To: Committee on the Elimination of Discrimination against Women

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Information for the Committee on the Elimination of Discrimination against Women to consider in its adoption of the issues listed in the Sixth Periodical Report of the Republic of Macedonia regarding the Convention on Elimination of All Forms of Discrimination against Women, 71 Pre-Sessional Working Group, 12-16 March 2018

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I. SUBMITTING ORGANISATIONS

This information was prepared by the Roma Women's Initiative from Šuto Orizari in collaboration with the NGOs listed below. The informal group of Roma activists was established in 2014. We are Roma women who are trained as paralegals and community monitors and involved in community-led activities for the legal empowerment of the Roma community and for social accountability of the government in delivering services for sexual and reproductive health among Roma women in Šuto Orizari:

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HERA – The Health Education and Research Association was established in January 2000. The Association works to promote the inclusion of sexual and reproductive health issues and rights in national policy and legislation. HERA provides health, social, and legal services to 2,600 women annually, most of whom are Roma, which is the most at-risk community in the country. HERA is a full member of the International Planned Parenthood Federation (IPPF).

SUMNAL – The Sumnal Association for the development of the the Roma community in Macedoniais a non-governmental organisation established in June 2004 to address the needs of the public schools and the predominantly Roma community of Topaana regarding extremely poor school performance, high drop-out rates, illiteracy,and low awareness of the importance of education.To combat these problems,Sumnal organizes and performs various educational, social, and character-building activities in close relation with the proposed and taught material in the regular schools and curricula prepared by the Ministry of Education. Their vision isfor the Roma people to become integrated into the society and to contribute fully to the development of the Republic of Macedonia. Their mission is to empower the Roma community in Macedonia through the improvement and development of education, culture, the creative development of children and youth, social inclusion, economic development, health and the environment, and nature conservation.

CDRIM – The Centre for Democratic Development and Initiatives was established in December 2003. The main goal of CDRIM is raising awareness among the Roma community and strengthening the Roma community through educational workshops, shared educational material, public debates, and media use. CDRIM also endeavours to provide the Roma community with better access to health and social rights services.

AMBRELA, a non-governmental organisation established in December 2007, contributes to the social integration and empowerment of the Roma population in Macedonia. It focuses on programmes in education, health, human rights, minority issues, discrimination issues, and gender equality. Ambrela conducts field research and assesses needs within the community in order to create relevant and effective projects. It operates with a multi-ethnic team of professionals who support the social participation of marginalised groups consisting predominantly of women and school-aged children.

C.S.I. Nadež is a non-governmental organisation whose forming was initiated by employees of the "Roma Reintegration Program" project, implemented by Caritas verbandfuer das Bistume.V. Essen, of Germany. Since 1998, C.S.I. Nadež has been actively involved in democratic development and strengthening of human rights, especially the rights of marginalised groups, by providing educational support for children and support for women's integration, giving them access to education and other opportunities to improve their skills and expertise.

II. SUMMARY

We have jointly prepared this brief to supplement the information available to the Committee on the Elimination of Discrimination against Women in its adoption of the issues listed in the Republic of Macedonia's reports regarding its implementation of the Convention on Elimination of All Forms of Discrimination against Women. Our aim is to highlight some issues regarding Article 12 of the Convention pertaining to Roma women in the municipality of Šuto Orizari—the largest Roma municipality in the country.

In paragraph 34 of its previous Concluding Observations of the Republic of Macedonia, the Committee on Elimination of Discrimination against Women recommended that the State party: […] "take all measures necessary to improve women's access to quality health care and health-related services." In paragraph 38, the Committee called upon the State party to: "Implement and expeditiously allocate adequate financial resources to national action plans and strategies aimed at eliminating all forms of discrimination against Roma women."[1]

Furthermore, in paragraph 48 of its Concluding Observations in relation to the combined second to fourth periodic reports (2016) of the Republic of Macedonia, the Committee on Economic, Cultural, and Social Rights recommended that the government: "[…] intensify its efforts to ensure that primary health-care services are available and accessible to all regardless of geographical location, including by allocating adequate funding to the health services, securing a sufficient number of qualified medical professionals and expanding the coverage and the benefits under the Health Insurance Fund. It urges the State party to put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health-service providers with the licensing agreements under which they operate."[2]

However, there is no evidence that the State has taken effective measures to improve its services for maternal and child health, as well as sexual and reproductive health for Roma women in Šuto Orizari, including improving the availability and accessibility of primary healthcare gynaecological services. In particular, the State has not put enough effort into providing people living in poverty with the necessary health insurance and healthcare facilities,or intopreventing discrimination in the provision of health care and health services. In the following text we will provide information about barriers that still interfere with access to health services, education, and information—including in the area of sexual and reproductive health—for Roma women in Šuto Orizari. In particular, we provide information on four barriers to accessing health services for sexual and reproductive health among the Roma women living in Šuto Orizari:

1. Discrimination against Roma women when accessing primary healthcare gynaecologists;
2. Illegal payment for health services in the primary healthcare gynaecologists' practices, which, according to the national legislation, are free of charge;
3. Health-care gynecological services at the primary level are not available for all women due to geographical barriers; and
4. Low coverage by visiting nurses of the Roma women during the antenatal and postnatal period.

III. BACKGROUND

1. The total population of the Republic of Macedonia is 2,071,210, of which 2.7% or 53,879 are Roma. In the Municipality of Šuto Orizari, which falls within the boundaries of the capital Skopje, around 17,357 inhabitants or 76.6% are Roma. Out of the total of 8,701 women living in Šuto Orizari, around 6,719 are Roma women[3].

2. The overall poverty rate in the Republic of Macedonia is approximately 30%. The Roma are particularly affected by poverty and social exclusion because of a range of factors, such as lack of education and unemployment; consequently, the poverty rate among Roma is almost three times higher than the national average, amounting to approximately 88%.[4] About one-third of the poorest households in the Roma settlements have no access to improved water sources and/or sanitation, as compared to the rest of the population, in which over 90% have access to these two commodities.[5]

3. As a consequence of their unfavourable social and economic living conditions, limited access to healthcare, as well as limited access to justice, in particular regarding exercising their right to healthcare, Roma women in the Republic of Macedonia face more health problems and shorter life expectancy than the majority population[6]. The infant mortality rate is 17.4 deaths per 1,000 live births among Roma mothers, while this rate among non-Roma mothers is 9.3 deaths per 1,000 live births.[7] The use of modern contraception in Macedonia is very low (contraception in women between 15 to 49 years of age is also low, at just 12.8%) and among Roma is even lower (7%).[8]

4. According to the national laws and regulations, health insurance holders are afforded free-of-charge medical examinations by their selected primary healthcare physicians as part of their basic service package, i.e., health insurance holders are exempted from paying any cost-sharing fees when using this type of healthcare service.

5. Each year, the Government of the Republic of Macedonia develops a National Mother and Child Care Programme. One of the main objectives of this program is to improve the quality and equality of access to healthcare services for mothers and children, focusing on women from vulnerable populations, including the Roma. The programme is implemented by the Ministry of Health and comprises special measures for healthcare service provision to mothers in their antenatal and postnatal periods, including coverage with visiting nursing services during the antenatal and postnatal period.

6. Access to primary gynaecological services for Roma women is inadequate. The lack of access to gynaecological services puts the sexual and reproductive health of Roma women at risk. Data from UNICEF indicates that 27% of Roma women did not see a gynecologist in the previous 5 years (mostly over 40 years of age, but not exclusively), and 18% say they have never been to a gynecologist (29% of women aged 15-24 reported this).[9] Field data collected by civil society organisations show that 50% of Roma women must overcome certain barriers in order to receive gynaecological services, such as illegal charges for services covered by the national health insurance programmes and receiving poor quality healthcare services[10].

IV. ISSUES OF CONCERN

Roma women continue to be stigmatized and discriminated against in health care institutions

7. In its concluding observations, the Committee called upon the State party to: "Implement and expeditiously allocate adequate financial resources to national action plans and strategies aimed at eliminating all forms of discrimination against Roma women." Racial discrimination (discrimination based on ethnicity or national minority) is prohibited by domestic laws: it is stipulated in the Law on the Prevention and Protection against Discrimination (2010) and the Law on the Protection of Patients' Rights (2008). The legal mechanisms for protection against discrimination in the country are poorly implemented. Prejudices and stereotypes about certain social groups or individuals lead to discriminatory behaviours and practices, without legal redress. The Ombudsman's Reports on the promotion and protection of human rights for 2012[11], 2013[12], 2014[13], 2015[14], and 2016[15] all state that racial discrimination is the most common type of discrimination in the country.

8. Since 2012, HERA has registered cases of discrimination against Roma women seeking to exercise their right to access a primary healthcare gynaecologist. According to the survey conducted by HERA in 2015, 13% of respondents reported having been denied at least once when choosing a primary healthcare gynaecologist.[16]As stated by Roma Health Mediators from several municipalities, health care professionals, particularly gynecologists, refuse to cooperate with Roma women.[17] Data obtained from a UNICEF survey also indicated that the attitude of health workers towards Roma may be unsatisfactory (bureaucratic behavior and discrimination—both visible and hidden). Healthcare professionals responsible for providing health care to Roma are most often not sufficiently culturally competent in their practice. Conflicts that may arise during the medical treatment of Roma are not always properly resolved by doctors. Cultural barriers and cultural incompetence of health workers may result in lower frequency of medical visits, conflicts during treatment, and unkind or rude behavior.[18]

CASE STUDY: HERA acquires evidence of discrimination using a "situational testing" method

Based on data which clearly showed that Roma women faced discrimination from a particular primary healthcare gynecologist, HERA conducted a "situational testing" in order to obtain relevant evidence of racial discrimination. "Situational testing" is a method used in cases of discrimination when facts and evidences are missing and, therefore, it is difficult to prove discrimination. "Situational testing" involves organized individuals or actors whose role is to investigate discrimination in various processes and areas, and for different purposes. It is particularly suitable for revealing cases of direct discrimination, which is often hidden behind various excuses. The model of individual justice is often inadequate to prove the structural and institutional discrimination. Therefore, the method of "situational testing" allows discrimination to be more easily revealed in these particular cases.

The testing was conducted in a primary gynecological practice which has shown earlier indications of discrimination on the basis of ethnicity and low social status, cumulatively. The testing was held on three working days: one Roma woman and one Macedonian woman visited the office of the gynecologist each day. They all asked to be added to the register of patients of the primary healthcare gynecologist. The three Macedonian women were accepted in the register of patients and the three Roma women were refused with an excuse that the gynecologist works only with older patients (although the Macedonian women that participated in the testing were even younger than the Roma women) which shows that discrimination is hidden behind age as an excuse.

Based on the evidence which indicate discrimination by ethnicity, HERA recorded the findings of the situational testing, on the basis of which the Roma women involved can seek legal remedy in the forthcoming period.

9. The Commission against Discrimination, a specialized body, has never found discrimination based on ethnicity in the right of access to primary gynecological healthcare services. Moreover, there are no court decisions applying anti-discrimination provisions in the fields of health services for the Roma women.

Relevant health institutions lack effective measures to stop the widespread practice of charging illegal fees by primary healthcare gynaecologists and to effectively implement the preventive health protection programmes

1. The Committee on Economic, Social and Cultural Rights in its concluding observations in 2016, recommended the State party […] "to put an immediate end to the practice of illegally charging fees and to monitor the compliance of private health-service providers with the licensing agreements under which they operate."[19]

2. The current laws and regulations provide for every pregnant woman to receive services from her selected primary healthcare gynaecologist entirely **free of charge**. Field and research data show that there is a widespread practice by the primary healthcare gynaecologists in the country of chargingillegal fees. Since 2012, Roma women from Šuto Orizari have been conducting Community Score Cards and raising red flags regarding the illegal payments as key barriers when accessing antenatal care services at the primary level. The annual Community score cards among Roma women living in Šuto Orizari conducted by the community activists and NGOs over the past four years have shown that more than 60% of Roma women were illegally charged when visiting primary healthcare gynaecologists (67% in 2012[20] and 80% in 2015[21]).

> ***'During my check-up with the gynaecologist they charged me 600 MKD (EUR 10) for a PAP smear. At the time I didn't have the right amount, so the doctor took my Health Insurance Card as a guarantee that I would pay the money back. I am aware that I shouldn't be charged at all. No one in my family is employed, and I cannot afford to pay for my check-ups'*** – a Roma woman from Šuto Orizari interviewed on 15.12.2017

3. Since the beginning of 2012, HERA recorded 1277 cases of Roma women from Šuto Orizari being charged illegal fees for reproductive health services. Only the Office of the Ombudsman found illegal charging for services and a violation of the health rights of the Roma women from Šuto Orizari in two cases; none of the other bodies (the Ministry of Health, the Health Insurance Fund and the State Sanitary and Health Inspectorates) found irregularities. The large number of documented cases of illegal charging for services—and the inaction on the part of state bodies to address them—illustrate the failure on the part of the government to protect the Roma women in Šuto Orizari from interference with their right to reproductive health.

4. The state's response to the enforcement of the primary healthcare providers' rights and obligations arising from private healthcare service provision, as stipulated in the Contract with the Health Insurance Fund, indicates that: "Individuals duly authorised by the Fund shall be charged with supervising the work of private providers in relation to the obligations they had assumed under their Contracts with the Fund, with extensive and severe penalties and fines for failing to observe any of the contractual provisions. The State Sanitary and Health Inspectorate shall have the competence to carry out inspection of the manner and degree to which health insurance holders and the insured persons exercise their rights." However, field and research data over the past five years have clearly shown that restrictive measures imposed by the Health Insurance Fund on the private healthcare providers have not yielded any results in the elimination of illegal payments to the primary healthcare gynaecologists.

5. The measures for pregnant women that had been planned by the Ministry of Health in its Annual Programmes of the previous years have not been implemented at all:

- The 2015 National Program for Mother and Child Care planned for pregnant women to receive folic acid and iodine pills at no cost. However, community monitoring research in 2015 showed that 0% of the Roma women from Shuto Orizari received this measure.
- The 2014 and 2015 National Mother and Child Care Programme had planned for the organisation of educational workshops by visiting nurses on the improvement of child health, vaccination, safe motherhood, and adolescent health. The community monitoring research in 2014 and 2015 showed that 0% of the Roma women had been informed or had attended the educational workshops.
- After the State party's response to the CEDAW Committee's question number 34: "[…] one of those programs is a program for active health care of mothers and children in Macedonia. The purpose of this program is to improve the health of children and reproductive-age women aimed at reducing infant and maternal mortality. Special focus is given to the vulnerable groups of the population where attention is paid to equal access to services of all those who need it."[22] Despite this, the 2014 National Mother and Child Care Programme planned free microbiological smear testing for pregnant women who receive social aid. Considering the social and economic circumstances of the Roma women, a great number of them would be eligible to use such free-of-charge testing. However, community monitoring research in 2014 showed that 0% of the Roma women from Šuto Orizari received this measure[23]. Instead of introducing mechanisms to properly implement this measure in practice, in its 2015 National Mother and Child Care Programme, the Ministry of Health decided to abolish it entirely, along with the funding for its implementation.[24]The measures within the Annual Preventive Programs are not effective, primarily because they are not planned according to the needs of the population and they lack mechanisms for their implementation. Additionally, there is no system for collecting data on the results of the measures and their utilization. There is no systemic process of follow-up and assessment of the effect of the programme measures to the infant mortality rate. Furthermore, the findings of the CSO's are not taken into consideration by the State party in the process of creating the preventive programmes.

7. In 2017, HERA initiated the establishment of a national consultative expert group of all key stakeholders in order to overcome the problem of illegal charging of gynecological services, as well as other barriers of access to reproductive health services at the national level. Within this group, there are representatives of the Ministry of Health, the Health Insurance Fund, Institute for Public Health, Association of family-doctors, Association of Private Gynecologists, Association of obstetricians and medical nurses, a representative of the gynecologists at the tertiary level of health care, and representatives of the civil society organizations. During 2017 and 2018, this group was actively devoted to creating situational analyses with a special focus on human resources, in order to develop modalities for optimizing the use of resources and providing better access to reproductive health services at the primary level in the country, both for the short term as well as the long term.

Health-care gynecological services at the primary level are not available for all women due to geographical barriers

1. In September 2017, the State party finally, after 10 years, took measures to provide a health-care gynecological service at the largest Roma municipality in the Republic of Macedonia, Shuto Orizari. Despite this measure, there is unequal distribution of gynecologists at the national level, which is also a serious barrier to access for reproductive health. According to the findings of the draft-analyses of the consultative-expert group mentioned above, four cities in the Republic of Macedonia (Makedonski Brod, Demir Hisar, Krushevo, and Probistip) are left without any primary healthcare gynecologist. Furthermore, there are large differences in the distribution of gynecological services in different areas. For example, some gynecologists provide services for 1,819 women of reproductive age, while others provide services for 6,799 women of reproductive age.[25]

2. According to the Institute for the Health and Protection of Mothers and Children the number of registered visits by patronage nurses to pregnant women in the country has been continuously decreasing over the last decade.[26] Considering that patronage services are part of those primary healthcare services specifically intended to provide increased access for rural women and vulnerable groups, a decrease in the number of visits indicates that access to reproductive healthcare services is compromised.

3. A Roma Health Mediators programme (RHM), has been implemented in cooperation with the Ministry of Health since 2012. The main role of the RHM is to facilitate the access of Roma to primary health and social services by improving communication between Roma and institutions, to assist in providing the necessary personal and health insurance documentation, and to promote health awareness and activities to influence individuals and the community.

4. The State party's Report to the Committee states: "In the context of the implementation of the Decade of Roma Inclusion 2005-2015 and the Strategy for Roma in the Republic of Macedonia, MH and CSOs started the implementation of the project "Roma Health Mediators" in 2010. This project is still implemented and aims to overcome the obstacles in communication between the Roma population and healthcare workers, to identify the persons and families who have no access to healthcare by making field visits to inform them of the accessibility to healthcare, healthcare insurance, and free healthcare services provided in the preventive and curative programs of MH, and to improve the health status of the Roma population."[27]

5. Despite the State party's response, Roma Health Mediators are still functioning on a project level. They are not employed nor introduced at the National Classification of Occupations, which would enable their systematization and confirm their eligibility for the same entitlements other Government employees receive.

6. According to the UNICEF evaluation report of the Roma Health Mediators programme: "The Government commitment and contribution to the stability and success of the program is crucial. Identifying optimal model for Roma Health Mediators institutionalization and systematization remains a priority for sustainability of the overall program. This should be done by introducing the profile of health mediator into the National Classification of Occupations enabling their systematization and entitlements as for any other Government employee." Furthermore, it recommends that the optimal model for the RHM be determined and institutionalized. After over five years as a project activity, some serious decisions as to the future of the program are necessary. It is highly recommended for the RHM program to continue, not as a project activity, but as an institutional program within the Ministry of Health. The following aspects should be taken into consideration: Inclusion in the national classification of occupation as a prerequisite for Roma Health Mediators systematization in the health centers (or other institution according to the agreed model).[28]

There is very low coverage of visiting nurses among women in the antenatal and postnatal periods

1. Visiting nurses for women was a measure planned in the National Mother and Child Care Programme for 2012, 2013, 2014, 2015, 2016, and 2017. Specifically, community visiting nurses were mandated to:

- Visit pregnant women (an average of two visits per pregnant woman and more in high-risk cases, i.e., for girls younger than 18, women older than 35, or women who belong to vulnerable social groups, including the Roma women and pregnant women in remote rural areas).

- Visit all mothers and newborns (for an average of two visits) and in cases of home birth mothers and nursing mothers from socially vulnerable groups and Roma families, more than two visits.

2. The Community Score Cards confirm the poor implementation of these measures among Roma women from Šuto Orizari, with the visiting nursing service only covering a small number of women during their antenatal and postnatal periods. In 2012 only 13% of pregnant women from this municipality were visited during their antenatal period[29], in 2013 only 7%[30], in 2014 only 14%, and 5.9% in 2015.[31]
3. According to the official data from the state health institutions, the coverage of pregnant women by the visiting nurses program is 52% at the national level. Although this percentage shows insufficient coverage, it is still far higher in comparison to the coverage among the Roma women living in Šuto Orizari.
4. The data collected in the field shows a higher level of visiting nurse coverage during the postpartum period, however, not all women received a visit during their postnatal period. Namely, in 2012, 75% of the Roma women from Šuto Orizari received a visit from a community nurse during the postnatal period, 83% in 2013, 77% in 2014[32], and 86% in 2015.
5. The research findings from the Community Score Cards indicate that the biggest issues contributing to the poor coverage by the visiting nurses is the shortage of visiting nurses employed in the health centres as well as the lack of technical resources for those visiting nurses (e.g., the lack of outreach vehicles).

6. ISSUES addressed to the Republic of Macedonia

In light of this information, we respectfully invite the Committee on Elimination of Discrimination against Women to submit to the Government of Republic of Macedonia the following requests:

1. Please provide information regarding the measures taken to implement effective mechanisms for elimination of all forms of discrimination against Roma women when accessing services related to sexual and reproductive health, including primary healthcare gynaecological practices.
2. Please provide information regarding the measures taken to eliminate widespread illegal charges for health services provided by the primary healthcare gynaecologists to ensure that health insurance holders can exercise their right to free-of-charge medical examinations by their selected primary healthcare provider.
3. Please provide information regarding the measures taken to eliminate the acute shortage of gynecologists at the national level over the long term, particularly in rural areas and areas with predominantly Roma populations.
4. Please provide information regarding the measures taken to ensure the participation of civil society organizations and affected communities in the creation of the national preventive programmes in the field of health protection of mothers and children.
5. Please provide information regarding the measures taken for the employment of Roma Health Mediators that are currently engaged by the Ministry of Health, and also regarding the integration of Roma Health mediators in the public health care system.

ENDNOTES

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