

REPRODUCTIVE RIGHTS MACEDONIA



ACCESS TO REPRODUCTIVE RIGHTS OD ROMA WOMEN IN MACEDONIA

December, 2015

1. Health system

1.1. Introduction

The health system is one of the society's rare sub-systems that works to protect the health of people from birth to death i.e. during their whole life. This term is broader than the term health service and health care system. The health system is a way of organizing health care and depends on social structure of the country, rational assessment of the needs of the population, material opportunities and more.¹

The main goal and task of the health system is to promote and improve the health of people, including all other factors that affect health. The health system is not only necessary, but essential for the modern society, because its good functioning, can significantly improve the health of people. Despite its general main goal, it has two other goals that are equally important for its contribution to the overall objective, namely: responsibility and fairness. Responsibility refers to satisfying what people expect from the health system and fairness means equally good approach and provision of health services to everyone, without discrimination, through a fair financial contribution.²

The health system in RM is based on **compulsory** and **voluntary** health insurance. In order to exercise certain rights in case of illness or injury and other rights in health care under the Law, compulsory health insurance has been established. Voluntary insurance has been established for certain types and rights of health care, primarily in order to provide a higher level of health care for the insured. Exercising certain rights of health care established by the Constitution and the Law, determined needs and rights of health insurance are conducted in the Health Insurance Fund which is part of the Ministry of Health as a legal entity. Health care in RM, especially compulsory health insurance is based on the principles of reciprocity and solidarity of the insured. The health system consists of three segments: primary, secondary and tertiary health care. As in many other countries the health system in the Republic of Macedonia is oriented towards primary health care as a foundation of the system in which the first contact with the health service is realized and most of the health needs of the population are met. Patients who need health care of a higher level, primary care physicians direct them to infirmary -policlinic or hospital treatment. The network of health institutions at secondary level has been developed with some differences in facilities and availability of staff and equipment. Despite widespread network of different health institutions, the system does not function as an integrated and coordinated system.

1.2. Legislation and public policy

According to the Constitution of the Republic of Macedonia, every citizen is guaranteed the right to health care. Citizens have the right and duty to protect and promote their own health and health of others.

The **Law on Health Care** regulates the rights of citizens to health care system and the organization of the health care. Health care system covers system of social and individual measures, activities and procedures for preservation and promotion of the health, prevention, early detection and eradication of diseases, injuries and other health disorders caused by the impact of working and living environment, timely and effective treatment

¹Matlievska M. Miladinov G. Fundamentals of Health Management (Internal script)

²Matlievska M. Miladinov G. Fundamentals of Health Management (Internal script)

and health care and rehabilitation.³ Law on Health Protection establishes the organizational structure of the health system, in which the Ministry of Health and the government are responsible for policy making, the Health Insurance Fund is responsible for the collection and management of funds, and health facilities are responsible for providing health services. Health activity is an activity of public interest and is conducted as a public service. Health activity provides health care to the population of three levels - primary, secondary and tertiary level of health protection.

Law on public health aims to regulate the system of public health, to define the basic public health functions, define the functions and tasks of the main participants - subjects in public health, to promote and strengthen the partnership and cross-sectoral cooperation and above all to ensure adequate and sustainable financing system of the public health system. According to the Law on Public Health of the Republic of Macedonia, among other parties, units of the local self-government are part of the public health system and participate in the implementation of the core functions of the public health, in terms of essential public health functions defined by WHO.

The Health strategy of the Republic of Macedonia 2020, safe, efficient and just health system it is indicated that the health sector is facing rise of costs and expectations due to aging of the population, structure of diseases and availability of new medicines and technologies. The lack of funds in the Health insurance fund is primarily a result of the incomplete and insufficient collection of health insurance contributions from both employed and unemployed citizens that are burden on the state budget, pensioners, beneficiaries of social welfare and others. While the registered unemployed citizens are fully covered with health insurance, certain group of employed citizens are not able to use their health insurance because the employer had not paid the contributions. Many people who are not formally employed are registered as unemployed in order to exercise the rights of health insurance. Another reason for the discrepancy between revenues and expenses is that the special vertical programs that are provided by the Law on health care are not funded by the state budget.

The **Law on Health Insurance** "regulates the health insurance of citizens, rights and obligations of the health insurance, as well as the implementation of health insurance." Health insurance is established as a compulsory fixed package of health services for all citizens of the Republic of Macedonia and voluntarily for providing health services that are not covered by the packages of health services. The Law contains many grounds for insurance in order to cover all citizens with compulsory health insurance without discrimination based on financial resources, place of residence, kind of illness or time of access to health services.

The **Law on Protection of Patients' Rights** stipulates the principle availability that is based on: health services that are available and accessible to all patients equally and without discrimination, continuity of the health care including cooperation among all health workers, health assistants and/or health facilities that may be involved in the whole process of treatment of a particular condition or disease of the patient, righteous and fair procedure for election/selection of a treatment in circumstances where there is a choice given by the health facilities for potential patients for a particular treatment that is available in a limited volume, and the selection should be based on medical criteria, without discrimination, selection and change of a health worker and health facility within the health system, available to services for home care i.e. community services where the patient lives and equal opportunity for protection of the rights of all patients in the

³Law on Health Care, Official Gazette of RM, no. 43 from 29.3.2012

Republic of Macedonia. According to the Law on protection of patients' rights, "the patient is entitled to exercise the rights stipulated in this law, without discrimination based on sex, race, color, language, religion, political or other opinion, national or social origin, affiliation to a national minority, property, birth origin, sexual orientation or any other status.

The overall goal of the **Program for active health protection of mothers and children** in RM for 2015 is to improve continuously the health of children and women in the reproductive period aimed at reducing infant and maternal mortality through coordinated implementation of the essential public health functions based on defined priorities identified through regular monitoring of their health, with special focus on vulnerable groups and respect to the principles of equal access to all services they need. The specific goals of the Program are continuous improvement of the system of monitoring of the health status of mothers and children and the effectiveness of health care, raising awareness and education of the population about healthy lifestyles and proper health behavior in a pre-conceptual, antenatal, postnatal and the period of lactation, with a focus on vulnerable groups of women (Roma women, women from rural areas and adolescents), improving the quality and equality of access to health services for mothers and children, with a special focus of vulnerable groups of women, early detection of diseases in newborns, infants and young children, strengthening of intersectional cooperation and mobilizing partnership in the community of all relevant partners in identifying and solving health problems of mothers and children especially in reducing barriers and increasing availability of services.

National Strategy on sexual and reproductive health which covers the period from 2010 to 2020 aims to provide an effective and coordinated response to the needs of the population for promotion and protection of sexual and reproductive health and rights. In its structure the document is comprehensive and takes into account most of the elements that define the framework of sexual and reproductive health and rights i.e. includes the following strategic objectives: protection and promotion of sexual and reproductive rights, family planning and contraception, protection of sexual and reproductive health of certain categories of the population, with particular attention to the adolescent population, sexually transmitted infections and HIV, abortion, safe motherhood, infertility and malignant neoplasm of the breast.

1.3. Institutional structure

Public and private health institutions are providers of healthcare services to the citizens.

Primary health care (PHC) is provided in different types of private and public health facilities: clinics, health stations and health centers. PHC provides preventive, promotional and curative services. It is provided by many different types of health workers and associates: doctors, specialists, general practitioners, pediatricians, school medicine specialists, gynecologists, specialists in Medicine of Labor, supplemented by primary dental care.⁴ Above mentioned health workers do not provide comprehensive primary 24 hours care except in villages where there is only one doctor. This system works well in certain areas (for instance, in the implementation of immunization and giving antenatal care), but less well in others (for instance, irrational prescription of medicines, frequent references to the higher levels of the system, lack of coordination between the different treatments and mostly medical treatment for patients with mental health problems without enough attention to the psychosocial dimensions of the treatment).

⁴Ministry of Health, Health Strategy of RM 2020 Safe, efficient and just health system

A) General practitioner

Health Insurance Fund of the Republic of Macedonia has defined objectives for general practitioners relating prevention activities and measures for early detection of malignant diseases, preventive measures for monitoring the proper growth and development of children as well as regular examinations of children over the age of 30 days. Then, rational prescription of medicines and rational referrals to a higher level of health protection.

B) Dentist

Examinations at the chosen dentist are prevention, treatment and sanitation of diseases of the mouth and teeth. Preventive examinations include diagnosis of the risk of caries and parodontopathy, early detection of diseases of the mouth and teeth, abnormalities in the development of jaws and teeth, soft tissue therapy, mouth and salivary glands, tooth extraction.

C) Gynaecologist

Examinations performed by the selected gynecologist are: monitoring of the pregnancy, providing advice about pregnancy and contraception, running childbirth, when it is not necessary giving birth to be performed in hospital facilities, undertaking measures and activities for early detection of diseases among women, including health services with ultrasound, pap – test, smears for microbiological tests as preventive measures for early detection of cancer, colposcopy after a positive pap - test as a preventive measure for early detection of cancer.

Choosing a doctor

Healthcare services in primary healthcare for insured persons are provided by the chosen doctor.

The insured person has the RIGHT and OBLIGATION to choose a doctor in a primary healthcare.

Chosen doctor is OBLIGATED to provide healthcare services to the insured person from primary healthcare and to follow his/her health.

According to the article 15 paragraph 2 of the *Ruling book on the content and manner for achievement rights and obligations of compulsory health insurance* as a chosen doctor from gynecology is a specialist gynecologist – obstetrician. According to paragraph 6 of the same article, the choice of the doctor make female persons over 12 years old.

According to article 17: The doctor can cancel the choice of the insured person in cases:

1. If the insured person indicate distrust and not act according doctor advices;
2. If the insured person does not give the real information for his own health status”.

According to article 19: The chosen doctor may be changed in cases:

1. If chosen doctor stops its work;
2. Dislocation on living or working place of chosen doctor or of insured person;
3. In other cases on a request by the insured person.

Insured person upon its personal request can make changes on chosen doctor at most twice during one calendar year.

In accordance with articles of the *Agreement for conducting and paying healthcare services in the primary healthcare - gynecology*, penalties are predicted of half of the capitation in case if the chosen doctor do not provide healthcare services on insured persons who want to chose him/her, irrespective of the number of insured persons that already have chosen the same doctor, because the doctor is obligated to provide healthcare services on all insured persons that want to chose him/her.

Capitation – compensation by the Health Insurance Fund to the doctor who has concluded *Agreement* for provision of free of charge health services to insurers who have chosen him.

The amount of capitation is defined by the number of insurers multiplied by the corresponding number of points by age and value of points based on the following scale:

up to 4.000 points – 100% compensation

from 4001 till 5000 – 70% compensation

from 5001 till 6000 – 45% compensation

above 6001 поени – 30% compensation

One insured person = 1 point = 50 denars compensation

Secondary health care is provided by general hospitals and clinics, divided in specialist - consultative services for healthcare, responsible for assessment and treatment and hospital care. These services are accessed via a referral from the chosen doctor. Specialist – consultative health care includes specialist diagnosis, treatment and rehabilitation. It is conducted in the specialist clinics in health centers, polyclinics, clinics in general and clinical hospitals, medical rehabilitation service, as well as in special hospitals. Hospital health care is provided in: general hospitals, clinical hospitals, specialized hospitals, institutes and private hospitals. Costs related to hospital treatment of insured persons are covered by compulsory health insurance as well as with the participation of the patients in accordance with the legal provisions. Patients pay additional charges for services in institutions, in terms of accommodation and food. Costs of treatment in psychiatric hospitals are paid by the state. Specialized hospital care is implemented in 6 special hospitals and 7 rehabilitation centers.⁵

Tertiary health care is provided in clinical hospitals and University clinical center. Tertiary health care is also divided in: specialist - consultative and hospital health care. All tertiary institutions have function to implement teaching as well as to conduct scientific research. The access to tertiary health care is through secondary health care. University Clinics in Skopje are at the top of the health pyramid in the Republic of Macedonia and provide tertiary health care for more specialties.⁶

⁵ESE Pavlovski B. Health Care System in RM

⁶ESE Pavlovski B. Health Care System in RM

1.4. Financing

The health system in the Republic of Macedonia is financed by funds provided by collection of compulsory social contributions by the employed, and very little by funds from the budget of the Republic of Macedonia. Contributions for compulsory health insurance paid by the employed represent the most important source of income in the budget of health (more than 80% of total income in the budget for health).⁷ The establishment of the policy of funding the health system in the Republic of Macedonia leads to: continuous increase of the funds that citizens spend from the domestic budget for health and reducing public spending for this purpose, allocating fewer resources for health from the central budget in terms of the budget of public funds, spending less from the central health budget in relation to other public functions, intensive increase in the funds from donations and loans in the budget for health, in terms of means provided from the basic budget of the state and so on.⁸

The insured participate with their own resources in costs for a health service offered by a healthcare institution and covered by the Fund. The price for a health service (the so – called, referent price and the participation of the people insured by their own resources) is defined by the Fund, but not more than 20% of the full price of service. Pursuant to Article 34 of the Law on Health Insurance some people have a right to be released from paying for all health services and others just for certain health services.

Pursuant to the Law on Health Insurance, participation is not paid for medical examinations by chosen practitioners and for medical help given by emergency on call. Examinations to establish diagnosis and performed using ECG, echo and others by chosen general practitioners and using colposcope by chosen gynecologists are not in the group of special health services , but in the group of health services to be provided by chosen practitioners and not to be paid by the insured, i.e. the costs for them are included in the capitation by the Fund.

Studies of the Association for emancipation, solidarity and equality of women (ESE) indicate that in the last four years (from 2011 to 2014) the budget that is allocated by the Government of the Republic of Macedonia and the Ministry of Health aimed for the Program for preventive health care for mothers and children is amended 5 times or on average twice in a calendar year. In 2014 the total amount of funds allocated for active health care of mothers and children is for 43% lower than in 2011. It is particularly important to point out that the funds aimed for preventive health care for mothers and children are not totally spent during the calendar year for which they are intended for and are diverted for other purposes.⁹

The analysis of the situation of girls and boys in the Former Yugoslav Republic of Macedonia 2013, “Do not let any child left behind”, fairness to children, and a report of the country, UNICEF point out that according to the analysis of the Health Insurance Fund of Macedonia only 4,5 percent GDP are allocated to health care - the other former Yugoslav republics which have similar health systems allocate 6 percent while the World Bank provides data that Member States of the EU in 2011 allocated 8 percent of GDP on health care. Public funds are allocated in the healthcare sector primarily through two channels: the Health Insurance Fund and the budget of the Ministry of Health.

⁷ESE.Pavlovski B. We are all people: Health care for everyone regardless of ethnicity RM. 2014

⁸ESE.Pavlovski B. We are all people: Health care for everyone regardless of ethnicity RM. 2014

⁹Reactor. Mortality of infants and mothers in Macedonia is growing

1.5. Package of health services

Basic health services according to the Law on health insurance are:

Primary health care: health services for determining, monitoring and checking the health condition; undertaking expert medical measures and procedures for promotion of health, prevention, treatment and early detection of diseases and other health disorders; provision of emergency medical assistance, including transportation by ambulance when necessary; treatment in the infirmary i.e. in the beneficiary's home; health care related to pregnancy and childbirth; implementation of preventive, therapeutic and rehabilitation measures; prevention, treatment and rehabilitation of diseases of the mouth and teeth and medicines according to the list of medicines determined by a general act by the Fund with the consent of the Minister of Health;

Specialist - consultative health care: examination and determination of the diseases, injuries and health condition; conducting specialized diagnostic, therapeutic and rehabilitation procedures and prostheses, orthopedic and other aids, auxiliary and medical devices and dental devices according to indications defined by a general act of the Fund with the consent of the Minister of Health;

Hospital (short-term and long-term) health care: examination and determining health condition, treatment, rehabilitation, care, accommodation and food in the hospital; medicines according to the list of medicines determined by a general act by the Fund with a consent of the Minister of Health as well as supporting materials used for application of medicines, sanitary and other materials needed for treatment and accommodation and food for a companion of up to 3 – year - old child while hospitalized, up to 30 days.

Autopsy of deceased at the request of health facilities: the Fund provides insured persons with the basic health services in health facilities established by the network of health institutions, which provide the health activities in accordance to the regulations in the area of health care, up to the specified prices determined by a general act of the Fund with consent of the Minister of Health.

2. Roma community and Health

The Republic of Macedonia, as a signatory of the Decade for inclusion of Roma (2005-2015), has adopted a series of documents and policies aimed at improving the health situation of Roma and reducing the gap between Roma and the rest of the population. Important documents from this area are: the National Action Plan for health, Revision of the national action plan for health, as well as Local action plans for health adopted by the units of the local self-government. Analysis of the monitoring of these policies unfortunately indicates insufficient and inadequate implementation of national and local policies for improving Roma health in recent years. That is why many of the problems that Roma face in terms of their health and access to health care still persist.

Roma are a marginalized group in many aspects of public and social life that includes access to health services and their quality. The position of Roma in Macedonia is characterized by: high rate of poverty, unemployment, marginalized and poor settlements, substandard infrastructure, low health status, low level of education as well as inadequate representation in the political and public sphere. Regarding the health situation of Roma, researches have shown that they have less favorable condition than the majority of the population. This, above all, is characterized by a higher occurrence of chronic diseases among Roma, unlike the rest of the population, as well as 10 years shorter lifespan than the general population.

2.1. Number and populated areas

According to the census in 2002, the percentage of Roma in the total population in the Republic of Macedonia is approximately 2,7% (53,879), which declares them as fourth largest ethnic group in the state (after the Macedonians, Albanians and Turks). Roma live in 64 of all 85 municipalities in the state. Approximately 45 percent of the Roma population in Macedonia lives in ten municipalities: Bitola, Debar, Gostivar, Kicevo, Kocani, Kumanovo, Prilep, Stip, Tetovo and Vinica. Almost the same percentage of Roma population (43,1 percent) live in the capital, Skopje, and half of them are in the municipality of SutoOrizari where Roma are majority. In Bitola out of 95.385 inhabitants, 2.613 (2,7%) are Roma, in the municipality of Vinica total population is 19.938 out of which 1.230 (6%) are Roma, in the municipality of Gostivar total pupilation is 81.042 out of which 2.237 (2,8%) are Roma, in the municipality of Debar total population is 19.542 out of which 1.080 (5,5%) are Roma, in the municipality of Delcevo total population is 17.505 out of which 651 (3,7%) are Roma, in the municipality of Kicevo total population is 30.138 out of which 1.630 (5,4%) are Roma, in the municipality of Kocani total population is 38.092 out of which 1.951 (5,1%) are Roma. In the municipality of Prilep total population is 76.768of out of which 4.433 (5,7%) are Roma, in the municipality of Stip total population is 47.796 out of which 2.195 (4,6%) are Roma.¹⁰

2.2. Accessibility to health services

Poor financial situation, inadequate health education and insufficient knowledge of the health rights have negative impact on access to health services.

Part of the Roma population still cannot exercise their right to health insurance and the right to health care. One of the reasons for their inability to exercise the right to health care is the lack of documents and some legal or administrative measures impede obtaining personal documents and citizenship which are a requirement for exercising their rights. Mainly when they are ill, Roma go to see a doctor, but also the numbers of those who use do not see a doctor is big. Part of the reasons for not going to a doctor should be sought in waiting for an examination for more than 2 hours. Part of the reasons is also lack of trust in doctors, and part is lack of finances since it is known that nowadays prices of health services, interventions and treatments are very expensive for the poor Roma.¹¹ A large percentage of Roma indicate that patients in a queue enter doctors' offices in no particular order and use their connections to have a medical examination, which leads to a conclusion that those who have no connections have to wait longer in order to realize their right to examination. What is to worry about is the fact that Roma consider that the health sector is bribed as well as information about the bad attitude by the doctors and nurses to members of the Roma community. Bad attitude suggests growing discrimination against members of the Roma community. This finding indicates the need for laws that would guarantee equal treatment for all patients to health services.¹²

¹⁰State Statistical Office, Census 2002

¹¹Roma for the integration II: Analysis and recommendations, Roma expert groups for Roma integration

¹²Roma for the integration II: Analysis and recommendations, Roma expert groups for Roma integration

2.3. Accessibility to reproductive rights

2.3.1. Access to gynecologist and gynecological services

The availability of health services for women's health is unfavorable for Roma women unlike for other women, but there are also differences in the coverage with other health services among Roma women.

The survey of 2012, Assessing the condition of sexual and reproductive health and rights of the population in the Republic of Macedonia implemented by ESE - Association for emancipation, solidarity and equality of women regarding health services provided in the primary care and preventive gynecological services showed that women are not sufficiently covered by the gynecologists as well as regular preventive gynecological examinations are not performed. This phenomenon is because the gynecologists' infirmaries are far from women's homes, and this is especially a problem for women who live in rural areas and small towns. There is also dissatisfaction with the health services they have received during and after childbirth. There is insufficient coverage of the women during pregnancy and after childbirth by the polyvalent patronage service.

Although Roma women in sufficient number have chosen gynecologists, substantially fewer Roma women do preventive gynecological examinations. There are certain differences in health care during pregnancy and childbirth, so although a significant percentage of Roma women do not go to an adequate number of antenatal health examinations, a high percentage of these women give birth in health facilities, although there are still cases of giving birth at home without presence of trained health staff. Significant obstacle in the availability of services, particularly for Roma women are certain negative influences by the service providers, such as charging participation by the gynecologists for services that should not be charged.¹³ Patients are not informed about the prices in obtaining health services so they are subject to illegal and improper charging of a service. This particularly refers to gynecological services where the same service gynecological clinics charge different patients different prices. Women are not sufficiently informed that the examinations, tests and other gynecological services are free which reason for abuse is by the gynecologists. Also, patients are not informed about removing of their gynecologist from the records of doctors.

Health workers use and abuse non-informed patients about the status of the gynecologist (whether at the time of the requested health service the doctor is still registered as a doctor in Health Insurance Fund) which exposes patients to illegal charge for the health services. Patients often do not receive fiscal receipts about paid services which prevent them to report abuse. Roma women are generally treated worse by the gynecologists than other women. Approximately one fifth of the Roma women describe the visit to the gynecologist as a visit during which the gynecologist treated them badly.

Every second Roma woman considers that their ethnicity is the main reason for such treatment by the gynecologists, while every fourth Roma believes that this is due to the color of their skin. If we consider these two dominant reasons for discrimination, this means that more than two thirds of Roma women believe that this treatment is only because they are Roma.¹⁴

Illegal charging for medical examinations of pregnant women reduces the availability of antenatal care especially in vulnerable categories of persons and additionally puts them off from regular visits to the gynecologist, which further affects the risk of complications in

¹³ESE.Pavlovski B. We are all people: Health care for everyone regardless of ethnicity RM. 2014

¹⁴ESE.Pavlovski B. We are all people: Health care for everyone regardless of ethnicity RM. 2014

pregnancy and delayed response which can have fatal consequences for life of the mother and fetus.¹⁵

Obtained findings from the research by NGO “KHAM” Delcevo in terms of the scope of Roma women in the *Program for early detection of malignant diseases* of the Ministry of Health in the area of screening for early detection of cervical cancer, it is visible that Screening Program for early detection of cancer of the cervix is not implemented as planned in the Roma community. According to the statements given by the gynecologists, the success of screening is approximately 35%, and according to the findings of the community this figure varies even less i.e. about 30%. Different comments appear as main causes but the following dominate: distance of gynecologists, delivery of invitations and above all unlawful charging by the gynecologists for regular gynecological examinations. Lack of education is one of the causes as well especially among persons who are not married, tradition/shame to see a gynecologist before marriage and lack of education among Roma women in general about the importance of regular gynecological examinations.

According the Monitoring report “What shows experiences and data about (non) realization of the health component from the Strategy of Roma?” prepared by association ROMA S.O.S. in 2015, the predicted 1900 free of charge microbiological swabs for Romani women as well as 1500 antenatal examinations within the *Program for active health protection of mothers and children 2014*, ended up with 0% of realization due to the inability of the Ministry for Health to technically cover and divide the target group from other women.¹⁶

Another research from 2013 implemented in municipality of Prilep by ROMA S.O.S. among 400 Romani women, revealed that 74.5% of the interviewed who did gynecological examinations were charged for the service even though he/she was a chosen doctor and registered in the Health Insurance Fund.¹⁷

ESE research has shown that Roma women do regular examination during pregnancy less than other women. The main reason is their inability to pay for the examinations since most of the women stated that the gynecologists charge examinations, and the second reason is lack of health education.¹⁸

3. Conclusion and Recommendations

The most essential systemic obstacle that should be removed to improve the reproductive health of Roma women is exercising the right of choosing a doctor in line with charging participation by the gynecologists for services that do not need to be charged according law regulations implemented by the Health Insurance Fund and Health National Programs implemented by the Ministry of Health. Additionally women are not informed about the prices of obtaining gynecological health services and consequently are susceptible to illegal and improper charging or clinics might charge different prices for different patients for the same service.

¹⁵Reactor. Mortality of infants and mothers in Macedonia is growing

¹⁶ <http://romasoprilep.org/wp-content/publications/analizi/infografik%20zdr%20komponenta.pdf>

¹⁷ <http://romasoprilep.org/wp-content/uploads/2016/02/Meet-your-gynecologist.pdf>

¹⁸Committee on Health Care, Public debate: "Perinatal, infant and maternal mortality in the Republic of Macedonia", 20.11.2015 Presentation of the Association for emancipation, solidarity and equality of women - ESE

More concretely:

- Generally all women are charged, not only Roma women. They are informal payments or payments which are not according the Health Insurance Fund's policy for health insurance, concluded contracts and rights arising from the health insurance, thus they do not issue an invoice which is additional barrier to bring evidence in front of the authorized supervising institutions.
- Gynecologists charge different prices for the same service for different patients. However according the practice we noticed that this practice is much more often applied among Romani women because are the ones who less likely have registered gynecologist and are more often exposed to discrimination treatment.
- Since this practice is illegal and against the national health policy, we believe it is a good base for additional focused research and initiation of litigation based on documented cases. Thus it could be tested in order to bring evidence for the situation when arguing with authorities.

In order to provide better protection of the reproductive rights of Romani women, and in accordance with the prominent problems and requirements of the target group as patients, the following actions should be initiated:

1. Selection of two Roma communities, as pilot, in which would be realized focused field action. Prilep and Bitola as municipalities are of interest based on the number of Roma community and geographical orientation.
2. Preparation of Informative Call for distribution in the communities in which would be emphasized legal obligations of gynecologists as well as rights of patients in using gynecological services, calling women who faced informal payment to approach Roma NGO who will document the cases and establish a data-base.
3. Establishment of Local Leader Group of Romani women who will be strengthen and empowered to undertake the role of "collectors of evidence" and submitters of Complaints in front of the Health Insurance Fund, Ombudsman, Commission for non-discrimination, Revenue Office and Commission for Protection of Patients Rights, in order to challenge and put in use legal actions in combating this practice.

As the actions will be organized, in depth legal analyze will be prepared, identified effective mechanisms with relevant stakeholders and free legal aid would be offered in a tailored based approach, as the problem is recognized since 2013 year and no state authority has succeeded to find appropriate resolution up to date.¹⁹

¹⁹ <http://www.utrinski.mk/?ItemID=4E4E006F86E5D548B0D2074DDA9A62D4>,
<http://www.novamakedonija.com.mk/NewsDetal.asp?vest=11813855454&id=9&setIzdanie=23022>