challenges, it is essential to regularly update the positive list of medicines to expand coverage by the Health Insurance Fund and therefore access to essential medicines. Efforts should also be made to strengthen the health care workforce – particularly in the area of paediatric psychiatry – who can provide comprehensive prescribing and monitoring services. This could involve targeted training programmes, incentives to attract and retain professionals, and strategic workforce planning to meet the specific needs of the population.

A nationwide system for telemedicine is under development, including secure communication between doctors from primary, secondary, and tertiary health institutions. The system is being piloted at the time of writing and aims to resolve some of the challenges of chronic treatment, to reduce the number of unnecessary visits to tertiary care, and to facilitate faster feedback cycles between tertiary and primary physicians regarding a patient's condition.

Table 3.3. Prescriptions for various psychotropic medications available in North Macedonia, 2022

Antipsychotics		Antidepressants		Anxiolytics		Mood-stabilizers		Antiepileptics	
Generic name	No. of prescriptions *	Generic name	No. of prescriptions *	Generic name	No. of prescriptions *	Generic name	No. of prescriptions *	Generic name	No. of prescriptions *
Aripiprazole	628	Citalopram	519	Clonazepam	7 021	Lithium carbonate	313	Gabapentin	73
Quetiapine	1 170	Doxepin	761	Lorazepam	35 040	Quetiapine	1 170	Pregabalin	144
Fluphenazine	3 583	Maprotiline	1 877	Alprazolam	647 453	Haloperidol	32 187	Topiramate	2 908
Promazine	3 913	Duloxetine	2 186	Diazepam	1 357 857	Lamotrigine	53 612	Valproic acid	3 426
Sulpiride	6 698	Mirtazapine	2 708			Olanzapine	86 970	Clonazepam	7 021
Clozapine	15 811	Fluoxetine	13 063			Carbamazepine	106 680	Oxcarbazepine	12 552
Levomepromazine	16 721	Amitriptyline	18 451			Risperidone	109 633	Phenobarbital	30 845
Haloperidol	32 187	Escitalopram	28 807					Lamotrigine	53 612
Olanzapine	86 970	Venlafaxine	114 627					Carbamazepine	106 680
Risperidone	109 633	Paroxetine	170 668						
		Sertraline	183 133						

*No. of prescriptions refers to the number of drugs dispensed on prescription in 2022 within the public health care system, but it does not include the private sector, nor accounts for the number of prescriptions filled in community or hospital pharmacies.

Sources: unpublished data from the national E-HIS (Moj Termin).

3.4.2 Psychosocial interventions available

Mental health care is still dominated by institutionalization and medicalization, with limited availability of non-pharmacological therapies. Available data indicate that there are not enough personnel trained in occupational therapy and other psychosocial interventions, as just 20–50% of mental health patients who require these forms of support currently receive it. There are few options for social rehabilitation and reintegration of people with mental health conditions, which negatively affects the course of illness and perpetuates stigma. Psychosocial interventions are mainly provided by staff educated at the undergraduate or graduate level, while psychotherapy training is offered as a postgraduate degree in both public and private institutions. Psychologists, social workers, and special educators are part of the multidisciplinary teams that work with children and adolescents, both in mental health facilities and in other health centres that provide inpatient child and adolescent services, such as paediatric hospitals.

At present, the facilities for children and adolescents treat a range of conditions including: developmental problems, difficulties in speech and language development, emotional problems, separation anxiety, autistic spectrum disorders, selective mutism, enuresis, tics, attention deficit hyperactivity disorder, phobias, obsessive-compulsive disorder, behavioural disorders, mood and anxiety disorders, reactions to stress and post-traumatic stress disorder, adolescent crisis, eating disorders, and learning disabilities.

Interventions include psychoeducation, speech therapy, special education and rehabilitation, communication skills training, and parenting skills to stimulate the child's development at home and improve the parent–child relationship. Diagnostic procedures are mainly conducted by psychologists, speech therapists, special educators, and rehabilitators. However, there is little support from the health system in getting specialist training and procuring diagnostic instruments, which are crucial for determining mental health conditions, developmental needs, and characteristics of psychopathology, as well as for treatment planning.

There are no reliable data on average length of stay in specialist inpatient facilities or the distance patients travel to access these centres, but estimates put the average stay at around 50 days and the distance from patients' homes at anywhere from 2 km to 50 km.

After-care services are offered at mental health centres around the country and centres for social work. Only the University Clinic of Psychiatry in Skopje offers after-care services for children and adolescents. This centre also takes part in educational and research activities.

Several private organizations and Nongovernmental Organizations (NGOs) also offer psychological, psychotherapeutic, and other psychosocial services for children and young people. While NGOs are dependent on the availability of project-based funding, some provide services with relative stability, including the Health Education and Research Association (HERA), Healthy Options Project Skopje (HOPS), SOS Children’s Villages, Megjashi, and In My World. As a private organization, Institute Alternativa offers psychosocial services for children, adolescents and parents, along with parental training. In addition, the private health centre in Kalinka offers psychiatric and psychosocial services for children and adolescents and has one psychiatrist for children and adolescents on staff.

Table 3.4 gives an overview of the psychosocial interventions that are available in North Macedonia to support people with mental health conditions.

Table 3.4. Psychosocial interventions available to support mental health conditions, 2023

Type of interventions	Children and adolescents			Adults		
	Public	Private	NGO	Public	Private	NGO
Individual psychotherapy and psychological counselling	✓	✓	X	✓	✓	✓
Group psychotherapy and psychological counselling	✓	✓	X	✓	✓	✓
Family therapy	✓	✓	X	✓	✓	✓
Occupational therapy	✓	✓	X	✓	X	X
Social support	✓	✓	X	✓	X	X
Special education support	✓	✓	X	✓	X	X

3.5 Specialist support in other services

The University Clinic for Paediatric Diseases (children’s clinic) operates a diagnostic and support service for children with neurodevelopmental disorders within the Department of Psychophysiology. The department has one clinical psychologist, two general psychologists (one in clinical training), one speech therapist, and one special educator and rehabilitator. The department’s outpatient services for children include diagnostic assessment, treatment and rehabilitation.

For their part, the institutes for rehabilitation of hearing and speech impairment and voice disorders in Skopje and Bitola are specialized in the detection, diagnostics, early intervention, and rehabilitation for children with conditions relating to verbal communication, comprising a total of 40 speech therapists. Both institutions have rehabilitation programmes for children with autism and other neurodevelopmental disabilities. Six speech therapists are employed in mental health services, and 12 speech therapists are employed in specialist consultation departments throughout the country. There is also a developmental counselling service in the Bit-Pazar Health Centre, which offers assessment and psychosocial care, as well as follow-up services for at-risk children aged 0–7 years.

3.6 Referrals and coordination of care

In accordance with the overall referral system for health services, children and adolescents in North Macedonia who seek mental health services typically begin with a visit to PHC or a school counsellor. If their needs cannot be met at this level, they are referred to a specialist, typically one working in an outpatient clinic. Primary care physicians can refer patients to any secondary or tertiary outpatient service; however, inpatient services are accessible only with a referral from a mental health specialist. In practice, there are a limited number of specialists in paediatric mental health, so treatment is not widely accessible at the secondary level.

Children aged up to 14 years can also be referred to the University Clinic for Paediatric Diseases for highly specialized (tertiary) diagnosis and services from a paediatric neurologist and/or psychologist. Developmental, psychosocial, and acquired mental health conditions, as well as cases of intellectual disability and child abuse can be referred to the University Clinic of Psychiatry for observation, treatment and inpatient care. Primary care physicians can also refer patients to the Institute of Immunology and Medical Genetics for immunological and genetic tests.

All referrals to specialist services for child and adolescent psychiatry take place through the Moj Termin E-HIS. The secondary specialist services operate in close coordination with the health services in Skopje and Bitola, and patient transfer is organized according to the characteristics of the patient's condition or geographical coverage of the required services.

Patients can be referred to mental health centres from all levels of health care, according to the specialist's availability and the patient's or their family's preference. For urgent conditions, priority and urgent referrals to specialist care can also be made from any level of care. Linkages between different specialist mental health services (e.g. psychiatry, neurology, clinical psychology) and other health services can be achieved through Moj Termin. Referrals to the two mental health centres for children and adolescents are directed to psychiatrists (and occasionally psychologists), while access to additional services is predominantly managed as internal referrals within the relevant institution, not through the Moj Termin system.

4. Mental health support in PHC

Key points

- Mental health services (prevention, promotion, diagnostics, care) for children and adolescents are essentially not available at the primary care level due to the limited scope of practice and high burden of care.
- The availability of training in paediatric mental health for GPs is not systematic, but various universities in Skopje have organized lectures, and some other programmes and workshops have been conducted in collaboration with international partners (WHO, United Nations Children's Fund (UNICEF)).
- GPs have expressed openness and willingness to take on a larger role in screening and early detection, but certain barriers (lack of time, training, guidance, and tools) are seen as impeding the expansion of their role.

4.1 Mental health in PHC

In 2019 the Ministry of Health initiated a reform of the PHC system, aiming to introduce a new model of integrated, patient-centred, and community-based care at primary level. According to this model, multidisciplinary primary care teams will deliver integrated public health and primary care services to improve the performance and quality of health care for individuals, families and communities.

Pending implementation, however, there is no specific package of mental health services for children and adolescents in PHC. GPs take the patient's medical history and examine them, checking for developmental and acquired neurological and psychological changes. From there, the limited scope of practice afforded to GPs in terms of diagnostic and therapeutic procedures – as well as prescribing capabilities – means that the only course of action available to them is to refer patients to specialist services. Nevertheless, in several studies GPs have shown an interest in acquiring more knowledge and in greater engagement.

4.2 Mental health training for PHC workers

For GPs who decide to undertake specialist training in family medicine, residency lasts three years, including a one-month rotation in psychiatry, plus two months at the University Clinic for Paediatric Diseases. Curriculum topics include normal behavioural development and emotional development in childhood, behavioural problems in childhood, child abuse, general principles of mental health, neuroses, cognitive impairment, psychosocial problems, and alcohol and substance abuse.

Otherwise, education and training on mental health in children and adolescents takes place through lectures organized by the association of family medicine practitioners and is conducted by the staff of the University Clinic of Psychiatry and the Department of Family Medicine at the Faculty of Medicine, Ss Cyril and Methodius University in Skopje. During the COVID-19 pandemic, online capacity-building activities were organized in collaboration with UNICEF for GPs and nurses, including patronage nurses.

WHO has also organized training for PHC physicians through the mental health Gap Action Programme (mhGAP), held on 24–25 April 2023 and covering several areas, including child and adolescent mental health. GPs have recognized that they have negligible knowledge and skills to address mental health problems in children and adolescents. They desire more training modules, in the form of workshops, continuing medical education sessions, and annual refreshers. Specific topics should include the psychosocial development of children and common mental health conditions. GPs are also calling for coordination and joint meetings with staff employed in social institutions, schools, and preschools, as well as the possibility to have joint meetings with specialists in child and adolescent psychiatry to discuss problematic cases.

In addition, the Association of Doctors for an Interdisciplinary Approach for Children with Disability (ADICD) (part of the North Macedonian doctors' association) collaborated with UNICEF in the organization of several workshops with GPs on child health. The programme for a comprehensive approach to increasing capacity of health professionals for better health of children (2019) included the following activities.

- Ten one-day workshops were organized to build health professionals' capacity to recognize, prevent and address children's disabilities and violence against children (participation by 200 GPs).
- Training was implemented for GPs to build knowledge and skills on early detection and intervention for children with disabilities in North Macedonia (2018, 2019, 2020).
- A two-day workshop for GPs was organized on early detection and intervention for children with disabilities, including screening for autism spectrum disorder using evidence-based medicine tools, along with a basic introduction to the International Classification of Functioning, Disability and Health (ICF) for GPs (approximately 450 participants completed the training).
- A one-day workshop was organized on primary care-based interventions to promote positive parenting behaviours (approximately 200 GPs completed it).
- GPs' role in responding to child abuse was strengthened through a session on training for trainers: education for 10 highly trained GPs/trainers in the recognition, recording, reporting and prevention of child abuse and neglect in primary care in North Macedonia.

4.3 Service delivery

Few services for child and adolescent mental health are available in PHC in North Macedonia. GPs do not have the necessary training, tools, or instruments to screen for mental health disorders in children and young people. Moj Termin does not yet facilitate appointments for mental health assessments of children and young people, so currently parents must make an appointment by telephone through the Centre for Social Work. Furthermore, GPs are not permitted to follow patients with substance abuse or epilepsy; instead, they must refer patients to specialist care, and then receive specialist reports with an established diagnosis. They can then participate in the prescription of drugs and control of laboratory analyses to monitor adverse effects from the drugs. They can also prevent, monitor and diagnose some comorbidities.

Most commonly, patients are referred to the Mladost Centre for Child and Adolescent Mental Health for multidisciplinary specialist evaluation. Patients with congenital and acquired neurodevelopment neurological and psychiatric diseases or disabilities, physical or other intellectual disabilities are assessed according to the new regulations for ICF (harmonized by the Ministry of Health, Ministry of Labour and Social Policy, and the Ministry of Education). As of 2023, these assessments are carried out in the Skopje Health Centre hub under the supervision of the Ministry of Education and Science, and they include initial and follow-up examinations and diagnostics. The results of the assessment determine the deployment of community services, including an educational assistant, individual and modified teaching from the resource centre Zlaten Sremac, use of day care centres, individual behavioural therapy by a speech therapist/specialist, reduced working hours for one parent, and eligibility for special benefits.

As part of the mhGAP training sessions for PHC professionals and paediatricians, a survey elicited participants' perspectives on the needs and challenges related to mental health care for children and adolescents. Most participating PHC physicians considered the topic to be highly relevant and described encountering an increasing number of mental health conditions in their daily practice. PHC is the first point of contact within the health care system for children with mental health problems, but family physicians often lack a clear referral pathway for treatment, and there is limited availability of specialist appointments, so they need more knowledge and skills to be able to help children and their parents. GPs see a role for themselves in the early detection of conditions, frequent follow-up, and monitoring of treatment progress, and they consider PHC to be a vital pillar in mental health care. Their proximity and the family's trust in them are seen as facilitating factors for care and support, while also favouring adherence to medical advice.

According to participants in the workshop, the main barriers to adequate mental health care among children and young people include a lack of knowledge and skills among PHC professionals, lack of time in their busy daily work, and the limited functionality of the Moj Termin system. In addition, few participants reported having good collaboration with teachers and school psychologists in educational institutions, psychologists in private centres, special education teachers, or social services.

The following suggestions were identified as important for improving the mental health care of children and adolescents in North Macedonia:

- continuous theoretical and practical education of GPs on this topic;
- definition of more competencies (GPs and specialists) at the primary and secondary care levels;
- GP involvement in communication with the commissions deciding on eligibility for social benefits and educational institutions;
- increased appointment times;
- reserved time to work with this category of children and adolescents at secondary and tertiary care levels;
- workshops for parents and children in schools;
- increased capacities of the public health care sector to be involved in the treatment and care of children and adolescents with certain mental health conditions and behavioural problems;
- better availability of services (location, price) to increase accessibility;
- benefits for parents of children with special needs and behavioural disorders;
- introduction of regional and community centres (within each health centre) for monitoring the psychological development of children from birth, along with counselling, special education and speech therapy, plus psychologists in schools as well as in health care centres;
- intersectoral cooperation for rapid diagnosis and early treatment;
- child and adolescent psychiatry specialists in bigger cities.

5. Mental health support in the community

Key points

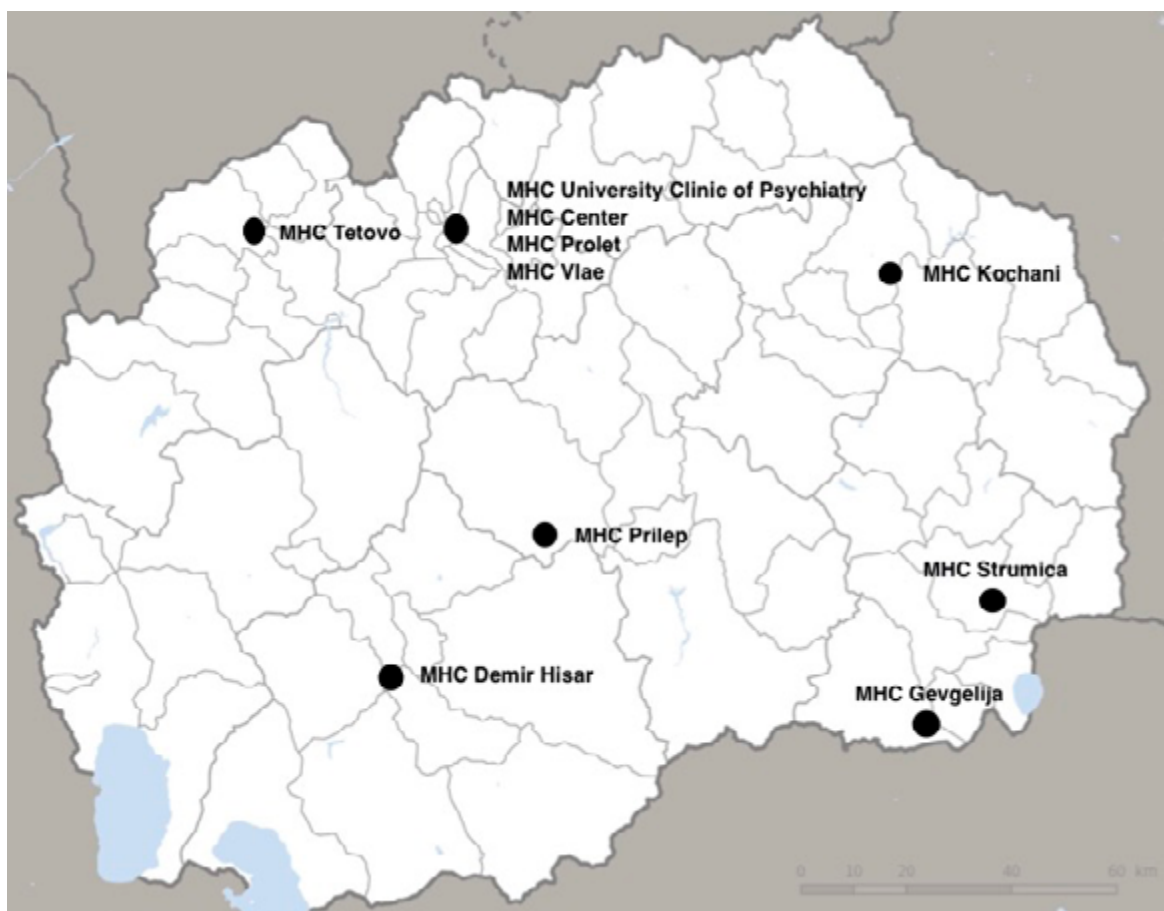
- Currently, no permanent CMHCs provide services for children in North Macedonia, although 10 CMHCs exist for adults, and there are plans (through PHC reform and the National Strategy for Mental Health) to establish community services for children, with links to PHC and social services.
- Various programmes in both the public and private sectors are aiming to promote mental health in children and adolescents, including podcast series, parenting workshops, and helplines.
- The country's first National Parenting Strategy 2023–2030 has also been launched, contributing to promoting well-being for caregivers and children (UNICEF, 2022b).

5.1 Structure of community health services providing mental health support for children, adolescents and young people

The National Strategy for Mental Health 2018–2025 emphasizes the need to develop community mental health services as a primary goal. Specifically for children and adolescents, the strategy proposes the development of CMHCs and day hospitals, with a functional connection to PHC and social services, along with increasing the number of child and adolescent mental health professionals. The National Health Strategy of the Republic of North Macedonia 2021–2030 also calls for the development of regional mental health centres for children and adolescents (Ministry of Health, 2021).

The reform of the mental health care system from 2000 to 2007 focused on the early development of community-based services. With WHO support, the first mental health centres for adults were opened in different regions of the country. There are currently 10 CMHCs for adults, including four in Skopje, and the rest in Tetovo, Demir Hisar, Prilep, Strumica, Gevgelija and Kočani (Fig. 5.1). The mental health centre in Kočani is the most recently opened facility. Most of the centres operate at the secondary level of care, while one at primary and one at tertiary level. The health centres offer ambulatory outpatient services and prolonged treatment for adults in a day-care hospital setting. The services offered depend on the conditions and resources of each centre, although most focus on assessment, medical treatment and follow-up. There are no CMHCs offering services for children and adolescents in the country.

Fig. 5.1. Mental health centres for adults in North Macedonia, 2021



Source: Bajraktarov, Milutinovich and Kalpak (2021).

5.2 Human resources in community health services

CMHCs provide services within multidisciplinary teams. For adults, depending on the resources of a specific centre, the team consists of psychiatrists, nurses, psychologists, social workers, special educators, and occupational therapists. Table 5.1 shows the distribution of professional staff in CMHCs in various regions of North Macedonia.

Table 5.1. Types and numbers of personnel in CMHCs in North Macedonia, 2021

Profession	Community mental health centres									
	University Clinic of Psychiatry	Centre	Prolet	Vlae	Tetovo	Demir Hisar	Prilep	Strumica	Gevgelija	Kočani
Psychiatrist	4	2	1	3	1	2	1	1	1	2
Psychologist	2	1	1	1	1	1	1	1	1	1
Nurse	3	3	3	3	3	2	3	4	1	2
Social worker	1	1	1	1	1	1	2	1	1	0
Occupational therapist	1	0	0	1	0	0	0	0	0	0
Special educator	1	0	0	0	0	0	0	0	0	0

Source: Bajraktarov, Milutinovic and Kalpak (2021).

5.3 Mental health service delivery in community health services

The established CMHCs for adults are working towards deinstitutionalization and resocialization of people with mental illnesses – especially those who have been institutionalized for long periods. The goal of psychosocial rehabilitation is to ensure the complete return of patients with severe mental illness to society, making the old asylums obsolete and establishing comprehensive mental health services in the community. Their activities are focused on involving local authorities, developing new legislative acts, activating and incorporating community resources, involving families in the rehabilitation process, and co-developing individual rehabilitation programmes with the programme beneficiaries.

CMHCs offer bases where local teams can:

- assess population needs for health and social protection;
- implement individual plans for psychosocial rehabilitation;
- provide psychoeducation;
- provide professional re-education; and
- lead other programmes for resocialization and reintegration into society of people with mental illnesses.

The centres also provide valuable links to primary care and thus enable follow-up of serious, and often chronic, mental health problems. Establishing the CMHCs is intended to reduce hospitalizations; integrate people with mental health conditions into society and the community; strengthen links with PHC; and sensitize and involve families, communities and local authorities in improving mental health care. The main activities of the facilities are prevention, assessment and treatment of mental health conditions. However, most services focus on assessment, pharmacological treatment, and follow-up of conditions. Outpatient services offer diagnostics, medication, psychoeducation, counselling and psychotherapy, neuroimaging, social services, and special educational support. Access to services is highly dependent on the resources allocated to the individual centres.

In recent years, the University Clinic of Psychiatry in Skopje has implemented numerous initiatives to promote mental health in children and young people. During the COVID-19 pandemic, it delivered a free podcast series in collaboration with UNICEF, entitled “Youth vs. COVID-19 – How to take care of ourselves and our mental health”, in which mental health experts answered common mental health questions and concerns from adolescents and young people in general. Other activities have included the development of free psychoeducational video resources

addressing common mental health issues, disseminated through social media platforms; the arrangement of multiple virtual forums focusing on the mental well-being of children and adolescents during the COVID-19 crisis; and an online capacity-building programme for legal guardians in foster care and small group homes, conducted in partnership with the Ministry of Labour and Social Policy (United Nations Country Team North Macedonia, 2022a). At the beginning of the pandemic, a telephone helpline was also established to provide psychological support for children, adolescents and their parents. It served as the first (and main) national service for young people and their parents during the COVID-19 pandemic.

Increased attention is also being given to the development and delivery of parenting skills programmes, such as Mellow parenting, Parenting for Lifelong Health (PLH) (GPI, 2023), and behavioural parent training programmes (Hansen, Orton, Adams et al., 2017). These programmes aim to improve child and parent mental health in the community. At present, the Mellow parenting programme is being delivered in several preschools; however, the sustainability of other parenting programmes is a challenge, as they are not integrated or supported by the national health and social systems. Despite these challenges, since 2018 the European Commission-funded (Horizon 2020) evidence-based playful parenting solutions for all through PLH initiatives were delivered (by trained multi-professional facilitators from Institut Alternativa) to over 600 parents of children aged 2–9 years in several preschools and primary schools in the capital Skopje. Furthermore, in 2021 and 2022, online (e)PLH and COVID-19 parenting programmes funded by the Global Parenting Initiative (GPI) and the University of Oxford were implemented and delivered online, nationally, by Institut Alternativa.

In addition to the parenting programmes, free parenting materials for improving children's socioemotional health have also been developed, with support from UNICEF, including the Bebbo mobile app (UNICEF, 2022a), positive parenting guidebooks (Petrovska, Pajović-Mishevska & Bogatinova, 2018; UNICEF, 2015), and a parenting helpline (UNICEF, 2020). All materials are freely available online. The interest in caregiver and child well-being has also led to the development of the country's first draft National Parenting Strategy 2023–2030 (UNICEF, 2022b).

5.4 Mental health support in other sectors

5.4.1 Mental health services in the educational sector

Psychologists and other mental health professionals, for example school counsellors, play a critical role in promoting the mental health and well-being of children and adolescents in schools in North Macedonia. Activities include:

- **screening** for mental health conditions in children and adolescents;
- **counselling** provided to children and adolescents with mental health problems;
- **crisis intervention** services for children and adolescents who are experiencing a mental health crisis, such as a suicide attempt or a panic attack (this includes providing immediate support and referrals to appropriate mental health services);
- **collaboration with teachers and parents** to support the mental health needs of children and adolescents (including providing guidance and resources to teachers on how to support students with mental health conditions and collaborating with parents to develop treatment plans and provide support at home); and
- **prevention, promotion, and education** initiatives, for example through prevention programmes, including anti-bullying campaigns and education on mental health and wellness.

5.4.2 Traditional care settings

Available information indicates that traditional healers and religious leaders are commonly people's first contact when seeking help for mental health problems, especially in rural areas. Some Orthodox Christian monasteries offer social and humanitarian services, including accommodation and rehabilitation for people with substance misuse disorders and mental health problems. Their approach is carried out in two phases: detoxification, followed by involvement in individual activities (such as counselling with a spiritual leader), and structured activities (e.g. praying, reading, church services, and carrying out daily practical tasks). For traditional healers, who are not formally integrated into the health system, health is regarded not only as the absence of disease, but also a relationship with the natural world and an ongoing obligation to respect the dead, neighbours, and future generations.

6. Monitoring and evaluation

Key points

- The Moj Termin E-HIS collects numerous indicators on mental health, but there is a lack of follow-up and high-quality analysis to process these data into usable information.
- Although the research budget in North Macedonian institutions is limited, several large-scale studies have been carried out on child and adolescent mental health in the country, thanks to international partnerships and private funding sources.
- At present, there are no specific quality assurance programmes for mental health services directed at children and adolescents.

6.1 Mental health and information systems

The Moj Termin system tracks several specific indicators for mental health, including in children, adolescents and young people. These include the prevalence of diagnosed mental health conditions and the use of mental health services (e.g. consultations with mental health professionals, psychiatric hospitalizations, and so on). In principle, these data are available for analysis and should be used to generate regular reports. However, there is a lack of reporting and of quality analysis for monitoring and addressing mental health issues in children and adolescents.

6.2 Mental health research

Mental health research in North Macedonia is conducted in higher education institutions, as well as by NGOs and private organizations that focus on youth and family well-being. Since the country's research budget is limited, most research is conducted using private or donor funding, including research grants.

A few recent large-scale studies of child and adolescent mental health have been conducted.

- In 2022, the University Clinic of Psychiatry in Skopje, in collaboration with UNICEF, conducted two large-scale studies examining the effects of the COVID-19 pandemic on the mental health of adolescents and their caregivers (University Clinic of Psychiatry, 2023a), as well as the effects of the pandemic on the mental health of women in the perinatal period (University Clinic of Psychiatry, 2023b). These were cross-sectional studies reporting prevalence rates of common mental health problems in vulnerable populations. Data from the studies are available in the two main reports, as well as in various scientific publications.
- The Balkan Epidemiological Study on Child Abuse and Neglect (BECAN project, funded with European Union (EU)/FP-7 funding) is an epidemiological study investigating the magnitude and characteristics of the phenomenon of child abuse and neglect in nine Balkan countries, including North Macedonia (Nikolaidis, Petroulaki, Zarokosta et al., 2018). One of the main components of the BECAN project was the design and performance of an epidemiological field survey in the Balkans, where there is a dearth of reliable data on child abuse and neglect. The surveys aimed mainly to investigate the prevalence and incidence of child abuse and neglect in representative randomized samples of the general population of students (11-, 13- and 16-year-olds). Data were collected in matched pairs of children and their parents. In North Macedonia, the study was conducted with a research team from Ss Cyril and Methodius University in Skopje.
- The Health Behaviour in School-aged Children (HBSC) study is a cross-national research study into the health and well-being of adolescents across North America and Europe, including North Macedonia, conducted in collaboration with the WHO Regional Office for Europe. The HBSC study looks at adolescent health-related behaviours as part of young people's broader lifestyle, viewing health in its social context. It is conducted every four years with large samples of 11-, 13-, and 15-year-old adolescents. In North Macedonia, the study is conducted by the NGO Centre for Psychosocial and Crisis Action – Malinska (Kjostarova-Unkovska & Georgievska-Nanevska, 2017).
- RISE: Prevention of child mental health problems in Eastern Europe aims to develop and implement cost-effective parenting interventions for preventing mental health problems in children. The study includes parents of children aged 2–9 years from three countries, including North Macedonia, and tests a set of parenting interventions for young children (Jansen, Frantz, Hutchings et al., 2022). This project was funded by the EU's Horizon 2020 research and innovation programme and was conducted by Institute Alternativa in North Macedonia. An additional programme is expected to be developed and tested for adolescents aged 10–14 years.

6.3 Quality of mental health care in children, adolescents and young people

In North Macedonia, there are no specific programmes aimed at assuring the quality of mental health services for children, adolescents and young people; these functions come under the general remit of various national institutions and organizations.

- The **Ministry of Health** is responsible for developing policies and guidelines related to mental health care and quality of care.
- The **Health Insurance Fund**, in addition to providing funding for mental health services, also monitors their quality and evaluates provider performance.
- The **National Institute of Public Health** is responsible for collecting and analysing data related to mental health, including data on the quality of care for children, adolescents and young people.
- **Professional associations**, such as the Macedonian Psychiatric Association, offer guidance and support to mental health professionals who provide care to children, adolescents and young people.

7. Summary and SWOT¹¹ analysis

Mental health in children and young people has emerged as a prominent priority for North Macedonia as part of its accession negotiations with the EU. However, the health system's capacity to provide the services and trained professionals required to treat mental health conditions is still deficient. To address this issue, the country has set specific objectives and deadlines to rectify these shortcomings.

In summary, the panorama for mental health in children and adolescents in North Macedonia is mixed, with important strengths on which to base further work, as well as weaknesses in urgent need of addressing. Moving forward, it will be necessary to take full advantage of the opportunities that arise, while also working to control the threats in order to improve access to care, expand specialist services, and reduce the stigma attached to mental health issues for children and adolescents. The sections that follow provide more detail for each of these factors.

¹¹ Strengths, weaknesses, opportunities, threats.

7.1 Strengths

- There is increased awareness of the importance of mental health care for children and adolescents in North Macedonia.
- Examples of good practices exist within specialist mental health services for children and adolescents, including outpatient clinics, inpatient departments, and group homes for children with various development risks.
- Setting up new services for children and adolescent mental health is already one of the highest priorities in the Ministry of Health's National Health Strategy.
- The Ministry for Labour and Social Policy and the Ministry for Education and Science are involved in supporting activities to improve the mental health care system and thus the mental health of children and adolescents.

7.2 Weaknesses

- There is a shortage of mental health professionals and services in North Macedonia, and a lack of training in mental health for generalist professionals who work with children. This constrains access to care for children and adolescents.
- There is still stigma attached to mental health problems, which can prevent individuals from seeking care.
- Integration between mental health care and other health care services is lacking, which can lead to fragmented care for children and adolescents with mental health needs.
- There is poor intersectoral coordination with other public institutions, ministries, and the NGO sector.

7.3 Opportunities

- North Macedonia has support from international organizations, including WHO, UNICEF, and other United Nations agencies.
- The EU has demonstrated its interest and supports the implementation of the National Health Strategy.
- Opportunities are available to increase funding for mental health services and research in the country.
- Opportunities exist to increase public awareness and education about mental health issues, particularly among children and adolescents.
- There is potential for increased collaboration between the Ministry of Health, Ministry for Labour and Social Policy and the Ministry of Education and Science to improve mental health services across different sectors, beyond health.

7.4 Threats

- The ongoing COVID-19 pandemic has increased stress, anxiety, depressive symptoms, self-harm and violence among children and adolescents, which could lead to a long-term increase in mental health issues.
- There is a risk of continued insufficient funding for mental health services, which could lead to a lack of resources and services for children and adolescents.
- Political instability in North Macedonia risks impacting the implementation of mental health policies and programmes.

8. Priorities for further development

The service mapping and situation assessment of mental health in children and adolescents in North Macedonia brought to light several key priorities for further development of the sector. These are detailed below, according to the health systems framework described in the Tallinn Charter (WHO Regional Office for Europe, 2008) and currently used in countries of the WHO European Region.

8.1 Stewardship

The challenges facing North Macedonia in terms of improving mental health services for children and adolescents are numerous, complex and interconnected. Addressing them will therefore require a coordinated systems approach, supported by a clear strategy, developed with the leadership of the Ministry of Health and the participation of all other key stakeholders (Ministry of Labour and Social Policy, Ministry of Education and Science, the Health Insurance Fund, PHC and specialist practitioners, scientific societies, educators, parents, and international partners, among others).

Development of a national strategy and action plan for mental health in children and adolescents is thus the first, overarching priority for improving mental health in this population group. A national programme, supported by a sustainable financing stream and a framework for monitoring and evaluation could pave the way for strengthening mental health promotion, providing specialist services, and developing policies and initiatives to support children and adolescents, with a particular focus on gender, socioeconomic determinants, and disability. How the plan is developed is just as important as the final product, as a participatory process of co-creation – shepherded by a national body following a project management approach – will facilitate effective intersectoral and interdisciplinary cooperation, continuous monitoring and evaluation of intermediate outcomes, active governance, flexible and adaptable policy implementation, and strong accountability measures.

Collaboration among relevant stakeholders is critical. Government agencies, health care providers, schools, parents, community organizations, and NGOs all have a role in resource mobilization and management, along with knowledge generation and exchange – these are vital for improving services and support for children and adolescents. Schools are an essential partner, and there is an acute need to develop and implement school-based mental health programmes, such as mental health education, awareness campaigns, and the provision of school-based counselling services. Teacher training could also equip educators to identify early signs of mental health conditions and learning disabilities, and to ensure prompt and appropriate support.

Tackling stigma and discrimination – a significant barrier to effective mental health care in North Macedonia – also requires multipronged leadership and a variety of approaches. Enhancing public education, and promoting understanding, empathy and acceptance through awareness campaigns, community engagement and school initiatives can help to reduce stigma, increase understanding of mental health conditions, and encourage individuals to seek appropriate care.

Updating the positive list of drugs covered by the Health Insurance Fund and **amending regulations on prescribing** are also necessary steps to ensure access to medicines for those who need them.

8.2 Service delivery

As North Macedonia advances steadily towards achieving UHC, including through ongoing reforms to ensure universal, high-quality, community-based PHC services, the area of mental health in children and young people cannot be neglected. Several key priorities for improving service delivery have emerged from the present mapping exercise.

Strengthening mental health service delivery at the PHC level is fundamental for ensuring access to care, particularly in the context of a shortage of paediatric mental health specialists. PHC practitioners are open to taking on a more proactive role in prevention, early detection, long-term follow-up, and support for parents. However, to effectively deliver these services, they need better access to screening and diagnostic instruments, clinical practice guidelines and protocols, continuing education and, in general, more time to devote to the patients who seek help in primary care settings.

Improving integrated care is also necessary to ensure comprehensive care is provided to children and adolescents with mental health needs. Effective, high-quality services require multidisciplinary teams at different levels of health care (primary, secondary, and tertiary), with the involvement of psychologists at the PHC level and the establishment of clear protocols for referrals and treatment pathways. Linkages should also include clinical psychologists in private practice. Coverage of private services through the Health Insurance Fund could work as a stop-gap measure to address the shortage of public services in some regions and for some populations. Moreover, allowing specialist referral from professionals other than doctors (e.g. teachers, social workers) through Moj Termin would favour an intersectoral approach.

Early intervention and prevention programmes could target common mental health issues among children and adolescents, such as anxiety, depression, and behavioural disorders, with the recognition that children have needs that are different from adults. A wide array of preventive interventions would be useful: these might include awareness campaigns; psychoeducation; training for parents, teachers, and health care professionals; activities aimed at supporting child development (e.g. speech therapy) and tackling bullying and its causes; and digital programmes or online psychological support services for managing stress or trauma. Ideally, these programmes should work in conjunction with systems monitoring vulnerable categories of children and adolescents, especially the ones living with a chronically ill family member, those requiring mental health support, and children and adolescents exposed to violence.

Enhancing and expanding specialist community services is also necessary to truly improve mental health care. For example, paediatric services could be added into the portfolio of existing CMHCs and/or offered through new regional mental health centres.

8.3 Financing

Resource constraints pose a persistent challenge to expanding health services in North Macedonia, as is the case in all countries. This barrier logically has an impact on mental health services for children and young people, and addressing the acute and long-term needs of this population group will require a system-wide approach.

With regard to financing, improving this situation entails an **appropriate balance of investment** in (among others) physical infrastructure, human resources (education and training, public employment contracts, etc.), service delivery and programme costs, information and monitoring systems, medications, research, and social benefits (e.g. universal insurance coverage for minors, direct subsidies for families, etc.).

Resource allocation should be explicitly aligned with policy objectives, linked to provider performance and population needs, and distributed strategically and transparently, with built-in incentives for efficiency and clear accountability mechanisms.

8.4 Creation of resources

In addition to financial resources, promoting and improving mental health in children and young people requires building human resource capacity, generating information and knowledge, and creating and enhancing physical resources and infrastructure.

In terms of **human resources**, the chronic shortage of health professionals in North Macedonia – including in mental health – requires solutions at different levels.

- **Continuous training** can be offered to all professionals who work with children and adolescents, including paediatricians and GPs, educators, school counsellors and psychologists, and social workers. Establishing formal accreditation systems with minimum credits in mental health for professionals who work with children and adolescents is another possible measure to increase capacity and ensure minimum quality standards.
- **Developing and disseminating tools, clinical guidelines and protocols** is also a relatively straightforward way of building the capacity of the existing workforce and equipping them with the tools needed for evidence-based practice, even in the absence of highly specialized training.
- **Building the specialist mental health professional workforce** remains essential to address unmet needs. Various measures could be implemented, for example offering incentives for mental health professionals to work in the country and expanding access to specializations and subspecializations at universities in North Macedonia.

It is also necessary to **create knowledge resources**. The Moj Termin system has become an indispensable tool since its initial deployment in 2011, but its functionalities still fall short of health system needs. Specifically, in mental health, the E-HIS could be improved by:

- **incorporating brief screening tools into the E-HIS**, for administration in PHC, specialist services, and other professionals with access to the system;
- **providing access to data** on prevalence rates, risk and protective factors, and other indicators for mental health problems for research and practice;
- **creating a registry of children with different disabilities and mental health conditions;**
- **expanding access to referral functions** so that professionals other than doctors can refer children and adolescents to specialist care;
- **integrating private health facilities into the E-HIS**, to enable information exchange and service linkages; and
- **tracking performance and quality indicators** to monitor the standards of care being delivered.

Health intelligence is not only about data; it is also about turning data into actionable information. Thus, strengthening this aspect requires **research on the prevalence and impact of mental health issues in children and adolescents in North Macedonia**. This information can help inform policies, programmes, and resource allocation for mental health services.

Finally, there is a need to improve existing infrastructure and create new infrastructure. This can include:

- **modernizing existing facilities**
- opening **addiction centres** providing services to adolescents and young people and
- establishing **day hospitals** to care for children with neurodevelopmental disorders.

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