

Public policy paper

# WITH BETTER ACCESS TO CONTRACEPTION AND FAMILY PLANNING SERVICES TO UNIVERSAL HEALTHCARE

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## WITH BETTER ACCESS TO CONTRACEPTION AND FAMILY PLANNING SERVICES TO UNIVERSAL HEALTHCARE



Family planning is an essential investment that improves the health of both mothers and newborns, and it also contributes to poverty reduction and sustainable development. Contraception has become increasingly understood as a method of preserving fertility and optimising the health status before the planned pregnancy. This has become more so important in societies where the average mother's age at birth is on the rise. Access to modern contraceptives<sup>1</sup> is key to empowering women by increasing their independence and decision-making powers, individually or as part of the family, allowing them to plan their employment and professional development more efficiently, and leading towards a better balance between the private and professional life. Unintended pregnancies are a serious threat to women and their families. Certain contraceptive methods can lower the incidence of HIV and sexually transmitted diseases, too.

Yet, despite the proven health benefits, the verified cost efficiency and the strong international support, there exist great discrepancies in the access to modern contraceptives, and the universal access to health services for family planning and modern contraceptive methods was and still remains the main challenge. Financial and economic barriers hinder the access to contraception, which is particularly deterrent to young people and people with low income, in a situation when countries do not provide coverage of the relevant costs. Societal and cultural barriers are also important, especially for the vulnerable and marginalised groups. It has been acknowledged that myths surrounding contraception, outdated attitudes related to female sexuality and contraception, as well as the stereotypical perceptions that women are the only ones responsible for contraception are still prevailing.

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1 Modern methods include: oral contraception, condoms - male and female, spiral, injections, implants, female and male sterilization, diaphragm, foam, gel.

## Macedonia vs. international commitments

YEAR - BODY	INTERNATIONAL DOCUMENT	RELEVANCE TO FAMILY PLANNING	ACHIEVEMENTS (MONITORING) OF MACEDONIA (STATUS UNTIL 2022)
1966 – UN General Assembly	<b>International Covenant on Economic, Social and Cultural Rights</b>	<p>“The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right shall include those necessary for</p> <p>a) The provision for the reduction of the stillbirth-rate and of infant mortality ...”</p>	<p>1994 – Ratified by Macedonia</p> <p>From the <b>2016 Periodic Report</b> by the UN Economic and Social Council - “Ensure that modern contraception methods are affordable to all, including by adding contraceptives to the list of medicines covered by the Health Insurance Fund [the Positive List of Medicines]”.</p> <p>The <b>2019 Universal Periodic Review</b>, with recommendations given by other Member States: “Ensure universal coverage by the State health insurance of all costs related to sexual and reproductive health” and “Ensure access for all women, including rural women and women from vulnerable groups, to reproductive health-care services”. <b>These recommendations were accepted by the country.</b></p>
1979 – UN Committee on the Elimination of Discrimination against Women (CEDAW)	<b>Convention on the Elimination of All Forms of Discrimination against Women</b>	<p>“Access to information, counselling and health care services in family planning is one of the crucial measures to end discrimination against women in all its forms”.</p>	<p>1994 – Ratified by Macedonia</p> <p><b>Sixth Periodic Report - November 2018</b> - “The Committee is concerned about the issue of access to sexual and reproductive health services by certain marginalised groups and in certain regions, as well as the very low rate of use of modern contraceptives (12.8% among women between 15 and 49 years of age). The Commission recommends to the State Party to undertake adequate measures to overcome such situations, ensure universal access to high quality health care and services related to sexual and reproductive health and family planning, as well as to ensure access to modern contraceptives and raise the awareness about prevention of unintended pregnancy and responsible sexual behaviour.”</p>



YEAR - BODY	INTERNATIONAL DOCUMENT	RELEVANCE TO FAMILY PLANNING	ACHIEVEMENTS (MONITORING) OF MACEDONIA (STATUS UNTIL 2022)
<p>1994 – <b>International Conference on Population and Development (ICPD) – Cairo</b></p>	<p><b>Programme of Action</b></p>	<p>Putting the rights, needs and aspirations of individual human beings at the centre of sustainable development, at the expense of achieving the demographic goals: <b>“To ensure by the year 2015 a universal access to reproductive health care, including family planning”</b>. ICPD 25+ – The Nairobi Summit – November 2019 – A Statement was adopted propounding the necessity to “accelerate the fulfilment of the promise” given in 1994 D7; ensuring “zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives”.</p>	<p><b>Signed by Macedonia, as Conference participant</b></p> <p>At the <b>Nairobi Summit</b> (25 years of ICPD) in November 2019, Macedonia was represented by its national delegation, comprising representatives from the Government and the civil sector, with support from UNFPA. <b>Macedonia is signatory to the Statement</b>. The National Commitments, as adopted by the Government, were presented: “The Government of North Macedonia commits to reducing the unmet need for family planning to 10% by 2030, particularly for young people, through ensuring that at least three types of modern contraceptives are part of the national health insurance coverage and increasing the national budget allocation for ensuring functional youth-friendly sexual and reproductive health services.” Status: The unmet need for family planning dropped below 10% even before the Nairobi Summit, however, on account of using traditional methods. Not a single modern contraceptive has been covered by the health insurance.</p>



YEAR - BODY	INTERNATIONAL DOCUMENT	RELEVANCE TO FAMILY PLANNING	ACHIEVEMENTS (MONITORING) OF MACEDONIA (STATUS UNTIL 2022)
<p>1995 – UN Fourth World Conference on Women – China</p>	<p><b>Beijing Declaration and Platform for Action</b></p>	<p>The most progressive document and the most comprehensive global policy framework for promoting the rights of women; reproductive rights rest on the recognition of the basic right of all women and men to decide freely and responsibly if, when and how often to have children, as well as on the right to have the information and access to means to do so – safe, effective, affordable and acceptable methods of family planning of their choice. The Platform for Action likewise accepts the “natural” methods for family planning.</p> <p><b>Beijing 25+ - The Generation Equality Forum</b> - A global movement launched in 2021 involving the leaders of governments, civil society, youth and private sector, aimed at accelerating the efforts for equality, leadership and opportunity for women and girls, organised by UN Women and the Governments of Mexico and France. Six Action Coalitions were formed, with a targeted set of specific, ambitious and immediate activities for the 2021-2026 period, so as to achieve visible results towards ensuring gender equality and human rights for girls and women.</p>	<p>Signed by Macedonia, as Conference participant</p> <p>Macedonia is the leader, together with Argentina, Burkina Faso, Denmark, France and UNFPA, of the <b>Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights</b> - “Within a comprehensive sexual and reproductive health and rights framework, increase the quality of and access to contraceptive services for 50 million more adolescent girls and women, as an essential component in the Universal Health Coverage”.  <b>Statement by the President of the Republic of North Macedonia</b> - “It is our commitment to increase the contraceptive coverage from 14% to 20% by improving the access of girls and women to adequate family planning services, as well as access to abortion as a basic right of women.”</p>



YEAR - BODY	INTERNATIONAL DOCUMENT	RELEVANCE TO FAMILY PLANNING	ACHIEVEMENTS (MONITORING) OF MACEDONIA (STATUS UNTIL 2022)
2000 – UN Millennium Summit – New York	<b>United Nations Millennium Declaration</b>	<b>Millennium Development Goals - Achieve, by 2015,</b> universal access to reproductive health, by monitoring (inter alia) the contraceptive prevalence and the unmet need for family planning. This is a target for achieving the MDG 5 - Improve maternal health.	Signed by Macedonia, as Summit participant  The unmet need for family planning (contraception) was reduced from 12.1% in 2011 to 10% in 2018. The contraceptive prevalence was increased from 40.2% in 2011 to 59.9% in 2018, mainly on account of increased application of the <b>traditional</b> methods (from 27.4% to 45.6%).
2006 – UN General Assembly – New York	<b>Convention on the Rights of Persons with Disabilities</b>	“The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health”.	2011 – Ratified by Macedonia  In its 2018 Initial Report with adopted conclusions, the Committee on the Rights of Persons with Disabilities expressed its concern about the lack of information on sexual and reproductive health in accessible formats for persons with disabilities, including women and girls, and the lack of specialised services for girls and women with disabilities in all parts of the State party.



YEAR – BODY	INTERNATIONAL DOCUMENT	RELEVANCE TO FAMILY PLANNING	ACHIEVEMENTS (MONITORING) OF MACEDONIA (STATUS UNTIL 2022)
2015 – UN Sustainable Development Summit – New York	<b>Resolution Transforming our World: The 2030 Agenda for Sustainable Development</b>	<p><b>Sustainable Development Goals</b> – Target 3.7 and 3.8 - “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”</p> <p>The level of satisfying the need for family planning with modern contraceptive methods is monitored. D11</p>	<p>Signed by Macedonia, as Summit participant</p> <p>The share of women of reproductive age (between 15 and 49 years of age), whose need for family planning has been satisfied with modern methods, was reduced from 24.3% in 2011 to 19.9% in 2018.</p> <p><b>The Global Report on Universal Health Coverage:</b> The 2019 value of the index measuring the “Need for family planning satisfied with modern methods” in Macedonia stands at 25, and within the global context, only Albania, South Sudan, Somalia and Chad have worse indices. This is one of the 14 sub-indicators (components) of the general “Index of Universal Health Coverage”.</p> <p><b>The Voluntary National Review</b> on the achievement of Sustainable Development Goals of April 2020 includes conclusions and recommendation from the civil sector - “Low or no access to contraception. Free contraception is available for vulnerable women accessing hospitals but no primary healthcare facilities. Insufficient number of gynaecologists and family planning services. It is recommended that at least 3 types of modern contraceptives (e.g., IUDs, oral pills) should be included in the Positive List of Medicines. Free contraception should be available in primary healthcare facilities. General practitioners and family doctors should be trained to provide contraception and receive additional incentives for the service.”</p>
June 2020 – Parliamentary Assembly of the Council of Europe	<b>Resolution 2331</b>	<p>For the first time, the Council of Europe gave recommendations in a resolution completely dedicated to promoting the access to contraception in Europe: “Member States shall ensure the affordability of contraceptive methods by including them in national health insurance schemes with adequate reimbursement or subsidisation”.</p>	<p>Macedonia is a member of the Council of Europe</p> <p>Contraceptive methods are not covered by the national health insurance.</p>

## Macedonia vs. national commitments

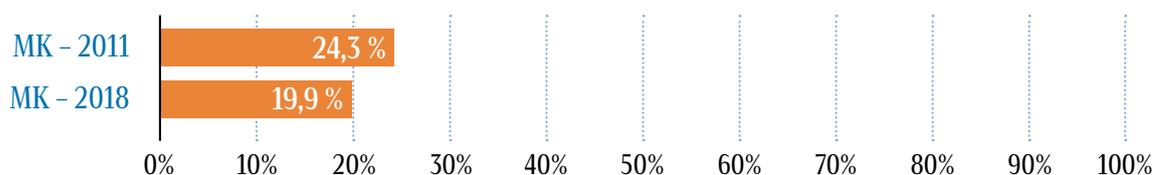
NATIONAL STRATEGIC FRAMEWORK	OBJECTIVES AND TASKS SET
<p><b>Sexual and Reproductive Health Strategy 2011-2020</b></p>	<ul style="list-style-type: none"> <li>✗ Developing evidence-based contraception protocols and standards.</li> <li>✗ Expanding the Positive List of Medicines with at least three contraceptives.</li> <li>✓ Training the general practitioners and community nursing service.</li> <li>✗ Providing “emergency contraception” for the vulnerable and at-social-risk groups in the primary health care facilities,</li> <li>✗ Improving the access to free condoms and oral contraceptives of adolescents and young people.</li> </ul>
<p><b>Work Programme of the Government of the Republic of Macedonia for 2017-2020</b></p>	<ul style="list-style-type: none"> <li>✗ The list of medicines covered by the National Health Insurance Fund (the Positive List) will be revised once a year, by entering new medicines and guaranteeing the inclusion of all medicines from the Essential Medicines List, and at least one form of oral contraceptive will be included in the Positive List.</li> </ul>
<p><b>IPA III (European Commission’s Instrument for Pre-Accession Assistance to North Macedonia) for the 2021-2027 programme period</b></p>	<p>Indicator: the rate of use of any modern contraceptive method has been projected to increase from 14% in 2019 to at least 22% in 2027.</p>
<p><b>Economic Reform Programme (preparation for participation in the process of economic and fiscal monitoring of the EU Member States)</b></p>	<p>The Primary Health Care Reform has been included, which will allow for special incentives to primary gynaecologists for providing family-planning-related services. The 2021 programme activities were not achieved, however, they were prolonged to 2022.</p>

## Macedonia – indicators

### Prevalence of use of modern contraceptive methods



### Share of women who satisfy their need for family planning with modern methods\*



### Index measuring the “Need for family planning satisfied with modern methods”\*

(one of the 14 sub-indicators that form part of the Universal Health Coverage Index, as presented in the Global Report on Universal Health Coverage)

25

Macedonia – 2019 – only Albania, South Sudan, Somalia and Chad have worse indices

*\*These indicators are crucially important, as they form part of the Sustainable Development Goals indicator framework*

One of the barriers to achieving a higher level of use of modern contraceptives are the **financial barriers**. To be able to use any of the available modern contraceptive methods, women and/or their partners must pay the full amount of relevant costs, which poses a barrier particularly to young people

and people with lower social and economic status. In Macedonia, **not a single contraceptive method is listed on the Positive List of Medicines** that are covered by the Fund, and the Government's Programme provides oral contraceptives, IUDs and condoms only for an exceptionally limited number of women from the socially vulnerable categories and women having repeat abortions (for 150 women in 2018, and for some 50 women in 2020 and 2021), distributed through the secondary and tertiary health facilities.

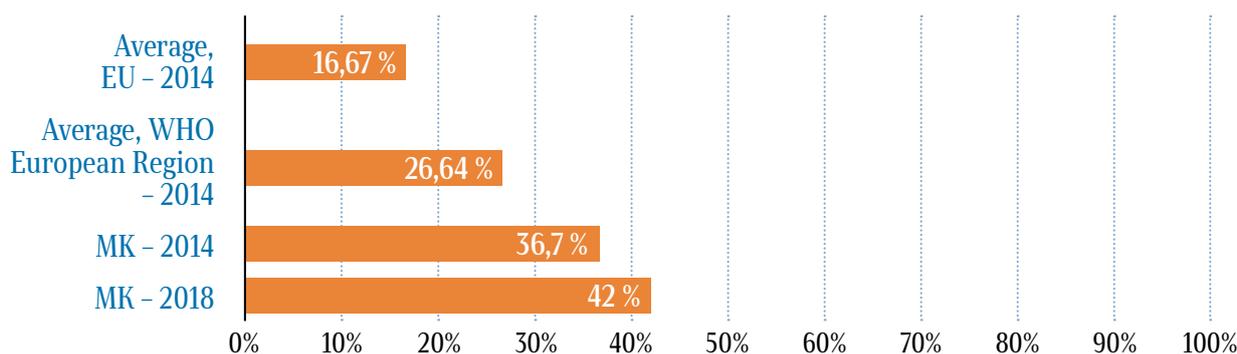
The Positive List of Medicines, which could also include other methods containing a hormonal component, is a mechanism that, in majority of European countries, determines what is to be covered by the national healthcare budget. **Providing medicines that are on the Positive List through the functioning systems and principles of the health insurance** allows for an equal accessibility of the medicine for all insurance holders. Establishing **a set of criteria** and defining the **decision-making processes** as to which health services/medicines will be covered by the state and to what extent (the so-called health benefits package) is one of the key segments not only for achieving a greater efficiency of the healthcare systems, but also for ensuring equality in accessing services/medicines, as well as in combating corruption. The principles of **"evidence-based medicine"**, **"health technology assessment"**, **"Essential Medicines List"** are some of the tools and methodologies that, by increasing objectivity and transparency, help the states in deciding which healthcare technologies, medicines, interventions and services will be supported by the limited healthcare budget so as to satisfy the priority needs of the population. The need for such structured processes and methodologies is all the more emphasised by the fact that health technologies, including medicines, have become increasingly expensive, disproportionately to the available healthcare budgets in the countries.

In Macedonia, the needs assessment criteria and methodologies for **listing a particular service under state budget coverage** have been extremely poorly regulated. On the other hand, the decision-making regulations and procedures for covering a medicine and including it in the Positive List, though defined, are not enforced. This results in a situation where the Rulebook on the Positive List has not yet been adopted pursuant to the 2020 amendments of the Law on Health Insurance, nor has the relevant Commission been formed yet. Another important fact is that, over the last 12 years, the Positive List has been expanded with only two new medicines, and in the meantime, the prices of new medicines emerging on the global market have become extremely high. Also, the country's capacity with regards to the regulation and the expertise to apply sophisticated pharmaceuticals evaluation methods, especially concerning the economic aspects of their use, are limited, and such studies are relatively expensive.

Another limiting factor for accessibility of medicines are the **pricing methods**. For medicines that have been covered through the Government's Programme, that is, through the Ministry of Health, the costs are fully covered, so citizens

pay nothing. However, account must be given to the fact that the Fund only partially covers the cost of medicines on the Positive List. Also, the value a medicine carries at the patient's end has no impact on the extent to which the Fund will share the cost against the co-payment by the user.

### Private out-of-pocket payments by families, as a share of the total cost borne by the healthcare system



It has been found that private payments are largely made for **medicines issued by pharmacies**. This tells us that, even if a contraceptive was placed on the Positive List of Medicines, which are covered by the Fund, it does not necessarily mean that the cost for such contraceptive would be covered to a sufficient extent as to ensure its accessibility to young people, who are typically unemployed, or to people from the socially vulnerable categories. One such example comes from Croatia, where only 2.5-16% of the costs of hormonal contraceptives on the Positive List is covered by the state.

**Health services provision in the area of family planning counselling**, as part of the sexual and reproductive health services, falls within the scope defined for primary healthcare. "Protection of women in relation to pregnancy, childbirth, postnatal care and contraception" are part of the basic health services by the chosen primary care provider, who is obliged to provide these services to the health insurance holder, with no such restrictions that these services should be provided only by the chosen primary care providers specialised in gynaecology. Consent by parents or third parties is not required, and all examinations performed by the chosen primary care provider are free of charge. This indicates to a relatively well-regulated universal accessibility to family planning/contraception counselling. Yet, the indicators measuring the **number of family planning counselling sessions provided on the primary healthcare level**, especially to adolescent population, do not portray an image of existing opportunities for reaching the national and international strategic goals. The highest registered number of such session in the last 10 years (**12,208 in 2018**) is 4-5 times lower compared to that of Croatia, even when factoring in the proportional population size. This image has been additionally exacerbated by the COVID pandemic.

When discussing the family planning counselling and examinations, one must point out the fact that the **National Guidelines on Family Planning** were first developed in 2020/2021, targeting all levels of healthcare provision, including also certain aspects specifically applicable to the chosen primary care providers. The National Guidelines are also part of the primary healthcare system reforms plan, which provides for special incentives to the chosen gynaecologists for providing services related to family planning. These Guidelines have not been signed by the Minister for Health yet.

Finally, as regards the obligation for appropriate information of the population, it was concluded that **online information about contraception** is available, however, this information is not supported by the Government, and the European Contraception Policy Atlas scored it as being of a rather poor quality.

## What next?

Providing access to family planning methods and services, as part of the global efforts to ensure universal health coverage is a task that requires consistency and perseverance of efforts, even in the most developed countries. Measuring the achievements in this domain, taking into account a number of interdependent criteria, allows for monitoring as to whether the achievements move upward and for proper policy design.

Even though there is no written strategy in force in Macedonia, one that could systematically cover the family planning as part of the access to sexual and reproductive health services, family planning has become an integral part of the strategic documents that serve as basis for the Euro-integration processes. – the **Economic Reforms Programme**, which includes the Primary Healthcare System Reforms, as a structural reform in the healthcare system, and in the **IPA III instrument**. On the other hand, the **National Strategy for Prevention of Corruption and Conflicts of Interest 2021-2025**, includes in the segment of Healthcare System a number of measures relevant to objectivity and transparency in the decision-making of what is to be covered by the state, as well as measures aimed at strengthening the capacities for healthcare planning, analysis and economy.

The state and all the responsible institutions should as soon as possible proceed with **realising the promises** that were made by signing the international documents, as well as tasks they had set for themselves within the national strategies, which serve, above all, to assess our country's progress in the context of approximation to European trends.

The responsible state institutions should urgently commence with strengthening the capacities for application of such mechanisms as **“evidence-based medicine”**, **“health technology assessment”**, **“Essential Medicines List”** etc., which are some of the tools and methodologies that, by increasing objectivity and transparency, help the states in deciding which healthcare technologies,

medicines, interventions and services will be supported by the limited health-care budget so as to satisfy the priority needs of the population. As part of these processes, the process of revising the **Positive List of Medicines** should be launched immediately.

It is necessary for the civil sector and the scientific community in the country to get involved, more actively and more regularly, in **monitoring and alerting to achievements** against the strategic goals set, in parallel to the scores that we, as a country, receive by the European institutions. It is necessary to demonstrate an upward trend in certain **defined indicators**, in compliance with the European trends and commitments, and this should be clearly and transparently communicated with all stakeholders. **Positive achievements** in this area **should be emphasised and pointed out**, and their impact on health and society should be monitored, with the help of locally developed methodologies. **Online tools** are necessary with objective and scientifically proven information about contraception, which will be constantly promoted. In this segment, it is necessary to obtain the **support from governmental institutions** and from the **professional scientific community**, to which the **civil society organisations** can make a tremendous contribution.

To provide access to certain modern contraceptive methods, account should be given to a number of mechanisms, above all, the **Government's Programme** and the **health insurance** mechanisms, which should be adapted to the specificities of the different target groups, particularly focusing on young people and vulnerable populations. Attention should be given to **equality in access** to family planning services in the different geographic regions, to which appropriate response should be provided. In efforts to provide modern contraceptive methods, account should be given to **scientific evidence for cost-effective properties of these methods**, as well as to their efficiency, so that such methods as the long-acting reversible contraception (e.g. intrauterine contraceptive devices) should come into focus.



