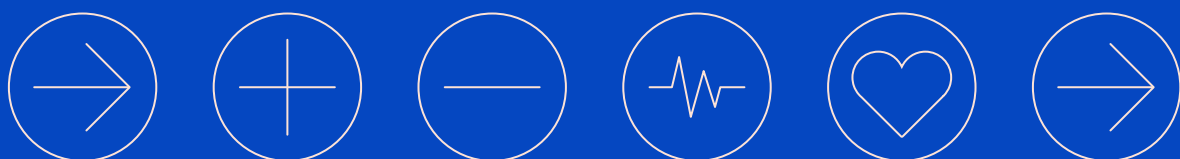

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE REPUBLIC OF NORTH MACEDONIA

ENLARGEMENT
REVIEW 2022





A Member Association of



THE SIGRID RAUSING TRUST

HERA – Health Education and Research Association is the largest non-governmental organisation in the Republic of North Macedonia [working](#) in the field of sexual and reproductive health and rights (SRHR). We run several clinics that provide health and social [services](#) to young people and marginalised communities and we are the leading organisation in delivery of [comprehensive sexuality education](#) (CSE) to young people. We are committed to advancing the policy and legal framework on SRHR and gender equality and to ensuring services are accessible to all citizens within the national health system. Since 2009, we have been a [full member association](#) of IPPF, a global advocate for advancing SRHR.

TABLE OF CONTENTS



4 Introduction

5 Brief summary of key developments in 2022

6 **CHAPTER 23**
JUDICIARY AND
FUNDAMENTAL RIGHTS

6 Hate speech and sexuality

7 Contraception care – gender equality

9 Sexual and gender-based violence (SGBV)

11 **CHAPTER 26**
EDUCATION
AND CULTURE

11 Comprehensive sexuality education (CSE)

13 **CHAPTER 28**
CONSUMER
AND HEALTH
PROTECTION

13 HIV/AIDS

INTRODUCTION

This report reflects the developments in the last reporting year (2022), within the relevant chapters of the acquis. This report aims to highlight the ongoing obstacles to SRHR and gender equality, and to suggest recommendations for improving the realisation of SRHR as a specific set of fundamental rights, and as a precondition to gender equality. In addition to outlining the key developments and challenges on the road to SRHR and gender equality, the report also highlights the gaps in legislation and policy implementation for the purpose of protecting and advancing the SRHR of all people in the Republic of North Macedonia.

The fulfilment of SRHR is essential to achieving gender equality, as acknowledged in the EU Gender Action Plan (GAP) III. Promoting SRHR is considered as one of the main pillars to scale up the EU contribution to reaching the SDG 5 and to ensure SRHR are crucial for women's and girls' right to self-determination. Efforts to achieve gender equality must therefore ensure equal access to essential quality SRH care services in the Republic of North Macedonia, including for contraception, HIV, abortion care, sexual and gender-based violence (GBV) as well as evidence-based, gender-transformative and non-judgemental CSE.

EU accession remains a key goal for the Republic of North Macedonia, and therefore the accession process provides an opportunity for achieving sustainable change. The enlargement review 2022 outlines what changes are needed to ensure the realisation of SRHR, especially for women, young people and marginalised communities vulnerable to HIV, and we hope that many will be reflected in the Enlargement Reports to ensure continued and ongoing progress for the promotion of SRHR in the country.

BRIEF SUMMARY OF KEY DEVELOPMENTS IN 2022

With the rise of the [anti-gender movement](#) in the country, many gender and human rights organisations found themselves under constant attacks. There is an **increased trend of hate speech and hate crime** towards sexuality education and sexual and gender diversity issues, perceived by the anti-gender groups as an attack against family and traditional values and the natural concept of people's biological sex. Hate speech has dominantly taken place on the social media. Hate speech and hate crime associated with sexuality-related issues continued to be unsanctioned by the state and there is lack of proactive and systematic approach to dealing with such events.

The economic crisis in 2022 has placed a serious **financial burden on the CSOs providing HIV and SRH services** to marginalised communities. The Government's HIV Programme, as the main financial source for the CSOs providing health services, [was cut by 40%](#) and affected 15,000 people from the marginalised groups, which have been covered with essential and free services for the last 15 years. The decision to reduce the national budget for HIV prevention was reached in a non-transparent manner and without any consultation with CSOs or by providing evidence-based facts. If the Government's funding for HIV prevention to non-governmental organisations continues to decrease or remains the same as in 2022, the country might face an outbreak of a new HIV epidemic.

The Government's budget for **free contraceptives** to women has been reduced in the last 3 years. In 2022, the Ministry of Health allocated only [100,000 MKD](#) to serve 50 women in need, which is three times less than in 2019 and 2020. Despite the Government's political commitments to integrate the modern contraceptive methods in the national health coverage, women still have to pay the full price of any contraception, which places a financial burden on their lives, especially among the unemployed women and the Roma. This trend of reducing the domestic budget for free contraceptives in the last 3 years and the lack of political commitment to ensuring modern contraceptives are subsidised by the national health insurance scheme, has prevented the women, especially the most vulnerable and the poorest ones, from exercising their right to family planning.

[CHAPTER 23]

JUDICIARY AND FUNDAMENTAL RIGHTS

Hate speech and sexuality

In the latest Enragement report, EU noted that *“online media and social media platforms are the main source of disinformation, misinformation and hate speech”*, that *“hate speech is prohibited both online and offline”*, that *“implementation of legislation on hate speech has to be improved”* and, finally, that *“more proactive and holistic approach in addressing hate speech and hate crime is needed”*.

During 2022, one of our [clinic managers](#) was verbally attacked in the clinic premises, while HERA's [director](#) was a target of online harassment on his personal mobile phone. The President of the Republic of North Macedonia, Mr. Stevo Pendarovski, [visited](#) HERA to give his personal support and he condemned the case as discrimination against the CSOs engaged in human rights issues. The [Ministry of Interior](#) also condemned these events of hate speech against employees of HERA and committed to investigate them as fast as possible. Both cases are still under investigation and without any outcomes so far.

After filing a lawsuit in 2021, the [Civil Court Skopje](#) in February ruled that [United We Stand](#) is responsible for the defamatory language aimed against HERA for its sexuality education programme. However, the Court failed to recognise any elements of hate speech towards HERA, defending its position as one's right to free expression to initiate a national public debate which one considers critical for children's well-being and parents' best interest.

We are deeply concerned about the appearance of new anti-gender organisations that are targeting CSE and LGBTI rights with false and manipulative information, ever since the educational reforms for [gender-sensitive education](#) were announced by the Ministry of Education and Science in 2020. Besides *United We Stand*, there are other actors that are opposing the introduction of CSE in formal education, or gender and sexual diversity, including [Take Responsibility](#) and [Textbooks and Instruction Must Be Used](#). In 2022, these anti-gender organisations joined in a so-called [Coalition for Child Protection](#), consisting of 28 organisations and political parties that stand up against the right to sexuality education, abortion care and reproductive freedom.

Recommendations:

- Government authorities should take more systematic and adequate actions to deal with and to sanction hate speech and hate crime, both offline and online
 - To build the capacities of law enforcement stakeholders to tackle hate speech and hate crime
 - To launch media campaigns to enhance the general public's understanding of issues related to sexuality education and sexual and gender diversity
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Contraception care – gender equality

The Republic of North Macedonia has one of the [lowest modern contraceptive](#) rates in Europe (14%), with only 8.6% among Roma women. The unmet need for contraception has reduced from 24.3% in 2011 to 19.9% in 2018. The adolescent pregnancy rate between 2016 and 2019 was 13 per 1000 females, but it was six times higher among Roma women. Although the Government made a commitment in its [Programme 2017–2020](#) to include one oral contraceptive in the national health insurance scheme, it has not yet been implemented in practice. The [Government's Programme 2022–2024](#) confirmed the political will of 2017 for introducing the modern contraceptive methods in the national health insurance scheme and for advancing the women's reproductive health and rights, but no progress has been made thus far.

The Government provides oral contraceptives, IUDs and condoms only for a limited number of women from the socially vulnerable categories. While in 2018 the Government allocated [300.000 MKD](#) for covering 150 women with free contraceptives, in 2022 the budget was only [100.000 MKD](#), sufficient to cover only [50 women](#). Overall, the national budget for free contraceptives has been reduced by 300% over the last three years compared to 2018. Moreover, free contraceptives are distributed through the University Clinic of Gynaecology and are available only to women living in the capital. Women from other regions, including rural areas, cannot benefit from this Governmental measure, or should travel to Skopje to get free contraceptives, which imposes additional costs for these women.

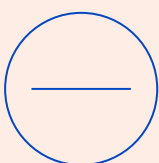
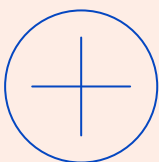
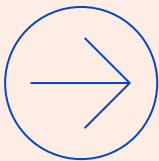
Although national criteria for introducing new medicines under the national health insurance scheme have been defined, they have not been implemented [in practice](#). Moreover, the Rulebook on Reimbursement of Medicines through the National Health Insurance Scheme has not been adopted nor has the National Commission been established pursuant to the latest amendments to the Law on Health

Insurance of 2020. The failure to implement the national legislation also prevents the modern contraceptive methods to be integrated in the national health insurance scheme.

During the [national conference](#) on the World Contraception Day, the [President](#) of the National Committee for Safe Motherhood said that *“financial and economic barriers hinder the access to contraception, especially for young people and for people with low income”,* and that *“the state should provide free contraceptives or subsidise the contraception for certain categories of citizens in the country”.*

Recommendations:

- To increase the Government’s budget for free contraceptives to socially excluded and poor women
- To make sure free contraceptives are available in regions outside the capital, and especially to Roma women and the women living in rural areas
- The Government should integrate the modern contraceptive methods, particularly oral pills and intrauterine devices, in the national health insurance scheme



Sexual and gender-based violence (SGBV)

In the latest Enlargement report, EU noted that “*services for victims of gender-based violence need to be expanded and a proper budget is needed to meet the Istanbul Convention standards, including access for women with disabilities...*” and that “*the provision of psychosocial and other prevention services remains uncoordinated and dependent on financing from local self-government, foreign donors and the business community*”.

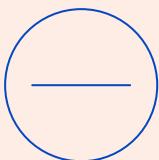
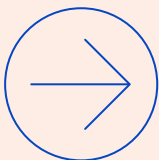
In 2020, an 18% [increase](#) of domestic violence cases was reported, compared to 2019. Geographical distribution of SGBV services remains a challenge, as most of these service providers, including shelters, are located in larger towns and out of reach to women in remote areas. Most of the service providers are understaffed, and generally there is a lack of continuous specialised training for professionals. Only [9%](#) of the total funds secured by CSOs for delivering SGBV services came from the Government.

The domestic budget for services to SGBV victims continued to reduce in face of the economic crisis. In 2022, [HERA's Counselling Centre](#), funded by the City of Skopje since 2014, faced a 30% budget cut, which curtailed our coverage of clients. Moreover, all services for SGBV victims established over the past two years by CSOs outside of Skopje are still fully dependent on international funding.

Although the [Law on Social Protection](#) permits CSOs to license their service programmes and obtain national funding, including for SGBV, the current [bylaw](#) imposes significant administrative barriers. Namely, only CSOs which have at least two full-time employed staff members with psychosocial background are eligible for a national license. However, due to a lack of financial sustainability, most of the professionals working with CSOs are hired on fixed-term contracts. So far, no CSO has been [registered](#) by the Ministry of Labour and Social Policy as provider of SGBV services. The [Government's Rulebook on the Prices](#) of social services of April 2022 is inadequate for ensuring minimal operation of a GBV counselling centre, if established by a CSO. According to this bylaw, a single psychosocial counselling session for a GBV victim is paid 250 MKD by the state, which is only 20-30% of the market price. Set in this way, the national budget framework is insufficient to cover the essential costs for running a good quality SGBV service.

Recommendations:

- To revise the Government's bylaw on prices of counselling services for survivors and perpetrators so as to make sure CSOs are motivated to register as national providers and deliver good quality services
- The Ministry of Labour and Social Policy should eliminate all the cumbersome administrative barriers to licencing CSOs as providers of SGBV services and align the criteria with the context and the needs of CSOs
- To significantly increase the domestic budget for specialised GBV services run by CSOs / women's organisations in order to ensure financial sustainability and meet the Istanbul Convention standards



[CHAPTER 26]

EDUCATION AND CULTURE

Comprehensive sexuality education (CSE)

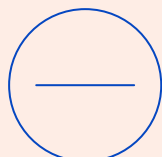
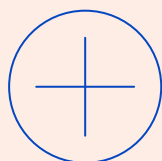
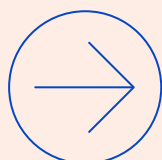
[Adolescent birth rate](#) in the Republic of North Macedonia is three times higher than that of the EU countries and only 14% of young people use any of the [modern contraceptive methods](#) (the lowest rate in the European region). CSE is not integrated in the formal curricula. During the previous composition of the Government, a significant political progress was made in integrating sexuality education in primary schools. Namely, in 2019, the Government made a commitment to [pilot the CSE](#) in several primary schools and to develop the corresponding teaching materials. Moreover, in the new [concept note on primary education](#), sexuality education was recognised as an optional subject for the 9th grade students. Hence, the public sector lacks a strategic framework for integrating the CSE in the education system on the long run, while the teachers lack competences to deliver the curricula.

[85 students](#) in three primary schools in Skopje completed a 36-hour pilot programme in CSE in 2022. The pilot programme was implemented by the National Bureau for Education Development. 15 professional associations signed the [Declaration](#) “*With sexuality education in schools to a healthier and safer youth*”, urging the Government to introduce the sexuality education in the 9th grade of primary schools and to build the capacities of teachers to deliver non-judgmental and evidence-based CSE curricula. In 2022, the National Bureau for Education Development drafted the National Strategy for CSE in Primary Schools for the period 2023–2030, but it is not yet adopted by the Government. In October, the Committee on the Rights of the Child [recommended](#) to the state to “*promote greater access to comprehensive, age-appropriate, science-based education on SRHR, including information on the issues of sexual orientation and gender identity, family planning and contraceptives*”.

[Anti-gender organisations](#) continue spreading fake news and disinformation on sexuality education and gender identity on daily basis and, by generating high level of xenophobia, racism, homophobia and transphobia in the public space, they jeopardise the national political efforts to integrate sexuality education in primary schools.

Recommendations:

- The Government should adopt the National CSE Strategy for Primary School 2023–2030
 - To build the competences of teachers to deliver CSE in the public sector
 - To conduct media campaigns, primarily targeting the parents, to enhance the general public's understanding of the health, emotional and social care benefits for children receiving CSE in schools
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[CHAPTER 28]

CONSUMER AND HEALTH PROTECTION

HIV/AIDS

In the latest Enlargement report, EU noted that *“the overall budget for HIV/AIDS prevention was cut by 40%, threatening the treatment of people living with HIV/AIDS and HIV/AIDS prevention efforts”*, that the *“main beneficiaries of these funds are non-governmental organisations that work directly with risk groups”* and that the *“new strategy to combat HIV is yet not adopted”*.

The Republic of North Macedonia is a country with low HIV prevalence. For almost 20 years now, CSOs have been equal partners to the Government in HIV prevention among marginalised communities, helping maintain the country’s low prevalence. The HIV pandemic among men having sex with men (MSM) has been on the rise and, in 2015–2019, [72.8%](#) of reported HIV+ cases were among MSM.

46.5 mil MKD of the National HIV Programme were allocated to prevention in 2020, to be disbursed to 14 CSOs in 12 towns across the country. Nevertheless, the Ministry of Health (MoH), without consulting the National HIV Commission, where CSOs are also members, published a [Call](#) worth 19 million MKD, defending the 40% budget cut on account of the economic crisis. The reduced budget from the [National HIV Programme](#) resulted in a lower coverage of vulnerable groups with HIV testing, condom distribution, clean needles and gynaecological care. Some clinics were [closed](#) down or continued working with reduced working hours.

During a [TV debate](#), the Minister of Health, Mr. Sali, manipulatively accused the CSOs of irresponsibly using the Government’s money for HIV activities and spending high amounts on offices and trainings. Every attempt by CSOs in the last few months to renew the dialogue with MoH has been unsuccessful.

The last National HIV Strategy ended in 2018. Although a working group for drafting a new strategy was established by MoH in 2020, there has been no progress so far. The [draft Law on Health Protection](#), which identifies CSOs as legal HIV service providers in the public health system, entered the parliamentary procedure by

the end of 2021, but was sent back to the Government for revision and has been blocked ever since. Consequently, the legal framework for CSOs to provide HIV services and thus ensure their financial sustainability is still missing, although planned in the [Action Plan for the National Strategy for Cooperation with CSOs](#).

Recommendations:

- To increase the domestic funding for CSOs providing HIV prevention to marginalised communities
 - The Government should adopt the National HIV Strategy (2023–2028)
 - The Parliament should adopt the Law on Health Protection, which provides legal framework for CSOs as service providers and ensures improved state funding for HIV prevention and care
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