

WRITTEN SUBMISSION TO THE HUMAN RIGHT COMMITTEE

On the implementation of the International covenant on civil and political life (ICCPR)

144 Session (2025)

Association ESE, North Macedonia

May, 2025

The Association for Emancipation, Solidarity and Equality of Women - ESE is a civil society organization that works on improving exercise of social and economic rights among vulnerable groups of citizens by empowering, mobilizing and engaging them in planning, implementation and evaluation of public policies and services in the Republic of North Macedonia.

The Association for Emancipation, Solidarity and Equality of Women's impetus is its firm commitment to problem-resolution. Our work on human rights promotion and advancement is aimed at improving social and economic justice, having in mind the tenant that human rights are standards that should be enjoyed by all people. Another special focus of ESE's work is promotion and advancement of health and women rights. Hence, the association's two key objectives are related to addressing urgent needs of citizens, especially the needs of vulnerable groups of citizens, and shaping public policies to achieve sustainable and lasting change. At the same time, our work exceeds the boundaries of documenting, reporting and publicly denouncing injustices observed in the society. We provide legal and paralegal assistance, enabling citizens to exercise their rights and to change their living conditions. In addition, ESE strives to change legislation and policies that affect exercise of health and women rights at national, regional and international level. In particular, we prepare and publish so-called [shadow reports](#) and make other submissions to competent human rights bodies about the level of their exercise in the country, including recommendations to improve state-of-affairs.

Contents

A) Introduction	4
Gender-Based Violence (GBV) and Domestic Violence	4
Access to Primary Healthcare for Women and Vulnerable Groups:.....	4
B) Main findings and recommendations	5
SECTION 1. GBV AND DOMESTIC VIOLENCE (Articles 2,3, 6,7, 9, 14, 26)	5
SECTION 2. SEXUAL AND REPRODUCTIVE HEALTH (Articles 2,12).....	10

A) Introduction

This Shadow Report focuses on two crucial thematic areas: gender-based violence (GBV) and domestic violence, and access to primary healthcare for women and other vulnerable groups in North Macedonia. Despite the country's legal obligations under international human rights standards, the report identifies significant implementation gaps and systemic barriers that continue to affect women and marginalized communities in accessing justice, protection, and healthcare. It is based on the experiences and perspective of women in vulnerable situation (as right holders), and practitioners from institutions (as duty bearers). This report is based on the experiences and perspectives of women in vulnerable situations (as right holders) and practitioners from institutions (as duty bearers), with particular contributions from the Association for Emancipation, Solidarity, and Equality of Women (ESE), which has conducted numerous assessments, studies, and analyses on the impact of GBV, domestic violence, and access to healthcare in the country.

Gender-Based Violence (GBV) and Domestic Violence

The first thematic area explores the persistent challenges faced by women survivors of GBV, with a particular focus on women who have experienced domestic violence. The State's response to domestic violence remains largely declaratory and underfunded over the past two decades. Despite the adoption of laws, policies, and strategies for the prevention and protection of GBV and, specifically, domestic violence, the State has failed to provide the basic preconditions for their effective implementation, such as the allocation of sufficient budget funds for their practical implementation. As a result, the State failed to effectively implement the international and national legal framework for prevention and protection against GBV and domestic violence, which is the root cause for the existing long-term systemic weaknesses.

In parallel with the systemic weaknesses, the specific needs of women survivors of domestic violence are not adequately addressed. Limited access to affordable and effective legal aid, compounded by economic challenges arising from the costs incurred as a result of the violence, continues to restrict their opportunities for recovery and the resolution of related issues. These financial and systemic barriers not only undermine the survivors' ability to seek justice but also prevent them from rebuilding their lives after the trauma of violence.

Access to Primary Healthcare for Women and Vulnerable Groups:

Access to healthcare for women, particularly those from marginalized groups such as Roma women and those in rural areas, continues to be hindered by geographical and economic barriers. Gynecological care, maternal health services, and cancer screenings remain insufficient, leading to poor health outcomes for many women. The report highlights the lack of information and awareness about available health services, compounded by the centralization of many essential services, which disproportionately affects rural communities.

Health programs, such as those for HPV vaccination and cervical cancer screening, are underfunded and poorly implemented, resulting in low coverage and limited outreach. Additionally, the lack of affordable contraceptives and insufficient sexual and reproductive health services contribute to gender inequalities in healthcare access and outcomes.

Both thematic areas reflect the disconnect between legislative efforts and effective implementation, leaving vulnerable women and marginalized groups without the necessary resources, support, and protection. The report calls for urgent reforms to address these implementation gaps and ensure that international obligations are met in practice, providing equitable access to justice, protection, and healthcare for all women in North Macedonia.

B) Main findings and recommendations

SECTION 1. GBV AND DOMESTIC VIOLENCE (Articles 2,3, 6,7, 9, 14, 26)

1.1. Insufficient funding for implementation of national legal framework for prevention and protection against GBV and domestic violence.

Although the legal framework for protecting against domestic violence has existed for over 20 years, the state's approach has been to adopt laws, policies, and strategies without establishing the necessary prerequisites for effective implementation, such as adequate budget funds and human resources.

This approach persisted even after the ratification of the Istanbul Convention. In 2018, the Action Plan for its implementation (2018-2023) was adopted, followed by the Law on Prevention and Protection against Violence against Women and Domestic Violence in 2021, and amendments to the Criminal Code in 2023 to include additional forms of gender-based violence. However, these developments were not accompanied by proper budget planning or the provision of adequate funds for practical implementation.

Relevant bodies, such as the UN CEDAW Committee and GREVIO, have recognized this gap. The Law on Prevention and Protection from Violence against Women and Domestic Violence clearly states the legal obligation for ministries and local governments to allocate annual budget funds (Art. 17-21), but this obligation remains unfulfilled.

In 2025, the Ministry of Social Policy, Demography, and Youth began preparing the National Strategy for Prevention and Protection from Gender-Based Violence (2026-2033) and the first National Action Plan for 2026-2029. A major challenge will be ensuring the regular allocation of budget funds to implement the strategy.

Recommendations:

- The Government, Competent Ministries, and Local Self-Government Units (LSGUs) must take concrete steps to establish mechanisms and practices that ensure the fulfillment of legal obligations by providing annual budget funds for the implementation of the Law on Prevention and Protection from Violence against Women and Domestic Violence.
- In the process of preparing the National Strategy for Prevention and Protection from Gender-Based Violence against Women and Domestic Violence, there should be a comprehensive planning process to allocate the necessary budget funds by all stakeholders involved in implementing the strategy. Additionally, the implementation of the first National

Action Plan (NAP) for the period 2026-2029 should be adequately budgeted to support the strategic priorities.

Connection to ICCPR Standards:

The failure to adequately fund and implement the legal framework for preventing and protecting women from GBV and domestic violence violates women's rights under Article 3 of the ICCPR, which guarantees the equal right of men and women to the enjoyment of all civil and political rights. The State's failure to fulfill its obligations under Article 2 of the ICCPR, which mandates that rights be ensured without discrimination, directly contravenes its international obligations.

Systemic weaknesses

As a result of this declarative and underfunded approach, there have been serious systemic shortcomings in dealing with domestic violence over the last 20 years, which are also noticeable in relation to other forms of violence against women that have been legally regulated more recently after the ratification of the Istanbul Convention. The following section discusses systemic shortcomings and recommendations for overcoming them:

1.2. Lack of System for Data Collection, Monitoring, and Evaluation

Despite legal obligations for data collection on gender-based and domestic violence by Centers for Social Work, police, public prosecutors' offices, and courts, a uniform system for data collection has not been established. Although the Ministry of Justice adopted rulebooks for data collection by prosecutors' offices and courts in 2022, they have not been implemented. Other ministries have not yet adopted such rulebooks, and only the Ministry of Interior publishes data, but limited to domestic violence.

There is no system to monitor the implementation of the legal framework or assess the impact of efforts to prevent violence against women and provide protection and support to victims. This lack of data collection prevents evidence-based planning and hinders the identification of trends or the planning of future interventions.

Recommendations:

- Establish a functional system for data collection and periodic publication of information on violence against women and domestic violence by all relevant institutions and the judiciary.
- Create a system for monitoring and evaluating the impact of the legal framework for preventing violence and providing protection and support services to victims.

Connection to ICCPR Standards:

The failure to establish a data collection system violates the rights guaranteed by Article 2 of the ICCPR, as the absence of such data makes it difficult for the state to meet its obligation to ensure the effective implementation of legal rights, especially those concerning the protection of women from violence.

1.3. Neglected Prevention of Violence Against Women and Domestic Violence

Although prevention is prioritized within the legal framework, it remains the most neglected area in the state's approach to addressing violence against women. There is a lack of continuous public awareness campaigns and preventive activities from relevant stakeholders, as well as a clear strategic framework for long-term change in citizens' understanding, attitudes, and behaviors toward violence against women. This has resulted in the persistence of gender stereotypes and prejudices, which contribute to the continuation of violence. A significant gap in prevention efforts is the absence of mandatory continuous education for practitioners from relevant institutions.

Recommendations:

- Develop a national prevention strategy with clear goals, indicators, and assigned institutional responsibilities for implementation, including mechanisms for evaluating the impact of prevention efforts.
- Establish a system of mandatory continuous training for all practitioners working with victims and perpetrators of violence to ensure effective intervention and prevention.

Connection to ICCPR Standards:

The lack of effective preventive measures directly violates the right to life and personal security guaranteed under Article 6 and Article 7 of the ICCPR. The continued prevalence of gender stereotypes and lack of education contribute to a culture of impunity for perpetrators of violence against women, thus breaching the duty of the state to protect women from violence and ensure their safety, as well as their right to be free from torture, cruel, inhuman, or degrading treatment or punishment.

1.4. Ineffective Protection for Women Victims of Violence

The lack of systematic education for practitioners contributes to inappropriate handling and application of legal protection mechanisms, such as the civil court procedure for imposing emergency and temporary measures of protection (TMP), as well as the criminal procedure for crimes related to violence against women and domestic violence. There is insufficient use of TMP, which are meant to be a specialized mechanism to protect victims from future acts of violence. This shortcoming arises from several issues: insufficient awareness of TMP among both the public and relevant institutions, incorrect categorization of domestic violence cases by the Centers for Social Work (CSW) as "broken family relationships," which leads to improper methodologies and prevents the use of TMP, inadequate implementation of risk assessments to determine the need for these measures, and the limited scope of TMP proposals, which are mostly prohibitive rather than requiring action from the perpetrators. Additionally, there is a lack of a system for monitoring the effectiveness of TMP.

At the level of criminal legal protection, there are several deficiencies, including the failure to recognize certain criminal acts related to psychological, economic, and sexual violence, with some reported cases being misclassified as "complaints," which results in the absence of criminal

prosecution for the perpetrators. Victims often withdraw from criminal procedure against the most dominant criminal act “bodily injury” which is initiated upon written consent; they face revictimization during the procedure, while criminal proceedings are delayed before the basic courts. Moreover, the penal policy remains lenient, with many perpetrators of violence against women receiving suspended sentences, rather than facing more stringent penalties.

Recommendations:

- Ensure effective implementation of emergency and temporary protection measures (TMP). This includes systematic education for practitioners on correct case categorization, accurate risk assessments, and the creation of monitoring mechanisms to evaluate the effectiveness of measures of protection applied by CSWs, police, judges, and other relevant institutions.
- In the criminal justice system, focus on educating practitioners in police, prosecutors' offices, and courts, and establish strong coordination to ensure proper recognition and classification of crimes related to psychological, economic, and sexual violence. This will help ensure rapid and effective criminal proceedings, accountability for perpetrators, and prevention of revictimization for victims.

Connection to ICCPR Standards:

The failure to implement effective protection measures, including emergency and temporary protection measures (TMP), breaches Article 6 (right to life) and Article 7 (freedom from torture or cruel, inhuman treatment) of the ICCPR. Furthermore, the ineffective criminal justice response, especially the failure to properly recognize and classify criminal acts of psychological, economic, and sexual violence, undermines the victim's right to access justice, as well as their right to personal security as protected under Article 9 (security of person). The lack of accountability for perpetrators violates Article 2 (non-discrimination) and Article 26 (equality before the law) of the ICCPR, ensuring that victims of violence have equal protection of the law.

1.5. Unmet specific needs of women survivors

In parallel with the systemic weaknesses elaborated above, women survivors of GBV and domestic violence are facing specific legal and economic challenges when they report violence and seek help and support.

The economic impact of gender-based violence (GBV) is profound, yet remains largely overlooked in both GBV-specific policies and broader national strategies. According to ESE's assessment, 87% of women survivors experienced economic consequences, including loss of income (52%), job loss (28%), increased healthcare costs (45%), and relocation expenses (31%). For many women, these costs are substantial—often exceeding their entire monthly income, leaving them and their children in precarious financial situations with limited access to recovery or state support.

The adjudication and enforcement of child alimony in North Macedonia remain deeply inadequate. ESE's assessment of 30 women survivors of domestic violence shows that only 27% receive alimony in full and on time, while 37% experience delays or partial payments, and 36% do not receive any payments at all. The average court-awarded amount per child is 3,652 MKD, which falls significantly short of covering children's actual needs—especially education, healthcare, and recreation. In 47%

of cases, courts granted alimony at an amount lower than requested, with an average reduction of 28%. Moreover, only 20% of women are satisfied with the amount awarded, while the rest report it is insufficient and often not aligned with their children's age or living costs. Despite clear evidence of non-payment and underpayment, no effective measures have been introduced to improve court practices or ensure enforcement, leaving single mothers to bear the full financial burden.

Survivors' financial limitations, including their inability to afford court fees and forensic costs, hinder their access to effective legal protection. Women involved in court procedures are often unaware of their legal rights, such as the right to free legal aid and exemption from court fees, leaving them without adequate representation. Women survivors of domestic violence are guaranteed the right to secondary legal aid (attorney representation) in the procedure for TMP, but no steps have been taken to improve access to these rights in other civil court procedures, such as divorce, child custody and alimony, property division, damage compensation etc.

Recommendations:

- To initiate changes and amendments to the Law on Free Legal Aid to guarantee access to secondary legal aid for women survivors of GBV and domestic violence. This must include attorney representation, exemption from court fees, and coverage of all other related legal and procedural costs, particularly in civil proceedings.
- The state should formally recognize the economic consequences of GBV and domestic violence and recommend the adoption of measures for financial support and/or establishment of a state compensation fund, in order to provide financial support to women survivors and their children, including compensation for unpaid child alimony and other GBV-related economic losses.

Connection to ICCPR Standards:

The unmet needs of women survivors of GBV, particularly in terms of financial support and access to effective legal protection, are a violation of the right to access justice, as guaranteed by Article 2 and Article 14 of the ICCPR. The state's failure to ensure the provision of legal aid and address the economic consequences of GBV violates the right to equality before the law and effective remedy, preventing women from seeking justice and compensation. This situation further perpetuates systemic gender discrimination, which is prohibited under Article 3 and Article 26 of the ICCPR.

Sources of information:

[Association ESE, Analysis on costs incurred as a result of domestic violence 2024](#)

[Association ESE, Does Child Alimony Meet Children's Needs? 2024](#)

[Association ESE, Impact of Court Fees on Women Survivors of Domestic Violence, 2021](#)

[Association ESE, LA STRADA, Coalition Margin, Shadow Report on the implementation of COE's Istanbul Convention](#)

[GREVIO, Base-line evaluation report for North Macedonia, 2023](#)

SECTION 2. SEXUAL AND REPRODUCTIVE HEALTH (Articles 2,12)

This section addresses the key challenges in accessing sexual and reproductive health services in North Macedonia, focusing on gynecological care, maternal health, HPV vaccination, cervical cancer screening, and related services for women. Despite existing frameworks and legal provisions, various barriers persist, particularly for women in rural and marginalized communities, which hinder their ability to access essential health services.

2.1. Barriers in Access to Gynecological Services in Primary Health Care.

From a total of 80 municipalities in North Macedonia, 41 municipalities have no primary health care facility with gynecologists, and 25 municipalities have an insufficient number of gynecologists. Almost all rural areas and the majority of small urban settlements do not have primary gynecological health care. Illegal charges represent another barrier in access, as around 95% of Roma and rural women were charged by their gynecologists in primary health care for services that are supposed to be free of charge for women.

Recommendation:

The state should adopt positive measures and allocate the necessary funds to improve access to primary gynecological health care in underserved municipalities. This includes providing incentives for doctors to open practices, equipping gynecological offices in primary health care centers, increasing resources for mobile gynecological clinics, and covering travel costs for women who need to visit gynecologists in municipalities lacking this service.

Connection to ICCPR Standards:

The barriers to accessing gynecological services violate women's right to health as enshrined in Article 12 of the ICCPR, which requires that individuals be able to enjoy the highest attainable standard of physical and mental health. These barriers, especially in rural and marginalized areas, undermine women's access to essential healthcare services and contribute to inequality.

2.2. Lack of Coverage of Women with Home Visiting (Patronage) Nurses During Pregnancy and After Delivery.

Home visiting nurses provide essential services for women during pregnancy and for mothers and newborns at home. Only 35% of rural women and 28% of Roma women were visited by the patronage nurse during pregnancy. Similarly, only 60% of rural women and 31% of Roma women received visits to their newborns from a patronage nurse. The uneven geographical distribution of nurses, lack of vehicles, and basic equipment are some of the main factors for this situation.

Recommendation:

Strengthen the work of home visiting (patronage) nurses by employing more nurses where needed, forming a separate managerial unit for patronage nurses within Primary Health Care centers and General Hospitals, and ensuring continuous education for nurses, as they are not currently part of the Continuous Medical Education system in North Macedonia. Mechanisms for oversight and evaluation of their work, with participation from women beneficiaries of the services, should also be established.

Connection to ICCPR Standards:

The lack of adequate healthcare services, particularly the insufficient coverage of women with home visiting nurses, directly violates Article 12 of the ICCPR, which guarantees the right to the highest attainable standard of physical and mental health. The failure to ensure healthcare services, especially for rural and marginalized women, discriminates against them, breaching Article 2 of the ICCPR by denying women the equal right to healthcare access and protection under the law.

2.3. Low Levels of Coverage of Girls with HPV Vaccine.

The coverage of girls with the HPV vaccine remains insufficient, with coverage slightly above 50%. Although the HPV vaccine is available for both girls and boys starting in 2025, the coverage remains particularly low in urban areas. There has been no meaningful campaign to raise awareness among parents about the importance of the HPV vaccine, and there are no plans or measures to combat misinformation circulating among the population regarding the vaccine.

Recommendation:

The state should allocate funds for public education campaigns to raise awareness about the importance of the HPV vaccine, with a focus on urban and rural areas. Furthermore, legal changes should be considered to allow girls aged 15-16 and older to make their own decision about receiving the HPV vaccine without parental consent.

Connection to ICCPR Standards:

The low coverage of girls with the HPV vaccine and the absence of awareness-raising campaigns contravenes Article 12 of the ICCPR, as it limits women's and girls' access to preventive healthcare services. The failure to ensure widespread vaccination, particularly for vulnerable groups such as Roma and rural girls, discriminates against them and violates Article 2 (non-discrimination) of the ICCPR, as it does not provide equal protection of rights for all citizens.

2.4. Insufficient Coverage of Women with Cervical Cancer Screening Program.

In the past years (2019–2021), only around 30% of women were covered by cervical cancer screening over a three-year period, while effective screening requires at least 75% coverage. The primary issue is insufficient budget allocation, with the government allocating only around 11 million MKD annually for this program. There is also almost no educational or awareness-raising activity aimed at women regarding the importance of regular cervical cancer screening. Furthermore, the government does not allocate funds for the HPV test, which is a more accurate and effective method for cervical cancer screening.

Recommendation:

The state should increase budget allocations for cervical cancer screening programs based on needs. Current budgets are only sufficient to cover 15% of women over three years. The allocation should be increased to ensure 75% coverage. Additionally, mobile gynecological clinics should be operational year-round, and primary health care physicians in areas lacking gynecologists should be included in the cervical cancer screening program.

Connection to ICCPR Standards:

The insufficient coverage of women with cervical cancer screening directly violates Article 12 of the ICCPR, which guarantees the right to health. The lack of education, funding, and resources allocated to cervical cancer screenings denies women their right to necessary medical care, disproportionately impacting marginalized groups, and breaching the non-discrimination principles outlined in Article 2 of the ICCPR.

2.5. Program for Active Health Care for Mothers and Children.

Since 2021, the Ministry of Health has removed all activities related to health education and health promotion for women, pregnant women, newborns, and children. The budget for this program has remained the same (17 million MKD) for over five years, despite the increase in the state budget and inflation during this period. Additionally, established centers for the health protection of women victims of sexual violence remain underutilized, with only 3 women using services in 2023, representing just 10% of the officially recorded cases of sexual violence. The measure for free contraceptives for vulnerable women remains underutilized, with only 30 women receiving oral contraceptives in 2023, and only 14 women receiving an intrauterine contraceptive device. A major contributing factor to this is that this service is only available at the University Hospital in Skopje, and there is a lack of information available to women about the existence of this measure.

Recommendation:

The state should allocate funds for health education campaigns aimed at improving maternal and child health. Additionally, more resources should be directed to increase the utilization of sexual violence protection centers, and the free contraceptive service should be decentralized and made more accessible to vulnerable women. Information about available services should be better disseminated.

Connection to ICCPR Standards:

The removal of health education and promotion activities for women and children, along with the underutilization of services for sexual violence victims, violates Article 12 of the ICCPR, which guarantees the right to health. The underfunding of sexual violence protection services and contraceptive measures, particularly for vulnerable groups, constitutes a failure by the state to fulfill its obligations to ensure the highest attainable standard of health for all, violating both Article 2 (non-discrimination) and Article 12 of the ICCPR.

2.6. Lack of Contraceptives on the Reimbursement List of the Health Insurance Fund.

Women must pay out-of-pocket for contraceptives, as they are not included on the Health Insurance Fund's reimbursement list, creating a significant barrier for women in need.

Recommendation:

The state should place more oral contraceptives and barrier contraceptives on the reimbursement list of the Health Insurance Fund. The existing service for providing contraceptives should be decentralized through the network of Primary Health Care centers and hospitals. A greater variety of contraceptives should be made available to meet the diverse needs of women, and clearer criteria

for vulnerable women who are entitled to these services should be developed. Improved information and referral systems for women to access these services are also necessary.

Connection to ICCPR Standards:

The lack of contraceptives on the reimbursement list violates Article 12 of the ICCPR, denying women the right to reproductive health services and the highest attainable standard of health. The requirement for women to pay out-of-pocket for essential contraceptive services further discriminates against low-income and vulnerable women, breaching Article 2 (non-discrimination) and Article 12 of the ICCPR, which guarantees the right to health without discrimination.

Sources:

[- Association ESE. "When the life on margins determines health – Access to primary health care for Roma in North Macedonia"](#)

[- Association ESE. "When the place of living determines health – Access to primary health care for rural communities in North Macedonia"](#)

[- "Improvement of the preventive health care for vulnerable groups – Findings and recommendations from the monitoring of the four health preventive programs under the Ministry of health". Association ESE, HERA, Initiative of women from Shuto Orizari, Stronger Together.](#)

[- Annual report for the implementation of the Program for active health care of mothers and children for 2023. Ministry of health.](#)

[- Health Insurance Fund.](#)

Conclusion

In both sections, the overall failure of the State to provide adequate legal, healthcare, and protection services undermines the rights of women and marginalized groups under the ICCPR. The lack of sufficient funding, the ineffective implementation of laws, and the continued discriminatory barriers to justice and healthcare prevent women from fully enjoying their civil and political rights as guaranteed by the Covenant. These failures also perpetuate gender inequality and violence, which directly contradict the principles of non-discrimination, equality before the law, and the right to access health and justice enshrined in the ICCPR.