

Recommendations for improvement of national policies

Family Planning

- Introduce at least one oral contraceptive in the national health insurance coverage;
- Develop a logistic management system for free distribution of contraceptives procured by the Preventive Programme for Mother and Child Health;
- Ensure continuity of the family planning training among general practitioners in order to increase access to contraception services in primary health care;
- Launch a Government contraception web site to raise awareness of the benefits of contraceptive use;
- Ensure women and girls, particularly women in rural areas, women with disability, young people and the Roma have access to information and free contraception.

Adolescent SRH

- Increase the annual budget for the operation of youth counseling centers to support employment of medical providers and procurement of informational materials and contraceptives;
- Allocate funds from the Government budget to support the implementation of the pilot project for comprehensive sexuality education in elementary schools;
- Adopt a National Plan for introducing comprehensive sexuality education as part of the formal education;
- Develop teaching materials and ensure teachers are trained to deliver sexuality education in a manner that promotes human rights, non-discrimination and gender equalities.

Maternal and Neonatal Health

- Adopt quality standards for the accreditation of the maternities and Ob&Gyn clinics at the secondary health care level;
- Ensure regular application of maternity and perinatal mortality audit;
- Conduct comprehensive analysis of perinatal mortality statistics;
- Adopt clinical guidelines for the most common health conditions in the area of perinatology.

Safe Abortion

- Ensure medical abortion drugs are registered in the country to make medical abortion available, as part of comprehensive abortion care;
- Adopt clinical protocols for safe abortion in line with the WHO Technical Standards;
- Train medical staff for abortion care, in order to ensure abortion services are accessible throughout country.

Gender-Based Violence

- Increase the financial resources for centers for supporting survivors of sexual violence to ensure comprehensive care and quality services;
- Adopt Standard Operational Procedures for the survivors of sexual violence that guarantee effective multi-sectoral cooperation (health, social protection, police, justice) and communication;
- Intensify the collaboration with CSOs that are dealing with SGBV.

Prevention and Early Diagnosis of Cervical Cancer

- Increase funding and human resources to ensure an effective HPV screening program;
- Improve the incentive policy among gynecologists in the primary health care, in order to achieve the national screening targets;
- Develop and implement preventive strategies to increase HPV screening coverage.

Prevention and Early Diagnosis of Breast Cancer

- Develop and adopt criteria, standards and performance indicators to improve the quality of the breast cancer screening;
- Conduct regular monitoring of the quality of care in the mammography centers;
- Develop and implement promotional and media campaigns to raise awareness about breast cancer screening.

HIV/STIs

- Increase the national financial resources for CSOs to implement HIV/STI prevention among key populations and young people;
- Adopt a National HIV strategy to ensure the Government's long-term political commitment in the fight to HIV.
- Develop and implement innovative strategies in order to increase the coverage of MSM with HIV prevention activities.

POLICY BRIEF

Advancing Sexual and Reproductive Health and Rights in the National Policies of North Macedonia
Evidence from the Monitoring of the National SRH Action Plan 2018 – 2020

Overview

The analysis of the RH indicators has shown that North Macedonia, in comparison to the number of countries in the European region, is performing worse. For instance, the perinatal mortality rate is 2 times higher than the EU average. The infant mortality rate is 9.2‰ and it's almost 3 times higher than the European average rate. The disaggregation of this indicator according to the social and demographic characteristics of women shows further disparities, with higher values being expressed among women with lower education levels, women from certain ethnicities (Roma), as well as women under 20 and over 40 years of age¹.

Furthermore, the results have indicated that in North Macedonia cervical cancer is the 3rd most common cancer and 5th leading cause of cancer deaths in women aged 15 to 44 years. Unfortunately, the estimated coverage of cervical cancer screening program remains very low at only 28%. The need for contraception among women at the age 20-24 has not been met in 36.5% of cases, and only 52.7% of women who are married or in a relationship have expressed the need to use any contraception². Moreover the modern contraceptive prevalence rate is very low (12.7%), while North Macedonia is one of the countries with the lowest prevalence rate in South-Eastern Europe and Europe in general.

In North Macedonia, our field research has identified multiple types of barriers and large inequalities related to the accessibility of reproductive health care services. This situation mostly affects women with low socio-economic status. The most significant barriers include: uneven geographic distribution of the services, illegal charging for the provision of reproductive health care services by primary gynecologists, transportation costs to the nearest practice, lack of motivation by gynecologists to provide family planning services and evidence-based information about the benefits of contraception for girls and women, as well as gender stereotypes. Another alarming fact is that, in general, a relatively small number of people with physical disabilities are using SRH services.

There are particularly serious threats posed by the lack of availability of RH professionals. The average age of the Ob&Gyns, who play a central role in the provision of RH services, has rapidly increased, which in the near future represents a great threat to the viability of this segment of the healthcare sector. Moreover, the geographical distribution of the Ob&Gyns is extremely uneven, with big discrepancies regarding the access to Ob&Gyn care for women in rural and urban areas. The average number of women per gynecologist is 3.610, however there are big disparities between the various regions as seen in the 1:3 ratio between the best and least provided region. Out of the 31 health regions, 10 health regions have insufficient coverage with gynecologists, which includes Makedonski Brod, Probishtip, Krushevo, Radovish, Demir Hisar, Kratovo, Delchevo, Shtip, Kriva Palanka and Resen³.

With regards to the school system, there is no separate school subject entitled Sexuality Education in North Macedonia. Some elements thereof, though, are included in various other school subjects. For example, STIs are included in the Biology and in the Life Skills subjects. However, information related to gender, sexuality orientation, relationships or the emotional aspects of sexuality, sexuality orientation or discrimination, is insufficiently addressed during classes. Although Life Skills Education is a mandatory subject, it is only implemented during "advisory classroom" sessions (it's not part of the regular teaching curricula)⁴. Also, teachers decide by themselves which topics to include during the year. For example, only 7% of the teachers in the capital have talked about sexuality orientation, 8% have addressed oral contraception, 15% condom use and 35% HIV prevention⁵. The Education Strategy 2018 – 2025 notes that the teaching of Life Skills Education is carried out in an insufficient or inappropriate manner in many schools. Therefore, it recommends further strengthening of the status of the subject and improving of its contents, in order to ensure its regular application⁶. 82% to 96% of the parents are in favor of introducing various topics related to comprehensive sexuality education in the school curricula. Topics such as prevention of sexual violence, reproductive health and contraception, HIV/STIs, puberty, rights protection are seen by the parents and guardians as the most important issues that children should learn about in school⁷.

In May 2019, the Parliament of North Macedonia adopted a liberal Abortion Law which removes all administrative barriers for women accessing abortion services, including mandatory counseling, 3-days waiting period and high fines for service providers performing abortion. The new Law also recognizes medical abortion as part of comprehensive abortion care, regulating that medical abortion can be performed up to nine gestational weeks in the gynecological clinics that are part of primary health care. The number of abortions has remained stable in the last several years, and there is no significant trend of increasing or decreasing of abortions. In 2017, there were 19.5 abortion per 100 livebirths, which is relatively the same level as the statistics for the European region. Finally, 3.3% of abortions in North Macedonia are registered among young girls up to 20 years of age⁸.

North Macedonia is a country with low HIV prevalence. There has been a trend in the last several years of the increasing of new HIV infections reported among men having sex with men (MSM), where the HIV epidemic is concentrated. In 2017, all the new HIV infections have been registered among men, out of which 81% are linked to the MSM population. In 2017, the greatest number of the reported Sexually Transmitted Infections (STIs) are related to chlamydia (47.4%), which is increase of 12,3% compared to 2016⁹.

1 HERA, 2019, Reproductive Healthcare in the Republic of Macedonia, Situational analyses with a focus on human resources https://hera.org.mk/wp-content/uploads/2019/02/Analiza_en_web.pdf

2 Ministry of Education, Ministry of Labor and Social Policy, Ministry of Health, UNICEF, Monitoring situation of women and children, Multiple Cluster Survey 2011 https://www.unicef.org/northmacedonia/media/3016/file/MK_2011_MICS_Report_ENG.pdf

3 HERA, 2019, Reproductive Healthcare in the Republic of Macedonia, Situational analyses with a focus on human resources https://hera.org.mk/wp-content/uploads/2019/02/Analiza_en_web.pdf

4 BZGA Federal Center for Health Education and IPPF, 2018, Sexuality Education in Europe and Central Asia https://www.ippfen.org/sites/ippfen/files/2018-05/Comprehensive%20Country%20Report%20on%20CSE%20in%20Europe%20and%20Central%20Asia_0.pdf

5 HERA and Center for Vocational Training, 2014, Report from the study on the possibilities for access to reproductive health prevention information in schools <http://hera.org.mk/wp-content/uploads/2014/12/istrazuvanje-2014-mkd.pdf>

6 Ministry of Education and Science, 2018, Education Strategy for 2018 – 2025 and action plan <http://mrk.mk/wp-content/uploads/2018/10/Strategija-za-obrazovanie-ENG-WEB-1.pdf>

7 HERA, 2019, Public opinion research among parents for introducing new topics in the school curricula for comprehensive sexuality education

8 Institute for Mother and Child Health, 2018, Information about the mother and child health in Republic of Macedonia for 2017

9 Institute for Public Health, 2018 Report on the health of the population of Republic of Macedonia for 2017 <http://iph.mk/wp-content/uploads/2014/09/Izvestaj-za-zdravje-2017-so-cip1.pdf>



According to the statistics of the Ministry of Interior, in 2017 there were a total of 903 reported cases of domestic violence, 84% of which are women survivors. 60% of the reported cases are gender-based related, perpetrated by the women's, their spouses or ex-partners. In the period from 2016 – 2018 there were a total of 34 homicides of women, with 28 of these cases being classified as femicides¹⁰. 14% of women have experienced physical or sexual violence at the hands of a partner or non-partner since the age of 15, while 30% of women have been sexually harassed since the age of 15. Surveys show that in North Macedonia, three times as many women believe domestic violence is a private matter to be handled within the family as compared with women across the EU. Women living in households that are struggling financially indicate a higher prevalence of violence, in particular physical and sexual violence at the hands of an intimate partner¹¹.

Monitoring objectives and methodology

The working group at the Ministry of Health which was established to develop the National SRH action plan 2018 – 2020¹², prepared the mid-term monitoring report in September 2019 in order to assess the on-going progress and results of the implementation of the Action Plan. The report provided recommendations in all SRH areas that required further straightening of national policies and regulations. Moreover, the findings and the recommendations are designed to improve collaboration among key stakeholders, as well as to identify comprehensive approaches for creating future policies and programs for advancing SRH in North Macedonia.

The SRH Action Plan consists of 9 strategic areas that were subject of the monitoring analysis, including: 1. Coordination and multi-sectorial collaboration; 2. Family planning; 3. Adolescent SRH; 4. Maternal and neonatal health; 5. Safe abortion; 6. Gender-based violence; 7. Prevention and early detection of breast cancer; 8. Prevention and early detection of cervical cancer; 9. HIV/STIs. The monitoring of the Action Plan was supported by HERA and UNFPA.

For the monitoring report, the working group used the "Traffic lights" methodology, in order to provide general scores for the activity implementation and help propose recommendations for follow-up actions. The monitoring data was collected through the use of different tools based on descriptive analysis. The following tools were used during the monitoring: 1. Desk analysis of the national documents/reports (primary data), 2. Written reports from the state institutions that are responsible for the implementation of the action plan, and 3. Interviews with responsible persons from the state institutions and NGOs (secondary data).

Summary of the findings

Family Planning training for health providers and education of the local population have been implemented with great success, through the continued organization of contraception workshops for general practitioners/family doctors and outreach nurses, as well as by organizing promotional roundtables in small cities. The monitoring showed that the sensitization training organized for health providers about the SRH of people with disabilities has been very successful, resulting in the publication of a training manual. The Preventive Program for Mother and Child Health has allocated for the first time a budget of 5.000USD for the procurement of free contraception for the most vulnerable groups of women. However, there is a lack of a logistic management system in the Ministry of Health for contraception distribution. Still, none of the oral contraceptives have been included as part of the national health insurance coverage and no efforts by the Government in that direction have been made so far. The family planning guidelines according to the WHO and Cochran guidelines are still missing, while the system for gathering family planning statistics should be strengthened for the purpose of improving the planning of activities and contraceptive distribution. Except the MoH, other ministries like the Ministry of Labor and Social Policy and the Ministry of Education are not very involved in the promotion of family planning among vulnerable groups and young people, nor do they allocate funds for promotional and educational activities.

In terms of Adolescent SRH, the 18 youth counseling centers provide continuous education, counseling and condom distribution for young people, though the coverage of young people is very low (only 871 in 2018). This is particularly due to fact that in the last several years, the youth counseling centers have lacked human resources and promotional materials to ensure their effective operation and achieve a more satisfactory outreach to adolescents and young people in the youth centers. Health providers in the local Public Health Centers have received training to improve their cultural and structural competences, though however the SRH aspects are missing. Furthermore, there is also a lack of media campaigns and SRH educational materials. There has been good progress made with regards to improving the sexuality education content in the formal educational system. The Ministry of Education, Ministry of Finance, Ministry of Health and HERA have developed a 3-year operational plan for a pilot project for comprehensive sexuality education. This is following the Government's decision to establish a national working group for improving sexuality education content in schools. The necessary funds for implementing the pilot CSE has been decided to be provided by the Government budget and through the financial support from international organizations in the coming years. Meanwhile, HERA together with the Bureau for Educational Development is finalizing the CSE teacher's manual as a basis for the training of teachers who will be part of the pilot project.

According to the action plan for Maternal and Neonatal Health, the assessment of urgent obstetric care and newborn care was successfully completed. The structure of the National Committee for Breastfeeding Support has been revised to improve the quality of the national activities. Furthermore, the methodology for perinatal mortality has been developed and the Ministry of Health has adopted the medical guidelines for prevention of post-partum hemorrhage. Training of trainers for effective perinatal care is being organized with the support of UNFPA. Mobile gynecological services are provided for vulnerable groups of women, including women from rural areas by the CSOs through the support of Government HIV preventive program. Free distribution is also provided of folic acid for pregnant women in the first trimester, which is procured through the Preventive Program for Mother and Child Health. It has to be noted that medical equipment

for neonatal care for the maternities in the secondary health care system is not installed. Moreover, the quality of care accreditation cycle in maternities is not completed, while perinatal statistics should be improved in order to enhance perinatal health care in the following years. Finally, the priority list of clinical guidelines that should be adopted in the area of obstetrics and gynecology is also missing. Regarding the Safe Abortion Action Plan, the biggest success has been the changes made to the legislation for termination of pregnancy that improve the rights of women to freely decide about abortion, compared to the previous restrictive law enacted in 2013. The new abortion legislation also improves the availability of abortion services in health care system, including introduction of medical abortion. The preventive program for mother and child health allocates free post-abortion contraception for socially-excluded groups of women. However, they are not distributed to this group of women due to the fact that there is a lack of procurement and logistic system for contraception distribution in the Ministry of Health. Only 25% of the Ob&Gyn hospitals in the country provide abortions in the first trimester, which is extremely low, while abortions in the second trimester are referred to the University Clinic for Gynecology and Obstetrics in the capital Skopje. The lack of human resources and medical competences in most of Ob&Gyn clinics represent the main factors for the non-availability of abortion services, which limits women their access to abortion throughout the country, especially for women living outside the capital Skopje. Medical abortion drugs are still not registered in North Macedonia, which would provide an option for women to terminate their pregnancy. Clinical guidelines for safe abortion should be adopted in the coming months, following the nomination of the national working group responsible for drafting the medical protocol in October 2019. The system for abortion statistics should be improved in order to better monitor the data of performed abortions at the national level.

Capacity building training and training materials for service providers to deal with Gender-based violence in the health system, is provided regularly with the support of the Center for Family Medicine and international organizations in order to ensure effective implementation of the national Istanbul Convention plan 2018 – 2023 that was adopted by the Ministry of Labor and Social Policy in 2018. With the support of UNDP, three centers for supporting survivors of sexual violence have been established within the premises of Ob&Gyn hospitals in Skopje, Kumanovo and Tetovo. The development of a clinical protocol for treatment of survivors of sexual violence and GBV is on-going. However, additional efforts from all state institutions responsible for the management of sexual violence is needed, in order to identify the appropriate model that will ensure its proper implementation in the future. The budget for operation of the rape centers is provided by the Preventive Program for Mother and Child Health. Though, they only cover the costs for the hospital coordinators and not for a broader range of activities in the centers, including quality of care. Standard Operative Procedures for the survivors of sexual violence have not been adopted, and there is lack of partnership with CSOs that deal with GBV for the purpose of ensuring effective implementation of the National Action Plan.

In 2018, the Government of North Macedonia adopted the Clinical guidelines for prevention and screening for cervical cancer as part of the action plan for Prevention and Early Detection of Cervical Cancer. The budget for Cervical Cancer screening is part of the National Preventive Program for early detection of malign diseases. The data from the screening is collected regularly and the Institute for Public Health prepares quarterly and annual reports. However, further analysis should be carried out in order to better assess the effectiveness of the national screening programme. The adoption of the National Register of Malign Diseases is in the works, along with the introduction of policy incentives for gynecologists in the primary healthcare system in order to increase the coverage of cervical cancer screening. Hence, most of the preventive activities of the Action Plan for cervical cancer screening have not started yet, which are of great importance for improving the prevention and early diagnostic of cervical cancer.

There is continuation of the activities in the Action Plan for Prevention and early diagnosis of breast cancer, particularly in terms of monitoring the quality of the medical equipment and supplies in the health clinics, such as mammography and ultrasound devices. The budget for Breast Cancer Screening is part of the National Preventive Program for early detection of malign diseases. The data from the screening is collected regularly and the Institute for Public Health prepares quarterly and annual reports. However, further analysis should be carried out in order to better assess the effectiveness of the screening programme. Further efforts are needed in order to start implementing many of the preventive activities in the action plan, which are of great importance for improving the prevention of breast cancer.

Very satisfactory results have been achieved in terms of HIV/STI prevention activities implemented by the CSOs among key populations (MSM - men having sex with men, sex workers, injecting drug users). As of 2019, the preventive activities among key populations are budgeted in the HIV/AIDS preventive program, in order to close the gap that occurred with the withdrawal of the Global Fund project in 2017. Approximately 750.000EUR are allocated to CSOs on annual basis for HIV prevention. Annual indicators related to HIV/STI testing, condom and lubricant distribution and needle exchange programs among key populations have been achieved. However, more strategy efforts are needed to ensure better coverage for HIV prevention among MSM. The National HIV Commission meets regularly to monitor the implementation of the annual HIV preventive programme. CSOs are also members of the National Commission. The Ministry of Health still has not adopted the new multi-year National HIV strategy, although the national planning to fight HIV/AIDS is part of the Government HIV/AIDS preventive programme. Educational and raising-awareness activities are also implemented in continuity by both local centers for public health and CSOs outreach activities. However, HIV testing is not very satisfactorily performed by the state and local centers for public health. They also lack greater cooperation with local organizations to ensure better implementation of HIV preventive activities. Further efforts are needed to improve the system of collection and reporting of HIV prevention activities implemented by the local centers for public health. Testing and counseling training of general practitioners, patronage nurses and gynecologists in the primary health care are not part of the Government HIV preventive programs. Consequently, that could be a potential preventive strategy for increasing the coverage for HIV testing in the national health system.

10 HERA, 2019, What are the investments and minimal standards for protection of gender-based and domestic violence https://hera.org.mk/wp-content/uploads/2019/06/Policy-Brief_Investicii-i-minimalni-standardi_RBN.pdf

11 OSCE, 2019, Well-being and safety of women in North Macedonia <https://www.osce.org/secretariat/419264?download=true>

12 Ministry of Health, 2018, Action Plan for Sexual and Reproductive Health 2018 – 2020, <http://zdravstvo.gov.mk/wp-content/uploads/2018/09/Nov-tekst-na-AP-usoglasen-so-Sekretarijat-za-zakonodavstvo-11.09.2018.pdf>