



**HERA - Health Education and  
Research Association**

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## STATEMENT

**UPR Pre-session on the Former Yugoslav Republic of Macedonia**

**Geneva, 14<sup>th</sup> of December 2018**

**Delivered by: HERA-Health Education and Research Association**

Ladies and Gentlemen,

This Statement is delivered on behalf of HERA-Health Education and Research Association, 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.; Reactor – Research in Action, The Coalition “MARGINI” and the Sexual Rights Initiative. Both HERA and MARGINI were part of joint submissions to the UN UPR at the 18th Session of the UPR Working Group in 2013.

The National report for the third cycle of the UPR has been prepared by the Expert Working Group as part of the Governmental Intersectoral Body for Human Rights within the Ministry of Foreign Affairs, based on the contributions given from the relevant ministries. CSOs were consulted once the draft of the Report has been developed and they had a chance to give an oral comments in front of the representatives of several Ministries.

This Statement addresses the sexual and reproductive health issues, particularly:

1. barriers in access to safe and legal abortion;
2. barriers in access to quality antenatal health care for Romani women.

During the previous review there were several recommendations given by Canada, Thailand, Ireland and Austria regarding health care and access to services, especially about addressing challenges which are facing Roma women and girls in order to ensure their equal and unhindered health care. Nevertheless, there were no explicit recommendations regarding sexual and reproductive health care in the country and barriers to free and legal services.

### **I. Barriers in access to safe and legal abortion; A. Follow-up to the first review (no recommendations)**

In 2013 and 2014, a series of new legal requirements were introduced which must be complied with before women can access abortion on request. These requirements include a three-day mandatory waiting period, a mandatory biased counseling, a mandatory ultrasound prior to abortion and a written request by the woman for a termination of pregnancy to a respective health institution. The fines imposed on medical professionals and service providers who violate the law were very high and criminal sanctions have been introduced.

### **B. New developments since the first review**

To examine the impact of the retrogressive Macedonian legislation on women’s access to abortion services, in 2017, HERA and the Center for Reproductive Rights conducted an interviews with a number of stakeholders. The interviews showed that there is an abortion stigma and harmful gender stereotypes in the country, and that all of the legal requirements delayed women’s access to legal

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abortion services, contributed to women having abortions later in pregnancy and have increased the financial burden on women accessing abortion services.

The same year 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. Representatives of CSOs were members of this working group.

Amended text of the new Abortion law was recently posted for public consultation and is cleared from the mentioned legal restrictions. However, the provisions regarding parental/guardian consent for minors under 18 and for people with intellectual incapacity remained unchanged and are in violation of the both Conventions of the Rights of Children and the Rights of People with Disabilities. Furthermore, the Draft-Law restricts the provision of abortion services in primary health care only to medical abortion, and is not taking into consideration other safe abortion methods, such as vacuum aspiration. Abortion on request remained uncovered from the health insurance scheme. Implementation of new technologies for safe abortion, including medical abortion introduction is one of the national strategic priorities in order to ensure comprehensive abortion care in Macedonia. However, medical abortion is still not legally available in Macedonia.

### **C. Recommendations**

We therefore urge that the sexual and reproductive health and rights are included as an important issues in the upcoming UPR, and recommend that the Government of the Republic of Macedonia should:

- Speed up the process of adoption of the draft Abortion Law in the Parliament, without further delay, and make final review of the legislation barriers in the proposed text related to third party authorization for abortion services, including parental and/or guardian consent for abortion among minors (under 18) or women with intellectual incapacity in order to ensure their participation in the decision making for abortion.
- Make medical abortion available and accessible throughout the country, in line with the WHO Safe Abortion Guidelines.
- Provide an insurance coverage for the abortion on request, particularly for socio-vulnerable groups and young people.

## **II. Barriers in access to quality antenatal health care for Romani women**

### **A. Follow-up to the first review**

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, including improvement of the availability and accessibility of primary healthcare gynaecological services. There is still ongoing illegal payment for health services in the primary healthcare gynecologists' practices, which, according to the national legislation, are free of charge, and, at the same time, health-care gynecological services at the primary level are not available for all women due to geographical barriers. Finally, there is very low coverage by visiting nurses of the Roma women during the antenatal and postnatal period.

### **B. New developments since the first review**

Since the beginning of 2012, HERA and the Roma Women's Initiative recorded 1,277 cases of Roma women being charged illegal fees for reproductive health services at primary level. More than 60% of Roma women were illegally charged when visiting primary healthcare gynaecologists (67% in 2012, 82% in 2017).



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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. Situational analyses with a special focus on human resources to ensure the delivery of reproductive healthcare services has been conducted.

In September 2017, the State provided a health-care gynecological service at the largest Roma municipality in the country. Despite this measure, four cities are still left without any primary healthcare gynecologist.

Finally, the number of registered visits by patronage nurses to pregnant women in the country has been continuously decreasing over the last decade. This means that the access to reproductive healthcare services is compromised, especially for rural women and vulnerable groups. In 2012 only 13% of pregnant women from the largest Roma municipality were visited during their antenatal period in 2013 only 7%, in 2014 only 14%, and 5.9% in 2015. 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.

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.

Unfortunately, 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.

### **C. Recommendations**

We recommend that the Government of the Republic of Macedonia should:

- 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;
- Take further steps in developing evidence informed policies to ensure availability and accessibility of reproductive health services at the primary healthcare level in short and long term, with focus on utilization of the limited human resources to their full scope, taking into consideration the evidence-based modalities developed by the National Consultative Expert Group;
- Increase the number of patronage nurses at the national level over the mid and long term, particularly in rural areas and areas with predominantly Romani populations;
- Take measures to integrate Roma Health Mediators in the public health care system including their employment.

Thank you!