Analysis of legislation related to the health care of victims of gender-based violence

September 2021

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This Programme is funded by the European Union

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This document was developed as part of the project "Advocacy and expert level dialogue with Government and the Parliament to amend existing legislation in the field of gender-based violence and gender-based discrimination", implemented by the Centre for Research and Policy Making (CRPM) and the National Network to End Violence Against Women and Domestic Violence, within the Regional Program of the European Union and UN Women "Ending Violence against Women in the Western Balkans and Turkey: Implementing Norms - Changing Minds."

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INTRODUCTION

The right to health is recognized in numerous international instruments. The Universal Declaration of Human Rights affirms: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services." In international human rights law, the right to health is most comprehensively regulated by the International Covenant on Economic, Social and Cultural Rights. Pursuant to Article 12.1. of the Covenant, States Parties recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health". In addition, the right to health is recognized, among others, by the Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child.

Despite a series of significant achievements and continuous efforts for advancement at international and national level, the enjoyment of the right to health is still unattainable for certain categories of persons.

Prevention and protection from gender-based violence implies a multi-sectoral approach including adequate healthcare, collection of statistical data, access to services and referral of victims to other relevant services. Gender-based violence is a matter of public health due to the negative effect it has on the psycho-physical health of the victims, but also on other parties who are indirectly involved in the violence, such as the children of the victims of gender-based violence, the primary family, and their immediate environment (friends, neighbours, etc.).

The role of health institutions and health professionals is particularly important in the implementation of procedures and protocols for the protection of victims of gender-based violence - including psychological, physical, and sexual violence against women in the Republic of North Macedonia. Most often, health institutions/workers are the victims' first contact with the competent institutions, especially in cases where the violence is not reported to the police. Therefore, it is particularly important that the health system has a holistic approach to the protection of victims, with the aim of preventing revictimization of victims and providing initial help and support.

In addition, the role of health professionals should include preserving the privacy of victims, encouraging victims to make informed decisions without influence, pressure, and prejudice, as well as referral to services outside the health system.

The global pandemic caused by the COVID19 virus and new lifestyle including movement restrictions, quarantines and curfews have contributed to a further increase in gender-based and domestic violence. It is likely that due to the burdened health system during the pandemic, the lack of properly trained personnel and the limited hospitalization capacities, victims of gender-based and domestic violence faced a series of challenges in accessing health services.

On December 22, 2017, the Republic of North Macedonia ratified the Convention on preventing and combating violence against women and domestic violence, i.e. the so-called Istanbul Convention. Based on the Istanbul Convention, the Ministry of Labour and Social

Policy prepared an Action Plan[1] for the implementation of the Convention, a strategic document of the Government of North Macedonia the purpose of which is to define the activities, key institutions, indicators and the time frame for translating the provisions of the Convention into the national legislation for the period 2018-2023.

Healthcare is recognized as a key segment in the protection of victims of gender-based violence, and the action plan foresees supplementing the health regulation in order to regulate health services in the direction of protecting victims of gender-based violence.

The right to healthcare for all citizens is regulated by the Constitution of the Republic of North Macedonia and the Law on Healthcare. The realization of guaranteed rights and established needs and interests is carried out through specially designed annual programs that are financed by the Budget of the Republic of North Macedonia. The National Program for Public Health, Program for Health for All, Program for Mothers and Children, etc.

This document aims to provide an overview of the national regulation related to the healthcare of victims of gender-based violence. The analysis covers the Law on Healthcare, the Law on Protection of Patients' Rights, and the Law on Health Insurance, as well as relevant programs that deal with different aspects of healthcare for different target groups. The analysis also includes findings from two focus groups organized by the National Network to End Violence Against Women and Domestic Violence and specific recommendations for changes in the three laws in order to promote and protect the rights of victims of gender-based violence.

[1] Action plan for the implementation of the Convention on preventing and combating violence against women and domestic violence in the Republic of North Macedonia 2018-2023 available at the following link.

1. NATIONAL ACTION PLAN FOR THE IMPLEMENTATION OF THE ISTANBUL CONVENTION (2018-2023).

The National Action Plan (NAP) for the implementation of the Istanbul Convention (2018-2023) stipulates amendments to the Law on Healthcare the Law on Protection of Patients' Rights.

Law on Healthcare

Proponents of amendments: Ministry of Health in cooperation with the Health Insurance Fund, Ministry of Labor and Social Policy

Indicators: A working group for the preparation of the proposed amendments to the Law formed, a ban on discrimination in accordance with the principles of the new LPPD established, services for victims of GBV established by the state and/or by NGOs financed by the RNM Budget regulated.

Timeframe for adoption of the Law: Second half of 2018

Sources of financing: Budget of the Ministry of Health and donations.

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According to the Action Plan, the amendments to the Law on Healthcare are coordinated by the Ministry of Health with the support of the Health Insurance Fund and the Ministry of Labor and Social Policy. Changes to the law include formation of a working group as well as holding consultative meetings and debates on the changes to the law. In the Action Plan, the final change of the law is foreseen in the second half of 2018. At the time of finalization of this analysis in August 2021 or 3 years later, the changes to the Law on Healthcare have not yet been finalized. The progress report on the implementation of the NAP[2], in relation to the Law on Healthcare, says that a working group has been formed for amending and supplementing

[2] Progress Report for the Republic of North Macedonian on the implementation of the National Action Plan for the implementation of the Istanbul Convention (October 2018 – October 2020). Available at the following link.

the law, which also includes CSOs. This information was received in response to a request for public information sent to the Ministry of Health, as well as the information that the proposed changes are in a working version, and have not yet been finalized.

Regarding the Law on Protection of Patients' Rights, the analysis of the NAP shows that this activity has been partially implemented. Namely, a law was passed on amending and supplementing the Law on Protection of Patients' Rights in 2019. As part of the amendments, the grounds for discrimination were determined in accordance with the Law on Prevention and Protection from Discrimination (LPPD), which amendment is foreseen as an indicator in

Law on Protection of Patients' Rights

Proponents of amendments: Ministry of Health in cooperation with health institutions, CSOs

Indicators: A working group for the preparation of proposed amendments to the Law formed, criteria for a health worker to be able to report a case of GBV determined, a number of consultative meetings/public debates on the Law held.

Timeframe for adoption of the Law: Second half of 2020

Sources of financing: Budget of the Ministry of Health and donations.

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the NAP with deadline for implementation until the end of 2019. However, one of the key indicators (provided for in the NAP) - conducting an analysis and determining the criteria for a healthcare worker to be able to report a case of GBV has not yet been fulfilled, and the position of The Ministry of Health is that these two indicators are already subject to legislation, that is, they are regulated in the Law on Preventing and Combating Violence against Women and Domestic Violence.

2. FOCUS GROUP FINDINGS

In the period March-April 2021, in order to collect qualitative data on the amendments to the Law on Healthcare, the Law on Protection of Patients' Rights and the Law on Health Insurance, two focus groups were conducted by the team of the National Network to End Violence Against Women and Domestic Violence.

The first focus group was conducted with 15 representatives of Civil Society Organizations (CSOs) involved in prevention, protection and reintegration of victims of gender-based violence. The second focus group was conducted with 8 women victims of domestic violence. Additional individual interviews were conducted with 2 female victims of domestic violence.

Due to the increasing number of cases and the third wave of the COVID-19 virus, the third focus group with representatives of the Ministry of Health and other health institutions was not conducted.

2.1 KEY FINDINGS - CIVIL SOCIETY ORGANISATIONS

In general, CSOs emphasized that their experience and cooperation with health institutions in the protection of women and children victims of violence varies from excellent cooperation to very negative experiences and complete absence of cooperation. Namely, organizations that have signed a memorandum of cooperation with a local hospital or clinic have excellent cooperation, and their experience shows that the obligations of the memorandum are complied with by both parties. The victims are always accompanied by a representative of a CSO and always receive appropriate healthcare and protection. On the other hand, most CSOs have not signed such memoranda and their experience is different with different health institutions even in the same settlement. Where there is at least one sensitized person, victims receive services and protection, and this is always the case when they are accompanied by a CSO member. In the majority of cases where the victims sought help independently, they either received a partial service or did not receive the necessary service at all. One of the biggest problems is the inability of the victims to cover the healthcare costs, although according to the Law on Prevention and Protection from Violence against Women and Domestic Violence healthcare services should be free of charge for women victims of violence and domestic violence.[3] In other words, healthcare workers are obliged to take all measures for the healthcare of victims with regard to examinations, provision of medical treatment, documentation of injuries and information about their rights and available services, and e victims are exempt from payment for all these measures. Medicines and procedures that should be procured "privately" are particularly problematic in the sense that they are not covered by the Health Insurance Fund, regardless of whether the victim has or does not have health insurance. CSOs pointed out several examples when victims of sexual violence were refused healthcare and healthcare workers failed to understand the need for collecting urgent evidence for court proceedings, did not pay attention to revictimization, discrimination and judgement of victims, regardless of whether they are adults or minors. In addition, CSOs pointed out that healthcare workers do not understand the need for provision of free healthcare services from psychiatrists and psychologists for women and children victims of violence, as well as the low level of cooperation with these professionals in terms of collecting evidence and data, preparing specialist reports, etc. In relation to the health crisis caused by the COVID-19 pandemic, CSOs emphasized that they had not received support for protection against COVID-19, either in the form of a Protocol for Protection, disinfectants (especially for temporary housing services), or assistance for free testing of the victims of violence. This was especially highlighted for those female victims who needed hospital treatment and placement in a healthcare facility, for which a negative PCR test for COVID-19 was required. In terms of creating policies, laws, and programs, CSOs emphasized that they were not invited to participate in the working groups for amendments to legal regulations related to healthcare and that they had no information about the existence of such working groups and processes.

[3] Pursuant to Art. 51 paragraph 2 of the Law on Prevention and Protection from Violence against Women and Domestic Violence (Official Gazette of RNM No. 24/21 of January 29, 2021). Available at the following link.

CONCLUSIONS

The Focus Group findings point to systemic deficiencies in the healthcare system that were particularly prominent during the COVID-19 pandemic. In addition, the services that victims of gender-based and domestic violence should receive without monetary compensation, which is not the case in practice, further affects the degree of access to healthcare and reduces the victims' trust in healthcare institutions.

Furthermore, the fact that healthcare workers do not recognize the need for further referral of victims to adequate services, including psychological help, is a worrying factor. Namely, this data points to the lack of a comprehensive coordinated system for the protection and support of victims of gender-based and domestic violence and the need for continuous training and professional upgrading of healthcare workers to work with victims of gender-based and domestic violence.

Regarding the creation of policies, laws and programs, the insufficient involvement of civil society organizations affects the quality of the same due to the lack of information and expertise that the organizations that work in the field and that have close contact with victims of gender-based and domestic violence have. . Due to the complexity of gender-based violence and the influence of various cultural, ethnic and religious factors in reporting violence, it is of particular importance to include civil society organizations in policy-making processes so they can be the voice of the victims on whose experiences inclusive and comprehensive measures and policies can be based. The need for the inclusion of CSOs in the overall process is especially reinforced by the fact that healthcare institutions that have signed a Memorandum of Cooperation with CSOs have better implemented their legal obligations, with CSOs being involved in the process of treating victims and in some way supervising the quality of the services provided by healthcare institutions, unlike those institutions with which no cooperation has been established.

2.2 KEY FINDINGS – WOMEN VICTIMS OF GENDER-BASED AND DOMESTIC VIOLENCE

The participants in the focus group highlighted several similar experiences when receiving healthcare services, while some of them had unique experiences. For the most part, those who were taken to a healthcare facility, usually a hospital, accompanied by the police, were admitted for an examination without waiting. Those who sought help on their own were often left waiting for someone to examine them, as this happened late at night. The participants in the focus group pointed out that they were charged from MKD 1,200 to 5,000 for examination reports, medical certificates, and specialist reports, depending on the type of report. Some of them stated that they had not receives such reports at all because they were not able to pay at the moment. A very common phenomenon is the non-recognition of domestic violence against women and their children by healthcare workers, especially family doctors, even when the woman had visible fractures of the limbs, the jaw, or conspicuous bruises and injuries. The signs of psychological violence in women and children were particularly undetected. Long-term treatment of injuries caused by domestic violence is not recognized in healthcare institutions, that is, the service may not be charged only in cases of acute violence. For example, one of the participants pointed out that she had had a more serious leg injury, which had required prolonged medical and physical therapy. Apart from the examination, she was charged for everything else, and she paid part of it "privately". In cases where a woman was accompanied by the police or a CSO, she managed to get a report from the examination and the provided healthcare, and they were delivered/sent to the police station and the Centre for Social Work. In other cases when the woman sought medical

assistance by herself, she did not receive a report to serve her in further procedures. In one case, she was informed that she could pick up the report after she paid, so she borrowed money from a friend and collected the report the next day. Paediatricians recognized changes in children's behaviour more easily, and they advised mothers to visit a psychologist and seek protection. Unfortunately, they did not have information to properly advice women on where to call or refer to. Victims are always charged for psychiatrists and psychologists' sessions and these services are usually not covered by the Health Insurance Fund. Although the psychiatrists issued appropriate reports and identified the violence against the woman, they could not adequately refer her for further protection and support. The women participating in the focus group emphasized that they faced judgements and insults when they sought healthcare in cases of acute violence. Although they arrived at the institution with visible and more serious injuries, the healthcare workers treated them with judgement, contempt, and rejection.

CONCLUSIONS

According to the statements of the participants of the focus groups, specialist reports are still charged, which is contrary to Article 51 paragraph 2 of the Law on Prevention and Protection from Violence against Women and Domestic Violence[4], which, among other things, could be used as proof of violence, absence from work, access to social services, etc. If the victim is not able to receive the report, then her rights are limited, and the victim cannot prove that there are consequences of the violence. In addition, the healthcare facilities in our country do not offer a comprehensive system of medical services for victims, including for treatment of the consequences such as psychological trauma, which means that victims must pay for all additional services outside the healthcare services they received immediately or shortly after the violence was committed. This additionally affects the level of reporting of gender-based/domestic violence due to the economic factor, i.e. where victims cannot move away from the abuser due to lack of finances/housing, it will affect the extent to which victims could afford to pay for long-term medical care.

It is alarming that healthcare workers still don't recognize gender-based/domestic violence, including psychological violence which could leave lasting consequences on the victim and her children, such as reduced work capacity, anxiety, depression, suicidal tendencies, etc.

PERSONAL TESTIMONIALS

I. The woman was a victims of severe physical violence with pronounced and visible injuries during curfew in March 2020. At the time, movements of all persons was forbidden, so the woman was scared to leave her home and go to the police station. After she spoke to police officers on the phone, they accompanied her and her children to the nearest police station in order to help her. She was duly received by police officers and referred to the Clinical Center in Skopje. She was duly admitted to one of the hospital wards and she wasn't charged for the examination. However, more exams were needed in other hospital wards. She was initially refused her next exam, and when she was finally admitted, she was asked to cover all the costs. Since she did not have enough money on her, the exam was not done and she was asked to come back the next day. The staff of the next hospital ward she was admitted to was rude and judgmental, stating that they didn't know whether she was a victim or not

[4] Ibid.

so she couldn't be exempt from payment. However, she was examined and it was agreed that she pay the following day. She paid for and took all her medical and examination reports. None of the healthcare workers had informed her where to report the case and seek further protection, nor was she asked whether she had a safe place to spend the night at while this was happening. Although she had more serious injuries, she went alone by taxi from hospital to hospital in order to do all the exams. She submitted the report to the police station, but there was still no action from the other competent institutions. Only when she addressed a CSO for help, she succeeded in initiating a procedure and starting to realize some of her rights. She says that she still has consequences of the violence, for which she covers the costs by herself. None of the healthcare workers advised her to seek protection and help for her 2 children who had witnessed the violence. The CSO she turned to provided psychological support for the children. As a consequence of the violence, she needed continuous visits to the dentist, whose services need to be paid for. She managed to find a family doctor who provided free services to victims of gender-based and domestic violence, so she continued her treatment with him.

II. A young girl was a victim of violence by her father, who had been violent against her mother for years. Fearing for her life, the mother never dared to report the crime. She often sought medical help for severe fractures of the jaw and limbs, but the family doctor never offered assistance or information on where to report the domestic violence. She often sustained head injuries, which were difficult to detect, so she was only advised to rest and take contusion medication. Moreover, the woman was forced to have sex with the abuser although she had undergone an operation and had been advised by the doctor to avoid sexual intercourse. Still, whenever she went for control examinations, the gynecologist failed to advise her on how to get help for the marital rape and generally ignored the information she shared about the violence in her home. When the daughter was beaten up by her father, she sought help at the nearest clinic. No serious injuries were detected during her exam – the report only stated that she had a bruise on her leg, without listing the cause of the injury, despite the fact that she sustained a serious injury that required treatment for months and left a visible scar. However, the healthcare workers who provided the medical care refused to listen about the cause of the injury.

CONCLUSIONS

The personal testimonies confirm the findings of the focus groups regarding the need for raising awareness and training of healthcare workers in order for victims to receive adequate and timely services with a focus on their rights, but also humane treatment by healthcare workers.

Revictimization occurs when healthcare workers do not follow established protocols, but also when they have no training on how to deal with victims of gender-based violence. Personal testimonies indicate that healthcare workers, specifically family doctors, need training and information on the protection mechanisms and specialized services for assistance and support. The testimonies lead to the conclusion that a coordinated healthcare system has not yet been established, in order for the victims of gender based violence to have access to services for short and long-term treatment of injuries incurred as a result of violence (including psychological help).

3. REVIEW OF HEALTHCARE LEGISLATION

3.1 Review of the Law on healthcare in relation to the National Action Plan for implementation of the Istanbul Convention (2018-2023) focusing on the relevance of victims of gender-based and domestic violence

Article 1 of the Law on Healthcare[5] stipulates the following:

This law regulates the matters related to the system and organization of healthcare and ***the provision of healthcare, the guaranteed rights and the determined needs and interests of the state in the provision of healthcare, healthcare institutions,*** *the obligations of healthcare workers and healthcare associates,* ***the quality and safety of healthcare, the provision of the healthcare in emergency conditions and the supervision over the provision of healthcare.***

This Article establishes the principles of the healthcare system in the Republic of North Macedonia, which is based on the guaranteed rights to health, the obligations of healthcare workers/associates, the quality and safety of the services, the provision of healthcare and the supervision over the provision of healthcare. Based on this Article alone, for the victims of gender-based violence and domestic violence, the Law stipulates that the state shall provide its citizens with access to quality and safe health services and institutions through the obligations of healthcare workers and associates and supervision over the provision of healthcare. Later in this part of the analysis, the articles of the law that need to be covered with the amendments stipulated in the NAP for the Implementation of the Istanbul Convention will be noted.

The definition of healthcare under **Article 2** covers a system of social and individual measures, activities and procedures and this Article needs to the amended with gender-based/domestic violence and the consequences of this negative social phenomenon.

With regard to ensuring realization of the guaranteed rights, determined needs and interest by the Republic of North Macedonia, **Article 16 stipulates:** *All citizens of the Republic of North Macedonia are guaranteed the realization of the rights, established needs and interests guaranteed by this Law.* Furthermore, the Law lists the measures and activities through which the citizens will realize their guaranteed rights. In the foreseen legal changes, Article 16 needs to be covered and supplemented with a section on victims of gender-based and domestic violence. The amendments should also include relevant services as well as their budgeting in the Budget of the Republic of North Macedonia.

Article 17 provides an overview of the healthcare institutions for primary healthcare, secondary healthcare for performing specialist-consultative and hospital healthcare and tertiary healthcare for performance of the most complex health services within specialist-consultative and hospital healthcare which cannot be or is not advisable to be performed at the lower levels of healthcare. In Article 17, a section needs to be added regarding healthcare of victims of gender-based violence that would fall under the primary or secondary healthcare (for example, psychological institution).

[5] LAW ON HEALTHCARE, editorially refined text published in the "Official Gazette of the Republic of North Macedonia" which covers all amendments pursuant to the Law on Amending the Law on Healthcare, published in the "Official Gazette of RM" no. 37/16 available at http://zdravstvo.gov.mk/zakon-za-zdravstvenata-zashtita/

Article 26 covers healthcare and services, measures and activities and the content of healthcare. This Article also stipulates that the *Lists of health services and weighting coefficients of health services for determining the performance of healthcare workers, determined on the basis of the complexity and duration of the health service and the possibility of complications by levels of healthcare which can be performed by separate activities and types of health services, are established by the Minister of Health.* In this Article, a separate section should be added on gender-based violence and measures, services and activities which will be coordinated.

As regards **Article 30,** which relates to primary healthcare, point 1 is relevant: detection and treatment of diseases and injuries, provision of health and obstetric care and medical rehabilitation of patients which falls into primary healthcare where gender-based violence should be added as a subpoint. In subpoint 7, referral of patients to secondary and tertiary healthcare institutions and coordination of their treatment is especially important for the victims of violence and this should be included in the Law.

Article 32 refers to the chosen doctor (family doctor) and in the part where his/her obligations are described, a separate section related to the obligations of the family doctor in the treatment of victims of gender-based violence should be inserted. This section covers medical exams, counseling and other types of health services, preventive measures and activities, determines the justification for temporary absence from work, injuries, and the need for transportation by ambulance in emergencies, organizes transportation by ambulance (independently, in cooperation with other doctors or with the nearest organized ambulance service) and assesses the justification for accompanying the patient. Additionally, **Article 32a** refers to provision of primary healthcare in residential areas outside its area of coverage upon prior consent by the Ministry of Health. This Article should be supplemented in relation to the Minister's consent in cases of gender-based violence in the sense that the cases of gender-based violence should not be subject to the Minister's permission and should be treated like any other emergency interventions.

Referral of patient is covered in **Article 39-a** and this Article is especially important with regard to the referral of victims of violence to adequate health services, but also services that are outside the healthcare system, such as CSOs. In this part, the Law should be supplemented specifically taking into account gender-based violence.

Article 48 addresses separate public healthcare areas. Gender-based violence should be included as one of the areas covered by this Article.

Article 73 refers to Healthcare Centers and the activities within their purview. Prevention and referral of victims of gender-based violence should be included as one of the primary activities of the Healthcare Centers. This recommendation is also applicable to **Article 74.**

As regards **Article 114** and the elements of the work program and the financial plan of the public healthcare institution, the Law needs to be revised to provide for financial means related to the admission of victims of gender-based violence, as well as their follow-up treatment (incidental or continuous). For example, finances for a psychologist to work with victims of violence and their children.

Healthcare workers are covered by **Article 124** and in this part the law stipulates the conditions for obtaining qualifications for healthcare workers. This part of the Law should be supplemented with mandatory training on gender-based violence, recognition and referral before healthcare workers are licensed to work.

Article 142 which refers to mentorship of healthcare workers, more specifically the plan and program for specialization and sub-specialization, should be supplemented with a section on gender-based violence, recognition, referral and treatment, in a way that would cover all levels of education of healthcare workers.

The mandatory trainings for residents (when necessary) in **Article 144-a** should include basic trainings on recognizing gender-based violence.

The responsibilities of healthcare workers are covered by **Article 152**, while **Article 152a** covers the application and observance of the principles and rules of conduct and work of healthcare workers and associates. **Article 153** deals with professional secrecy i.e. the obligation of healthcare workers to keep confidential all the information they have about the patient's health. **Article 154** refers to violations of professional secrecy. These four Articles are particularly relevant in terms of gender-based/domestic violence due to the sensitivity, specifics and circumstances of the victims that come in contact with the healthcare system. In that sense, it is important for this Law to be supplemented with a section that would refer to the permission to share information on the victim's health condition, especially if it is assessed that the violence is life-threatening.

Disciplinary offences are described in **Article 186** and in this part a section should be added on improper and unprofessional behavior and protection of the victims of gender-based and domestic violence.

The manner of organization of the work and the implementation of uninterrupted healthcare is covered by **Article 212.** This is especially important for polyclinics that work 24/7 and where the staff should be trained to adequately deal with victims. For example, calling an ambulance and further referral of the victim. To that end, this Article should be supplemented to also cover gender-based and domestic violence.

The duty of hospitals is determined in **Article 226**, while Article (2) states that the hospital is obligated to provide the patient with a written explanation of the reasons why he/she was refused hospital treatment. This part of the Law should be supplemented with provisions related to victims of violence who were refused hospital treatment and the reasons for their refusal.

Article 233 refers to monitoring and improving the quality of healthcare in the performance of healthcare services which, in the sense of this Law, covers a procedure for monitoring the quality of professional operation of healthcare and other institutions that provide healthcare services, healthcare workers and associates, as well as proposing measures for its improvement. **Article 234**, point (2) lays down the indicators for quality of healthcare prescribed by the Ministry of Health. This part should be supplemented with indicators regarding the quality of services provided to victims of gender-based and domestic violence.

3.2 REVIEW OF THE LAW ON PROTECTION OF PATIENTS' RIGHTS WITH EMPHASIS ON VICTIMS OF GENDER-BASED VIOLENCE

Article 1 of this Law regulates and protects the rights of patients in the use of healthcare, the duties of healthcare institutions and healthcare workers and associates, municipalities and the health insurance fund in the promotion and protection of the rights of patients and the procedure for protection of patients' rights, including the oversight of law enforcement.[6]

In **Article 4,** the section related to Definitions should be supplemented with a definition on the services for assistance and support of victims of gender-based and domestic violence.

Article 22, which regulates the access to the medical file, should be supplemented with a separate section on victims of gender-based violence with regard to an extract or copy of data and documents from the medical file and to which victims will have access free of charge.

The right to privacy is regulated with **Article 28** and the amendments to the Law must be supplemented with a section on the privacy of victims of gender-based and domestic violence as a separate category.

The protection of patients' rights in the area of health insurance is regulated with **Article 52** and the Health Insurance Fund is obligated to provide exercise and protection of the rights of health insured patients in accordance with the regulations from the area of health insurance. This part should clearly indicate patients who are exempt from payment for services depending on the circumstances and to include victims of gender-based violence.

The amendments to the Law should include the section of the NAP related to determining the criteria that should be put in place in order to enable fr a healthcare worker to report a case of GBV.

3.3 REVIEW OF THE LAW ON HEALTH INSURANCE7

This Law regulates health insurance of citizens, the right and obligations related to health insurance and manner of implementation of health insurance.

Health insurance is established as mandatory and voluntary. Mandatory health insurance is established for all citizens of the state for the purpose of providing health services and financial compensation based on the principles of comprehensiveness, solidarity, equality and effective use of funds under conditions established in the law implemented by the Health Insurance Fund.

Voluntary health insurance is established for the purpose of providing health services that are not covered by the mandatory health insurance.

Article 5 lists the persons who are subject to mandatory health insurance, as well as their family members and children of the insured. Mandatory health insurance provides insured

[6] Law on Protection of Patients' Rights, Official Gazette of RM, no. 82 of 08.07.2008 available at the following link

[7] Law on Health Insurance, 2009,link

persons with the right to basic healthcare services in the event of: 1) illness and injury outside of work and 2) injury at work and occupational disease.

The Fund, with a general act, more closely determines the manner of realization of rights to healthcare services, as well as the provision of healthcare, subject to approval by the Minister of Health.

Articles 10 and 11 list the services not covered with the mandatory health insurance and provided in healthcare institutions outside the network of healthcare institutions.

The Law also regulates to right to financial compensation and the conditions under which it is granted, namely: the right to compensation of salary during temporary incapacity to work due to illness and injury and during absence from work due to pregnancy, birth and motherhood, and the right to compensation of travel expenses.

A separate chapter covers the procedure for exercising the rights to mandatory health insurance. The following steps of the procedure are elaborated in detail: application for registration/deregistration for mandatory health insurance, determining the capacity of the insured person, proving the capacity of the insured persons, processing of the personal information of the insured person, selection of a doctor, referral, treatment abroad.

Chapter V provides for payment of participation by the insured person, i.e. covering part of the costs for the health services provided. However, Article 34 provides an exhaustive list of which insured persons are exempt from payment of participation. For insured persons whose monthly income in the family is lower than the average salary in the country as determined for the previous year, as well as for certain age groups, the Fund will determine, with a general act, a lower amount of participation, subject to approval by the Minister of Health. In this regard, the petition and the basis for calculating the compensation are standardized.

For insured persons who earn a monthly income in the family lower than the average salary in the Republic in the previous year, as well as for certain age groups, the Fund will determine a lower amount for exemption from the payment of participation by a general act, to which the Minister of Health gives consent. In this part, the petition and the basis for calculating the compensation are standardized.

For insured persons for whom the Fund determines that the contribution is not paid regularly, or the payment is delayed by more than 60 days, the rights of the insured persons arising from the compulsory health insurance are denied, except for the right to emergency medical assistance and the established right to salary compensation. Denied rights are re-established on the day of settlement of all due obligations. **The law on employment and insurance in case of unemployment provides for exemptions from the payment of contributions from the mandatory social insurance, which will exercise the rights from the mandatory health insurance**. The Law also covers the Health Insurance Fund, the scope of work and oversight, as well as additional provisions on voluntary health insurance and misdemeanor sanctions/penal provisions.

For insured persons for whom the Fund determines that the contribution is not paid regularly, or the payment is delayed by more than 60 days, the rights of the insured persons from the compulsory health insurance are denied, except for the right to emergency medical assistance and the established right to salary compensation. Denied rights are re-established on the day of settlement of all received and not paid obligations. **The law on employment and insurance in case of unemployment provides for exemptions from the payment of contributions from the mandatory social insurance, and the rights will be**

exercised from the mandatory health insurance. The further part of the law covers the Health Insurance Fund, Scope of work and work supervision, as well as additional provisions on voluntary health insurance and misdemeanor sanctions/penal provisions.

3.4 CONCLUSIONS

In general, the Law on Healthcare does not have gender-sensitive terminology that should be inserted with the amendments to the law. Furthermore, victims of gender-based and domestic violence must be treated as a special category, who, like other categories of patients, are subject to specific treatment, handling and further referral. According to the findings of the focus groups, targeted trainings on gender-based violence are particularly important and should be applied at different levels of healthcare.

The amendments to the Law on Healthcare aim to make a systemic change and a comprehensive approach in addressing gender-based violence. It is important that the recommendations from the focus groups also cover the private health institutions (PHI) that have concluded an agreement with the Health Insurance Fund. Focus groups also indicated that where there is cooperation with NGOs, institutions are more effective and successful in providing healthcare services.

With regard to the Law on the Protection of Patients' Rights, parts that specifically refer to gender-based violence should be added to this Law. It is important that the changes from the NAP that refer to the reporting by healthcare workers of cases of GBV be made as soon as possible.

Victims of domestic violence are recognized in the section treating exceptions related to the termination or loss of rights from the mandatory health insurance, and is correlated with the **Law on Employment and Insurance in the event of unemployment, where they are exempted from payment of contributions from the mandatory social insurance is provided and are entitled to the rights from the compulsory health insurance without payment of the contributions for the period for which they are exempt from payment of the contributions from the compulsory social insurance.**

It is important to note that the changes prescribed by the NAP that refer to both laws are almost three years late.

3.5 RECOMMENDATIONS

- The Ministry of Health should immediately start the coordination process for amending the Law on Healthcare and the Law on Protection of Patient's Rights.
- The Law on Healthcare and the Law on Protection of Patient's Rights are not gender-sensitive, and therefore it is necessary to define and determine gender-sensitive language, gender-based violence as well as a legal provision which would prohibit victimization and judgement of patients in the general definitions of the laws.
- Laws must highlight as a particularly vulnerable category women and children victims of gender-based and domestic violence, who are treated in accordance with the Law on Prevention and Protection from Violence against Women and Domestic Violence and the Istanbul Convention.
- It is necessary to introduce mandatory trainings for healthcare workers at the level of healthcare, on a semi-annual and annual basis, with the aim of their full

sensibilization to the specifics of a particularly vulnerable category - women victims of gender-based and domestic violence.

- The trainings should cover in detail protection against revictimization and judgement, the principle of due care and urgency in protecting women victims of gender-based and domestic violence.

- The trainings should be mandatory and binding through the employment contracts of healthcare workers in order to avoid their inaction in cases. It is very important that this recommendation also covers the private healthcare institutions (PHI) that have concluded an agreement with the Health Insurance Fund.

- Female victims can also take part in the trainings, if so they desire, and share their personal experiences and contribute to the efficiency of the trainings.

- Gender equality, the gender-perspective and gender-based violence should be introduced in the formal education and vocational exams of healthcare workers.

- Healthcare services for women victims of gender-based and domestic violence are free for injuries and direct consequences of the violence in accordance with the Law on Healthcare Insurance, regardless of whether the victim has health insurance or not. This should be implemented in practice.

- The role of the health worker is not to assess whether victims are telling the truth, regardless of whether they have visible injuries or not. They should adequately inform the victim about where to report the case, where to seek further assistance and support and refer her other institutions such as the centres for social work, the police and specialized services. Therefore, continuous trainings are needed to improve the knowledge of healthcare workers and enhance their professionalism in providing protection and referral to victims of gender-based and domestic violence.

- Healthcare workers must be sensitized to the specifics of the violence and gender-based violence against women, as well as familiarized with their obligations. Trainings are an important segment that will sensitize healthcare workers to working with victims.

- In cases of acute violence when the woman seeks help in healthcare institutions, it is necessary to provide her with transportation so she can undergo all exams, i.e. go to all institutions she has been referred to in order to receive medical care, but also to collect all the necessary evidence for the violence.

- In line with the previous recommendation, the Ambulance should be prompt in cases of violence against women and children as a priority category.

- Women victims should be informed more often and in more detail about their rights to healthcare and the laws that protect those rights (Law on Healthcare and Law on Protection of Patient's Rights).

4. NATIONAL STRATEGIES AND PREVENTIVE PROGRAMS

4.1 NATIONAL STRATEGY TO PROMOTE MENTAL HEALTH (2018 -2025)

The main goal of this document is to promote, prevent and maintain the mental health of the population in the Republic of North Macedonia as part of the general health through an appropriate response to the needs of the population and especially the vulnerable groups.

Goal 1: An accessible, comprehensive and integrates system of menta health services in the community. Goal 2: Promotion and protection of the human rights of persons with mental disorders and their families. Goal 3: Establishing programs for promotion and prevention in the area of mental health protection. Goal 4: Strengthening the scientific and research activities and the information system . Goal 5: Strengthening the management and leadership in the area of mental health. Goal 6: Strengthening human resources. Goal 7: Financing the mental health system.

4.2 PROGRAM FOR HEALTH PROTECTION OF PERSONS WITH MENTAL DISORDERS IN THE R. OF NORTH MACEDONIA8

The objective of the program is to provide healthcare to patients to whom a competent court has issued a measure “mandatory treatment and care”, to provide healthcare to nearly 750 patients who are receiving treatment in mental health centers across the country, as well as to develop various forms of non-institutional and non-hospital treatment.

Findings:

The program provides financial resources for hospital treatment of people with mental disorders to whom a competent court has issued a measure “mandatory treatment and care”. Namely, the healthcare institutions where these people are treated cannot provide finances for their treatment, so the necessary finances are provided through the program. This measure of the program covers the following healthcare institutions: Public Healthcare Institution Psychiatric Hospital "Skopje" Skopje, Public Healthcare Institution Psychiatric Hospital "Negorci" Gevgelija and Public Healthcare Institution Psychiatric Hospital Demir Hisar, and is a measure with the largest budgetary implication in the program with 40,000,000 denars per year.

This program also provides financial means for the participation of people with mental disorders for their daily treatment in mental health centers, as well as for the development of the centers at the national level. The participation for daily treatment has a budget of 2,000,000 denars per year, while there is no budget for the development of mental health centers as a non-institutional form of treatment in this program because it is secured by the Ministry of Health.

The program does not include women victims of gender-based and domestic violence, nor perpetrators of violence as particularly specific categories of people who may suffer from mental disorders, i.e. mental illnesses.

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[8] Program for health protection of persons with mental disorders in the Republic of North Macedonia, link

Recommendations:

The introduction of the program should address GBV and DV, especially from 2 aspects: mental disorders in perpetrators of GBV and DV as an underlying cause for GBV and DV, and the mental disorders as a consequence of GBV and DV in women and children victims.

- The program should be supplemented with an interim measure for "mandatory treatment of perpetrators in cases of abuse of alcohol, drugs and other psychotropic substances or in cases of mental illness" in accordance with the Law on Prevention and Protection from Violence against Women and Domestic Violence,[9] and be harmonized with the *Rulebook on the method of enforcement of an interim measure for mandatory treatment of perpetrators* in in cases of abuse of alcohol, drugs and other psychotropic substances or in cases of mental illness.
- Namely, the interim measure refers to the perpetrators of violence against women and domestic violence who may be issued a measure by the court for mandatory treatment in cases when the perpetrator suffers from mental illness. Mental illness is covered with the definition of a mental disorder in the program.
- The program should be supplemented in the part Program Implementors, wherein institutions responsible for enforcing the court decision for mandatory treatment of perpetrators of violence against women and domestic violence who are suffering from a mental illness should be identified.

Consequently, the Program should set out the financial resources for enforcing the measure if the existing budget cannot cover these persons.

*Note: The Program for Healthcare of Persons with Mental Disorders in the Republic of North Macedonia for 2019 is not available; The Program for Healthcare of Persons with Mental Disorders in the Republic of North Macedonia for 2021 has not been adopted.

4.3 PROGRAMS FOR HEALTHCARE OF PERSONS WITH ADDICTIVE DISORDER IN THE R. OF NORTH MACEDONIA FOR 2019, 2020 AND 2021.[10]

Program Objectives:

The main objective of the Program is to include as many persons with addictive disorders as possible in treatment programs with agonist therapy with opioids (methadone and buprenorphine), thereby reducing use of illegal drugs, overdose deaths, injection frequency, use of non-sterile injecting equipment, spread of HIV/Hepatitis B and C infections and crime.

The objective of the program is to provide help and support to people who use or are addicted to drugs through widely available, efficient, flexible and individually tailored interventions

[9] Law on Prevention and Protection from Violence against Women and Domestic Violence, 2021, link

[10] Programs for healthcare of persons with addictive disorders in the Republic of North Macedonia, link, link and link

that will improve heir health and will enable them social maturity and functioning without further stigmatization and marginalization.

Findings:

The Program has projected budget for its implementation which covers provision of agonistic therapy with methadone and buprenorphine, treatment in day hospitals, hospital treatment and treatment in penitentiary institutions. Although not clearly distinguished as a separate activity or measure, the Program has a budget item – treatment of addicts in court cases. It is unclear what court cases this treatment refers to i.e. what persons with which courts measures are covered with this budget line.

Additionally, the Program in 2019 envisaged development of a special *program and protocol for treatment of children who use of psychoactive substances, development of specific programs and a protocol for treatment of women/pregnant women*, as well as compliance with the standardized conditions for work in relation to the staff and staff training in all specialized centers in the county, provision of multi-professional teams in the treatment services. The same have not been realized and are also planned for the next two years, i.e. in the programs for 2020 and 2021.

The programs do not cover women victims of gender-based and domestic violence, not the perpetrators of violence as a particularly specific categories of persons with addictive disorders. In general ,the programs do not link violence against women and domestic violence with addictive disorders.

Recommendations:

- The introduction of the Program should include statistics related to violence against women and domestic violence in correlation with addictive disorders. This should cover addiction as a cause of violence against women and children, but should also cover the consequences for women and children who have survived violence and are therefore dealing with addictive disorders. In general, the program should address the need of addressing violence against women as a phenomenon.
- Apart from the proposed protocols for children, women and pregnant women, the Program must foresee development of special programs for treatment of women victims of gender-based and domestic violence who are addicts or to include them in the existing protocols as a special vulnerable category with its own specifics. The key to this is to address connecting victims with the protection and reintegration system, i.e. the general and specialized services for women victims od gender-based and domestic violence, so that addiction treatments would go in coordination with protection from violence and overcoming its consequences.
- The Program should provide for special programs for treatment of perpetrators of violence against women and domestic violence that will be harmonized with the *Rulebook on the method of execution of an interim measure for mandatory treatment of the perpetrator if he uses alcohol, drugs and other psychotropic substances or has a mental illness.*
- The budget for the item – package of services that includes a social worker and a psychologist needs to be increased, so they can be engaged in work with women victims of gender-based and domestic violence, especially in terms of reintegration.

4.4 PROGRAMS FOR PROVISION OF FUNDS FOR FREE-OF-CHARGE HOSPITAL TREATMENT (WITHOUT PARTICIPATION) FOR PENSIONERS AND FUNDS FOR SPECIALIST-CONSULTATIVE AND HOSPITAL HEALTHCARE FOR BENEFICIARIES OF SOCIAL FINANCIAL AID INCLUDING THEIR HOUSEHOLD MEMBERS IN THE R. OF NORTH MACEDONIA FOR 2019, 2020 AND 2021.[11]

Program Objectives:

The objective of this Program is to provide care in keeping, monitoring and improving the health of pensioners and beneficiaries of social financial assistance including their household members.

Findings:

The Program provides funds for free-of-charge hospital treatment (without participation) for pensioners and funds for specialist-consultative and hospital healthcare services for beneficiaries of social financial assistance and their household members in the Republic of North Macedonia. The funds of this Program do not cover accommodation in gerontological facilities, daily hospital treatment or treatment in the form of medical rehabilitation which are considered extended medical treatment.

The Program does not provide an introduction and explanation with data obtained from an analysis of the needs of pensioners at the national level, nor does it differentiate between the needs of men and women in this category. Furthermore, the text does not elaborate on the reasons for providing this type of aid, and excluding another type of assistance.

Recommendations:

- An analysis needs to be carried out on the needs of pensioners in the Republic of North Macedonia and, based on the data obtained, develop a program that will provide a certain type of assistance and support.
- The introduction of the Program should include an explanation on the identified needs, as well as recognition of the elderly as particularly exposed to domestic violence.

The Ministry of Health, in cooperation with the Ministry of Labor and Social Policy, should conduct a national study on the prevalence of violence against the elderly and, in line with the findings, develop a program for assistance and support that will also include establishment of new centers for long-term care of the elderly, as well as other mechanism for protection and support, such as priority placement in old age homes or other type of hospital facilities that provide specialized care.

[11] Programs for provision of funds for free-of-charge hospital treatment (without participation) for pensioners and funds for specialist-consultative and hospital healthcare services for beneficiaries of social financial assistance including their household members in the Republic of north Macedonia for 2019, 2020 and 2021 link

4.5 PROGRAMS FOR PARTICIPATION OF CITIZENS IN THE USE OF HEALTHCARE FOR CERTAIN DISEASES AND HEALTHCARE FOR PARTICIPATION OF CITIZENS IN THE USE OF HEALTHCARE SERVICES FOR PUERPERAL WOMEN AND INFANTS IN THE R. OF NORTH MACEDONIA FOR 2019, 2020 AND 2021 [12]

Program Objectives:

The objective of the Program is to provide funds for participation of citizens in the use of healthcare services for certain deceases, as well as for the purpose of care, monitoring and improving the health of puerperal women and infants. These funds should be provided from the Budget of the Republic of North Macedonia and the own revenues of the Ministry of Health.

Findings:

The Program covers healthcare services for a specific category "breastfeeding women and newborns", but only those who have health insurance. Also, it covers specific non-communicable diseases and provides assistance and support to all citizens (adults and children).

He program does nor recognize women victims of gender-bases and domestic violence, nor children victims as a separate category that needs free healthcare, regardless of whether they have health insurance or not. Also, it does cover breastfeeding women who have no health insurance.

In line with the recommendations of the Istanbul convention and the Law on Prevention and Protection from Violence against Women and Domestic Violence, women-victims of gender based and domestic violence should be provided with free healthcare services regardless of whether they have health insurance. These healthcare services relate to acute consequences of violence, regardless of its type.

Recommendations:

The Program should include breastfeeding women who survived violence regardless of whether they have health insurance and cover the period after childbirth and caring for the newborn (postnatal and neonatal period).

[12] Programs for participation of citizens in the use of healthcare services for certain diseases and healthcare of puerperal women and infants in the Republic of North Macedonia for 2019, 2020 and 2021r.

4.6 PROGRAMS FOR ACTIVE HEALTHCARE OF MOTHERS AND CHILDREN IN THE R. OF NORTH MACEDONIA FOR 2019, 2020 AND 2021[13]

The general objective of this Program is continuous improvement of the health of children and women in the reproductive period in the direction of reducing infant and maternal mortality.

The specific program objectives are:

1. Continuous improvement of the system for monitoring the health status of mothers and children and the efficiency of healthcare;
2. Raising awareness among the population and education on healthy lifestyles and proper health behaviour in the preconception, antenatal, postnatal and infant period, with a focus on vulnerable categories of women (Roma women, women from rural areas);
3. Improving the quality and equality of access to healthcare services for mothers and children, with a special focus on vulnerable categories of women;
4. Timely detection of diseases in new-borns, infants and small children;
5. Strengthening intersectoral cooperation and mobilizing the partnership in the community of all relevant partners in identifying and solving health problems of mothers and children, especially in removing barriers and increasing the availability of services;
6. Ensuring timely and timely access to quality antenatal healthcare for all pregnant women (removing all kinds of geographical, financial and cultural barriers, especially for vulnerable groups);
7. Reducing the disparities in the health status of women and children.

Findings:

The program provides free examinations for women who are outside the mandatory health insurance system and persons without an identification document. This activity includes free exams and laboratory tests during pregnancy, related to pregnancy, and free childbirth for pregnant women. 200,000 MKD are allocated annually for this activity.

It also provides free examinations for women victims of sexual violence who are outside of the mandatory health insurance system. 30,000 MKD are allocated annually for these activities.

In the program for 2020 and 2021, medical abortion, as well as procurement of modern contraceptives (oral contraception, spirals, condoms) is envisaged for women from socially vulnerable categories and women with repetitive abortions. It is not specified which women fit into the socially vulnerable category. In the program, the term "vulnerable group" is used, and it is not specified to what category of people it refers.

The program envisages training for primary healthcare workers on prevention and management of gender-based violence. 100,000 MKD is the annual budget for this activity.

[13] Programs for active healthcare of mothers and children in the Republic of North Macedonia for 2019, 2020 and 2021.

Recommendations:

- Free examinations must be provided for all women victims of gender-based and domestic violence, regardless of the form of the violence, who are not included in the mandatory health insurance system. In order to cover the target group defined in this way, the budget for this activity should be increased accordingly;
- To define the terms "vulnerable group" and "socially vulnerable category", that is, to specify which persons are covered by these terms. At the same time, women victims of gender-based and domestic violence should be a priority category to which the proposed services such as free contraception and free examinations for pregnant women who do not have health insurance are provided.

* Note: The program for 2019 is not available on the websites of the Ministry of Health and the Centre for Public Health..

4.7 PROGRAMS "HEALTH FOR ALL" FOR 2019 AND 2020. 14

Program Objectives:

The objective of this program is active access to citizens from rural areas, control of their health, timely and appropriate treatment and recommendations for health protection.

Findings:

The program foresees free examinations conducted by health centres throughout the entire territory of the country, every 2 months, so that all citizens are given the opportunity to have a free preventive examination, regardless of their health insurance status. These exams should primarily be intended for citizens from rural areas.

The purpose of the exams is to prevent chronic diseases and to educate citizens on how to take good care of their health and practice healthy habits. But the Program fails to mention the consequences of continuous and long-term violence on the physical health of the victims, most often women and children, and their prevention.

The program envisages trainings for healthcare workers on the topic of sexual and reproductive health in municipalities with a larger number of people with disabilities. For this purpose, a module and educational materials will be prepared, and 4 trainings will be conducted per year, which will include gynaecologists, family doctors and nurses. 200,000 MKD were planned for this activity in 2019. In 2020 and 2021, the annual budget was reduced to 100,000 MKD.

Also, trainings are planned for healthcare workers on work with children with developmental disabilities and persons with disabilities who are victims of gender-based and domestic violence in municipalities with a larger number of persons with developmental disabilities. For this purpose, a module and educational materials will be prepared, and 4 trainings will be conducted per year, which will include gynaecologists, family doctors and nurses. 200,000

[14] Programs "Health for All" for 2019 and 2020r.

MKD were planned for this activity in 2019. In 2020 and 2021, the annual budget was reduced to 100,000 MKD.

Recommendations:

- In its introduction, the Program needs to give an overview of the consequences of gender-based and domestic violence on the physical health of the victims, and to foresee activities and actions to prevent and fight against this phenomenon.
- In addition to the planned trainings, regular trainings need to be organized and conducted for all medical personnel who are involved in the implementation of this program, trainings on prevention and protection against gender-based and domestic violence. Through these trainings, the medical personnel will acquire knowledge of how to recognize victims of violence, and information on where to refer the victim for protection, help and support. Medical personnel who work in the field in rural areas need to have detailed knowledge of the existing mechanism for protection against violence, and to be ready to share this information with those who need it.
- Outpatient nurses and paediatricians should also be included in all trainings.
- Funds for production of information flyers/brochures for reporting violence should be projected within the Program.
- The medical personnel involved in the "Hello Doctor" Project, in addition to providing consultations and advice for citizens in the event of initial symptoms that do not require urgent medical treatment, should be prepared to provide information on protection against violence, advice on the safety of victims if she cannot leave the home or the abuser, information on reporting to the relevant institution, and information on help and support services provided by civil society organizations.
- The Ministry of Health to instruct the health centres to establish cooperation with the local centres for social work and civil society organizations, with the aim of greater inclusion of women from rural areas who need a free preventive examination.
- Civil society organization working in the field on gender-based and domestic violence to be included in the creation of public health programs.

4.8 NATIONAL ANNUAL PROGRAMS FOR PUBLIC HEALTH IN THE R. OF NORTH MACEDONIA FOR 2019, 2020 AND 2021.[15]

Program Objectives:

The strategic objectives of this program are directly aimed at health promotion and disease prevention through: strengthening capacities for health promotion; improvement of the capacities of the healthcare system as a whole (space, equipment and personnel) through equal distribution within the healthcare system according to the needs of different regions; establishment of effective and quality health services available to every citizen; working with the aim of creating the necessary human resources for health with appropriate skills and capacity in the right place at the right time.

Findings:

[15] National annual programs for public health in the Republic of North Macedonia for 2019, 2020 and 2021r.

The program contains several subprograms with specific objectives. For the purposes of this document, only 2 of the subprograms are covered, which could be related to violence against women and family violence.

I. Program tasks of the Department of Health Statistics at the Institute for Public Health of the Republic of North Macedonia

The main objective of this subprogram is to generate information for decision-makers at all levels of the healthcare system for identification of problems and needs, for decisions based on evidence for healthcare policy and optimal allocation of limited resources.

The program does not cover women victims of gender-based and domestic violence in any segment, nor gender-based violence and domestic violence as phenomena.

Recommendations:

The Institute for Public Health must keep records and prepare statistics related to gender-based violence and domestic violence, especially for the number of reported and identified cases of violence against women and children in health institutions. It is particularly important for competent institutions to have data and statistics related to health consequences, acute and chronic, such as injuries, disabilities, diseases and mortality, and the result of gender-based violence and domestic violence.

II. National Annual Program for Public Health, Unit Prices and Total Amount per Activity for Centres for Public Health - Health Promotion and Development of Program Tasks

This sub-program is intended to allocate 15,000 MKD for activities in counselling centres for smoking and sexual and reproductive health on an annual basis. In principle, these funds are intended for preparation and printing of educational material.

III. Program for Improving the Health of Healthcare Workers in Conditions of the COVID-19 Pandemic (2021)

This subprogram is available in the National Program for Public Health for 2021. The introductory part of the sub-programs explains the long-term consequences for health workers and vulnerable categories of citizens due to specific health condition related to the COVID-19 pandemic. The listed consequences are directly related to the increase in the risk of violence against women and children, and the same is stated in the subprogram as a direct consequence of the pandemic. The subprograms list the following long-term consequences: disruption of social communication and the economy; dramatic drop in income; stigmatization and exclusion from the environment; anger and aggression towards children, spouses, partners and family members (eg. domestic violence); as well as possible relapses or other negative consequences due to the unavailability of health services for people with mental health disorders or for people with substance abuse problems.

Recommendations:

The subprogram envisages a number of activities aimed at protecting the health of healthcare workers, primarily the use of personal protective equipment and the protection and promotion of mental health. These activities include analysis of stress among healthcare workers and development of measures to improve mental health in conditions of a pandemic,

printing and distributing leaflets related to the burnout syndrome, as well as holding an educational seminar on related topics.

Although it is recognized, in this part of the sub-program there are no guidelines and measures related to gender-based violence and domestic violence , with which healthcare workers would be protected. The measures are fully focused on the protection of healthcare workers from stress and burnout, as well as infection with Covid-19.

- The subprogram should include GBV and DV in the activities for the protection and promotion of mental health, as well as in the analysis of whether and how the pandemic affects the occurrence or increase of GBV and DV on healthcare workers at the workplace and/or in their homes, as well as in the preparation and distribution of information leaflets with information for reporting and dealing with GBV and DV intended for healthcare workers.
- Education is needed for the the prevention of violence against women and domestic violence among healthcare workers, as well as violence against female healthcare workers from patients in conditions of a health crisis within the proposed education seminars.

5. CONCLUSION

- The general conclusion from the analysis of preventive programs is that women victims of gender-based and domestic violence are not represented as a specific category in the groups of citizens to whom the programs refer. Only victims of sexual violence are represented in the Program for Active Protection of Mothers and Children, and those who will be users of the Referral Centres for victims of sexual violence.

- In accordance with the recommendations from this document, it is necessary to include the violence against women and domestic violence as a societal problem in the programs, and to link this problem with the causes and consequences on the health of women and children, as well as with the consequences at the level of the entire society.

- The preventive programs essentially aim to prevent certain consequences and to raise awareness among the population and healthcare workers about various processes that have a negative impact on the population health. In that sense, the preventive programs should promote gender equality, condemn violent behaviour and violence against women and children, and raise public awareness about the need to prevent gender-based violence and domestic violence, as well as treat victims with due attention, without discrimination and judgement.

- More specifically, the preventive programs should be harmonized, through the Law on Healthcare, with the Istanbul Convention and the Law on Prevention and Protection from Violence Against Women and Domestic Violence and provide free healthcare services for all women who have survived any form of violence regardless of their health insurance status.

- In addition, the preventive programs should include psychosocial treatment of perpetrators of violence against women and domestic violence, the goal of which is to overcome the violent behaviour of perpetrators and prevent future violence.

- The preventive programs must provide statistical data on reported cases of violence, type of violence, gender of the victim and gender of the perpetrator, resulting consequences of the violence, number of victims referred to other institutions and/or services, etc. These data are important for checking the effectiveness of the programs, but also for creating improved programs for the following years that will give better results.

Analysis of legislation related to the health care of victims of gender-based violence

September 2021