Human Rights Council (HRC)
Working Group on the Universal Periodic Review
32nd Session, Third cycle
January-February 2019

Information on the Former Yugoslav Republic of Macedonia to the UN Universal Periodic Review

32nd Session of the UPR Working Group
June 2018

SUBMITTING ORGANISATIONS

HERA – The Health Education and Research Association is a non-for-profit organization with a mission to advance the sexual rights of all people and to enable improved access to sexual and reproductive health education and services, particularly for marginalized communities. HERA is committed to facilitate national policy and legislation changes for SRHR and gender equality through advocacy, evidence-based research and activism; empowering women and young people to claim their social and sexual rights by providing comprehensive sexuality education, legal empowerment and social accountability activities, and enabling access to equal and high-quality services for HIV, SRH and gender-based violence. Since 2009 HERA is a full member of the International Planned Parenthood Federation (IPPF).
Website: https://hera.org.mk/; e-mail: hera@hera.org.mk

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

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

The **Sexual Rights Initiative** is a coalition of six national and regional organizations that have been working together since 2006 to advance human rights related to sexuality, gender and reproduction and with a particular focus on the Human Rights Council. www.sexualrightsinitiative.com

KEY WORDS: Abortion, contraception, antenatal healthcare, barriers, Roma

INTRODUCTION

We respectfully present this joint submission to the Human Rights Council in the context of its preparations for the third cycle of the Universal Periodic Review. The submission highlights issues regarding human rights situations in the Former Yugoslav Republic of Macedonia.
In particular, we provide information on the following sexual and reproductive health issues:

I. Barriers in access to safe and legal abortion care;
II. Barriers in access to modern contraceptive methods; and
III. Barriers in access to quality antenatal healthcare for Romani women

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

I. Barriers in Access to Legal Abortion Care

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

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

3. In 2013, **a 3-day mandatory waiting period** between the time when an abortion is requested and performed was introduced into the law. This requirement does not apply to minors, women with restricted legal capacity, or when there is a medical justification for abortion.[3] Previously, women seeking abortion on request did not have to observe a mandatory waiting period and, as such, by imposing new preconditions and restrictions on women's access to reproductive health services, the new law represents a retrogressive measure which contravenes the principle of non-retrogression as set out in Article 2 of the Convention on Economic Social and Cultural Rights. Mandatory waiting periods regularly delay women's access to legal abortion services, contribute to women having abortions later in pregnancy[4], and often increase the financial burden on women accessing abortion services.[5] Furthermore, the World Health Organization (WHO) has specified that mandatory waiting periods "demean women as competent decision-makers."[6]

4. The **new mandatory counseling requirements** introduced in the Former Yugoslav Republic of Macedonia in 2013 and 2014 require women to undergo an ultrasound prior to obtaining an abortion and to be shown the ultrasound image of the fetus. These requirements also specify that women must be told about "all anatomical and physiological features of the fetus at the given gestational age" and about the effects an abortion will have on the fetus.[7] The law also requires health care institutions to ensure women seeking abortion services are provided with information and counseling on the "possible harm" abortion can cause to a woman's health, including her psychological health, and on the "possible advantages" of continuing a pregnancy.[8] This is not medically accurate as according to the WHO, abortions are safe if they are done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained. Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an

environment that does not conform to minimal medical standards, or both.[9] In addition, relevant legislation also stipulates that health care providers should allow a woman to listen to the fetal heartbeat.[10]

5. The WHO has stressed that women making decisions about pregnancy need to be treated with respect and understanding and be provided with information in an understandable manner, so that they can make such decisions without inducement, coercion, or discrimination.[11] As such, the WHO has noted that counseling about abortion should be voluntary and non-directive[12] and that "healthcare providers should be trained to support women's informed and voluntary decision-making."[13] It has made clear that "censoring, withholding, or intentionally misrepresenting information about abortion services can result in a lack of access to services or delays, which increase health risks for women"[14] and "States should refrain from…intentionally misrepresenting health-related information."[15] Further, "information must be complete, accurate, and easy to understand, and be given in a way that facilitates a woman being able to freely give her fully informed consent [and] respects her dignity."[16]

6. The CEDAW Committee has urged state parties to eliminate medically unnecessary mandatory waiting periods and mandatory and biased counselling required to access abortion care.[17] With respect to the Former Yugoslav Republic of Macedonia, the Committee on Economic, Social, and Cultural Rights and the Human Rights Committee have recently urged the Government to review the restrictive provisions of the abortion law and to eliminate procedural barriers to abortion.[18] The Human Rights Committee has also called on the Government to stop pursuing campaigns that stigmatize those who undergo abortions.[19]

7. In 2017, HERA and the Center for Reproductive Rights documented the human rights impact of the retrogressive Macedonian legislation on women's access to abortion services.[20] Interviews were conducted with a number of stakeholders, including women who had had an abortion after the introduction of the new legal requirements, abortion service providers, and civil society representatives. The interviews showed that (i) abortion stigma and harmful gender stereotypes persist in the Former Yugoslav Republic of Macedonia and can undermine women's access to safe abortion care; (ii) the imposition of a mandatory waiting period delays women's access to services and undermines women's decision-making; (iii) mandatory biased counseling undermines women's decision-making and informed consent and can lead to the dissemination of inaccurate and misleading information about abortion; (iv) women lack access to evidence-based practical and legal information on abortion; (v) increased fines and sanctions on medical practitioners and service providers can have a chilling effect on medical practice and undermine women's access to safe abortion care; and (vi) financial barriers and lack of access to medical abortion can undermine women's access to safe abortion care, particularly for women living in rural areas, women with low incomes or living in poverty, and women living far away from medical institutions providing safe abortion care. This lack of access amounts to discrimination and is further compounded by the above-mentioned barriers which can deter women from seeking out safe abortion services. Similar barriers also exist in relation to contraception and are outlined in Section II of this submission. See Annex I for the key findings and recommendations from this research.

8. In September 2017, HERA and Gender Equality Platform organized an expert panel to discuss the restrictive provisions of the abortion law. Representatives of the Government and Parliament, as well as representatives of gynecological associations and civil society participated in the meeting. The participants agreed that the current abortion law should be amended in order to remove restrictive provisions. Shortly after the meeting the Ministry of Health established a working group assigned to review the law and prepare necessary amendments that would make the law in line with public health and human rights standards on abortion care. However, the progress of the working group over the last 6 months has been very slow.

9. According to the National report A/HRC/WG.6/18/MKD/1 of the Former Yugoslav Republic of Macedonia[21] submitted to the Human Rights Council in 2013, the advancement of rights of women and girls at the national level is a priority for the Government. Despite this articulated priority, progress has not been made to advance the reproductive rights of women and girls and in fact, retrogressive measure in this area have been applied. Notably, in the latest progress report for the country accession to the European Union, in April 2018, the European Commission also articulated its concerns of the restrictive provisions of the abortion law by stating that "*Women continue to risk resorting to illegal abortions due to restrictive procedural rules in the Law on Termination of Pregnancy*"[22]. While the Law on termination of pregnancy (2013) is still in force, the rights of women and girls continue to deteriorate.[23]

II. Barriers in Access to Modern Contraceptive Methods

10. The existing legislative and regulatory framework permits the provision of family planning services by general practitioners, family medicine practitioners and gynaecologists, including the prescription and distribution of most contraceptive methods (with the exception of intrauterine device insertion and male and female surgical sterilization).[24]

11. Although the latest Multiple Indicator Cluster Survey (2011) conducted by UNICEF shows some recent improvements in the use of modern contraceptives in Macedonia, the usage rate among women of reproductive age continues to be very low at just 12.8% in 2011.[25]

12. Many women in the Former Yugoslav Republic of Macedonia face financial barriers in access to modern contraception. Contraceptive methods are not covered by the state Health Insurance Fund. The 2013 Report of Reproductive Health Commodity Market Segmentation Research showed that the lack of health insurance coverage for modern contraceptives particularly impacts people living in poverty who cannot afford to buy contraception.[26]According to the Law on Health Insurance, there is no legal basis for covering the cost of contraceptives since they are used for pregnancy prevention and under the law the Health Insurance Fund can only cover expenses related to injuries and illnesses.[27] Over the last few years the Ministry of Health has procured condoms for HIV and STI prevention through the national health preventive programmes targeting the most at-risk groups. However, the procurement and distribution of condoms has not been planned for the prevention of unintended pregnancies. In addition, an action plan for the period of 2018-2020, which has been prepared to implement the National Strategy for Sexual and Reproductive Health 2010-2020, includes a task to cover contraceptives under the public health insurance scheme for the most poor and vulnerable groups of women and young people.[28] However, the action plan has not yet been adopted by the Ministry of Health even though its implementation should have been started in 2018.

13. Many women also lack access to evidence-based information on modern contraceptives. Due to poor communication by medical providers and inadequate sexuality education in schools, women are often misinformed about the impact and side effects of hormonal contraceptives on their health. Most family medicine specialists do not give advice on family planning, and the most frequent reason given by general practitioners for not engaging in family planning is the high number of patients and increased administrative work.[29]

14. In its Concluding Observations (2013), the CEDAW Committee recommended that the Former Yugoslav Republic of Macedonia "take all measures necessary to improve women's access to quality health care and health-related services, within the framework of the Committee's general recommendation No. 24 (1999) on women and health, and raise awareness, through public education campaigns, education on sexual and reproductive health in schools, and enhanced counselling services, about the importance of using contraceptives for family planning, and increase efforts to provide adequate family planning services and affordable contraceptives."[30]

15. In 2016, in its Concluding observations for the Former Yugoslav Republic of Macedonia, The Committee on Economic, Social and Cultural rights recommended the state to "…ensure that modern contraception methods are affordable to all, including by adding contraceptives to the list of medicines covered by the Health Insurance Fund.[31]

16. In its Sixth Periodic Report to CEDAW (2017), the Former Yugoslav Republic of Macedonia stated that: "Counseling offices on sexual and reproductive health continuously work in the centers for public health."[32] However, the reality is different. The counseling offices that the State mentioned in its report are not functional within the centers for public health. According to the Report of Public Health in the Former Yugoslav Republic of Macedonia (2016), "…the main reason for the low attendance at counseling centers is the inaccessibility of adequately equipped premises for this purpose, lack of qualified staff and the lack of gynecological services. Furthermore, in the counseling centers, there is a lack of condoms, oral contraceptives and promotional materials. It is necessary to provide new amounts of contraception (condoms and oral contraception) and promotional materials in the form of brochures and flyers."[33]

III. Barriers of access to quality antenatal healthcare for Romani women

17. During its 2014 UPR, the Former Yugoslav Republic of Macedonia accepted the recommendation of Spain, to "Encourage the active participation of the Roma population in the decision-making regarding measures that affect them". The State party in its Report to the Human Rights Council stated that the recommendation No. 131.33 (Spain) is accepted and it is being implemented, even though there is no mechanism in order to secure active participation of Roma in the creation or development of programs.[34] Furthermore, the state accepted the recommendation of Ireland, to: "Carry out a country-wide Roma needs assessment and health status study in consultation with Roma, Roma organisations, and health professionals, as the first step do defining a new national plan of action for ensuring that Roma have access to the highest attainable standard of health". The State, in its Report to the Human Rights Council, stated that the recommendation No. 101.90 (Ireland) is accepted and it is being implemented, even though there is no country wide assessment plan which will guarantee that Roma have access to the highest attainable standard of health.[35]

18. There is no evidence that the State has taken effective measures to improve its services for maternal and child health, as well as sexual and reproductive health for Roma women in Šuto Orizari, including improving the availability and accessibility of primary healthcare gynaecological services. In the following text we will provide information about three main barriers that still interfere with access to health services, education, and information, including in the area of sexual and reproductive health for Roma women in Šuto Orizari.

i. **Illegal payment for health services in the primary healthcare gynaecologists' practices, which, according to the national legislation, are free of charge;**
ii. **Health-care gynecological services at the primary level are not available for all women due to geographical barriers; and**
iii. **Low coverage by visiting nurses of the Roma women during the antenatal and postnatal period.**

i. Illegal payment for health services in the primary healthcare gynaecologists' practices, which, according to the national legislation, are free of charge

19. The current laws and regulations provide for every pregnant woman to receive services from her selected primary healthcare gynaecologist entirely free of charge. Field and research data show that there is a widespread practice by the primary healthcare gynaecologists in the country of charging illegal

fees. Since the beginning of 2012, HERA recorded 1277 cases of Roma women from Šuto Orizari being charged illegal fees for reproductive health services. However, the Office of the Ombudsman found illegal charging for services and a violation of the health rights of the Roma women from Šuto Orizari in only two cases. None of the other bodies (the Ministry of Health, the Health Insurance Fund and the State Sanitary and Health Inspectorates) found irregularities. The large number of documented cases of illegal charging for services and the inaction on the part of state bodies to address them, illustrate the failure on the part of the government to protect the Roma women in Šuto Orizari from interference with their right to reproductive health.

20. The State's response to the enforcement of the primary healthcare providers' rights and obligations arising from private healthcare service provision, as stipulated in the Contract with the Health Insurance Fund, indicates that the State Sanitary and Health Inspectorate shall have the competence to carry out inspection in order to ensure that the patients can exercise their rights. However, field and research data over the past five years have clearly shown that restrictive measures imposed by the Health Insurance Fund on the private healthcare providers have not yielded any results in the elimination of illegal payments to the primary healthcare gynaecologists.

21. Relevant health institutions lack effective measures to stop the widespread practice of charging illegal fees by primary healthcare gynaecologists and to effectively implement the preventive health protection programmes. The Committee on Economic, Social and Cultural Rights in its concluding observations in 2016, recommended the State party […] "to put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health-service providers with the licensing agreements under which they operate."[36]

22. Since 2012, Roma women from Šuto Orizari have been conducting Community Score Cards and raising red flags regarding the illegal payments as key barriers when accessing antenatal care services at the primary level. The annual Community score cards among Roma women living in Šuto Orizari conducted by the community activists and NGOs over the past four years have shown that more than 60% of Roma women were illegally charged when visiting primary healthcare gynaecologists (67% in 2012[37], 80% in 2015[38], 82% in 2017[39]).

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

ii. Health-care gynecological services at the primary level are not available for all women due to geographical barriers

23. In 2017, HERA initiated the establishment of a national consultative expert group of all key stakeholders in order to overcome the problem of illegal charging of gynecological services, as well as other barriers of access to reproductive health services at the national level. Within this group, there are representatives of the Ministry of Health, the Health Insurance Fund, Institute of Public Health, Association of family-doctors, Association of Private Gynecologists, Association of obstetricians and medical nurses, a representative of the gynecologists at the tertiary level of health care, and representatives of civil society organizations. During 2017 and 2018, this group was actively devoted to creating situational analyses with a special focus on human resources to ensure the delivery of reproductive healthcare services, on a national level. This analyses was followed by developing different modalities for optimizing the use of resources and providing better access to reproductive health services at the primary level in the country, both for the short term as well as the long term. The situational analyses and the modalities were presented to the Minister of Health and to the directors of

the Health Insurance Fund in June 2018, as an evidence-based data in order to contribute in creating health policies on national level.

24. Health-care gynecological services at the primary level are not available for all women due to geographical barriers. In September 2017, the State finally, after 10 years, took measures to provide a health-care gynecological service at the largest Roma municipality in the Former Yugoslav Republic of Macedonia, Shuto Orizari. Despite this measure, there is unequal distribution of gynecologists at the national level, which is a serious barrier to access for reproductive health. According to the findings of the draft-analyses of the consultative-expert group mentioned above, four cities in the Former Yugoslav Republic of Macedonia (Makedonski Brod, Demir Hisar, Krushevo, and Probistip) are left without any primary healthcare gynecologist. Furthermore, there are large differences in the distribution of gynecological services in different areas. For example, some gynecologists provide services for 1,819 women of reproductive age, while others provide services for 6,799 women of reproductive age.[40]

iii. Low coverage by visiting nurses of the Roma women during the antenatal and postnatal period

25. According to the Institute of the Health and Protection of Mothers and Children, the number of registered visits by patronage nurses to pregnant women in the country has been continuously decreasing over the last decade.[41] Considering that patronage services are part of those primary healthcare services specifically intended to provide increased access for rural women and vulnerable groups, a decrease in the number of visits indicates that access to reproductive healthcare services is compromised.

26. A Roma Health Mediators programme (RHM), has been implemented in cooperation with the Ministry of Health since 2012. The main role of the RHM is to facilitate the access of Roma to primary health and social services by improving communication between Roma and institutions, to assist in providing the necessary personal and health insurance documentation, and to promote health awareness and activities to influence individuals and the community.

27. The State report to the CEDAW in 2017, states: "In the context of the implementation of the Decade of Roma Inclusion 2005-2015 and the Strategy for Roma in the Former Yugoslav Republic of Macedonia, Ministry of Health and CSOs started the implementation of the project "Roma Health Mediators" in 2010. This project is still implemented and aims to overcome the obstacles in communication between the Roma population and healthcare workers, to identify the persons and families who have no access to healthcare by making field visits to inform them of the accessibility to healthcare, healthcare insurance, and free healthcare services provided in the preventive and curative programs of MH, and to improve the health status of the Roma population."[42]

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

29. According to the UNICEF evaluation report of the Roma Health Mediators programme: "The Government commitment and contribution to the stability and success of the program is crucial. Identifying optimal model for Roma Health Mediators institutionalization and systematization remains a priority for sustainability of the overall program. This should be done by introducing the profile of health mediator into the National Classification of Occupations enabling their systematization and entitlements as for any other Government employee." Furthermore, it recommends that the optimal model for the RHM be determined and institutionalized. After over five years as a project activity, some serious decisions as to the future of the program are necessary. It is highly recommended for the RHM

program to continue, not as a project activity, but as an institutional program within the Ministry of Health.

30. There is very low coverage of visiting nurses among women in the antenatal and postnatal periods. Visiting nurses for women was a measure planned in the National Mother and Child Care Programme for 2012, 2013, 2014, 2015, 2016, and 2017. Specifically, community visiting nurses were mandated to visit pregnant women (an average of two visits per pregnant woman and more in high-risk cases, i.e., for girls younger than 18, women older than 35, or women who belong to vulnerable social groups, including the Roma women and pregnant women in remote rural areas) and to visit all mothers and newborns (for an average of two visits) and in cases of home birth mothers and nursing mothers from socially vulnerable groups and Roma families, more than two visits.

31. The Community Score Cards confirm the poor implementation of these measures among Roma women from Šuto Orizari, with the visiting nursing service only covering a small number of women especially during their antenatal periods. In 2012 only 13% of pregnant women from this municipality were visited during their antenatal period[43] in 2013 only 7%[44], in 2014 only 14%[45], and 5.9% in 2015.[46] According to the official data from the state health institutions, the coverage of pregnant women by the visiting nurses program is 52% at the national level. Although this percentage shows insufficient coverage, it is still far higher in comparison to the coverage among the Roma women living in Šuto Orizari. The data collected in the field shows a higher level of visiting nurse coverage during the postpartum period, however, not all women received a visit during their postnatal period. Namely, in 2012, 75% of the Roma women from Šuto Orizari received a visit from a community nurse during the postnatal period, 83% in 2013, 77% in 2014, and 86% in 2015.

32. The research findings from the Community Score Cards indicate that the biggest issues contributing to the poor coverage by the visiting nurses is the shortage of visiting nurses employed in the health centres as well as the lack of technical resources for those visiting nurses (e.g., the lack of outreach vehicles).

33. In its Concluding Observations of the Former Yugoslav Republic of Macedonia (2013), the Committee on Elimination of Discrimination against Women recommended that the State party: […] "take all measures necessary to improve women's access to quality health care and health-related services." [47]

34. The Committee also called upon the State party to: "Implement and expeditiously allocate adequate financial resources to national action plans and strategies aimed at eliminating all forms of discrimination against Roma women."[48]

35. Furthermore, in its Concluding Observations in relation to the combined second to fourth periodic reports (2016) of the Former Yugoslav Republic of Macedonia, the Committee on Economic, Cultural, and Social Rights recommended that the government: "[…] intensify its efforts to ensure that primary health-care services are available and accessible to all regardless of geographical location, including by allocating adequate funding to the health services, securing a sufficient number of qualified medical professionals and expanding the coverage and the benefits under the Health Insurance Fund. It urges the State party to put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health-service providers with the licensing agreements under which they operate."[49]

36. According to the 2014 National report submitted to the Human Rights Council by the Former Yugoslav Republic of Macedonia as part of the UPR, one of the priorities at national level for human rights advancement is the advancement of rights of women and girls. However, progress has not been made on the field of advancement of reproductive rights of women and girls, especially of marginalized groups, such as Romani women.[50]

Recommendations

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

- Increase the dynamic of the Ministry of Health working group for the abortion law review and urgently remove mandatory waiting periods, biased counselling and unnecessary administrative burdens from the Law on Termination of Pregnancy (2013) and improve the quality of abortion care, by introducing medical abortion;

- Adopt and implement the Action Plan for Sexual and Reproductive Health (2018-2022) in order to improve access to modern contraceptive methods, including by ensuring universal coverage by the state health insurance of all costs related to modern contraceptive methods for the prevention of unplanned pregnancies;

- Take systemic measures on improving the reproductive healthcare system on national level in order to eliminate widespread illegal charges for health services provided by the primary healthcare gynaecologists;

- Increase the number of patronage nurses at the national level over the mid and long term, particularly in rural areas and areas with predominantly Romani populations;

- Provide an effective mechanism in order to ensure the participation of civil society organizations and affected communities in the creation of the national preventive programmes in the field of health protection of mothers and children;

- Take measures to integrate Roma Health Mediators in the public health care system including their employment.

References

1 Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013).

2 Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013); Ministry of Health, Rule book on the Content and the Manner of Counseling for the Pregnant Woman Prior to the Termination of Pregnancy: Based on Article 6 Paragraph 4 of the Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013) (Oct. 6, 2014).

3 Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013), art. 6.

4 *See* WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2nd ed. 2012), at 96-97; *see also* Theodore J. Joyce et al., *The Impact of State Mandatory Counseling and Waiting Period Laws on Abortion: A Literature Review*, GUTTMACHER INST. 15 (2009), *available at* http://www.guttmacher.org/pubs/MandatoryCounseling.pdf.

5 CENTER FOR REPRODUCTIVE RIGHTS, MANDATORY WAITING PERIODS AND BIASED COUNSELING REQUIREMENTS IN CENTRAL AND EASTERN EUROPE: RESTRICTING ACCESS TO ABORTION, UNDERMINING HUMAN RIGHTS, AND REINFORCING HARMFUL GENDER STEREOTYPES (sept. 2015).

6 WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2nd ed., 2012), at 96.

7 Ministry of Health, Rulebook on the Content and the Manner of Counseling for the Pregnant Woman Prior to the Termination of Pregnancy: Based on Article 6 Paragraph 4 of the Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos.

87/2013 & 164/2013) (Oct. 6, 2014); Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013), art. 6.

8 Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013), arts. 6, 9, 21; Ministry of Health, Rulebook on the Content and the Manner of Counseling for the Pregnant Woman Prior to the Termination of Pregnancy: Based on Article 6 Paragraph 4 of the Law on Termination of Pregnancy (Official Gazette of the Republic of Macedonia, Nos. 87/2013 & 164/2013) (Oct. 6, 2014).

10 http://www.who.int/reproductivehealth/publications/unsafe_abortion/sa_legal_policy_considerations/en/

10 Rulebook on counselling women for termination of pregnancy, 148/2014, 10.10.2014

11 WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS (2nd ed., 2012), at 68.

12 *Ibid*. at 36.

13 *Ibid*. at 68.

14 *Ibid*. at 97.

15 *Ibid*.

16 *Ibid*.

17 Committee on the Elimination of Discrimination against Women; *Concluding Observations: Hungary*, paras. 30-31, CEDAW/C/HUN/CO/7-8 (2013); *Russian Federation*, paras.35-36, CEDAW/C/RUS/CO/8 (2015); *Slovakia*, paras.30(c), 31(c), CEDAW/C/SVK/CO/5-6 (2015); *Germany*, paras.37(b), 38(b), CEDAW/C/DEU/CO/7-8 (2017).

18 Committee on Economic, Social and Cultural Rights, *Concluding Observations: the Former Yugoslav Republic of Macedonia*, para. 50, E/C.12/MKD/CO/2-4 (2016); Human Rights Committee, *Concluding Observations: The Former Yugoslav Republic of Macedonia*, para. 11, CCPR/C/MKD/CO/3 (2015).

19 Human Rights Committee, *Concluding Observations: The Former Yugoslav Republic of Macedonia*, para. 11, CCPR/C/MKD/CO/3 (2015).

20 H.E.R.A. & Center for Reproductive Rights, *Documenting the human rights impact of retrogressive legislative and policy barriers on women's access to abortion in Macedonia: key findings and recommendations* (2017).

23 https://www.upr-info.org/sites/default/files/document/macedonia_former_yugoslav_republic_of/session_18_-_january_2014/a_hrc_wg.6_18_mkd_1_e.pdf

22 European Commission, *The former Yugoslav Republic of Macedonia 2018 Report (April 2018) available at* *https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20180417-the-former-yugoslav-republic-of-macedonia-report.pdf*

23 National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21, The Former Yugoslav Republic of Macedonia, 2013, page 21.
https://www.upr-info.org/en/review/Macedonia-%28Former-Yugoslav-Republic-of%29/Session-18---January-2014/National-report#top

24 Law on Health Insurance of Republic of Macedonia, Official Gazette of RM, No. 54 from 27th April 2012.

25 UNICEF, *Multiple Indicator Cluster Survey Republic of Macedonia (2011),* available at http://www.childinfo.org/files/MICS4_Macedonia_FinalReport_Eng.pdf.

26 Report of Reproductive Health Commodity Market Segmentation Research;Godfrey Walker, UNFPA Consultant, Bojan Jovanovski, HERA, Sanja Sazdovska, Ministry of Health, and Valentina Pavlovska, Ministry of Labor and Social Policy, 2013.

27 Law on Health Insurance of Republic of Macedonia, Official Gazette of RM, No. 54 from 27th April 2012.

28 https://www.sobranie.mk/WBStorage/Files/Nacionalna%20strategija.pdf

29 Assessment of policy, services and capacities related to SRH efforts in Macedonia 2011-2016, Skopje 2016

30 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/MKD/CO/4-5&Lang=En

31 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en

32 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2f6&Lang=en

33 http://iph.mk/wp-content/uploads/2014/09/Izvestaj-za-zdravje-2016-so-cip-brojce.pdf

34 https://www.upr-info.org/en/review/Macedonia-%28Former-Yugoslav-Republic-of%29/Session-18---January-2014/Responses-to-Recommendations#top

35 ibid

36 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en

37 HERA, Community Score Card for health care during antenatal period among Roma living in Shuto Orizari, 2013 Available at: http://hera.org.mk/?p=2369

38 HERA, Fourth Community Score Card for health care during antenatal period among Roma living in ShutoOrizari, 2016

39 https://hera.org.mk/karta-so-ocena-od-zaednicata-6/

40 Health Insurance Fund, Annual Report 2016

41 Institute for Health Protection of Mothers and Children, Information on the health of mother and children for 2016

42 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2f6&Lang=en

43 http://hera.org.mk/wp-content/uploads/2013/12/karta_za_ocenka_na_zaednicata.pdf

44 HERA, Second Community Score Card for health care during antenatal period among Roma living in ShutoOrizari, 2014 Available at: http://hera.org.mk/?p=2835

45 https://hera.org.mk/%D0%BA%D0%B0%D1%80%D1%82%D0%B0-%D1%81%D0%BE-%D0%BE%D1%86%D0%B5%D0%BD%D0%BA%D0%B0-%D0%B2%D0%BE-%D0%B7%D0%B0%D0%B5%D0%B4%D0%BD%D0%B8%D1%86%D0%B0%D1%82%D0%B0-3/

46 HERA, Third Community Score Card for health care during antenatal period among Roma living in ShutoOrizari, 2015 Available at: http://hera.org.mk/?p=3483

47 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2fCO%2f4-5&Lang=en

48 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMKD%2fCO%2f4-5&Lang=en

49 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fMKD%2fCO%2f2-4&Lang=en

50 National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21, The Former Yugoslav Republic of Macedonia, 2013, page 21