



***PROSPERITY AND HEALTH
OF THE ROMA WOMAN
"THE ROAD TO CHALLENGE"***

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Introduction

The subject of this research is to determine the present condition and top-priority problems regarding the access of Roma women to healthcare.

Goals of the research: to determine through monitoring¹ the extent and the basic types of healthcare related problems that Roma women face, the social and economical factors and their relation to organized health services, with the intention to identify "grey zones" for improving public health services and healthcare quality.

"Organized health services, i.e. the healthcare system, belong to the many factors for maintaining good health, treating illnesses and facilitating living with chronic diseases. Health is influenced by numerous factors from the environment: ecological, social, economic and factors related to styles of living and other sectors in society"².

Activities involved filling out forms and the study was conducted in 4 cities in the Republic of Macedonia: Kumanovo, Kriva Palanka, Prilep and Bitola, all with the purpose of getting a clear picture of the level of inclusion of Roma women in healthcare and the risk factors that they are exposed to. This data is an attempt for including the Roma woman - the most marginalized entity in this society - in the public healthcare agenda.

"Public healthcare analyzes and monitors the health condition of the population and tries to improve it through influencing the known health determinants (also known as risk factors), such as ecological and microbiological causes, lifestyles and social and economical factors"³.

Having in mind the identified problems, action needs to be taken to seize the opportunities and be part of the policy creation process on the national and international level by emphasizing critical issues that are being ignored and suppressed through organized efforts and actions in regard with "reality as is"; this kind of actions need to lead the public attention towards finding a solution.

"Social inclusion is a process that guarantees that persons who risk poverty and social exclusion will get opportunities and means necessary to participate in economic, social and cultural life and will have standards of living that are considered normal in the society they live in. They need to have larger participation in the in the process of making decisions that influence their lives and in access to fundamental rights"⁴.

Improving and protecting the rights of people who belong to national or ethnic groups, religious and lingual minorities, contributes to the political and social stability of the countries they live in. This is cited in the preamble of the Declaration of rights of people who belong to national, ethnic, religious and lingual minorities⁵.

1 Monitoring means following a certain situation or individual case in order to discover what is happening for the purpose of determining what actions need to be taken in the future. Human rights monitoring includes systematic following of activities and actions taken by institutions or government bodies in order to secure compliance with human rights standards. The main purpose of monitoring is to secure grounds for action in a particular situation or case. Condition monitoring includes gathering of cases where human rights are violated, supervision of law and policy implementation, as well as progress in institutions for protection of human rights.

2 Health strategy of the Republic of Macedonia 2020, a secure, efficient and righteous system, Ministry of health, February 2007
http://www.moh-hsmp.gov.mk/uploads/media/Zdravstvena_strategija_na_Republika_Makedonija_2020.pdf

3 Ibid

4 As defined in the Charter of fundamental rights of the EU.

http://ec.europa.eu/employment_social/soc-incl/final_joint_inclusion_report_2003_en.pdf

5 Accepted by the General Assembly of the UN on December 18, 1995, Resolution 47/135

According to the official census of the Republic of Macedonia from the year 2002, 53.839 persons have declared themselves as Roma, which is 2,6% of the total population of 2.022.547. There are 1.297.981 Macedonians and from the minorities there are 509.083 Albanians or 25,2%, 77.959 people declared themselves as Turks (3,9%), 35.939 people declared themselves as Serbs (1,8%), there are 9.695 Vlachs (0.5%) and 17.018 Bosniaks (0.8%).

Compared to the census of 1994 (when there were 43.707 Roma, or 2,2% of the population) a significant increase of this group is perceived⁶.

The participation of the Roma in the population according to the administrative and territorial organization from 2004 can be seen in picture No.1



Picture No. 1

According to the research of Mr. Asmet Elezovski published in the publication "Between fiction and reality", there are 135.490 Roma living in the Republic of Macedonia.

The Republic of Macedonia, through its internal legislature and a large number of ratified international treaties⁷, has committed itself to protecting, respecting and fulfilling the obligations that come out from these international acts for all of its citizens, among which are the Roma women. In November 2005, the Republic of Macedonia was awarded a candidate status for membership in the EU, and it has been waiting for the start of the negotiations since.

On the other hand, the Republic of Macedonia is a signer of the Decade for the inclusion of Roma 2005-2015, and has thus made a political commitment to improve the social and economic condition of the Roma and to contribute to the social inclusion of Roma in the South-East Europe region, with priorities in the fields of education, healthcare, employment and housing.

It can be seen from the census that in Bitola 2.613 people have declared themselves as Roma, 4.433 in Prilep, 4.256 in Kumanovo and 668 in Kriva Palanka⁸.

In Kumanovo, Kriva Palanka, Prilep and Bitola 2.756 women and girls at the age from 13 to 75 have filled out interview forms. The facts that were revealed are complete, reliable and impartial. Reliability of the information is ensured by the consent for publication given by the women interviewed⁹. Greater need and possibility for action is a result of current circumstances and problems. Lack of information according to ethnic background has rendered the state unable to define the true needs of Roma women from the Republic of Macedonia and has generated the impossibility to formulate effective policies for improving the current status of the Roma woman.

With the interviews conducted within the framework of the project activity "Prosperity and health of the Roma woman, a road towards challenges" by the National Roma Centrum from Kumanovo in

6 Statistical yearbook of the Republic of Macedonia 2007, State Statistics Institute, 2007

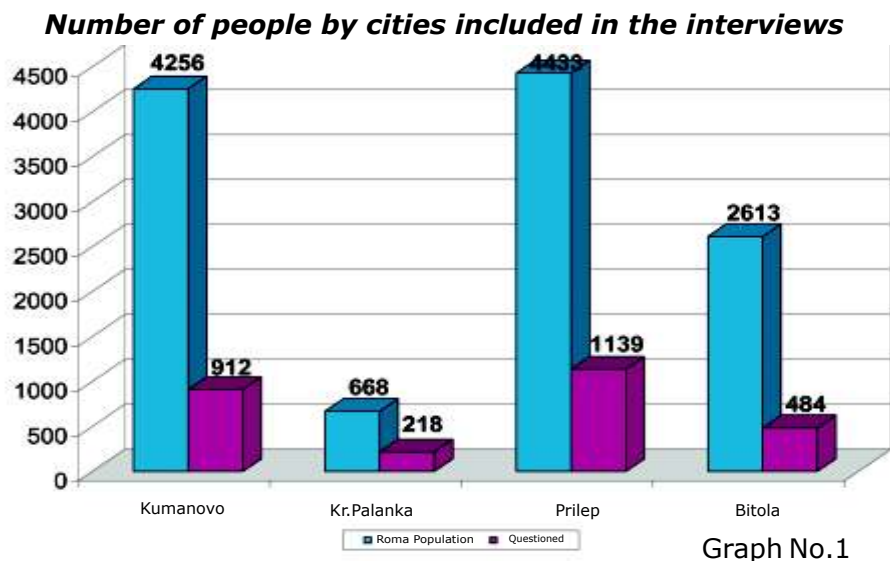
7 Article 118 of the Constitution of the Republic of Macedonia "International arrangements that are ratified in accordance with the Constitution are part of the internal legal order and can not be changed by law" No. 07-4542/1, December 7, 2005

8 State Statistics Institute, 2002 http://www.stat.gov.mk/pdf/kniga_13.pdf

**Note - the largest number of Roma live in Skopje 23.475 persons

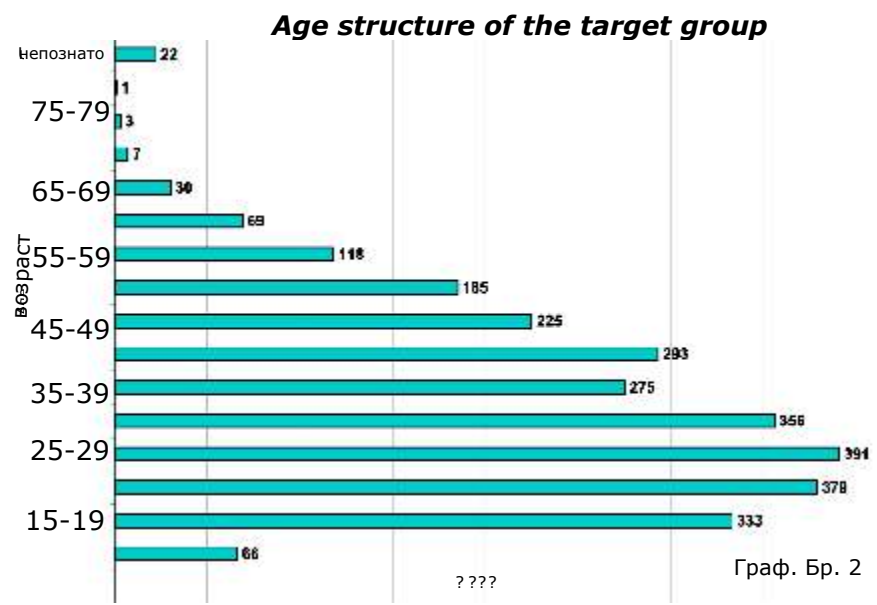
9 "Processing of personal data can be performed only by obtaining prior written consent from the subject of personal data" - Article 6 of the Law on protection of personal data (Official Gazette of the Republic of Macedonia 7/05)

partnership with the Roma Health Program Budapest, the cities Kumanovo, Kriva Palanka, Bitola and Prilep were included in which there is a total of 11.970 people who declared themselves as Roma. The interviews included only females older than 13, that is, 23,02% of the Roma population that lives in these four cities in the Republic of Macedonia.



The questionnaires were prepared by the National Roma Centrum and a certified medical professional, and were verified by the State Institute for Health Protection. The questionnaires include both general and data that are related to housing conditions and certain fields of healthcare, and will serve as social, economic and healthcare provision indicators of the target group, which will help in determining priorities and directions for action in specific fields of the living of the Roma population.

The age structure of the target group is presented in graph No. 2. The most widely represented is the age group from 15-50. 22 Roma women declared that they do not know their age. Cause for this is lack of personal identification documents.



Personal identification documents

Within the framework of the research, data was obtained about the citizenship status and other personal documents that are necessary for achieving legal status and identity of the persons. 1.332 women, or 48% of the interviewed, do not have transcripts from the marriage registry. This problem is due to the fact that a large number of them live in unlawful marriages and are not officially married, even though often the unlawful marriages last for 5 or more years. It is a worrying fact that 11% still do not have citizenships, 14,5% do not have personal identification which leads to the fact that their children are not filed in the birth registry because the mothers do not have personal identification documents. That is why the cycle of social exclusion is not broken; it is in fact perpetuated, thus handicapping their children.

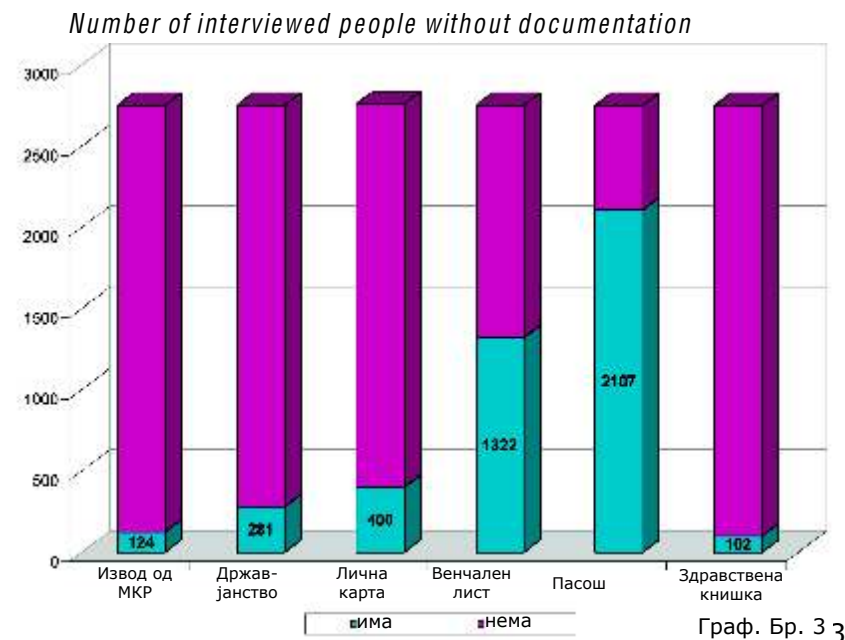
According to article 9 of the Law on registries, "Submitting the first name of a child for entry in the birth registry is done within 2 months of the date of birth". The problem gets even more complex because, as it was mentioned; mothers do not have valid personal identification documents to perform the entry in time. According to article 22 of the Law on registries "If birth or death is reported within 30 days of the event, entry in the registry is performed only with an official ruling". So, in case of a special procedure an additional administrative fee for untimely entry is to be paid in order to obtain a ruling for entry; and further administrative tax needs to be paid for the issue of a transcript from the birth registry. Families that live on the brink of existence, with high unemployment, and especially struck by poverty do not have sufficient means, so their children formally do not exist in the Macedonian system. The problem of untimely registration and not having personal identification documents is additionally generated with children who are born in house conditions or abroad in countries where their parents sought asylum.

Article 16 of the International Pact for civil and political rights¹⁰ says that "All people have the right to be recognized before the law". Article 24, paragraph 2 states "All children are to be registered immediately after birth and given a name". Persons who are not registered do not have a status; they are not recognized as persons before the law and are apparently not exercising their rights.

In the closing commentaries¹¹ from 2008, the Human Rights Committee at the UN states that, in regard with fulfilling the rights and obligations from the International pact for civil and political rights, a member country of the Pact, in this case the Republic of Macedonia, is six years late with filing its report, which questions the seriousness of the fulfillment of the obligations.

Of the total number of persons interviewed about having personal identification documents, the number of women who do not have passports is 2.107 or 76,5%. 1.332 Roma women or 48% do not have marriage certificates. 14,5% do not even have personal identification cards, and 11% or 281 persons do not have citizenships. The situation

is a little more favorable when it comes to having transcripts from the birth registry and healthcare booklets, where only 4,7% and 3,7% respectively do not have these documents. The situation is shown in graph No.3.



City by city analysis shown in table No.1 points out that in all four cities where interviews were conducted, the order of lacking documents is the same. The percentage of women without citizenships, birth registry transcripts and personal identification cards is higher in Kriva Palanka than in other cities, while in Prilep and Bitola, the respective percentage of women without marriage certificates and passports is the highest.

¹⁰ The Republic of Macedonia has ratified it on January 18, 1994.

<http://www2.ohchr.org/english/law/ccpr.htm>

¹¹ CCPR/C/MKD/2, CCPR/C/MKD/CO/2, 92 meeting of the Committee, April 3, 2008

Percentage of persons interviewed who do not have documents according to places of residence

	Kumanovo %	Kr. Palanka %	Prilep %	Bitola %
Transcript from the birth registry	4,6	7,3	3,4	4,7
Citizenship	8,2	16,9	9,1	13,4
Personal identification card	11,4	20	14,9	16,9
Marriage certificate	42,6	43	57,8	55,99
Passport	57,3	69	92,5	78,3
Healthcare booklet	4,5	2,3	2,8	2,7

Table No. 1

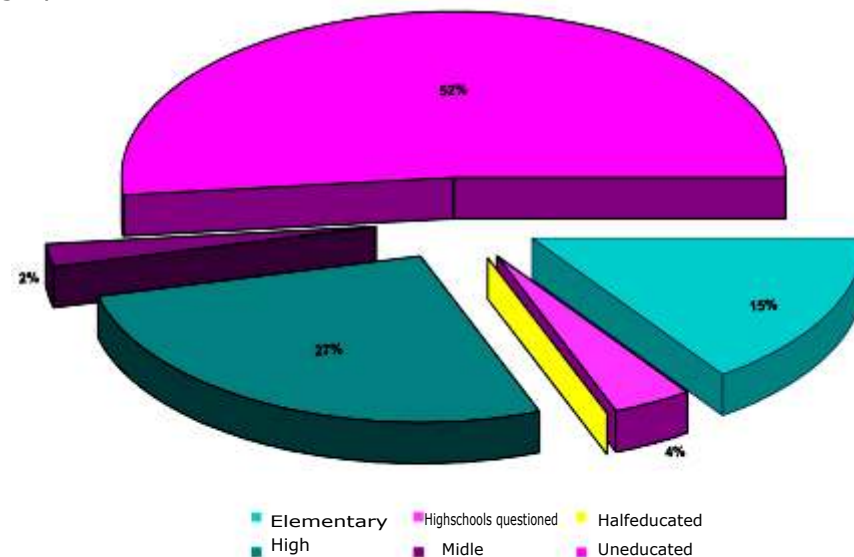
Acquisition of personal identification documents and citizenships as a condition for exercising healthcare and educational rights, also complicates the problem of health insurance.

The indivisibility of rights and interdependence of different rights, e.g. by not exercising the right to education, discrimination is generated on the right to work and to have healthcare. Furthermore, this may

Degree of education and employment of the target group

According to the degree of education the largest number of interviewed from the target group are illiterate (a total of 1.420) and 738 semiliterate (have not finished elementary school, but terminated their education after 4,5 or six grades). 418 women have finished elementary school, 109 have graduated from high school and only 5 women (4 from Kumanovo and 1 from Bitola) have graduated from university. The interviews included 63 high school girls (9 from Kumanovo, 11 from Kriva Palanka,

30 from Prilep and 13 from Bitola). The percentage of representation in the structure of the interviewed population regarding the degree of education according to received and processed data is presented in graph No. 4.



Graph No. 4

The Constitution of the Republic of Macedonia guarantees the right to education in article 44 "all people have the right to education. Education is available to all people under equal conditions". Rights and obligations regarding education are regulated by the Law on elementary education, the Law on secondary education, the Law on high education and the Law on education of adults. Statistics show that out of the total population of the Republic of Macedonia 63.562 people are illiterate, 48.569 of which are women¹². According to the Employment agency of the Republic of Macedonia, there are 17.672 unemployed Roma people, 7.410 of which are women. There is also data about the degree of education of the unemployed, ending with December 31, 2007¹³. The qualifications structure is mainly unfavorable which goes especially for women and that in reality reduces their possibilities for social inclusion and competitiveness on the labor market.

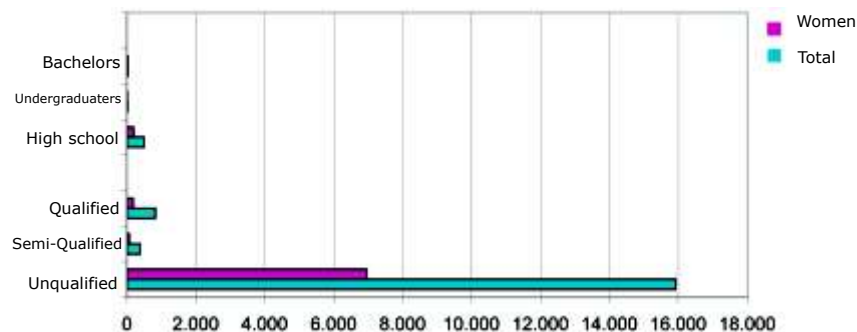
12 Employment Agency of the Republic of Macedonia, February 2008

<http://www.zvrm.gov.mk/WBStorage/Files/Izvestaj%20na%20AVRM%20za%202007.pdf>

13 Ibid

Degree of education									
	Unqualified	Semi-qualified	Qualified	Highly qualified	High school	Undergraduates	Bachelors	Masters	Total
Total	15.924	386	821	/	500	9	31	1	17.672
Women	6.959	66	176	/	189	3	17	/	7.410

Table No. 2



Graph No. 5

Of the total number of women interviewed, 1.779 are welfare recipients and not a single one is employed.

Investing in human capital leads to significant improvements in the labor market, which on the long term results in better employment opportunities and higher quality of life, reduction of social disparities and improvement of the social image. A key characteristic of this process is the influence of political factors, because the inclusion of the Roma population depends highly on the support that the state provides for children and their parents.

According to the research results, of the total of 2.756 women, 1.420 are illiterate, while 728 are semiliterate. It is clearly visible from the obtained data that illiteracy is a problem that generates for Roma women lack of education, unemployment and social exclusion.

Ending with December 31, 2007 there are 357.166 people who are registered as unemployed¹⁴. Of the total number of unemployed, there are 229.971 Macedonians (64,4%) out of which there are 102.960 Women (44,8%); while in the Roma population there are 17.672 persons unemployed (4,9%), out of which there are 7.410 women (41,9%). If the total number of Roma is 53.879 (this also includes old people who are incapable to work and children), the high unemployment figure is worrying.

According to the Constitution of the Republic of Macedonia all people have the right to work, to free choice of profession, safe working environment and material security while being temporarily unemployed. (article 32).

According to the Employment agency of the Republic of Macedonia, in order to be recorded as unemployed a person needs: 1. personal identification card, 2. employment booklet, 3. diploma/certificate of finished education, 4. citizenship (if the person does not have a new personal identification card), 5. family social certificate from the Public revenue office (for unqualified persons only). A person who does not have one of these documents does not have the possibility to Be registered in the State employment agency and thus get health insurance.

Unemployed persons are bound to report to their regional unit of the Employment agency at certain time periods: once a month, once in two months or once in 4 months at a precisely set date. An unemployed person who does not fulfill this obligation is removed from the unemployment record, loses the right to healthcare and can reapply for unemployment status after the expiration of one year. Roma families that have seasonal (usually field work) are most badly struck by this.

The Law on work relations¹⁵ regulates that everyone gets equal treatment on employment and hiring, that is, it bans any kind of discrimination (direct and indirect) at the moment of entering a work relation (employment).

14 Ibid

15 Law on work relations, Official Gazette of the Republic of Macedonia No. 63/05

Another thing about employment is the rightful representation of minorities in the Republic of Macedonia. According to the Annual report of the Employment agency of the Republic of Macedonia¹⁶ for the year 2007, the representation of minorities at the Employment agency ending with December 31, 2007 is as follows: of the total number of 525 employees, 407 persons or 77,6 percent are Macedonians, 84 persons or 16% are Albanians, 4 persons or 0,8% are Turks, 4 persons or 0,8% are Roma, 11 persons or 2% are Serbs, 6 persons or 1,1% are Vlachs etc. The Amendment VI of the Constitution of the Republic of Macedonia guarantees "adequate and rightful representation of citizens who belong to different communities in the organs of the state government and all other public institutions at all levels". From the presented results it can easily be noticed that even in the very structure of the Employment agency of the Republic of Macedonia, members of other minorities with a smaller share in the total population are better represented.

On the other hand, it is a well-known fact that the rate of unemployment of Roma is 78,5% and a large percentage of them are recipients of welfare¹⁷.

Humanity, social justice and solidarity are core values of the constitutional order of the Republic of Macedonia. Article 35 of the Constitution guarantees that "the state will care for the social protection and social security of its citizens according to the principles of social justice".

The biggest obstacles that Roma women face in the field of social services are: bad understanding of the social protection system, lack of information about social protection of single parents, lack of information about the list of services they are entitled to use, and the existence of a language barrier.

Of the total number of 2.756 women interviewed, 1.779 stated that they are welfare recipients. According to the law on social protection:

- a person who is incapable of working¹⁸ and is not socially secured has the right to material assistance.

16 The Employment Agency of the Republic of Macedonia is a public institution that regulates issues in the fields of labor, unemployed persons, employment and insurance in case of unemployment, February 2008

<http://www.zvrm.gov.mk/WBStorage/Files/lzvestaj%20na%20AVRM%20za%202007.pdf>

17 Social Protection and Social Inclusion in FYROM, Directorate for Employment, Social Affairs and Equal Opportunities, EC, October 2007,

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2007/fyrom_summary_en.pdf

18 Incapable for work, in terms of this Law, is a person with moderate, heavy or grave obstacles in intellectual development; a single parent with a child under 3 years of age; children under 15 or 26 years of age if they are in the process of regular education; a woman or man over 65 years of age.

19 Official Gazette of the Republic of Macedonia No. 21 from February 20, 2006

20 <http://www2.ohchr.org/english/law/cescr.htm>

21 Strategy for Roma in the Republic of Macedonia

22 Vaccination in the Republic of Macedonia - Jovanka Kostovska M.D., Ministry of health

The right to permanent material assistance can not be exercised by persons who have not asked members of their immediate family to support them (this refers to children if they are adult). In practice there are a large number of cases where women can not exercise this right although they are socially endangered and live on the brink of existence because their children are left to work outside of Macedonia. These women are not able to provide proof that they are not supported by their children which visit them once in 5 years or more, or do not even stay in contact with them.

- Recipients of social material assistance are persons who are capable for work but are not socially secured and are not able to ensure means for existence under other conditions.

Healthcare is also regulated in article 45 of the Law on social protection¹⁹ where it is stated that "right to social protection is guaranteed to recipients of welfare, persons who live in foster families and social protection facilities, recipients of material compensation for assistance and care and material assistance is provided to persons who have had a status of children without parental care as minors if they can not be secured in other ways"²⁰.

The International pact for economic, social and cultural rights in its article 9 "acknowledges the right of all people to social security, including social insurance"²⁰.

Vaccination and prevention

Vaccination is free for all school and pre-school children. Still, the current condition of preventive health care shows low interest of parents for child immunization. There is data for the Republic of Macedonia that only 81% of Roma children are vaccinated in time, while 19% have not been regularly vaccinated²¹.

Of contagious diseases for which there is continuous mandatory immunization in the Republic of Macedonia in the course of 2007 reported were: 19 cases of rubeola, 1 case of morbiles²² and among the last ones a mumps epidemics in Bitola and Prilep for the period from

August 2007 to the end of January 2008. Of the 200 cases of mumps registered in Bitola, 74% are Roma children who are inhabitants of the Bair Roma settlement where there are children who are not vaccinated and reported. The Prilep epidemics with 102 cases of mumps registered also Occurred in the Trizla Roma settlement, and 90,2% of the sick are Roma.

Of the people who got sick 68% were not vaccinated and there is no data for 4,3%²³.

In the interviews about vaccination emphasis is put on informing and educating the Roma woman about the significance of immunization. From the total of 2.226 Roma women who have children 86,4% are regularly taking their children to vaccination, and 80,4% know that vaccination is mandatory and that there are sanctions for not doing it. 83,3% of the interviewed positively responded about the risks from not vaccinating, and 14,5% received reprimands.

Regarding vaccination in schools a special problem occurs with children who are not included in the educational system. Because the data about how many children are included in the compulsory educational system is not obtained in the interviews, an indirect assessment is made about school vaccination through summing up the answers about regularity of attending school classes and voluntary vaccination of children who do not attend regular classes.

General measures that need to be taken in order to protect the population from contagious diseases are: providing clean drinking water and controlling its safety and that of water-providing facilities; performing preventive disinfection, disinfection, deratization and other hygienic measures in habitations and public surfaces; having prevention promotional activities for improving the health of the population²⁴. One of the measures for protection from contagious diseases is healthcare education. "Every physician has a duty to familiarize patients with preventive measures for protection from contagious diseases, the significance of vaccination and other measures for protection"²⁵

Immunization (vaccination) is a procedure which enables protection from contagious diseases. Immunization is the best way to protect children from serious diseases that can even cause death.

In the Republic of Macedonia children are vaccinated free of charge for:

- Hepatitis B
- Tuberculosis
- Polio
- Diphtheria
- Great cough
- Rubeola
- Morbilles
- Tetanus
- Mumps

	Kumanovo	Kr.Palanka	Prilep	Bitola	Total
Regular attendance to classes	365	123	338	193	1019
Vaccinated even though does not attend classes	24	42	50	24	140
Hypothetically "vaccinated"	389	165	388	217	1159

Table No. 3

According to research done by the National Roma Centrum in the educational campaign "The key is in your hands"²⁶.

In all 4 cities included in the research in the aforementioned campaign, there are data for women that show that there are Roma children attending school from grades one to eight: 715 in Kumanovo, 833 in Prilep, 145 in Kriva Palanka and 528 in Bitola.

23 Taken from the report of the State Healthcare Institute Skopje, 2007 www.rzzz.org.mk

24 Law on protection of the population from contagious diseases, Official Gazette of the Republic of Macedonia 66/04

25 Article 50 of the Law on protection of the population from contagious diseases, Official Gazette of the Republic of Macedonia 66/04

26 Research of the National Roma Centrum, realized in 11 cities within the campaign for education "The key is in our hands" 2007/08

Housing and living conditions

Results are obtained from research data for housing and types of habitations where people live because living conditions and their quality have direct influence on people's health. It is evident from the obtained data that almost all women live in solid-built living spaces. On the other hand, it is evident that families live in very small spaces. 563 families live in very small spaces under 40m², and if the fact that three generations live in one family is added, the real picture shows that housing is substandard.

The council of Europe has defined adequate housing in its recommendation document from May 2004 that is taken from the Habitat (UN) agenda. It is a broad definition, because adequate housing does not only involve adequate shelter, it is considered as more than just a roof over one's head. It also means adequate privacy, physical availability, adequate safety, safety of stay, structural stability and durability, adequate lighting, heating and ventilation, adequate basic infrastructure like running water, sanitations and waste disposal, adequate quality of environment and health related factors and adequate location in relation to work and other services: all these elements should be physically and economically available.

Living conditions are rated in the interviews through house build quality, living space, presence of damp, water supply and disposition of sewage.

2.584 of interviewed Roma women live in firm houses, 244 of them live in one room, that is, in an area of 16m², 319 live in two rooms, that is, an area of 40m². 20,9% of the interviewed live in this minimal type of space. Analysis by cities shows that 24,8% of interviewed in Prilep and 20% in Kumanovo live in small spaces. The situation is best in Bitola.

Besides for firm house build, also represented in the Roma population are the so-called "plitars"²⁷ as a form of building, and they represent substandard housing. The interviews showed that this type of housing is present in 169 cases, 159 out of which are in Prilep.

Although the percentage of firm house build is rather high, damp is often present in houses. There is humidity in 78,4% of the homes in Kumanovo, 65,6% in Kriva Palanka, 48,8% in Prilep and 58,8% in Bitola. Damp is a morbogenous factor and influences the manifestation of sicknesses in the respiratory and muscle-bone system. These sicknesses are present in the target group with 115 people who have symptoms of the respiratory and 113 with symptoms of the muscle-bone system.

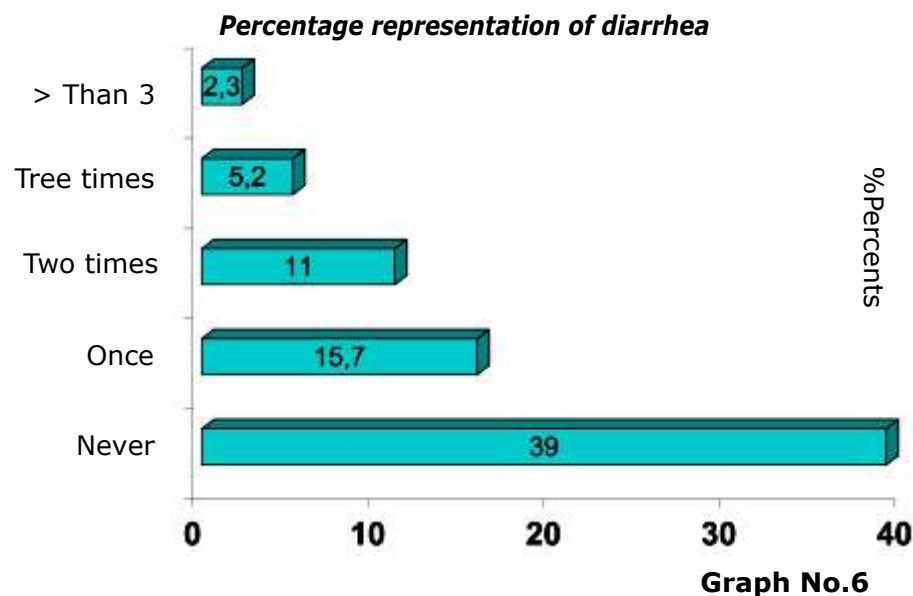
	Kumanovo	Kr.Palanka	Prilep	Bitola	Total
Solid built houses	907	218	980	479	2584
plitar	5		159	5	169
1room	100	28	114	2	244
2rooms	77	15	154	73	319
More than 2 rooms	735	175	712	409	2031

Table No. 4

The conditions regarding water supply are estimated based on the number of houses that are connected to the water supply system, on having a personal source of water supply, control of the personal water supply source by an appointed health institution and on keeping i

informed about water quality. Out of a total of 2.756 persons interviewed, 2.619 Roma women stated that their home is connected to the water supply grid, and 1.995 are connected to the sewer system. Regarding the use of drinking water, 226 of the interviewed stated that they use water for drinking from different sources (neighbors, friends etc). 95 houses have wells, in 53 of which the water is controlled.

63,8% of Roma women are informed about where they get their supply of drinking water. The quality of drinking water, that is, the microbiological quality is one of possible causes for manifestation of contagious intestinal diseases that are carried on in a hydric and alimentary way. Diarrhea as a symptom of all contagious intestinal diseases is manifested very often in the Roma population. According to data from the interviews, 943 had symptoms of diarrhea and/or vomiting. The percentage representation in manifestation of symptoms is given in graph No. 6.



28 E/C.12/MKD/CO/1,24 November 2006

<http://www2.ohchr.org/english/bodies/cescr/docs/E.C.12.MKD.CO.1.pdf>

The committee for economic, social and cultural rights²⁸ mentions in their final report about the Republic of Macedonia that "the fields of housing, healthcare and access to services are not regulated by specific and complete anti-discriminatory legislation, and existing articles are weak and unable of determining consequences in cases of breaking them and are thus rarely mentioned in courts". The right to adequate housing is a fundamental right with many other dependant rights, including the right to health and education. The international Pact for economic, social and cultural rights states in article 11 that "member countries of the Pact recognize the right of every person and his family to adequate living conditions, including adequate food, clothing and housing, and permanent improvement of living conditions".

General commentary No. 4 of the ratified International pact for economic, social and cultural rights states that this right includes:

- legal security of possessions
- availability of services, means and infrastructure
- availability of prices
- living comfort (a household must be protected from cold, humidity and damp, must not have any other health threats and risks and must have sufficient living space)
- availability, all people need to enjoy the right to adequate and sustainable housing, which means that those that do not have this will have preferential status for using housing and land
- location as a condition means that households need to be in areas with possibilities for employment, healthcare, schools, nurseries etc.

The Law on social protection²⁹ regulates the right to housing for children under social risk in article 48 where it states that "right to housing is provided to socially endangered persons who do not have housing provided".

Socially endangered persons in terms of paragraph 1 of this article are:

- continual welfare recipients³⁰, and
- persons without parents or parental care under 18 years of age, or after the termination of fosterhood until the age of 26. It can clearly be concluded that persons who are capable for work from 18 to 65 and are under social risk can not enter the category for social housing.

On the other hand, according to data from the research in all 4 cities, there is damp in over 50% of houses which seriously endangered health. "Among reasons for mortality, respiratory diseases are in fourth place, where more than 60% of fatalities³¹ are due to bronchitis, emphysema, and asthma". "The Fund for health insurance pays barely over 1 euro per head for public healthcare which is a very low number compared to examples at the international level".

Living conditions, types of water supply and disposition of liquid and solid waste, nutrition, life styles and hygienic habits of the population have great influence on the outbreak and spreading of many contagious and non-contagious diseases, and especially chronic diseases.

Of particular diseases, the questionnaire for the target group included diabetes and tuberculosis.

Out of a total of 2.756 persons interviewed, 75 stated that they are suffering from diabetes, 6 treat it through diet and 37 take insulin. If we only count the people who take insulin as insulin dependent diabetics, then this condition is represented in the target group with 1,3%. The rest of the 32 with anamnestic data for presence of the condition and the 6 who regulate blood sugar by diet can be counted as insulin independent and represent 1,4% from the number of people interviewed.

Twelve women who were interviewed stated that they have a tuberculosis patient in their family, while the rest negate the presence of this disease, but a large number provide subjective data about the existence of asthma and other chronic lung diseases.

1.021 interviewed women have full body exams once a year, 1.220 have never had a full body exam and 512 have not had such an exam for many years. From results obtained from the interviews it seems like the women pay most attention to blood pressure. Of a total of 2.756 persons interviewed, 2.054 check their blood pressure, which represents 75% of the target group. The percentage of information about border line values of blood pressure is also high.

Based on the analysis of the persons interviewed about the presence of illnesses, which can be interpreted partly as partial and partly as medically accurate presence of illness, the greatest presence is of cardiovascular diseases. 440 of the interviewed said that they had heart trouble and blood pressure problems. It is an interesting fact that the 83 women from Kriva Palanka who said that they have problems with blood pressure, regulate their low blood pressure by consuming more liquids and salt. Only 4 women in Bitola complained about health problems.

29 Official Gazette of the Republic of Macedonia No. 21 from February 20, 2006

30 The law acknowledged many welfare categories, among which are material assistance and permanent material assistance. Permanent material assistance is available to persons who are socially unprovided and incapable of work. On the other hand, material assistance is available to persons who are capable of work but are under social risk.

31 Health strategy of the Republic of Macedonia 2020, a secure, efficient and righteous system, Ministry of health, February 2007

http://www.moh-hsmp.gov.mk/uploads/media/Zdravstvena_strategija_na_Republika_Makedonija_2020.pdf

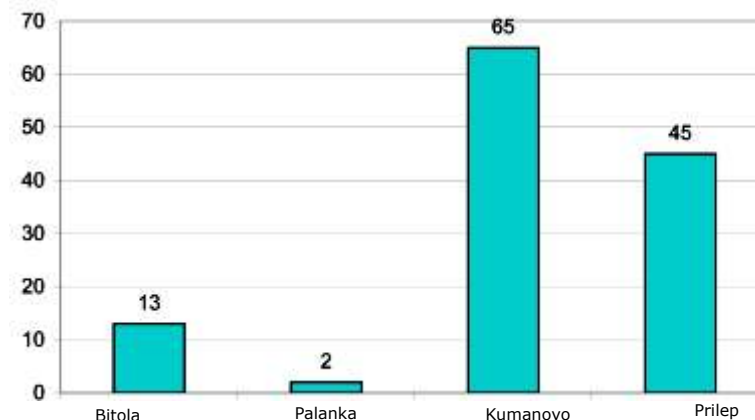
Based on interview statements about stomach, intestine and colon trouble, it was estimated that diseases of digestive organs are present with 153 women. The highest presence is of stomach trouble. In Bitola there are no complaints from the persons interviewed.

Symptoms from the group of depression and anxious conditions are present with 187 women, 110 in Prilep, 51 in Kumanovo and 25 in Kriva Palanka. The largest number of women in Prilep stated that they have presence of depression, while in Kumanovo the women stated that they are nervous.

Diseases of the urinary system are described in statements as problems and pains in the kidneys, inflammations etc. They are present with 145 persons interviewed, 100 of which are in Prilep, 30 in Kumanovo and 15 in Kriva Palanka.

Of all respiratory diseases the most frequent are remarks about the presence of asthma (the persons interviewed describe the illness themselves) and chronic bronchitis, a total of 115 women, 52 of which are in Prilep, 15 in Kriva Palanka and 48 in Kumanovo. For a certain number of people interviewed it can be said with certainty that there is an obstructive lung disease based on statements about the use of medications (pumps, sprays).

There is a large number of cases of persons with asthma, or cases of death of parents of the interviewed, especially in Kumanovo. This is owed to housing conditions, especially to presence of damp in houses. 125 persons who are parents of the women interviewed died of asthma. (shown in graph No. 7)



Graph No. 7

Presence of problems dealing with genital organs, such as pains in the ovaries, cists, disturbed cycles, bleeding, vaginal secretions etc. is manifested with 140 women. There is a significant number of women who had operating interventions on the genitalia and breasts - because of tumours or cists - according to statements. Surgical interventions are made with 89 women, 44 in Prilep, 30 in Kumanovo, 17 in Kriva Palanka and 7 in Bitola. With this the total number of women with problems of this system is 229.

113 women from the interviewed complained to rheumatic and similar problems, that is, problems of the muscle-bone system.

Of all other diseases in the target group, there are diseases of the endocrine system, most frequently of the thyroid gland (29 women), anemia, epilepsy, eye trouble, parethic and paralythic conditions etc. From the data collected in Kriva Palanka it can often be noticed that woman and children are molested by an alcoholic husband and father. In this target group there are frequent congenital malformations and retardation of children in the family.

Presence of illnesses according to data about symptoms in the target group



Graph No. 8

Reproductive health

In the field of reproductive health when it comes to Roma women, there are certain specific issues: early marriage, greater reproduction and low level of health education and culture. Data obtained from interviewed Roma women in the target group from Kumanovo, Kriva Palanka, Prilep and Bitola also speak in favor of the current condition.

Graph No. 8 shows the age at which the interviewed women had their first sexual relations presented in percentage relation with the number of interviewed women who stated that they had sexual relations, which is 2.388 interviewed. It also shows the age of their first pregnancy shown as a percentage relation to the number of women who have given birth which is 2.226. It can be seen that the predominant age ranges from 15-18 for the first pregnancy and the age of fifteen for their first sexual relation.

Age of first engagement into sexual intercourse and first giving birth

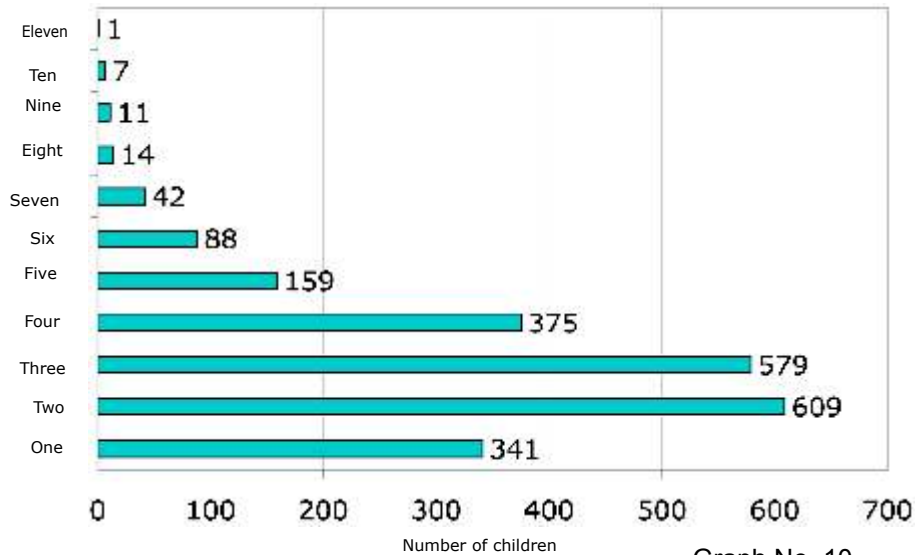


Graph No. 9

The largest number of families (609) are with two children, from a total number of 2.226 interviewed Roma women who have children. From the interviewed, 526 are still not married or do not have children.

The large number of persons in a Roma family can be attributed to the fact that a very small number of women use birth control - 164. The most common way of contraception according to the interviews is the pill - 69 answers, a spiral - 60 answers, a condom - 27 and a diaphragm - used by only 8 Roma women.

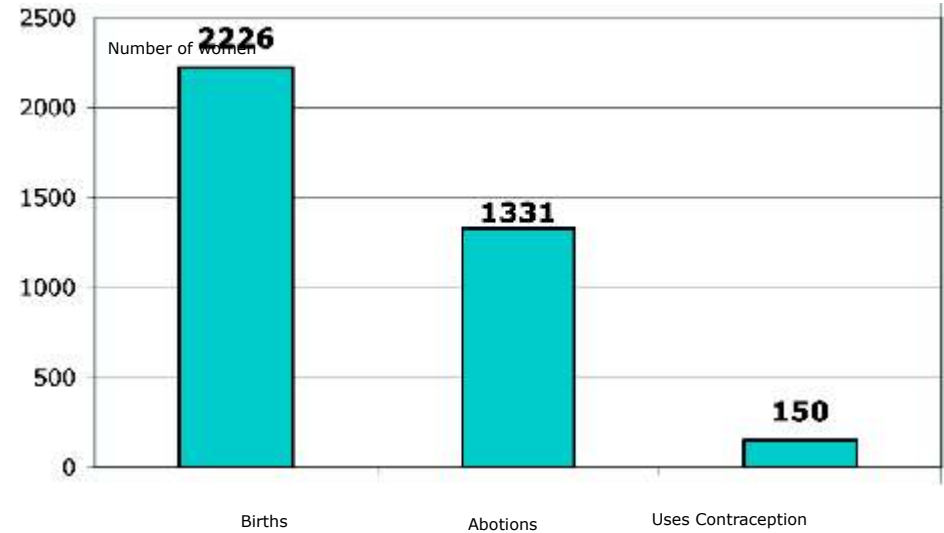
Number of children in one family



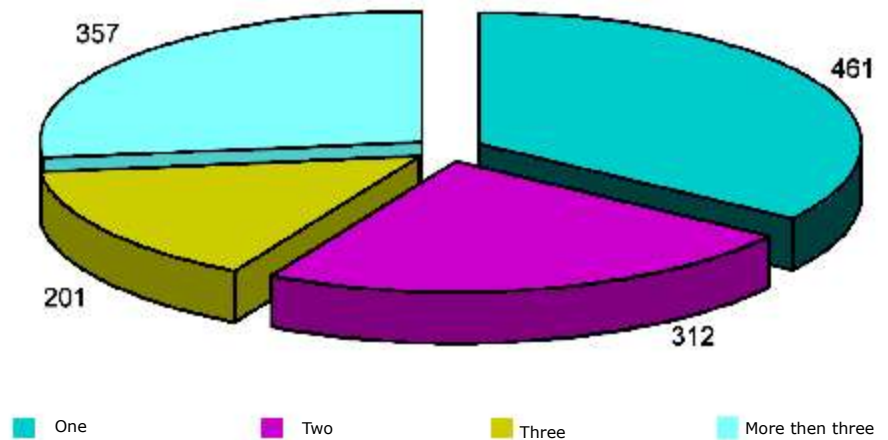
Graph No. 10

Rare use of means for contraception, that is, the adopted term - non existent birth control culture - also adds to the large number of abortions in the target group. 1.053 of the interviewed stated that they never had an abortion, and 1.331 of the interviewed had one, two, three, or more abortions.

Because of the low level of education and unawareness of the consequences, abortion is the main means of contraception. The condition is presented in graphs No. 11 and 12.



Graph No. 11



Graph No. 12

Even though 2.026 Roma women stated in the interviews that they know the dangers that abortion brings, it can be said from the results

obtained that the number of abortions is high. The fact that 357 women had more than three abortions is worrying.

Statistics show that the Roma population in the Republic of Macedonia has on average a younger population than the average age in the country because of different rates of natality and mortality than the national average. The reproduction of the Roma is twice greater than the national average, but child mortality is two times higher than of other ethnic groups³² (Research - UNICEF - 1996)

According to data for the Statistical yearbook of the Republic of Macedonia 2007, of all live-born children in 2006 according to the nationality of the mother 22.585 are Macedonian or 51,8%, Albanians 32,7%, Roma 7,3%, Turks 4,3%, Vlachs 0,1%, Serbs 0,5%, Bosniaks 0,8% and other or unknown 2,5%.

Because of sensitivity of infants and small children to unfavorable social and hygienic living conditions, infant mortality and mortality of children from 1 to 4 shows well the social and economic development of the community.

Infant mortality is divided to neonatal mortality (death in the first 28 days) and postneonatal mortality (death from day 28 to 365).

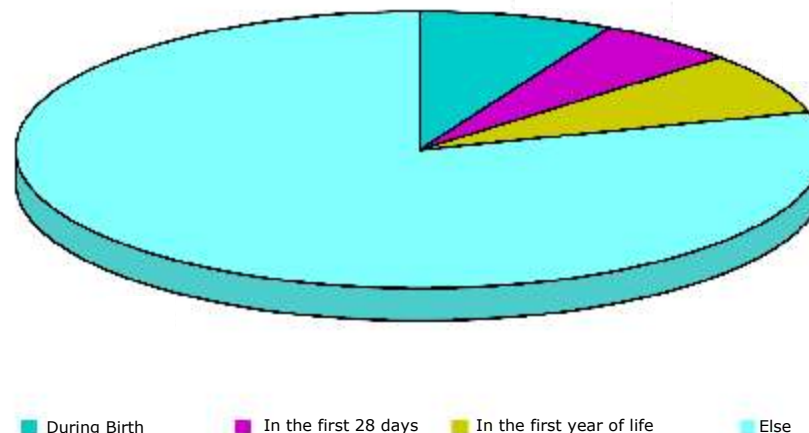
Cause for neonatal mortality is primarily dealing with disturbances that complicate the adjustment of infants to extrauterine life, and those are in-born malformations, birth trauma etc. In the postneonatal period, causes dealing with unfavorable social, economic and hygienic conditions in the living environment (irregular and insufficient nutrition, greater exposure to infections, ignorance and insufficient child care etc.) start to prevail.

The lower the level of community development, the higher the level of

neonatal and postneonatal mortality will be. Data from interviews is given in graph No. 12. Of a total of 2.226 births in the target group, 173 children have died on birth, 121 child has died within 28 days of birth, and 166 in the first year of life.

The percentage of postneonatal mortality is higher in the target group which points out to bad hygienic, social and economic living conditions.

Child mortality



Graph No. 13

It is of utmost importance in the infancy to detect early the natural hip displacement with new-borns through programs that include hip examinations in the infancy. On the other hand, a small number of the interviewed, only 904, stated that they have done the orthopedic examinations. From remarks received in the interviews we found out about extremity deformities of children of interviewed women from Kriva Palanka and Prilep.

32 UNICEF research, 1996

Healthcare and health insurance

"Health is a condition of complete physical, mental and social welfare, and not just absence of illness or weakness"³³. Furthermore "Governments have responsibility for the health of their citizens, which can be accomplished only by adequate measures in the field of health and social protection"³⁴. The purpose of the World Health Organization is achieving the highest possible level of health of all people. The rights of patients according to the WHO need to be based on: health protection and care; information; consent; confidentiality; privacy; dignity; protection from torture or other forms of inhuman and derogatory behavior or punishment³⁵.

General commentary 14 of the Committee for economic, social and cultural rights interprets the right to health as a "right that includes not only regular and adequate healthcare, but also points out the factors that are important for health, such as access to healthy and clean drinking water, food and housing, healthy professional and ecological conditions, as well as access to education and information regarding health, including sexual and reproductive health". The general commentary includes the following components of the right to health:

Availability. Functioning of healthcare possibilities, services and programs that need to be available to a sufficient number of people in the country. Included here are: healthy and clean drinking water, conditions for collection of waste, health institutions, qualified medical professionals, and access to adequate medications.

Accessibility. Here attention needs to be focused to several parameters: to respect the principle of non-discrimination, to provide physical and economic accessibility so that citizens can afford goods and services. Access to information must be provided because

everyone has the right to ask and receive information about issues from the field of health.

Quality. To provide quality in giving health services as well as quality of healthy drinking water and quality waste management.

General commentary 14 states that limitation of means can not be an excuse for not protecting vulnerable groups of society with regard to healthcare discrimination pointing out that "a multitude of measures, such as strategies and programs made to eliminate healthcare discrimination can be executed with a minimum of means by adopting, changing or cancelling certain legislature or spreading of information". (Paragraph 18).

Differences in the health status of Roma and non-Roma is often explained by economic inequality, through the fact that the Roma are positioned highest on the poverty scale, low on the education scale, and are exposed to risks that come from substandard living conditions. The health status is a complex phenomenon that depends on many factors. Even today the picture that causes inequality is not known and all possible factors need to be taken into consideration. Unequal treatment in the institutions has influence on other factors such as education, and segregated Roma settlements also have their influence that further reflects on the health status.

Today the Macedonian healthcare system is organized as public and private health organizations. According to the factual condition, users can get three levels of health protection: primary, secondary and tertiary health protection. Primary protection is through primary health organizations (infirmaries), while secondary means specialized forms of health protection and it takes place in medical institutions

33 Constitution of the World health organization

http://www.who.int/governance/eb/who_constitution_en.pdf

34 Ibid

35 Principles of patient rights in Europe, joint framework, World health organization, Amsterdam 1991, EUR/ICP/HLE 121

(general hospitals and clinics), tertiary health protection is performed by the staff in the clinics of the Skopje Clinical Center

A Bill on patient rights protection is prepared by the Ministry of health, but it is still not passed. It will guarantee the formation of a State commission for protection and promotion of patient rights. The bill will establish a system of legal protection of rights in the healthcare system that is complementary with the protection in the civil justice system. Protection of patient rights will be enforced in many levels (healthcare institutions, municipalities, the Ministry of health, the Health insurance fund).

It is suggested in the bill that there should be insight and access to information for citizens and patients about their healthcare rights and ways of protecting those rights³⁶, which will facilitate their realization. That way, it is expected to raise the awareness of the citizens who will appear in the role of promoters in the realization of their rights. Also included in the bill are articles that define discrimination. "Discrimination" is producing difference between people in equal or similar cases based on race, gender, religion, politics, moral and cultural values and religious convictions, national and social background, nationality or sexual orientation³⁷. Article 31 from this bill states that "discrimination is forbidden". It also guarantees legal protection of patient rights in article 52 "the patient has the right to legal protection for violations of his rights in a manner and procedure defined by law".

Citizens who have the right to compulsory health insurance are bound to choose a personal physician for primary health protection in a public or private health institution. In Macedonia the choice of a physician is traditionally fragmented and depends on the age and gender of the users. Members of one family usually have several personal physicians

(A general physician, a gynecologist and a dentist). Out of 2.756 women interviewed, 1.789 do not have a personal gynecologist although this is compulsory.

Of the total number of persons interviewed, 163 do not have health insurance, the highest percentage of 9,7% from the number of interviewed being in Kumanovo, and the lowest of 2% in Bitola. Of the total of 2.578 women with health insurance, 1.445 have insurance in their name. The lack of minimal formal education is also an obstacle for the realization of the rights to health insurance (because of the impossibility to apply to the Employment agency) although with the existent legislature the number of persons who do not have the opportunity to get health insurance is very low.

The legislature in the field of health protection is comprised of a large number of laws: the Law on health protection, Law on health insurance, Law on medications, Law on contagious diseases, Law on work relations, Law on social protection, Law on equal gender opportunities, Law on family, Law on protection of private information, Law on pregnancy termination.

According to article 39 of the Constitution, every citizen is guaranteed the right to healthcare, and the citizen has the right and obligation to keep and improve his own and the health of others.

Health insurance as an element of the right to social insurance has its grounds in the constitutional declaration from article 8, paragraph 1, subparagraph 8 of the Constitution, according to which humanity, social justice and solidarity are core values of the Constitutional order.

36 <http://www.moh-hsmp.gov.mk/index.php?id=91&L=1>

37 Project for management in the health sector, Ministry of health and the World Bank

Http://www.moh-hsmp.gov.mk/uploads/media/ZAKON_za_zastita_na_pravata_na_pacientite_22.03.2007.pdf

Persons who do not have personal documents are persons who do not have health insurance and even if they were under great social risk, they can not be included in social protection programs; 11,7% of the interviewed do not have access to health insurance.

"Population groups that are pointed out to be under greatest risk of poverty are the unemployed, socially endangered families, the retired and farmers. Households with a larger number of members in rural areas, especially those with unemployed or underqualified members are identified as a special risk group, together with the unemployed from urban environments. Poverty has a large influence on the health condition of the population and on access to health services"³⁸.

Article 2 of the Law on health insurance³⁹ "compulsory health insurance is established for all citizens of the Republic of Macedonia in order to provide healthcare services and material compensations on the grounds of inclusion, solidarity, equality and effectiveness of use of means under conditions determined by this Law".

The International pact for economic, social and cultural rights in article 12, paragraph 1 states that "member countries acknowledge the right of all people to enjoying the highest possible standard of physical and mental health", furthermore "the state needs to take the following steps in order to achieve complete fulfilment of this right:

- A) Articles for reducing the number of dead-born children and the mortality rate of new-borns and measures for healthy child development
- B) Improvement of all aspects of living and industrial hygiene
- c) Prevention, treatment and control of epidemics, endemics, professional and other illnesses
- d) Creation of conditions that will provide medical services and care in cases of illness".

This Law regulates the right to use healthcare services. Basic healthcare services from article 8 of this Law are:

- A) in primary healthcare:
 - 1) services for determining, monitoring and control of the health condition;
 - 2) taking specialist medical measures and procedures for improving the health condition, as well as measures for prevention, treatment and early detection of diseases and other health conditions;
 - 3) providing urgent medical care, including transportation with sanitation vehicles when necessary;
 - 4) treatment in infirmaries, or in the user's home;
 - 5) health protection regarding pregnancy and child delivery;
 - 6) administration of preventive, therapeutic and measures for rehabilitation;
 - 7) prevention, treatment and sanation of oral diseases, and
 - 8) medications according to the list of medications that is regulated with a general act of the Fund approved by the Minister of health;

38 Health strategy of the Republic of Macedonia 2020, a secure, efficient and righteous system, Ministry of health, February 2007

http://www.moh-hsmp.gov.mk/uploads/media/Zdravstvena_strategija_na_Republika_Makedonija_2020.pdf

39 Official Gazette of the Republic of Macedonia No. 119 from December 30, 2005

- B) in specialist-consultant healthcare:
- 1) examination and diagnostics of diseases, injuries and health conditions;
 - 2) administration of specialized diagnostic, therapeutic and procedures for rehabilitation;
 - 3) prosthetics, orthopedic and other aids, auxiliary and sanitational aids and materials and dental treatments according to the indications regulated with a general act of the Fund approved by the Minister of health;
- C) in clinical (short-term and long-term) healthcare:
- 1) examination and diagnostics of health conditions, treatment, rehabilitation, care, accommodation and meals in hospital conditions;
 - 2) medications according to the list of medications that is regulated with a general act of the Fund approved by the Minister of health, and aids that serve for administering the medications, sanitational and other materials necessary for treatment;
 - 3) accommodation and meals for a companion when company is necessary to a child under the age of three while in hospital treatment, but no longer than 30 days; and
 - 4) post mortem of diseased on request from healthcare institutions.

How the right from this article under a) 3), transport with a sanitation vehicle, can be exercised when access to Roma settlements is impossible because of bad or non-existent infrastructure.

A UNICEF research from 1996 showed that 27% of Roma do not have health insurance⁴⁰.

The Government of the Republic of Macedonia through its Ministry of health realized two campaigns: "Health for all" and "Outwit cancer - be a healthy woman" with the purpose of improving the education of the population about healthy lifestyles and the need for preventive exams for early discovery of breast and uterus diseases. The number of Roma women who were included in this campaign is insignificant.

"According to certain analyses made by the Ministry of health, the process of reforming is done with insufficient transparency because many categories of citizens are not included, above all medical professionals. The media do not even cover the health reforms, and even if they do publish something, it is generally negative and taken out of context which brings additional negative energy to the users of healthcare services. Communication with the healthcare system is closed in small circles and a small number of individuals create the reform in this field. Communication is also weak, insufficient and does not satisfy the needs of the public, above all those of the users of health services, and there is dissatisfaction from healthcare personnel. This additionally decreases the possibilities for improving the level of public access to information"⁴¹ "It is a fact that without complete involvement of users of healthcare services, medical professionals, NGO's and media, there can not be expected to be a quality reform of the healthcare system. Certain solutions prepared by the creators of the reform do not get adequate media support, while other ones are constantly emphasized as bad, thus characterizing the whole process of reform. A great number of citizens know that they are not familiarized with the reform, but they also show a high degree of personal knowledge about particular problems in healthcare. National electronic media and daily newspapers are the main source of information of the citizens. The so-called "reporter's story" becomes the only truth about reforms in the healthcare system"⁴².

Although the rights of Roma women are the same as those of other citizens, there are four special commitments of the state when it comes to minorities which are stated in the International pact for economic, social and cultural rights. The first commitment is effective monitoring. In the General commentary "special attention needs to be paid to especially vulnerable and underprivileged persons". The second commitment is to provide targeted low cost programs in order to improve the conditions of those most endangered. (This is stated in General commentary 3 and goes for all rights from the Pact). The third commitment prioritizes food distribution in cases of humanitarian catastrophes.

40 UNICEF research, 1996

41 Project for management in the health sector, Ministry of health and the World Bank, testing of public opinion

http://www.moh-hsmp.gov.mk/uploads/media/Javno_mislenje_za_reformite_vo_zdravstvoto_vo_Republika_Makedonija.pdf

42 Ibid

It should be imperative for the Republic of Macedonia to use its legislature and to improve it as an instrument for practical protection of the right to health, and to pay special attention to the female Roma population.

When it comes to discrimination, the Republic of Macedonia does not have a law for complete protection from discrimination, but it has signed many international agreements which regulate this area, and we must not forget the fact that there are similar articles in domestic legislature.

Discriminatory treatment is a society phenomenon, and its roots are planted in stereotypes, prejudice and hatred. As a result of this situation, Roma women are subject to unequal treatment and violation of their fundamental rights. From reports of field assistants and from remarks written in the questionnaires, we recorded cases of discrimination when it comes to access to social and health protection. There are cases recorded of unprovided access to primary healthcare in Prilep when a mother was not able to find a personal physician for her child, namely she turned to a large number of doctors and they all turned her down with the excuse that they do not have any more space for new patients. There are recorded cases when adequate treatment and care were not provided in healthcare institutions because participation for healthcare services was not paid, and after paying, the people were given an answer that there were not any hospital beds available.

If we want to overcome this situation, besides for partial adjustment of certain laws to EU regulations, we need to pass a law which will uniformly regulate this matter. On the other hand, the human social capital will be strengthened and citizens will be able to tell discrimination and will be directed to ways for adequate protection.

The International pact for civil and political rights is the only global agreement in the UN system that includes articles that specifically deal with rights of minorities. "All people are equal before the law and enjoy equal protection before the law without any kind of discrimination". From this angle, the law will forbid any kind of discrimination and will guarantee equal and effective protection to all people from discrimination on any ground such as: race, skin color, gender, language, religion, political or other convictions, national or social background, birth rights or other stata⁴³. Article 26 is a general anti-discriminatory remark that guarantees equality before the law and equal protection for all people. This right does not exclude the right of the state to make differences between categories of people; such as the need to speak the official language under certain circumstances, but also forbids making unreasonable distinctions on the grounds of someone's belonging to a minority. (General commentary 18 of the MPGPP).

The convention for elimination of race discrimination⁴⁴ article 1 states that "the term racial discrimination means differences based on limitations or privileges based on race, skin color, national or ethnic background that have a purpose to decrease or cancel the acknowledging and exercising on equal terms of human rights and liberties in the political, economic, social, cultural or other areas of public life". Article 2 of the Convention states that "when there is a need, member states need to take special and concrete measures in the field of social, economic and cultural rights in order to provide adequate development and protection of rights that belong to certain racial groups and individuals, all with the idea to provide them with complete and equal exercising of human rights and liberties".

43 <http://www2.ohchr.org/english/law/ccpr.htm>

44 The Republic of Macedonia has it ratified

[Http://www2.ohchr.org/english/law/cerd.htm](http://www2.ohchr.org/english/law/cerd.htm)

The convention for elimination of discrimination towards women also guarantees women's rights. These rights include the right to equal treatment before the law, equality in education, political participation, employment, healthcare and economy, freedom from sexual abuse, and the possibility of special temporary measures in order to overcome inequality. Article 12 and General recommendation 24 of the Convention regulate the right to "elimination of discrimination regarding access to health protection".

The Republic of Macedonia has not signed and ratified the revised European social charter of the Council of Europe⁴⁵. The charter champions economic and social progress by improving and protecting social rights, such as the right to work, the right to fair salary, fair employment conditions and social security.

Domestic legislation, in case of discrepancy with international law, applies international law, although the existent legal framework, article 9 of the Constitution and article 29 of the Law on ombudsman, article 15 of the Law on equal gender opportunities) allows broad appointments to the Ombudsman to act against discrimination. Despite this, the Republic of Macedonia needs to pass a law for complete protection from discrimination.

Article 7-v of the Law on social protection (The Official Gazette 40/07) states that "direct or indirect discrimination is banned on grounds of gender, race, skin color, national, social, political, religious and material background in exercising the rights to social protection regulated by this law. The ban from paragraph 1 of this article refers

To public social protection institutions founded by the Government of the Republic of Macedonia, by municipalities, the city of Skopje and municipalities in the city of Skopje, private social protection institutions founded by private or legal persons and citizen's associations or private persons who do work in the area of social protection regulated by this law. The law makes a distinction between direct and indirect discrimination and predicts material fines as sanction"⁴⁶.

Violation of equality of citizens falls under criminal acts against civil liberties and rights. Article 137 of the Criminal Law book states that "1) a person who on grounds of gender, race, skin color, national and social background, political and religious convictions, material and social position, language or other personal quality or circumstance, takes away or limits the rights to a human and citizen that are determined by the Constitution, a law, or a ratified international agreement; or a person who on grounds of these differences grants benefits to citizens contrary to the Constitution, a law, or a ratified international agreement, will be punished by serving a jail sentence from three months to three years, 2) If the act from paragraph 1 is committed by a public servant in the course of duty, he will be punished by serving a jail sentence from six months to five years, 3) if the act from paragraph 1 is committed by a legal person, it will pay a fine".

The Law on gender equality was passed in 2006, and its purpose was promoting the principle of equal opportunities of men and women in economic, social, educational and other fields of social life.

45 <http://conventions.coe.int/treaty/en/Treaties/Html/163.htm>

46 Direct discrimination, in terms of article 7-v of this Law, is every action or inaction with which a healthcare user was put, is put, or might be put in an unfavorable position in regard to other users in comparative cases. Indirect discrimination, in terms of article 7-v of this Law, exists when a certain seemingly neutral directive, criterion or practice, puts or might put a user of social protection because of gender, race, skin color, national, social, political, religious or material background into an unfavorable position in regard to other users of social protection rights determined by this Law. In cases of discrimination from article 7-v of this Law, the user of social protection has the right to seek damage compensation as high as five average monthly pays in the Republic of Macedonia.

“Violation of human rights in the sense of civil and political rights, rather than their categorization in economic, social and cultural rights turned out to be more successful in many cases, because historically speaking, civil and political rights seem to be more "legal" (i.e. capable of being legally implemented). In general, national courts are unprepared to trial cases for recognizing of economic, social and cultural rights in which the recognition of these rights can be a real test of public resources and will drag the court in discussing policy creating opportunities which is usually a duty of the Government”⁴⁷.

By raising the issue in public about women's healthcare, by stating the problem that she faces, further strategic actions can add to: 1. understanding and accepting of this issue by the public, and 2. strengthening of this group.

⁴⁷ Strategical trial cases of racial discrimination in Europe: from principles to practise, ECPR, MPG 2004

RECOMMENDATIONS

- Differences need to be reduced in order to provide quality healthcare protection of different social and economic groups. To provide a sustainable mechanism of quality healthcare for socially endangered families according to the principles of equal access and social solidarity.
- To regulate the civil status of Roma women in order for them to provide personal identification documents as a basic condition for exercising rights they are entitled to
- To implement a multi-sector approach: education of the female Roma population and preventive protection. The low level of education and consciousness of the victims for the violation of their rights, as well as programs for prevention, need to be effective and the interested public to be kept informed
- To employ quality Roma professionals in all levels of healthcare, especially in secondary healthcare
- To implement continuous health education of the Roma population by general physicians and gynecologists in order to build public consciousness in the Roma population for overcoming certain habits and traditions that prevent further development and to follow the national trend in providing healthcare through introduction of new and continuation of old Programs for preventive protection of the Healthcare institute. (According to the data there is need for education about early marriages, risks for the mother and the child, motherhood, reproductive health, family violence, chronic non-contagious diseases - cardiovascular, respiratory and malignant). To implement programs and policies to provide education and effective approach to means of birth control in order to avoid abortions that are predominant means of birth control with Roma women.
- The healthcare system and the local self-government need to stimulate providing access to public healthcare services in places with predominant Roma population which are hardly accessible or non-existent and thus provide equal access to healthcare. To improve or build infrastructure in Roma settlements.
- The discovery of priority problems asks for implementation of changes in the system for disease registration and their statistical processing. Reports by physicians need to contain records about the nationality of patients. By doing that, on the level of healthcare institutions - social medicine departments will process the Roma population separately and thus the quality of data processing will improve, priorities will be set and prevention and control of the most common diseases will be improved.
- At the local level, cooperation and communication between the healthcare sector and Roma civil organizations needs to be strengthened. Educational prevention Programs need to be promoted and implemented through easily obtainable, comprehensible and accurate information regarding preventive protection through direct work with the female Roma population
- Reforms need to be made that will secure that rights and policies are effectively implemented and enable greater inclusion and power of Roma women. The action plan for gender equality 2008-2010 needs to be implemented in the whole and financial means need to be approved for the implementation in the field of education (adult education), reintegration of Roma girls who dropped out of elementary and high schools, providing books and school supplies, 200 scholarships for Roma girls enrolled in secondary schools, scholarships for all Roma girls enrolled in universities; in the field of employment prequalification and additional qualification of unemployed Roma women; legal assistance for exercising the right to health insurance and healthcare, issuing of 500 health certificates for women aged 18-65 in order to enable them to enjoy healthcare if they fulfill the conditions.
- Support from the Government is necessary for financing prevention programs for social mobilization of the local community for improvement of the reproductive health of Roma women. Starting from the fact that the number of malignant neoplasms of female reproductive organs is growing, free exams need to be provided for all women from 19 to 65, including the female Roma population that is under social risk who need to perform their PAP tests for early detection of malignant neoplasm on the cervix. Malignant neoplasms of the breasts and the cervix are diseases that can be treated if there is possibility of early detection.
- The healthcare system has an obligation to provide public healthcare services to individuals and to be efficient in its organization, as well as to increase the level of personal

preventive protection, i.e. immunization. Work with parents for securing regular vaccination and revaccination of the children.

- Local units of the State healthcare institute need to improve the quality of data processing in order to improve prevention and control based on the current situation and to strengthen the cooperation with the civil sector.
- Law on rights of patients needs to be passed.
- Users of healthcare services are still not actively included in quality assessment, they are indirectly included by choosing a personal physician. Although rights and obligations of patients are defined by law, there is insufficient information about exercising these rights. The system of acting on complaints is not sufficiently developed. Procedures need to be implemented that will enable communication between providers and users of healthcare services, as well as for filing and resolving user complaints.
- A revision needs to be performed of the positive list of essential medications and medical aids that are included in the basic package of healthcare services, especially medications and aids that are used in the treatment of asthma.
- The Law on protection from discrimination that is being prepared needs to be in accordance with Directives 2000/43/EC and 2000/78/EC. The law needs to have effective sanctions for perpetrators, as an effective legal remedy for protection.

48 Directive 2000/43/EC, (OJ 2000 L 180/22) brought on June 29, 2006 implements the principle of equal treatment of persons regardless of racial or ethnic background. The directive offers protection in the field of social protection and health insurance, education, access to goods and services, access to public housing if the state is offering it to certain categories of citizens

